



Title	Health Overview and Scrutiny Panel - Portsmouth
Author	Tracy Redman MSc Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
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Developments

National Ambulance Response Programme & SCAS Transformation Programme

UK Ambulance Services have seen some significant changes over recent months with the introduction of the National Ambulance Response Programme (NARP).

The Programme aims to improve patient outcomes and increase the operational efficiency of ambulance service provision.

The changes include call handlers being given more time to assess 999 calls that are not immediately life threatening, which will enable them to identify patients' needs better and send the most appropriate response.

SCAS fully implemented NARP on 31st October 2017 and is currently working through a transformation programme to ensure optimum service delivery. This requires changes to the fleet, staff rotas, estates and delivery model.

Staff rotations into the wider Health System

SCAS continue to work closely with partner health care providers to ensure efficient and effective collaboration. SCAS staff have previously worked in Primary Care in the South East Hampshire area and following a successful pilot further work in this area is under development. This will support wider system working as well as providing opportunities for staff to develop.

Admission avoidance

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required.

Further to this the health system are using electronic patient records to enhance the transfer of information across partners and develop appropriate care pathways.

SCAS has also secured System funding to second an individual for six months to prioritise this key area of work.

CQC inspection

The Care Quality Commission (CQC) attended SCAS for a formal inspection during July / August with a focus on Urgent and Emergency Care. The staff and management team were very responsive to CQC requests and any issues the inspectors raised were quickly resolved and actions put in place to avoid any further issues.

Early informal feedback has been positive on the whole, which we hope will be reflected in the final report.

Performance

The below details performance by Clinical Commissioning Group (CCG) area against targets. Whilst there are still some areas requiring improvement, all areas have improved since Q4 of last year. The NARP and SCAS transformation programme will further enhance performance.

Fareham & Gosport CCG

Category	National or Local HCP Standard	2017 / 2018 Q4			2018 / 2019 Q1		
		Demand	Mean	90th	Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	356	0:07:37	0:12:21	348	0:07:07	0:12:32
Cat 1T	Int Transport Measure 18 Mins (Mean)	212	0:14:59	0:26:11	203	0:13:28	0:21:58
Cat 2	18 Mins (Mean); 40 Mins (90th)	3212	0:24:50	0:52:27	3087	0:18:11	0:35:03
Cat 3	120 Mins (90th)	2391	1:25:15	3:31:09	2273	1:01:34	2:25:10
Cat 4	180 Mins (90th)	227	1:57:10	4:35:50	268	1:35:41	3:43:45
HCP 1-4 Hr	60 Mins / 120 Mins / 240 Mins	413	1:38:18	3:03:43	379	1:17:05	2:28:47

Portsmouth CCG

Category	National or Local HCP Standard	2017 / 2018 Q4			2018 / 2019 Q1		
		Demand	Mean	90th	Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	485	0:06:25	0:10:31	579	0:05:40	0:09:36
Cat 1T	Int Transport Measure 18 Mins (Mean)	280	0:10:21	0:16:17	341	0:08:24	0:14:48
Cat 2	18 Mins (Mean); 40 Mins (90th)	3760	0:19:40	0:43:30	3865	0:13:37	0:27:52
Cat 3	120 Mins (90th)	2360	1:23:52	3:34:56	2589	0:53:21	2:05:34
Cat 4	180 Mins (90th)	235	1:53:40	4:49:57	234	1:16:47	3:01:01
HCP 1-4 Hr	60 Mins / 120 Mins / 240 Mins	473	1:38:00	3:27:39	484	1:03:49	2:17:51

South Eastern Hampshire CCG

Category	National or Local HCP Standard	2017 / 2018 Q4			2018 / 2019 Q1		
		Demand	Mean	90th	Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	333	0:08:22	0:14:44	337	0:07:46	0:12:50
Cat 1T	Int Transport Measure 18 Mins (Mean)	204	0:13:00	0:23:41	199	0:12:06	0:21:20
Cat 2	18 Mins (Mean); 40 Mins (90th)	3164	0:22:33	0:47:21	3207	0:17:13	0:33:38
Cat 3	120 Mins (90th)	2338	1:20:51	3:21:53	2518	0:53:16	2:08:21
Cat 4	180 Mins (90th)	268	1:37:44	3:51:21	296	1:20:07	3:04:51
HCP 1-4 Hr	60 Mins / 120 Mins / 240 Mins	417	1:33:15	3:06:26	427	1:12:30	2:29:26

Challenges

Retention of experienced staff / Recruitment of qualified staff

A continued area of challenge due to workforce dynamics and other opportunities for health care professionals.

Embedding NARP and new service delivery model

We are currently going through a transformation programme which will reduce the number of response cars across the trust and replace these with ambulances in line with NARP. This is to ensure we have more patient carrying vehicles to enable us to send the right resource to the right patient. Our ambulances will target category 1 and 2 calls as these patients are more likely to be conveyed. The transformation programme also includes new rotas alongside an estates review that will deliver the extra ambulances; to be implemented by April 2019.

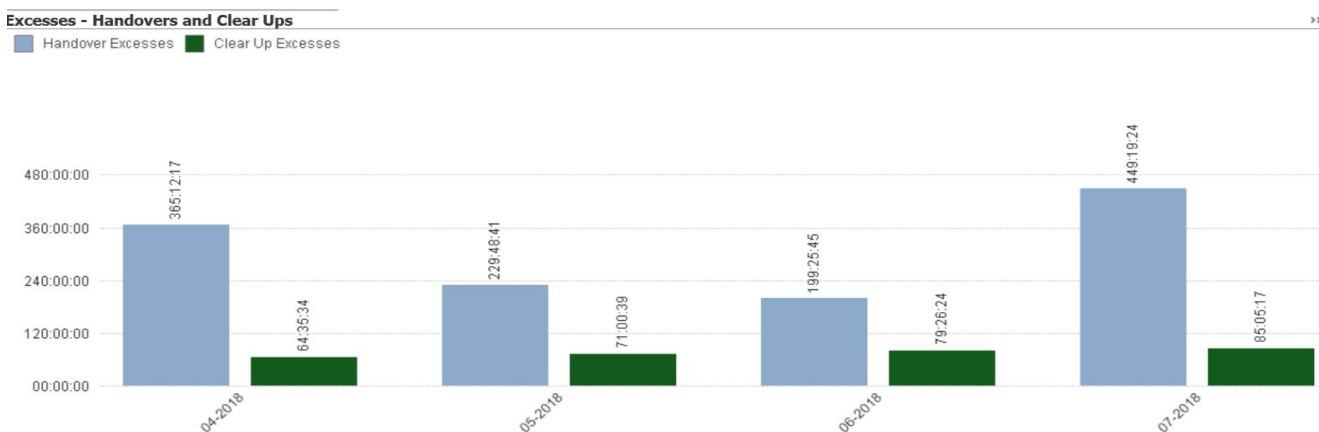
In addition we are reviewing the feasibility of where our ambulances should start and finish their shift. Currently the majority of ambulances in SE Hampshire operate from North Harbour and we will assess if this still the requirement under NARP. Having the resources start in one location does have benefits for our teams and our make ready service. The ambulances are deployed by the control room to where the demand is, and this could be from North Harbour or when they become available at QA Hospital. With demand increasing it is usual for there to be a call outstanding awaiting an ambulance response as soon as one comes available and therefore they will be deployed to the call based on clinical priority. Where there are ambulances available (ie not committed to a task) they will continue to be dynamically spread across the geography.

In the transition period we are purchasing additional private ambulance cover the gap in SE Hampshire. We have an active recruitment campaign to recruit to the additional staff required in SE Hampshire and other areas across SCAS.

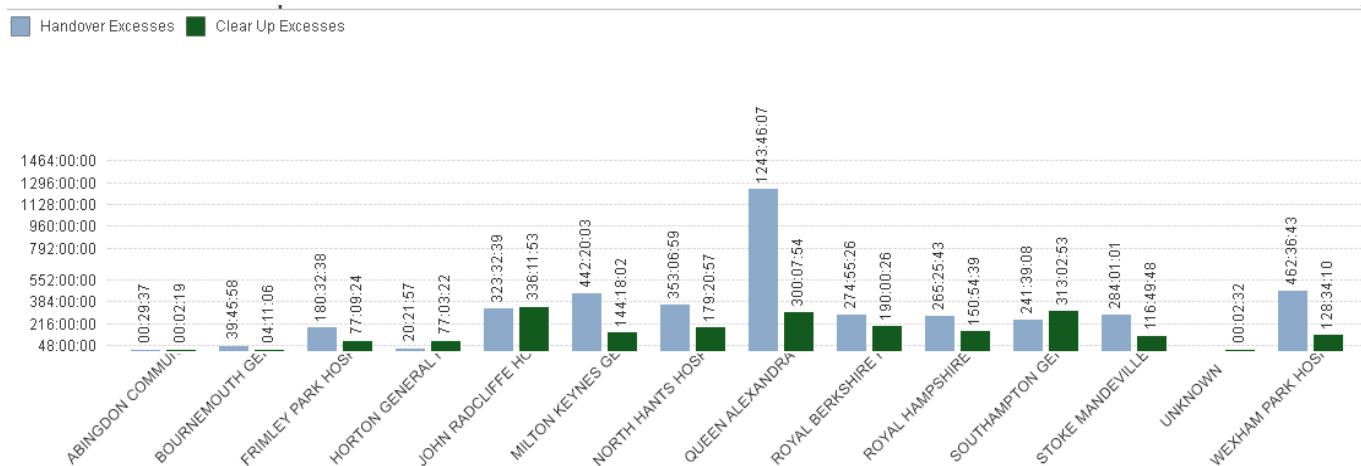
Hospital/System resilience and capacity - Impact on Hospital Handover delays

Hospital handover delays remain a significant challenge to SCASs service delivery;

Number of Ambulance hours lost at QAH by month (April 18 – July 18).



Number of Ambulance hours lost at QAH in comparison to other Acutes in the SCAS area (April 18 – July 18).



SCAS continue to work closely with NHSI, the CCGs, Portsmouth Hospitals and other health and social care providers to mitigate the effects of these delays on patient care, and the impact on staff.