



<b>Title</b>	Health Overview and Scrutiny Panel
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## Developments

### **National Ambulance Response Programme & SCAS Transformation Programme**

UK Ambulance Services have seen some significant changes over recent years 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. There has been a change to fleet mix which has resulted in an increase in ambulances and a decrease in response cars. Alongside this changes to workforce, rosters and estates are ongoing.

### **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 are now working in a community multi-disciplinary team in Solent NHS Trust. This model is also soon to be rolled out Southern Health NHS Trust as well. This will support wider system working as well as providing opportunities for staff to develop.

### **Admission avoidance / Urgent care pathways**

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. The access for SCAS to a wide range of urgent care pathways continues to grow.

### **CQC inspection**

The Care Quality Commission (CQC) attended SCAS for a formal inspection during July / August 2018 with a focus on Urgent and Emergency Care. The outcome was positive with a move from 'requires improvement' to 'good' in this area and an overall rating for SCAS as good – Report published in November 2018.

## Performance

The below details performance by Clinical Commissioning Group (CCG) area against targets set. Whilst there are still some areas requiring improvement against the targets, the majority of measures against the same period last year have improved (shown as yellow highlighted).

Ongoing development and embedding of the SCAS transformation programme will further enhance performance.

### Fareham & Gosport CCG

Category	National or Local HCP Standard	2017 / 2018 Q4			2018 / 2019 Q4		
		Demand	Mean	90th	Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	356	0:07:37	0:12:21	347	0:07:38	0:13:58
Cat 1T	Int Transport Measure 18 Mins (Mean)	212	0:14:59	0:26:11	184	0:12:13	0:20:19
Cat 2	18 Mins (Mean); 40 Mins (90th)	3212	0:24:50	0:52:27	3930	0:22:23	0:45:37
Cat 3	120 Mins (90th)	2391	1:25:15	3:31:09	2425	1:11:59	2:49:43
Cat 4	180 Mins (90th)	227	1:57:10	4:35:50	139	1:43:31	3:37:27
		6398			7025		
<b>Conveyance rates to ED</b>		<b>51.2%</b>			<b>49.2%</b>		

### Portsmouth CCG

Category	National or Local HCP Standard	2017 / 2018 Q4			2018 / 2019 Q4		
		Demand	Mean	90th	Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	485	0:06:25	0:10:31	553	0:06:17	0:10:12
Cat 1T	Int Transport Measure 18 Mins (Mean)	280	0:10:21	0:16:17	337	0:10:24	0:15:15
Cat 2	18 Mins (Mean); 40 Mins (90th)	3760	0:19:40	0:43:30	4487	0:18:29	0:41:42
Cat 3	120 Mins (90th)	2360	1:23:52	3:34:56	2521	1:10:14	2:53:03
Cat 4	180 Mins (90th)	235	1:53:40	4:49:57	149	1:42:46	3:48:34
		7120			8047		
<b>Conveyance rates to ED</b>		<b>47.7%</b>			<b>47.1%</b>		

### South Eastern Hampshire CCG

Category	National or Local HCP Standard	2017 / 2018 Q4			2018 / 2019 Q4		
		Demand	Mean	90th	Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	333	0:08:22	0:14:44	415	0:08:10	0:14:11
Cat 1T	Int Transport Measure 18 Mins (Mean)	204	0:13:00	0:23:41	250	0:10:43	0:19:19
Cat 2	18 Mins (Mean); 40 Mins (90th)	3164	0:22:33	0:47:21	4004	0:21:14	0:43:29
Cat 3	120 Mins (90th)	2338	1:20:51	3:21:53	2587	1:10:29	2:48:15
Cat 4	180 Mins (90th)	268	1:37:44	3:51:21	184	1:44:19	4:07:15
		6307			7440		
<b>Conveyance rates to ED</b>		<b>51.1%</b>			<b>50.7%</b>		

## Challenges / Opportunities

### Retention of experienced staff / Recruitment of qualified staff

A continued area of challenge due to workforce dynamics and other opportunities for health care professionals. Mitigation is in place through staff rotations to other parts of the NHS and increasing flexible working options, as well as the current roster review having much more focus on staff health and well-being.

### Embedding NARP and new service delivery model

The transformation programme is well underway and has resulted a reduction 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. The ambulances will target category 1 and 2 calls as these patients are more likely to be conveyed. The programme also includes new rosters to incorporate additional staff, alongside an estates review.

In addition we are reviewing the feasibility of where our resources should start and finish their shift. The review of the response cars has taken place and they are now targeted to where they are most needed.

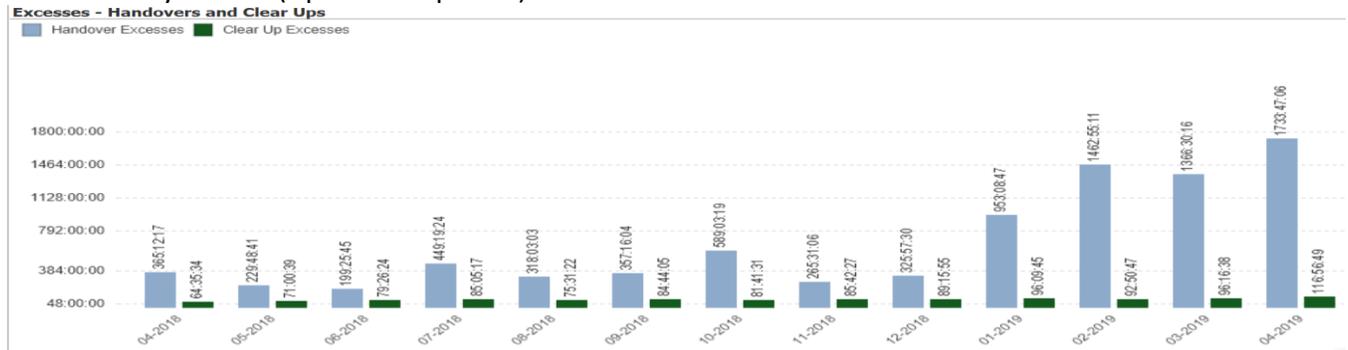
The next step is to review the ambulance locations. Currently the majority of ambulances in SE Hampshire operate from North Harbour and we will assess if this still the requirement under NARP. Having the resources start in one location does have benefits for our teams and our make ready service.

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.

### Hospital/System resilience and capacity - Impact of Hospital Handover delays

Hospital handover delays remain a significant challenge to SCASs service delivery due to the resultant reduction of available resources.

#### Hours lost by month (April 18 – April 19):



SCAS continue to work closely with NHSI/E, 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.