

**HEALTH OVERVIEW AND SCRUTINY PANEL
3 DECEMBER 2009**

**SOUTH CENTRAL AMBULANCE SERVICE NHS TRUST
Assistant Chief Executive**

The Chairman of the Health Overview and Scrutiny Panel has invited the South Central Ambulance Service NHS Trust's Director of Corporate Affairs and the Divisional Director for Berkshire to attend the Panel meeting and provide the following information:

1. The Trust's plan to address the 'weak' rating from the Care Quality Commission for quality of services.
2. A breakdown of the Trust's 2008/09 performance figures for Bracknell Forest.
3. To what extent their performance on urgent work is affected by non-urgent work.
4. The waiting time for ambulances on arriving at hospitals, the related costs and who bears these costs

To inform the Panel's discussion, attached to this report are:

- i. An extract from the Trust's Annual Report and Accounts 2008/09 summarising the Trust's performance.
- ii. A letter dated 26 October 2009 providing stakeholders with an update of the Trust's performance over the second quarter of 2009/10.
- iii. A letter dated 29 October 2009 advising stakeholders of a significant increase in call volumes, together with the impact on performance and the measures being taken.

Contact for further information

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Extract from the South Central Ambulance Service NHS Trust, Annual Report and Accounts 2008-09:

<http://www.southcentralambulance.nhs.uk/html/siteDocuments/Screen%20AR%2008-09%20-%202009%20July%2009.pdf>

HOW WE PERFORMED

2008-09 was the first year of the new *Call Connect* target for measuring ambulance performance. Previously, the clock had started ticking from the point at which we identified the patient's chief complaint.

From April 08, the clock starts when the call hits SCAS's telephone switch. On average, this advanced the clock start time by 90 seconds, which may not sound much but is a very significant proportion of the eight minutes we are allowed to reach patients with life threatening conditions.

This change presented a huge challenge to all ambulance services. In the case of SCAS, we had to improve performance by 25% just to stand still.

Our plans to address the challenge involved a complete review of all our processes, both in the emergency operations centres (EOCs) and out on the road.

We also focused heavily on increasing the contribution we received to our performance

from Indirect Resources - that is, community volunteers, health care professionals, colleagues from other emergency services and our own off duty staff.

We train and equip these volunteers who play a vital role in helping patients until we arrive on scene. In addition, we secured a significant increase in funding from our commissioners, which enabled us to recruit extra staff both for EOCs and the road.

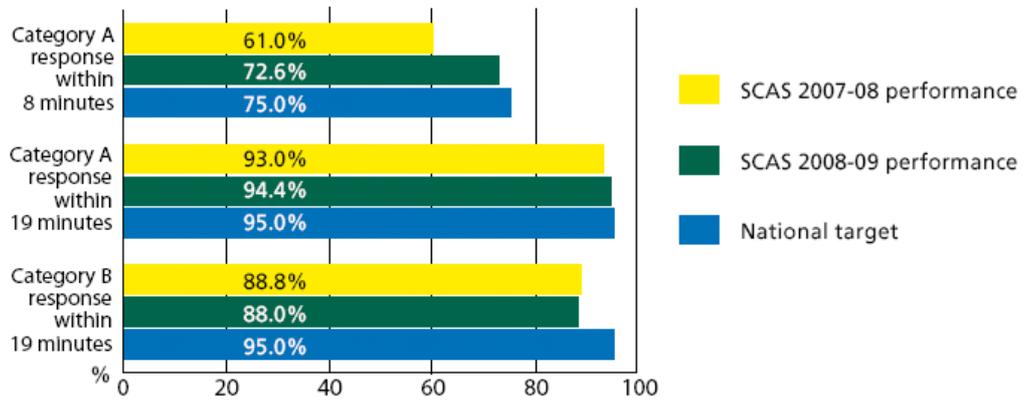
Despite these efforts, which delivered a 26% performance improvement in A&E, we missed the national targets. The main reasons for this were that we were unable to recruit the new staff fast enough to give us the full benefit early enough in the year.

In addition, we were badly hit by exceptionally high demand over winter, exacerbated by ambulances being delayed at hospital and the learning experience of the installation of the new computer aided dispatch system in Hampshire.

Our performance trend leaving the year, however, was very encouraging and showed how much progress we had made. We

exceeded the A8 target cumulatively in the last three months of the year and the A19 target in March.

SCAS RESPONSE TIME TARGETS



Graph for illustration purposes only



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26th October 2009

Dear Colleague

Subject: Half Year Progress Report

I am writing as part of my regular stakeholder briefing programme with an update of the Trusts performance over the second quarter and our half year position together with an update on various ongoing developments. I hope you find the information of interest and as always I would welcome any constructive comments as to how we might develop this briefing to better suit your needs.

Enclosed with this letter is a copy of our Annual Report and Accounts for 2008-09 which I hope you will find of interest. Our Annual General Meeting was held on 17th September and was well attended by a number of our stakeholders. I would like to thank those that attended for taking the time from their busy schedules and I hope you found the meeting and the market stall exhibition informative.

Care Quality Commission (CQC) - Annual Health check Results

This week the CQC published their Annual Health check results for last year with SCAS' rating as follows:

- Quality of Services - Weak
- Quality of Financial Management - Good

The Trust is disappointed in our Quality of Service score which has dropped from being 'Good' in the preceding year. Whilst we welcome the standard getting tougher we are concerned about the effect a 'weak' rating on public confidence and staff morale and we need to act quickly to address this

The Quality of Services result is heavily but not solely informed by the performance targets. This was the first year of 'Call Connect' which makes comparisons between previous years difficult due to more challenging performance measures.

The CQC report also highlights weaknesses in two specific clinical areas relating to stroke and ST elevated Myocardial Infarction (STEMI). In both of these areas SCAS has been scored as weak which means we could not score above weak for the

overall quality of services. This is in part due to a technical reporting error which was corrected by SCAS but was not able to be submitted in time to influence the CQC.

The thrombolysis target adversely affected the Trust's score. As a result of the evidence supporting the benefits of primary angioplasty (PPCI) and the increasing availability of cardiac laboratories capable of performing PPCI there has been a significant reduction in the number of patients receiving pre hospital thrombolysis, this in turn has resulted in a decline in our performance against the reperfusion target. It would be wrong for the Trust simply to chase the target when it is not clinically beneficial for the patient. There is a strong indication that this performance standard may be dropped or changed in future years.

We must accept however that this rating is a reflection on our performance last year when we failed to achieve any of the key performance targets. We are nevertheless responding to patients much quicker than ever before and are committed to improving further.

Emergency Performance April – September 2009

	National Target	April – June 2009	July – Sept 2009	Year to date *subject to validation
A8	75%	77.5%	74.7%	76.1%
A19	95%	94.9%	95.0%	95.0%
B19	95%	89.7%	89.0%	89.4%

Performance over the second quarter has been extremely difficult with the A8 target only being achieved in August (76.23%). Our performance in July (74.64%) was adversely affected by a significant increase in call volumes and staff sickness arising from the initial pandemic flu outbreak. All other UK ambulances were similarly affected resulting in significant drops in performance. When benchmarked against other English ambulance trusts SCAS had the third best year to date A8 performance.

The A8 performance in September (73.01%) was expected due to the introduction of the new Computer Aided Despatch (CAD) system to our Berkshire Emergency Operations Centre (EOC). This drop in performance has also continued into the first week of October with the result that the Trust is escalating its REAP escalation plans to address the downturn. We are also conscious of the increases in Pandemic Flu and the possibility that we are in the early weeks of a further significant outbreak and are monitoring the situation closely.

With regards to the category B19 target SCAS remains above the commissioned trajectory but below the national target of 95%. We have contracted with Commissioners to deliver this target for the last quarter of 2009/10 and are currently awaiting the publication of a jointly commissioned independent report due to be published in October.

As on previous occasions I attach a table showing performance within each PCT area as a measure of performance across the Trust. It is important to note that the national emergency targets and the level at which we are commissioned is as a regional SCAS wide target.

We remain on target to achieve both the A8 and A19 targets for the year, but recognise that we have challenging months ahead as we move into winter.

	A8			A19			B19		
	1 st Qtr	2 nd Qtr	Y2D	1 st Qtr	2 nd Qtr	Y2D	1 st Qtr	2 nd Qtr	Y2D
Berkshire East PCT	86.8%	76.9%	82.1%	99.1%	98.4%	98.78%	95.3%	93.07%	94.2%
Berkshire West PCT	79.1%	75.0%	76.8%	98.8%	98.1%	98.3%	96.7%	93.5%	95.2%
Buckinghamshire PCT	67.2%	67.0%	67.1%	96%	95.8%	95.9%	94.1%	93.9%	94.0%
Hampshire PCT	72.9%	69.0%	71.1%	88.9%	89.9%	89.4%	80.5%	80.7%	80.6%
Milton Keynes PCT	86.5%	86.2%	86.3%	99.8%	99.5%	99.6%	98.7%	98.8%	98.8%
Oxfordshire PCT	75.9%	73.9%	74.9%	95.9%	95.4%	95.6%	92.5%	92.2%	92.3%
Portsmouth PCT	85.3%	84.7%	85.0%	98.6%	98.7%	98.6%	87.4%	88.0%	87.7%
Southampton PCT	84.6%	84.0%	84.3%	96.1%	96.7%	96.4%	81.2%	81.3%	81.2%

Increasing Demand

Activity levels continue to increase with SCAS as a whole seeing a 4.76% increase over the first half of the year compared to 2008. The following table shows growth in demand by PCT for the same period.

Berkshire East PCT	9.5%
Berkshire West PCT	8.0%
Buckinghamshire PCT	6.4%
Hampshire PCT	3.6%
Milton Keynes PCT	10.1%
Oxfordshire PCT	6.1%
Portsmouth PCT	-1.0%
Southampton City PCT	-4.1%

	Activity more than 5% for past 3 months
	Activity more than 5% above plan
	Activity over 2% above plan
	Within activity plan

It is pleasing to note that both Portsmouth and Southampton have seen declining month on month call volumes. Further work is ongoing to determine the underlying drivers affecting activity levels.

Non Conveyance

SCAS continues to take advantage of 'hear and treat' and 'see and treat' models of care as an alternative to conveyance to hospital emergency departments. In the first six months of this year, across SCAS as a whole, some 67,000 emergency 999 calls (40%) were not conveyed.

There is however significant variation across the PCT areas as shown in the following table. This may indicate scope for further joint investigation with out health and social care partners.

	% Non conveyed
<i>Berkshire East PCT</i>	46%
<i>Berkshire West PCT</i>	52%
<i>Buckinghamshire PCT</i>	39%
<i>Hampshire PCT</i>	39%
<i>Milton Keynes PCT</i>	29%
<i>Oxfordshire PCT</i>	38%
<i>Portsmouth PCT</i>	39%
<i>Southampton City PCT</i>	39%

New Integrated Computer Aided Despatch System (ICAD)

Our plans to introduce a single integrated call handling and despatching function across our three control rooms continues with the roll out of the ICAD system to our Berkshire EOC, live from 2nd September. The ICAD implementation in Berkshire was further challenged with a change of the call prioritisation software which went live at the same time. Overall the implementation has been successful and has gone to plan. As the new system beds in, despite significant training and preparation, we expect some temporary deterioration in performance, which has been built into our performance trajectory.

EOC Move to Bicester – October

The planned move of our Oxfordshire and Buckinghamshire EOC from Deanshanger to our new Corporate and Divisional HQ at Bicester took place on 20th October, completing the integration of services for the division onto a single site.

The Oxfordshire Out of Hours Service and the Ox/Bucks Patient Transport Service have both settled in to their new facilities at Bicester following their move in September.

Foundation Trust Preparations

Following a 'diagnostic' process with the SHA and as part of the Trusts ongoing preparation for FT we are currently reviewing our Board structure and membership. We are seeking to increase our Clinical representation on the Board in recognition of the increasing focus on delivering clinical excellence. We are also seeking to improve our stakeholder engagement and communications processes as part of the review in recognition that these relationships will be critical to establishing the Trust as a locally accountable organisation along the lines of the FT model.

We will notify partners of any new developments in due course.

Care Quality Commission – HCAI Inspection Report

I am pleased to report that the CQC inspection of the Trust's infection control procedures found that the trust was compliant with the Hygiene standards.

Overall this is an excellent result. The following table taken from the CQC website provides a benchmark position against other Ambulance Trusts.

	Compliant	No. of areas for improvement	No. of areas with no concerns
East Midlands	No	7	10
South Central	Yes	4	13
East of England	No	7	10
London	Yes	8	9
Great Western	Yes	4	13
West Midlands	No	7	10
Yorkshire	Yes	0	17
South East Coast	Yes	2	15
North east	Yes	3	14
North West	No	7	10
South West	Yes	1	16

Conclusion

The first half of this year has been challenging but performance has been significantly improved against last year. During the second half year pressure is likely to increase as we approach winter with its normal performance pressures accompanied by the prospect of pandemic flu.

The Trust has a comprehensive Pandemic Flu Plan in place to respond to a significant increase in call volumes. We have consulted widely with our partners on this and tested our plans alongside other organisations in order to ensure that they are fully integrated.

The CQC annual health check results for SCAS have been a great disappointment but we fully accept our performance needs to continue to improve. Notwithstanding from a patient perspective things have improved with quicker response times than ever before, better access to telephone assessment and advice through our clinical support desks.

We are working closely with our health partners in formulating new pathways of care for Stroke, Heart Attacks and serious trauma with the proposed developed of specialist centres – a development that will undoubtedly save many lives in the future.

As an organisation we are committed to improvement and through our Towards Excellence programme have a wide range of projects underway to build us into a strong, effective and sustainable organisation. We have a long road ahead but improvements are clearly evident through our work to date.

Yours sincerely



John Divall
Director of Corporate Affairs



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29th October 2009

Dear Colleague

Subject: Implementation of REAP Level 3 Escalation

Over the past few weeks we have seen a significant increase in call volumes across the region and are currently seeing demand 21% above the daily norm. This has impacted negatively on our Category A & B emergency performance resulting in us missing the key emergency targets for October.

The increases we are seeing are in the main life threatening (category A) calls, primarily related to breathing difficulties, chest pains and other respiratory and chest disorders. It is possible but not evidenced that this is linked to an increase in flu symptoms.

In order to address these pressures SCAS has escalated to REAP level 3. The new measures being adopted will focus on:

- Reducing demand
- Increasing the available road resources to deploy
- Making best use of those resources
- Leading with real focus and drive to improve performance
- Maintaining patient safety
- Engaging with our stakeholders

1.0 Reducing Demand

We will be increasing the capacity of our Clinical Support Desks (CSD) and will be referring, so far as capacity allows, all Category C calls to the CSD for clinical telephone triage prior to dispatching an ambulance resource and will be endeavouring to direct this group of patients to alternative care pathways.

2.0 Increasing the available road resources to deploy

All staff education and training, with the exception of University based degree programmes, have been cancelled and staff returned to operational duties. All clinically trained managers are being deployed into active operation roles.

We will ensure that all shifts within the Emergency Operations Centres (EOC) are fully covered, where necessary we will deploy administrative staff, who have received specific training, to cover any shortfalls

3.0 Making best use of resources

A number of internal measures are being implemented to improve capacity and efficiency

4.0 Leading with real focus and drive to improve performance

Our Divisional Directors, Heads of EOC and Heads of Ops will be focused exclusively on managing and improving our performance as a result, until the current pressures subside, our attendance at external stakeholder meetings will be severely restricted.

5.0 Maintaining patient safety

Patient safety will be paramount at all times and the measures we are introducing will not compromise safety. We have robust risk management processes in place and are routinely monitoring all patient safety incidents.

6.0 Engaging with our stakeholders

We are committed to keep our stakeholders fully informed on our position and any future developments. In the first instances this will be through TVEA, Hampshire PCT and our Commissioners. Further briefing letters will be sent as appropriate.

We are facing some difficult times ahead and we would be grateful for any assistance stakeholders can provide which will either reduce demand on the Trust or improve our resources. Such measures include but are not exclusive:-

- Providing additional capacity in Emergency Departments to prevent Ambulance turnaround delays
- Asking GP's to consider whether patients really need an ambulance when being admitted or can they make their way to hospital by other means
- PCT's providing assistance in reviewing and reducing the incidence of repeat callers.
- Participating in communicating joint public messages regarding pressure on the health system

In the meantime please do not hesitate to contact me should you require any further information or assistance.

Yours sincerely



John Divall
Director of Corporate Affairs