1. Patient Focus

1.1 Steady progress continues to be made against the targets for Cat A & B. A final all-Wales performance figure of 63% for Cat A calls was recorded for October 2007. This represents an increase of over 6 percentage points when compared to the same period last year and above 2% against the forecast for October. This trend has continued in the first week of November resulting in an all Wales Cat A performance of 66%, over 10 percentage points improvement on 2006/7. The improvement in October equates to an additional 849 calls being responded to within target.

This performance is noteworthy as it was achieved against a background of increasing seasonal pressures. Following meetings between Trust Chief Executives and operational leads a revised emergency contingency planning arrangement was established, escalation plans formulated and a new status reporting mechanism developed to help identify and resolve issues at the earliest possible stage.

Following the new arrangements in managing and processing urgent calls across the three regions, the Trust recorded an improvement of 12 percentage points against the urgent performance standard. More High Dependency Units are being introduced across Wales, with an additional eight staff completing the newly developed training package by 10th November 2007. This will further enhance the performance as this function is specifically designed to care and transport appropriate patients who fall within this category.

As noted in previous reports the strong correlation between improved response times and better clinical outcomes is the main driver for performance improvement. During October, the Trust reached 176 more patients in cardiac arrest/chest pain within 8 minutes than was reached in the same period last year. In addition, the percentage of patients in cardiac arrest/chest pain receiving a response within 4 minutes has increased from 21.9% to 25.4%. This equates to 25 more
patients receiving a resuscitation response within 4 minutes.

1.1.1 Steady progress continues to be made against the operational objectives contained in the Time to Make a Difference programme. Indeed several projects are nearing completion.

Update on progress :-

- Policies on the most appropriate deployment and use of Rapid Response Vehicles (RRV’s) and the recently formulated Standard Operating Procedure for their use have now been forwarded to Clinical Governance for approval and to agree the governance arrangements for this area of work. A three day training module has been proposed and further work is now underway to develop an appropriate training programme. The project group is continuing to review risk assessment and lone worker issues to improve the effectiveness and safety of RRV working through the RRV practitioner forum which is discussed as a separate submission to the Board.

- The Trust can report the completion of phase one of the vehicle procurement project. A closedown meeting for the procurement of the 119 EMS ambulances took place on the 31st October, which reinforced the success of such a large and wide-ranging programme. The challenge of designing and procuring both vehicle and equipment, and the comprehensive induction for operational staff in their use was a major and challenging project. It should also be noted that other vehicle builds were also undertaken within the same period. Thanks and congratulations are due to all the fleet and project staff for meeting such tight deadlines.

- AMPDS 11.3, the latest version of the medical priority dispatch system, has now been introduced into each of the Control Centres across Wales; providing more accurate criteria for prioritising emergency calls. The Board will be provided with a profile of calls under the new version following its first full months introduction in order to ascertain its’ effectiveness and consistency with other ambulance Trusts in the UK.

- Interim arrangements introduced within resource planning, including a data template that identifies lost unit hours by cause, appears to be working well. Although in its infancy, it is beginning to provide good information around resource management issues. The introduction of the PROMIS manpower planning system is progressing well, with hardware issues currently being resolved. There remains however, the challenge of finalising and agreeing the EMS cover profile for Powys, Blaenau Gwent, RCT and the Vale of Glamorgan.

- The rest period management group have now signed off the
training package which is currently being rolled out. North and Central & West Regions went live on current MIS rest period software from 1st October 2007. South East Region will go live following the completion of training in the use of the system software. The system will run in parallel with legacy systems for a month until full evaluation of the new system has been completed.

- As previously described, progress is being made developing and implementing a High Dependency Service (HDS). Policies have been written and signed off by Clinical Governance and the training package finalised by the National College. Posts have been advertised across Wales for the High Dependency Service and a training course for staff has been undertaken.

- We continue to scope and progress a logistics facility throughout Wales to support service delivery objectives. An interim solution for the 'Make Ready Depots' is being developed, including a business case and project plan.

- Trust Major Incident Plan approved at September Board was formally launched at the National Emergency Planning and Preparedness Conference in October 2007. The conference, which was held on the 24th October, attracted 80 participants and was considered a great success by all who attended. The conference highlighted many areas of preparedness being addressed by the Trust including Influenza Pandemic and the Trusts business continuity and resilience arrangements.

- The final draft of Healthcare Standards Improvement Plan was completed and submitted to Regional Office as requested at the end of October 2007, and is discussed as a separate submission to the Board.

- The new PCS Programme Manager starts with the Trust on the 3rd December 2007. He brings extensive experience to the programme department and the patient care services as he was formerly the PTS Director for North East Ambulance Service.

- A business case has been completed and approved for an increase in mileage allowance for the Ambulance Car Service project which will commence in April 2008. The Trust is currently seeking clarification on new legislation which may require volunteer car drivers to be licensed and ‘plated.’ The Trust, as with other Ambulance Services and NHS organisations, does not believe that a voluntary service should fall into this category as voluntary drivers do not operate a hire and reward service.

- The procurement of the new PCS CAD system is progressing well and tenders were short listed and supplier's presentations
have been held. Staff consultation has been undertaken across all Regions with regard to the recently approved PCS structure.

RECOMMENDED:

That the report be received.