GREAT WESTERN AMBULANCE SERVICE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Date & Time: 10th June 2011 at 11.00 am
Venue: Bristol City Council, Council House, College Green, Bristol, BS1 5TR. A location map can be found at http://maps.google.co.uk/maps?q=BS1+5TR&iwloc=A&hl=en

Members of the Committee:

- Councillor Anthony Clarke, Bath & North East Somerset Council (Chair)
- Councillor tba, Bath & North East Somerset Council
- Councillor tba, Bath & North East Somerset Council
- Councillor Lesley Alexander, Bristol City Council
- Councillor Dr Doug Naysmith, Bristol City Council
- Councillor Sylvia Townsend, Bristol City Council
- Councillor Ron Allen, Gloucestershire County Council
- Councillor Sheila Jeffrey, Cotswold D C (Glos. County Council)
- Councillor Gordon Shurmer, Gloucestershire County Council
- Councillor tba, North Somerset Council
- Councillor tba, North Somerset Council
- Councillor tba, North Somerset Council
- Councillor Janet Biggin, South Gloucestershire Council
- Councillor Sue Hope, South Gloucestershire Council
- Councillor Ian Scott, South Gloucestershire Council
- Councillor tba, Swindon Borough Council
- Councillor tba, Swindon Borough Council
- Councillor tba, Swindon Borough Council
- Councillor Christine Crisp, Wiltshire Council
- Councillor Mike Hewitt, Wiltshire Council

- Councillor Ian McLennan, Wilshire Council

Contact Officers:
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Bristol City Council – www.bristol.gov.uk
Gloucestershire County Council – www.gloucestershire.gov.uk
North Somerset Council – www.n-somerset.gov.uk
South Gloucestershire Council -www.southglos.gov.uk
Swindon Borough Council – www.swindon.gov.uk
Wiltshire Council – www.wiltshire.gov.uk

AGENDA

1.	**Apologies for Absence** To receive and note any apologies from Members of the Committee.
2.	**Declarations of Interest** Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.
3.	**Public Question Time** See explanatory note below. Please contact the Officers whose names and numbers appear at the top of this agenda if you need further guidance.
4.	**Chair's Update** To receive any information from the Chair. There will not normally be any discussion on this item.
5.	**Minutes of the Meeting Held 28th January 2011** To approve the Minutes of the Meeting for signature by the Chair.
6.	**Monthly Performance Information Comprising:** **A. Commissioners' Monthly Report for 2010/11 and April 2011;** **B. Board Performance Report – April 2011**

	including Hospital Handover Times. To comment and note.
7.	**GWAS Quality Account** To comment and note.
8.	**A&E Handover Times – Acute Trusts (UHB and NBT)** Verbal update
9.	**Update from HOSCs** To note the above.
10.	**Report from the LINk Joint Working Group** To consider the above.
11.	**Commissioning Plan 2011 – 13, including Update on Call Prioritisation Changes** To comment and note.
12.	**Update On GWAS Estates Strategy** An update for Members on GWAS's plans to review the trust's entire state of 30-plus buildings.
13.	**Update on GWAS Application for Foundation Trust Staus** To note.
14.	**Work Programme** To agree the priorities for future meetings of the Committee.
15.	**Dates of Future Meetings** Proposed date of next meeting: Friday 14th October 2011 at 11.00 am – venue – Wiltshire Council, Monkton Park, Chippenham
16.	**Urgent Business**

Date of Dispatch: 2nd June 2011

Public Question Time

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

Access Arrangements

The Venue is wheelchair accessible and an infrared receiver hearing system is provided. If you would wish to attend the meeting but have any

special requirement to enable you to do so please contact the Scrutiny Officers whose names and numbers appear at the top of this agenda as soon as possible prior to the date of the meeting.

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

Great Western Ambulance Service NHS Trust (GWAS)
Joint Health Overview and Scrutiny Committee
Friday 28th January 2011
South Gloucestershire Council, Thornbury

Present

Councillors:
Andrew Gravells (Gloucestershire County Council) – Chair; Sharon Ball (Bath & North East Somerset Council); Anthony Clarke (Bath & North East Somerset Council); Adrian Inker (Bath & North East Somerset Council); Ron Allen (Gloucestershire County Council); Sheila Jeffery (Cotswold District Council (Gloucestershire County Council)); Sue Hope (South Gloucestershire Council); Andy Perkins (South Gloucestershire Council); Andrew Bennett (Swindon Borough Council); Mike Hewitt (Wiltshire Council).

Others:
John Oliver (GWAS); Tim Stockings (GWAS); Paul Birkett-Wendes (GWAS); Mandy Rumble (RUH Bath); James Rimmer (RUH Bath); Becky Parish (NHS Gloucestershire); Linda Prosser (NHS Gloucestershire); Lizanne Harland (NHS South Gloucestershire); Andy Brand (Care Quality Commission); Albert Weager (Gloucestershire Local Involvement Network (LINk)); Margaret Adams (South Gloucestershire LINk); Romayne de Fonseka (Bristol City Council); Elizabeth Power (Gloucestershire County Council); Ros Low (Wiltshire Council); Claire Rees (South Gloucestershire Council); and one member of the public.

Apologies

Councillors:
Lesley Alexander (Bristol City Council); Sylvia Townsend (Bristol City Council); Jenny Smith (Bristol City Council); Sandra Grant (South Gloucestershire Council); Christine Crisp (Wiltshire Council); Ian McLennan (Wiltshire Council).

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

Councillor Perkins declared a personal interest generally by virtue of his former employment by the Royal United Hospital Bath (RUH) and University Hospitals Bristol NHS Trust (UHB); and Linda Prosser being a former work colleague.

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

There were no questions from the public.

147 **Chair's Update (Agenda Item 4)**

The Chair, Councillor Gravells, welcomed everyone to the meeting and announced that following today's meeting he wished to stand down as Chair.

It was proposed by Councillor Gravells and seconded by Councillor Inker that Councillor Anthony Clarke be appointed as Chair of the Committee from the next meeting in June.

The Chair reported that today was Councillor Inker's last meeting as he was not standing for re-election in May. He said that Councillor Inker would be sorely missed and wished him all the best for the future. In response Councillor Inker said that he had enjoyed his time doing health scrutiny in Bath & North East Somerset and across the wider area. Looking forward he hoped to become more involved in the work of the LINk, and Healthwatch (once it was established).

The Chair reported on the departure of Dave Whiting, Chief Executive of GWAS, who had recently accepted a new role with the Yorkshire Ambulance Trust. He said he was sorry to see him go and suggested that a letter be sent to him (with a copy to the SHA, the Chair of GWAS and the Yorkshire Ambulance Trust) to thank him for his involvement with the JOSC and wish him all the best for the future.

RESOLVED:

1 That Councillor Clarke be appointed as Chair of the Committee from the next meeting in June 2011.

2 That a letter be sent to Dave Whiting (with a copy to the SHA, the Chair of GWAS and the Yorkshire Ambulance Service) to thank him for his involvement with the JOSC and wish him all the best for the future.

148 **Minutes of the meeting held on 17th September 2010 (Agenda item 5)**

It was agreed that Minute 139, Resolution 5 should be amended to read "police forces".

Matters arising:

In response to questions from Councillor Jeffery regarding minute 139, 6th paragraph, it was confirmed that GWAS was in the process of recruiting 30 new full-time paramedics. It was unlikely that the full 30 would be in place by the end of this financial year, but it was hoped they would be by the end of 2011. In response to further questioning from the Chair about how many of the 30 were already in place and why there were difficulties with recruitment, it was reported that new paramedics were now educated to degree level and existing paramedics had to go through a conversion programme, which was an ongoing process. There was also recruitment in the open market, with some qualified paramedics being recruited from other trusts. In addition to this there was also the usual outflow from GWAS, for example as staff moved away or changed their careers. It was agreed to provide a short note on this outside of the meeting.

In reply to a question from Councillor Bennett on the co-responder scheme it was reported that further engagement with local communities was needed and the sign up arrangements with the police were complex. It was agreed that further detail would be provided outside of the meeting.

In relation to Minute 139, Resolution 6, Councillor Jeffery thanked GWAS for the work undertaken to date around responding to people interested in becoming a Community First Responder (CFR) and asked that she continued to be kept in the picture.

RESOLVED:

1 That a short note to explain the paramedic recruitment process and co-responder training in each area of GWAS be circulated to members outside of the meeting.

2 That the minutes (as amended) be approved as a correct record.

149 **RUH, Bath A&E Handover – Sharing good practice (Agenda Item 6)**

Mandy Rumble and James Rimmer (RUH Bath) gave a presentation on Reducing Ambulance Handover Delays at the RUH. A copy of the slides has been placed in the minute book.

During the ensuing discussion the following points were raised:

In response to a question from Councillor Hewitt on the validation of handover times, trusts following different practices and what happened at Salisbury Hospital, Tim Stockings (GWAS) reported that there was always a validation process and Salisbury Hospital followed the same procedure as the RUH. The overall aim was for all A&E departments to have a screen which enabled crews to log when they arrived and departed. However, this was proving difficult because of trusts having different IT systems.

In response to a question from the Chair on why the procedure at the RUH could not be rolled out to all trusts, it was reported by Tim Stockings that “Auto arrive”, whereby a GPS device in the ambulance automatically recorded its arrival time at the hospital was now in place at all trusts. However, there were local issues, for example related to the geography of some hospital sites and the device being triggered some distance away from the ambulance actually arriving at A&E and the patient being “handed over”. To try to address this GWAS was talking to the GPS company about how to ensure that it triggered as close to A&E departments as possible.

James Rimmer added that the SHA’s definition of the point of handover was when the ambulance’s handbrake was on. He added that wherever possible the aim was to have a systemised process, but also the ability for crews to record their own handover times so that data could be validated.

In response to a question from Councillor Hope on the GWAS monthly A&E handover summary and how the RUH had more A&E admissions than most of the other trusts but still had better handover times, Linda Prosser (NHS Gloucestershire) reported that the most significant point to remember was that in the case of the RUH, it as the provider trust took responsibility for the problem. All OSCs and primary care trusts should encourage all providers to take responsibility for handover delays. Councillor Inker added that B&NES and its surrounding communities taking responsibility was key. He said there was a degree of frustration in the JOSC that other trusts had not improved upon their performance and asked whether other trusts had visited the RUH? In response James Rimmer said that partnership working and local ownership were crucial to the success at the RUH. Mandy Rumble added that other local trusts had visited the RUH and further visits were due to take place, along with information sharing via the Urgent Care Network.

The Chair suggested that the JOSC write to all local trusts to report that it had received this presentation from the RUH and it would be interested to hear what their A&E departments were doing to address handover delays.

In response to a question from Councillor Perkins about how much of the improvement at the RUH was attributed to process changes versus IT data systems, James Rimmer said that it was around 80:20, there was good evidence to say that trusts needed to measure the right things and to enable this there had to be believable and reliable metrics.

In reply to a question from Councillor Bennett, Mandy Rumble said that it was not difficult to measure the time when you got a patient into a bed, but it had been a cultural change for staff. The Trust had been very clear that the completion of a handover was when a patient was off a trolley and into a bed. In an ideal situation the ambulance staff would then access a handover screen. The RUH was piloting one screen at the moment, which was working well, but more screens were needed.

In response to a question from Albert Weager on whether the success at the RUH was attributable to the large size of the A&E Department, Mandy Rumble said that size was not the driver of success, the process in place could be applied to any size A&E Department.

RESOLVED:

1 That the representatives from the RUH be thanked for the presentation and the content be noted.

2 That a letter be sent on behalf of the JOSC to other local NHS trusts to advise them of the presentation from the RUH and invite them to a future meeting to report on how they were addressing handover issues.

150 **Monthly Performance Information comprising (Agenda Item 7):**

A. Commissioners' Monthly Report for activity in December 2010

B. Board Performance Report – December 2010

C. Hospital Handover times – December 2010

In response to a question from Councillor Hope on the poor Category A 8 Minute performance in South Gloucestershire in December 2010 (last table on page 18 of the agenda pack refers), Tim Stockings (GWAS) cited the bad weather at this time. Councillor Hope disputed this explanation as she felt South Gloucestershire had been no more affected by the bad weather than surrounding areas.

In reply to Councillor Hope and in response to a concern from Councillor Jeffery regarding continued poor performance in the Cotswolds, Paul Beckett (GWAS) said that during December 2010 there was a very high demand for the service and this in combination with the bad weather led to a dip in response times across the whole GWAS area. In relation to the Cotswolds, GWAS was equally as disappointed as local members and it aimed to improve performance. He added that GWAS had also been working hard in the Kennet area to improve performance, where the development of good community working was particularly important due to the inaccessibility of the area in terms of the 8 minute response time. GWAS had held a number of open days to try to encourage more people to be CFRs, but the numbers who attended were quite low. However, it had also recently established a scheme with the military whereby military personnel volunteered their time and the training courses had just started.

In addition to this Lizanne Harland (NHS South Gloucestershire) reported that during December there were 300 additional calls to the ambulance service from across Bristol, North Somerset and South Gloucestershire (BNSSG), as well as a 50% rise in the demand for primary care. An audit was currently being undertaken, and the current issues with industrial relations and sickness leave were also factors that needed to be taken into account. In relation to CFRs, work was taking place for provision to be extended in South Gloucestershire.

In response to a question from the Chair on liaison with the fire authority and how it might be able to help with response times, Paul Beckett said that it was more difficult for the fire service to provide support because they had a minimum number of fire fighters that had to be on a pump when it was called out.

The Chair asked that GWAS, in consultation with the local commissioning organisations, produce a short paper to confirm the work that had taken place in South Gloucestershire, the Cotswolds and Kennet, the achievements, and what work was still to be undertaken. Lizanne Harland confirmed that she would assist with the South Gloucestershire element of the report.

Margaret Adams reported that the South Gloucestershire LINk's E-Bulletin included a feature on CFRs, including details of the areas where they were most needed.

In response to a couple of anecdotal points from Councillor Hope regarding an alleged 12 hour breach at Frenchay Hospital, and a South Gloucestershire patient being taken by ambulance to Bourton-on-the-Water, Lizanne Harland said she was not aware of a 12 hour breach, but she would investigate this further. She said there had been an issue with the electronic handover screens in November and there were great pressures on the Trust during late December and early January due to the winter weather and flu. However, she added that Frenchay A&E would be looking at the model in place at the RUH, which was pleasing.

Tim Stockings added that the patient experience was key and on the whole most of the hospitals in the GWAS area performed well. He agreed with the comments that there were particular issues in late December and early January, and he added that the Trust had seen real spikes in flu amongst staff that mirrored the general public. However, he believed GWAS was doing the best it could to get patients into hospital and receive the best clinical care.

Councillor Bennett referred to a recent advertising campaign run by the South West Ambulance Service Trust (SWAST) and asked whether GWAS did anything similar. In response Tim Stockings reported that GWAS did liaise with SWAST and undertook similar schemes.

Linda Prosser (NHS Gloucestershire) reported that in future it might be helpful if NHS Gloucestershire, as the Lead Commissioner, produced the performance report in liaison with the other local commissioners in the area and GWAS, and then the JOSC would be able to hold the commissioners to account. It was agreed that this would be a good way forward.

RESOLVED:

1 That the performance data be noted.

2 That a short paper to confirm the work that had taken place in South Gloucestershire, the Cotswolds and Kennet, the achievements, and what work was still to be undertaken, be provided by GWAS and the commissioning organisations outside of the meeting.

3 That in future performance reports be produced and presented by the Lead Commissioner (NHS Gloucestershire) in consultation with GWAS and the other commissioning organisations in the area.

151 **Update from HOSCs (Agenda Item 8)**

Councillor Hope summarised the discussions the South Gloucestershire Health Scrutiny Select Committee had had with NHS South Gloucestershire, emphasising the importance of future commissioning continuing the ongoing

work that had been done in developing a pathway for falls, the “111” pilots, and in re-educating the public perception of when to call an ambulance.

Tim Stockings (GWAS) advised that significant changes were in the pipeline in terms of the how the ambulance service would be expected to perform. The Chair requested that a paper detailing the changes be presented at the next meeting.

RESOLVED: That a paper detailing the significant changes in terms of how the ambulance service would be expected to perform in the future be presented to the JOSC at its next meeting.

152 **Report from the LINk Joint Working Group (Agenda Item 9)**

Information on new Clinical Quality Indicators for A&E would be circulated to members, additionally the Gloucestershire LINk report on the Emergency Department at the Gloucestershire Royal Hospital.

153 **Short Life Group Update report (Agenda Item 10)**

Councillor Jeffery provided an update on the work of the Group and highlighted a problem, in that the CFR training due for January 2011 did not take place. There appeared to be an issue in respect of GWAS providing adequate follow-up for people who had expressed an interest in CFR training.

RESOLVED:

1 That the recommendations of the Short Life Working Group be agreed.

2 That a further meeting be arranged between GWAS and Councillor Jeffery to further discuss CFR training in Bourton-on-the-Water.

154 **Recruitment Process (Agenda Item 11)**

RESOLVED: That the item be noted.

155 **Work Programme (Agenda Item 12)**

RESOLVED: That the Work Programme be agreed.

156 **Dates of future meetings (Agenda Item 13)**

The date of the next meeting is **Friday 10th June 2011**.

157 **Urgent Business**

An update was provided on the situation regarding proposed industrial action by GWAS staff. Talks would be held on 31st January between both sides and facilitated by ACAS, to try and find a resolution.

Linda Prosser (NHS Gloucestershire) proposed that the new Chair of the JOSC be involved in discussions about future commissioning - this was welcomed by members.

Members thanked Councillor Gravells for the efficient way in which he had chaired the Committee over the last four years, and wished him well for the future.

The meeting closed at: 1.20pm

Chair: ……..……. Date: ……..

Agenda Item No. 6

Review of Issues Arising from Performance Reports

Great Western Ambulance Joint Health Scrutiny Committee
10th June 2011

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

To present Members with:

- the Commissioners Report for year end 2010/11
- the Commissioners Monthly Report (April 2011)
- the Board Performance Report (covering activity in April 2011)
- Handover times/delays broken down by hospital

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 Report for 2010/2011 covers GWAS performance for the year. The Commissioners Monthly Report 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 is attached at Appendix 2.

2.3 Attached at Appendix 3 is a full breakdown of handover times/delays by hospital. This provides more detailed information as the Board Performance Report only indicates average handover time.

3.0 Background Papers and Appendices

Appendices

Appendix 1: Commisioners Report for 2010/2011 and Commissioners Monthly Report (April 2011), Great Western Ambulance NHS Trust

Appendix 2: Board Performance Report (covering activity in April 2011), Great Western Ambulance NHS Trust

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

Great Western Ambulance Service NHS
NHS Trust

ACTIVITY & PERFORMANCE
COMMISSIONERS' MONTHLY REPORT 2010/11

CONTENTS

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
2009/10	19,768	21,215	21,067	21,624	21,451	20,686	22,526	21,619	23,662	21,586	19,603	22,110	256,917
2010/11 Contract	20,389	21,860	21,786	22,402	22,205	21,288	23,424	22,279	24,100	21,951	20,182	22,768	264,634
2010/11 Actual	20,749	22,380	21,475	21,977	21,378	21,361	22,603	21,622	25,214	22,844	20,355	22,605	264,563

Variance from Contract	360	520	-311	-425	-827	73	-821	-657	1,114	893	173	-163	-71
Variance from Contract %	1.8%	2.4%	-1.4%	-1.9%	-3.7%	0.3%	-3.5%	-2.9%	4.6%	4.1%	0.9%	-0.7%	0.0%
Variance from 2009/10	*981*	*1,165*	*408*	*353*	*-73*	*675*	*77*	*3*	*1,552*	*1,258*	*752*	*495*	*7,646*
Variance from 2009/10 %	*5.0%*	*5.5%*	*1.9%*	*1.6%*	*-0.3%*	*3.3%*	*0.3%*	*0.0%*	*6.6%*	*5.8%*	*3.8%*	*2.2%*	3.0%

Incidents with Transport:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2009/10	13,304	14,027	13,477	13,777	13,706	13,793	14,901	14,354	15,604	14,483	13,003	14,619	169,048
2010/11 Contract	13,703	14,448	13,881	14,190	14,117	14,207	15,348	14,785	16,072	14,917	13,393	15,058	174,119
2010/11 Actual	13,944	14,785	14,232	14,395	14,145	14,407	15,121	14,551	16,423	15,232	13,681	15,242	176,158

Variance from Contract	241	337	351	205	28	200	-227	-234	351	315	288	184	2,039
Variance from Contract %	1.8%	2.3%	2.5%	1.4%	0.2%	1.4%	-1.5%	-1.6%	2.2%	2.1%	2.1%	1.2%	1.2%
Variance from 2009/10	*640*	*758*	*755*	*618*	*439*	*614*	*220*	*197*	*819*	*749*	*678*	*623*	*7,110*
Variance from 2009/10 %	*4.8%*	*5.4%*	*5.6%*	*4.5%*	*3.2%*	*4.5%*	*1.5%*	*1.4%*	*5.2%*	*5.2%*	*5.2%*	*4.3%*	*4.2%*

Conveyance Rates (Transports over Responses):

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2009/10	67.3%	66.1%	64.0%	63.7%	63.9%	66.7%	66.2%	66.4%	65.9%	67.1%	66.3%	66.1%	65.8%
2010/11 Actual	67.2%	66.1%	66.3%	65.5%	66.2%	67.4%	66.9%	67.3%	65.1%	66.7%	67.2%	67.4%	66.6%

Variance from 2009/10 %	*-0.1%*	*-0.1%*	*2.3%*	*1.8%*	*2.3%*	*0.8%*	*0.7%*	*0.9%*	*-0.8%*	*-0.4%*	*0.9%*	*1.3%*	*0.8%*

PERFORMANCE:

Category A 8 Minute Target Performance:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2009/10	76.03%	77.41%	77.17%	72.72%	77.17%	75.77%	74.78%	75.04%	69.97%	71.21%	75.81%	78.24%	75.0%
2010/11 Target	77.85%	76.17%	76.27%	76.03%	75.81%	76.19%	76.30%	75.43%	74.78%	75.69%	77.01%	78.00%	76.3%
2010/11 Actual	77.79%	77.45%	75.80%	76.79%	75.08%	74.24%	74.87%	73.86%	64.67%	72.26%	73.91%	77.81%	74.3%

Variance from Target	-0.1%	1.3%	-0.5%	0.8%	-0.7%	-1.9%	-1.4%	-1.6%	-10.1%	-3.4%	-3.1%	-0.2%	-1.9%
Variance from 2009/10	*1.8%*	*0.0%*	*-1.4%*	*4.1%*	*-2.1%*	*-1.5%*	*0.1%*	*-1.2%*	*-5.3%*	*1.1%*	*-1.9%*	*-0.4%*	*-0.7%*

Category A 19 Minute Target Performance: *

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2009/10	95.89%	96.46%	95.85%	95.28%	95.59%	95.72%	95.19%	95.21%	93.20%	93.44%	94.96%	95.35%	95.1%
2010/11 Target	96.36%	96.28%	95.59%	95.40%	95.97%	96.15%	95.53%	95.56%	95.52%	96.39%	95.58%	95.79%	95.8%
2010/11 Actual	95.98%	96.00%	94.93%	95.66%	95.14%	95.41%	94.75%	94.90%	90.32%	94.57%	95.04%	96.55%	94.8%

Variance from Target	-0.4%	-0.3%	-0.7%	0.3%	-0.8%	-0.7%	-0.8%	-0.7%	-5.2%	-1.8%	-0.5%	0.8%	-1.0%
Variance from 2009/10	*0.1%*	*-0.5%*	*-0.9%*	*0.4%*	*-0.4%*	*-0.3%*	*-0.4%*	*-0.3%*	*-2.9%*	*1.1%*	*0.1%*	*1.2%*	*-0.3%*

Category B 19 Minute Target Performance: *

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2009/10	92.36%	92.95%	92.40%	91.04%	91.82%	92.16%	89.75%	89.80%	86.45%	87.69%	90.15%	90.98%	90.7%
2010/11 Target	92.52%	92.60%	90.87%	91.67%	91.84%	91.98%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	93.4%
2010/11 Actual	93.18%	93.83%	91.77%	92.52%	92.83%	91.67%	91.43%	91.64%	84.57%	90.68%	91.63%	91.12%	91.4%

Variance from Target	0.7%	1.2%	0.9%	0.8%	1.0%	-0.3%	-3.6%	-3.4%	-10.4%	-4.3%	-3.4%	-3.9%	-2.0%
Variance from 2009/10	*0.8%*	*0.9%*	*-0.6%*	*1.5%*	*1.0%*	*-0.5%*	*1.7%*	*1.8%*	*-1.9%*	*3.0%*	*1.5%*	*0.1%*	*0.7%*

Category C Performance: *

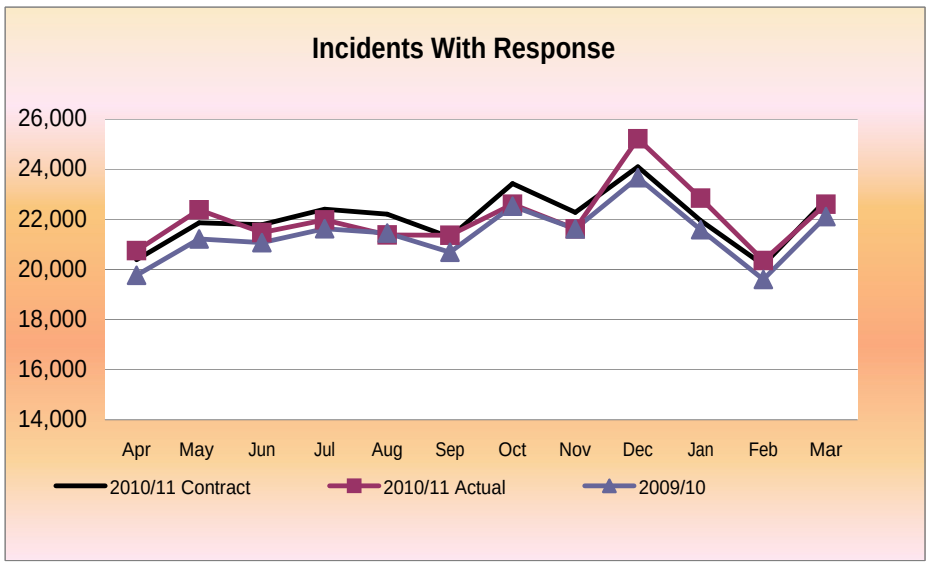
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2009/10	92.2%	92.4%	93.1%	91.6%	90.4%	90.8%	86.4%	85.9%	81.1%	85.6%	83.8%	83.4%	87.9%
2010/11 Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
2010/11 Actual	85.4%	85.2%	81.2%	83.6%	85.1%	81.2%	83.0%	76.6%	67.1%	78.3%	78.7%	82.5%	80.5%

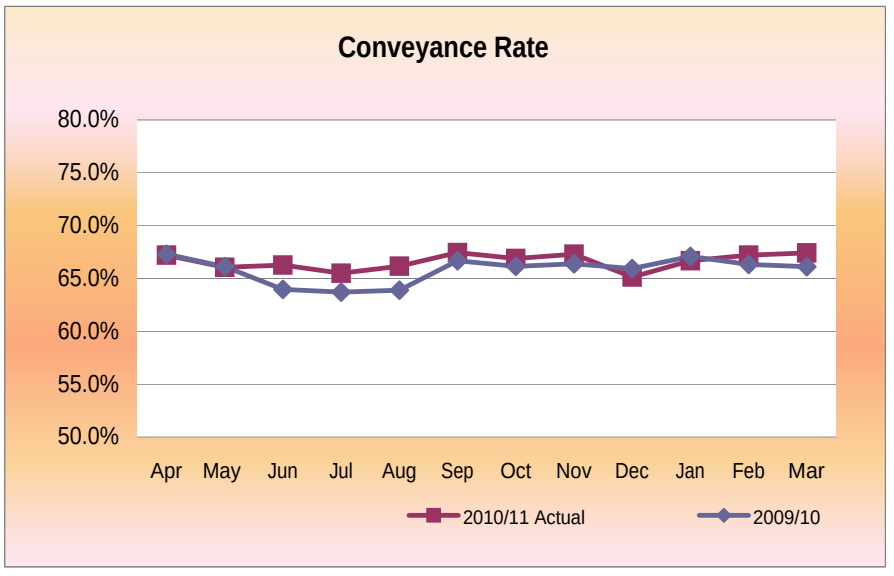
Variance from Target	5.4%	5.2%	1.2%	3.6%	5.1%	1.2%	3.0%	-3.4%	-12.9%	-1.7%	-1.3%	2.5%	0.5%
Variance from 2009/10	*-6.7%*	*-7.2%*	*-11.9%*	*-8.0%*	*-5.4%*	*-9.6%*	*-3.4%*	*-9.3%*	*-14.1%*	*-7.3%*	*-5.0%*	*-0.8%*	*-7.4%*

Great Western Ambulance Service NHS
NHS Trust

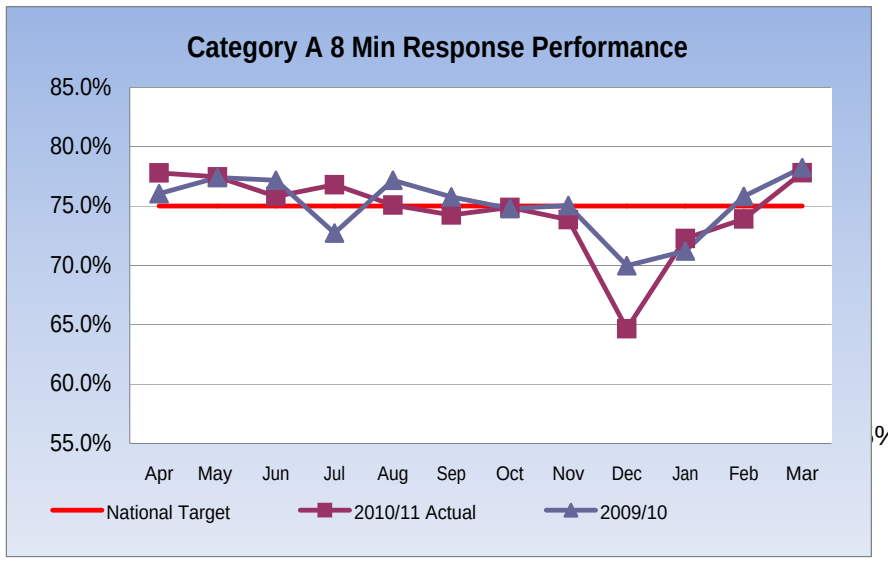
TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS

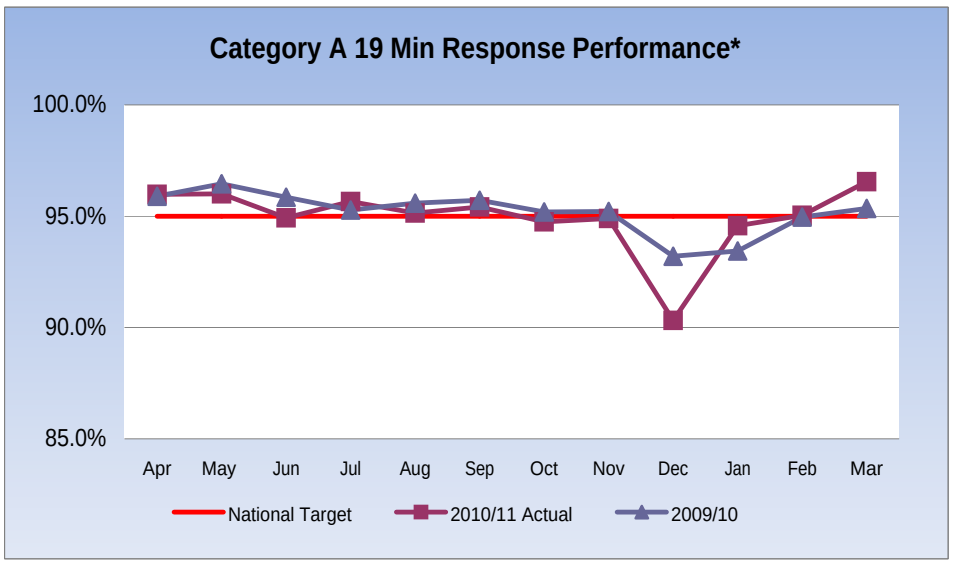
ACTIVITY:

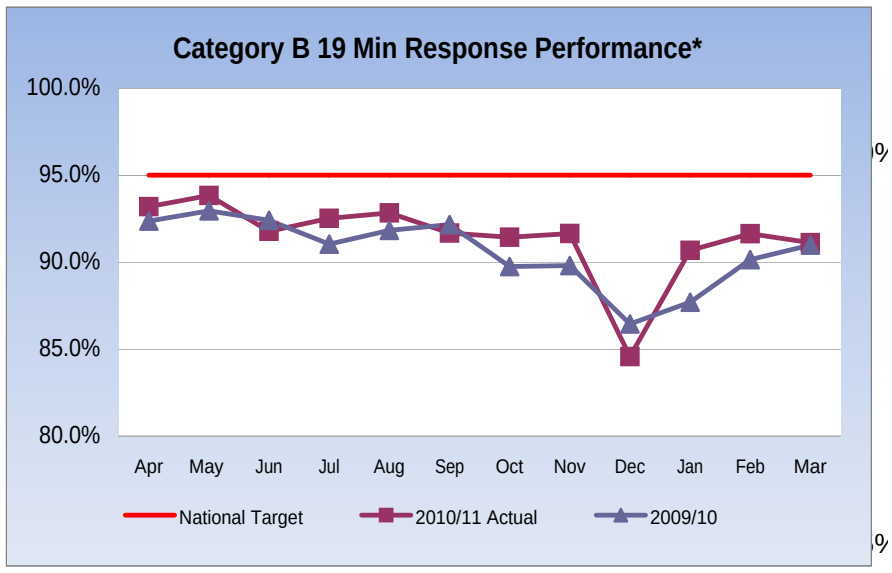


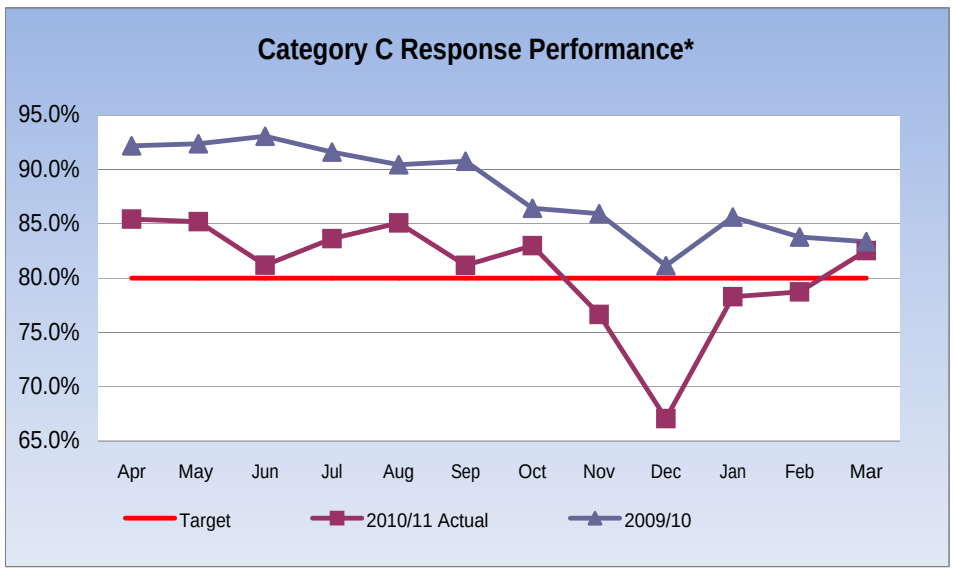


PERFORMANCE:









Category A 8 Minute Performance by Sector

Category A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	3236	3493	3266	3530	3373	3293	3636	3532	4321	3821	3468	3609	42,578
Gloucestershire	1811	1919	1797	1819	1794	1807	2055	2019	2471	2163	1864	2152	23,671
Wiltshire	2409	2755	2626	2732	2607	2594	2807	2684	3264	3013	2612	2821	32,924
Other/Unknown	40	59	39	46	52	48	51	40	57	52	37	34	555
Total	7,496	8,226	7,728	8,127	7,826	7,742	8,549	8,275	10,113	9,049	7,981	8,616	99,728

Compliant Cat A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	2478	2716	2432	2656	2525	2426	2776	2534	2676	2638	2493	2840	31,190
Gloucestershire	1437	1496	1399	1446	1369	1372	1547	1564	1594	1655	1453	1711	18,043
Wiltshire	1905	2148	2020	2133	1973	1936	2068	2007	2264	2234	1949	2145	24,782
Other/Unknown	11	11	7	6	9	14	10	7	6	12	4	8	105
Total	5,831	6,371	5,858	6,241	5,876	5,748	6,401	6,112	6,540	6,539	5,899	6,704	74,120

Cat A 8 Min Performance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	76.6%	77.8%	74.5%	75.2%	74.9%	73.7%	76.3%	71.74%	61.93%	69.04%	71.89%	78.69%	73.3%
Gloucestershire	79.3%	78.0%	77.9%	79.5%	76.3%	75.9%	75.3%	77.46%	64.51%	76.51%	77.95%	79.51%	76.2%
Wiltshire	79.1%	78.0%	76.9%	78.1%	75.7%	74.6%	73.7%	74.78%	69.36%	74.15%	74.62%	76.04%	75.3%
Other/Unknown	27.5%	18.6%	17.9%	13.0%	17.3%	29.2%	19.6%	17.50%	10.53%	23.08%	10.81%	23.53%	18.9%
Total	77.8%	77.4%	75.8%	76.8%	75.1%	74.2%	74.9%	73.9%	64.7%	72.3%	73.9%	77.8%	74.3%

Category A 8 Minute Performance by PCT

Category A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	531	608	541	568	553	557	667	564	681	662	577	584	7,093
Bristol	1,658	1,803	1,776	1,893	1,761	1,754	1,882	1,795	2,196	1,991	1,833	1,889	22,231
Gloucestershire	1,811	1,919	1,797	1,819	1,794	1,807	2,055	2,019	2,471	2,163	1,864	2,152	23,671
North Somerset	742	797	716	830	738	739	865	781	936	855	747	796	9,542
South Gloucestershire	752	814	713	728	788	712	795	887	1,074	871	803	835	9,772
Swindon	612	710	655	736	674	697	670	736	852	831	712	749	8,634
Wiltshire	1,350	1,515	1,490	1,507	1,465	1,427	1,562	1,451	1,844	1,624	1,406	1,577	18,218
Other/Unknown	40	60	40	46	53	49	53	42	59	52	39	34	567
Total	7,496	8,226	7,728	8,127	7,826	7,742	8,549	8,275	10,113	9,049	7,981	8,616	99,728

Compliant Cat A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	401	472	409	450	410	419	490	424	451	477	426	442	5,271
Bristol	1,379	1,496	1,453	1,534	1,472	1,419	1,538	1,378	1,459	1,531	1,438	1,636	17,735
Gloucestershire	1,437	1,496	1,399	1,446	1,369	1,372	1,547	1,564	1,594	1,655	1,453	1,711	18,043
North Somerset	531	586	485	619	510	496	632	563	572	543	514	558	6,609
South Gloucestershire	530	588	465	461	503	461	548	557	595	506	498	585	6,297
Swindon	566	636	596	654	615	605	588	641	740	735	633	670	7,679
Wiltshire	976	1,084	1,044	1,071	988	962	1,048	978	1,122	1,080	933	1,094	12,380
Other/Unknown	11	11	7	6	9	14	10	7	7	12	4	8	106
Total	5,831	6,371	5,858	6,241	5,876	5,748	6,401	6,112	6,540	6,539	5,899	6,704	74,120

Cat A 8 Min Performance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	75.5%	77.6%	75.6%	79.2%	74.1%	75.2%	73.46%	75.18%	66.23%	72.05%	73.83%	75.68%	74.3%
Bristol	83.17%	83.08%	81.81%	81.04%	83.59%	80.90%	81.72%	76.77%	66.44%	76.90%	78.45%	86.61%	79.8%
Gloucestershire	79.35%	77.96%	77.85%	79.49%	76.31%	75.93%	75.28%	77.46%	64.51%	76.51%	77.95%	79.51%	76.2%
North Somerset	71.56%	73.53%	67.74%	74.58%	69.11%	67.12%	73.06%	72.09%	61.11%	63.51%	68.81%	70.10%	69.3%
South Gloucestershire	70.48%	72.24%	65.22%	63.32%	63.83%	64.75%	68.93%	62.80%	55.40%	58.09%	62.02%	70.06%	64.4%
Swindon	92.48%	89.58%	90.99%	88.86%	91.25%	86.80%	87.76%	87.09%	86.85%	88.45%	88.90%	89.45%	88.9%
Wiltshire	72.30%	71.55%	70.07%	71.07%	67.44%	67.41%	67.09%	67.40%	60.85%	66.50%	66.36%	69.37%	68.0%
Other/Unknown	27.50%	18.33%	17.50%	13.04%	16.98%	28.57%	18.87%	16.67%	11.86%	23.08%	10.26%	23.53%	18.7%
Total	77.8%	77.4%	75.8%	76.8%	75.1%	74.2%	74.9%	73.9%	64.7%	72.3%	73.9%	77.8%	74.3%

Category A 8 Minute Performance by District Council / Unitary Authority

Category A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	1,658	1,803	1,776	1,893	1,761	1,754	1,882	1,795	2,196	1,991	1,833	1,889	22,231
South Gloucestershire	752	814	713	728	788	712	795	887	1,074	871	803	835	9,772
North Somerset	742	797	716	830	738	739	865	781	936	855	747	796	9,542
Bath and North East Somerset	531	608	541	568	553	557	667	564	681	662	577	584	7,093
Forest of Dean	225	246	259	249	258	249	288	229	319	284	235	244	3,085
Cotswold	219	218	242	259	248	228	256	260	278	258	242	242	2,950
Tewkesbury	211	187	202	222	216	226	246	241	302	262	247	236	2,798
Cheltenham	405	433	355	342	335	410	444	477	551	440	361	520	5,073
Gloucester	431	481	454	430	425	421	483	490	609	537	448	511	5,720
Stroud	320	354	285	317	312	273	338	322	412	382	331	399	4,045
Kennet	205	234	244	224	229	202	257	259	298	258	207	244	2,861
North Wiltshire	372	445	417	478	434	403	418	409	499	443	381	462	5,161
Swindon	606	700	645	727	662	684	657	730	848	824	703	739	8,525
West Wiltshire	464	484	428	454	462	471	471	442	598	512	496	472	5,754
Salisbury	309	352	401	351	340	351	416	341	449	411	322	399	4,442
Other/Unknown	46	70	50	55	65	62	66	48	63	59	48	44	676
Total	7,496	8,226	7,728	8,127	7,826	7,742	8,549	8,275	10,113	9,049	7,981	8,616	99,728

Compliant Cat A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	1,379	1,496	1,453	1,534	1,472	1,419	1,538	1,378	1,459	1,531	1,438	1,636	17,735
South Gloucestershire	530	588	465	461	503	461	548	557	595	506	498	585	6,297
North Somerset	531	586	485	619	510	496	632	563	572	543	514	558	6,609
Bath and North East Somerset	401	472	409	450	410	419	490	424	451	477	426	442	5,271
Forest of Dean	137	147	171	176	157	145	168	145	152	178	151	172	1,899
Cotswold	137	117	123	162	125	132	136	148	128	124	126	129	1,587
Tewkesbury	164	142	152	173	171	163	185	173	180	206	196	185	2,090
Cheltenham	376	409	333	322	321	376	420	441	428	399	348	496	4,669
Gloucester	400	437	420	384	382	387	431	443	488	488	410	471	5,141
Stroud	223	244	200	229	213	169	207	214	218	260	222	258	2,657
Kennet	136	130	131	129	129	101	144	139	154	139	116	122	1,570
North Wiltshire	277	317	299	347	294	276	282	286	290	296	238	316	3,518
Swindon	564	634	593	650	613	602	587	640	740	733	628	668	7,652
West Wiltshire	347	378	321	333	338	329	340	307	375	372	354	375	4,169
Salisbury	216	259	293	262	227	256	282	246	303	273	225	281	3,123
Other/Unknown	13	13	10	10	11	17	11	8	7	14	9	10	133
Total	5,831	6,371	5,858	6,241	5,876	5,748	6,401	6,112	6,540	6,539	5,899	6,704	74,120

Cat A 8 Min Performance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	83.2%	83.1%	81.8%	81.0%	83.6%	80.9%	81.72%	76.77%	66.44%	76.90%	78.45%	86.61%	79.8%
South Gloucestershire	70.48%	72.24%	65.22%	63.32%	63.83%	64.75%	68.93%	62.80%	55.40%	58.09%	62.02%	70.06%	64.4%
North Somerset	71.56%	73.53%	67.74%	74.58%	69.11%	67.12%	73.06%	72.09%	61.11%	63.51%	68.81%	70.10%	69.3%
Bath and North East Somerset	75.52%	77.63%	75.60%	79.23%	74.14%	75.22%	73.46%	75.18%	66.23%	72.05%	73.83%	75.68%	74.3%
Forest of Dean	60.89%	59.76%	66.02%	70.68%	60.85%	58.23%	58.33%	63.32%	47.65%	62.68%	64.26%	70.49%	61.6%
Cotswold	62.56%	53.67%	50.83%	62.55%	50.40%	57.89%	53.13%	56.92%	46.04%	48.06%	52.07%	53.31%	53.8%
Tewkesbury	77.73%	75.94%	75.25%	77.93%	79.17%	72.12%	75.20%	71.78%	59.60%	78.63%	79.35%	78.39%	74.7%
Cheltenham	92.84%	94.46%	93.80%	94.15%	95.82%	91.71%	94.59%	92.45%	77.68%	90.68%	96.40%	95.38%	92.0%
Gloucester	92.81%	90.85%	92.51%	89.30%	89.88%	91.92%	89.23%	90.41%	80.13%	90.88%	91.52%	92.17%	89.9%
Stroud	69.69%	68.93%	70.18%	72.24%	68.27%	61.90%	61.24%	66.46%	52.91%	68.06%	67.07%	64.66%	65.7%
Kennet	66.34%	55.56%	53.69%	57.59%	56.33%	50.00%	56.03%	53.67%	51.68%	53.88%	56.04%	50.00%	54.9%
North Wiltshire	74.46%	71.24%	71.70%	72.59%	67.74%	68.49%	67.46%	69.93%	58.12%	66.82%	62.47%	68.40%	68.2%
Swindon	93.07%	90.57%	91.94%	89.41%	92.60%	88.01%	89.35%	87.67%	87.26%	88.96%	89.33%	90.39%	89.8%
West Wiltshire	74.78%	78.10%	75.00%	73.35%	73.16%	69.85%	72.19%	69.46%	62.71%	72.66%	71.37%	79.45%	72.5%
Salisbury	69.90%	73.58%	73.07%	74.64%	66.76%	72.93%	67.79%	72.14%	67.48%	66.42%	69.88%	70.43%	70.3%
Other/Unknown	28.26%	18.57%	20.00%	18.18%	16.92%	27.42%	16.67%	16.67%	11.11%	23.73%	18.75%	22.73%	19.7%
Total	77.8%	77.4%	75.8%	76.8%	75.1%	74.2%	74.9%	73.9%	64.7%	72.3%	73.9%	77.8%	74.3%

Category A 19 Minute Performance by Sector

Category A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	3236	3493	3266	3530	3373	3293	3636	3532	4321	3821	3468	3609	42,578
Gloucestershire	1811	1919	1797	1819	1794	1807	2055	2019	2471	2163	1864	2152	23,671
Wiltshire	2409	2755	2626	2732	2607	2594	2807	2684	3264	3013	2612	2821	32,924
Other/Unknown	40	59	39	46	52	48	51	40	57	52	37	34	555
Total	7,496	8,226	7,728	8,127	7,826	7,742	8,549	8,275	10,113	9,049	7,981	8,616	99,728

Compliant Cat A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	3122	3372	3124	3404	3221	3164	3486	3358	3919	3636	3326	3518	40,650
Gloucestershire	1734	1842	1723	1740	1722	1733	1951	1941	2206	2052	1779	2089	22,514
Wiltshire	2309	2638	2462	2596	2466	2455	2627	2529	2971	2839	2455	2689	31,038
Other/Unknown	30	45	27	34	35	35	36	25	36	31	25	23	382
Total	7,195	7,897	7,336	7,774	7,446	7,387	8,100	7,853	9,134	8,556	7,585	8,319	94,584

Cat A 19 Min Performance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	96.5%	96.5%	95.7%	96.4%	95.5%	96.1%	95.9%	95.1%	90.70%	95.16%	95.91%	97.48%	95.5%
Gloucestershire	95.7%	96.0%	95.9%	95.7%	96.0%	95.9%	94.9%	96.1%	89.36%	94.87%	95.44%	97.07%	95.1%
Wiltshire	95.8%	95.8%	93.8%	95.0%	94.7%	94.6%	93.6%	94.2%	91.02%	94.23%	93.99%	95.32%	94.3%
Other/Unknown	75.0%	76.3%	69.2%	73.9%	67.3%	72.9%	70.6%	62.5%	63.16%	59.62%	67.57%	67.65%	68.8%
Total	96.0%	96.0%	94.9%	95.7%	95.1%	95.4%	94.7%	94.9%	90.3%	94.6%	95.0%	96.6%	94.8%

Category A 19 Minute Performance by PCT

Category A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	531	608	541	568	553	557	667	564	681	662	577	584	7,093
Bristol	1,658	1,803	1,776	1,893	1,761	1,754	1,882	1,795	2,196	1,991	1,833	1,889	22,231
Gloucestershire	1,811	1,919	1,797	1,819	1,794	1,807	2,055	2,019	2,471	2,163	1,864	2,152	23,671
North Somerset	742	797	716	830	738	739	865	781	936	855	747	796	9,542
South Gloucestershire	752	814	713	728	788	712	795	887	1,074	871	803	835	9,772
Swindon	612	710	655	736	674	697	670	736	852	831	712	749	8,634
Wiltshire	1,350	1,515	1,490	1,507	1,465	1,427	1,562	1,451	1,844	1,624	1,406	1,577	18,218
Other/Unknown	40	60	40	46	53	49	53	42	59	52	39	34	567
Total	7,496	8,226	7,728	8,127	7,826	7,742	8,549	8,275	10,113	9,049	7,981	8,616	99,728

Compliant Cat A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	514	581	504	535	520	536	615	529	616	615	539	552	6,656
Bristol	1,627	1,760	1,715	1,855	1,688	1,699	1,825	1,731	2,040	1,916	1,777	1,854	21,487
Gloucestershire	1,734	1,842	1,723	1,740	1,722	1,733	1,951	1,941	2,206	2,052	1,779	2,089	22,514
North Somerset	694	755	665	784	697	695	816	741	800	800	709	765	8,921
South Gloucestershire	720	784	686	696	756	685	758	822	988	827	761	818	9,301
Swindon	602	702	647	725	668	687	666	729	838	812	705	741	8,522
Wiltshire	1,274	1,427	1,368	1,405	1,359	1,316	1,431	1,333	1,607	1,505	1,288	1,477	16,790
Other/Unknown	30	46	28	34	36	36	38	27	37	31	27	23	393
Total	7,195	7,897	7,336	7,774	7,446	7,387	8,100	7,853	9,134	8,556	7,585	8,319	94,584

Cat A 19 Min Performance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	96.8%	95.6%	93.2%	94.2%	94.0%	96.2%	92.20%	93.79%	90.46%	92.90%	93.41%	94.52%	93.8%
Bristol	98.13%	97.62%	96.57%	97.99%	95.85%	96.86%	96.97%	96.43%	92.90%	96.23%	96.94%	98.15%	96.65%
Gloucestershire	95.75%	95.99%	95.88%	95.66%	95.99%	95.90%	94.94%	96.14%	89.36%	94.87%	95.44%	97.07%	95.1%
North Somerset	93.53%	94.73%	92.88%	94.46%	94.44%	94.05%	94.34%	94.88%	85.47%	93.57%	94.91%	96.11%	93.5%
South Gloucestershire	95.74%	96.31%	96.21%	95.60%	95.94%	96.21%	95.35%	92.67%	91.99%	94.95%	94.77%	97.96%	95.2%
Swindon	98.37%	98.87%	98.78%	98.51%	99.11%	98.57%	99.40%	99.05%	98.36%	97.71%	99.02%	98.93%	98.7%
Wiltshire	94.37%	94.19%	91.81%	93.23%	92.76%	92.22%	91.61%	91.87%	87.15%	92.67%	91.61%	93.66%	92.2%
Other/Unknown	75.00%	76.67%	70.00%	73.91%	67.92%	73.47%	71.70%	64.29%	62.71%	59.62%	69.23%	67.65%	69.3%
Total	96.0%	96.0%	94.9%	95.7%	95.1%	95.4%	94.7%	94.9%	90.3%	94.6%	95.0%	96.6%	94.8%

Category A 19 Minute Performance by District Council / Unitary Authority

Category A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	1,658	1,803	1,776	1,893	1,761	1,754	1,882	1,795	2,196	1,991	1,833	1,889	22,231
South Gloucestershire	752	814	713	728	788	712	795	887	1,074	871	803	835	9,772
North Somerset	742	797	716	830	738	739	865	781	936	855	747	796	9,542
Bath and North East Somerset	531	608	541	568	553	557	667	564	681	662	577	584	7,093
Forest of Dean	225	246	259	249	258	249	288	229	319	284	235	244	3,085
Cotswold	219	218	242	259	248	228	256	260	278	258	242	242	2,950
Tewkesbury	211	187	202	222	216	226	246	241	302	262	247	236	2,798
Cheltenham	405	433	355	342	335	410	444	477	551	440	361	520	5,073
Gloucester	431	481	454	430	425	421	483	490	609	537	448	511	5,720
Stroud	320	354	285	317	312	273	338	322	412	382	331	399	4,045
Kennet	205	234	244	224	229	202	257	259	298	258	207	244	2,861
North Wiltshire	372	445	417	478	434	403	418	409	499	443	381	462	5,161
Swindon	606	700	645	727	662	684	657	730	848	824	703	739	8,525
West Wiltshire	464	484	428	454	462	471	471	442	598	512	496	472	5,754
Salisbury	309	352	401	351	340	351	416	341	449	411	322	399	4,442
Other/Unknown	46	70	50	55	65	62	66	48	63	59	48	44	676
Total	7,496	8,226	7,728	8,127	7,826	7,742	8,549	8,275	10,113	9,049	7,981	8,616	99,728

Compliant Cat A Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	1,627	1,760	1,715	1,855	1,688	1,699	1,825	1,731	2,040	1,916	1,777	1,854	21,487
South Gloucestershire	720	784	686	696	756	685	758	822	988	827	761	818	9,301
North Somerset	694	755	665	784	697	695	816	741	800	800	709	765	8,921
Bath and North East Somerset	514	581	504	535	520	536	615	529	616	615	539	552	6,656
Forest of Dean	214	233	250	237	238	235	268	218	275	267	220	233	2,888
Cotswold	185	178	202	223	212	196	209	217	191	214	198	208	2,433
Tewkesbury	207	186	199	221	212	223	239	238	285	255	243	235	2,743
Cheltenham	402	430	355	336	334	408	440	474	521	432	358	520	5,010
Gloucester	428	476	449	427	424	416	479	487	584	528	447	507	5,652
Stroud	298	339	268	296	302	255	316	307	352	356	313	386	3,788
Kennet	186	214	219	199	207	178	226	225	251	232	184	219	2,540
North Wiltshire	349	416	390	446	402	371	382	366	422	402	343	432	4,721
Swindon	596	692	637	717	656	675	653	723	834	806	696	731	8,416
West Wiltshire	448	465	391	429	435	437	440	419	531	486	464	449	5,394
Salisbury	291	332	368	331	315	330	383	323	403	385	297	377	4,135
Other/Unknown	36	56	38	42	48	48	51	33	41	37	36	33	499
Total	7,195	7,897	7,336	7,774	7,446	7,387	8,100	7,853	9,134	8,556	7,585	8,319	94,584

Cat A 19 Min Performance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	98.1%	97.6%	96.6%	98.0%	95.9%	96.9%	96.97%	96.43%	92.90%	96.23%	96.94%	98.15%	96.7%
South Gloucestershire	95.74%	96.31%	96.21%	95.60%	95.94%	96.21%	95.35%	92.67%	91.99%	94.95%	94.77%	97.96%	95.2%
North Somerset	93.53%	94.73%	92.88%	94.46%	94.44%	94.05%	94.34%	94.88%	85.47%	93.57%	94.91%	96.11%	93.5%
Bath and North East Somerset	96.80%	95.56%	93.16%	94.19%	94.03%	96.23%	92.20%	93.79%	90.46%	92.90%	93.41%	94.52%	93.8%
Forest of Dean	95.11%	94.72%	96.53%	95.18%	92.25%	94.38%	93.06%	95.20%	86.21%	94.01%	93.62%	95.49%	93.6%
Cotswold	84.47%	81.65%	83.47%	86.10%	85.48%	85.96%	81.64%	83.46%	68.71%	82.95%	81.82%	85.95%	82.5%
Tewkesbury	98.10%	99.47%	98.51%	99.55%	98.15%	98.67%	97.15%	98.76%	94.37%	97.33%	98.38%	99.58%	98.0%
Cheltenham	99.26%	99.31%	100.00%	98.25%	99.70%	99.51%	99.10%	99.37%	94.56%	98.18%	99.17%	100.00%	98.8%
Gloucester	99.30%	98.96%	98.90%	99.30%	99.76%	98.81%	99.17%	99.39%	95.89%	98.32%	99.78%	99.22%	98.8%
Stroud	93.13%	95.76%	94.04%	93.38%	96.79%	93.41%	93.49%	95.34%	85.44%	93.19%	94.56%	96.74%	93.6%
Kennet	90.73%	91.45%	89.75%	88.84%	90.39%	88.12%	87.94%	86.87%	84.23%	89.92%	88.89%	89.75%	88.8%
North Wiltshire	93.82%	93.48%	93.53%	93.31%	92.63%	92.06%	91.39%	89.49%	84.57%	90.74%	90.03%	93.51%	91.5%
Swindon	98.35%	98.86%	98.76%	98.62%	99.09%	98.68%	99.39%	99.04%	98.35%	97.82%	99.00%	98.92%	98.7%
West Wiltshire	96.55%	96.07%	91.36%	94.49%	94.16%	92.78%	93.42%	94.80%	88.80%	94.92%	93.55%	95.13%	93.7%
Salisbury	94.17%	94.32%	91.77%	94.30%	92.65%	94.02%	92.07%	94.72%	89.76%	93.67%	92.24%	94.49%	93.1%
Other/Unknown	78.26%	80.00%	76.00%	76.36%	73.85%	77.42%	77.27%	68.75%	65.08%	62.71%	75.00%	75.00%	73.8%
Total	96.0%	96.0%	94.9%	95.7%	95.1%	95.4%	94.7%	94.9%	90.3%	94.6%	95.0%	96.6%	94.8%

Category B 19 Minute Performance by Sector

Category B Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	3180	3386	3276	3282	3201	3222	3284	3050	3355	3186	2816	3136	38,380
Gloucestershire	1807	1933	1796	1864	1773	1769	1896	1795	2016	1786	1625	1909	21,975
Wiltshire	2522	2733	2613	2592	2656	2530	2623	2399	2737	2440	2256	2530	30,633
Other/Unknown	74	80	91	78	64	81	69	56	70	72	66	71	872
Total	7,583	8,134	7,778	7,816	7,696	7,602	7,874	7,300	8,180	7,486	6,765	7,646	91,860

Compliant Cat B Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	2893	3162	2943	2997	2933	2889	2973	2716	2689	2826	2479	2690	34,192
Gloucestershire	1719	1822	1713	1766	1692	1667	1771	1696	1757	1666	1545	1844	20,660
Wiltshire	2406	2586	2413	2415	2478	2359	2406	2235	2430	2251	2128	2386	28,493
Other/Unknown	48	62	69	53	41	54	49	41	42	43	47	47	596
Total	7,066	7,632	7,138	7,231	7,144	6,969	7,199	6,690	6,918	6,786	6,199	6,967	83,941

Cat B 19 Min Performance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	91.0%	93.3%	89.8%	91.3%	91.6%	89.7%	90.5%	89.0%	80.15%	88.76%	87.97%	85.78%	89.1%
Gloucestershire	95.1%	94.3%	95.4%	94.7%	95.4%	94.2%	93.3%	94.6%	87.07%	93.18%	95.08%	96.60%	94.0%
Wiltshire	95.4%	94.6%	92.3%	93.2%	93.2%	93.2%	91.7%	93.2%	88.78%	92.25%	94.33%	94.31%	93.0%
Other/Unknown	64.9%	77.5%	75.8%	67.9%	64.1%	66.7%	71.0%	73.2%	60.00%	59.72%	71.21%	66.20%	68.3%
Total	93.2%	93.8%	91.8%	92.5%	92.8%	91.7%	91.4%	91.6%	84.6%	90.7%	91.6%	91.1%	91.4%

Category B 19 Minute Performance by PCT

Category B Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	553	561	528	498	556	531	586	492	602	537	474	551	6,469
Bristol	1,768	1,892	1,795	1,740	1,753	1,743	1,800	1,613	1,769	1,733	1,578	1,721	20,905
Gloucestershire	1,807	1,933	1,796	1,864	1,773	1,769	1,896	1,795	2,016	1,786	1,625	1,909	21,975
North Somerset	724	705	721	798	714	722	702	711	749	685	577	648	8,456
South Gloucestershire	621	703	695	683	662	675	701	656	744	700	588	678	8,106
Swindon	636	723	713	765	701	650	661	636	715	657	627	631	8,115
Wiltshire	1,400	1,536	1,438	1,389	1,472	1,430	1,453	1,340	1,510	1,313	1,229	1,435	16,945
Other/Unknown	74	81	92	79	65	82	73	57	73	73	67	73	889
Total	7,583	8,134	7,778	7,816	7,696	7,602	7,874	7,300	8,180	7,486	6,765	7,646	91,860

Compliant Cat B Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	528	537	486	464	501	502	529	450	531	503	437	511	5,979
Bristol	1,634	1,786	1,627	1,599	1,620	1,578	1,634	1,443	1,430	1,555	1,384	1,481	18,771
Gloucestershire	1,719	1,822	1,713	1,766	1,692	1,667	1,771	1,696	1,757	1,666	1,545	1,844	20,660
North Somerset	638	658	637	740	662	649	643	655	609	590	524	565	7,570
South Gloucestershire	559	638	619	607	591	594	626	561	573	624	515	569	7,076
Swindon	625	705	705	750	694	632	646	624	682	636	610	615	7,924
Wiltshire	1,315	1,423	1,281	1,251	1,342	1,292	1,296	1,217	1,292	1,170	1,136	1,333	15,350
Other/Unknown	48	63	70	54	42	55	52	42	44	44	48	49	611
Total	7,066	7,632	7,138	7,231	7,144	6,969	7,199	6,690	6,918	6,786	6,199	6,967	83,941

Cat B 19 Min Performance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	95.5%	95.7%	92.0%	93.2%	90.1%	94.5%	90.27%	91.46%	88.21%	93.67%	92.19%	92.74%	92.4%
Bristol	92.42%	94.40%	90.64%	91.90%	92.41%	90.53%	90.78%	89.46%	80.84%	89.73%	87.71%	86.05%	89.8%
Gloucestershire	95.13%	94.26%	95.38%	94.74%	95.43%	94.23%	93.31%	94.60%	87.07%	93.18%	95.08%	96.60%	94.0%
North Somerset	88.12%	93.33%	88.35%	92.73%	92.72%	89.89%	91.60%	92.12%	81.31%	86.13%	90.81%	87.19%	89.5%
South Gloucestershire	90.02%	90.75%	89.06%	88.87%	89.27%	88.00%	89.30%	85.52%	77.02%	89.14%	87.59%	83.92%	87.3%
Swindon	98.27%	97.51%	98.88%	98.04%	99.00%	97.23%	97.73%	98.11%	95.38%	96.80%	97.29%	97.46%	97.6%
Wiltshire	93.93%	92.64%	89.08%	90.06%	91.17%	90.35%	89.33%	90.82%	85.56%	89.11%	92.43%	92.89%	90.6%
Other/Unknown	64.86%	77.78%	76.09%	68.35%	64.62%	67.07%	71.23%	73.68%	60.27%	60.27%	71.64%	67.12%	68.7%
Total	93.2%	93.8%	91.8%	92.5%	92.8%	91.7%	91.4%	91.6%	84.6%	90.7%	91.6%	91.1%	91.4%

Category B 19 Minute Performance by District Council / Unitary Authority

Category B Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	1,768	1,892	1,795	1,740	1,753	1,743	1,800	1,613	1,769	1,733	1,578	1,721	20,905
South Gloucestershire	621	703	695	683	662	675	701	656	744	700	588	678	8,106
North Somerset	724	705	721	798	714	722	702	711	749	685	577	648	8,456
Bath and North East Somerset	553	561	528	498	556	531	586	492	602	537	474	551	6,469
Forest of Dean	231	247	217	285	229	205	251	233	259	221	201	223	2,802
Cotswold	188	242	213	230	214	211	240	199	238	223	182	213	2,593
Tewkesbury	198	192	200	204	184	221	200	214	254	195	207	237	2,506
Cheltenham	402	387	374	345	361	353	387	340	416	359	330	409	4,463
Gloucester	495	503	459	494	438	491	518	517	532	507	450	490	5,894
Stroud	293	362	333	306	347	288	302	292	319	283	255	337	3,717
Kennet	216	251	216	259	246	228	228	189	233	207	190	244	2,707
North Wiltshire	356	387	393	361	357	358	360	349	379	362	332	362	4,356
Swindon	627	717	710	755	697	643	651	632	709	651	621	626	8,039
West Wiltshire	468	514	464	416	464	468	485	450	522	443	395	457	5,546
Salisbury	360	384	365	353	405	376	380	352	376	301	312	372	4,336
Other/Unknown	83	87	95	89	69	89	83	61	79	79	73	78	965
Total	7,583	8,134	7,778	7,816	7,696	7,602	7,874	7,300	8,180	7,486	6,765	7,646	91,860

Compliant Cat B Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	1,634	1,786	1,627	1,599	1,620	1,578	1,634	1,443	1,430	1,555	1,384	1,481	18,771
South Gloucestershire	559	638	619	607	591	594	626	561	573	624	515	569	7,076
North Somerset	638	658	637	740	662	649	643	655	609	590	524	565	7,570
Bath and North East Somerset	528	537	486	464	501	502	529	450	531	503	437	511	5,979
Forest of Dean	216	227	201	259	210	187	221	208	205	193	178	212	2,517
Cotswold	145	189	178	192	181	169	186	169	161	178	154	175	2,077
Tewkesbury	194	185	196	196	180	216	192	209	229	190	203	237	2,427
Cheltenham	397	383	369	341	359	350	385	335	396	355	329	406	4,405
Gloucester	489	498	455	487	428	477	506	495	492	490	439	489	5,745
Stroud	278	340	314	291	334	268	281	282	274	260	242	325	3,489
Kennet	193	223	180	222	208	196	187	153	190	172	162	215	2,301
North Wiltshire	337	355	360	327	328	331	322	321	316	323	311	336	3,967
Swindon	616	699	702	740	691	625	638	620	678	630	604	610	7,853
West Wiltshire	442	486	405	379	423	421	436	413	449	403	372	434	5,063
Salisbury	343	359	336	323	383	344	353	330	337	272	291	348	4,019
Other/Unknown	57	69	73	64	45	62	60	46	48	50	54	54	682
Total	7,066	7,632	7,138	7,231	7,144	6,969	7,199	6,690	6,918	6,786	6,199	6,967	83,941

Cat B 19 Min Performance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	92.42%	94.40%	90.64%	91.90%	92.41%	90.53%	90.78%	89.46%	80.84%	89.73%	87.71%	86.05%	89.8%
South Gloucestershire	90.02%	90.75%	89.06%	88.87%	89.27%	88.00%	89.30%	85.52%	77.02%	89.14%	87.59%	83.92%	87.3%
North Somerset	88.12%	93.33%	88.35%	92.73%	92.72%	89.89%	91.60%	92.12%	81.31%	86.13%	90.81%	87.19%	89.5%
Bath and North East Somerset	95.48%	95.72%	92.05%	93.17%	90.11%	94.54%	90.27%	91.46%	88.21%	93.67%	92.19%	92.74%	92.4%
Forest of Dean	93.51%	91.90%	92.63%	90.88%	91.70%	91.22%	88.05%	89.27%	79.15%	87.33%	88.56%	95.07%	89.8%
Cotswold	77.13%	78.10%	83.57%	83.48%	84.58%	80.09%	77.50%	84.92%	67.65%	79.82%	84.62%	82.16%	80.1%
Tewkesbury	97.98%	96.35%	98.00%	96.08%	97.83%	97.74%	96.00%	97.66%	90.16%	97.44%	98.07%	100.00%	96.8%
Cheltenham	98.76%	98.97%	98.66%	98.84%	99.45%	99.15%	99.48%	98.53%	95.19%	98.89%	99.70%	99.27%	98.7%
Gloucester	98.79%	99.01%	99.13%	98.58%	97.72%	97.15%	97.68%	95.74%	92.48%	96.65%	97.56%	99.80%	97.5%
Stroud	94.88%	93.92%	94.29%	95.10%	96.25%	93.06%	93.05%	96.58%	85.89%	91.87%	94.90%	96.44%	93.9%
Kennet	89.35%	88.84%	83.33%	85.71%	84.55%	85.96%	82.02%	80.95%	81.55%	83.09%	85.26%	88.11%	85.0%
North Wiltshire	94.66%	91.73%	91.60%	90.58%	91.88%	92.46%	89.44%	91.98%	83.38%	89.23%	93.67%	92.82%	91.1%
Swindon	98.25%	97.49%	98.87%	98.01%	99.14%	97.20%	98.00%	98.10%	95.63%	96.77%	97.26%	97.44%	97.7%
West Wiltshire	94.44%	94.55%	87.28%	91.11%	91.16%	89.96%	89.90%	91.78%	86.02%	90.97%	94.18%	94.97%	91.3%
Salisbury	95.28%	93.49%	92.05%	91.50%	94.57%	91.49%	92.89%	93.75%	89.63%	90.37%	93.27%	93.55%	92.7%
Other/Unknown	68.67%	79.31%	76.84%	71.91%	65.22%	69.66%	72.29%	75.41%	60.76%	63.29%	73.97%	69.23%	70.7%
Total	93.2%	93.8%	91.8%	92.5%	92.8%	91.7%	91.4%	91.6%	84.6%	90.7%	91.6%	91.1%	91.4%

Category C Compliance by Sector

Category C Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	2231	2368	2387	2386	2185	2402	2332	2287	2742	2458	2208	2542	28,528
Gloucestershire	1556	1585	1547	1530	1613	1622	1677	1635	1869	1688	1503	1709	19,534
Wiltshire	1811	1975	1934	2017	1953	1913	2054	2009	2190	2042	1805	1987	23,690
Other/Unknown	29	27	33	30	40	29	27	33	21	24	27	31	351
Total	5,627	5,955	5,901	5,963	5,791	5,966	6,090	5,964	6,822	6,212	5,543	6,269	72,103

Compliant Category C Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	1762	1981	1792	1869	1753	1780	1846	1598	1607	1775	1673	2014	21,450
Gloucestershire	1415	1385	1343	1356	1412	1393	1417	1341	1338	1401	1245	1448	16,494
Wiltshire	1603	1682	1626	1734	1727	1643	1771	1607	1614	1670	1420	1688	19,785
Other/Unknown	27	25	30	28	35	27	20	25	16	17	26	24	300
Total	4,807	5,073	4,791	4,987	4,927	4,843	5,054	4,571	4,575	4,863	4,364	5,174	58,029

Category C Compliance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	79.0%	83.7%	75.1%	78.3%	80.2%	74.1%	79.2%	69.9%	58.61%	72.21%	75.77%	79.23%	75.2%
Gloucestershire	90.9%	87.4%	86.8%	88.6%	87.5%	85.9%	84.5%	82.0%	71.59%	83.00%	82.83%	84.73%	84.4%
Wiltshire	88.5%	85.2%	84.1%	86.0%	88.4%	85.9%	86.2%	80.0%	73.70%	81.78%	78.67%	84.95%	83.5%
Other/Unknown	93.1%	92.6%	90.9%	93.3%	87.5%	93.1%	74.1%	75.8%	76.19%	70.83%	96.30%	77.42%	85.5%
Total	85.4%	85.2%	81.2%	83.6%	85.1%	81.2%	83.0%	76.6%	67.1%	78.3%	78.7%	82.5%	80.5%

Category C Compliance by PCT

Category C Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	384	443	438	410	377	436	444	454	438	439	393	458	5,114
Bristol	1,053	1,128	1,085	1,104	1,057	1,059	1,109	1,112	1,293	1,151	1,085	1,185	13,421
Gloucestershire	1,556	1,585	1,547	1,530	1,613	1,622	1,677	1,635	1,869	1,688	1,503	1,709	19,534
North Somerset	523	503	569	526	487	588	519	484	618	583	463	554	6,417
South Gloucestershire	605	668	655	690	585	698	634	619	750	668	595	709	7,876
Swindon	405	460	439	491	460	442	474	487	510	458	441	408	5,475
Wiltshire	1,072	1,141	1,134	1,178	1,170	1,091	1,205	1,140	1,320	1,200	1,036	1,215	13,902
Other/Unknown	29	27	34	34	42	30	28	33	24	25	27	31	364
Total	5,627	5,955	5,901	5,963	5,791	5,966	6,090	5,964	6,822	6,212	5,543	6,269	72,103

Compliant Category C Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	341	386	351	355	330	375	379	351	309	363	326	382	4,248
Bristol	817	918	804	852	856	763	863	735	724	801	791	903	9,827
Gloucestershire	1,415	1,385	1,343	1,356	1,412	1,393	1,417	1,341	1,338	1,401	1,245	1,448	16,494
North Somerset	444	444	444	440	389	464	443	375	398	435	374	438	5,088
South Gloucestershire	460	561	490	526	463	511	487	433	445	499	458	598	5,931
Swindon	360	407	387	432	428	392	416	414	405	381	365	358	4,745
Wiltshire	943	947	941	995	1,012	917	1,028	897	937	965	779	1,023	11,384
Other/Unknown	27	25	31	31	37	28	21	25	19	18	26	24	312
Total	4,807	5,073	4,791	4,987	4,927	4,843	5,054	4,571	4,575	4,863	4,364	5,174	58,029

Category C Compliance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	88.80%	87.13%	80.14%	86.59%	87.53%	86.01%	85.36%	77.31%	70.55%	82.69%	82.95%	83.41%	83.1%
Bristol	77.59%	81.38%	74.10%	77.17%	80.98%	72.05%	77.82%	66.10%	55.99%	69.59%	72.90%	76.20%	73.2%
Gloucestershire	90.94%	87.38%	86.81%	88.63%	87.54%	85.88%	84.50%	82.02%	71.59%	83.00%	82.83%	84.73%	84.4%
North Somerset	84.89%	88.27%	78.03%	83.65%	79.88%	78.91%	85.36%	77.48%	64.40%	74.61%	80.78%	79.06%	79.3%
South Gloucestershire	76.03%	83.98%	74.81%	76.23%	79.15%	73.21%	76.81%	69.95%	59.33%	74.70%	76.97%	84.34%	75.3%
Swindon	88.89%	88.48%	88.15%	87.98%	93.04%	88.69%	87.76%	85.01%	79.41%	83.19%	82.77%	87.75%	86.7%
Wiltshire	87.97%	83.00%	82.98%	84.47%	86.50%	84.05%	85.31%	78.68%	70.98%	80.42%	75.19%	84.20%	81.9%
Other/Unknown	93.10%	92.59%	91.18%	91.18%	88.10%	93.33%	75.00%	75.76%	79.17%	72.00%	96.30%	77.42%	85.7%
Total	85.4%	85.2%	81.2%	83.6%	85.1%	81.2%	83.0%	76.6%	67.1%	78.3%	78.7%	82.5%	80.5%

Category C Compliance by District Council / Unitary Authority

Category C Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	1,053	1,128	1,085	1,104	1,057	1,059	1,109	1,112	1,293	1,151	1,085	1,185	13,421
South Gloucestershire	605	668	655	690	585	698	634	619	750	668	595	709	7,876
North Somerset	523	503	569	526	487	588	519	484	618	583	463	554	6,417
Bath and North East Somerset	384	443	438	410	377	436	444	454	438	439	393	458	5,114
Forest of Dean	189	216	202	201	211	202	217	245	247	212	186	199	2,527
Cotswold	242	264	280	222	263	241	261	226	272	240	222	243	2,976
Tewkesbury	181	173	175	191	193	172	210	199	217	194	163	221	2,289
Cheltenham	332	290	314	346	338	343	335	342	393	393	325	382	4,133
Gloucester	347	355	336	316	322	391	375	359	426	358	352	359	4,296
Stroud	265	287	240	254	286	273	279	264	314	291	255	305	3,313
Kennet	178	168	200	184	184	164	203	162	194	201	153	211	2,202
North Wiltshire	304	330	272	349	338	300	307	286	372	328	266	347	3,799
Swindon	399	456	432	485	448	440	463	483	508	450	437	403	5,404
West Wiltshire	348	379	372	372	343	366	390	391	442	373	359	375	4,510
Salisbury	242	264	290	273	305	261	305	301	312	298	258	282	3,391
Other/Unknown	35	31	41	40	54	32	39	37	26	33	31	36	435
Total	5,627	5,955	5,901	5,963	5,791	5,966	6,090	5,964	6,822	6,212	5,543	6,269	72,103

Compliant Category C Responses

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	817	918	804	852	856	763	863	735	724	801	791	903	9,827
South Gloucestershire	460	561	490	526	463	511	487	433	445	499	458	598	5,931
North Somerset	444	444	444	440	389	464	443	375	398	435	374	438	5,088
Bath and North East Somerset	341	386	351	355	330	375	379	351	309	363	326	382	4,248
Forest of Dean	172	189	178	188	188	176	188	203	183	178	163	170	2,176
Cotswold	202	225	220	182	223	188	212	165	183	187	181	209	2,377
Tewkesbury	167	162	156	172	177	153	181	174	170	166	141	193	2,012
Cheltenham	306	260	279	309	303	290	291	278	301	339	275	328	3,559
Gloucester	324	310	304	286	279	352	320	292	297	288	277	310	3,639
Stroud	244	239	206	219	242	234	225	229	204	243	208	238	2,731
Kennet	152	134	161	159	161	136	180	132	141	156	116	171	1,799
North Wiltshire	267	273	238	296	287	256	257	215	261	270	186	291	3,097
Swindon	355	403	382	427	416	390	408	410	404	373	361	354	4,683
West Wiltshire	301	318	301	311	289	293	321	306	298	289	264	317	3,608
Salisbury	223	222	241	229	275	232	270	244	237	250	213	244	2,880
Other/Unknown	32	29	36	36	49	30	29	29	20	26	30	28	374
Total	4,807	5,073	4,791	4,987	4,927	4,843	5,054	4,571	4,575	4,863	4,364	5,174	58,029

Category C Compliance

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	77.59%	81.38%	74.10%	77.17%	80.98%	72.05%	77.82%	66.10%	55.99%	69.59%	72.90%	76.20%	73.2%
South Gloucestershire	76.03%	83.98%	74.81%	76.23%	79.15%	73.21%	76.81%	69.95%	59.33%	74.70%	76.97%	84.34%	75.3%
North Somerset	84.89%	88.27%	78.03%	83.65%	79.88%	78.91%	85.36%	77.48%	64.40%	74.61%	80.78%	79.06%	79.3%
Bath and North East Somerset	88.80%	87.13%	80.14%	86.59%	87.53%	86.01%	85.36%	77.31%	70.55%	82.69%	82.95%	83.41%	83.1%
Forest of Dean	91.01%	87.50%	88.12%	93.53%	89.10%	87.13%	86.64%	82.86%	74.09%	83.96%	87.63%	85.43%	86.1%
Cotswold	83.47%	85.23%	78.57%	81.98%	84.79%	78.01%	81.23%	73.01%	67.28%	77.92%	81.53%	86.01%	79.9%
Tewkesbury	92.27%	93.64%	89.14%	90.05%	91.71%	88.95%	86.19%	87.44%	78.34%	85.57%	86.50%	87.33%	87.9%
Cheltenham	92.17%	89.66%	88.85%	89.31%	89.64%	84.55%	86.87%	81.29%	76.59%	86.26%	84.62%	85.86%	86.1%
Gloucester	93.37%	87.32%	90.48%	90.51%	86.65%	90.03%	85.33%	81.34%	69.72%	80.45%	78.69%	86.35%	84.7%
Stroud	92.08%	83.28%	85.83%	86.22%	84.62%	85.71%	80.65%	86.74%	64.97%	83.51%	81.57%	78.03%	82.4%
Kennet	85.39%	79.76%	80.50%	86.41%	87.50%	82.93%	88.67%	81.48%	72.68%	77.61%	75.82%	81.04%	81.7%
North Wiltshire	87.83%	82.73%	87.50%	84.81%	84.91%	85.33%	83.71%	75.17%	70.16%	82.32%	69.92%	83.86%	81.5%
Swindon	88.97%	88.38%	88.43%	88.04%	92.86%	88.64%	88.12%	84.89%	79.53%	82.89%	82.61%	87.84%	86.7%
West Wiltshire	86.49%	83.91%	80.91%	83.60%	84.26%	80.05%	82.31%	78.26%	67.42%	77.48%	73.54%	84.53%	80.0%
Salisbury	92.15%	84.09%	83.10%	83.88%	90.16%	88.89%	88.52%	81.06%	75.96%	83.89%	82.56%	86.52%	84.9%
Other/Unknown	91.43%	93.55%	87.80%	90.00%	90.74%	93.75%	74.36%	78.38%	76.92%	78.79%	96.77%	77.78%	86.0%
Total	85.4%	85.2%	81.2%	83.6%	85.1%	81.2%	83.0%	76.6%	67.1%	78.3%	78.7%	82.5%	80.5%

Incidents with Response by Sector

Current Year	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	8640	9217	892C	9191	8751	8887	925:	8871	1041S	946E	849/	928S	109,397
Gloucestershire	5175	5442	514S	5217	5187	520:	5632	5452	6361	5644	4994	5773	65,229
Wiltshire	6740	746C	7177	7342	7221	7034	748E	7094	819C	7494	6674	7339	87,251
Other/Unknown	194	261	229	227	219	237	232	205	244	241	193	204	2,686
Total	20,749	22,38C	21,47E	21,977	21,37E	21,361	22,60:	21,622	25,21/	22,84/	20,35E	22,60E	264,563

2009/10	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	8371	891S	859E	9017	9014	854E	931E	881S	9662	896E	802E	913:	106,387
Gloucestershire	4992	5174	501C	513C	510E	503/	544E	5294	573E	528:	4802	5477	62,480
Wiltshire	6324	699:	726E	7241	710E	690S	753E	726E	800C	7147	659C	7297	85,677
Other/Unknown	81	129	193	236	227	199	23C	238	264	19C	183	203	2,373
Total	19,768	21,21E	21,067	21,62/	21,451	20,68E	22,52E	21,61S	23,662	21,58E	19,60:	22,11C	256,917

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Avon	3.2%	3.3%	3.8%	1.9%	-2.9%	4.0%	-0.7%	0.6%	7.8%	5.6%	5.8%	1.7%	2.9%
Gloucestershire	3.7%	5.2%	2.8%	1.7%	1.6%	3.4%	3.4%	3.0%	10.9%	6.8%	4.0%	5.4%	4.3%
Wiltshire	6.6%	6.7%	-1.3%	1.4%	1.6%	1.8%	-0.7%	-2.4%	2.4%	4.9%	1.3%	0.6%	2.0%
Other/Unknown	139.5%	102.3%	18.7%	-3.8%	-3.5%	19.1%	0.9%	-13.9%	-7.6%	26.8%	5.5%	0.5%	14.4%
Total	5.0%	5.5%	1.9%	1.6%	-0.3%	3.3%	0.3%	0.0%	6.6%	5.8%	3.8%	2.2%	3.0%

Incident with Response by PCT

Current Year	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	1,468	1,612	1,50S	1,477	1,48E	1,52/	1,697	1,51C	1,721	1,63E	1,44/	1,59:	18,679
Bristol	4,478	4,80E	4,64S	4,731	4,56E	4,53:	4,791	4,52C	5,25S	4,87E	4,49E	4,79E	56,500
Gloucestershire	5,175	5,442	5,14S	5,217	5,187	5,20:	5,632	5,452	6,361	5,64/	4,994	5,773	65,229
North Somerset	1,985	2,00:	2,00/	2,154	1,93S	2,047	2,087	1,97E	2,30:	2,123	1,787	1,99S	24,409
South Gloucestershire	1,976	2,17C	2,061	2,10C	2,03:	2,08C	2,13C	2,162	2,56E	2,23S	1,98E	2,223	25,728
Swindon	1,651	1,89:	1,80E	1,991	1,83E	1,787	1,80E	1,85S	2,07E	1,94E	1,78C	1,78E	22,218
Wiltshire	3,822	4,18S	4,06:	4,07E	4,11C	3,947	4,222	3,93:	4,67E	4,13E	3,67/	4,22E	49,072
Other/Unknown	194	263	232	232	223	24C	239	208	252	243	196	206	2,728
Total	20,749	22,38C	21,47E	21,977	21,37E	21,361	22,60:	21,622	25,21/	22,84/	20,35E	22,60E	264,563

2009/10	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	1,465	1,57C	1,42:	1,53S	1,44C	1,497	1,75:	1,67/	1,704	1,61C	1,37/	1,637	18,682
Bristol	4,365	4,70E	4,582	4,78E	4,564	4,40C	4,90C	4,534	5,004	4,62C	4,087	4,73E	55,285
Gloucestershire	4,992	5,174	5,01C	5,13C	5,10E	5,03/	5,44E	5,29/	5,73E	5,28:	4,802	5,477	62,480
North Somerset	1,829	1,85E	1,831	1,887	2,29/	1,92/	1,93/	1,87E	2,067	1,912	1,76E	1,97/	23,147
South Gloucestershire	1,956	2,151	1,97S	2,11E	1,951	2,01C	2,25/	2,13E	2,321	2,177	1,96E	2,197	25,218
Swindon	1,511	1,70C	1,69S	1,737	1,73E	1,66C	1,761	1,81C	2,08E	1,83S	1,681	1,84E	21,072
Wiltshire	3,569	3,92E	4,35C	4,191	4,12S	3,96C	4,25C	4,057	4,47E	3,95:	3,747	4,03E	48,645
Other/Unknown	81	13C	193	237	23C	203	231	238	264	192	183	206	2,388
Total	19,768	21,21E	21,067	21,62/	21,451	20,68E	22,52E	21,61S	23,662	21,58E	19,60:	22,11C	256,917

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bath and North East Somerset PCT	0.2%	2.7%	6.0%	-4.0%	3.2%	1.8%	-3.2%	-9.7%	1.0%	1.7%	5.2%	-2.7%	0.2%
Bristol PCT	2.6%	2.2%	1.5%	-1.1%	0.0%	3.0%	-2.2%	-0.3%	5.1%	5.5%	10.0%	1.2%	2.3%
Gloucestershire PCT	3.7%	5.2%	2.8%	1.7%	1.6%	3.4%	3.4%	3.0%	10.9%	6.8%	4.0%	5.4%	4.3%
North Somerset PCT	8.5%	7.8%	9.4%	14.1%	-15.5%	6.4%	8.0%	5.4%	11.4%	11.0%	1.2%	1.4%	5.8%
South Gloucestershire PCT	1.0%	0.88%	4.14%	-0.85%	4.20%	3.48%	-5.50%	1.12%	10.64%	2.85%	1.02%	1.18%	2.10%
Swindon PCT	9.3%	11.35%	6.42%	14.62%	5.58%	7.65%	2.50%	2.71%	-0.62%	5.82%	5.89%	-3.25%	6.27%
Wiltshire PCT	7.1%	6.70%	-6.60%	-2.77%	-0.46%	-0.33%	-0.66%	-3.06%	4.40%	4.63%	-2.00%	4.78%	0.52%
Other/Unknown	139.5%	102.3%	20.2%	-2.1%	-3.0%	18.2%	3.5%	-12.6%	-4.5%	26.6%	7.1%	0.0%	15.6%
Total	5.0%	5.5%	1.9%	1.6%	-0.3%	3.3%	0.3%	0.0%	6.6%	5.8%	3.8%	2.2%	3.0%

Incidents with Response by District Council/Unitary Authority

Current Year	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	4,478	4,80E	4,64S	4,731	4,56E	4,53:	4,791	4,52C	5,25S	4,87E	4,49E	4,79E	56,500
South Gloucestershire	1,976	2,17C	2,061	2,10C	2,03:	2,08C	2,13C	2,162	2,56E	2,23S	1,98E	2,223	25,728
North Somerset	1,985	2,00:	2,00/	2,154	1,93S	2,047	2,087	1,97E	2,30:	2,123	1,787	1,99S	24,409
Bath and North East Somerset	1,468	1,612	1,50S	1,477	1,48E	1,52/	1,697	1,51C	1,721	1,63E	1,44/	1,59:	18,679
Forest of Dean	646	711	685	736	699	66C	757	712	826	722	622	667	8,443
Cotswold	650	727	736	714	727	681	758	685	788	721	647	699	8,533
Tewkesbury	590	552	579	617	597	62C	656	654	775	652	618	695	7,605
Cheltenham	1,139	1,111	1,04:	1,03:	1,03/	1,10E	1,16E	1,15E	1,36C	1,19/	1,01E	1,311	13,668
Gloucester	1,272	1,33E	1,24E	1,24C	1,18E	1,30:	1,37E	1,36E	1,567	1,40/	1,25C	1,36C	15,906
Stroud	878	1,003	858	877	945	834	919	878	1,045	955	841	1,041	11,074
Kennet	599	653	661	667	661	594	689	611	725	666	55C	699	7,775
North Wiltshire	1,032	1,16C	1,08/	1,18E	1,13C	1,061	1,08E	1,04/	1,25C	1,13:	979	1,171	13,315
Swindon	1,629	1,87:	1,78E	1,96E	1,807	1,76E	1,771	1,84E	2,06:	1,92E	1,761	1,76E	21,961
West Wiltshire	1,280	1,377	1,26/	1,24:	1,26S	1,30:	1,34E	1,28:	1,56/	1,32E	1,251	1,30E	15,811
Salisbury	911	999	1,056	977	1,050	989	1,102	995	1,138	1,00S	892	1,053	12,171
Other/Unknown	216	283	252	257	251	262	273	222	264	264	215	226	2,985
Total	20,749	22,38C	21,47E	21,977	21,37E	21,361	22,60:	21,622	25,21/	22,84/	20,35E	22,60E	264,563

2009/10	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	4,365	4,70E	4,582	4,78E	4,564	4,40C	4,90C	4,534	5,004	4,62C	4,087	4,73E	55,285
South Gloucestershire	1,956	2,151	1,97S	2,11E	1,951	2,01C	2,25/	2,13E	2,321	2,177	1,96E	2,197	25,218
North Somerset	1,829	1,858	1,831	1,887	2,294	1,924	1,932	1,876	2,067	1,912	1,765	1,972	23,147
Bath and North East Somerset	1,465	1,570	1,423	1,539	1,440	1,497	1,753	1,672	1,704	1,610	1,372	1,637	18,682
Forest of Dean	638	630	625	622	708	655	679	645	788	655	636	685	7,966
Cotswold	657	675	709	686	659	678	711	646	786	699	615	705	8,226
Tewkesbury	572	628	585	627	581	571	633	626	698	641	561	644	7,367
Cheltenham	1,094	1,068	1,055	1,056	1,066	1,034	1,192	1,142	1,176	1,161	998	1,243	13,285
Gloucester	1,153	1,275	1,223	1,251	1,283	1,229	1,358	1,288	1,338	1,210	1,170	1,266	15,044
Stroud	878	898	813	888	808	865	872	947	950	917	822	934	10,592
Kennet	607	571	644	673	658	696	708	657	758	665	609	682	7,928
North Wiltshire	908	1,040	1,399	1,161	1,087	1,012	1,160	1,056	1,230	1,069	1,003	1,103	13,228
Swindon	1,496	1,683	1,677	1,723	1,723	1,634	1,759	1,804	2,056	1,820	1,654	1,824	20,853
West Wiltshire	1,163	1,258	1,160	1,310	1,337	1,243	1,350	1,305	1,396	1,226	1,224	1,283	15,255
Salisbury	891	1,057	1,147	1,047	1,047	1,009	1,032	1,039	1,094	993	911	967	12,234
Other/Unknown	96	147	215	251	245	228	233	244	296	211	210	230	2,606
Total	19,768	21,215	21,067	21,624	21,451	20,685	22,526	21,619	23,662	21,586	19,603	22,110	256,916

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bristol	2.6%	2.2%	1.5%	-1.1%	0.0%	3.0%	-2.2%	-0.3%	5.1%	5.5%	10.0%	1.2%	2.3%
South Gloucestershire	1.0%	0.9%	4.1%	-0.8%	4.2%	3.5%	-5.5%	1.1%	10.6%	2.8%	1.0%	1.2%	2.1%
North Somerset	8.5%	7.8%	9.4%	14.1%	-15.5%	6.4%	8.0%	5.4%	11.4%	11.0%	1.2%	1.4%	5.8%
Bath and North East Somerset	0.2%	2.7%	6.0%	-4.0%	3.2%	1.8%	-3.2%	-9.7%	1.0%	1.7%	5.2%	-2.7%	0.2%
Forest of Dean	1.3%	12.9%	9.6%	18.3%	-1.3%	0.8%	11.5%	10.4%	4.8%	10.2%	-2.2%	-2.6%	6.8%
Cotswold	-1.1%	7.7%	3.8%	4.1%	10.3%	0.4%	6.6%	6.0%	0.3%	3.1%	5.2%	-0.9%	4.2%
Tewkesbury	3.1%	-12.1%	-1.0%	-1.6%	2.8%	8.6%	3.6%	4.5%	11.0%	1.7%	10.2%	7.9%	2.8%
Cheltenham	4.1%	4.0%	-1.1%	-2.2%	-3.0%	6.9%	-2.2%	1.4%	15.6%	2.7%	1.8%	5.5%	2.6%
Gloucester	10.3%	4.9%	2.0%	-0.9%	-7.6%	6.0%	1.3%	6.0%	17.1%	15.9%	6.8%	7.4%	5.6%
Stroud	0.0%	11.7%	5.5%	-1.2%	17.0%	-3.6%	5.4%	-7.3%	10.0%	4.1%	2.3%	11.5%	3.9%
Kennet	-1.3%	14.4%	2.6%	-0.9%	0.5%	-14.7%	-2.7%	-7.0%	-4.4%	0.2%	-9.7%	2.5%	-2.3%
North Wiltshire	13.7%	11.5%	-22.7%	2.3%	4.0%	4.8%	-6.5%	-1.1%	1.6%	6.0%	-2.4%	6.2%	0.2%
Swindon	8.9%	11.3%	6.6%	14.1%	4.9%	8.0%	0.7%	2.3%	0.3%	5.8%	6.5%	-3.1%	6.1%
West Wiltshire	10.1%	9.5%	9.0%	-5.1%	-5.1%	4.8%	-0.3%	-1.7%	11.9%	8.3%	2.2%	1.7%	3.8%
Salisbury	2.2%	-5.5%	-7.9%	-6.7%	0.3%	-2.0%	6.8%	-4.2%	4.0%	1.6%	-2.1%	8.9%	-1.3%
Other/Unknown	125.0%	92.5%	17.2%	2.4%	2.4%	14.9%	17.2%	-9.0%	-10.8%	25.1%	2.4%	-1.7%	16.1%
Total	5.0%	5.5%	1.9%	1.6%	-0.3%	3.3%	0.3%	0.0%	6.6%	5.8%	3.8%	2.2%	3.0%

Conveyance Rates by Sector

Incidents with a response

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	8640	9217	8920	9191	8751	8887	9253	8871	10419	9465	8494	9289	109,397
Gloucestershire	5175	5442	5149	5217	5187	5203	5632	5452	6361	5644	4994	5773	65,229
Wiltshire	6740	7460	7177	7342	7221	7034	7486	7094	8190	7494	6674	7339	87,251
Other/Unknown	194	261	229	227	219	237	232	205	244	241	193	204	2,686
Total	20,749	22,380	21,475	21,977	21,378	21,361	22,603	21,622	25,214	22,844	20,355	22,605	264,563

Incidents with transport

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	5910	6120	6060	6072	5914	6106	6306	6086	6998	6413	5892	6379	74,256
Gloucestershire	3506	3636	3433	3526	3477	3575	3758	3689	4048	3785	3301	3875	43,609
Wiltshire	4414	4870	4608	4662	4617	4584	4894	4642	5234	4878	4369	4860	56,632
Other/Unknown	114	159	131	135	137	142	163	134	143	156	119	128	1,661
Total	13,944	14,785	14,232	14,395	14,145	14,407	15,121	14,551	16,423	15,232	13,681	15,242	176,158

Incidents with transport

2009/10	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	5783	6067	5740	5900	5764	5832	6303	6044	6611	6199	5519	6280	72,042
Gloucestershire	3301	3308	3206	3240	3335	3362	3591	3407	3817	3526	3137	3523	40,753
Wiltshire	4186	4597	4444	4534	4507	4517	4887	4781	5047	4646	4242	4755	55,143
Other/Unknown	34	55	87	103	100	82	120	122	129	112	105	61	1,110
Total	13,304	14,027	13,477	13,777	13,706	13,793	14,901	14,354	15,604	14,483	13,003	14,619	169,048

Conveyance Rate

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	68.40%	66.40%	67.94%	66.06%	67.58%	68.71%	68.15%	68.61%	67.17%	67.75%	69.37%	68.67%	67.9%
Gloucestershire	67.75%	66.81%	66.67%	67.59%	67.03%	68.71%	66.73%	67.66%	63.64%	67.06%	66.10%	67.12%	66.9%
Wiltshire	65.49%	65.28%	64.21%	63.50%	63.94%	65.17%	65.38%	65.44%	63.91%	65.09%	65.46%	66.22%	64.9%
Other/Unknown	58.76%	60.92%	57.21%	59.47%	62.56%	59.92%	70.26%	65.37%	58.61%	64.73%	61.66%	62.75%	61.8%
Total	67.2%	66.1%	66.3%	65.5%	66.2%	67.4%	66.9%	67.3%	65.1%	66.7%	67.2%	67.4%	66.6%

Conveyance Rates by PCT

Incidents with a response

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	1,468	1,612	1,509	1,477	1,486	1,524	1,697	1,510	1,721	1,638	1,444	1,593	18,679
Bristol	4,478	4,808	4,649	4,731	4,565	4,533	4,791	4,520	5,259	4,875	4,496	4,795	56,500
Gloucestershire	5,175	5,442	5,149	5,217	5,187	5,203	5,632	5,452	6,361	5,644	4,994	5,773	65,229
North Somerset	1,985	2,003	2,004	2,154	1,939	2,047	2,087	1,978	2,303	2,123	1,787	1,999	24,409
South Gloucestershire	1,976	2,170	2,061	2,100	2,033	2,080	2,130	2,162	2,566	2,239	1,986	2,223	25,728
Swindon	1,651	1,893	1,808	1,991	1,835	1,787	1,805	1,859	2,075	1,946	1,780	1,788	22,218
Wiltshire	3,822	4,189	4,063	4,075	4,110	3,947	4,222	3,933	4,675	4,136	3,672	4,228	49,072
Other/Unknown	194	263	232	232	223	240	239	208	252	243	196	206	2,728
Total	20,749	22,380	21,475	21,977	21,378	21,361	22,603	21,622	25,214	22,844	20,355	22,605	264,563

Incidents with transport

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	1,020	1,110	1,042	1,002	1,017	1,036	1,216	1,027	1,119	1,108	989	1,114	12,800
Bristol	2,985	3,081	3,002	2,972	2,936	2,969	3,101	2,956	3,396	3,141	2,937	3,131	36,607
Gloucestershire	3,506	3,636	3,433	3,526	3,477	3,575	3,758	3,689	4,048	3,785	3,301	3,875	43,609
North Somerset	1,396	1,407	1,437	1,501	1,363	1,454	1,521	1,425	1,630	1,524	1,334	1,452	17,444
South Gloucestershire	1,391	1,469	1,477	1,457	1,460	1,521	1,508	1,572	1,809	1,609	1,473	1,609	18,355
Swindon	1,071	1,225	1,150	1,243	1,157	1,159	1,149	1,221	1,328	1,242	1,167	1,195	14,307
Wiltshire	2,461	2,697	2,558	2,556	2,595	2,548	2,700	2,524	2,943	2,665	2,359	2,737	31,343
Other/Unknown	114	160	133	138	140	145	168	137	150	158	121	129	1,693
Total	13,944	14,785	14,232	14,395	14,145	14,407	15,121	14,551	16,423	15,232	13,681	15,242	176,158

Conveyance Rate

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	69.48%	68.86%	69.05%	67.84%	68.44%	67.98%	71.66%	68.01%	65.02%	67.64%	68.49%	69.93%	68.5%
Bristol	66.66%	64.08%	64.57%	62.82%	64.32%	65.50%	64.73%	65.40%	64.58%	64.43%	65.32%	65.30%	64.8%
Gloucestershire	67.75%	66.81%	66.67%	67.59%	67.03%	68.71%	66.73%	67.66%	63.64%	67.06%	66.10%	67.12%	66.9%
North Somerset	70.33%	70.24%	71.71%	69.68%	70.29%	71.03%	72.88%	72.04%	70.78%	71.79%	74.65%	72.64%	71.5%
South Gloucestershire	70.39%	67.70%	71.66%	69.38%	71.82%	73.13%	70.80%	72.71%	70.44%	71.86%	74.17%	72.38%	71.3%
Swindon	64.87%	64.71%	63.61%	62.43%	63.05%	64.86%	63.66%	65.68%	64.00%	63.82%	65.56%	66.83%	64.4%
Wiltshire	64.39%	64.38%	62.96%	62.72%	63.14%	64.56%	63.95%	64.17%	62.95%	64.43%	64.24%	64.74%	63.9%
Other/Unknown	58.76%	60.84%	57.33%	59.48%	62.78%	60.42%	70.29%	65.87%	59.52%	65.02%	61.73%	62.62%	62.1%
Total	67.2%	66.1%	66.3%	65.5%	66.2%	67.4%	66.9%	67.3%	65.1%	66.7%	67.2%	67.4%	66.6%

Conveyance Rates by District Council / Unitary Authority

Incidents with a response

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	4,478	4,808	4,649	4,731	4,565	4,533	4,791	4,520	5,259	4,875	4,496	4,795	56,500
South Gloucestershire	1,976	2,170	2,061	2,100	2,033	2,080	2,130	2,162	2,566	2,239	1,986	2,223	25,728
North Somerset	1,985	2,003	2,004	2,154	1,939	2,047	2,087	1,978	2,303	2,123	1,787	1,999	24,409
Bath and North East Somerset	1,468	1,612	1,509	1,477	1,486	1,524	1,697	1,510	1,721	1,638	1,444	1,593	18,679
Forest of Dean	646	711	685	736	699	660	757	712	826	722	622	667	8,443
Cotswold	650	727	736	714	727	681	758	685	788	721	647	699	8,533
Tewkesbury	590	552	579	617	597	620	656	654	775	652	618	695	7,605
Cheltenham	1,139	1,111	1,043	1,033	1,034	1,105	1,166	1,158	1,360	1,192	1,016	1,311	13,668
Gloucester	1,272	1,338	1,248	1,240	1,185	1,303	1,376	1,365	1,567	1,402	1,250	1,360	15,906
Stroud	878	1,003	858	877	945	834	919	878	1,045	955	841	1,041	11,074
Kennet	599	653	661	667	661	594	689	611	725	666	550	699	7,775
North Wiltshire	1,032	1,160	1,082	1,188	1,130	1,061	1,085	1,044	1,250	1,133	979	1,171	13,315
Swindon	1,629	1,873	1,788	1,966	1,807	1,765	1,771	1,845	2,063	1,925	1,761	1,768	21,961
West Wiltshire	1,280	1,377	1,264	1,243	1,269	1,303	1,346	1,283	1,562	1,328	1,251	1,305	15,811
Salisbury	911	999	1,056	977	1,050	989	1,102	995	1,138	1,009	892	1,053	12,171
Other/Unknown	216	283	252	257	251	262	273	222	264	264	215	226	2,985
Total	20,749	22,380	21,475	21,977	21,378	21,361	22,603	21,622	25,214	22,844	20,355	22,605	264,563

Incidents with transport

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	2,985	3,081	3,002	2,972	2,936	2,969	3,101	2,956	3,396	3,141	2,937	3,131	36,607
South Gloucestershire	1,391	1,469	1,477	1,457	1,460	1,521	1,508	1,572	1,809	1,609	1,473	1,609	18,355
North Somerset	1,396	1,407	1,437	1,501	1,363	1,454	1,521	1,425	1,630	1,524	1,334	1,452	17,444
Bath and North East Somerset	1,020	1,110	1,042	1,002	1,017	1,036	1,216	1,027	1,119	1,108	989	1,114	12,800
Forest of Dean	448	477	469	473	459	465	480	452	486	494	398	462	5,563
Cotswold	462	484	501	475	507	486	525	473	507	461	435	488	5,804
Tewkesbury	409	375	367	446	432	427	454	468	509	465	405	476	5,233
Cheltenham	783	773	753	755	730	776	816	804	889	846	696	840	9,461
Gloucester	856	905	829	849	776	888	928	922	1,007	897	817	953	10,627
Stroud	548	622	514	528	573	533	555	570	650	622	550	656	6,921
Kennet	403	444	448	421	420	403	456	396	445	448	359	459	5,102
North Wiltshire	664	730	704	755	713	684	716	680	798	747	649	764	8,604
Swindon	1,057	1,211	1,133	1,228	1,138	1,142	1,126	1,211	1,319	1,225	1,153	1,180	14,123
West Wiltshire	781	846	724	731	747	782	784	742	891	763	716	787	9,294
Salisbury	613	677	682	649	715	679	744	706	809	707	635	727	8,343
Other/Unknown	128	174	150	153	159	162	191	147	159	175	135	144	1,877
Total	13,944	14,785	14,232	14,395	14,145	14,407	15,121	14,551	16,423	15,232	13,681	15,242	176,158

Conveyance Rate

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol, City of	66.66%	64.08%	64.57%	62.82%	64.32%	65.50%	64.73%	65.40%	64.58%	64.43%	65.32%	65.30%	64.8%
South Gloucestershire	70.39%	67.70%	71.66%	69.38%	71.82%	73.13%	70.80%	72.71%	70.44%	71.86%	74.17%	72.38%	71.3%
North Somerset	70.33%	70.24%	71.71%	69.68%	70.29%	71.03%	72.88%	72.04%	70.78%	71.79%	74.65%	72.64%	71.5%
Bath and North East Somerset	69.48%	68.86%	69.05%	67.84%	68.44%	67.98%	71.66%	68.01%	65.02%	67.64%	68.49%	69.93%	68.5%
Forest of Dean	69.35%	67.09%	68.47%	64.27%	65.67%	70.45%	63.41%	63.48%	58.84%	68.42%	63.99%	69.27%	65.9%
Cotswold	71.08%	66.57%	68.07%	66.53%	69.74%	71.37%	69.26%	69.05%	64.34%	63.94%	67.23%	69.81%	68.0%
Tewkesbury	69.32%	67.93%	63.39%	72.29%	72.36%	68.87%	69.21%	71.56%	65.68%	71.32%	65.53%	68.49%	68.8%
Cheltenham	68.74%	69.58%	72.20%	73.09%	70.60%	70.23%	69.98%	69.43%	65.37%	70.97%	68.50%	64.07%	69.2%
Gloucester	67.30%	67.64%	66.43%	68.47%	65.49%	68.15%	67.44%	67.55%	64.26%	63.98%	65.36%	70.07%	66.8%
Stroud	62.41%	62.01%	59.91%	60.21%	60.63%	63.91%	60.39%	64.92%	62.20%	65.13%	65.40%	63.02%	62.5%
Kennet	67.28%	67.99%	67.78%	63.12%	63.54%	67.85%	66.18%	64.81%	61.38%	67.27%	65.27%	65.67%	65.6%
North Wiltshire	64.34%	62.93%	65.06%	63.55%	63.10%	64.47%	65.99%	65.13%	63.84%	65.93%	66.29%	65.24%	64.6%
Swindon	64.89%	64.66%	63.37%	62.46%	62.98%	64.70%	63.58%	65.64%	63.94%	63.64%	65.47%	66.74%	64.3%
West Wiltshire	61.02%	61.44%	57.28%	58.81%	58.87%	60.02%	58.25%	57.83%	57.04%	57.45%	57.23%	60.31%	58.8%
Salisbury	67.29%	67.77%	64.58%	66.43%	68.10%	68.66%	67.51%	70.95%	71.09%	70.07%	71.19%	69.04%	68.5%
Other/Unknown	59.26%	61.48%	59.52%	59.53%	63.35%	61.83%	69.96%	66.22%	60.23%	66.29%	62.79%	63.72%	62.9%
Total	67.2%	66.1%	66.3%	65.5%	66.2%	67.4%	66.9%	67.3%	65.1%	66.7%	67.2%	67.4%	66.6%

Total Number of Responses by Sector

Current Year	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	12523	1371	1319	1327	1285	13457	1418	1364	1582	13941	1275	1406	163,433
Gloucestershire	7720	8187	7815	7791	7794	795	871	870	9957	860	783	908	100,150
Wiltshire	10039	1120	10661	1105	1091	1084	1165	1105	1265	1135	1010	1133	132,874
Other/Unknown	197	222	20	217	194	214	198	163	214	193	166	182	2,360
Total	30,479	33,327	31,872	32,341	31,75	32,46	34,75	33,57	38,65	34,084	30,85	34,65	398,817

2009/10	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	12165	1273	1240	1294	1273	1223	1319	1264	1394	1267	1147	1346	152,603
Gloucestershire	7087	729	697	724	724	727	785	768	841	752	696	814	89,695
Wiltshire	9368	1035	1042	1058	1038	1025	1124	1076	1179	1032	971	1085	126,046
Other/Unknown	72	11	19	237	23	19	224	264	247	193	197	193	2,368
Total	28,692	30,50	30,00	31,011	30,587	29,96	32,51	31,34	34,39	30,70	28,34	32,64	370,712

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Avon	2.9%	7.7%	6.4%	2.5%	1.0%	10.0%	7.6%	7.9%	13.5%	10.0%	11.2%	4.5%	7.3%
Gloucestershire	8.9%	12.3%	12.0%	7.5%	7.6%	9.3%	11.0%	13.4%	18.4%	14.3%	12.4%	11.5%	11.7%
Wiltshire	7.2%	8.2%	2.3%	4.5%	5.1%	5.8%	3.7%	2.7%	7.3%	10.0%	4.0%	4.5%	5.5%
Other/Unknown	173.6%	86.6%	2.0%	-8.4%	-15.7%	9.2%	-11.6%	-38.3%	-13.4%	0.0%	-15.7%	-5.7%	0.1%
Total	6.2%	9.3%	6.2%	4.3%	3.8%	8.4%	6.9%	7.1%	12.4%	11.0%	8.9%	6.2%	7.7%

Total Number of Responses by PCT

Current Year	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	2,158	2,37	2,19	2,16	2,22	2,27	2,60	2,30	2,62	2,45	2,15	2,40	27,942
Bristol	6,520	7,20	6,92	6,861	6,73	6,997	7,451	6,967	8,00	7,19	6,68	7,271	84,816
Gloucestershire	7,720	8,187	7,815	7,791	7,794	7,95	8,71	8,70	9,957	8,60	7,83	9,08	100,150
North Somerset	2,920	3,001	2,994	3,193	2,87	3,007	3,15	3,02	3,48	3,167	2,74	3,045	36,607
South Gloucestershire	2,772	3,16	2,98	2,93	2,92	3,101	3,21	3,34	3,92	3,24	3,00	3,32	37,940
Swindon	2,443	2,77	2,63	2,944	2,70	2,721	2,77	2,87	3,14	2,892	2,65	2,69	33,237
Wiltshire	5,749	6,411	6,12	6,231	6,28	6,19	6,63	6,18	7,28	6,33	5,61	6,64	75,700
Other/Unknown	197	225	203	225	20	21	210	168	227	195	171	185	2,425
Total	30,479	33,327	31,872	32,341	31,75	32,46	34,75	33,57	38,65	34,084	30,85	34,65	398,817

2009/10	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	2,27	2,06	2,20	2,021	2,151	2,537	2,357	2,42	2,242	1,91	2,36	26,656
Bristol	6,446	6,87	6,70	7,00	6,70	6,381	7,024	6,61	7,33	6,62	5,86	7,08	80,651
Gloucestershire	7,087	7,29	6,97	7,24	7,242	7,27	7,85	7,68	8,41	7,52	6,96	8,14	89,695
North Somerset	2,653	2,61	2,64	2,674	3,06	2,763	2,737	2,70	3,00	2,73	2,607	2,923	33,136
South Gloucestershire	2,765	2,961	2,77	2,957	2,67	2,792	3,10	2,977	3,23	2,963	2,727	3,127	35,051
Swindon	2,202	2,46	2,45	2,47	2,502	2,43	2,57	2,63	3,05	2,62	2,507	2,74	30,683
Wiltshire	5,377	5,89	6,192	6,202	6,147	5,963	6,45	6,12	6,68	5,791	5,55	6,05	72,448
Other/Unknown	72	121	19	239	232	201	226	264	247	197	197	20	2,392
Total	28,692	30,50	30,00	31,011	30,587	29,96	32,51	31,34	34,39	30,70	28,34	32,64	370,712

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bath and North East Somerset PCT	3.3%	4.1%	6.5%	-1.9%	10.0%	5.6%	2.6%	-2.3%	8.6%	9.4%	12.5%	1.7%	5.1%
Bristol PCT	1.1%	4.7%	3.3%	-2.1%	0.5%	9.7%	6.1%	5.4%	9.2%	8.6%	14.0%	2.7%	5.4%
Gloucestershire PCT	8.9%	12.3%	12.0%	7.5%	7.6%	9.3%	11.0%	13.4%	18.4%	14.3%	12.4%	11.5%	11.7%
North Somerset PCT	10.1%	14.6%	13.0%	19.4%	-6.2%	8.8%	15.4%	11.6%	16.0%	15.7%	5.2%	4.2%	11.1%
South Gloucestershire PCT	0.3%	6.72%	7.91%	-0.91%	9.54%	11.07%	3.74%	12.36%	21.12%	9.52%	10.23%	6.33%	8.43%
Swindon PCT	10.9%	12.54%	7.43%	18.81%	8.15%	11.70%	7.53%	8.88%	2.68%	10.05%	5.70%	-1.82%	9.32%
Wiltshire PCT	6.9%	8.77%	-1.16%	0.47%	2.31%	3.96%	2.71%	1.13%	8.99%	9.38%	0.92%	9.72%	4.01%
Other/Unknown	173.6%	86.0%	3.6%	-5.9%	-13.8%	9.0%	-7.1%	-36.4%	-8.1%	-1.0%	-13.2%	-7.5%	2.2%
Total	6.2%	9.3%	6.2%	4.3%	3.8%	8.4%	6.9%	7.1%	12.4%	11.0%	8.9%	6.2%	7.7%

Total Number of Responses by District Council/Unitary Authority

Current Year	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	6,520	7,20	6,92	6,861	6,73	6,997	7,451	6,967	8,00	7,19	6,68	7,271	84,816
South Gloucestershire	2,772	3,16	2,98	2,93	2,92	3,101	3,21	3,34	3,92	3,24	3,00	3,32	37,940
North Somerset	2,920	3,001	2,994	3,193	2,87	3,007	3,15	3,02	3,48	3,167	2,74	3,045	36,607
Bath and North East Somerset	2,158	2,37	2,19	2,16	2,22	2,27	2,60	2,30	2,62	2,45	2,15	2,40	27,942
Forest of Dean	1,002	1,11	1,06	1,12	1,09	1,07	1,19	1,121	1,33	1,121	1,00	1,09	13,344
Cotswold	971	1,086	1,084	1,043	1,08	1,03	1,202	1,12	1,17	1,07	998	1,115	12,995
Tewkesbury	900	84	89	966	913	968	1,060	1,054	1,24	1,02	1,00	1,112	12,002
Cheltenham	1,668	1,65	1,557	1,519	1,537	1,665	1,772	1,78	2,083	1,80	1,55	1,97	20,575
Gloucester	1,846	1,962	1,885	1,793	1,724	1,915	2,042	2,169	2,43	2,092	1,914	2,087	23,859
Stroud	1,333	1,521	1,324	1,344	1,445	1,287	1,446	1,457	1,685	1,487	1,35	1,696	17,375
Kennet	887	1,000	993	1,009	991	93	1,046	939	1,111	977	844	1,098	11,825
North Wiltshire	1,578	1,845	1,715	1,883	1,785	1,728	1,763	1,707	2,012	1,773	1,539	1,91	21,238
Swindon	2,414	2,745	2,595	2,904	2,665	2,685	2,720	2,846	3,122	2,864	2,617	2,661	32,842
West Wiltshire	1,943	2,095	1,912	1,907	1,971	2,078	2,115	2,008	2,460	2,052	1,881	2,026	24,452
Salisbury	1,341	1,471	1,500	1,432	1,542	1,463	1,706	1,535	1,703	1,532	1,346	1,614	18,185
Other/Unknown	226	253	236	265	241	255	260	192	245	223	204	220	2,820
Total	30,479	33,327	31,872	32,341	31,75	32,46	34,75	33,57	38,65	34,084	30,85	34,65	398,817

2009/10	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	6,87	6,70	7,00	6,70	6,381	7,024	6,61	7,33	6,62	5,86	7,08	80,651
South Gloucestershire	2,765	2,961	2,77	2,957	2,67	2,792	3,10	2,977	3,23	2,963	2,727	3,127	35,051
North Somerset	2,653	2,61	2,64	2,674	3,06	2,763	2,737	2,70	3,00	2,73	2,607	2,923	33,136
Bath and North East Somerset	2,090	2,27	2,06	2,20	2,021	2,151	2,537	2,357	2,42	2,242	1,91	2,36	26,656
Forest of Dean	934	923	863	899	1,046	937	1,021	950	1,186	974	936	1,050	11,719
Cotswold	950	925	987	936	885	966	1,033	939	1,131	970	899	1,050	11,671
Tewkesbury	824	927	852	908	844	848	928	927	1,044	944	837	973	10,856
Cheltenham	1,513	1,465	1,455	1,472	1,453	1,465	1,678	1,641	1,737	1,631	1,424	1,773	18,707
Gloucester	1,632	1,77	1,662	1,745	1,806	1,763	1,932	1,842	1,936	1,712	1,649	1,897	21,346
Stroud	1,234	1,280	1,159	1,286	1,208	1,295	1,261	1,381	1,378	1,293	1,220	1,401	15,396
Kennet	933	84	979	967	979	1,030	1,07	982	1,100	957	887	1,012	11,736
North Wiltshire	1,397	1,644	1,948	1,757	1,671	1,576	1,818	1,667	1,928	1,625	1,563	1,731	20,329
Swindon	2,175	2,439	2,417	2,453	2,480	2,397	2,573	2,628	3,007	2,601	2,47	2,709	30,349
West Wiltshire	1,772	1,896	1,693	1,992	1,979	1,875	2,086	1,966	2,073	1,831	1,823	1,932	22,920
Salisbury	1,275	1,512	1,572	1,486	1,518	1,482	1,485	1,505	1,584	1,374	1,286	1,384	17,463
Other/Unknown	99	146	229	264	254	237	229	272	298	224	234	237	2,723
Total	28,692	30,50	30,00	31,011	30,587	29,95	32,51	31,34	34,39	30,70	28,34	32,64	370,709

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bristol	1.1%	4.7%	3.3%	-2.1%	0.5%	9.7%	6.1%	5.4%	9.2%	8.6%	14.0%	2.7%	5.4%
South Gloucestershire	0.3%	6.7%	7.9%	-0.9%	9.5%	11.1%	3.7%	12.4%	21.1%	9.5%	10.2%	6.3%	8.4%
North Somerset	10.1%	14.6%	13.0%	19.4%	-6.2%	8.8%	15.4%	11.6%	16.0%	15.7%	5.2%	4.2%	11.1%
Bath and North East Somerset	3.3%	4.1%	6.5%	-1.9%	10.0%	5.6%	2.6%	-2.3%	8.6%	9.4%	12.5%	1.7%	5.1%
Forest of Dean	7.3%	20.8%	23.5%	25.3%	4.2%	14.8%	16.8%	18.0%	12.5%	15.1%	7.4%	4.3%	14.8%
Cotswold	2.2%	17.4%	9.8%	11.4%	22.6%	7.6%	16.4%	19.3%	4.1%	10.8%	11.0%	6.2%	11.9%
Tewkesbury	9.2%	-8.5%	5.5%	6.4%	8.2%	14.2%	14.2%	13.7%	19.5%	8.6%	20.5%	14.3%	10.2%
Cheltenham	10.2%	13.0%	7.0%	3.2%	5.8%	13.7%	5.6%	9.0%	19.9%	10.4%	9.3%	11.4%	9.8%
Gloucester	13.1%	10.8%	13.4%	2.8%	-4.5%	8.6%	5.7%	17.8%	25.5%	22.2%	16.1%	10.0%	11.9%
Stroud	8.0%	18.8%	14.2%	4.5%	19.6%	-0.6%	14.7%	5.5%	22.3%	15.0%	10.7%	21.1%	12.0%
Kennet	-4.9%	19.0%	1.4%	4.3%	1.2%	-9.7%	-2.2%	-4.4%	1.0%	2.1%	-4.8%	8.5%	0.0%
North Wiltshire	13.0%	12.2%	-12.0%	7.2%	6.8%	9.6%	-3.0%	2.4%	4.4%	8.8%	-1.5%	10.3%	3.9%
Swindon	11.0%	12.5%	7.5%	18.4%	7.5%	12.0%	5.7%	8.3%	3.8%	10.1%	6.0%	-1.8%	9.2%
West Wiltshire	9.7%	10.4%	12.9%	-4.3%	-0.4%	10.8%	1.6%	2.1%	18.7%	12.1%	3.2%	4.9%	6.9%
Salisbury	5.2%	-2.7%	-4.6%	-3.6%	1.6%	-1.3%	14.9%	2.0%	7.5%	11.5%	4.7%	16.6%	3.1%
Other/Unknown	128.3%	73.3%	3.1%	0.4%	-5.1%	7.6%	13.5%	-29.4%	-17.8%	-0.4%	-12.8%	-7.2%	4.6%
Total	6.2%	9.3%	6.2%	4.3%	3.8%	8.4%	6.9%	7.1%	12.4%	11.0%	8.9%	6.2%	7.7%

Total Number of Patients Transported by Sector

Current Year	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	6066	6277	6217	6270	6089	6230	6457	6230	7221	6659	6046	6569	76,331
Gloucestershire	3621	3719	3493	3594	3542	3627	3826	3769	4131	3864	3374	3954	44,514
Wiltshire	4527	4965	4664	4742	4695	4679	4985	4735	5343	4974	4445	4961	57,719
Other/Unknown	129	178	145	150	145	152	176	146	174	182	123	132	1,832
Total	14,343	15,139	14,519	14,756	14,471	14,688	15,448	14,880	16,869	15,679	13,988	15,616	180,396

2009/10	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	5855	6164	5795	6004	5895	5932	6434	6186	6760	6347	5644	6406	73,422
Gloucestershire	3322	3362	3231	3291	3394	3409	3635	3468	3902	3612	3202	3581	41,409
Wiltshire	4233	4675	4501	4621	4604	4574	4996	4871	5132	4758	4339	4834	56,138
Other/Unknown	37	60	91	110	113	89	127	142	144	127	124	68	1,232
Total	13,447	14,261	13,618	14,026	14,006	14,004	15,192	14,667	15,938	14,844	13,309	14,889	172,201

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Avon	3.6%	1.8%	7.3%	4.4%	3.3%	5.0%	0.4%	0.7%	6.8%	4.9%	7.1%	2.5%	4.1%
Gloucestershire	9.0%	10.6%	8.1%	9.2%	4.4%	6.4%	5.3%	8.7%	5.9%	7.0%	5.4%	10.4%	7.2%
Wiltshire	6.9%	6.2%	3.6%	2.6%	2.0%	2.3%	-0.1%	-2.8%	4.1%	4.5%	2.4%	2.6%	2.8%
Other/Unknown	248.6%	196.7%	59.3%	36.4%	28.3%	70.8%	38.6%	2.8%	20.8%	43.3%	-0.8%	94.1%	46.0%
Total	6.7%	6.2%	6.6%	5.2%	3.3%	4.9%	1.7%	1.5%	5.8%	5.6%	5.1%	4.9%	4.7%

Total Number of Patients Transported by PCT

Current Year	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	1,043	1,131	1,056	1,016	1,045	1,052	1,247	1,049	1,144	1,136	1,006	1,132	13,061
Bristol	3,065	3,163	3,090	3,087	3,017	3,036	3,181	3,035	3,515	3,282	3,006	3,224	37,701
Gloucestershire	3,621	3,719	3,493	3,594	3,542	3,627	3,826	3,769	4,131	3,864	3,374	3,954	44,514
North Somerset	1,437	1,447	1,473	1,550	1,397	1,481	1,547	1,452	1,676	1,572	1,370	1,507	17,909
South Gloucestershire	1,423	1,502	1,506	1,489	1,511	1,549	1,546	1,608	1,862	1,664	1,519	1,645	18,824
Swindon	1,103	1,245	1,165	1,260	1,179	1,192	1,183	1,251	1,356	1,280	1,189	1,226	14,629
Wiltshire	2,522	2,753	2,587	2,607	2,632	2,596	2,737	2,567	3,004	2,697	2,397	2,795	31,894
Other/Unknown	129	179	147	153	148	155	181	149	181	184	125	133	1,864
Total	14,343	15,139	14,519	14,756	14,471	14,688	15,448	14,880	16,869	15,679	13,988	15,616	180,396

2009/10	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	1,064	1,102	1,037	1,091	1,009	1,083	1,237	1,169	1,177	1,163	965	1,121	13,218
Bristol	2,974	3,154	2,970	3,057	2,978	2,933	3,227	3,076	3,418	3,209	2,779	3,162	36,937
Gloucestershire	3,322	3,362	3,231	3,291	3,394	3,409	3,635	3,468	3,902	3,612	3,202	3,581	41,409
North Somerset	1,307	1,344	1,277	1,334	1,354	1,359	1,393	1,363	1,508	1,373	1,248	1,476	16,336
South Gloucestershire	1,416	1,527	1,404	1,460	1,421	1,488	1,652	1,588	1,652	1,589	1,479	1,616	18,292
Swindon	958	1,103	1,068	1,045	1,027	1,043	1,105	1,173	1,292	1,182	1,085	1,211	13,292
Wiltshire	2,369	2,609	2,540	2,637	2,709	2,597	2,816	2,688	2,845	2,587	2,427	2,651	31,475
Other/Unknown	37	60	91	111	114	92	127	142	144	129	124	71	1,242
Total	13,447	14,261	13,618	14,026	14,006	14,004	15,192	14,667	15,938	14,844	13,309	14,889	172,201

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bath and North East Somerset PCT	-2.0%	2.6%	2.0%	-6.9%	3.6%	-2.9%	0.8%	-10.3%	-2.8%	-2.3%	4.5%	1.0%	-1.4%
Bristol PCT	3.1%	0.3%	4.0%	1.0%	1.3%	3.5%	-1.4%	-1.3%	2.8%	2.3%	8.2%	2.0%	2.1%
Gloucestershire PCT	9.0%	10.6%	8.1%	9.2%	4.4%	6.4%	5.3%	8.7%	5.9%	7.0%	5.4%	10.4%	7.2%
North Somerset PCT	9.9%	7.7%	15.3%	16.2%	3.2%	9.0%	11.1%	6.5%	11.1%	14.5%	9.8%	2.1%	10.4%
South Gloucestershire PCT	0.5%	-1.64%	7.26%	1.99%	6.33%	4.10%	-6.42%	1.26%	12.71%	4.72%	2.70%	1.79%	3.02%
Swindon PCT	15.1%	12.87%	9.08%	20.57%	14.80%	14.29%	7.06%	6.65%	4.95%	8.29%	9.59%	1.24%	10.94%
Wiltshire PCT	6.5%	5.52%	1.85%	-1.14%	-2.84%	-0.04%	-2.81%	-4.50%	5.59%	4.25%	-1.24%	5.43%	0.95%
Other/Unknown	248.6%	198.3%	61.5%	37.8%	29.8%	68.5%	42.5%	4.9%	25.7%	42.6%	0.8%	87.3%	47.8%
Total	6.7%	6.2%	6.6%	5.2%	3.3%	4.9%	1.7%	1.5%	5.8%	5.6%	5.1%	4.9%	4.7%

Total Number of Patients Transported by District Council/Unitary Authority

Current Year	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	3,065	3,163	3,090	3,087	3,017	3,036	3,181	3,035	3,515	3,282	3,006	3,224	37,701
South Gloucestershire	1,423	1,502	1,506	1,489	1,511	1,549	1,546	1,608	1,862	1,664	1,519	1,645	18,824
North Somerset	1,437	1,447	1,473	1,550	1,397	1,481	1,547	1,452	1,676	1,572	1,370	1,507	17,909
Bath and North East Somerset	1,043	1,131	1,056	1,016	1,045	1,052	1,247	1,049	1,144	1,136	1,006	1,132	13,061
Forest of Dean	468	492	475	480	464	476	487	461	496	504	407	465	5,675
Cotswold	474	497	510	489	521	494	533	487	522	473	442	500	5,942
Tewkesbury	419	382	376	453	438	430	465	479	526	472	415	485	5,344
Cheltenham	803	781	762	765	738	785	830	812	902	860	709	858	9,605
Gloucester	898	926	845	870	796	900	947	947	1,028	928	837	973	10,895
Stroud	559	641	525	537	585	542	564	583	657	627	564	669	7,053
Kennet	416	456	453	426	426	412	465	401	460	453	365	471	5,204
North Wiltshire	679	735	710	775	724	696	728	693	811	753	656	783	8,745
Swindon	1,087	1,229	1,148	1,244	1,160	1,175	1,160	1,239	1,347	1,263	1,175	1,209	14,436
West Wiltshire	796	867	733	741	753	792	790	752	908	772	726	799	9,429
Salisbury	631	695	691	665	729	696	754	721	825	719	648	742	8,516
Other/Unknown	145	195	164	169	167	172	204	161	190	201	139	150	2,057
Total	14,343	15,139	14,519	14,756	14,471	14,688	15,448	14,880	16,869	15,679	13,988	15,616	180,396

2009/10	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	2,974	3,154	2,970	3,057	2,978	2,933	3,227	3,076	3,418	3,209	2,779	3,162	36,937
South Gloucestershire	1,416	1,527	1,404	1,460	1,421	1,488	1,652	1,588	1,652	1,589	1,479	1,616	18,292
North Somerset	1,307	1,344	1,277	1,334	1,354	1,359	1,393	1,363	1,508	1,373	1,248	1,476	16,336
Bath and North East Somerset	1,064	1,102	1,037	1,091	1,009	1,083	1,237	1,169	1,177	1,163	965	1,121	13,218
Forest of Dean	424	425	400	389	478	439	451	426	526	457	431	450	5,296
Cotswold	466	446	486	458	451	450	501	440	548	482	435	489	5,652
Tewkesbury	372	414	381	404	404	391	423	441	473	455	367	432	4,957
Cheltenham	737	705	697	706	703	716	804	768	838	798	655	764	8,891
Gloucester	765	835	771	822	842	837	922	833	951	843	816	853	10,090
Stroud	558	537	496	512	516	576	534	560	566	577	498	593	6,523
Kennet	432	403	447	416	451	466	492	452	454	464	406	448	5,331
North Wiltshire	612	701	693	734	715	648	793	704	816	706	668	736	8,526
Swindon	945	1,090	1,054	1,035	1,017	1,025	1,103	1,168	1,269	1,168	1,060	1,191	13,125
West Wiltshire	699	764	714	756	810	759	814	801	807	727	727	810	9,188
Salisbury	626	741	686	731	733	724	717	731	768	690	626	657	8,430
Other/Unknown	50	73	105	121	124	109	129	147	167	143	149	91	1,408
Total	13,447	14,261	13,618	14,026	14,006	14,003	15,192	14,667	15,938	14,844	13,309	14,889	172,200

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bristol	3.1%	0.3%	4.0%	1.0%	1.3%	3.5%	-1.4%	-1.3%	2.8%	2.3%	8.2%	2.0%	2.1%
South Gloucestershire	0.5%	-1.6%	7.3%	2.0%	6.3%	4.1%	-6.4%	1.3%	12.7%	4.7%	2.7%	1.8%	3.0%
North Somerset	9.9%	7.7%	15.3%	16.2%	3.2%	9.0%	11.1%	6.5%	11.1%	14.5%	9.8%	2.1%	10.4%
Bath and North East Somerset	-2.0%	2.6%	2.0%	-6.9%	3.6%	-2.9%	0.8%	-10.3%	-2.8%	-2.3%	4.5%	1.0%	-1.4%
Forest of Dean	10.4%	15.8%	18.8%	23.4%	-2.9%	8.4%	8.0%	8.2%	-5.7%	10.3%	-5.6%	3.3%	7.5%
Cotswold	1.7%	11.4%	4.9%	6.8%	15.5%	9.8%	6.4%	10.7%	-4.7%	-1.9%	1.6%	2.2%	5.4%
Tewkesbury	12.6%	-7.7%	-1.3%	12.1%	8.4%	10.0%	9.9%	8.6%	11.2%	3.7%	13.1%	13.2%	7.3%
Cheltenham	9.0%	10.8%	9.3%	8.4%	5.0%	9.6%	3.2%	5.7%	7.6%	7.8%	8.2%	12.3%	7.6%
Gloucester	17.4%	10.9%	9.6%	5.8%	-5.5%	7.5%	2.7%	13.7%	8.1%	10.1%	2.6%	14.1%	7.4%
Stroud	0.2%	19.4%	5.8%	4.9%	13.4%	-5.9%	5.6%	4.1%	16.1%	8.7%	13.3%	12.8%	7.7%
Kennet	-3.7%	13.2%	1.3%	2.4%	-5.5%	-11.6%	-5.5%	-11.3%	1.3%	-2.4%	-10.1%	5.1%	-3.1%
North Wiltshire	10.9%	4.9%	2.5%	5.6%	1.3%	7.4%	-8.2%	-1.6%	-0.6%	6.7%	-1.5%	6.4%	2.2%
Swindon	15.0%	12.8%	8.9%	20.2%	14.1%	14.6%	5.2%	6.1%	6.1%	8.1%	10.8%	1.5%	10.8%
West Wiltshire	13.9%	13.5%	2.7%	-2.0%	-7.0%	4.3%	-2.9%	-6.1%	12.5%	6.2%	-0.1%	-1.4%	3.0%
Salisbury	0.8%	-6.2%	0.7%	-9.0%	-0.5%	-3.9%	5.2%	-1.4%	7.4%	4.2%	3.5%	12.9%	0.0%
Other/Unknown	190.0%	167.1%	56.2%	39.7%	34.7%	57.8%	58.1%	9.5%	13.8%	40.6%	-6.7%	64.8%	44.8%
Total	6.7%	6.2%	6.6%	5.2%	3.3%	4.9%	1.7%	1.5%	5.8%	5.6%	5.1%	4.9%	4.7%

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Great Western Ambulance Service NHS
NHS Trust

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
2010/11	20,749	22,380	21,475	21,977	21,378	21,361	22,603	21,622	25,214	22,844	20,355	22,605	264,563
2011/12 Contract	20,389	21,860	21,786	22,402	22,205	21,288	23,424	22,279	24,100	21,951	20,182	22,768	264,634
2011/12 Actual	21,821	*	*	*	*	*	*	*	*	*	*	*	21,821
Variance from Contract	1,432	*	*	*	*	*	*	*	*	*	*	*	1,432
Variance from Contract %	7.0%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Variance from 2010/11	*1,072*	*	*	*	*	*	*	*	*	*	*	*	*1,072*
Variance from 2010/11 %	*5.2%*	*	*	*	*	*	*	*	*	*	*	*	-91.0%

Incidents with Transport:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	13,944	14,785	14,232	14,395	14,145	14,407	15,121	14,551	16,423	15,232	13,681	15,242	176,158
2011/12 Contract	14,362	15,229	14,659	14,827	14,569	14,839	15,575	14,988	16,916	15,689	14,091	15,699	181,443
2011/12 Actual	14,598	*	*	*	*	*	*	*	*	*	*	*	14,598
Variance from Contract	236	*	*	*	*	*	*	*	*	*	*	*	236
Variance from Contract %	1.6%	*	*	*	*	*	*	*	*	*	*	*	-91.2%
Variance from 2010/11	*654*	*	*	*	*	*	*	*	*	*	*	*	*654*
Variance from 2010/11 %	*4.7%*	*	*	*	*	*	*	*	*	*	*	*	*-90.9%*

Conveyance Rates (Transports over Responses):

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	67.2%	66.1%	66.3%	65.5%	66.2%	67.4%	66.9%	67.3%	65.1%	66.7%	67.2%	67.4%	66.6%
2011/12 Actual	66.9%	*	*	*	*	*	*	*	*	*	*	*	66.9%
Variance from 2010/11 %	*-0.3%*	*	*	*	*	*	*	*	*	*	*	*	*0.3%*

PERFORMANCE:

Category A 8 Minute Target Performance:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	77.79%	77.45%	75.80%	76.79%	75.08%	74.24%	74.87%	73.86%	64.67%	72.26%	73.91%	77.81%	74.3%
2011/12 Target	77.85%	76.17%	76.27%	76.03%	75.81%	76.19%	76.30%	75.43%	74.78%	75.69%	77.01%	78.00%	76.3%
2011/12 Actual	75.48%	*	*	*	*	*	*	*	*	*	*	*	75.5%
Variance from Target	-2.4%	*	*	*	*	*	*	*	*	*	*	*	-0.8%
Variance from 2010/11	*-2.3%*	*	*	*	*	*	*	*	*	*	*	*	*1.2%*

Category A 19 Minute Target Performance: *

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	95.98%	96.00%	94.93%	95.66%	95.14%	95.41%	94.75%	94.90%	90.32%	94.57%	95.04%	96.55%	94.8%
2011/12 Target	96.36%	96.28%	95.59%	95.40%	95.97%	96.15%	95.53%	95.56%	95.52%	96.39%	95.58%	95.79%	95.8%
2011/12 Actual	97.70%	*	*	*	*	*	*	*	*	*	*	*	97.7%
Variance from Target	1.3%	*	*	*	*	*	*	*	*	*	*	*	1.9%
Variance from 2010/11	*1.7%*	*	*	*	*	*	*	*	*	*	*	*	*2.9%*

Category B 19 Minute Target Performance: *

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	93.18%	93.83%	91.77%	92.52%	92.83%	91.67%	91.43%	91.64%	84.57%	90.68%	91.63%	91.12%	91.4%
2011/12 Target	92.52%	92.60%	90.87%	91.67%	91.84%	91.98%	95.00%	95.00%	95.00%	95.00%	95.00%	95.00%	93.4%
2011/12 Actual	93.07%	*	*	*	*	*	*	*	*	*	*	*	93.1%
Variance from Target	0.5%	*	*	*	*	*	*	*	*	*	*	*	-0.4%
Variance from 2010/11	*-0.1%*	*	*	*	*	*	*	*	*	*	*	*	*1.7%*

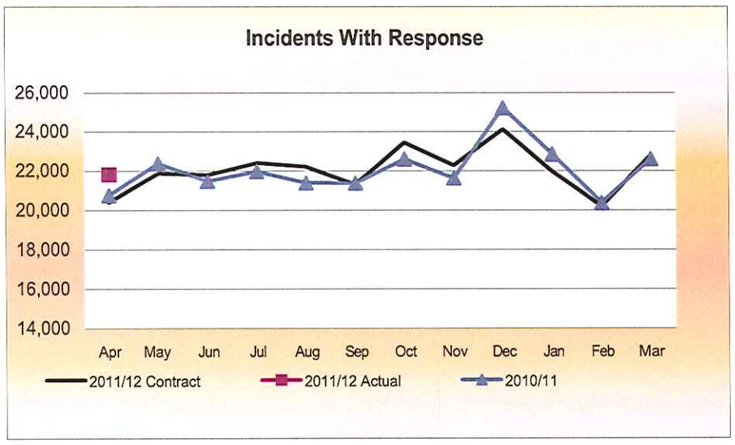
Category C Performance: *

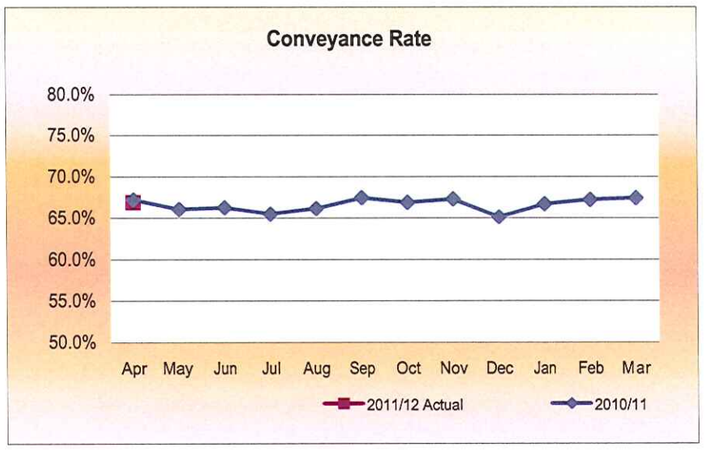
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2010/11	85.4%	85.2%	81.2%	83.6%	85.1%	81.2%	83.0%	76.6%	67.1%	78.3%	78.7%	82.5%	80.5%
2011/12 Target	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
2011/12 Actual	77.9%	*	*	*	*	*	*	*	*	*	*	*	77.9%
Variance from Target	-2.1%	*	*	*	*	*	*	*	*	*	*	*	-2.1%
Variance from 2010/11	*-7.5%*	*	*	*	*	*	*	*	*	*	*	*	-2.6%

Great Western Ambulance Service NHS
NHS Trust

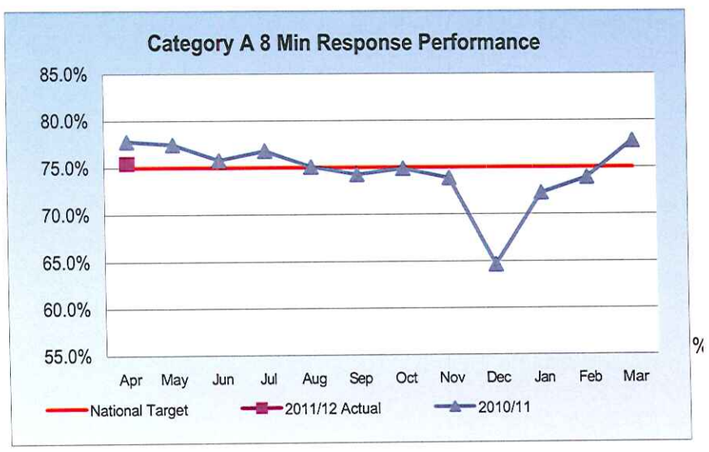
TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS

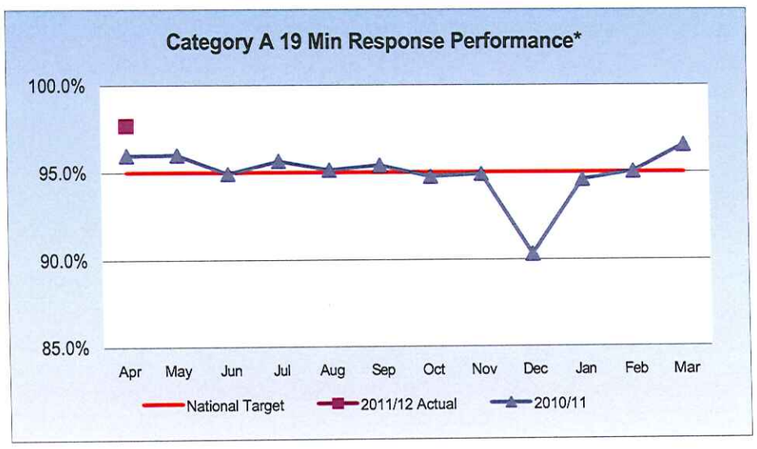
ACTIVITY:

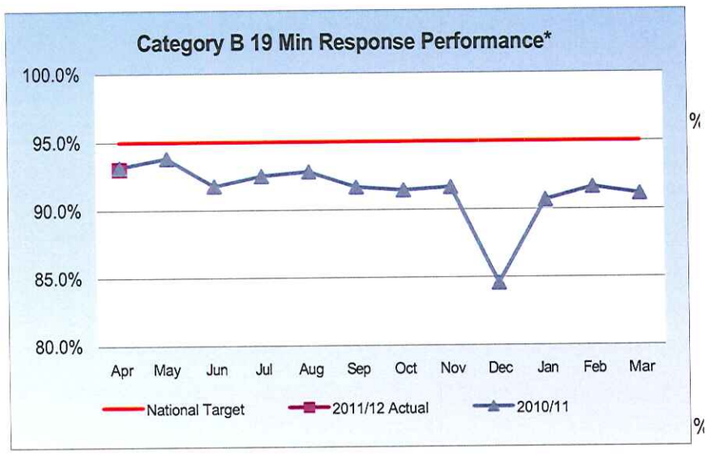


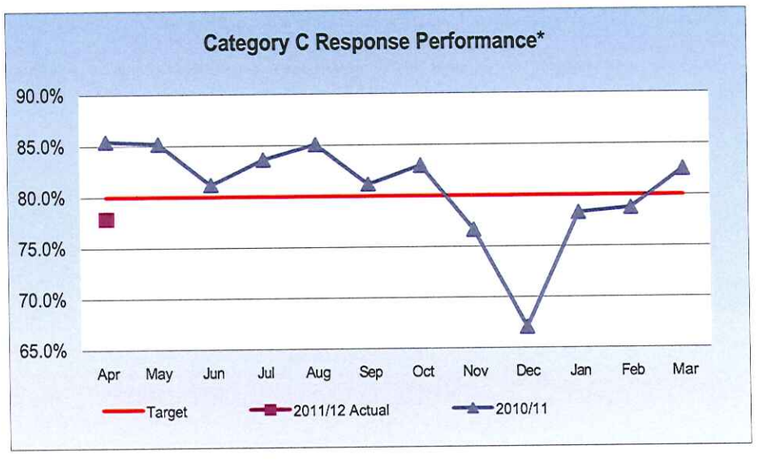


PERFORMANCE:









RED Minute Performance by Sector

Category A Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	3380	*	*	*	*	*	*	*	*	*	*	*	3,380
Gloucestershire	2025	*	*	*	*	*	*	*	*	*	*	*	2,025
Wiltshire	2669	*	*	*	*	*	*	*	*	*	*	*	2,669
Other/Unknown	46	*	*	*	*	*	*	*	*	*	*	*	46
Total	8,120	*	*	*	*	*	*	*	*	*	*	*	8,120

RED A Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	2562	*	*	*	*	*	*	*	*	*	*	*	2,562
Gloucestershire	1537	*	*	*	*	*	*	*	*	*	*	*	1,537
Wiltshire	2022	*	*	*	*	*	*	*	*	*	*	*	2,022
Other/Unknown	8	*	*	*	*	*	*	*	*	*	*	*	8
Total	6,129	*	*	*	*	*	*	*	*	*	*	*	6,129

RED 8 Min Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	75.8%	*	*	*	*	*	*	*	*	*	*	*	75.8%
Gloucestershire	75.9%	*	*	*	*	*	*	*	*	*	*	*	75.9%
Wiltshire	75.8%	*	*	*	*	*	*	*	*	*	*	*	75.8%
Other/Unknown	17.4%	*	*	*	*	*	*	*	*	*	*	*	17.4%
Total	75.5%	*	*	*	*	*	*	*	*	*	*	*	75.5%

RED 8 Minute Performance by PCT

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	520	*	*	*	*	*	*	*	*	*	*	*	520
Bristol	1,796	*	*	*	*	*	*	*	*	*	*	*	1,796
Gloucestershire	2,025	*	*	*	*	*	*	*	*	*	*	*	2,025
North Somerset	783	*	*	*	*	*	*	*	*	*	*	*	783
South Gloucestershire	743	*	*	*	*	*	*	*	*	*	*	*	743
Swindon	685	*	*	*	*	*	*	*	*	*	*	*	685
Wiltshire	1,521	*	*	*	*	*	*	*	*	*	*	*	1,521
Other/Unknown	47	*	*	*	*	*	*	*	*	*	*	*	47
Total	8,120	*	*	*	*	*	*	*	*	*	*	*	8,120

RED A Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	390	*	*	*	*	*	*	*	*	*	*	*	390
Bristol	1,507	*	*	*	*	*	*	*	*	*	*	*	1,507
Gloucestershire	1,537	*	*	*	*	*	*	*	*	*	*	*	1,537
North Somerset	534	*	*	*	*	*	*	*	*	*	*	*	534
South Gloucestershire	491	*	*	*	*	*	*	*	*	*	*	*	491
Swindon	602	*	*	*	*	*	*	*	*	*	*	*	602
Wiltshire	1,060	*	*	*	*	*	*	*	*	*	*	*	1,060
Other/Unknown	8	*	*	*	*	*	*	*	*	*	*	*	8
Total	6,129	*	*	*	*	*	*	*	*	*	*	*	6,129

RED 8 Min Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	75.0%	*	*	*	*	*	*	*	*	*	*	*	75.0%
Bristol	83.91%	*	*	*	*	*	*	*	*	*	*	*	83.9%
Gloucestershire	75.90%	*	*	*	*	*	*	*	*	*	*	*	75.9%
North Somerset	68.20%	*	*	*	*	*	*	*	*	*	*	*	68.2%
South Gloucestershire	66.08%	*	*	*	*	*	*	*	*	*	*	*	66.1%
Swindon	87.88%	*	*	*	*	*	*	*	*	*	*	*	87.9%
Wiltshire	69.69%	*	*	*	*	*	*	*	*	*	*	*	69.7%
Other/Unknown	17.02%	*	*	*	*	*	*	*	*	*	*	*	17.0%
Total	75.5%	*	*	*	*	*	*	*	*	*	*	*	75.5%

RED 8 Minute Performance by District Council / Unitary Authority

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	1,796	*	*	*	*	*	*	*	*	*	*	*	1,796
South Gloucestershire	743	*	*	*	*	*	*	*	*	*	*	*	743
North Somerset	783	*	*	*	*	*	*	*	*	*	*	*	783
Bath and North East Somerset	520	*	*	*	*	*	*	*	*	*	*	*	520
Forest of Dean	300	*	*	*	*	*	*	*	*	*	*	*	300
Cotswold	256	*	*	*	*	*	*	*	*	*	*	*	256
Tewkesbury	256	*	*	*	*	*	*	*	*	*	*	*	256
Cheltenham	398	*	*	*	*	*	*	*	*	*	*	*	398
Gloucester	468	*	*	*	*	*	*	*	*	*	*	*	468
Stroud	347	*	*	*	*	*	*	*	*	*	*	*	347
Kennet	228	*	*	*	*	*	*	*	*	*	*	*	228
North Wiltshire	418	*	*	*	*	*	*	*	*	*	*	*	418
Swindon	681	*	*	*	*	*	*	*	*	*	*	*	681
West Wiltshire	487	*	*	*	*	*	*	*	*	*	*	*	487
Salisbury	388	*	*	*	*	*	*	*	*	*	*	*	388
Other/Unknown	51	*	*	*	*	*	*	*	*	*	*	*	51
Total	8,120	*	*	*	*	*	*	*	*	*	*	*	8,120

Compliant RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	1,507	*	*	*	*	*	*	*	*	*	*	*	1,507
South Gloucestershire	491	*	*	*	*	*	*	*	*	*	*	*	491
North Somerset	534	*	*	*	*	*	*	*	*	*	*	*	534
Bath and North East Somerset	390	*	*	*	*	*	*	*	*	*	*	*	390
Forest of Dean	204	*	*	*	*	*	*	*	*	*	*	*	204
Cotswold	115	*	*	*	*	*	*	*	*	*	*	*	115
Tewkesbury	202	*	*	*	*	*	*	*	*	*	*	*	202
Cheltenham	358	*	*	*	*	*	*	*	*	*	*	*	358
Gloucester	426	*	*	*	*	*	*	*	*	*	*	*	426
Stroud	232	*	*	*	*	*	*	*	*	*	*	*	232
Kennet	128	*	*	*	*	*	*	*	*	*	*	*	128
North Wiltshire	275	*	*	*	*	*	*	*	*	*	*	*	275
Swindon	600	*	*	*	*	*	*	*	*	*	*	*	600
West Wiltshire	370	*	*	*	*	*	*	*	*	*	*	*	370
Salisbury	287	*	*	*	*	*	*	*	*	*	*	*	287
Other/Unknown	10	*	*	*	*	*	*	*	*	*	*	*	10
Total	6,129	*	*	*	*	*	*	*	*	*	*	*	6,129

RED 8 Min Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	83.9%	*	*	*	*	*	*	*	*	*	*	*	83.9%
South Gloucestershire	66.08%	*	*	*	*	*	*	*	*	*	*	*	66.1%
North Somerset	68.20%	*	*	*	*	*	*	*	*	*	*	*	68.2%
Bath and North East Somerset	75.00%	*	*	*	*	*	*	*	*	*	*	*	75.0%
Forest of Dean	68.00%	*	*	*	*	*	*	*	*	*	*	*	68.0%
Cotswold	44.92%	*	*	*	*	*	*	*	*	*	*	*	44.9%
Tewkesbury	78.91%	*	*	*	*	*	*	*	*	*	*	*	78.9%
Cheltenham	89.95%	*	*	*	*	*	*	*	*	*	*	*	89.9%
Gloucester	91.03%	*	*	*	*	*	*	*	*	*	*	*	91.0%
Stroud	66.86%	*	*	*	*	*	*	*	*	*	*	*	66.9%
Kennet	56.14%	*	*	*	*	*	*	*	*	*	*	*	56.1%
North Wiltshire	65.79%	*	*	*	*	*	*	*	*	*	*	*	65.8%
Swindon	88.11%	*	*	*	*	*	*	*	*	*	*	*	88.1%
West Wiltshire	75.98%	*	*	*	*	*	*	*	*	*	*	*	76.0%
Salisbury	73.97%	*	*	*	*	*	*	*	*	*	*	*	74.0%
Other/Unknown	19.61%	*	*	*	*	*	*	*	*	*	*	*	19.6%
Total	75.5%	*	*	*	*	*	*	*	*	*	*	*	75.5%

RED 19 Minute Performance by Sector

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	3380	*	*	*	*	*	*	*	*	*	*	*	3,380
Gloucestershire	2025	*	*	*	*	*	*	*	*	*	*	*	2,025
Wiltshire	2669	*	*	*	*	*	*	*	*	*	*	*	2,669
Other/Unknown	46	*	*	*	*	*	*	*	*	*	*	*	46
Total	8,120	*	*	*	*	*	*	*	*	*	*	*	8,120

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	3322	*	*	*	*	*	*	*	*	*	*	*	3,322
Gloucestershire	1967	*	*	*	*	*	*	*	*	*	*	*	1,967
Wiltshire	2609	*	*	*	*	*	*	*	*	*	*	*	2,609
Other/Unknown	35	*	*	*	*	*	*	*	*	*	*	*	35
Total	7,933	*	*	*	*	*	*	*	*	*	*	*	7,933

RED 19 Min Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	98.3%	*	*	*	*	*	*	*	*	*	*	*	98.3%
Gloucestershire	97.1%	*	*	*	*	*	*	*	*	*	*	*	97.1%
Wiltshire	97.8%	*	*	*	*	*	*	*	*	*	*	*	97.8%
Other/Unknown	76.1%	*	*	*	*	*	*	*	*	*	*	*	76.1%
Total	97.7%	*	*	*	*	*	*	*	*	*	*	*	97.7%

RED 19 Minute Performance by PCT

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	520	*	*	*	*	*	*	*	*	*	*	*	520
Bristol	1,796	*	*	*	*	*	*	*	*	*	*	*	1,796
Gloucestershire	2,025	*	*	*	*	*	*	*	*	*	*	*	2,025
North Somerset	783	*	*	*	*	*	*	*	*	*	*	*	783
South Gloucestershire	743	*	*	*	*	*	*	*	*	*	*	*	743
Swindon	685	*	*	*	*	*	*	*	*	*	*	*	685
Wiltshire	1,521	*	*	*	*	*	*	*	*	*	*	*	1,521
Other/Unknown	47	*	*	*	*	*	*	*	*	*	*	*	47
Total	8,120	*	*	*	*	*	*	*	*	*	*	*	8,120

Compliant RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	507	*	*	*	*	*	*	*	*	*	*	*	507
Bristol	1,778	*	*	*	*	*	*	*	*	*	*	*	1,778
Gloucestershire	1,967	*	*	*	*	*	*	*	*	*	*	*	1,967
North Somerset	765	*	*	*	*	*	*	*	*	*	*	*	765
South Gloucestershire	726	*	*	*	*	*	*	*	*	*	*	*	726
Swindon	676	*	*	*	*	*	*	*	*	*	*	*	676
Wiltshire	1,478	*	*	*	*	*	*	*	*	*	*	*	1,478
Other/Unknown	36	*	*	*	*	*	*	*	*	*	*	*	36
Total	7,933	*	*	*	*	*	*	*	*	*	*	*	7,933

RED 19 Min Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	97.5%	*	*	*	*	*	*	*	*	*	*	*	97.5%
Bristol	99.00%	*	*	*	*	*	*	*	*	*	*	*	99.00%
Gloucestershire	97.14%	*	*	*	*	*	*	*	*	*	*	*	97.1%
North Somerset	97.70%	*	*	*	*	*	*	*	*	*	*	*	97.7%
South Gloucestershire	97.71%	*	*	*	*	*	*	*	*	*	*	*	97.7%
Swindon	98.69%	*	*	*	*	*	*	*	*	*	*	*	98.7%
Wiltshire	97.17%	*	*	*	*	*	*	*	*	*	*	*	97.2%
Other/Unknown	76.60%	*	*	*	*	*	*	*	*	*	*	*	76.6%
Total	97.7%	*	*	*	*	*	*	*	*	*	*	*	97.7%

RED 19 Minute Performance by District Council / Unitary Authority

RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	1,796	*	*	*	*	*	*	*	*	*	*	*	1,796
South Gloucestershire	743	*	*	*	*	*	*	*	*	*	*	*	743
North Somerset	783	*	*	*	*	*	*	*	*	*	*	*	783
Bath and North East Somerset	520	*	*	*	*	*	*	*	*	*	*	*	520
Forest of Dean	300	*	*	*	*	*	*	*	*	*	*	*	300
Cotswold	256	*	*	*	*	*	*	*	*	*	*	*	256
Tewkesbury	256	*	*	*	*	*	*	*	*	*	*	*	256
Cheltenham	398	*	*	*	*	*	*	*	*	*	*	*	398
Gloucester	468	*	*	*	*	*	*	*	*	*	*	*	468
Stroud	347	*	*	*	*	*	*	*	*	*	*	*	347
Kennet	228	*	*	*	*	*	*	*	*	*	*	*	228
North Wiltshire	418	*	*	*	*	*	*	*	*	*	*	*	418
Swindon	681	*	*	*	*	*	*	*	*	*	*	*	681
West Wiltshire	487	*	*	*	*	*	*	*	*	*	*	*	487
Salisbury	388	*	*	*	*	*	*	*	*	*	*	*	388
Other/Unknown	51	*	*	*	*	*	*	*	*	*	*	*	51
Total	8,120	*	*	*	*	*	*	*	*	*	*	*	8,120

Compliant RED Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	1,778	*	*	*	*	*	*	*	*	*	*	*	1,778
South Gloucestershire	726	*	*	*	*	*	*	*	*	*	*	*	726
North Somerset	765	*	*	*	*	*	*	*	*	*	*	*	765
Bath and North East Somerset	507	*	*	*	*	*	*	*	*	*	*	*	507
Forest of Dean	291	*	*	*	*	*	*	*	*	*	*	*	291
Cotswold	222	*	*	*	*	*	*	*	*	*	*	*	222
Tewkesbury	254	*	*	*	*	*	*	*	*	*	*	*	254
Cheltenham	396	*	*	*	*	*	*	*	*	*	*	*	396
Gloucester	466	*	*	*	*	*	*	*	*	*	*	*	466
Stroud	338	*	*	*	*	*	*	*	*	*	*	*	338
Kennet	213	*	*	*	*	*	*	*	*	*	*	*	213
North Wiltshire	408	*	*	*	*	*	*	*	*	*	*	*	408
Swindon	672	*	*	*	*	*	*	*	*	*	*	*	672
West Wiltshire	484	*	*	*	*	*	*	*	*	*	*	*	484
Salisbury	373	*	*	*	*	*	*	*	*	*	*	*	373
Other/Unknown	40	*	*	*	*	*	*	*	*	*	*	*	40
Total	7,933	*	*	*	*	*	*	*	*	*	*	*	7,933

RED 19 Min Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	99.0%	*	*	*	*	*	*	*	*	*	*	*	99.0%
South Gloucestershire	97.71%	*	*	*	*	*	*	*	*	*	*	*	97.7%
North Somerset	97.70%	*	*	*	*	*	*	*	*	*	*	*	97.7%
Bath and North East Somerset	97.50%	*	*	*	*	*	*	*	*	*	*	*	97.5%
Forest of Dean	97.00%	*	*	*	*	*	*	*	*	*	*	*	97.0%
Cotswold	86.72%	*	*	*	*	*	*	*	*	*	*	*	86.7%
Tewkesbury	99.22%	*	*	*	*	*	*	*	*	*	*	*	99.2%
Cheltenham	99.50%	*	*	*	*	*	*	*	*	*	*	*	99.5%
Gloucester	99.57%	*	*	*	*	*	*	*	*	*	*	*	99.6%
Stroud	97.41%	*	*	*	*	*	*	*	*	*	*	*	97.4%
Kennet	93.42%	*	*	*	*	*	*	*	*	*	*	*	93.4%
North Wiltshire	97.61%	*	*	*	*	*	*	*	*	*	*	*	97.6%
Swindon	98.68%	*	*	*	*	*	*	*	*	*	*	*	98.7%
West Wiltshire	99.38%	*	*	*	*	*	*	*	*	*	*	*	99.4%
Salisbury	96.13%	*	*	*	*	*	*	*	*	*	*	*	96.1%
Other/Unknown	78.43%	*	*	*	*	*	*	*	*	*	*	*	78.4%
Total	97.7%	*	*	*	*	*	*	*	*	*	*	*	97.7%

GREEN Performance by Sector

GREEN Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	5621	*	*	*	*	*	*	*	*	*	*	*	5,621
Gloucestershire	3424	*	*	*	*	*	*	*	*	*	*	*	3,424
Wiltshire	4484	*	*	*	*	*	*	*	*	*	*	*	4,484
Other/Unknown	92	*	*	*	*	*	*	*	*	*	*	*	92
Total	13,621	*	*	*	*	*	*	*	*	*	*	*	13,621

Compliant GREEN Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	4966	*	*	*	*	*	*	*	*	*	*	*	4,966
Gloucestershire	3299	*	*	*	*	*	*	*	*	*	*	*	3,299
Wiltshire	4326	*	*	*	*	*	*	*	*	*	*	*	4,326
Other/Unknown	86	*	*	*	*	*	*	*	*	*	*	*	86
Total	12,677	*	*	*	*	*	*	*	*	*	*	*	12,677

GREEN Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	88.3%	*	*	*	*	*	*	*	*	*	*	*	88.3%
Gloucestershire	96.3%	*	*	*	*	*	*	*	*	*	*	*	96.3%
Wiltshire	96.5%	*	*	*	*	*	*	*	*	*	*	*	96.5%
Other/Unknown	93.5%	*	*	*	*	*	*	*	*	*	*	*	93.5%
Total	93.1%	*	*	*	*	*	*	*	*	*	*	*	93.1%

GREEN Performance by PCT

GREEN Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	1,010	*	*	*	*	*	*	*	*	*	*	*	1,010
Bristol	2,910	*	*	*	*	*	*	*	*	*	*	*	2,910
Gloucestershire	3,424	*	*	*	*	*	*	*	*	*	*	*	3,424
North Somerset	1,259	*	*	*	*	*	*	*	*	*	*	*	1,259
South Gloucestershire	1,303	*	*	*	*	*	*	*	*	*	*	*	1,303
Swindon	1,179	*	*	*	*	*	*	*	*	*	*	*	1,179
Wiltshire	2,442	*	*	*	*	*	*	*	*	*	*	*	2,442
Other/Unknown	94	*	*	*	*	*	*	*	*	*	*	*	94
Total	13,621	*	*	*	*	*	*	*	*	*	*	*	13,621

Compliant GREEN Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	954	*	*	*	*	*	*	*	*	*	*	*	954
Bristol	2,551	*	*	*	*	*	*	*	*	*	*	*	2,551
Gloucestershire	3,299	*	*	*	*	*	*	*	*	*	*	*	3,299
North Somerset	1,142	*	*	*	*	*	*	*	*	*	*	*	1,142
South Gloucestershire	1,144	*	*	*	*	*	*	*	*	*	*	*	1,144
Swindon	1,161	*	*	*	*	*	*	*	*	*	*	*	1,161
Wiltshire	2,338	*	*	*	*	*	*	*	*	*	*	*	2,338
Other/Unknown	88	*	*	*	*	*	*	*	*	*	*	*	88
Total	12,677	*	*	*	*	*	*	*	*	*	*	*	12,677

GREEN Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	94.5%	*	*	*	*	*	*	*	*	*	*	*	94.5%
Bristol	87.66%	*	*	*	*	*	*	*	*	*	*	*	87.7%
Gloucestershire	96.35%	*	*	*	*	*	*	*	*	*	*	*	96.3%
North Somerset	90.71%	*	*	*	*	*	*	*	*	*	*	*	90.7%
South Gloucestershire	87.80%	*	*	*	*	*	*	*	*	*	*	*	87.8%
Swindon	98.47%	*	*	*	*	*	*	*	*	*	*	*	98.5%
Wiltshire	95.74%	*	*	*	*	*	*	*	*	*	*	*	95.7%
Other/Unknown	93.62%	*	*	*	*	*	*	*	*	*	*	*	93.6%
Total	93.1%	*	*	*	*	*	*	*	*	*	*	*	93.1%

GREEN Performance by District Council / Unitary Authority

GREEN Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	2,910	*	*	*	*	*	*	*	*	*	*	*	2,910
South Gloucestershire	1,303	*	*	*	*	*	*	*	*	*	*	*	1,303
North Somerset	1,259	*	*	*	*	*	*	*	*	*	*	*	1,259
Bath and North East Somerset	1,010	*	*	*	*	*	*	*	*	*	*	*	1,010
Forest of Dean	376	*	*	*	*	*	*	*	*	*	*	*	376
Cotswold	442	*	*	*	*	*	*	*	*	*	*	*	442
Tewkesbury	397	*	*	*	*	*	*	*	*	*	*	*	397
Cheltenham	720	*	*	*	*	*	*	*	*	*	*	*	720
Gloucester	884	*	*	*	*	*	*	*	*	*	*	*	884
Stroud	605	*	*	*	*	*	*	*	*	*	*	*	605
Kennet	414	*	*	*	*	*	*	*	*	*	*	*	414
North Wiltshire	650	*	*	*	*	*	*	*	*	*	*	*	650
Swindon	1,166	*	*	*	*	*	*	*	*	*	*	*	1,166
West Wiltshire	759	*	*	*	*	*	*	*	*	*	*	*	759
Salisbury	619	*	*	*	*	*	*	*	*	*	*	*	619
Other/Unknown	107	*	*	*	*	*	*	*	*	*	*	*	107
Total	13,621	*	*	*	*	*	*	*	*	*	*	*	13,621

Compliant GREEN Responses

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	2,551	*	*	*	*	*	*	*	*	*	*	*	2,551
South Gloucestershire	1,144	*	*	*	*	*	*	*	*	*	*	*	1,144
North Somerset	1,142	*	*	*	*	*	*	*	*	*	*	*	1,142
Bath and North East Somerset	954	*	*	*	*	*	*	*	*	*	*	*	954
Forest of Dean	359	*	*	*	*	*	*	*	*	*	*	*	359
Cotswold	409	*	*	*	*	*	*	*	*	*	*	*	409
Tewkesbury	388	*	*	*	*	*	*	*	*	*	*	*	388
Cheltenham	697	*	*	*	*	*	*	*	*	*	*	*	697
Gloucester	862	*	*	*	*	*	*	*	*	*	*	*	862
Stroud	584	*	*	*	*	*	*	*	*	*	*	*	584
Kennet	388	*	*	*	*	*	*	*	*	*	*	*	388
North Wiltshire	619	*	*	*	*	*	*	*	*	*	*	*	619
Swindon	1,148	*	*	*	*	*	*	*	*	*	*	*	1,148
West Wiltshire	736	*	*	*	*	*	*	*	*	*	*	*	736
Salisbury	595	*	*	*	*	*	*	*	*	*	*	*	595
Other/Unknown	101	*	*	*	*	*	*	*	*	*	*	*	101
Total	12,677	*	*	*	*	*	*	*	*	*	*	*	12,677

GREEN Performance

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	87.66%	*	*	*	*	*	*	*	*	*	*	*	87.7%
South Gloucestershire	87.80%	*	*	*	*	*	*	*	*	*	*	*	87.8%
North Somerset	90.71%	*	*	*	*	*	*	*	*	*	*	*	90.7%
Bath and North East Somerset	94.46%	*	*	*	*	*	*	*	*	*	*	*	94.5%
Forest of Dean	95.48%	*	*	*	*	*	*	*	*	*	*	*	95.5%
Cotswold	92.53%	*	*	*	*	*	*	*	*	*	*	*	92.5%
Tewkesbury	97.73%	*	*	*	*	*	*	*	*	*	*	*	97.7%
Cheltenham	96.81%	*	*	*	*	*	*	*	*	*	*	*	96.8%
Gloucester	97.51%	*	*	*	*	*	*	*	*	*	*	*	97.5%
Stroud	96.53%	*	*	*	*	*	*	*	*	*	*	*	96.5%
Kennet	93.72%	*	*	*	*	*	*	*	*	*	*	*	93.7%
North Wiltshire	95.23%	*	*	*	*	*	*	*	*	*	*	*	95.2%
Swindon	98.46%	*	*	*	*	*	*	*	*	*	*	*	98.5%
West Wiltshire	96.97%	*	*	*	*	*	*	*	*	*	*	*	97.0%
Salisbury	96.12%	*	*	*	*	*	*	*	*	*	*	*	96.1%
Other/Unknown	94.39%	*	*	*	*	*	*	*	*	*	*	*	94.4%
Total	93.1%	*	*	*	*	*	*	*	*	*	*	*	93.1%

Incidents with Response by Sector

Current Year	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	9002	*	*	*	*	*	*	*	*	*	*	*	9,002
Gloucestershire	5451	*	*	*	*	*	*	*	*	*	*	*	5,451
Wiltshire	7154	*	*	*	*	*	*	*	*	*	*	*	7,154
Other/Unknown	214	*	*	*	*	*	*	*	*	*	*	*	214
Total	21,821	*	*	*	*	*	*	*	*	*	*	*	21,821

2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	8640	9217	8920	9191	8751	8887	9253	8871	10419	9465	8494	9289	109,397
Gloucestershire	5175	5442	5149	5217	5187	5203	5632	5452	6361	5644	4994	5773	65,229
Wiltshire	6740	7460	7177	7342	7221	7034	7486	7094	8190	7494	6674	7339	87,251
Other/Unknown	194	261	229	227	219	237	232	205	244	241	193	204	2,686
Total	20,749	22,380	21,475	21,977	21,378	21,361	22,603	21,622	25,214	22,844	20,355	22,605	264,563

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Avon	4.2%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Gloucestershire	5.3%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
Wiltshire	6.1%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Other/Unknown	10.3%	*	*	*	*	*	*	*	*	*	*	*	-91.4%
Total	5.2%	*	*	*	*	*	*	*	*	*	*	*	-91.0%

Incident with Response by PCT

Current Year	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	1,530	*	*	*	*	*	*	*	*	*	*	*	1,530
Bristol	4,707	*	*	*	*	*	*	*	*	*	*	*	4,707
Gloucestershire	5,451	*	*	*	*	*	*	*	*	*	*	*	5,451
North Somerset	2,042	*	*	*	*	*	*	*	*	*	*	*	2,042
South Gloucestershire	2,046	*	*	*	*	*	*	*	*	*	*	*	2,046
Swindon	1,865	*	*	*	*	*	*	*	*	*	*	*	1,865
Wiltshire	3,963	*	*	*	*	*	*	*	*	*	*	*	3,963
Other/Unknown	217	*	*	*	*	*	*	*	*	*	*	*	217
Total	21,821	*	*	*	*	*	*	*	*	*	*	*	21,821

2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	1,468	1,612	1,509	1,477	1,486	1,524	1,697	1,510	1,721	1,638	1,444	1,593	18,679
Bristol	4,478	4,808	4,649	4,731	4,565	4,533	4,791	4,520	5,259	4,875	4,496	4,795	56,500
Gloucestershire	5,175	5,442	5,149	5,217	5,187	5,203	5,632	5,452	6,361	5,644	4,994	5,773	65,229
North Somerset	1,985	2,003	2,004	2,154	1,939	2,047	2,087	1,978	2,303	2,123	1,787	1,999	24,409
South Gloucestershire	1,976	2,170	2,061	2,100	2,033	2,080	2,130	2,162	2,566	2,239	1,986	2,223	25,728
Swindon	1,651	1,893	1,806	1,991	1,835	1,787	1,805	1,855	2,075	1,946	1,780	1,786	22,218
Wiltshire	3,822	4,185	4,063	4,075	4,110	3,947	4,222	3,933	4,675	4,136	3,672	4,226	49,072
Other/Unknown	194	263	232	232	223	240	239	208	252	243	196	206	2,728
Total	20,749	22,380	21,475	21,977	21,378	21,361	22,603	21,622	25,214	22,844	20,355	22,605	264,563

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bath and North East Somerset PCT	4.2%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Bristol PCT	5.1%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
Gloucestershire PCT	5.3%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
North Somerset PCT	2.9%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
South Gloucestershire PCT	3.5%	*	*	*	*	*	*	*	*	*	*	*	-91.30%
Swindon PCT	13.0%	*	*	*	*	*	*	*	*	*	*	*	-90.87%
Wiltshire PCT	3.7%	*	*	*	*	*	*	*	*	*	*	*	-91.16%
Other/Unknown	11.9%	*	*	*	*	*	*	*	*	*	*	*	-91.4%
Total	5.2%	*	*	*	*	*	*	*	*	*	*	*	-91.0%

Incidents with Response by District Council/Unitary Authority

Current Year	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	4,707	*	*	*	*	*	*	*	*	*	*	*	4,707
South Gloucestershire	2,046	*	*	*	*	*	*	*	*	*	*	*	2,046
North Somerset	2,042	*	*	*	*	*	*	*	*	*	*	*	2,042
Bath and North East Somerset	1,530	*	*	*	*	*	*	*	*	*	*	*	1,530
Forest of Dean	677	*	*	*	*	*	*	*	*	*	*	*	677
Cotswold	698	*	*	*	*	*	*	*	*	*	*	*	698
Tewkesbury	653	*	*	*	*	*	*	*	*	*	*	*	653
Cheltenham	1,118	*	*	*	*	*	*	*	*	*	*	*	1,118
Gloucester	1,353	*	*	*	*	*	*	*	*	*	*	*	1,353
Stroud	952	*	*	*	*	*	*	*	*	*	*	*	952
Kennet	642	*	*	*	*	*	*	*	*	*	*	*	642
North Wiltshire	1,068	*	*	*	*	*	*	*	*	*	*	*	1,068
Swindon	1,848	*	*	*	*	*	*	*	*	*	*	*	1,848
West Wiltshire	1,246	*	*	*	*	*	*	*	*	*	*	*	1,246
Salisbury	1,007	*	*	*	*	*	*	*	*	*	*	*	1,007
Other/Unknown	234	*	*	*	*	*	*	*	*	*	*	*	234
Total	21,821	*	*	*	*	*	*	*	*	*	*	*	21,821

2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	4,478	4,808	4,649	4,731	4,565	4,533	4,791	4,520	5,259	4,875	4,496	4,795	56,500
South Gloucestershire	1,976	2,170	2,061	2,100	2,033	2,080	2,130	2,162	2,566	2,239	1,986	2,223	25,728
North Somerset	1,985	2,003	2,004	2,154	1,939	2,047	2,087	1,978	2,303	2,123	1,787	1,999	24,409
Bath and North East Somerset	1,468	1,612	1,509	1,477	1,486	1,524	1,697	1,510	1,721	1,638	1,444	1,593	18,679
Forest of Dean	646	711	685	736	699	660	757	712	826	722	622	667	8,443
Cotswold	650	727	736	714	727	681	758	685	788	721	647	699	8,533
Tewkesbury	590	552	579	617	597	620	656	654	775	652	618	695	7,605
Cheltenham	1,139	1,111	1,043	1,033	1,034	1,105	1,166	1,158	1,360	1,192	1,016	1,311	13,668
Gloucester	1,272	1,338	1,248	1,240	1,185	1,303	1,376	1,365	1,567	1,402	1,250	1,360	15,906
Stroud	878	1,003	858	877	945	834	919	878	1,045	955	841	1,041	11,074
Kennet	599	653	661	667	661	594	689	611	725	666	550	699	7,775
North Wiltshire	1,032	1,160	1,082	1,188	1,130	1,061	1,085	1,044	1,250	1,133	979	1,171	13,315
Swindon	1,629	1,873	1,788	1,966	1,807	1,765	1,771	1,845	2,063	1,925	1,761	1,768	21,961
West Wiltshire	1,280	1,377	1,264	1,243	1,269	1,303	1,346	1,283	1,562	1,328	1,251	1,305	15,811
Salisbury	911	999	1,056	977	1,050	989	1,102	995	1,138	1,009	892	1,053	12,171
Other/Unknown	216	283	252	257	251	262	273	222	264	264	215	226	2,985
Total	20,749	22,380	21,475	21,977	21,378	21,361	22,603	21,622	25,214	22,844	20,355	22,605	264,563

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bristol	5.1%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
South Gloucestershire	3.5%	*	*	*	*	*	*	*	*	*	*	*	-91.3%
North Somerset	2.9%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
Bath and North East Somerset	4.2%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Forest of Dean	4.8%	*	*	*	*	*	*	*	*	*	*	*	-91.3%
Cotswold	7.4%	*	*	*	*	*	*	*	*	*	*	*	-91.1%
Tewkesbury	10.7%	*	*	*	*	*	*	*	*	*	*	*	-90.5%
Cheltenham	-1.8%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Gloucester	6.4%	*	*	*	*	*	*	*	*	*	*	*	-90.7%
Stroud	8.4%	*	*	*	*	*	*	*	*	*	*	*	-90.5%
Kennet	7.2%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
North Wiltshire	3.5%	*	*	*	*	*	*	*	*	*	*	*	-91.2%
Swindon	13.4%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
West Wiltshire	-2.7%	*	*	*	*	*	*	*	*	*	*	*	-91.4%
Salisbury	10.5%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
Other/Unknown	8.3%	*	*	*	*	*	*	*	*	*	*	*	-91.5%
Total	5.2%	*	*	*	*	*	*	*	*	*	*	*	-91.0%

Conveyance Rates by Sector

Incidents with a response

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	9002	*	*	*	*	*	*	*	*	*	*	*	9,002
Gloucestershire	5451	*	*	*	*	*	*	*	*	*	*	*	5,451
Wiltshire	7154	*	*	*	*	*	*	*	*	*	*	*	7,154
Other/Unknown	214	*	*	*	*	*	*	*	*	*	*	*	214
Total	21,821	*	*	*	*	*	*	*	*	*	*	*	21,821

Incidents with transport

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	6110	*	*	*	*	*	*	*	*	*	*	*	6,110
Gloucestershire	3661	*	*	*	*	*	*	*	*	*	*	*	3,661
Wiltshire	4688	*	*	*	*	*	*	*	*	*	*	*	4,688
Other/Unknown	139	*	*	*	*	*	*	*	*	*	*	*	139
Total	14,598	*	*	*	*	*	*	*	*	*	*	*	14,598

Incidents with transport

2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	5910	6120	6060	6072	5914	6106	6306	6086	6998	6413	5892	6375	74,256
Gloucestershire	3506	3636	3433	3526	3477	3575	3758	3688	4048	3788	3301	3875	43,609
Wiltshire	4414	4870	4608	4662	4617	4584	4894	4642	5234	4878	4369	4860	56,632
Other/Unknown	114	159	131	135	137	142	163	134	143	156	119	128	1,661
Total	13,944	14,785	14,232	14,395	14,145	14,407	15,121	14,551	16,423	15,232	13,681	15,242	176,158

Conveyance Rate

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	67.87%	*	*	*	*	*	*	*	*	*	*	*	67.9%
Gloucestershire	67.16%	*	*	*	*	*	*	*	*	*	*	*	67.2%
Wiltshire	65.53%	*	*	*	*	*	*	*	*	*	*	*	65.5%
Other/Unknown	64.95%	*	*	*	*	*	*	*	*	*	*	*	65.0%
Total	66.9%	*	*	*	*	*	*	*	*	*	*	*	66.9%

Conveyance Rates by PCT

Incidents with a response

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	1,530	*	*	*	*	*	*	*	*	*	*	*	1,530
Bristol	4,707	*	*	*	*	*	*	*	*	*	*	*	4,707
Gloucestershire	5,451	*	*	*	*	*	*	*	*	*	*	*	5,451
North Somerset	2,042	*	*	*	*	*	*	*	*	*	*	*	2,042
South Gloucestershire	2,046	*	*	*	*	*	*	*	*	*	*	*	2,046
Swindon	1,865	*	*	*	*	*	*	*	*	*	*	*	1,865
Wiltshire	3,963	*	*	*	*	*	*	*	*	*	*	*	3,963
Other/Unknown	217	*	*	*	*	*	*	*	*	*	*	*	217
Total	21,821	*	*	*	*	*	*	*	*	*	*	*	21,821

Incidents with transport

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	1,056	*	*	*	*	*	*	*	*	*	*	*	1,056
Bristol	3,024	*	*	*	*	*	*	*	*	*	*	*	3,024
Gloucestershire	3,661	*	*	*	*	*	*	*	*	*	*	*	3,661
North Somerset	1,466	*	*	*	*	*	*	*	*	*	*	*	1,466
South Gloucestershire	1,472	*	*	*	*	*	*	*	*	*	*	*	1,472
Swindon	1,196	*	*	*	*	*	*	*	*	*	*	*	1,196
Wiltshire	2,581	*	*	*	*	*	*	*	*	*	*	*	2,581
Other/Unknown	142	*	*	*	*	*	*	*	*	*	*	*	142
Total	14,598	*	*	*	*	*	*	*	*	*	*	*	14,598

Conveyance Rate

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	69.02%	*	*	*	*	*	*	*	*	*	*	*	69.0%
Bristol	64.24%	*	*	*	*	*	*	*	*	*	*	*	64.2%
Gloucestershire	67.16%	*	*	*	*	*	*	*	*	*	*	*	67.2%
North Somerset	71.79%	*	*	*	*	*	*	*	*	*	*	*	71.8%
South Gloucestershire	71.95%	*	*	*	*	*	*	*	*	*	*	*	71.9%
Swindon	64.13%	*	*	*	*	*	*	*	*	*	*	*	64.1%
Wiltshire	65.13%	*	*	*	*	*	*	*	*	*	*	*	65.1%
Other/Unknown	65.44%	*	*	*	*	*	*	*	*	*	*	*	65.4%
Total	66.9%	*	*	*	*	*	*	*	*	*	*	*	66.9%

Conveyance Rates by District Council / Unitary Authority

Incidents with a response

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	4,707	*	*	*	*	*	*	*	*	*	*	*	4,707
South Gloucestershire	2,046	*	*	*	*	*	*	*	*	*	*	*	2,046
North Somerset	2,042	*	*	*	*	*	*	*	*	*	*	*	2,042
Bath and North East Somerset	1,530	*	*	*	*	*	*	*	*	*	*	*	1,530
Forest of Dean	677	*	*	*	*	*	*	*	*	*	*	*	677
Cotswold	698	*	*	*	*	*	*	*	*	*	*	*	698
Tewkesbury	653	*	*	*	*	*	*	*	*	*	*	*	653
Cheltenham	1,118	*	*	*	*	*	*	*	*	*	*	*	1,118
Gloucester	1,353	*	*	*	*	*	*	*	*	*	*	*	1,353
Stroud	952	*	*	*	*	*	*	*	*	*	*	*	952
Kennet	642	*	*	*	*	*	*	*	*	*	*	*	642
North Wiltshire	1,068	*	*	*	*	*	*	*	*	*	*	*	1,068
Swindon	1,848	*	*	*	*	*	*	*	*	*	*	*	1,848
West Wiltshire	1,246	*	*	*	*	*	*	*	*	*	*	*	1,246
Salisbury	1,007	*	*	*	*	*	*	*	*	*	*	*	1,007
Other/Unknown	234	*	*	*	*	*	*	*	*	*	*	*	234
Total	21,821	*	*	*	*	*	*	*	*	*	*	*	21,821

Incidents with transport

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	3,024	*	*	*	*	*	*	*	*	*	*	*	3,024
South Gloucestershire	1,472	*	*	*	*	*	*	*	*	*	*	*	1,472
North Somerset	1,466	*	*	*	*	*	*	*	*	*	*	*	1,466
Bath and North East Somerset	1,056	*	*	*	*	*	*	*	*	*	*	*	1,056
Forest of Dean	468	*	*	*	*	*	*	*	*	*	*	*	468
Cotswold	480	*	*	*	*	*	*	*	*	*	*	*	480
Tewkesbury	441	*	*	*	*	*	*	*	*	*	*	*	441
Cheltenham	787	*	*	*	*	*	*	*	*	*	*	*	787
Gloucester	912	*	*	*	*	*	*	*	*	*	*	*	912
Stroud	573	*	*	*	*	*	*	*	*	*	*	*	573
Kennet	446	*	*	*	*	*	*	*	*	*	*	*	446
North Wiltshire	691	*	*	*	*	*	*	*	*	*	*	*	691
Swindon	1,185	*	*	*	*	*	*	*	*	*	*	*	1,185
West Wiltshire	778	*	*	*	*	*	*	*	*	*	*	*	778
Salisbury	666	*	*	*	*	*	*	*	*	*	*	*	666
Other/Unknown	153	*	*	*	*	*	*	*	*	*	*	*	153
Total	14,598	*	*	*	*	*	*	*	*	*	*	*	14,598

Conveyance Rate

	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol, City of	64.24%	*	*	*	*	*	*	*	*	*	*	*	64.2%
South Gloucestershire	71.95%	*	*	*	*	*	*	*	*	*	*	*	71.9%
North Somerset	71.79%	*	*	*	*	*	*	*	*	*	*	*	71.8%
Bath and North East Somerset	69.02%	*	*	*	*	*	*	*	*	*	*	*	69.0%
Forest of Dean	69.13%	*	*	*	*	*	*	*	*	*	*	*	69.1%
Cotswold	68.77%	*	*	*	*	*	*	*	*	*	*	*	68.8%
Tewkesbury	67.53%	*	*	*	*	*	*	*	*	*	*	*	67.5%
Cheltenham	70.39%	*	*	*	*	*	*	*	*	*	*	*	70.4%
Gloucester	67.41%	*	*	*	*	*	*	*	*	*	*	*	67.4%
Stroud	60.19%	*	*	*	*	*	*	*	*	*	*	*	60.2%
Kennet	69.47%	*	*	*	*	*	*	*	*	*	*	*	69.5%
North Wiltshire	64.70%	*	*	*	*	*	*	*	*	*	*	*	64.7%
Swindon	64.12%	*	*	*	*	*	*	*	*	*	*	*	64.1%
West Wiltshire	62.44%	*	*	*	*	*	*	*	*	*	*	*	62.4%
Salisbury	66.14%	*	*	*	*	*	*	*	*	*	*	*	66.1%
Other/Unknown	65.38%	*	*	*	*	*	*	*	*	*	*	*	65.4%
Total	66.9%	*	*	*	*	*	*	*	*	*	*	*	66.9%

Total Number of Responses by Sector

Current Year	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	13694	*	*	*	*	*	*	*	*	*	*	*	13,694
Gloucestershire	8693	*	*	*	*	*	*	*	*	*	*	*	8,693
Wiltshire	10841	*	*	*	*	*	*	*	*	*	*	*	10,841
Other/Unknown	177	*	*	*	*	*	*	*	*	*	*	*	177
Total	33,405	*	*	*	*	*	*	*	*	*	*	*	33,405

2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	12523	13712	13196	13275	12855	13457	14189	13640	15826	13941	12754	14065	163,433
Gloucestershire	7720	8187	7815	7791	7794	7950	8715	8709	9957	8600	7832	9080	100,150
Wiltshire	10039	11206	10661	11056	10912	10845	11656	11056	12653	11350	10102	11334	132,874
Other/Unknown	197	222	200	217	194	214	198	163	214	193	166	182	2,360
Total	30,479	33,327	31,872	32,341	31,755	32,466	34,758	33,570	38,652	34,084	30,854	34,659	398,817

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Avon	9.4%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
Gloucestershire	12.6%	*	*	*	*	*	*	*	*	*	*	*	-90.5%
Wiltshire	8.0%	*	*	*	*	*	*	*	*	*	*	*	-91.1%
Other/Unknown	-10.2%	*	*	*	*	*	*	*	*	*	*	*	-91.9%
Total	9.6%	*	*	*	*	*	*	*	*	*	*	*	-90.8%

Total Number of Responses by PCT

Current Year	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	2,303	*	*	*	*	*	*	*	*	*	*	*	2,303
Bristol	7,181	*	*	*	*	*	*	*	*	*	*	*	7,181
Gloucestershire	8,693	*	*	*	*	*	*	*	*	*	*	*	8,693
North Somerset	3,098	*	*	*	*	*	*	*	*	*	*	*	3,098
South Gloucestershire	3,114	*	*	*	*	*	*	*	*	*	*	*	3,114
Swindon	2,750	*	*	*	*	*	*	*	*	*	*	*	2,750
Wiltshire	6,084	*	*	*	*	*	*	*	*	*	*	*	6,084
Other/Unknown	182	*	*	*	*	*	*	*	*	*	*	*	182
Total	33,405	*	*	*	*	*	*	*	*	*	*	*	33,405

2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	2,158	2,370	2,199	2,166	2,224	2,272	2,603	2,302	2,627	2,459	2,159	2,409	27,942
Bristol	6,520	7,200	6,920	6,861	6,738	6,997	7,451	6,967	8,009	7,198	6,684	7,271	84,816
Gloucestershire	7,720	8,187	7,815	7,791	7,794	7,950	8,715	8,709	9,957	8,600	7,832	9,080	100,150
North Somerset	2,920	3,001	2,994	3,193	2,876	3,007	3,159	3,020	3,483	3,167	2,742	3,045	36,607
South Gloucestershire	2,772	3,160	2,985	2,930	2,926	3,101	3,216	3,345	3,923	3,245	3,006	3,325	37,940
Swindon	2,443	2,775	2,632	2,944	2,706	2,721	2,770	2,870	3,140	2,892	2,650	2,696	33,237
Wiltshire	5,749	6,411	6,120	6,231	6,289	6,196	6,634	6,185	7,286	6,334	5,610	6,648	75,700
Other/Unknown	197	225	203	225	200	219	210	168	227	195	171	185	2,425
Total	30,479	33,327	31,872	32,341	31,755	32,466	34,758	33,570	38,652	34,084	30,854	34,659	398,817

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bath and North East Somerset PCT	6.7%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Bristol PCT	10.1%	*	*	*	*	*	*	*	*	*	*	*	-90.7%
Gloucestershire PCT	12.6%	*	*	*	*	*	*	*	*	*	*	*	-90.5%
North Somerset PCT	6.1%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
South Gloucestershire PCT	12.3%	*	*	*	*	*	*	*	*	*	*	*	-91.00%
Swindon PCT	12.6%	*	*	*	*	*	*	*	*	*	*	*	-91.00%
Wiltshire PCT	5.8%	*	*	*	*	*	*	*	*	*	*	*	-91.19%
Other/Unknown	-7.6%	*	*	*	*	*	*	*	*	*	*	*	-91.9%
Total	9.6%	*	*	*	*	*	*	*	*	*	*	*	-90.8%

Total Number of Responses by District Council/Unitary Authority

Current Year	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	7,181	*	*	*	*	*	*	*	*	*	*	*	7,181
South Gloucestershire	3,114	*	*	*	*	*	*	*	*	*	*	*	3,114
North Somerset	3,098	*	*	*	*	*	*	*	*	*	*	*	3,098
Bath and North East Somerset	2,303	*	*	*	*	*	*	*	*	*	*	*	2,303
Forest of Dean	1,125	*	*	*	*	*	*	*	*	*	*	*	1,125
Cotswold	1,114	*	*	*	*	*	*	*	*	*	*	*	1,114
Tewkesbury	1,078	*	*	*	*	*	*	*	*	*	*	*	1,078
Cheltenham	1,698	*	*	*	*	*	*	*	*	*	*	*	1,698
Gloucester	2,117	*	*	*	*	*	*	*	*	*	*	*	2,117
Stroud	1,561	*	*	*	*	*	*	*	*	*	*	*	1,561
Kennet	970	*	*	*	*	*	*	*	*	*	*	*	970
North Wiltshire	1,675	*	*	*	*	*	*	*	*	*	*	*	1,675
Swindon	2,728	*	*	*	*	*	*	*	*	*	*	*	2,728
West Wiltshire	1,947	*	*	*	*	*	*	*	*	*	*	*	1,947
Salisbury	1,492	*	*	*	*	*	*	*	*	*	*	*	1,492
Other/Unknown	204	*	*	*	*	*	*	*	*	*	*	*	204
Total	33,405	*	*	*	*	*	*	*	*	*	*	*	33,405

2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	6,520	7,200	6,920	6,861	6,738	6,997	7,451	6,967	8,009	7,198	6,684	7,271	84,816
South Gloucestershire	2,772	3,160	2,985	2,930	2,926	3,101	3,216	3,345	3,923	3,245	3,006	3,325	37,940
North Somerset	2,920	3,001	2,994	3,193	2,876	3,007	3,159	3,020	3,483	3,167	2,742	3,045	36,607
Bath and North East Somerset	2,158	2,370	2,199	2,166	2,224	2,272	2,603	2,302	2,627	2,459	2,159	2,409	27,942
Forest of Dean	1,002	1,115	1,066	1,126	1,090	1,076	1,193	1,121	1,334	1,121	1,006	1,095	13,344
Cotswold	971	1,086	1,084	1,043	1,085	1,039	1,202	1,120	1,177	1,075	998	1,115	12,995
Tewkesbury	900	848	899	966	913	968	1,060	1,054	1,246	1,025	1,009	1,112	12,002
Cheltenham	1,668	1,655	1,557	1,519	1,537	1,665	1,772	1,788	2,083	1,800	1,556	1,975	20,575
Gloucester	1,846	1,962	1,885	1,793	1,724	1,915	2,042	2,169	2,430	2,092	1,914	2,087	23,859
Stroud	1,333	1,521	1,324	1,344	1,445	1,287	1,446	1,457	1,685	1,487	1,350	1,696	17,375
Kennet	887	1,000	993	1,009	991	930	1,046	939	1,111	977	844	1,098	11,825
North Wiltshire	1,578	1,845	1,715	1,883	1,785	1,728	1,763	1,707	2,012	1,773	1,539	1,910	21,238
Swindon	2,414	2,745	2,599	2,904	2,665	2,685	2,720	2,846	3,122	2,864	2,617	2,661	32,842
West Wiltshire	1,943	2,095	1,912	1,907	1,971	2,078	2,115	2,008	2,460	2,052	1,881	2,026	24,452
Salisbury	1,341	1,471	1,500	1,432	1,542	1,463	1,706	1,535	1,703	1,532	1,346	1,614	18,185
Other/Unknown	226	253	236	265	241	255	260	192	245	223	204	220	2,820
Total	30,479	33,327	31,872	32,341	31,755	32,466	34,758	33,570	38,652	34,084	30,854	34,659	398,817

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bristol	10.1%	*	*	*	*	*	*	*	*	*	*	*	-90.7%
South Gloucestershire	12.3%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
North Somerset	6.1%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
Bath and North East Somerset	6.7%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Forest of Dean	12.3%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
Cotswold	14.7%	*	*	*	*	*	*	*	*	*	*	*	-90.6%
Tewkesbury	19.8%	*	*	*	*	*	*	*	*	*	*	*	-90.1%
Cheltenham	1.8%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
Gloucester	14.7%	*	*	*	*	*	*	*	*	*	*	*	-90.3%
Stroud	17.1%	*	*	*	*	*	*	*	*	*	*	*	-90.0%
Kennet	9.4%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
North Wiltshire	6.1%	*	*	*	*	*	*	*	*	*	*	*	-91.3%
Swindon	13.0%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
West Wiltshire	0.2%	*	*	*	*	*	*	*	*	*	*	*	-91.3%
Salisbury	11.3%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Other/Unknown	-9.7%	*	*	*	*	*	*	*	*	*	*	*	-92.2%
Total	9.6%	*	*	*	*	*	*	*	*	*	*	*	-90.8%

Total Number of Patients Transported by Sector

Current Year	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Avon	6310	*	*	*	*	*	*	*	*	*	*	*	6,310
Gloucestershire	3764	*	*	*	*	*	*	*	*	*	*	*	3,764
Wiltshire	4759	*	*	*	*	*	*	*	*	*	*	*	4,759
Other/Unknown	150	*	*	*	*	*	*	*	*	*	*	*	150
Total	14,983	*	*	*	*	*	*	*	*	*	*	*	14,983

2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Avon	6066	6277	6217	6270	6089	6230	6457	6230	7221	6659	6046	6569	76,331
Gloucestershire	3621	3719	3493	3594	3542	3627	3826	3769	4131	3864	3374	3954	44,514
Wiltshire	4527	4965	4664	4742	4695	4679	4989	4735	5343	4974	4445	4961	57,719
Other/Unknown	129	178	145	150	145	152	176	146	174	182	123	132	1,832
Total	14,343	15,139	14,519	14,756	14,471	14,688	15,448	14,880	16,869	15,679	13,988	15,616	180,396

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Avon	4.0%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Gloucestershire	3.9%	*	*	*	*	*	*	*	*	*	*	*	-90.7%
Wiltshire	5.1%	*	*	*	*	*	*	*	*	*	*	*	-91.0%
Other/Unknown	16.3%	*	*	*	*	*	*	*	*	*	*	*	-91.2%
Total	4.5%	*	*	*	*	*	*	*	*	*	*	*	-90.9%

Total Number of Patients Transported by PCT

Current Year	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bath and North East Somerset	1,081	*	*	*	*	*	*	*	*	*	*	*	1,081
Bristol	3,127	*	*	*	*	*	*	*	*	*	*	*	3,127
Gloucestershire	3,764	*	*	*	*	*	*	*	*	*	*	*	3,764
North Somerset	1,521	*	*	*	*	*	*	*	*	*	*	*	1,521
South Gloucestershire	1,510	*	*	*	*	*	*	*	*	*	*	*	1,510
Swindon	1,210	*	*	*	*	*	*	*	*	*	*	*	1,210
Wiltshire	2,617	*	*	*	*	*	*	*	*	*	*	*	2,617
Other/Unknown	153	*	*	*	*	*	*	*	*	*	*	*	153
Total	14,983	*	*	*	*	*	*	*	*	*	*	*	14,983

2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bath and North East Somerset	1,043	1,131	1,056	1,016	1,045	1,052	1,247	1,045	1,144	1,136	1,008	1,132	13,061
Bristol	3,065	3,163	3,090	3,087	3,017	3,036	3,181	3,035	3,515	3,282	3,006	3,224	37,701
Gloucestershire	3,621	3,719	3,493	3,594	3,542	3,627	3,826	3,769	4,131	3,864	3,374	3,954	44,514
North Somerset	1,437	1,447	1,473	1,550	1,397	1,481	1,547	1,452	1,676	1,572	1,370	1,507	17,909
South Gloucestershire	1,423	1,502	1,506	1,489	1,511	1,549	1,546	1,608	1,862	1,664	1,519	1,645	18,824
Swindon	1,103	1,245	1,165	1,260	1,179	1,192	1,183	1,251	1,356	1,280	1,189	1,226	14,629
Wiltshire	2,522	2,753	2,587	2,607	2,632	2,596	2,737	2,567	3,004	2,697	2,397	2,795	31,894
Other/Unknown	129	179	147	153	148	155	181	149	181	184	125	133	1,864
Total	14,343	15,139	14,519	14,756	14,471	14,688	15,448	14,880	16,869	15,679	13,988	15,616	180,396

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bath and North East Somerset PCT	3.6%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
Bristol PCT	2.0%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
Gloucestershire PCT	3.9%	*	*	*	*	*	*	*	*	*	*	*	-90.7%
North Somerset PCT	5.8%	*	*	*	*	*	*	*	*	*	*	*	-90.7%
South Gloucestershire PCT	6.1%	*	*	*	*	*	*	*	*	*	*	*	-91.21%
Swindon PCT	9.7%	*	*	*	*	*	*	*	*	*	*	*	-90.97%
Wiltshire PCT	3.8%	*	*	*	*	*	*	*	*	*	*	*	-91.01%
Other/Unknown	18.6%	*	*	*	*	*	*	*	*	*	*	*	-91.2%
Total	4.5%	*	*	*	*	*	*	*	*	*	*	*	-90.9%

Total Number of Patients Transported by District Council/Unitary Authority

Current Year	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	YTD
Bristol	3,127	*	*	*	*	*	*	*	*	*	*	*	3,127
South Gloucestershire	1,510	*	*	*	*	*	*	*	*	*	*	*	1,510
North Somerset	1,521	*	*	*	*	*	*	*	*	*	*	*	1,521
Bath and North East Somerset	1,081	*	*	*	*	*	*	*	*	*	*	*	1,081
Forest of Dean	480	*	*	*	*	*	*	*	*	*	*	*	480
Cotswold	505	*	*	*	*	*	*	*	*	*	*	*	505
Tewkesbury	451	*	*	*	*	*	*	*	*	*	*	*	451
Cheltenham	803	*	*	*	*	*	*	*	*	*	*	*	803
Gloucester	940	*	*	*	*	*	*	*	*	*	*	*	940
Stroud	585	*	*	*	*	*	*	*	*	*	*	*	585
Kennet	453	*	*	*	*	*	*	*	*	*	*	*	453
North Wiltshire	699	*	*	*	*	*	*	*	*	*	*	*	699
Swindon	1,199	*	*	*	*	*	*	*	*	*	*	*	1,199
West Wiltshire	791	*	*	*	*	*	*	*	*	*	*	*	791
Salisbury	674	*	*	*	*	*	*	*	*	*	*	*	674
Other/Unknown	164	*	*	*	*	*	*	*	*	*	*	*	164
Total	14,983	*	*	*	*	*	*	*	*	*	*	*	14,983

2010/11	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	YTD
Bristol	3,065	3,163	3,090	3,087	3,017	3,036	3,181	3,035	3,515	3,282	3,006	3,224	37,701
South Gloucestershire	1,423	1,502	1,506	1,489	1,511	1,549	1,546	1,608	1,862	1,664	1,519	1,645	18,824
North Somerset	1,437	1,447	1,473	1,550	1,397	1,481	1,547	1,452	1,676	1,572	1,370	1,507	17,909
Bath and North East Somerset	1,043	1,131	1,056	1,016	1,045	1,052	1,247	1,045	1,144	1,136	1,008	1,132	13,061
Forest of Dean	468	492	475	480	464	476	487	461	496	504	407	465	5,675
Cotswold	474	497	510	489	521	494	533	487	522	473	442	500	5,942
Tewkesbury	419	382	376	453	438	430	465	479	526	472	415	489	5,344
Cheltenham	803	781	762	765	738	785	830	812	902	860	709	858	9,605
Gloucester	898	926	845	870	796	900	947	947	1,028	928	837	973	10,895
Stroud	559	641	525	537	585	542	564	583	657	627	564	669	7,053
Kennet	416	456	453	426	426	412	465	401	460	453	365	471	5,204
North Wiltshire	679	735	710	775	724	696	728	693	811	753	658	783	8,745
Swindon	1,087	1,229	1,148	1,244	1,160	1,175	1,160	1,239	1,347	1,263	1,175	1,209	14,436
West Wiltshire	796	867	733	741	753	792	790	752	908	772	726	799	9,429
Salisbury	631	695	691	665	729	696	754	721	825	719	648	742	8,516
Other/Unknown	145	195	164	169	167	172	204	161	190	201	139	150	2,057
Total	14,343	15,139	14,519	14,756	14,471	14,688	15,448	14,880	16,869	15,679	13,988	15,616	180,396

Variance Year on Year

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Bristol	2.0%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
South Gloucestershire	6.1%	*	*	*	*	*	*	*	*	*	*	*	-91.2%
North Somerset	5.8%	*	*	*	*	*	*	*	*	*	*	*	-90.7%
Bath and North East Somerset	3.6%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
Forest of Dean	2.6%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
Cotswold	6.5%	*	*	*	*	*	*	*	*	*	*	*	-90.7%
Tewkesbury	7.6%	*	*	*	*	*	*	*	*	*	*	*	-90.7%
Cheltenham	0.0%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
Gloucester	4.7%	*	*	*	*	*	*	*	*	*	*	*	-90.5%
Stroud	4.7%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
Kennet	8.9%	*	*	*	*	*	*	*	*	*	*	*	-90.4%
North Wiltshire	2.9%	*	*	*	*	*	*	*	*	*	*	*	-91.2%
Swindon	10.3%	*	*	*	*	*	*	*	*	*	*	*	-90.9%
West Wiltshire	-0.6%	*	*	*	*	*	*	*	*	*	*	*	-90.8%
Salisbury	6.8%	*	*	*	*	*	*	*	*	*	*	*	-91.3%
Other/Unknown	13.1%	*	*	*	*	*	*	*	*	*	*	*	-91.4%
Total	4.5%	*	*	*	*	*	*	*	*	*	*	*	-90.9%

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Great Western Ambulance Service NHS
NHS Trust

Board Performance Report

April-2011

If you have any queries or comments about this report, please
contact the Informatics team: info.team@gwas.nhs.uk

Produced:24/05/2011

This report presents the performance of the Trust against its 2011/2012 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 managed actions**
Green:	**Variance within tolerance levels to be maintained**

↑ **Denotes improvement in performance**

↓ **Denotes a reduction in performance**

Great Western Ambulance Service NHS
NHS Trust

Contract Indicators

GWAS Performance Scorecard YTD at April 2011

Performance		Clinical Quality	
RED 8 performance	75.48%		
RED 19 performance	97.70%	No of formal complaints received	16
GREEN performance	93.06%	CQUIN 1 - Asthma	Awaiting new CQUINS
Time to answer calls - Median	1 second	CQUIN 2 - Fast+ve	Awaiting new CQUINS
Time to answer calls - 95th Percentile	3 seconds	CQUIN 3 - Stroke Prevention	Awaiting new CQUINS
Time to answer calls - 99th Percentile	30 seconds	CQUIN 4 - Falls pathway tool	Awaiting new CQUINS
% A&E Calls abandoned	0.17%	CQUIN 5 - Patient & Public Involvement	Awaiting new CQUINS
Time to Treatment - Median	05:35	CQUIN 6 - Dementia Awareness	Awaiting new CQUINS
Time to Treatment - 95th Percentile	14:33	**Outcome from Cardiac Arrest -Return of Spontaneous Circulation**	
Time to Treatment - 99th Percentile	22:06	a) ROSC at time of arrival at hospital Overall	Results due Aug 2011
No of Wrap ups in excess of 15 mins	3011	b) ROSC at time of arrival at hospital Utstein Comparator Group	Results due Aug 2012
% O.O.H Calls answered in 60 seconds	93.24%	**Outcome from acute ST-elevation myocardial infarction (STEMI)**	
Triage under 20 minutes	95.88%	a) % of patients suffering STEMI receiving thrombolysis with 60 mins	Results due Aug 2011
Urgent visits under 2 hours	98.33%	b)% of patients suffering STEMI who are directly transported to centre capable of delivering PCCI and receive angioplasty within 150 mins	Results due Aug 2011
Coveyance Rate from 999 calls	60.05%		
Performance against Activity Plan		c) % of patients suffering a STEMI who receive an appropriate care bundle	Results due Aug 2011
P.T.S - Pick up in under 45 Mins	Under Development	**Outcome for Stroke for ambulance patients**	
P.T.S - Pick up in under 45 Mins	Under Development	a) % of FAST positive patients who arrive at stroke centre within 60 mins	Results due Aug 2011
P.T.S - Call Answering	Under Development	b) % of patients who receive an appropraite care bundle	Results due Aug 2011
People		**Outcome from cardiac arrest - Survival to discharge**	
Absence Levels	5.50%	a) Survival to discharge - Overall survival rate	Results due Aug 2011
F.T.E against Plan	949.2	b) Survival to discharge - Utstein Comparator Group survival rate	Results due Aug 2011
Turnover	4.20%	**Project Management Office**	
Total Front Line hours Abstracted	39400 (26.96%)		
Governance & Risk			
Care Quality Commission Summary		**Under Review**	
NHS Litigation Summary			
Information Governance Summary			
Corporate Risk Register - No. of Minor Risks	4		
Corporate Risk Register - No. of Medium Risks	14		
Corporate Risk Register - No. of Serious Risks	34		
Corporate Risk Register - No. of Significant Risks	12		
Resources			
Income & Expenditure (£'000)	123		
Delivery of Cost Improvement (£'000)	300		
Capital Resource Limit (£'000)	745		

Contract Indicators
Ambulance system indicators

Current Risk Register Summary April 2011						
Directorate	**Minor 1-4**	**Medium 5-8**	**Serious 9-12**	**Significant 15-25**	**Total**	**Controlled risks**
Finance	1 (0)	4(+1)	17 (+2)	8 (-1)	30	**1**
Service Delivery	1 (-1)	3 (+1)	9 (+3)	3(0)	16	**1**
HR	1 (-1)	5 (+1)	2 (0)	1 (0)	9	**2**
Clinical	1(0)	2(0)	6 (-1)	0(0)	9	**0**
Communications	0 (0)	0 (0)	0 (0)	0 (0)	0	**0**
Total	**4**	**14**	**34**	**12**	**64**	**4**
Minor, medium and serious risks are reviewed through the trusts governance arrangements and the summary is presented to the Board for comparitive purposes only.						

Time spent on Risk Register					
Directorate	**0-3 months**	**3-6 months**	**6-11 months**	**0ver 1 year**	**Total**
Finance	4	1	17	8	**30**
Service Delivery	4	3	1	8	**16**
HR	1	4	0	4	**9**
Clinical	0	0	0	9	**9**
Communications	0	0	0	0	**0**
Total	**9**	**8**	**18**	**29**	**64**

Extreme	2	1	1	2	
High		5	15	7	2
Medium		4	12	6	
Low		4	1	2	
Negligible					
	Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**

Ref	Risk	Apr	Mar	Feb	Mitigating Action	Who	Due Date	Status for Mitigating Action
A&E15	Acute hospital delays and turnaround times impacting on ambulance performance	16	20	16	Ongoing work to implement hospital arrival screens	AD FO / LGM's /	July 2011	
					Discussions with Commissioners regarding implementation of fines within contracts to increase the focus on delivery	AD FO / Head of Commissioning	Ongoing	
					Joint working with hospital trusts to improve the position	AD FO / LGM	October 2009	
					Revised turnaround procedures to be implemented including education of EOC and road staff		July 2011	
					CEO / COO level discussions to resolve.	CEO/COO	04/11	
					Revised turnaround procedures to be implemented including education of EOC and road staff	ADFO	07/11	
A&E63	Terrafix in RRV's - touch screen technology impacting on safe operation of solo vehicles	16	16	16	Identify no's of vehicles involved	Head of F&L		
					Stop screen updating	Head of I.T.	January	
					Ops to confirm / agree user requirement	Project Lead		
					Redesigned version of Software being developed	Project Lead		
					Test solution with Terrafix in Stoke.	Project Lead		
					Revised Op instruction required when fix in place.	AD OSS		
A&E68	Call Categorisation and Response Standards - performance / possible data reporting Implications through implementation of new codes by EOC, Operations and Informatics by start date.	9	16	NEW RISK	Develop planned changes required for call categorisation and response standards implementation	ADFO / AD Business Development	April 2011	
					Identify training needs for relevant staff - EOC, Call Handlers	AD OSS / Head	April 2011	
					Implement trust agreed changes.	COO / AD FO	April 2011	
A&E71	Command and Control - Trusts ability to command and respond to major and critical incidents is compromised due to lack of suitably trained GWAS commanders.	20	NEW RISK		Develop and implement commander training competencies.	Head of EP&SO	12/11	
					Introduce training programme based on National Occupation Standatrds for Civil Protection.	Head of EP&SO	12/11	
					Produce testing and exercising programme for commanders.	Head of EP&SO	12/11	
					Develop a trust policy which details the development of	Head of EP&SO	12/11	
HR3	Employee relations – high levels of absence contributing to high levels of dropped shifts in A&E and EOC	9	9	16	Renew focus on RTW interviews	HR Managers	Ongoing	
					Monitor absences against Absence policy	HR Managers	Ongoing	
HR21	Inability to recruit sufficient paramedics by target date will make transition in A&E establishment from 901 to 956 by October 2010 challenging in respect of the effectiveness of the implementation of A&E service design.	6	6	16	Target university cohorts to recruit graduates.	HR Manager A&E	Ongoing	
					Workforce & recruitment plans to determine skill mix required to move from 901 to 956 by Oct 2010.			
					Review whether there is a skill mix requirement to progress Techs to Practitioner - subject to completion of HEI prep course, mentor course and availability to be allocated to a paramedic course.			
					Relaunch advertisement campaign	HR Manager	November 2010	

					Board paper on paramedic recruitment to be presented to the Board	HR Manager	January 2011	
					Continue to address minimal skillmix balance through paramedic recruitment.	HR Manager A&E	August 2011	
HR50	Employment Tribunal Claims - Risks associated with 31 tribunal claims linked to A&E re-design	**16**	**16**	**NEW RISK**	Provide initial response to claims by deadline	HR Manager A&E	May 2011	
					Undertake detailed analysis of cases in preparation for future trial dates.	HR Manager A&E	TBC	
F36	Slippage to capital programme with potential of underperformance on achievement of CRL	**16**	**16**	**16**	Regular monitoring to AMC/Board	Deputy Director of Finance	July 10 Oct 10 Dec 10	
					Identification of alternative courses of action	Deputy Director of Finance	December 2010	
					Review structures to ensure there is technical capability within finance to manage capital plan	Deputy Director of Finance	September 2010	
F38	Breaches in SFI's because correct procurement arrangements are not being followed	**16**	**16**	**16**	Delivery against action plan developed and presented to A&F Committee 02.12.10	Head of Procurement	March 2011	
					Management training sessions	Head of Governance	January 2011	
					Undertake retrospective sign-off of contracts	Head of procurement	08/11	
					Implement 5 year rolling capital programme	Head of procurement	08/11	
F39	Financial Management - comprehensive spending review changes to public sector funding reducing available funding	**20**	**20**	**20**	Review outcome of cost savings review.	Director of Finance		
					Development of CIP for 2011/12 to take account of change to public sector spending	Head of MA	April 2011	
FG33	Insufficient/inadequate arrangements in place to ensure the accuracy of data entry resulting in the production of data of poor quality	**16**	**16**	**16**	Internal Audit Recommendations Action Plan completion	Head of Information	March 2011	
					Establishment of Data Quality Working Group	Head of Information	June 2010	
					Production of Data Quality Policy	IG Manager	June 2010	
					Implementation of data quality action plan	Head of IG	April 2011	
					Audit procedures which have been implemented through Data Quality Policy	IG Manager	April 2011	
FG3	No remaining archive capacity resulting in inadequate/inappropriate storage and difficult record retrievals.	**16**	**16**	**16**	Records audit to identify which records can be destroyed or archived	IG Manager	December 2010	
					Establish former training college as archive facility	Head of Estates	March 2011	
					Produce business case for management of patient records	IG Manager	May 2011	
					Present Business case to EC for approval	Director of Finance	May 2011	
					Commence implementation - subject to confirmation	HoG	May 2011	

FG4	Records management process arrangements do not support the trusts ability to comply with statutory requirements for subject access requests	**16**	**16**	**16**	Production of more specific guidance to include in Records Management Policy for creation, storage, archiving and destruction of records.	IG Manager	June 2010	
					Production of Police Request Policy	IG Manager	June 2010	
					Records Audit to identify which records held where	IG Manager	December 2010	
					Additional function on ICAD to monitor PRF completion	IG Manager/Head of IT	January 2010	
					Resolve problems with scanning	IG Manager	October 2010	
					I.T. to determine solution to access legacy Glos CAD data	Head of I.T.	February 2011	
					Prepare business case / proposal for records management arrangements.	Head of Governance	May 2011	
FIT 17	I.T. - PROMIS is currently overloaded and being used beyond its design capacity with increased risk of intermittent service and in year failure.	**15**	**15**	**10**	Approval of Draft User Requirement Specification	Head of IT	09/10	
					Information systems review to be undertaken	Asst Director Business Development	04/11	
					Replacement programme	Head of Performance Management	09/11	
FIT 27	iCAD - changes to software configuration on possible on 'live' CAD without process being signed-off	**16**	**16**	**16**	It change control process to be updated to include all other stakeholders e.g.Informatics	Head of I.T.	Complete	
					Completion of PWC investigation	Head of I.T.	February 2011	
					Completion of change control documentation.	Head of I.T.	06/11	
FT4	FI Project Plan - Delay in FT application due to failure to achieve National Ambulance Performance Standards.	**15**	**15**	**12**	Close monitoring of targets and ensuring all service re-design elements are focussed on improving performance.	COO / AD FO	Ongoing	
					Meet with SHA and PCT's to highlight exceptional weather conditions that have impacted on performance 08.03.11.	CEO	April 11	

Aim: Timely access to services

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

Narrative

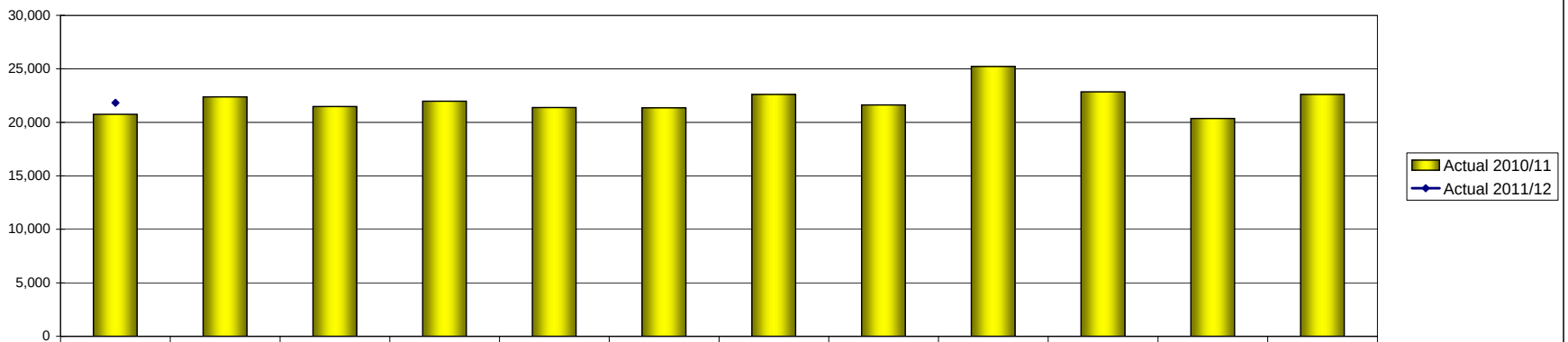
A good start to the year with both RED 8 & RED 19 targets being met.

Accident & Emergency									
Description	Year end Target	Monthly Plan	Latest month	Movement on previous month	Year to date 2011-2012	Year to date Variance against Plan	Year to date 2010-2011	Movement on previous year	Year end forecast
Number of RED responses			8,120		8,120				
% of RED responses			37.34%		37.34%				
Number of GREEN 1 responses			836		836				
% of GREEN 1 responses			3.84%		3.84%				
Number of GREEN 2 responses			5,290		5,290				
% of GREEN 2 responses			24.33%		24.33%				
Number of GREEN 3 responses			1,494		1,494				
% of GREEN 3 responses			6.87%		6.87%				
Number of GREEN 4 responses			6,001		6,001				
% of GREEN 4 responses			27.60%		27.60%				
Total GREEN Responses			13,621		13,621				
% of GREEN Responses			62.65%		62.65%				
Responses to RED calls within 8 minutes	75%	75.00%	75.48%		75.48%				
Responses to RED calls within 19 minutes	95%	95.00%	97.70%		97.70%				

There is a difference in the sum of the Categorised responses and the emergency incidents with a response. This is due to calls received from other ambulance services (Xassist), which we respond too and count in total activity, but not against categorised performance.

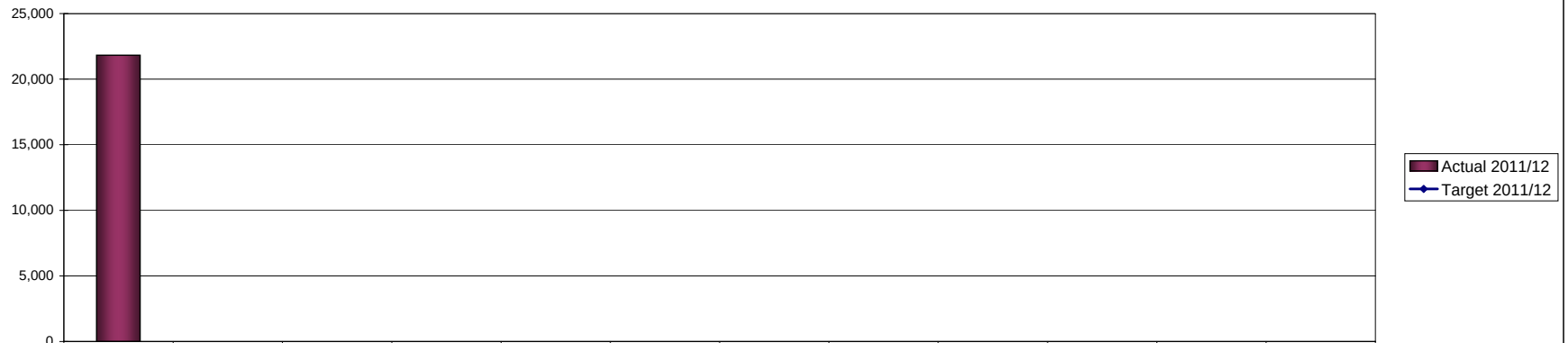
Accident & Emergency									
Description	Year end Target	Monthly Plan	Latest month	Movement on previous month	Year to date 2011-2012	Year to date Variance against Plan	Year to date 2010-2011	Movement on previous year	Year end forecast
Call Answering (999 calls)	95% in 5 Secs	95% in 5 Secs	95.51%	↓	95.51%	0.51%	99.92%	-4.41%	95.00%
Call answering (999 calls) Median			1 seconds						
Call answering (999 calls) 95th Percentile			3 seconds						
Call answering (999 calls) 99th Percentile			30 seconds						
Total front line hours delivered (including agency)	1,479,656	121,706	117,656	↓	117,656	-4,050	117,656	↑	1,431,481
Total front line hours abstracted (including agency)	27%		39400 26.96%	↑	39400 26.96%	0.04%			
Handover delays (at A&E departments)(average time for month)			13:32	↑	13:32		14:57		
Number of handovers in excess of 15 minutes			3,076	↑	3,076		3,423		
Wrap up time(average time for month)			11:04	↑	11:04		12:54		
Number of Wrap ups in excess of 15 minutes			3,011	↑	3,011		5,380		
Conveyance rate **(All)**			66.89%	↓	66.89%		67.30%		
Conveyance rate from 999 members of the public			60.05%	↓	60.05%		59.51%		
Conveyance rate to other destinations (eg MIU, WIC) **(Excludes hospital transfers and health care professional calls)**			0.19%	↓	0.19%		0.36%		
GREEN calls passed to NHSD			401 5.53%	↑	401 5.53%				
GREEN calls **triaged** by clinical desk			2,100	↑	2,100				
GREEN calls **closed** by clinical desk & crew referrals to Alternative Pathways via Clinical Desk			451 12.38%	↓	451 12.38%				

Number of Emergency Incidents with Response Comparison 10/11 & 11/12



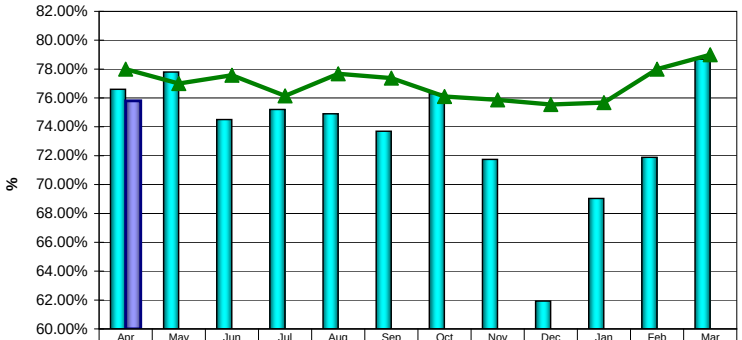
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2010/11	20,749	22,380	21,475	21,977	21,378	21,361	22,603	21,622	25,214	22,844	20,355	22,605
Actual 2011/12	21,821											

Number of Emergency Incidents with Response Actual vs Target 11/12



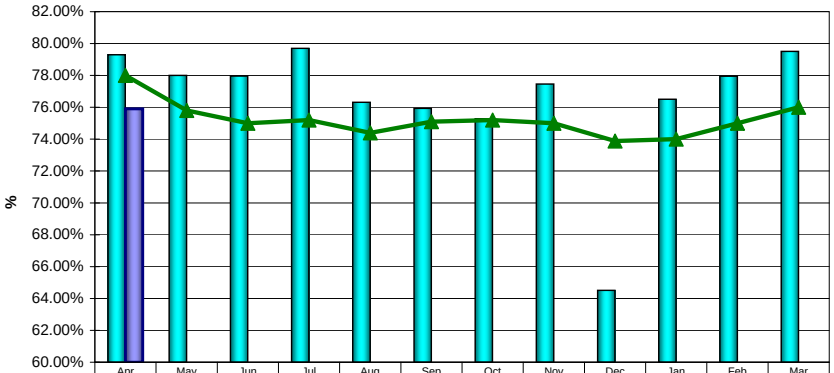
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual 2011/12	21,821											
Target 2011/12												

Avon RED 8 Performance Comparison 10/11 & 11/12



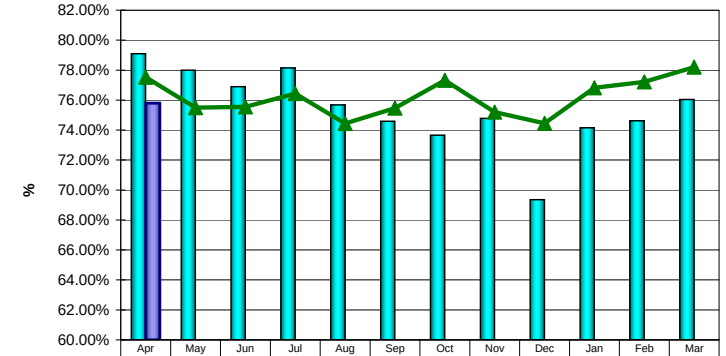
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Avon10/11	76.60%	77.80%	74.50%	75.20%	74.90%	73.70%	76.30%	71.74%	61.93%	69.04%	71.89%	78.69%
Avon 11/12	75.80%											
Avon Target	78.0%	77.0%	77.6%	76.2%	77.7%	77.4%	76.1%	75.9%	75.6%	75.7%	78.0%	79.0%

Gloucestershire RED 8 Performance Comparison 10/11 & 11/12



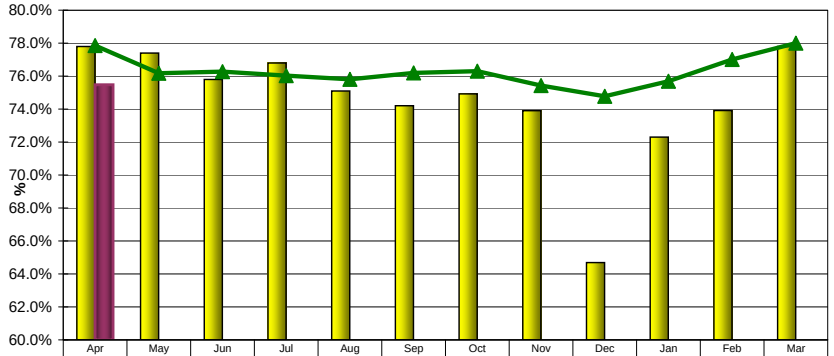
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Gloucestershire 10/11	79.30%	78.00%	77.96%	79.70%	76.31%	75.93%	75.28%	77.46%	64.51%	76.51%	77.95%	79.51%
Gloucestershire 11/12	75.90%											
Gloucestershire Target	78.0%	75.8%	75.0%	75.2%	74.4%	75.1%	75.2%	75.0%	73.9%	74.0%	75.0%	76.0%

Wiltshire RED 8 Performance Comparison 10/11 & 11/12



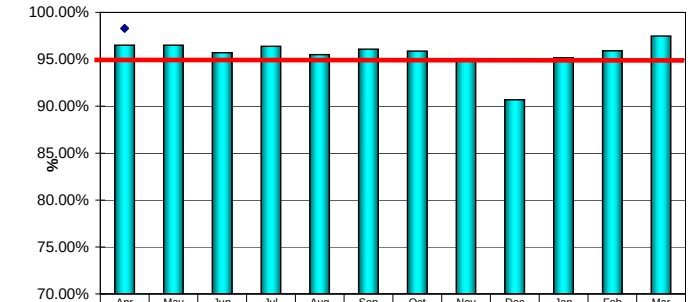
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Wiltshire 10/11	79.10%	78.00%	76.90%	78.14%	75.68%	74.59%	73.66%	74.78%	69.36%	74.15%	74.62%	76.04%
Wiltshire 11/12	75.80%											
Wiltshire Target	77.5%	75.5%	75.6%	76.4%	74.4%	75.5%	77.3%	75.2%	74.5%	76.8%	77.2%	78.2%

GWAS RED 8 Performance Comparison 10/11 & 11/12



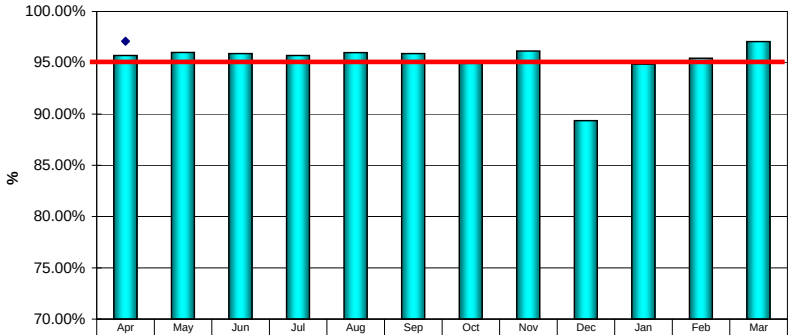
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
GWAS 10/11	77.8%	77.4%	75.8%	76.8%	75.1%	74.2%	74.9%	73.9%	64.7%	72.3%	73.9%	77.8%
GWAS 11/12	75.48%											
GWAS Target	77.85%	76.17%	76.27%	76.03%	75.81%	76.19%	76.30%	75.43%	74.78%	75.69%	77.01%	78.00%

Avon RED 19 Performance Comparison 10/11 & 11/12



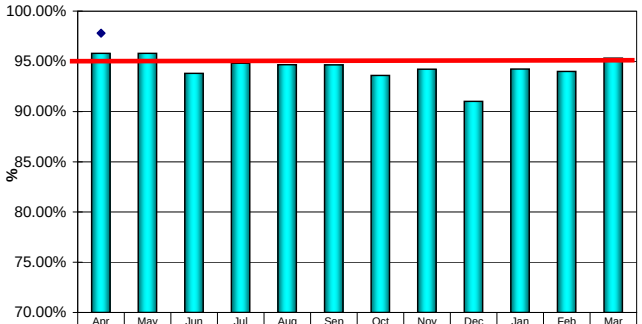
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Avon10/11	96.50%	96.50%	95.70%	96.38%	95.50%	96.08%	95.88%	95.07%	90.69%	95.16%	95.91%	97.48%
Avon 11/12	98.30%											

Gloucestershire RED 19 Performance Comparison 10/11 & 11/12



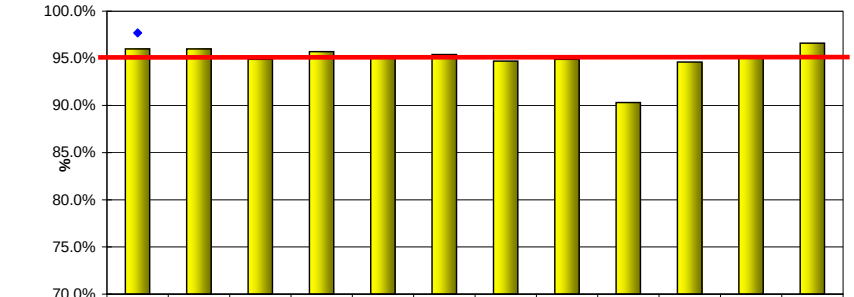
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Gloucestershire 10/11	95.70%	96.00%	95.90%	95.70%	95.99%	95.90%	94.94%	96.14%	89.36%	94.87%	95.44%	97.07%
Gloucestershire 11/12	97.10%											

Wiltshire RED 19 Performance Comparison 10/11 & 11/12



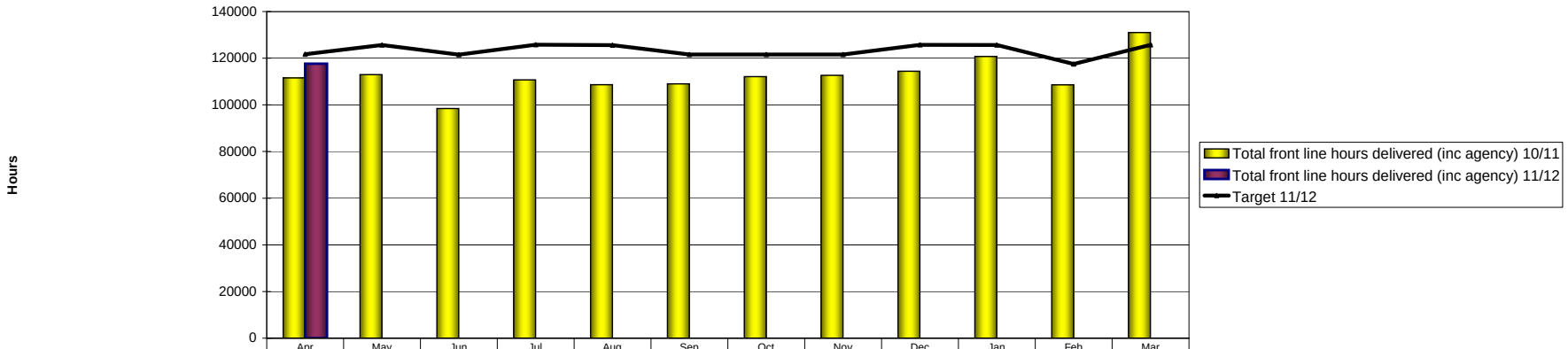
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Wiltshire 10/11	95.80%	95.80%	93.80%	94.80%	94.67%	94.64%	93.59%	94.22%	91.02%	94.23%	93.99%	95.32%
Wiltshire 11/12	97.80%											

GWAS RED 19 Performance Comparison 10/11 & 11/12



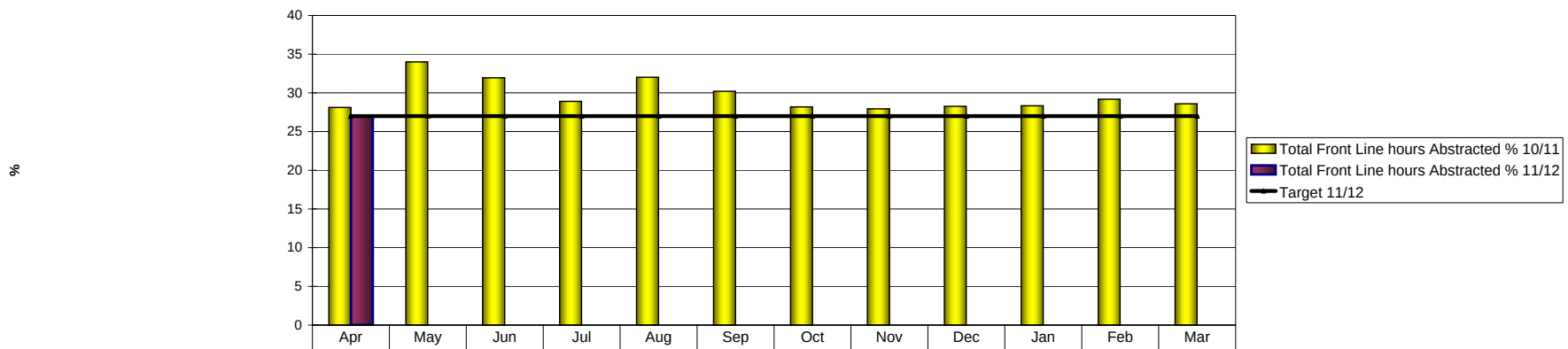
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
GWAS 10/11	96.0%	96.0%	94.9%	95.7%	95.1%	95.4%	94.7%	94.9%	90.3%	94.6%	95.0%	96.6%
GWAS 11/12	97.7%											

Total Hours Delivered (Including Agency) Comparisons 10/11 & 11/12



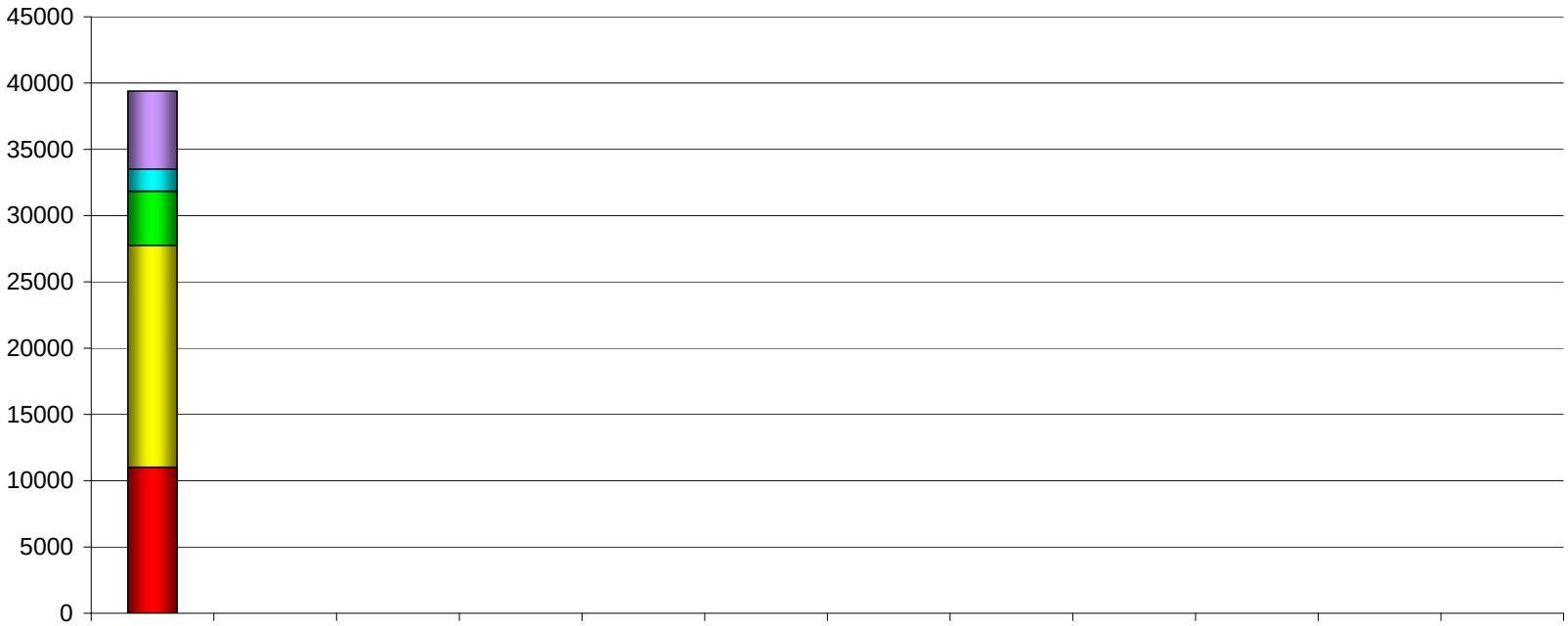
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total front line hours delivered (inc agency) 10/11	111567	112975	98442	110702	108636	108987	112132	112677	114437	120765	108612	131010
Total front line hours delivered (inc agency) 11/12	117656											
Target 11/12	121706	125645	121550	125765	125602	121586	121585	121584	125732	125645	117524	125732

Total Front Line Hours Abstracted Comparison 10/11 & 11/12 (%)



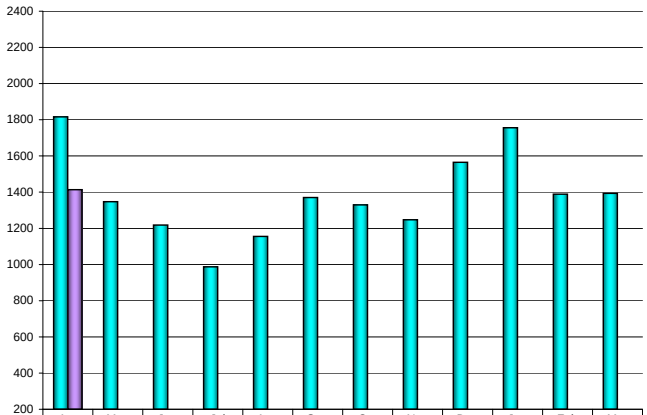
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total Front Line hours Abstracted % 10/11	28.12	34	31.95	28.91	32.02	30.21	28.19	27.93	28.26	28.33	29.18	28.59
Total Front Line hours Abstracted % 11/12	26.96											
Target 11/12	27	27	27	27	27	27	27	27	27	27	27	27

Breakdown of Abstracted hours by Reason 2011-2012



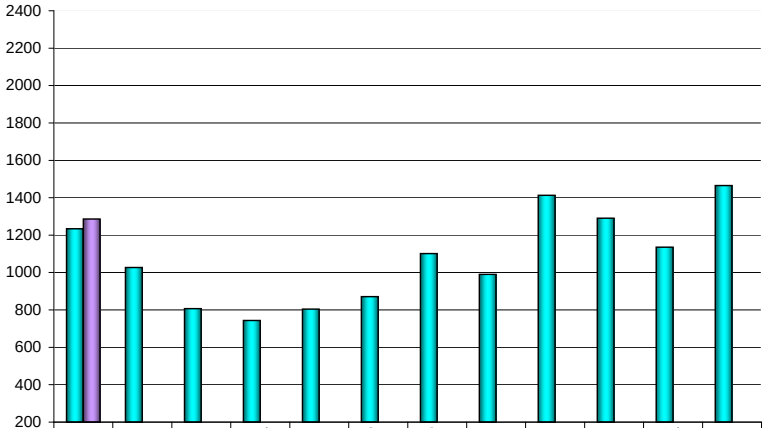
	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Other	5899											
Maternity	1665											
Training hours	4097											
A/L hours	16730											
Sick hours	11009											

Avon Handovers Greater than 15 minutes Comparison 10/11 &11/12



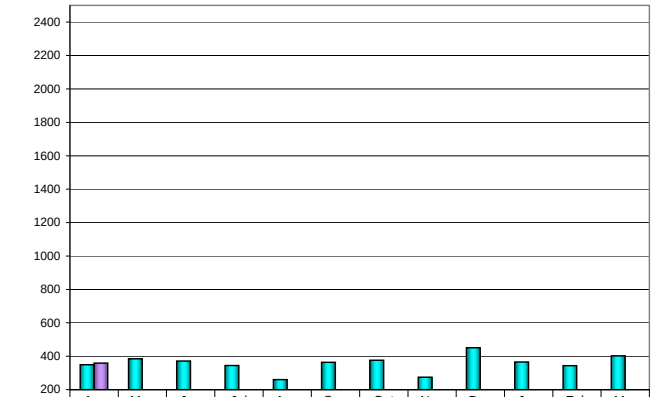
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Avon 10/11	1816	1347	1218	987	1155	1370	1330	1247	1565	1756	1389	1393
Avon 11/12	1414											

Gloucestershire Handovers Greater Than 15 minutes Comparison 10/11 &11/12



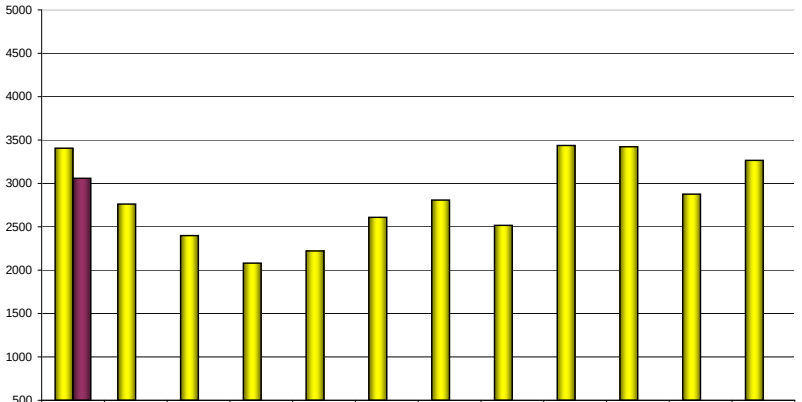
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Gloucestershire 10/11	1234	1027	807	744	804	871	1101	990	1413	1291	1136	1465
Gloucestershire 11/12	1286											

Wiltshire Handovers Greater than 15 Minutes Comparison 10/11 &11/12



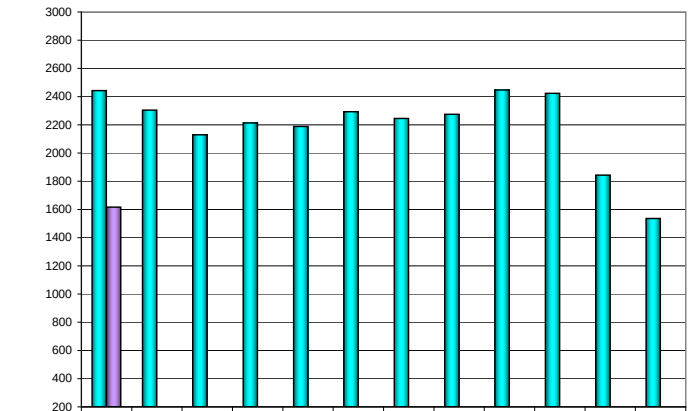
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Wiltshire 10/11	349	385	371	345	260	364	376	275	451	366	344	402
Wiltshire 11/12	359											

GWAS Handovers Greater than 15 Minutes Comparison 10/11 &11/12



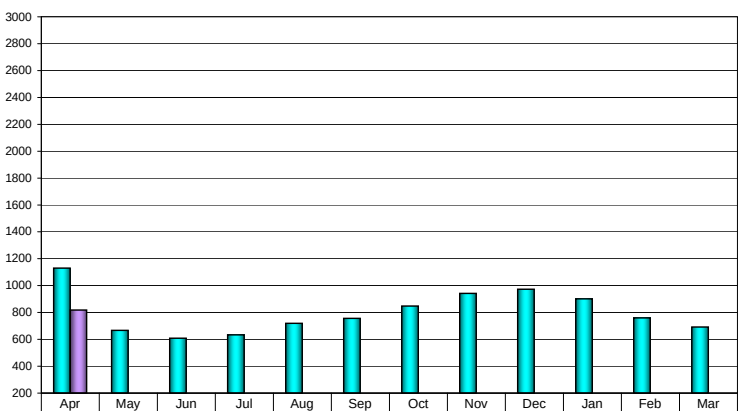
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
GWAS 10/11	3405	2762	2398	2081	2222	2609	2809	2517	3437	3423	2877	3266
GWAS 11/12	3059											

Avon Wrap-ups Greater than 15 Minutes Comparison 10/11 &11/12



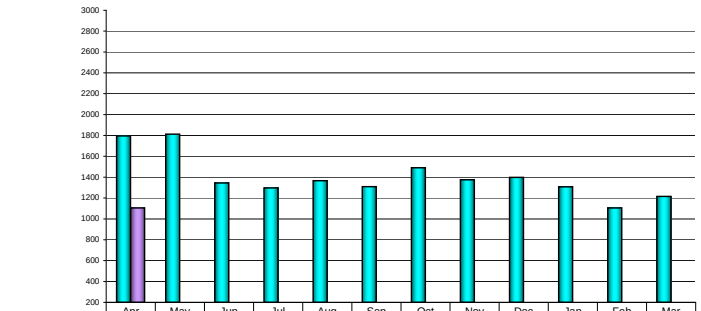
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Avon 10/11	2443	2304	2130	2214	2188	2293	2245	2275	2447	2423	1844	1536
Avon 11/12	1617											

Gloucestershire Wrap-ups Greater Than 15 Minutes Comparison 10/11 &11/12



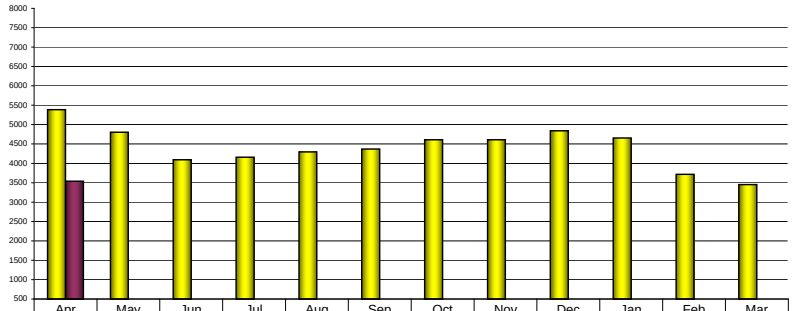
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Gloucestershire 10/11	1130	667	608	633	719	756	848	942	973	902	760	692
Gloucestershire 11/12	818											

Wiltshire Wrap-ups Greater Than 15 Minutes Comparison 10/11 &11/12

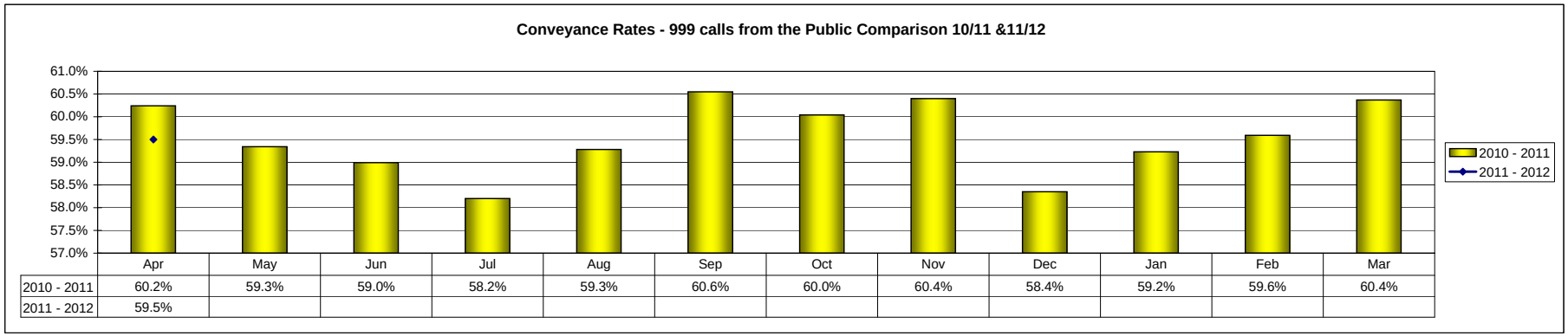


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Wiltshire 10/11	1795	1812	1345	1297	1366	1309	1491	1375	1399	1308	1105	1215
Wiltshire 11/12	1105											

GWAS Wrap-ups Greater Than 15 Minutes Comparison 10/11 &11/12



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
GWAS 10/11	5386	4802	4095	4159	4294	4370	4610	4610	4840	4656	3719	3451
GWAS 11/12	3540											



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010 - 2011	60.2%	59.3%	59.0%	58.2%	59.3%	60.6%	60.0%	60.4%	58.4%	59.2%	59.6%	60.4%
2011 - 2012	59.5%											

Out of Hours Service

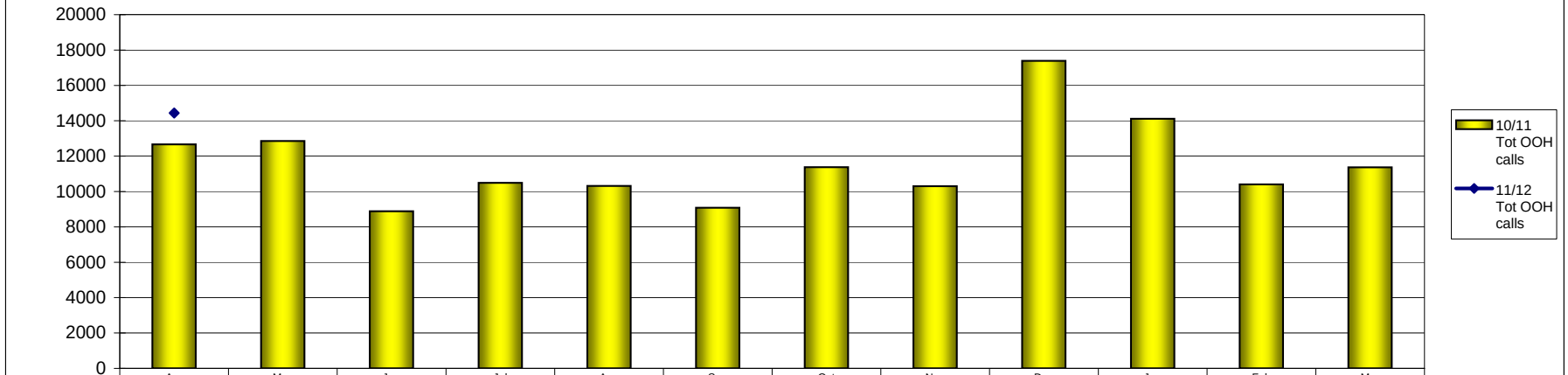
Narrative

The OOH service achieved full compliance of the performance standards apart from the number of calls answered within 60 seconds, where partial compliance was achieved. The number of calls received was an increase of 10% in comparison with the same month last year.

Out of Hours Service

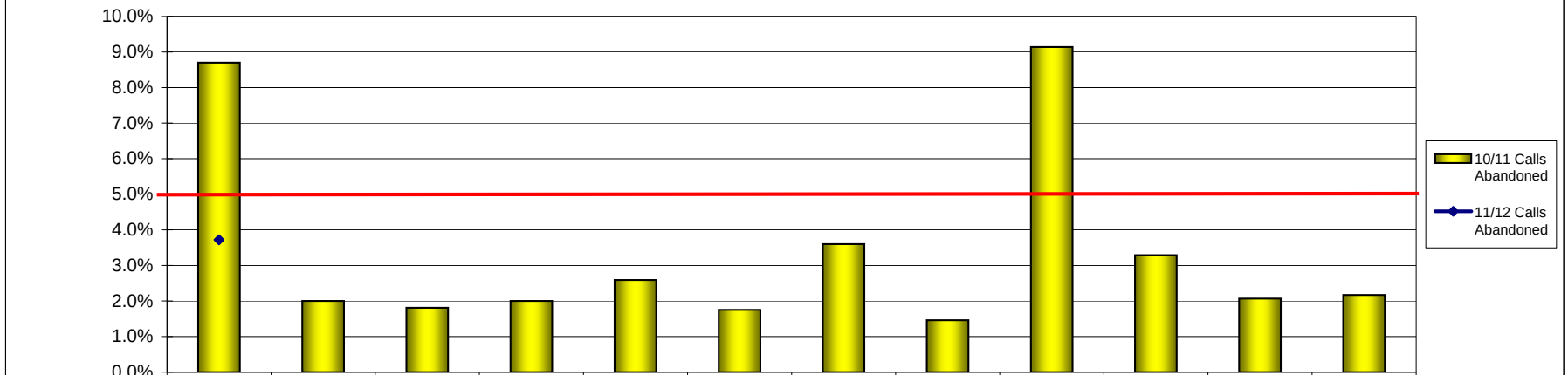
Description	Year end Target	Monthly Plan	Latest month	Movement on previous month	Year to date 2011-2012	Year to date 2010-2011	Movement on previous year	Year end forecast
Total number OOH calls received			14,442	↑	14,442	12,669	↑	
Calls abandoned	< 5%		3.72%	↓	3.72%	8.77%	↑	3%
Calls engaged	< 1%		0%	↔	0%	0%	↔	0%
Percentage of calls answered under 60 seconds	95% in 60 seconds		93.24%	↓	93.24%	90.93%	↑	95.20%
Triage under 20 minutes	> 95%		95.88%	↓	95.88%	95.89%	↓	> 98%
Triage under 60 minutes	> 95%		96.24%	↓	96.24%	100.00%	↓	> 99.3%
Emergency Visit under 1 hour	95%		100%	↔	100%	100.00%	↔	98.20%
Urgent Visit under 2 hours	95%		98.33%	↑	98.33%	93.62%	↑	96.00%
Routine Visit under 6 hours	95%		100.00%	↓	100.00%	97.75%	↓	97%

Total number of Out of Hours calls received Comparison 10/11 & 11/12



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
10/11 Tot OOH calls	12669	12855	8883	10491	10316	9083	11378	10300	17393	14115	10407	11368
11/12 Tot OOH calls	14442											

Out of Hours Abandoned calls Comparison 10/11 & 11/12 (%)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
10/11 Calls Abandoned	8.7%	2.0%	1.8%	2.0%	2.6%	1.8%	3.6%	1.5%	9.1%	3.3%	2.1%	2.2%
11/12 Calls Abandoned	3.7%											

CLINICAL DIRECTORATE MONTHLY CPI REPORT

(internal circulation only)

		March 2011						Year To Date 2010/2011						Last National CPI Cycle Comparitor	
		Avon %	Glos %	Wilts %	GWAS %	Target	Variance from target	Avon %	Glos %	Wilts %	GWAS %	Variance from target	High	Low
STEMI	M1 Aspirin	92.86	100.00	100.00	97.14	95	2.14	97.90	97.62	98.80	98.21	3.21	100.00	91.60
	M2 GTN	100.00	100.00	100.00	100.00	95	5.00	95.13	94.97	93.23	94.43	-0.57	100.00	79.20
	M3 Two or More pains scores	85.71	72.73	90.00	82.86	95	-12.14	90.14	85.01	82.89	86.12	-8.88	94.90	50.00
	M4 Morphine given	63.64	62.50	75.00	66.67	95	-28.33	68.87	73.57	80.05	74.10	-20.90	84.20	53.70
	M5 Analgesia given (morphine and or e	90.00	75.00	85.71	84.00	95	-11.00	78.54	79.70	82.92	80.53	-14.48	87.90	54.70
Cardiac Arrest	C1 ROSC on arrival at hospital	20.69	17.86	9.09	16.46	20	-3.54	21.21	20.83	21.21	21.23	1.23	37.20	6.50
	C2 ALS Provider on Scene [1]	100.00	100.00	100.00	100.00	95	5.00	100.00	100.00	100.00	100.00	5.00	100.00	94.50
	C3 Response time ≤4 mins.	44.83	35.71	18.18	34.18	0	34.18	32.52	45.38	38.14	37.95	37.95	32.40	6.70
Stroke	S1 FAST recorded	100.00	100.00	100.00	100.00	95	5.00	99.81	99.69	98.88	99.45	4.45	100.00	82.90
	S2 Blood glucose recorded	96.15	100.00	97.56	97.92	95	2.92	96.04	97.65	95.89	96.50	1.50	99.00	83.80
	S3 Blood pressure recorded	100.00	100.00	100.00	100.00	95	5.00	100.00	99.69	100.00	99.93	4.93	100.00	96.30
Hypoglycaemia	H1 Blood glucose before treatment	97.44	97.56	96.23	96.99	95	1.99	98.66	98.49	98.16	98.37	3.37	100.00	95.50
	H2 Blood glucose after treatment	100.00	100.00	96.23	98.50	95	3.50	98.32	99.63	97.42	98.22	3.22	99.30	66.10
	H3 Treatment recorded	100.00	100.00	100.00	100.00	95	5.00	99.49	100.00	100.00	99.81	4.81	100.00	66.70
Asthma	A1 Respiratory rate recorded	100.00	100.00	97.50	98.96	95	3.96	99.82	100.00	99.14	99.60	4.60	100.00	90.90
	A2 PEFR recorded before treatment	72.73	90.91	82.35	80.00	95	-15.00	74.08	72.81	65.42	70.95	-24.05	72.70	20.70
	A3 SpO2 recorded before treatment	94.29	90.48	87.50	90.63	95	-4.37	89.55	84.88	84.49	86.11	-8.89	100.00	81.30
	A4 Beta-2 agonist recorded	100.00	100.00	100.00	100.00	95	5.00	99.37	100.00	99.39	99.54	4.54	99.70	87.00
	A5 Oxygen administered	100.00	95.24	97.50	97.92	95	2.92	98.99	98.43	98.52	98.65	3.65	100.00	59.20

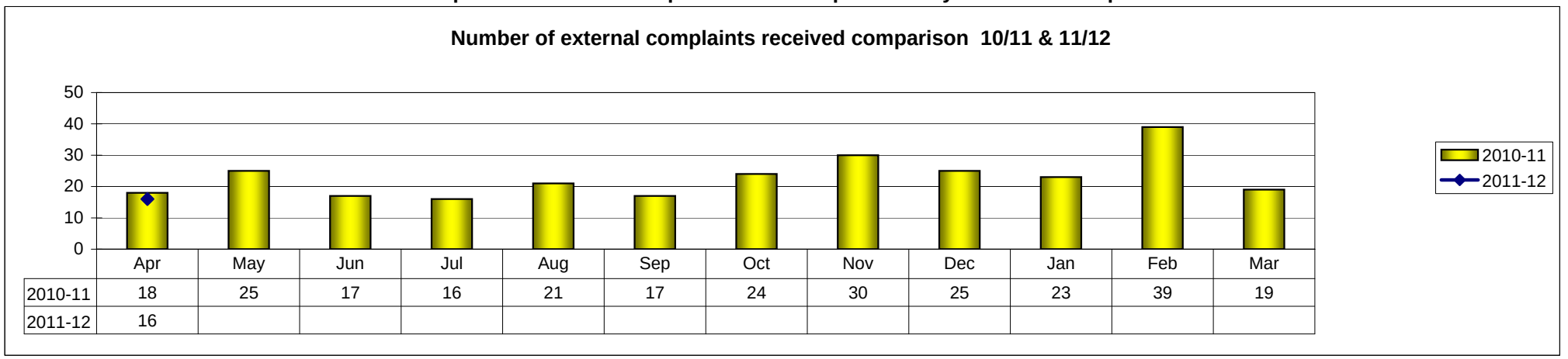
Last updated 20th May 11
Subject to validation

Complaints

	Current Month	Year to Date 2011/2012	Movement on Previous Month	Year to date 2010/2011	Movement on Previous Year
Number of Compliments	**46**	**46**	↑	**40**	↑
Number of Complaints	**16**	**16**	↑	**18**	↑
Number of PALs enquiries	**47**	**47**	↑	**69**	↑
Number of SUIs	**2**	**2**	↑	**3**	↑
Number of Internal Incidents	**182**	**182**	↑	**204**	↑

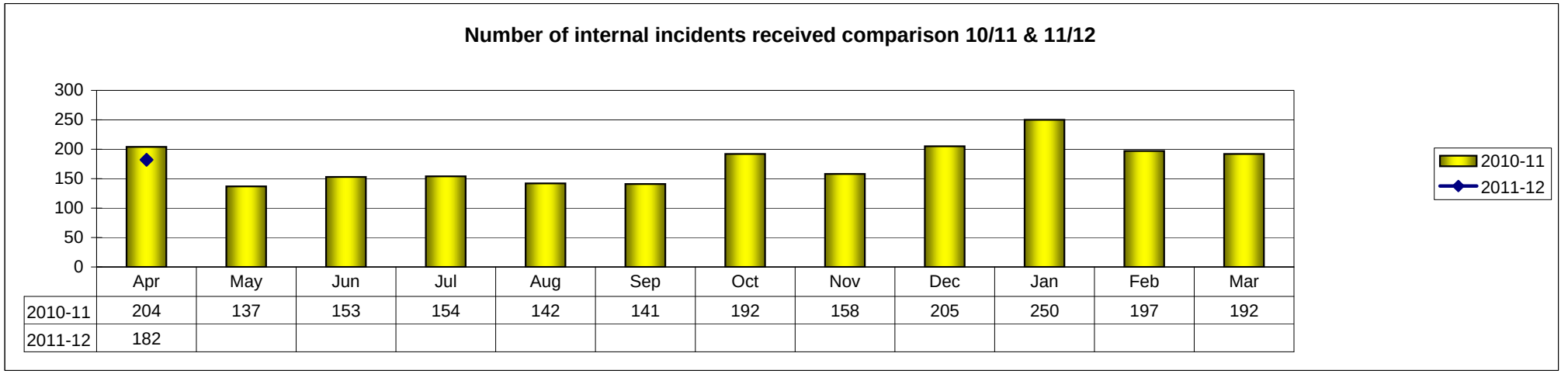
Break down of Complaints	Number of complaints against incidents/journeys	% complaints	Compalaints Ratio
A&E	**10 21741**	**0.04%**	**1 in 2174 Incidents**
O.O.H	**0 14442**	**0.00%**	**0 in 14442 Incidents**
P.T.S	**6 16327**	**0.03%**	**1 in 2721 Journeys**

Number of complaints received from patients and the public this year to date compared with 2010/2011



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010-11	18	25	17	16	21	17	24	30	25	23	39	19
2011-12	16											

Number of internal incidents received this year to date, compared with 2010-11



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010-11	204	137	153	154	142	141	192	158	205	250	197	192
2011-12	182											

Aim: Develop a highly skilled, professional and flexible workforce
Objective: Implement a staff survey action plan to address key developmental areas

	Narrative
Staff Pledge 1: Roles & Responsibilities	An analysis of future workforce requirements for 2011/12 is underway to inform recruitment plans to maintain the A&E establishement. 22 offers for Paramedics have been made with start dates between now and September to adddress the remaining skill mix inbalance and to account for predicted turnover. The establishment figure of 225.0 for PTS has now been agreed. Recruitment has been approved for ICA's and ACA's in all three localities and the interviews and driving assessmnets have been scheduled for June and July. This will take the 'staff in post figure' to the agreed 225.0 WTE. Vacancies within Support Staff are monitored and managed by individual Service Managers. Vacancies are advertised and recruited into as requested. Within EOC a total of 5 vacancies are currently being recruited into, these are EMD's in Avon and Dispatch Assistants in Wiltshire. Within Fleet and Logistics recruitment is currently being progressed to appoint 4 Make Ready Assisants and 1 Storekeeper. OOH are fully staffed to their Authorised Recruitment Figure. In April staff turnover exceeded the 10% trust target in OOH and Fleet and Logistics. However the 19.7% in Fleet and Logistics is 1 WTE
Staff Pledge 2: Development	Deficit of 365 hours due to the following: 1) Accelerated learning, number of places provided not met, the shortfall was 128 hours. 2) HDU preparation course, number of places on the course also not met, the shortfall being 237 hours.

Staff Pledge 3: Health & Wellbeing	The Trust absence figure for April increased to 5.5% from 4.4% in March. In April absence exceeded the 5% target in A&E & ASU and represented an increase on the previous month. All long term cases remain under weekly review incorporating appropriate advice from Occupational Health and regular contact with the employee. Additional attendance training sessions took place in April for newly appointed managers. The Trust ergonomist is providing support and advice to staff who are absent from work with musculoskeletal injuries to support their return to work, as well as undertaking work based assessments for staff who raise concerns. The Absence Management Project will continue to provide support to the service lines by analysing short term sickness absences to identify trends in reasons for absence, teams etc and target support to areas where absence has the greatest impact. Further work has also been undertaken to benchmark sickness rates of staff groups within A&E Field Operations against the other Ambulance Trusts in the UK. There was a spike in RIDDOR reportable incidents in April, but this cannot be attributed to a particular trend and will be monitored.
Staff Pledge 4: Engagement	An action plan has been developed to address the areas of concern raised by staff in the 2010 NHS Staff Survey. Discussions continue with UNISON colleagues facilitated by ACAS led by the Chief Operating Officer. The Locality based reviews are continuing as part of the continued work on the A&E redesign programme.

Key Workforce Indicators

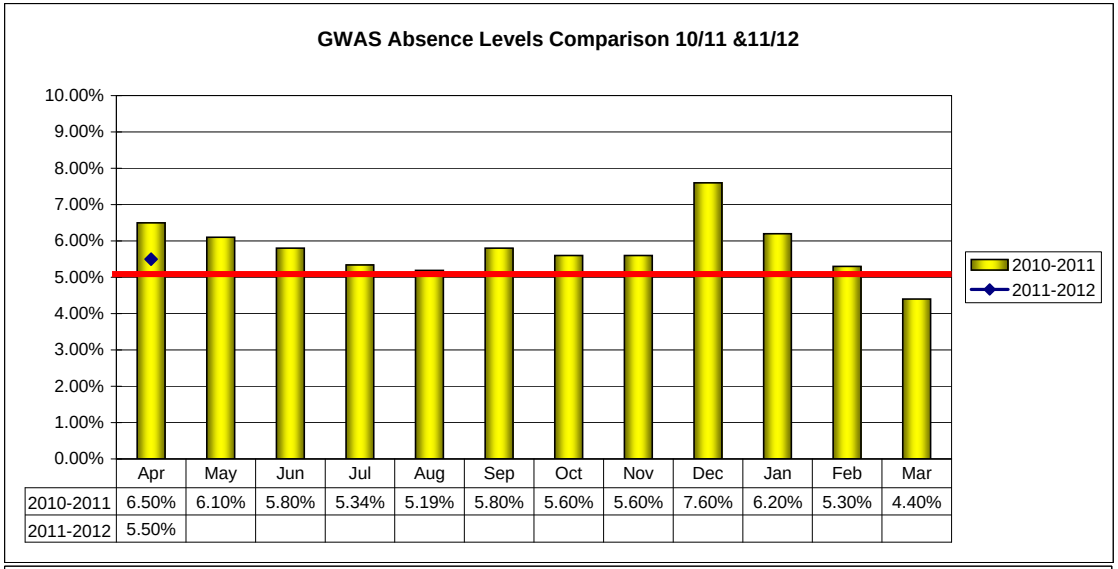
Note: ↑ indicates improvement

Roles & Responsibilities

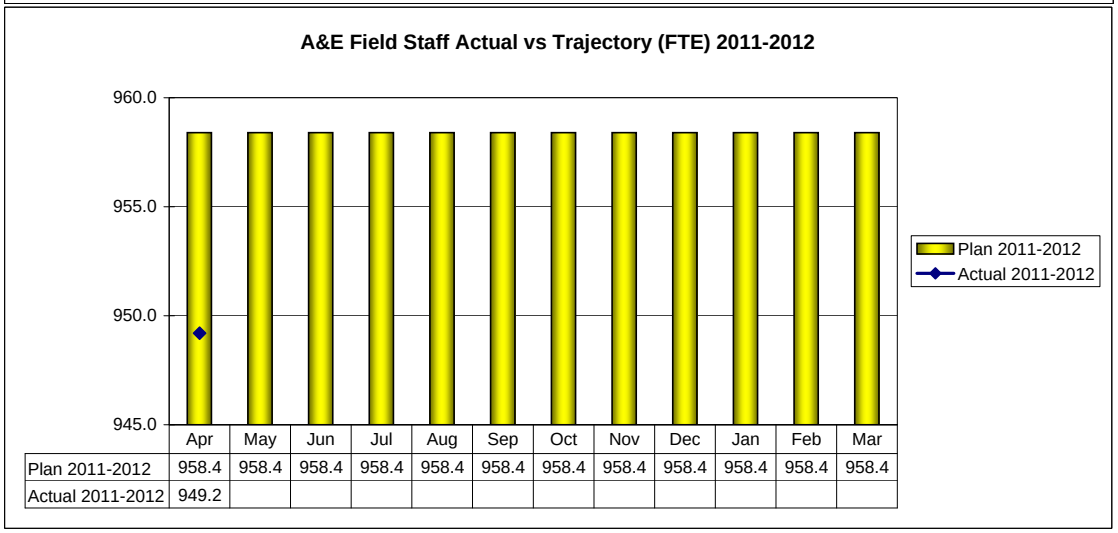
	Funded Establish-ment	Authorised Recruitment Figure	Recruitment Latest Month	Movement on previous month	Staff in Post Latest Month End	Projected Staff in Post at Year End 2011/12
Staff – FTE* A&E(field)	958.4	958.4	1.4	↓	949.2	958.4
ASU	14.8	14.3	0.0	↔	14.3	14.3
HART	45.0	45.0	0.0	↔	44.0	45.0
EOC	178.2	178.2	7.0	↑	174.7	178.2
OOH	54.8	33.4	0.0	↓	33.4	33.4
PTS	225.0	225.0	0.0	↓	199.6	225.0
Fleet & Logistics	70.0	65.0	3.0	↑	60.0	65.0
Support staff	161.5	143.1	3.6	↑	135.8	143.1
Total	**1707.7**	**1662.4**	**15.0**	↑	**1610.9**	**1662.4**

	Target	Monthly Plan	Latest month	Movement on previous month	Year to date 2011/12
Staff – Annualised Turnover A&E(field)	10%	<10%	2.4%	↑	2.4%
ASU			0.0%	↔	0.0%
HART			0.0%	↔	0.0%
EOC			6.3%	↓	6.3%
OOH			27.3%	↓	27.3%
PTS			5.3%	↑	5.3%
Fleet & Logistics			19.7%	↑	19.7%
Support staff			0.0%	↓	0.0%
Total			**4.2%**	↑	**4.2%**
Percentage of staff undertaken an appraisal (from April 2011)	80%	8.3%	0.8%	↑	0.8%

	Target	Monthly Plan	Latest month	Movement on previous month	Year to date 2011-2012	Year end
Development						
Trust Education Plan (paid release) Training hours A&E field	66172	6600	4700	4335	60638	
Number of clinical staff completed mandatory training (Face to face)	90%	8.3%	0.0%	↔	0%	
Number of staff completed mandatory training (Workbook)*						
* from November 2008 – November 2011 three year cycle	90%		98.7%	↑	98.70%	
Health & Wellbeing						
Sickness A&E(field)	5%	<5%	6.8%	↓	6.8%	
ASU			7.4%	↓	7.4%	
HART			1.5%	↑	1.5%	
EOC			3.8%	↓	3.8%	
OOH			2.2%	↑	2.2%	
PTS			4.7%	↓	4.7%	
Fleet & Logistics			3.0%	↑	3.0%	
Support staff			2.5%	↓	2.5%	
Total			**5.5%**	↓	**5.5%**	
* Per 100,000 hours worked						
Number of RIDDOR reportable incidents	1.6*	<1.6	2.5	↑	2.5	
Accident frequency rates	8*	<8	8	↑	7.8	
Number of violence and aggression incidents	3.6*	<3.6	1.4	→	1.4	
Number of manual handling incidents	4.5*	<4.5	2.8	↓	2.8	
Number of stress incidents	3.5	<0.35	Nil	→	Nil	
Engagement						



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2010-2011	6.50%	6.10%	5.80%	5.34%	5.19%	5.80%	5.60%	5.60%	7.60%	6.20%	5.30%	4.40%
2011-2012	5.50%											



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Plan 2011-2012	958.4	958.4	958.4	958.4	958.4	958.4	958.4	958.4	958.4	958.4	958.4	958.4
Actual 2011-2012	949.2											

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

Finance Commentary

The I & E position for month 1 is slightly ahead of target by £6K. The cost improvement target is behind plan by £198K. This is due to the target not being achieved during the budget setting process. Given that that the I & E target is ahead of plan, this suggests that the budgets should be reviewed in month 2 to identify any further CIP's that could be removed from budgets.
The capital spread is ahead of plan as A&E vehicles were purchased earlier than anticipated.

Finance Target	Annual Plan £'000	Month Plan £'000	Month Actual £'000	Variance to Plan £'000	Last Month Variance £'000	Forecast Outturn £'000
Income & Expenditure	1400	117	123	6	n/a	1400
Delivery of Cost Improvement	6891	498	300	-198	n/a	6891
Capital Resource Limit	4273	140	745	605	n/a	4273
Better Payment Practice Code						
- Number	95%	95%	98.5%	3.5%	3.2%	98.5%
- Value	95%	95%	97.3%	2.3%	0.2%	97.3%
External Financing Limit	4	N/A	N/A			4
Rate of Return on Capital	3.5%	3.5%	3.5%			3.5%

Corporate Governance

Description	Measure	Year end Target	Status	QRP*
Care Quality Commission				
Respecting and involving people who use services	Maintain registration with the Care Quality Commission with no conditions	No breaches in regulations		
Consent to care and treatment				
Care and welfare of people who use services				Similar to expected
Meeting nutritional needs				
Co-operating with other providers				
Safeguarding people who use services from abuse				
Cleanliness and infection control				Similar to expected
Management of medicines				Similar to expected
Safety and suitability of premises				Similar to expected
Safety, availability and suitability of equipment				Similar to expected
Requirements relating to workers				Similar to expected
Staffing				
Supporting workers				Similar to expected
Assessing and monitoring the quality of service provisions				Better than expected
Complaints				Better than expected
Records				

*Some QRP measures have a blank RAG status. This is due to the Care Quality Commission not having sufficient information to make a judgement against the measure.

Description	Measure	Year end Target	Status
NHS Litigation Authority			
Governance	Compliance with a minimum of 7/10 criteria in each standard at level 2	6/10	
Competent and capable workforce		5/10	
Safe environment		5/10	
Clinical care		6/10	
Learning from experience		6/10	

Description	Measure	Year end Target	Status
Information Governance Toolkit			
Information governance management	Achievement of level 2 in each requirement	5/5	4/5
Confidentiality and data protection assurance		7/7	4/7
Information security assurance		14/14	11/14
Clinical information assurance		4/4	1/4
Corporate information assurance		3/3	1/3

Commentary

Care Quality Commission - an assessment of the Care Quality Commission Provider Compliance assessment has been undertaken and the outcome of this assessment is presented to the Board at Agenda Item 6.3

NHSLA - A timeline and action plan for the trust to achieve level 2 with NHSLA Risk Management Standards has been developed and will be reported through the Audit and Risk Committee

Information Governance - An action plan for the trust to achieve compliance at level 2 in all standards and make improvements to level 3 has been developed and will be reported through the Information Governance Steering Group.

Aim: Develop effective partnership and stakeholder engagement

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

Narrative

There were five themes within the balanced/negative coverage. The first (which appeared in the Wiltshire Times and Gazette and Herald and their websites) concerned the Wiltshire Air Ambulance Appeal no longer paying the salaries of the HEMS paramedics – quotes from GWAS were included which gave the stories balance.

The second (which appeared in the Western Daily Press and Bristol Evening Post and website and on BBC Radio Bristol) was the announced closure of Filton airfield. These were logged as balanced as they were pure statements of fact –giving the information that the Great Western Air Ambulance airbase may have to relocate.

The third (which appeared in the Western Daily Press and Bristol Evening Post and website) was a police appeal for witnesses to a theft from a GWAS ambulance at Southmead Hospital – this was logged as balanced as again it was pure statement of fact.

The fourth (which appeared in the Weston Mercury and website) referred to the release of sickness figures by the NHS Information Centre. These were logged as balanced as they included quotes from GWAS and the figures showed that although ambulance trusts were the highest of the NHS trusts the GWAS figures were in line with other ambulance trusts across the country.

The final theme was the Weston Mercury newspaper and website reports on the industrial dispute between GWAS and UNISON. The articles included quotes from GWAS and reported that the dispute seems to be coming to and end so although not a positive report a balanced view was given.

A press release was issued on 1 April announcing our new Chairman and this resulted in 11 items of positive coverage – most of which used the press release in its entirety or directly lifted sections from it.

The 101 items of positive coverage either told of the good work or achievements of staff within the trust – clinical care at incidents, health advice for the public, national award nominations etc.

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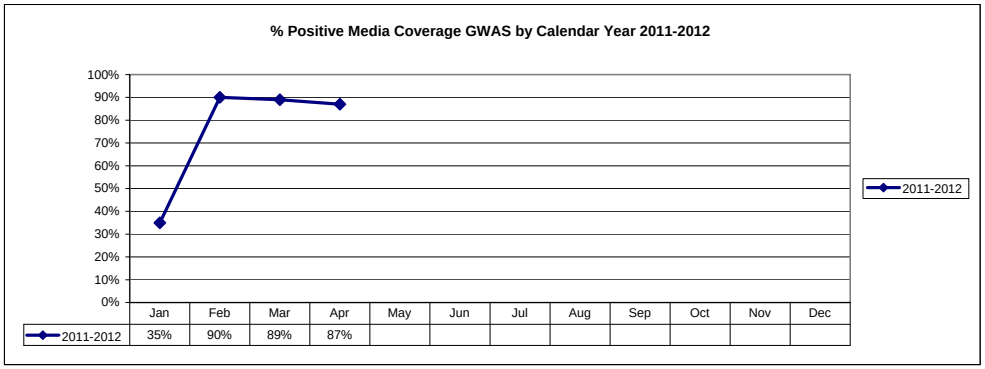
Description	Proactive	Reactive	Other	Total	YTD
Newspapers daily	20	16	15	51	51
Newspapers weekly	3	6	6	15	15
Broadcast TV	0	0	0	0	0
Radio	0	0	3	3	3
Other	1	0	0	1	1
Websites	21	15	10	46	46
Total (all media)	45	37	34	116	116

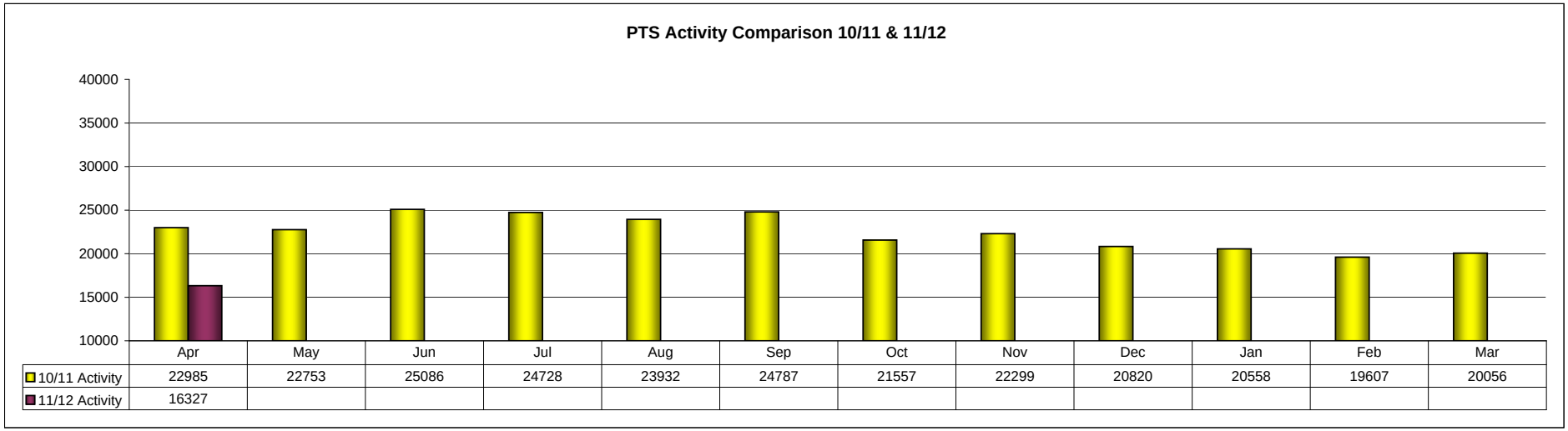
Stakeholder activity	Apr-11	YTD
Station visits	0	0
HOSC meetings	0	0
External Reference Group	0	0
LINks	0	0

	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March
Balanced and negative/positive media coverage	15/101											
	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March
% positive media coverage	87%											



Patient Transport Service

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
Patient Transport Services						
Activity			16,327	16,327	↓	



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
10/11 Activity	22985	22753	25086	24728	23932	24787	21557	22299	20820	20558	19607	20056
11/12 Activity	16327											

Great Western Ambulance Service NHS
NHS Trust

Quality Account 2010-11

INDEX & GLOSSARY

INDEX

GLOSSARY

A&E	Accident and emergency
ABCD2	A stroke risk assessment tool
AED	Automated external defibrillator
AF	Atrial fibrillation
AMPDS	Advanced medical priority dispatch system
CAD	Computer aided dispatch
CQC	Care quality commission
DQWG	Data quality working group
EOC	Emergency control centre
FAST	Face arms speech test
FRAT	Fall risk assessment tool
GP	General practitioner
GWAS	Great Western Ambulance Service
IAED	International academy of emergency dispatch
IHCD	Institute of healthcare and development
IPC	Infection prevention and control
MINAP	Myocardial ischaemia national audit project
NICE	National Institute for Clinical Excellence
PCR	Patient care record
PCT	Primary care trust
PHT	Pre-hospital thrombolysis
PPCI	Percutaneous coronary intervention
PTS	Patient transport service
QIPP	Quality, innovation, prevention and prevention
ROSC	Return of spontaneous circulation
STEMI	ST elevation myocardial infarction
TIA	Transient ischaemic attack

CHIEF EXECUTIVE STATEMENT

The publication of the Operating Framework for the NHS in England in January 2011 firmly placed quality and outcomes at the forefront of service delivery for the ambulance service. These are exciting times for our service as we move away from a time driven model to one where, quite rightly, the outcome of the care provided is much more visible and open to scrutiny.

As an organisation we have set in place internal processes to ensure that we meet these obligations, and having joined the trust in February I am delighted to have had the opportunity to review the quality of care we provide within this Quality Account and I believe that it shows we have made significant improvements in many areas over the last 12 months.

As always, with a changing healthcare environment, we will continue to strive to meet the demands of our customers, whilst ensuring that we provide a cost effective service. We have identified a number of senior ambulance clinicians to take forward the quality agenda, working with local stakeholder groups to ensure that the local priorities contained within the Quality Account are delivered for the benefit of local people.

This is a summary report of our performance against quality measures in 2010-11 and identifies a number of our quality priorities moving forward. To improve our process in producing the Quality Account we have worked jointly with the Local Involvement Network to ensure wider consultation and engagement in the document's production. Many of the improvements delivered over the last 12 months have come about through engagement and participation with local stakeholders and we will continue to develop and shape our service through a partnership approach.

As the annual publication of the Quality Account becomes the mechanism by which we share best practice within the local NHS we will continue to embed quality and improvement initiatives throughout the trust, working with both local stakeholders through the joint Clinical Quality Review Group and staff through the Quality Committee. Our aim will be to continue to identify and maximise opportunities that provide the highest levels of clinical care in the most appropriate setting.

I confirm that to the best of my knowledge the information presented in this Quality
Account is accurate and I would welcome any comments or feedback.

(signature to be added)

Signed
Martin Flaherty OBE
Chief Executive
Great Western Ambulance Service NHS Trust

REVIEW OF SERVICES.

During 2010-11 the Great Western Ambulance Service NHS Trust provided and/ or sub-contracted three NHS services, accident and emergency (999) ambulance services, out of hours and patient transport services.

The Great Western Ambulance Service NHS Trust has reviewed all the data available to them on the quality of care in three of these NHS services.

The income generated by the NHS services reviewed in 2010-11 represents 93% per cent of the total income generated from the provision of NHS services by the Great Western Ambulance Service NHS Trust for 2010-11.

PARTICIPATION IN CLINICAL AUDITS.

During 2010-11, 1 national clinical audit and 0 national confidential enquiries covered NHS services that Great Western Ambulance Service NHS Trust provides

During that period Great Western Ambulance Service NHS Trust participated in 100% national clinical audits and no national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Great Western Ambulance Service NHS Trust was eligible to participate in during 2010-11 are as follows;

- **Myocardial ischemia national audit project (MINAP)**

The national clinical audits and national confidential enquiries that Great Western Ambulance Service NHS Trust participated in during 2010-11 are as follows;

- **Myocardial ischemia national audit project (MINAP)**

The national clinical audits and national confidential enquiries that Great Western Ambulance Service NHS Trust participated in, and for which data collection was completed during 2010-11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry

National Clinical Audit or national confidential enquiry	NO of Cases submitted	Number of cases submitted as a percentage of registered cases.
Myocardial ischemia national audit project (MINAP)	572*	N/A

* Number of cases registered on MINAP up to and including March 2011.

The reports of one national clinical audit were reviewed by the provider in 2010-11 and Great Western Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provider.

The results from the pre-hospital thrombolysis (PHT) audit form part of the larger Myocardial Ischemia National Audit Project (MINAP) audit which is inclusive of hospital data. This data is scrutinized by key stakeholder groups. The number of patient's receiving PHT during the period 2010/11 has fallen with the advent of Percutaneous Coronary Intervention (PPCI) only service from December 2010. Standards of care provision are assured through continuous data monitoring. Where deficits are identified interventions including training are initiated in order to improve patient outcome and experience.

PARTICIPATION IN CLINICAL RESEARCH.

The number of patients receiving NHS services provided or sub-contracted by Great Western Ambulance Service NHS Trust in 2010-11 that were recruited during that period to participate in research approved by a research ethics committee was one.

USE OF COMMISSIONING FOR QUALITY AND INNOVATION PAYMENT FRAMEWORK.

A proportion of Great Western Ambulance Service NHS Trust income in 2010-11 was conditional on achieving quality improvement and innovation goals agreed between NHS Gloucestershire and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework

Further details of the agreed goals for 2010-11 and for the following 12 month period is available electronically at **[provide a web-link]**

CARE QUALITY COMMISSION.

Great Western Ambulance Service NHS Service Trust is required to register with the Care Quality Commission and its current registration status is without conditions.

Great Western Ambulance Service NHS Trust has the following conditions on registration – none.

The Care Quality Commission has not taken enforcement action against Great Western Ambulance Service NHS Trust during 2010-11. Great Western Ambulance Service NHS

QUALITY STATEMENTS

Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

DATA QUALITY.

Great Western Ambulance Service NHS Trust has established a Data Quality Group to improve data quality.

The Data Quality Working Group is authorised by the Information Governance Steering Group to investigate data issues activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are required to co-operate with any request made by the group or its members in the achievement of these objectives. The group are also authorised to implement any activity which is in line with the terms of reference as part of the data quality work programme.

The DQWG will be responsible for driving improvements in the effectiveness and efficiency of the use of all data within the ambulance trust.

Together with the Information Governance Steering Group the Data Quality Working Group has responsibility for driving best practice standards in the use of data and information within the trust, and ensuring that the data is fit for purpose

NHS NUMBER AND GENERAL MEDICAL PRACTICE CODE VALIDITY.

Great Western Ambulance Service NHS Trust does not submit records during 2010-11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

INFORMATION GOVERNANCE TOOLKIT ATTAINMENT LEVEL.

Information Governance Assessment Report score overall score for 2010-11 was 54% and was graded as not satisfactory (Red)

CLINICAL CODING ERROR RATE

Great Western Ambulance Service NHS Trust was not subject to the Payment by Results clinical coding audit during 2010-11 by The Audit Commission.

PRIORITIES FOR IMPROVEMENT

INTRODUCTION.

The NHS has made considerable progress in delivering the kind of care that patients want as measured by responsiveness and accessibility, and the NHS White paper 'Equality and excellence: Liberating the NHS' (July 2010) now focuses on the next phase in making the NHS a world class provider of quality healthcare.

For the trust, being part of the NHS journey to focus more effectively on clinical quality is a natural next step. We subscribe to a multifaceted view of quality improving clinical outcomes, keeping patients safe and improving patients' experience of care. However we believe that access and responsiveness are themselves markers of high quality care and we intend to continuously improve our current high standards in these areas.

The increasing number of older people is already having a dramatic impact on the disease profile in our community. We are often thought of as primarily a service that responds to major trauma and acute severe illness, whereas in fact, the majority of our patients, as in the rest of the NHS, comprises of people with long term medical conditions and acute mild and moderate medical problems. Given the demographic changes expected, the number of patients with these conditions will increase.

To become the quality organisation that we strive to be in a rapidly changing environment is an exciting challenge. It is the opportunity to test our thinking and ensure that our programmes of work are focused on continually improving the quality of patient care that we provide within our communities.

PATIENT EXPERIENCE.

The trust recognises the importance of ensuring that the patient experience is a positive one.

We aim to build upon the foundations we have put in place for gathering patient feedback through the use of Patient Opinion and will continue to actively market and promote this service. We will work to response agreements to ensure that all comments received trough this on-line service are responded to with five working days, and report quarterly on the volume and category of comment to the internal quality committee and through joint meetings with our lead commissioner's quality group.

We will also focus our efforts in gaining insight on our service from seldom heard groups, and working through equality and diversity networks, access and canvas these groups to better understand how the trust is viewed and where we can make improvements.

We will specifically work with stakeholder groups from the learning disability networks to understand how we can improve the patient experience for these individuals.

We recognise that patient experience with this group and other groups where cognitive impartment is a major factor can often centre on communication and assessment skills displayed by our staff. To address this we will develop a clinically suitable assessment / communication tool for use with this patient group.

In recognising the limitations of the category c survey method, we will develop and target a survey to measure the patient experience of individual patients who we do not convey to an acute hospital within the first half of the year.

Following this analysis we will develop and implement an improvement plan targeted towards addressing any areas of significant concern.

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An additional priority for the coming year will be expanding our use of individual care plans with particular emphasis on developing feedback mechanisms. We recognise that our service is often called to attend individuals for whom an agreed care plan is in place, but that the intervention we provide may not be fully integrated within other healthcare systems.

To improve this situation we will develop and trial a feedback process to primary care, whereby summary information from an attending clinician is made available. System limitations will impact on this process, and it will not be real time information, but provided retrospectively using the secure NHS network. To support this we will implement an audit of patient care records that correlate to attendance of an address where we have individual care plans in place, and review the care provided against the requirements detailed within the care plan.

These audits will be retrospective and data will be provided bi-annually to the quality committee and lead commissioner's quality group.

STROKE THROMBOLYSIS

Over the past two decades a growing body of evidence has overturned the traditional perception that stroke is simply a consequence of aging that inevitably results in death or severe disability (NICE, 2008).

Until recently, stroke was not perceived as a high priority within the NHS. However, in 2007 a National Stroke Strategy was developed by the Department of Health which outlined an ambition for the diagnosis, treatment and management of stroke, including all aspects of care from emergency response to life after stroke.

PRIORITIES FOR IMPROVEMENT

Stroke thrombolysis treatment has been shown to improve outcome in acute stroke and the trust has a crucial role in contributing to early assessment of patients that may be suitable for stroke thrombolysis.

To deliver this objective the trust needs to appropriately code possible stroke patients at the time of emergency call and the attending ambulance clinician needs to identify patients that meet the local stroke network potential stroke thrombolysis criteria. These patients then need to be conveyed to a specialist acute stroke unit as rapidly as possible.

In order to develop improvement strategies the trust carried out an audit of current performance and practice with the aim of identifying the following;

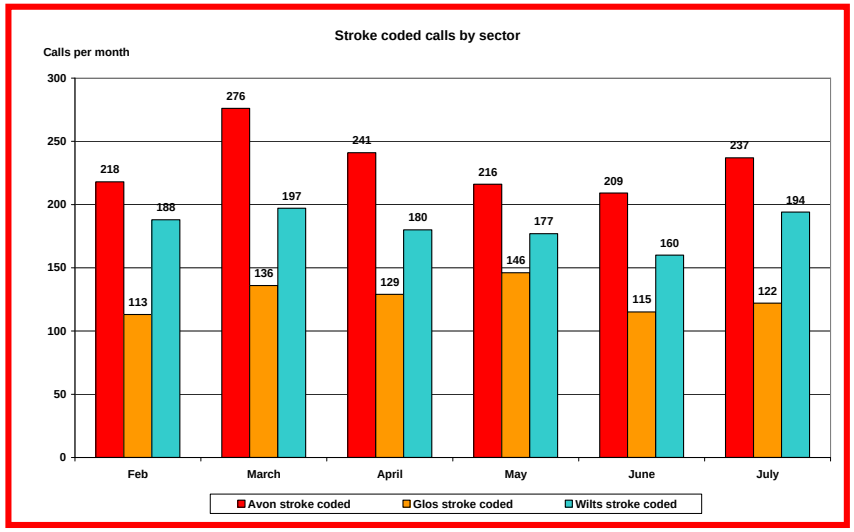
- **To identify the number of stroke coded calls by GWAS sector**
- **To compare the number of stroke coded calls with the number of cases assessed as possible stroke by the attending ambulance clinician.**
- **To identify time and day frequencies of 999 call for cases assessed as possible stroke by the attending ambulance clinician**
- **To identify the number of patients which meet the local Stroke Network potential stroke thrombolysis criteria**
- **To ascertain the percentage of people who have a sudden onset of neurological symptoms which are screened for a diagnosis of stroke using a validated tool (FAST). NICE standard-100%.**
- **To ascertain the percentage of people with persisting neurological symptoms who screen positive using a validated tool (FAST), in whom hypoglycaemia has been excluded, and who have a possible diagnosis of stroke, that are transferred to a specialist acute stroke unit within 1 hour.**

The trust reviewed information from 1st February to 31st July 2010, with the number of stroke coded calls provided by the informatics department.

All patient care records (PCR) received by the audit department for interventions between these dates with a diagnosis of stroke or a FAST tool completed were reviewed by the trust audit team

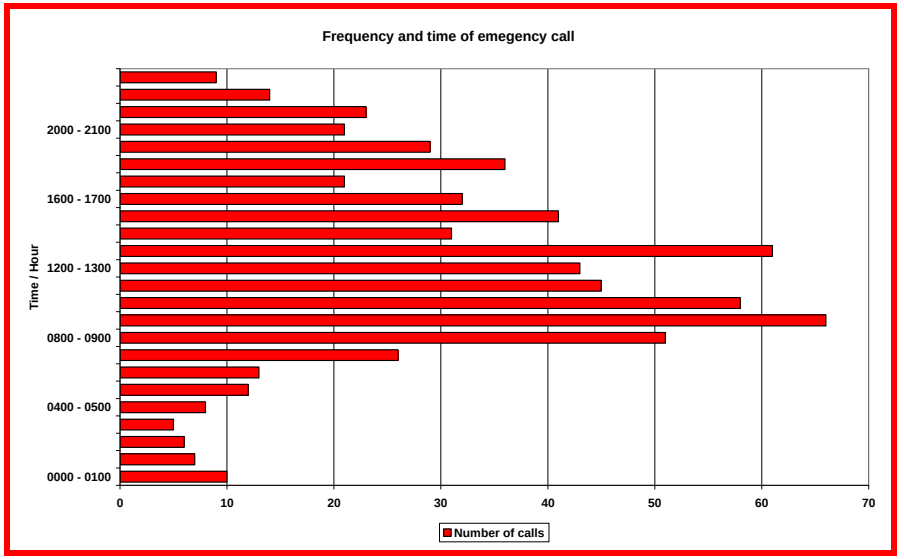
PRIORITIES FOR IMPROVEMENT

During the period there were 3254 calls coded as stroke with the attending clinician diagnosing 668 cases, a ratio of approximately 5:1.



There were 120 cases where the onset time was not recorded or not known and another 7 cases where FAST was not recorded.

There were 104 cases that meet the local stroke network criteria thrombolysis criteria of 3.5hours between the onset of symptoms and arrival at hospital



In support of the new clinical quality indicators for 2011-12 the trust will strive to continue to improve outcome from stroke for ambulance patients. This will be delivered by increasing the percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyperacute stroke centre within 60 minutes of call and increasing the percentage of suspected stroke patients (assessed face to face) who receive an appropriate care bundle.

Components of the care bundle for suspected stroke patients, in line with national guidelines, are

- **FAST assessment recorded**
- **Blood glucose recorded**
- **Systolic and diastolic blood pressure recorded**

The higher the percentage of FAST positive stroke patients arriving at a hyperacute stroke centre within 60 minutes and the higher the percentage of suspected stroke patients receiving a care bundle the better.

Patients should be arriving at the hyperacute stroke centre as soon as possible so that they can be rapidly assessed for thrombolysis, delivered following a CT scan in a short but safe time frame; this has been demonstrated to reduce mortality and improve recovery. Eligibility criteria, particularly in relation to the therapeutic time window, will vary between local services, depending on the availability of local expertise e.g. intra-arterial clot lysis. And we have been working extensively with healthcare partners within out stroke network to optimise service availability. The improved provision of this service supports the NICE national quality standard that indicates this is an effective measure of the ambulance service's contribution to the stroke pathway.

CARDIAC ARREST AND SURVIVAL TO DISCHARGE.

The NHS Operating Framework 2011-12 builds upon the requirement of ambulance services to not only include the performance of return of spontaneous circulation (ROSC), which it has historically reported as part of the clinical performance indicator audit cycle but to also follow this up and find out how well the patient does in hospital. This is referred to as the *survival to discharge* outcome measure.

The survival to discharge outcome measure reflects the effectiveness of the whole urgent and emergency care system in managing out of hospital cardiac arrest and is a more robust measurement of whole systems solution.

We will also record and report against an Utstein comparator group, which are all patients who had resuscitation (Advanced or Basic Life Support) commenced or continued by the trust following an out-of-hospital cardiac event of presumed cardiac origin, where the arrest was bystander or emergency medical service witnessed and the initial cardiac rhythm was ventricular fibrillation or ventricular tachycardia.
Whilst survival to discharge outcome measures reflect the effectiveness of the whole urgent and emergency care system in managing out of hospital cardiac arrest the Utstein survival rate applies to a subset of all cardiac arrest patients and provides a more comparable measure of management of cardiac arrest for

patients where timely and effective clinical care can particularly improve survival.

To report on survival to discharge performance requires information sharing with our acute trust partners and the trust has been agreeing the necessary arrangements to facilitate data transfer which does not affect patient confidentiality, but allows us to record, monitor and make publically available the outcome measure achieved.

We recognise that this strategy is much more than just recording the outcome data. Rather, it is about developing continual improvement to ensure that the service we provide and the whole system approach is as optimal as possible for the patients we serve.

As such, the trust has formed an internal Cardiac Arrest Working Group with the remit of developing initiatives designed to improve the outcome for patients that suffer an out of hospital cardiac arrest. These initiatives include implementation of the new Resuscitation Council guidelines, promoting schemes designed to increase the availability of early access to defibrillators and additional staff training designed to improve the quality of cardio-pulmonary resuscitation.

We are also working nationally on revised out-of-hospital guidelines for managing cardiac arrest. Likewise over the next year we will continue to liaise with partner groups such as the Avon, Gloucestershire, Wiltshire & Somerset Network Reperfusion Group on overarching strategies designed to improve likelihood of a successful outcome from out of hospital cardiac arrest, and develop initiatives include developing procedures for direct conveyance to centres providing Primary Percutaneous Coronary Intervention (PPCI) and the use of evidence based practice such as patient cooling.

EMERGENCY CONTROL CENTRE.

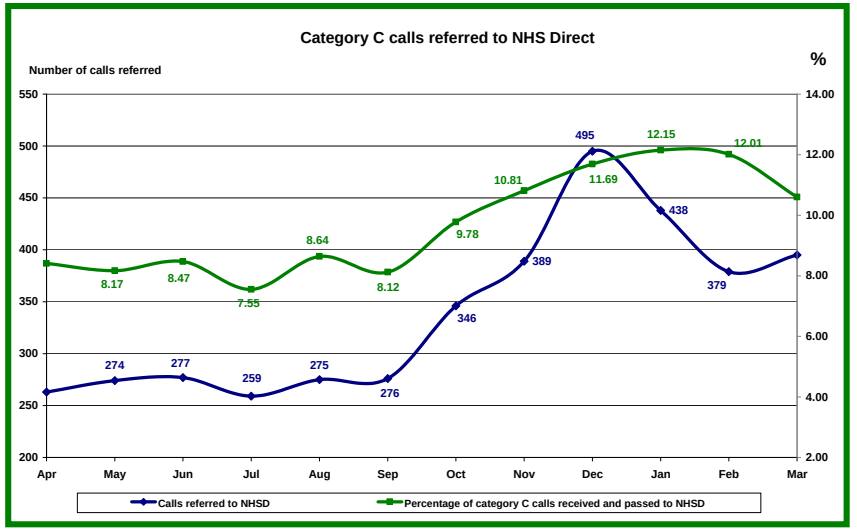
The trust operates three Emergency Operations Centres (EOC's), with Avon acting as the primary centre for emergency and urgent care call handling. Additional support is provided by the other EOC based within Gloucestershire and Wiltshire who also have principle dispatch and allocation within their local areas.

All three centres operate on a single Computer Aided Dispatch (CAD) system, telephony and policies and procedures, thus creating a virtual EOC through the trusts operational area.

The EOC manages approximately 280,000 calls per year with a performance threshold of 95% of all calls to be answered within 5 seconds. From April to December 2010 the trust performance was 95.37%.

Emergency calls are triaged (processed) using the Advanced Medical Priority Dispatch System (AMPDS), which is governed by the International Academy of Emergency Dispatch (IAED) which requires a compliance threshold of 90% across 6 key areas within each emergency call for achievement of 'Centre of Excellence' status. The trust has consistently achieved this, with a compliance of 93.66% in 2009 and 93.96% in 2010.

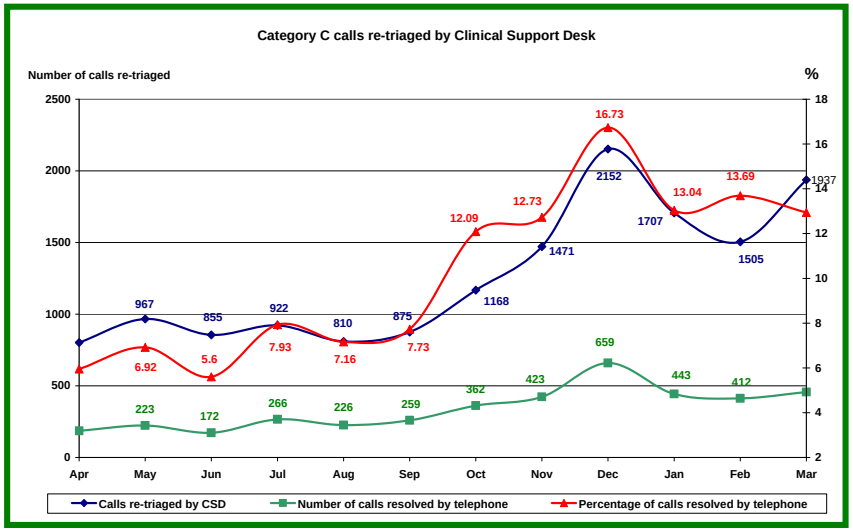
In addition to providing call handling and dispatch, the EOC manages a Clinical Support Desk. This is a new function and supports a team of senior trust clinicians to analyse category C calls and refer patients into an alternative more appropriate treatment pathway such as NHS Direct. This process means that the trust does not need to dispatch a vehicle to respond, freeing up these vital resources for other more urgent cases and helping to reduce inappropriate transfer of patients to hospital emergency departments.



There are seven dispatch desks operating 24hrs a day, 365 days a year that manage approximately 150 ambulance resources. They are responsible for the efficient and effective

allocation of these resources and in 2010 the average time taken to dispatch a resource was only 45 seconds.

The development of the clinical support desk within 2010 is allowing the trust to respond more appropriately to patients needs. Over and above the calls that are referred on to NHS Direct, using decision support software, it is able to match the patient's health care needs with the appropriate level of service.



The next phase for the trust will be to develop the Clinical Support Desk to further increase the level of support available to ambulance clinicians by providing additional access to alternative healthcare pathways suitable patients.

OUT OF HOURS SERVICE.

The trust operates an Out of Hours Service that provides an emergency doctors' service to any person registered with a GP in Gloucestershire. This service covers an area of 1,047 square miles and a population of approximately 590,000. The service operates from the Triservices Centre at Quedgley, Gloucestershire, which takes calls, and prioritises the clinical response.

The difficult weather conditions experienced by the area over the last few years has seen the trust invest in seven 4x4 vehicles to support the out of hours services, and these are based at Staverton Ambulance Station along with the mobile doctors and urgent care assistants.

More and more we have been working to improve the quality of the care we provide by ensuring that the patient experience is as seamless as possible as their care is passed through the different healthcare providers and to support this we work very closely with other services to ensure that the highest standard of care is given.

When a member of the public contacts their own doctor in the evening or at weekends the doctors' surgery telephone is

automatically diverted to us and answered by one of our call takers who will then obtain as much information about the patient as possible so that the call can be prioritised.

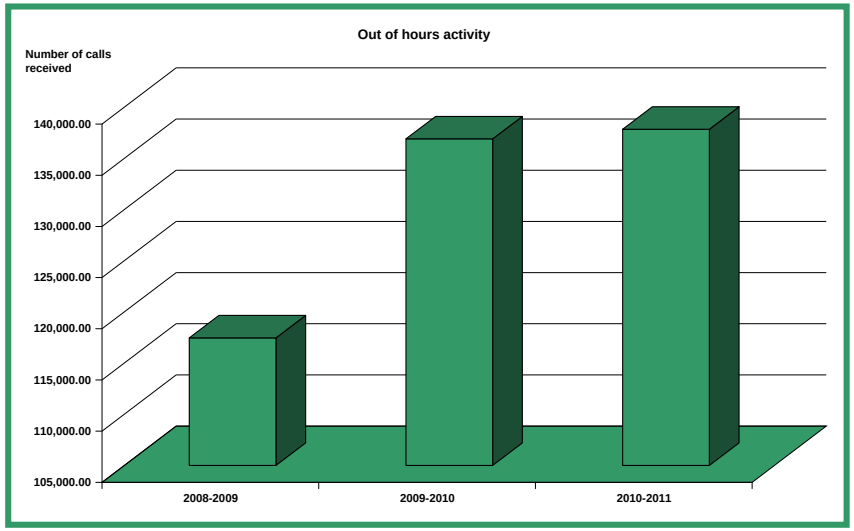
Our doctor then calls the patient back and makes a telephone assessment of the patient's condition to decide if the patient needs to be seen at a primary care centre, needs a home visit, needs to attend accident and emergency department or needs an ambulance to be sent.

From 6.00pm to 8.00am every weekday and all weekend and public holidays we;

- **Take telephone calls from the public who wish to see a doctor or district nurse.**
- **Dispatch the 'home visits' to the mobile doctors and pass on requests for a district nurse.**
- **Have a number of nurses and paramedics to support the call handling staff and overnight triage doctor in helping patients.**
- **Provide an overnight doctor from 11:00pm to 8:00am to assess the calls being received and decide on the best care pathway for the patient.**

Where a home visit is required the doctor will decide if it is an emergency, urgent or routine home visit and the dispatcher will then send the patient's information to one of our vehicles and the mobile doctor and their assistant will drive to the patient.

Despite the number of calls we receive increasing year on year, we have consistently improved our service when measured against a number of internal indictors that record how quickly we manage the call and visit the patient.



Percentage	08/09	09/10	10/11
Calls answered <60 secs	94	95	94
Triage <20 minutes	92	96	97
Triage <60 minutes	99	99	99
Visit time <1 hour	90	98	99
Visit time <2 hours	92	94	96
Visit time <6 hours	97	95	96

The trust is proud of the quality of the out of hours service that it provides for the people of Gloucestershire, and we will actively engage with other stakeholders as the NHS responds to the forthcoming changes over the next few years. We would hope to build on and expand our service.

PATIENT TRANSPORT SERVICE.

The Patient Transport Service (PTS) provides non-emergency transport for patients to and from hospitals or other healthcare facilities

Although most journeys are pre-planned increasingly the purchasers of our service require some patients to be transported within a few hours notice, especially those being discharged from hospital.

Our ambulance vehicles provide for those people who often need greater care and assistance especially where their mobility is poor. All are equipped with ramps or tail-lifts and are double-crewed. They are capable of carrying people who need the assistance of two people and they can also carry up to two people travelling in their own wheelchairs.

All our ambulance care assistants have received comprehensive training to be able to offer the highest quality of care to the people they transport and look after.

In addition a number of our ambulances are also equipped to carry patients who need to lie down or who may need the highest level of supportive care. These vehicles incorporate stretcher trolley beds as well as a range of other specialist equipment. The intermediate care assistants who operate these vehicles have received the department's highest level of training that enables them to manage patients who, for example, may have undergone cardiac procedures or who require spinal immobilisation.

The last twelve months have seen impressive changes to the way the patient transport service operates within the trust. As a directly commissioned service we now have a number of contracts with the NHS organisations across the area of Avon, Gloucestershire and Wiltshire. The largest of these contracts, to supply PTS services to Bristol, North Somerset and South

Gloucestershire, was awarded after a competitive process on the open market and has generated a significant degree of investment.

As a result the department now has resources operating 24 hours a day and 7 days a week. The dedicated Control and Operations centre has also extended its working hours to 7 days a week. We have also renewed fifty percent of our vehicles and introduced mobile data technology to improve the way that resources are deployed and performance monitored.

In building on this success we have been able to increase the number of staff we employ to over 260 people

The trust now undertakes nearly 300,000 non-emergency patient journeys each year and the PTS department is planning to increase this number through the acquisition of new business.

With planned rationalisation of public services and a reorganisation of the way NHS services are commissioned there will be many challenges ahead. However we believe that the service developments that have taken place in the last year and the quality of the service we are now able to offer puts us in a strong position to respond to the needs of patients and grow our business in the forthcoming years.

COMMUNITY FIRST RESPONDERS.

Community first responders are volunteers recruited by the trust to respond to life threatening medical incidents within their local communities.

They attend an accredited training course, either the IHCD first person on scene course or the community responder course in conjunction the St John Ambulance. As well as covering medical emergencies both courses equip the responder with the skills to carry out basic life support and use of an automated external defibrillator (AED).

After successfully completing the training the volunteers then spend time with operational front line staff, attending at least two observation shifts on either a rapid response vehicle or an ambulance. This not only introduces the volunteers to the operational processes of the trust but allows them to gain experience of dealing with emergency situations whilst under the supervision of clinically trained staff.

They respond, under normal driving conditions, to incidents usually within a 3 mile radius of their home address and are always supported up by a trust clinician who will take over the direct care of the patient.

Life threatening emergencies that are attended by community first responders include;

- **cardiac arrests**
- **chest pains,**
- **breathing problems**
- **convulsions**
- **haemorrhages**
- **the unconscious patients**

Currently the trust has 300 active Community First Responders, with an average attendance of 380 life threatening emergencies per month.

The community first responder plays a vital role in our response strategy for the delivery of a local quality service, and we are engaging with local communities & voluntary organisations in an attempt to boost the number of volunteers with the specific aim of providing 24/7 cover in key areas.

MANAGEMENT OF ST ELEVATION MYOCARDIAL INFARCTION.

The trusts objective in the management of STEMI is to provide early reperfusion treatment to restore normal coronary blood flow and so reverse ischaemia and limit infarction. Restoration of coronary blood flow can be achieved by either the provision of thrombolysis or primary percutaneous coronary intervention (PPCI).

The trust responds to patients with a STEMI by;

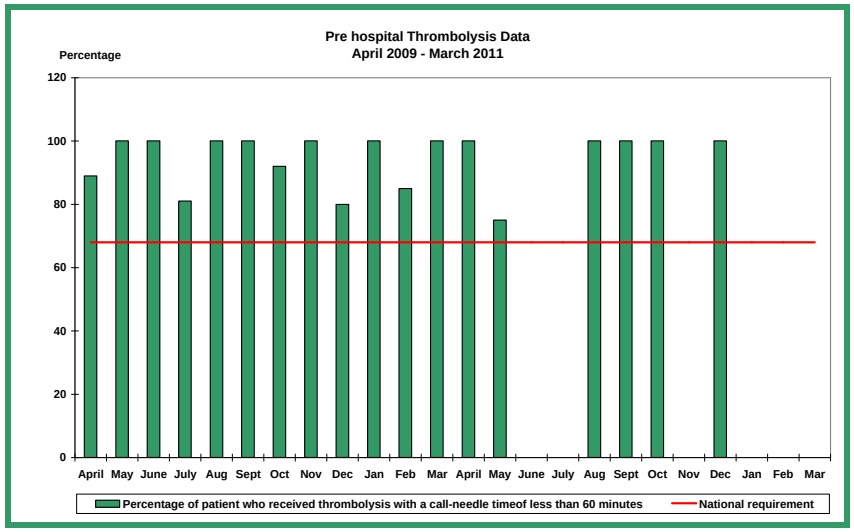
- **Categorising potential STEMI cases as a life threatening 999 response**
- **Ensuring a defibrillator is available on all emergency ambulance resources**
- **Providing appropriate advice over the telephone whilst an ambulance is on route, including advising the administration of aspirin**
- **On arrival, administering anti-platelet drug therapy, nitrates and oxygen**
- **Administering analgesia**
- **Facilitating optimum reperfusion therapy**

For reperfusion treatment to be most effective it must be provided as quickly as possible after onset of the acute event.

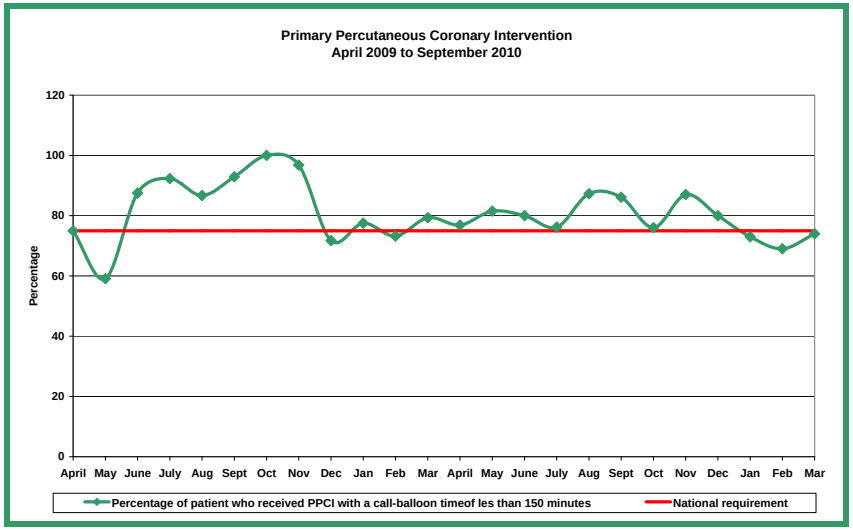
REVIEW OF QUALITY PERFORMANCE

The trusts reperfusion performance is measured against call-to-needle time for thrombolysis and call-to-balloon time for PPCI. The performance targets are considered 'shared' targets between us and the hospital providing PPCI service.

The national performance target for thrombolysis is: 68% of eligible STEMI patients that receive thrombolysis, do so with a call to needle time of within 60 minutes. For PPCI the performance target is: 75% of eligible STEMI patients that receive PPCI do so with a call to balloon time of within 150 minutes.



Evidence suggests that patients who have suffered a heart attack have a greater chance of survival and recovery if they are treated in a specialist centre that provides PPCI. Working with clinical networks the trust has developed the availability of cardiac services to a level which means that from 1st January 2011 all eligible STEMI patients will be taken to a hospital that provides PPCI



MANAGEMENT AND THE PREVENTION OF STROKE.

Stroke has a major impact on individual lives and on the nation's health and economy.

Strokes are a blood clot or bleed in the brain which can leave lasting damage, affecting mobility, cognition, sight or communication.
The trust responds to patients with a stroke by;

- **Categorising potential stroke cases as a life threatening 999 response.**
- **Telephone triage of the Face Arms Speech Test.**
- **On arrival administer oxygen therapy if indicated.**
- **Rapidly assess if the patient meets the pre-hospital criteria for stroke thrombolysis assessment.**
- **Minimise the call to hospital time by taking eligible patients, as an emergency, to a hospital providing stroke thrombolysis services.**

For those people who call 999 when they first experience symptoms, thrombolysis can be an effective treatment where it can be delivered within four and a half hours. The trust has recognised that not only does it have a role to play in the acute care of patients suffering a stroke, but also in supporting stroke prevention measures.

The trust has implemented a number of initiatives designed to contribute to stroke prevention
Clinicians have received training in the assessment and referral of patients suffering from a suspected transient ischaemic (TIA). A TIA can be a precursor to a stroke and we have incorporated the NICE recommendation to assess the risk of subsequent stroke using the ABCD² scoring tool

Unrecognised atrial fibrillation (AF) or high blood pressure greatly increases the risk of stroke. The trust has implemented an initiative that enables our clinicians to notify a patient's GP of incidental findings of either AF or a high blood pressure reading. Patients that are treated at home and found to have either AF or a high blood pressure reading are also provided with an information leaflet.

Patient Transport Service conveys around 300,000 patient journeys per year. These service users are a 'captive audience' for the dissemination of stroke prevention literature and the PTS staff are encouraged to actively disseminate stroke prevention literature obtained from the Stroke Association.

DEMENTIA CARE

The trust developed an action plan for implementing the national Dementia Strategy "Living Well with Dementia. This strategy aimed to improve awareness, provide early diagnosis

and intervention and the provision of high quality care for those individuals and their carers. It is broken down into seventeen objectives, and the trust has been able to target actions against six of these objectives, shown in the following table;

Objective	Action
Improving public and professional awareness and understanding	Introduce a basic information leaflet for all staff. Write a feature article in the trust clinical journal. Provide access to a dementia training module through external resources Provide access to a dementia e learning platform
Good quality information for those diagnosed with dementia and their carers	Produce and implement a leaflet for patients and carers identifying local and national resources of information and support.
Enabling easy access to care, support and advice following diagnosis	Liaise with all PCT dementia leads to ensure all care plans are shared with the trust Work with PCT dementia leads to agree access to alternative pathways for care including; community care, safe haven/ respite beds and sitting services.
Implementing the carer's strategy.	Provide clinicians with information on local and national support services in order to support carers
Improved end of life care for people with dementia.	Share clinical alerts process PCT dementia lead to ensure all end of life wishes are captured on the dispatch system
An informed and effective workforce for people with dementia	PCT dementia communication tools to be used by clinicians to reduce the patient fear and anxiety whilst building confidence and trust.

The implementation of this piece of work has supported the national strategy through an improved awareness and quality of care. In addition, the trust is able to ensure the individual and carer will receive the right care in an environment they are familiar with reducing stress and anxiety for all involved. We have also been able to avoid unnecessary hospital admissions, which in turn have resulted in cost saving for the NHS.

Dementia awareness training has been included on the emergency care assistant induction programme and the patient transport service training. In addition acœss to e-learning has been implemented with approximately one third

of clinical staff taking part and a dementia module is planned as part of next year's statutory mandatory training day.
In delivering against the action plan the trust has had their work recognised within the Department of Health publication "Living well with dementia: A National Dementia Strategy. Good Practice Compendium – an assets approach"

INDIVIDUALISED CARE PLANS.

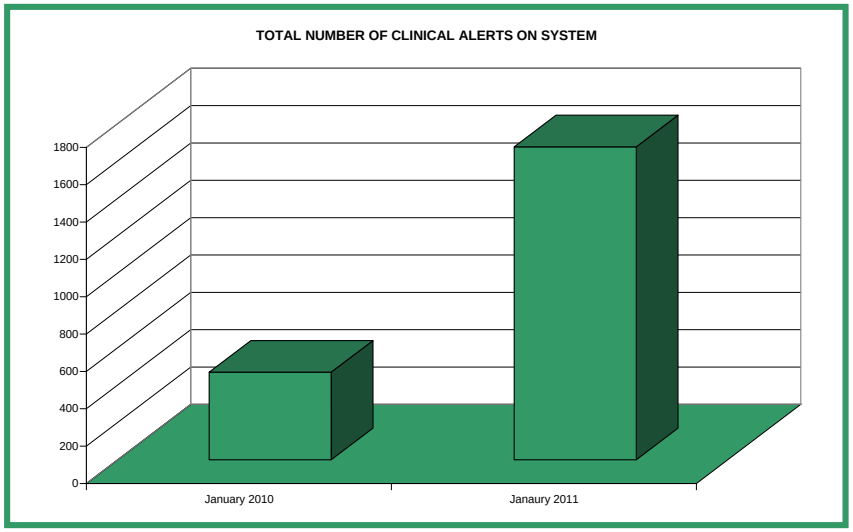
As a trust we are committed to developing and implementing clinical strategies to support national guidance and recommendations that respond to the needs of the public. As part of the previous Darzi review "Taking Healthcare to the Patient" and the more recent Quality, Innovation, Prevention and Productivity (QIPP) work programme the focus has changed to shifting settings of care in both urgent and emergency care.

Over the past eighteen months the trust has begun to identify areas where information sharing between ourselves and our healthcare partners would have a positive impact on the individual needs of patients. As a result of this work we recognised that information sharing would support patients receiving the care they need in an agreed and planned approach, and also in a care setting appropriate for their needs such as their home.

Currently patient information is received via secure fax, letter or secure email and then transferred into a usable format and stored to a restricted database. The information is then securely faxed or emailed to the Avon Emergency Operations Centre where the details are added to the individual address on the computer aided dispatch system (CAD). Secure confirmation is then sent back to the alerts administrator. This allows the attending clinician to carry out care in an agreed manner, responding to the patient's or carers individual wishes.

	Number of new care plans added	Number of care plans reviewed	Number of alerts removed
Jun	**100**	**-**	**16**
Jul	**109**	**99**	**51**
Aug	**151**	**210**	**47**
Sep	**181**	**12**	**31**
Oct	**110**	**68**	**53**
Nov	**205**	**50**	**17**
Dec	**129**	**75**	**4**
Jan	**229**	**30**	**25**
Feb	**209**	**-**	**-**
Mar	**270**	**-**	**-**

Future investment will see this process further streamlined so that all data exchange is electronic using secure NHS email and supporting a local data upload to the dispatch system. We have actively promoted this process with NHS stakeholders, embedding it into trust activity and we have seen a significant increase in the number of individualised care plans we now have on the system.



FALLS MANAGEMENT.

The NHS South West's strategic framework ambitions for 2008-2010 set a goal to reduce emergency admissions as a result of a fall by 30% from a 2006-07 baseline by March 2010. As part of this strategy they suggested a systematic approach to falls and fracture prevention.

Working with our local NHS partners we have been able to develop a clinical pathway to support the wider health community and refer patients into falls services or as a minimum through to their GP. This has allowed patients to be treated in their own home, and reduce the number of patients being unnecessarily transported to hospital. Additionally, use of the pathway and the triage assessment tool has been to allow our health care partners to provide early intervention; secondary falls prevention systems, as well as preserving health and independence for this patient group.

The triage assessment tool is based on the national falls risk in older people tool (FRAT) that has been adapted to an emergency service user friendly edition.

ACCIDENT AND EMERGENCY SERVICES.

We are continuing to build on last year's performance, following the development plan agreed as part of the trust's overall strategy and vision. As part of this approach we have

instigated major changes to the way we plan and deliver our emergency response service, amending our resource plans to better reflect demand and patients' need. As with any major change the path has not been smooth and we have seen this impact on our time based performance standards.

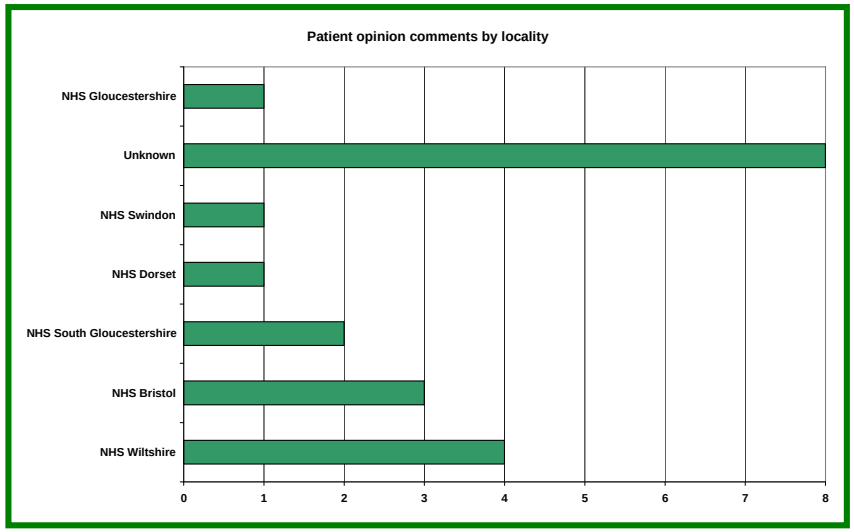
Reassuringly our clinical performance indicators have shown very positive improvements, part of the move towards quality-based outcomes. A major contribution to the overall service we provide is how we deal with initial contact with patients, normally on the telephone. Our call connect performance shows that we continue to be in the vanguard of best practice measured nationally, an achievement of which we are rightly proud but also determined to improve. Similarly, the clinical desk project has been re-invigorated and shown how we can achieve real improvements in patient experience, something that will be critical for our future success.

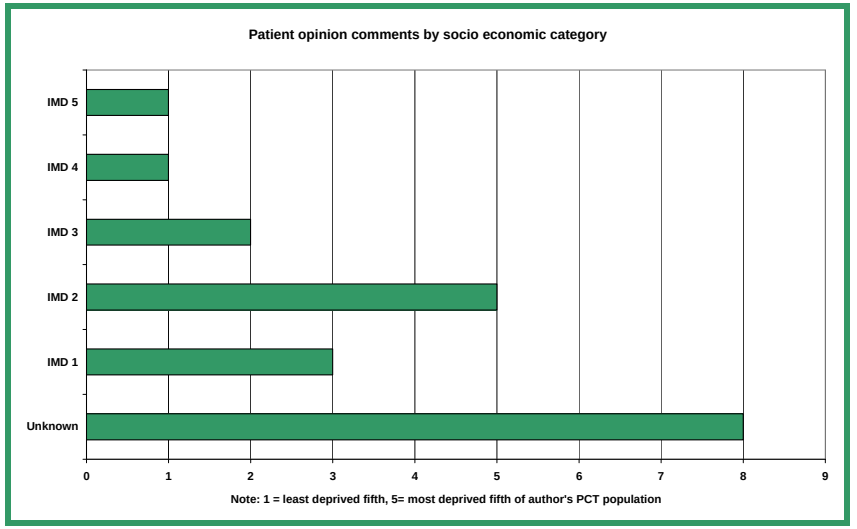
We acknowledge that there is room for improvement in providing equality of care across our region, particularly in the rural areas, and are investing in community based programmes as well as co-responder schemes to supplement the emergency service we provide. Similarly the changes we have made in A&E operations have still to bed in and provide the increase in service quality for which we strive. Encouragingly our air support unit and civil contingency operations are going from strength to strength, allowing us to be better prepared to respond to some of the more difficult incidents faced by an ambulance service.

Our focus is very much on the future, in particular the changes to patient outcomes as the metric by which we will be judged. We do not yet know the full impact of this transformation but we are determined to ensure that we deliver the highest levels of clinical care to everyone, achieving a safe, timely and appropriate service to those who need it. We are involved with our stakeholders in mapping out the future and we see real opportunities to improve delivery, for example by means of more effective triage and referral to alternative pathways that better match the requirements of our patient. In sum some encouraging signs but we understand that we have much still to achieve.

PATIENT EXPERIENCE

As part of our commitment to improving patient experience we were the first ambulance service in the UK to subscribe to an online user feedback service called Patient Opinion. This is a social enterprise initiative, led by a Sheffield GP and originally funded by the Department of Health. In subscribing to Patient Opinion we believe that patient stories are a really valuable method of assessing how the public judge the quality of our service. We have implemented a marketing campaign, publicizing the availability of the service via local GP practices, local commissioners and through a targeted media release. We have also included promotional material within our A&E, patient transport and out of hour's fleet





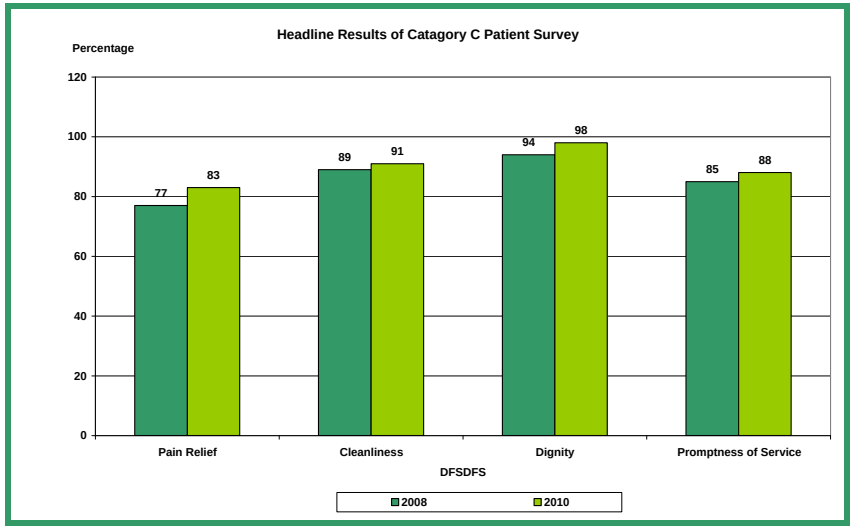
We also recognise that the 'seldom heard' groups (e.g. minority ethnic communities, particularly those who do not speak English, faith communities, travellers, gay men and women, transsexual and transgender individuals) often find traditional mechanisms for providing feedback challenging, and we are currently working with umbrella organisations to improve our stakeholder engagement and promote the use of Patient Opinion.

Currently the majority of comments are coming from patients and relatives within our least deprived areas, and are predominantly positive in their comments.

We have also undertaken a quality survey of Category C patients based on a sample of 850 service users who accessed the service in July 2010. This excluded children aged less than 18 years of age and those known to be deceased. We achieved a response rate of 28% (240/850) by the cut off date of the 1st December 2010.

The same methodology as the 2008 survey was used so that we could undertake some comparative analysis. (Results from 2008 are shown in brackets.)

The headline results show that the trust has improved the care it delivers to Category C service users through the provision of a high quality service in areas such as pain relief 83% (77%), cleanliness 91% (89%) , dignity 96% (94%) and promptness of response 85% (88%)



INFECTION PREVENTION AND CONTROL

The trust has expanded team resources this year with an emphasis on embedding infection prevention and control principles in every day clinical practice and ensuring audit compliance with hand hygiene and all aspects of the trust policy.

Areas of significant achievements for this year have included;

- **All new job descriptions now contractually oblige staff to comply with IPC policies and procedures.**
- **A standard cleaning contract for premises and healthcare associated areas has been awarded.**
- **A sluice refurbishment programme has been completed.**
- **A new audit programme to assure staff compliance with the trust IPC policy including the cleanliness of our vehicles and buildings has been implemented with results being reported to the quality committee**

- **Patient transport vehicles are now included within the 'make ready' team deep clean programme.**

Through the quality committee the trust board is assured that there has been continual improvement since the satisfactory inspection carried out by the Care Quality Commission in 2009.

SAFEGUARDING CHILDREN AND VULNERABLE ADULTS.

The trust has continued to ensure that safeguarding principles are embedded in every day clinical practice and to ensure compliance with all aspects of the Public Protection and Safeguarding policy.

In addition the trust has continued to work with the local safeguarding boards and to submit Individual management reviews for all serious case reviews to ensure lessons are learnt and embedded into future learning initiatives.

Areas of significant achievement in safeguarding children and vulnerable adults for this year have included

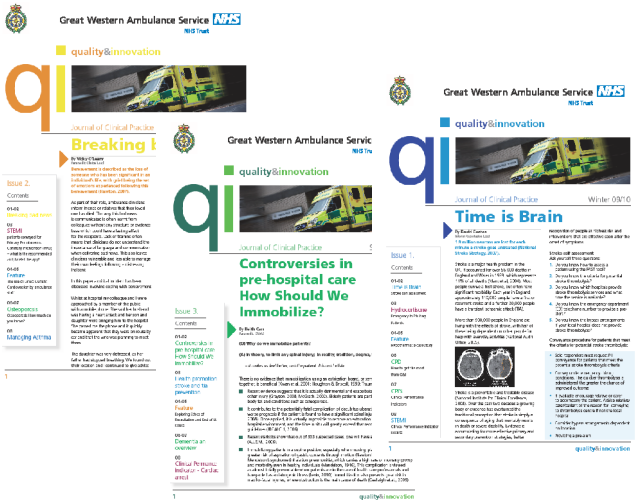
- **Inclusion of safeguarding contractual obligations in all new job descriptions to make safeguarding the responsibility of all trust employees**
- **Ensuring that all prospective and employed staff is verified in relation to Criminal Records Bureau checks**
- **Through staff education and awareness programmes facilitate a steady increase of referral rates**
- **Development of safeguarding advice and information for employees on the trust intranet**

QUALITY AND INNOVATION.

In 2010 the trust launched the first edition of Quality and Innovation, an in-house journal of clinical practice. It is published quarterly and is designed to share essential clinical messages and evidence based information to all our staff that has contact with patients.

Quality and Innovation recently celebrated its first anniversary and last year published some 31 articles written by both trust clinicians and external agencies.

REVIEW OF QUALITY PERFORMANCE



Topics covered have included Osteoporosis written by the National Osteoporosis Society, Hydrocortisone Emergencies in Pituitary patients written by the Pituitary Foundation, Dementia written by the Alzheimer's Society. Local articles such as Controversies in pre-hospital care - how should we immobilise? which also won article of the year, and a feature on other subjects included breaking bad news, have also featured.

In addition to the publication, the trust has also held a number of conferences for staff with guest speakers covering subjects on dementia - including a carer's perspective, end of life care and spinal immobilisation.

STATEMENTS FROM STAKEHOLDERS

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Agenda Item No. 8

Responses from acute trusts in respect of A&E handover delays

***Great Western Ambulance Service Joint Health Scrutiny* Committee**
10th June 2011

Attached are responses from acute trusts in respect of A&E handover delays. These were sent in response to a request of the Committee in the autumn of 2010.

1. Letter dated 21st October 2010 from Robert Woolley, Chief Executive, University Hospitals Bristol NHS Foundation Trust

2. Letter dated 8th November 2010 from Ruth Brunt, Chief Executive, North Bristol NHS Trust

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University Hospitals Bristol NHS
NHS Foundation Trust

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RW/dl

21 October 2010

Romayne de Fonseka
Scrutiny Officer
Bristol City Council
College Green
Bristol

Dear Romayne

Great Western Ambulance Service (GWAS) Monthly Accident and Emergency Handovers Summary

Thank you for your letter of the 5th October expressing your members' concerns about the performance of the Bristol hospitals in relation to ambulance handover delays, when compared to other hospitals in the South West. We welcome the opportunity to explain the context and challenges that face us in trying to address this important issue.

Firstly, please be reassured that this issue has a very high profile within this organisation; we absolutely recognise that any delay in handing over a patient from the ambulance service to our own services is far from ideal and we are committed to improving our performance in this area.

With regard to specific Trust actions, by the end of this month we will have completed installation of screens which allow the BRI Emergency Department to see live GWAS data on the number of ambulances on route to the hospital as well as how many ambulances are still waiting to off load which we believe will help us to better manage handovers, we have recently endorsed a four point plan to try and dramatically improve flow through our acute assessment and medicine wards and we are hopeful that this will reduce pressure on our bed base, which will in turn assist with patient flow and prompt ambulance handover. Finally, in the longer term, our plans for the BRI re-development will ensure that we have adequately sized and located acute assessment facilities for the nature of the population we service, which all acknowledge is not the present case

However, we would wish your members to be aware that we are operating in a context where resolution of this issue is far from straightforward and lies outside of our scope in a number of areas. As the major regional provider for a wide range of specialist services, as well as being a large provider of general hospital care, we experience a far greater number of admissions by ambulance than smaller, non-specialist trusts which means we are exposed to peaks of activity that others are not. In addition, we have seen a 10.5% increase in overall admissions this year to our Trust and an even greater increase in the number of admissions presenting via ambulance at 13.5% with no change to our physical capacity.

Despite this very significant pressure on the Trusts services, between January and July of this year 7,000 patients were handed over to our hospital in less than 15 minutes compared to 6,752 in the same period last year and so whilst the proportion of patients handed over in 15 minutes remains static at 52% (46% in 2009) we are managing more patients in 15 minutes than ever before. A further sign of our progress is the increase in the number of patients handed over in less than 30 minutes which has gone from 57% last year to 64% this year.

Given this context I would like to take this opportunity to raise the issues, which from our perspective, could greatly assist our attempts to ensure all patients are handed over to our care promptly, when presenting by ambulance

- Full roll out of the GWAS Capacity Management System to ensure that GWAS convey patients requiring urgent care to the hospital site best placed, at that time, to manage their care promptly

- A reduction in the number of patients GWAS convey to hospital, for the former Avon area GWAS convey around 67% of patients they attend, to hospital. Commissioners have invested heavily in models of care to reduce this but we have seen little if any impact. In other parts of the country this is reported to be significantly lower.

- Profiling and management of those practices whose patients have high recourse to the ambulance service to ensure GP practice services are the first point of contact for all, other than those with emergency needs. A vast number of patients presenting to our services, in a non emergency situation, have never been seen by a member of their practice team.

- Support for improved public awareness about the appropriate use of primary, community and hospital based services to try and reduce the demand for scare, hospital resources when other services are often better placed to respond.

Thank you for your letter and the interest the Committee is taking in trying to improve patient care in this area, please do come back to me or my staff if we can assist you any further.

Yours sincerely

Robert Woolley
Chief Executive

cc John Savage, Chairman, UH Bristol
Ruth Brunt, Chief Executive, North Bristol Trust
Deborah Evans, Chief Executive, GWAS
Stephen Williams, MP

North Bristol NHS
NHS Trust

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Website: http://www.nbt.nhs.uk

Our ref: RB/SWa/sl

8 November 2010

Ms Romayne de Fonseka
Scrutiny Officer
Bristol City Council
The Council House
College Green
Bristol
BS1 5TR

Dear Ms Fonseka

Great Western Ambulance Service (GWAS) Monthly Accident and Emergency Handovers Summary – July 2010

Thank you for your letter dated 5 October 2010, which outlines concerns raised during the GWAS Overview and Scrutiny Committee which took place on 17 September 2010.

Within North Bristol NHS Trust (NBT), delayed ambulance handover times has been a high priority for us this year. I fully recognise and accept that the levels of delays are not where we would wish them to be. NBT strives to provide and deliver the best possible patient care and experience, and we recognise that reducing the length of time it takes to hand over our patients from ambulance crews to clinical teams is of utmost importance.

It may also be helpful to give members an insight into some of the challenges we are facing. At NBT we have seen a year on year rise in the number of major patients (as classified under existing national codes) attending the Emergency Department (ED). This has resulted in an increasing number of patients arriving to Frenchay ED via ambulance.

In response to our handover delays, we are currently involved in a number of initiatives to improve performance.

Firstly, we have been working together with GWAS and have, during October, installed visual display screens in both our Emergency Department and Clinical Site Management Team office at Frenchay. These screens contain information from GWAS, which informs the Trust of which patients are on their way to us. This has helped staff in ED to anticipate patients' needs and for the Clinical Site Team to identify beds for patients, if it is suspected that a bed may be required. These screens will also enable the current paper based system of recording handovers to become electronic, which will not only save valuable clinical time,

but provide both GWAS and NBT with better quality data. You may be aware that previously, there was often a significant discrepancy between the handover time recorded by GWAS and that of the ED, which required retrospective validation.

Secondly, by December this year, it is anticipated that the Capacity Management System (CMS) will be fully implemented across the GWAS catchment area. This system enables GWAS crews to identify which of Bristol's Emergency Departments and acute admission wards have the most capacity and/or appropriate beds. In addition the system enables the management teams across NBT and UH Bristol to have access to each other's information so that better joint working can take place.

Thirdly, this month, we are about to pilot the opening of a dedicated ambulance handover bay, which will place us in a better position to flex our ED capacity up and down to prevent handover delays.

Finally, we are actively planning with our colleagues across primary care, new models of urgent care delivery, with a view to testing these before we transfer to the new hospital in 2014. We have a workshop later this month, involving GP's, NBT clinical and managerial staff, out of hours providers, PCT clinical staff and patient representatives, to identify new ways of working. There is also a detailed action plan following an ambulance rapid improvement event held in October, which is being monitored and performance managed by our Director of Operations.

Strategically, there is work ongoing across the health community to reduce the number of patients coming into our ED (when clinically appropriate), within GP practices, via public health campaigns and primary care signposting for patients. We actively welcome the members' views on any alternative, new and/or complementary initiatives.

I hope you can see from the above that NBT is taking this matter very seriously. If you require any additional clarification or information, please do not hesitate to contact me.

Yours sincerely

Ruth Brunt
Chief Executive
North Bristol NHS Trust

cc: Peter Rilett, Chairman, NBT
Robert Woolley, Chief Executive, UH Bristol
Stephen Williams, MP

Agenda Item No. 9

Update from Individual Health Overview and Scrutiny Committees

Great Western Ambulance Joint Health Scrutiny Committee
10th June 2011

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

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

Recommendation

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

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

NB. There are no written updates attached to this report, however members of the Committee may wish to provide a verbal update if they so wish.

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

There are none.

Report from the JWG for GWAS, to the JHSC June 2011 meeting.

The JWG met on March 8th and had a very interesting presentation by Brian Jarvis, Service Delivery Manager at the Emergency Operations Centre (EOC), on Hear and Treat and See and Treat.

Hear and Treat. Triaging process with patients who are not presenting with life threatening symptoms, with built in procedures for escalation of response, if the patient appears to worsening. The cases are managed by senior clinicians.

Three main case types are falls, abdominal pains and back pains. Interestingly the three localities manage these calls differently? The patient will receive a call from the senior clinician within 10 minutes.

See and Treat Again non life threatening symptoms. Not every patient can be dealt with over the phone. An ECP will be sent to examine the patient, treat at scene or refer onwards as deemed appropriate. GWAS is conducting trials in Wiltshire and Gloucestershire on developing this response.

Details of their cases and outcomes has been requested and is expected soon. The JWG learned that there is a shortage of these essential healthcare professionals in both the Gloucestershire and Avon localities. A dedicated falls team would serve the best interests of patients.

During the course of the meeting the group were introduced to the new ambulance clinical quality indicators . The group also learned that two of its members were part of the monitoring of PTS for oncology and renal patients in the BNSSG area.

The group met on May 10th and received another very interesting talk on community first responders from Kevin Dickens Community Response Manager (Gloucestershire).

The JWG resolved that CFRs should form the basis of a 2011 workplan. The group also had a provisional look at version 4 of the trust's quality account. The JWG had previously made some input into the account. It will meet in June to formulate a full response the final account.

Albert Weager JWG Chair May 2011

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NHS Gloucestershire

excellence

Commissioning Plan: GWAS 2011-13

excellence

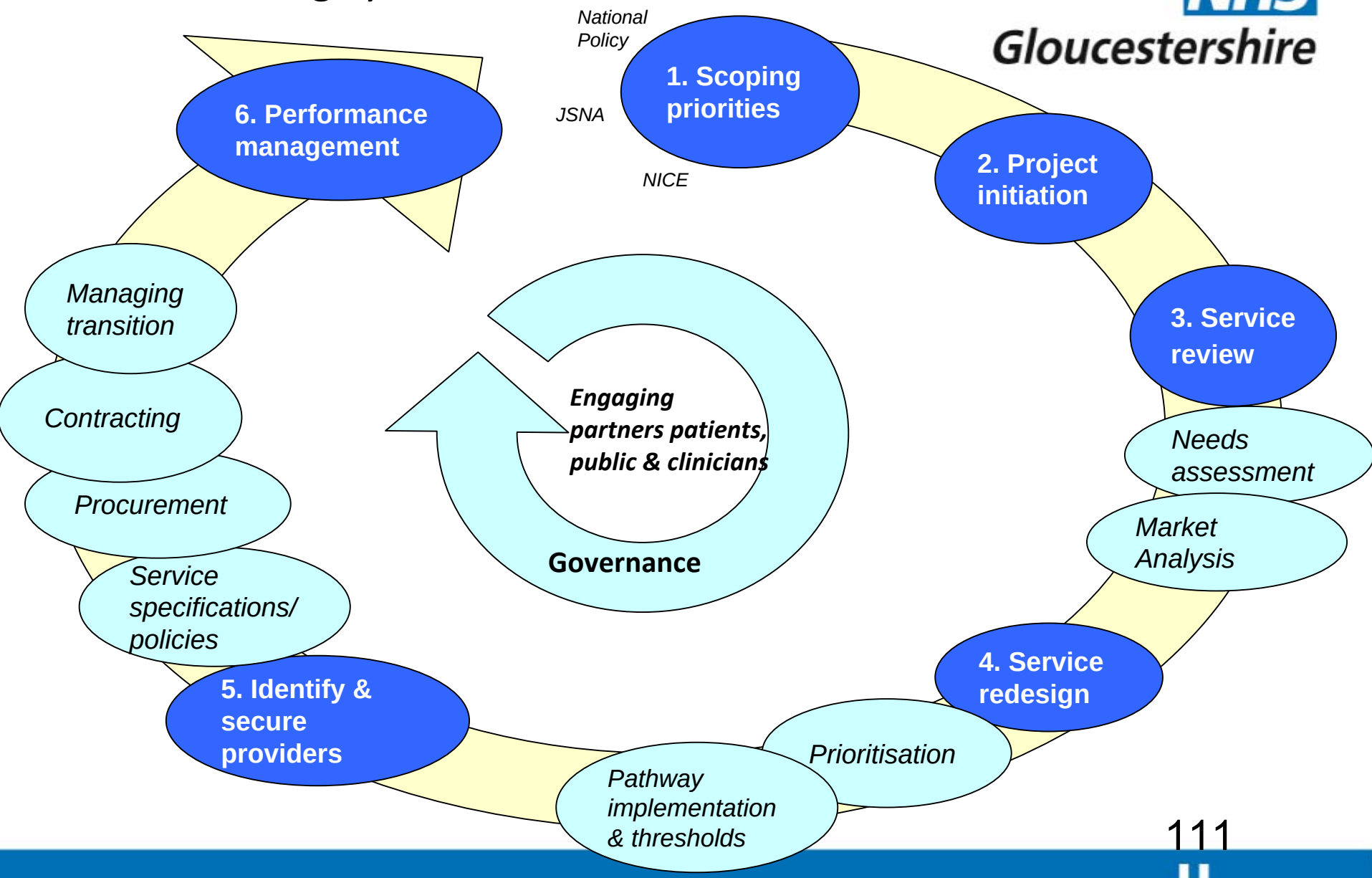
Contents

NHS Gloucestershire

- Commissioning context
- Commissioning Development
- Services context
- Services Development
- Summary

Commissioning cycle

NHS Gloucestershire



excellence

Commissioning Context

NHS Gloucestershire

- NHS Gloucestershire has led the commissioning process on behalf of 7 PCTs
- 3 PCT clusters from this month
- GP Commissioning consortia yet to have an impact on Ambulance commissioning, but should do within 2 years
- Main commissioning challenge: to develop services and quality in the context of ‘flat cash’, ageing population and more expensive technologies

Commissioning Development (1)

Vision for Unscheduled Care Services:

Seamless, accessible, convenient and safe urgent and emergency care, in which people accessing the system, whatever the circumstances, receive consistent and rigorous assessment of the urgency of their need for care and an appropriate and prompt response to that need.

Commissioning Development (2)

The Ambulance Trust is clearly key to this as a critical point of first contact for many people.

This can be delivered by using joint planning and the opportunities in the contract, such as performance measures, quality rewards and payment mechanisms including movement to a ‘tariff’ based system.

Service Context

NHS Gloucestershire

- Historically been behind the curve on performance targets compared to peers
- On track now in relation to response times
- Good performance on quality indicators
- New national performance indicators
- Working across the area on ‘Handover’ and ‘Wrap up’ at hospital
- Back office buildings are of variable quality
- Seeking Foundation Trust status

Service Developments (1)

Main service developments for 2010/11 include:

- Clinical Desk expansion; more clinical advice given to callers over the phone, and paramedics assessing and treating patients at home, or taking or referring them to other health services rather than to hospital as appropriate.

Service Developments (2)

- Increasing usage of appropriate care pathways (ACPs) with health and social care partners to ensure patients are treated in the right place at the right time,
- Enhancing the call response capability and resilience
- Responding to the requirements of Personalised care Plans where these are in place in the persons own home

Service Developments (3)

- HART
- Provide named patient data to PCT's for certain categories of patient
- To develop plans for an intermediate tier service e.g. GP Urgents, A&E discharges, hospital transfers
- Potential to bid as a provider of '111' call centre
- Development of other out of hospital services 24/7?

Summary

NHS Gloucestershire

The challenge for all Ambulance Trusts is to provide the ‘right’ response, not just a fast one. This is being underpinned by changes to national policies and requirements, also payment mechanisms, but requires a change of culture for many.

The benefits will be seen for patients across the system.

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Great Western Ambulance Service NHS

NHS Trust

Joint HOSC Meeting
To be held on Friday, June 10, 2011 at 11am
at Council Offices, Bristol

Update on call categorisation changes

1 Purpose

From 1 April 2011, national changes to the categorisation of 999 calls came into force. Details about these changes will be included in the presentation on changes to commissioning from NHS Gloucestershire.

However, the following page provides members with a broad overview of what the changes in 999 call categorisation comprise.

Paper supplied: June 1, 2011

Great Western Ambulance Service NHS
NHS Trust

Call categorisation changes – from A, B, C to Red and Green

National changes to the categorisation of 999 calls came into force on 1 April.

The tables below show the new call categorisations (Red and Green) and how they compare to the old versions (A, B and C).

Red 1 (echo codes)	Red 2	Green 1	Green 2	Green 3	Green 4
Response in 8 minutes * 19 minute transport standard * CAD Priority 0	Response in 8 minutes * 19 minute transport standard * CAD Priority 1	Response in 20 minutes * CAD Priority 2	Response in 30 minutes * CAD Priority 4	Telephone assessment within 20 minutes or respond as per Green 2 * CAD Priority 5	Telephone assessment within 60 minutes or respond within 60 minutes * CAD Priority 6

Category A		Category B	Category C
Echo codes	Category A		

* The Red call 8-minute and 19-minute response standards (75% and 95% respectively) are still in place but now constitute two of the 12 national clinical indicators.

Response times for Green calls are not part of the national clinical indicators but will be incorporated in local contracts with commissioners.

Great Western Ambulance Service NHS

NHS Trust

Joint HOSC Meeting
To be held on Friday, June 10, 2011 at 11am
at Council Offices, Bristol

Update on GWAS estates strategy

1 Purpose

To update members on GWAS's plans to review the trust's entire state of 30-plus buildings. The strategy was presented to the trust Board meeting on 26 May, when it was agreed, allowing work on the first phase to begin

Rod Barnes
Director of Finance
Great Western Ambulance Service

Paper supplied: June 1, 2011

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Great Western Ambulance Service NHS Trust

Great Western Ambulance Service NHS Trust

Estate Strategy

Contents

Executive Summary

This estate strategy has been developed to enable the trust meet its core clinical, operational and financial objectives, over time transforming an aged estate in generally in poor condition into one which is more modern, flexible and provides a suitable environment for staff and patient care.

This latest estate strategy is a strategic review of the trust's operational estate and has built upon the previous estate strategy produced in 2008. It aims to draw together the property risks facing the trust today, set out a strategic direction for the trust's estate, identify options for improving performance and make recommendations that will be used to assess future property investment related decisions. Detailed studies and modelling work has been undertaken to assess the suitability of the estate for future service delivery and this has been used to inform the development of the strategy. These studies included a full strategic property appraisal of how efficient and effective the current estate is at supporting delivery of the trust's operational objectives. The following major points can be ascertained from this estate strategy:

- The trust's estate is aged and in a poor state of repair with an increasing maintenance liability. A key challenge for the trust has been maintaining sufficient investment due to the size and age of the estate relative to the organisations income. This situation is unlikely to change if recommendations in the estate strategy are not adopted.

- The current A&E operational estate, when assessed for its physical condition, is classified as being operationally safe and exhibiting minor defects. However, when the physical condition assessment is extended to the other facets such as functional suitability and Health and Safety compliance a large part of the trust estate is assessed as not meeting acceptable standards.

- Over 71% of the trust's estate was constructed prior to 1975. Buildings of this age are reaching the end of their useful economic life and will require major capital investment in both their fabric and mechanical and electrical infrastructure. This is third highest proportion of pre-1975 buildings in use within the eleven ambulance services in England.

- The current economic climate is a significant issue for all public sector organisations. The trust must deliver service improvements with little or no growth funding over the next three years. This challenge, combined with development of new care pathways for patients and increased patient demand mean the trust must fundamentally review how it delivers its services with partnership with other health providers.

- The report identifies outstanding backlog maintenance liabilities of £2,085,800, of which £1,836,300 are identified as being of an urgent nature.

This strategy forms one component of the Trust's vision for the future and complements our draft Integrated Business Plan. It aims to describe

- The Trust's existing Estate;
- The general condition, age and tenure of the Estate;
- Proposals for the future;
- Estates maintenance and environmental issues.

The recommendations contained within this report have been developed to support the emergent strategies:

- 111, Emergency Control Room, Out of Hours and PTS call taking strategies;
- Development of a hub and spoke A&E and PTS delivery model;
- Facilities for fleet, logistics and "make ready" functions;
- Stores centralisation;
- Consolidation of headquarters and administrative office arrangements;
- Operational and clinical strategies.

The estate strategy proposes a five to ten year vision for the estate. Changes will be implemented on a stage by stage basis, reflecting the dynamic environment in which the NHS is operating and advances in clinical practice and technology.. All change proposals will be subject to a detailed suitability analysis to ensure resilience is acceptable and that benefits to patient care and to the trust's estates costs are achievable. Significant investment and disinvestment decisions will be brought to the Board for approval separately.

Recommended changes will support delivery of an improvement in operational performance against national performance standards, improved patient outcomes through improved infection prevention and control, significantly improve ambulance station physical condition and the quality of the staff environment, enhance call taking capacity and deliver a significant financial benefit that can be reinvested into front line services.

1. Introduction

1.1. Project Brief

DVS were appointed by the Great Western Ambulance Service NHS Trust (GWAS) in February 2010 to develop an estate strategy that would support the strategic direction of the Trust, and support the Trust's improvement plans as well as complementing the Trust's application to Foundation Trust status.

The strategy document sets out:

- An assessment of the Trust's existing estate in terms of cost in use and contribution to service performance;
- Detailed plans when set;
- A comprehensive ten year investment analysis for the estate;
- Evidence of improvement in estate related Key Performance Indicators (KPI's).

The estate strategy document identifies the actions required from the estate to support the strategic aims of the trust and outline how plans for service improvement and modernisation will be implemented. The estate changes identified will be programmed for implementation over a ten year timescale, however given;

- The amount of estate change,
- The scale of the implementation costs,
- The internal capability/capacity
- The ongoing uncertain economic climate creating continued uncertainty in the property market.

The delivery timetable will need expert management to deliver to this demanding timetable.

The strategy has been produced to provide a five – ten year vision for the trust estate and to be used to assess future property-related investment opportunities as they arise. This strategy benefits from a methodology which includes the latest information on operational and estate performance. It identifies both key investment areas and strategic priorities which support the trust's integrated business plan and trust vision. It will help achieve reduced property operating costs, reduced backlog maintenance liability and facilitating better risk management of estate liabilities what does this mean?.

The estate strategy is an overarching document that considers the property requirements of the various departments within the trust and includes estate outcomes for:

- Accident & Emergency Operations (A&E Ops);
- Patient Transport Service (PTS);
- Emergency Operations Centres (EOC) including Out of Hours (OOHs);
- Headquarters (HQ);
- Fleet, Logistics and "make ready" services(FLMR);
- Hazardous Area Response Teams (HART);
- Training.

The strategy includes outline proposals for the reconfiguration of the accident and emergency operations estate and develops options for other trust services that support accident and emergency operations. These options will be further refined as the full

business case for change is developed during the implementation stage of the estate Strategy.

1.2. The Estate Strategy Document

The document has been drafted in accordance with current best practice and is arranged on the following basis

- **Strategic Objectives**
  A review of the national strategic considerations for ambulance services is considered in relation to the development of the estate strategy. Additionally the trust's strategic objectives have been considered together with local drivers for change.

- **Methodology**
  This includes full details of the processes used in developing the options included in the document.

- **Where are we now – the current estate**
  This outlines our current position and establishes a baseline against which the development of the strategy can be measured.

- **Where do we want to be – the strategy proposals**
  This section examines the long term service aims of the trust , the vision for future services and subsequent priorities for investment.

- **How do we get there - implementation**
  This section details a range of prioritised options, including outline programmes for projects, capital costs and revenue implications.

2. Strategic Objectives

2.1. National Strategic Objectives

Strategic Review of Ambulance Services

In May 2004 the Department of Health began a strategic review of NHS ambulance services in England. The resulting report on the outcome of the review was published in June 2005 under the title *Taking Healthcare the Patient: Transforming NHS Ambulance Services*, which recognised the changes to ambulance services over the last decade and in particular the emerging role of ambulance services in providing world-class pre-hospital care . More recent healthcare policy, including the planned reorganisation of trauma services and Equity and excellence: Liberating the NHS are likely to have a significant impact on ambulance services. Most significant will be the development of a coherent 24/7 urgent care service in every area of England, incorporating GP out-of-hours services and the provision of urgent medical evaluation via a single telephone number '111' ultimately replacing NHS Direct.

Sustainability
The NHS estate is the largest and most complex estate in Europe with buildings that range from state of the art healthcare facilities, designed especially to meet the demands of modern and future healthcare, to sites which can trace their roots back many decades. The quality of the NHS estate both in terms of the physical quality of the buildings and facilities management services is critical to delivering the NHS commitment to a zero carbon footprint by 2050.

2.2. Trust Strategic Objectives

The Great Western Ambulance Service strategy commits to putting the patient at the heart of everything we do. The trust's vision statement being *We will achieve new standards of excellence in emergency and urgent care by embracing innovation and learning, working in partnership with our communities, and putting patients first in everything we do.*

Our strategy to achieve this is to strengthen and extend our patient services.

This means for:

- **Our Patients**
  Keeping you safe, not taking decisions about your care without involving you, and providing improved outcomes and experience that meet your individual needs;

- **Our Services**
  Responding to your needs quickly, equitably and appropriately whatever the time of day or night;

- **Our People**
  A highly skilled and empowered workforce, applying evidence based practice, patient focused and achieving excellence in leadership and development;

- **Our Organisation**
  Having sound systems of governance to ensure value for money, being a good partner and delivering improvements to services without additional cost to the taxpayer.

The trust's strategic direction charts, aims and objectives for the next five years and marks a desire to improve the quality of the services the trust provides. It outlines how the trust will deliver improved services through innovative practice and its ambition to play an integral role in the prevention of disease and chronic illness.

The trust's ambition is to become a foundation trust by the end of 2012 as achieving foundation trust status will allow the trust to further improve services and ensure that the trust is responding to the needs of the communities it serves in the best possible way.

The current economic climate is a significant issue for the public sector, it will be a great challenge for the trust to continue to improve and extend its services with no inflation or growth funding over the next three years. The NHS South West Region is required to make efficiency savings of £2.7bn over the next three years and the trust is expected to make its to this. The trust must therefore continue to provide good clinical care whilst ensuring needs and national response standards are met and exceeded whilst also increasing productivity, reducing costs and providing excellent patient care. This has led to the fundamental review of the trust's estate to identify where it can contribute to improved service performance and deliver increased cost efficiency.

The trust's principle objectives are taken from the 2010 – 2011 annual business plan and are categorised under the strategic aims of the trust and they are:

- Delivering response time reliability;
- Improving efficiency and productivity;
- Improving clinical quality and effectiveness;
- Improving customer satisfaction and patient experience;
- Supporting prevention of illness/disease;
- Emergency preparedness and resilience;

The estate strategy has been developed to support delivery of these aims.

2.3. Local Drivers

Demography
The trust serves a population of 2.357 million living in both highly urbanised areas and more isolated rural communities. Understanding these issues is critically important for the trust in planning its services and working in partnership with other agencies to deliver care in these wide ranging communities with their diverse needs.

Stakeholders
During the development of the estate strategy the views of key commissioners and the Strategic Health Authority have been sought to determine the general direction. The views of other parties to the Tri-service arrangements (with police and fire services) have been sought to determine practicality of implementation.

Commissioning and Competition
Both PTS and out of hours services will increasingly have to compete against the independent sector and voluntary sector providers for the award of contracts. The success or failure of securing the contracts will influence the future operating model and strategic decisions taken around the location and provision of PTS facilities.

Increasing Traffic Congestion
Increased road congestion will have the effect of increasing response times and reducing clinical outcomes. Additional response and standby posts will be required in strategic locations, if clinical outcomes are to be maintained and improved.

Future Proofing the Estate Strategy
An examination of the regional spatial strategies (RSS) within the trust's geographical boundaries forecasts an increase in new housing of approximately 300,000 dwellings up to 2026. While the RSS has been superseded following the election of the coalition government, local planning for future increases is still likely to result in significant increases in housing numbers if previous proposals are used as an indication of housing volumes.

The estate strategy proposals will be tested to account for this predicted demographic change. As the estate strategy is implemented future modelling for operational areas will take into consideration the planned increases as forecast in the RSS or any locally planned increases in housing and employment to ensure that deployment locations are sufficient to meet need.

2.4. Estate Strategic Objectives

The trust estate review and development of an estate strategy is one of the trust's key priorities for 2010/11. The estate review and development of an estate strategy underpin key trust strategic aims by delivering response time reliability and improving efficiency and productivity. The aim is for the estates strategy to identify long term estate objectives and priorities for short and medium term planning.

The strategic objectives of the estate strategy are:

- To ensure that the estate's portfolio meets current and future needs for the provision of patient care;
- To improve working conditions/facilities at station locations – for all staff on site;
- To improve use of assets including identification of sites surplus to operational requirements;

- To reduce estate's capital and revenue lifetime costs and maximise investment in patient care;
- To improve energy efficiency at current/future sites via investment in low energy building and engineering technology;
- To reduce the environmental impact of stations/sites and vehicles;
- To advise on an appropriate condition upgrade programme for existing sites;
- To support delivery of improved vehicle egress times from hub and spoke stations.

The aim is to provide a future estate operating model that achieves these objectives via a hub and spoke model of ambulance stations and standby locations across the trust's operational area.

These strategic locations have been developed through a process that involved research of previous simulation modelling reports conducted by ORH and a study into resource centre locations by Co-performa, interviews with operations divisional managers and a detailed assessment of current ambulance station performance as part of the strategic property appraisal (SPA) process. The strategic locations included in the reconfiguration proposals have been tested by the trust's current simulation modelling partner Process Evolution who have confirmed that the proposals will support a small improvement in overall A&E operational performance.

3. Where are we now - The Current Estate Assessment

3.1. Trust Profile

Great Western Ambulance Service NHS Trust was created from the merger of Avon, Gloucestershire and Wiltshire Ambulance trust's in 2006. The trust covers an area of 3,000 square miles and employs more than 1,650 staff across 33 operational sites – 30 ambulance stations and three emergency operations centres – and in its various headquarters and offices across the region. A full site listing is contained in appendix 1

Great Western Ambulance Service (GWAS) provides the following services:

- Accident & Emergency (999) and urgent care;
- Patient Transport Service (PTS);
- Out-of-Hours service (in Gloucestershire);

It also provides non core services such as training and education and private event support as well as emergency preparedness and resilience services.

The trust serves the following commissioner communities:

- Bath and North East Somerset
- Bristol
- Gloucestershire
- Wiltshire
- North Somerset
- South Gloucestershire
- Swindon (plus Watchfield and Shrivenham)

3.2. Service Performance

Accident & Emergency
Medical emergencies happen at all times of the day and night. GWAS operates a 24-hour clinical response to 999 calls to ensure patients receive the right care as quickly as possible. An analysis of the trust's performance for the year 2009 – 10 is detailed below.

Last year (2009-10), GWAS responded to more than 256,000 emergency calls. In terms of current operational performance ambulance services have stringent national standards in responding to 999 emergencies:

Category A8 - An emergency response should be on scene within 8 minutes of the 999 call being made for 75% of Category A (immediately life-threatening) incidents.

Category A19 - A vehicle capable of transporting a patient should be on scene within 19 minutes for 95% of Category A incidents.

Category B19 - Respond to 95% of Category B (serious but not immediately life-threatening) incidents within 19 minutes.

Since April 2008, these response times have been based on the time at which the 999 call hits the ambulance service's switchboard – i.e. as soon as it is put through by the emergency operator. This is known as call connect.

Thereafter, ambulance services are also measured on how quickly 999 calls are answered - with a national requirement that 95% of calls are answered within 5 seconds.

For the last full financial year (2009-10) GWAS achieved:

- 75% for Category A8
- 95.1% for Category A19
- 90.7% for Category B19

Current Performance for the year 2010 – 2011 as at end February 2011 is:

- 74.3% for Category A8
- 94.7% for Category A19
- 91.4% for Category B19

Patient Transport Service (PTS)
The Patient Transport Services teams provide pre-arranged transport for patients to and from hospital appointments, between healthcare providers and when they are returning home after spending time in hospital.

PTS provides planned journeys for patients with a clinical or care need to and from hospitals and treatment centres. The patients can be taken to a range of different settings including outpatient departments, renal dialysis centres, oncology and hospice centres, day units, children centres, inter hospital transfers and a range of care centres. PTS also convey discharged patients back to their place of residence.

PTS carry out around 300,000 patient journeys a year, currently employing 225 staff and working with a number of volunteer drivers and some private transport companies. The service currently has around 90 ambulance-type vehicles.

Hospitals covered by the PTS service include Weston General, Bristol General, Bristol Royal Infirmary, Southmead, Frenchay, Gloucester Royal, Cheltenham General, Great Western Swindon along with other small cottage hospitals and day units.

Out of Hours
GWAS runs the Out-of-Hours doctor service across the county of Gloucestershire on behalf of GPs. The out-of-hours telephone number covers all patients registered with a doctor's surgery in Gloucestershire and is a service run by dedicated staff including doctors, paramedics, nurses, control assistants, dispatchers and drivers coordinated by a local control centre.

3.3. Composition of Current Estate

Generally the physical condition of the estate is not considered unsafe. However the physical assessment undertaken considers the building structure and mechanical and electrical installations holistically to provide a broad ranking. In determining this broad ranking individual sub standard building elements are incorporated into an overall assessment. A brief summary of the trusts estate is included below:

A&E Ambulance Stations

Avon
The trust currently operates from 10 ambulance stations in Avon. Generally the condition of the estate across Avon in terms of its physical condition is good, with the exception of Bristol Central Ambulance Station which has significant maintenance liabilities that need urgent attention. However there are issues to address regarding compliance with outstanding statutory maintenance fire safety and energy performance items in the remainder of the Avon region.

Gloucestershire
The trust currently operates from 9 ambulance stations in Gloucestershire. Generally the condition of the estate across Gloucestershire in terms of physical condition is good; however there are issues to address regarding compliance with outstanding statutory maintenance fire safety and energy performance items in the remainder of the Gloucestershire region.

Wiltshire
The trust currently operates from 11 ambulance stations in Wiltshire. In 2009 the trust sold Amesbury Ambulance Station at London Road and relocated the site to a leasehold industrial unit on a ten year lease. The Chippenham site including training college, ambulance station and Dorman House have previously been declared surplus by the trust, however only limited action has been taken to pursue disposal and the ambulance station and Dorman House are still in use. Salisbury Ambulance Station was subject to a major refurbishment in 2009. Generally the condition of the estate across Wiltshire in terms of physical condition is good however there are issues to address regarding compliance with outstanding statutory maintenance fire safety and energy performance items in the remainder of the Wiltshire region.

Patient Transport Service (PTS)
The provision of the Patient Transport Service varies by region with many PTS vehicles co-located within frontline ambulance stations. PTS contracts are market tested and secured for a fixed term. PTS locations will be reconfigured in line with A&E locations where this doesn't fit operationally the trust will consider other options for provision with NHS or other partners.

Emergency Operations Centres
The trust operates three EOCs; this is a legacy arrangement as a consequence of the 2006 merger of the three former ambulance services. The largest in Bristol (Avon EOC) provides all 999 call handling and dispatch for Avon area. Its other EOCs are located in Gloucester and Devizes and provide dispatch. In the Gloucestershire EOC there is also an OOHs service/control function.

Headquarters and Offices
The trust operates three former headquarters buildings at Marybush Lane in central Bristol, at Doorman House the ex Wiltshire HQ and at GTEC Quedgeley south of Gloucester.

Marybush Lane in central Bristol is relatively quite old. It, has compliance issues, and uses space inefficiently. As it forms a natural part of Bristol Central station it is likely to be very suitable for disposal as a single high value redevelopment site.

Dorman House is located at the Chippenham ambulance station site and was constructed in the early 1980's. Given the building current condition it requires considerable investment. Additionally use of space is inefficient when compared with modern office accommodation standards

GTEC Quedgeley south of Gloucester is part of the county Tri-service centre held on complex long-term lease agreement with police and fire. Accommodation is modern but limited in size and fragmented within the building. Location is good, as it is close to a M5 junction, for travel to Bristol locations, but poor for travel to Wiltshire locations.

Jenner House, Chippenham is leasehold space shared with Avon and Wiltshire Mental Healthcare Partnership NHS Trust. Space is modern but availability is severely limited and inadequate for use as the trust HQ. The lease terminates in January 2013

Fleet, Logistics and "make ready" (FLMR)
The full FLMR services are currently being reviewed with a number of options under consideration.

Fleet
Currently there are four vehicle maintenance and repair facilities covering the three trust regions. The Avon region facility is located at Bristol Central ambulance station. The Gloucestershire region is covered by the workshop adjacent to the Tri-Service EOC and the Wiltshire region is covered by two workshops at Trowbridge Ambulance Station and Swindon Ambulance Station. The following is a brief overview:

- The Gloucester shared Tri Service facility is modern, although sharing arrangements appear possible, are not realised and the trust does not benefit from shared maintenance and repair facilities;
- The Swindon workshop dates from the 1960s and is in poor condition both internally and externally. There is insufficient space for vehicle storage, access to the workshop is inadequate as are the storage facilities;
- The Bristol workshop dates from the 1960s and in poor condition both internally and externally. The available space is at capacity and not easily accessed given traffic congestion at peak times;
- The Trowbridge workshop is a reasonably modern facility dating from the late 1970s. It is being used to its maximum capacity and general storage areas are inadequate. In addition excessive travel times between Trowbridge and South Wiltshire hinder efficiency.

Logistics
Currently there are three stores covering the trust's regions. The Avon region stores are located at Bristol Central ambulance station. The Gloucestershire region stores are located at Staverton but are due to be re located to HART site at Filton. The Wiltshire region stores are located at Chippenham Ambulance Station.

"Make ready" services
Currently there are four teams providing deep cleaning services at locations covering the trust's regions, this is not a full "make ready" service. The Avon region is located at Bristol Central ambulance station and co-located with the workshop. The Gloucestershire region is located at Staverton Ambulance Station. The Wiltshire region located at both Trowbridge Ambulance Station and Swindon Ambulance Station both locations are co-located with the workshop.

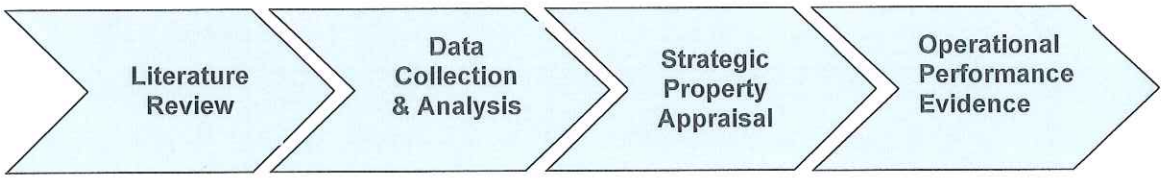
Hazardous Area Response Teams (HART)
A site has been acquired for the provision of HART services at North Bristol at Filton 400. This site is due to become operational in April 2011. The trust is considering a number of co-locations of services, including training, the resilience team, stores and some A&E presence.

Training
There are currently training facilities provided at Marybush Lane in Bristol and Acuma/Wessex House (EOC training) in Avon, from Dorman/Oak House in Wiltshire and GTEC Tri Service site in Gloucestershire. Marybush Lane and Dorman/Oak House are freehold, and the others are rented. There has been no formal assessment of training

facility usage; however individual analysis of facility usage indicates possible underutilisation of the training facilities.

4. Methodology

The diagram identifies the stages adopted in developing the estate strategy and the reconfiguration proposals it sets out. This section of the Strategy provides details of each of the stages



4.1. Literature Review

A number of key documents were reviewed to provide the context and background information on the trust and wider changes in the health sector to inform the estate strategy, some of the key documents used in developing the strategy are,

- GWAS Estate Strategy 2007-2012;
- GWAS Estate Strategy 2009-2012;
- GWAS Estate Strategy- Draft Premises Plan 2010;
- GWAS Operational Deployment Plan 2009;
- RICS Public Asset Management Guidelines;
- Canty Young 6 Facet Survey 2007;
- NHS Healthcare Capital Investment 2002;
- NHS Estate Code 2007;
- Bradley Report 2005 Taking Healthcare to the Patient;
- DH Improving Ambulance Response Times – April 2007.

4.2. Data Collection and Analysis

Data on the existing trust's estate was analysed to provide an understanding of its size, tenure, quality and suitability. The scope of this estate's strategy currently covers stand alone operational ambulance stations (the estate) located in the three localities of Avon, Gloucester and Wiltshire together with various other buildings which offer support services.

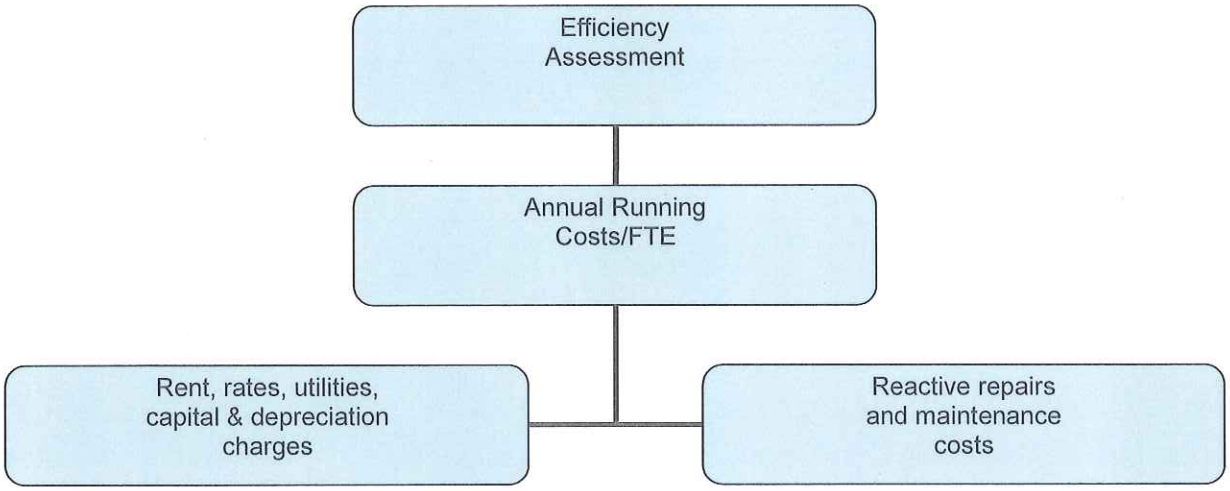
4.3. The Strategic Property Appraisal (SPA) Process

As part of the development of the estate strategy process a Strategic Property Appraisal (SPA) for the estate has been undertaken to provide an assessment of both the efficiency and effectiveness of the current operational estate. The SPA considers the business objectives of the trust and then develops a system to measure the estate's contribution to service delivery by developing bespoke Property Performance Indicators (PPI's) which are then used to assess and score the estate based on two key areas of measurement, efficiency and effectiveness.

The SPA also provides an assessment of the economic dimensions related to property by providing the value of the asset in its existing use compared to its potential market (disposal) value. This will identify the potential capital receipt or any impairment issues associated with any proposed property disposal.

For the efficiency assessment the SPA uses a framework shown below at Figure 1 that uses quantitative evidence to provide an assessment. The total running costs of each ambulance station per annum are collected and then divided by the total staff operating at the station to give a cost assessment based upon staff numbers.

Figure 1



For the effectiveness assessment the SPA uses a framework shown below at figure 2. This assessment uses both quantitative and qualitative evidence to provide an assessment of building performance. The framework measures and sets benchmarks for three key aspects of building performance namely, the buildings contribution to service performance, the buildings suitability for the service being delivered and staff using it, and the buildings operability and condition.

Figure 2

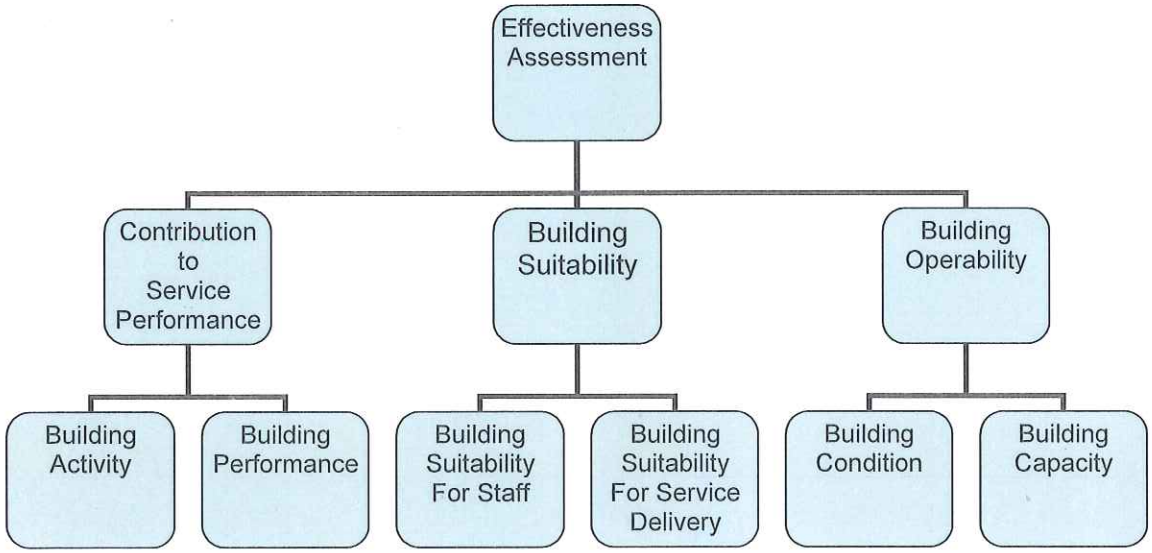
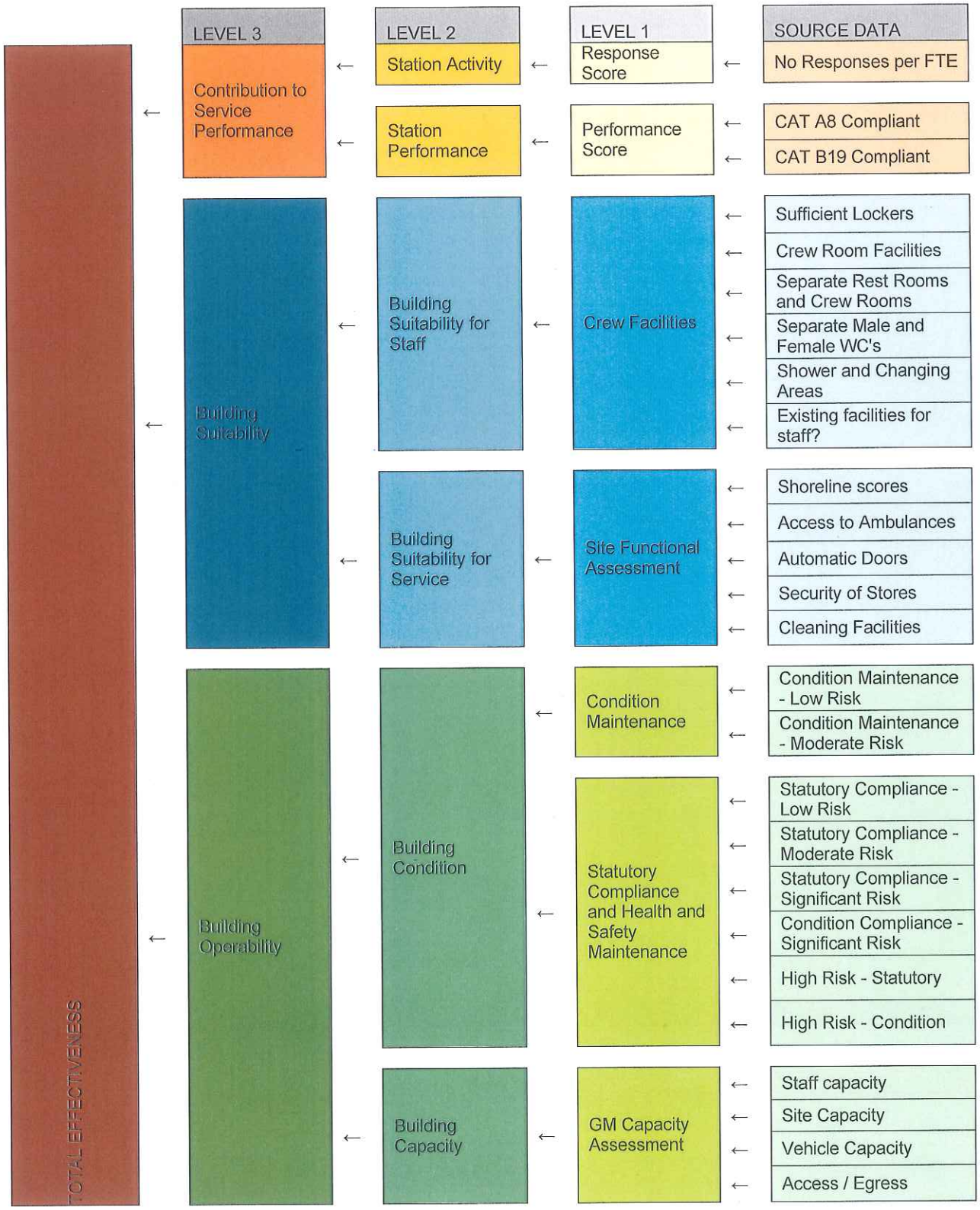


Figure 3 The SPA Effectiveness Framework



The SPA has been completed using property information supplied by GWAS and a measured survey of building suitability using a bespoke designed questionnaire that was completed by divisional operational management. Other key information that has informed the SPA has been the Six Facet Property Survey prepared Canty Young, trust informatics data on individual building activity and performance, and various reports and information supplied by the trust's finance and estate departments.

The information contained in the SPA provides a performance tool to help to review, update and further develop strategic options for the estate by highlighting areas for investigation such as:

Disposals

- Identifying inefficient buildings for disposal;
- Identifying low use buildings for disposal or consolidation;
- Identifying buildings which need to be replaced for effectiveness reasons.

Space Rationalisation and Improvement

- Identifying low cost buildings for intensification of use;
- Assessing possible improvements for individual buildings;
- Characterising general problems to resolve.

Improved Operability / Compliance

- Identifying the extent of non-compliance with statutory and health and safety legislation;
- Identifying qualitative issues such as building suitability and service delivery;
- Identifying major repair programme to remove future liabilities.

The aim of the SPA is to summarise the performance of the estate by developing internal benchmarks and assessing the suitability of the portfolio for service delivery requirements. The information contained in the SPA provides a performance tool to help to review, update and further develop the estate's strategic asset management. The SPA has been used in conjunction with other data and analysis to provide a comprehensive evidence base for property related decisions contained within the estate strategy.

Overall Effectiveness Scores

When looking at the effectiveness element of the assessment (including delivery against national performance standards and volume of activity) the results shows that the overall number of stations performing below the trust assessed average benchmark score of 146 is twenty five in number.

Table A - Effectiveness Performance Scoring

Region	Station	Score
Gloucestershire	Moreton in Marsh	106
Gloucestershire	Cinderford	115
Wiltshire	Paulton	122
Gloucestershire	Dursley	122
Avon	Churchill	122
Gloucestershire	Lydney	124
Wiltshire	Chippenham	128
Wiltshire	Marlborough	128
Gloucestershire	Cirencester	130
Avon	Nailsea	131
Wiltshire	Malmesbury	131
Avon	Soundwell	132
Gloucestershire	Tewkesbury	132
Gloucestershire	Coleford	134
Wiltshire	Warminster	134
Avon	Almondsbury	135
Wiltshire	Bath	135
Avon	Falfield	137
Gloucestershire	Stroud	138
Avon	Keynsham	138
Wiltshire	Amesbury	139
Wiltshire	Devizes	140
Avon	Yate	142
Wiltshire	Salisbury	143
Avon	Weston	144
Wiltshire	Trowbridge	147
Wiltshire	Swindon	147
Avon	Central	149
Avon	Avonmouth	151
Gloucestershire	Staverton	161

Overall Efficiency Scores

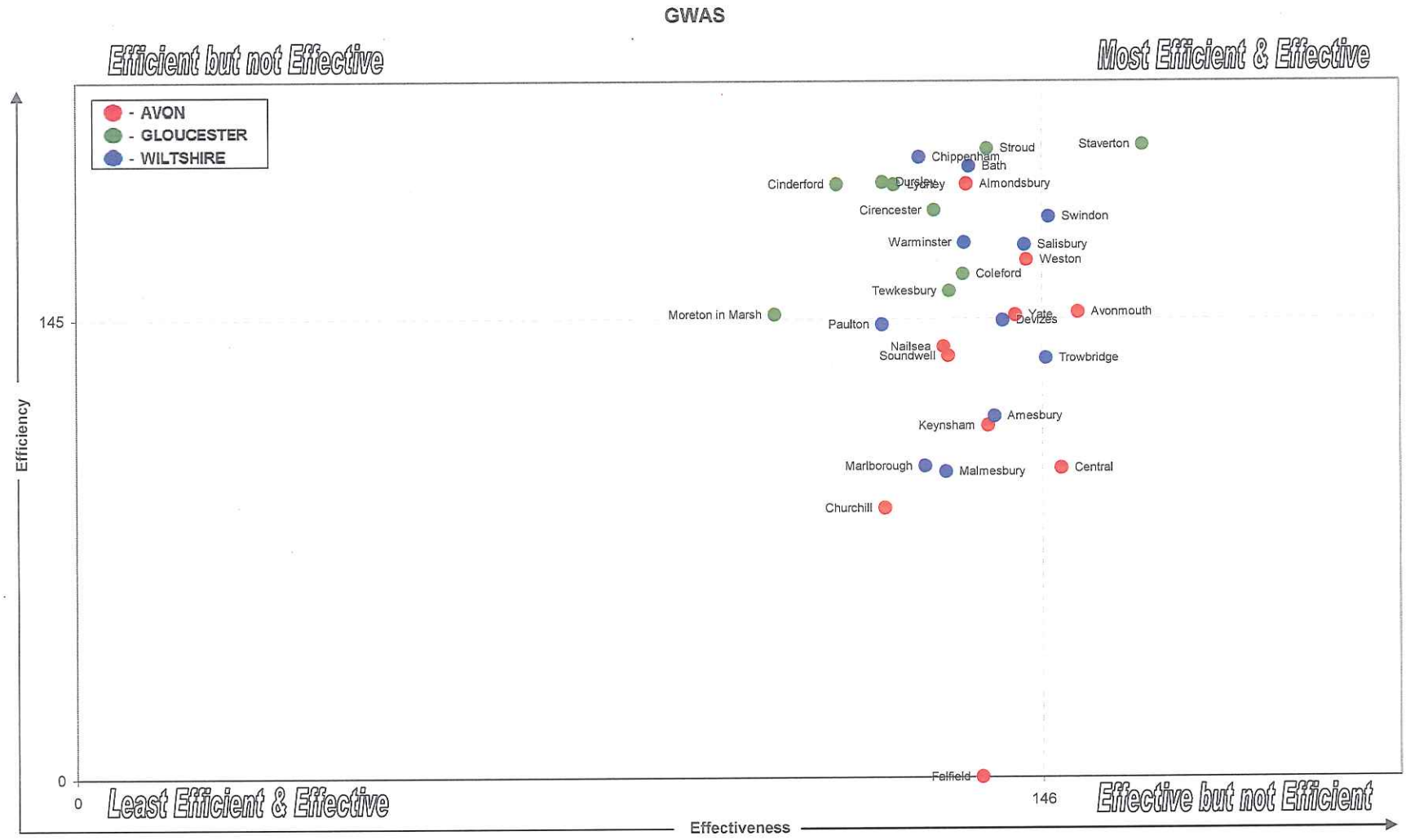
The measurement of 'Efficiency' is determined by assessing the ongoing annual running costs (e.g. rent, rates, utilities, capital charges, reactive repairs and maintenance etc,). The assessment of efficiency has been made using running cost data supplied by the trust and the current capital charging liability based on the most recent asset valuation. This data is then used to calculate an overall performance assessment determined by the cost per employee working from the station which is then converted to a benchmark score (148) this represents average performance across the trust. 15 stations are currently performing below average for efficiency.

Table B – Efficiency Performance Scoring

Region	Station	Score
Avon	Falfield	0
Avon	Churchill	85
Wiltshire	Malmesbury	97
Avon	Central	98
Wiltshire	Marlborough	98
Avon	Keynsham	111
Wiltshire	Amesbury	114
Wiltshire	Trowbridge	132
Avon	Soundwell	133
Avon	Nailsea	136
Wiltshire	Paulton	143
Wiltshire	Devizes	144
Avon	Yate	146
Gloucestershire	Moreton in Marsh	146
Avon	Avonmouth	147
Gloucestershire	Tewkesbury	154
Gloucestershire	Coleford	159
Avon	Weston	164
Wiltshire	Salisbury	168
Wiltshire	Warminster	169
Wiltshire	Swindon	177
Gloucestershire	Cirencester	179
Gloucestershire	Lydney	188
Gloucestershire	Cinderford	188
Avon	Almondsbury	188
Gloucestershire	Dursley	188
Wiltshire	Bath	193
Wiltshire	Chippenham	196
Gloucestershire	Stroud	199
Gloucestershire	Staverton	200

Efficiency and Effectiveness Conclusions

The efficiency and effectiveness scores derived for each station can be used as an indicator of where further action may be needed to either improve the physical environment of the site or increase its contribution to operational performance. These actions could include capital redevelopment, backlog maintenance or in some cases relocation. The combined effectiveness and efficiency scores of existing A&E sites using this methodology are supplied in the table below.


GWAS
Efficient but not Effective
Most Efficient & Effective
- AVON
- GLOUCESTER
- WILTSHIRE
Stroud
Staverton
Chippenham
Bath
Cinderford
Dursley
Almondsbury
Cirencester
Swindon
Warminster
Salisbury
Weston
Coleford
Tewkesbury
Moreton in Marsh
Yate
Avonmouth
Paulton
Devizes
Nailsea
Soundwell
Trowbridge
Amesbury
Keynsham
Marlborough
Malmesbury
Central
Churchill
Felfield
145
0
0
146
Efficiency
Effectiveness
Least Efficient & Effective
Effective but not Efficient

4.4. Operational Performance Evidence

Structured Interviews and Strategy Development Workshops
Various individual and group meetings were held during the methodology stages to discuss the results and reconfiguration proposals that were being developed from the outcomes of the various information analyses. These meetings involved a number of the trust's key staff listed below in Table C.

Table C

Name	Position
Executive Team	Half Day Event
Management Team	Full Board Meeting
Rod Barnes	Director of Finance
Dave Harwood	Head of Estates
Andy Hollingshead	Associate Director
Keith Scott	General Manager Gloucester
Kerry Pinker	Director of HR & OD
Dominic Morgan	Operations Manager Wiltshire
Nick Matson	Operations Manager Avon
Neal Goodwin	Head of Fleet and Logistics
Andy Parker	Head of EOCs
Tom Milles	Programme Manager

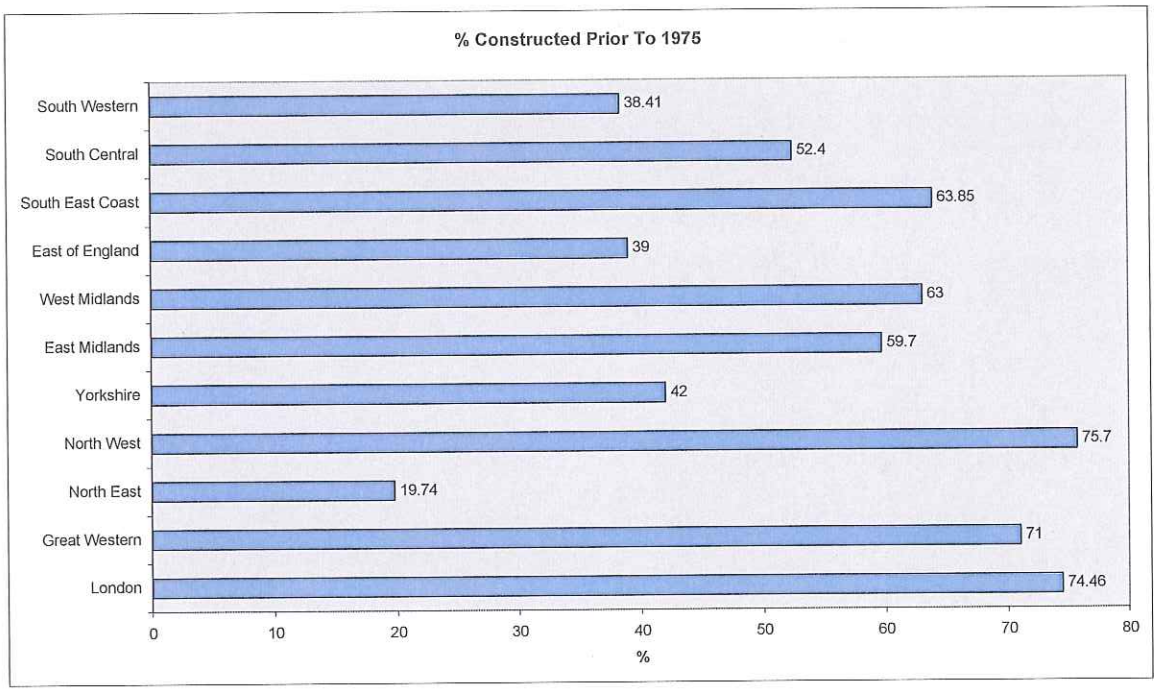
Validation of Reconfiguration Proposals
The strategic deployment locations within the ORH report are consistent with the reconfiguration proposals within the estate strategy. Further resilience testing of the strategic locations included in the reconfiguration proposals have been tested with simulation modelling which has confirmed that the proposals will not adversely affect overall operational performance in rural locations.

4.5. Overall Six Facet Performance

An analysis of the trust's estate was undertaken in 2007 in accordance with an NHS estate code six facet survey guidelines by Canty Young Associates to determine the overall condition and liabilities associated with the trust's properties. The six facet condition surveys reveal that many of the trust operational sites suffer from high levels of backlog maintenance (including high statutory maintenance i.e. fire and health and safety compliance) and perform poorly against evaluation criteria.

The survey highlighted that over 71% of the trust's estate was constructed prior to 1975 - the date at which assets transferred from local authority ownership to the Department of Health. Buildings of this age are reaching the end of their useful economic life and will require major capital investment in both the fabric and mechanical and electrical infrastructure. This is one of the highest percentages of pre-1975 buildings in use within the eleven ambulance services in England.

Figure 5



The six facet survey results have been updated to reflect maintenance expenditure since the surveys were undertaken in 2007. These results set a baseline from which to measure current condition and future improvements delivered through the implementation of the Estate Strategy.

The original surveys identified a number of immediate issues to address and investment has been made in priority areas. However, given the general poor condition of the estate and the levels of investment required, suitable investment in other areas has not been made at the levels identified in the Canty Young Report. This still leaves much of the trust's estate performing poorly in relation to the facet methodology.

Facet	Condition Assessment
Physical Condition: The overall physical condition is assessed on the basis of the condition of three elements: buildings (internal and external); mechanical systems; and electrical systems.	A: As new and can be expected to perform adequately over its expected life. B: Sound operationally safe and exhibits only minor defects. C: Operational but major repair or replacement will be needed soon. D: Runs a serious risk of imminent breakdown.
Functional Suitability: Assessed on the basis of three elements; internal space relationships; support facilities; (e.g. Toilets, storage, seating) and location (is it well sited).	A: Very satisfactory, no change needed. B: Satisfactory, minor change needed. C: Not satisfactory, major change needed. D: Unacceptable in its present condition
Space Utilisation: Considers how well available space is being used using judgements on intensity of use, numbers of people using it and frequency of use.	E: Empty or grossly underused. U: Underused, utilisation could be significantly increased. F Fully used a satisfactory level of utilisation. O: Overcrowded, facilities overloaded and generally overstretched.
Quality: Considers three elements: amenity; comfort engineering (e.g. internal environment) and design.	A: A facility of excellent quality. B: A facility requiring general maintenance investment only C: A less than acceptable facility requiring capital investment D: A very poor facility requiring significant capital investment
Health and Safety: Considers elements of compliance for Statutory Compliance considers Health and Safety Compliance and Fire Safety Compliance.	A: Building complies with all statutory requirements and relevant guidance. B: Building where action will be needed in the current plan period to comply with relevant guidance and statutory requirements. C: Building with known contravention of one or more standards which falls short of B D: Building areas which are dangerously below B standard
Energy: The assessment is part of the environmental management facet. Energy usage is assessed using the Energy Cost Indicator = cost/GJ. For strategic planning purposes the buildings can be ranked using an energy usage per unit method of assessment.	A: Energy usage per cubic volume 35 – 55GJ per 100m3. B: Energy usage per cubic volume 56 – 65GJ per 100m3. C: Energy usage per cubic volume 66 – 75GJ per 100m3. D: Energy usage per cubic volume 76 – 100GJ per 100m3. The above energy targets are set by the Department of Health as part of the facet appraisal.

The acceptable standard that the NHS sets for facet performance is Category B level which indicates the satisfactory performance of a facet. A summary of the trust's levels of facet performance at below Category B is detailed below in table D.

Table D

Facet	2007 Performance
Physical Condition (% of estate below Category B)	0%
Functional Suitability (% of estate below Category B)	73%
Space Utilisation (% Overcrowded)	0%
Quality (% of estate below Category B)	77%
Statutory Compliance (% of estate below Category B)	99%
Fire Safety	92%
Energy (% of estate below Category B)	82%

The facet survey has highlighted that much of the trust's estate still requires investment, with certain sites (Bristol Central ambulance station (AS), Chippenham AS, Swindon AS, Trowbridge AS, Soundwell AS, Nailsea AS and Marybush Lane Offices) requiring significant investment in relation to the facets of statutory compliance, fire safety works and energy efficiency, which highlights poor performance and above average risk exposure. The overriding concern is that there is still a significant liability attached to these work items which places the trust at considerable risk. A summary of the total backlog maintenance liabilities by region is detailed below in Table E

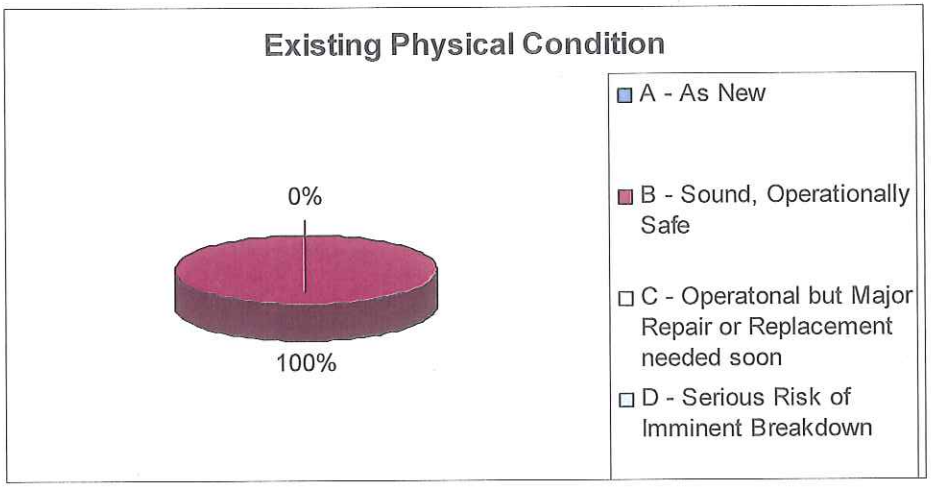
Table E

Region	Existing Backlog Maintenance Liability
Gloucestershire	£169,000
Wiltshire	£761,300
Avon*	£1,115,400
Total	£2,085,800

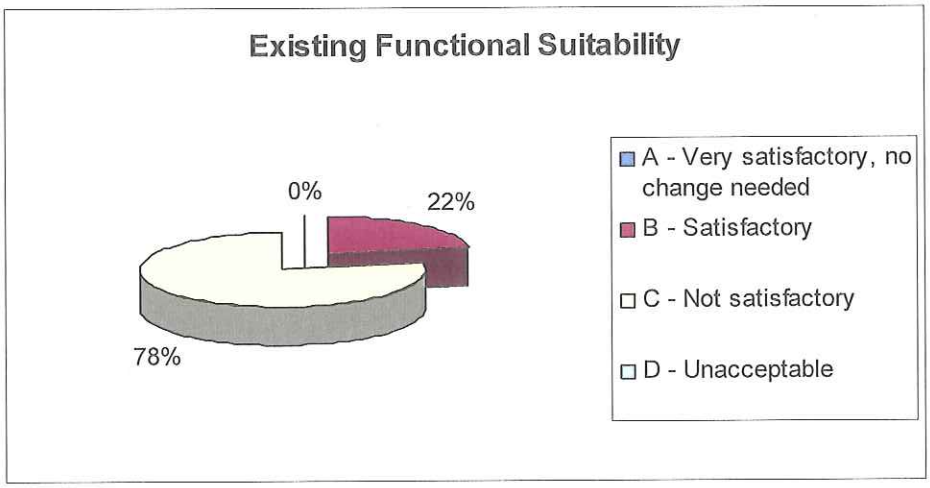
* Figure includes £711,200 for Central Ambulance Station

All buildings have been graded on a scale of A to D for the following facets, Physical Condition, Functional Suitability, Space Utilisation, Fire and Health and Safety Compliance, and Energy, the results of the six facet survey are summarised below:

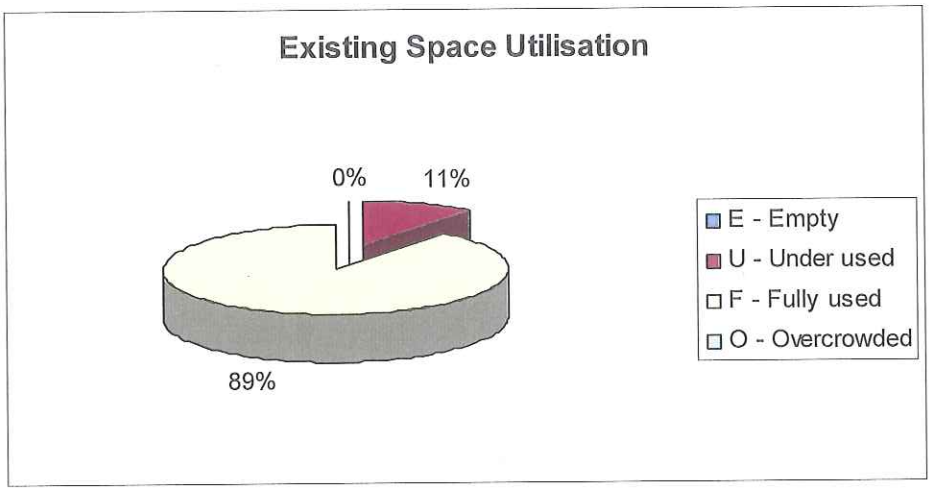
Facet 1: Physical Condition
With the exception of Bristol Central ambulance station (Condition C) the estate when assessed against this facet is classified as being in Condition B indicating that most buildings are generally sound and operationally safe and exhibiting only minor defects regarding their actual physical condition. The chart below summarises estate performance for this facet.



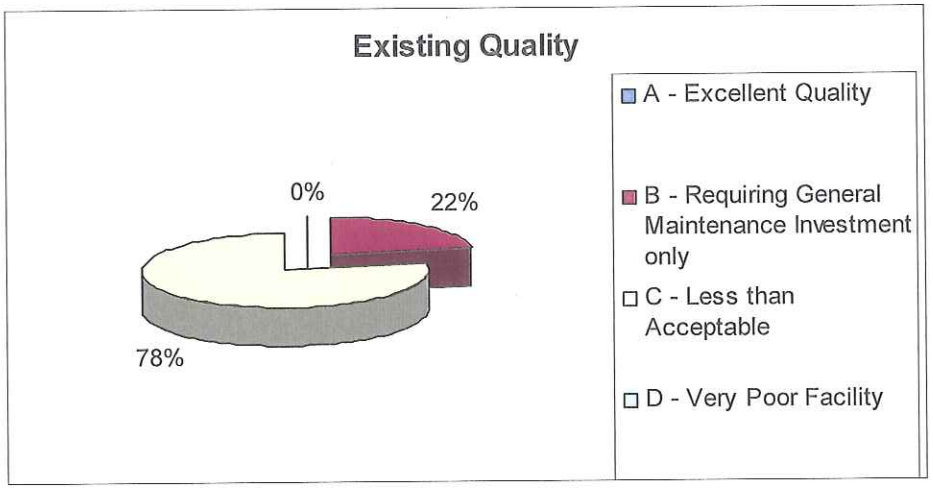
Facet 2: Functional Suitability
The majority of the estate when assessed against this facet is classified at Level C meaning that a large proportion of the estate is considered as being not satisfactory for their function. A significant factor in this will be the age of the majority of the estate. The chart below summarises estate performance for this facet.



Facet 3: Space Utilisation
A high proportion of the trust's estate is currently fully used; however underutilised sites include Chippenham AS and the old training college, Churchill AS, Falfield AS, Malmesbury AS, Marlborough AS, Warminster AS, Marybush Lane Offices and GTEC. The chart below summarises estate performance for this facet.

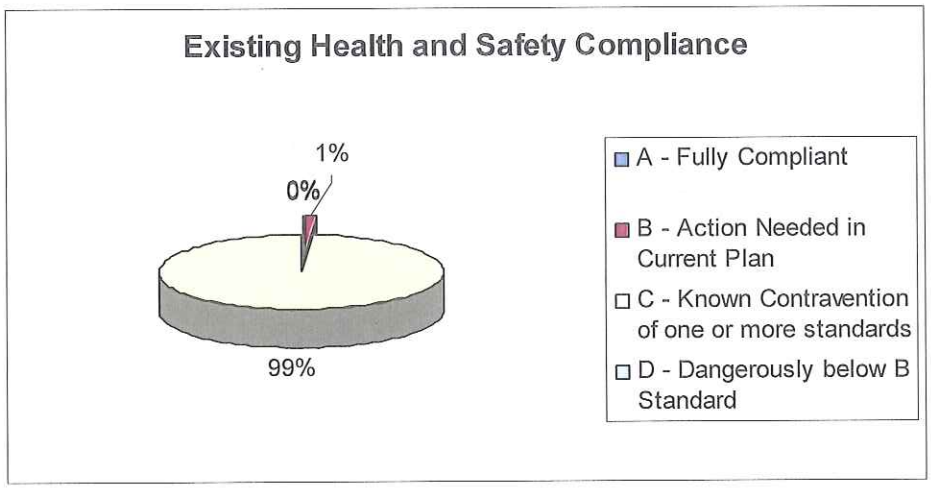


Facet 4: Quality
A high proportion of the trust's estate (Bristol Central AS, Chippenham AS, Swindon AS and Trowbridge AS) is considered to be less than acceptable quality and requiring capital investment, while the remainder requires general investment. The chart below summarises estate performance for this facet.

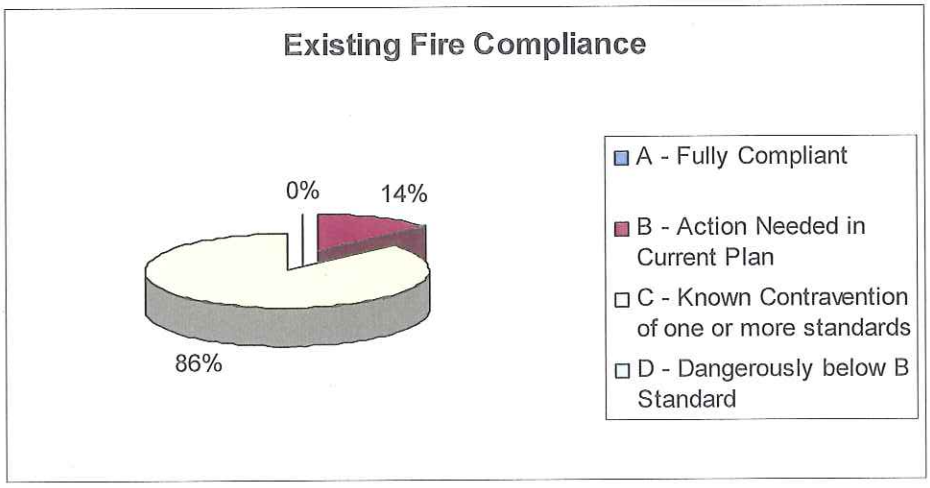


Facet 5: Fire and Health and Safety Requirements
This assessment assesses elements to grade buildings on a scale ranging from Category A, complying with all requirements, to Category D buildings that are dangerously below Category B standard.

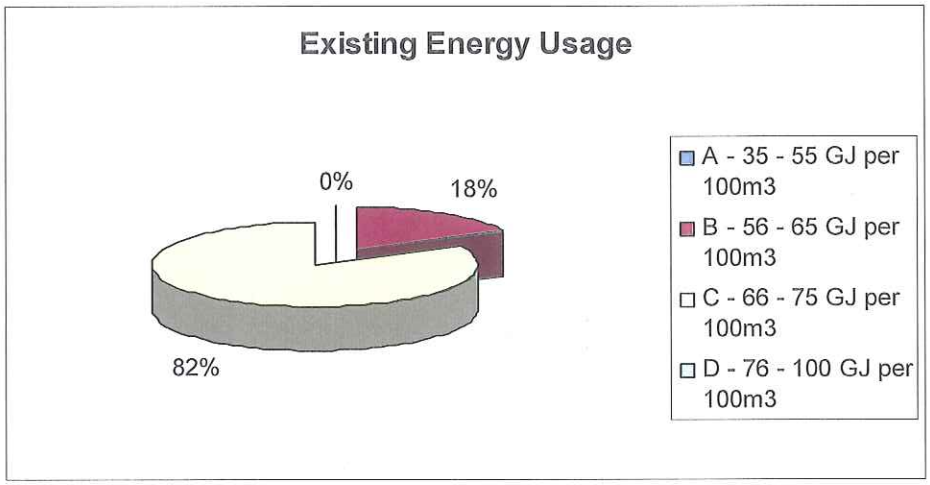
Statutory Health and Safety Compliance
99% of the estate when assessed against this facet is classified at Level C meaning that most of the estate is known to be contravening one or more health and safety standard. This issue should become a priority area for the trust to address given the associated risks with non-compliance. The chart below summarises estate performance for this facet.



Statutory Fire Safety Compliance
The majority of the estate when assessed against this facet is classified at Level C meaning that a significant proportion of the estate (Bristol Central AS, Bath AS, Chippenham AS, Swindon AS and Marybush Lane offices) is contravening one or more standard. This issue will become a priority area for the trust to address given the associated risks with non-compliance. Fire safety is being bought up to acceptable standards by mid-2011 at all sites, however there are other statutory safety issues that will need to be rectified, including working at heights, legionella, and electrical safety. The chart below summarises estate performance for this facet.



Facet 6 Energy:
The majority of the estate when assessed against this facet is classified at Level C, meaning that a large proportion of the estate is performing below the target standard of Level B. A significant factor in this will be the age of the majority of the estate because older buildings do not incorporate modern design principles regarding current thermal insulation requirements and therefore perform poorly. The chart below summarises estate performance for this facet.



Condition Summary
The six facet condition survey results highlight that most of the trust's estate is either not satisfactory or less than acceptable in terms of building functionality or building quality, that it contravenes a statutory requirement with regards to fire safety or statutory compliance and performs poorly in terms of energy consumption. This will be largely due to the age of the estate, and a general reduction in expenditure to tackle backlog maintenance liabilities given other spending priorities for the trust. Sites that are performing poorly across most facets are Bristol Central AS, Chippenham AS, Swindon AS, Trowbridge AS and Marybush Lane Offices. It is important not to underestimate the impact that poor condition buildings have on operational performance and the adverse affect on staff morale having to operate from unsuitable and poorly maintained buildings.

5. Where do we want to be - Strategy Proposals

5.1. Estate Strategy Concepts and Guiding Principles

Traditionally services provided by GWAS and most other ambulance services have been centred on areas of population density and this is reflected within current divisional locations. This is a sensible view given that the majority of activity would be focussed on the most densely populated areas of the trust. However, the role of the ambulance service trust has developed and is changing from the traditional movement of patients to a place of treatment, to a far more sophisticated service, which is now firmly entrenched in the NHS whole systems approach to healthcare.

The guiding principle for operations is to construct a hub and spoke delivery model where smaller sites feed off larger hub sites for administration, supply, management arrangements, allowing the trust to locate key support services at certain suitable hub sites. The aim of the hub spoke model is:

- To improve station and standby point 'range and cover' and support the trust's clinical priorities and achievement of Category A and Category B national response standards;
- Support overall delivery of services to patients;
- To improve working conditions/facilities at station locations – for all staff on site. To improve energy efficiency at current/future sites via investment in low energy building and engineering technology;
- Improve vehicle preparedness (stock, cleaning and availability);
- To improve use of assets including identification of sites surplus to operational requirements;
- To reduce estates capital and revenue lifetime costs and maximise investment in patient care;
- To reduce the environmental impact of stations/sites and vehicles;
- To advise on an appropriate condition upgrade programme for existing sites;
- To support delivery of improved vehicle egress times from hub and spoke stations.

Traditionally both A&E and PTS services have been provided from traditional ambulance stations and, in future where appropriate, these services will be provided by a combination of hubs, spokes and standby points in optimum strategic locations.

- **Hub**: integrated resource centre or resource centre – defined as a site where a large number of staff report and where we operate other support services – full "make ready" services, fleet servicing and maintenance, logistics/supplies, have a management presence (i.e. locality management) and have education facilities that are able to accommodate classroom based training;

- **Spoke**: operational centre – defined as a site where staff report, but is aligned to a hub for services including deep cleaning, repair, supplies etc (could be an existing station, a co location site with other partners) but importantly, where staff report to collect a vehicle;

- **Standby Points** either a 'hot' stand by site e.g. an acute emergency department, or number one location in a city where we do not expect to be there for more than a few minutes and facilitated stand by locations/sites which can be any site where crew facilities are present (e.g. a portable building, polyclinic, MIU etc).

With consideration to the trust's aims and strategic objectives detailed in section two of this strategy, the following concepts and guiding principles have been developed to meet these objectives. Additionally, the impact on the trust's accommodation is now considered on a service by service basis below.

5.1.1. Accident & Emergency Ambulance Stations

The primary function of the trust is the delivery of A&E services. Many of the other functions the trust needs support of the delivery of A&E services. Other services the trust provides are also linked to A&E services locations. It was considered essential to firstly develop the future A&E services model and to identify proposed locations for ambulance stations so that linked services strategies could then be developed. The A&E service locations would become the foundation layer that will underpin the development of other related service strategies and where these services will be located.

The A&E operational model has been developed in conjunction with District Valuer Services (DVS) based upon the full Strategic Property Appraisal (SPA) and a series of facilitated workshops and structured interviews with the regional operational heads of service and other trust stakeholders.

Simulation modelling analysis of historical demand patterns has previously been undertaken by Operational Research in Health (ORH). The ORH report identified the need for four to five strategic response locations across the trust operational area centred in the main population centres. Reference to the ORH report has been made in the development of the reconfiguration proposals and the strategic locations identified in the ORH report correspond and support the locations within the reconfiguration proposal.

The proposed reconfiguration model will be tested by Process Evolution (the trust's informatics partner) to assess the potential impact on operational performance.

5.1.2. Patient Transport Service (PTS)

There is an option to have a few large locations from which PTS resources could be deployed, allowing for efficient use of resources and minimising the fleet size. These resources do not necessarily need to be co-located with A&E resources. This may be more relevant in more rural areas but not a necessity in urban areas.

In the future PTS operating model resources will spend most of their working shift away from their base location and often will not return to their base location until the end of their shift. Typically almost all of the PTS fleet is inactive during the night period and vehicles do not need to be parked inside a garage area and could either be located in a compound type area either covered or uncovered.

Any proposed location would require basic cleaning facilities and requirements such as lighting and shore lines for vehicles that require over night charging facility. Consideration does need to be given to how vehicles access appropriate fleet maintenance and deep cleaning services, although deep cleaning could feed in to an A&E hub site or a mobile cleaning service could be accommodated. Maintenance could be provided in house or the service out-sourced if more cost effective.

5.1.3. Emergency Operations Centres (EOC)

The trust is currently maintaining three emergency operations centres (EOCs) and is increasingly viewed as an outlier when compared to other ambulance services nationally. This is both inefficient and costly and is viewed by commissioners as financially unsustainable in the current economic climate. In addition to this, there is a separate Patient Transport Service (PTS) control room and the Gloucestershire Out-of-Hours (OoH) control function is incorporated into the Gloucestershire EOC.

In line with the legacy arrangements, the emergency operations centres (EOCs) are located in Almondsbury, Devizes and Gloucester. None of the existing EOCs are of sufficient size to accommodate all call taking and dispatch functions of A&E in addition to Patient Transport Services, Out of Hours and a potential 111 service.

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

- In order to be considered as a potential provider of the 111 service there will be a need to increase capacity, efficiency and effectiveness of control rooms;
- Significant cost savings can be made from a combination of increased efficiency of a single dispatch function (compared to three at present), together with reductions in management overhead requirements;
- Improved responsiveness and flexibility to cater for variations in demand, including projected growth ion call volumes and possible major incidents, through the ability to allocate resources flexibly and at short notice to meet changes in demand. This would be enhanced further through co-location of the Out of Hours Service and Patient Transport Service within the EOC facility;
- Resilience, through implementation of effective backup and contingency arrangements. It is envisaged that backup would be provided initially through existing facilities, before migrating to a dedicated backup/training facility.

In view of this there is a need to review this provision to ensure the trust is best placed to succeed within a competitive environment for 111 services whilst guaranteeing sufficient resilience; potential options are:

a) No change to current locations
b) Split–site EOC
c) Hub and spoke
d) Single EOC with resilience arrangements.

It is recommended that a review of control room facilities is undertaken and a business case is produced a presented to the Board for further consideration.

5.1.4. Headquarters (HQ)

Currently the trust has management and headquarters administrative staff (HQ, OoH control and PTS control staff) at five main locations (Marybush, Acuma, Dorman, Jenner, and GTECH). A single headquarters would need to accommodate approximately 130 people and require approximately 1,400m2 NIA of modern office space, plus adequate car parking for essential users. As part of the estate strategy a preliminary option appraisal exercise has been undertaken to scope out HQ options, these are:

a) Do nothing, adapting existing locations.
b) Single HQ in Chippenham.
c) Single HQ in Bristol
d) Single HQ in Bristol, with a co-located single EOC
e) Consolidate in Chippenham and retain certain HQ services (e.g. IT, personnel and HR) located at Bristol HART or a future EOC.

It is recommended that a further study is undertaken on the above options, with a business plan being produced that will be presented back to the trust board.

5.1.5. Fleet, Logistics and "make ready" (FLMR)

The full fleet, logistics and "make ready" functions are currently being reviewed with a number of options under consideration.

Logistics
Currently three stores cover the trust's regions. The Avon region stores are located at Bristol Central ambulance station. The Gloucestershire region stores are located at Staverton. The Wiltshire region stores are located at Chippenham ambulance station.

Fleet and "make ready"
Currently there are four fleet workshops covering the three trust regions. The Avon region is located at Bristol Central ambulance station. The Gloucestershire region is covered by the workshop adjacent to the Tri-Service EOC and the Wiltshire region is covered by two workshops at Trowbridge ambulance station and Swindon ambulance station.

Currently there are four 'deep clean' locations covering the trust's regions. The Avon region is located at Bristol Central ambulance station and co-located with the workshop. The Gloucestershire region is located at Staverton ambulance station. The Wiltshire region located at both Trowbridge ambulance station and Swindon ambulance station both locations are co-located with the workshop.

To support the highly mobile resources required for the A&E future operating model there is a need to have efficient and appropriately located support functions such as fleet and '"make ready"' deep cleaning services. It is proposed that at certain suitable hub sites there may be a fleet maintenance service co-located with static '"make

ready"' deep cleaning team(s) and logistics/mobile '"make ready"' staff to ensure the prompt maintenance and cleaning of vehicles to minimise lost/downtime when resources are required to be operationally available.

It is envisaged that typically there would be a maintenance and '"make ready" facility' within each of the three regions although this is not mandatory. The required supply chain arrangements would need to reflect and support the hub and spoke configuration. This may involve more direct supply of goods to larger hub sites with arrangements then to feed to smaller sites the required supplies needed.

Of the current four deep clean locations (Staverton, Bristol Central, Swindon and Trowbridge ambulance stations) only Staverton is not co-located with a fleet workshop. Therefore when considering a future combined fleet and "make ready" service there are a range of options for consideration which are detailed below.

5.1.6. Training and Education

Higher education for paramedics is central to achieving a modernised ambulance workforce able to provide a greater range of mobile urgent care, set out in the ambulance review *"Taking Healthcare the Patient: Transforming NHS Ambulance Services"*. Making the transition will equip ambulance clinicians with a greater range of competences and underpinning knowledge whilst maintaining the vocational nature of their training. It will also aid integration with the wider NHS, making it easier for staff to move to and from ambulance roles within their careers.

In the future where internal training and development is required, more of this would be carried out at a local site level, therefore each site ideally would have minimal facilities to enable some classroom training to take place. Smaller sites may simply have a room in which staff could study at a computer or undertake some practical training. Larger hub sites may need the facilities to train a group of staff in a room – having at least one site with these types of facilities within each operational sector/county.

5.1.7. HART

The HART service went live at the end of August 2010, based in temporary accommodation at Falfield ambulance station. Negotiations to purchase a site at Filton in North Bristol for the permanent HART base have been concluded and works are due to commence on site in January 2011, and complete in April 2011. The works allow scope for a number of non-HART services to be co located onto the site including:

- Training – shared use of the HART training rooms, booked through HART;
- Stores – relocation of Bristol and Staverton stores – this vacates space at Bristol enabling use by the workshops to increase capacity and improve efficiency;
- A&E services – to be confirmed;
- PTS services – to be confirmed.

5.2. The Estate Strategy Benefits

The Benefits for Patients
The reconfigured estate will support delivery of national performance standards ensuring patients receive the most appropriate response whether from an ambulance crew or telephone advice from a trained clinician. In addition the strategy will ensure that resources are not diverted from front line care to maintain buildings in need of significant repair that are no-longer required to deliver the trusts services.

Where practicable new facilities will be co-located with other health providers, ensuring the trust remains part of a coherent community based health system, whilst delivering cost efficiencies for taxpayers.

The Benefits for Staff
The reconfigured estate will enable trust staff to operate from base locations that are modern and purpose built. They will provide modern facilities for crews. The new estates model will be supported by full "make ready" services that will provide fully prepared vehicles as set out in the fleet and "make ready" proposals.

The Financial Benefits
The forecast net cash benefit to the trust of implementing the estate strategy based on a 10-year investment will be significant; this is partially due to the high backlog maintenance costs.

The Estate Condition Benefits
The six facet survey data has been used as a baseline to provide a forecast of what the future condition of the proposed estate will be based on the estate strategy reconfiguration proposals. Certain assumptions have been used to make this forecast, namely that:

- Any new build building solution will be constructed to achieve the highest level of facet compliance as required in the six facet assessment criteria;
- Any refurbished building solution will be refurbished to achieve the highest level of facet compliance as required in the six facet assessment criteria;
- Any leasehold building solution will achieve the highest level of facet compliance as required in the six facet assessment criteria.

Table J

Facet	2007 Performance	2011 Performance	2021 Performance
Physical Condition (% of estate below Category B)	0%		0%
Functional Suitability (% of estate below Category B)	73%		0%
Space Utilisation (% Overcrowded)	0%		0%
Quality (% of estate below Category B)	77%		0%
Statutory Compliance (% of estate below Category B)	99%		0%
Fire Safety (% of estate below Category B)	92%		0%
Energy (% of estate below Category B)	82%		0%

Estate Benefits Summary
The forecast future estate condition results clearly demonstrate a dramatic improvement in the overall condition of the estate as well as significantly reducing the existing backlog maintenance liabilities the trust faces regarding the condition of its A&E operational property. A summary of the reduction in backlog maintenance liabilities by region is detailed below in Table H this clearly demonstrates the potential savings to the trust.

Table K

Region	Existing Backlog Maintenance Liability	Proposed Backlog Maintenance Liability	Reduction in Liability
Gloucestershire	£ 169,000	£ 79,800	£ 89,200
Wiltshire	£ 761,300	£590,000	£ 513,900
Avon*	£1,115,400	£169,000	£ 946,400
Total	£2,085,800	£839,000	£1,246,800

This figure includes £711,200 for Central Ambulance Station

5.3. The Environmental and Sustainability Benefits

The reconfigured estate will enable trust staff to operate from a reduced number of sites; this will deliver a number of environmental and sustainable benefits such as:

- Reduction in core locations combined with full fleet and "make ready" services will reduce vehicle travel and emissions;
- Reduction in floor space will reduce energy usage and reduce CO2;
- Deploying from strategic response locations will reduce overall vehicle travel to incidents and reduce emissions;
- All proposed buildings either new builds or refurbishment will be designed to latest BREEAM standards as required by NHS, this will further reduce energy usage.

All of the above will enable the trust to reduce its carbon footprint.

6. How do we get there - Implementation

6.1. Introduction

The estate strategy proposes significant changes to the trusts estate; these changes are numerous and are likely to be considered as transformational by the trust's many stakeholders. It is essential that a detailed communications strategy is developed, that all stakeholders are consulted early in the process and then regularly informed on implementation progress. This is imperative to reassure all stakeholders that full and open engagement with all affected stakeholders will be properly managed.

An important aspect to emphasise is that the estate strategy provides a vision for the next five – ten years and that realising this vision will be incremental. All change proposals will be subject to a detailed suitability analysis to ensure resilience is acceptable and that both service performance and financial benefits are achievable. Each estates project will be guided by an implementation team made up of staff representatives who have power to influence decisions which affect staff. It is hoped also that patient representatives will be invited to join these project groups as well, so to maximise the impact on delivering excellent patient care.

6.2. Priority Actions

6.2.1. Dedicated Project Delivery Team

The changes proposed in the estate strategy are many and complex it will be necessary to establish an estate strategy project delivery team. The Project Delivery team remit will extend beyond property matters and will include the development of a communications strategy that will cover all internal and external communications requirements.

6.2.2. Communications Strategy

Produce a communications strategy that will inform all internal and external trust stakeholder engagement and consultation.

6.2.3. Key Priority Areas

Given the current internal and external influences, it is recommended that 3 initial stages to be pursued are:

- A review of the existing Emergency Operations Centres, incorporating the Out of Hours and Patient Transport Services, taking into consideration potential 111 business;
- A review of the headquarters facility, taking into consideration the existing sites in Bristol, Gloucester and Chippenham;
- In line with the new Hazardous Area Response Team (HART) facility a review should be undertaken of the wider A&E facilities in Bristol.

Detailed estate proposals will be developed into business cases and implementation plans for approval by the board on a project by project basis.

Great Western Ambulance Service NHS
NHS Trust

Great Western Ambulance Service application for Foundation trust status: An update for the Joint Health Overview and Scrutiny Committee 10 June 2011

Background

The Government now intends that every NHS trust becomes a foundation trust (FT). Great Western Ambulance Service (GWAS) recognises there is great benefit in achieving FT status. Members and elected governors provide a direct link between the trust and the population it serves. Members – made up of our staff and our public - will be able to influence the direction of the trust and FT status will boost accountability to patients and the public. Local accountability will mean that our staff, the public we serve and some of our key partners will have a real say in how we shape our future services.

The trust will be financially independent, able to raise capital, dispose of assets and invest funds back into the trust. The trust and its members will be able to set the future direction of the trust, win new business and explore new areas of service delivery.

FT status offers a significant opportunity to the trust, not least in communicating and engaging with staff and its public.

An NHS foundation trust has:

- A membership community made up of local people and our staff.
- A Council of Governors made up of public and staff governors elected by the members and appointed governors from local partner organisations.
- A Board of Directors made up of the chair, non-executive directors appointed by the governors.

Overview Timeframe

<u>September</u>
Consultation with public to start

Member recruitment starts

<u>November 2011</u>
Consultation closes

<u>December 2011</u>
Board considers consultation response

Jan 2012
Consultation outcome published

April 2012
Formal application made to the Secretary of State for Health

May 2012
Governor elections

October 2012
Subject to agreement, GWAS authorised to become FT

Consultation

The consultation will start in early September and run until late November.

A calendar is in development of non-GWAS public meetings and events that are taking place during our consultation period. It is proposed to have a presence at as many of these as possible.

Subject to feedback and board approval, it is proposed to host nine specific events three in each of our localities for key stakeholders and members of the public to hear about our work, and consider our proposals for becoming an NHS Foundation Trust to create opportunities for feedback and membership.

Questions for the JOSC

During the consultation period, the trust plans to communicate with liaison officers for individual HOSCs and the Joint HOSC to ensure GWAS FT presentations are scheduled into the existing HOSC/JOSC meetings schedules when possible.

Question: Do individual HOSCs want to get presentations during the consultation period or would they want this to happen through the JOSC?

Question: Would HOSCs/JOSCs prefer to attend the public consultation events instead of presentations to HOSCs/JOSC?

The trust aims to run nine public consultation events – three in each sector.

Question: Do JOSC members think three in each sector is enough?

Agenda Item No. 14

Work Programme

Great Western Ambulance Joint Health Scrutiny Committee
10th June 2011

Author: Chair, Great Western Ambulance Joint Health Scrutiny Committee

Purpose

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

Recommendation

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

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

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 28th January 2011, Members agreed a work programme up to the 10th June 2011.

2.2 Members are requested to confirm the date of the next meeting. The proposed date is 14th October 2011 and the meeting will be hosted by Wiltshire.

2.3 Members are requested to confirm work programme priorities for the next meeting of the Committee.

2.4 A draft Work Programme is attached, which includes the standing items that are reported to every meeting of the Committee.

3.0 Background Papers and Appendices

Appendices

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

Appendix A

Work Programme

Great Western Ambulance Joint Health Scrutiny Committee
Work Programme 2011/12 (Updated 31st January 2011)

Please note:

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

Friday 10th June 2011 at Bristol City Council

Agenda Item	Issues to be Considered	Witnesses Required	Evidence Required
To consider any issues arising from the Monthly Performance Report, and response times for district councils. (also included will be a full breakdown of handover times/delays by hospital)	• To consider the latest data regarding key performance information • To raise any issues with officers from GWAS and Gloucestershire PCT • To determine whether any further action is	• Representative from GWAS • Representative from Gloucestershire PCT	• Commissioners Monthly Report, GWAS • Board Performance Report, GWAS • Handover times/delays by hospital

	required by the Joint Committee		• District Response Times
Report from Joint Working Group		• Local LINK rep and/or Chair of JWG	•
Changes to GWAS performance standards (briefing paper)	•	• Representative from GWAS	•
A&E Handover times – comments from acute trusts	•	• Representatives from UHB and NBT	•
GWAS Quality Account	• To comment on the draft Quality Account	•	•
Briefing on future commissioning arrangements for GWAS	•	• Linda Prosser, NHS Glos	•
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	• To enable individual HOSCs to advise the Joint Committee of any work they are undertaking and the outcomes of such work	• N/A	• Extracts of minutes from local authority HOSCs

GWAS Joint Health Scrutiny Committee Work Programme	• To review the Committee's work programme to ensure that it remains relevant	• Scrutiny Officer	•

Friday 14th October 2011 at Wiltshire Council

Agenda Item	Issues to be Considered	Witnesses Required	Evidence Required
To consider any issues arising from the Monthly Performance Report, and response times for district councils. (also included will be a full breakdown of handover times/delays by hospital)	• To consider the latest data regarding key performance information • To raise any issues with officers from GWAS and Gloucestershire PCT • To determine whether any further action is required by the Joint Committee	• Representative from GWAS • Representative from Gloucestershire PCT	• Commissioners Monthly Report, GWAS • Board Performance Report, GWAS • Handover times/delays by hospital • District Response Times
Report from Joint Working Group		• Local LINK rep and/or Chair of JWG	•
Update from local authority Health Overview	• To enable individual HOSCs to advise the Joint	• N/A	• Extracts of minutes from local authority

and Scrutiny Committees (HOSCs)	Committee of any work they are undertaking and the outcomes of such work		HOSCs
GWAS Joint Health Scrutiny Committee Work Programme	• To review the Committee's work programme to ensure that it remains relevant	• Scrutiny Officer	•