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

### **SCAS Transformation Programme**

The Programme aims to improve patient outcomes and increase the operational efficiency of 999 ambulance service provision.

Through 2019 there have been changes to dispatch processes, fleet, estates, workforce and deployment models.

- Dispatch processes – to ensure the right response is sent at the right time to optimise patient care
- Fleet – to ensure the right fleet mix is available for an appropriate response
- Estates – Part of the deployment plan to ensure the resources are in the right place
- Workforce – to ensure the right skill mix is available to respond to the patient's needs

### **Staff collaboration**

SCAS continue to work closely with partner health care providers to ensure efficient and effective collaboration. SCAS clinicians are now embedded in Community Teams as well as working closely with Primary Care.

In addition, wider health and social care colleagues from Social Services, Mental Health and Maternity services are directly supporting SCAS and patients by being embedded in the SCAS Clinical Co-ordination Centre.

### **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**

In November 2019 SCAS submitted the relevant information following the 'Provider Information Request' (PIR) from The Care Quality Commission (CQC). We continue to work towards the highest of standards and are prepared for a formal inspection.

## Demand / Performance

Year on year the demand on SCAS 999 service has increased across all areas. The below details performance by Clinical Commissioning Group (CCG) area against national targets. Ongoing development and embedding of the SCAS transformation programme and a reduction in hospital delays will further enhance performance.

### Fareham & Gosport CCG

| Category               | National or Local HCP Standard       | 2018 / 2019 Q3 |         |         | 2019 / 2020 Q3 |         |         |
|------------------------|--------------------------------------|----------------|---------|---------|----------------|---------|---------|
|                        |                                      | Demand         | Mean    | 90th    | Demand         | Mean    | 90th    |
| Cat 1                  | 7 Mins (Mean); 15 Mins (90th)        | 406            | 0:07:26 | 0:13:13 | 410            | 0:07:17 | 0:12:39 |
| Cat 1T                 | Int Transport Measure 18 Mins (Mean) | 215            | 0:12:54 | 0:21:05 | 247            | 0:10:59 | 0:17:43 |
| Cat 2                  | 18 Mins (Mean); 40 Mins (90th)       | 3,584          | 0:18:46 | 0:36:13 | 3,974          | 0:19:44 | 0:38:12 |
| Cat 3                  | 120 Mins (90th)                      | 2,565          | 0:48:00 | 1:50:55 | 2,750          | 0:56:47 | 2:14:24 |
| Cat 4                  | 180 Mins (90th)                      | 178            | 1:15:15 | 2:45:21 | 186            | 1:22:03 | 3:09:15 |
| Totals                 |                                      | 6948           |         |         | 7567           | (+8%)   |         |
| Conveyance rates to ED |                                      | 51.4%          |         |         | 51.2%          |         |         |

### Portsmouth CCG

| Category               | National or Local HCP Standard       | 2018 / 2019 Q3 |         |         | 2019 / 2020 Q3 |         |         |
|------------------------|--------------------------------------|----------------|---------|---------|----------------|---------|---------|
|                        |                                      | Demand         | Mean    | 90th    | Demand         | Mean    | 90th    |
| Cat 1                  | 7 Mins (Mean); 15 Mins (90th)        | 552            | 0:06:02 | 0:10:07 | 639            | 0:05:58 | 0:10:01 |
| Cat 1T                 | Int Transport Measure 18 Mins (Mean) | 324            | 0:09:28 | 0:15:37 | 401            | 0:07:23 | 0:13:14 |
| Cat 2                  | 18 Mins (Mean); 40 Mins (90th)       | 4,482          | 0:13:18 | 0:26:09 | 4,956          | 0:14:40 | 0:31:45 |
| Cat 3                  | 120 Mins (90th)                      | 2,788          | 0:49:39 | 1:48:02 | 2,732          | 0:52:59 | 2:17:39 |
| Cat 4                  | 180 Mins (90th)                      | 170            | 1:01:53 | 2:27:39 | 168            | 1:09:43 | 2:39:38 |
| Totals                 |                                      | 8316           |         |         | 8896           | (+7%)   |         |
| Conveyance rates to ED |                                      | 49.2%          |         |         | 48.6%          |         |         |

### South Eastern Hampshire CCG

| Category               | National or Local HCP Standard       | 2018 / 2019 Q3 |         |         | 2019 / 2020 Q3 |         |         |
|------------------------|--------------------------------------|----------------|---------|---------|----------------|---------|---------|
|                        |                                      | Demand         | Mean    | 90th    | Demand         | Mean    | 90th    |
| Cat 1                  | 7 Mins (Mean); 15 Mins (90th)        | 426            | 0:07:28 | 0:13:25 | 440            | 0:08:42 | 0:14:30 |
| Cat 1T                 | Int Transport Measure 18 Mins (Mean) | 237            | 0:10:48 | 0:18:13 | 263            | 0:10:21 | 0:17:35 |
| Cat 2                  | 18 Mins (Mean); 40 Mins (90th)       | 3,745          | 0:17:03 | 0:32:34 | 4,241          | 0:17:21 | 0:33:44 |
| Cat 3                  | 120 Mins (90th)                      | 2,597          | 0:48:10 | 1:50:54 | 2,863          | 0:50:10 | 1:58:49 |
| Cat 4                  | 180 Mins (90th)                      | 204            | 1:05:22 | 2:22:43 | 172            | 1:15:16 | 2:59:48 |
| Totals                 |                                      | 7209           |         |         | 7979           | (+10%)  |         |
| Conveyance rates to ED |                                      | 52.7%          |         |         | 50.5%          |         |         |

## 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 recent roster developments having much more focus on staff health and well-being.

### **Embedding the new service delivery model**

The transformation programme is well underway and has resulted a reduction the number of response cars across the trust and an increase in ambulances; in line with the National Ambulance Response Programme.

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 have reviewed (in line with demand analysis) the feasibility of where our resources should start and finish their shift and be placed on 'standby' when available.

The review of the response cars has taken place and they are now targeted to where they are most needed.

The ambulance locations have now also been reviewed and we are in the process of determining what additional work is required in terms of estate and facilities to ensure the optimum deployment locations are achieved.

The ambulances are deployed by the control room to where the demand is. With demand increasing it is usual for there to be a call outstanding awaiting an ambulance response as soon as one comes available, 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 at the identified locations.

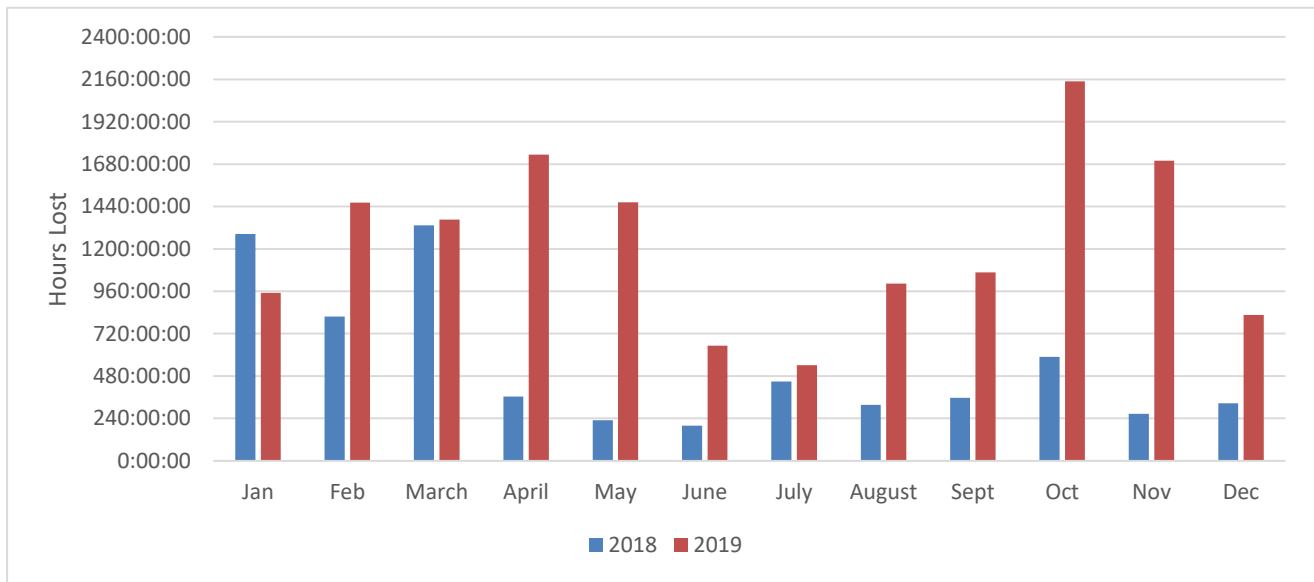
**Hospital/System resilience and capacity - Impact of Hospital Handover delays**

Hospital handover delays remain a significant challenge to the SCAS service delivery.

The delays are measured to a national standard of 15 minutes from the arrival at hospital to the handover of the patient. The time lost is where a patient is unable to be handed over within the 15 minutes.

The result is that SCAS resources are tied up and unable to respond to other patients in the community during this time.

Hours lost at QA Hospital - by month (2018 compared to 2019):



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.