Joint Great Western Ambulance Overview and Scrutiny Committee

Date & Time: 31st October 2008 at **11.00** **[PLEASE NOTE START TIME]**

Venue: North Somerset Council, The Campus, Highlands Lane, Weston-super-Mare, BS24 7DX

Members of the Committee:

- Councillor Andrew Gravells, Gloucestershire County Council (Chair)
- Councillor Lesley Alexander, Bristol City Council
- Councillor Sylvia Townsend, Bristol City Council
- Councillor Bill Payne, Bristol City Council
- Councillor Margaret Edney, Cotswold District Council (Member of Gloucestershire County Council Health Overview and Scrutiny Committee)
- Councillor Brian Oosthysen, Gloucestershire County Council
- 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 Ray Ballman, Swindon Borough Council
- Councillor Andrew Bennett, Swindon Borough Council
- Councillor Peter Mallinson, Swindon Borough Council
- Councillor John English, Wiltshire County Council
- Councillor Judy Seager, Wiltshire County Council
- Councillor Roy While, Wiltshire County Council

Contact Officers:

Emma Powell, Scrutiny Officer, Swindon Borough Council, 01793 463412, epowell@swindon.gov.uk

Caroline Pickford, Health Scrutiny Officer, Wiltshire County Council, 01225 713058, carolinepickford@wiltshire.gov.uk

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

AGENDA	
Part 1 (Public Items)	
1.	**Apologies for Absence**
2.	**Declarations of Interest**
	Members are reminded that at the start of the meeting they should declare any know interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.
3.	**Public Question Time**
	See explanatory note below. Please contact the officers whose names and numbers appear at the top of this agenda if you need further guidance.
4.	**Minutes of the Meeting Held 26th September 2008**
	To approve the minutes of the meeting and consider Matters Arising. • Minutes of meeting held on 26th September 2008
5.	**Views of the Great Western Ambulance Association of Professional Ambulance Personnel (APAP) Branch**
	Question and answer session with the Great Western Ambulance Branch Secretary of the APAP regarding the views of his members.
6.	**Transformation of Great Western Ambulance, Anthony Marsh, Interim Chief Executive, Great Western Ambulance NHS Trust**
	Presentation from the Interim Chief Executive of Great Western Ambulance Service.
7.	**Issues Arising from September 2008, 'Managing Our Performance' Report**
	To consider the September 2008 'Managing our Performance' Report. • Managing our Performance Covering Report, Scrutiny Officer, Swindon Borough Council
8.	**Great Western Ambulance Joint Health Scrutiny Committee Draft Interim Report & Recommendations**
	To consider the Committee's Draft Interim Report & Recommendations. • Great Western Ambulance Joint Health Scrutiny Committee

	Draft Interim Report & Recommendations
9.	**Draft Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee February – October 2008**
	To consider the Draft review of the operation of the Committee and proposals to amend the Terms of Reference. • Draft Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee February – October 2008
10.	**Dates of Future Meetings**
	5th December 2008 at 11.00 at Gloucestershire County Council (Provisional) <u>Proposed dates for 2009</u> 30th January 2008 at 11.00 location to be confirmed 24th April 2008 at 11.00 location to be confirmed 31st July at 11.00 location to be confirmed 30th October 2008 location to be confirmed
11.	**Any Other Business**

Date of Dispatch: 23rd October 2008

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

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

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

Agenda Item 4

Great Western Ambulance Joint Health Overview & Scrutiny Committee

Friday 26th September 2008 at 11.45

Committee Room 6, Swindon Borough Council Civic Offices, Euclid Street, Swindon, SN1 2JH

Draft Minutes

Present

Councillors: Andrew Gravells (Chairman) (Gloucestershire County Council), Lesley Alexander (Bristol City Council), Bill Payne (Bristol City Council), Margaret Edney (Cotswold District Council), Councillor Brian Oosthysen (Gloucestershire County Council), Sue Hope (South Gloucestershire Council), Sylvia Townsend (Bristol City Council), Ray Ballman (Swindon Borough Council), Councillor Andrew Bennett (Swindon Borough Council), Peter Mallinson (Swindon Borough Council), Councillor Sandra Grant (South Gloucestershire Council), Councillor Judy Seager (Wiltshire County Council), Councillor Roy While (Wiltshire County Council)

Others: Emma Powell, Scrutiny Officer (Swindon Borough Council), Caroline Pickford, Scrutiny Officer (Wiltshire County Council), Richard Thorn, Scrutiny Officer (Gloucestershire County Council), Stuart Sedgewick-Taylor (Gloucestershire Primary Care Trust), Tamar Thompson, Interim Chief Operating Officer (Great Western Ambulance Service NHS Trust), Dr Ossie Rawstorne, Clinical Director (Great Western Ambulance Service NHS Trust), Rachel Pearce, Director of Corporate Development (Great Western Ambulance Service NHS Trust), Norman Cornthwaite (Bristol City Council), Councillor Adrian Inker (Bath and North East Somerset Council)

37. Apologies for Absence

Councillor Ann Harley, North Somerset Council
Councillor Anne Kemp, North Somerset Council
Councillor Reyna Knight, North Somerset Council
Councillor Andy Perkins, South Gloucestershire Council
Councillor John English, Wiltshire County Council

38. Declarations of Interest

No declarations of interest were made.

39. Public Forum

No members of the public asked to speak.

40. Chairman's Opening Remarks

The Chairman welcomed Tamar Thompson, Interim Chief Operating Officer from the Great Western Ambulance NHS Trust (GWA) to her first meeting.

The Chairman also wished Tim Lynch, who has now left the Trust, every success in his new role. He noted that Tim always dealt with all questions raised by the Committee in a professional and patient manner and that Members appreciated his contribution to the Committee's work.

It was resolved that:

- **The Chairman would write to Tim Lynch on behalf of the Committee thanking him for his contribution to the Committee's work**

41. Minutes of the Previous Meeting and matters arising

The minutes of the previous meeting held on 25th July 2008 were agreed as an accurate record.

The Chairman noted that all of the matters arising were dealt with as substantive agenda items. Members were advised that all of the information requested from the Great Western Ambulance NHS Trust at the last meeting had been circulated with the agenda.

42. Issues Arising from Ambulance Services: Have Your Say Workshop

It was agreed that the "Ambulance Services: Have Your Say" Workshop that had been held immediately prior to the Committee meeting with representatives from the Great Western Ambulance External Reference Group and Local Involvement Networks (LINks) had been extremely helpful and informative.

The Chairman noted that the Workshop represented the start of an ongoing relationship with LINks and the External Reference Group and thanked everyone who attended the workshop for their contributions.

It was resolved that:

- **Emma Powell to collate the key issues identified at the "Ambulance Services: Have Your Say Workshop" and circulate a report summarising the outcomes to members of the Committee, LINks, the Great Western Ambulance External Reference Group and other stakeholders**

43. Education & Development Presentation

Dr Ossie Rawstorne, Clinical Director from Great Western Ambulance Service NHS Trust delivered a presentation in relation to the delivery of statutory and mandatory training to staff within the Trust.

The key issues raised were:

- The Trust has delivered a tremendous amount of foundation and developmental education to fill vacancies and develop the skill base of the existing work force
- The delivery of developmental training to existing staff has amounted to 2475 hours of abstractions from operational service delivery. It takes 336 hours to provide a double-crewed ambulance which demonstrates the extent of the impact of delivering this training on operational services and the difficulties in abstracting staff for statutory and mandatory training
- Historically statutory and mandatory training has been delivered in a classroom setting. The Trust has been exploring new ways of providing this training
- Statutory and mandatory training includes:
    - Health and Safety and Fire
    - Information Governance
    - Equality and Diversity
    - Major Incidents
    - Corporate Governance
    - Infection Control
    - Conflict resolution
    - Manual Handling
    - Child and Vulnerable Adult Protection
- National guidance states that staff must receive adequate training when they join the organisation as well as regular updates throughout their service. The guidance does not stipulate the content, frequency or method of delivery
- There is a more rigid framework for conflict resolution training
- Statutory and mandatory training can easily be delivered to new recruits and groups of staff who are carrying out new roles as part of their induction
- Some training will be delivered to the majority of staff using a workbook that includes tailored modules depending on their role. The work book is in hard copy so that it can be completed by staff when on standby and contains a self assessment element
- Successful completion of the work book will form part of the appraisal process
- Taught sessions will still be delivered in relation to conflict resolution and an abstraction plan has been agreed with the Operations Team
- Manual handling will be delivered in taught sessions as part of clinical training on spinal immobilisation. This will also include some training on infection control and other essential clinical training
- Performance will be reported through the monthly “Managing Our Performance Report” that is submitted to the Trust’s Board
- The Trust aims to be fully compliant with the requirement to deliver statutory and mandatory training to 100% of staff by the end of March 2009
- The Trust is also starting to develop a training programme for 2009/10

The Chairman thanked Dr Rawstorne for his informative presentation. It was agreed that the Committee would continue to monitor performance in relation to the delivery of statutory and mandatory training via the "Managing Our Performance Report".

44. Review of Issues Arising from 'Managing Our Performance' Report August 2008

There was a discussion regarding issues arising from the 'Managing Our Performance Report' that was submitted to the Great Western Ambulance NHS Trust Board in August 2008.

Funding

There was a query regarding the progress of work to carry out national benchmarking in relation to the funding of ambulance services. The Chairman advised the Committee that he had recently met with representatives from GWA and Gloucestershire PCT to discuss the findings of initial benchmarking that has taken place to date. This data has not yet been validated and was shared with the Chairman on a confidential basis. The Committee requested that the results of benchmarking be shared with the Committee as soon as possible.

A request was made for an update on the Trust's projected financial deficit. Tarmar Thompson explained that the Trust was facing some significant financial challenges and that work to address the issue was ongoing. A clear picture of the financial position will be set out in the next GWAS Board paper at the end of October.

Rachel Pearce confirmed that the overspend in Accident and Emergency Operations was due to a high number of abstractions for training new members of staff which are being backfilled with agency providers and overtime. The level of available staffing is expected to increase once new members of staff have successfully completed their training. In addition, the Trust is working to reduce sickness absence and to fill any outstanding vacancies.

Engagement with Stakeholders

Members asked whether work is taking place across the health service to raise awareness amongst the public of how they can access non-urgent treatment as an alternative to dialling 999. Tamar Thompson noted that the Healthcare Commission has raised this as an issue in its recent review of emergency and unplanned care services. In addition, this was an issue raised at the 'Ambulance Services: Have Your Say Workshop'. Rachel Pearce explained that the Trust is now focussing on how to improve engagement with stakeholders, for example improving the Trust's website.

It was noted that there is considerable public dissatisfaction in Wiltshire due to the closure of Minor Injury Units (MIUs). The Wiltshire HOSC has been looking into this issue and has also concluded that that more needs to be done to spread awareness amongst the public about where they should go in

different circumstances. It was suggested that Local Authorities could play a part in spreading awareness.

Stuart Sedgewick-Taylor explained that Primary Care Trusts (PCTs) are currently developing communication plans that include promoting the role of the ambulance service and other unplanned care services so that members of the public know where to go for treatment. PCTs also need to better understand why patients choose to access certain services.

The importance of engaging with local communities was emphasised, as well as tailoring messages to the needs of different groups of the community.

Sickness Absence

Kerry Pinker, Director of HR explained that staff sickness is reducing and that a significant amount of work is taking place with operational managers, HR partners and the Trust's Occupational Health Service that is provided by the Royal United Hospital Bath to facilitate and expedite the return to work of staff absent due to illness.

Work is also taking place to monitor trends in sickness absence and to take steps to identify and mitigate risks to staff such as providing manual handling training to minimise musculoskeletal problems.

It was resolved that:

- **Gloucestershire Primary Care Trust and the Great Western Ambulance NHS Trust be requested to share the results of national benchmarking in relation to the funding of ambulance services with the Committee as soon as possible**

45. Great Western Ambulance NHS Trust Annual Review 2007/08

Rachel Pearce explained that the Great Western Ambulance NHS Trust was seeking the views of the Committee regarding the content and format of the 'Great Western Ambulance NHS Trust Annual Review 2007/08' document.

The document has been produced to reflect the Trust's staff and to communicate the range of services that the Trust provides. The Trust hopes that the document will set the tone for all future documentation.

Members noted that the Annual Review was easy to read and understand and that it was a good idea to use the personal experiences of staff to explain the role of the Trust.

Concerns were raised that many members of the public may not read the document, which was unfortunate as the document contained exactly the type of information that should be shared with the public. It was noted that the Annual Review has been approved by the Trust's Board and will now be distributed to libraries, GP surgeries, NHS organisations etc. It is also available on the Trust's website.

It was noted that the Trust has also produced a Stakeholder newsletter called "Focus".

It was resolved that:

- **Members of the Committee seek the views of their individual Health Overview and Scrutiny Committee regarding the Great Western Ambulance NHS Trust Annual Review 2007/08 and provide comments directly to the Trust by no later than 31st October 2008**
- **That the Great Western Ambulance NHS Trust be requested to send a copy of the "Focus" Newsletter to Emma Powell for distribution to members of the Committee**

46. Ambulance Services in Rural Areas Task Group Report, Gloucestershire County Council

Councillor Edney introduced the "Ambulance Services in Rural Areas Task Group Report" that has been produced by the Gloucestershire County Council Health Overview and Scrutiny Committee.

Councillor Edney noted that the Task Group review had commenced prior to the establishment of the Joint Committee. The valuable support provided by Richard Thorn and Simon Harper from the Gloucestershire County Council Scrutiny Unit in carrying out the review and producing the report was noted.

The key recommendations arising from the report that impact on the Joint Committee are as follows:

- That the Joint Committee is asked to clarify its Terms of Reference to provide for independent work to be carried out by other health Overview and Scrutiny Committees in relation to ambulance services where appropriate
- That consideration is given as to how to continue the scrutiny of performance in rural areas
- That there is increased partnership working between the ambulance trust and other organisations, such as Local Authorities
- That consideration is given to the development of a local response target for rural areas

Responses to the report were tabled at the meeting from the Great Western Ambulance NHS Trust and Gloucestershire Primary Care Trust*. [These are attached to the minutes at Appendix 1.]*

It was agreed that the review was a comprehensive piece of work that raised interesting issues for the Joint Committee, particularly in relation to the possible development of a local response target for rural areas. Rachel Pearce noted that specific discussions are taking place with Wiltshire PCT to agree the level of activity that can be realistically achieved in Wiltshire and the best model that would provide value for money as well as a high standard of service for local residents.

Stuart Sedgewick-Taylor commented that it is important to recognise the important role that local communities play in supporting this agenda, such as through the Community First Responder Scheme.

It was agreed that the Committee would review its Terms of Reference, taking into account the issues raised by the Task Group at its next meeting on 31st October 2008. In addition, the Committee would be agreeing its final report and recommendations as a result of the first phase of its review. The other issues raised in the Task Group will be addressed as part of this work.

It was resolved that:

- **The Committee would consider its response to the recommendations contained in the "Ambulance Services in Rural Areas Task Group Report" at its next meeting on 31st October 2008**
- **Richard Thorn, Scrutiny Officer for Gloucestershire County Council be requested to send copies of the "Ambulance Services in Rural Areas Task Group Report" to everyone who participated in the review**

47. Dates of Future Meetings

The Chairman explained that the next meeting of the Committee would take place at 11.00 on 31st October 2008 at the North Somerset Council Weston-Super-Mare Campus. This will be the final meeting of the first phase of the Committee's review.

It was agreed that the Committee would decide at this meeting whether the meeting planned for 5th December 2008 is required.

48. Any Other Business

First Phase Report and Recommendations

The Chairman explained that the Committee had agreed to produce a report and recommendations summarising its findings as a result of its review over the last seven months at it's meeting in October.

Given the size of the Committee, it would be difficult to produce a report and develop recommendations at this meeting. Instead, the Chairman has been working with the Scrutiny Officers that support the Committee to produce a first draft report. This has been circulated to Members in hard copy and electronic versions would be sent to local authority scrutiny officers, GWA and Gloucestershire PCT for comment after today's meeting.

The Chairman emphasised that this is the first draft of the report and that all members are encouraged to provide comments to Richard Thorn by no later than 10th October 2008. The revised version of the report will then be circulated to members with the agenda for the October meeting.

It was resolved that:

- **Members be requested to provide comments in response to the First Phase Report to Richard Thorn by no later than 10th October**

Future Role and Responsibilities of the Committee

The Chairman noted that the Committee would also consider its future role and responsibilities at the October meeting.

He explained that he intends to write to Members shortly inviting them to provide feedback ob the operation of the Committee since February 2008 to inform this review.

APPENDIX 1

Gloucestershire Primary Care Trust

Briefing note for Ambulance Commissioners on Gloucestershire Rural task force review of District level CAT A performance in Gloucestershire

Introduction

Gloucestershire HOSC commissioned a review of ambulance performance in rural communities. This review started before the joint HOSC was established and the report was tabled at the Gloucestershire HOSC meeting on September 8th. The substance of the report is relevant to all commissioners and Gloucestershire PCT wants to ensure that each PCT within the GWAS area is fully briefed ahead of the joint HOSC meeting on September 26th. It is recommended that commissioning leads review the attached report and assess the relevance of the Gloucestershire HOSC recommendations on their current commissioning plans. In particular the need to agree a local position and brief communication teams is seen as key.

Of particular relevance is the strong assertion in the report that PCTs should agree district based targets for response times. Gloucestershire PCT has given a commitment to pursuing this with GWAS for Gloucestershire. There is no conclusion to these discussions yet.

Gloucestershire PCT position

Gloucestershire PCT responded orally to the report at the Gloucestershire HOSC meeting on September 8th and issued a media statement [attached] which was agreed with GWAS.

The PCT welcomes many of the helpful and pragmatic recommendations in the report, in particular the support that the local HOSC' has offered to develop more First Responder Schemes in areas of low demand; to help identify possible standby points and to raise the profile of the need for local communities to support alternative ways to secure a faster emergency response in low demand areas.

The PCT acknowledges the local HOSC's recognition of the difficulty in recruiting First Responders in some rural areas but remains committed to developing these schemes wherever practically possible. The PCT recognises that local business, voluntary organisations, the provider arm, as well a General Practice and community nursing staff could supplement community based First Responders. The PCT believes that these schemes could flourish given more practical support and assistance.

Since the report was commissioned, the PCT is pleased to see significant improvements and real progress in the delivery of both CAT A8 and A19 across GWAS. Attention needs to continue to focus on securing delivery 75% CAT A performance across GWAS. Significant additional investment has been made to meet new and stricter emergency targets, including Category A (life threatening) ,response standards and there have been improvements as a result.

The establishment of the Joint HOSC has enabled GWAS to provide a more comprehensive overview of its services to public representatives and a focus for detailed discussion on its vision for developing its workforce and moving from a transport service to the delivery of high quality pre hospital care.

Performance Management

Gloucestershire PCT is the lead commissioner for Ambulance Services and it remains the responsibility of the commissioner and the SHA to assure themselves that robust plans are developed for reaching 75% of Category A calls within 8 minutes. These plans need to ensure delivery on a sustainable basis over the longer-term. Gloucestershire PCT will continue to GWAS to account for performance through daily contact and fortnightly performance meetings.

District level targets

Whilst there is no national requirement to set a local target, local performance data highlights a significant variation in performance and it is clear that response times in rural communities are below those in urban areas. This is also the case in other PCTs in the GWAS area and in other health communities across the country.

Since the report was written, performance has improved in rural areas. There is a real commitment to continue to work together to improve response times and services for local patients, within available resources. As part of an ongoing commissioning and performance improvement programme, GWAS and the PCT will explore whether it may be possible to set an achievable local target which addresses the differing challenges of heavily populated areas and more rural areas with a less dense population. This work would need to take full account of the resource implications and the impact of alternative methods that have not yet been commissioned or are not yet fully operational.

[end]

Great Western Ambulance Service

Response to the Gloucestershire Rural Task Force review of District level CAT A performance in Gloucestershire

1. Introduction

Gloucestershire HOSC commissioned a review of ambulance performance in rural communities. This review started before the joint HOSC was established and the report was tabled at the Gloucestershire HOSC meeting on September 8th. Representatives of the Trust were involved in the review and attended the HOSC meeting. A joint media statement with Gloucestershire PCT was also released.

2. Performance Improvement

The Great Western Ambulance Service (GWAS) welcomes the opportunity to respond to the report produced by the Task Group. Since this work was undertaken, the Trust has made significant improvements in its performance against Call Connect and has an Improvement Plan to achieve the 75% target in 08/09. Performance for the Trust overall has improved. The A19 category is now being met and performance against Cat B is 92%. The Trust is confident that this upward trajectory will continue and that improvement will be reflected in all areas of activity including those areas where activity is less than 2 calls per day .The task group focused on the Cotswolds, Forest of Dean and Stroud and in all of these areas, performance has now improved.

Whilst the Trust is happy to share performance information at District level, the commissioned level of performance is across the whole organisation and the achievement of 75% Cat A overall must remain a focus. The use of additional targets for rural performance times would not necessarily be appropriate as we move to measures which capture the quality of the intervention and the patient's experience of services. To this end the Trust is working closely with its commissioners to look at clinical outcomes, conveyance rates and particularly in rural areas, accessibility to services in the community in treating patients who are urgent but not life threatening

which represents 70% of our emergency workload. We are happy to support recommendation 12 in this respect.

3. Performance in rural areas

The use of internal response time standards in the Trust, which acknowledge the variation in activity across the patch, means that there is a drive to improve performance in all areas. The use of alternative methods of providing a rapid response e.g. Community First Responders, has been highly effective in providing an initial response in the more rural areas and the Trust's ambition is to increase the numbers of first responders in Gloucestershire. We are also developing a Staff responder scheme which draws on the availability of other NHS staff in the community and specifically in primary care. We would also like to engage more proactively with larger employers to ensure that responders are available in the workplace. We believe that OSC members can support the Trust in raising the profile of these schemes and in encouraging communities to volunteer. We welcome the list of actions to assist the Trust and so will aim to work more closely with local OSCs. We are happy to accept recommendations 6 and 7 and identify where additional Community First Responders are required.

In the longer term, GWAS has agreed with the PCT that it will explore whether it may be possible to set an achievable local target which addresses the differing challenges of areas with higher levels of activity, usually in urban settings and more rural areas where activity is less than 2 calls per day. This work would need to take full account of the resource implications and the impact of alternative services that have not yet been commissioned or are not yet fully operational.

4. Scrutiny and Performance Management

The establishment of the Joint OSC has enabled the Trust to provide a more comprehensive overview of its services to public representatives and a focus for a detailed discussion on its vision for developing its workforce and moving from a transport service to the delivery of high quality pre hospital care.

It is the responsibility of Commissioners and the SHA to assure themselves that the plans developed for reaching 75% of Category A calls within 8 minutes are sufficient and sustainable over the longer-term, and to hold GWAS to account over delivery of the plans and the target performance.The Trust's performance is subject to considerable scrutiny by the Gloucestershire PCT on a daily basis and the PCT as Lead Commissioner is meeting with the Trust on a fortnightly basis to monitor progress against the Improvement Plan and to ensure that the Trust meets the national targets.

5. Subgroup recommendations

GWAS is happy to support the subgroup recommendations and would like to reassure members in the Forest of Dean that the impact of the roadworks on

the A40 has been minimised and that performance in the Forest has significantly improved.

Agenda Item 5

Views of the Great Western Ambulance Association of Professional Ambulance Personnel (APAP) Branch

Great Western Ambulance Joint Health Scrutiny Committee **31st October 2008**

Author: **Scrutiny Officer, Swindon Borough Council**

Purpose
To provide the Committee with an opportunity to discuss issues in relation to the support provided to staff by the Great Western Ambulance NHS Trust with the Branch Secretary of the Great Western Ambulance Association of Professional Ambulance Personnel (APAP) Branch.

Recommendation

The Joint Health Scrutiny Committee is requested to:

- Put questions to the Branch Secretary of the Great Western Ambulance Association of Professional Ambulance Personnel (APAP) Branch
- Identify any issues that require further discussion with the Great Western Ambulance Trust

1. Reasons

1.1 The Great Western Ambulance Joint Health Scrutiny Committee agreed as part of its work programme to meet with representatives from Trade Unions that represent employees of the Great Western Ambulance NHS Trust.

1.2 In May 2008, the Committee met with representatives from the Great Western Ambulance NHS Trust Unison Branch.

1.3 The Chairman subsequently wrote to the Association of Professional Ambulance Personnel, inviting the Branch Secretary to meet with the Committee to share the views of their Members.

1.4 The Branch Secretary has accepted this invitation and will attend the meeting on 31st October to discuss the views of APAP members with the Committee.

2. Detail

2.1 Members were keen to meet with Trade Union representatives to discuss the following issues:

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

- Any practical issues for staff in relation to service delivery such as handovers at Accident and Emergency departments
- Staff learning and development
- Effectiveness of consultation with staff & keeping them informed
- Recruitment and retention of staff
- Staff sickness
- Impact of the new clinical teams
- Staff morale

2.2 The Branch Secretary from APAP, Steve Sugar will be attending the meeting to answer any queries that Members may have.

2.3 The APAP website explains its role as:

*"The Association of Professional Ambulance Personnel led the way 27 years ago and is the **ONLY** certified independent trade union to cater specifically for ambulance personnel. As a union run by ambulance staff, we have a particular understanding of the experiences encountered by our members and a vested interest in resolving ambulance service issues, we are considered by many as the **'Voice of the Ambulance Service."***

2.4 Members are reminded that it is not the role of the Committee to intervene in the way staff are managed by the Trust and the guidance for Health Overview & Scrutiny advises scrutiny members of this. Members are advised to focus on operational issues and to tease out any areas that may require further research or discussion with Trust officers.

3. Background Papers and Appendices

Background Papers
APAP website www.apap.org.uk

Agenda Item 7

Review of Issues Arising from 'Managing Our Performance' Report August 2008

***Great Western Ambulance Joint Health Scrutiny Committee* 26th September 2008**

Author: Scrutiny Officer, Swindon Borough Council

Purpose
To present Members with the April 'Managing Our Performance' Report that was presented to the Great Western Ambulance NHS Trust Board in September 2008.

Recommendation

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

- Consider the 'Managing Our Performance' Report and identify any issues requiring further clarification or discussion with the Great Western Ambulance NHS Trust or Gloucestershire Primary Care Trust as lead commissioners.

1. Reasons

1.1 The Great Western Ambulance Joint Health Scrutiny Committee has previously resolved to review the monthly 'Managing Our Performance' Report that is presented to the Great Western Ambulance NHS Trust.

2. Detail

2.1 The September 2008 'Managing Our Performance' report outlines the key performance indicators for the Great Western Ambulance NHS Trust and the latest performance data against these targets.

2.2 Key issues arising from the report in relation to response times include:

- In August 2008, 73.90% of Category 'A8' (life threatening) Call Connect calls were responded to within the 8 minute national standard against a target of 75%. This is compared to 72.40% in July 2008 - RED
- 95.60 % of Category 'A19' (life threatening) Call Connect calls requesting transport were responded to within the 19 minute national standard against a target of 95%. This is compared to 94.10% IN July 2008 - GREEN
- 88.30% of Category 'B19' (serious but not life threatening) calls were responded to within the 19 minute national standard against a standard of 95% compared to 84.90% in July 2008 – RED
- 86.60% of Category 'C' (not considered serious but requires an ambulance response) were responded to within 60 minutes

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

compared to a target of 95% compared to 81%% in July 2008. Please note that this target can be extended to up to 4 hours if a response if required by a health professional - RED

2.3 Patient handovers at Weston, Frenchay and Bristol Royal Infirmary hospitals continue to have a high number of patients waiting for more than 45 minutes but no patients waited for more than 3 hours.

2.4 There are currently 35.25 Accident & Emergency vacancies, including 20 at Emergency Care Assistant (ECA) level. Additional funding will need to be secured to recruit and train a new cohort of ECAs.

2.5 Proposals to deliver Statutory, Mandatory and Essential training were approved by the Board in September 2008 and an implementation plan has been agreed.

2.6 Sickness absence slightly increase to 5.2% in July 2008 compared to 4.8% in June 2008 against a target of 4.5% There is a high level of management and HR activity to ensure compliance with the Trust's Sickness Absence Policy.

2.7 Accident and Emergency production remains overspent for 2008/09 due to the costs of employing overtime and agency to meet the national performance targets. To deliver the targets the Trust will be faced with ongoing costs of up to £700,000 per month. Negotiations are continuing with PCTs to establish how these costs will be covered.

3. Background Papers and Appendices

- Appendix 1– 'Managing Our Performance' Report, September 2008, Great Western Ambulance NHS Trust

Great Western Ambulance Service NHS
NHS Trust

Managing our Performance

Performance Report for Board Meeting on
Thursday 25 September 2008

Contents

Summary of Key Performance Indicators – August

Performance				
	Plan	Actual		
A8 Call Connect	75%	73.9%	☐	↑
A19 Call Connect	95%	94.1%	√	↑
B19 Call Connect	95%	88.3%	x	↓
Conveyance	65%	65	√	↔
Call to needle *	68%	59.2%	x	↓

* Call to needle data is YTD July

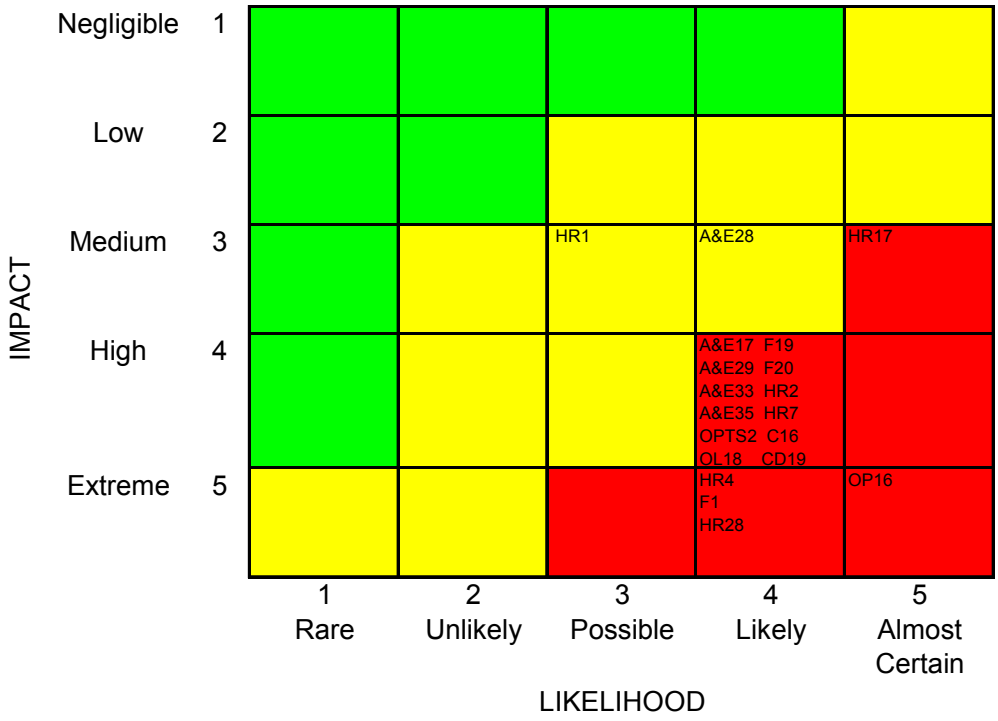
Staff				
	Plan	Actual		
Sickness absence	5%	5.2%	☐	↑
Turnover	<8%	9.2%	☐	↑
Headcount	1395	1347	☐	↓
Appraisal	100%	80%	x	↔

Fitness for purpose				
	Plan	Actual		
S4BH compliance	40/40	35/40	☐	↑
ALE compliance	10/10	2/10	☐	↑
NHSLA compliance	40/50	36/50	☐	↑
IGT compliance	54/54	50/54	☐	↔

Traffic light symbols		
Worse than plan	Red	x
Nearly on plan	Amber	☐
Better than plan	Green	√

Direction symbols	
Better performance than last month	↑
Same performance as last month	↔
Worse performance than last month	↓

Significant Risks



			August	July
BAF 2	OP16	Failure to achieve Call Connect	25↔	25↔
BAF 5	F1	Delivery of performance exerting pressure on Trust ability to breakeven	20↔	20↔
BAF 4	HR4	Delivery of mandatory training, low uptake with inability to release staff	20 ↔	20 ↔
BAF 5	HR 28	Failure to achieve NHSLA level 1 due to lack of progress with training	20	New
BAF 6	HR2	Outstanding A4C issue on paramedic and technician banding	16↔	16↔
BAF 4	HR7	Inability to fully utilise ESR, delays with payroll	16 ↔	16 ↔
BAF 3	C16	Inappropriate pats left at home v inappropriate pats transferred to hospital	16 ↔	16 ↔
BAF 5	A&E17	No overall Business Continuity Plan (departmental only)	16 ↔	16 ↔
BAF 5	A&E29	SORT training not being undertaken because of difficulties with extraction	16↔	16↔
BAF 4	OL18	Bariatric patients increasing potential of injury	16 ↔	16 ↔
BAF 7	A&E33	Delivery of training impacting on implementation of CAD	16 ↔	16 ↔
BAF 5	A&E35	Capacity to deliver pandemic flu requirements	16 ↔	16 ↔
BAF 5	OpPTS2	Loss of income due to competitive tendering for PTS services	16↔	16↔
BAF 5	F 19	Continuing overspend resulting in Trust not having sufficient cash to cover expenditure	16	New
BAF 5	F 20	Delay in Chippenham site disposal reduces available 08/09 capital resource	16	New
BAF 5	CD 19	Inability to effectively retreive records for litigation etc	16	New

BAF 6	CD12	Unsatisfactory relationship with stakeholders	9 ↓	12↔
BAF 4	HR1	Ineffective sickness management	9 ↓	16 ↔
BAF 2	A&E28	Failure to achieve control room modernisation to agreed dates	6 ↓	12↓
BAF 2	HR17	Possible delay attending patients at home due to CAD alerts	8 ↓	15 ↔
BAF 7	IT07	Loss of/possible loss of It network	8 ↓	12↔
BAF 3	C15	Risk of positional asphyxia	8 ↓	12 ↔
BAF 4	Hr16	Increase in sickness as a result of manual handling injuries	8 ↓	12 ↔

Accident and Emergency

Operational response standards to be delivered

Ambulance Trusts are required to meet a number of response standards appertaining to emergency calls; these standards vary according to the clinical need of the patient:

The response categories and targets are as follows:

- Category 'A8' (life threatening) – The Trust must respond to 75% of all calls within 8 minutes.
- Category 'A19' (life threatening) – The Trust must respond to 95% of all calls within 19 minutes of the request for transport.
- Category 'B19' (serious but not immediately life threatening) – The Trust must respond to 95% of all calls within 19 minutes of the receipt of the call.
- Category 'C' (not considered serious, but requires an ambulance response) – 95% of all calls must be responded to within 60 minutes of the receipt of the call, however, if the call is made by a health professional this time can be extended up to 4 hrs.

As from 1 April 2008, the measurement of the timing for all calls will start when the call reaches the telephone switch, known as 'Call Connect' rather than at the point the patient's details have been taken.

The following table outlines the Trust's performance against these standards for 2008/09.

Key Components	07/08 Year End	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	08/09 Year End Target
Cat A Call Connect 8 Mn	59.40%	72.7%	71.60%	68.7%	72.40%	73.90%								71.80%	75%
Cat A Call Connect 19T Mn	93.10%	94.4%	94.50%	93.3%	94.10%	95.60%								94.40%	95%
Cat B Call Connect 19 min	85.80%	88.7%	87.10%	82.6%	84.90%	88.30%								86.30%	95%
Cat C call Connect 60 min	82.60%	86.6%	82.80%	79.0%	81%	86.60%								83.10%	95%

This is in relation to the number of:

Incidents with activation (where a call is received, an ambulance despatched but is not necessarily required at the incident)

Key Components	07/08 Year End	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	08/09 Year End Target
Actual Incidents with Activation	227526	18907	20176	19384	20165	19572								98204	
Planned Incidents with Activation	221670	19007	19321	18715	19578	19356								95977	234352
Difference in Activations	5856	-100	855	669	587	216								2227	
Percentage Difference	2.57%	-0.53%	4.43%	3.57%	2.99%	1.12%								2.32%	

Incidents with a response (where a call is received, an ambulance despatched and attends the incident)

Key Components	07/08 Year End	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	08/09 Year End Target
Actual Incidents with Response	216813	17993	19148	18503	19251	18740								93635	
Planned Incidents with Response	210874	18106	18389	17854	18586	18353								91288	223317
Difference in Responses	5939	-113	759	649	665	387								2347	
Percentage Difference	2.74%	-0.62%	4.13%	3.64%	3.58%	2.11%								2.57%	

Key Milestones

A revised Performance Improvement Plan (PIP) has been produced; this plan is being proactively managed, by the Senior Management Team, with the Executive Team in the role of Programme Board. The following are the key action areas.

Category A

- New CAD goes live, providing additional functionality and quicker dispatch - September 08
- ECP cohort 2 go-live- 2 October 08
- Issue PDAs to Agency ambulances and the top 10 Community Responder schemes – Oct 08
- Ensure that dropped shifts are no more then 5% for each sector – Nov 08
- Implement various Emergency Care Practitioner (ECP) schemes (3) – Nov 08
- Various Community & Staff Responder schemes – Dec 08

Category B

- Reduce handover and wrap up times to an average of 25 minutes – Sept 08
- Extend the number of facilitated standby points – Dec 08
- Introduce additional ambulance to Gloucester – Jan 09
- Action plans and trajectories regarding hospital turnarounds revised to move towards no waits over 45 minutes - March 09.

Support Actions

- Plans are in place to reduce operational sickness to 5% - Sept 08
- Increase the use of minor injury units – Dec 08
- Improve Hear & Treat and See & Hear processes – March 08

Progress against Milestones

The following have been achieved or implemented during the reporting period

- Managers have been appointed for each control room and the Service Delivery Managers structure is being rolled out.
- 12 Emergency Medical Dispatchers have been appointed to the control rooms
- 999 call answering has been extended to the Gloucestershire control room.
- New standby points have been commissioned in Melksham and Bath
- Chippenham drive zones have been revised
- The trial of urgent care ambulances has been extended to 6 vehicles; this is being monitored on a weekly basis.

Key Issues and Actions

- There are approximately 35 vacancies, with recruitment and training plans in place for two cohorts of 18 ECA's for the remainder of this financial year. Comprehensive recruitment plans are in place for all grades of staff. Trainee Paramedics and Paramedics are being recruited externally.

- Vehicle turnaround times at hospitals continue to present a challenge and impact on performance levels. Progress is being made with Acute Trust partners with joint action plans being produced, incorporating trajectories for improvement for each site.

- Vehicle mobilisation has not reduced to the target level (95% in 30 seconds); further work is ongoing to achieve this.

Performance Charts

The following charts show the performance of the Trust, details as follows:

Chart 1 This chart shows the actual number of activations against planned

Chart 2 This chart shows the actual number of responses against planned

Chart 3 The table shows the time taken to handover patients for August 08; these are hospitals regularly used by the Trust. The time is measured from the arrival time of the vehicle until the patient is handed over to another healthcare professional.

Chart 4 Graph showing the handover times for the month of August 08.

Chart 1

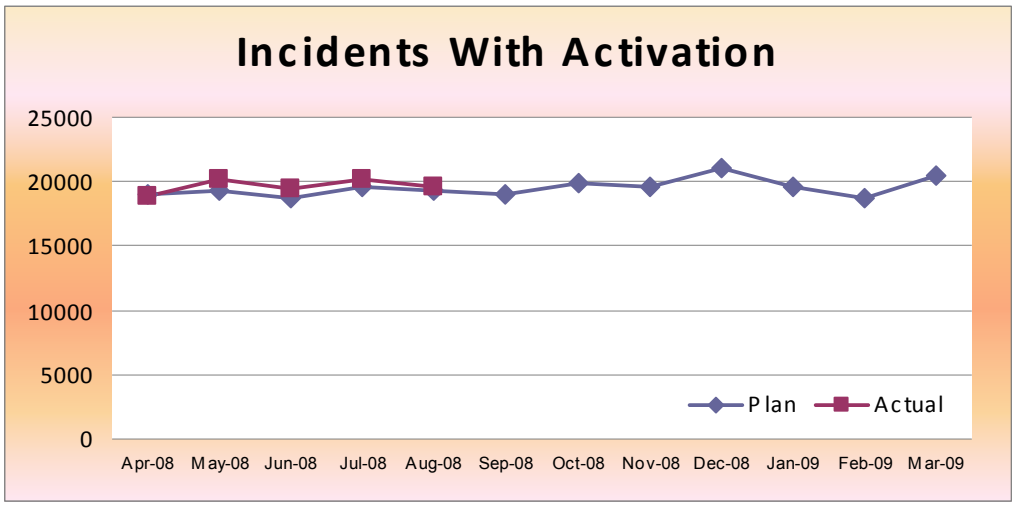


Chart 2

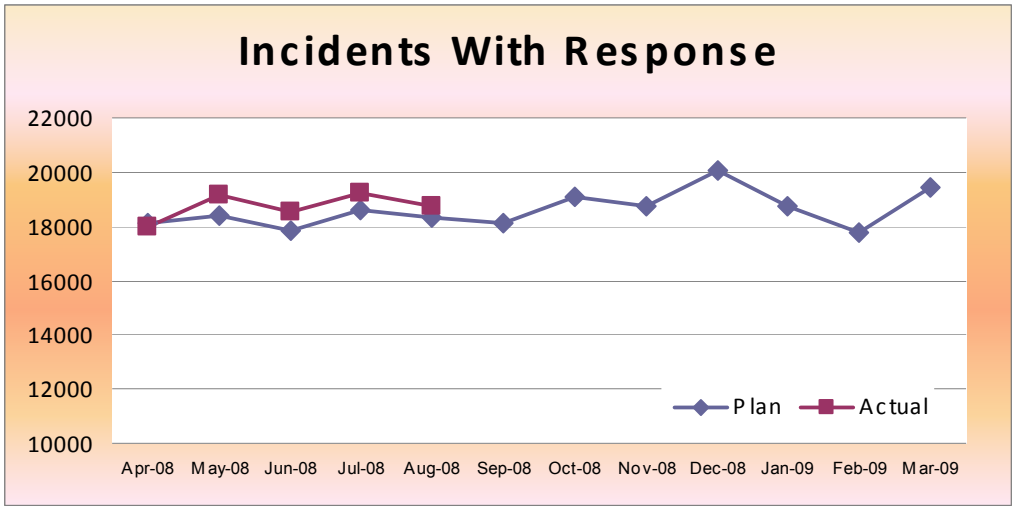
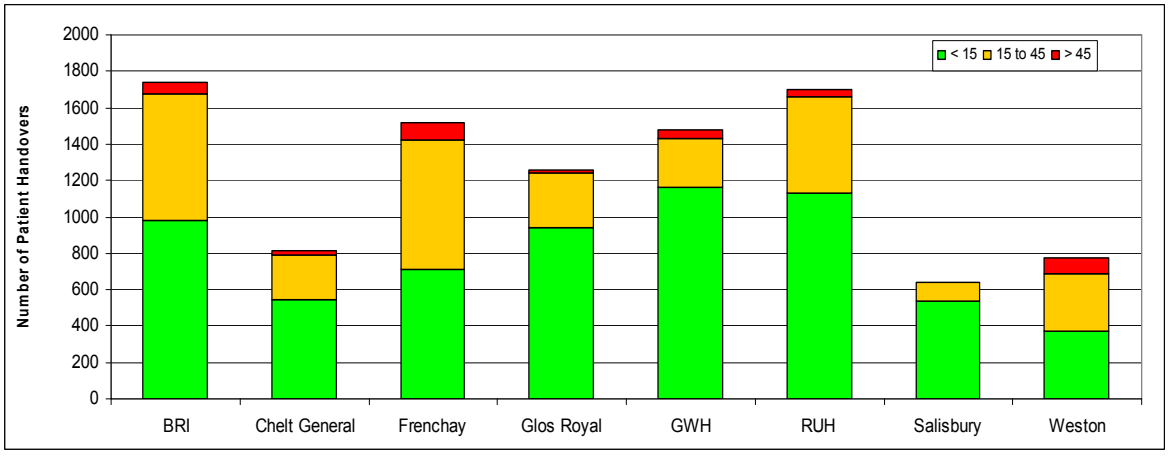


Chart 3

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	Total 15 Mins and Over	Total 45 Mins and Over	Total
Bristol Royal Infirmary	984	313	183	90	52	29	27	25	36	3			758	64	1742
Cheltenham General Hospital	542	102	65	34	20	18	12	9	11				271	20	813
Frenchay Hospital	713	287	172	118	51	50	28	53	43	3			805	99	1518
Gloucester Royal Hospital	938	160	76	28	20	11	7	8	10				320	18	1258
Great Western Hospital Swindon	1162	106	58	33	37	27	8	29	19	1			318	49	1480
Royal United Hospital Bath	1129	277	131	68	34	13	8	26	16	1			574	43	1703
Salisbury District Hospital	535	55	28	8	6	3	2	3	2				107	5	642
Weston General Hospital	369	124	80	54	26	25	13	39	38	9	2	1	411	89	780
Overall Total	6372	1424	793	433	246	176	105	192	175	17	2	1	3564	387	9936

Chart 4



Out of Hours

Operational standard to be delivered

Out of Hours call taking standards are defined nationally in the Carson Report and are:

Call Taking

- <5% of all calls abandoned
- <1% of callers should receive an engaged signal
- Call answering 95% in 60 seconds

The "National Quality Requirements in the Delivery of Out of Hours Services" (Department of Health 2004) sets three levels of compliance in meeting the standards for Call Triage and Home Visiting which are:

- Fully compliant - >95%
- compliant – 90-95%
- Not compliant - <90%

Call Triage

- A call must be made to the patient by the triage clinician within 20 minutes of their original call.

Home Visits

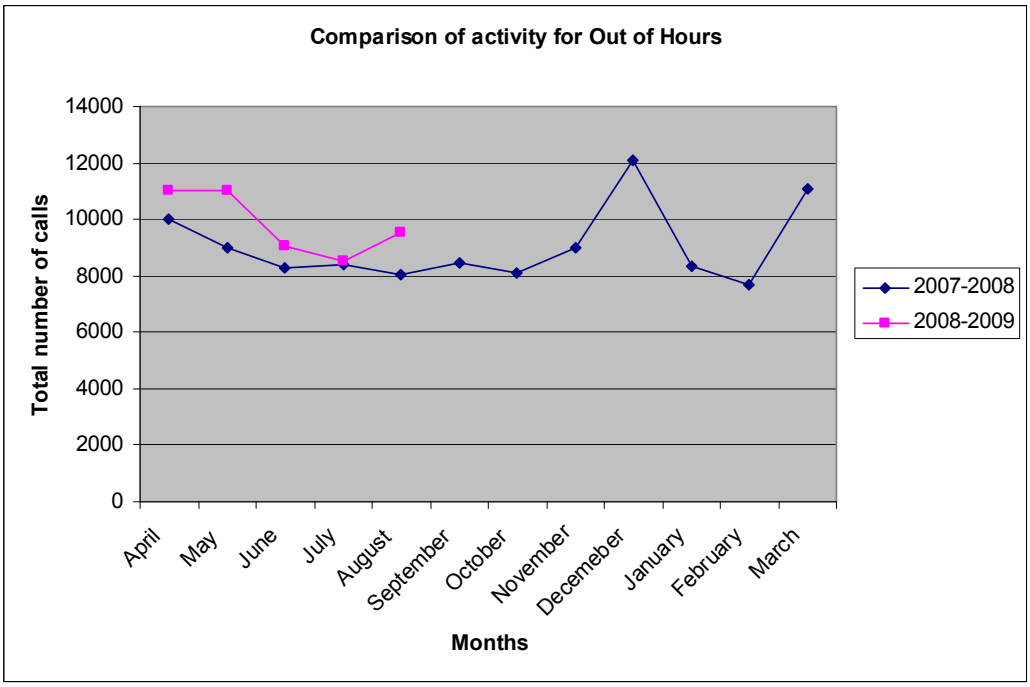
- Emergency visit – patient must be visited within 1 hr
- Urgent visit – patient must be visited with 2 hrs
- Routine visit – patient must be visited within 6 hrs

The following table and attached graph show GWAS performance against these standards:

2008/2009

Key Components	07/08 Year End	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	Jul-08
Total number of calls received	108,547	7,139	11,035	9,032	8513	9507								45,226	
Calls abandoned	7.3%	4%	3.8%	3%	3%	3%								3%	5%
Calls Engaged	0%	0%	0%	0%	0%	0%								0%	<.1%
Percentage of calls answered <60 Secs	89%	94%	94%	94%	94%	96%								95%	95%
Triage <20 minutes	79%	87%	84%	86%	95%	96%								90%	95%
Visit time < 1 hour	94%	83%	100%	94%	92%	100%								94%	95%
Visit tme < 2 hours	94%	94%	96%	93%	98%	96%								95%	95%
Visit time < 6 hours	98%	99%	99%	98%	97%	99%								98%	95%

The table shows a comparison of the number of calls received last year and this year.



Key Milestones

There is an action plan in place to achieve the performance against the national standards by July 2008. Plans include:

- Gloucestershire Out of Hours control to merge with Emergency Control, this will help ensure an integrated approach to services and maximise resources by August 2008
- Re design call triage process to ensure consistency of approach, and standardisation to all patients by September 2008.
- Utilisation of Emergency Care Practitioner's (ECP's) to support Out of Hours home visits by September 2008.
- Dispatchers in Gloucestershire to extend their role to dispatch both OOH and emergency resources as appropriate to meet patient's need by August 2008.
- The integration of Gloucester Emergency Duty Team(EDT) and Emergency Domicillary Team(EDOMT) into the Out of Hours Hub by September 2008.
- The integration of Wiltshire road crews to the clinical desks by May 2008

Progress against Milestones

- Gloucestershire Out of Hours successfully moved into the control room.
- The redesign of call triage, utilisation of ECP's and the extension of the dispatch role, is now a combined project running until September 2008.
- It is planned for EDT and EDOMT to move into the hub as above.
- The information has been shared with Wiltshire crews in order that they access the clinical desk.

Key Issues and Actions

- All standards for the month of August were achieved.

Patient Transport Services

Operational response standards to be delivered

The Trust currently provides Patient Transport Services to 14 main customers across the GWAS Trust area.

Standards for the delivery of PTS are not defined nationally. Work is being carried out by the National Patient Transport Modernisation Group (NPTMG) as part of the National Performance Advisory Group, in conjunction with the Department of Health, to compile a set of standards. We have representation on this group, which also has representation from Acute Trusts, Mental Health Trusts, Primary Care Trusts and Ambulance Trusts.

Renal Services do specify arrival times before appointments and collection times, plus length of time on vehicles and numbers of patients carried per vehicle. It is anticipated that future Service Level Agreements will include standards very similar to the renal service requirements for all PTS provision.

Current SLA's include the provision of nominal parameters for delivery of our service. They include:-

- Collection from home within 60 minutes of the collection time given. Patients are asked to be ready two hours before their appointment time
- Time on the vehicle: patients will travel on the vehicle for no longer than 60 minutes.
- Arrival at treatment centre: Most patients will arrive at the appropriate treatment centre no earlier than 45 minutes before and no later than 15 minutes after appointment time.
- Collection after treatment/discharge: Most patients collected within 60 minutes of the booked collection time and all patients within 90 minutes.

We do not currently record these performance indicators, except anecdotally through commissioner and patient satisfaction surveys and investigations. We cannot therefore place meaningful percentage achievement rates against these standards. We will be unable to deliver this, until electronic mobile data sets are installed in all PTS vehicles. This will ensure all relevant data is entered immediately into the CAD and can then be reported on as part of the management of information process. Approval to purchase such devices is currently being sought. Initial financial investment has been identified.

Activity reporting

PTS Contracted activity YTD	Actual Activity YTD	Variance %	%	Contracted Month August	Actual Month August	Variance %	%
130,915	128,651	2,264	1.7	26,183	22,864	3,319	12.7

Income

PTS Contracts	Month Budget	YTD Budget	Month Actual	YTD Actual	Variance +/-	%
Contracts	646.4	3232	654.6	3222	30	0.9
ECR	20.6	82.4	26.2	44	-38.6	-47

Expenditure

Budget area	Month Budget	YTD Budget	Actual Month	Actual YTD	Variance +/-	%
Establishment	337.4	1687	330.7	1593.4	93.8	5.6
TAXI & 3rd Party Ambulance	90	450	257.9	1077.6	-459.4	-139.4
Volunteer drivers	61.8	307	67.9	303.3	5.9	1.9
Overtime	0	0	17.1	82.7	-82.7	

Key Milestones

- **Merge three PTS controls into one**
- **Agreed contracts in place with all commissioners**
- **Data distributed to commissioners**

Progress against Milestones

- **Devizes control merged into Marybush 18th July 2008**
- **Gloucester control merged into Marybush 14th August 2008**
- **Revised contracts distributed August 2008**
- **YTD data ready by end of August 2008**

Key Issues and Actions

PTS contracts across four main acute trusts currently underfunded to the value of £1.8m. Letters from GWAS DOF to respective DOF's giving adequate notice of value of the contract for the next financial year and identifying the cost pressures being experienced this financial year which are having an impact on quality standards with potential for negative publicity and stakeholder dissatisfaction.

KPI's for PTS have been identified, and include:

- Collection within 60 minutes of time given
- Arrival no earlier than 45 mins before or later than 15 mins after appt.
- Collection after treatment within 60 mins of booked collection time
- Collection after treatment within 90 mins of collection time

This information cannot be made available without appropriate technology in trust vehicles. A proposal has been drafted for consideration by the Executive Team.

Finance – Month 5 2008/09

Operational Standard to be delivered

The financial key performance indicators are aligned with the NHS Finance reporting requirements. These are Breakeven Duty, Capital Resource Limit, External Financing Limit, Rate of Return on Capital and compliance with the Better Payment Practice Code performance target.

The financial position of the Trust as at the end of August 2008 is £921,000 overspent. The key element of the overspend to date continues to be A&E production where additional costs have been incurred in attempting to deliver the national performance targets. Smaller but still significant overspends are occurring mainly around PTS.

The month 5 position includes £700,000 income in respect the A&E pilot but the Trust will still need to confirm the actions outside of A&E needed to bring the Trust back into balance by the year end.

The year end projection shows a £1m deficit, however, this relates to a technical accounting adjustment relating to the revaluation of the 'Greenways College' site in Chippenham which has been declared surplus and is being disposed of under NHS disposal protocol.

Apart from the technical adjustment, the Trust is projecting that it will break even at the year end, based on the following assumptions: additional expenditure incurred in delivering the A&E target will be covered by additional income, and overspending areas outside A&E are contained by reductions to overspends during the balance of the year.

The Cash Releasing Savings (CRES) plan is currently being achieved. However any new cost pressures which the Trust identifies will require additional savings to be found.

The Trust has spent £2,111,000 of capital to date. The initial capital resource limit (CRL) will not be achieved following the delay of the Chippenham Site sale. A revised CRL is being negotiated with the Strategic Health Authority (SHA) which will reflect the revised capital expenditure plan agreed by the Board.

The Trust improved its Better Payment Practice Code (BPPC) performance in August for NHS and non-NHS invoices. This in turn has slightly improved the cumulative position however overall with the previous month's poor performance the Trust continues to fail the 95% target for value and number.

In respect of External Financing Limit and the Rate of Return on Capital, the Trust will show breaches against the limits until revised capital loans are confirmed.

The financial performance targets that will be monitored throughout the year are shown in the following table.

Key Finance Performance Targets 2008 / 2009

Key Components													Target/ Plan
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	For 08/9
Financial Balance – £000s (-) deficit / (+) surplus	(180)	(351)	(690)	(753)	(921)								**(1,000)**
Delivery of the Cash Releasing Savings Target	203	203	203	203	203	203	203	203	203	203	203	203	**2,440**
Capital Resource Limit - £m	0.06	0.26	0.24	0.56	1.0								**4.5**
Better Payment Practice Code % compliance (Non NHS, Number)	92.9	92.8	92.7	93.1	93.9								**95.0**
Better Payment Practice Code % compliance (Non NHS, Value)	89.5	84.6	84.7	86.5	88.1								**95.0**
Better Payment Practice Code % compliance (NHS, Number)	94.9	91.7	91.3	92.5	93.2								**95.0**
Better Payment Practice Code % compliance (NHS, Value)	95.6	91.3	91.0	91.6	92.3								**95.0**
External Finance Limit - £m	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Rate of return on capital - %	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	**3.5**

Key Milestones

In order to deliver the finance targets the following targets are required to be achieved:

- Achievement of financial balance throughout the year.
- Cash Releasing Savings are delivered throughout the year
- The Trust continues to have a strong balance sheet
- Ensure that Debtors and Creditors are maintained at a stable level
- Capital resources are spent against plan and reported accordingly
- The Trust achieves its Better Payment Practice Code targets
- The Trust achieves its Rate of Return and External Financing Limit

Progress against Milestones

The following section outlines the current progress against the key milestones for 2008/09

Income and Expenditure

The Trust is assuming that it will deliver a breakeven position for the year 2008/09. However month 5 is reporting an adverse variance of £921,000 as per appendix 1. The forecast outturn for 2008/09 is breakeven if the financial and operational risks detailed below are mitigated.

Expenditure between month 4 and month 5 has increased. Appendix 2 shows the monthly trend for pay and non pay.

The number of whole time equivalents worked (WTE) increased between July and August by 7 WTE as shown in Appendix 3.

The performance of each directorate is detailed below:

- **Accident & Emergency Division (A&E)**

A&E production is overspent by £616,000 at month 5, when offset by additional income. This is compared to a base budget profile agreed by the board which assumed a recurrent increase for A&E developments funded by PCTs of £1,000,000 profiled evenly across the year and non recurrent A&E support of £1,400,000 profiled across the first 6 months of the financial year.

A&E production Pay is overspent by £442,000 when costs are offset by income received. The overspend results from employing overtime and agency to meet the national performance targets. Offset by income now received, this is still resulting in a significant overspend against budget.

To deliver the targets the Trust will be faced with ongoing costs of up to £700,000 per month. Negotiations are continuing with PCTs to establish how the costs will be covered on a planned basis.

The Trust will continue to target staff absence levels to ensure they are reduced as much as possible to help sustain performance.

In respect of non pay, A&E production is also experiencing significant pressure. The directorate is £174,000 overspent on non pay as at month 5. The pressure continues to be driven by medical equipment.

- **Patient Transport Services (PTS)**

Driven mainly by ongoing 3rd party ambulances and taxi costs above budget, PTS overspending continued in month 5 to a total of £542,000. Review and negotiation continues with NHS trusts to understand why costs are being incurred, and how this cost can be recognised given the historical 'block' income levels that currently underpin the PTS 'service level agreements'.
To contain the overspend the Trust will for the remainder of the year have to manage activity within the service level agreements income, or identify additional resources to fund the increase in costs and activity. Internal focus will need to be directed at cost control and efficient use of the NHS staffed PTS vehicles and reduced use of external agencies.
The Financial projection currently assumes that action will be taken and that this trend will not continue. If action is not taken and if the current trends do continue, then there remains a significant risk to the forecast overspend.

- **Urgent Care**

Out of Hours is around £272,000 underspent for the year. The underspend relates to skill mix savings against the funded establishment. The financial projection assumes some additional underspending in this area.

- **Support Services**

At month 5 the Fleet and Logistics underspend reduced to around £63,000 and the Information Technology (IT) overspend increased to £285,000. The year end projection assumes action is taken to address the level of expenditure in these areas.

- **Trust Corporate**

At month 5 corporate costs overspend has increased to £378,000, mainly due to an over establishment of staff and agency staffing for Training, and use of consultancy staff to fill vacancies in other corporate posts. Review is being undertaken to arrest the overspend during the balance of the year.

- **Other**

The Trust will have to bear the cost a technical accounting of the planned impairment of £1,000,000 which arises from the sale of the Chippenham Ambulance Station site and is reflected in the forecast outturn. The Strategic Health Authority [SHA] is aware of this issue and is contained within the control total Income & Expenditure outturn set by the SHA.

Forecast Outturn for 2008/09

As per Appendix 1 the Trust is forecasting a £1,000,000 deficit due to the impairment cost of Chippenham Ambulance Station site and is included within the I&E control total set by the SHA.
In respect of A&E budgets the Trust is assuming breakeven for 2008/09, however this is predicated on receiving support for the additional agency and overtime costs associated with achieving the performance targets.
Action to address PTS overspend has been agreed by the Trust Board, but the impact will need to be reviewed to ensure delivery of savings. Plans for HQ savings are still being finalised and actions need to be put in place promptly.
Further savings throughout the organisation will need to be found to offset any further overspends the Trust.

Delivery of cash releasing savings (CRES)

As at month 5 the CRES plan has been achieved as shown in Appendix 4. Given the current pressures that the Trust is experiencing additional savings may well be required over and above the current target. The level of savings needed and the areas which will be focussed on will be determined over the next month and reported back to the board.

Capital Expenditure Performance

To date the Trust has spent £2,111,000 on capital schemes as shown in appendix 5. This is set against a revised expenditure plan of £5,632,000 agreed by the Board.

Capital Resource Limit

With the delay in the sale of the Chippenham Ambulance Station the Trust is required to negotiate a revised capital resource limit (CRL) which currently stands at minus £500,000. Based on the available internal resources and the revised capital expenditure the revised CRL will be £2,460,000 as shown in appendix 6. The Trust is seeking agreement to the revised CRL from the Department of Health (DoH) which will include the request for a capital loan of the equivalent amount. It is envisaged that this loan will be repaid once the sale of the Chippenham Ambulance Station is completed. The Trust will need to finance the interest charges associated with the loan estimated at £10,000 per month.

Cashflow

The Trust's current cashflow position shows a deficit in cash at the year end as shown in Appendix 7. This position reflects a continuation of the current expenditure on A&E and the other overspends outlined in the previous sections. The cashflow does assume the

capital loan described in the CRL section above is received in December 2008. Based on these figures the Trust will probably need to apply for a cash loan in November 2008, although the timing will be dependent on the actual expenditure that is incurred on capital over the next two months and when additional income is forthcoming for A&E. Work continues to review debtors to ensure that the Trust's cash position is maximised over the year.

Balance Sheet

Shown in Appendix 7. The Balance Sheet reflects the release of provisions to date.

External Finance Limit

As a result of the delay to the Chippenham site sale proceeds, and until NHS Capital Loans are confirmed, the Trust will have to report that it will exceed this limit. I anticipate that once NHS capital loans are confirmed the Trust should be in line to meet the limit by the end of 2008/09. Aged debt analysis has confirmed the Trust has an emerging issue in respect of some of its PTS contracts and the Trust has contacted the relevant NHS Trusts to ensure undisputed amounts are paid promptly.

Rate of return on capital

The Trust is forecasting that it will achieve a rate of return on capital of 3.5%

Better Payment Practice Code Performance (BPPC)

The Trust continues to under achieve against the cumulative BPPC target of 95% for number and value of invoices paid within 30 days for NHS and non NHS invoices. However performance in August has improved for NHS and non-NHS which in turn has improved the cumulative position for the year as shown in appendix 9. It is envisaged that the re-enforcement of procurement processes across the organisation will improve the performance further.

Key Issues and Actions

The following section outlines the issues and actions required to deliver the statutory financial duties of the Trust.

A&E

Managing the current over commitment on A&E production will be dependent on two issues:

Firstly, management of staff extraction and vacancies - Weekly monitoring of expected extractions has been put in place..

Secondly, planning the level of agency and overtime hours needed to boost performance to the national targets, and confirming the appropriate arrangement s with PCTs.

PTS and Corporate

Action to address PTS has been put in place, although not expected to impact until October 2008. It will need to be reviewed for effectiveness.

Plans to address HQ overspends are being developed. Failure to manage these overspends will result in an increased Trust overspend.

Other

The Trust will need to actively manage the expenditure position outside of the areas described above to deliver its statutory responsibility to break even.

Income

Discussions continue with purchasers in respect of support for A&E performance. Risk also remains around PTS income, given that SLAs are yet to be signed by the recipients of the service, and a lack of incentive to engage with the Trust to take the issue forward.

Impairment

Impairment is a technical exercise to recognise the reduction in value of an asset from its NHS book value to its open market value. Following a change in NHS guidance the Trust has now been advised that the forecast impairment of the Chippenham College site will not be funded by the Department of Health. As a precaution, the Trust has shown the impairment for the Chippenham College site, estimated at £1,000,000 as an overspend at the year end. The SHA has confirmed the intention is not to require additional savings to be made by the Trust.

Review of 2007/08 Provisions

A review of provisions from 2007/08 has been undertaking leading to the release of resources back to income and expenditure in month 4. The process will continue through the year and the Board advised of how provisions are being utilised throughout the financial year.

Capital Plan

A full review of the capital plan has been undertaken, and changes agreed with the board. the changes are reflected in the August board report.

Cash

The Trust will need to confirm additional income before continuing with its proposed expenditure. If not received the Trust will require cash loans probably in November.

Better Payment Practice Code Performance

The continued re-enforcement of procurement processes and the consolidation of procurement routes will aid in the increased delivery of this target. Failure of elements of the organisation to work to these controls will threaten the delivery of this target.

Great Western Ambulance Service NHS Trust

APPENDIX 1

Income & Expenditure Account

For period ended 31 August 2008

		Manpower			Annual	Cumulative YTD			Forecast Outturn	
		Budget	Actual	Variance	Budget	Budget	Actual	Variance Adv / Fav [( ) / +]	Actual	Variance Adv / Fav [( ) / +]
		wte	wte	wte	£'000	£'000	£'000	£'000	£'000	£'000
Income										
	A&E Income	-	-	-	59,800.4	25,437.7	26,137.7	700.0	60,500.4	700.0
	Miscellaneous Income	-	-	-	1,514.0	630.9	637.0	6.1	1,514.0	-
	OOH Income	-	-	-	3,433.8	1,430.8	1,412.7	(18.1)	3,433.8	-
	PTS Income	-	-	-	8,003.9	3,335.0	3,303.5	(31.5)	7,883.9	(120.0)
	Trust Income	-	-	-	**72,752.2**	**30,834.2**	**31,490.8**	**656.5**	**73,332.2**	**580.0**
Expenditure										
Operational Expenditure										
	A&E - Distribution	144.63	140.18	4.45	5,032.7	2,097.0	1,951.4	145.5	4,912.2	120.5
	- Production	881.75	850.45	31.30	36,548.0	15,888.4	17,204.8	(1,316.4)	37,368.7	(820.7)
	PTS	189.39	176.52	12.87	5,967.9	2,486.6	3,028.7	(542.1)	6,865.3	(897.4)
	OOH	44.54	32.02	12.52	3,523.3	1,468.0	1,195.6	272.5	2,823.3	700.0
	Total Operational Expenditure	**1,260.31**	**1,199.17**	**61.14**	**51,071.9**	**21,940.1**	**23,380.5**	**(1,440.5)**	**51,969.5**	**(897.6)**
Support Services										
	Fleet	17.50	18.50	(1.00)	7,683.9	3,201.6	3,284.5	(82.9)	7,883.9	(200.0)
	Logistics	51.00	25.26	25.74	1,159.3	483.1	336.6	146.4	819.3	340.0
	IT	16.00	9.00	7.00	3,030.9	1,262.9	1,548.7	(285.8)	3,570.9	(540.0)
		84.50	**52.76**	**31.74**	**11,874.2**	**4,947.6**	**5,169.8**	**(222.2)**	**12,274.2**	**(400.0)**
HQ										
	Chairman & Non Executives	6.00	7.00	(1.00)	48.6	20.3	20.7	(0.5)	48.6	-
	Chief Executive and Executive Directors	8.20	7.80	0.40	803.0	334.6	374.6	(40.0)	903.0	(100.0)
	Clinical Directorate	10.64	11.85	(1.21)	530.3	220.9	201.5	19.4	490.3	40.0
	Communications Dept	6.00	2.64	3.36	206.3	85.9	107.9	(22.0)	256.3	(50.0)
	Corporate Development	14.69	13.51	1.18	1,191.5	496.5	514.4	(17.9)	1,231.5	(40.0)
	Finance, Estates & Procurement	15.41	8.95	6.46	4,138.1	1,584.9	1,588.0	(3.1)	4,138.1	-
	Personnel	37.20	43.67	(6.47)	1,906.0	794.2	1,108.4	(314.2)	2,556.0	(650.0)
	Release of Surplus Provisions						(390.0)	390.0	(1,320.0)	1,320.0
	Impairment Costs								1,000.0	(1,000.0)
	Total HQ	**98.14**	**95.42**	**2.72**	**8,823.7**	**3,537.3**	**3,525.5**	**11.8**	**9,303.7**	**(480.0)**
	Total Expenditure	**1,442.95**	**1,347.35**	**95.60**	**71,769.8**	**30,424.9**	**32,075.8**	**(1,650.9)**	**73,547.4**	**(1,777.6)**
	Surplus/(Deficit) before Financing	**1,442.95**	**1,347.35**	**95.60**	**982.4**	**409.3**	**(585.0)**	**(994.4)**	**(215.2)**	**(1,197.6)**
	Profit/Loss on disposal	-	-	-	-	-	2.4	(2.4)	2.4	(2.4)
	Interest	-	-	-	(44.7)	(18.6)	(94.3)	75.7	(244.7)	200.0
	TDR	-	-	-	1,027.1	427.9	427.9	-	1,027.1	(0.0)
	Total Financing	-	-	-	**982.4**	**409.3**	**336.0**	**73.3**	**784.8**	**197.6**
	SURPLUS/(DEFICIT)	**1,442.95**	**1,347.35**	**95.60**	**(0.0)**	**(0.0)**	**(921.0)**	**(921.0)**	**(1,000.0)**	**(1,000.0)**

Great Western Ambulance Service NHS Trust

APPENDIX 2

Trust Expenditure Analysis

For Period Ended 31 August 2008

							Cumulative YTD		
		Apr-08	May-08	Jun-08	Jul-08	Aug-08	Budget	Actual	Variance Adv / Fav [( ) / +]
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
PAY EXPENDITURE									
Operations Expenditure									
	A&E - Distribution	371.2	378.9	410.1	355.4	359.2	1,995.8	1,874.8	121.0
	- Production	3,215.9	3,014.6	3,242.9	3,191.2	3,397.8	14,920.4	16,062.4	(1,142.0)
	PTS	347.1	307.6	286.1	321.9	330.7	1,687.2	1,593.4	93.8
	OOH	212.1	300.0	201.2	239.7	222.3	1,382.0	1,175.2	206.8
	Total Pay Operations Expenditure	**4,146.2**	**4,001.1**	**4,140.3**	**4,108.1**	**4,310.1**	**19,985.4**	**20,705.7**	**(720.4)**
Support Services									
	Fleet	66.1	46.5	48.4	76.7	81.3	207.8	319.1	(111.3)
	Logistics	62.5	58.9	64.0	67.3	77.8	478.9	330.5	148.4
	IT	61.3	99.1	60.3	96.7	110.8	251.5	428.3	(176.8)
		189.9	**204.6**	**172.7**	**240.7**	**269.9**	**938.2**	**1,077.8**	**(139.6)**
HQ Expenditure									
	Chairman & Non Executives	4.2	6.4	2.0	4.0	4.2	20.3	20.7	(0.5)
	Chief Executive and Executive Directors	47.0	61.5	54.2	82.0	84.1	318.0	328.8	(10.8)
	Clinical Directorate	25.7	27.6	41.6	10.9	37.1	153.8	142.7	11.0
	Communications Dept	22.1	19.2	34.2	3.1	27.7	80.8	106.3	(25.6)
	Corporate Development	46.8	42.8	55.8	79.6	59.9	295.8	284.9	11.0
	Finance, Estates & Procurement	34.8	53.4	73.0	22.6	56.1	209.2	239.8	(30.6)
	Personnel	168.2	152.9	143.2	134.2	111.0	573.8	709.6	(135.8)
	Total Pay HQ Expenditure	**348.8**	**363.7**	**404.0**	**336.4**	**380.0**	**1,651.6**	**1,832.9**	**(181.3)**
	Total Trust Pay	**4,684.9**	**4,569.4**	**4,716.9**	**4,685.2**	**4,960.0**	**22,575.2**	**23,616.5**	**(1,041.3)**
NON PAY EXPENDITURE									
Operations Expenditure									
	A&E - Distribution	16.7	(9.3)	23.2	24.4	21.7	101.2	76.6	24.6
	- Production	134.2	331.6	215.3	232.8	228.6	968.1	1,142.5	(174.4)
	PTS	244.1	254.4	316.7	284.6	335.5	799.4	1,435.3	(635.9)
	OOH	0.8	2.7	1.6	7.3	7.9	86.0	20.4	65.6
	Total Non Pay Operations Expenditure	**395.8**	**579.4**	**556.8**	**549.1**	**593.7**	**1,954.7**	**2,674.8**	**(720.1)**
Support Services									
	Fleet	484.9	642.2	588.1	631.4	618.8	2,993.8	2,965.4	28.4
	Logistics	0.3	0.5	1.9	1.6	1.9	4.2	6.1	(2.0)
	IT	255.1	167.6	226.4	210.1	261.3	1,011.4	1,120.4	(109.0)
		740.3	**810.3**	**816.4**	**843.0**	**882.0**	**4,009.4**	**4,092.0**	**(82.6)**
HQ Expenditure									
	Chief Executive and Executive Directors	10.3	23.8	(0.9)	9.4	3.1	16.5	45.7	(29.2)
	Clinical Directorate	17.8	10.0	19.9	13.2	(2.2)	67.2	58.8	8.4
	Communications Dept	5.7	3.7	7.5	(2.3)	(13.0)	5.2	1.6	3.6
	Corporate Development	30.5	50.7	89.4	29.7	29.2	200.6	229.5	(28.9)
	Finance, Estates & Procurement	228.9	335.0	221.5	228.6	334.2	1,375.8	1,348.2	27.6
	Personnel	54.6	90.6	87.2	72.1	94.4	220.4	398.8	(178.4)
	Release of Surplus Provisions				(390.0)			(390.0)	390.0
	Impairment Costs								-
	Total Non Pay HQ Expenditure	**347.8**	**513.8**	**424.5**	**(39.2)**	**445.8**	**1,885.7**	**1,692.6**	**193.1**
	Total Trust Non Pay	**1,483.9**	**1,903.5**	**1,797.7**	**1,352.9**	**1,921.4**	**7,849.8**	**8,459.3**	**(609.6)**
	Total Trust Expenditure	**6,168.8**	**6,472.9**	**6,514.6**	**6,038.1**	**6,881.4**	**30,424.9**	**32,075.8**	**(1,650.9)**

Great Western Ambulance Service NHS Trust

APPENDIX 3

Trust Manpower Analysis

For Period Ended 31 August 2008

	Manpower					YTD	YTD
	Apr WTE	May WTE	Jun WTE	Jul WTE	Aug WTE	Budget WTE	Variance WTE
Operations:							
A&E - Distribution	129.13	123.63	124.83	126.24	140.18	144.63	4.45
Production	833.15	847.64	848.61	852.64	850.45	881.75	31.30
PTS	171.77	165.29	160.73	177.39	176.52	189.39	12.87
Out of Hours	41.82	41.40	39.41	40.28	32.02	44.54	12.52
Total Operations	**1,175.87**	**1,177.96**	**1,173.58**	**1,196.55**	**1,199.17**	**1,260.31**	**61.14**
Support Services:							
Fleet	18.10	18.07	17.07	19.07	18.50	17.50	(1.00)
Logisics	20.65	24.26	27.26	25.26	25.26	51.00	25.74
IT	8.00	9.00	9.00	9.00	9.00	16.00	7.00
Total Support Services	**46.75**	**51.33**	**53.33**	**53.33**	**52.76**	**84.50**	**31.74**
HQ:							
Chairman & Non Executives	6.00	6.00	6.00	6.00	7.00	6.00	(1.00)
Chief Executive and Executive Directors	7.80	7.80	6.80	6.80	7.80	8.20	0.40
Clinical Directorate	6.31	6.85	7.85	8.85	11.85	10.64	(1.21)
Communications Department	5.44	3.64	2.64	3.64	2.64	6.00	3.36
Corporate Development	11.51	11.51	12.51	12.51	13.51	14.69	1.18
Finance, Estates & Procurement	10.57	10.76	7.95	7.95	8.95	15.41	6.46
Personnel	44.61	44.09	44.09	45.09	43.67	37.20	(6.47)
Total HQ	**92.24**	**90.65**	**87.84**	**90.84**	**95.42**	**98.14**	**2.72**
Trust Total	**1,314.86**	**1,319.94**	**1,314.75**	**1,340.72**	**1,347.35**	**1,442.95**	**95.60**

Appendix 4 – Cash Releasing Savings Target Performance

COST IMPROVEMENT PROGRAMMES								Appendix 4
Gt Western Ambulance Trust - RX5 - April - August 2008								
		Year to Date			**Forecast Outturn**			
	Plan Risk: High(H), Medium(M), Low(L).	**Plan £000s**	**Actual £000s**	**Variance £000s**	**Plan £000s**	**Actual £000s**	**Variance £000s**	**Current Risk: High(H), Medium(M), Low(L).**
List Programmes with savings in-year								
Control room reorganisation	L	81	81	0	200	200	0	
Savings in uniforms	L	78	78	0	190	190	0	
Restructure of fleet	L	69	69	0	160	160	0	
Internal audit	L	19	19	0	40	40	0	
External audit	L	6	6	0	20	20	0	
Service reconfiguration - A&E	L	328	328	0	790	790	0	
Service reconfiguration - Out of hours	L	44	44	0	100	100	0	
Service reconfiguration - PTS	M	122	122	0	290	290	0	
Procurement	M	125	125	0	300	300	0	
Reduction in non pay expenditure for contingency	L	147	147	0	350	350	0	
				0			0	
High Risk Schemes	**H**	**0**	**0**	**0**	**0**	**0**	**0**	
Medium Risk Schemes	**M**	**247**	**247**	**0**	**590**	**590**	**0**	
Low Risk Schemes	**L**	**772**	**772**	**0**	**1,850**	**1,850**	**0**	
Unidentified	**U**	**0**	**0**	**0**	**0**	**0**	**0**	
TOTAL COST IMPROVEMENT PROGRAMMES		**1,019**	**1,019**	**0**	**2,440**	**2,440**	**0**	

Capital Progamme 2008/09

APPENDIX 5

Notes		1		3							
		Original Plans		**Revised Plan**		**Total Revised Plans after AuC**					
	Cap ref	No	£	No	£	No	£	**YTD**	**Forecast Outturn**	**Variance on Original Plan**	**Variance on Revised Plan**
Vehicles:											
2007/08 A&E Vechile & Equip				1	119,000	1	119,000	119,224	119,224	119,224	224
A&E vehicles + equipment	089-01	20	2,103,000	21	3,039,858	21	2,680,252	470,299	2,680,252	577,252	-359,606
A&E vehicles + equipment (Bariatric)	089-02	3	210,000	3	436,476	3	436,476	477,330	429,451	219,451	-7,025
PTS vehicles + equipment	089-03	8	480,000	8	480,000	8	480,000	0		-480,000	-480,000
RRV vehicles + equipment	089-04	12	588,000	18	972,000	18	972,000	0	324,000	-264,000	-648,000
Total Fleet replacement		**43**	**3,381,000**	**51**	**5,047,334**	**51**	**4,687,728**	**1,066,854**	**3,552,927**	**171,927**	**-1,494,631**
IT:											
IT network & systems	089-20		140,000		140,000	0	140,000	128,657	140,000	0	0
IT telephone & paging	089-21		120,000		120,000	0	120,000	52,663	120,000	0	0
IT CAD	089-22		195,000		195,000	0	195,000	190,649	195,000	0	0
IT NCRS	089-23		70,000		70,000	0	70,000	0	70,000	0	0
IT Infrastructure	089-24		180,000		180,000	0	180,000	6,392	55,000	-125,000	-125,000
IT USC	089-25		140,000		140,000	0	140,000	0	140,000	0	0
IT printers & PCs	089-26		50,000		50,000	0	50,000	0	50,000	0	0
IT Terrafix upgrade	089-27		240,000		400,000	0	400,000	40,098	400,000	160,000	0
IT document management	089-28		35,000		35,000	0	35,000	0		-35,000	-35,000
IT Call Connect	089-29				150,000	0	150,000	39,725	150,000	150,000	0
IT Equipment	089-30				80,000	0	80,000	51,221	80,000	80,000	0
IT Fleet Management System	089-31					0	0	0		0	0
						0	0	0			
Total IT		**0**	**1,170,000**	**0**	**1,560,000**	**0**	**1,560,000**	**509,406**	**1,400,000**	**230,000**	**-160,000**
Estates:											
Salisbury Refurbishments	089-70		60,000		200,000	0	200,000	5,977	61,000	1,000	-139,000
Acuma / Wessex House	089-71		100,000		150,000	0	150,000	18,849	150,000	50,000	0
Bristol Central – Asbestos removal	089-72				10,000	0	10,000	10,959	10,000	10,000	0
Bristol Central – Ventilation plant	089-73				25,000	0	25,000	0	25,000	25,000	0
Trowbridge refurbishment	089-77							213			
Sluice room refurbishment Weston	089-78				120,000	0	120,000	6,420	120,000	120,000	0
Swindon resource centre	089-79							1,815			
Sluice room refurbishment B						0	0	0		0	0
Sluice room refurbishment C						0	0	0		0	0
Sluice room refurbishment D						0	0	0		0	0
Sluice room refurbishment E						0	0	0		0	0
Sluice room refurbishment F						0	0	0		0	0
Sluice room refurbishment G						0	0	0		0	0
Energy efficiency	089-90		100,000		50,000	0	50,000	0		-100,000	-50,000
Chippenham Disposal	089-91		75,000		87,000	0	87,000	24,561	45,000	-30,000	-42,000
New Chippenham Amb Station	089-92				120,000	0	120,000	22,968	120,000	120,000	0
Ambulance Shutter Doors - H&S					50,000	0	50,000	0	6,000	6,000	-44,000
Chipp Amb Aerial Building					38,000	0	38,000	0	38,000	38,000	0
Amesbury Amb Station Fit out					60,000	0	60,000	0	60,000	60,000	0
Backlog Maintenance			100,000			0	0	32,000		-100,000	0
Swindon Resoure Centre Development						0	0	0		0	0
Unallocated/reversing						0	0	377,793	0	0	0
Total Estates		**0**	**435,000**	**0**	**910,000**	**0**	**910,000**	**501,554**	**635,000**	**200,000**	**-275,000**
Fleet											
Bristol Station electrical works	089-74					0	0	19,207	19,207	19,207	19,207
Swindon Station electrical works	089-75					0	0	6,093	6,093	6,093	6,093
Bristol workshop lift	089-76					0	0	7,971	7,971	7,971	7,971
Refuelling facilities	089-80					0	0	0	0	0	0
Trowbridge Lift						0	0		11,000	11,000	11,000
Total Fleet		**0**	**0**	**0**	**0**	**0**	**0**	**33,271**	**44,271**	**44,271**	**44,271**
Total Capital Expenditure		**43**	**4,986,000**	**51**	**7,517,334**	**51**	**7,157,728**	**2,111,085**	**5,632,198**	**646,198**	**-1,885,360**

Notes

1. Original Capital Plan agreed by th Board in March 2008
2. Revised Capital Plan presented by KH at the August Board
3. Final Draft Capital Plan following review
4. Potential forecast outturn if specifc schemes which are yet to be started are slipped into a future year.

Appendix 6

GREAT WESTERN AMBULANCE SERVICE NHS TRUST		Appendix 6
CAPITAL RESOURCE LIMIT 2008/09		
	£000s	
ORIGINAL EXPECTED CAPITAL EXPENDITURE 08/9	4,500	
EXPECTED RESOURCES FROM DISPOSAL	(5,000)	
ORIGINAL CAPITAL RESOURCE LIMIT	**(500)**	
REVISIONS TO THE CRL		
DELAY IN DISPOSALS	5,000	
INCREASE IN CAPITAL EXPENDITURE	1,132	
USE OF 08/9 DEPRECIATION	(3,172)	
REVISED CRL	**2,460**	

Great Western Ambulance Service NHS Trust

appendix 7

Cashflow summary by month 2008/09

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	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Full yr
	Actual	Actual	Actual	Actual	Actual	F'cast	F'cast	F'cast	F'cast	F'cast	F'cast	F/cast	F/cast
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Cash book exchequer balances													
Brought forward	3,920	1,472	2,817	1,936	883	2,832	2,595	919	18	2,019	1,618	1,136	3,920
Receipts:													
A&E sub total	**4,685**	**6,424**	**4,735**	**4,783**	**6,442**	**6,320**	**4,892**	**4,892**	**4,892**	**4,892**	**4,892**	**4,892**	**62,741**
OOH	267	267	267	267	267	267	267	267	267	267	267	267	3,204
PTS	623	814	432	463	1,133	690	690	690	690	690	690	620	8,225
Other/Miscellaneous	187	204	231	385	648	230	230	230	230	230	230	230	3,264
Other / Miscellaneous 07/8	318	34											352
Capital loan	-				-				2,460				2,460
PBL Loan	-												-
Interest received	33	17	18	13	15	15	15	15	15	15	15	15	201
Receipts subtotal	**6,113**	**7,760**	**5,682**	**5,911**	**8,505**	**7,522**	**6,094**	**6,094**	**8,554**	**6,094**	**6,094**	**6,024**	**80,447**
Payments :													
Transfers	-	-	-	-	-	-	-	-	-	-	-	-	-
Payroll sub total	**4,114**	**4,172**	**3,770**	**3,858**	**3,966**	**3,894**	**4,219**	**3,894**	**3,894**	**3,944**	**3,894**	**3,894**	**47,513**
Provisions utilised in cash	-	-	-	-	435	-		-	-	-	-	-	435
Capital payments	325	282	244	445	205	300	1,100	900	500	400	531	400	5,632
Old year Trade Creditors excl Agency	3,156	802	25	-	3	-	-	-	-	-	-	-	3,986
Trade creditors/non pay	**965**	**1,159**	**2,524**	**2,662**	**1,947**	**3,050**	**2,450**	**2,200**	**2,158**	**2,150**	**2,150**	**2,350**	**25,764**
PDC/dividend payment	-	-	-	-	-	514	-	-	-	-	-	514	1,027
Bank charges	1	-	-	-		2	1	1	1	1	1	2	10
Payments subtotal	**8,560**	**6,415**	**6,563**	**6,965**	**6,556**	**7,759**	**7,770**	**6,995**	**6,553**	**6,495**	**6,576**	**7,160**	**84,367**
Carried forward	**1,472**	**2,817**	**1,936**	**883**	**2,832**	**2,595**	**919**	**18**	**2,019**	**1,618**	**1,136**	**0**	**0**

Great Western Ambulance Service NHS Trust

Appendix 8

Balance Sheet as at 31st August 2008

	31st March 2008 £k	31st July 2008 £k	31st August 2008 £k	*In Month Movement £k*
FIXED ASSETS				
Fixed assets	33,101	34,801	**35,798**	*997*
CURRENT ASSETS				
Stocks & work-in-progress	249	249	**249**	-
Debtors	7,561	6,824	**4,166**	*(2,658)*
Cash	3,921	884	**2,833**	*1,949*
	11,731	7,957	**7,248**	*(709)*
CREDITORS: Amounts falling due within one ye	(7,820)	(5,784)	**(6,627)**	*(843)*
NET CURRENT ASSETS/(LIABILITIES)	3,911	2,173	**621**	*(1,552)*
TOTAL ASSETS LESS CURRENT LIABILITIES	37,012	36,974	**36,419**	*(555)*
Provisions for Liabilities & Charges	(3,333)	(2,921)	**(2,489)**	*432*
TOTAL ASSETS EMPLOYED	33,679	34,053	**33,930**	*(123)*
FINANCED BY:				
TAXPAYERS' EQUITY				
Public Dividend Capital	29,994	29,994	**29,995**	*1*
Accumulated I & E	484	(313)	**(437)**	*(124)*
Revaluation Reserve	3,180	4,355	**4,355**	-
Donated Assets Reserve	21	17	**17**	-
TOTAL TAXPAYERS' EQUITY	33,679	34,053	**33,930**	*(123)*

Human Resources, Organisational and Workforce Development

Operational KPIs

Key Component	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Sickness Absence	5.7%	5.0%	4.8%	5.2%									5.2%	<4.5%
Absence Target	6.8%	6.4%	6.0%	5.6%	5.3%	5.0%	5.0%	5.0%	5.0%	4.8%	4.6%	4.5%	N/A	
Staff Turnover - in month	1.2%	1.0%	0.6%	0.7%	0.7%								N/A	< 0.67%
Staff Turnover - rolling year	10.5%	10.0%	10.2%	9.3%	9.2%								N/A	< 8.0%
Workforce Headcount	1515	1526	1521	1542	1548								N/A	
Actual WTE	1319.5	1323.4	1322.4	1348.1	1347.7								N/A	
Planned WTE	1395	1395	1395	1395	1395	1395	1395	1395	1395	1395	1395	1395	N/A	
Diversity Figures	1.7%	1.7%	1.7%	1.7%	1.7%								N/A	4.72%

Sickness Absence

Slight upward trend versus trajectory. The rise came at the end of the month as had been below trajectory. All areas performed inconsistently with high level of management and HR activity to ensure compliance versus policy.

Increased HR support includes weekly and daily reviews regarding individual absence episodes. An education & development programme is underway with management supported by Deputy HR Director.

Occupational Health

The single telephone number for all enquiries has been established and has now been published and cascaded to employees.

In the first quarter, 116 cases have been referred to OH Nurses for assessment and 95 cases have been referred to OHP.

The Trust has invested in additional physiotherapy and counselling to accelerate return to work activity.

Recruitment

Current Vacancies (WTE) against Establishment figures are:

	Vacancy	E/ment
A&E Ops	35.25	851
A&E Support	1	25
EMDC	26.4	125.75
PTS	19	189.39
Urgent Care	0	46.54
Civil Contingencies	0	13.53
Support Functions	3	84.50

A&E
As of 12/9/08, there are 35.25 vacancies. This number includes 1 x ECA cohort (18) which has been recruited with plans for a further cohort in Jan 09 (18). We have also offered 7 x qualified roles. When factoring in current churn levels, there will be a net

vacancy number of 20 at ECA level. In order to recruit a third ECA cohort funding will need to be secured along with a plan to outsource training.

PTS, EMDC & Support
12 x EMDs due to start on 22/9/08.
Currently, recruiting 18 x Intermediate Care Assistants, 1 x EMDC Mgr, 11 x Performance Managers & 11 x Emergency Medical Dispatchers.

NB. Currently 27 individuals in seconded posts within the Trust.

Turnover
11 leavers, as follows:

Job Position	Number
Emergency Care Practitioner	1
Emergency Medical Dispatcher	5
Urgent Care Call Taker	2
Ambulance Care Assistant	2
Urgent Care Administrator	1

Length of service
2 x <6mths, 2 x 7-12mths, 1x 13mths-2yrs & 6 x 2yrs+.

Appraisals

The intention is to link appraisals with SM&E training workbooks to ensure compliance in both areas. Plan is currently being worked up for implementation in October 2008.

Non-Clinical Training

Focus on SM&E training and appraisals. SM&E workbook with printers for initial draft version. Activity plan will be in place for October 2008 having been mapped against service profile.

Diversity
DDA Surveys are currently being carried out on Jenner House, Marybush Lane, Acuma House, Staverton Station and Wessex House. Alterations in progress at Acuma House to accommodate disabled member of staff.

Compliance
NHSLA compliance on track for September 2008 audit.

Key Projects
ESR first stage complete with all three employee databases linked. First payroll run in August 2008 successful. Subsistence back payments made before September 2008 as previously agreed.

Key Milestones

Sickness Absence:	Levels below 5% in Operations by 30 September 2008 Levels below 4.5% across Trust by end of March 2009
Workforce:	Achieve full establishment by end of September 2008.
Training:	All staff to complete S&ME training by 31st March 2009

Appraisal:	100% completion by 31st March 2009.
Audit Obligations:	NHSLA Level 1 by 30th September 2008.
ESR:	Integrated payroll and administration system by Jan 31st 08

Health and Safety

Operational standard to be delivered

Maintain Accident Frequency Rate below the national average = 5.8
Reduce RIDDOR reportable incidents by 5% on 2007 figures
Maintain all station incidents below 3. (1 – Excellent, 3 – Minimum compliance with legal requirements)
Monitor levels of violence and abuse, manual handling and stress incidents to manage trends.
Identify all H&S risks and record arrangements as required under Management of HASAW Regulation 3

Accident Frequency Rate (AFR)

Key Component	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Target
Accident Frequency Rate		9.3	11.8	9.6	26.9	11.2	7.3	3.5					5.8
RIDDOR incidents	6	4	2	3	5	2	1	2					6
Number of violence and abuse incidents	14	11	9	6	10	12	9	7					
Number of manual handling incidents	11	5	6	3	8	7	6	0					
Number of stress incidents	0	0	0	0	0	0	0	0					

RIDDOR
Reporting to the HSE continues to be inconsistent (see actions)

V&A
3 x physical assaults 4 x verbal abuse.

Inspection regime.

Regime is on target to complete by end of current round. Scores show a measurable improvement from last set of figures.

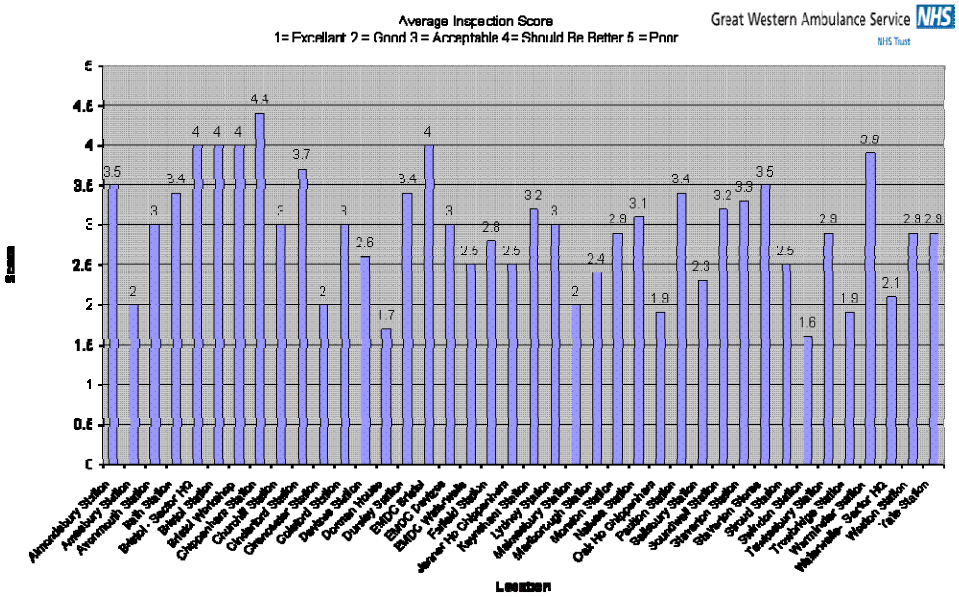
Key Milestones

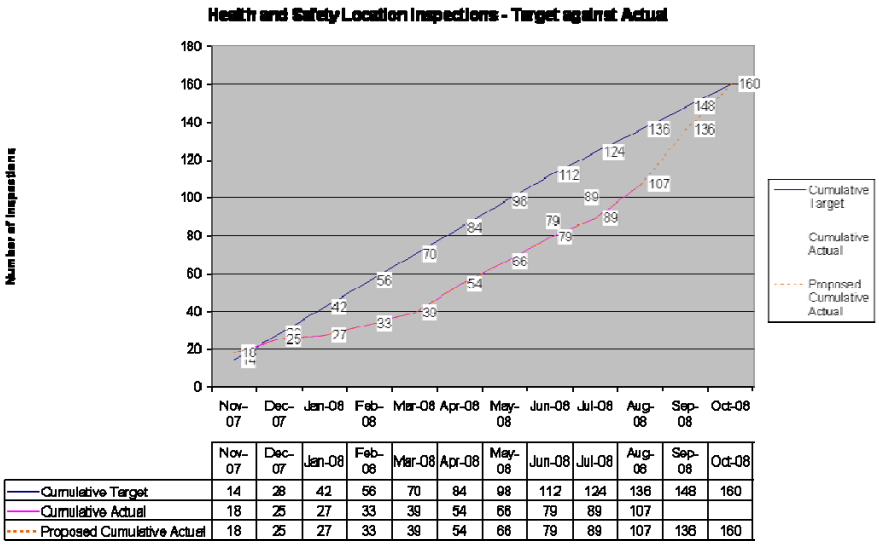
- Inspection regime – Robust inspection regime of locations based on 4 x site visits per year with detailed feedback to local managers.
- Introduce action lists for operational managers to own and action local risks following planned Health and Safety visits.
- Meeting standards in respect of the LCFMS role. Action plan to be developed by Oct 2008.
- Ensure Local Risk Registers are in place and current.

Progress against Milestones

Inspection regime

Average score is 2.96





	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08
Cumulative Target	14	28	42	56	70	84	98	112	124	136	148	160
Cumulative Actual	18	25	27	33	39	54	66	79	89	107		
Proposed Cumulative Actual	18	25	27	33	39	54	66	79	89	107	136	160

Action lists for managers

All H&S visits now include detailed feedback to responsible manager.
Current round will include progress chasing to ensure deficiencies are either rectified or put on local risk register.

LCFMS

Audit by CFSMS of Trust's physical assaults took place in August

Risk Registers

Inspections have not found a consistency in the keeping of risk registers

Risk Assessments
A comprehensive set of generic risk assessments does not exist.

Key Issues and Actions

Action lists for managers.
Local managers are responding to the defect reporting system. See risk registers below.

Inspection regime.
Recovery programme is on target. Visit protocols and regime will be reviewed to see strengths and weakness of current programme to provide enhanced programme for next 12 month cycle.

LCFSMS
Full audit report yet to be received. Informal feedback indicates that only significant area of weakness has been in failing to maintain records of sanctions against violent persons. GWAS LSMS has introduced more robust processes.

Risk Registers
Risk Register not produced by all GMs. H&S manager will discuss with GMs 24/09.

Risk Assessments.
Equipment assessments have commenced via EPAG. Large suite of legacy assessments located at Waterwells. Evaluation programme to commence Sept 08.

RIDDOR
2 x incidents.

1. Operative caught foot in broken grating in garage. SDM has had all other broken gratings replaced. Estates to investigate suitability of current grating.
2. Operative hurt back lifting. Occ Health referral made. Currently off work.

HSE state that GWAS has reported 47 RIDDOR incidents. DATIX indicates 25.

- Trawl of PROMIS for all potential incidents underway. Memo to local manager to confirm not known causes. Avon done Wilts/Gloucs underway. Complete by 01.10.08.
- H&S e-mail and telephone available for local mangers to report potential RIDDORs currently. H&S will ensure HSE reports and DATIX correctly advised.
- Guidelines sent to all CTLs and SDMs. GMs asked to support.
- Of 25 in DATIX 12 do not have a PROMIS entry and 1 appears not to be a RIDDOR

Education and Development

Operational standard to be delivered

Non-clinical Statutory & Mandatory training

All clinical and non-clinical staff will receive training to achieve compliance with S4BH C11a.

Pre-registration training

In accordance with the 2008/09 workforce plan:

- Intermediate Care Assistants (ICA): 29 to complete training by 31st March 2009
- Emergency Care Assistants (ECA): 72 to complete training by 31st March 2009
- Ambulance Practitioners: All to complete 5-day Professional Practice Skills (PPS) by 31st October 2009
- Paramedics: 92 ambulance practitioners to complete paramedic training by 31st March 2009
- To provide placements for Foundation Degree students in paramedic science in conjunction with UWE and university of Coventry (40)
- RAF Medical Technician Conversion and Paramedic training: 24 to complete IHCD Technician conversion, placement and subsequent paramedic training annually, from May 2008

Post-registration and CPD training

- Emergency Care Practitioners: 62 to complete ECP educational programme by 31st March 2009
- Emergency Care Practitioners: 18 to commence the ECP educational programme by 31st March 2009
- Practice Placement Educators: 51 paramedic staff to complete mentorship programme by 31st March 2009
- Clinical team Leaders: All to participate in role-specific management training

Key Milestones

- Develop a Trust trajectory for statutory and mandatory training in 2008/09
- Delivery of training against this trajectory

- Pre-registration training to be delivered against the requirements of the Trust Workforce Plan

- Post-registration training to be delivered against the requirements of the Trust Workforce Plan

- A Continuous Professional Development (CPD) scheme to be developed based on a training needs analysis

Progress against Milestones

Statutory, Mandatory & Essential training

- The Trust trajectory is under development and will be presented for Board approval

- A diagnostic exercise is being undertaken to confirm the current training position and to inform the CPD and statutory & mandatory training plan

Pre-registration training[1]

ECA Training 2008 – 09

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	08/09 Year End Target
Planned to start		36					9	9	0	0	18	0	0	45	72
Actual starts		47					9							56	
In training (month end)		N/A					9								
Planned completions		27					7	0	9	9	0	0	18	34	72
Actual Completions		39					6							45	
Attrition		1					1								

- Recruitment of ECAs has been above target as an additional course was commissioned in year.
- Attrition was due to driving failures. In addition 3 recruits failed to turn up from day 1.

[1] Green – on or above target
Amber – less than 10% below target
Red – greater than 10% below target

Practitioner to Paramedic Training 2008 – 09

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	08/09 Year End Target
Planned to start		40					20	0	0	0	20	0	0	60	92
Actual starts		40					20							60	
In training (month end)		N/A					20								
Planned completions		20					0	20	0	20	0	0	20	20	92
Actual Completions		24					0							24	
Attrition		0					0							0	

- The original plans for practitioner to paramedic training in 2008/09 involved 4x courses of 20 students attending an IHCD accredited course at UWE and 12 students outsourced elsewhere.

- These plan have been revised in year – the 12 students did not embark on an outsourced course and the final IHCD course planned to start in January has been withdrawn following the decision to progress to an HEI accredited course as soon as possible.

- 4 students completed a course in the West Midlands which began in 2007/08.

ECA to Paramedic Training 2008 – 09

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	08/09 Year End Target
Planned to start		0					0	40	0	0	0	0	0	0	40
Actual starts		0					0								
In training (month end)		N/A					0								
Planned completions		0					0	0	0	0	0	0	0	0	
Actual Completions		0					0								
Attrition		0					0								

- Following a series of meetings between the Chief Executive and Clinical Director and former HDU and Care Tech staff (now working in an ECA role) the decision to progress with an ECA to Paramedic educational pathway has been implemented.

- Some staff will be embarking on this course in the 2008/09 academic year.

Post-registration training 2008 – 09

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	08/09 Year End Target
Planned to start		72					10	0	0	0	20	0	0	82	82
Actual starts		71					12							83	
In training (month end)		N/A					12								
Planned completions		33					29	0	0	20	0	0	20	62	72
Actual Completions		28					25							53	
Attrition		5					4							9	

- The large cohorts of ECPs (cohorts 1 & 2) who entered training during 2007 and early 2008 have now qualified and become operational.
- Cohort 3 ECPs (9 individuals) are operational and return to complete the Evidencing Work Based Learning (EWBL) component of the course in February, following which they will be fully qualified.
- Cohort 4 ECPs (12 individuals) have begun their course and will be operational during the cohort 3 EWBL course.
- Attrition from the ECP course appears high and will be the subject of further investigation prior to the October board meeting.

Key Issues and Actions

Statutory, Mandatory & Essential training

Proposals outlined to the private board session on 8th September to ensure compliance with these components of training for A&E operations staff were accepted and approved by the board. A plan to implement these proposals has now been agreed with the education department and will be monitored through this report beginning in October.

The second part of this proposal pertaining to all other staff will be discussed in the private board session today.

Pre-registration training

The report from the HPC on the current IHCD practitioner to paramedic course is now available. Its recommendations, if implemented, would require extension of the existing course. In addition, changes to the way airway management will need to be taught in the light of changes to anaesthetic practice will be difficult to accommodate within the IHCD framework. For this reason the Education Department is accelerating proposals to change to an HEI accredited course as soon as possible.

Clinical

Operational standard to be delivered

- Call to needle target: 68% <60minutes from initial call
- Conveyance Rate: 63% or less by March 2009
- Conveyance to Primary Care: Increase proportion of responses transported to MIU/WIC
- Clinical Desk Referrals: Increase proportion of responses from which referral to Clinical Desk takes place.

Performance against Trajectory for Thrombolysis

Thrombolysis 2008/09AGW

Key Components 2008-9														
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
AGW total eligible thrombolysis	34	31	27	28									120	
AGW % < 60 mins call-needle	67.6 (23)	64.5 (20)	40.7 (11)	60.7 (17)									59.2 (71)	68
Trust total Pre-hospital thrombolysis (PHT)	16	16	12	15									59	
Trust % PHT < 60 mins call-needle time	87.5 (14)	100 (16)	100 (12)	87 (13)									93.2 (55)	
AGW % total eligible thrombolysis as PHT	41.2	51.6	44.4	46.4									49.2	40

GWAS Pre-hospital thrombolysis (PHT) trajectory 2008

% Total eligible thrombolysis as PHT:

Key Component - Eligible Thrombolysis as PHT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Planned	30%	33%	34%	34%	35%	36%	36%	38%	42%			
Achieved	42.5	41.7	37.5	39.4	51.6	44.4	46.4					
YTD	33.8	34.2	34.4	44.4	44.1	43.6	44.9					

Thrombolysis year to Date by Trust 2008-9:

Key Compnents 2008-9									
	UBHT	NBT	RUH	GWH	WGH	GHT	TOTAL (1)	SDH	TOTAL (2)
total eligible thrombolysis	8	34	19	28	0	35	120	12	132
% < 60 mins call-needle (n)	100 (8)	73.5 (25)	63.2 (12)	64.3 (18)		37.1 (13)	59.2 (71)	41.7 (5)	57.6 (76)
total Pre-hospital thrombolysis (PHT)	8	19	15	11		9	59	4	63
% PHT < 60 mins call-needle time (n)	100 (8)	94.7 (18)	80 (12)	90.9 (10)		88.9 (8)	93.2 (55)	75 (3)	92.1 (58)
% total eligible thrombolysis as PHT	100	55.9	78.9	39.3		25.7	49.2	33.3	47.7

Colour Code:-

- Green = 68% or above achieved within 60 mins.
- Amber = 58% or above achieved within 60 mins.
- Red = below 58% achieved within 60 mins.

Notes

1. These figures are based on data provided by acute trusts to GWAS for verification, supplemented by GWAS' own internal reporting of prehospital thrombolysis. Where a data matching exercise has taken place bilaterally between GWAS and an Acute Trust, the figures have been amended accordingly.

2. Salisbury District Hospital sits outside the AGW Cardiac Network, yet is within GWAS. Thus in the trust by trust tables, Total (1) refers to AGW and total (2) to GWAS.

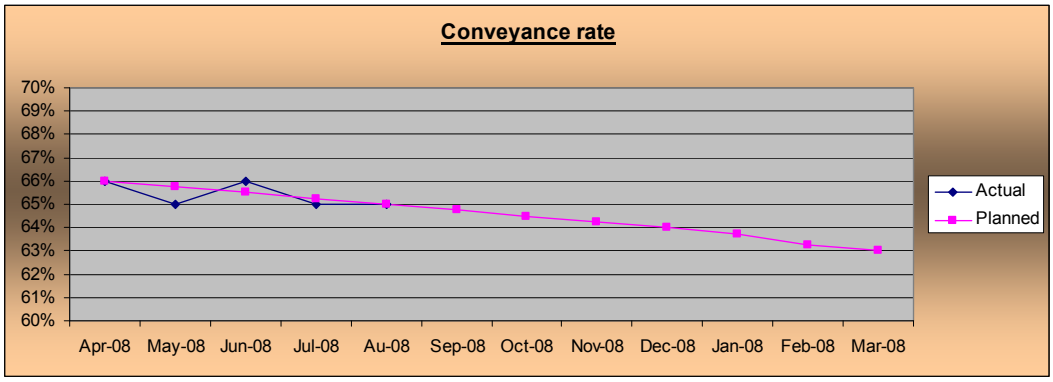
3. At time of writing, no data is available from Weston General Hospital.

Conveyance rate

Reflects patients assessed and treated on-scene following an ambulance response.

Conveyance Rate 2008-09

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Target
Avon	69%	68%	68%	67%	67%								68%	
Gloucestershire	61%	62%	63%	62%	63%								62%	
Wiltshire	67%	64%	65%	64%	65%								65%	
GWAS	66%	65%	66%	65%	65%								66%	63%



Conveyance to Primary Care

Patients transported to non-acute hospitals (WIC,MIU etc.) as proportion of responses

Primary Care Transport Rate	April	May	June	July	August	September	October	November	December	January	February	March	YTD
Bath and North East Somerset	*	*	*	*	*	*	*	*	*	*	*	*	*
Bristol	*	*	*	*	*	*	*	*	*	*	*	*	*
Gloucestershire	*	*	*	*	*	*	*	*	*	*	*	*	*
Hampshire	*	*	*	*	*	*	*	*	*	*	*	*	*
North Somerset	*	*	*	*	*	*	*	*	*	*	*	*	*
Other/Unknown	*	*	*	*	*	*	*	*	*	*	*	*	*
South Gloucestershire	*	*	*	*	*	*	*	*	*	*	*	*	*
Swindon	*	*	*	*	*	*	*	*	*	*	*	*	*
Wiltshire	*	*	*	*	*	*	*	*	*	*	*	*	*
Totals	*	*	*	*	*	*	*	*	*	*	*	*	*

Clinical Desk Referrals

Patients referred to the Clinical desk by an ambulance clinician following response (Expressed as percentage of total incidents with a response).

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Avon	1.10%	1.43%	2.10%	3.16%	2.00%								1.96%
Gloucestershire	2:1%	1.22%	2.70%	2.47%	1.31%								1.97%
Wiltshire	0%	0.71%	0.47%	0.17%	0								0.45%
GWAS	1:3%	1.36%	2.83%	2.17%	1.09%								1.75%

Key Milestones

Thrombolysis

Accurate data submitted to MINAP[2] by acute trusts on behalf of GWAS

Exception reporting system for 'missed' PHT and delayed (>60mins) PHT.

Development of autonomous thrombolysis for GWAS clinicians

Reduce episodes of ECG transmission failure in supported PHT.

Conveyance & Referrals to Clinical Desk

- A trajectory for conveyance rates in 2008/09 has been agreed with the starting point set at the average of Q4 2007/08 (66.4%) and a target of 63% to be achieved by March 2009. This reflects the position agreed between GWAS and the Commissioning PCTs in the 2008/09 Service Level Agreement.

- Access to advice and referral pathways via the clinical desk across all sectors 24 hours a day and seven days a week.

- Awareness of the role of the clinical desk, its availability and procedures for accessing the desk amongst operational clinicians.

Progress against Milestones

Thrombolysis

- The Cardiac & Stroke audit facilitator is now in post and based at GTEC. Her key tasks include the continuing audit and validation of thrombolysis data, ensuring accuracy. She is currently liaising with Weston General Hospital with regard to the lack of availability of any data.

- GWAS has identified itself as a pilot site for ambulance service access to the MINAP database which will allow us to directly input our data and correct acute trust data. Hence improving data quality.

- There appears to be a marked improvement in the proportion of thrombolysis delivered as PHT ahead of the trajectory.

- Overall the call-to-needle times across the Trust in 2008-8 have improved, however June saw a dip in performance which has affecting the running total.

Conveyance & Referrals

- Trust conveyance rates are on trajectory.

- The Audit lead has been working with the informatics team to realign the reporting of conveyance to primary care. This has resulted in a construction

[2] Myocardial Infarction National Audit Project

based on PCT rather than sector, which reflects the pathways provided by individual PCTs. The initial data suggests that our previous reports have underestimated the number of patients taken to these facilities and we are ensuring that this is an accurate reflection of the true state before reporting the numbers to board.

- The proportion of responses resulting in a referral to the clinical desks has fallen. As yet the reasons for this are unclear.

Key Issues and Actions

Thrombolysis

Performance improvement measures for 2008-9 will continue to focus on training issues, to ensure that:

- Sufficient numbers of paramedics are available to be tasked to cardiac chest pain incidents
- All paramedics are capable of delivering PHT
- Increasing numbers of paramedics are trained to deliver autonomous thrombolysis

The first two of several Cardiac Study Days has been held. Attendance at these is voluntary and unpaid. Twenty-nine paramedics have so far been successful in passing the trust's autonomous thrombolysis examination on these occasions.

Thrombolysis performance in Gloucestershire continues to be poor. To address this, the Reperfusion Lead and Cardiac & Stroke Audit Facilitator are conducting a sector specific investigation into delayed call to needle times. A meeting has been requested with the Sector General Manager to discuss a way forward, once the results of the investigation are available.

Conveyance Rate

- The current CPD programme has been delayed by the prioritisation of operational performance in April. The education plan for this year is subject to revision but it is likely that training on use of the clinical desk will recommence in January.

Conveyance to Primary Care destinations

- Work continues to review and revise the criteria for MIUs and WICs acceptance of 999 patients. This month a flow chart had been developed and circulated to facilitate transfer to MIUs; a standby point in Knowle has been implemented and the criteria for transfer to MIUs and WICs have been reviewed by those organisations in Avon. Work will continue across the organisation.

- A trajectory will be produced to increase the proportion of patients taken to MIUs when the revised criteria have been agreed with the relevant units. Work has begun on production of these criteria but difficulties with the ICT network has made production of the relevant difficult for the informatics department.

Referrals to Clinical Desks

- The clinical desks in Almondsbury and Gloucester have now been operational for some months but difficulties in staffing the desk 24/7 continue.
- An investigation will be undertaken to establish the reasons for the fall in the rate of referrals to the clinical desk.

Corporate Development

Operational standard to be delivered

Standards for Better Health – All standards compliant by end March 2009. Significant lapses in no more than four standards.

Key Components	Lead	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Sig lapse	08/09 Year End Target
C1a - Incident reporting	RP															
C1b - Safety Action bulletins	RP															
C2 - Child protection arrangements	OR															
C4a - Infection control	OR															
C4b - Medical device management	SW															
C4d - Med management	OR															
C4e - Waste management	KH															
C5a - NICE appraisals	OR															
C5b - Superv and leadership	KP															
C5c - Clinical skills	OR															
C5d - Clinical audit	OR															
C6 - Coop with HC partners	RP															
C7a - Governance	RP															
C7b - Openness and honesty	RP															
C7c - Risk Management	RP															
C7e - Discrimination	RP															
C8a - Whistleblowing	KP															
C8b - PDP's	KP															
C9 - Information governance	RP															
C10a - Employment checks	KP															
C10b - Professional registration	KP															
C11a - Recruitment	KP															
C11b - Mandatory training	OR															
C11c - Personal development (TNA)	OR															

Key Components	Lead	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Sig lapse	08/09 Year End Target
C12 - Research governance	OR															
C13a - Dignity and respect	SW															
C13b - Consent	OR															
C13c - Confidentiality	OR															
C14a - Information about complaints	TL															
C14b - Complaint management	TL															
C14c - Fair process	TL															
C16 - Patient information	TL															
C17 - PPI	TL															
C18 - Access to services	RP															
C20a - Safe environment	KP															
C20b - Privacy &confidentiality	SW															
C21 - Clinical environment	SW															
C22a/c - Health promotion/inequalities	RP															
C23 - NSF and service planning	RP															
C24 - Major incident plans	SW															

Auditors Local Evaluation – As a minimum achieve level 3 compliance in Financial Management, Financial Standing and Value for Money.

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	08/09 Year End Target
1 Financial Reporting														
1.1 Production of annual accounts	Not yet known				L2	L2								
1.2 Promotion of external acccountability					L2	L2								
2 Financial Management - Level 3														
2.1 Medium term financial strategy	L2	L3	L3	L3	L3	L3								
2.2 Performance against budgets	L2	L3	L3	L3	L3	L3								
2.3 Management of asset base	L2	L3	L3	L3	L3	L3								
3 Financial Standing - Level 3														
3.1 Spending within available budgets	Not yet known				L2	L3								
4 Internal Control														
4.1 Management of business risks	L2	L3	L3	L3	L3	L3								
4.2 Maintain system of internal control	L2	L3	L3	L3	L3	L3								
4.3 Promote and ensure probity/propriety	L2	L3	L3	L3	L3	L3								
5 Value for Money - Level 3														
5.1 Securing strategic/operational objectives	L2	L3	L3	L3	L3	L3								
5.2 Stakeholder engagement	L2	L3	L3	L3	L3	L3								
5.3 Performance management	L2	L3	L3	L3	L3	L3								
5.4 Demonstrate value for money	L2	L3	L3	L3	L3	L3								

NB: Having achieved level 2 for ALE the target is now set for the achievement of level 3, hence the reported status change

New National Targets – A positive response to each question in each of the five indicators:

- Emergency response to stroke and ischaemic attack
- Infection control
- Obesity - compliance with NICE guideline 43
- Participation in audits
- Self harm - compliance with NICE and JRCALC guidelines

to give a total of 21 positive responses.

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	08/09 Year End Target
Emergency Response to stroke and ischeamic attack	4/4	4/4	4/4	4/4	4/4	4/5								
Infection Control	6/6	6/6	6/6	6/6	6/6	6/7								
Obesity: Compliance with NICE guidance 43	1/1	1/1	1/1	1/1	1/1	1/2								
Participation in audits	4/4	4/4	4/4	4/4	4/4	4/5								
Self harm: Compliance with NICE and JRCALC guidelines	6/6	6/6	6/6	6/6	6/6	6/7								

Connecting for Health – Achieve compliance with the 54 Information Governance Toolkit requirements at level two and 44 of the standards at level three.

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	08/09 Year End Target
Information Governance (IG) Management														
Training	L2	L3	L3	L3	L3	L3								
Third party contracts	L2	L3	L3	L3	L3	L3								
Information Security Assurance														
Encryption	L2	L3	L3	L3	L3	L3								
Data Mapping	L2	L3	L3	L3	L3	L3								
Confidentiality and Data Protection Assurance														
Consent	L2	L3	L3	L3	L3	L3								
Subject Access	L2	L3	L3	L3	L3	L3								
Clinical Data Assurance														
Clinical Records Audit	L0	L2	L2	L2	L2	L3								
Secondary Use Assurance/Data Quality														
Strategy/Policy/Plan	L1	L2	L2	L2	L2	L3								
Corporate Records Management														
Audit 4 key areas	L0	L2	L2	L2	L2	L3								

NB: Having achieved level 2 for the majority of IGT the target is now set for the achievement of level 2 in all areas and the achievement of level 3 in identified areas, hence the reported status change Reporting for IGT is on an exception basis.

NHSLA Risk Management Standard – Compliance with a minimum of 40 of the 50 criteria at level 1 by September 2008.

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	08/09 Year End Target
Governance							Assessment							
Risk awareness training														
Risk management processes														
Responding to external recommendations														
Competent and Capable Workforce														
Induction programme														
Training and development plan														
Training needs analysis														
Safe Environment														
Moving and handling policy														
Slips, Trips and Falls														
Inoculation Incidents														
Stress Policy														
Clinical Care														
Conveyance Policy														
Community Responder Schemes														
Paedicatric Care Policy														
Reperfusion Policy														
Learning from Experience														
Clinical Guidelines Policy														

Reporting for NHSLA is on an exception basis

Key Milestones

By end March 2009 - achieve compliance with S4BH C8b PDP's. This milestone has changed from that reported to the Healthcare Commission and in previous Board reports.
By end March 2009 - achieve compliance with S4BH C11b. This milestone has changed from that reported to the Healthcare Commission and in previous Board reports

Maintain compliance with all other standards with no significant lapses occurring in year.

Compliance with ALE level 3 by January 2009.

Maintain the new national targets position.

Fully compliant with Information Governance Toolkit level 2 requirements. Compliant with selected standards at level 3.

Compliance with a minimum of 40 of the 50 NHSLA Risk Management Standards by end July 2008. Compliance at level 1 with all standards by end March 2009 with progress towards level 2.

Progress against Milestones

Revised action plans are in place to achieve compliance with S4BH C8b and C11b. Compliance with all standards are monitored through the performance framework at Senior Management meetings.

Progress with ALE Improvement plan actions are monitored through the performance framework at Senior Management meetings and through the Audit and Risk Committee.

Action plan in place to improve against the C4H Information Governance Toolkit requirements. Action plan monitored through the Information Governance Steering Group. The meeting held on 17th September identified priorities for next 6 months.

Trajectory in place to achieve compliance with NHSLA level 1 requirements. Progress is monitored through monthly progress meetings and the performance framework at Senior Management meetings. A number of policies were presented for approval at the Clinical Effectiveness Committee in August and the Audit and Risk Committee in September.

Key Issues and Actions

By the end of May 2008 80% of Trust staff had received an appraisal. The implementation of the project plan for the achievement of appraisals has been postponed until the Performance Improvement Plan has been implemented. A further proposal will be presented to the Board in October.

A proposal for the delivery of mandatory training to all staff was considered by the Executive Team at the beginning of September and is presented to the Board in September.

There are a number of areas where there is not the evidence to continue to support a statement of compliance with Standards for Better Health. There are plans in place to provide assurance to support a statement of compliance.

Reported position for 2007/2008:

Quality of Services			Use of Resources		
Existing national targets	Not met	WEAK	Financial Reporting	Not yet known	FAIR
New national targets	Fully met		Financial Management	Level 2	
Standards for Better Health	Almost met		Financial Standing	Not yet known	
			Internal Control	Level 2	
			Value for Money	Level 2	

Education and Development

Operational standard to be delivered

Non-clinical Statutory & Mandatory training

All clinical and non-clinical staff will receive training to achieve compliance with S4BH C11a.

Pre-registration training

In accordance with the 2008/09 workforce plan:

- Intermediate Care Assistants (ICA): 29 to complete training by 31st March 2009
- Emergency Care Assistants (ECA): 72 to complete training by 31st March 2009
- Ambulance Practitioners: All to complete 5-day Professional Practice Skills (PPS) by 31st October 2009
- Paramedics: 92 ambulance practitioners to complete paramedic training by 31st March 2009
- To provide placements for Foundation Degree students in paramedic science in conjunction with UWE and university of Coventry (40)
- RAF Medical Technician Conversion and Paramedic training: 24 to complete IHCD Technician conversion, placement and subsequent paramedic training annually, from May 2008

Post-registration and CPD training

- Emergency Care Practitioners: 62 to complete ECP educational programme by 31st March 2009
- Emergency Care Practitioners: 18 to commence the ECP educational programme by 31st March 2009
- Practice Placement Educators: 51 paramedic staff to complete mentorship programme by 31st March 2009
- Clinical team Leaders: All to participate in role-specific management training

Key Milestones

- Develop a Trust trajectory for statutory and mandatory training in 2008/09
- Delivery of training against this trajectory

- Pre-registration training to be delivered against the requirements of the Trust Workforce Plan

- Post-registration training to be delivered against the requirements of the Trust Workforce Plan

- A Continuous Professional Development (CPD) scheme to be developed based on a training needs analysis

Progress against Milestones

Statutory, Mandatory & Essential training

- The Trust trajectory is under development and will be presented for Board approval

- A diagnostic exercise is being undertaken to confirm the current training position and to inform the CPD and statutory & mandatory training plan

Pre-registration training[3]

ECA Training 2008 – 09

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	08/09 Year End Target
Planned to start		36					9	9	0	0	18	0	0	45	72
Actual starts		47					9							56	
In training (month end)		N/A					9								
Planned completions		27					7	0	9	9	0	0	18	34	72
Actual Completions		39					6							45	
Attrition		1					1								

- Recruitment of ECAs has been above target as an additional course was commissioned in year.
- Attrition was due to driving failures. In addition 3 recruits failed to turn up from day 1.

[3] Green – on or above target
Amber – less than 10% below target
Red – greater than 10% below target

Practitioner to Paramedic Training 2008 – 09

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	08/09 Year End Target
Planned to start		40					20	0	0	0	20	0	0	60	92
Actual starts		40					20							60	
In training (month end)		N/A					20								
Planned completions		20					0	20	0	20	0	0	20	20	92
Actual Completions		20					0							20	
Attrition		0					0							0	

- The original plans for practitioner to paramedic training in 2008/09 involved 4x courses of 20 students attending an IHCD accredited course at UWE and 12 students outsourced elsewhere.

- These plan have been revised in year – the 12 students did not embark on an outsourced course and the final IHCD course planned to start in January has been withdrawn following the decision to progress to an HEI accredited course as soon as possible.

ECA to Paramedic Training 2008 – 09

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	08/09 Year End Target
Planned to start		0					0	40	0	0	0	0	0	0	40
Actual starts		0					0								
In training (month end)		N/A					0								
Planned completions		0					0	0	0	0	0	0	0	0	
Actual Completions		0					0								
Attrition		0					0								

- Following a series of meetings between the Chief Executive and Clinical Director and former HDU and Care Tech staff (now working in an ECA role) the decision to progress with an ECA to Paramedic educational pathway has been implemented.

- Some staff will be embarking on this course in the 2008/09 academic year.

Post-registration training 2008 – 09

ECP Training 2008 - 09

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	08/09 Year End Target
Planned to start		72					10	0	0	0	20	0	0	82	82
Actual starts		71					12							83	
In training (month end)		N/A					12								
Planned completions		33					29	0	0	20	0	0	20	62	72
Actual Completions		28					25							53	
Attrition		5					4							9	

- The large cohorts of ECPs (cohorts 1 & 2) who entered training during 2007 and early 2008 have now qualified and become operational.

- Cohort 3 ECPs (9 individuals) are operational and return to complete the Evidencing Work Based Learning (EWBL) component of the course in February, following which they will be fully qualified.

- Cohort 4 ECPs (12 individuals) have begun their course and will be operational during the cohort 3 EWBL course.

- Attrition from the ECP course appears high and will be the subject of further investigation prior to the October board meeting.

Key Issues and Actions

Statutory, Mandatory & Essential training

Proposals outlined to the private board session on 8th September to ensure compliance with these components of training for A&E operations staff were accepted and approved by the board. A plan to implement these proposals has now been agreed with the education department and will be monitored through this report beginning in October.

The second part of this proposal pertaining to all other staff will be discussed in the private board session today.

Pre-registration training

The report from the HPC on the current IHCD practitioner to paramedic course is now available. Its recommendations, if implemented, would require extension of the existing course. In addition, changes to the way airway management will need to be taught in the light of changes to anaesthetic practice will be difficult to accommodate within the IHCD framework. For this reason the Education Department is accelerating proposals to change to an HEI accredited course as soon as possible.

Learning from Experience

Operational response standards to be delivered

Demonstrate outcomes, learning and patient safety/service improvements.

Key Components	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Compliments received	19	20	24	28	15							
Complaints received from patients/public	18	30	21	17	11							
Acknowledged within 2 working days	18	30	21	17	11							
Still within time, but investigation not yet completed	12	13	5	3	8							
Responded to within 25 working days	5	16	14	11	3							
Exceeded the deadline but completed	0	1	0	0	0							
Exceeded the deadline and not completed	1	0	2	3	0							
Upheld by General Manager	3	10	10	9	3							
Not Upheld by General Manager	2	6	4	2	0							
Complaints received from healthcare professionals*	9	12	4	2	2							
Complaints received from MPs*	0	2	5	2	1							
A&E complaint rate	1:2701 responses	1:1197 responses	1:1542 responses	1:2139 response	1:2082 responses							
OOH/Urgent care complaint rate	1:1713 patient contacts	1:1498 Patient Contact	1:626 Patient Contact	1:746 Patient Contact	1:838 Patient Contact							
PTS complaint rate	1:6234 patient journeys	1:1102 patient journeys	1:3336 patient journeys	1:6757 patient journeys	1:2105 Patient journeys							
Patient safety incidents reported (internal)	4	3	6	3	3							
Non patient safety incidents reported (internal)	84	107	126	127	173							
Patient safety incidents reported (external)	74	20	11	17	7							
Non patient safety incidents reported (external)	0	0	0	0	0							
Serious Untoward incidents reported (internal)	0	1	0	3	5							
Serious Untoward incidents reported (external)	0	0	0	0	0							
Investigations completed within 60 days	n/a	1	0	n/a	n/a							
Exceeded the deadline but completed	n/a	n/a	n/a	n/a	n/a							
Exceeded the deadline and not completed	n/a	n/a	n/a	n/a	n/a							
Number claims received	2	0	1	1	0							

Key Milestones

- Establish GWAS position compared with other Ambulance Trusts
- Improve performance associated with complaints management and responding
- Learn from experience and implement changes where necessary

Progress against Milestones

Progress to be illustrated in next Board report

Key Issues and Actions

Complaints received			Reason for complaint
A&E	**Total**	**9**	
	Patient/public	7	1 Delay
			3 Attitude
			1General Concerns
			1 Clinical Care
			1Driving
	Health professional	1	1 Clinical Care
	MP	1	1 Delay
OOH /Urgent care	**Total**	**0**	
	Patient/public	0	
	Health professional	0	
	MP	0	
PTS	**Total**	**3**	
	Patient/public	3	3 Timeliness
	Health professional	0	
	MP	0	
EMDC	**Total**	**2**	
	Patient/public	1	1 Control Room
	Health professional	1	1 Control Room
	MP	0	
Headquarters	**Total**	**0**	
	Patient/public	0	
	Health professional	0	
	MP	0	

Incidents reported			Cause of incident
A&E	Total	169	
	Internal	162	Violence and Abuse
			Driving
			Equipment lack of/failures
			Personal accidents
	External	7	
OOH /Urgent care	Total	1	
	Internal	1	
	Exteranl	0	Clinical assessment
PTS	Total	6	
	Internal	6	Manual handling
			Vehicle incidents
	External	0	Patient safety
			Delay
Headquarters	Total	4	
	Internal	4	Staff shortage
	External	0	

Claims received			Reason for claim
A&E	Total	1	
	Clinical	0	
	Non clinical	1	Orthopaedic injury
OOH /Urgent care	Total	0	
	Clinical	0	
	Non clinical	0	
PTS	Total	0	
	Clinical	0	
	Non clinical	0	
Headquarters	Total	0	
	Clinical	0	
	Non clinical	0	

Learning Outcomes and Actions from Complaint Investigations

- Implementation of a single GWAS Patient Report Form to be used across all sectors, ensuring completion guidance and instructions are issued to all operational staff.
- Re-enforcement of the agreed Control Room procedures regarding the management of duplicate calls.
- Providing opportunities for control room staff involved with incidents to undertake a case review and address individual training needs.
- Review the training and education package for new CAD system
- Re-enforcement of ambulance resource dispatch procedures to be issued within the control rooms

Stakeholder Engagement

Operational standard to be delivered

Improve stakeholder engagement

Key Milestones

Development of External Reference Group

Attendance and input into the Joint HOSC

Development of public information, including clinical leaflets and the website

Feedback surveys

Progress against Milestones

The Trust now meets with the joint Health Overview and Scrutiny Committee (HOSC) on a regular basis. The joint committee is represented by six of the seven Local Authority Councils.

Seven members of the Joint Health Scrutiny Committee visited EMDC at Acuma House on 23 July 08. Following extremely positive feedback from the members a further visit has been requested during October to see the new control room.

Members of the External Reference Group and Community First Responders have been invited to attend a feedback session run by the Joint HOSC Chair and HOSC Officers on 26 Sept 08 to gather their views. Results from the session will be fed into the main HOSC Committee meeting on 26 Sept 08. The External Reference Group will also meet officially on 26 Sept 08 focusing on the Transformation Programme.

The Joint Health Overview and Scrutiny Committee will be reporting on the first stage of its activity in October 2008.

A report on ambulance services in rural areas was received at the Gloucestershire HOSC meeting on 8 September 08 from the Ambulance Services in Rural Districts Task-Group. We welcome the report and the support from the HOSC in working to deliver an excellent service for the people of Gloucestershire. The Report will be presented fully to the Joint HOSC on 26 September and both Gloucestershire PCT and GWAS will consider its recommendations and respond to the Joint HOSC at its meeting on 26 September.

The Trusts Annual General Meeting will be held on 25 September 08 in Chippenham. A wide variety of stakeholders have been invited including; staff, the Strategic Health Authority, Joint and local HOSC Chairs, Committee members and Officers, MPs, Emergency Services, Local Authorities, PCT & Trust Chairs & Chief Executives and voluntary organisations. The Annual Review and Annual Accounts will be received and we will then be sharing information on opportunities and challenges for the future.

A Communications Audit has been carried out at stations to assess and address any overall internal communication issues. Recurring themes will be highlighted and this will be used to feed into the Communications Strategy and the production of an action plan.

Work is underway on a range of public information leaflets that will also be available on the website

A new website is under construction and design.

Key Issues and Actions

- There is a delay is the design element of the website. We have agreed a formal project brief to deliver by the end of the year at the latest.

- Despite very good working relationships with the Joint Health Overview and Scrutiny Committee, the Chair has publically expressed concerns about the information he is receiving. We are working with Gloucestershire PCT and seeking to arrange a meeting to clarify concerns.

Major IT Projects

Operational standard to be delivered

Key Components	07/08 Year End	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	YTD	08/09 Year End Target
New CAD	75%	80%	85%	85%	90%	95%								95%	100%
Interim PTS	60%	75%	80%	85%	95%	100%								100%	100%
New PTS	0%	0%	0%	0%	0%	0%								0%	75%
ESR	95%	95%	95%	95%	95%	95%								95%	100%
Nat EPRF	15%	15%	15%	15%	15%	15%								15%	see note
Interim EPRF	0%	5%	5%	10%	15%	15%								15%	100%
ARP	50%	50%	55%	60%	65%	65%								65%	90%
Operational Telelphony	50%	60%	75%	80%	95%	99%								99%	100%

Key Milestones

- New iCAD SAT testing complete, ready for UAT
- GTEC Operational telephony PBX installation complete
- GTEC Operational telephony – cabling complete
- iCAD training in progress

Progress against Milestones

- Operational Telephony – GWAS wide installation completed
- New UPS installed at Acuma House
- Interim PTS – complete & operational
- ARP Avon interim voice – initial installation work in vehicles in progress.

Key Issues and Actions

- ARP Interim Voice change note now signed by DoH
- ARP Avon Interim voice – commissioning date now Oct 14th
- Main ARP roll out on hold due to software issues
- Avon Terrafix upgrade – nearing completion, minor issues being resolved
- Work started on Phase 2 of Acuma House
- SHA evaluating new LSP to replace Fujitsu – EPRF stalled

Estates

Operational standard to be delivered

The Department of Health requires all NHS organisations to have a 5 year plan to improve the quality of its buildings, known as its back log maintenance plan. The achievement against that plan is monitored on a monthly basis.

The Department of Health requires that all NHS organisations have a long term plan to improve the energy efficiency of its buildings annually.

Key Components	07/08 Year End	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	08/09 Year End Target
Risk Adjustment - Backlog Maintenance expenditure £K			12	17	15	0								32	168
Energy Efficiency – no. buildings not compliant		30	30	30	30	30								30	22

Key Milestones

Backlog Maintenance - Revised Plan, informed by 6 facet survey and Ops Strategy is in place – total expenditure 08/09 will be £168k – this has been revised following a funding review.

Consultants have been appointed to develop the larger projects. Easton Bevins are taking forward various projects on behalf of the Trust. Smaller works are being progressed in-house.

Energy Efficiency – Consultants appointed to carry out detailed surveys. Proposals for the first properties being drawn up.

Progress against Milestones

Backlog Maintenance - Briefs for projects are being prepared. Consultants developing detailed schemes. Minor works in progress.

Energy – Easton Bevins preparing detailed proposals.

Key Issues and Actions

Backlog Maintenance - Programme addresses high risks including Fire, Legionella and other Health & Safety issues

Energy Efficiency – Rebased programme considers Operations Strategy. Specialist consultants to advise on payback periods and draw up detailed proposals.

NOTE – Chippenham site disposal. The Planning Application submission has been delayed due to the housing market conditions and the need to carry out a review of the proposals to ensure value for money. It is proposed to submit the Planning Application by the end of September.

Agenda Item 8

Great Western Ambulance Joint Health Scrutiny Committee Draft Interim Report and Recommendations

Great Western Ambulance Joint Health Scrutiny Committee **31st October 2008**

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

Purpose
To present the 'Draft Interim Report and Recommendations' summarising the findings of the first phase of the Great Western Ambulance Joint Health Scrutiny Committee's review.

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

- Approve the Recommendations outlined in pages 1-9 of the 'Draft Interim Report and Recommendations'
- Authorise the Scrutiny Officer to formally advise the relevant organisations of the recommendations that have been made by the Committee and request a written response in relation to each of the recommendations that are relevant to each organisation by the end of November 2008
- Authorise the Scrutiny Officer to circulate the final draft of the 'Interim Report and Recommendations' to the stakeholders outlined at Appendix 1

1. Reasons

1.1 When it developed its work programme in February 2008, the Great Western Ambulance Joint Health Scrutiny Committee agreed that it would produce a report summarising its key findings and recommendations in October 2008.

1.2 The Committee's 'Draft Interim Report and Recommendations' is attached at Appendix 2.

2. Detail

2.1 The Great Western Ambulance Joint Committee was formed in February 2008 under powers provided by the Health and Social care Act 2001.

2.2 The aim of the Committee is to scrutinise the services provided by GWAS in order to understand the challenges facing the Trust and to facilitate improvements.

2.3 The Committee has received verbal and written evidence from a wide range of stakeholders to develop a better understanding of the role and

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

responsibilities of the Great Western Ambulance NHS Trust and the challenges that the Trust faces to improve and develop services.

2.4 The Committee has produced a 'Draft Interim Report and

Recommendations' summarising its findings following its initial review of the performance of the Great Western Ambulance NHS Trust (GWAS), particularly in relation to ambulance response times.

2.5 All members of the Committee were asked to provide comments in relation to the first draft of the report, which was circulated outside of the Committee meeting. In addition, the Great Western Ambulance NHS Trust and Gloucestershire Primary Care Trust as the lead commissioner for ambulance services in the GWA region were asked provide comments in relation to the accuracy of the first draft of the report. The final draft of the report is attached at Appendix 2, which takes into account all of the comments received.

2.6 The report and recommendations have been developed as a result of all of the evidence that has been heard by the Committee. The Committee is asked to approve the Final Draft of the 'Interim Report and Recommendations' subject to any further changes that are deemed necessary by Members.

2.7 Further to the approval of the final report, members are asked to authorise the Scrutiny Officer to formally advise each of the relevant organisations of the recommendations that have been made by the Committee. In addition, each organisation will be requested to provide a written response by the end of November 2008 that outlines whether it intends to act on the relevant recommendations made by the Committee. The responses will be presented to a future meeting of the Committee.

2.8 Members are advised that Swindon Borough Council has agreed to meet the design costs of producing a final version to be circulated to all stakeholders. In addition, Gloucestershire County Council has agreed to meet the costs of printing the final version of the report.

2.9 The Committee is also asked to approve the circulation of the final version of the report to the stakeholders that are outlined at Appendix 1.

3. Background Papers and Appendices

- Appendix 1 – Proposed list of stakeholders
- Appendix 2 – Final Draft Interim Report and Recommendations, October 2008

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 8

Great Western Ambulance Joint Health Scrutiny Committee Draft Interim Report and Recommendations

Great Western Ambulance Joint Health Scrutiny Committee **31st October 2008**

Appendix 1

Proposed Distribution List for the Final Version of the Great Western Ambulance Joint Health Scrutiny 'Phase 1' Report

All individuals that presented evidence to the Committee
Centre for Public Scrutiny
Chair of the Board of all Primary Care Trusts in the GWA region
Chair of the Board, Great Western Ambulance NHS Trust
Chairs of all Health Overview & Scrutiny Committees in the GWA region
Chairs of Overview & Scrutiny in all Local Authorities within the GWA region (Including District Councils)
Chief Executive Great Western Ambulance NHS Trust
Chief Executive of all Primary Care Trusts in the GWA region
Chief Executive of the Local Government Association
Chief Executive of the Strategic Health Authority
Chief Executives of all Local Authorities within the GWA region (Including District Councils)
IdEA
Leaders of all Local Authorities within the GWA region (Including District Councils)
Local Involvement Networks in the GWA region
Local media
MPs within the GWA region
Secretary of State for Health
South West Councils (formally South West Local Government Association)

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

Great Western Ambulance Joint Health Scrutiny Committee

DRAFT Interim Report & Recommendations

October 2008

Contents

1. Chairman's Foreword

It gives me pleasure to present this report on behalf of the Great Western Ambulance (GWAS) Joint Health Scrutiny Committee.

Over the last eight months Elected Members and officers from six local authorities, seven primary care trusts, trade unions, members of the public from across seven local authority areas and of course staff and senior managers from the Great Western Ambulance NHS Trust have come together to better understand how we can all ensure that ambulance services in our region meet the needs of local people both now and in the future.

What has become clear is that providing the 'right care, at the right time and in the right place' is a key priority not only for healthcare organisations in the GWAS region but particularly for their staff. The Committee has been extremely impressed by the hard work, commitment and dedication of operational GWAS staff and their colleagues in the primary and acute sector.

Since the Committee has been in existence, it has been reassuring to see that the performance of GWAS, particularly in relation to life threatening calls has continued to steadily improve. In addition, all NHS organisations seem to be taking greater responsibility for ensuring that urgent care services in our area are fit for purpose.

There are areas for improvement, many of which are already being addressed by GWAS and their partners and some that could benefit from additional involvement from the Joint Committee and our respective local authorities.

I hope that this report demonstrates the progress that has been made to date by GWAS in improving its performance, as well as the benefits of the effective working relationships that have been formed between elected members and the NHS in the region. I am sure that GWAS, PCTs and local authorities will act on all of the recommendations outlined in this report and I look forward to receiving updates on progress over the next few months.

I would like to take this opportunity to thank everyone involved in the Joint Committee and their perseverance in making sure that this unique venture has been a success. The work of the Committee would not have got off the ground and continued through to this Report, without the enthusiastic participation of the two Scrutiny Officers who did the bulk of the work. Emma Powell from Swindon Borough Council and Richard Thorn from Gloucestershire County Council are entitled to feel very proud of their achievements here.

It is hard enough to get Councillors from one Council to agree to anything, to get Councillors from six to agree is little short of miraculous, and their behind the scenes work across several Councils, and at the highest levels, helped us enormously.

The Recommendations in this Report are for your serious consideration, and I will ensure that they are reviewed at regular intervals, and not allowed to fade into oblivion on some dusty shelf somewhere.

With best wishes

Councillor Andrew Gravells
Chairman, Great Western Ambulance Joint Health Scrutiny Committee
andrew.gravells@gloucestershire.gov.uk
01452 503974

1. Executive Summary

This report summarises the findings of the Great Western Ambulance Joint Health Scrutiny Committee following an initial review of the performance of the Great Western Ambulance NHS Trust (GWAS), particularly in relation to ambulance response times.

Readers may find the Glossary attached at Appendix 1 useful to understand some of the National Health Service (NHS) terms used in this report.

An Introduction to the Joint Committee

The Great Western Ambulance Joint Committee was formed in February 2008 under powers provided by the Health and Social Care Act 2001.

The Committee involved members from six out of the seven local authority Health Overview and Scrutiny Committees that have powers to scrutinise the planning, design and delivery of services provided by GWAS.

The aim of the Committee is to scrutinise the services provided by GWAS in order to understand the challenges facing the Trust and to facilitate improvements.

The Committee has received verbal and written evidence from a wide range of stakeholders. This report summarises the initial recommendations of the Committee arising from evidence heard over the last 8 months.

Great Western Ambulance NHS Trust Key Facts and Figures

GWAS provides an emergency healthcare response across the old Avon area, Gloucestershire and Wiltshire. Gloucestershire Primary Care Trust (PCT) is the lead commissioner of services on behalf of the seven PCTs in the GWAS region.

Performance in responding to 999 Calls

Ambulance services have to meet the following national targets regarding response times:

- *Category A (life threatening cases)* - 75% must be responded to within 8 minutes and a vehicle capable of transporting the patient arrive at the scene within 19 minutes of a request being made in 95% of cases
- *Category B (serious but not immediately life threatening)* – The Trust must respond to 95% of calls within 19 minutes of the receipt of the call.

In addition, ambulance services must set a local target for responding to not immediately serious or life threatening calls:

- *Category C (not immediately serious or life threatening)* – 95% of all calls must be responded to within 60 minutes of the receipt of the call, however, if the call is made by a health professional this time can be extended up to 4 hours.

One of the reasons for the establishment of the Joint Committee was to scrutinise the steps being taken by GWAS and its commissioners to ensure that these targets are being met.

The GWAS Board and senior managers monitor the performance of GWAS, along with Gloucestershire PCT as lead commissioner, individual PCTs and NHS South West (the Strategic Health Authority).

In April 2008, new national standards were introduced where the time taken to respond to a call is measured from the point it is registered on the ambulance Trust's switchboard. Previously, the clock 'started' once key information was taken from the caller. This equates to a reduction of approximately 90 seconds to respond to a call. The introduction of the 'Call Connect' standard has impacted on GWAS performance. Figures show that for the year to date (as of the end of August 2008) the Trust is not meeting any of the national response time targets (although it should be noted that for the month of August the Trust did meet the Category A19 transport time target).

However, the Trust and commissioners have taken various steps to improve performance and minimise the impact of Call Connect. Performance has steadily improved Trust-wide but there are still significant variations in performance at a PCT/ local authority and district level.

As part of its review, the Committee has identified several issues for further investigation or development, if not already being progressed by the Trust. A key concern is in relation to the disparity between response times for Category A calls in rural and urban areas. The Committee feels that it important that the Trust explores the development of a maximum waiting time target for rural areas to drive up performance in this area.

It must also be emphasised that ambulance response times cannot be considered in isolation. The handover of patients at hospital is one such issue that has an enormous impact on response times and has to be addressed by the local NHS community as a whole. Significant work is already taking place to reduce delays and to avoid the need to convey patients to hospital in the first place but the Committee is of the view that this is a key issue that underpins the quality of service received by patients and must be a priority for all NHS organisations.

Recommendations

1. That the Joint Committee continues to closely monitor performance in relation to:

- **Category A and B response times**
- **Sickness absence levels**
- **The use of agency providers.**

2. That GWAS and PCTs work together to raise public awareness of the different responses that may be provided by the ambulance service and that opportunities are explored to use local authority communication networks to spread key messages about the Ambulance Service.

Recommendations

3. That GWAS, PCTs and local authorities work together to produce information regarding the changing face of the ambulance service specifically for elected members and health professionals.

4. That all local authorities work with GWAS to explore options to increase awareness of the Community First Responder scheme within their local communities based on areas of greatest need.

5. That individual PCTs make their local Health Overview & Scrutiny Committee (HOSC) aware of work that is taking place to review the commissioning of urgent care services in their area and actively engage HOSCs in commissioning decisions.

6. That GWAS monitors the demand for Rapid Response Vehicles and traditional double-crewed ambulances in order to determine whether there is a shortfall in resources, specifically in relation to double-crewed ambulances, and to develop a strategy to address this issue.

7. That PCTs work with GWAS to explore the feasibility of introducing a maximum time in which 100% of Category A calls, regardless of whether the incident is in a rural or urban area, must be responded to. The Committee suggests an initial target of 20 minutes, which is reviewed on a continuous basis. This is in addition to the Category A(8) target that requires 75% of life threatening calls to be responded to in 8 minutes.

8. That PCTs, acute trusts and GWAS and NHS South West explore the feasibility of introducing financial penalties for Hospital Trusts for breaches of patient handover targets and report the findings back to the Joint Committee by February 2009 at the very latest.

9. That the Joint Committee continues to closely monitor performance in relation to patient handovers.

10. That North Somerset Council, Bristol City Council, and South Gloucestershire Council continue to work with their local PCTs and acute trusts to monitor performance at Weston and Frenchay hospitals respectively and to keep the Joint Committee informed of progress.

<u>Commissioning & Funding</u>

Services from GWAS are commissioned by 7 PCTs. Gloucestershire PCT acts as the lead commissioner and manages the contract and performance on behalf of the region. All PCTs have a role in monitoring performance at a local level.

It is important to note that commissioning decisions should be informed not only by meeting national performance targets but also to ensure that all

patients receive the highest quality of care with the best possible outcomes. This includes tailoring care to the needs of the patient.

All PCTs in the region appear to be engaged with GWAS in the development of local as well as region-wide urgent care pathways. Work is also underway to develop a new commissioning model for ambulance services which the Committees believes should consider the needs of the current and future population.

Recommendations:

11. That individual Health Overview and Scrutiny Committees consider requesting an update from their PCT regarding the development of local urgent care strategies with a view to ensuring that:

- **The needs of local communities are being met**
- **Local people have the opportunity to comment on proposals**
- **Key messages are communicated locally to inform expectations**

12. In order to ensure the best outcomes for patients, as well as the achievement of national performance targets, it is recommended that GWAS and commissioners develop measures to monitor the quality and effectiveness of care and the patient's experience of the service. The Committee requests a progress report at its first meeting of 2009.

There is no national funding basis for ambulance services and locally PCT contributions are based on historical contributions that were made to the legacy organisations. A summary of PCT contributions as at January 2008 is attached at Appendix 4.

The lack of national benchmarking also makes it difficult to determine whether GWAS is funded at a similar level to comparable trusts. In addition, it is not possible to accurately determine whether PCTs are receiving value for money and making an appropriate contribution depending on their population, geography and emergency care model. As such, the Committee is of the view that the Government should explore the development of a national funding basis or tariff for the provision of ambulance services.

Gloucestershire PCT and GWAS are undertaking work to carry out national benchmarking and to identify the cost drivers for ambulance services. This will compliment the work that is taking place to determine the appropriate models of care for different areas within the GWAS region how this will inform commissioning decisions in the future. The Committee requests that it is kept informed of progress.

Recommendations:

13. That GWAS and PCTs continue to engage the Committee and individual Health Overview and Scrutiny Committees where appropriate in the development of funding models for ambulance services. It also requests GWAS and Gloucestershire PCT to carry out further detailed benchmarking against other Ambulance Services to gauge how it performs against other Services, both operationally and financially. It requests sight of this benchmarking information by the first quarter of 2009 at the very latest.

14. That the Committee writes to the Secretary of State for Health requesting that work takes place at a national level to explore options to establish a national funding basis for ambulance services so that all Ambulance services are funded on a like for like basis.

Developing the Workforce

The Committee has been extremely impressed with the commitment and dedication of GWAS staff to deliver a high quality service to the public. Staff have been through a significant amount of change over recent years and it is important to recognise the good work that they do and not lose sight of this.

The Committee has identified some areas of concern regarding the development of the workforce including staff sickness levels, establishment levels, the appraisal process, the diversity of the workforce, the delivery of statutory and mandatory training and communication with staff.

All of these issues are being addressed by the Trust but it is important to recognise that improvements in response times will only be possible if staff understand and support the vision of the Trust and it is essential that these issues are tackled as soon as possible.

Recommendations

15. That GWAS considers the possibility of holding a 'recruitment day' to identify potential candidates for current and future vacancies.

16. That the Chair of each Health Overview & Scrutiny in the GWAS region be requested to arrange for details of arrangements within their own local authority to promote positive action, to be forwarded to the Director of HR & organisational Development within GWAS to enable the sharing of good practice.

17. That GWAS develop links with Diversity Teams within other public sector organisations, such as the Police, Fire and Rescue Service and local authorities to identify shared opportunities to promote career opportunities and good practice amongst under-represented groups.

18. That GWAS considers producing a quarterly or six monthly update for all stakeholders, including HOSCs, regarding performance and new developments or issues within the Trust.

Recommendations

19. That GWAS continues to actively engage with front line staff to find out what information they want and how they want to receive it and that the results are reported back to the Joint Committee.

20. That GWAS explores putting arrangements in place to ensure that all operational staff receives a briefing from a Clinical Team Leader, even if it is not their own, on every shift.

The Views of Other Stakeholders

The Committee felt that it was important to seek the views of other stakeholders regarding ambulance services in their area including public and patient representatives and Members of Parliament (MPs).

The main issues raised by MPs were in relation to steps being taken to reduce ambulances queuing outside hospitals, the response provided in rural areas and whether the formation of GWAS in 2006 has realised the benefits that were projected.

Members of the public were generally positive about the service provided by GWAS, although some concerns were raised regarding the time taken to respond to non-urgent calls and the impact this can have on patients. In addition, Local Involvement Network (LINk) and Great Western Ambulance External Reference Group members felt that much more work was need to raise awareness of the services provided by the Trust amongst the public. The need for closer partnership working between these groups and the Joint Committee was identified.

Other Issues

The initial review of the Joint Committee focussed on response time performance. However, other issues have been considered over the last 8 months, which the Committee will continue to monitor. These include, infection control, the clinical review of air ambulance support, engagement with Local Involvement Networks, the Healthcare Commission's Annual Healthcheck and whether the projected outcomes of the PricewaterhouseCooper report in relation to the potential benefits of merging Avon, Gloucestershire and Wiltshire ambulance services have been achieved.

The future role and remit of the Committee will also be subject to a review that will take into account the recommendations contained in this report.

Recommendation

21. That the Joint Committee considers investigating whether the establishment of GWAS in 2006 has realised the projected financial and patient outcome benefits of merging Avon, Gloucestershire and Wiltshire Ambulance Services as outlined in the PricewaterhouseCooper options appraisal report.

22. That the Committee produces a summary of evidence relevant to the Core Standards that is made available to all HOSCs within the region to inform their individual commentaries.

23. That the Joint Committee produces its own commentary for the 2008/09 Annual Healthcheck in relation to GWAS and that this function is included in the Committee's revised Terms of Reference.

24. That the Joint Committee should send a copy of this report to all LINks in the GWAS region and remind LINks of the need to 'remember' ambulance services when identifying their priorities for the coming year.

25. That the Joint Committee considers how best to facilitate closer partnership working with the Great Western Ambulance External reference Group and LINks within the GWAS region as part of the review of its Terms of Reference.

26. That a copy of this report is sent to all HOSCs in the GWAS region to ensure that they are aware of the outcomes of the Joint Committee's review and to seek their support for the continued operation of the Joint Committee.

Conclusions

The members of the Joint Committee have learnt a great deal about the role and responsibilities of GWAS over a relatively short period of time. By taking a joined-up approach to scrutiny, it was hoped that elected members would be more effective in holding GWAS and its commissioners to account in ensuring that a high quality service is delivered to our local communities.

The Joint Committee was intended to supplement and not replace the role of local Health Overview and Scrutiny Committees in reviewing local issues.

The Committee has been successful in gaining a much better understanding of the challenges facing the Trust and can now play a more active role in supporting the Trust to move forward in meeting nation targets and improving services across the region.

2. An Introduction to the Joint Committee

Joint Health Overview & Scrutiny Committees
The Health and Social Care Act 2001 required local authorities to put arrangements in place to scrutinise the planning, design and delivery of healthcare services in their area. Under the legislation and accompanying Regulations, local authority Health Overview & Scrutiny Committees (HOSCs) may form discretionary Joint Committees with other local authorities to scrutinise healthcare issues that cross boundaries.

The Great Western Ambulance Joint Health Overview & Scrutiny Committee
The Great Western Ambulance Joint Health Scrutiny Committee was established in February 2008. The aims and objectives of the Committee are:

> *"To scrutinise the services provided by the Great Western Ambulance Service NHS Trust (the Trust) in the locations covered by the Joint Scrutiny Committee in order to understand the challenges facing the Trust and facilitate improvements. To provide a single scrutiny function to deal with strategic developments and consultations on service change."*

The Committee has the same statutory powers as an individual local authority HOSC to require information from NHS organisations, including attendance at meetings, and to make recommendations.

Membership of the Committee comprises of three elected members from six out of the seven local authorities within the area served by GWAS. Bath & North East Somerset Council chose not to be formal members of the Committee but have been kept informed of the work of the Committee and invited to attend meetings as observers.

The Committee has been supported by Scrutiny Officers from Gloucestershire County Council, Swindon Borough Council and Wiltshire County Council.

The Committee was formed for the following reasons:

- To establish a single body to scrutinise the performance of the Great Western Ambulance NHS Trust and its partners
- To reduce duplication between individual local authority HOSCs and to maximise the use of resources
- To facilitate an in-depth review of ambulance services and to improve the understanding of elected members of the planning, design and delivery of urgent care services
- To provide a single forum for the discussion and review of issues affecting all local authorities within the GWAS region
- To increase the influence of local authority health overview and scrutiny committees in the development of ambulance services

A copy of the Committee's Terms of Reference is attached at Appendix 3.

Review Methodology

The Committee has met six times since February 2008 and alternated the venue of meetings between the participating local authorities. Evidence has been gathered using the following methodology:

- Verbal and written evidence from stakeholders during Committee meetings
- Visit to Acuma House, GWAS Control Room
- Workshop with public and patient involvement representatives
- Invitation for written evidence extended to Local Involvement Networks, PCTs, MPs within the GWAS region
- Informal meetings between the Chairman of the Committee and key stakeholders including MPs, paramedics, trade union representatives and senior managers from GWAS and Gloucestershire PCT

3. Great Western Ambulance NHS Trust Key Facts & Figures

The Great Western Ambulance (GWAS) NHS Trust was formed in 2006 following the merger of Avon, Gloucestershire and Wiltshire Ambulance Trusts in 2006.

The Trust provides an emergency healthcare response across the old Avon area, Gloucestershire and Wiltshire (including Swindon). Gloucestershire Primary Care Trust (PCT) is the lead commissioner of services on behalf of the 7 PCTs in the GWAS region.

The Trust's vision:
Our vision is that the Great Western Ambulance NHS Trust will provide a consistent and comprehensive assessment of the urgency of health need and an appropriate and prompt 24/7 response

The Trust's strategic goals are:

1. Strategic transformation – to be a key player n the development of urgent and mobile healthcare
2. Excellence in emergency care provision
3. To be a provider of high quality clinical care
4. The creation of a skilled, flexible and professional workforce with the competencies to meet the needs of the case mix we serve
5. To be a competitive and effective organisation
6. Effective partnership and stakeholder engagement
7. The implementation of effective I.T. to support service redesign and delivery
8. To create effective leadership

Detailed information about the strategic and operational objectives of the Trust is available from the GWAS website (See Appendix 2 for more details) but below is a summary of the key facts and figures that have informed the work of the Joint Committee. It should be noted that the Trust covers a relatively small geographic area in comparison to other ambulance trusts in England.

- Operational area of 3000 square km
- Serves a population of 2.2 million, which is expected to grow by 11% by 2026
- Serves urban areas around Bath, Bristol, Swindon and Gloucester and Cheltenham. Rest of the area consists of scattered market towns and widely dispersed rural communities with low population density
- 1,478 staff (as at March 2008)
- 300 volunteer Community First Responders
- 29 operational sites
- 3 communications centres (1 centre takes 999 calls)
- 3 Air Support Units

- 300 vehicles of all types
- 7 Major Incident Support Units
- Budget of £68.99 million in 2007/08 and expenditure of £67.54 million
- Over 216,000 999 calls responded to in 2008/09
- Over 315,000 Patient Transport Service journeys
- In 2006/07 the Healthcare Commission rated the Trust as 'weak' for Quality of Services and 'weak' for Use of Resources as part of its Annual Healthcheck. This improved slightly in 2007/8 with the Trust achieving a rating of 'weak' for quality of services and 'fair' for use of resources. The table below shows how GWAS performed in the 2007/8 Healthcare Commission assessment compared to other Ambulance Services:

Trust name	**Quality of Service rating**	**Use of resources rating**
North East Ambulance Service	Excellent	Good
West Midlands Ambulance Service	Excellent	Fair
South Western Ambulance Service	Good	Good
London Ambulance Service	Good	Good
South East Coast Ambulance Service	Good	Good
South Central Ambulance Service	Good	Fair
East Midlands Ambulance Service	Good	Fair
North West Ambulance Service	Fair	Fair
Yorkshire Ambulance Service	Weak	Fair
Great Western Ambulance Service	Weak	Fair
East of England Ambulance Service	Weak	Weak

4. Performance in responding to 999 calls

National Targets
The main way in which ambulance service performance is measured is through national targets on the time taken to arrive at 999 calls:

- *Category A (life threatening cases)* - 75% must be responded to within 8 minutes and a vehicle capable of transporting the patient arrive at the scene within 19 minutes of a request being made in 95% of cases
- *Category B (serious but not immediately life threatening)* – The Trust must respond to 95% of calls within 19 minutes of the receipt of the call.

In addition, ambulance services must set a local target for responding to not immediately serious or life threatening calls:

- *Category C (not immediately serious or life threatening)* – 95% of all calls must be responded to within 60 minutes of the receipt of the call, however, if the call is made by a health professional this time can be extended up to 4 hours.

New national Call Connect standards were introduced on 1st April 2008. This means that response times are measured from the point when the call hits the telephone switchboard, reducing the time available to respond to a call by an average of 90 seconds.

Other areas of clinical care quality are also measured. For example, the National Service Framework for Coronary Heart Disease also sets a target for suspected heart attack patients to reach hospital within half an hour of their call.

For the purposes of this review, the Joint Committee has focussed on Category A and Category B response times.

Role of the Joint Committee
One of the main reasons for the establishment of the Joint Committee was due to collective concerns regarding the performance of GWASS in relation to Category A and B response times.

However, it has not been the role of the Committee to manage the performance of GWAS but to hold the Trust and its commissioners to account in relation to steps being taken to improve performance.

How is performance monitored?
The Committee has received detailed performance management data from GWAS on a monthly basis including district response times, although these are not national performance indicators.

Performance is monitored via weekly conference calls between GWAS, Gloucestershire Primary Care Trust and NHS South West. Monthly meetings are also held between GWAS and Gloucestershire PCT and a detailed monthly report is provided to the GWAS Board.

Individual Primary Care Trusts are responsible for monitoring and managing performance at a local level with GWAS and their acute trusts regarding hospital turnaround times.

National Benchmarking

In terms of performance compared to other ambulance trusts in England:

- In 2007/8 10 out of the 12 Ambulance Services in England achieved the Category A(8) target. Great Western Ambulance and Yorkshire Ambulance NHS Trusts did not meet this target
- For 2007/8 for Category A(8) GWAS performance is ranked 12th out of 12 ambulance trusts
- For 2007/8 for Category A(19) GWAS performance is ranked 12th out of 12 ambulance trusts
- For 2007/8 for Category B GWAS performance was ranked 11th out of 12 ambulance trusts
- For Category A(8) average annual performance in the GWAS region does not appear to have improved between 2004/5 and 2007/8 (in 2004/5 performance was 72.7% in 2007/8 it was 72.2%). There is some improvement in Category A19 and Category B over the same period.

Category A and B Performance

Since the establishment of the Committee in February 2008, performance in relation to Category A(8) has steadily improved across the Trust as a whole.

Category	**Jan 08**	**Feb 08**	**March 08**	**07/08**	**Target**
A(8)	76%	77.7%	77.9%	72.2%	75%
A(19)	95%	94.66%	94.8%	93%	95%
B(19)	88%	88.89%	90.1%	85.8%	95&

GWAS Performance Prior to Call Connect

The introduction of Call Connect standards in April 2008 has had an adverse impact on performance across the Trust as a whole.

Category	**April 08**	**May 08**	**Jun 08**	**Jul 08**	**Aug 08**	**08/09**	**Target**
A(8)	72.7%	71.6%	68.7%	72.4%	74%	**72%**	75%
A(19)	94.4%	94.5%	93.3%	94.10&	96%	**94%**	95%
B(19)	88.7%	87.10%	82.6%	84.9%	88%	**86%**	95%

GWAS Performance Post-Call Connect (as at August 2008)

It is also interesting to look at Category A(8) performance across the three sectors over the same period:

Category	**April 08**	**May 08**	**Jun 08**	**Jul 08**	**Aug 08**	**08/09**
Avon	77%	74%	69%	75%	77%	**75%**
Gloucestershire	71%	73%	72%	75%	73%	**73%**
Wiltshire	66%	66%	66%	66%	69%	**66%**

Sector Performance (as at September 2008)

GWAS has taken steps to minimise the impact of Call Connect including:

- The introduction of ‘drive zones’ for urban, semi-rural and rural areas in Avon & Gloucester. The Sectors are divided into ‘6 minute’ and ‘17 minute’ drive zones with a resource placed on stand-by in each. The rationale is that the unit can respond to an incident inside the relevant drive zone in 8 minutes for the 6 minute drive zone and 19 minutes in the ’17 minute’ drive zone, meeting Category A performance targets. The drive zones are determined by levels of activity to make the best use of the resources available.
- The introduction of a centralised control room and new computer aided dispatch system
- The use of risk adverse prioritisation software which prompts call handlers to ask callers a series of questions prior to identifying the level of response required
- Ensuring greater accuracy in response time data by using technology that automatically registers when a vehicle is within 200 metres of the scene of an incident
- The use of satellite navigation systems in all vehicles
- The establishment of clinical teams of 11 staff, lead by a Clinical Team Leader across the Trust resulting in an increase in the hours available for ambulance activity.
- Recruiting additional paramedics, Emergency Care Practitioners, Emergency Care Assistants, and Community First Responders to increase available resources
- Making use of private agency providers of vehicles and crews to provide additional resilience, particularly for large events and in areas with high sickness absence
- Taking steps to reduce sickness absence across the Trust
- Ensuring flexibility in the location and number of vehicles in a given area to ensure that resources can be allocated to meet demand
- A direct dial number to the GWAS Control Room has been established for health professionals to request an ambulance. This reduces the number of triage questions that call handlers are required to ask.

Evidence heard by the Committee has identified several general areas for development:

- The Committee has heard evidence that, where in place, the drive zones are successful. However, there is a still a need to determine whether the overall level of resources available within a geographic area can realistically meet demand. PCTs need to work closely with GWAS to determine the needs of their communities and whether additional resources are required to provide a satisfactory response
- There is still significant differences in performance between the Avon, Gloucestershire and Wiltshire sectors
- The additional recruitment of staff is welcomed but the lead-time for training, particularly for paramedics, means that staffing levels will continue to be below target for up to 18 months. This inevitably impacts on the Trust’s reliance on agency providers. The

Committee is satisfied that such providers have to meet strict national criteria but will continue to monitor usage levels.

- Concerns have been raised by trade unions that the training provided to Emergency Care Assistants is not fit for purpose. It is not the role of the Committee to become involved in industrial issues but reassurance is required that suitably competent staff are being dispatched to life threatening and urgent calls
- It is acknowledged that the increased use of Rapid Response Vehicles provides increased flexibility in providing an initial response. However, the Committee would like to emphasise that this investment should be complimented by a sufficient number of double-crewed ambulances that can convey patients to hospital. Evidence from Unison suggests that the inability of RRVs to treat multiple casualties has caused delays for other emergency services where they have had to assist a single crewed unit to attend to several patients and to wait for ambulances to arrive to convey patients to hospital
- Sickness absence remains high, impacting on the morale of staff and the resources available to meet demand. Addressing this issue is a high priority for the Trust but the Committee will continue to closely monitor progress
- Unison have also raised concerns that many members of staff feel under extreme pressure to meet response targets and that their individual performance is under intense scrutiny, despite many issues such as traffic or the distance to travel to an incident, which are out of their control
- Concerns have been raised that a vehicle may be recorded as having arrived at a scene of an incident due to the automatic message that is relayed to the control room even if the vehicle is still trying to locate the exact address and the crew may not necessarily be with the patient. However, it appears that this method of recording provides far more consistency than the previous system where crews had to manually press a button to inform the Control Room of their arrival
- Category B(19) performance remains almost 10% below target. The Committee has concerns that without significant additional investment, the gap between Category A and B performance will continue to grow due to the required prioritisation of already limited resources towards life threatening calls. To date, the Committee's review has largely focussed on Category A performance and this is an issue that the Committee must address in the future.
- GWAS and PCTs need to work together to ensure that all GPs are aware of the Control Room 'hotline' that they can use to request an ambulance and bypass some of the triage questions that Control Room staff are required to ask when answering a 999 call
- Local authorities and their partners also have an essential role in supporting local people to promote their own health and well being, reducing the likelihood of them requiring emergency healthcare. This work should already be taking place as part of Local Area Agreements (LAAs) and the Committee would encourage individual

HOSCs to consider what work is taking place in their area regarding this issue.

Recommendation:

1. That the Joint Committee continues to closely monitor performance in relation to:

- **Category A and B response times**
- **Sickness absence levels**
- **The use of agency providers.**

Issues for Rural Areas

A large proportion of the region served by GWAS is rural with low-density populations. This inevitably has an impact on performance due to the distances involved between some areas and the nearest hospital.

It must be emphasised that the Trust's performance is measured in terms of response times across the GWAS area as a whole and there are currently no separate targets to respond to incidents in rural areas.

There is significant disparity in performance between different PCT areas. For example in June 2008 68.7% of all Category A calls were responded to within 8 minutes across the Trust as a whole but performance in individual PCT areas ranged from 82.0% in Swindon to 57.6% in Wiltshire.

When examining response times as a District Council or Unitary Authority level, year to date performance for 2007/08 in urban areas such as Bristol, Swindon, Gloucester and Cheltenham for category A(8) meets and in some cases by far exceed the target of 75%. Performance in more rural Districts such as Kennet, North Somerset, North Wiltshire and Cotswold over the same period is below 60%.

Some PCTs have also raised concerns that continued underperformance in rural areas may result in increased inequality of access to emergency care, particularly if efforts to improve Trust-wide performance are concentrated in urban areas.

As well as providing a prompt response in rural areas, there must also be a focus on ensuring that all patients receive a high standard of care and that the best possible outcomes are achieved. This means that care should be tailored to the needs of the patient and that an appropriate response should be provided in the first instance to reduce delays in the provision of treatment. This may not always be in the form of an ambulance that conveys the patient to hospital.

The Committee has welcomed activity that is already taking place to address this issue including:

- The implementation of ‘drive zones’ for urban, semi-rural and rural areas that reduce the time taken by a vehicle to an incident in comparison to previous stand-by points.
- The use of volunteer Community First Responders (CFRs) to provide a first response in appropriate circumstances and links that are already being explored with local authorities to promote the role. A standard governance framework and training programme has also been developed for CFRs.
- The development of a co-responder scheme using retained fire fighters in the Gloucester and Wiltshire Sectors through joint working with the Fire and Rescue Services. Avon does not have retained fire fighters and does not participate in the scheme.
- Placement of defibrillators in the community.
- Recruitment of over 100 Emergency Care Practitioners to provide treatment to patients with urgent but not life threatening conditions at home.
- Basing Emergency Care Practitioners in local minor injury units or primary care centres to assess and treat patients, often avoiding the need to go to hospital.
- The review and development of urgent care pathways with PCTs to reduce the number of patients being unnecessarily transported to hospital.
- Work has been carried out with North Somerset PCT to analyse the average travel times from local postcodes to local acute trusts to inform commissioning decisions.
- Clinical desks are working to support staff to assess and treat patients in the community.
- Increasing the use of single crewed Rapid Response Vehicles (RRVs) to provide an initial response to assess and treat patients in appropriate circumstances.
- The Trust has the use of an air ambulance in each sector, including a new air ambulance for the Avon Sector that is based in Filton that was launched in June 2008 to address a gap in air support provision.

Evidence heard by the Committee has suggested some areas for further development, many of which are already being progressed by GWAS and PCTs:

- There are areas within the region that would benefit from additional Community First Responders to be dispatched in appropriate circumstances and local authorities may be able to assist with using their communication networks to increase awareness of the role. Wiltshire County Council, Cotswold District Council, Forest of Dean District Council and Stroud District Council are already working with GWAS to explore options to promote the CFR scheme. The Committee would encourage all local authorities to follow this example. The Committee would also encourage local authorities to promote the role to their own frontline staff, who are often well

placed to provide an emergency response in communities where there are based

- Whether clinical staff who are due to retire or recently retired could be targeted to become Community First Responders in areas of need.
- The Committee has received monthly performance data regarding compliments and complaints received by the Trust. Many of the complaints made by members of the public, MPs and health professionals are in relation to delays. Although, only a small number of complaints are received (a total of 91 as at the end of July 2008) verbal evidence provided by the Trust suggests that some of these complaints may be due to unrealistic expectations regarding the type of response that the Trust is required to provide. This could include the timescales for a response to a non-urgent call. This suggests that members of the public and health professionals may benefit from some education about the role of the ambulance service and the type of response they can expect.
- Local authorities and PCTs have an important role in working with GWAS to raise public awareness of the changing face of the ambulance service. This includes educating elected members and health professionals.
- PCTs need to continue to work closely with GWAS and other stakeholders such as local authorities, Health Overview & Scrutiny Committees and Local Involvement Networks (LINks) to understand the health needs of patients in their area, particularly at a District and sub-District level to inform commissioning.
- The Committee is aware of the rationale in the development of the Category A(8) target to increase the likelihood of a patient receiving life saving treatment in sufficient time. It is vital that the Trust, its commissioners and partners strive to achieve this target in rural areas. However, there may be benefits in exploring the development of local response targets for rural areas to provide a level below performance must not fall to support improvements in performance. As at May 2008, 96.5% of all Category A(8) calls were responded to within 18 minutes. This suggests that if a maximum waiting time were to be set for rural areas, a target of 20 minutes would be a realistic goal. The Committee would expect this target to be reviewed on a continuous basis and that any breaches of this target are robustly investigated to learn lessons for the future.
- Although RRVs can provide increased flexibility regarding the type of response that is provided, the Committee has concerns that RRVs may be dispatched in circumstances where there is a high likelihood that the patient will require onward conveyance to a primary care or acute treatment centre. The committee is concerned that the focus on RRVs could result in a shortfall in double-crewed ambulances, which in turn may lead to delays in getting people to the most appropriate treatment. It is important that the Trust monitors demand on RRVs and traditional ambulances carefully in order to determine whether there is a shortfall in

resources, specifically in relation to double-crewed ambulances, and to develop a strategy to address this issue.

- Any future review of GWAS's Estate should explore options to provide a base for vehicles at local primary care centres within local areas. In addition, local authorities should be encouraged to work with GWAS to explore options to provide suitable facilities for standby points where appropriate

Recommendations:

2. That GWAS and PCTs work together to raise public awareness of the different responses that may be provided by the ambulance service and that opportunities are explored to use local authority communication networks to spread key messages about the Ambulance Service.

3. That GWAS, PCTs and local authorities work together to produce information regarding the changing face of the ambulance service specifically for elected members and health professionals.

4. That all local authorities work with GWAS to explore options to increase awareness of the Community First Responder scheme within their local communities based on areas of greatest need.

5. That individual PCTs make their local Health Overview & Scrutiny Committee (HOSC) aware of work that is taking place to review the commissioning of urgent care services in their area and actively engage HOSCs in commissioning decisions.

6. That GWAS monitors the demand for Rapid Response Vehicles and traditional double-crewed ambulances in order to determine whether there is a shortfall in resources, specifically in relation to double-crewed ambulances, and to develop a strategy to address this issue.

7. That PCTs work with GWAS to explore the feasibility of introducing a maximum time in which 100% of Category A calls, regardless of whether the incident is in a rural or urban area, must be responded to. The Committee suggests an initial target of 20 minutes, which is reviewed on a continuous basis. This is in addition to the Category A(8) target that requires 75% of life threatening calls to be responded to in 8 minutes.

Patient Handovers and the Impact on Performance

GWAS aims to ensure that patients receive the right care, at the right time and in the right place. For many patients, it is not necessary to be transported to hospital and alternative urgent care pathways have been developed as a result such as assessment and referral by ECPs to primary care or immediate treatment in the community.

Evidence presented to the Committee suggests that the whole health economy in the GWAS region is working towards reducing inappropriate

admissions to hospital and ensuring that treatment is tailored to the needs of the patient.

NHS South West's Operating Framework for 2008/09 also includes a local priority to, "eliminate ambulance handover delays to ensure that all patients are transferred within 15 minutes of arrival".

However, the impact of delayed handover of patients at hospital remains a key issue for GWAS. The Trust has agreed a local target with PCTs and acute trusts that patient handovers should not exceed a total of 45 minutes. Any breach of the 45-minute target is reported to the senior management of the relevant acute trust and to the Strategic Health Authority.

Some patient handovers at several acute trusts in the region, including Weston and Frenchay still exceed the 45-minute target and in a small number of can last between 3 to 4 hours, limiting the number of ambulance units available.

This issue is of significant concern to the Joint Committee and several local authority Health Overview and Scrutiny Committees, such as North Somerset Council, have also been closely monitoring steps being taken to reduce delays at hospitals within their area.
Detailed action plans have been agreed between the Trust, relevant PCTs and acute trusts to tackle this issue. Actions taken include:

- Revised guidance and clinical instructions for handovers agreed and issued to GWAS and emergency departments
- Increased monitoring by the GWAS Control Room regarding delays and communication with crews and acute trusts to resolve problems
- Handover performance reported to the GWAS Board and daily reports to Lead Commissioner

The Strategic Health Authority (SHA) has also supported a peer review across the region.

PCTs have emphasised that it is important that all NHS partners own this target to increase the efficiency of care pathways as a whole. This includes reducing the number of patients that require admission to hospital in the first place and better managing the discharge and transfer of patients from hospital.

The Committee has discussed the feasibility of charging acute trusts for breaches in patient handover targets. Officers from Gloucestershire PCT and GWAS are of the view that such an initiative would result in limited benefits and would be complex to establish and enforce. However, there are some examples within the region of similar schemes being developed. For example, Gloucestershire PCT has recently proposed a scheme to withhold payment to acute trusts following a case of MRSA. Hospitals would also be rewarded for good performance. This suggests that principle of charging acute trusts for poor performance regarding patient handovers may assist to improve

performance and could be explored based on the experiences of other similar NHS schemes both locally and nationally.

This is an issue that the Committee feels is fundamental to improving not only response times but also the quality of service provided to patients. The activity that has taken place to date is welcomed but the Committee will continue to closely monitor this issue over the coming months to ensure that sufficient improvements in turnaround times are being achieved. In addition, individual HOSCs also have a role to play in monitoring performance at a local level.

Recommendations:

8. That PCTs, acute trusts and GWAS and NHS South West explore the feasibility of introducing financial penalties for Hospital Trusts for breaches of patient handover targets and report the findings back to the Joint Committee by February 2009 at the very latest.

9. That the Joint Committee continues to closely monitor performance in relation to patient handovers.

10. That North Somerset Council, Bristol City Council, and South Gloucestershire Council continue work with their local PCTs and acute trusts to monitor performance at Weston and Frenchay hospitals respectively and to keep the Joint Committee informed of progress.

5. Commissioning and Funding

Commissioning

Ambulance services in the region are commissioned as follows:

- There are seven Primary Care Trusts (PCTs) that commission services from the Great Western Ambulance Trust.
- Gloucestershire PCT is the lead commissioner with the role of co-ordinating the commissioning process and reducing the number of interfaces that the service provider is required to have with primary care trusts when negotiating contracts. The PCT also takes the lead for performance management
- Individual PCTs are responsible for monitoring performance locally and ensuring that there local primary care urgent care strategies are integrated with GWAS services

The Committee has received verbal or written evidence from the majority of PCTs that commission services from GWAS. It is clear that PCTs are working closely with GWAS to ensure that services meet the health needs of patients in their area. This may mean that different models of care are in place in different geographical areas served by GWAS. In addition, PCT Boards are closely monitoring GWAS's performance to ensure that this meets their contractual obligations.

It is also pleasing that GWAS is now seen as a key NHS partner in the delivery of urgent care pathways and involved in the development of community services to reduce the need to convey patients to hospital in inappropriate circumstances. The Joint Committee suggests that individual Health Overview and Scrutiny Committees should ensure that they are engaged in the development of such strategies at a local level to ensure that the needs of local people are being met.

The Committee is aware that work is taking place to review the commissioning model for ambulance services in the region. It is important that this work takes into account not only the current needs of local people but also can meet the demands of our expanding and increasingly aging population. The Committee will continue to engage with GWAS and PCTs over the next few months to monitor this work.

The Committee would also encourage GWAS and PCTs to consider whether the use of drive zones could be further extended as part of the new commissioning model that is being developed and whether this model could include responses by other health professionals in the community as part of the partnership approach to the delivery of urgent care. The key question is whether separate targets should be developed to monitor when an initial response has been provided by an alternative NHS organisation rather than GWAS because this is the most appropriate pathway of care for the patient.

Recommendations:

11. That individual Health Overview and Scrutiny Committees consider requesting an update from their PCT regarding the development of local urgent care strategies with a view to ensuring that:

- **The needs of local communities are being met**
- **Local people have the opportunity to comment on proposals**
- **Key messages are communicated locally to inform expectations**

12. In order to ensure the best outcomes for patients, as well as the achievement of national performance targets, it is recommended that GWAS and commissioners develop measures to monitor the quality and effectiveness of care and the patient's experience of the service. The Committee requests a progress report at its first meeting of 2009.

Funding

GWAS is funded as follows:

- The block funding that is provided to PCTs does take into account an allocation for emergency ambulance services but this is not calculated according to a national formula or tariff. This allocation is not ring fenced and it is for individual PCTs to prioritise how this funding is spent
- The majority of funding comes from PCTs with a small amount of funding from central government
- Similarly the allocation of funding that is made by PCTs to GWAS is not based on a national or local tariff but on the contributions that were in place prior to the establishment of the Trust.
- PCT contributions vary from 8.09% to 27.36%. A summary of PCT contributions as at January 2008 is attached at Appendix 4.

At the end of July 2008, GWAS was overspent by £753,000. The main reason for the overspend appears to be due to staff overtime and the use of agency providers in order to produce sufficient operational hours within A&E operations to meet national performance targets. The Trust had produced a revised 'Performance Improvement Plan' that identifies the level of productive staff time required to meet the targets. This approach is likely to incur additional costs of between £600,000 and £850,000 per month. GWAS is currently in negotiations with PCTs to discuss the extent to which these additional costs will be covered.

Little work has taken place nationally or locally to benchmark the funding received by ambulance services or the contributions made by PCTs taking into account cost drivers such as the density of the population or travel times. As such it has been difficult to determine whether the funding received by

GWAS is comparable to similar ambulance trusts or how to determine an appropriate level of funding by individual PCTs.

Analysis carried out by one PCT suggests that some PCTs may be currently receiving a slightly greater level of activity than they are paying for and some slightly less. In addition, some PCTs have provided additional funding on top of their block contract to commission additional ECPs in their area.

In addition, it is important to note that it is difficult to compare the funding received by individual ambulance trusts without taking into account the geography of the area they serve, the location of their population and the model of care that the wider health community is seeking to provide.

Gloucestershire PCT is leading on work to carry out benchmarking with other commissioners regarding the funding of ambulance services. Initial findings suggest that GWAS receives a comparable level of funding to other ambulance trusts but more detailed work is required to investigate how PCT allocations should be calculated to ensure that they are receiving value for money. GWAS is also carrying out similar work in conjunction with other ambulance trusts. Information on benchmarking was shared with the Chairman on a strictly confidential basis at a meeting with officers from Gloucestershire PCT and GWAS. The information gave us a useful insight into the finances of GWAS, but much more work before it can be shared with the Committee.

Both pieces of benchmarking work are at an early stage but the Committee is encouraged that PCTs and GWAS are exploring this issue alongside revised models of care and would request that the Committee is kept informed of progress once this work is at a more advanced stage.

The Committee was also surprised that there is no national tariff or funding basis for ambulance services to ensue consistency in funding and service delivery across the country. As such, the Committee would welcome a standard funding basis for ambulance services and would encourage the government to progress this issue as a matter of urgency.

Recommendations:

13. That GWAS and PCTs continue to engage the Committee and individual Health Overview and Scrutiny Committees where appropriate in the development of funding models for ambulance services. It also requests GWAS and Gloucestershire PCT to carry out further detailed benchmarking against other Ambulance Services to gauge how it performs against other Services, both operationally and financially. It requests sight of this benchmarking information by the first quarter of 2009 at the very latest.

14. That the Committee writes to the Secretary of State for Health requesting that work takes place at a national level to explore options to establish a national funding basis for ambulance services so that all Ambulance services are funded on a like for like basis.

6. Developing the Workforce

It is recognised that GWAS's most valuable resource in delivering a high quality service to local communities is its workforce. The Committee has been extremely impressed by the commitment, dedication and resilience of the Trust's operational staff.

The Committee has received evidence from a wide range of sources regarding the support, learning and development provided by GWAS to its staff including:

- Evidence from the Great Western Ambulance Unison Branch
- Results of the 2007/08 Great Western Ambulance Staff Survey
- Regular performance data regarding sickness absence, recruitment, learning and development
- A range of written and verbal evidence from the Clinical Director, GWAS regarding the skill mix of staff and content of training
- The GWAS 5 Year Workforce Plan
- Visit to Acuma House the GWAS Control Room in Almondsbury

Below is a summary of some of the issues that have arisen as a result of the Committee's review in relation to GWAS's workforce.

Sickness Absence

Levels of sickness absence have gradually reduced during the course of the review. As at June 2008, sickness absence levels for 2008/09 was 5.2% compared to a target of 4.5%.

Given the significant implications on resilience, staff morale and performance the Committee expects the Trust to continue to take a robust approach to the monitoring and management of sickness absence. The Committee will also continue to monitor performance.

Establishment Levels

Establishment levels have also increased during the course of the review. The long lead times for the completion of initial training for paramedics at the University of West England does mean that the Trust will effectively be under full establishment for at least a further 12 months. Agency providers meet any shortfall in operational hours. The use of such providers is common to all ambulance services in the UK and the Trust has assured the Committee of its intention to reduce its reliance as new members of operational staff achieve accreditation. The Committee will continue to monitor usage levels over the coming year to ensure that the use of agency providers does decrease.

Some NHS organisations in the region, such as Swindon & Marlborough NHS Trust, have been successful in holding 'recruitment days' where potential candidates can find out about vacancies, apply for posts and be interviewed on the same day. The Trust may wish to explore holding a similar event in the future as an alternative approach to reaching full establishment and to identify a 'bank' of potential candidates to avoid to need for costly and lengthy recruitment campaigns.

Recommendation

15. That GWAS considers the possibility of holding a 'recruitment day' to identify potential candidates for current and future vacancies.

Diversity of the Workforce

As at July 2008, the diversity of the workforce is currently 1.7% compared to a target of 4.72% for 2008/09. The Trust's Equality & Diversity objectives set out a recruitment plan of actively engaging and promoting the Trust for job and career opportunities with under represented groups.

It is disappointing that resources to enhance the diversity of the organisation have been diverted to concentrate on A&E operational requirements to deliver weekly extraction analysis of the workforce. As a result, little progress has been made in meeting diversity targets. The Committee feels that improving the diversity of the organisation should be an integral part of any recruitment activity and this does not appear to be happening.

As with any public sector organisation, it is essential that GWAS's workforce represents the communities that it serves, to increase confidence, credibility and ultimately service delivery by having a good mix of skills, knowledge and expertise amongst staff. The Committee would encourage GWAS to liase closely with the Diversity Teams within other public sector organisations such as local authorities, the police, NHS organisations and fire and rescue services to identify shared opportunities to promote career opportunities and good practice. For example, Wiltshire Police and Wiltshire Fire and Rescue recently attended the first Swindon Gay Pride Event to raise awareness of careers within their respective organisations with the lesbian, gay, transgender and bisexual community.

Recommendation

16. That the Chair of each Health Overview & Scrutiny in the GWAS region is required to arrange for details of arrangements within their own local authority to promote positive action to be forwarded to the Director of HR & organisational Development within GWAS to enable the sharing of good practice.

17. That GWAS develop links with Diversity Teams within other public sector organisations, such as the Police, Fire and Rescue Service and local authorities to identify shared opportunities to promote career opportunities and good practice amongst under-represented groups.

Appraisals

The Committee has continued to express concerns that despite being part of the Healthcare Commission's annual performance regime and identified as a key priority within the 2007/08 Staff Survey that some members of staff are

still to receive an appraisal. Evidence provided by Unison also identified this issue as a key source of concern for its members.

As at the end of July 2008, appraisals had not been completed for 295 staff despite a target for 100% completion by May 2008.

Although the Committee understands the difficulties of balancing operational demands with staff abstractions to prepare and carry out appraisals, the personal development of staff and review of performance can only improve the service provided by the organisation as a whole. Senior managers must emphasise the importance of the completion of timely appraisals and ensure that Clinical Team Managers build sufficient time into rosters for appraisals on an ongoing basis.

Mandatory Training

The delivery of mandatory training has been compromised by operational demands. However, the delivery of such training is vital and GWAS has recognised that alternative methods of delivery for mandatory training are required to reduce the impact on operational capability such as the development of workbooks with self assessment modules that road staff can complete whilst on standby. Completion of such workbooks would be monitored via the appraisal process.

In addition, an abstraction plan has been agreed with the Operations Team to enable training to be delivered to staff in relation to conflict resolution and manual handling, as well as essential clinical training.

The GWAS Board approved these proposals in September 2008 and the Committee will continue to monitor progress in relation to this issue.

Communication

The 2007/08 Staff Survey, evidence from Unison and anecdotal evidence from GWAS staff through the local media suggests that some members of staff continue to feel extremely pressurised, under valued and ill-informed regarding the development and direction of the Trust.

Communication with operational staff does appear to have improved, for example through the use of Clinical Team Leaders and roadshows by senior managers. Members were also impressed that Control Room staff had daily briefings regarding performance and any key issues that they should be aware of, as well as ‘real time’ data regarding performance indicators.

However, some members of staff feel that there is an over reliance on the use of email and the Trust’s intranet which is not always accessed on a regular basis by road crews. In addition, some Clinical Team Leaders do not always see some members of their team for several days. This is resulting in a lack of support for staff and a lack of two-way communication.

Effective communication with staff is a challenge for all organisations and the Committee welcomes the efforts that have taken place to date to address this

issue. However, some of the evidence heard by the Committee suggests that there is still much to do. The Committee would strongly encourage GWAS to regularly ask staff how they want to receive information and to review the effectiveness of communication on an ongoing basis. In addition, Clinical Team Leaders should be encouraged to ensure that their staff can access support, information and advice from an alternative Team Leader if they are not rostered on shift.

Recommendation

18. That GWAS considers producing a quarterly or six-monthly update for all stakeholders, including HOSCs, regarding performance and new developments or issues within the Trust.

19. That GWAS continues to actively engage with front line staff to find out what information they want and how they want to receive it and that the results are reported back to the Joint Committee.

20. That GWAS explores putting arrangements in place to ensure that all operational staff receives a briefing from a Clinical Team Leader, even if it is not their own, on every shift.

7. The Views of Other Stakeholders

As part of its review, the Committee has sought the views of a wide range of stakeholders. Much of the evidence gathered is referred to in the relevant sections of this report. However, the Committee felt that it would be useful to summarise some of the views of other stakeholders regarding ambulance services in our area.

Members of Parliament

The Chairman of the Committee wrote to all MPs in the GWAS region explaining the role of the Committee and inviting them to suggest any issues that they felt would benefit from further review by the Committee.

Some of the issues raised included:

- The effectiveness of single crewed responses
- Whether the merger of Avon, Gloucestershire and Wiltshire Ambulances Services has met the initial business plan model to improve waiting times, improve the outcomes for patients, make financial savings and allocate money back into frontline services
- Delayed handovers of patients at hospital
- The accountability of ambulance trusts to their local communities
- The disparity in performance between urban and rural areas

Members of the Public

The Committee held a workshop for public and patient involvement representatives from the GWAS External Reference Group, Local Involvement Networks (LINks) across the GWAS region and Community First Responders.

Those attending were asked to consider three questions:

- How satisfied are you with ambulance services in your area?
- Is there anything you would like to change about ambulance services in your area?
- Are there any issues that you think the Committee should consider in more detail?

The main issues raised in the workshop are summarised below.

How satisfied are you with ambulance services in your area?

- Generally those attending the workshop were satisfied with the quality of ambulance services in their area
- Response times in more urban areas have improved over the last year
- The commitment and professionalism of front line staff was praised
- There is evidence of increased partnership working between the ambulance service, local authorities and other NHS organisations
- Most people attending the workshop were aware of the use of drive zones and standby points and it was agreed that these were an effective tool to improve performance
- The increased training and development available for staff was welcomed

- The ability to assess, treat and/or refer patients in the community was seen as a positive step to reduce unnecessary admissions to hospital
- Improved technology and equipment on ambulances is seen as a benefit
- Recognition of the importance of air ambulance support and welcoming the addition of a third air ambulance based in Bristol
- There is an understanding that the performance of the ambulance service is often dependent upon other organisations such as the performance of acute trusts, GPs and local authority adult social care

Question 2: Is there anything you would like to change about ambulance services in *your area?*

- There has been significant negative publicity in the local press regarding the ambulance service which results in success not always being celebrated and this impacts on staff morale
- Response times in more rural areas are not meeting national targets – there were concerns that these targets are not realistic for rural areas given the large distances that have to be travelled
- There were concerns regarding delays in handing over patients at hospital and the impact that this has on the ability of the ambulance service to respond to other calls. Although people attending the workshop were aware that work is taking place across the NHS to address this issue, it was felt that more needs to be done
- There is a need to improve public awareness and understanding about the role of the ambulance service and to educate the public and about how they can access non-urgent treatment locally to avoid unnecessary calls to the ambulance service
- Develop engagement between the Trust and LINks
- Making use of local communities to convey the message about ambulance services and non-urgent care e.g. local authority, town and parish councillors; local authority staff; LINks
- There was an emphasis on the importance of local knowledge, both in terms of deployment and crews responding to an incident being based in the local area
- There is a need to look at the 'bigger picture' in terms of unplanned care and to consider ambulance services as just one element of a much larger package of care that is available

Question 3: Are there any issues that you think the Committee should consider in more detail?

- Raising public awareness regarding:
    - The role and changing face of the ambulance service
    - Where to access non-urgent treatment in local communities
    - What to expect when you dial 999
- Developing the relationship between the Great Western Ambulance External reference Group and LINks to ensure a 2 way exchange of information
- Continued monitoring of activity to reduce delays in patient handovers at hospital

- The role of the Patient Transport Service
- The service model in rural areas, including how to manage the expectations of the public and whether the Category A(8) target is realistic

In addition, several members of the public have written to the Chairman of the Committee. Below is a summary of some of the issues they have raised regarding ambulance services in their area:

- An ex-member of staff said that he felt that some front line staff do not feel valued by the management of GWAS and that the overriding focus is on meeting performance targets. In addition, staff feel under an enormous amount of pressure due to the limited number of resources on duty at any one time and that many members of staff would consider leaving the service because they are unhappy in their role.
- The sometimes significant delays for a response to a non-life threatening incident and the impact this can have on patients, particularly those who are elderly and frail
- A LINk member commented that on the few occasions that they have used the ambulance service that they have received a prompt and efficient response
- A Community First Responder said that he thought that the public get an excellent service and there is a real emphasis on support in the community. He also felt that he would like to see the First Responder Schemes develop into providing a greater range of skills. He thought that there is a need to improve the promotion of the Trust and to celebrate its successes
- The Gloucestershire Local Involvement Network praised the closer liaison between the Out of Hours Service and ambulance service and the use of ECPs to improve services for the public. Concerns were raised regarding the response rate in rural areas and the need to listen to and respond to the public, keeping them informed of service development changes, protocols and procedures as they happen. The LINk suggested that the Joint Committee should consider the effectiveness of the Patient Transport Service (PTS) and patient handovers at hospital as part of its review in the future.

8. Other Issues

When developing the Terms of Reference for the Joint Committee, members agreed that it should focus primarily on the strategic performance of the Great Western Ambulance NHS Trust, particularly in relation to response times and associated issues that impact on performance.

However, during the course of the review, members have heard evidence regarding many other issues that contribute to the overall service provided by the Trust to our local communities.

As a result, the Joint Committee would like to briefly identify several issues that although not strictly within the Terms of Reference of the review, are inextricably linked to the performance of GWAS.

Outcomes of the 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 and the report was a catalyst for the formation of the Joint Committee.

GWAS produced an action plan to address the issues raised in the report and provided an update to the Committee in July 2008 regarding progress.

The Joint Committee has explored many of the issues raised in the Department of Health's Report. The Committee will continue to monitor progress against these recommendations over the coming months.

Air Ambulance Provision

In May 2008, GWAS announced a clinical review of the air ambulance resources utilised by the Trust. The review is being carried out by clinicians to determine the level of clinical skills that is required as part of air ambulance support. Once the review is complete, there will be a need to compare the recommendations with current provision.

The Trust has been providing regular updates to the Joint Committee regarding the progress of the review. In addition, Wiltshire County Council are closely monitoring the review as concerns have been raised in the local media regarding the future of the service in Wiltshire. GWAS have confirmed that the air ambulance is not under threat as a result of the review.

The Joint Committee has requested that the outcomes of the review are presented at a future meeting.

Outcomes of the Merger of Avon, Gloucestershire and Wiltshire Ambulance Services

GWAS was formed in 2006 following the merger of Avon, Gloucestershire and Wiltshire Ambulance Services.

The decision to merge the services was partly informed by an options appraisal that was carried out by PricewaterhouseCooper. This report projected savings that could be reinvested in frontline services of between £731,000 and £831,000 in 2006/07 rising to between £1.16million and £1.6 million in 2009/10 and in each subsequent year.

In addition, the report considered the current and future benefits to patients, patient safety and value for money.

Several MPs in the region suggested that the Joint Committee should consider whether the establishment of GWAS has realised the benefits that were predicted when the decision was made to merge the three legacy organisations. This is an issue that the Committee may wish to investigate as part of its future work programme.

Recommendation:

21. That the Joint Committee considers investigating whether the establishment of GWAS in 2006 has realised the projected benefits of merging Avon, Gloucestershire and Wiltshire Ambulance Services as outlined in the Price Waterhouse Cooper options appraisal report.

Infection Control

GWAS has implemented several measures that are worthy of note in relation to infection management and control. This includes the roll out of 'make ready teams' to deep clean vehicles, the delivery of the NHS core learning infection control package to over 200 staff and a contract with Royal United Hospital NHS Trust for infection control advice, audit and training.

Annual Healthcheck

It is important that the evidence gathered by the Joint Committee is used to inform the comments made by Health Overview and Scrutiny Committees in the region in relation to the service provided by GWAS as part of the Healthcare Commission's 2008/09 Annual Healthcheck.

Recommendation

22. That the Committee produces a summary of evidence relevant to the Core Standards that is made available to all HOSCs within the region to inform their individual commentaries.

23. That the Joint Committee produces its own commentary for the 2008/09 Annual Healthcheck in relation to GWAS and that this function is included in the Committee's revised Terms of Reference.

Lone Working

The increase in the number of single crewed Rapid Response Vehicles and ECPs inevitably requires a robust lone working policy. The Committee has not

looked at this issue but concerns were raised by Unison that staff could potentially be put at risk by the merger of the Clinical Desk that monitors lone workers with the main Control Room.

The Committee requests that GWAS investigate this issue to ensure that staff are being adequately protected.

Engagement with Local Involvement Networks

The Committee was impressed that GWAS has established an External Reference Group to ensure that patients and the public can be involved in the design and development of services.

Effective engagement with the seven Local Involvement Networks (LINks) across the GWAS region presents a significant challenge to the Trust. It is important that LINks take active steps at an early stage to engage with the Trust and to ensure that LINk members have a good understanding of ambulance services within their region.

The "Ambulance Services: Have Your Say" Workshop that was held by the Joint Committee with members of the external Reference Group and Local Involvement Networks (LINks) in September 2008 highlighted the need for continued closer working with the Joint Committee. The Joint Committee also has a unique role in working with all of the HOSCs and LINks in the GWAS region to share information, knowledge and expertise. It is suggested that the Joint Committee considers how to facilitate closer partnership working with LINks and the External Reference Group as part of the review of its Terms of Reference.

Recommendation

24. That the Joint Committee should send a copy of this report to all LINks in the GWAS region and remind LINks of the need to 'remember' ambulance services when identifying their priorities for the coming year.

25. That the Joint Committee considers how best to facilitate closer partnership working with the Great Western Ambulance External reference Group and LINks within the GWAS region as part of the review of its Terms of Reference.

Investigation by the Healthcare Commission

The Healthcare Commission made recommendations in August 2008 following the investigation of an incident in May 2007 that ended in the death of a woman involved in a road traffic accident. The ambulance took 42 minutes to attend the scene at Cirencester in Gloucestershire.

The Commission recommended:

- There should be a clear system for investigating all incidents, learning lessons and monitoring the resulting changes in practice

- Establishing a programme of regular workshops and team meetings that are open to control room and operational staff to discuss performance issues and lessons to be learnt
- Implementation of a new control room structure to provide clarity to staff about line management, roles and operational issues

Since the incident, the Trust has introduced a new ambulance dispatch system, a centralised control room, implemented 'drive zones' for operational response, initiated a review of its air support, introduced a new staff sickness policy and developed a fleet replacement plan. The Trust is also working towards the final recommendation to ensure that all staff receive an annual appraisal and receive all appropriate training

The Commission will review progress in February 2009. Many of these issues link into those already considered by the Committee and we will continue to monitor progress.

Future Role of the Committee

The Joint Committee has achieved a great deal since its establishment in February 2008. Many lessons have been learnt and the future role of the Committee will be the subject of a separate report that will be produced at the end of October 2008.

However, it is important that all local HOSCs are aware of the outcomes of this review and that they are actively involved in discussions regarding the future role of the Committee.

Recommendation:

26. That a copy of this report is sent to all HOSCs in the GWAS region to ensure that they are aware of the outcomes of the Joint Committee's review and to seek their support for the continued operation of the Joint Committee.

9. Conclusions to Date & Next Steps

One of the objectives of this review was for elected members to develop a better understanding of the role and responsibilities of the Great Western Ambulance NHS Trust and its relationship with the wider NHS family.

The Joint Committee was formed partly because local HOSCs felt that they could not effectively carry out their scrutiny function in isolation due to the large geographic area served by GWAS, the complex commissioning arrangements and the practical difficulties in engaging with an organisation that operates in such a large area.

The Joint Committee has developed a good knowledge of the service that is delivered by GWAS and how it is commissioned. Members have scrutinised measures being taken by the Trust and commissioners to improve performance in relation to response times in some detail and have been pleased that progress is being made to meet these targets. However, there is still much to do to ensure that the Trust achieves its vision of providing a consistent and comprehensive assessment of the urgency of health need and an appropriate and prompt 24/7 response.

The significant learning curve that has been achieved by the Committee has ensured that GWAS and PCTs are now being effectively held to account on behalf of our communities in relation to the delivery of ambulance services across the GWAS area. It must be emphasised that local HOSCs still have a valuable role to play in scrutinising the planning, design and delivery of services within their local area. However, the formation of a Joint Committee has enabled scrutiny at a strategic level to investigate issues that impact on all local authorities in the GWAS region.

The Committee must now build on these foundations to continue to work with the Trust and its partners to actively support further improvements in performance. It is also important that the Trust sees the Joint Committee as a partner in the development of services and brings issues to its attention that it feels would benefit from member involvement to ensure that the scrutiny process is dynamic and worthwhile.

Appendix 1

Glossary of Terms

Call Connect Standard	National standard introduced in April 2008 where the time taken to respond to a call is measured from the point it is registered on the ambulance Trust's switchboard.
Category A(19)	National performance indicator against which ambulance services in England must ensure that, where required, that a vehicle capable of transporting a patient to hospital must arrive at the scene of 95% of all life threatening calls within 19 minutes
Category A(8)	National performance indicator against which ambulance services in England must arrive at the scene of the incident in 75% of all life threatening calls within 8 minutes
Category B(19)	National performance indicator against which ambulance services in England must ensure that a vehicle capable of transporting the patient to hospital must arrive at the scene of the incident within 19 minutes of a request being made in 95% of serious but not immediately life threatening calls
Category C	Local performance indicator where 95% of all *not immediately serious or life threatening* calls must be responded to within 60 minutes of the receipt of the call, however, if the call is made by a health professional this time can be extended up to 4 hours.
CFR	Community First Responder
Drive zone	Designated geographical area inside which an ambulance vehicle can be placed on stand-by and respond to an incident inside the relevant drive zone within a specific period of time to meet national performance targets.
ECA	Emergency Care Assistant
ECP	Emergency Care Practitioner
GWAS	Great Western Ambulance NHS Trust
HOSC	Health Overview & Scrutiny Committee
LAA	Local Area Agreement
LINk	Local Involvement Network
MP	Members of Parliament
MRSA	Methicillin-resistant Staphylococcus aureus (type of bacterium)
NHS	National Health Service
PCT	Primary Care Trust
PPI	Public and Patient Involvement
PTS	Patient Transport Service
RRV	Rapid Response Vehicle
SHA	Strategic Health Authority

Appendix 2

References

Further details in relation to all of the evidence sources referred to below are available from:

Emma Powell
Scrutiny Unit
Swindon Borough Council
Swindon
SN1 2JH

01793 463412 or epowell@swindon.gov.uk

Verbal Evidence

Verbal evidence provided to the Great Western Ambulance Joint Health Scrutiny Committee at Committee meetings between February 2008 and September 2008 by the following:

- Rachel Pearce, Director of Corporate Development, Great Western Ambulance NHS Trust
- Steve West, Director of Operations, Great Western Ambulance NHS Trust
- Dr Ozzie Rawstorne, Clinical Director, Great Western Ambulance NHS Trust
- Tim Lynch, Chief Executive, Great Western Ambulance NHS Trust
- Tamar Thompson, Interim Chief Operating Officer, Great Western Ambulance NHS Trust
- Victoria Eld, Head of Communications, Great Western Ambulance NHS Trust
- Chris Marsden, Public and Patient Involvement Manager, Great Western Ambulance NHS Trust
- Keith Scott, Associate Director Operations, Great Western Ambulance NHS Trust
- John Porter, Interim Director of HR, Great Western Ambulance NHS Trust
- Kerry Pinker, Head of HR, Great Western Ambulance NHS Trust
- Hazel Braund, Director of Communication, Performance and Planning, Gloucestershire Primary Care Trust
- Jan Stubbings, Chief Executive, Gloucestershire Primary Care Trust
- Ian Whittern, Branch Chairman, Great Western Ambulance UNISON Branch
- Steve Smart, Branch Secretary, Great Western Ambulance UNISON Branch
- Corrine Edwards, Assistant Director of Service Improvement, Bath and North East Somerset Primary Care Trust

Informal Meetings Between the Chairman of the Committee, Scrutiny Support Officers and:

- Branch Secretary and Chairman of the Great Western Ambulance Unison Branch, 8th May 2008
- John Penrose MP, 23rd September 2008
- Director of Finance, Gloucestershire PCT and Director of Finance, Great Western Ambulance NHS Trust, 24th September 2008

Site Visits

Visit by Members of the Committee to Acuma House, Almondsbury, 23rd July 2008

"Ambulance Services: Have Your Say Workshop" 26th September 2008

Members of the Committee heard evidence from the following groups at a private workshop session:

- Members of the Great Western Ambulance External Reference Group
- Members of Local Involvement Networks

Written evidence considered by the Great Western Ambulance Joint Health Scrutiny Committee

- *5 Year Workforce Plan*, Great Western Ambulance NHS Trust, April 2008
- *Actions in response to Department of Health Recommendations*, May 2008
- *Agency and Overtime Summary*, Great Western Ambulance NHS Trust, September 2008
- *Air Ambulance Arrangements*, Great Western Ambulance NHS Trust, May 2008
- *Ambulance Services in Rural Areas Task Group Report*, Health Overview and Scrutiny Committee, Gloucestershire County Council, September 2008
- *Annual Review 2007/08*, Great Western Ambulance NHS Trust, September 2008
- *Clinical Plan 2007-2010,* Great Western Ambulance NHS Trust, August 2007
- *Community First Responder Scheme Project Update*, Great Western Ambulance NHS Trust, July 2008
- *Community First Responders Summary*, Great Western Ambulance NHS Trust, April 2008
- *Developing Ambulance Rusts for the Future – A review of the Ambulance Trust Configuration in the Avon, Gloucestershire and Wiltshire SHA Area*, PricewatershouseCooper, June 2005
- *District Response Times April 2008-September 2008*, Great Western Ambulance NHS Trust
- *Great Western Ambulance NHS Trust News Release*, 21st August 2008
- *Great Western Ambulance Service Performance on Ambulance Response Times in North Somerset*, Board Paper, North Somerset PCT, July 2008
- *Healthcare Commission News Release*, 21st August 2008
- *Investment by PCT Summary,* Gloucestershire Primary Care Trust, August 2008

- *Managing Our Performance Reports February 2008-September 2008*, Great Western Ambulance NHS Trust
- *Operational Plan 2007/08***,** Great Western Ambulance NHS Trust
- *Operational Structure Diagram*, Great Western Ambulance NHS Trust, September 2008
- *Operations Directorate A&E Business Plan (Part 1) 2008/09*, Great Western Ambulance NHS Trust
- *PALS Update***,** Great Western Ambulance NHS Trust, September 2008
- *PCT Contributions Compared to Activations,* Gloucestershire Primary Care Trust, August 2008
- *Performance Improvement Plan***,** Great Western Ambulance NHS Trust**,** July 2008
- *Private Ambulance Validation Sheets*, Great Western Ambulance NHS Trust, September 2007
- *Response to Ambulance Services in Rural Areas Task Group Report***,** Great Western Ambulance NHS Trust, September 2008
- *Response to Ambulance Services in Rural Areas Task Group Report,* Gloucestershire Primary Care Trust, September 2008
- *Staff Skills Mix: Staffing by Grade and Sector*, Great Western Ambulance NHS Trust, April 2008
- *Staff Skills Mix: Staffing of Main Roles in GWAS,* Great Western Ambulance NHS Trust, April 2008
- *Strategy & Objectives 2007/08,* Great Western Ambulance NHS Trust
- *Summary of Key Issues Arising from "Ambulance Services@ Have Your Say Workshop"*, Scrutiny Officer Swindon Borough Council, September 2008
- *Summary of Stakeholders Responses*, Scrutiny Officer Swindon Borough Council, September 2008
- *Support Services Contact Details*, Great Western Ambulance NHS Trust, July 2008
- *The Role and Management of Community First Responders*, Healthcare Commission, December 2007
- *Turnaround Times Improvement Plan: Frenchay Hospital*, Great Western Ambulance NHS Trust, July 2008

<u>Correspondence</u>

- *Ambulance Services: Have Your Say Response Form from the Gloucestershire LINK*, September 2008 (Ref MOP5)
- *Ambulance Services: Have Your Say Response Form*, September 2008 (Ref MOP3)
- *Ambulance Services: Have Your Say Response Form*, September 2008 (Ref MOP4)
- *Email from a member of the public to Councillor Gravells*, 19th July 2008 (Ref MOP 1)
- *Email to Councillor Gravells from Martin Horwood MP (Cheltenham*), 22nd August 2008
- *Email to Councillor Gravells from Parmit Dhanda MP*, 22nd September 2008

- *Email to Councillor Gravells from, David Drew MP (Stroud, Gloucestershire),* 10th August 2008
- *Emails between Councillor Gravells and John Penrose MP's Researcher*, July-August 2008
- Letter to Councillor Gravells from a member of the public, 1st September 2008 (Ref. MOP2)
- Letter to Councillor Gravells from Chief Executive of Bristol PCT, 10th September 2008
- Letter to Councillor Gravells from Chief Executive of North Somerset PCT, 7th August 2008
- Letter to Councillor Gravells from Chief Executive of South Gloucestershire PCT, 27th August 2008
- *Letter to Councillor Gravells from Chief Executive of Wiltshire PCT, 11th August 2008*
- *Letter to Councillor Gravells from Dr Andrew Murrison MP (Westbury*), 19th August 2008
- *Letter to Councillor Gravells from Geoffrey Clifton-Brown MP (The Cotswolds)*, 15th August 2008
- *Letter to Councillor Gravells from Dawn Primarolo MP (Bristol South), 25th September 2008*

Websites

http://www.hpc-uk.org/index.asp
http://www.healthcarecommission.org.uk/homepage.cfm
http://www.gwas.nhs.uk/
http://www.cfps.org.uk/
http://www.cfps.org.uk/
http://www.glospct.nhs.uk/

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Appendix 3

Joint Great Western Ambulance Overview and Scrutiny Committee

Terms of Reference ***[Agreed 29th February 2008]***

Mission Statement:
To scrutinise the services provided by the Great Western Ambulance Service NHS Trust (the Trust) in the locations covered by the Joint Scrutiny Committee in order to understand the challenges facing the Trust and bring facilitate improvements. To provide a single scrutiny function to deal with strategic developments and consultations on service change.

Problem Statement:
Following the merger of three Trusts covering Avon, Gloucestershire and Wiltshire eighteen months ago, the Great Western Ambulance Service NHS Trust has struggled to achieve target response times in a number of the geographical areas it covers. The individual committees that make up the Joint Scrutiny Committee have all expressed concern that patients are not receiving the level of service they should expect and that too high a percentage of emergency calls are not attended within the national target time, thus potentially affecting patient's chances of survival and recovery.

The performance ratings for the Trust reflect these problems, but the Joint Scrutiny Committee is also concerned that the performance ratings for the commissioning Primary Care Trusts have also suffered.

Legal Framework:
The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 state in paragraph 7:

"(1) Two or more local authorities may appoint a joint committee (a "joint overview and scrutiny committee") of those authorities and arrange for relevant functions in relation to any (or all) of those authorities to be exercised by the joint committee subject to such terms and conditions as the authorities may consider appropriate."

Centre for Public Scrutiny guidance states that two or more HOSCs may choose to form a discretionary joint committee under s.7 and s.8 of the Health and Social Care Act 2001 as part of the power to review and scrutinise issues around the planning and delivery of health services in their area.

Scope:
The joint scrutiny committee, during the course of its review, will:

- Scrutinise the Trusts response at a strategic level to the recent Department of Health report that highlighted a number of areas for concern.

- Scrutinise the action plan drawn up by the Trust to address the concerns raised in the report.

- Monitor target response times on a Trust wide monthly basis. Performance management information will be circulated to members outside of Joint Committee meetings

- Hear evidence from the Primary Care Trusts, in particular Gloucestershire Primary Care Trust as lead commissioner in order to understand how they set commissioning plans and how they are helping the Trust to improve target times.

- Scrutinise the capacity of the Trust to achieve improvements with existing resources and establish a timeframe for improvement.

- Scrutinise the Trust's engagement with stakeholders, partners and the public in developing proposals for future service provision.

- Make recommendations to the Great Western Ambulance Service NHS Trust and the commissioning Primary Care Trusts accordingly at any point during the scrutiny process.

- Seek the views of the Patient & Public Involvement Forum for Great Western Ambulance Trust, and relevant Local Involvement Networks after 1st April 2008, in relation to its overall performance and service delivery

- Evaluate the effectiveness of the Joint Committee on an annual basis in January to identify key outcomes, points of learning, to review the relevance of the Terms of Reference and to determine the future of the Committee. The first review to take place in January 2009.

- All participating local authorities retain the right to refer specific issues to their HOSC for scrutiny. Similarly, all participating HOSCs may scrutinise an issue relating to the Great Western Ambulance Trust without referring it to the Joint Committee but it is good practice to notify the Chair of the Joint Committee or the supporting officers of the issue under review.

- Individual HOSCs may refer an issue to the Joint Committee. The Chair, will determine whether the issue should be presented to the Joint Committee for consideration. The Joint Committee will advise the referring HOSC in writing of action taken in response to the referral, or the reasons why action has not been taken

- If necessary, form the basis of a Statutory Committee, as outlined in the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, to consider any proposed cross-

boundary substantial variations in service proposed by the Great Western Ambulance Trust or its commissioners

The joint scrutiny committee will not:

- Scrutinise processes for the management of staff.
- Scrutinise individual patient cases.
- Scrutinise concerns that are area specific, although PCTs will be expected to inform each OSC about performance in their area.
- Scrutinise issues affecting only one local authority area without seeking approval of the relevant HOSC
- Carry out any scrutiny without informing the Chief Executive of the Trust about its intentions.

Specific issues to be addressed:
The mechanisms for improvement, in particular the actions to be taken by the Trust in response to the Department of Health report and monitoring of progress.

Development and consultation on plans to implement new services in order to improve response times and provide modern services to the population.

Timescales for service improvement and resource allocation to enable the Trust to achieve this.

Understanding how the Trust is monitored by the South West Strategic Health Authority and the Healthcare Commission and how it contributes to the process of service improvement.

Desired Outcomes:
The Joint Scrutiny Committee understands and agrees the Great Western Ambulance Trust's plans for performance improvement.

The Joint Scrutiny Committee is able to satisfy itself that the Ambulance Trust is signed up to the commissioning PCTs plans and timetables for strategic change.

Improvements to services are delivered.

A procedure for public consultation on any service changes is agreed.

People Involved:
Each participating local authority will nominate 3 members of their HOSC to sit on the Joint Committee. Substitutes may attend if required.

Further to the agreement of ALL of the participating local authorities, it is proposed that political proportionality is waived.

The Chair will be appointed at the first meeting of the Joint Committee for a period of 12 months. In the absence of the Chair, a member of the Joint Committee will be appointed to act as Chair. The Chair will not receive a Chair's allowance.

Members of the Joint Scrutiny Committee:
Bristol City Council
Gloucestershire County Council
Swindon Borough Council
Members of the Committees in South Gloucestershire and North Somerset Councils if they agree to participate in the process

A 15 minute public forum will be held at the start of every Joint Committee meeting.

Administrative Support:
Officers supporting the Joint Scrutiny Committee:
Emma Powell – Swindon Borough Council

The support that will be provided to the Committee includes:

- Production of agendas and papers for Joint Committee meetings and briefings
- Circulating Committee paperwork by email to Scrutiny Officers
- Liaison with witnesses providing evidence to the Committee
- Producing minutes for Joint Committee meetings and briefings
- Liaising with host councils regarding the venue and requirements for Joint Committee meetings
- Updating the Chairs of HOSCs not participating in the Joint Committee regarding outcomes of Committee meetings
- Providing a single point of contact for the Trust, PCTs and NHS South West regarding issues within the Terms of Reference of the Committee

This support does NOT include:

- Printing and posting Committee papers and other information to Committee Members. Papers will be sent by email to Scrutiny Officers within participating local authorities and printing and postage costs met by each individual council
- Posting Committee papers on individual local authority websites. This will be the responsibility of each Scrutiny Officer

Swindon Borough Council will meet the cost of supporting the Joint Committee, in terms of officer time.

Timeframe:
It is intended that in the first instance the Joint Scrutiny Committee will meet as often as necessary in order to understand the problems and constraints which have led to the Trust's inability to meet target response times in some areas. This is likely to require meetings every 6 weeks.

However, Members are agreed that when the current pressures on services are resolved the Committee will meet quarterly with the provision to call extra meetings if required.

Meetings will be rotated across participating councils, with the host council providing a venue for the meeting and providing refreshments. The host will meet the costs of holding the meeting.

Members of the Committee:

- Councillor Andrew Gravells, Gloucestershire County Council (Chair)
- Councillor Lesley Alexander, Bristol City Council
- Councillor Sylvia Townsend, Bristol City Council
- Councillor Bill Payne, Bristol City Council
- Councillor Margaret Edney, Cotswold District Council (Member of Gloucestershire County Council Health Overview and Scrutiny Committee)
- Councillor Brian Oosthysen, Gloucestershire County Council
- 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 Ray Ballman, Swindon Borough Council
- Councillor Andrew Bennett, Swindon Borough Council
- Councillor Peter Mallinson, Swindon Borough Council
- Councillor John English, Wiltshire County Council
- Councillor Judy Seager, Wiltshire County Council
- Councillor Roy While, Wiltshire County Council

Best Case Commissioning Positioning With GWAS as at 28 January 2008 (see covering note)

GAS LDP Proposal v5 Reformatted by PCT and BTFE elements left as part of the call on funds in 2008/9

- Note: Avon sub-PCT split added by PCT (KB) per 7/8 contract and contract shares

	GLOS	Wiltshire	Swindon	Bristol	N.Smst	S Gloucs	BaNES	Avon	Total
2007/8 Contract Value (Baseline)	**14,418**	**10,945**	**4,310**	**9948**	**4278**	**4754**	**4280**	**23260**	**52,933**
Increases for 2008/9									
2008/09 baseline adjustments agreed with PCTs									
Net CMS adjustment									**0**
Full Year Effect of Investment to Deliver 75% in 2007/8									
Additional Required £000's	**250**	**251**	**0**	**0**	**0**	**0**	**0**	**0**	**501**
Full Year Effect of Investment to Deliver 75% Call Connect Target									
Additional Required £000's	**274**	**192**	**82**	**64**	**27**	**30**	**27**	**149**	**697**
2007/08 activity growth									
7/8 activity growth cost £000s (50% marginal tariff)	**335**	**157**	**108**	**80**	**34**	**38**	**34**	**187**	**787**
2008/09 activity growth									
8/9 activity growth cost £000s (50% marginal tariff)	**216**	**164**	**65**	**149**	**64**	**71**	**64**	**349**	**794**
2008/09 inflation									
Cost of Net National Award (2.3%) £000s	**358**	**270**	**105**	**236**	**101**	**113**	**101**	**548**	**1,281**
2008/09 national cost pressures £000's									
Vehicle design - higher specification	64	48	19	44	19	21	19	103	**234**
Technician development	82	62	24	56	24	27	24	132	**300**
Infection control extension	100	72	28	86	37	41	37	200	**400**
PCTs each achieve national targets	0	Wilts	0		N.Smst			N.Smst	o/s
CMS Implementation	43	32	13	30	13	14	13	69	**157**
Call Connect	381	289	114	263	113	126	113	615	**1,400**
2008/09 local cost pressures £000's									
Comms team	**Not funded as cost pressure by Commissioners**								
Director IT	**Not funded as cost pressure by Commissioners**								

Movement Summary

Using 50% marginal rate for growth	GLOS	Wiltshire	Swindon	Bristol	N.Smst	S Gloucs	BaNES	Avon	Total
Baseline	14,418	10,945	4,310	9,948	4,278	4,754	4,280	23,260	52,933
Baseline BTFYE	524	443	82	64	27	30	27	149	1,198
Activity growth @ 50% marginal tariff	551	321	172	229	99	110	99	536	1,581
Other locally funded costs	1,027	774	304	714	307	341	307	1,667	3,773
Total 2008/9	**16,520**	**12,483**	**4,868**	**10,955**	**4,711**	**5,235**	**4,713**	**25,612**	**59,484**

Agenda Item 9

Draft Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee February – October 2008

Great Western Ambulance Joint Health Scrutiny Committee **31st October 2008**

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

Purpose
To present the 'Draft Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee February – October 2008'.

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

- Approve the Recommendations outlined in pages 4-7 of the 'Draft Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee February – October 2008'

1. Reasons

1.1 The Great Western Ambulance Joint Health Scrutiny Committee's Terms of Reference state that the Committee would:

"Evaluate the effectiveness of the Joint Committee on an annual basis in January to identify key outcomes, points of learning, to review the relevance of the Terms of Reference and to determine the future of the Committee. The first review to take place in January 2009."

1.2 However, when evaluating the findings of the first phase of the Committee's review it became clear that there was a need to review the Committee's Terms of Reference at an earlier stage to ensure that the Committee continued to add value to the scrutiny of ambulance services in the region.

1.3 The 'Draft Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee February – October 2008' is attached at Appendix 1.

2. Detail

2.1 The Great Western Ambulance Joint Committee was formed in February 2008 under powers provided by the Health and Social care Act 2001.

2.2 The Committee involves members from six out of the seven local authority Health Overview and Scrutiny Committees (HOSCs) that have powers to

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

scrutinise the planning, design and delivery of services provided by the Great Western Ambulance NHS Trust (GWAS).

2.3 The aim of the Committee is to scrutinise the services provided by GWAS in order to understand the challenges facing the Trust and to facilitate improvements.

2.4 Members decided that it was necessary to review the effectiveness of the Committee and its Terms of Reference following recommendations made by the *'Ambulance Services in Rural Districts Task Group Report'* that was produced by the Gloucestershire County Council Health Overview and Scrutiny Committee in September 2008. In addition, several areas for development were identified as part of the development of the Committees 'Draft Interim Report and Recommendations' summarising the first phase of its review of the Great Western Ambulance NHS Trust.

2.5 The 'Draft Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee February – October 2008' that is attached at Appendix 1 summarises the key outcomes of the formation of the Joint Committee and several areas for development. In addition, the report proposes revised Terms of Reference for the Joint Committee.

2.6 Members are asked to approve the report and authorise the Scrutiny Officer to implement the recommendations outlined in pages 4 to 7 of the report.

3. Background Papers and Appendices

- Appendix 1 – Draft Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee February – October 2008'

Great Western Ambulance Joint Health Scrutiny Committee

Review of the Operation of the Great Western Ambulance Joint Health Scrutiny Committee February – October 2008

October 2008

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Appendices

1. Foreword

The formation of the Great Western Ambulance Joint Health Scrutiny Committee represents a significant achievement for everyone involved.

Never before in this part of the South West region has such a Committee been established on a voluntary basis to scrutinise the delivery of services by a specific NHS Trust.

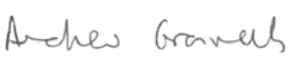
The practicalities of bringing together elected members from six different local authorities with six different Constitutions and ways of working was not an easy task. However, the significant benefits of sharing our knowledge, expertise and different perspectives has more than made up for the exceptional amount of work that was required from officers and members to get the Committee off the ground.

This report is timely because the Committee has also reached the end of the first phase of its review into the operation of the Great Western Ambulance NHS Trust (GWAS). The Committee was formed due to concerns regarding the performance of the Trust and its engagements with stakeholders, including Health Overview and Scrutiny Committees (HOSCs). By working in partnership, all of the members of the Committee now have a considerably improved understanding of the challenges facing the Trust and we can now be much more effective in holding both the Trust and its commissioners to account in how they deliver vital services to our local communities.

I doubt whether we would have made such progress acting independently and I would commend the commitment of all of the individuals involved in making the Committee a success.

We must now look to the future and agree the best way to build on these solid foundations. This report reflects on what has worked well and areas for development that have been identified over the last 7 months. It also makes recommendations regarding the future role of the Committee.

I hope this report not only helps to shape the future role of the Great Western Ambulance Joint Health Scrutiny Committee but is also a valuable resource to other local authorities embarking on joint working with their neighbouring HOSCs.



Councillor Andrew Gravells
Chairman, Great Western Ambulance Joint Health Scrutiny Committee

2. Executive Summary

An Introduction to the Joint Committee

The Great Western Ambulance Joint Committee was formed in February 2008 under powers provided by the Health and Social Care Act 2001.

The Committee involves members from six out of the seven local authority Health Overview and Scrutiny Committees (HOSCs) that have powers to scrutinise the planning, design and delivery of services provided by the Great Western Ambulance NHS Trust (GWAS).

GWAS provides an emergency healthcare response across the old Avon area, Gloucestershire and Wiltshire. Gloucestershire Primary Care Trust (PCT) is the lead commissioner of services on behalf of the seven PCTs in the GWAS region.

The aim of the Committee is to scrutinise the services provided by GWAS in order to understand the challenges facing the Trust and to facilitate improvements.

A copy of the Joint Committee's Terms of Reference is attached at Appendix 1.

Outcomes of the Establishment of the Committee

The main outcomes of the establishment of the Joint Committee are as follows:

- Improved joint working between elected members and scrutiny officers from the local authorities involved in the Joint Committee
- Improved engagement with the Great Western Ambulance NHS Trust and Gloucestershire Primary Care Trust (PCT) as lead commissioner
- Provision of a clear process for GWAS to advise HOSCs of strategic developments/ issues and to consult on any service changes
- The Joint Committee understands and supports GWAS' plans for performance improvement, which has led to more effective scrutiny
- Identification of opportunities for increased joint working between local authorities and GWAS
- Reduced duplication amongst HOSCs
- Engagement with a wide range of stakeholders and improving the range of evidence available to Members
- Increased sharing of good practice
- Making effective use of resources

Recommendations

1. That the Joint Committee works with individual HOSCs and GWAS to agree a process for responding to proposals to significantly vary or develop services.

2. That the Joint Committee regularly monitors any costs incurred by individual local authorities in supporting the work of the Committee to determine whether participating local authorities should be requested to make a small contribution to meet these costs in the future.

Areas for Development

Several areas for development have also been identified as a result of the operation of the Joint Committee over the last 7 months:

- Clarification of the remit of the Joint Committee and individual HOSCs
- Improved reporting between the Joint Committee and local HOSCs
- Encouraging GWAS to be more proactive in consulting with the Joint Committee and local HOSCs
- Participation of all local authorities in the Joint Committee
- Exploring how best to provide officer support for the Joint Committee
- Exploring the use of Task Groups
- Reviewing the frequency of meetings
- The need to improve partnership working with Local Involvement Networks (LINks) and the Great Western Ambulance External Reference Group

Recommendations

3. That the Joint Committee reviews its Terms of Reference to clarify its remit and that of individual HOSCs to scrutinise matters relating to GWAS and the obligations of GWAS to meet requests for information and to attend Joint Committee or individual HOSC meetings.

4. That Members of the Joint Committee agree a process with their own HOSC to provide regular updates regarding the work of the Joint Committee.

5. That there is a Standing Agenda Item at every meeting of the Joint Committee to enable individual HOSCs to advise the Joint Committee of any work they are undertaking in relation to ambulance services and the outcomes of such work.

6. That GWAS is requested to identify any issues that would benefit from the involvement of the Joint Committee and feed this into the Joint Committee's work programming process.

7. That the Chairman writes to the Chair of the Bath and North East Somerset Council HOSC, inviting the HOSC to reconsider its previous decision not to participate in the Great Western Ambulance Joint Health Scrutiny Committee.

Recommendations

8. That the Joint Committee monitors the provision of officer support on a continuous basis to ensure that the officers supporting the Joint Committee have the capacity to fulfil this role.

9. That the Joint Committee considers the merits of establishing time specific Task Groups to carry out an in-depth review into a specific issue as part of the review of its Terms of Reference.

10. That Joint Committee meetings take place on a quarterly basis with effect from January 2009. The Joint Committee would retain the right to call additional meetings if required.

11. That the Chairman of the Joint Committee writes to each of the LINks in the GWAS region and members of the Great Western Ambulance External Reference Group, inviting them to attend all future meetings of the Joint Committee as observers.

12. That the Joint Committee considers the feasibility of co-opting a representative from each of the LINks within the GWAS region onto the Joint Committee.

Conclusions, Recommendations and Next Steps

The Joint Committee has largely achieved all of its objectives and overcome significant practical and logistical difficulties in order to achieve them.

It is hoped that all of the participating local authorities agree that the Joint Committee has added value to the scrutiny of ambulance services across the region.

There does appear to be an ongoing role for the Joint Committee and all local authorities in the GWAS region are asked to confirm their continued commitment to participating in the joint working arrangements.

Recommendations:

13. That there remains a need for the Great Western Ambulance Joint Health Scrutiny Committee and that all participating local authorities are requested to confirm their continued commitment to participating in the Joint Committee.

The Chairman has worked with the Scrutiny Officers that support the Joint Committee to develop draft revised Terms of Reference that aim to address many of the areas for development that are identified in this report. Please see Appendix 2.

Members of the Joint Committee are asked to review the draft Terms of Reference prior to requesting that individual local authority HOSCs to sign up to them.

Recommendations:

14. That the Joint Committee reviews the proposed revised Terms of Reference to determine if they meet the needs of the Joint Committee, individual HOSCs, GWAS and its commissioners.

15. That, subject to the approval of the above recommendation, the Chairman of the Joint Committee writes to the Chairs of all HOSCs within the GWAS region seeking their approval of the revised Terms of Reference.

3. Introduction to the Great Western Ambulance Joint Health Scrutiny Committee

Joint Health Overview & Scrutiny Committees

The Health and Social Care Act 2001 required local authorities to put arrangements in place to scrutinise the planning, design and delivery of healthcare services in their area. Under the legislation and accompanying Regulations, local authority Health Overview & Scrutiny Committees (HOSCs) may form discretionary Joint Committees with other local authorities to scrutinise healthcare issues that cross boundaries.

The Role of the Great Western Ambulance NHS Trust

GWAS provides an emergency healthcare response across the old Avon area, Gloucestershire and Wiltshire. Gloucestershire Primary Care Trust (PCT) is the lead commissioner of services on behalf of the seven PCTs in the GWAS region.

The Great Western Ambulance Joint Health Overview & Scrutiny Committee

The Great Western Ambulance Joint Health Scrutiny Committee was established in February 2008 following a series of informal discussions that had taken place between the Chairs of HOSC Chairs within GWAS region about how to improve the effectiveness of the scrutiny of the Trust and to improve engagement with the Trust.

The aims and objectives of the Committee are:

> *"To scrutinise the services provided by the Great Western Ambulance Service NHS Trust (the Trust) in the locations covered by the Joint Scrutiny Committee in order to understand the challenges facing the Trust and facilitate improvements. To provide a single scrutiny function to deal with strategic developments and consultations on service change."*[1]

The desired outcomes of establishing the Joint Committee were[2]:

- The Joint Scrutiny Committee understands and agrees the Great Western Ambulance NHS Trust's plans for performance improvement.
- The Joint Scrutiny Committee is able to satisfy itself that the GWAS is signed up to the commissioning PCTs plans and timetables for strategic change.
- Improvements to services are delivered.
- A procedure for public consultation on any service changes is agreed.

A copy of the Committee's Terms of Reference is attached at Appendix 1.

[1] *Great Western Ambulance Joint Health Scrutiny Committee Terms of Reference*, February 2008

[2] *Great Western Ambulance Joint Health Scrutiny Committee Terms of Reference*, February 2008

The Committee has the same statutory powers as an individual local authority HOSC to require information from NHS organisations, including attendance at meetings, and to make recommendations.

Membership of the Committee comprises of three elected members from six out of the seven local authorities within the area served by GWAS. These are:

- Bristol City Council
- Gloucestershire County Council
- North Somerset Council
- South Gloucestershire Council
- Swindon Borough Council
- Wiltshire County Council

Bath & North East Somerset Council chose not to be formal members of the Committee but have been kept informed of the work of the Committee and invited to attend meetings as observers.

The Committee was formed for the following reasons:

- To establish a single body to scrutinise the performance of the Great Western Ambulance NHS Trust and its partners
- To reduce duplication between individual local authority HOSCs and to maximise the use of resources
- To facilitate an in-depth review of ambulance services and to improve the understanding of elected members of the planning, design and delivery of urgent care services
- To provide a single forum for the discussion and review of issues affecting all local authorities within the GWAS region
- To increase the influence of local authority health overview and scrutiny committees in the development of ambulance services

The Committee has been supported by Scrutiny Officers from Gloucestershire County Council, Swindon Borough Council and Wiltshire County Council. This includes preparing agendas and reports, taking the minutes of meetings, liaising with the host local authority to make arrangements for Committee meetings, undertaking research and accompanying the Chairman to informal meetings with key stakeholders.

The Chairman of Gloucestershire County Council's HOSC was appointed as Chairman of the Committee at its first meeting. It was agreed that the Chairman would serve for a period of 12 months.

The venue for meetings is rotated amongst the participating local authorities. The Committee does not have any funding. Instead, the host local authority meets the costs for hosting Committee meetings. Each local authority is also responsible for printing Committee papers for its own members. Swindon Borough Council and Gloucestershire County Council have met additional costs such as printing and designing the Committee's 'Phase One' report.

The Committee has met five times since it was established and has heard evidence from a wide range of stakeholders including:

- Senior officers from the Great Western Ambulance NHS Trust
- Senior officers from Gloucestershire Primary Care Trust (lead commissioner)
- Senior officers from other commissioning PCTs
- Trade Union representatives
- Members of the public through an informal workshop session

In addition, members visited the GWAS Control Room.

The findings and recommendations of the first phase of the Committee's review, which took place between February to October 2008 are contained within a separate report.

This report has been produced following consultation with members of the Joint Committee, local authority Scrutiny Officers, the Great Western Ambulance NHS Trust and Gloucestershire NHS Trust.

4. Outcomes of the Establishment of the Committee

Below is a summary of the key outcomes as a result of the formation of the Great Western Ambulance Joint Health Scrutiny Committee.

Improved joint working between elected members and scrutiny officers from the local authorities involved in the Joint Committee – Prior to the establishment of the Joint Committee, there was limited engagement between many of the local authority HOSCs within the GWAS region with the exception of those within the old 'Avon' area.

The formation of the Joint Committee has led to closer collaboration in relation to other issues, such as specialised commissioning and mental health services.

Improved engagement with the Great Western Ambulance NHS Trust and Gloucestershire Primary Care Trust (PCT) as lead commissioner – One of the main drivers for the establishment of the Joint Committee was to address concerns raised by several HOSCs regarding the lack of positive engagement with GWAS.

The creation of the Joint Committee has resulted in significant improvements in engagement with GWAS including:

- Identification of a single point of contact for all requests for information and to co-ordinate appropriate officer attendance at meetings
- Appropriate senior officer attendance at Committee meetings
- Although there were initially problems in obtaining information from the Trust, this is much improved and requests for information are now met in a timely manner
- Ongoing dialogue between the officers that support the Joint Committee and the single point of contact at GWAS takes place to discuss issues and agree solutions to problems in a productive manner

The Joint Committee has also enabled engagement with Gloucestershire Primary Care Trust that never previously took place within individual HOSCs, with the exception of Gloucestershire County Council's HOSC. Through the Joint Committee, members have developed a significantly improved knowledge of the commissioning process for ambulance services across the whole region, as well as within their local area. This would have been difficult to achieve without joint working or Gloucestershire PCT meeting with all HOSCs individually.

Provision of a clear process for GWAS to advise HOSCs of strategic developments/ issues and to consult on any service changes – The Joint Committee has provided a single forum for GWAS to advise all HOSCs of any strategic issues of which they should be aware. The Joint Committee can then determine whether it wishes to consider the issue further or whether the issue should be referred to individual HOSCs.

In addition, all members of the Committee should report back to their own Committees to ensure that all HOSC members are aware of relevant issues.

It was originally intended that GWAS/ Gloucestershire PCT would present any proposals to significantly vary or develop services to the Joint Committee in the first instance. This would enable a region wide discussion as to whether the proposal is likely to be a 'substantial variation' as outlined in the Health and Social Care Act 2001. The proposal could then be considered in more detail by individual HOSCs, if necessary. No proposals to change services have been presented to the Joint Committee to date and as a result a process to respond to such consultations has not been agreed between HOSCs, the Joint Committee and GWAS. This issue needs to be addressed in the Joint Committee's revised Terms of Reference following discussion with all HOSCs in the GWAS region.

Recommendation:

1. That the Joint Committee works with individual HOSCs and GWAS to agree a process for responding to proposals to significantly vary or develop services.

The Joint Committee understands and supports GWAS' plans for performance improvement, which has led to more effective scrutiny – At the first meeting of the Joint Committee it was clear that due to limited engagement with GWAS at a local level, there was a varying degree of knowledge amongst members regarding the role and responsibilities of GWAS, plans for performance improvement and commissioning and governance arrangements.

Members have been on a steep learning curve over the last 7 months and now have an in-depth knowledge of these issues. Officers from GWAS have spent a large amount of time explaining key issues to members and providing relevant information.

This in turn has led to more challenging scrutiny and has enabled members to hold GWAS and PCTs to account much more effectively on behalf of local communities.

Identification of opportunities for increased joint working between local authorities and GWAS – The Joint Committee has highlighted the important role of local authorities in promoting the health and welfare of their local communities and the potential benefits of better utilising their communication channels to raise awareness of the role of the ambulance service and other unplanned care services.

By agreeing a common approach across all local authorities in the GWAS region, key messages can be communicated much more effectively and resources and expertise can be combined. For example, raising awareness of the Community First Responder Scheme.

Such initiatives demonstrate the important role of the Joint Committee in supporting the Trust and its partners to drive improvements in services.

Reduced duplication amongst HOSCs – Due to the limited communication between HOSCs regarding their work programmes, several HOSCs were looking at the same issues in relation to ambulance services at the same time and in isolation. This not only placed a burden on GWAS officers to attend numerous meetings across a large geographical area but also resulted in a lack of co-ordination in the conclusions that were being reached by HOSCs.

Since the Joint Committee has been formed, the review of ambulance services by individual HOSCs has significantly reduced and the majority of scrutiny takes place via the Joint Committee.

The Terms of Reference of the Joint Committee state that individual HOSCs retained the right to review issues that affected their local area. North Somerset and Wiltshire HOSCs have investigated issues that have caused concern in their local communities.

However, by leading on the scrutiny on GWAS the Joint Committee has reduced the number of meetings that GWAS officer have to attend and the number of requests for information. Members of the Joint Committee can also ensure that the needs of their local communities can be championed whilst taking into account issues that affect the whole region.

Engagement with a wide range of stakeholders and improving the range of evidence available to Members – The Joint Committee has heard evidence from a wide range of stakeholders including trade union representatives, MPs, all seven of the PCTs that commission services from GWAS and members of the public.

It is questionable as to whether individual HOSCs would have been in a position to obtain evidence from such a wide range of sources. The outcome of this extensive engagement is that Members have considered detailed and varied evidence from a range of perspectives, which has undoubtedly informed the quality of the recommendations that they have made as a result of their review.

The Committee has also been able to more effectively challenge the evidence provided by GWAS.

Increased sharing of good practice – Bringing together six local authorities has resulted in a rare opportunity to share ideas, good practice and learning through ‘doing’. Members and officers have been able to suggest potential solutions to problems that have worked well in their own local authorities. Such examples include holding pre-meetings before each Committee meeting to ensure that all members are fully briefed and holding an informal workshop for members of the public.

Members and officers have been able to take new ideas and approaches to scrutiny back to their own local authorities, hopefully increasingly the effectiveness of the scrutiny function as a whole across all of the local authorities involved in the Joint Committee.

Making effective use of resources – When the Joint Committee was formed, it was agreed that it would not have a budget and that local authorities would not be required to contribute funding for its operation.

This has generally worked well, with the venue for Joint Committee meetings being rotated amongst the participating local authorities to share travelling costs and the host meeting hospitality costs. In addition, each local authority is responsible for printing papers for their own members.

The Joint Committee has incurred some additional 'one off' costs that have been met by Gloucestershire County Council and Swindon Borough Council. These include printing and design costs for the Committee's 'Phase One Report and Recommendations'. It is suggested that the Committee monitors spending by individual local authorities in support of the Joint Committee to determine whether a small contribution is required from all participating local authorities in the future to meet such costs.

There have also been intangible costs in terms of officer and member time but it is suggested that the benefits of establishing the Joint Committee have far outweighed the costs.

Recommendation:

2. That the Joint Committee regularly monitors any costs incurred by individual local authorities in supporting the work of the Committee to determine whether participating local authorities should be requested to make a small contribution to meet these costs in the future.

The Joint Committee has overseen improvements to services – One of the reasons for the establishment of the Joint Committee was to obtain a better understanding of how the Trust was planning to improve performance in relation to response times.

Performance has improved over the last 7 months, although there is still much to do to ensure that the Trust can meet all national performance targets on a sustained basis. In addition, the Joint Committee has raised concerns regarding the variations in performance between urban and more rural areas.

By closely monitoring performance on a regular basis and determining what action is being taken by GWAS, commissioners and the Strategic Health Authority to drive improvements to services, the Joint Committee has been able to satisfy itself that performance is moving in the right direction and that this is a high priority for all stakeholders. It is important that the Joint

Committee continues to hold GWAS and PCTs to account in delivering performance improvement plans to ensure that improvements to services are delivered across the GWAS region.

5. Areas for Development

Although the formation of the Joint Committee has generally be a success, some issues have been identified that would benefit from further consideration by Members to improve the operation of the Committee in the future.

Clarification of the remit of the Joint Committee and individual HOSCs – The Joint Committee's Terms of Reference state that:

"All participating local authorities retain the right to refer specific issues to their HOSC for scrutiny. Similarly, all participating HOSCs may scrutinise an issue relating to the Great Western Ambulance Trust without referring it to the Joint Committee but it is good practice to notify the Chair of the Joint Committee or the supporting officers of the issue under review."[3]

Several individual HOSCs have chosen to scrutinise issues relating to ambulance services in their area, for example delays in patient handovers at an acute trust and the future provision of air ambulance support.

It is clearly important to ensure that both local HOSCs and members of the Joint Committee are aware of their respective remit to scrutinise matters relating to GWAS to reduce the likelihood of duplication. In addition, GWAS and relevant PCTs need to be clear about their responsibilities to attend meetings of both the Joint Committee and local HOSCs and to provide information.

Gloucestershire County Council's Health Overview and Scrutiny Committee had also commissioned a Task Group review into rural ambulance services immediately prior to the establishment of the Joint Committee. GWAS co-operated fully with this review and the Task Group presented its findings to both its parent Committee and the Joint Committee in September 2008. The Task Group recommended:

"1. That the Great Western Ambulance Joint Health Scrutiny Committee review its Terms of Reference to ensure that there is clarity with regard to how much power participating local authorities are delegating to the Joint Committee, clarify about the extent to which individual HOSCs can still engage with GWAS and clarify about the requirements for GWAS to engage with the Joint HOSC and local HOSCs.

2. That following the review referred to in Recommendation 1 the Joint HOSC should ensure that the agreed position is clearly articulated to all HOSCs, GWAS and the relevant Primary Care Trusts so that all parties have an understanding of their responsibilities. This is particularly important in the case of HOSCs and members need to be clear on what their participation in the Joint Committee means in terms of their ability to scrutinise issues relating to GWAS through their local HOSC."[4]

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[3] *Great Western Ambulance Joint Health Scrutiny Committee Terms of Reference*, February 2008

[4] *Ambulance Services in Rural Districts Task Group Report*, Health Overview and Scrutiny Committee, Gloucestershire County Council, September 2008

This is a significant issue that the Joint Committee must address in conjunction with local HOSCs in order to enable a clear and co-ordinated approach to the scrutiny of ambulance services in the future.

Recommendation:

3. That the Joint Committee reviews its Terms of Reference to clarify its remit and that of individual HOSCs to scrutinise matters relating to GWAS and the obligations of GWAS to meet requests for information and to attend Joint Committee or individual HOSC meetings.

Improved reporting between the Joint Committee and local HOSCs –It is also important that there is a clear mechanism for reporting the outcomes of reviews amongst all HOSCs.

One of the benefits of the Joint HOSC is that members of the Committee have developed an in-depth knowledge of GWAS. However, all members of individual HOSCs should be made aware of:

- The issues being investigated by the Committee
- The information that has been presented to the Committee
- The outcome of Committee meetings
- Any issues arising from Joint Committee meetings that impact on individual local authority areas

Keeping all HOSC members up to date will:

- Prevent duplication in work carried out by the Joint Committee and local HOSCs
- Ensure that individual HOSCs continue to support and benefit from the work of the Joint Committee
- Ensure that local issues are being appropriately addressed
- Ensure that the knowledge and awareness of all members regarding ambulance services continues to improve, not just those who sit on the Joint Committee

To date there has been a reliance on members of the Joint Committee reporting back to their respective Committees. In addition, copies of the agenda and minutes for Joint Committees are sent to all Scrutiny Officers so that they can be circulated more widely if appropriate. Some local authorities have included a standing agenda item at their HOSC meetings to provide an update on the Joint Committee.

It is for individual HOSCs to decide how they want to be kept informed of the work of the Joint Committee but it is important that HOSCs acknowledge the importance of receiving these updates.

In addition, there does need to be a clear mechanism for advising the Joint Committee of any work in relation to GWAS being progressed at a local level so that the outcomes can be shared amongst all local authorities.

Recommendation

4. That Members of the Joint Committee agree a process with their own HOSC to provide regular updates regarding the work of the Joint Committee.

5. That there is a Standing Agenda Item at every meeting of the Joint Committee to enable individual HOSCs to advise the Joint Committee of any work they are undertaking in relation to ambulance services and the outcomes of such work.

Encouraging GWAS to be more proactive in consulting with the Joint Committee and local HOSCs – The priorities of the Joint Committee have largely been determined by members. This has resulted in GWAS reacting to requests for information and answering questions about issues that members have identified as important.

Scrutiny must be member-led and the Joint Committee is a good example of members taking an active role in driving the scrutiny process. However, the Joint Committee would welcome GWAS being more proactive in bringing issues to the Committee at an early stage so that it can better support the Trust to implement changes. By developing the consultative role of the Committee, members can be more effective as a 'critical friend'.

In addition, the Joint Committee can advise GWAS on whether issues should be brought to the attention of local HOSCs.

Recommendation

6. That GWAS is requested to identify any issues that would benefit from the involvement of the Joint Committee and feed this into the Joint Committee's work programming process.

Participation of all local authorities in the Joint Committee – Currently six out of the seven local authorities within the GWAS region are members of the Joint Committee. Bath and North East Somerset Council decided to not participate in the Joint Committee due to concerns regarding the additional burden this would place on members and the potential to deflect time and resources away from local scrutiny.

Bath and North East Somerset have been kept fully up to date regarding progress made by the Joint Committee and their members are invited to attend all meetings as observers.

The Joint Committee would strongly urge Bath and North East Somerset Council to reconsider its previous decision to ensure that the views of its local communities can be championed at a regional level and its members can

influence the scrutiny process. In addition, its members would have access to a significant amount of detailed information and be able to hold senior officers from GWAS to account in a way that is difficult to achieve in isolation.

Recommendation

7. That the Chairman writes to the Chair of the Bath and North East Somerset Council HOSC, inviting the HOSC to reconsider its previous decision not to participate in the Great Western Ambulance Joint Health Scrutiny Committee.

Exploring how best to provide officer support for the Joint Committee – The Joint Committee has been supported by officers from Gloucestershire, Swindon and Wiltshire, with Swindon taking the lead.

Establishing and supporting the Joint Committee has resulted in a significant time commitment from the officers involved. As well as planning and supporting Committee meetings in conjunction with the Chairman, the officers have carried out research and attended numerous informal meetings with the Chairman and other stakeholders. The officers also act as a single point of contact for all parties involved in the Joint Committee.

It is recognised that the first phase of the Committee's review has been time and resource intensive for both officers and members. In addition, it was originally intended that the Committee would review the frequency of meetings once the first phase of the review was complete.

However, should the Committee continue to meet with such frequency or require such intensive support from officers, it will be necessary to review the current support arrangements as they are unlikely to be sustainable in the long term. There is also a need to ensure that all Scrutiny Officers in the GWAS region have a good understanding of issues relating to GWAS to ensure that they can effectively support their relevant Committees.

Recommendation

8. That the Joint Committee monitors the provision of officer support on a continuous basis to ensure that the officers supporting the Joint Committee have the capacity to fulfil this role.

Exploring the use of Task Groups – To date the Committee has carried out its review via formal Committee meetings to which witnesses have been invited to present evidence and be questioned by members.

There may be scope in exploring whether it would be appropriate to form Task Groups involving members from two or more local authorities to carry out an

in-depth review on behalf of the Committee regarding specific issues. An example would be in relation to ambulance services in rural areas, which is an issue that particularly affects several of the local authorities that participate in the Joint Committee.

Members from the affected local authorities could form a joint Task Group, supported by officers from their relevant local authorities and then report their findings to the Joint Committee as well as their individual HOSCs. This would enable the extension of joint working to identify solutions to problems that impact on several local authorities and enable the in-depth review of issues that is currently not possible through formal Committee meetings alone.

Recommendation

9. That the Joint Committee considers the merits of establishing time specific Task Groups to carry out an in-depth review into a specific issue as part of the review of its Terms of Reference.

Reviewing the frequency of meetings – The Terms of Reference of the Joint Committee state:

"It is intended that in the first instance the Joint Scrutiny Committee will meet as often as necessary in order to understand the problems and constraints which have led to the Trust's inability to meet target response times in some areas. This is likely to require meetings every 6 weeks.

However, Members are agreed that when the current pressures on services are resolved the Committee will meet quarterly with the provision to call extra meetings if required."

The Joint Committee has now completed the first phase of its review and it is suggested that the frequency of meetings should now be reviewed.

Recommendation

10. That Joint Committee meetings take place on a quarterly basis with effect from January 2009. The Joint Committee would retain the right to call additional meetings if required.

Improving partnership working with Local Involvement Networks (LINks) and the Great Western Ambulance External Reference Group – The Joint Committee held a workshop for members of all LINks within the GWAS region and the Great Western Ambulance External Reference Group to discuss their views regarding ambulance services in their area.

One of the key issues arising from the workshop was the need to establish closer engagement with LINks and the External Reference Group and the Joint Committee.

There are several options to address this issue, such as:

- Ensuring that LINks and the External Reference Group receive all agendas and papers for the Joint Committee
- Asking that all LINks and the External Reference Group provide copies of minutes of their meetings and their work programme to the Joint Committee
- Formally inviting LINk and External Reference Groups to attend all Joint Committee meetings as observers
- Co-opting LINk and External Reference Group members onto the Joint Committee

The Joint Committee will have to consider how it wishes to progress this issue.

Recommendation

11. That the Chairman of the Joint Committee writes to each of the LINks in the GWAS region and members of the Great Western Ambulance External Reference Group, inviting them to attend all future meetings of the Joint Committee as observers.

12. That the Joint Committee considers the feasibility of co-opting a representative from each of the LINks within the GWAS region onto the Joint Committee.

6. Conclusions and Next Steps

In conclusion, the Joint Committee has largely achieved all of its objectives and overcome significant practical and logistical difficulties in order to achieve them.

It is hoped that all of the local authorities that have participated in the Joint Committee have found it to be a worthwhile exercise that has resulted in positive outcomes both in relation to the effective scrutiny of GWAS and its commissioners and in developing effective partnership working between local authorities.

Recommendations:

13. That there remains a need for the Great Western Ambulance Joint Health Scrutiny Committee and that all participating local authorities are requested to confirm their continued commitment to participating in the Joint Committee.

However, there have been issues identified over the last seven months, which must be addressed in order for the Committee to move forward. These include:

- Clarifying the role and remit of the Joint Committee and individual HOSCs to scrutinise matters relating to GWAS
- Clarifying the process for communication between the Joint Committee and individual HOSCs
- Exploring the development of an agreed process for GWAS to present proposals to vary or change services amongst all local authorities in the GWAS region, including the role of the Joint Committee (if any)
- Encouraging GWAS to be more proactive in consulting with the Joint Committee and local HOSCs
- Exploring the use of Task Groups
- Reviewing the frequency of meetings
- Exploring how best to provide officer support for the Joint Committee
- Considering how to improve partnership working with LINks and the GWAS External Reference Group

The Chairman has worked with the Scrutiny Officers that support the Committee to develop draft revised Terms of Reference that attempt to address many of these issues.

It is suggested that the Joint Committee carefully reviews the proposed revised Terms of Reference to determine if they meet the needs of the Joint Committee, of individual HOSCs and of GWAS and commissioners.

If the Joint Committee does agree that it should continue to exist and it reaches agreement regarding the revised Terms of Reference, it is proposed

that all HOSCs in the GWAS region are invited to comment on them and to confirm whether they are happy to sign up to them.

Recommendations:

14. That the Joint Committee reviews the proposed revised Terms of Reference to determine if they meet the needs of the Joint Committee, individual HOSCs, GWAS and its commissioners.

15. That, subject to the approval of the above recommendation, the Chairman of the Joint Committee writes to the Chairs of all HOSCs within the GWAS region seeking their approval of the revised Terms of Reference.

Appendix 1

Joint Great Western Ambulance Overview and Scrutiny Committee

Terms of Reference [Agreed 29th February 2008]

Mission Statement:
To scrutinise the services provided by the Great Western Ambulance Service NHS Trust (the Trust) in the locations covered by the Joint Scrutiny Committee in order to understand the challenges facing the Trust and bring facilitate improvements. To provide a single scrutiny function to deal with strategic developments and consultations on service change.

Problem Statement:
Following the merger of three Trusts covering Avon, Gloucestershire and Wiltshire eighteen months ago, the Great Western Ambulance Service NHS Trust has struggled to achieve target response times in a number of the geographical areas it covers. The individual committees that make up the Joint Scrutiny Committee have all expressed concern that patients are not receiving the level of service they should expect and that too high a percentage of emergency calls are not attended within the national target time, thus potentially affecting patient's chances of survival and recovery.

The performance ratings for the Trust reflect these problems, but the Joint Scrutiny Committee is also concerned that the performance ratings for the commissioning Primary Care Trusts have also suffered.

Legal Framework:
The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 state in paragraph 7:

"(1) Two or more local authorities may appoint a joint committee (a "joint overview and scrutiny committee") of those authorities and arrange for relevant functions in relation to any (or all) of those authorities to be exercised by the joint committee subject to such terms and conditions as the authorities may consider appropriate."

Centre for Public Scrutiny guidance states that two or more HOSCs may choose to form a discretionary joint committee under s.7 and s.8 of the Health and Social Care Act 2001 as part of the power to review and scrutinise issues around the planning and delivery of health services in their area.

Scope:
The joint scrutiny committee, during the course of its review, will:

- Scrutinise the Trusts response at a strategic level to the recent Department of Health report that highlighted a number of areas for concern.

- Scrutinise the action plan drawn up by the Trust to address the concerns raised in the report.

- Monitor target response times on a Trust wide monthly basis. Performance management information will be circulated to members outside of Joint Committee meetings

- Hear evidence from the Primary Care Trusts, in particular Gloucestershire Primary Care Trust as lead commissioner in order to understand how they set commissioning plans and how they are helping the Trust to improve target times.

- Scrutinise the capacity of the Trust to achieve improvements with existing resources and establish a timeframe for improvement.

- Scrutinise the Trust's engagement with stakeholders, partners and the public in developing proposals for future service provision.

- Make recommendations to the Great Western Ambulance Service NHS Trust and the commissioning Primary Care Trusts accordingly at any point during the scrutiny process.

- Seek the views of the Patient & Public Involvement Forum for Great Western Ambulance Trust, and relevant Local Involvement Networks after 1st April 2008, in relation to its overall performance and service delivery

- Evaluate the effectiveness of the Joint Committee on an annual basis in January to identify key outcomes, points of learning, to review the relevance of the Terms of Reference and to determine the future of the Committee. The first review to take place in January 2009.

- All participating local authorities retain the right to refer specific issues to their HOSC for scrutiny. Similarly, all participating HOSCs may scrutinise an issue relating to the Great Western Ambulance Trust without referring it to the Joint Committee but it is good practice to notify the Chair of the Joint Committee or the supporting officers of the issue under review.

- Individual HOSCs may refer an issue to the Joint Committee. The Chair, will determine whether the issue should be presented to the Joint Committee for consideration. The Joint Committee will advise the referring HOSC in writing of action taken in response to the referral, or the reasons why action has not been taken

- If necessary, form the basis of a Statutory Committee, as outlined in the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, to consider any proposed cross-

boundary substantial variations in service proposed by the Great Western Ambulance Trust or its commissioners

The joint scrutiny committee will not:

- Scrutinise processes for the management of staff.

- Scrutinise individual patient cases.

- Scrutinise concerns that are area specific, although PCTs will be expected to inform each OSC about performance in their area.

- Scrutinise issues affecting only one local authority area without seeking approval of the relevant HOSC

- Carry out any scrutiny without informing the Chief Executive of the Trust about its intentions.

Specific issues to be addressed:
The mechanisms for improvement, in particular the actions to be taken by the Trust in response to the Department of Health report and monitoring of progress.

Development and consultation on plans to implement new services in order to improve response times and provide modern services to the population.

Timescales for service improvement and resource allocation to enable the Trust to achieve this.

Understanding how the Trust is monitored by the South West Strategic Health Authority and the Healthcare Commission and how it contributes to the process of service improvement.

Desired Outcomes:
The Joint Scrutiny Committee understands and agrees the Great Western Ambulance Trust's plans for performance improvement.

The Joint Scrutiny Committee is able to satisfy itself that the Ambulance Trust is signed up to the commissioning PCTs plans and timetables for strategic change.

Improvements to services are delivered.

A procedure for public consultation on any service changes is agreed.

People Involved:
Each participating local authority will nominate 3 members of their HOSC to sit on the Joint Committee. Substitutes may attend if required.

Further to the agreement of ALL of the participating local authorities, it is proposed that political proportionality is waived.

The Chair will be appointed at the first meeting of the Joint Committee for a period of 12 months. In the absence of the Chair, a member of the Joint Committee will be appointed to act as Chair. The Chair will not receive a Chair's allowance.

Members of the Joint Scrutiny Committee:
Bristol City Council
Gloucestershire County Council
Swindon Borough Council
Members of the Committees in South Gloucestershire and North Somerset Councils if they agree to participate in the process

A 15 minute public forum will be held at the start of every Joint Committee meeting.

Administrative Support:
Officers supporting the Joint Scrutiny Committee:
Emma Powell – Swindon Borough Council

The support that will be provided to the Committee includes:

- Production of agendas and papers for Joint Committee meetings and briefings
- Circulating Committee paperwork by email to Scrutiny Officers
- Liaison with witnesses providing evidence to the Committee
- Producing minutes for Joint Committee meetings and briefings
- Liaising with host councils regarding the venue and requirements for Joint Committee meetings
- Updating the Chairs of HOSCs not participating in the Joint Committee regarding outcomes of Committee meetings
- Providing a single point of contact for the Trust, PCTs and NHS South West regarding issues within the Terms of Reference of the Committee

This support does NOT include:

- Printing and posting Committee papers and other information to Committee Members. Papers will be sent by email to Scrutiny Officers within participating local authorities and printing and postage costs met by each individual council
- Posting Committee papers on individual local authority websites. This will be the responsibility of each Scrutiny Officer

Swindon Borough Council will meet the cost of supporting the Joint Committee, in terms of officer time.

Timeframe:
It is intended that in the first instance the Joint Scrutiny Committee will meet as often as necessary in order to understand the problems and constraints which have led to the Trust's inability to meet target response times in some areas. This is likely to require meetings every 6 weeks.

However, Members are agreed that when the current pressures on services are resolved the Committee will meet quarterly with the provision to call extra meetings if required.

Meetings will be rotated across participating councils, with the host council providing a venue for the meeting and providing refreshments. The host will meet the costs of holding the meeting.

Appendix 2

Great Western Ambulance Joint Health Scrutiny Committee

Draft Terms of Reference (Revised October 2008)

Mission Statement
To collectively scrutinise the planning, design and delivery of services provided by the Great Western Ambulance NHS Trust (GWAS) to:

- Hold GWAS to account for its performance on a Trust-wide basis
- To review and develop policy that affects all local authority areas served by GWAS
- To scrutinise the impact of the services provided by GWAS on all local communities served by the Trust

Rationale
Local authority Health Overview and Scrutiny Committees (HOSCs) have statutory powers to scrutinise the provision of healthcare services to their local communities. HOSCs have an important role in:

- Involving local people and community organisations in scrutiny activity
- Developing a dialogue with service providers and other stakeholders outside the council
- Taking up issues of concern to local people
- Reviewing whether goals are being achieved
- Examining what can be done to solve problems and enhance performance and achievement

Where health services are delivered by a single provider across a number of local authority areas, as is the case with ambulance services provided by the Great Western Ambulance NHS Trust, it is recognised that there are benefits of the relevant local authorities coming together to scrutinise the planning, design and delivery of these services in partnership.

This will ensure:

- A co-ordinated approach to the scrutiny process
- A common understanding of issues affecting all local authorities within the GWAS region
- A single forum for the discussion and review of issues affecting all local authorities within the GWAS region
- An identified body to respond to proposals to vary or develop services that have been determined to be a “substantial variation” by two or more local authority HOSCs

Legal Framework
The Health and Social Care Act 2001 provides local authority Health Overview and Scrutiny Committees to scrutinise the planning, design and development of local health services.

The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 state in Paragraph 7:

"(1) Two or more local authorities may appoint a joint committee (a "joint overview and scrutiny committee") of those authorities and arrange for relevant functions in relation to any (or all) of those authorities to be exercised by the joint committee subject to such terms and conditions as the authorities may consider appropriate."

Aims and Objectives

The Great Western Ambulance Joint Health Scrutiny Committee will meet to scrutinise matters relating to:

- The performance of the Great Western Ambulance NHS Trust against national and local performance indicators
- Any issue in relation to the planning, design or deliver of healthcare services by the Great Western Ambulance NHS Trust that impacts on two or more local authorities within the area served by the Trust
- Proposals by the Great Western Ambulance NHS Trust or Gloucestershire Primary Care Trust as lead commissioner to vary or develop ambulance services where two or more local authority Health Overview and Scrutiny Committees have found the proposal to constitute a "substantial variation". *[A separate protocol will be agreed with local authority Health Overview and Scrutiny Committees, the Great Western Ambulance NHS Trust and Gloucestershire Primary Care Trust in relation to the process for responding to proposals to vary or develop services].*

To have specific responsibility for, but not limited to:

- The scrutiny of performance against national and local response time targets
- The scrutiny of performance against other national and local targets
- The scrutiny of the strategic direction of the planning, design and delivery of healthcare services provided by the Great Western Ambulance NHS Trust
- The scrutiny of the commissioning of ambulance services within the area served by the Great Western Ambulance NHS Trust

The remit of the Great Western Ambulance Joint Health Scrutiny Committee excludes:

- The scrutiny of any matters relating to the planning, design and delivery of healthcare services provided by the Great Western Ambulance NHS Trust that impacts on a single local authority, without first seeking the approval of the relevant local authority
- The scrutiny of individual cases
- The scrutiny of the management of staff

Scrutiny by Individual HOSCs

Individual HOSCs retain the right to scrutinise any matter relating to the planning, design or delivery of ambulance services within their area.

It is requested that individual HOSCs advise the Joint Committee of their intention to carry out such a review in order to:

- Prevent duplication
- Identify whether the issue also impacts on other local authorities
- Identify any support that could be provided by the Joint Committee

The final decision to scrutinise an issue remains with the individual HOSC.

The Joint Committee will ensure that copies of its agenda, minutes and work programme are sent to the Chairs of all individual HOSCs.

Membership

Each participating local authority will nominate 3 members of their HOSC to sit on the Joint Committee. Substitutes may attend if required. The following local authorities are members of the Joint Committee:

- Bristol City Council
- Gloucestershire County Council
- North Somerset Council
- South Gloucestershire Council
- Swindon Borough Council
- Wiltshire County Council

The Joint Committee shall be entitled to appoint a number of non-voting co-optees.

The Chair will be appointed for a period of 12 months and will be reviewed in February 2009. In the absence of the Chair, a member of the Joint Committee will be appointed to act as Chair. The Chair will not receive a Chair's allowance.

A 15 minute public forum will be held at the start of every Joint Committee meeting.

Administrative Support

Scrutiny Officers from Gloucestershire County Council, Swindon Borough Council and Wiltshire County Council will support the Joint Committee.

The capacity of officers to support the Joint Committee will be reviewed on a quarterly basis.

Funding

Participating local authorities are not required to make a financial contribution for the support of the Joint Committee.

Individual local authority Scrutiny Officers will be responsible for printing papers for their members.

The venue of meetings of the Joint Committee will be rotated amongst the participating local authorities. The host local authority will meet the costs of providing hospitality.

The Joint Committee will monitor on a quarterly basis, whether any local authority in supporting the Joint Committee has incurred any additional costs.

Frequency of Meetings
The Joint Committee will meet on a quarterly basis. Additional meetings may be arranged if required.

Attendance at Meetings and Provision of Information
As outlined in the Health and Social Care Act 2001, NHS organisations are obliged to respond to requests for information made by the Joint Committee and to attend meetings of the Joint Committee if required.

This duty also extends to scrutiny reviews being carried out by individual HOSCs.

Review of Terms of Reference
The effectiveness of the Joint Committee and its Terms of Reference will be reviewed on an annual basis. The next review will place in October 2009.