

Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

Author: Scrutiny Officer, Swindon Borough Council

Purpose

To provide a summary of the information requested by the Great Western Ambulance Joint Health Scrutiny Committee at its meetings on 18th April 2008 and 23rd May 2008.

Recommendation

The Joint Health Scrutiny Committee is requested to:

- Note the information provided by the Great Western Ambulance NHS Trust at the request of the Committee
- Identify any areas for further review or any action required

1. Reasons

- 1.1 At its meetings on 18th April 2008 and 23rd May 2008, the Great Western Ambulance Joint Health Scrutiny Committee requested numerous pieces of information from the Great Western Ambulance NHS Trust as a result of issues discussed at these Committee meetings.
- 1.2 This report summarises the information provided by the Trust in response to this request. Members may obtain copies of the source documents from which this summary was produced by contacting the Scrutiny Officer for the Committee.

2. Detail

2.1 Mandatory Training

- Target that all staff receive 1 day mandatory training by December 2008
- As at May 2008 5.14% of staff had received this training
- 170 training places were offered in May 2008 but the take up rate was only 1.70%
- GWAS are of the view that this low uptake is due to the tension between the delivery of operational performance and extraction for training
- Alternative methods of delivery are being explored as a priority

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

- [Awaiting additional information regarding type of training]

2.2 Private Ambulance Providers

- A Risk Assessment must be carried out by 2 GWAS Managers in relation to private ambulance providers using a nationally agreed set of criteria including:
 - Insurance
 - Training and qualifications of staff
 - Grievance and disciplinary procedures
 - Equality and diversity policies
 - Staff uniforms, identification, staff breaks
 - Vehicle maintenance, cleanliness and capability to deal with patients in different situations
 - Communications
 - CRB checks
 - Governance arrangements
 - Finance and references
- To achieve accreditation, all essential criteria and 75% of desirable criteria must be evidenced
- Any private provider that achieves accreditation from one statutory ambulance service may be deemed acceptable by any other statutory ambulance service
- The ASA PTS Sub Group holds a list of all accredited private providers
- As a minimum, bi-annual checks are carried out by GWAS regarding insurance, staff driving licences, vehicle maintenance and cleanliness and calibration of equipment
- [Awaiting additional information regarding usage and cost]
- List of private providers used by the Trust attached at Appendix 1

2.3 Staff Survey Results 2008

- Carried out in October 2007
 - Results used by several organisations including the Healthcare Commission
 - Response rate of 41% (29% paramedics, 21% technicians, 14% EMDC staff) compared to national response rate of 54% and 2006 response rate of 40%
 - Survey considered following key themes:
 - Work-life balance
 - Appraisal, training, learning and development
 - Team working, supervision, communication and staff involvement
 - Safety at work
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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

- Staff attitudes

Theme	2007 Result	2006 Result	Trust's performance compared to the national average for ambulance trusts
% staff working longer than contracted hours	86%	89%	Average
% Staff accessing flexible working arrangements	71%	43%	Above average
% staff working in a well-structured team environment	15%	17%	Average
Quality of job design - not a % but a score of 1 (poorly designed job) to 5 (very well designed)	Score of 2.62	Score of 2.73	Below average
Support from immediate managers - not a % but a score of 1 (poorly supported) to 5 (very well supported)	Score of 3.07	Score of 2.90	Below average
Extent of positive feeling within the organisation - not a % but a score of 1 (very negative feeling) to 5 (very positive feeling)	Score of 1.82	N/A	Below average
% staff who have had an appraisal in the last 12 months	10%	18%	Below average
% staff having a well structured appraisal review in the last 12 months	5%	7%	Below average
% staff having with personal development plans in the last 12 months	7%	8%	Below average
% staff who have received job- relevant training in the last 12 months	62%	71%	Below average
% staff who have received health and safety training in the last 12 months	19%	48%	Below average
% staff suffering a work related injury in the last 12	39%	40%	Average

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

Theme	2007 Result	2006 Result	Trust's performance compared to the national average for ambulance trusts
months			
% staff suffering work related stress in the last 12 months	39%	38%	Above average
% Staff witnessing potentially harmful errors, near misses or incidents within the last month (Question change compared to 2006/07)	29%	46%	Below average
Fairness and effectiveness of the reporting procedure for potentially harmful errors, near misses or incidents – not a % but score of 1 (very unfair and ineffective) to 5 (very fair and effective)	2.81	2.96	Below average
% staff experiencing physical violence from patients or relatives in the last 12 months	24%	26%	Below average
% staff experiencing physical violence from staff in the last 12 months	1%	2%	Average
% staff experiencing harassment, bullying or abuse from patients or relatives	42%	52%	Below average
% staff experiencing harassment, bullying or abuse from staff	18%	20%	Average
Perceptions of effective actions from Trust towards violence and harassment – not a % but score of 1 (not very effective) to 5 (very effective)	Score 3.09	N/A	Below average
Availability of hand washing materials – not a % but score	3.94	4.25	Below average

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

Theme	2007 Result	2006 Result	Trust's performance compared to the national average for ambulance trusts
of 1 (no availability) to 5 (full availability)			
Staff job satisfaction – not a % but score of 1 (very unsatisfied) to 5 (very satisfied)	2.97	3.10	Below average
Work pressure felt by staff – not a % but score of 1 (virtually no pressure) to 5 (extremely high feelings of pressure)	3.42	3.25	Above average
Staff intention to leave their job - not a % but score of 1 (no intention to leave) to 5 (very likely to leave)	2.97	2.79	Above average

2.4 Referrals Procedure for Vulnerable Adults & Child Protection

- The Trust introduced new referral procedures at the end of February 2008.
- Critical to the safety of the introduction of the new system was monitoring the total number of referrals to ensure that consistency was maintained.
- The number of referrals has increased this year against the same period last year, but as a contingency the old procedures will not be withdrawn until GWAS is entirely confident that the new system is safe and effective.

2.5 GWAS Clinical Desk

- All clinical desks are now fully operational 24/7

2.6 Breakdown of Complaints

- See Page 45 of 'Managing Our Performance Report' June 2008 (Agenda Item 6 of Great Western Ambulance Joint Health Scrutiny Committee Meeting, 25th July 2008)

2.7 Clinical Review of Air Ambulance Service Update

- First meeting of the Clinical Review Group will be held in July.

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

- Report submitted to Wiltshire County Council's Cabinet in relation to this issue on 24th June 2008 is attached at Appendix 2

2.8 GWAS 5 Year Workforce Plan

- Summary of Plan circulated separately from this report
- The Plan has been developed to modernise the workforce to produce the skills necessary to meet changing demands including more minor illness and injury to patients that require GWAS staff to assess, treat, refer and discharge in the community rather than convey to hospital
- The baseline workforce establishment on 1st April 2008 was 1495 compared to a target of 1684 by the end of 2013

2.9 Positive Action in Recruiting Under-represented Groups

- Equality & Diversity Trust objectives for 08/09 set out a recruitment plan of actively engaging and promoting the Trust for job and career opportunities.
- Agreements are currently in place with some community groups to advertise jobs in their community centres.

2.10 Handover Times

- Action plans have been developed with Acute Trusts to reduce patient handover times
- Actions identified to reduce delays at Frenchay Hospital include:
 - Ensuring nurse who will be taking handover is easily identifiable
 - Ambulance triage nurses are identified at the start of each shift
 - Control room to contact the crew if they have not heard from them for more than 25 minutes
 - Crew to contact Control Room if they are delayed by more than 15 minutes
 - Emergency departments to contact Control Room if they are experiencing delays. There have been problems for emergency departments to get through to the Control Room, options such as a direct line are being explored
 - Control manager to speak to key contact at relevant hospital if a problem is identified by control or a crew
 - Additional trolleys available during peak periods so that patients can be transferred, freeing up the GWAS crew
 - GWAS staff encouraged to use wheelchairs rather than trolleys, when appropriate for transfers. The number of wheelchairs has also been increased
 - Revised guidance and clinical instructions for handover agreed and issued to GWAS and emergency departments

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

- Handover performance reported to the Board and daily reports to Lead Commissioner
- Clinical desks are working to support staff to assess and treat patients in the community. Emergency Care Practitioners (ECPs) are being embedded in Minor Injury Units (MIUs) in Gloucestershire and Wiltshire

2.11 Update on Department of Health Improvement Agency Recommendations

- In July 2007, the National Ambulance Improvement Team from the Department of Health were invited by GWAS to carry out a review
- The final report made numerous recommendations. GWAS produced an action plan to address the issues raised in the report
- Appendix 4 provides an update to this action plan as at May 2008

3. Background Papers and Appendices

- Appendix 1 – Summary of Ambulance Support Services
- Appendix 2 – Air Ambulance Report submitted to Wiltshire County Council's Cabinet on 24th June 2008
- Appendix 3 – Update on the actions taken following the visit of the DH Improvement Team in July 2007
- Copies of all documents provided by Great Western Ambulance NHS Trust in response to requests made by the Great Western Ambulance Joint Health Scrutiny Committee are available by contacting Emma Powell, Scrutiny Officer, Swindon Borough Council on 01793 463412 or epowell@swindon.gov.uk

Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

Appendix 1

Summary of Ambulance Support Services

- Berkshire St. John Ambulance
- ERS International Group, Hereford
- St. John Ambulance Somerset
- Avon St. John Ambulance
- St. John Ambulance, Wiltshire
- St. John Ambulance, Gloucestershire
- Lifecare Medics Limited, Surrey
- Bristol Ambulance EMS
- Emergency Response Services Limited, Hereford
- Fusion Medical Limited, Gloucestershire
- Wings Ambulance Services Limited, Bristol
- Fast Ambulance Service Limited, Trowbridge

Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

Appendix 2

WILTSHIRE COUNTY COUNCIL

AGENDA ITEM NO. 12

CABINET

24 June 2008

Wiltshire Air Ambulance

Purpose of Report

1. To update Cabinet at the request of the Leader on information received from the Great Western Ambulance Service (GWAS), and others, about concerns for the future of the Wiltshire Air Ambulance Service, and to explain actions to monitor progress of the Clinical Review.

Background

2. Following media speculation, concerns were raised at the 13 May 2008 Council meeting on the future of the Wiltshire Air Ambulance, and the impact new proposals could have on its location and the ability to provide a Police Helicopter Service.
3. As a consequence, the following action has been taken:
 - a) There has been an exchange of correspondence between the Leader of the Council and the Chief Executive of GWAS - his reply in the form of a standard letter being issued on the subject, is appended to this report.
 - b) The Chairman of Wiltshire Health Overview Scrutiny Committee (HOSC) reported these concerns to the recently formed Joint Great Western Ambulance Overview and Scrutiny Committee (Joint GWA OSC) of which Wiltshire is a member, on 23rd May.
 - c) The Chairman also met directly with the Chief Executive of GWAS on 9th June.
4. The following points represent the current position established from the above actions and official statements:

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

- a) The Wiltshire Police Air Support Unit is operated by Wiltshire Police and is crewed by a police officer, a paramedic and a pilot.
- b) The Wiltshire Air Ambulance charity funds 25% share of the available operational hours of the aircraft. The Unit operates nineteen hours a day. In daylight hours it operates in the Helicopter Emergency Medical Service role (HEMS) and the routine air ambulance role. During hours of darkness the unit can operate in the HEMS role, but only within the geographical area of Wiltshire.
- c) The current 10 year contract for the helicopter ends in December 2008, with provision to renew for a further 5 years.
The contract is currently being re-negotiated with the Police, and GWAS is looking at a two year renewal whilst a clinical review is being undertaken.
- d) A six month Trust wide Clinical Review commenced last month. It will look at topics such as hours of operation, crewing arrangements, day and time of activity, and case mix. It will also review national guidance on air support arrangements, look at other UK Operational models, and compare existing GWAS arrangements with Best Clinical Practice.
- e) GWAS would report progress on the Clinical Review to the Joint GWA Committee.
- f) The new Filton based Air Ambulance has been set up as an additional resource to cover Avon, and is not a replacement for Wiltshire.

Proposal

- 1. To note the current position set out in paragraph 4 of the report.
- 2. To note that the Leader has asked the Chief Executive of GWAS to keep her personally informed of the results of the review later in the year.
- 3. To note that the progress and outcome of the Trust Wide Clinical Review would be reported to the Joint GWA OSC.
- 4. To support the Chairman of the Council's HOSC in monitoring events and reporting to members as and when appropriate.

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee **25th July 2008**

Reason for Proposal

The issue is of concern to Members and the general public, and therefore the Council wishes to retain an interest.

The Clinical Review has only just begun so it is appropriate to report back to future meetings.

Mr Roy While
Chairman of Wiltshire Health Overview & Scrutiny Committee.

Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

Appendix 3

UPDATE ON THE ACTIONS TAKEN FOLLOWING THE VISIT OF THE DH PERFORMANCE IMPROVEMENT TEAM IN JULY 2007

1. Strategic and Executive Leadership

DH Recommendations:

- *The Board should consider how it communicates its vision, strategy and corporate aims to its staff*
- *Good communication channels and methods need to be established across the organisation and externally to key stakeholders*
- *The Service Improvement team should think about working in a way which is more embedded within the organisation, sharing their tools and techniques for improvement*
- *The Senior Management Team needs reviewing – both in terms of the meetings and their membership and in terms of individuals roles, responsibilities and goals. It may also be worth considering providing resource/business support to each General Manager.*
- *Both the Executive and Non Executive teams should review their own visibility across the organisation*

The staff on the ground wants this organisation to succeed and is willing to improve but need help with navigating their way through any required changes and in understanding the priorities.

GWAS Actions taken:

- The Trust has set out and agreed with its Lead Commissioner the vision for the future delivery of services. This vision has been distributed to all stakeholders and staff. Active engagement with HOSCs and our PCTs has enabled detailed discussions on how we take this forward. The corporate objectives for 08/09 will also be communicated to staff.

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

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- The Trust Board have approved a Transformation Programme which draws together its work on service redesign and supports the implementation of its vision and achievement of strategic aims through the successful delivery of some 18 projects across the next three years. The Transformation Programme acts as a vehicle to work towards achievement of the FT status in 2010/11 and to address cultural/behavioural changes.
 - A joint HOSC has been established and meets every two months and members of the GWAS Executive attend every meeting. This has enabled the links with OSCs to be strengthened and achieved a greater understanding of the service provided and issues in delivery.
 - Over 80 Clinical Team Leaders (CTL) have been recruited across the Trust, who are able to speak regularly and directly to operational staff about matters which affect them, whether it is on clinical issues or on the latest information from executive directors.
 - 4 Service Improvement Managers are now embedded in the operational structure and are working closely with the Senior Management Team (SMT).
 - Following some joint work with the DH Team, the SMT now meets weekly with a structured agenda focused on performance improvement and fitness for purpose. The recruitment of Associate Director roles will mean that the role of SMT will be reviewed over the next few months.
 - Development for SMT has now been scoped and will be taken forward in 08/09. The Board will undergo development training as part of its FT preparation.
 - Following recruitment of a Head of Comms in September 07 the Trust has now two Managers due to commence in the Summer and a Communications Officer post advertised. Each week we brief operational staff on the latest developments in improving our performance. We send out an update after each public Board meeting so that staff are aware of decisions made that affect them, on the day they were made. This is also posted on the intranet site.
 - An engagement plan is in place to promote staff involvement and an ongoing series of station visits are taking place so that the executive

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

team and CEO can meet and talk to frontline staff. Staff are also able to email the CEO direct. These activities are already improving the channels of communication between management and staff.

- Plans are in place to implement 'a team brief' style of communication and awareness days for public and staff on a rolling basis. Focus groups will be taking place over the summer using the 'Listening into Action' methodology.

2. Commissioning

DH Recommendations:

- *Great Western Ambulance Services and their Lead commissioner should work together to manage their reputations*
- *A common dataset and currency for information sharing needs to be agreed*
- *Establishment of a refreshed unscheduled care 'network' with the possibility of the Ambulance service taking the lead – local debate will need to determine whether this is one network or a series of operational networks linked into a strategy group.*
- *Agree local priorities across all the inter-related organisations, with realistic performance goals for the relevant organisations*

GWAS Actions taken:

- Executive directors have monthly meetings with the Lead Commissioner and quarterly meetings with the Strategic Health Authority and PCTs. The Lead Commissioner attends all Joint OC meetings and is involved in the briefings for other OSC meetings.
- The Lead Commissioner is involved in weekly performance meetings with the Strategic Health Authority and has been invited to be part of the Trust's Transformation Programme.
- An agreement has been reached on the information shared and the currency and this is provided monthly to PCTs.
- The Trust is now actively participating in urgent and emergency care network discussions across all of its patch. The Clinical Director has been seconded a half

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

day per week to act as the clinical lead for the Urgent Care Redesign group in BNSSG. This post is funded by the PCT. Within the networks GWAS has worked with NHS partners to improve turnaround times and agree an escalation process. The Trust has secured funding from all seven PCTs to implement a capacity management system and this is being project managed via the networks.

3. Performance Management

DH Recommendations:

- The operational team should develop a short term action plan which focuses purely on stabilising performance and identifies the immediate priorities; this plan must include an escalation plan with early triggers when achieving performance against trajectory is threatened and to manage predictable pressures on the service*
- Consider using clinically trained managers to attend calls, particularly in the most rural areas where there are low call volumes that impact on daily performance achievement and also during the times of day/days when performance is known to decrease*
- Key strategic partnerships need to be established across the health system – this would include the Acute Trusts, Primary Care Trusts and the Out of Hours services*

GWAS Actions taken:

- The Trust has implemented a full Performance Improvement Plan and agreed trajectories to support A&E performance and Call Connect with the Lead Commissioner and the Strategic Health Authority. An escalation framework was agreed by the Board in October.
- We already use clinically trained managers to respond to emergency calls. They are experienced senior clinicians who, as well as providing patient treatment provide clinical leadership and support to other operational staff.
- The Trust is looking at future service design with NHS Direct, Out of Hours providers, Royal United Hospital (RUH), North Bristol Trust and PCTs and is pursuing a formal strategic partnership with a GP provider in its patch. The implementation of CMS across the patch means that the Trust is working closely with all acute NHS organisations and the PCT provider arms.

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

- The Trust has strengthened its performance management through the organisation with the support of Lightfoot, structured operational performance meetings are held in each sector on a weekly basis involving CTLs and senior managers. SMT have implemented a performance dashboard to be reviewed weekly on an exception basis.
- The Trust's Board Performance Report provides a comprehensive review of KPIs and action being taken to address variance.
- ET meetings are themed to enable focused discussion on particular performance issues.
- The SUI and incident reporting process, supported by Datix is now robust.

4. Communications and Support

DH Recommendations:

- *Review current support arrangements to ensure all functions are fully supporting and informed about the immediate objective of improving performance to achieve Call to Connect*
- *Ensure that there are clear channels of communication between the senior team, managers and staff*
- *A review of all the meetings held across the organisation is recommended with short term emphasis on those directly linked to delivery*
- *Implementation of operational supervision as a priority*

GWAS Actions taken:

- Staff are clear about the timescales for delivering Call Connect and Cat B performance. Each week we brief operational staff on the latest developments in improving our performance.
- There are sector based performance meetings each week and operational staff are briefed on those outcomes as well, where a detailed analysis of the factors affecting performance is carried out.

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

- Clinical Team Leaders are now in place across the Trust and are able to speak regularly and directly to operational staff about matters which affect them, whether it is on clinical issues or on the latest information from executive directors.
- The Trust's intranet is now in place and all staff are working on one email system.
- A review of meetings has been undertaken with the Trust committee structure streamlined and working groups aligned to the Executive team or Senior Management team. Terms of Reference are being reviewed.
- The Trust has appraised 73% of its staff with the aim of completing appraisals for all staff within the first three months of 08/09 given operational pressures. A rolling programme of appraisal will then be implemented in 08/09.

5. Information and Data Analysis

DH Recommendations:

- *Improve integration of the analytical team with the operational teams to ensure that the appropriate data sets are being produced in a timely fashion*
- *Begin to establish a set of analysis and data which involves more forecasting and prediction to enable forward planning*
- *Continue to use the improved Lightfoot systems, particularly for matching resources to demand*

GWAS Actions taken:

- Use of analytical programs are in place and now available across the Trust.
- Wiltshire CAD has now been harmonised with the rest of the Trust, so there is now one CAD linked into the Lightfoot performance management system. There are weekly performance meetings carried out in each sector.
- We are continuing to use the Lightfoot system to manage performance, allowing us to match resources to demand for our services across the whole of the Trust.
- The Trust has begun the development of a data warehouse to support better information management. In its first phase it will bring together CAD and telephony data and then incorporate team information.

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

- The Trust recognises the need to continue to strengthen the information management team to ensure effective interface with the Operations team and with stakeholders. Information requests are now mapped and prioritised. A core set of information is made available via the intranet. The data warehouse will make real time data available with a standard suite of reports accessed via a web based reporting tool.
- A forecasting tool is being explored with Lightfoot.

6. Accident and Emergency Operations

DH Recommendations:

- *Develop and agree guidance to establish consistent staffing and cover levels; it may be useful to implement a forward planning system such as a unit hour requirement and utilisation*
- *There should be a focus on implementing the Clinical Team Leaders structure to support operational delivery – this will require efforts in recruiting to these essential Team Leader roles*
- *Consider utilising some Patient Transport Services resource to provide a 'transport only' role for Rapid Response Vehicles and/or consider a Service Level Agreement with local voluntary aid services to provide low grade urgent admission resource*
- *Implement flexible stand bys across all sectors, particularly for Rapid Response vehicles and ensure Rapid Response Vehicles are focused on Category A calls*
- *Consider developing skills of Paramedics on Rapid Response Vehicles to support reduction of transports (prior to full implementation of Emergency Care Practitioner system)*
- *Consider immediate activation of crews to all GP urgent requests which will improve mobilisation of resources and can be called off to Category A if needed*

GWAS Actions taken:

- The Front loaded model has been fully implemented across the Trust.
 - With the implementation of Promis, the Trust has one resource system and can now forward plan the number of unit hours required and report exceptions.
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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

- The Clinical Team Leader structure has now been implemented and CTLs are in post and supporting operational delivery.
- A strategy for patient transport has been agreed and plans are being implemented to ensure that the current service can deliver on its contracts. The PTS control room is being rationalised into one site at Acuma House.
- Deployment plans are now in place for all sectors which include ECPs, RRVs and ambulance resources.
- A Continuing Professional Development programme has now been developed for ambulance practitioners.
- We are still reviewing Category C emergencies (non-urgent requests) in our deployment plans linked to the development of clinical desks. In line with best practice nationally we have recently revised the way we manage these requests including the introduction of generalised questions in our despatch system.
- An estates action plan is in place setting out where future standby points should be and identifying opportunities for GWAS staff to work within community settings eg MIUs. The use of ECPs in MIUs has been agreed in Gloucestershire and Wiltshire and action plans are being developed for implementation in September 2008 when the new cohort of 59 ECPs completes training.
- The Trust has adopted the REAP system of escalation internally.

7. Acute Trust

DH Recommendations:

- *As a matter of urgency, the Ambulance Trust needs to continue to work with their Acute partners to develop joint plans for tackling this issue.*
- *Development of an integrated information system should assist with improved capacity management across the system and this needs to be encouraged and monitored*
- *The Acute Trusts need to enable more direct admissions to specialty units so avoiding Accident and Emergency and providing improved patient care*

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Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

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- *Review the utilisation of the local alternatives to Accident and Emergency departments, with a view to a common set of protocols being developed*
 - *Ensure there is robust operational supervision of crews with a consistent approach to the process of clearance and vehicle readiness*
 - *Urgently review the current policy whereby Great Western ambulance crews are managing and responsible for an area within Royal United Hospital, Bath Accident and Emergency department*
 - *Review the possibility of the co-location of an ambulance station on the Royal United Hospital site*

GWAS Actions taken:

- To date we have agreed with each Acute Trust an action plan to improve hospital turn around times and on specific care pathways to avoid A&E. An internal process for alerting handovers >20 minutes is in place and handover performance is reported to the Board and as part of daily reporting to PCTs and the SHA.
- We are working with PCTs and Acute Trusts in our patch to implement a Trust wide Capacity Management System (CMS) by 2009/10.
- We are improving patient assessment and using alternative pathways to care for e.g. MIUs, where possible and appropriate. We are also working to embed more ECPs in MIUs. Clinical desks in Avon and Gloucestershire are in place and supporting our staff.
- We have made sure that there is robust operational supervision of crews with a consistent approach to the process of clearance. We have implemented dedicated vehicle make-ready teams.
- We have moved standby locations to RUH and have a mid term strategy to develop resources near to all hospital sites.

8. Emergency Medical Dispatch Centres

DH Recommendations:

- *The trust should consider developing a short term plan to centralise as much of the dispatch function as possible*

Further information on the subject of this report can be obtained from *Emma Powell* on 01793 463412 or Email epowell@swindon.gov.uk.

Agenda Item 4 – Paper 4b

Summary of Information Requested from the Great Western Ambulance NHS Trust

Great Western Ambulance Joint Health Scrutiny Committee

25th July 2008

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- *Focus on immediate priority to mobilise utilisation of rapid response vehicles in Gloucestershire and maximise performance within the Avon sector*
 - *Consider introducing a centralised Community First Responder desk*
 - *Focus on reducing call answering and processing (CT1 to AT2) by up to 40 seconds which would produce a significant improvement in Call to Connect performance*
 - *Allocate greater resource and management time to key areas, such as Gloucester and Cheltenham in order to maximise performance gain opportunity. It would appear that there is also opportunity for gain in Bristol and other high demand areas*
 - *Involve staff through exercises such as process mapping and workshops to increase engagement and ownership of changes*
 - *Review the resources in call handling and introduce supervisory role in the answering/call processing cycle, perhaps introducing displays of call handling performance*

GWAS Actions taken:

- Call taking has now been centralised at Acuma House and the CAD is harmonised across the Trust.
- Community First Responders are now integrated into response plans and a strategy is being developed to strengthen their contribution to Trust performance particularly in areas of low activity which tend to be more rural.
- A trajectory for the delivery of call connect was agreed with the Lead Commissioner and SHA.
- We have allocated greater resources and management time to key areas to maximise performance, including providing more Human Resources support on sickness absence and appraisal and giving General Managers support from Service Improvement Managers.
- Call handling processes have been mapped. Further work is required to ensure compliance.
- We have conducted team workshops and workshops for staff in EMDC.

Further information on the subject of this report can be obtained from *Emma Powell* on 01793 463412 or Email epowell@swindon.gov.uk.

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Great Western Ambulance Joint Health Scrutiny Committee **25th July 2008**

- We have restructured EMDC staffing and introduced dispatch assistants and supervisors at each site. Introduction of the new Trust wide CAD in the Summer 2008 will support displays of calls handling performance. Performance information on call answering is now available.
- There are continuing performance issues in Devizes which remains a small dispatch function.
- Use of RRVs – deployment policy in place with RRVs in six minutes drive zones. Auto dispatch will be implemented when the new CAD is in place.
- There are now dedicated resources in Cheltenham and Gloucester and performance has improved as a result.