MINISTERIAL REVIEW – PROGRESS UPDATE

INTRODUCTION

1 On 12 December 2008, the Minister for Health and Social Services made a statement updating progress on the Chairman’s assurance review. She expressed disappointment that the figures for October showed a decline in Category A8 performance and that “the variation in performance across Wales remains as wide as ever”. The statement drew attention to the need for WAST and hospital trusts to address the continuing problem of extended hospital handovers.

2 The Minister also expressed concern about staff morale and reported that, on her visits to ambulance stations, there had been “a consistent pattern to the issues and comments which have been raised relating to the filling of vacant posts, cover during the busy Christmas period, frustrations about the quality of service bring provided for patients and the need for senior management to be visible in the Region”.

3 The Trust now has until March to achieve the new 65th percentile Category A8 standard across Wales.

4 The Board has been receiving regular reports from HR on the measures we are taking to improve morale. The purpose of this report is to update the Board on progress against the Minister’s performance requirement.

RECOMMENDED: That the progress towards the Ministerial performance requirement be noted.
CHALLENGES TO CLINICALLY EFFECTIVE PERFORMANCE

5 Emergency response time standards for December will be published next Wednesday, 4 February, the day of the board meeting and are likely to show a decline in performance from November. Performance for January is at the time of writing this report showing an upward trend.

Contributory factors

6 There were a number of contributory factors to this performance fall. Activity was a major issue. Between 28th November and 31st December, emergency activity rose by an average of 82 incidents per day, dropping only slightly in January. Between 28th November and 8th December, across Wales, we experienced an early peak of emergency activity, 16.5% higher than in the same period the previous year. This was a UK-wide phenomenon, caused by an outbreak of a Flu-like virus.

Figure 1 shows the rise in activity although, as the remainder of this report will demonstrate, activity was not the only precipitating factor in the decline in performance.

7 Partly as a consequence of this activity increase which increased pressure on the hospitals, extended hospital turnarounds have been a major impediment to performance recovery. Figure 2 indexes ambulance unit hours lost to last December’s extended turnarounds, taking December 2006 as 100. This index shows substantial growth in each region, in ambulance crew hours lost to both extended handovers of over 20 minutes and very extended handovers of over 50 minutes. The sole exception is North Wales, which experienced an almost threefold growth in hours lost to the former but a reduction in those lost to the latter. Across Wales, hours lost to handovers over 20 minutes were more than double the December 2006 figure, while those lost to handovers over 50 minutes were more than three and a half times as great. We continue to work with our partners in the hospitals to reduce handover times to a minimum.
In December, we experienced levels of extended hospital turnarounds of over 50 minutes and over 20 minutes, respectively, 14% and 26% higher than those of our previous peak in February 2007, during which we were forced to declare a single service major incident. As the chart shows, they affected all regions including, for the first time, North Wales.

It is important to acknowledge that there are internal factors affecting performance; principally staff shortages. Increases in short term sickness absence over the holiday period added to the loss of shift cover.

Figure 3 shows the impact of loss of ambulance cover, due to extended hospital turnarounds and unfilled shifts, on job cycle times in each region. It will be noted that the time taken to verify incident location is similar in each region, as are the mobilisation and drive to scene times. The main variation is in the time it takes Control to locate an available responder and allocate them to the emergency.
11 The latter time was significantly extended in the South East and became more so as the other factors were exacerbated. The Central & West region suffered the same effect to a lesser degree.

**ACTIONS TAKEN TO IMPROVE PERFORMANCE**

12 The Trust has taken a number of actions to improve performance.

**Regional leadership**

13 Steve Pryor, our interim Director of Ambulance Services, is now based in Vantage Point House. With the agreement of his chief executive, I will be asking Steve Pryor to extend his secondment for a further three months after the end of the financial year. This will give the executive team a degree of continued stability and allow us to focus on improving performance.

14 Steve Pryor has seconded Gordon Roberts, the Production Manager from North Wales, to support him in the South East pending Grant Gordon’s return from leave.

15 Steve West remains on secondment from Great Western Ambulance Service as interim Regional Director for Central & West. Richard Lee has been appointed to the substantive post and Steve West has consented to extend his secondment to cover the notice period and permit a hand-over.

**Staffing**

16 To mitigate staff shortages in the short term, while we recruit and train staff, Steve Pryor has negotiated a memorandum of understanding with St John for the provision of up to five crews per day until the end of February, to cover urgent caseload. We have extended the use of overtime to cover EMS shifts, although we are not yet able to fill all the available shifts in this way. Our partnership agreement with Staff Side includes timetables for the recruitment and training of technician and paramedic staff to bring us to our required establishment. We will be funding this in the current year using non-recurrent monies. The recurrent funding for these posts will have to be found next year from additional efficiency savings. I will not understate the difficulty of achieving this.

17 Staffing in the South East has been supported by improved unit hour production and reduced sickness levels.

**Improved caseload management**

18 The Trust has taken a number of actions aimed at improving its caseload management. The combination of improved NHS Direct Wales specificity, putting NHS Direct nurses in control for some shifts, to triage Category C callers, and focusing paramedics on home resolution of conditions such as hypoglycaemia and epileptic convulsions, reduced last year’s emergency caseload by an estimated 27,000 compared to the previous year. This year, we have developed an escalation procedure which allows nurses to triage Category B callers when trigger points are reached. The level of nurse cover is, however, variable and comes from within our
core NHS Direct resource. We have sought HCW funding for 16x7 nurse cover, so far without success. We are also undertaking a pilot of the use of extended scope by graduate paramedics in preparation of the development of practitioner grades. The goal of all these initiatives is to provide alternatives to emergency ambulance response and A&E admission, where appropriate, for citizens using the 999 system.

19 We are also taking a number of steps, in close liaison with our system provider, to improve the categorisation of 999 calls, reducing A categories in line with national best practice.

20 Vantage Point House (VPH) is a major step forward for us, with its co-location, in the same contact centre, of ambulance EMS and PCS controls and NHS Direct for all of South East Wales and GP out of hours for Gwent. It will enable us to bring these services together in South East Wales to form a single point of access, with further benefits for caseload management. However, our short term priority, having brought all of our regional control facilities under one roof, is to streamline the management of ambulance services in the South East. To this end, we have developed and are about to implement a consolidation and performance improvement plan for VPH. We are also about to advertise for a manager for our control services. To speed this process up and avoid the need for notice periods, we are advertising this post across the UK, as a secondment opportunity in the first instance.

**Actions for the whole system**

21 It is clear that the emergency care system as a whole was under strain in December which resulted in significantly extended transfer of care times from ambulance crews to A&E staff.

22 I have written to Paul Williams, Chief Executive of NHS Wales, to ask him to take any action he can to influence the system-wide management of the emergency care network and mitigate the risks to patients. I have given an undertaking that the WAST team will do all it can to support our healthcare partners with information and action.

23 I will be writing this week to the transitional directors, emphasising the priority the Trust gives to delivering DECS and setting out our view of the delivery priorities and the main contributions WAST can make. The Trust takes the view that DECS has the potential to provide definitive solutions to many of the emergency care system problems detailed in this report.

**SUMMARY**

24 The Trust has faced some major challenges over the Christmas and New Year periods, beyond the normal seasonal variations. However, the actions now under way are delivering an improving performance trend. The North is exceeding the 65th percentile for A8; Central & West is now exceeding 60%; South East is approaching 60%; Wales, in aggregate, is between 60% and 65%. Improvements in Control, arising from the Vantage Point House consolidation and improvement plan, and
continued improvements in unit hour production, will add to the momentum towards achieving the 65% target in March.