



South Western **NHS**  
Ambulance Service  
NHS Trust

**Annual Report**  
**(incorporating Clinical Governance)**  
**2007 – 2008**



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## **Chief Executive's foreword**

I am delighted to introduce the 12 month annual report for South Western Ambulance Service NHS Trust which includes a review of clinical governance. This report spans the period from 1 April 2007 to 31 March 2008.

The report has been written and produced in a format that has been influenced by staff and members of the public. In October 2006, a major consultation day was held by the ambulance, fire and police services with over 80 stakeholders from a variety of 'hard to reach' groups in attendance who provided ideas for improving annual report productions. The views of this significant consultation event have been reinforced by a further but smaller ambulance service focus group held in early 2008.

I am sure you agree that this cost effective, yet fully informative and very detailed report is much more user friendly because of the views that have fed into the production by members of the public.

During this reporting period, I have continued to be extremely pleased with the ongoing modernisation programmes being implemented throughout the Trust which covers the 4 counties of Cornwall and the Isles of Scilly, Devon, Dorset and Somerset.

I would like to thank and congratulate all staff for their continuing unstinting hard work and enthusiasm in preparatory work to meet the new challenging targets of 'Call Connect'. This means that calls received in the Clinical Hubs (999 control rooms) are now measured from the moment a caller is connected. Previously this was measured after key information was recorded.

This has resulted in patients receiving faster responses to their calls for help whilst ensuring that year on year growth in demand on the service is well managed. In parallel with these new response time targets, the former 999 control rooms have been up-skilled and staffed with Clinical Advisors. These higher skilled clinicians have been offering telephone advice and providing a more responsive and appropriate service for around 1000 callers a month. This is a significant step change for the Trust in ensuring the right response is provided in the right place for patients and at the right time. This clinical leadership and support continues to be provided and promoted to all frontline staff and this sustained clinical focus will continue to be developed in the forthcoming year.

I am very proud of the achievements of everyone involved in the Trust for their contribution towards our success and placing the Trust in such a strong position moving forward into 2008. I would like to take this opportunity to personally thank all of the staff who are part of this ongoing success. Well done to everyone.



**Ken Wenman**  
**Chief Executive**  
**South Western Ambulance Service NHS Trust**

## Chairman's review

I am delighted to have continued as Chairman of the South Western Ambulance Service NHS Trust during 2007/08. I am very pleased to report on how well the Trust has performed during its first full year. This time was not without its challenges but the Trust continued to perform strongly and consistently, achieving high quality patient care for patients.

Board members, both Executive and Non Executive, have a variety of backgrounds and a rich wealth of knowledge that has been extremely beneficial to the development of the Trust. I especially want to pay tribute to the sad loss of Ray Lock who died on 21 January 2008.

Ray was one of the Trust's Non-Executive Directors and played an integral role in the Trust's development from the first day of his employment with the service on 1 August 2006. Ray was a highly experienced Chartered Management Accountant and Director. His knowledge was much admired and valued by colleagues at the Trust. As well as a deep knowledge and passion for his areas of expertise, Ray was highly skilled, well respected and very popular. His death is certainly a great loss.

I was pleased to be nominated the Trust's champion for driving forward strategic partnerships during the year. This is a major commitment for the ambulance service as the huge geographical area it covers presents many challenges to engaging in the plethora of flourishing partnerships that exist both in the statutory and non statutory sectors.

Conversely though this presents a rich landscape of joint working opportunities that ambulance personnel can join in with to help tackle the well documented inequalities in health within the South West and it will help to achieve the ambulance service's overarching corporate objectives that ultimately will save more lives and provide better services for patients.

The Board closely followed the Trust's planned trajectory for the Operational Performance Improvement Plan (PIP) by receiving regular reports at its meetings to enable close scrutiny of preparatory plans to significantly increase performance targets. Assurance to the Board with regard to the achievement of the Trust's other objectives was also strengthened from the start of the year with a newly formatted and comprehensive assurance framework. This document was developed and updated throughout the year to enable the Board to confidently sign up to the Annual Health Check compliance declaration to the Healthcare Commission. I am pleased to report the Trust has identified itself as being fully compliant for the year.

I look forward to seeing the continued and dynamic developments of our services to the patient and to the Trust becoming yet more integrated within the health community.



**Heather Strawbridge (Chairman )  
South Western Ambulance Service NHS Trust**

## Trust overview

On 1 July 2006, South Western Ambulance Service NHS Trust was established as the new Trust covering the 4 counties of Cornwall and the Isles of Scilly, Devon, Dorset and Somerset. During the past 2 years the Trust has successfully transformed and continues to develop and modernise its services to meet the changing needs of patients in the twenty first century.

South Western Ambulance Service NHS Trust is a complex organisation dealing with a wide range of healthcare needs and services. It has a duty to ensure the continuous improvement of all services for which it is responsible.

The Trust has an income of £110,869,000 per annum and employed a total workforce of 2,435 for the year.

In the year of this report the busy Clinical Hubs (formerly known as 999 Control Centres) received 380,574 emergency 999 calls, 50,094 urgent requests from health professionals to transport a patient to hospital, 410,711 non urgent medical transport journeys, and 212,016 calls from out of hours urgent care patients (including advice/assessment, dental services, and home visits).

The Trust is proud to serve a resident population of almost 3 million people living in a mainly dispersed rural area throughout Cornwall and the Isles of Scilly, Devon, Dorset and Somerset. However, it also caters for a large influx of holidaymakers and other visitors estimated to be in the order of 16.5 million people each year.

Cover is provided for an area of 18,000 square kilometres including 32,000 kilometres of road and 1,300 kilometres of coastline.

The Trust faces a considerable challenge in terms of health inequalities in its operational area. *Geographic variations in health*, a report from the Office for National Statistics (ONS) (geographic variations in Health [www.statistics.gov.uk](http://www.statistics.gov.uk)), has shown marked evidence of significant health inequalities by social class in the South West.

In addition, the South West has the highest incidence of malignant melanoma in England; death rates from suicide and undetermined injury are rising in young males; drug misuse is on the increase and teenage pregnancy rates are very high.

It also has the oldest age structure of all English regions. In 2004, 38% were aged 50 or over and it is forecast that this figure will rise by 300,000 over the next 10 years, raising its share of the total population to 41%.

These factors will require the Trust, in partnership with health and social care providers and local authorities, to focus increasingly on the promotion of good health, well-being and independence.

## Vision

Over the next 5 years the Trust will provide a world class emergency and urgent healthcare service through diverse, highly skilled and motivated people.

### Strategic Direction

The Trust has a published *Strategic Direction* for 2007-2012 which has set the strategic aims and objectives for the next 5 years to deliver the vision. This has been well received by patients, the public and key stakeholders.

Alongside this document a 5 year business plan was produced which set out the Trust's purpose and specific priorities for the next 5 years and how the Trust plans to deliver these for the benefit of the public and those who use the services. It has been developed to align with the plans of the NHS South West and health community partners. Both of these are available on the Trust's website [www.swast.nhs.uk](http://www.swast.nhs.uk).

The Strategy has been sent out to local stakeholders including the 9 Overview and Scrutiny Committees which span the Trust's geographical area and they were invited to receive a presentation from the Chief Executive to invite dialogue, comments and feedback.

The presentation focused on the Trust's strategic aims which are to:

- treat all patients and staff with respect, dignity and empathy;
- provide the best possible care to patients, at the right time, in the most appropriate setting;
- provide the best possible value for money in the provision of services;
- provide a workplace for staff that is safe and environmentally friendly;
- ensure the workforce is representative of the diversity of its patients or in possession of sufficient knowledge and experience to understand those needs.

One of the Trust's most popular downloads on the Trust website is the 5 year Strategy (almost one thousand hits a day to the site).

In March 2008 the Board agreed to The Trust committing to apply for Foundation Trust status as soon as practicable, with preparatory work planned to commence in July 2008. A draft Integrated Business Plan (IBP) and new Performance Framework were also agreed as priority tasks for completion in 2008. The Integrated Business Plan will build on the solid building blocks secured by the 5 year business plan with plans for continuing comprehensive consultation with patients, the public and key stakeholders during 2008 and beyond.

### Strategic Partnerships

Strategic Partnership working is paramount to deliver the aspirations of the Trust and indeed the wider NHS. This is also clear in the high profile and influential Lord Ara Darzi report '*Our NHS Our Future: 2007*'.

The Trust believes it is essential to demonstrate a strategic approach to the wide variety of partnerships across the area it serves to continue to maximise the benefits

and minimise the risks of the dynamic new ways of delivering services for both urgent and emergency care.

The Trust currently works very successfully with many organisations and has inherited a strong and vibrant set of partnerships. Much of this joint working has been developed or evolved in many areas of the Trust as a response to identified need or opportunity; alongside the willingness of communities to contribute to the ongoing success of its ambulance service.

From a modern ambulance service perspective, these locally developed partnerships have produced a raft of positive results for the residents and transient populations across the four counties the Trust serves.

The Darzi review provides the Trust with a fresh impetus to accelerate local partnership working to significantly contribute to the development of world class NHS services that meet the needs of the twenty first century patient.

*“Our Health Our NHS”* reinforced the importance of agreeing a strategic approach to overseeing and managing the plethora of work already underway across the Trust to ensure a corporate and cohesive set of arrangements agreed by the Board.

Throughout the year the Trust Board agreed:

- ✓ a Board champion who is the Trust’s Chairman Mrs H Strawbridge;
- ✓ to endorse and take forward a strategic mapping review of partnership arrangements across the Trust to be monitored by the Board;
- ✓ evaluate current joint working to subsequently produce a performance management tool for the senior management team to establish a more robust approach to developing and working with partnership arrangements. This tool will also become an effective mechanism to demonstrate the significant work underway towards tackling health inequalities and promotion of positive health and well-being. The links between the strategic aims of the Trust will also be illustrated for assurance purposes.

The Trust has a compelling vision to continue building on these strong foundations for enhancing partnership arrangements and maintaining the momentum of this important work will be a high priority task in the forthcoming year. This is seen as integral to enabling ambulance service provision becoming fully integrated within the wider health community including exploiting opportunities to work with the voluntary, community and private sectors.

## **Estates**

Operational Research in Health Limited (ORH) was commissioned within the year to undertake an in-depth study of the Trust’s Estates. The Isles of Scilly were not part of this study.

The review focused on modelling alternative station configurations across the Trust, and the associated deployments, to allow national targets to be achieved cost

effectively and make efficient and effective use of estate whilst providing enhanced working environments for staff.

This review has now been completed and recommendations for the Trust's future estates will be presented to the Board in 2008/09.

Consultation and local dialogue with patients, the public and stakeholders will be carried out during the year to encourage understanding, dialogue and feedback on the recommended options for change to ensure local influences help shape the future of the Trust's estates.

## **Environmental Management**

Over recent years the Trust has invested significantly to reduce energy use. The work undertaken includes:

- ✓ Installing high efficiency heating boilers;
- ✓ upgrading control systems;
- ✓ improving roof insulation;
- ✓ improving pipe insulation;
- ✓ providing low energy lighting;
- ✓ installing sustainable energy sources to work in conjunction with existing hot water systems;
- ✓ encouraging local recycling.

During the year the Trust refocused its attention to this important area of work and set up a new Environmental Management Group with a nominated Manager to spearhead these developments. The lead Manager will provide practical guidance and expertise for the Trust.

Within the year work quantifying the carbon emissions arising from Trust activities and operations was completed and reported to the Board. The Carbon Trust methodology, which is based on elements of the Greenhouse Gas protocol and ISO 14064, has been used to calculate the carbon footprint for the Trust's estate and fleet.

Environmental assessments commenced for a number of major Trust sites using the NHS Environmental Assessment Tool (NEAT) and, following visits to representative sites, environmental risk assessments have also commenced. The environmental assessments will be available in April 2008. These environmental assessments will inform the Trust's newly emerging local energy strategies and action plans.

The Trust's explicit intention for the future is to identify further ways in which it can continue reduce its use of energy and other resources, review and minimise waste and contribute towards sustainable development within the wider community.

### **Carbon footprint**

The latest information on the Trust's carbon footprint using 2006/07 energy and utility data and 2007/08 fleet data, is estimated as 8,068 tonnes of carbon dioxide

equivalent. The total estimated carbon emissions due to the Trust estate and fleet are:

<b>Scrutiny Area</b>	<b>Tonnes</b>	<b>%</b>
Electricity	778.42	9.65
Gas	733.45	9.09
Oil	48.50	0.60
Transport	6,507.74	80.66

Nine major Trust sites have been assessed and analysed using the NHS Environmental Assessment Tool (NEAT).

The NEAT assessment comprises a number of questions or credits against ten areas of environmental performance. These are management, energy, transport, water, materials, land-use and ecology, pollution, internal environment, social and operational waste.

<b>Site</b>	<b>Rating</b>
Trust HQ and Clinical Hub West, Exeter	Good
Clinical Hub East, St Leonards, Dorset	Good
Bournemouth Ambulance Station	Pass
Derriford Ambulance Station, Plymouth	Good
Exeter Ambulance Station	Good
Poole Ambulance Station	Good
Redruth Ambulance Station	Good
Taunton Ambulance Station	Good
Torquay Ambulance Station	Good

### **Local Energy Strategies and Action Plans**

It is proposed to carry out NEAT assessments of other Trust sites in the future and develop local energy strategies and action plans to improve NEAT scores during 2008/09. This will further conserve energy or reduce energy consumption at all sites.

The Trust looks forward to positioning this important work at the top of its agenda for 2008 and beyond.

### **Board members**

Mrs H Strawbridge	Chairman
Mrs C Russell	Non Executive Director (Vice Chairman)
Mr T Ware	Non Executive Director
Professor M Watkins	Non Executive Director
Mr R Lock	Non Executive Director (d. 21/01/2008)
Mr Bjorn Howard	Non Executive Director
Mr K Wenman	Chief Executive
Mr S Davies	Director of Finance (until 18/01/2008)
Mrs J Kingston	Interim Director of Finance (from 19/1/2008)
Ms G Bryce	Medical Director (until 31/8/2007)
Ms J Liggett	Director of Human Resources & Workforce Development
Mr S Pryor	Director of Operations
Mrs N Lane	Director of Urgent Care and Clinical Services (from 1/11/2007)

## Associate Director

Mrs N Lane

Clinical Director (until 31/10/2007)

Ms G Bryce

Acute Services Associate Director (from 1/9/2007)

Francis Gillen

## Register of interests

Mrs H Strawbridge	Chairman - Connexions Somerset Ltd Governor - Bridgwater College of Further Education Director, Ambulance Service Association Director & Vice Chairman - NHS Confederation Ambulance Service Network (ASN from February 2008)
Mrs C Russell	None
Mr T Ware	Non Executive Director Southern Fruits Ltd Non Executive Director Baxters Food Group Director Auld Smokehouse Originals Ltd
Mr K Wenman	Board Director (unpaid) – Ambulance Service Association (ASA)*
Mr S Davies	Treasurer – Ambulance Service Association (ASA)* Director – Polarglow Ltd
Ms G Bryce	Accident and Emergency Consultant – Musgrove Park Hospital, Taunton and Somerset NHS Trust
Mr B Howard	Executive Director, Coastline Housing Ltd Executive Director, Coastline Services Ltd (to 31/1/2008) Non Executive Director, Teign Housing Association Ltd
Professor M Watkins	Deputy Vice Chancellor, University of Plymouth Managing Director, Plymouth Healthcare Education Ltd Governor, Plymouth College Advisor, BUPA Advisor in Nursing to Devon Partnership Trust (DPT) (on secondment from University of Plymouth 2 days per month to 31/5/2008)
Mr R Lock	General Advisor, Citizens Advice, Sedgemoor Training Advisor, Citizens Advice, Sedgemoor Mentor, Prince's Trust Vice Chair of Governors, Burnham Infants School (d. 21/1/2008)

\* Ambulance Service Association (ASA) dissolved at the end of 2007 but remained for the first part of 2008 as a transition organisation to prepare for the replacement of the new Ambulance Service Network within the NHS Confederation from March 2008

Mrs N Lane	None
Ms J Liggett	None
Mr S Prior	None
Mrs J Kingston	Employed by NHS South West Strategic Health Authority

## **Management appointments**

The Executive Directors comprised the Chief Executive, Director of Operations, Director of Finance, Director of Human Resources and Workforce Development and Director of Urgent Care and Clinical Services. Termination procedures are within individual contracts/staff policies/procedures.

The Medical Director's post was amended to that of Acute Services Associate Director in September 2007.

The Clinical Director was appointed to a new post of Director of Urgent Care and Clinical Services in November 2007.

The Chairman, Mrs H Strawbridge, was re-appointed by the Secretary of State on 1 July 2006 for 4 years.

The other Non Executive Board members retained the following contracts:

Mrs C Russell and Mr T Ware are appointed for a 3 year term to 30 June 2009.

Mr R Lock (d. 21/1/2008) had been appointed to 31 July 2009.

Professor M Watkins and Mr B Howard are appointed for a 2 year term to 31 July 2008.

# Human Resources & Workforce Development

The success of the Trust is a reflection of its high quality staff and their commitment to patient care. The past year saw a significant increase in staff numbers to ensure the Trust continues to reach increasing numbers of patients, wherever they are, within the fastest possible time. This was coupled with changes in staff roles to ensure the Trust has the flexibility to provide care that is appropriate for a wide range of different patient needs.

The new NHS Electronic Staff Record (ESR) system, which was already been in place for those staff who work in the counties of Cornwall and Isles of Scilly, Devon and Somerset, was successfully implemented for staff in Dorset. This has resulted in two separate databases and work has already commenced to merge them during 2008/09.

## Staff employed

At 31 March 2008, 2,435 staff were in post. Table 1 shows the breakdown of employees by staff group. Some of these individuals work on a part time basis.

**Table 1**

<b>Staff Group</b>	<b>Number</b>
Administration	133
Control	135
Domestics	11
Fleet	28
Frontline	1530
Managers	63
Medical Transport Service	14
Patient Transport Service	350
Training	25
Urgent Care Service	146
<b>Total</b>	<b>2,435</b>

The Trust recorded 180 staff leaving the Trust which represents a turnover of 7.39%.

During this same period there were 398 new starters and 397 staff who moved into new roles internally, including career progression through the ambulance clinical career pathway.

## Agenda for Change and performance management

In February 2008 a new process was introduced to reduce the amount of time it takes to evaluate a position using the Agenda for Change Job Evaluation process. This has ensured that most jobs will be suitable for job matching using the NHS's national profiles, rather than the more time-consuming method of full job evaluation. It has also meant that new posts can be evaluated in a timely manner before being advertised. All staff, except for 6, are subject to the NHS Agenda for Change Terms and Conditions.

## **Health and welfare**

The average sickness rate for the year was 4.61%. As in previous years the Trust continued to provide health and welfare support to staff by contributing towards chiropractor and physiotherapy costs to effect an early return to work, eye sight tests for those working with computers, welfare calls during periods of sickness, regular reviews where individuals had ongoing health problems, referral to occupational health and a 24/7 advice and counselling helpline is also available to the families of staff. In total, 79 staff and/or their families received help and advice from the staff counselling helpline, with staff referred for a face to face counselling session.

## **Reported incidents of violence and aggression**

There were 79 incidents of verbal abuse reported and 40 physical assaults reported, which shows a significant decrease from 2006/07, whereby 198 acts of verbal abuse and 51 physical assaults were reported. All these physical assaults were reported to the NHS Security Management Service and assaulted staff were advised to report incidents to the Police. The Trust continues to work with the Police to press charges against those who assault and/or abuse ambulance personnel. Further work is planned to ensure a consistent approach in reviewing all serious adverse incidents with the provision of support and feedback to staff on the outcome of each reported incident. The number of accidents/injuries reported by staff has increased from 379 in 2006/07 to 478 reported in 2007/08.

## **Equal Opportunities, Equality and Diversity**

The Trust was one of the first in the country to produce and publish an Equality and Diversity Strategy. This has ensured all practices and processes take account of all diverse needs, irrespective of age, belief, class or social standing, disability, educational needs, employment status, ethnicity, gender, (including transgender) income, race, religion or sexual orientation.

The Strategy demonstrates how the Trust will fulfil its legal obligations under the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005 and the Equality Act 2006.

An Equality and Diversity Committee was established during 2007. Its membership includes patient and public external stakeholders who are representative of the communities served and is led by the Director of Operations.

The Trust considers staff to be its greatest asset and important ambassadors to the public. A commitment to invest in staff development is helping all staff to embrace the philosophy of inclusiveness. A programme of respect and dignity training was initiated for key public-facing roles commencing in the West Divisional Clinical Hub in Exeter. This will be rolled out for all staff over the next year.

A 'Diversity in Action training' course has been commissioned for managers to influence positive management, attitudes and behaviours.

In the latter part of 2007, the Pacesetters Programme, a Department of Health (DH) initiative was joined. The overall aim will deliver equality and diversity improvements and innovations resulting in:

- patient and user involvement in the design and delivery of services;
- reduced health inequalities for patients and service users;
- working environments that are fair and free of discrimination.

Work is progressing on a range of local and core issues in partnership with a number of agencies within communities who experience health inequalities with further developmental work in 2008. These include:

- the introduction of outreach clinics at farmers markets in parts of north Devon to support the needs of the farming community has been welcomed;
- production of a health promotional DVD for migrant workers within Cornwall;
- delivery of training on alcohol and drug abuse to 12 to 16 year olds within schools in Devon and Somerset;
- establishment of links with the gypsy and traveller community in Dorset and Devon.

## **Staff involvement**

The following initiatives to involve staff in decision making and planning processes have taken place throughout the year:

### **Uniform**

Staff played an important role in the selection of a new style uniform introduced in February 2008. Previous information collated at a consultation with 'hard to reach' groups (learning disabled) endorsed the decision to introduce the new range of garments.

### **Staff survey**

Participation in an independently managed and reported annual NHS staff survey was sent to randomly selected staff and resulted in the achievement of the highest response rate of all ambulance trusts at 64%. Findings from the survey have been reported to the Board and an improvement action plan has been implemented which will also inform general objectives of Directors and managers.

### **Joint Negotiating and Consultative Committee (JNCC)**

This is the forum for collective bargaining with the Trust's recognised Trade Union, Unison. To represent all staff the group includes non-union representatives. Items discussed and agreed included length of notice period, changes to the recertification process for frontline A&E staff and issues relating to the stocking and availability of spare vehicles.

### **Local consultative arrangements**

This enables staff to discuss more local issues in a local forum. This has generally been taken up by operational frontline staff, with attendance at general meetings recorded as low. However, work has resulted in many frontline staff designing their own rotas via the introduction of self-rostering.

### **Team briefings**

A cascade briefing system is used where Directors 'team brief' senior managers on any discussions or agreement following their bi-weekly meeting. These managers are required to brief their staff through each line of management. Where this is difficult owing to shift patterns or absence, managers use a variety of communication channels which include notice boards, briefing sheets, posters, leaflets, interactive web based chat room sessions, weekly Chief Executive Bulletin, quarterly staff newsletter, intranet and website facilities.

### **Other working groups and committees**

Staff are represented on a plethora of groups within the Trust including the Equality and Diversity Committee and Task Groups, Vehicle, Equipment and Uniform Working Group, Risk Committee, Health, Safety and Well-being Committee and Learning from Experience Group. Unison representatives are members of numerous groups including the Governance Committee and attend the Board.

### **Consultation on draft documents and general requests for comment**

The Trust's successful weekly Chief Executive staff Bulletin and intranet site are both exploited to advise staff of new plans, policies, procedures and ideas. Individual comments and views are actively encouraged and subsequently taken into account wherever practicable. Examples include the Trust business plan, strategic direction documents and merged employee relations policies.

### **Agenda for Change (A4C)**

All elements of the Agenda for Change scheme are based on partnership working, including job evaluation and development of Knowledge and Skills Framework (KSF) outlines.

### **Day to day two way communication**

One of the most proven effective ways of involving staff is to listen to ideas put forward in the course of daily work. This happens through ad hoc comments and in normal supervision, as well as during annual performance development reviews.

### **Open door policy**

Directors and managers can be contacted at any time by staff through email, telephone or fax. A response is provided, either personally or through delegation to another appropriate person.

### **Staff Suggestion Scheme**

This scheme continues to provide the opportunity for staff to identify and share improvements to the service.

## **Support for keyworkers**

Work continues with agencies able to offer assistance for staff in respect of the Key Worker Housing Schemes. These are limited in the South West and the Trust is keen to be involved in identifying how to support improvements in developing more affordable housing within the region through these partnerships. This remains an incredibly challenging area within the current housing market.

## **Education, Training and Development**

Developments continue with other higher education pathways, including a foundation degree which commenced in October 2007 and a BSc (Hons) in Paramedic Science commencing in 2008. Both of these aim to be the route to becoming a Paramedic in future years. The national move towards higher education for ambulance staff is progressing well, and the Trust is on target to ensure all Paramedics are recruited via the degree route before the national target of 2012.

The Trust also has the Technician to Paramedic pathway using the Institute of Health & Care Development (IHCD) route, with a BSc in Emergency and Urgent Care underway in Bournemouth University.

### **Paramedic degree students**

This year saw the start of the move to Higher Education and the first Paramedic degree students commenced at Bournemouth University during October 2007. The 30 students are from a mixture of age groups and previous working backgrounds, including a Fire Fighter, Children's Nurse and Military Medic. The next course commences in October 2008.

The Health Professionals Council (HPC) accredited a degree programme for Paramedics running from Plymouth University which will commence October 2008.

Accreditation has been secured to run Clinical Supervision and Mentorship programmes with Clinical Support Officers and other staff already undergoing training to deliver these modules later in the year.

### **Paramedic training**

The delivery of the Institute of Health & Care Development (IHCD) Paramedic training continues with registration into the IHCD route ceasing in 2011. All Paramedics will subsequently enter the service via a University route after this time.

### **Emergency Care Practitioner degree**

Students are already on both Year 1 and Year 2 of the Emergency Care Practitioners (ECP) Degree and the first students will qualify with a BSc degree in summer 2008.

### **Open University**

The Trust has assisted with the design of a Paramedic Degree via distance learning accredited by the Health Professions Council in March 2008.

### **Emergency Care Assistants (ECAs)**

A pilot for the Emergency Care Assistant (ECA) programme on behalf of ambulance services nationally was led by the Trust. Evaluation continues with regular feedback to the national Chief Executive Officer group to inform future decision making on the new level of staff.

### **Recertification courses**

The Training and Education Department achieved 96.5% recertification training. Staff on long-term sick and maternity leave during this period will attend the course on return to work.

### **Satellite centres**

The Trust supports Her Majesty's (HM) Forces to create Military Paramedics using its accreditation. This has been undertaken on behalf of the UK Government and has assisted in the creation of 11 IHCD Paramedics who are now able to work for the Trust when leaving the Forces. The Trust was asked by the IHCD during 2007 to support Paramedics in South Africa. This is being undertaken on a commercial basis as part of an income generation strategy, but is also designed to support the Government's overseas development agenda.

The training team have had a busy year hosting national conferences in Paramedic education as well as lecturing both in the UK and abroad. They are involved in national and international research projects and intend to present much of this pioneering and cutting edge work during 2008/09.

### **Workforce development**

The Trust has a multi-disciplinary workforce with GPs, Emergency Care Practitioners, Nurse Practitioners, Triage Nurses, drivers, receptionists, administrative staff and Clinical Hub staff all working together as a team. Other than in cases of serious trauma involving multiple patients doctors are not used for 999 calls in the Trust's A&E service. However, within the Trust's Urgent Care Service, which operates when GP surgeries are closed, they may deal with up to 90% of patient calls. In the future, as staff develop additional skills there will be less reliance on doctors and more effective use of ECPs, Triage Nurses and Nurse Practitioners.

Sophisticated systems for gathering information about activity and data continue to be analysed to assess workforce capacity issues to identify training, support and development needs for staff.

### **Commercial training**

Commercial training programmes have expanded with ongoing delivery of a wide range of courses, including HSE First Aid at Work. Prices remain very competitive compared to other leading First Aid companies with positive feedback by recipients.

#### **Commercial trainers**

The bank of commercial trainers has significantly increased from 18 to 50 and includes additional trained staff in First Aid instruction, so that courses in Cornwall, Devon and Somerset are now being delivered.

#### **First Bike on Scene (FBoS)**

A franchise was purchased from North West Ambulance Service NHS Trust (NWS) which is aptly named First Bike on Scene (FBoS). There are now 16 FBoS trainers who have been professionally trained by NWS to deliver the courses in the South West. This has proved extremely popular with 18 courses completed and 13 more planned and fully booked for the forthcoming year.

Collaborative working with the Police has also proven successful through their Bike Safe scheme. Successful delivery of FBoS training to Dorset, Devon & Cornwall and Wiltshire Police Motorcycle units has been completed. The Trust has a target of securing £200k of new business and looks forward to achieving this aspiration.

# Patient Experience

## Patient and Public Involvement (PPI)

Since 2003, one of the main tools the Trust has used to listen to patients has been its Patient and Public Involvement Forum (PPIF). In July 2007, the Department of Health published '*A stronger local voice: A framework for creating a stronger voice in the development of health and social services*'. This set out proposals for replacing NHS Trust PPIFs from 1 April 2008 with Local Involvement Networks (LINKs) and to abolish the Commission for Patient and Public Involvement in Health (CPPIH).

These proposals established that there will be one LINK per Local Authority area which means the Trust will develop relationships with 9 LINKs.

The principal objectives of LINKs are :

- Providing and supporting the involvement of local people in the commissioning, promotion and scrutiny of local '*care services*'. This includes health services provided as part of the NHS and also Social Services provided by Local Authorities;
- Enabling people to monitor the commissioning and provision of those services. This includes their standards and whether there could, or should, be improvements in the service;
- Obtaining local views about the need for those services and information about local experiences of the services delivered;
- Making reports and recommendations;
- Making patient and public views known to those responsible for commissioning, providing, managing or scrutinising care services.

The Trust would like to thank the PPIF for their contribution to ambulance service developments over the past 5 years.

### **PPI Strategy**

The Trust is committed to delivering services shaped around the needs of patients and carers. The vision of Professor the Lord Darzi of Denham, set out in the Department of Health report '*Our NHS, Our future: NHS next stage review interim report: October 2007*' is to ensure an NHS that is fair, personal, effective and safe.

To achieve this aim and up the pace of modernisation, the Trust has revised, formalised and agreed a Patient and Public Involvement and Community Engagement Strategy 2007 to 2010 to involve and consult patients and the public in how the Trust's services are planned and developed.

Building a partnership with patients and the public is at the centre of all Trust business and the evidence base for this work is documented in quarterly reports to the Board throughout the reporting year.

The Strategy endorses the view of *Professor the Lord Darzi who is spearheading the latest review of the NHS*

*'We should be seeking to respond to the rising aspirations of patients and the public, and be more ambitious to help all members of our diverse population live longer healthier lives, especially those least able to help themselves.'*

This Strategy will contribute to evidence for the Audit Commission's Annual Local Enquiry (ALE) to be assessed at Level 4 for 2008/09:

- Communication and Media - The Trust can demonstrate that its Communication and Media Strategy is being implemented effectively and has used a variety of methods for engaging with specific communities and diverse groups to identify their needs.
- Patient feedback - The results and impact of patient feedback on provided and commissioned services and resulting action plans for improvement are reported to the Board.
- Engaging with 'hard to reach' groups - The Trust can demonstrate that it consults with a wide range of user groups, including those which it has defined as 'hard to reach', and that feedback is used in the design and commissioning of services.
- Strategic Partnerships - The Trust can demonstrate that financial performance of partnerships is regularly reviewed, risks are identified and assurances provided to manage the risks with all these results regularly shared with partners.
- Relationship Management - The Trust can demonstrate that partnership agreements are in place, monitored and reviewed.

### **PPI community engagement**

The Trust engages with patients and the public on many levels and as frequently as possible. Hundreds of requests are received each year from a variety of organisations, schools, colleges and partner agencies for a presence at a talk, careers event, community fair or awareness raising day.

As well as smaller more localised events, the Trust often attends larger conventions and exhibitions, often taking the purpose built PR and education unit which supports public health messages and campaigns, into the hub of local communities to give complementary blood pressure and blood sugar checks and distribute a variety of literature and leaflets on subject areas including; obesity, sun safety, diabetes, immunisation, stroke and cardiac arrest prevention. Promotional material is also handed out to visitors. A significant total of 171 events were attended by Trust staff.

## Different formats for information

The Trust is committed to and has invested in providing information in as many different formats as possible. During the year the Trust's website was modernised to include a translation facility which is highlighted on the home page. This now enables all Trust literature and information to be accessed in a range of different languages at the touch of a button.

The Trust's overarching 'Communication Guide July 2007' was revised which sets out national and local standards required for in-house production of reports, leaflets etc to address the needs of different groups. For example, the correct font for use in publications to assist those with visual impairments. The Annual Report is published in Arial size 12 which is a recommended font by the Department of Health.

Access to this Annual Report and other Trust literature has greatly improved and the following table highlights and provides robust assurance of the wide ranging variety of different formats available to patients, the public and key stakeholders to provide easy access to information and advice. These comprise of (non exhaustive list):

<b>Format available</b>	<b>Descriptor of group's needs met</b>
Regular formats adhering to quality standards set out in Trust Corporate Communication Guide 2007	Average reader
Large font	Visually impaired
Braille	Blind
Audio tape	Blind
Web translation buttons	World wide access to those who do not understand English
Translation booklets	All front line crews have specially commissioned booklets with pictures and symbols for patients to point to their preferred language which is then accessed via a telephone contact
Total Communications (work in progress with service users)	Learning disabled or those who prefer to receive easy information with lots of explanatory pictures
Symbol booklet	Deaf - All front line crews have specially commissioned booklets with pictures and symbols for patients to point to for explanation of symptoms
Type-talk	Deaf
Kids format (literature targeted to different ages)	Different ages groups of children and young adults
High contrast format	Visually impaired
Advocacy service (courtesy of PALS). This enables face to face meetings to explain Trust documents, services, strategies, policies etc to encourage understanding and feedback through dialogue via personal question and answer sessions.	All groups

Some of these special formats are held in stock e.g. 'Tell Us About It' leaflets, tapes and Braille booklets, whilst others are specially commissioned on request to ensure a 'best value' approach to expenditure to protect the public purse.

### **Multi-purpose exhibition unit**

The Trust is the only ambulance service in the country to have a purpose built educational and exhibition unit. Plans to utilise this even more are scheduled for the future to capture feedback from the grassroots of the community.

### **Media and reputation management**

The Trust's busy press and media office continues to manage the Trust's reputation and responds to a portfolio of media contacts comprising 153 print and broadcast media agencies that cover the large geographical area of the Trust.

NHS South West provide statistical data to the Chief Executive Group on how well Trust's are performing across the South West peninsula. The Trust has consistently ranked in the top quartile during the year.

Over 50 staff were trained throughout the year in media handling skills which has produced stronger working relationships with the media. This substantial training investment will continue to help the Trust develop more local 'Media Liaison Spokespeople' so incident reporting will continue to grow and be fed into the media by those at the frontline.

All strategic and contentious issues are managed by the Trust's press office. The Trust's Board receives ad hoc 'news alerts' for issues of serious strategic or critical importance regarding reputation management.

### **Press office**

The press office has a proactive, planned annual schedule of awards and campaigns and has supported many public health messages addressing issues identified in the DH public health 2005 Strategy '*Choosing Health*' such as obesity, diabetes, no smoking, eating disorders and asthma, Dignity in Care, and Keep Warm, Keep Well.

### **Media enquiry statistics**

The Trust received a total of 2,836 media enquiries during the year.

### **Campaigns and public health**

The Trust takes every opportunity to support and localise national public health campaigns and messages by disseminating the information to a variety of media contacts.

### **Filming**

The Trust appeared in several documentaries which resulted in a 3 part series entitled 'Crash Scene Investigators'. This was aired on ITV nationally during a prime time slot. Further filming opportunities included a variety of rescue programmes like Britain's Bravest which featured a courageous 2 year old from Dorset.

### **Multi-media**

Multi-media projects are a growing phenomenon and an aspect of communications with which the Trust continues to fully engage. Notably, a reporter from a local Dorset

newspaper travelled in a third manning capacity with a crew and produced an innovative podcast showcasing the crew's excellent work. This was heralded a major success. Similarly, the Trust was delighted to play an integral role in a national IT learners' programme involving a multi-media online learning resource utilising photographic stills and audio footage from a variety of Clinical Hub and IT department staff. This resource is the first of its kind in the country and will soon be available to a number of schools, colleges and further education institutions nationally.

### **VIP and Ministerial visits**

Annually the Trust prepares for Royal, Ministerial and other VIP visits across the Trust area. The rationale for these visits varies but a Trust site is usually visited in conjunction with other health partners and part of a series of visits to showcase the excellent work of the NHS within the region.

HRH Princess Anne paid 2 visits to the region in the year. One was to celebrate the launch of the new Dorset and Somerset Air Ambulance and the other was to the training facility named Streetwise in Bournemouth.

The Secretary of State for Health, Alan Johnson visited **Devon**. The Trust's Chairman and Chief Executive, along with a local ambulance crew, were pleased to show him around an ambulance and explain all the cutting edge equipment on board.

MP Ben Bradshaw visited Weymouth Minor Injury unit and was received by the Urgent Care and Clinical Services Director in addition to Emergency Care Practitioners and other clinicians.

In addition to Royal and Ministerial visits, annually the Trust has prepared for several important visitors including a group of extremely generous local freemasons who have funded much valuable ambulance equipment across the region.

Two Senior Officers from Priority Dispatch in Salt Lake City in America were also welcomed to the Trust to discuss important software developments in the Clinical hubs.

### **twentyfourseven**

The 'twentyfourseven' newsletter, aptly named to reflect the nature of the service, provides a snapshot of what is occurring within the Trust. Examples of articles published within this year include: projects, innovations, events, incidents, awards and presentations, public health messages and campaigns, general health advice and VIP and Ministerial visits. Numerous copies are available on each of the Trust's 74 sites and within the PR mobile unit for distribution to members of the public. The database for recipients has around 3,500 entries with 'hard to reach' groups included.

### **Press releases**

Press releases are a proactive way of feeding news to local media sources. During the year a total of 74 press releases were distributed, which equated to approximately 6 per month. Each one is listed on the Trust's website for information and rank as one of the most popular sources of information for visitors to the site.

### **Press statements**

Press statements are released on a more reactive basis, usually in response to a specific story or issue that has been brought to the attention of the press office. Throughout the year, the Trust released in excess of 120 official quotes and statements.

### **Rebuttals**

Rebuttals are actively pursued when the Trust is inaccurately quoted or misrepresented by media sources.

### **Awards**

Throughout the year, 3 awards were given to staff at the prestigious Ambulance Service Institute (ASI) Awards in London. The HSJ awards gave a commendation to a partnership project in conjunction with Devon Doctors. A local boy was also given a commendation by St John's Ambulance for Young First Aider of the Year.

### **Web**

The number of visitors to the Trust's website ([www.swast.nhs.uk](http://www.swast.nhs.uk)) has doubled in the past year rising from 6,570 visitors in April 2007 to 11,824 in March 2008.

Average visits to the web site are recorded as 872 per day. The ten most popular pages within the site are:

<b>Page Title</b>	<b>Total Visits</b>
Individual press releases	14,069
Recruitment	13,244
Careers	13,029
NHS Jobs	10,165
Ambulance Station Directory	6,978
Key Services	6,268
Contacting the Board	5,394
Useful links	4,670
Responder Schemes	4,697
Accident and Emergency Schemes	3,998

Table 2 provides an analysis of the most popular downloads by visitors.

**Table 2**

<b>Popular Downloads</b>
Emergency Care Practitioner guidelines
Major Incident Plan
<b>5 year Strategic Plan</b>
twentyfourseven quarterly newsletter March 2007
twentyfourseven quarterly newsletter July 2006
Infection Control procedures
Chest Injuries – Patient Information Leaflet
Dorset Annual Report 2006
Rib Injuries - Patient Information Leaflet
Standards For Better Health Trust Self-Declaration

## **Crisis communications**

The Trust co-wrote the first multi agency Local Resilience Forum (LRF) Communications and Media Strategy for the South West. This document was formally ratified during the year by the Devon and Cornwall LRF Warning and Informing group and fulfils the Trust's legal duty to jointly prepare for potential major incidents in terms of ensuring there are joined up mechanisms for early communication of 'warning and informing' to members of the public.

## **Listening and learning**

An important aspect of PPI is feedback via appreciations, complaints and the Patient Advice and Liaison Service (PALS). The latter is a service that provides on the spot advice and help for those who do not wish to make a formal complaint but prefer to raise matters as a concern.

All of these services provide very important opportunities to learn from everyone's experience of the ambulance service and helps the Trust put things right when things have not gone as well as it would like.

Ambulance services nationally receive the smallest number of complaints in the whole of the NHS family.

## **Appreciations**

The Trust received 921 appreciations during 2007/08, which is a significant increase of 65% on the previous year of 557 letters of appreciation. The majority of letters received, 857, were for frontline operational staff who are congratulated for their superb contribution to continuing public confidence in the Trust. However, it is recognised within the Trust that all staff are contributing to the success of the organisation and that it is often more difficult for support staff to receive recognition of their commitment and hard work behind the scenes. The Trust would like to publicly thank all support staff who also provide an outstanding service often invisible to members of the public.

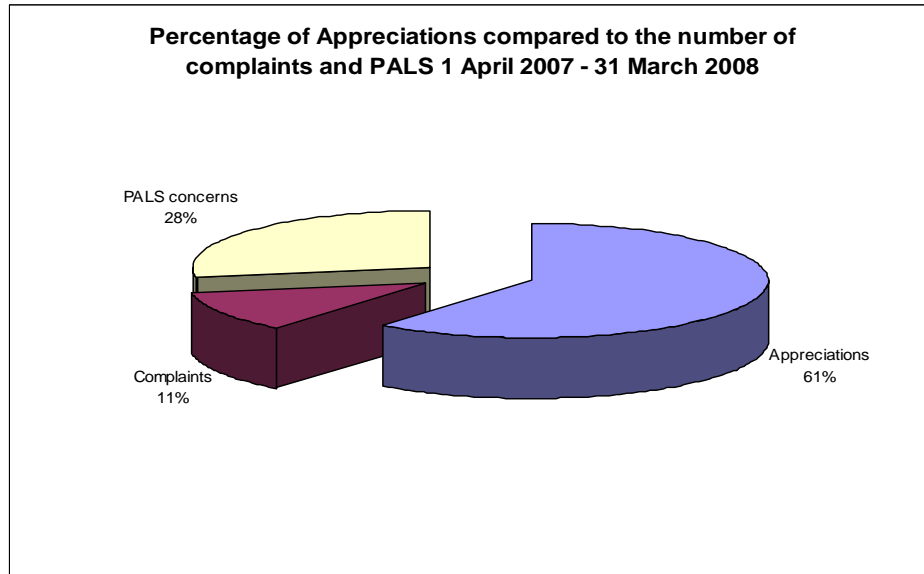
A further 8 letters were received for the Patient Transport Service (PTS) and Voluntary Ambulance Car Service (VACS), 9 were for staff within the Clinical Hub and 7 letters of appreciation were received for the Urgent Care Service. Appreciations were also received for other activities undertaken by the Trust, including various public relations activities, visits and training events.

To enable all staff the opportunity to receive praise the Trust introduced a new appreciation service which saw the launch of a new leaflet and media campaign to encourage even more plaudits to all staff members. The success of the campaign is mirrored in the continuing and very pleasing increase in appreciation letters which are personally signed by the Chief Executive.

The Trust and staff view all appreciations with high regard. During the year the Trust introduced a further recognition initiative for all staff by showcasing the names of all staff in receipt of a plaudit within the quarterly newsletter 'twentyfourseven'. This has become a very popular feature within the publication with both staff and members of the public reporting positive feedback to the new and regular 2 page section.

A comparison of the number of appreciations received compared to complaints and PALS concerns is set out in Table 3 below.

**Table 3**



**‘Tell Us About It’**

These new leaflets enable further opportunities for patient and public feedback with 97 returned during the year. Over three quarters were compliments and the remaining expressed concerns or complaints.

**Patient Advice and Liaison Service (PALS)**

PALS continues to provide on the spot advice and information with greater opportunities for local resolution of concerns. The Service manages the collation of all feedback from patients, relatives and staff except complaints.

704 PALS were finalised compared to 1,181 in 2006/07. This is a decrease of 40%. The decrease in PALS is due to a different approach to managing requests for routine information. Historically, the Trust logged all requests for routine information such as a request for a telephone number of a member of staff by another member of staff on the PALS data capture system.

The new focus for relevant data capture has secured a more appropriate reporting process for PALS enabling the trends and analysis of information to illuminate issues which impact upon service development not merely reports on the processing of information which does not influence services.

Managing concerns through the PALS enables a swifter and more locally based resolution process for patients and the public, in line with the Department of Health consultation document released within the year called *‘Making Experiences Count; A New Approach to Responding to Complainants’*:2007.

Table 4 below shows PALS enquiries by type.

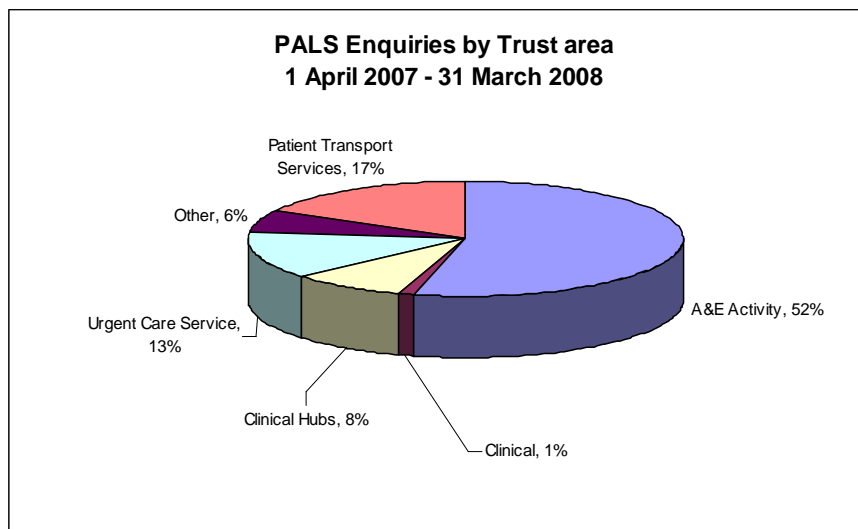
**Table 4**

Type	Numbers
Advice & Information	168
Concern	419
Feedback	59
Lost Property	58
<b>Total</b>	<b>704</b>

Table 5 below shows the majority of PALS enquiries received related to accident and emergency services (52%) followed by Patient Transport Service (17%), Urgent Care Service (13%) and issues relating to the two emergency Clinical Hubs (8%).

Enquiries categorised as 'other' include information requests about services outside the Trust and support services such as Human Resources, Fleet, Finance, and Information Governance.

**Table 5**

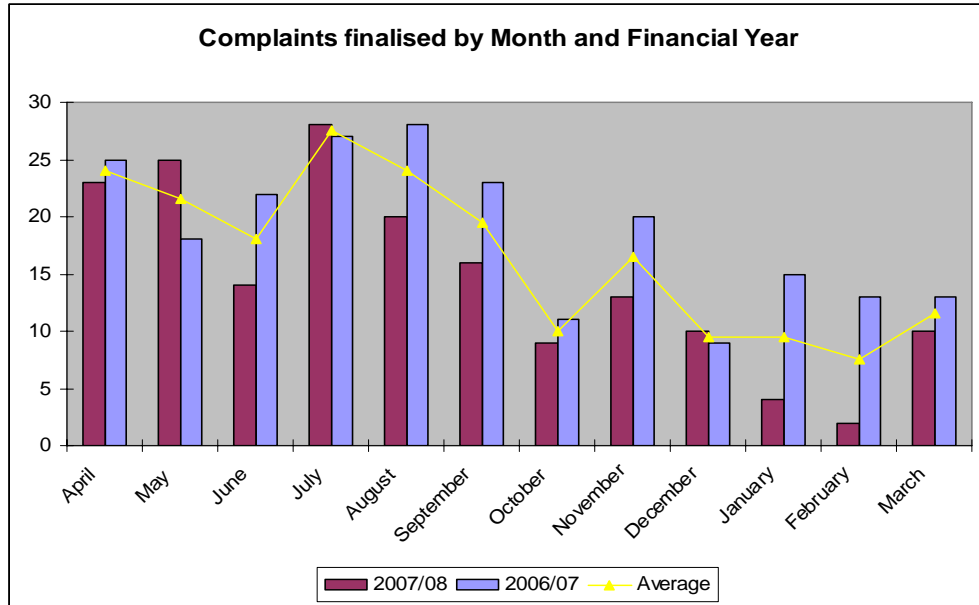


## Complaints

Complaints continue to be an important aspect of the Trust's integrated governance and PPI work. As well as indicating risks to the Trust, complaints and PALS also identify trends in the patient experience so that appropriate action can be undertaken.

There has been a pleasing and continuing decrease of 23% in the number of complaints finalised compared to the previous financial year 2006/07, with the total of 173 complaints finalised during 2007/08, as shown in Table 6 below.

**Table 6**



The decrease is a result of the closer integrated day to day working between operational staff with the Patient Advice and Liaison Service team. PALS enables a swifter and more locally based resolution process for patients and the public in line with latest Department of Health consultation document, *'Making Experiences Count; A New Approach to responding to complaints'*, 2007.

The new approach is continuing to demonstrate a very successful and unified partnership between back room staff and front line operational managers to ensure complainants receive clear explanations and timely resolution.

The Trust had 614,675 Patient contacts (A&E activity, Patient Transport Journeys and Urgent Care Service). This means the 173 complaints compared to 614,675 patient contacts represents 0.043% which is the lowest rate of complaints for the whole of the NHS family. This is consistent with all ambulance services in England.

This equates to 43 complaints received for every 100,000 patients contacts.

Table 7 below shows the majority of complaints received related to the A&E services (42%) followed by the PTS (21%), Urgent Care Service (25%) and issues relating to both Clinical Hubs (11%). This reflects the similar % statistics reported for PALS.

**Table 7**

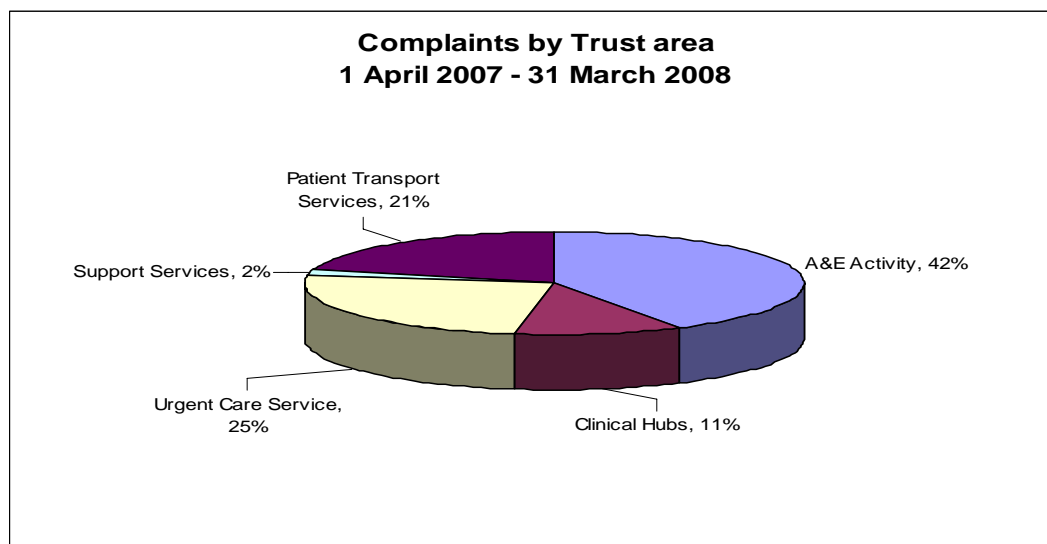


Table 8 below shows complaints by the Trust's West and East Divisions and the functional areas of Urgent Care Services (UCS), Patient Transport Services (PTS), Responders, Clinical Hubs (formerly known as 999 Control Centres) and the support services of Human Resources & Workforce Development and Fleet. Within the 2 Divisions there are 11 Operational Locality Managers (OLM) who take responsibility for management of their local area. The highest number of complaints were for the West, East and South Devon areas. The lowest number of complaints were for the Central Dorset, East Dorset, West Somerset and West Cornwall areas.

**Table 8**

<b>West Division (Isles of Scilly &amp; Cornwall and Devon)</b>	
West Devon	10
East Cornwall	6
East Devon	11
North Devon	6
South Devon	11
West Cornwall	3
Plymouth and Cornwall PTS	10
Exeter PTS	8
<b>Total</b>	<b>65</b>

<b>East Division (Dorset and Somerset)</b>	
South Somerset	6
West Dorset	6
West Somerset	2
East Dorset	4
Central Dorset	1
Somerset PTS	6
Dorset PTS	9
Responders East	1
<b>Total</b>	<b>34</b>

<b>Support Functions</b>	
Human Resources & Workforce Development	2
Fleet	1
<b>Total</b>	<b>3</b>

<b>Clinical &amp; Urgent Care Directorate</b>	
East Hub (999 Control)	7
West Hub (999 Control)	21
Dorset UCS	24
Somerset UCS	19
<b>Total</b>	<b>71</b>

## Feedback influencing service improvements

An annual 'You Said, We Did' poster has been produced to provide an at a glance view of the impact of all feedback on service developments. This is available on the Trust's website [www.swast.nhs.uk](http://www.swast.nhs.uk).

## Complaint response times

The Trust's key performance indicator for responding to complaints is for 95% of investigations to be completed and a response letter sent within 25 working days. This time limit can be exceeded and on these occasions the complainant is kept fully informed.

Compliance has improved for the year with 89% recorded compared to 84% for 2006/07. Table 9 below shows the breakdown of performance.

**Table 9**

<b>Reporting period</b>	<b>Complaints finalised</b>	<b>Complaints within timescale</b>	<b>Complaints outside timescale</b>	<b>%</b>
1 April - 30 Jun 2007	62	47	*15	76
1 July - 30 Sep 2007	64	63	1	98
1 Oct - 31 Dec 2007	32	30	2	94
1 Jan - 31 Mar 2008	15	14	1	93
<b>Total</b>	<b>173</b>	<b>154</b>	<b>19</b>	<b>89</b>

\*c/f from previous year which affected year 07/08 performance, pg 30 of this report highlights explanatory commentary.

All complaints must be logged and acknowledged in writing within 2 working days and 91% were recorded for the year within this timescale. The Complaints and PALS functions have been fully centralised at Trust HQ in Exeter, Devon during the year to continue to drive up performance. This has closed a loophole in delays with performance due to previous dual site receipt of complaints.

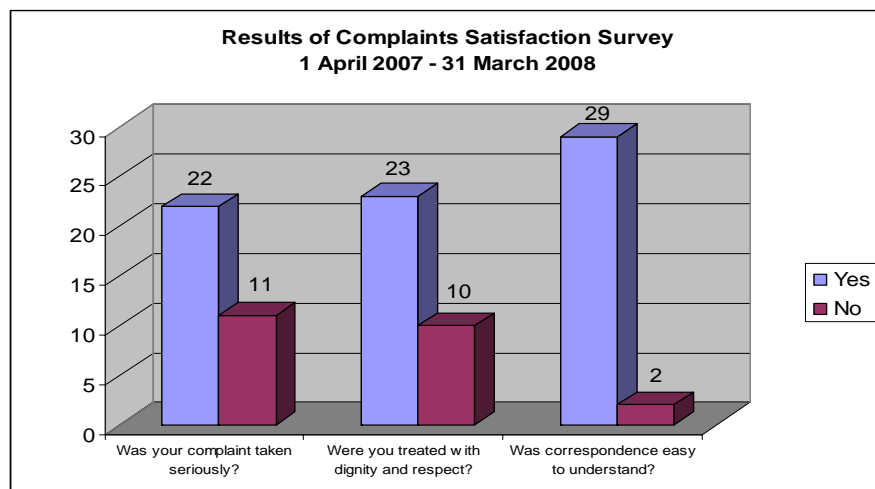
## Complaint satisfaction surveys

Complaint satisfaction surveys have been despatched to complainants a short time after the despatch of final response letters. A total of 34 (31%) of the 108 surveys were returned during the year.

Twenty two (65%) of the complainants that returned the survey felt that their complaint had been taken seriously. Twenty three (68%) of complainants who responded to the survey felt they had been treated with dignity and respect.

The majority of responses reported that correspondence and supporting literature such as in-house explanatory leaflets were written in plain English and easy to understand. Table 10 below shows the results of the surveys.

**Table 10**



### **Training**

Training has been delivered by the Complaints and PALS team with a variety of staff to support those involved with investigations to continue to drive up quality standards in investigations and response letters. Desktop procedures and in-house explanatory leaflets were also provided at these training sessions to ensure a consistent and cohesive approach by investigating officers.

Independent Clinical Advisors (GPs) based in East Clinical Hub attended a study day and were introduced to the Complaints and PALS team who provided a workshop presentation focusing on the Urgent Care Service and its complex and unique requirements for thorough investigations.

The Complaints and PALS team have attended a variety of training sessions, mentoring workshops and developmental meetings. This included a specially commissioned 'mediation and local resolution' all day event which was opened up to Operational Locality Managers and support staff from the Human Resources and Workforce Development Directorate. A total of 24 staff attended and were awarded a certificate.

A deaf awareness training event was attended, as well as an Equality and Diversity workshop to ensure the Complaints and PALS team continue to champion and practice the optimum quality standards for patients and the public deemed 'hard to reach' e.g. deaf, learning disabled.

### **Supporting staff**

The Trust recognises the anxiety caused to staff when a complaint or concern is being investigated. An explanatory leaflet has been produced and is sent out to all staff faced with this situation. It is also posted on the Trust's staff intranet site. The leaflet clearly explains the process of the investigation and provides a signposting for staff to secure support and advice during the process. This is aimed at helping to alleviate any potential distress by highlighting to staff that a thorough and fair investigation process is in place.

### **Supporting complainants**

The Trust equally recognises the anxiety caused to patients and their families, relatives and friends when a complaint or concern is being investigated. A series of explanatory leaflets have been produced and are sent out to all complainants or enquirers during the journey of the investigation. These are all posted on the Trust's internet site and are aimed at helping to alleviate any potential distress by highlighting to members of the public that the Trust takes all feedback seriously and instigates thorough and fair investigation processes.

### **Respect and dignity**

A new leaflet 'Respect and Dignity, Our Commitment to You - Your Commitment to us' has been launched which clearly articulates the expectations of the Trust for both staff and patient behaviour during interaction of service delivery. The publication highlights behaviour etiquette expected which is based upon mutual respect and dignity.

### **Internal Audit of complaints handling**

The Devon and Cornwall Audit Consortia (DAC) carried out an internal audit in January 2007 on the complaints function within the Trust.

This was instigated just after the merger of Dorset and Westcountry Ambulance Services which became South Western Ambulance Service NHS Trust on 1 July 2006.

Issues in the handling of complaints by Westcountry Ambulance Services NHS Trust were identified as a result of the scrutiny and harmonisation processes required by the ongoing merger in later 2006 to ensure adherence to the statutory complaints handling service as set out in the NHS Regulations and guidance for all NHS bodies.

As a result of the internal audit a comprehensive recovery plan was implemented. Follow up inspections were undertaken and reports of assurance confirmed the Trust was compliant with regulations. These were reported to the Board, Audit and Governance Committees throughout the 2007/08 cyclical reporting period.

Extracts from Devon and Cornwall Audit Consortia October 2007 report:

*"The procedures are supplemented with an exceptionally thorough collection of 'desktop procedures'.*

*Overall, there has been significant improvement in the standards to which the complaints process within the Trust is being managed and accordingly, it is the opinion of internal audit that the overall control rating within the department is that it is low."*

### **Learning from Experience Group**

The Trust's 'Learning from Experience Group', chaired by the Head of Integrated Governance, was formed to identify, analyse and act upon trends from PALS, complaints, internal clinical, non clinical incident forms, and H&S reporting within the Trust.

The first meeting of the Learning from Experience Group was held in February 2008. The group meets bi-monthly and membership consists of Risk Manager, Complaints Manager, PALS Manager, Risk Management Support Officer, Clinical Development Manager (West), Health, Safety and Security Manager, Operations Manager (East), Education Business Manager, and a Union representative.

### **Local Resolution**

Local resolution is the term used for complainants who are offered a face to face meeting with managers and/or clinical experts from the Trust. During the year local resolution meetings were offered to 14 complainants and 10 were agreed. One of the meetings related to a complaint that was finalised in financial year 2006/07 which demonstrated the Trust's commitment to achieving resolution.

### **Healthcare Commission reviews**

One request for a review was received during this period. The Trust is currently in communication with the Healthcare Commission as local resolution had previously been offered to the complainant but declined. The Acute Services Associate Director has continued to offer to meet with the complainant but this has also been declined. Despite the willingness of the Trust to achieve local resolution the Healthcare Commission has decided to undertake a review of the complaint.

The Healthcare Commission received 3 other requests for review. One complainant was referred back to the Trust for local resolution, which had previously been offered and declined. A local resolution meeting took place in October 2007 and the complaint was resolved. The other 2 complainants approached the Healthcare Commission before the Trust had fully responded to their complaint, and were subsequently advised to finalise their complaint with the Trust.

### **The Ombudsman**

The Ombudsman is the final stage of appeal in the NHS Complaints procedures and the Trust is pleased to report that there were none reviewed during the year.

However, one complainant did approach the Ombudsman but was referred back to the Trust to embark on local resolution. The complainant has not subsequently approached the Trust but decided instead to contact the Healthcare Commission. The Trust is still keen to provide local resolution and awaits the Healthcare Commission feedback.

### **Early Adopter Site**

The Trust has been invited to become an early adopter site for the new arrangements being proposed by the Department of Health and the Healthcare Commission for the handling of complaints for both social care and the NHS. Legislative changes are due to take place in 2009 with results of the early adopter sites planned to influence the changes. The Trust Board is expected to agree being part of the site and will receive a paper in April 2008 for ratification.

# Operations

The past year has seen improvement in both the speed in which ambulance responses reach patients and the quality of the treatment received.

Performance against the majority of key targets has improved substantially across all areas, calls for help are answered faster and vehicles mobilised sooner. In line with best practice, patients that call for non life threatening help receive telephone advice by highly skilled Clinical Advisors who subsequently refer these patients to the most appropriate care pathway for their individual needs such as Social Services. This telephone assessment is referred to as 'triage'.

In line with other ambulance services the Operations Directorate is primarily comprised of:

- Ambulance Care Assistants (ACAs)
- Emergency Care Assistants (ECAs)
- Technicians
- Paramedics
- Emergency Care Practitioners (ECPs)
- Nurse Practitioners (NPs)

The Trust is committed to providing support to all grades of staff but a particular emphasis on clinical leadership has been implemented and continues to be developed. To endorse this, the number of first line clinical leaders, Clinical Support Officers (CSOs), has been increased substantially. To enable the CSOs to provide effective mentoring and supervision to their teams they attend a university approved (level three) Clinical Supervision course. This programme is providing a robust framework to ensure all front line staff are supported and have personal development plans to provide the highest levels of clinical care.

## Strategic intent

In July 2006, the Trust introduced a *'Strategy for the Delivery of Operational Ambulance Services, Achieving Performance and Implementing Bradley 2006/2007'*. This outlined key measures for implementation to take forward the *'Taking Health Care to the Patient: Transforming NHS Ambulance Services' (2005 Bradley report)*. This national strategic vision for the future of ambulance services has become the guiding principles and values for the Trust.

The recommendations of the Bradley Report reinforced the Trust's strategic intent to provide a more proactive, efficient and dynamic ambulance service that delivers high quality care to meet the diverse needs of all patients.

*'An Ambulance Service that provides both high quality call handling and clinical advice (hear and treat), and safe and effective mobile healthcare (see and treat)'. Bradley 2005*

The Trust is taking forward transformational change by delivering on 5 key areas:

- improving efficiency and effectiveness within the Trust and its systems;
- providing strong leadership to enable cultural change;
- improving quality and consistency of care for patients;
- supporting performance improvement;
- developing an empowered professional workforce.

The Strategy for the *'Delivery of Operational Ambulance Services, Achieving Performance Implementing Bradley 2006/07'* identified important actions for these 5 areas to enhance the delivery of care to patients and improve performance, especially responses to life threatening incidents.

The majority of actions were successfully implemented throughout the year and the number of patients with life threatening conditions, receiving early treatment and intervention greatly improved.

The Department of Health (DH) published *'Improving Ambulance Response Times: High Impact Changes and Response Times Algorithms for NHS Ambulance Trust'* in March 2007 which reinforced many recommendations of the Bradley report. It asserted:

*'The improvement philosophy underpinning the concept of High Impact Changes starts from the principle that ambulance service operations need to be designed not to just avoid performance failure, but also to enable continuous improvement across the organisation'.*

The DH document emphasised:

*'Performance is improved by mapping patients through the system and removing activities that do not add value or create delays and bottlenecks. This often involves both process re-design and role re-design and the two have to be considered in parallel'.*

The Trust's strategic direction and associated workplans encapsulate all the aspirations of the national guidance and are being translated into local action for sustained improvements.

## **Call Connect**

In early 2007 the DH confirmed their plans to introduce Call Connect at the start of April 2008. This welcomed new initiative to improve the consistency of reporting key ambulance service targets nationally will also improve patient experiences and outcomes.

Ambulance services report on key performance targets, one of which is the response to life threatening incidents known as Category A calls with an 8 minute target. The standard is 75% of these calls must be attended within 8 minutes. Within the year the performance clock started when 3 pieces of key information were obtained from the call: the phone number, location and chief complaint.

Under Call Connect the performance clock will start the moment the call is connected to either of the 2 ambulance Clinical Hubs (formerly known as 999 Control rooms).

The changes from 1 April 2008 will result in a 90 second swifter response rate to patients.

## **Performance Improvement Plan (PIP)**

To meet the challenging new target the Trust has devised and implemented a Performance Improvement Plan (PIP) to produce significant improvements throughout the past 12 months in preparation for the changes. This has resulted in regular trajectory reports being provided to the Trust Board for assurance purposes of being on preparatory target for achievement of performance changes in the new financial reporting year.

The preparatory plans and ongoing achievement of Call Connect has been successfully achieved by reviewing and working with:

- background data;
- historical performance and trends;
- effect of Call Connect on current performance;
- required actions under the Performance Improvement Plan;
- key stakeholders;
- individual responsibilities;
- target dates.

Following this review priority areas of improvement were identified across the Trust which focused on the call cycle (the speed of answering calls, the speed of obtaining information, the speed of dispatching vehicles, the speed of activation and the speed of arrival at scene), resource levels and type of response in each area, the numbers of patients which could be treated closer to their homes, number of patients conveyed to hospital and speed of turnaround times at hospitals.

Throughout 2007/08 the Trust's workforce has worked tirelessly to implement over 50 action points identified within the PIP which has significantly improved the quality of the services provided for patients.

## **Actions and improvements**

### **IT solutions**

IT has a major part to play in the management of ambulance service performance targets and significant gains have been secured through the exploitation of the latest technology.

### **Speed of call taking**

The introduction of a stringent target for the speed of answering calls from the public has resulted in improvements.

### **Accuracy of caller information**

Use of a software system aimed at improving the quality of caller information to increase more appropriate responses.

### **Speed of dispatch**

Acquiring relevant formation is essential to dispatch the most appropriate resource as swiftly as possible and improvements have also been made to this part of the call cycle.

### **Speed of mobilisation**

Once the information from the caller has been assessed and the most appropriate response is allocated, crews are mobilised as swiftly as possible. The time from allocation to mobilisation is monitored against a baseline to enable progress to be identified.

### **Non conveyance of patients**

Patients want to receive care closer to home. The enhancement of clinical skills for front line staff and working in collaboration with health and social care colleagues to access alternative care has resulted in fewer patients being conveyed to hospital compared to other ambulance services.

### **Hospital turnaround times**

National standards apply to measure the time an ambulance vehicle arrives at hospital to the time the patient is handed over to another health care colleague. Although the target is challenging, improvements in handover times have been recorded as a result of collaborative working with other health care providers.

### **Additional resources**

The Performance Improvement Plan has introduced additional resources in preparation to meet the new Call Connect targets. The majority of resources were targeted at rural areas with increased provision of front line ambulances. This provided an opportunity for staff to participate in extensive re-profiling of rosters at over 30 ambulance stations. This has resulted in enhanced work-life balance for staff whilst also delivering better performance response times for patients.

One of the more significant changes to the way ambulance responses are attended has been the introduction of paramedic motorcycle responses. These have now been implemented across all four counties.

Responder groups continue to be developed and are provided by volunteers or support from other agencies such as the fire and rescue service. First response groups have proven to be very successful during the year the Trust has increased the numbers of such schemes.

## **New initiatives**

### **Partnership working**

A positive example of the benefits of working in partnership has been the identification of stand-by locations for crews who can relax between calls whilst being available nearer to areas of activity.

The Trust has been extremely pleased to work in collaboration with a number of private and voluntary organisations such as Plymouth City Bus and St Johns who have provided a site in Milehouse (Plymouth) and Paignton respectively.

This kind of joined up approach with external organisations is mirrored across the Trust's large geographical area to provide staff with appropriate facilities and to provide patients with the optimum response rates to their calls for assistance.

### **Telecare**

The Trust is working in partnership and participating in an innovative project in Plymouth, Devon that exploits the very latest technology to keep vulnerable patients safe and living independently in their own homes. It is a remote monitoring system based on the well known lifeline pendants and alarms, which many people already have. These alarms can be tailored to meet the individual needs of vulnerable residents such as the elderly and disabled.

### **Modernising staff work bases**

Numerous staff are now based and working within hospital settings or at health sites managed by Primary Care Trusts, especially within Minor Injury Units (MIUs).

The Trust continues to build its portfolio of services and has successfully continued managing the Portland Local Treatment Centre in Dorset. Within this year the Trust also took over the helm of managing the Weymouth Minor Injuries Unit in Dorset. These services were formerly managed and staffed by the local Primary Care Trust.

The differing skill mix at these two Units now comprise of fully qualified Nurse Practitioners, Triage Nurses and Emergency Care Practitioners who are paramedics with greater diagnostic and treatment skills. The multi skilled team is supported by administrative and reception personnel.

This has created opportunities for closer working relationships resulting in patients being offered access to alternative and more appropriate care pathways such as, night sitters, adult social care services, rapid assessment teams and the out of hours loan equipment service. This has in turn provided services closer to patients' homes and reduced unnecessary hospital admissions.

The Trust's new multi million pound flagship call centre named the Urgent Care Service and based in St Leonard's, Dorset, manages Somerset and Dorset out of hours GP services. It also operates a Treatment Centre alongside the Weymouth Minor injuries unit during out of hours. This Centre includes the services of a GP which has greatly enhanced collaborative working between local healthcare professionals.

### **Mobile treatment centres**

Mobile healthcare clinics continue to be stationed at well known sites across the Trust such as Newquay in Cornwall, Torquay in Devon or at major events such as Dorset Steam Fair. These offer outreach healthcare services for large gatherings and are especially targeted at 'hard to reach groups' eg gypsies and travelers, young people.

These mobile healthcare centres vary across the Trust area but many are supported by the police, social workers, youth workers and ambulance staff. The benefits of

such initiatives include a reduction in the number of patients attending A&E departments, help for the police to contain social tension which often arise at large events in the community and the provision of a safe haven for vulnerable patients.

## Air Ambulances

The Trust's 4 Air Ambulances (Cornwall, Dorset & Somerset and 2 covering Devon) have seen greater improvements to their operational capabilities to continue their invaluable support to respond and treat patients. Their unique and highly valued services in transporting patients with serious injuries and trauma or illness have been increased with the extension of flying hours in North Devon from 5 days a week to 7 and in Dorset and Somerset the flying hours have increased from 8 to 10.

The main source of revenue for the 4 Air Ambulances continues to be provided by both staff and volunteers from 3 independent charities who are Devon Air Ambulance Trust, First Air Ambulance Trust and Dorset and Somerset Air Ambulance.

The Trust would like to sincerely thank all the people involved in the charities for their tremendous work in keeping the Air Ambulances funded which is helping to save lives of those who work within or visit the South West.

## Activity and performance

The Trust is extremely proud of the progress made throughout the year on achieving operational performance targets which has placed the service in a strong position to meet the ambitious new Call Connect standards from 1 April 2008. These impressive performance improvements have secured a faster response rate for patients in life or death situations and enabled more appropriate services for patients who require community based services.

These improvements have been achieved against a backdrop of year on year increasing demand on activity reported at around 6%.

Table 11 below shows calls activated to:

**Table 11**

<b>Accident &amp; Emergency (A&amp;E) activations</b>	
<b>2006/07</b>	302,279
<b>2007/08</b>	351,368

In line with government prioritisation procedures, all 999 calls are categorised and classified as:

- Category 'A' - immediately life threatening – 8 minutes
- Category 'B' - serious but not life threatening – 19 minutes

- Category 'C' - neither serious or life threatening – no target set

Each call is responded to in the most appropriate way which can include a traditional front line vehicle, a rapid response vehicle, an Emergency Care Practitioner vehicle, a falls/urgent transfer vehicle, a motorcycle with a paramedic, a cycle with a paramedic, an air ambulance or telephone advice.

Evidence shows that only 10% of ambulance service 999 calls are life-threatening and require a blue light ambulance response with the remaining 90% of calls requiring urgent assistance. The Trust is committed to ensuring callers receive the right response, at the right time and in the right setting and is continuing its service development programme focused on strong clinical leadership to deliver high quality clinical treatments out of the hospital setting.

## **Achievements summary**

- Category 'A' calls – 78.94% responded to within 8 minutes
- Category 'A' calls – 95.46% responded to within 19 minutes
- Category 'B' calls – 93.66% responded to within 19 minutes
- Category 'C' calls – no target set

## **Changes to GP Urgent calls**

Historically calls received by the Trust were divided between 999 life threatening and serious incidents or urgent GPs and other healthcare professionals.

From 1 April 2007 changes were made nationally to the classification of calls received in ambulance Clinical Hubs (999 control rooms). All calls including those made by healthcare professionals such as GPs and Midwives became prioritised to ensure patients with life threatening conditions received the fastest response whilst those patients with non life threatening medical conditions received more appropriate responses.

The 2006 successful implementation of the internationally acclaimed Advance Medical Priority Dispatch System (AMPDS) prepared the ground work for these changes by creating a new call handling system for all calls to both Clinical Hubs to be assessed for the appropriate response (known as triage) which has continued to result in a better and more consistent service for patients.

## **Preparing for emergencies**

Working in partnership with other organisations for emergency planning across the local, regional and national structures to protect the public remains a top priority.

The Civil Contingencies Act 2004 and subsequent Emergency Planning guidance 2005 placed a statutory duty on the Trust to liaise and exercise with other organisations. All activity throughout the year has been aimed at ensuring an

appropriate response to any perceived challenge. The focus of work has centred around four key areas:

- Emergency Planning
- Risk Assessment
- Business Continuity Planning
- Warning and informing (Local Resilience Forums)

The definition of an emergency has been defined as *'any incident requiring prompt action by a premises licence holder and/or emergency services'*. (Major Incident Plan SWAST; 2007)

Whilst the definition of a major incident has been defined as *'any emergency which involves a large number of people and which requires the implementation of special arrangements by one or more of the emergency services, the NHS or the local authority or other agencies for*

- *the initial treatment, rescue and transport of a large number of casualties*
- *the involvement either directly or indirectly of large numbers of people*
- *the handling of a large number of enquiries likely to be generated both from the public and the news media, usually to the police*
- *the need for a large scale combined resources of 2 or more of the emergency services*
- *the mobilisation and organisation of the emergency services and supporting organisations, for example a local authority, to cater for the threat of death, serious injury or homelessness to a large number of people.'*

A major incident for one of the emergency services would not necessarily be a major incident for the others.

A health major incident may involve the ambulance service or other agencies within the NHS but not the police or the fire service.

The Trust has a major incident plan in place and regularly participates in numerous multi-agency preparedness planning events throughout the 4 counties.

These valuable live and table top exercises ensure the Trust is able to fully practice its procedures and plans, alongside partner agencies which in turn enable the pinpointing of areas for improvement. These important events are assisting with the continual improvement of the Trust's state of preparedness for any potential emergency or threat.

## **Example exercises**

### **Blue Yonder**

In September, exercise Blue Yonder commenced on St Mary's Island, Isles of Scilly. This provided staff with an opportunity to attend a joint agency response to a major incident involving hazardous materials as part of the Islands Airport annual exercise.

Nine agencies took part in the exercise with representatives from the mainland for all Category 1 providers as exercise umpires and observers. This took place over 3 hours and involved the operational and tactical command levels in response to a

mock aircraft accident on the Islands, including full participation of the Clinical Hub (west).

### **Short Sermon**

In October, exercise Short Sermon was designed to test both the on-site (DEVUSAFE) and off-site (DEVPUBSAFE) response plans to a major incident involving a submarine nuclear reactor accident. This major exercise involved a range of national, regional and local agencies with a total of 24 agencies.

The exercise spanned a 12 hour day and involved the operational, tactical, local strategic and national strategic levels in response to a reactor accident within HM Naval Base, Devonport.

The site was visited and the exercise monitored by the Radiation Advisor for the Department of Health who reported the event as a great success for both the Military and the Trust. New national guidelines will be influenced by the Trust's documentary procedures for contaminated casualties of which full recognition and acknowledgement will be attributed to the ambulance service.

### **Chemical, Biological, Radiological, Nuclear (CBRN) and Major incident training**

For the first time in many years staff from both Clinical Hubs participated in Major Incident training studying CBRN equipment and incident control vehicles.

Training continues for updates on both CBRN and potential terrorist attacks and thanks are recorded for the excellent instructors who have provided these stimulation sessions.

All of these events were a resounding success and proved excellent opportunities to test out the Trust's Major Incident procedures across a variety of emergency settings. All participant feedback was extremely positive and the learning points identified will be reviewed and embedded into future plans and scenarios.

## **Planning for the future**

The 2012 Games will see Dorset hosting the only major Olympic sporting events outside of London.

The Trust's Resilience Manager was seconded from his role to guide the local health community preparations for the 2012 Olympic Games which will include 15 days of sailing events based in the Weymouth area.

A significant amount of planning is underway as these water based sports will see a great deal of activity well before 2012 with competitors in Weymouth practising on the water in full preparation for the event.

## **Patient Transport Services (PTS)**

The Patient Transport Service (PTS) provides non-emergency transport to patients who need to access health services and are unable to use public transport. This

includes transport to and from hospitals for appointments, day units and out of county treatment centres. The service is accessed and booked for patients by doctors and healthcare professionals. PTS is provided on a contractual basis in competition with other organisations from both the public and private sectors. The PTS vehicles completed 55,386 patient journeys during the year.

### **In year initiatives**

The Trust introduced a higher dependency vehicle for patients that are classed as fallers as 20% of 999 calls are as a result of a fall. The vehicle is based in Dorset and crews have extra clinical skills to deal with this category of patient.

Work is also ongoing towards improving partnerships in line with 'Driving Change' NHS Modernisation Agency, building relationships with Social Services and local authorities.

### **Voluntary Hospital Car Service (HCS)**

In July 2007 the Trust announced that the HCS was not considered core business. As a result, work is progressing with regional NHS procurement organisations to transfer the service to a suitable alternative provider but there will be continued support until a suitable provider has been found.

The Hospital Car Service completed 105,741 patient journeys throughout the year.

### **Ambulance Care Assistants (ACAs)**

The role of an Ambulance Care Assistant has improved and changed with additional opportunities for the development of new skills which include defibrillation, analgesic gases, pulse oximetry, blood pressure monitoring, and care of fractures.

### **PTS changes**

PTS is a challenging, busy and fast moving service operating in a high demand environment constricted by a fixed budget.

During the year a staff consultation identified a number of key changes to develop the service during the year and onwards. Extensive consultation in partnership with commissioners has taken place throughout the year to encourage understanding, dialogue and feedback from members of the public and key stakeholders.

These changes will make better use of internal resources and realise improvements to the overall structure of the service along with enhanced IT systems. There will be 2 sites for PTS Controls, one at St Leonard's in Dorset and the other at the Trust's headquarters in Exeter, Devon.

Patients will not notice these backroom improvements but the positive effects for Commissioners and staff will include:

- ✓ appropriate patient transport with reduced waits;
- ✓ monthly management information on activity for commissioners;
- ✓ greater on site availability from staff for commissioners;
- ✓ single points of contact for the service for commissioners.

## Fleet, logistics and equipment

The Trust's dedicated fleet of Accident and Emergency (A&E) vehicles and patient transport vehicles have been designed to comply with legislative and best practice requirements.

Vehicles are procured, designed and maintained to meet the highest possible operational standard delivering efficient patient care. The Trust is committed to improving the patient experience by ensuring it has an up to date and modern fleet of vehicles and is continuing its investment programme throughout 2007/08 and beyond. Investment in Fleet during the period saw the arrival of new A&E vehicles and modifications to the Movano fleet in Dorset.

Funding was secured to write and produce a vehicle safety DVD. A London company undertook the filming and editing process and the script was co-written with the Trust's Strategic Communication & PR Department. Full editorial rights rest with the Trust and the DVD will be showcased nationally in 2008 as an innovative first of its kind for ambulance services country wide.

The Trust is involved in 2 projects with learning disabled groups; one in Dorset and one in Devon. These are helping the Trust to develop literature based on the particular requirements for this group of individuals. This type of information is known as 'total communications'. There are also plans to change the livery on some ambulance vehicles to include a recognised symbol which indicates 'a safe place to be' for this group. Table 12 below shows the composition of the Trust's fleet:

**Table 12**

<b>Category</b>	<b>Vehicles in this category include:</b>	<b>Number of resources</b>
Front Line ambulance	A&E and Urgent Transfer Vehicles (UTV)	202
Front Line Response Vehicles	Rapid Response Vehicles (RRV), Emergency Care Practitioners Vehicles (ECU), Urgent Care Service Vehicles	130
	Rapid Response (RRV) Motorcycles	7
Other Support	Responder vehicles	13
	Isles Of Scilly Ambulance Boat	1
	Officer Car (Non Leased Vehicle)	1
	Fleet Charity Vehicles	4
PTS	Patient Transport Service (PTS) vehicles	105
Ancillary Vehicles (Support)	Pool vehicles	39
	Training Department Vehicles	5
	Special Events Vehicle	1
	Resilience Vehicles (including 12 trailers)	25
	Public Relations Vehicle	1
	Fleet department Vehicles	8
	Mobile Cleaning Vehicle	1
	Procurement Department Stores Van	1
Medical Transport Services	Logistics Vehicles	15
	<b>Total vehicles</b>	<b>559</b>

## First Responders

A First Responder is a generic term that may be applied to any form of responder utilised by the Trust to respond on its behalf. Co-responder's are predominately Fire Co-responders within the Trust area and Community Responders are normally volunteer lay persons.

The Resuscitation Council UK has defined the terms as follows:

*“A First Responder is ‘a person, trained as a minimum in basic life support and the use of a defibrillator, who attends a potentially life-threatening emergency. This response may be by the statutory ambulance service or complementary to it.”*

Examples of first responders include ‘co-responder’ (police or fire and rescue service), members of staff of a shopping mall or other public place, members of a first aid organisation, lifeguards, community first responders and others who have been trained to act in this capacity. Members of the statutory ambulance services also act as first responders.

A Community First Responder is ‘a first responder, usually (but not exclusively) a lay person, who makes himself or herself available to be dispatched by the ambulance control to attend an incident.’

Public Access Defibrillation is the ‘use of an Automated External Defibrillator (AED) that is made available to members of the local workforce or members of the public or both.’

A Responder Scheme is made up of volunteers who, within the community in which they live or work, have been trained to attend emergency calls received by the NHS Ambulance Service, providing first aid and general assistance until an emergency ambulance arrives.

### Numbers of responders

There are now 688 responders across Dorset (156), Somerset (87), Devon (146) and Cornwall (299) with 150 trained within this year.

The number of Community Responder Schemes has now increased to 184 teams. This is in addition to our other responder groups such as the 24 Fire Co-responder stations, 231 Off Duty staff, Affiliated Service Responders and Static Site Responders who combined offer in excess of 1,500 individuals involved in delivering frontline patient care.

These responders have attended 11,384 incidents throughout the year.

The profile of the responders has increased with the wider spread network of responder groups across the region; there has also been increased local media interest as a result of success stories and recruitment campaigns.

There has also been an increasing national interest resulting in a Healthcare Commission report and National Governance guidance issued during this year.

Operational Research in Health (ORH) was commissioned by the Communities and Local Government Department to deliver a report and guidance on Fire Co-responding.

The Trust has been involved in all of the national issues in addition to the Chief Executive of the Trust accepting the post of President of the National First Responder Forum.

The 4 county Community Engagement Managers and the Community Engagement Administrator continue to both support and develop the existing schemes, as well as further improve the partnership arrangements with the community and other organisations such as the RNLI which continues to significantly increase the availability of responders to the community.

This well respected and expanding group contribute to delivering life saving intervention within the community.

Table 13 below shows the incidents attended by different responders in the year.

**Table 13**

<b>Responder type</b>	<b>Incidents attended</b>
Community first responder	6,421
Fire co-responder	2,136
Trust operational manager	966
Static first responder	619
Paramedic first responder	404
Affiliated service responder	346
Technician first responder	183
Doctor	309
<b>Total</b>	<b>11,384</b>

# **URGENT CARE & CLINICAL DIRECTORATE**

**(Clinical Governance)**

## **Director of Urgent Care & Clinical Services' review**

Clinical Governance is fully integrated within the business of the Trust and, following a review of governance reporting arrangements within the organisation, the Governance Committee was formed as a sub committee of the Trust Board to provide a suitable forum from which to take forward clinical and other governance work.

The concept of risk awareness and the management of risk are embedded throughout the Trust. A comprehensive Risk Register is discussed and updated at a number of groups and committees and a review day takes place each year, involving staff from all functions to ensure that the Register and the risks on it remain fit for purpose. The Trust's web based incident reporting system introduced last year is now widely used throughout the organisation. This has resulted in the number of closed adverse incident reports increasing from 1,671 in 2006/07 to 2,420 in 2007/08. The Trust was pleased to receive positive feedback from the National Patient Safety Agency (NPSA) who reported the Trust as the top ambulance Trust reporting the highest number of incidents to the National Reporting Learning System (NRLS).

The Trust continued to be the only ambulance trust to hold level 3 (the highest level) in the NHS Litigation Authority's (NHSLA) Risk Management Standard for the Provision of Pre-Hospital Care in the ambulance service. During the year the Trust undertook a pilot assessment against new risk management standards developed by the NHSLA, and are pleased to report that although we only just missed the required level to pass the standards we were the highest scoring ambulance trust. An action plan has been developed to address areas of non-compliance and we will be formally assessed against the new standards in 2008/09.

All front line Paramedics can now administer thrombolysis, e.g. clot busting drugs, for patients suffering a heart attack. In some areas work is ongoing to transfer appropriate patients directly to hospital units which provide primary angioplasty, an alternative form of treatment for such patients. An important development is the rapid access arrangements for patients suffering from an acute stroke. This service has been in place for over 3 years in Dorset but is now being introduced across the Trust. The provision of appropriate care on arrival at hospital is critical to this development.

During the year Clinical Support Officers were introduced across the whole Trust area and this successful approach to supporting staff at the frontline whilst encouraging even higher clinical standards has been welcomed by staff and patients. I look forward to seeing this continued clinical leadership being further embedded into practice across the Trust to ensure optimum patient services.



**Norma Lane**  
**Director of Urgent Care and Clinical Services**

## **Annual Health Check**

The Healthcare Commission's system of performance monitoring called Standards for Better Health was put into place for 2005/6. This replaced the previous star rating systems for NHS trusts. The system is known as the 'Annual Health Check'.

This new reporting enables stakeholders to comment upon Trust performance. Local authority led Overview and Scrutiny committees (OSCs), the Patient and Public Involvement Forum (PPIF - abolished 31 March 2007) and Local Safeguarding Boards were given an opportunity to provide annual commentary on NHS trust performance.

The Trust was delighted to receive commentary from 8 Overview and Scrutiny Committees, 3 Local Safeguarding Boards and the Patient and Public Involvement Forum (PPIF) for the year.

This highly valuable feedback contributes to the national performance report published by the Healthcare Commission. The 7 domains below will continue to form a strong patient led focus for the Trust in 2008/9 and beyond:

- Safety
- Clinical and cost effectiveness
- Governance
- Patient focus
- Accessible and responsive care
- Care and environment amenities
- Public health

The Trust was required to submit a self assessment of compliance with the core standards to the Healthcare Commission and was pleased to report full compliance with each of the core standards for 2007/8.

During the period, the Trust has made real progress with the extensive and thorough process of harmonising its strategies and policies to maintain compliance with each of the core standards. This has not been without its challenges but the Trust has met these by working in a 'team based' approach across Directorates.

The Trust welcomes the opportunity to be scrutinised by an external organisation and believes this crucial feedback is helping with the ongoing modernisation, improvement and reform programmes.

## **Clinical developments**

The Clinical and Urgent Care Directorate has continued to spearhead innovative developments to ensure patients receive the optimum standards of care. The appointment of more than 40 additional Clinical Support Officers has strengthened the capability of the Trust to rapidly introduce new clinical skills and pathways at a local level.

The Trust has become the first ambulance service in the UK to place arterial tourniquets on all frontline vehicles. These comprise of a Velcro band that can be applied to an injured limb and gradually tightened to rapidly control life-threatening bleeding. Two years after the former Dorset Ambulance Service NHS Trust pioneered the civilian use of the military device, national guidance now recommends its use.

During the year training was completed to enable all paramedics to administer a strong oral analgesic (pain relief) to improve the management of pain for adults and especially children.

Trust staff continue to have the widest range of skills in the UK, with the majority of technicians now trained to insert an intravenous cannula (a needle inserted into a vein) and are able to administer a wider range of drugs for asthma and anaphylaxis.

The Trust also became one of the first in the UK to adopt a new drug, amiodarone, to control life-threatening disturbances in the rhythm of the heart.

A number of new care pathways have been developed, including supplying patients who remain at home following an asthma attack with the oral corticosteroid drug prednisolone. Evidence demonstrates that supplying patients with this drug significantly reduces the need for admission into hospital, improves the speed of recovery and reduces the number of relapses. The project represents the first initiative in a series of developments supported by the Directorate to promote projects created by front-line staff, for front-line staff.

The Clinical Directorate have been working to develop access to a wider range of community services and referral pathways. An increasing number of pathways have been created to allow clinicians to admit patients to more suitable Community Hospital beds as an alternative to A&E.

The online Learning Zone concept developed by the Directorate continues to expand rapidly, with 13 successful zones now available for staff on the intranet. This concept ensures all resources required for the introduction of clinical skills are available 24/7 to all clinical staff, together with further reading and web links. Feedback from staff has been extremely positive, with more zones in development in partnership with the Strategic Communication team at Trust headquarters.

## **Clinical guidelines**

All clinical staff within the Trust practice to standards developed and published by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) and the National Institute for Health and Clinical Excellence (NICE). This provides assurance that care is based on the best available evidence where it exists. Where robust research evidence is lacking, a consensus on practice standards is reached by the JRCALC guidelines development group.

## Cardiac care

The Trust continued its strong working relationship with partner organisations to further improve services to patients who experienced a heart attack. Due to the welcome ongoing investment in equipment, more patients are now being assessed with a 12 lead Electro Cardio Gram (ECG) machine and more patients than ever before receive aspirin, oxygen therapy and Glyceryl Trinitrate (GTN) in line with national clinical guidelines. GTN is a spray that is placed under the tongue of a patient who is experiencing chest pain. It works as a pain reliever and also relaxes the vascular action of the heart muscles to assist recovery.

The early delivery of clot dissolving thrombolysis treatment, vital in reducing mortality from heart attack, continued with a further 333 patients treated by Trust crews in the period, 89% of whom received their treatment within 60 minutes of dialling 999.

## Stroke

During the year the Trust's Clinical Development Manager represented UK ambulance services during the creation of the first National Stroke Strategy, a document that will transform stroke services over the next decade.

Working in partnership with South East Coast Ambulance Service NHS Trust, the Trust developed the UK's first integrated pathway for patients experiencing a stroke or transient ischaemic attack (TIA). The innovative pathway has been recognised by the National Stroke Improvement Programme as an example of national best practice.

Stroke is the brain equivalent of a heart attack. It is the third leading cause of death, and the number one cause of disability in the developed world. Over 110,000 people in the UK experience a stroke each year, with 60,000 deaths occurring annually.

A transient ischaemic attack (TIA), commonly known as a 'mini stroke', is a clinical syndrome that temporarily causes the same signs and symptoms of a stroke: facial droop, arm weakness and speech disturbance.

Strokes which are caused by a clot forming in a blood vessel can be treated by administering a drug called a thrombolytic, which dissolves the blockage. The treatment can significantly improve outcomes in some patients, but it is most effective if given soon after the onset of symptoms.

Ambulance clinicians identify patients who may be suitable for early specialist stroke care, and fast-track them to an appropriate stroke centre. Over the past year the Trust has increased the number of fast track pathways to include 9 hospitals; the most comprehensive network of specialist centres in the UK.

Work also continues to prevent strokes by referring patients who may have experienced a transient ischaemic attack (TIA) directly to a specialist clinic at their local hospital. The pathway is now available to patients across Dorset and Somerset with work on-going in Cornwall.

## **Primary Angioplasty**

Working with partner agencies particularly Acute Trusts is high priority and developments progress with primary angioplasty services for heart attack patients.

The Department of Health and Strategic Health Authority are promoting primary angioplasty over thrombolysis (chemical breakdown of the clot) following the publication of UK based research which favours primary angioplasty.

This treatment means heart attack patients are admitted to hospital and taken to a cardiac catheterisation room. With appropriate pain relief a thin tube is inserted into an artery in the patient's thigh or wrist. Using x-ray guidance the tube is manoeuvred through arteries until the end is in the blocked heart artery.

A balloon on the end of the tube is then inflated, reopening the artery and allowing blood to flow normally to the heart muscle. Where the artery wall is weak, or requires additional support to stay open, a short plastic or metal tube (called a stent) is left inside the affected artery.

The Trust has supported the Royal Devon and Exeter Hospitals NHS Trust who have been successfully involved in this national trial over the last couple of years.

Most heart attack patients in Exeter, Torbay and Bournemouth are now being admitted by paramedics directly to cardiac units capable of delivering this pioneering treatment and this service is planned to extended steadily over this year to other areas.

## **Mental health**

The Trust has been instrumental in improving the care of patients with mental health problems. The result is that ambulance staff across the 4 counties now have 24/7 access to advice from mental health specialists who are able to provide support to clinicians, and arrange a further assessment or direct admission to a mental health unit where appropriate.

A full-time safeguarding manager has been appointed alongside front line operational staff who have dedicated hours set aside to lead the Trust's work for vulnerable adults and child protection.

This work is being managed in parallel with the mental health work for the Trust with the additional investment and recruitment of 8 clinically trained staff across both busy Clinical Hubs. These highly skilled clinicians who consist of paramedics, nurses and Emergency Care Practitioners (ECPs) are now providing individual support to those patients who call the 999 emergency service and require support with mental health issues.

Up to 1000 patients a month are now receiving appropriate telephone advice for their particular health needs which often consists of a referral to Social Services or other appropriate service providers.

## Infection prevention and control

The Trust was delighted to secure additional funding during 2007 to tackle infection prevention and control issues. NHS South West provided £209,000 non-recurrent funding following a successful bid from the Directorate.

Working closely with staff, Clinical Support Officers and UNISON, the delivery of a 'Cleaner Care Initiative' programme has harmonized practices across the Trust.

Financial allocations have been invested in equipment and staff education, with the aim of producing sustained long-term solutions to the complex infection prevention and control challenges facing staff.

The Trust's vehicle deep cleaning programme has been supported by a contracted deep clean, ensuring that all conveying ambulance vehicles received a deep clean within the year.

A substantial investment has been made in equipment including industrial steam cleaners, 10 rotary floor scrubbers and wet vacuum cleaners to ensure that the cleaning team deliver a comprehensive deep clean. Vehicles are now cleaned according to the Trust's new cleaning protocol.

The 'Cleaner Care Initiative' has brought together cleaning agents and regimes with spill kits issued to every PTS vehicle, emergency ambulance and Rapid Response Vehicle (RRV). Disposable seat covers have been introduced for use on RRVs, and a number of out-dated suction units have been replaced.

During the next financial year, the initiative will result in all rescue board and carry chair patient straps being replaced with plastic encapsulated wipe clean belts. Once a comprehensive staff involvement exercise is complete, all emergency vehicles will be issued with response and oxygen bags manufactured from wipe clean materials.

With the support of staff and Clinical Support Officers, stations across the Trust have been signing up to the six commitments of Cleaner Care which comprise:

- carrying alcohol handrub whenever in uniform;
- cleaning hands with alcohol handrub or soap and water between every patient;
- mopping the vehicle using ChlorClean tablets during each shift;
- thoroughly cleaning the trolley bed and any equipment used after each patient;
- following the new infection prevention and control policy to ensure cleaning, waste disposal and laundry is dealt with according to the latest national guidelines;
- helping to ensure patients receive care in an environment that we would be proud for our relatives to experience.

A programme of work has been developed for 2008/09 which will build upon the positive and much welcomed efforts already made during 2007/08.

## **Public Health**

The Board agreed the Trust's first Public Health Strategy with explicit aims to establish a 5 year framework of actions to improve health, prevent ill health, promote positive healthy lifestyles and contribute to a reduction in health inequalities. The Trust will do this by:

- contributing to tackling the social, economic and environmental determinants of health;
- supporting and promoting healthy lifestyles;
- protecting health;
- improving provision of and access to local out of hospital health services for emergency and urgent care.

The Strategy set out important health issues facing the South West, provided information on the determinants of health and the needs of the populations served and where applicable proposed key actions to reduce inequalities and improve health.

It is intended that the Strategy will support the establishment of the Equality and Diversity Task Groups set up in the year to tackle these issues and make a positive impact on health inequalities in the South West.

The Strategy promotes a partnership approach and is aspirational in that the involvement of local bodies, such as Primary Care and Acute Trusts, Local Authority Overview and Scrutiny Committees, Local Involvement Networks (LINKs), the voluntary sector and local businesses will add value to the work of the Trust and lead to improvements in health for all in the South West region.

The Trust is realistic and highlights that this is a major and complex set of work that will require everyone's best efforts. However, the Trust is well placed with current work-streams including all Emergency Care Practitioner (ECP) job descriptions including health promotion requirements to clinically drive forward health improvements.

The Trust is fortunate that it inherited numerous positive and well established relationships with a wide variety of statutory, community and voluntary groups and partners. This significant starting point will be built upon and taken forward to help achieve the aspirations of this strategy in 2008 and beyond.

## **Directorate improvements**

A year of even more clinical focus within the Trust was welcomed by staff and partners. A restructure in the spring of 2007 resulted in a change of the Directorate's portfolio of services and a change of name to Urgent Care and Clinical Services.

The new Directorate incorporated all clinical aspects across the Trust and included the Urgent Care GP Out of Hours Service of Dorset and Somerset. The two 999 Control rooms were also transferred.

These changes reflected the need for a more clinical focus at the first contact point for patients and the public. The emphasis on clinical decision making and telephone assessment is key to ensuring resources are deployed effectively and appropriately to improve clinical outcomes for all patients.

The title of control rooms was changed to Clinical Hubs to reflect the skill mix of clinicians who now offer telephone advice to callers with non life threatening concerns.

### **Clinical Supervision in the Clinical Hubs**

The Trust is delighted to report the pioneering new role of Clinical Supervisors has proven to be clinically effective, not only in the areas of direct patient assessment of the Category C calls but also the proactive management of frequent callers and other vulnerable patients.

The Clinical Supervisors have also been able to provide clinical supervision and support for the non clinical call handling staff in the Hubs. In parallel they offer a vital point of contact for crews requiring further clinical advice or support in their management of patients. This is saving valuable time for frontline staff in finding the most appropriate care pathways for patients.

### **Clinical Audit**

Clinical audit is a process by which performance is measured against agreed standards and improvement is made where necessary. The Trust contributes to National audit programmes and audit reports are presented to the Trust's Governance Committee as required. The Clinical Directorate team, along with other stakeholders are invited to participate in a planning meeting where national and local priority is mapped to resources.

### **National Clinical Audits**

During the year National requirements for ambulance services to participate in audit changed. The Ambulance Service Association {ASA} (now abolished with a newly emerged Ambulance Service Network sitting as part of the NHS Confederation) stopped supporting the national audits of both ST segment elevation myocardial infarction (heart attack) patients and Cardiac Arrest in 2007.

The Benzyl Penicillin audit which was undertaken by the National Clinical Effectiveness Manager was also stopped following the reorganisation of the ASA, although the Trust undertook an internal audit of this instead.

A new national group, with representation from all English ambulance Trusts and the Welsh ambulance service was established. This National Ambulance Audit Steering Group (NAASG) has been developing National clinical performance indicators (CPIs) to provide a clinical focus to performance monitoring.

The Research and Audit Manager has been closely involved with the development of the pilot CPIs through participation in a working group of the NAASG and the Trust has participated by submitting data on all of the pilot topics.

A draft National report has been circulated which is being amended following comment. It is anticipated that the national CPI project will continue through 2008/09 and the Trust will continue to submit information and participate in the development process.

Hospital trusts participate in the Myocardial Ischemia National Audit Project (MINAP). Ambulance services have access to some of this data via the Ambulance Outcome database and the Trust uses this information routinely to monitor all patients with ST segment elevation myocardial infarction (STEMI).

This information is used to identify anomalies in data and reporting of performance and enables communication with our hospital trusts regarding audit on this patient group.

### **Local Audits**

The completed programme of audit this year included:

- treatment of patients with heart attacks, including thrombolysis;
- treatment of severe meningococcal disease with antibiotics;
- referrals in cases of suspected child abuse and for vulnerable adult protection;
- evaluation of the Mucosal Atomisation Device;
- care of patients who self-harm;
- pain management;
- management of patients with head injuries;
- use of the fast test for stroke assessment;
- community college use of the 999 ambulance service.

Continued emphasis is placed on empowering clinical staff to participate in local audit programmes through the conception of a Research and Audit group. Key members of the Clinical Directorate team meet with enthusiastic clinicians to promote clinician involvement in evaluating clinical effectiveness through clinical audit and contributing to the evidence base for pre-hospital care through participation in research.

### **Medicines update**

The Trust has recognised the importance of utilising the skills of a wide range of healthcare professionals to ensure that care is delivered by the most appropriate practitioner. To support the Trust's overall medicines management a Senior Pharmacist was appointed to the Directorate to help develop both strategy and policy.

This much welcomed rich and diverse skill mix is one of the Directorate's greatest strengths. To ensure that these practitioners are able to deliver care to patients at the point of access the Trusts procedures reflect the different rights of these practitioners to supply and administer medication within legislation and find innovative solutions to support their clinical roles.

## **Clinical Hubs**

In the Clinical Hub for the East Division based at the St Leonard's, Dorset Call Centre one of the biggest developments and achievements for the team was the move to a sophisticated and large purpose built Call Centre.

The new Call Centre now brings together teams of staff and clinicians who had previously worked in separate rooms. The move successfully took place in May 2007 and provided the Trust with a flagship Clinical Hub by co-locating the Dorset 999 Call Handlers, GP Out of Hours (Urgent Care) Call Handlers, Patient Transport Services, Rota scheduling staff, NHS Direct and Clinical Supervisors.

The new Hub has integrated GPs, Nurses and Paramedics, all performing telephone consultation which provides support and advice to 999 patients and Clinical Hub staff. This has improved the clinical focus for patients whilst assessing clinical need over the telephone for our public. The stimulating new work environment has vastly improved the working conditions for staff who work there and the facilities provide the very latest cutting edge state of the art technology.

## **Safeguarding children and vulnerable adults**

Safeguarding is defined as *'The protection of members of society who may be more vulnerable due to age, illness, capacity or position in society. It incorporates children, vulnerable adults, those with mental health issues and those suffering domestic violence' (DH: 2005).*

All these areas have statutory requirements for the Trust, including:

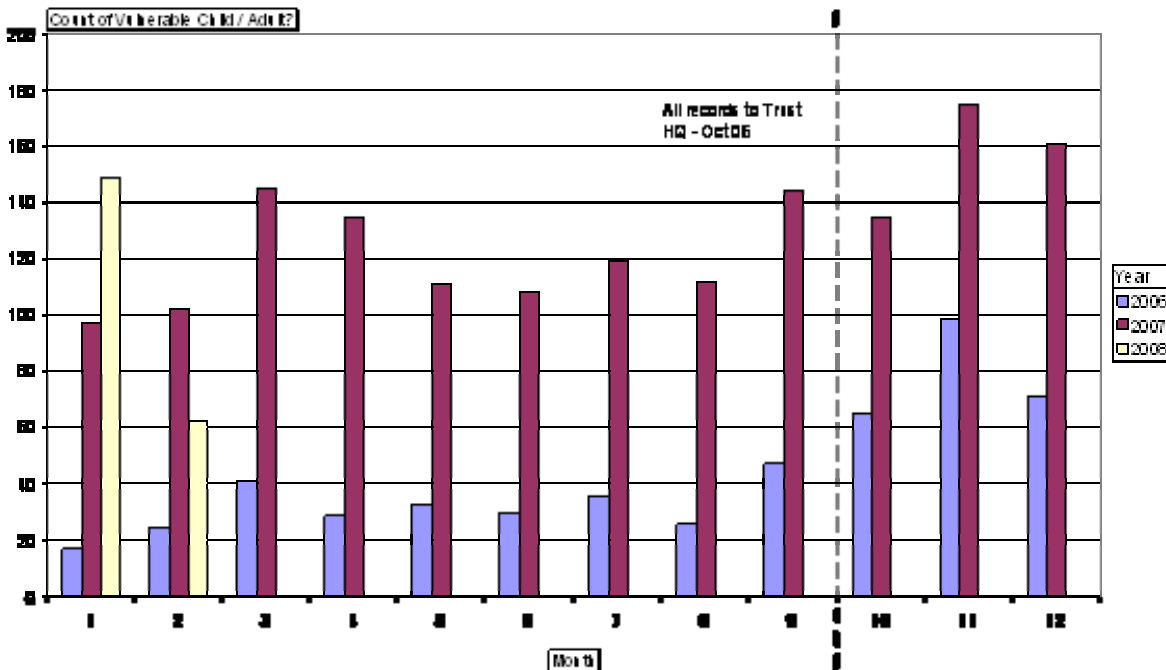
- Referrals
- Vulnerable adult inquiries
- Serious case reviews
- Child death reviews
- Domestic homicide reviews
- Drug related death reviews

The Trust is fully engaged with the setting up and implementation of these reviews which provide opportunities to review process and practice so that patients receive the very best patient care.

Table 14 below shows referral numbers (all referrals) up to 12 February 08 (available data at time of producing this report) and demonstrates the continuing commitment of staff to improve the lives of patients. As a result of increased awareness and training, staff continue to increasingly identify vulnerability, both in terms of the need for services and those at risk of abuse.

**Table 14**

Vulnerable Child / Adult? (All) Incident Location (County / Unitby) (All)



The Safeguarding Team is engaged and working with partner agencies across the Trust area in taking forward learning from reviews and continues to scrutinise best practice to improve outcomes for the most vulnerable in society. A significant review took place in the year by the Healthcare Commission after the sad death of a patient in Cornwall. Significant learning and required improvement actions are being taken forward with a multi-agency group set up to ensure continued and sustained improvements.

**Dorset and Somerset Urgent Care Service**

The Trust has provided and managed the GP Out of Hours Urgent Care Service for the populations of Dorset and Somerset since 2004 for Dorset and 2005 for Somerset. The dynamic service handles approximately 15,000 patients per month across both counties and the service continues to experience peaks of demand particularly on Saturday mornings. The busiest day for the Urgent Care Service during the year was 29 December 2007 when the call centre received and processed 2,269 calls in just one day.

In April 2007 the service was successful in winning the contract to provide out of hours medical cover for the Dorset Prison Service. This contract provided further diversity of service provision and provided an opportunity to enhance expertise and skills in this specialist area of healthcare. The total of patient calls amounted to 216,384 throughout the year.

The GP workforce comprises mainly of local GPs who work in general practice during usual daytime hours and the use of agency GPs is very minimal. The local knowledge and responsiveness of our GP workforce and teams of Nurse Practitioners and Emergency Care Practitioners (Advanced Paramedics) has instigated the very success development of this highly valued aspect of the Trust's work.

# Operating and Financial Review

South Western Ambulance Service NHS Trust was formed on the 1 July 2006 following the merger of Dorset Ambulance NHS Trust and Westcountry Ambulance Services NHS Trust.

The financial year 2007/08 represents the first full year of operations for the new organisation and a full set of accounts including the Statement of Internal Control (SIC) is provided at Appendix A.

The additional information within this section covers the 12 month period from 1 April 2007 to 31 March 2008.

## Financial summary

The full set of accounts for the 12 month period to 31 March 2008 is set out in Appendix A. These are also on the Trust website at [www.swast.nhs.uk](http://www.swast.nhs.uk).

The Accounts comprise the primary statements made up of the Income and Expenditure Account, Balance Sheet, Statement of Total Recognised Gains and Losses, Cash Flow Statement and notes.

For the financial year 1 April 2007 to 31 March 2008, the Trust has performed well against its key performance targets. This could not have been achieved without the effort and commitment of all staff. Well done to everyone for contributing to this combined success.

## Income received

The Trust received income of £110.9m in 2007/08 of which £105.5m was related to patient activity. The remaining income of £5.4m mainly related to charitable income of £4.1m.

## Money spent

Over the last year, the Trust spent £110m on running costs. The majority of this money (70.7%) was spent on staff employment costs of £77.8m.

## Capital investment

The Trust invested £5.2m in its fleet of vehicles, Information Technology, buildings and other equipment.

## Financial targets and performance

The Trust has had an excellent financial year with all key financial performance targets achieved:

- breakeven on a turnover of £110,868k;
- capital expenditure was within the Capital Resource Limit;
- cash position was successfully managed (called the External Finance Limit);
- required return on assets used by the Trust (called the Capital Cost Absorption Rate) was within the range set by the Department of Health (DH).

The annual accounts have been prepared in accordance with accounting standards and policies. They have been audited by the Audit Commission who confirmed that they give a true and fair view of the Trust financial position as at 31 March 2008 and for the income and expenditure for the year.

The 4 financial performance targets that the Trust is required to achieve are:

1. **To breakeven on income and expenditure (to operate within the money received).**

The Trust achieved a breakeven position for the 2007/8 financial year. Table 15 below demonstrates that the Trust (and its predecessor bodies) successfully operated within the available resources for each of the last 4 years.

**Table 15**

<b>Year end position for the last 4 years</b>			
<b>Financial Year</b>	<b>Dorset</b>	<b>Westcountry</b>	<b>South Western</b>
	£000	£000	£000
2004/5	0	35	35
2005/6	250	32	282
2006/7			1,012
<b>2007/8</b>			<b>0</b>

**2. To stay within the Capital Resource Limit (to keep capital expenditure within a set limit).**

The Trust has to keep capital expenditure within a limit set by the Department of Health (DH). An under spend is permissible.

The capital expenditure limit for 2007/08 was £5,270k. The net expenditure on capital projects during the year was £5,201k.

This represents a small under spend of £69k.

**3. To remain within the External Financing Limit (EFL). This is a control on the cash usage of the Trust.**

The External Finance Limit is a cash limit on net external financing and is a control for cash expenditure.

The Trust must not exceed the External Financing Limit target. For 2007/8, the Trust was set a negative External Financing Limit of £1,321k.

The Trust had a negative External Financing Requirement of £1,341k.

This represents an under shoot of £20k compared to the External Financing Limit.

**4. Achieve a Capital Cost Absorption return of 3.5% on relevant net assets (to make best use of Trust assets).**

The Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets.

The Trust achieves the target if it achieves a rate of return of between 3% and 4%.

The Trust achieved a rate of return of 3.52%.

The rate was calculated by expressing the Trust dividend payment of £1,261k as a percentage of the average of the opening and closing relevant net assets of £35,837k.

## Income

The total operating income received by the Trust for the year was £110,868k which was an increase of £6,266k (6%) over the previous year.

The income from patient activities totalled £105,465k of which £105,452k was received from NHS bodies. Income received is analysed across the service as show in Table 16 below:

**Table 16**

	<b>Amount £000</b>	<b>%</b>
Primary Care Trusts	97,891	88.3
NHS Trusts	3,738	3.4
Foundation Trusts	3,505	3.1
Other NHS income	318	0.3
Other patient related income	13	0
<b>Total Patient Activities</b>	<b>105,465</b>	<b>95.1</b>
<b>Other operating income:</b>		
Charitable and other contributions	4,981	4.5
Transfers from donated asset reserve	298	0.3
Education and training	124	0.1
<b>Total Income</b>	<b>110,868</b>	<b>100.0</b>

## Expenditure

During the year, the Trust spent £109,969k on operating expenses, which was an increase of £7,264k (7.1%) over 2006/7.

The total cost of employment which included permanent, temporary and agency staff, amounted to £77,786k (70.7%) of operating expenses with the balance of £32,183k relating to non pay and depreciation costs.

A summary analysis of Trust expenditure is set out in the Table 17 below:

**Table 17**

	<b>Amount £000</b>	<b>%</b>
Staff and Directors	77,786	70.7
Transport	9,393	8.5
Depreciation	5,512	5.0
Premises	4,980	4.5
Supplies and services	3,360	3.1
Establishment	3,626	3.3
Other costs	5,312	4.9
<b>Total Operating Expenses</b>	<b>109,969</b>	<b>100.0</b>

## Capital investment

At the 31 March 2008, the Trust had fixed assets with a net book value of £40,611k (31 March 2007 £38,649k).

The Trust spent £5,208k on capital projects; a summary of the main projects is shown in Table 18 below:

**Table 18**

	<b>Amount £000</b>
Fleet	3,833
IT	771
Estates	391
Medical Equipment	70
Other	143
Total Capital Expenditure	5,208
Less: Disposal of Assets	(7)
<b>Net Capital Expenditure</b>	<b>5,201</b>

## **Clinical Negligence Scheme for Trusts (CNST)**

The Trust's clinical negligence claims are covered by the NHSLA Clinical Negligence Scheme for Trusts (CNST). There are currently 5 clinical negligence claims being pursued against the Trust and 2 potential clinical negligence claims from claimants who have requested disclosure of records.

## **Risk management**

The NHS Litigation Authority (NHSLA) Risk Management Standard for the Provision of Pre Hospital Care in the ambulance service was introduced in 2004/5 and brought together organisational, clinical and non-clinical risks, including risks specific to those providing ambulance services. Examples of these requirements include the need for clear systems for managing 'first responders', clinical guidelines for pre-hospital care, and obstetric training which reflects national guidelines.

All NHS trusts are assessed against risk management standards with level 3 being the highest by an independent assessor working on behalf of the NHSLA.

The Trust is the only ambulance service of the existing 13 ambulance trusts in the UK to continue to be at the top level. This impressive achievement and experience will stand the Trust in good stead when future assessment takes place against the new risk management standards for 2008/09.

### **Increased confidence in risk management systems**

The Trust actively encourages staff to report incidents to identify trends and manage risks to staff, patients and the public. Staff demonstrated an increased confidence in the Trust's incident reporting procedure by reporting 2420 incidents.

For the second year, the Healthcare Commission's NHS National Staff Survey shows the % of staff reporting adverse incidents is above average for ambulance Trusts. This was reinforced by feedback from the National Patient Safety Agency (NPSA).

## **Claims**

### **Personal injury claims**

All personal injury claims relating to accidents are covered under the NHS Litigation Authority's (NHSLA) Liabilities to Third Parties Scheme (LTPS), apart from claims for injuries arising from motor accidents which are covered by the Trust's motor insurers.

The Trust received 11 personal injury claims in the last 12 month period which is an increase of 4 from the same period in 2006/7.

4 of these claims related to injuries sustained through manual handling and/or moving and 3 related to injuries sustained as a result of a slipping.

Whereas some claims will only take approximately 2 years to close, some can take up to 5 years depending upon the complexities of the case, as well as any delays to the legal processes involved. During the past year 9 personal injury claims which is a decrease of 3 on the 12 claims closed for the same period in 2006/07.

## Keeping Personal Information Safe and Secure

2007-08 has seen the spotlight turned firmly onto how securely organisations hold and manage personally identifiable information, in particular public sector organisations. Substantial work has been done, spurred by central and local directives, to identify how personal data is released and transferred outside the Trust and to address any weaknesses in practice.

Ultimately, the Trust was able to report that it had met all central requirements for identifying and addressing any issues within the timescales specified both centrally and locally. Mechanisms for responding to requests from external parties for records and information concerning incidents attended and care provided by Trust services were also reviewed and strengthened in the process.

The following section demonstrates the number of security and confidentiality incidents reported within the Trust during the year; although this figure is low in terms of the sheer volume of care provided by Trust services, with robust systems and policy in place, the focus will nonetheless turn during the coming year to ensuring confidentiality and security messages are continually and effectively reinforced to staff through training and awareness exercises.

### Summary of Personal Data Related Incidents

The following is a summary of the incidents reported in 2007-08 that represented breaches in security standards. Of the 8 incidents where information was lost, it was located within a short space of time in all but 2 cases.

That staff, in most cases, were reported to have reflected upon their actions and oversight without prompt is a reflection of their commitment to maintaining the confidentiality of information they obtain in the course of providing services on behalf of the Trust. None of the incidents warranted disciplinary action against the staff concerned, and none fell into the category of a Serious Untoward Incidents that must be reported to both local NHS management services, and to the Information Commissioner.

Category	Nature of Incident	
I	Loss of inadequately protected electronic equipment devices or paper documents from secured NHS premises	4
II	Loss of inadequately protected electronic equipment devices or paper documents from outside secured NHS premises	4
III	Insecure disposal of inadequate protected electronic equipment, devices or paper documents	0
IV	Unauthorised disclosure	6
V	Other	4
<b>Total</b>		<b>18</b>

## Remuneration

The Trust operates in accordance with the Very Senior Managers pay policy for all senior ambulance staff regarding remuneration of senior managers for current and future financial years and for all service contracts for those who have served throughout the year. All Director salaries and uplifts are agreed with the South West Strategic Health Authority.

Salary and Pension entitlements of senior managers for the year 2006/07 and 2007/08 are illustrated below. Due to the merger of the 2 previous ambulance services in year 2006/07 the data presented is illustrated below. Table 19 shows the 3 month 2006/07 period for former Dorset Ambulance NHS Trust.

**Table 19**

Remuneration Dorset Ambulance NHS Trust	2006/7 3 Months to 30/06/2006		
	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £100)
Name and Title	£000	£000	£
Mr T Jones (Chairman)	0-5		400
Mr T Ware (Non Executive Director)	0-5		100
Sir B Kenny (Non Executive Director)	0-5		200
Ms P Rushton (Non Executive Director)	0-5		100
Mr K Wenman (Chief Executive)	20-25		700
Mr R Ferre (Deputy Chief Executive)	10-15		700
Mr C Launchbury (Director of Finance)	10-15		900
Ms J Liggett (Associate Director of Corporate Affairs)	10-15		600
Mr T James (Associate Director of Operations)	10-15		500
Mrs N Lane (Associate Director of Urgent Care Service Dorset and Somerset)	10-15		500

Table 20 shows the 3 month 2006/07 period for former Westcountry Ambulance Services NHS Trust.

**Table 20**

<b>Remuneration Westcountry Ambulance Services NHS Trust</b>	<b>2006/7 3 Months to 30/06/2006</b>		
	<b>Salary (bands of £5000)</b>	<b>Other Remuneration (bands of £5000)</b>	<b>Benefits in kind (rounded to the nearest £100)</b>
<b>Name and Title</b>	<b>£000</b>	<b>£000</b>	<b>£</b>
Mrs H Strawbridge (Chairman)	0-5		
Mr K Burrows (Non Executive Director)	0-5		
Mrs C Russell (Non Executive Director)	0-5		
Mr B Lewis (Non Executive Director)	0-5		
Ms J Cowdery (Non Executive Director)	0-5		
Mr B Evans (Non Executive Director)	0-5		
Mr M Willis OBE (Chief Executive)*	30-35	265-270	
Mr S Pryor (Director of Operations)	20-25		
Mr S Davies (Director of Finance)	15-20		2,000
Ms K Nethercott (Director of Corporate Affairs)	15-20		1,500
Ms G Bryce (Medical Director)	5-10		

\* Compensation for loss of office under an approved compensation scheme was made to M Willis OBE

Table 21 shows the remaining 9 month 2006/07 period and the full first 12 month period for 2007/08 for South Western Ambulance Service NHS Trust.

**Table 21**

Remuneration South Western Ambulance Service NHS Trust (1 July 2006 onward)	2006/07 (9 months to 31 March 2007)			2007/08		
	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £100)	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in kind (rounded to the nearest £100)
	Name and Title					
	£000	£000	£	£000	£000	£
Mrs H Strawbridge (Chairman appointed 1/07/06)	10-15			20-25		900
Mr B Howard (Non Executive Director appointed 1/08/06)	0-5			5-10		300
Mr R Lock (Non Executive Director appointed 1/08/06 until d. 21/01/08)	0-5			0-5		200
Mrs C Russell (Non Executive Director appointed 1/07/06)	0-5			5-10		500
Mr T Ware (Non Executive Director appointed 1/07/06)	0-5		100	5-10		300
Professor M Watkins (Non Executive Director appointed 1/08/06)	0-5			5-10		300
Mr K Wenman (Chief Executive)	80-85		3,000	125-130		3,900
Ms G Bryce (Medical Director until 31/8/2007)	25-30			35-40		300
Mrs N Lane Director of Urgent Care and Clinical Services from 01/11/07)	45-50		1,800	75-80		2,300
Mr S Davies (Director of Finance until 18/01/08)	60-65		6,000	75-80		6,300
Mrs J Kingston (Interim Director of Finance 19/01/08)	n/a	n/a	n/a	25-30		

Ms J Liggett (Director of Human Resources & Workforce Development)	50-55	1,800	75-80	3,000
Mr S Pryor (Director of Operations)	60-65	300	80-85	4,000

All benefits in kind are car and fuel benefits.

## Pension Benefits at 31 March 2008

Table 22 shows pension benefits for the 12 month period of South Western Ambulance Service NHS Trust.

**Table 22**

	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 08 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 08 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 08	Cash Equivalent Transfer Value at 31 March 07	Real Increase in Cash Equivalent Transfer at 31 March 07
	£000	£000	£000	£000	£000	£000	£000
Mr K Wenman (Chief Executive)	7.5-10	22.5-25	40-50	150-145	755	596	144
Ms G Bryce (Medical Director)	(5)-(7.5)	(17.5)-(20)	30-35	70-75	360	435	(87)
Mrs N Lane (Clinical Director)	5-7.5	17.5-20	25-30	75-80	377	276	94
Mr S Davies (Director of Finance) (until 18/01/08)	0-2.5	2.5-5	10-15	35-40	150	134	12
Ms J Liggett (Director of Human Resources and Workforce Development)	0-2.5	2.5-5	0-5	10-15	71	46	24
Mr S Pryor (Director of Operations)	0-(2.5)	(2.5)-(5)	30-35	90-95	481	473	(4)

The Trust's treatment of pension liabilities may be found in the full set of Annual Accounts under note 1.10. As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.



## **Cash Equivalent Transfer Values (CETV)**

A Cash Equivalent Transfer Value is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the accrued benefits of members and any contingent spouse's pension payable from the scheme.

A Cash Equivalent Transfer Value is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme.

The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The Cash Equivalent Transfer Value figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. Cash Equivalent Transfer Values are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

## **Real Increase in Cash Equivalent Transfer Values (CETVs)**

This reflects the increase in Cash Equivalent Transfer Values effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

## **Auditors Remuneration**

Statutory audit services for the Trust were provided by the Audit Commission and the Devon and Cornwall Audit Consortia.

The fee for provision of audit services for the 12 month period was:

- £106k for statutory audit services;
- £110k for internal audit and local counter fraud services.

## **Better Payment Practice Code**

Details of compliance with the better payment practice code are given in note 7.1 to the full set of accounts.

## **Statement of Internal Control (SIC)**

The Statement of Internal Control (SIC) for the period 1 April 2007 to 31 March 2008 can be found in the full set of Annual Accounts at Appendix A.

## **Committee structure for the period 1 April 2007 to 31 March 2008**

### **Remuneration Committee**

The Committee comprises Mrs H Strawbridge (Chairman) and all of the Non Executive Directors (mandatory for at least 2 to attend meetings). It reviewed pay and conditions of service so the Trust remained competitive and affordable, recommended pay and conditions for the Chief Executive and Executive Directors, having first considered proposals submitted by the Chief Executive.

### **Audit Committee**

The Committee comprised Non Executive Directors Mr R Lock (Chairman for the period April 2007 to December 2007), Mr T Ware, Professor M Watkins and Mrs C Russell (Chairman from January 2008). It monitored both internal and statutory audit and risk management plans, held meetings with the Director of Finance and audit representatives and scrutinised audit findings and recommendations.

### **Governance Committee**

The business of the Risk Management Group and Clinical Governance Committee was merged during 2007/08 to form the Governance Committee. The new Committee comprised Non Executive Directors Mr T Ware (Chairman) and Mr R Lock (to December 2007), Executive Directors and the Medical Director as well as other senior managers of the Trust. The Committee was established as part of a framework to provide overall governance of the Trust.

### **Charitable Funds Committee**

The Committee comprised Mrs H Strawbridge (Chairman), the Chief Executive and the Director of Finance. It was the Committee that oversaw the application and management of the charitable trust funds.

## **Better Value Better Care Committee**

The business of the Service Development Committee and the Value for Money Committee was merged during 2007/08 to form the Better Value Better Care Committee.

The new Committee comprised Non Executive Directors Mr B Howard (Chairman) and Mrs C Russell, the Chairman Mrs H Strawbridge, and Executive Directors along with a number of senior managers.

The Committee identified opportunities for service development and ensured that all opportunities for better care also achieved best value.

## **Director Statements**

All Directors have confirmed, through a letter of representation, that as far as they are aware, there is no relevant audit information of which the auditors of the Trust are unaware, that they have taken all steps that they ought to take as Directors, in order to make themselves aware of any relevant audit information and to establish that the auditors of the Trust are aware of that information.

## Feedback

The Trust welcomes your views on this report and would appreciate any comments.

The Trust values the feedback of patients and the public on all its services and public documents. This Annual Report has been designed around the views already received at a major consultation event in 2006, reinforced by a smaller focus group in early 2008.

If you feel that there are other comments which would make any future production of the Annual Report more user friendly, please do take the time to note your thoughts down here so that the Trust can incorporate these comments into next year's preparation and planning wherever practicable and reasonable. Thank you.

Please use either of these methods.

- **Email:** [publicrelations@swast.nhs.uk](mailto:publicrelations@swast.nhs.uk)
- **Fax:** 01392 261560
- **Tel:** 01392 261585
- **Post:** Patient Advice and Liaison Services (PALS)  
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Abbey Court  
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Sowton Industrial Estate  
EXETER  
Devon EX27HY

**If you would like a copy of this report in another format such as Braille, audio tape, total communications (suits the needs of learning disabled) large print, another language or any other format, please contact:**

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                  South Western Ambulance Service  
                  NHS Trust  
                  Abbey Court  
                  Eagle Way  
                  Sowton Industrial Estate  
                  EXETER  
                  Devon  EX2 7HY**

**Although this may take a little while to prepare, the Trust is committed to ensuring they meet the needs of everyone and so will endeavour to accommodate any requests; as far as practicable and reasonable.**