



ANNEXE 9

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August 2009

Dear Colleague

My purpose in writing is to provide an overview of performance against the national standards; to update on key challenges; and to outline planned future developments. It is our aim to be open and to work in partnership with our stakeholders on whole systems solutions to the challenges faced by the health economy. We recognise that by keeping our stakeholders informed of our performance and new developments we will strengthen relationships and develop new opportunities for partnership working.

Our patients tell us that they value speed of response, effective clinical treatment and reassurance. The first two of these are key drivers to our performance and quality improvement.

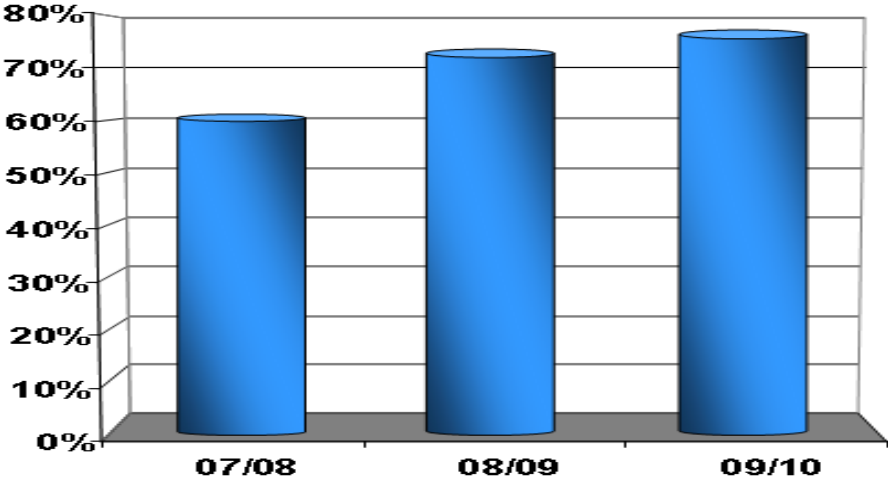
It is hoped that you find the following information of interest.

Emergency Performance

	National Target	April – June 2009 Performance
A8	75%	77.5%
A19	95%	94.9%
B19	95%	89.7%

SCAS has continued to make positive and sustained improvement in achieving the national 'call connect' emergency performance targets. We are not however complacent and recognise that we will face difficult months ahead as we move into the winter period particularly if the predicted second wave of pandemic flu also occurs.

We remain on target to achieve both the A8 and A19 targets for the year. The following graph illustrates the A8 improvement gain that has been achieved since April 2007 to date.



The B19 target remains a major challenge and following contract negotiations with our commissioners it has been agreed that the Trust will deliver the B19 performance during the final quarter, but will not achieve the target for the full year.

Currently the B19 target is not fully commissioned, but commissioners have agreed to an independent report to establish the actions required to deliver the full Category B target. It is hoped that further information will be available for the next Newsletter.

The following table shows performance by PCT for the first quarter (April-June 2009).

	A8	A19	B19
Berkshire East PCT	86.8%	99.1%	95.3%
Berkshire West PCT	79.1%	98.8%	96.7%
Buckinghamshire PCT	67.2%	96%	94.1%
Hampshire PCT	72.9%	88.9%	80.5%
Milton Keynes PCT	86.5%	99.8%	98.7%
Oxfordshire PCT	75.9%	95.9%	92.5%
Portsmouth PCT	85.3%	98.6%	87.4%
Southampton PCT	84.6%	96.1%	81.2%

SCAS has particular concern regarding A8 performance in Buckinghamshire and all performance measures for Hampshire PCT both areas are challenging due to their rural nature. It is worth noting however that for Buckinghamshire 75% of Category A8 calls are met within 10 minutes

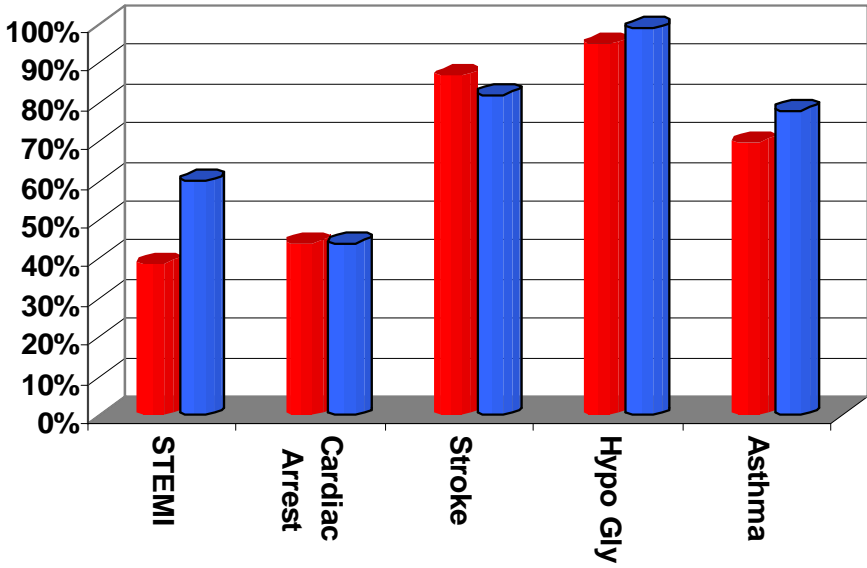
In Buckinghamshire we are working hard to increase the number of Community and Service Responder schemes which can provide immediate life saving skills pending the arrival of an ambulance. Such schemes will improve the A8 response times but more importantly make a significant difference to patient outcomes.

Performance in Hampshire PCT improved by 32% last year however achieving the national standards is more difficult to resolve as we believe this is fundamentally a result of too few ambulances this is evidenced by the outlying B19 performance in all three PCT areas of Hampshire. We are working hard with our commissioners and other stakeholders to increase resources and recognise that the provision of further funding will be difficult in the current economic climate.

Clinical Performance

The quality of the clinical care delivered by our staff is routinely measured against key clinical performance indicators (KPI's) which are in turn benchmarked nationally against other ambulance services.

Performance against the five nationally agreed clinical areas is illustrated in the following graph which compares 2007-08 with 2008-09. On average SCAS showed a 10% improvement and is performing above the national average on 20 of the 22 criteria which underpin the clinical indicators. We are not however complacent and have plans in place to further enhance clinical performance through a performance management approach with our staff



Patient Satisfaction

Patient satisfaction remains high with compliments outweighing formal complaints by 4:1. The number of formal complaints fell by almost 40% during 2008-09 and this trend appears to be continuing during the first quarter of 2009.

The patient survey conducted by the Healthcare Commission / Care Quality Commission into the experience of patients who were not conveyed to hospital produced exceptional results for SCAS as illustrated by the following table:

✓	Control room reassuring	100%
✓	Control room courtesy	91%
✓	Given enough advice	98%

✓	Road staff reassuring	99%
✓	Confidence in road staff	99%
✓	Treated with dignity and respect	98%
✓	Call treated satisfactorily	98%
✓	Overall Care	93%

ONGOING CHALLENGES

Increasing demand

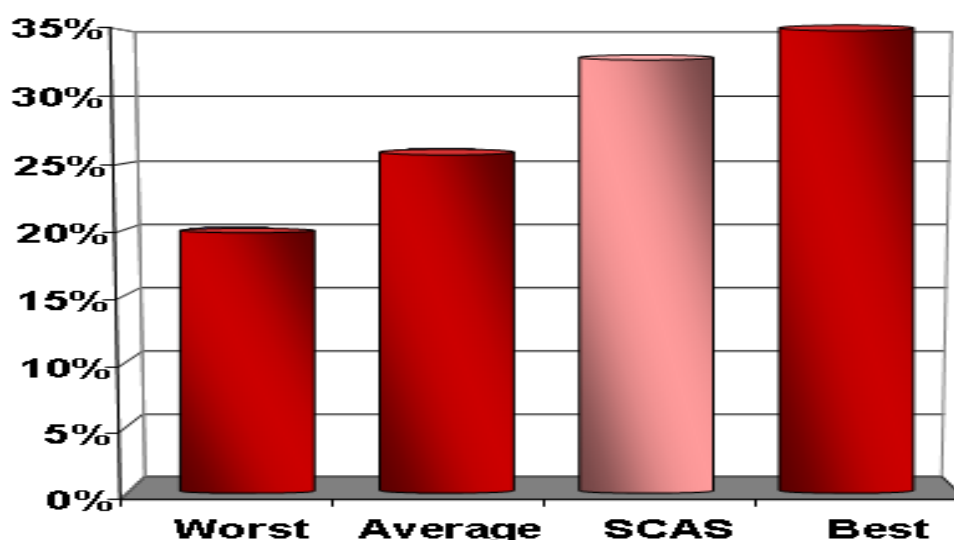
Demand continues to rise and SCAS has seen a 5.3% overall increase during the first quarter when compared to the same period last year.

The growth in demand varies considerably across PCT's as reflected in the following table (April – June 2008/2009 demand variances)

Berkshire East PCT	3.19%
Berkshire West PCT	5.58%
Buckinghamshire PCT	9.7%
Hampshire PCT	16.99%
Milton Keynes PCT	3.29%
Oxfordshire PCT	7.43%
Portsmouth PCT	11.59%
Southampton PCT	-3.89%

Call demand can fluctuate considerably and is difficult to predict. SCAS is working with the rest of the urgent / emergency care system to improve resilience. Weather, either extremes of heat or cold, can influence call volumes and for this reason we routinely monitor Meteorological Reports. Plans for coping with Pandemic Flu and winter pressures are in place.

We are continually seeking appropriate patient care pathways which avoid the need for patients to be conveyed to hospital. SCAS is performing well in this area when benchmarked against other Ambulance Trusts (see graph below showing non-conveyance rates), but we recognise that further work is required.



Prevention and caring for patients outside of hospital is a high priority for our Commissioners. To support delivery of this requirement SCAS will be focusing on becoming a mobile healthcare provider and developing a 'hub for health' to provide telephone advice, assessment and coordination of NHS services

Action being taken:-

i. Clinical Support Desks:

Each of our three Emergency Operations Centres have a dedicated Clinical Support Desk, which is staffed either by Nurses or Emergency Care Practitioners who are able to provide advanced clinical assessment and telephone triage and to refer to more appropriate care pathways.

We are currently recruiting additional staff for the Clinical Support Desks to further enhance this service.

ii. Frequent Callers:

The Trust has a number of frequent callers some of whom make numerous 999 calls in a single day. The majority are regarded as vulnerable adults with psychiatric or alcohol / drug related conditions. SCAS is currently working with Berkshire East and Berkshire West PCT's and the Out of Hours Services in Berkshire to arrange case conferences to develop alternative care pathways.

iii. Patient Analysis:

In partnership with our Commissioners SCAS now has a PCT analyst to working within the Trust with full access to our data. It is hoped that this approach will provide valuable data on patient outcomes and an analysis of the types of patients being admitted to hospital providing vital information for PCT's in developing local services.

iv. 'Make Ready'

The 'Make Ready' project which provides a contracted team of vehicle cleaner and stockers at all major ambulance stations, will be fully implemented by September 2009. Besides improving the hygiene and cleanliness of ambulances, the service will improve vehicle availability by ensuring oncoming staff always have a fully cleaned and stocked vehicle at the start of their shift thereby making the vehicle and crew immediately available to respond to emergencies.

Ambulance Turnaround Delays at Hospitals:

Ambulance delays at hospital continue at extremely high levels and have increased by 60% overall when compared to the same period last year (see appendix 1). Delays are mirrored around most of the major hospitals within South Central with the exceptions of the Milton Keynes and Buckinghamshire Hospitals.

The scale of ambulance delays is of great concern as it is mainly double crewed ambulances that are held up at Emergency Departments. This significantly reduces

our ability to respond to patients quickly which is reflected mainly in the A19 and B19 performance figures.

Action being taken:-

i. Ambulance Turnaround Project Progress

SCAS has continued the 'Ambulance Turnaround Project' which has been operating as part of the Trusts 'Towards Excellence' improvement programme since the autumn last year.

Project Boards are in place at the John Radcliffe and Southampton University Hospitals with representatives from Ambulance, PCT and Acute Trusts.

Preliminary meetings have been held with Queen Alexandra Hospital, Portsmouth, the Royal Berkshire Hospital and Wexham Park Hospital and plans are in place to include these hospitals within the project over the next few weeks.

Overall progress has been slow due to difficulty in gathering data regarding 'handover' time, however we are nearing an electronic solution which will greatly improve reporting. Arrangements are being made for screens to be placed within the Emergency Dept which will display information regarding incoming patients directly from SCAS's Computer Aided Despatch (CAD) system. The provision of this information should provide the hospitals with additional time to make provision for the incoming patient.

FUTURE DEVELOPMENTS:

Foundation Trust Application:

SCAS has aspirations to become a Foundation Trust and has recently completed the FT Diagnostic. We believe the process will drive further organisational improvements in particular in terms of Governance and longer term business and financial planning.

The conclusion from the FT diagnostic is that SCAS can and should benefit from becoming a Foundation Trust and is looking at a 1-2 year timescale. We are now in the process of developing an action plan to move us towards becoming an FT from April 2011.

It is recognised that to be a successful organisation we must have the support of our partners, we are therefore happy to share the diagnostic report. Should you wish to receive a copy of the report please contact:

John Divall, Director of Corporate Affairs

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It was recognised that performance improvement has been good and that the Trust is making progress towards its goal.

The key areas for future focused work include:-

- *SCAS needs to deliver its key performance targets*

SCAS recognises this is a critical element and is working hard to provide resilient performance as outlined above

- *Common understanding, ownership and resolution of key issues with external agencies such as PCTs and Trusts now needs to be progressed as a matter of urgency.*

We recognise the scale of the challenge to become more externally focused and closer to our customers. External consultants have been engaged to advise us on how we might better achieve this. In the meantime we will be continuing to meet regularly with health and local authority colleagues.

- *The Trust needs to develop its long term business strategy and to develop clarity on future service models in relation to urgent care. In addition the Trust needs to exploit opportunities to re-design pathways with partnership organisations across NHS South Central.*

The Trust recognises that this is a critical area for development.

It is continuing to develop its integrated business plan and aims to have a draft available for consultation with stakeholders by December.

Arrangements are being made for a stakeholder day in the autumn which we hope will be widely attended and will provide an open forum for us to meet with colleagues from other sectors of health and social services to share collective challenges and the contribution SCAS may be able to offer to potential solutions. Further details will be sent out shortly.

We strongly believe that we have a key role to play in pathway redesign and are eager to explore opportunities with partner organisations.

Single Three Digit Number for Unscheduled Care

We were pleased to receive details of Ofcom's plans to pilot the 111 number for access to unscheduled care. This is a long awaited and huge step forward and a development which SCAS believes it can contribute to. SCAS's communications expertise and infrastructure places us in a strong position to become the chosen regional provider of this service.

In concluding I hope that the above information has been informative and helpful, but as always if you have any observations on how the briefing can be improved, please do not hesitate to let me know.

Finally, please be assured that SCAS is continuing to work hard to improve emergency performance in all areas and in particular the rural areas of Buckinghamshire, West Oxfordshire and Hampshire.

We are fully committed to working with our health and Local Authority partners and are anxious to build relationships and to fully embed ourselves into the work of the wider community and to be seen as an integrated partner.

Each month we produce a comprehensive monthly information pack which is published on our website at <http://www.southcentralambulance.nhs.uk>

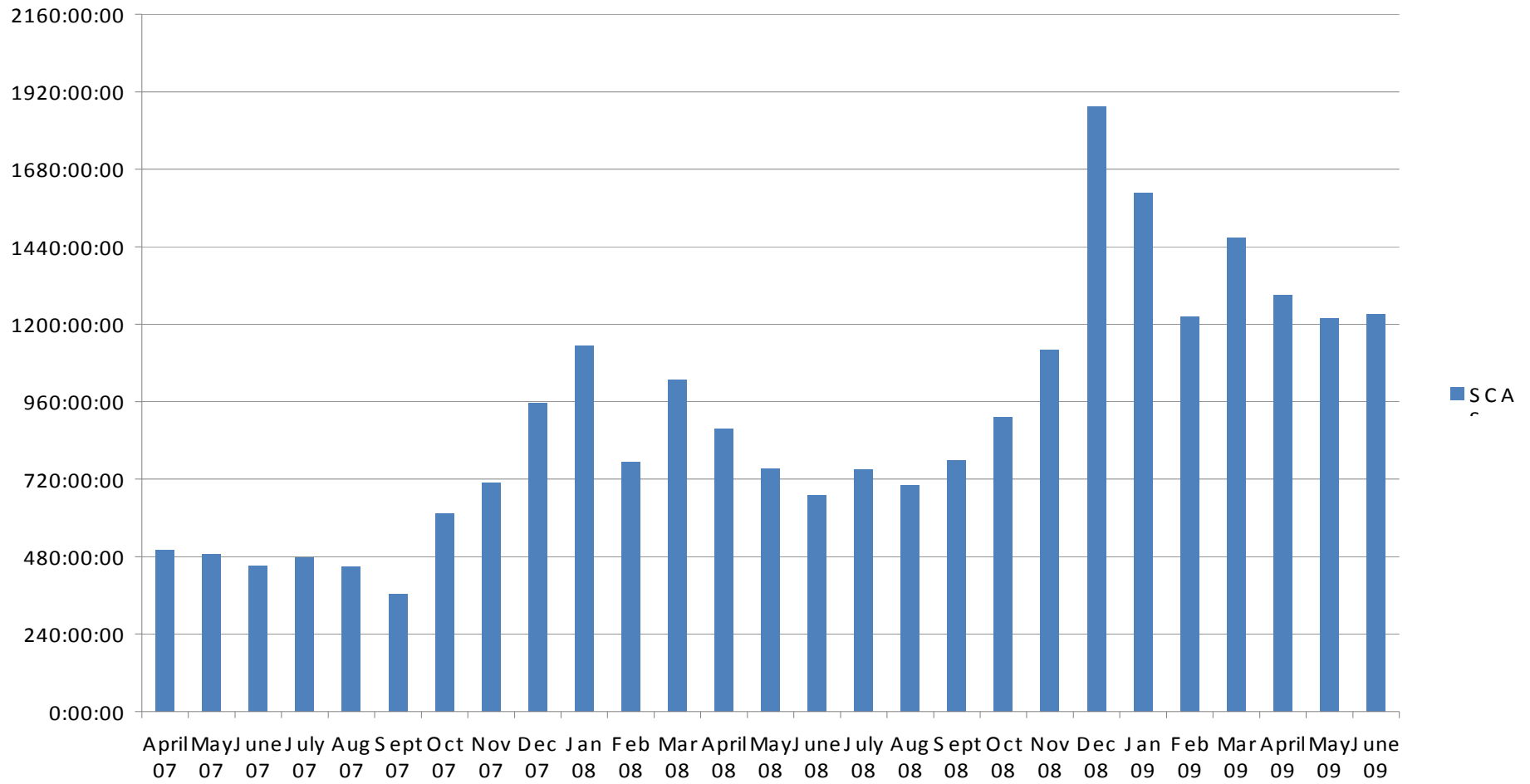
Should you be aware of any issues that SCAS may be able to assist, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Divall', written over a horizontal line.

John Divall
Director of Corporate Affairs

SCAS Hospital Delays April 07 - June 09



«Next Record»