



# **South Central Ambulance Service NHS Trust**

**South East Hampshire Resource Centre**

**Proposed Deployment Document**  
***Supplementary Stakeholder information***

**May 2012**

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**South Central Ambulance Service NHS Trust**  
**New South East Hants Resource Centre**  
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**Introduction**

This paper is produced to provide supplementary information to our stakeholders following the decision of the SCAS Executive board to support the business case for the new South East Hampshire Resource Centre. It focuses on the areas surrounding; staff benefits, improved cost benefits and the relevant modelling with regards the vehicle movement to areas covered by the relocation of the existing sites.

**Organisational Improvement**

During 2011 SCAS has embarked on an Operational and Clinical restructure to improve the managerial and clinical support provided to our staff as we re-define our clinical focus and the provision of a patient led service.

The key element to this has been the move away from larger station based teams led by a single manager to that of smaller compact teams of operational staff with a Team Leader and Clinical Mentor assigned to each.

Whilst this design is manageable across the current geographically spread and traditional stations, the move to a new single site for the area will further facilitate this improved team structure, and equally, it will be symbolic in expressing the organisation's commitment and desire to facilitate the implementation to our staff.

SCAS has progressed and developed considerably from the previous county based regimes and has placed considerable emphasis on the identity of a single organisation. In order to achieve this it has required considerable focus on trying to break down cultural differences between the original areas, centralisation and re-allocation of the support functions and the design of our own policies and procedures all of which have significantly contributed to an improved service.

This direction of travel is now an integral part of the management vision, whilst also becoming the 'norm' for the staff grades within the Trust, and the proposed move to the South East Hants Resource Centre further demonstrates the organisation's desire to progress and will continue to facilitate the removal of the similar cultural barriers experienced at a local level by bringing people together in one location.

**Operational delivery**

Whilst the benefits of providing a single location offers considerable improvement to the working environment for our staff and a vastly improved working facility for the delivery of a modern ambulance service, one of the key concerns of our stakeholders is that of the perceived loss of 'their' local ambulance service.

We recognise that it is essential that we provide the reassurances required of these groups and subsequently to the general public as a whole with regards our continued delivery.

As is well represented internally, we will continue to utilise the 'Hub and spoke' system currently used through dynamically deploying our vehicles to predetermined standby facilities and as part of this proposal we will ensure that facilities are sited in Portsmouth, Fareham, Havant and Gosport areas in the form of serviced standby facilities with the supplementary un-serviced points currently used. This will ensure that we continue to spread our resources across the South East Hampshire sector.

The South East Hampshire sector predominantly utilises the Queen Alexandra Hospital, Portsmouth as its key patient destination as this site houses almost all of the acute care facilities in the area. This tends to draw resources from across the area to this central location and vehicles are then re-distributed as they become available to respond. The proposed site is within 1.6 miles of the Queen Alexandra Hospital and offers a similar deployment model throughout the day. Equally, the management of resources for breaks and end of shift will be significantly enhanced as travel time will be virtually eliminated.

The current delivery provides resource in all of the areas above at the commencement of the shift from where they are deployed to strategic standby points across the area. It is envisaged that this will remain similar from the new site and the design of overlapping 10hr rosters will facilitate the vehicle movements and 'operational cover' being maintained. Therefore, the new site will facilitate an improved and more effective service delivery as resources being deployed will be based on demand and projected demand (i.e. rush hour) rather than as a 'flat-lined' resource delivered by the traditional station rosters. The areas will also be complimented by the retention of the rapid response units in each area, additional will be given consideration in Gosport for this resource to have a standby/base location) which will provide continual cover throughout the 24hr period.

It is envisaged that each shift start will have a predetermined location at the commencement of early, late and night shifts which the crews will automatically initiate and move towards designated locations in Gosport, Fareham, Havant and Portsmouth. The secondary shifts will then be managed by the Emergency Communications Centre who will deploy further resource to locations as required which will follow the current deployment model.

It is appreciated that the Gosport peninsula presents the greatest challenge to our emergency cover in the South East area with the geography and road network causing issues with access to the peninsula, although there is significant roadwork enhancement and the new 'Tram-way' being developed which is designed to ease some of these transport pressures.

Our traditional service model tends to favour the 'local' resource being maintained in the area from which it commences its shift and is facilitated throughout the day as opposed to retaining whichever resource has been mobilised to cover. This habitual usage, and the local knowledge attributed to the crewing, is somewhat diluted in this area, from both the perspective of there being a transient workforce and the introduction of satellite navigation technology, both of which facilitate geographic rotation of staff with good effect.

An analysis of the demand for the Gosport peninsula has been carried out period 1<sup>st</sup> April 2011 to 11<sup>th</sup> January 2012 which has identified the demand profile delivers approximately 27.35 calls per day and with the maintenance of the Rapid Response units in the area and the supplementary double crewed ambulances this can be satisfactorily managed.

Equally, each day provides a similar profile to that of the overall demand profile for the SE area with the quantity of calls varying throughout the 24hour period. The demand generally peaks between 1000hrs and 1400hrs, and dipping between 0200hrs and 0700hrs which should not impact on our ability to move resources. This should also be the case with the shift change over as the recently designed rosters offer 0600 and 0630 shift starts which will facilitate the transition period.

In addition, the Gosport and Fareham peninsula delivers a reasonably high non-conveyance ratio and consistently performs above 43%. This can be attributed to the distances from the QAH and the facilities provided within the health community on the peninsula. This, combined with the above demand, shows that the proposed model will enhance a more effective deployment process for the area and to the reduction in actual ambulance movements.

Due to the geographical positioning of the new site and the road networks servicing Fareham, Gosport, Havant and Portsmouth, it is envisaged that the vehicle movements will be more readily facilitated, and equally, with the retention of the Petersfield resource centre provides a secondary option is available to support the A3 corridor both north and south.

### **Team development and management**

The move to a single resource centre will further compliment the team structure by offering improved roster design allowing the operational staff to work the same pattern as that of there Team Leaders and Clinical Mentors, a model that has proved successful across many organisations, including our own. This will enhance the organisation's ability to manage and communicate with the staff as well as determining an improved and cohesive structure to clinical training and support.

The team rotation within this facility will provide vastly improved 'two way' accessibility to staff and supervisors alike, which will enhance our ability to support our staff clinically and personally. Equally, our supervisory team will be able to manage staff through complaints, sickness and appraisals in a more timely manner as accessibility is one of the key barriers to our performance in some of these areas.

The introduction of this single resource centre will further improve the morale of staff within the sector by providing the facilities required of a progressive and developing service. Improved localised training will offer a consistent approach to achieving clinical excellence, with educationally hungry staff being able to access the relevant support from mentors and visiting trainers whilst also having access to improved IT facilities. Training is arguably the most important aspect in improving patient care and is aligned with the general focus of all clinicians employed by the Trust and will further eradicate the localised interpretations of service delivery. This will enhance a feeling of fairness through shared achievement and inspire confidence to work as teams, an additional area that is currently inhibited by geographical and station based cultures.

Organisationally, we will gain a robust approach to scheduling, vehicle allocation and unit hour production as the single site will facilitate the ability to manage staff throughout each shift in a more responsive manner, providing timely reallocation of resources as required. Furthermore, the management of timekeeping, meal breaks and log-ons, all of which contribute to lost time, will be more effective thus improving service delivery.

## **Cost Benefits and Efficiency savings**

### **Meal breaks**

Currently all staff are returned to their base station for their meal breaks and this predominantly follows the delivery of patients to the hospital. These crews will have to drive to either to Portsmouth, Fareham, Gosport or Havant which not only incurs a fuel and mileage cost but also significantly prolongs the period of unavailability for each crew to obtain their break, especially outside of any window. The crews can take as long as 30-40 minutes to return to their base and this, added to the traditional 30 minute break, depletes the service of an additional 5% of its shift period whilst depleting an area of cover or requiring additional resource to cover the break.

The new site is situated within 1.6 miles of the QAH and will offer the service a significant benefit in unit hour availability combined with the savings in time and mileage costs. The process, discussion and negotiation with staff with regards the move to a single site will facilitate the improvement and effective positioning for meal breaks, with new purposely designed standby facilities supporting this opportunity.

As described above there are a significant number of times in a given month that vehicles are returned to each location

- Portsmouth Station
- Fareham Station
- Gosport Station
- Havant Station

Travel time will be influenced by traffic conditions according to different periods of the day but an average time can be taken and multiplied by the number of journeys for this purpose. This can then be compared to the known travel time and distance to the nominated site and potential savings calculated. We are currently losing approximately 1500 ambulance hours per annum and over 4000 miles

### **Vehicle Maintenance**

The ethos of centralisation does provide undoubted benefits in the rationalisation of costs, especially surrounding the provision of fleet maintenance. However, the requirement for responsive maintenance to address short notice breakdown can be facilitated at the new site or by at least having facilities to reduce the requirement for vehicles to be relayed to the central point. This will deliver efficiency savings and will offer an improvement to unit hour provision. The new rosters also provide for the rotation of vehicles, making them available for routine maintenance, servicing and repair during the quiet periods.

### **Shift overrun**

Shift overrun is common place due to the nature of our business with the uncontrolled demand of emergency calls often taking crews beyond their finish time and incurring overtime payments. The current level of spend monthly is difficult to establish as this is generally absorbed within the overall costs for overtime, therefore, we have taken the model utilised by finance of 1.5% of overall cost per month although the general view is that this is significantly higher in Hampshire due to distances of return and the savings would exceed those attributed to the meal break calculations.

It would be expected that this expenditure would be significantly reduced as the travel distance from the receiving hospital to end of shift location will be minimal.

### **Relief between stations**

Operational staff are allocated relief shifts as part of their roster. This can involve working on other stations other than their base station and they can claim costs if they have to travel further than they normally would to work. These costs are included within the Business case.

### **Retention of current sites**

Our current sites are no longer 'Fit for purpose' and in most cases we have outgrown the stations both from a staffing and vehicle perspective, equally, many of these sites have been in existence since the 1970's and before. Whilst we have continually maintained these stations we have now reached a time in ambulance service delivery which requires a 'Step change' in our facilities and this is not something that can be easily be achieved through redesign or expansion, especially as the locations occupy such confined sites.

If the decision were to retain the current stations in their original format there would need to be significant investment to bring them to a standard that is widely acceptable. Due to the proposition of a new single site for the south east sector the maintenance has been kept to a minimum with staff accepting their current working environment as satisfactory and accepting that over investment during this period would be inappropriate.

Each estate would require considerable investment just to bring it to a position where it could be reasonably expected from staff of a modern ambulance service, this estimated process has not included any requirement for expansion to facilitate the staff numbers currently employed or to facilitate additional recruitment, redevelopment or relocation of several sites would not be cost effective.

### **Conclusion**

Whilst this may be perceived as a considerable change, SCAS are committed to the improvement in the delivery of services across the whole area and this is a positive development in the provision of the service delivery provided to the South East Hampshire region, whilst also developing a purpose built facility for our staff. Our commitments to developing a network of serviced and unserved points will further ensure our resources are closer to our patients whilst maximising efficiencies expected of a modern day ambulance service.



