



## **BRACKNELL FOREST HOSC**

### **CHIEF EXECUTIVE'S REPORT ON KEY SCAS ISSUES**

#### **BACKGROUND**

- 1 The purpose of my report is to provide an outline of key, current issues affecting the Trust. There have been a number of national developments since the last meeting and particularly the General Election. I would be happy to discuss these at the meeting.

#### **RESPONSE TIMES AND PERFORMANCE STANDARDS**

##### Operational, clinical and financial performance 2014/15 outturn

- 2 I thought it would be helpful to set out some of the highlights of the previous year, in terms of overall Trust performance (which is how we are assessed by our regulators, Monitor):
- operational performance – we ended the year achieving both the red 1 (75.0%) and red 19 (95.5%) targets, with a very narrow failure on red 2 (74.5%), although we were the top performing Trust in the country on this measure
  - NHS111 performance – we ended the year strongly in terms of performance on our NHS111 contracts. Performance was generally sustained after a challenging first quarter, the impact of which meant that we were slightly below target for the full year for call answer performance
  - PTS – 2014/15 was a particularly demanding year for patient transport services, given the start of a new contract in Hampshire on 1 October 2014, and the focus it received during the Care Quality Commission (CQC) inspection. We will be striving to further improve performance in 2015/16 as well as be successful in our efforts to win new / retain existing business as part of the various contract procurement processes that are due to take place, beginning with the contract for Berkshire, Oxfordshire and Buckinghamshire
  - clinical – we performed strongly throughout the year on a number of the national clinical indicators, including stroke care, ROSC, and cardiac arrest. There are areas where we can strengthen performance and action plans are in place to deliver this in 2015/16
  - financial - we ended the year achieving a very small surplus (£51k) and a highly challenging cost improvement programme target (£6.7m). Our Monitor financial risk rating remained at level 4 throughout the year.
- 3 Overall, these are very creditable outcomes, and reflect enormously on the hard work and commitment of our staff. This was a challenging year, typified by high levels of demand for both 999 and 111, and as well as successfully implementing a major IT project (NHS Pathways) SCAS was also the subject of an extensive but successful CQC inspection.

## Operational, clinical and financial performance 2015/16 Quarter 1 to date

- 4 In terms of quarter 1 performance to date, the position is as follows:
- 999 – all three national response time standards (red 1 = 75.7%, red 2 = 76.2%, and red 19 = 95.3%) are being achieved at overall SCAS level, for quarter 1 / year to date. There are variations in geographical performance, with performance generally stronger in the South than North. Activity levels are lower than the equivalent period last year, and our plan for this year, and this is causing some operational challenges in terms of optimising resource allocation
  - NHS111 – we continue to achieve the various targets on all of our NHS111 contracts, including in respect of call answer and transfer to 999.
  - finance – we made a deficit of £230k in the first month of the new financial year, largely due to the impact of reduced 999 activity and therefore reduced income. This trend has continued throughout May, and an update on current financial performance will be provided at the meeting
  - clinical indicators – performance on the national clinical quality indicators continues to improve in terms of STEMI and stroke care. One particular area of focus is the stroke 60 target. This is measured by the percentage of patients who have suffered a stroke, as confirmed by the face to face carrying out of a Face Arm Speech Test (FAST) and who were potentially eligible for stroke thrombolysis (treatment with a clot-busting drug) and who arrived at a hyper acute stroke centre within 60 minutes of the original 999 call to treat them. The latest performance for us is 45% and work is being undertaken with the clinical networks across the system to review stroke care provision within the region

## **CLINICAL OUTCOMES, PATIENT SAFETY AND PATIENT EXPERIENCE**

### Care Quality Commission (CQC) inspection

- 5 We are making very good progress in implementing the actions plans that were developed following the CQC pilot inspection last year, and this is being monitored by the Board in public via the Quality and Patient Safety Report.
- 6 The Trust has commenced its preparation for a further inspection, expected later in 2015/16, drawing on the new guidance that has been issued by the CQC in the form of “*Guidance about Compliance: Essential standards of quality and safety*”. The key changes to the inspection regime are:
- changes to the CQC’s overall operating model
  - introduction of the duty of candour
  - introduction of the fit and proper person requirements
  - introduction of the display of ratings
  - introduction of a new enforcement policy and powers
  - an indication that NHS111 services, which had not been previously inspected, will be part of any future inspections of ambulance providers that also provide NHS111

### Transition to NHS Pathways (NHSP) / iCAD Upgrade

- 7 The main phase of the NHS Pathways implementation was formally completed at the end of September.
- 8 Phase 2 includes the required I/CAD and associated IT infrastructure upgrades. These were originally planned for mid April, but unfortunately during the switchover unexpected but significant technical problems were experienced. A decision was taken to safely rollback onto our existing ICAD system, allowing us to ensure patient safety could be maintained at optimal levels. There was no adverse impact on performance, and following a comprehensive review of what happened, and a planned programme of technical assurance checks, we are now looking at implementation during July.

### Electronic patient reporting (ePR) system

- 9 The ePR system will bring a range of potential benefits, including enabling dynamic storage, analysis and clinical audit recovery of all emergency incidents attended by SCAS staff, and providing a platform for clinical decision support tools to improve the safety and quality of clinical care. Staff will also be able to access additional information about patients from other systems such as the Summary Care Record to help guide patients to the appropriate care pathway.
- 10 Good progress continues to be made in the rollout of ePR – roll out is now complete in Hampshire and Berkshire, is underway in Buckinghamshire, and is due to be completed in Oxfordshire by the end of July 2015.
- 11 Additionally, testing is underway to establish connectivity to the National Summary Care Record (SCR) – access should be established by end of August 2015.
- 12 We have had some extremely positive feedback from those staff using ePR.

## **COMMERCIAL NON EMERGENCY CONTRACTS**

### Cambridgeshire and Peterborough 'Single Point of Contact' contract

- 13 This is a contract with the 'NHS Led Consortia' *Uniting Care Partnership* (UCP) to provide an innovative, 'Single Point of Contact'. This will deliver an integrated and seamless care navigation service to support patients across Cambridgeshire and Peterborough, and will be complementary to our NHS111 business.
- 14 The service went live on 6 May, with a slight delay due to some technical issues. It has been well received so far, although call volumes are relatively low whilst the service begins to develop and awareness increases.

### Other contracts

- 15 There are a number of contract procurement exercises either in the pipeline or due to commence imminently, and these include PTS in Berkshire, Oxfordshire and Buckinghamshire. We are due to submit our tender response to this procurement on 2 July.
- 16 We continue to provide the national pandemic flu service that we inherited from NHS Direct, and will do so until at least November whilst the service is being redesigned ahead of a contract procurement process.

## **WORKFORCE**

### Recruitment and retention

- 17 Recruitment and retention of staff remains a high priority, and we continue to work closely with Health Education Thames Valley and Health Education Wessex to influence longer term workforce planning for paramedic and other health care careers.
- 18 The Trust has a detailed Workforce Action Plan in place covering a range of recruitment and retention issues.

## **GOVERNANCE**

### Monitor Continuity of Services ratings

- 19 Monitor continue to regard SCAS as being in the group of Foundation Trusts classed as “low risk, light touch” in terms of regulatory standing and approach. Our ratings, subject to confirmation, remain as follows:
  - Continuity of services (financial sustainability) = 4/4
  - Governance = Green

### Headquarters and telephony accommodation review

- 20 Continued expansion in the service and future predicted growth, particularly with regards to telephony services, has resulted in insufficient capacity within the current Bicester headquarters, and with a growing risk for Otterbourne.
- 21 I have therefore engaged the services of some specialist external consultants to consider the various options available, and the respective feasibility of each to provide sufficient and appropriate headquarter and telephony accommodation within the SCAS estate.
- 22 This review is progressing, and it is acknowledged that we will need to consider a range of short and medium term solutions.

**Will Hancock, Chief Executive**  
**June 2015**