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Somerset Council



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South Gloucestershire  
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SWINDON  
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## GREAT WESTERN AMBULANCE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE AGENDA

**Date & Time:** 11<sup>th</sup> June 2010 at 10.30 am (Please note start time)

**Venue:** Swindon Borough Council, Civic Offices, Euclid Street,  
Swindon, SN1 2JH.

### Members of the Committee:

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

**Contact Officers:**

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

**Web site addresses:**

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

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

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

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

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

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

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

**AGENDA**

- 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 29<sup>th</sup> January 2010**  
To approve the Minutes of the Meeting for signature by the Chair.
- 6. Monthly Performance Information Comprising:**
  - A. Commissioners' Monthly Report For Activity In March and April 2010;**
  - B. Board Performance Report - March 2010;**
  - C. Hospital Handover Times - April 2010.**To comment and note.

<b>7.</b>	<b>AGW Cardiac and Stroke Network</b> Presentation by Dr Tim Cribbs
<b>8.</b>	<b>Update from HOSCs</b> To note the above.
<b>9.</b>	<b>Report from Joint Working Group</b> To consider the above.
<b>10.</b>	<b>Task and Finish Group (to incorporate update on CFR Scheme)</b> To note
<b>11.</b>	<b>Quality Accounts</b> To note background report to explain what QAs are etc
<b>12.</b>	<b>GWAS Quality Account</b> To comment.
<b>13.</b>	<b>Work Programme</b> To agree the priorities for future meetings of the Committee.
<b>14.</b>	<b>Dates of Future Meetings</b> Proposed date of next meeting: 17 <sup>th</sup> September 2010 at 11.00 am – venue – Gloucestershire County Council 17 <sup>th</sup> December 2010 at 11.00 am – venue - South Gloucestershire Council
<b>15.</b>	<b>Urgent Business</b>

**Date of Dispatch: 3<sup>rd</sup> June 2010**

### **Public Question Time**

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

### **Access Arrangements**

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

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

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

**Friday 29th January 2010**

**Bath & North East Somerset Council, The Guildhall, Bath**

**MINUTES**

**Present:**

**Councillors:**

Cllr Sylvia Townsend (Bristol City Council) – Chairman (in the absence of Cllr Gravells),  
Cllr Adrian Inker (Bath and North East Somerset Council), Cllr Anthony Clarke (Bath and North East Somerset Council), Cllr Sharon Ball (Bath and North East Somerset), Cllr Lesley Alexander (Bristol City Council), Jenny Smith (Bristol City Council), Cllr Ron Allen (Gloucestershire County Council), Cllr Sandra Grant (South Gloucestershire Council), Cllr Sue Hope (South Gloucestershire Council), Cllr Andy Perkins (South Gloucestershire Council), Cllr Ann Harley (North Somerset Council), Cllr Reyna Knight (North Somerset Council), Cllr Andrew Bennett (Swindon Borough Council) (substitute for Cllr Peter Mallinson), Cllr Christine Crisp (Wiltshire Council), Cllr Mike Hewitt (Wiltshire Council), Cllr Ray Apperley (Gloucestershire County Council) (substitute for Cllr Andrew Gravells).

**Others:**

Elizabeth Power (Gloucestershire County Council), Jill Tompkins (Bath and North East Somerset LINK), Jill Crook (NHS Gloucestershire), Jonathan Lofthouse (Great Western Ambulance Service), David Whiting (Great Western Ambulance

Service), Caroline Pickford (Wiltshire Council), Caerrie Braber (NHS North Somerset), Mark Durnford (Bath and North East Somerset), Victoria Eld (Great Western Ambulance Service), Corinne Edwards (NHS Bath and North East Somerset), Ian Whittern (Unison, GWA Branch), Nicki Millin (NHS Gloucestershire), Becky Parish (NHS Gloucestershire), John Oliver (Great Western Ambulance Service), Romaine de Fonseca (Bristol City Council)

**Apologies:**

Cllr Andrew Gravells (Gloucestershire County Council) - Chairman, Cllr Peter Mallinson (Swindon Borough Council), Cllr Michael Bray (Swindon Borough Council), Cllr Anne Kemp (North Somerset Council)

Sally Smith (Swindon Borough Council), Jan Stubbings (NHS Gloucestershire).

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

Cllr Andy Perkins declared a personal and non-prejudicial interest as his wife works at University Hospitals Bristol NHS Foundation Trust.

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

No questions were received from the public.

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

The Chairman announced that a report from the Joint Working Group would now be present as a standing item on the agenda.

**117 Minutes of the Meeting held 30<sup>th</sup> October 2009 (Agenda Item 5)**

The Committee **RESOLVED** that the minutes of the meeting held on 30<sup>th</sup> October 2009 be approved as a correct record.

**118 Monthly Performance Information for December 2009 (Agenda Item 6)**

David Whiting (Chief Executive, Great Western Ambulance Service) introduced this report to the Committee.

He acknowledged that with regard to the Category A 8 Minute Target Performance they were under target for December at 69.91%, however the year to date figures still remained good at 74.6% with a target of 75%.

The service faced continuing challenges between 20<sup>th</sup> December and 13<sup>th</sup> January from the adverse weather. He wished to pay tribute to all his staff for their efforts over this period.

In response to a question from the Committee he stressed that the service had very clear plans if a flu pandemic had occurred within this period.

Jonathan Lofthouse (Director of Service Delivery, Great Western Ambulance Service) spoke of how the service operated in the difficult conditions. A full command network was in place continuously and they were in constant communication between the Highways Dept and the Meteorological Office. The service during this period recognised the need for increasing the number of 4 x 4 vehicles it has access to.

Some members of the Committee commented that the font size of the document was too small and that a commentary should be provided with the figures. The officers acknowledged this and hoped to improve it for the next meeting.

David Whiting (Chief Executive, Great Western Ambulance Service) spoke of the increasing number of Category C incidents and the need for the service to find the correct working model to enable it to move forward in making sustainable improvements.

In response to a question from the Committee he replied that complaints were monitored and that they were not at a significant level. He added that data relating to Key Performance Indicators would be available at the next meeting of the Committee.

In response to a question from the Committee he acknowledged the variation in Accident & Emergency handover times and said that these were being addressed.

The Committee **RESOLVED** to note the report.

### **119 Benchmarking of GWAS – Performance and Financial Data (Agenda Item 7)**

David Whiting (Chief Executive, Great Western Ambulance Service) introduced this report to the Committee.

He informed them that Cllr Gravells had requested to receive this information. He added that currently there was not a great deal of national benchmarking data.

In response to a question from the Committee he replied that the service would strongly be attempting to improve on its rating of 'Weak'.

The Committee **RESOLVED** to note the report.

### **120 Update from HOSCs (Agenda Item 8)**

Cllr Andy Perkins asked for clarification on a point mentioned in the South Gloucestershire Health Scrutiny Select Committee minute extract.

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

David Whiting (Chief Executive, Great Western Ambulance Service) replied that a CFR could not 'stop the clock' for Category B incidents.

Cllr Mike Hewitt commented that he felt Wiltshire was not supported enough and cited ongoing problems in the Kennet area.

David Whiting (Chief Executive, Great Western Ambulance Service) replied that areas such as the Cotswolds, Forest of Dean and Kennet have been identified as areas of specific need.

The Committee **RESOLVED** to note the written and verbal updates provided by the individual Health Overview and Scrutiny Committees.

### **121 Short Life Group on Rural Response Times (Agenda Item 9)**

Cllr Ray Apperley spoke of how successful the work regarding Community First Responders had been in Gloucestershire. He recommended promotion of the scheme on a wide variety of levels to enable the public to become more aware.

Cllr Andrew Bennet suggested that Parish Councils should be leafleted to gain their involvement.

Jonathan Lofthouse (Director of Service Delivery, Great Western Ambulance Service) commented that direct funding had been received from the British Heart Foundation to train Vulnerable Groups, Schools and BME Communities.



The Committee **RESOLVED** to:

- (i) Note and welcome the draft Terms of Reference attached at Appendix 1.
- (ii) Note the attached CFR update at Appendix 2.

### **122 GWAS Declaration against Core Standards (Agenda Item 10)**

David Whiting (Chief Executive, Great Western Ambulance Service) introduced this report to the Committee.

He informed them that in 2008 / 09 five core standards were not met, these included technology appraisals and mandatory training programmes. He added that a great deal of work had been done regarding this area of the service and now he was pleased to report that only one core standard was outstanding, this was likely to be resolved by March 2010.

The Committee thanked him for the update and welcomed the progress made.

### **123 Future Draft Strategic Direction and Clinical Strategy of GWAS (Agenda Item 11)**

David Whiting (Chief Executive, Great Western Ambulance Service) introduced this report to the Committee.

He explained that the purpose of the paper was to set out the emerging strategic direction and clinical priorities of the Great Western Ambulance Service (GWAS) for 2010-15. GWAS is seeking early engagement and feedback from key stakeholders to help shape the final strategy which will be approved by the GWAS trust board in March 2010.

In response to a question from a member of the Committee he replied that he believed the proposed changes to the structure of the service would lead to improvements.

A Unison representative was present and addressed the Committee. He stated that they could not support the Draft Strategy and would be balloting members on the matter.

David Whiting (Chief Executive, Great Western Ambulance Service) replied that staff were very key to the service. The intention is to have 200 / 300 extra paramedics in the service within the next five years.

In response to a question from the Committee he assured them that the draft strategy was not a tick list exercise and that it would be monitored closely through delivery plans over the next five years.

In response to a question from the Committee he replied that the savings made when the merger of services took place in April 2006 was invested into frontline services.

The Committee **RESOLVED** to note the report.

#### **124 Work Programme (Agenda Item 12)**

The Chairman introduced this item to the Committee and asked if they had any issues they wished to raise.

The Committee **RESOLVED** to approve the Work Programme as printed.

#### **125 Dates of Future Meetings (Agenda Item 13)**

The Chairman confirmed that the next meeting would take place on 23rd April 2010 and proposed that the July meeting take place on the 16<sup>th</sup>. Venues for both dates were to be arranged.

#### **126 Urgent Business (Agenda Item 14)**

There was none.

## Agenda Item No. 6

### Review of Issues Arising from Performance Reports

**Great Western Ambulance Joint Health Scrutiny Committee**  
**11<sup>th</sup> June 2010**

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

#### **Purpose**

To present Members with:

- the Commissioners Monthly Report (2009/10 year end plus April 2010)
- the Board Performance Report (covering activity in April 2010)
- 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 Monthly Report (2009/10 year end plus April 2010) 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 (April 2010) 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: Commissioners Monthly Report (2009/10 year end plus April 2010), Great Western Ambulance NHS Trust

Appendix 2: Board Performance Report (covering activity in April 2010), Great Western Ambulance NHS Trust

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



ACTIVITY & PERFORMANCE  
COMMISSIONERS' MONTHLY REPORT 2009/10

CONTENTS

- PAGE 1: GREAT WESTERN AMBULANCE SERVICE TOP LEVEL SUMMARY OF ACTIVITY & PERFORMANCE DURING 2009/10 AGAINST THE PREVIOUS FINANCIAL YEAR AND NATIONAL TARGETS
- PAGE 2: CHARTS PRESENTING ACTIVITY & PERFORMANCE DURING 2009/10 AGAINST THE PREVIOUS FINANCIAL YEAR AND NATIONAL TARGETS
- PAGE 3: PERFORMANCE AGAINST CATEGORY A 8 MINUTE STANDARD BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 4: PERFORMANCE AGAINST CATEGORY A 19 MINUTE STANDARD BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 5: PERFORMANCE AGAINST CATEGORY B 19 MINUTE STANDARD BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 6: PERFORMANCE AGAINST CATEGORY C LOCAL STANDARDS BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 7: ACTIVITY LEVELS - INCIDENTS WITH RESPONSE BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY AGAINST THE PREVIOUS FINANCIAL YEAR
- PAGE 8: CONVEYANCE RATE - BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 9: ACTIVITY LEVELS - TOTAL NUMBER OF RESPONDING RESOURCES BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 10: ACTIVITY LEVELS - TOTAL NUMBER OF PATIENTS TRANSPORTED BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 11: CONTRACT SUMMARY - CONTRACTED ACTIVITY (INCIDENTS WITH RESPONSE) VS ACTUAL ACTIVITY BROKEN DOWN BY PCT



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

**ACTIVITY:**

**Incidents with Response:**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	17,985	19,138	18,490	19,251	18,751	18,762	19,883	19,474	22,163	20,352	18,279	20,875	233,403
2009/10 Contract	18,214	19,840	19,124	19,902	19,265	19,470	20,673	20,123	23,616	21,529	18,832	22,181	242,769
2009/10 Actual	19,768	21,215	21,067	21,624	21,451	20,686	22,526	21,619	23,662	21,585	19,598	22,110	256,911
Variance from Contract	1,554	1,375	1,943	1,722	2,186	1,216	1,853	1,496	46	56	766	-71	14,142
Variance from Contract %	8.5%	6.9%	10.2%	8.7%	11.3%	6.2%	9.0%	7.4%	0.2%	0.3%	4.1%	-0.3%	5.8%
Variance from 2008/09	1,783	2,077	2,577	2,373	2,700	1,924	2,643	2,145	1,499	1,233	1,319	1,235	23,508
Variance from 2008/09 %	9.9%	10.9%	13.9%	12.3%	14.4%	10.3%	13.3%	11.0%	6.8%	6.1%	7.2%	5.9%	10.1%

**Incidents with Transport:**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	11,619	12,107	11,751	12,212	11,886	12,001	13,058	12,958	14,476	13,725	12,394	14,021	152,208
2009/10 Contract	11,968	12,470	12,104	12,578	12,243	12,361	13,450	13,347	14,910	14,137	12,766	14,442	156,774
2009/10 Actual	13,304	14,027	13,477	13,777	13,706	13,793	14,901	14,354	15,604	14,483	13,001	14,619	169,046
Variance from Contract	1,336	1,557	1,373	1,199	1,463	1,432	1,451	1,007	694	346	235	177	12,272
Variance from Contract %	11.2%	12.5%	11.3%	9.5%	12.0%	11.6%	10.8%	7.5%	4.7%	2.4%	1.8%	1.2%	7.8%
Variance from 2008/09	1,685	1,920	1,726	1,565	1,820	1,792	1,843	1,396	1,128	758	607	598	16,838
Variance from 2008/09 %	14.5%	15.9%	14.7%	12.8%	15.3%	14.9%	14.1%	10.8%	7.8%	5.5%	4.9%	4.3%	11.1%

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	64.6%	63.3%	63.6%	63.4%	63.4%	64.0%	65.7%	66.5%	65.3%	67.4%	67.8%	67.2%	65.2%
2009/10 Actual	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%
Variance from 2008/09 %	2.7%	2.9%	0.4%	0.3%	0.5%	2.7%	0.5%	-0.1%	0.6%	-0.3%	-1.5%	-1.0%	0.6%

**PERFORMANCE:**

**Category A 8 Minute Target Performance:**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	72.63%	71.55%	68.62%	72.36%	73.91%	66.54%	63.79%	65.30%	60.85%	68.81%	66.87%	71.15%	68.4%
2009/10 Target	74.00%	76.00%	75.50%	76.25%	76.25%	75.75%	76.25%	76.25%	75.25%	75.75%	75.75%	75.25%	75.0%
2009/10 Actual	76.03%	77.41%	77.17%	72.72%	77.17%	75.77%	74.78%	75.04%	69.97%	71.20%	75.80%	78.24%	75.0%
Variance from Target	2.0%	1.4%	1.7%	-3.5%	0.9%	0.0%	-1.5%	-1.2%	-5.3%	-4.5%	0.1%	3.0%	0.0%
Variance from 2008/09	3.4%	5.9%	8.6%	0.4%	3.3%	9.2%	11.0%	9.7%	9.1%	2.4%	8.9%	7.1%	6.6%

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	94.69%	94.81%	93.45%	94.11%	95.54%	92.08%	91.86%	93.28%	91.90%	95.34%	94.47%	95.66%	93.9%
2009/10 Target	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.4%
2009/10 Actual	95.89%	96.46%	95.85%	95.28%	95.59%	95.72%	95.19%	95.21%	93.20%	93.44%	94.96%	95.35%	95.1%
Variance from Target	0.5%	1.1%	0.4%	-0.1%	0.2%	0.3%	-0.2%	-0.2%	-2.2%	-2.0%	-0.4%	-0.1%	-0.3%
Variance from 2008/09	1.2%	1.7%	2.4%	1.2%	0.0%	3.6%	3.3%	1.9%	1.3%	-1.9%	0.5%	-0.3%	1.2%

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	88.59%	86.89%	82.64%	84.93%	88.23%	83.38%	85.06%	88.06%	86.04%	91.75%	89.71%	91.47%	87.2%
2009/10 Target	93.40%	94.40%	94.40%	94.65%	94.65%	94.65%	94.90%	94.90%	94.90%	95.15%	95.15%	95.40%	95.0%
2009/10 Actual	92.36%	92.95%	92.40%	91.04%	91.82%	92.16%	89.75%	89.80%	86.45%	87.69%	90.15%	90.98%	90.7%
Variance from Target	-1.0%	-1.5%	-2.0%	-3.6%	-2.8%	-2.5%	-5.2%	-5.1%	-8.5%	-7.5%	-5.0%	-4.4%	-4.3%
Variance from 2008/09	3.8%	6.1%	9.8%	6.1%	3.6%	8.8%	4.7%	1.7%	0.4%	-4.1%	0.4%	-0.5%	3.5%

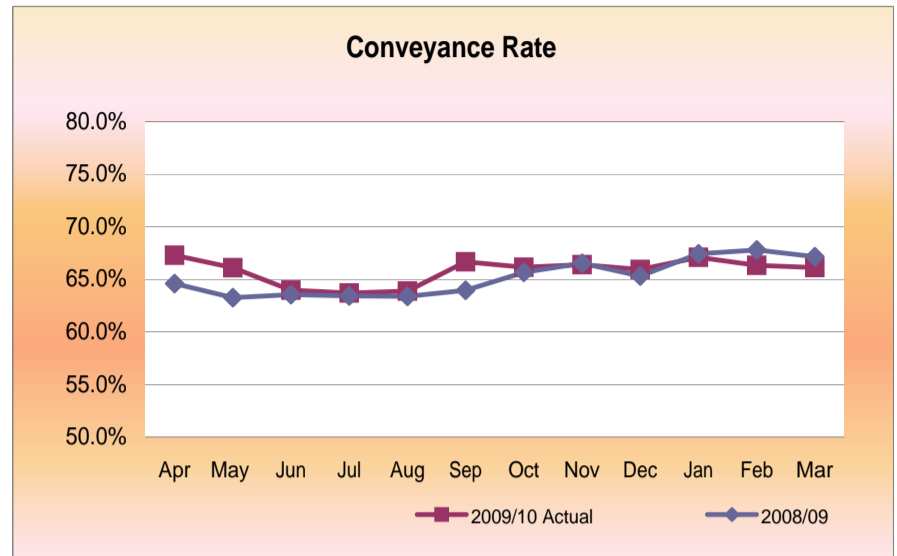
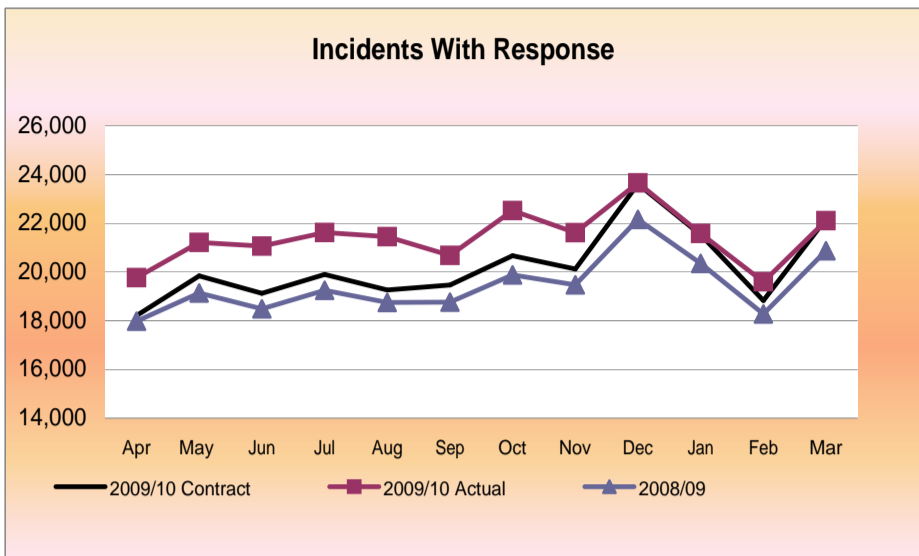
**Category C Performance: \***

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2008/09	88.4%	85.8%	79.7%	82.8%	87.4%	83.5%	80.5%	85.5%	85.4%	92.5%	92.9%	92.1%	86.6%
2009/10 Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
2009/10 Actual	92.2%	92.4%	93.1%	91.6%	90.4%	90.8%	86.4%	85.9%	81.1%	85.6%	83.8%	83.4%	87.9%
Variance from Target	-2.8%	-2.6%	-1.9%	-3.4%	-4.6%	-4.2%	-8.6%	-9.1%	-13.9%	-9.4%	-11.2%	-11.6%	-7.1%
Variance from 2008/09	3.7%	6.6%	13.3%	8.8%	3.0%	7.3%	5.9%	0.4%	-4.3%	-6.9%	-9.1%	-8.8%	1.3%

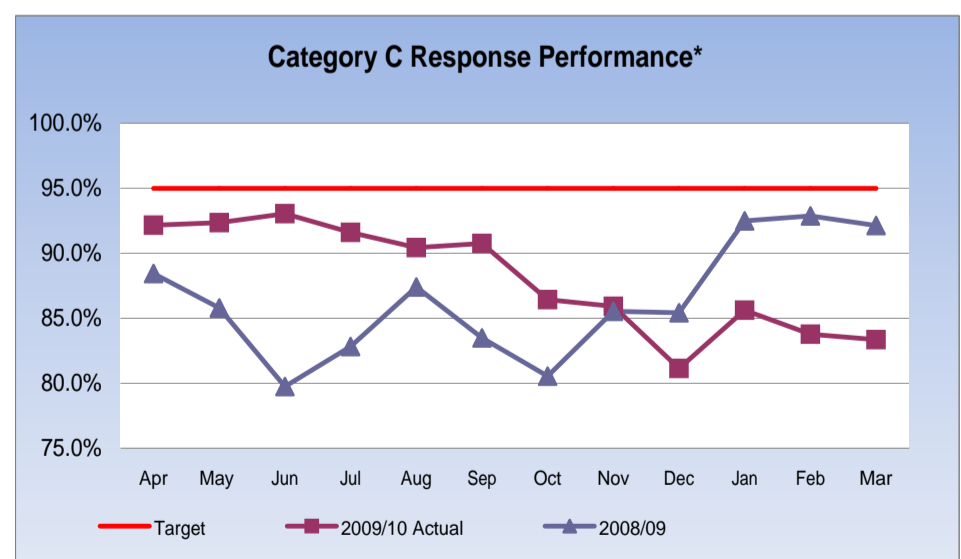
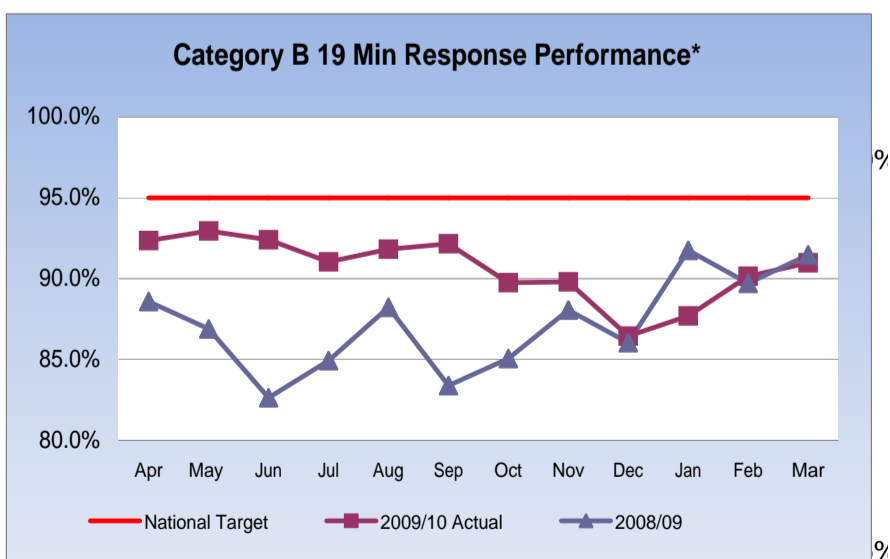
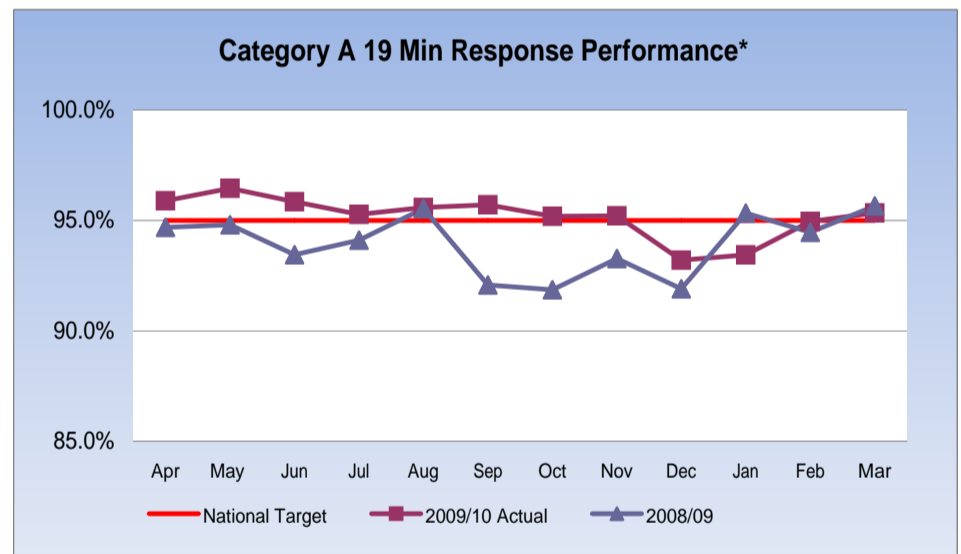
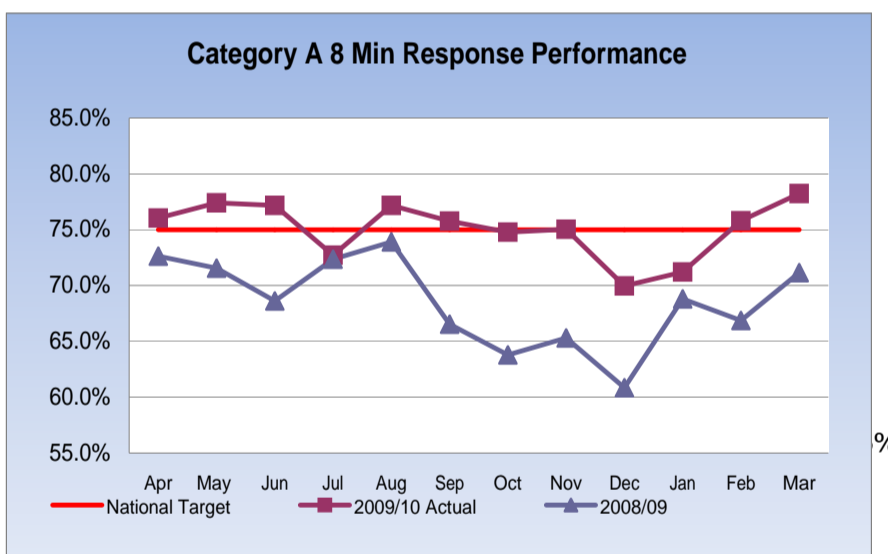


**TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS**

**ACTIVITY:**



**PERFORMANCE:**





















Summary of Contracted Activity (Incidents With Response)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
<b>Bath and North East Somerset</b>													
Contracted	1,381	1,48€	1,35€	1,507	1,42C	1,39€	1,52€	1,53€	1,75€	1,57€	1,39€	1,657	17,998
Actual	1,465	1570	142€	153€	144C	1497	175€	1672	1704	161C	1372	1637	18,682
Variance	6.08%	5.65%	4.94%	2.12%	1.41%	7.23%	14.65%	8.85%	-2.91%	1.96%	-1.72%	-1.21%	3.80%
<b>Bristol</b>													
Contracted	3,950	4,40€	4,307	4,30€	4,20€	4,224	4,641	4,53€	4,80C	4,42€	4,09€	5,04€	52,939
Actual	4,365	4706	4582	478€	4564	440C	490C	4534	5004	462C	4087	473€	55,285
Variance	10.51%	6.81%	6.38%	11.15%	8.46%	4.17%	5.58%	-0.04%	4.25%	4.31%	-0.07%	-6.05%	4.43%
<b>Gloucestershire</b>													
Contracted	4,438	4,76€	4,71€	4,91€	4,81C	5,01€	4,94€	4,69€	6,02€	5,39€	4,812	5,47€	60,012
Actual	4,992	5174	501C	513C	510€	5032	544€	5294	573€	528€	4802	5477	62,480
Variance	12.48%	8.49%	6.23%	4.42%	6.13%	0.34%	10.16%	12.73%	-4.80%	-2.09%	-0.21%	-0.04%	4.11%
<b>North Somerset</b>													
Contracted	1,613	1,82C	1,781	1,76€	1,84€	1,66€	1,80€	1,89C	2,06C	1,96€	1,534	1,99€	21,743
Actual	1,829	1858	1831	1887	2294	1924	1932	187€	2067	1912	1764	1972	23,146
Variance	13.39%	2.09%	2.81%	7.03%	24.13%	15.28%	7.15%	-0.74%	0.34%	-2.75%	14.99%	-1.20%	6.45%
<b>South Gloucestershire</b>													
Contracted	2,091	2,124	1,88€	1,921	1,901	1,997	1,95€	2,09€	2,404	2,08€	1,882	2,13€	24,479
Actual	1,956	2151	197€	211€	1951	201C	2254	213€	2321	2177	196€	2197	25,218
Variance	-6.46%	1.27%	4.93%	10.26%	2.63%	0.65%	15.41%	1.91%	-3.45%	4.21%	4.46%	3.00%	3.02%
<b>Swindon</b>													
Contracted	1,357	1,53€	1,514	1,62€	1,58€	1,504	1,791	1,651	1,91€	1,737	1,592	1,821	19,638
Actual	1,511	1700	169€	1737	173€	166C	1761	181C	208€	183€	167€	184€	21,068
Variance	11.35%	10.53%	12.22%	6.89%	9.38%	10.37%	-1.68%	9.63%	8.81%	5.81%	5.40%	1.48%	7.28%
<b>Wiltshire</b>													
Contracted	3,298	3,63€	3,454	3,79€	3,39€	3,622	3,961	3,664	4,57€	4,274	3,44€	3,912	45,040
Actual	3,569	3926	435C	4191	412€	396C	425C	4057	447€	395€	374€	403€	48,644
Variance	8.22%	7.92%	25.94%	10.41%	21.62%	9.33%	7.30%	10.73%	-2.18%	-7.51%	8.64%	3.14%	8.00%
<b>Other/Unknown</b>													
Contracted	86	59	110	72	94	43	52	52	75	59	78	140	920
Actual	81	130	193	237	230	203	231	238	264	192	183	206	2,388
Variance	-5.81%	120.34%	75.45%	229.17%	144.68%	372.09%	344.23%	357.69%	252.00%	225.42%	134.62%	47.14%	159.57%
<b>GWAS</b>													
Contracted	18,214	19,84C	19,124	19,90€	19,26€	19,47C	20,67€	20,12€	23,61€	21,52€	18,83€	22,181	242,769
Actual	19,768	21,21€	21,067	21,624	21,451	20,68€	22,52€	21,61€	23,66€	21,58€	19,59€	22,11C	256,911
Variance	8.53%	6.93%	10.16%	8.65%	11.35%	6.25%	8.96%	7.43%	0.19%	0.26%	4.07%	-0.32%	5.83%





ACTIVITY & PERFORMANCE  
COMMISSIONERS' MONTHLY REPORT 2010/11

CONTENTS

- PAGE 1: GREAT WESTERN AMBULANCE SERVICE TOP LEVEL SUMMARY OF ACTIVITY & PERFORMANCE DURING 2010/11 AGAINST THE PREVIOUS FINANCIAL YEAR AND NATIONAL TARGETS
- PAGE 2: CHARTS PRESENTING ACTIVITY & PERFORMANCE DURING 2010/11 AGAINST THE PREVIOUS FINANCIAL YEAR AND NATIONAL TARGETS
- PAGE 3: PERFORMANCE AGAINST CATEGORY A 8 MINUTE STANDARD BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 4: PERFORMANCE AGAINST CATEGORY A 19 MINUTE STANDARD BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 5: PERFORMANCE AGAINST CATEGORY B 19 MINUTE STANDARD BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 6: PERFORMANCE AGAINST CATEGORY C LOCAL STANDARDS BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 7: ACTIVITY LEVELS - INCIDENTS WITH RESPONSE BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY AGAINST THE PREVIOUS FINANCIAL YEAR
- PAGE 8: CONVEYANCE RATE - BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 9: ACTIVITY LEVELS - TOTAL NUMBER OF RESPONDING RESOURCES BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 10: ACTIVITY LEVELS - TOTAL NUMBER OF PATIENTS TRANSPORTED BROKEN DOWN BY SECTOR, PRIMARY CARE TRUST AND LOCAL AUTHORITY
- PAGE 11: CONTRACT SUMMARY - CONTRACTED ACTIVITY (INCIDENTS WITH RESPONSE) VS ACTUAL ACTIVITY BROKEN DOWN BY PCT



**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	*	*	*	*	*	*	*	*	*	*	*	19,768
2010/11 Contract	20,389	*	*	*	*	*	*	*	*	*	*	*	20,389
2010/11 Actual	20,656	*	*	*	*	*	*	*	*	*	*	*	20,656
Variance from Contract	267	*	*	*	*	*	*	*	*	*	*	*	267
Variance from Contract %	1.3%	*	*	*	*	*	*	*	*	*	*	*	1.3%
Variance from 2009/10	888	*	*	*	*	*	*	*	*	*	*	*	888
Variance from 2009/10 %	4.5%	*	*	*	*	*	*	*	*	*	*	*	4.5%

**Incidents with Transport:**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2009/10	13,304	*	*	*	*	*	*	*	*	*	*	*	13,304
2010/11 Contract	13,703	*	*	*	*	*	*	*	*	*	*	*	13,703
2010/11 Actual	13,901	*	*	*	*	*	*	*	*	*	*	*	13,901
Variance from Contract	198	*	*	*	*	*	*	*	*	*	*	*	198
Variance from Contract %	1.4%	*	*	*	*	*	*	*	*	*	*	*	1.4%
Variance from 2009/10	597	*	*	*	*	*	*	*	*	*	*	*	597
Variance from 2009/10 %	4.5%	*	*	*	*	*	*	*	*	*	*	*	4.5%

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

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2009/10	67.3%	*	*	*	*	*	*	*	*	*	*	*	67.3%
2010/11 Actual	67.3%	*	*	*	*	*	*	*	*	*	*	*	67.3%
Variance from 2009/10 %	0.0%	*	*	*	*	*	*	*	*	*	*	*	0.0%

**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%	71.20%	75.80%	78.24%	75.0%
2010/11 Target	74.00%	76.00%	75.50%	76.25%	76.25%	75.75%	76.25%	76.25%	75.25%	75.75%	75.75%	75.25%	75.0%
2010/11 Actual	78.31%	*	*	*	*	*	*	*	*	*	*	*	78.3%
Variance from Target	4.3%	*	*	*	*	*	*	*	*	*	*	*	3.3%
Variance from 2009/10	2.3%	*	*	*	*	*	*	*	*	*	*	*	3.3%

**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	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.40%	95.4%
2010/11 Actual	95.98%	*	*	*	*	*	*	*	*	*	*	*	96.0%
Variance from Target	0.6%	*	*	*	*	*	*	*	*	*	*	*	0.6%
Variance from 2009/10	0.1%	*	*	*	*	*	*	*	*	*	*	*	0.9%

**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	93.40%	94.40%	94.40%	94.65%	94.65%	94.65%	94.90%	94.90%	94.90%	95.15%	95.15%	95.40%	95.0%
2010/11 Actual	93.18%	*	*	*	*	*	*	*	*	*	*	*	93.2%
Variance from Target	-0.2%	*	*	*	*	*	*	*	*	*	*	*	-1.8%
Variance from 2009/10	0.8%	*	*	*	*	*	*	*	*	*	*	*	2.5%

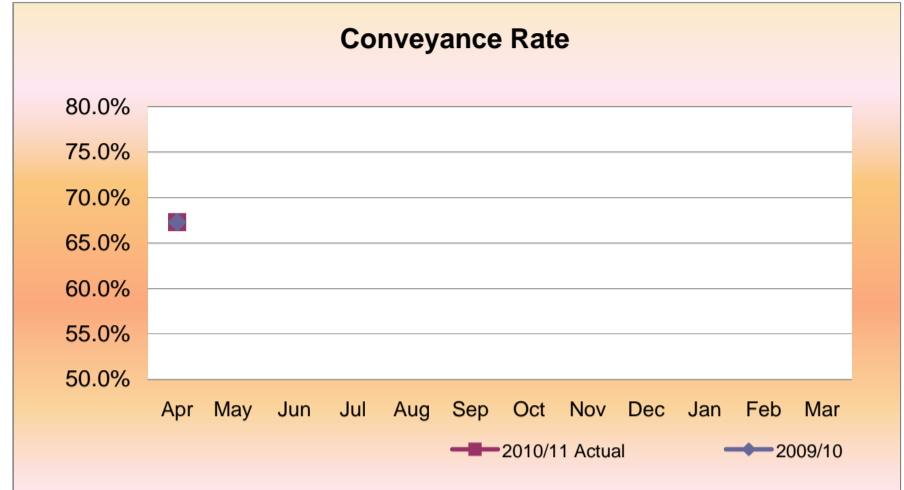
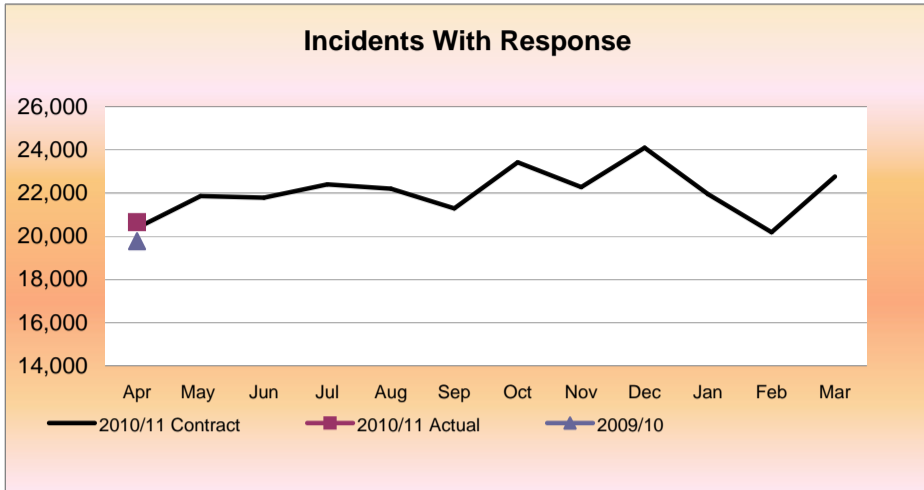
**Category C Performance: \***

	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	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
2010/11 Actual	83.3%	*	*	*	*	*	*	*	*	*	*	*	83.3%
Variance from Target	-11.7%	*	*	*	*	*	*	*	*	*	*	*	-11.7%
Variance from 2009/10	-8.8%	*	*	*	*	*	*	*	*	*	*	*	-4.6%

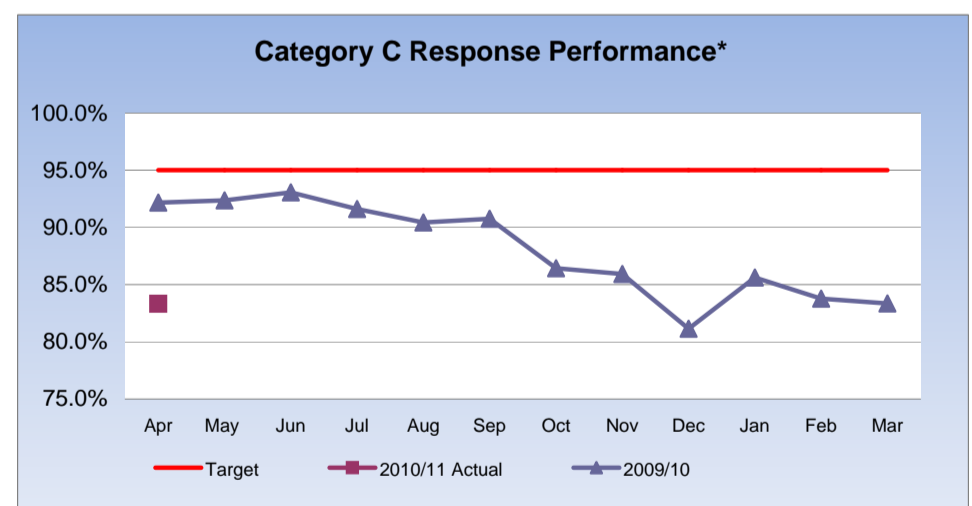
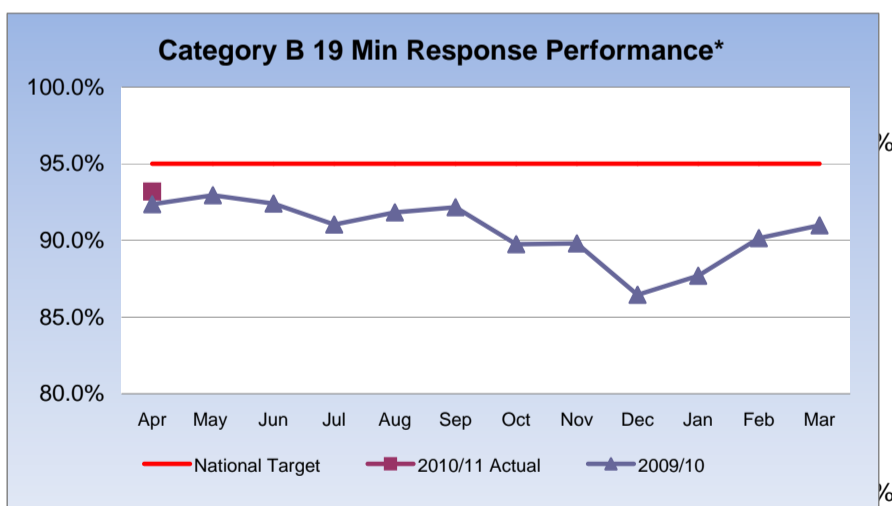
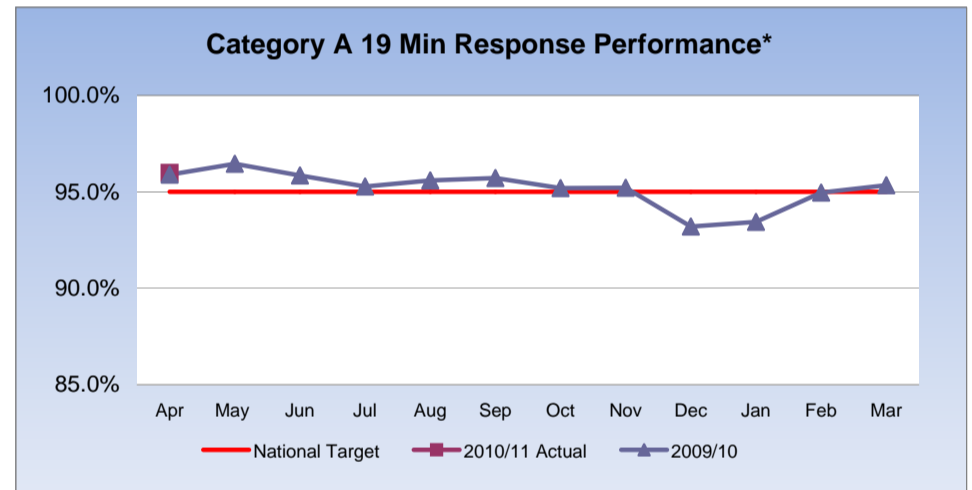
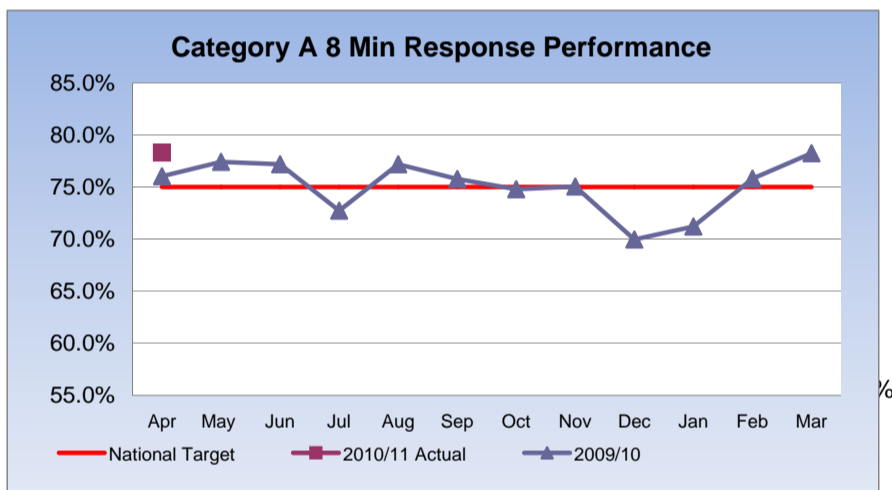


**TRUST SUMMARY - ACTIVITY AND PERFORMANCE AGAINST NATIONAL TARGETS**

**ACTIVITY:**



**PERFORMANCE:**





















Summary of Contracted Activity (Incidents With Response)

Bath and North East Somerset		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Contracted		1,507	1,635	1,470	1,579	1,465	1,532	1,852	1,738	1,716	1,654	1,413	1,686	1,507
Actual		1,462	*	*	*	*	*	*	*	*	*	*	*	1,462
Variance		-3.01%	*	*	*	*	*	*	*	*	*	*	*	-3.01%
Bristol		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Contracted		4,525	4,857	4,721	5,011	4,715	4,506	5,057	4,596	5,138	4,730	4,209	4,880	4,525
Actual		4,469	*	*	*	*	*	*	*	*	*	*	*	4,469
Variance		-1.25%	*	*	*	*	*	*	*	*	*	*	*	-1.25%
Gloucestershire		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Contracted		5,201	5,351	5,168	5,269	5,275	5,139	5,682	5,515	5,788	5,374	4,944	5,639	5,201
Actual		5,158	*	*	*	*	*	*	*	*	*	*	*	5,158
Variance		-0.83%	*	*	*	*	*	*	*	*	*	*	*	-0.83%
North Somerset		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Contracted		1,918	1,901	1,894	1,935	2,353	2,038	2,014	1,909	2,112	1,916	1,816	2,031	1,918
Actual		1,971	*	*	*	*	*	*	*	*	*	*	*	1,971
Variance		2.76%	*	*	*	*	*	*	*	*	*	*	*	2.76%
South Gloucestershire		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Contracted		1,967	2,190	2,048	2,227	1,998	2,063	2,415	2,194	2,359	2,234	2,025	2,262	1,967
Actual		1,967	*	*	*	*	*	*	*	*	*	*	*	1,967
Variance		-0.01%	*	*	*	*	*	*	*	*	*	*	*	-0.01%
Swindon		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Contracted		1,547	1,745	1,763	1,784	1,801	1,711	1,773	1,881	2,174	1,897	1,728	1,903	1,547
Actual		1,635	*	*	*	*	*	*	*	*	*	*	*	1,635
Variance		5.66%	*	*	*	*	*	*	*	*	*	*	*	5.66%
Wiltshire		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Contracted		3,639	4,047	4,524	4,353	4,361	4,090	4,394	4,201	4,540	3,949	3,857	4,155	3,639
Actual		3,800	*	*	*	*	*	*	*	*	*	*	*	3,800
Variance		4.42%	*	*	*	*	*	*	*	*	*	*	*	4.42%
Other/Unknown		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Contracted		83	134	199	244	237	209	238	245	272	198	188	212	83
Actual		194	*	*	*	*	*	*	*	*	*	*	*	194
Variance		132.53%	*	*	*	*	*	*	*	*	*	*	*	132.53%
GWAS		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Contracted		20,389	21,860	21,786	22,402	22,205	21,288	23,424	22,279	24,100	21,951	20,182	22,768	20,389
Actual		20,656	*	*	*	*	*	*	*	*	*	*	*	20,656
Variance		1.31%	*	*	*	*	*	*	*	*	*	*	*	1.31%



Great Western Ambulance Service



NHS Trust

# Board Performance Report March 2010

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

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

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

Red – variance from target/plan requiring exception actions

Amber – variance from target/plan requiring management actions

Green – variance within tolerance levels to be maintained

**\*Note**

Revised performance for Cat A8 has occurred following a letter from the DH dated 1<sup>st</sup> April providing further clarity for all ambulance Trusts on KA34 definitions following some uncertainty / differing treatments. The letter explicitly clarifies when 3rd party responses can and cannot be included. ....

**Aim: Timely access to services**

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

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
<b>Accident &amp; Emergency</b>						
Volume of responses:						
% of Category A			37.9%	34.8%	↑	
% of Category B			35.0%	36.4%	↓	
% of Category C (excluding unclassified calls)			26.7%	28.5%	↓	
Activity (emergency incidents with response)	242,769	22,181	22,110	256,911	↑	256,911 (+5.83% above plan)
Responses to Category A calls within 8 minutes	75%		78.2%	*75.0%	↑	75%
Responses to Category A calls within 19 minutes	95%		95.3%	95.1%	↑	95.1%
Responses to Category B calls within 19 minutes	95%		91.0%	90.7%	↑	90.7%
Call answering (999 calls)	95% in 5 seconds		98.0%	97.6%	↑	97.6%
Total front line hours planned		30 = 105300 31 = 108810	108,810	1,281,150		1,281,150
Total front line hours delivered (including agency)			115,628	1,357,562	↑	
Total front line hours abstracted			42,199	466,746	↑	
Handover delays over 15 minutes (at A&E departments) (average time for month)	< 15 mins		16:25	15:12	↑	
Number of handovers in excess of 15 minutes			4177	42108	↓	
Wrap up time (average time for month)	< 15 mins		17:05	17:21	↑	
Number of Wrap ups in excess of 15 minutes			6051	65271	↓	
Average total turnaround			33:30	32:33	↑	
Contribution by indirect resources (Community, fire, staff and charity responder schemes)			16.4%	12.4%	↑	

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
Out of Hours Service						
Total number OOH calls received			11,080	136,907	↑	
Calls abandoned	< 5%		2.1%	3.0%	↑	3%
Calls engaged	< 1%		0%	0%	↔	0%
Percentage of calls answered under 60 seconds	95% in 60 seconds		96.5%	95.2%	↑	95.2% in 60 seconds
Triage under 20 minutes	> 95%		95.8%	95.9%	↓	> 95.9%
Triage under 60 minutes	> 95%		99.0%	99.3%	↑	> 99.3%
Emergency Visit under 1 hour	95%		100%	98.2%	↔	98.2%
Urgent Visit under 2 hours	95%		96.9%	93.5%	↑	93.5%
Routine Visit under 6 hours	95%		97.8%	95.2%	↑	95%

OOH's was fully compliant for March despite an increase of 1,110 calls. The number of urgent home visits reduced by 45 and the routine visits increased by 79, this reflects a reduction in the conversion of triaged calls to urgent home visits. This is in response to the PCT OOH study day held at the end of February where GWAS clinicians presented data to the group regarding triaging calls to hoe visits and this has had a positive effect and will continued to be monitored.

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
Patient Transport Services						
Activity		20,500	23,796	260,812	↑	260,812



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

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

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
% under 60 minutes call to needle time (February figures)	68%		85.70%	71.30%	<b>+0.81%</b>	70%
% under 150 minutes call to balloon time(February figures)			77.50%	81.80%	<b>-1.04%</b>	
Conveyance rate	65%	65%	66.1%	65.8%	↑	65.8%
Conveyance rate to other destinations (eg MIU, WIC)			0.6%	0.6%	↑	
Category C calls (excluding card 33&35) Activity			4031	52193	↑	
Category C calls passed to NHSD			247 6.1%		↑	
Category C calls passed to clinical desk			205 5.1%		↑	
Number of formal complaints received			24			
Formal complaints acknowledged within 3 working days	100%	100%	100%	100%	-	100%
Formal complaints responded to within 25 working days (or agreed extension):	100%	100%	17	235	-	100%
Completed			7			
Not completed within time			0	5	-	
Number of serious untoward incidents			1	20	1	
Number of patient safety incidents			Not yet available	139	Not yet available	

Notes

1. Latest month for % under 60 minutes call to needle time is February 2010
2. Data % under 60 minutes call to needle time for RUH not yet received for February 2010
3. February data shows 7 cases eligible for thrombolysis (GWH 3/3, SDH 3/2 GHT 1/1)
4. Latest month for % under 150 minutes call to balloon time is January.

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

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

Description	Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end
Staff – WTE	902	905.7	2.0	906.2	↓	906.2
A&E		7.0	3.0	8.0	↑	8.0
HART	172.7	156.9	0.0	157.3	↓	157.3
EOC	39.54	33.0	0.0	33.0	↓	33.0
OOH	180.4	172.6	0.0	173.9	↑	173.9
PTS	227.7	187.2	5.6	185.4	↑	185.4
Support staff						
<b>Total</b>	<b>1522.34</b>	<b>1462.5</b>	<b>10.6</b>	<b>1463.8</b>	↑	<b>1463.8</b>
*Staff – Turnover	10%		3.8%	6.0%	↑	
A&E			0.0%	0.0%	↔	
HART			14.2%	11.9%	↓	
EOC			25.3%	27.7%	↓	
OOH			18.2%	8.5%	↓	
PTS			12.2%	17.4%	↔	
Support staff						
<b>Total</b>			<b>8.4%</b>	<b>9.0%</b>	↔	
*annualised						
*Sickness	5%		5.5%	6.1%	↑	
A&E			0.0%	0.0%	↔	
HART			8.2%	5.1%	↓	
EOC			8.1%	3.7%	↓	
OOH			7.1%	5.6%	↑	
PTS			3.8%	3.9%	↑	
Support staff						
<b>Total</b>			<b>5.8%</b>	<b>5.6%</b>	↑	
*unvalidated data						
Training hours A&E field operations (hrs)	31,000	6785	2908	33,444	↑	33,589
Training hours general (hrs)		1790	1339.5			
Number of staff completed mandatory training (Face to face)	80%	7.5%	0.19%	91%	↑	80%
Number of staff completed mandatory training (Workbook)* * from November 2008 – three year cycle	90%	0.5%	0.8%	96.8%%	↑	96%
Number of staff undertaken an appraisal	80%	8.3%	16.8%	88.8%	↑	70%

Number of RIDDOR reportable incidents	52	<4.3	2	41	↑	
Accident frequency rates	9.3%	<0.75%	4.76	7.9	↓	
Number of violence and aggression incidents	143	<12	11	131	↑	
Number of manual handling incidents	90	<7.5	8	105	↑	
Number of stress incidents	4.5	<0.35	0	0	↓	

### Staffing levels

The overall YTD figure was just ahead the monthly plan due to lower than anticipated turnover.

Within EOC current staffing levels are 15.4 WTE below establishment. Nine of these WTE posts are being recruited to whilst the remaining vacancies will currently remain unfilled as part of EOC plans.

Out of hour's currently have 6.54 WTE vacancies, which are Doctors, Control Assistants and Drivers. Recruitment is currently underway to fill the Control Assistants and Drivers vacancies. The Doctor vacancies are currently being filled through the use of self employed Doctors.

PTS currently have 6.5 WTE vacancies. Recruitment is being closely managed prior to the outcome of the BNSSG tender process. A full recruitment programme to recruit to the new structure contained in the tender proposal is being developed and will be implemented from May, should GWAS be successful in the tender process. Current recruitment activity is underway to fill the existing vacancies.

Vacancies within support services are spread across a number of directorates. Recruitment is being managed at a local level in accordance with service delivery requirements.

### Staff turnover

Staff turnover for 2009/10 was 9%, this is 1% below the year end target of 10%. Whilst turnover in some areas appears high this is due to turnover in areas of the organisation that have lower staffing numbers. Staff turnover is not a cause for concern.

### Sickness absence

During the month of March Support Services and HART recorded absence levels below the required 5% target. All other services recorded absence levels above the required target. Overall, the Trust absence figure for March reduced significantly to 5.8% compared to 6.2% in February. Support Services and OOH ended the year within the required 5% absence target. A&E, PTS and EOC exceeded the year end target. Overall, the Trust exceeded the 5% target by 0.6%.

### Training Hours A&E Field Operations

The variance is due to cancellation of SME/Conflict Resolution towards end of the month.

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

Movement shows down on previous month due to suspension of SME/Conflict Resolution programme for A&E staff only

**Training Hours General**

These hours comprise of ECA & ICA Foundation, Induction & Emergency Driving, driving assessments (practical and theory), FPOS Urgent Care and TIA sessions. The shortfall is due to employees not attending as scheduled combined with course cancellations caused by pre-notified non-attendance. Cancelled courses have been re-scheduled within the training plan.

**Appraisals**

Significant progress was made in the last month of the financial year to exceed the year end target.

**Manual Handling**

At the year end Manual Handling is the only area that has failed to reach its target. This is largely attributable to the extreme weather conditions during the winter. (The HSE defines any slip during a manual handling operation as a MH incident) Significantly the number of RIDDORS associated with Manual Handling has decreased indicating that the severity of individual incidents is decreasing.

**Notes**

- Year end forecast is calculated by taking January YTD figure and deducting YTD turnover to the end of the year (i.e. 2 months).
- YTD turnover is calculated as the number of leavers, divided by the average headcount of substantive staff for the period (shown as a percentage).
- Latest month turnover is calculated as the number of leavers, divided by the average headcount of substantive staff for the period, multiplied by twelve. This figure represents the annual turnover percentage if turnover was the same in every month as the month being reported.
- Movement on previous month; the down arrow indicates a worsening on last month and the up arrow indicates an improvement on last month.

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

Objectives: Financial balance

Governance – achievement of Auditors Local Evaluation

Full compliance with Care Quality Commission Standards

Development and implementation of full Foundation Trust programme

		Annual Plan	Month 12 Plan	Month 12 Actual	Variance to plan	Previous month variance
Income and Expenditure Surplus / (Deficit)	£000's	0	0	94	94	0
Cash releasing efficiency savings	£000's	4,902	4,902	3,609	-1,293	-1,455
Capital Resource Limit	£000's	6,579	6,579	6337	242	0
Better Payment Practice Code – Number	%	95	95	97.5	2.5	2.4
Better Payment Practice – Value	%	95	95	93.2	-1.8	-3.6
External Finance Limit	£000's	3,435	3,435	2296	1139	0
Rate of Return on capital	%	3.5	3.5	3.5	0	-0.2

Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
Compliance with 86 ALE KLOEs at Level 2	97			78	↔	97
				12	↔	
				2	↔	
				5 n/a		
Compliance with all 42 Standards for Better Health	42			42	↔	42
Compliance with all 50 NHSLA risk management standards	50			42	↔	42
Attainment of a minimum of 70% compliance with information governance toolkit requirements	70%			72%	↔	70%
Narrative: The ALE value for money audit has now been completed. The two areas which still require assessment against compliance are in relation to partnership working. Feedback from this audit is expected at the end of April.						

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

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

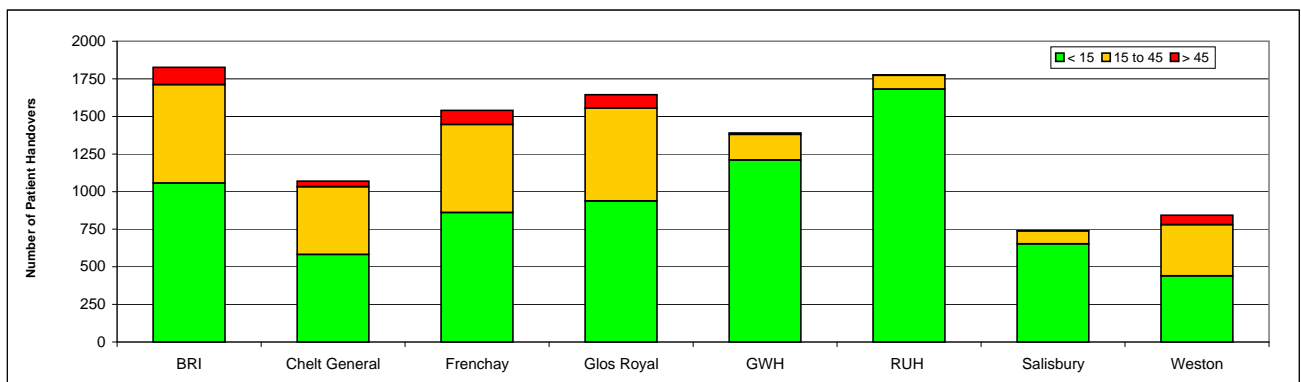
Description	Year end Target	Monthly Plan	Latest month	Year to date	Movement on previous month	Year end forecast
Newspapers Daily			45	706		
Weekly			16	279		
Broadcasts TV			1	21		
Radio			8	126		
Other Websites			35	643		
			1	9		
Stakeholder activity Station visits			0	34		
HOSC meetings			0	8		
External Reference Group			1	7		
			1	11		

Month of March GWAS received 92% positive media coverage (98/106)

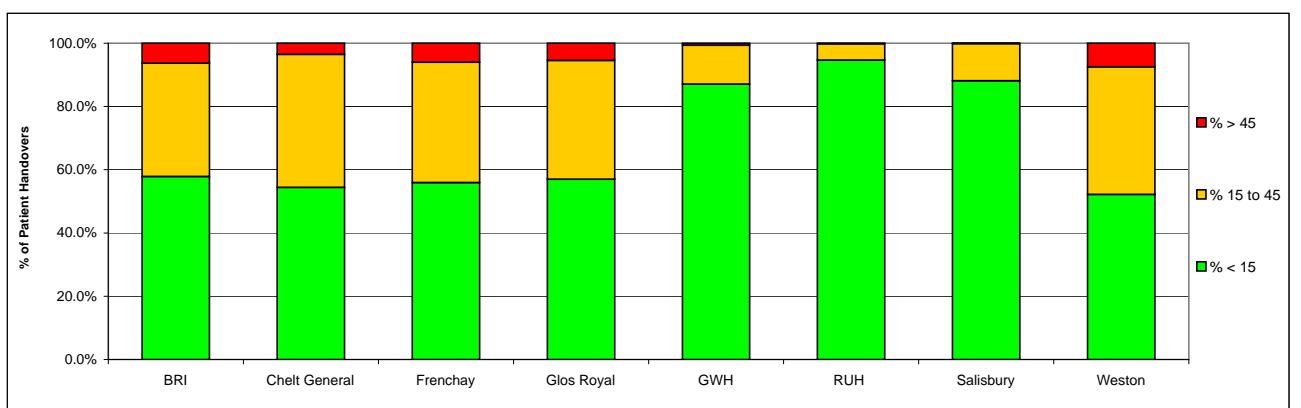
# Agenda Item No. 6 C

## GWAS MONTHLY A&E HANDOVER SUMMARY - APRIL 2010

Acute Hospital	≤ 15:00	15:00 - 19:59	20:00 - 24:59	25:00 - 29:59	30:00 - 34:59	35:00 - 39:59	40:00 - 44:59	45:00 - 59:59	1 - 2 Hrs	2 - 3 Hrs	3 - 4 Hrs	> 4 Hrs	Total 15 Mins and Over	Total 45 Mins and Over	Total
Bristol Royal Infirmary	1057	264	163	98	48	46	36	55	54	5	2		771	116	1828
Cheltenham General Hospital	582	216	101	61	27	31	14	24	14				488	38	1070
Frenchay Hospital	861	206	160	81	59	45	35	43	47	3			679	93	1540
Gloucester Royal Hospital	938	289	132	87	51	35	24	33	49	7	1		708	90	1646
Great Western Hospital	1210	116	26	12	12	1	4	8	1				180	9	1390
Royal United Hospital	1682	89	1		1			4					95	4	1777
Salisbury District Hospital	652	58	23	4	2				1				88	1	740
Weston General Hospital	440	139	79	53	29	23	17	29	32	2			403	63	843
<b>Overall Total</b>	<b>7422</b>	<b>1377</b>	<b>685</b>	<b>396</b>	<b>229</b>	<b>181</b>	<b>130</b>	<b>196</b>	<b>198</b>	<b>17</b>	<b>3</b>		<b>3412</b>	<b>414</b>	<b>10834</b>



Acute Hospital	% < 15:00	% 15:00-19:59	% 20:00 - 24:59	% 25:00 - 29:59	% 30:00 - 34:59	% 35:00 - 39:59	% 40:00 - 44:59	% 45:00 - 59:59	% 1-2 Hours	% 2-3 Hours	% 3-4 Hours	% > 4hrs	% 15 Mins and Over	% 45 Mins and Over	Total
Bristol Royal Infirmary	57.8%	14.4%	8.9%	5.4%	2.6%	2.5%	2.0%	3.0%	3.0%	0.3%	0.1%		42.2%	6.3%	100%
Cheltenham General Hospital	54.4%	20.2%	9.4%	5.7%	2.5%	2.9%	1.3%	2.2%	1.3%				45.6%	3.6%	100%
Frenchay Hospital	55.9%	13.4%	10.4%	5.3%	3.8%	2.9%	2.3%	2.8%	3.1%	0.2%			44.1%	6.0%	100%
Gloucester Royal Hospital	57.0%	17.6%	8.0%	5.3%	3.1%	2.1%	1.5%	2.0%	3.0%	0.4%	0.1%		43.0%	5.5%	100%
Great Western Hospital Swindon	87.1%	8.3%	1.9%	0.9%	0.9%	0.1%	0.3%	0.6%	0.1%				12.9%	0.6%	100%
Royal United Hospital Bath	94.7%	5.0%	0.1%		0.1%			0.2%					5.3%	0.2%	100%
Salisbury District Hospital	88.1%	7.8%	3.1%	0.5%	0.3%				0.1%				11.9%	0.1%	100%
Weston General Hospital	52.2%	16.5%	9.4%	6.3%	3.4%	2.7%	2.0%	3.4%	3.8%	0.2%			47.8%	7.5%	100%
<b>GWAS Average</b>	<b>68.5%</b>	<b>12.7%</b>	<b>6.3%</b>	<b>3.7%</b>	<b>2.1%</b>	<b>1.7%</b>	<b>1.2%</b>	<b>1.8%</b>	<b>1.8%</b>	<b>0.2%</b>	<b>0.0%</b>		<b>31.5%</b>	<b>3.8%</b>	<b>100%</b>



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## Agenda Item No. 8

### Update from Individual Health Overview and Scrutiny Committees

#### **Great Western Ambulance Joint Health Scrutiny Committee** 11<sup>th</sup> June 2010

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

#### **Purpose**

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

#### **Recommendation**

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

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

### **1.0 Reasons**

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

### **2.0 Detail**

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

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

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

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

#### *Appendices*

Appendix 1 – Update from Wiltshire Health and Adult Social Care Select Committee

## Appendix 1

### **Wiltshire Health and Adult Social Care Select Committee (HASC): Update to 11th June Joint Scrutiny Committee - Activity in relation to GWAS:**

1. **Periodical meetings** are arranged with representatives from GWAS, NHS Wiltshire and the HASC to consider Wiltshire locality issues. The purpose of these meetings is to review performance and action plans, and to offer assistance where appropriate.

We have met on two occasions since the last Committee:

- a. 4<sup>th</sup> January 2010.  
Ideas from this meeting included exploring how the GWAS might engage with the NHS Fairs, ensuring key contacts in the Council, NHS Wiltshire and GWAS were put in touch with each other.
- b. 21 May 2010  
This meeting focussed on nominating which CFR schemes in the Kennet Area we would actively promote (in liaison with GWAS and NHS Wiltshire). This was an action point from the Rural Response Times Task Group.

### **2. Local liaison with GWAS CFR Managers (recommendation by Rural Task Group)**

Cllr Ridout and Cllr Jane Burton met with Jessica Burston (Wiltshire Locality Manager) on 19<sup>th</sup> March.

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**LOCAL INVOLVEMENT NETWORK (LINK)  
Joint Working Group (JWG)  
UPDATE FOR THE JOINT OVERVIEW AND SCRUTINY COMMITTEE**

**June 2010**

All seven LINKs are now represented on the JWG. The valuable support given to the Group by GRCC acting as secretariat is much appreciated.

Members are now completing CRB checks and Enter and View training so that the Group will be able to engage in some scrutiny of hospital handover times and PTS criteria if it was needed. Concerns exist that administrative delays are holding back the checks and training because the various host support is limited.

The JWG wishes to see greater integration of ambulance services into local healthcare communities. ECPs are particularly relevant and appropriate to this role. The JWG notes that there are concerns within this professional community that they are becoming de-skilled and less able to serve the community in the ways envisaged from the onset of their entry into service.

GWAS has set up an ECP review Project Board and the JWG chair is a member of this Board.

The JWG Chair recently met the GWAS CEO, Dave Whiting, and expects to meet the lead commissioner in the near future. The meeting is to discuss how ambulance services, beyond the strictly emergency dimension, can make a broader contribution to community healthcare, thereby avoiding the duality of commissioning which may happen and the isolation of healthcare initiatives, where 'togetherness' is not necessarily happening.

The Trust lead on dementia will be speaking to the Group at its next meeting in June.

The Group recently had a productive meeting with GWAS representatives to discuss the Trust's Quality Account, prior to submitting its comments via the Wiltshire LINK

The JWG has welcomed its positive relationship with GWAS since its inception and looks forward to this continuing.

A handwritten signature in black ink that reads 'Albert Weager'.

**Albert Weager (Chair)**  
28<sup>th</sup> May 2010

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## Agenda Item No. 10

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

#### *Great Western Ambulance Joint Health Scrutiny Committee*

June 11<sup>th</sup> 2010

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

#### **Purpose**

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

#### **Recommendation**

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

- comment on the recommendations for further action as set out in paragraphs 3.2 - 3.7 and 4.1 - 4.2.

### **1.0 Reasons**

- 1.1 The Great Western Ambulance Joint Health Scrutiny Committee meeting on 30<sup>th</sup> October 2009 agreed to establish a short life group to explore ways of improving performance in rural areas. The areas that were identified as being of particular concern, and would therefore form the remit of the work of the group, were Forest of Dean, Cotswold and Kennet (now part of Wiltshire Council). Terms of Reference are attached at **Appendix 1**.
- 1.2 The Committee agreed that one member from each of the three areas would participate in the Group, together with the appropriate officers from GWAS. The Committee requested that the Group provide regular updates on progress to the Committee.

### **2.0 Detail**

- 2.1 The Group met three times, on January 28<sup>th</sup>, March 4<sup>th</sup> and April 22<sup>nd</sup>.
- 2.2 The Group has focussed its attention on the provision of Community First Responders and how to best to increase numbers of these where insufficient, and also on increasing the placement of defibrillators in the community.

2.3 A number of issues have emerged, some of which fall outside the specific remit of this group, but which may be worthy of further consideration by the Joint Committee. These are detailed later in this report.

### 3.0 Outcomes of the Short Life Group

3.1 In some rural areas with low density of population, there is insufficient activity to justify a vehicle being stationed there. In these situations, GWAS needs to look at other initiatives in order to ensure that cover is maintained. These initiatives include Co- Responder Schemes, Community First Responders and the provision of Automatic External Defibrillators (AEDs).

3.2 The Group agreed to select two or three focussed local areas within each of the rural areas that formed the remit of the Group's work. There will be a joint concerted effort by local councillors and GWAS officers in these areas to publicise and increase recruitment of CFRs and placement of defibrillators. The areas selected are:

Cotswold	Bourton-on-the-Water Stow-on-the-Wold
Forest of Dean	Sedbury Tiddenham Mitcheldean
Kennet	Schemes have been identified but not confirmed at the time of writing. An update will be provided when available.

3.3 For each of these focussed areas, GWAS will provide information on the number of calls received and response time performance. It is estimated that it will take six months for this joint work to have a demonstrable impact on performance figures. Therefore in six months time, GWAS will provide this information again. This should give a clear indication of the impact, and depending on this, could lead to an expansion in the targeted areas.

3.4 The Group agreed that it was important to select specific areas on which to focus, in order to ensure that the ongoing training and support needs that would arise from increased recruitment can be met, and that the increases are sustainable.



- 3.5 It is proposed to provide an interim update to the Joint Committee in three months time, and a further progress report another three months after that.

#### *Other outcomes*

- 3.6 When a license is granted for large public events, GWAS need to be notified of first aid facilities, access/egress points etc. All OSCs were therefore requested to check that this is happening.

*GWAS has received responses from all OSCs and this issue has now been clarified. The information provided by all local authorities is sufficient, with the exception of Gloucestershire, where only certain events are notified to GWAS eg. Gloucester Rugby, Cheltenham Town FC, Cheltenham races and the Royal International Air Tattoo. GWAS would ideally require information on each licensed event where first aid facilities are a condition of the licence being issued.*

- 3.7 All OCS were asked to provide a list of council owned properties, such as leisure centres, care homes, schools etc. GWAS will then be able to use this information to map areas of high 999 calls and thereby identify properties that might benefit from extra indirect resources such as defibrillators.

*Responses have been received from all councils, with the lists being very comprehensive. GWAS is now matching activity to demand at these locations. Where activity is greater than 1 life threatening call per month and this is not likely to be reached in 8 minutes, then GWAS will look to provide an AED and provide the necessary training. For properties and businesses that do not reach this level of activity, then GWAS will provide advice and guidance for organisations that are interested in purchasing their own AED.*

*In order to facilitate this, GWAS has identified the first 10 locations, which include leisure centres in the Forest of Dean and care homes in Wiltshire. A batch of 50 AEDs have been ordered for roll out.*

## **4.0 Emerging issues**

The issues that emerged from the Group can be summarised as follows:

### **4.1 Immediate/local issues**

- Ongoing need to improve recruitment of CFRs, both in the three specific rural areas and more generally across the GWAS region.
- Increase placements of static defibrillators

These issues are being addressed by the joint work that is being carried out in the focussed areas, however for the wider GWAS region, the attention of the

Committee is drawn to **Appendix 2** (CFR Schemes by area). Where there are 6 or fewer CFRs in an area, and activity justifies more volunteers, councillors are requested to actively assist recruitment. Attached at **Appendix 3** are three versions of a text which councillors (or any other interested parties) may wish to use as editorial which they can offer to local newsletters, parish magazines, etc, to fit the space available.

#### **4.2 Strategic issues**

- Given the strategic importance of schemes such as CFRs and defibrillators in enabling GWAS to meet response targets, what action can be taken at a more strategic level to promote these schemes and make links with potential partner organisations?
- Ambulance demand is increasing year on year; however not all patients need to attend Emergency Departments as other care pathways may be available. An example of this would be patients who have fallen and could be referred to falls teams – what is being done by GWAS and the wider health community to use and develop these alternative care pathways?
- How do other ambulance trusts work with local authorities to promote schemes such as CFRs?

Although these issues have arisen from the Group's discussions, they fall outside the remit of the Terms of Reference. The Joint Committee is therefore requested to take a view on whether and how it wishes to take these questions forward.

### **Background Papers and Appendices**

#### *Appendices*

Appendix 1 - Terms of Reference

Appendix 2 - CFR Schemes by area

Appendix 3 - Community First Responders – 3 versions of publicity text

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

**Authority**

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

**Membership**

Membership of the group will consist of the following:

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

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

**Frequency**

This is a short life working group and it is envisaged that the work will be completed in 3 months. Three working meetings have been planned.

**Duties**

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

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

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

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

### **Reporting**

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

### **Administrative arrangements**

GWAS will record the meetings and any subsequent actions arising from the meetings. The responsibility for producing HOSC papers will rest with full time officers who support the joint HOSC.

Date: 29/01/10

Signed:

Chair:

### Avon Sector

Area	No of Calls/Week
Clutton	1.6
Wick	1
Sneyd Park	1

### Gloucestershire Sector

Area	No of Calls/Week
Bussage	1.6
Chipping Campden	1.1

### Wiltshire Sector

Area	No of Calls/Week
Purton	2.4
Redlynch	1.5
Little Chevrell	1.5
Mere	1.5
Chisledon	1.4
Easterton	1.1
Watchfield	1

## Appendix 3

### Community First Responders – 3 versions of publicity text

a) 100 word version

#### Community First Responders – a life-saving service in the community

Community first responders (CFRs) are a vital part of our emergency care services, able to provide the essential care and treatment for a patient in those first minutes following an emergency.

CFRs are volunteers who respond from their home addresses or places of work to patients with immediately life-threatening medical emergencies.

They are NOT an alternative to an ambulance. CFRs provide life-saving care to patients, often in rural areas, while the professional ambulance crew is on the way.

If you live in the Great Western Ambulance Service area and would like to know more about becoming a community first responder at work or from home, please contact us on: **0117 928 0485**.

**Ends**

**(112 words, excl heading)**

b) 250 word version

## **Community First Responders – a life-saving service in the community**

For a person suffering a heart attack, stroke or other similar emergency, receiving clinical help in the first few minutes can literally be the difference between life and death.

Community first responders (CFRs) are a vital part of our emergency care services, able to provide the essential care and treatment for a patient in those first minutes following an emergency.

CFRs are volunteers who respond from their home addresses or places of work to patients with immediately life-threatening medical emergencies.

They are NOT an alternative to an ambulance. CFRs provide life-saving care to patients, often in rural areas, while the professional ambulance crew is on the way.

There are currently around 300 CFRs across the region covered by Great Western Ambulance Service (GWAS). Each week, around 300 life-threatening incidents are attended by CFRs, by people using defibrillation equipment placed in public areas, or by co-responders such as firefighters or police.

A CFR operates within a three-mile radius of their home or place of work, meaning they are able to get to the scene of an emergency very quickly; the average time it takes for a CFR to arrive on scene is 2.5 minutes, while the vast majority (92%) of CFRs are providing life-saving emergency care to a patient within six minutes of a 999 call for help.

If you live in the Great Western Ambulance Service area and would like to know more about becoming a community first responder at work or from home, please contact us on: **0117 928 0485**.

**Ends (251 words, excl heading)**

## c) Recruitment article

### **Community First Responders – a life-saving service in the community**

For a person suffering a heart attack, stroke or other similar emergency, receiving clinical help in the first few minutes can literally be the difference between life and death.

Community first responders (CFRs) are a vital part of our emergency care services, able to provide the essential care and treatment for a patient in those first minutes following an emergency.

CFRs are volunteers who respond from their home addresses or places of work to patients with immediately life-threatening medical emergencies.

They are NOT an alternative to an ambulance. CFRs provide life-saving care to patients, often in rural areas, while the professional ambulance crew is on the way.

There are currently around 300 CFRs across the region covered by Great Western Ambulance Service (GWAS). Each week, around 300 life-threatening incidents are attended by CFRs, by people using defibrillation equipment placed in public areas, or by co-responders such as firefighters or police.

A CFR operates within a three-mile radius of their home or place of work, meaning they are able to get to the scene of an emergency very quickly; the average time it takes for a CFR to arrive on scene is 2.5 minutes, while the vast majority (92%) of CFRs are providing life-saving emergency care to a patient within six minutes of a 999 call for help.

#### **What kind of emergencies do CFRs attend?**

CFRs attend particular types of medical emergencies where it is essential for the patient to receive immediate life-saving care. This includes conditions such as:

- cardiac arrest
- chest pain



- breathing difficulties
- unconscious patients
- fitting
- stroke

CFRs are not sent to many other particular types of incidents, including:

- road traffic collisions
- other incidents involving traumatic injuries
- incidents involving children

You do not need any previous medical training to become a CFR. GWAS currently has a whole host of people available to save lives in their local community, including nurses, engineers, postal workers and teachers. You do need:

- good interpersonal and communication skills
- the ability to observe and accurately record details
- the ability to take the lead and remain calm in pressured situations.

### **What does the application process involve?**

When you apply to become a CFR, you complete:

- an application form
- a health-check form, which is posted directly to our doctor
- a Criminal Records Bureau (CRB) form

You will then be invited for interview, and will be asked to bring along the CRB form. You will be told at the interview if you have been successful – subject to the CRB check.

Once that check comes back, your training is booked – and is available at weekends or during the week to suit you. You will receive four days' training.

From first application to training can take up to three months, depending on the speed of response from the CRB. You will also ride out as an observer with an ambulance crew to gain a better understanding of the role.

It is important to remember that attending people in critical, life-threatening situation can be upsetting. However, the GWAS network makes sure there is someone to help 24 hours a day.

**How can I find out more?**

If you live in the Great Western Ambulance Service area and would like to know more about becoming a community first responder at work or from home, please contact us on: **0117 928 0485**.

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**Quality Accounts**

**Great Western Ambulance Joint Health Scrutiny Committee**  
**23<sup>rd</sup> April 2010**

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

**Purpose**

To present members with the background to the development of Quality Accounts.

**Recommendation**

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

- consider this report as background information about the introduction of Quality Accounts

**1.0 Reasons**

- 1.1 From April 2010 NHS provider trusts are required to publish a Quality Account on an annual basis. OSCs and LINKs will be offered the opportunity to comment on the Quality Account on a voluntary basis.
- 1.2 The GWAS Quality Account is elsewhere on the agenda of this meeting, for members' information. Members have already provided comments on this to GWAS.

**2.0 Detail**

- 2.1 High Quality Care for All was published in June 2008, as the final report of Lord Darzi's NHS Next Stage Review. This report set out the vision for putting quality at the heart of everything the NHS does.
- 2.2 A key component of the new Quality Framework that is set out in this report, is that all providers of NHS services are required to publish a Quality Account, which is an annual report to the public on the quality of healthcare services they deliver. The 2009 Health Act has made this statutory. The aim of Quality Accounts is to improve public accountability and to engage NHS trust boards in understanding and improving quality in their organisations

- 2.3 The details surrounding the form and content of Quality Accounts have been agreed over a yearlong period in partnership between the Department of Health, Monitor, the Care Quality Commission and NHS East of England. A consultation ran between September and December 2009, and the responses to this have shaped the framework for the final regulations and guidance in 2010.
- 2.4 From April 2010 the legal duty to publish a Quality Account came into force. Providers will be required to publish their Quality Account in June each year, to report on the quality of their healthcare services for the previous financial year
- 2.5 For this first year however, the requirement will **not** apply to providers of primary care and community healthcare. Further work is underway to develop Quality Accounts for providers of primary care and community services with the aim of bringing these providers into the requirement by June 2011.
- 2.6 The commissioning PCT (or SHA) is required to comment on the providers' Quality Account whilst OSCs and LINKs will be offered the opportunity to comment on a **voluntary** basis.
- 2.7 NHS provider trusts are required to send their draft Quality Account to their "appropriate" OSC (see paragraph 2.10 below), and should give the OSC at least 30 working days to prepare and return their comments. Any statement supplied should be published verbatim as part of the Quality Account. Statements should be a maximum of 500 words. Where comments are made by more than one OSC, the final statement submitted back to the provider must still not exceed 500 words.
- 2.8 The role of OSCs (and LINKs) in commenting on Quality Accounts is a voluntary one. Members therefore need to consider whether in the first place they wish to comment at all.
- 2.9 OSCs might like to comment on:
- whether the Quality Account is representative
  - whether it gives comprehensive coverage of the provider's services
  - whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts
- 2.10 The "appropriate" OSC is the OSC in the local authority area in which the provider's principal office is located. The "appropriate" OSC must co-ordinate and collate responses on behalf of other local authorities using the services of the provider. In the case of GWAS, the appropriate OSC is Wiltshire.

## **Proposal**

- 2.11 The GWAS Quality Account is elsewhere on this agenda and is being brought to the Committee for information. The deadline by which comments were to be received by GWAS (8<sup>th</sup> June) fell before the date of the meeting of 11<sup>th</sup> June, and, due to the unforeseen cancellation of the Committee's meeting of 23<sup>rd</sup> April, it was necessary to circulate the Quality Account and request comments outside the meetings of the Committee.
- 2.12 Comments from members of the Committee on the GWAS Quality Account have been sent to GWAS. Members look forward to working with GWAS over the coming year on the development of next year's Quality Account.

## **Background Papers and Appendices**

### *Appendices*

Appendix 1 – Letter and Advice from Department of Health

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## Appendix 1

Democratic Services  
Department of Resource  
Department,  
County Hall,  
Trowbridge,  
Wiltshire  
BA14 8JN

8 June 2010  
John Oliver  
External Communications Manager  
Great Western Ambulance Service NHS Trust  
Jenner House  
Langley Park Estate  
Chippenham  
Wiltshire  
SN15 1GG

Your ref: letter 23 April 2010  
Our ref: GWAS QA response Letter MH

Dear John

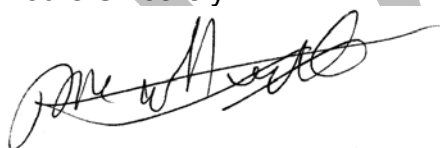
### **Re: Great Western Ambulance Service NHS Trust - Quality Account**

Thank you for inviting us to provide comments on your Quality Account. As your service is subject to a Joint Scrutiny Committee, DH have informed us that it is appropriate for a single response to be made on behalf of that Joint Committee, but that it should be formally submitted by ourselves.

The collated comments are now included at Appendix A. The 500 word limit meant we have had to merge similar comments together. This means they are not all individually identifiable by LA, which is not really satisfactory but the word limit is very restrictive. All the authorities have been given the opportunity to see the draft collated response, and resulting feedback has been incorporated in this final version.

Thank you for your help and co-operation in this first year of Quality Accounts.

Yours Sincerely



Councillor Mike Hewitt  
Chairman, Health and Adult Social Care Select Committee  
Wiltshire Council

E-mail CC:

Steven Rawstorne. [Steven.Rawstorne@gwas.nhs.uk](mailto:Steven.Rawstorne@gwas.nhs.uk)  
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Brian Warwick, Wiltshire and Swindon Users Network [chair.wsun@mac.com](mailto:chair.wsun@mac.com)  
Phil Matthews. Wiltshire Involvement Network [phil.matt@btinternet.com](mailto:phil.matt@btinternet.com)

Wiltshire QA Task Group:

Cllr Desna Allen. Cllr Richard Britton, Cllr Thomas James, Cllr Nina Phillips, Cllr Pip Ridout. Ashley Matthews.

Interested OSCS:

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INVESTOR IN PEOPLE

### Great Western Ambulance Service NHS Trust (GWAS) - Quality Account

Note to GWAS QA Editor:

The Response from the Joint Committee is included in the following table. However, As we understand the QA provided to us has since been amended following LINK comments, could you please include a sentence, along the lines of that below in your introductory paragraph.

**‘The OSC comments below are based on the Draft Quality Account (QA) provided on 23 April 2010. ‘**

The Great Western Ambulance NHS Trust (GWAS) is the subject of a Joint Scrutiny Committee consisting of Overview and Scrutiny Committee (OSCS) representatives from Bath and North East Somerset (B&NES), Bristol, Gloucestershire, North Somerset, South Gloucestershire, Swindon, and Wiltshire. The comments below are made on behalf of this committee.

GWAS officers have engaged well with the joint committee and its processes and have partaken in a Task Group looking at Rural Response times. They also send representatives to some OSCS to review local issues, which is a practice that should be widened.

The comments below are observations on the QA, as made by individual OSCs.

1. The report provides details of ambulance services, but does not cover Patient Transport and Out of Hours Services which are also provided by the Trust.
2. It is understood that Category A and B response times were met Trust Wide this year but, as response times are considered a very important area against which the Ambulance Trust is measured, it is surprising to find so little mention of them, or any supporting data, within the report. There is also no acknowledgement that performance has been more challenging in rural areas. (NB It is accepted that some isolated rural areas will never attain targets due to low activity numbers)
3. It is encouraging that the priorities identified will improve services to patients, however it is questionable whether patients in rural areas will benefit from these improvements if response times remain below target.
4. The Joint committee has heard of improvements in processes and systems which have not been mentioned (e.g. Community First Responders)
5. Hospital turnaround times from certain hospitals are not acceptable and ambulances have been known to divert to more distant Hospitals due to hold ups at A&E, but here is no mention of work being done to address this, e.g. the new Urgent Care Department and enhanced facilities at Weston Hospital.
6. Information Quality and Records Management was assessed at only 44%. It would be good to see an action to improve on this.

7. On page 13 it states that staff in most cases choose to use a reusable tourniquet device, but that this is known to increase the risk of infection between patients. No action is mentioned to address this
8. Swindon would like it noted that it is extremely satisfied and proud of the service that is provided in the town and the continuing efforts by the staff in exceeding the Government targets in respect of the response times.
9. B&NES feel that, despite certain general concerns about GWAS within the Joint Scrutiny process, they recognise that in their area GWAS' performance figures are reasonably acceptable. Nevertheless as always they look forward to seeing further improvements
10. Both Wiltshire and North Somerset felt GWAS has seen marked improvements and, except for some isolated rural areas, have done a good job under extreme conditions, especially during the severe winter.
11. It is good to see multi lingual contact information.

**Word Count : 500**

The above response was prepared by Wiltshire Health and Adult Social Care Select Committee on behalf of the Joint GWAS Scrutiny Committee.

Officer's name: Caroline Pickford,  
Officer's title: Senior Scrutiny Officer  
Direct Line: 01225 713058. Email: [caroline.pickford@wiltshire.gov.uk](mailto:caroline.pickford@wiltshire.gov.uk)

Date: 8 June 2010



# Quality Accounts 2009-10



## **Part 1: Statement on quality from the Chief Executive**

## **Part 2: Priorities for improvement**

- 2.1 Priority 1 – Improvement in asthma and hypoglycaemia care
- 2.2 Priority 2 – Improvement in Return of Spontaneous Circulation (ROSC) on arrival at hospital.
- 2.3 Priority 3 – Improvement in the recognition of FAST +ve strokes during 999 call and upgrade to category 'A' response.
- 2.4 Statements of assurance from the board
  - 2.4.1 Review of Services 2009-10
  - 2.4.2 Participation in clinical audits
  - 2.4.3 Research
  - 2.4.4 Goals agreed with commissioners
  - 2.4.5 What others say about Great Western Ambulance Service NHS Trust
  - 2.4.6 Data Quality
  - 2.4.7 Statements from Local Involvement Networks, Overview and Scrutiny Committees and primary care trusts

## **Part 3: Review of quality performance**

- 3.1 Percentage of ST elevation myocardial infarction (STEMI) patients who received thrombolytic treatment within 60 minutes of call (call to needle time).
- 3.2 Improving infection prevention and control for standard peripheral venous cannula insertion.
- 3.3 Improvement in Return of Spontaneous Circulation (RoSC) on arrival at hospital after cardiac arrest
- 3.4 Improvement in the recognition of FAST +ve strokes during 999 call and upgrade to category 'A' response
- 3.5 An explanation of who Great Western Ambulance Service NHS Trust has involved
- 3.6 Statements provided from commissioning PCT, LINKs or OSCs.

## Part 1: Statement on quality from the Chief Executive

'High Quality Care for All'<sup>1</sup> highlighted the importance of measuring what NHS trusts do in order to drive improvements in the quality of care. The requirement that NHS trusts publish a set of Quality Accounts offers the board of Great Western Ambulance Service NHS Trust, as well as me personally, the opportunity to review the quality of care we provide. This allows us to better understand which areas will benefit from improvement, and to ensure that quality remains part of the core business of our organisation.

I am personally committed to the trust delivering the highest level of care through quality improvement and innovation and I am delighted to welcome the publication of our first Quality Accounts.

This is a summary report of our performance against a number of quality measures for 2009-10 and to make clear our quality priorities for 2010-11. The format of this document follows guidance issued by the Department of Health in early 2010. Parts 1 and 2 follow the required template with part 3 reflecting more locally determined information relevant to our service users, staff and stakeholders. The trust vision is to build our business on a foundation of service quality and patient safety, continual improvement and innovation. Through our staff we aim to embed quality in all we do and provide a cost effective service to the communities we serve.

There are many things that the trust does well and some areas which require further improvement. The whole trust is committed to a strategy based on quality and safety that will improve patient experience and outcomes. 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.

Quality improvement is an ongoing cycle and the trust is continually updating and adapting plans and priorities to reflect its needs and experiences and I anticipate that Quality Accounts will evolve in a similar fashion and become the mechanism for us to share best practice within the local NHS. Whilst the next 12 months will continue to be challenging, not only for us, but for all parts of the local health community the trust will continue to identify and maximize opportunities to provide the highest levels of clinical care in the most appropriate settings.

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.

Signed

David Whiting  
Chief Executive  
Great Western Ambulance Service NHS Trust

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<sup>1</sup> High quality care for all: NHS Next Stage Review final report. Department of Health Gateway reference 10106.

## Part 2: Prioritises for improvement

Three priority areas have been agreed between ourselves and our local commissioners (purchasers of our services on behalf of the public) as areas in which clinically effective intervention will have a significant impact on patient outcomes. These improvement areas build upon work undertaken through the Commissioning for Quality and Innovation (CQUINS) payment framework for 2009-10 and that moving forward into 2010-11.

### 2.1 Priority 1 - Improvement in asthma and hypoglycaemia care

The Care Quality Commission reported that the proportion of eligible patients with a clinical diagnosis of asthma or hypoglycaemic attack who were given the appropriate tests and treatment was not satisfactory when compared with the national average (Source: Care Quality Commission 2009). Specifically this related to the measurement of the peak expiratory flow rate (PEFR) before treatment in asthma and the recording of blood glucose levels prior to treatment of a hypoglycaemic episode. Great Western Ambulance Service NHS Trust will improve the application and recording of these tests and thus, the treatment provided to these patient groups.

For treatment of an asthma attack, this will include ensuring that the recording of the baseline respiratory rate, the peak expiratory flow rate before treatment, the pulse oximeter oxygen saturation ( $S_pO_2$ ) before treatment, the administration of a beta 2 agonist (drug to dilate the airway and aid breathing) and the administration of oxygen is undertaken in all cases unless there is a clinical reason why this cannot be performed.

For the treatment of hypoglycaemic episodes, we will ensure that the recording of the blood glucose level before treatment, the administration of treatment to combat the hypoglycaemia and the recording of the blood glucose level after treatment is undertaken in all cases unless there is a clinical reason why this cannot be performed.

The number of calls where the clinical diagnosis is either acute asthma or hypoglycaemic episode will be recorded and progress monitored by audit of the patient care record. Improvement will be measured by an increase in the number of patients where appropriate treatment has been provided and data recorded.

Reporting on progress to the commissioner will be quarterly.

### 2.2 Priority 2 - Improvement in Return of Spontaneous Circulation (ROSC) on arrival at hospital following cardiac arrest

The return of spontaneous circulation (ROSC) on arrival at hospital following cardiac arrest (when the heart stops beating) is a first step on the road to recovery for patients.

Great Western Ambulance Service NHS Trust will record the number of incidents with a diagnosis of cardiac arrest and monitor by audit all cardiac arrest patient care records and report the percentage of patients where ROSC is achieved. Whilst we current perform at or slightly above the national average, we wish to improve and increase the numbers of patients with a return of spontaneous circulation on arrival at hospital in 2010-11

Reporting on progress to the commissioner will be quarterly

## 2.3 Priority 3 - Improvement in the recognition of FAST +ve strokes during 999 call and upgrade to category 'A' response

Recognising the onset of a stroke and reducing the time taken to respond to the patient will improve the clinical outcome. Using a stroke diagnostic tool (Face Arms Speech Test) within the Advanced Medical Priority Dispatch System (AMPDS) will allow Great Western Ambulance Service NHS Trust to upgrade FAST +ve patients to a category 'A' response.

Great Western Ambulance Service NHS Trust will continue to develop this service response and increase the number of strokes identified using telephone FAST and those identified as FAST +ve being upgraded to category 'A' response.

The number of times when possible stroke is identified using the FAST diagnostic tool will be recorded and monitored by audit of all stroke patient care records. The number of incidents where strokes are identified using the FAST diagnostic tool will be recorded and monitored against the allocated response category.

Reporting on progress to the commissioner will be quarterly

## 2.4 Statements of assurance from the board

### **2.4.1 Review of Services 2009-10**

During 2009-10 Great Western Ambulance Service NHS Trust provided or subcontracted three NHS services, accident and emergency (999) ambulance services, out of hours services and patient transport services.

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

The income generated by the NHS services reviewed in 2009-10 represents 95 per cent of the total income generated from the provision of NHS services by Great Western Ambulance Service NHS Trust for 2009-10.

### **2.4.2 Participation in clinical audits**

During 2009-10 two national clinical audits and no national confidential enquires covered NHS services that Great Western Ambulance Service NHS Trust provides.

During that period Great Western Ambulance Service NHS Trust participated in 100 percent of 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 2009-10 are as follows.

- Myocardial Infarction National Audit Project (MINAP)
- National Clinical Performance indicators (cycle 3)



The national clinical audits and national confidential enquiries that Great Western Ambulance Service NHS Trust participated in during 2009-10 are as follows.

- Myocardial Infarction National Audit Project (MINAP)
- National Clinical Performance indicators (cycle 3)

The national clinical audits and national confidential enquiries the Great Western Ambulance Service NHS Trust participated in, for which data collection was completed during 2009-10 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.

**Table 1 – Number of submissions to national clinical audit and national confidential enquiries**

National clinical audit or national confidential enquiry	Number of cases submitted	Number of cases submitted as a percentage of registered cases required
Myocardial Infarction National Audit Project (MINAP).	1251 <sup>2</sup>	N/A
National Clinical Performance Indicators cycle 3	537	35.8% <sup>3</sup>

The reports of two national clinical audits were reviewed by the provider in 2009/10 and Great Western Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provided:

- The results from the pre-hospital thrombolysis (PHT) audit form part of the larger Myocardial Infarction National Audit Project (MINAP) audit which is inclusive of hospital data. This data is subject to scrutiny by key stakeholder groups. Primary Percutaneous Coronary Intervention (PPCI) has meant that the number of patients undergoing PHT has fallen. Continuous monitoring of data ensures deficits of care are identified and appropriate interventions including training are initiated to improve patient outcomes

<sup>2</sup> The number of cases submitted (1251) is the total number of patients entered onto the National MINAP database in 2009-10 by local NHS trusts and relates to the number of patients diagnosed as having had a myocardial infarction

<sup>3</sup> The trust is required to submit up to 300 cases for each of the 5 National Clinical Performance Indicators (total 1500 cases). Hence the percentage submitted = 537/1500% Compared to other ambulance trusts our patient population is small which results in fewer cases being submitted for each CPI

The results of the national Clinical Performance Indicators audit (CPI) are reviewed by the National Ambulance Service Clinical Quality Group. An action plan to address underperformance in CPI for asthma and hypoglycaemia management has been developed and is being implemented. This includes the issuing of clinical instructions to staff, the inclusion of updates in the statutory and mandatory training in 2010-11, and the publication of articles on asthma and hypoglycaemia in the trust clinical journal.

The reports of four local clinical audits were reviewed by the provider in 2009-10 and Great Western Ambulance Service NHS Trust intends to take the following actions to improve the quality of healthcare provided;

**(i) Infection prevention and control**

The clinical audit programme ensured compliance against the HealthCare Associated Infection (HCAI) health check standards and ensured that the trust implemented a plan continual service improvement. The results of audits in hand hygiene, decontamination of medical devices and station and vehicle cleaning are ongoing and will continue to be monitored by the trust's Infection Prevention Control Committee (TIPCC) and reported to the governance committee and directors group. The trust was found to be complying with its duty to protect patients and staff under the Health Care Act 2005 during an unannounced inspection by the CQC in July 2009.

**(ii) Use of morphine - pain management**

An audit on the use of morphine and the recording of a pain score was undertaken by analysing the patient care records for a given month. The results from this audit, combined with data from the national clinical performance indicators programme showed that there was an opportunity to improve. As part of this improvement plan a clinical instruction has been issued to staff and the provision of staff training with the aim of improving pain management and patient choice regarding analgesia has been planned

**(iii) Vulnerable adults**

An audit of the vulnerable adult referral process was undertaken. The results indicated that a more streamlined process was required and led to a review of the relevant policies and procedures. New policies and procedures are now in place and changes to the referral process have been implemented.

**(iv) Peripheral venous cannulation**

An audit on the indications for, and process of, venous cannulation was undertaken. Following this a project has begun to replace the current venous cannula together with the introduction of cannulation packs to improve aseptic insertion. Aseptic "no touch" technique is included in the 2010-11 education plan.

**2.4.3 Research**

The number of patients receiving NHS services provided or sub-contracted by Great Western Ambulance Service NHS Trust in 2009-10 that were recruited during that period to participate in research approved by a research ethics committee was eleven.

This level of participation in clinical research demonstrates Great Western Ambulance Service NHS Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

#### **2.4.4 Goals agreed with commissioners**

A proportion of Great Western Ambulance Service NHS Trust income in 2009-10 was conditional on achieving quality improvement and innovation goals agreed between Great Western Ambulance Service NHS Trust and NHS Gloucestershire as lead commissioner for the provision of NHS services through the Commissioning and Innovation payment framework. Further details of the agreed goals for 2009-10 and the following 12 month period are available on request from the trust.

#### **2.4.4 What others say about Great Western Ambulance Service NHS Trust**

Great Western Ambulance Service NHS Trust is required to register with the Care Quality Commission and its current registration status is registered as of 31 March 2010. Great Western Ambulance Service NHS Trust has no conditions following registration.

The Care Quality Commission has not taken enforcement action against Great Western Ambulance Service NHS Trust during 2009/10.

Great Western Ambulance Service NHS Trust is subject to periodic reviews by the Care Quality Commission and the last review was on 1 May 2009. The CQC's assessment of the Great Western Ambulance Service NHS Trust following that review was weak for quality of services and fair for quality of financial management.

Great Western Ambulance Service NHS Trust took following action in 2009-10 to address the points made in the CQC's assessment:

- the production of an annual health check improvement plan
- publication of the improvement plan on the trust website
- a monthly review of progress within the improvement plan
- a review of the improvement plan with commissioners.

Great Western Ambulance Service NHS Trust has made the following progress by 31 March 2010

- Achievement of category A8 standard
- achievement of category A19 standard
- improvement of the category B19 standards
- achievement of the call to needle standard
- improved position with national clinical performance indicators
- full compliance with all standards for better health.

Great Western Ambulance Service NHS Trust has not participated in special reviews or investigations by the Care Quality Commission during the reporting period.

#### **2.4.6 Data Quality**

Great Western Ambulance Service NHS Trust was not required to submit records during 2009-10 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Great Western Ambulance Service NHS Trust score for 2009-10 for Information Quality and Records Management, assessed using the Information Governance Toolkit was 44%

Great Western Ambulance Service NHS Trust was not subject to the payment by results clinical coding audit during 2009-10 by the Audit Commission

#### **2.4.7 Statements from Local Involvement Networks, Overview and Scrutiny Committees and primary care trusts**

The regulations require Great Western Ambulance Service NHS Trust to send copies of the QA to the relevant Local Involvement Network (LINK), Overview and Scrutiny Committee (OSC) and lead commissioning primary care trusts (PCT) for comment prior to publication, and their comments will be included in the published QA.

## Part 3: Review of quality performance

Five areas of clinical quality performance are reported in more detail, each providing an insight into the services provided by the trust. Feedback from the Local Involvement Network (LINK), Overview and Scrutiny Committee (OSC) and NHS Gloucestershire (Lead Commissioner) is also reported at the end of this section.

### 3.1 Percentage of ST elevation myocardial infarction (STEMI) patients who received thrombolytic treatment within 60 minutes of call (call to needle time)

This indicator measures the percentage of people who receive thrombolytic intervention (clot busting drugs) following a diagnosis of ST elevation myocardial infarction (heart attack). The indicator is captured by the NHS information Centre as a measurement of health, performance, quality and efficiency and provides insight into how care is being delivered by measuring performance of the ambulance service and the hospital in providing timely treatment.

This indicator has been chosen as there is good evidence that early treatment of patients with thrombolytic drugs improves mortality outcome following ST elevation infarction. It has also been chosen as it provides a good example of how working in partnership with local hospitals to develop a service has resulted in improved performance.

The quality measure is the percentage of eligible patients (with initial diagnosis of a definite myocardial infarction, that did not self present, make own way to hospital or were transferred for primary percutaneous coronary intervention (primary angioplasty or PPCI) whose initial reperfusion treatment was thrombolytic treatment and did not have a justified delay to treatment) who received thrombolytic treatment within 60 minutes of calling for help.

Great Western Ambulance Service NHS Trust has worked in partnership with local hospitals to provide a consistent service within its area. Initially this relied on a combination of thrombolysis being given by the ambulance clinician prior to arrival at hospital and thrombolysis being given at the receiving hospital.

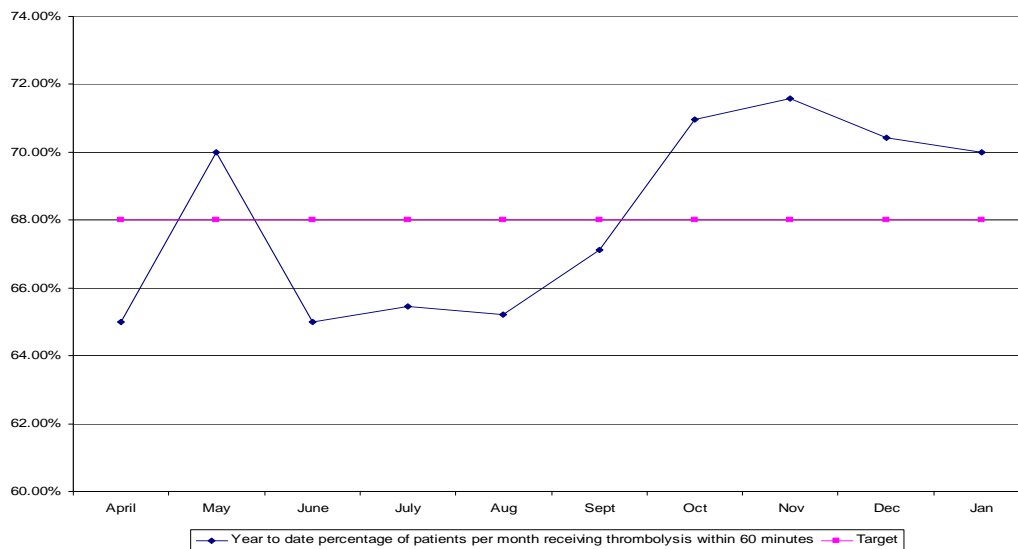
During 2009-10 Great Western Ambulance Service NHS Trust has been influential as a member of the local cardiac network clinical reference group in increasing the availability of primary percutaneous coronary intervention at specialist cardiology centres. This development has ensured that patients treated by Great Western Ambulance Service NHS Trust have access to the treatment of choice. Although the improved availability of this service has resulted in a reduction in the number of patients requiring thrombolysis Great Western Ambulance Service NHS Trust has still exceeded that national requirement of 68.00%.

**Table 2 – Percentage of patients per month receiving thrombolysis within 60 minutes.**

	A	M	J	J	A	S	O	N	D	J	YTD
Number of patients eligible for thrombolysis	20	10	10	15	14	7	17	9	12	8	122
Number of patients receiving thrombolysis in less than 60 minutes	13	8	5	10	9	6	15	7	8	5	86
Percentage of patients per month receiving thrombolysis within 60 minutes	65.00	80.00	50.00	66.67	64.29	85.71	88.24	77.78	66.67	62.50	70.49

In addition as the numbers of eligible patients per month reduce, this can result in large variations in monthly performance if treatment breaches the 60 minute window, Great Western Ambulance Service NHS Trust has exceeded the national requirement of treatment being received within 60 minutes by 68% of eligible patients.

**Graph 1 – Year-to-date percentage of patients receiving thrombolysis within 60 minutes.**



As the option for treatment at a specialised cardiology centre increases, the impact for Great Western Ambulance Service NHS Trust is that eligible patients have to be transported greater distances than when treatment was provided either by the ambulance clinician or by the nearest receiving hospital. In continuing to improve the quality of this service Great Western Ambulance Service NHS Trust has made available additional ambulance clinicians to transport patients to these centres.

### 3.2 Improving infection prevention and control for standard peripheral venous cannula insertion

Great Western Ambulance Service NHS Trust places great importance on the management of infection control. During 2009-10 the trust was subject to an inspection by the CQC who reported favourably on our management and practice for the prevention and control of healthcare associated infections. As part of our annual infection control audit plan, and our commitment to continually improve standards with this area the trust reviewed its use of peripheral venous cannula insertion.

This indicator has been chosen as The Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infection states that “Effective prevention and control of HealthCare Associated Infection (HCAI) has to be embedded into every day practice and applied consistently by everyone” and the NHS organisations must audit key policies and procedures for infection prevention and control

Cannulation is a common procedure performed by appropriately trained ambulance clinicians in order to administer intravenous medication and fluids. The appropriate technique and management is key in reducing the risk factor for MRSA bacteraemia infection in the patient.

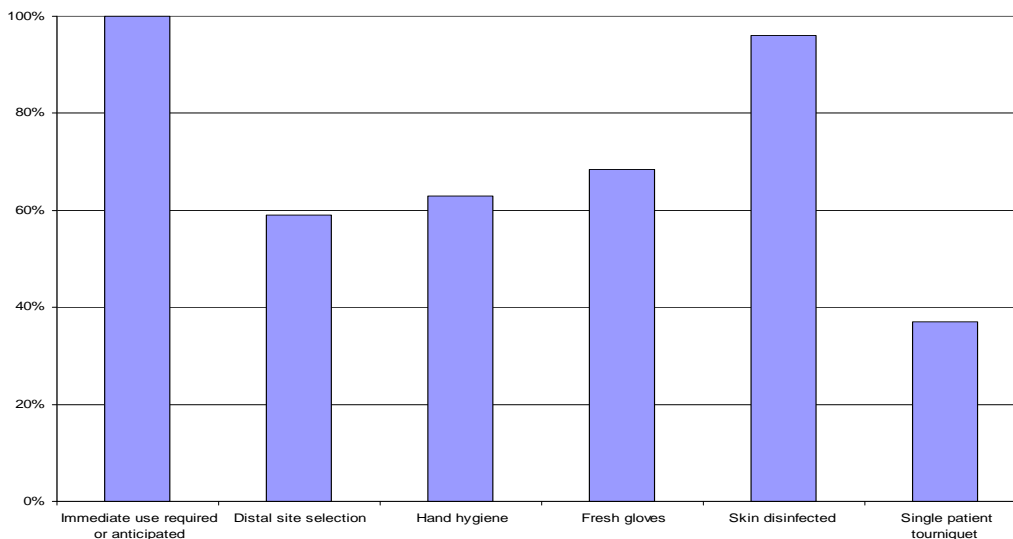
As an indirect measure of clinical effectiveness and patient experience (by assuming appropriate insertion reduces the risk of infection) an audit was designed to understand the limitations in emergency pre-hospital care and establish the current understanding of the cannulation procedure by ambulance clinicians.

To capture the reasons for each cannula insertion, for the period of 1 June - to 31 August 2009, ambulance clinicians completed an audit form each time they inserted a peripheral cannula (a device inserted into the smaller veins of the arms or legs to give fluid or medication). The data was collected and 54 completed forms were included in the analysis.

The following standards were measured;

- The cannula must only be inserted if immediate use is required or anticipated
- The site selection should be routinely selected in the distal areas of the arm
- Hand hygiene must be performed prior to cannula insertion
- New gloves must be worn for cannula insertion
- The skin must be disinfected prior to insertion of cannula
- A tourniquet should be used only once where there is the potential for cross contamination between patients

## Graph 2 – Results of peripheral venous cannula insertion audit



The results show that insertion of cannulae is generally only performed for immediate or likely immediate administration of fluids or medication. Where the patient's condition did not affect where the cannula could be inserted, in the majority of cases the insertion was peripheral. Hand hygiene prior to cannula insertion and the application of a clean pair of gloves was performed in most cases, as was the preparation of the patient's skin. Although Great Western Ambulance Service NHS Trust supplies single use tourniquets, staff in most cases chose to use a reusable device which does increase the risk of infection between patients.

Following this audit the following actions have been developed:

- The trust is developing a customised cannulation pack to ensure all items are quickly and easily available. This will be introduced in May 2010 and will be accompanied with aseptic non-touch training (ANTT)
- All aseptically inserted cannulae will be marked with a green sticker which will provide assurance to our acute trust colleagues and reduce the requirement to remove and replace cannulae on admission to hospital, thereby improving quality and patient safety

The trust will adopt the "saving lives peripheral intravenous cannula" compliance tool for ongoing audits, and it is planned to re-audit from June 2010.

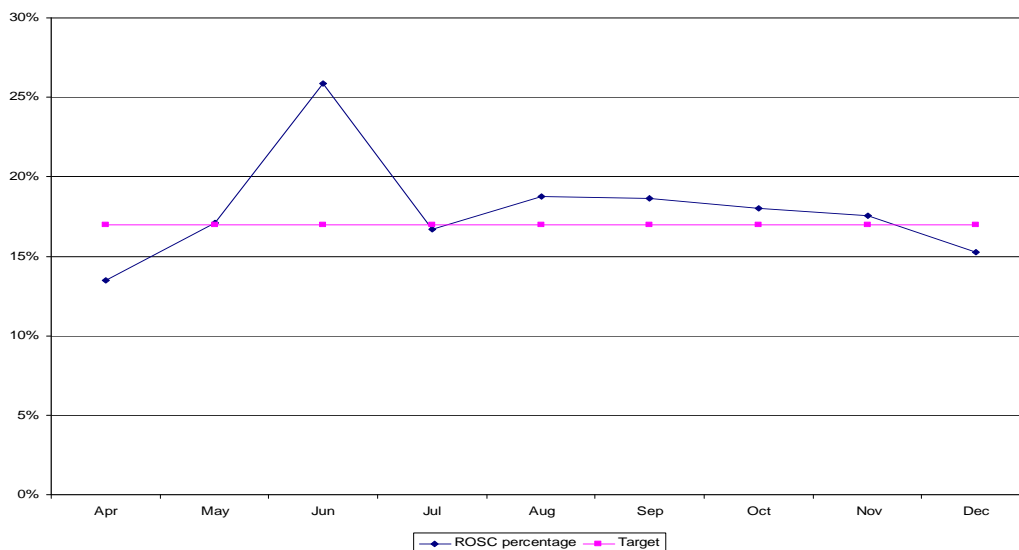


### 3.3 Improvement in Return of Spontaneous Circulation (ROSC) on arrival at hospital

An improvement in the return of spontaneous circulation (ROSC) on arrival at hospital will greatly improve the outcome for patients following cardiac arrest. This indicator has been chosen as it is a current measure within the Commissioning for Quality and Innovation (CQUINS) payment framework and also a national clinical performance indicator reviewed by the National Ambulance Clinical Quality Group.

Great Western Ambulance Service NHS Trust agreed to achieve a ROSC rate of at least the national ambulance service average (currently 17%) over two quarters in 2009-10. Although the latest data for December 2009 showed a slight reduction, for the months August to November 2009 Great Western Ambulance Service NHS Trust exceeded the national average.

**Graph 3 – Percentage of patients where return of spontaneous circulation is achieved at arrival at hospital.**



However the trust recognises that further improvements in this area can be made and an improvement plan has been developed that will consider the following areas;

- The use of community based automated external defibrillators (AED) and cardiopulmonary resuscitation (CPR)
- Emergency operations centre procedures
- Ambulance clinician resuscitation knowledge.
- Consideration of drug therapy once ROSC at scene achieved
- An ongoing review / audit of resuscitation incidents
- Increase the contribution of Community First Responders (CFR's)

### 3.4 Improvement in the recognition of FAST +ve strokes during 999 call and upgrade to category 'A' response

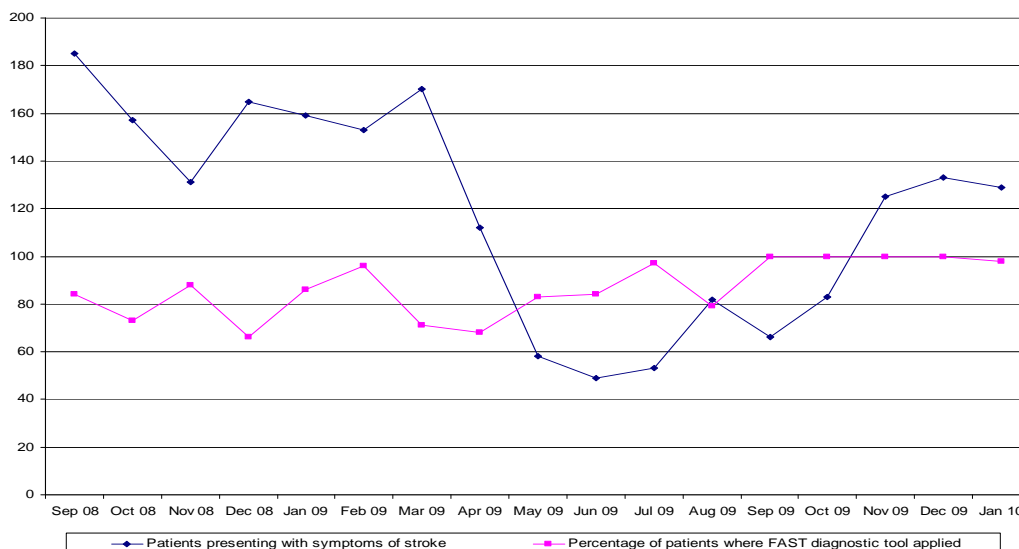
An initial assessment of a cerebral vascular incident (stroke) is undertaken by the application of the Face, Arms, Speech, Test (FAST). Where there is facial weakness, reduced arm mobility and slurred speech a patient is said to be have suffered a stroke (FAST +ve)

This indicator has been chosen as it is recognised that following the onset of a stroke reducing the time taken to respond to the patient will improve their clinical outcome. As such Great Western Ambulance Service NHS Trust was one of the first to link the application of the FAST diagnostic tool to the AMPDS, such that where a FAST +ve response is indicated the response is coded as a category A with an 8 minute response time set.

Great Western Ambulance Service NHS Trust submits supporting data for this quality measure to the National Ambulance Clinical Quality Group. Certain patient groups are excluded from this data set, but misinterpretation of the exclusion criteria from March to August 2009 resulted in Great Western Ambulance Service NHS Trust under-reporting patient exclusions. This resulted in a reduction in performance for that period.

Initial data collection difficulties from May to October 2009 resulted in a reduction in the number of new stroke cases being reported. An action plan, including training on data recording has now been implemented, resulting in improvements in both data quality and application of the FAST assessment

**Graph 4 – Number of patients presenting with symptom of stroke and percentage of patients where FAST diagnostic tool applied.**



### 3.5 An explanation of who Great Western Ambulance Service NHS Trust has involved

This first set of Quality Accounts has been produced and shared with NHS Gloucestershire, as lead commissioner, the Wiltshire Health and Overview Scrutiny Committee as lead for the Joint Health and Overview Scrutiny Committee and the Wiltshire Local Involvement Network as lead for the Joint Local Involvement Network Working Group.

### 3.6 Statements provided from commissioning PCT, LINKs or OSC's

This is also to include any changes made to the final version of the Quality Account after receiving these statements

You can write to us at:  
Great Western Ambulance Service,  
Jenner House, Langley Park Estate, Chippenham, Wiltshire SN15 1GG  
You can telephone or fax us on: **Tel: 01249 858 000 Fax: 01249 850 091**

You can email us at **pals@gwas.nhs.uk**  
**www.gwas.nhs.uk**

We can supply larger print copies of this leaflet and we can put it on tape.  
Please ask if you would like this publication in another language.



If you would like to find out more about the contents of this document, please  
telephone 01249 858612

**Albanian**

Nëse do të doni të mësoni më tepër për përmbajtjen e këtij dokumenti ju lutem  
telefoni numrin 01249 858612

**Bengali**

এ নথির বিষয়বস্তু আরো জানতে হলে, দয়া করে 01249 858612 এ নাম্বারে টেলিফোন  
করুন।

**Chinese**

如果您想取得這份文件的更詳盡內容，請致電 01249 858612。

**Gujerati**

આ પત્રિકામાં આપેલી માહિતી વિષે તમારે વધુ જાણકારી મેળવવી હોય તો, કૃપા કરી આ નંબર પર ફોન  
કરો 01249 858612

**Hindi**

यदि आप इस प्रलेख की अन्तर्वस्तु के विषय में और अधिक जानना चाहते हैं तो कृपया  
01249858612 पर फोन करें।

**Kurdish**

01249 بۆ وەرگرتنی زانیاری زیاتر سه باره ت به نه م نامیلکه یه دمتوانن په یوهندی به ژماره تلهفونی  
858612 بکه ن

**Polish**

Jeśli pragną Państwo dowiedzieć się więcej na temat treści tego dokumentu,  
prosimy o telefon pod numer 01249 858612.

**Portuguese**

Para receber mais informações sobre os temas abordados neste documento,  
ligue para o número 01249 858612

**Punjabi**

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਵਿੱਚ ਸ਼ਾਮਲ ਤੱਤਾਂ ਬਾਰੇ ਵਧੇਰੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ  
01249 858612 ਫੋਨ ਕਰੋ।

**Somali**

Haddii aad dooneyso akhbaar dheeri ah oo ku saabsan macnaha qoraalka  
nuqulkaan, fadlan soo wac taleefanka 01249 858612

**Urdu**

اگر آپ اس دستاویز کے مندرجات کے بارے میں مزید معلومات چاہتے ہوں تو براہ کرم  
ٹیلیفون نمبر 01249 858612 پر رابطہ کریں۔

**Vietnamese**

Nếu quý vị muốn tìm hiểu thêm về nội dung tài liệu này, xin hãy điện thoại số  
01249 858612

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**Work Programme**

***Great Western Ambulance Joint Health Scrutiny Committee***  
**11<sup>th</sup> June 2010**

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

**Purpose**

To agree the next stages of the work programme for the Great Western Ambulance Joint Health Scrutiny Committee for 2010/11.

**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 meetings in September and December

**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 29<sup>th</sup> January 2010, Members agreed a work programme up to the 23<sup>rd</sup> April 2010.
- 2.2 Members are requested to confirm work programme priorities for the next meeting of the Committee on Friday 17<sup>th</sup> September 2010, which will be hosted by Gloucestershire.
- 2.3 Members are requested to confirm the proposed date of Friday 17<sup>th</sup> December (in order to maintain the three month cycle of meetings). South Gloucestershire has offered to host this meeting.
- 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 20010/11

## Appendix A

### Work Programme

#### Great Western Ambulance Joint Health Scrutiny Committee Work Programme 2010/11 (Updated 17th May 2010)

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 11th June 2010 at 11.00am at Swindon Borough Council, Civic Offices, Euclid St, Swindon SN1 2J**

<b>Agenda Item</b>	<b>Issues to be Considered</b>	<b>Witnesses Required</b>	<b>Details of Evidence Required</b>
To consider any issues arising from the Monthly Performance Report, and response times for district councils. (also included will be a full breakdown of handover times/delays by hospital)	<ul style="list-style-type: none"><li>• To consider the latest data regarding key performance information</li><li>• To raise any issues with officers from GWAS and Gloucestershire PCT</li><li>• To determine whether any further action is required by the Joint Committee</li></ul>	<ul style="list-style-type: none"><li>• Representative from GWAS</li><li>• Representative from Gloucestershire PCT</li></ul>	<ul style="list-style-type: none"><li>• Commissioners Monthly Report (2009/10 year end plus April 2010), GWAS</li><li>• Board Performance Report (April 2010) GWAS</li><li>• Handover times/delays by hospital</li><li>• District Response Times</li></ul>



Report from Short Life Group on Rural Response Times	<ul style="list-style-type: none"> <li>To consider the recommendations of the Short Life Group</li> </ul>	<ul style="list-style-type: none"> <li>Representative from GWAS</li> <li>Members of the Short Life Group</li> </ul>	
Report from Joint Working Group		Local LINK rep	
Quality Accounts	<ul style="list-style-type: none"> <li>To explain the background to Quality Accounts</li> </ul>	Scrutiny Officer	
GWAS Quality Account	<ul style="list-style-type: none"> <li>For information</li> </ul>	Representative from GWAS	GWAS Quality Account
GWAS Joint Health Scrutiny Committee Work Programme	<ul style="list-style-type: none"> <li>To review the Committee's work programme to ensure that it remains relevant</li> </ul>	Scrutiny Officer	
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	<ul style="list-style-type: none"> <li>To enable individual HOSCs to advise the Joint Committee of any work they are undertaking and the outcomes of such work</li> </ul>	N/A	<ul style="list-style-type: none"> <li>Extracts of minutes from local authority HOSCs</li> </ul>

**Friday 17<sup>th</sup> September 2010 at 11.00am at Gloucestershire Council**

Agenda Item	Issues to be Considered	Witnesses Required	Evidence Required
<p>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)</p>	<ul style="list-style-type: none"> <li>• To consider the latest data regarding key performance information</li> <li>• To raise any issues with officers from GWAS and Gloucestershire PCT</li> <li>• To determine whether any further action is required by the Joint Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Representative from GWAS</li> <li>• Representative from Gloucestershire PCT</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioners Monthly Report, GWAS</li> <li>• Board Performance Report, GWAS</li> <li>• Handover times/delays by hospital</li> <li>• District Response Times</li> </ul>
<p>Report from Joint Working Group</p>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Local LINK rep</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p>Interim (3 month) update on locally focussed work (from Short Life Group on Rural Response Times)</p>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p>GWAS Joint Health Scrutiny Committee Work Programme</p>	<ul style="list-style-type: none"> <li>• To review the Committee's work programme to ensure that it remains relevant</li> </ul>	<ul style="list-style-type: none"> <li>• Scrutiny Officer</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p>Update from local authority Health Overview and Scrutiny Committees (HOSCs)</p>	<ul style="list-style-type: none"> <li>• To enable individual HOSCs to advise the Joint Committee of any work they are undertaking and the outcomes of such work</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Extracts of minutes from local authority HOSCs</li> </ul>

**Friday 17<sup>th</sup> December at South Gloucestershire Council, Council Offices, Castle Street, Thornbury, BS35 1HF)**

<b>Proposed Outcome</b>	<b>Issues to be Considered</b>	<b>Witnesses Required</b>	<b>Evidence Required</b>
To consider any issues arising from the Monthly Performance Report, and response times for district councils. (also included will be a full breakdown of handover times/delays by hospital)	<ul style="list-style-type: none"> <li>• To consider the latest data regarding key performance information</li> <li>• To raise any issues with officers from GWAS and Gloucestershire PCT</li> <li>• To determine whether any further action is required by the Joint Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Representative from GWAS</li> <li>• Representative from Gloucestershire PCT</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioners Monthly Report, GWAS</li> <li>• Board Performance Report, GWAS</li> <li>• Handover times/delays by hospital</li> <li>• District Response Times</li> </ul>
Six month update on locally focussed work (from Short Life Group on Rural Response Times)	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
Report from Joint Working Group	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Local LINK rep</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
GWAS Joint Health Scrutiny Committee Work Programme	<ul style="list-style-type: none"> <li>• To review the Committee's work programme to ensure that it remains relevant</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
Update from local authority Health Overview and Scrutiny Committees (HOSCs)	<ul style="list-style-type: none"> <li>• To enable individual HOSCs to advise the Joint Committee of any work they are undertaking and the outcomes of such work</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Extracts of minutes from local authority HOSCs</li> </ul>