TO: Trust Board
FROM: Sara Jones, Director Unscheduled Care/Nurse Director
DATE: 25th September 2007
SUBJECT: Executive Report, Unscheduled Care Directorate

1. Introduction
1.1 This paper has been written to update the Trust Board on developments/progress within the Unscheduled Care Directorate.

2. Clinical Governance
2.1 Protection of Vulnerable Adults (POVA)
2.1.1 As part of the Clinical Governance framework, a workstream initiation document (WID) has been approved and released.

2.1.2 The appointed POVA lead is now progressing with this workstream to ensure effective and efficient reporting processes are in place for the Welsh Ambulance Services NHS Trust in accordance with the key deliverables and behavioural objectives outlined in the WID.

2.2 Child Protection
2.2.1 The WID for Child Protection is due for release week ending 14th of September, 2007. The continuing viability of this project will ensure that the Trust’s guidelines fully comply with the new All Wales Child protection procedures which are due for publication by the Welsh Assembly Government.

2.2.2 This builds upon the current Safe Guarding Children Act.

2.3 Adverse Incidents
2.3.1 Key stakeholders have been identified in this workstream to develop a robust process for adverse incidents, underpinned by a new policy.

2.3.2 An Adverse Incidents Training Programme has now been implemented by the Trust for investigating officers. This is facilitated by the Risk Coordinator in association with the National Patient Safety Association.

2.3.3 The first training programme took place in the North Region on the 11th and 12th of September 07.
2.3.4 It is envisaged that this will be rolled out to the Central and West and South East Regions in due course.

2.4 Complaints Policy

2.4.1 The Complaints Policy has been approved by the Governance Committee. It is now due for ratification by the Trust Board.

2.4.2 This Policy identifies clear roles and responsibilities for the management of complaints. It also promotes and drives regional ownership.

2.4.3 All three Regions have made positive progress in reducing the backlog of outstanding complaints.

2.4.4 Trust wide there has been an overall decrease in the backlog of complaints by 40% between 3rd August 2007 and 13th September 2007. Detailed report to be submitted to October’s Trust Board.

2.4.5 The Complaint Policy provides specific guidance in relation to obtaining consent. This will underpin the confidentiality and 3rd party workstream being led by Dr Nigel Waskett.

2.5 Next Steps

2.5.1 The development of an Adverse Incident Policy will amalgamate with a Serious Adverse Incident Policy.

2.5.2 Changes are currently on going to the Datix System to provide timely and meaningful reports to the respective Regions.

3. Out of Hours Update

3.1 Current GPOOH contracts

NHS Direct Wales currently provides Out of Hour (OOH) call handling and nurse triage services for three Local Health Boards: Anglesey, Gwynedd and Swansea.

Gwynedd and Anglesey Local Health Boards commission GP OOH services jointly. Within NHS Direct Wales this OOH contract (Service Level Agreement) is therefore known as the Gwynedd and Anglesey or G&A contract. The other contract (SLA) is with Swansea LHB.

The current 3 year contract ends in October 2007. In May 2007, in anticipation of the forthcoming contract renewal date, the G&A Local Health Boards benchmarked the performance of NHS Direct Wales against OOH call handling and triage providers in three other Local Health Board areas. As a result of that benchmarking exercise G&A took a decision to go out to competitive tender.

NHS Direct Wales was invited to participate in a competitive tender process against other potential providers of call handling and triage services.
Gwynedd Local Health Board, which provides the face-to-face clinical services (the OOH doctors, support staff etc) for the current OOH service, asked NHS Direct Wales to become its partner in tendering for the call handling and triage services.

NHS Direct Wales (in partnership with Gwynedd LHB) submitted a tender built around the three conditions listed above. The price quoted was £298,000 with a commitment to increasing triage out rates to 50% of all calls by August 2008 i.e. 50% of callers will be kept away from the OOH GP clinics and other urgent services.

NHS Direct Wales (and its partner Gwynedd LHB) made a formal presentation on Tuesday 11th September 2007.

NHS Direct Wales will be informed in mid October 2007 as to whether or not it will be awarded the contract.

Meanwhile a meeting has been arranged between Dr Nigel Waskett (GPOOH Lead, NHS Direct Wales) and Swansea Local Health Board to explore ways in which the current integration between NHS Direct Wales and the OOH doctor service in Swansea (SOS – Swansea Out of hours Service) can be further improved; in line with DECS and TTMD.

4. Welsh Audit Office/Health Inspectorate Wales Report

4.1 The outstanding actions regarding the WAO/HIW Clinical Governance Rolling Programme have been cross referenced to TTMD and NWRO are updated at monthly pay meetings. The Programme Office have responsibility for this document.

5. Time to Make a Difference

5.1 Update
5.1.1 The Unscheduled Care Directorate Team have now released all PID’s with TTMD. All projects have Project Leads/Work stream Leads identified. Business Change Managers have been identified to support all projects. All projects currently on target.

5.2 Structure
6.2.1 The Senior Management within the Directorate is now sufficient to ensure Projects can progress.

6. Pre-Hospital thrombolysis Board Report
6.1 See Appendix 1

7. NHS Direct Wales

7.1 Annual Review
NHSDW are finalising the Annual Review for 2006/2007 which will provide stakeholders with highlights of the work carried out by the service in the last twelve months. This is due to be completed in October.

7.2 Performance
During 2006/2007 NHS Direct Wales received over 625,000 total contacts including over 235,000 web hits 350,000 calls answered and over 40,000 calls to the dental helpine.

There has been a significant improvement in performance over the last year and NHS Direct Wales are consistently meeting and improving month by month on the Key Performance Indicators.

The service has introduced new service models such as Direct To Nurse and Direct to Dental Nurse in order to shorten the journey for the caller.

NHS Direct Wales Have also recently introduced triage targets for nurses. These targets encourage nurses to safely keep patients away from the acute services, notably the GPOOH service A&E and the 999 ambulance service. These targets move up by 1% each month and already brought significant improvements to the outcomes of the calls.

To enable NHS Direct Wales to continually monitor its performance a specific Performance Improvement Group has been set up and NHSDW have also appointed a Project Manager to develop a performance framework within NHS Direct Wales. This project will now form part of the TTMD Programme.

A detailed update report to be completed by the Acting Director NHS Direct Wales for Octobers Trust Board.

8. Summary

8.1 The Board are requested to note the content of this paper and supporting reports.
1. Introduction

1.1 The purpose of this report is to update the Trust Board on the Trust’s delivery of pre-hospital thrombolysis (PHT) for the month of June 2007.

2. Background

2.1 Heart disease is the major cause of death in Wales. Myocardial infarction (heart attack) accounts for most fatalities. Prompt relief of acute myocardial infarction by thrombolytic agents (‘clot busting drug’) has been shown to reduce significantly both early mortality and subsequent morbidity. Evidence shows that for every one minute of delay in treatment (of thrombolysis) costs on average eleven days of life. This applies providing thrombolytic treatment is given within the first three hours of the onset of symptoms.

2.2 Pre-hospital thrombolysis was first introduced across Wales in June 2005 as a means of meeting Key Action 16 of the National Service Framework for Coronary Heart Disease (NSFCHD) which stated that “where the administration of a thrombolytic is appropriate a call to thrombolysis time of sixty minutes should be achieved”.

2.3 The responsibility to implement the NSFCHD lies with the three cardiac networks. The networks are geographically co-terminus with the Trusts three regions. As the collaborative working was regionally based roll out of PHT was staggered, dependent upon the perceived needs of the three network areas.

2.4 SAFF Target 19 for 2007/2008 is currently the tool used to measure the performance of Trusts in the thrombolysis of appropriate patients. “70% of “call to needle” (CTN) times to be within 60 minutes… The target reflects the combined performance of hospitals, general practitioners and ambulance
services and is an example of a target which can only be delivered by organisations working together”

3. Month of July PHT treatment data

3.1 Frequency of PHT

<table>
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<tr>
<th>Region</th>
<th>Central and West</th>
<th>North</th>
<th>South East</th>
<th>Total</th>
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<tr>
<td>July 2007</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>14</td>
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<tr>
<td>April – July 2007</td>
<td>23</td>
<td>10</td>
<td>28</td>
<td>70</td>
</tr>
</tbody>
</table>

3.2 One patient was thrombolysed inappropriately. The crew have received additional training and support. All 14 patients had a good outcome with 8 being transferred onwards to tertiary care.

3.3 11/14 patients received thrombolysis with 60 minutes of the call for help (78.6%). One patient outside the target was treated initially by a double technician crew which delayed treatment. Delays for the other two patients were caused by extended response and on-scene times.

4. Recommendation

4.1 The Trust Board is requested to note and approve the PHT report for the month of June 2007.