South Central Ambulance Service **NHS**

NHS Foundation Trust

Report to Oxfordshire County Council Health Overview and Scrutiny Committee April 2015

Background

South Central Ambulance Service (SCAS) is contracted to provide the A&E ambulance service to the Thames Valley, Milton Keynes and Hampshire regions. The service within Oxfordshire is provided via the Thames Valley contract which is commissioned by North and West Reading Clinical Commissioning Group (CCG) on behalf of the commissioning groups in Oxfordshire, Berkshire and Buckinghamshire.

Oxfordshire CCG currently spends £19,914,896 on the Emergency Ambulance service which pays for 80,000 incidents per year. This includes the A&E contract and other quality schemes. In addition to the standard contract, the CCG has further invested in SCAS through additional winter pressures funding £260,000 to cover additional capacity for Health Care Professional calls and a SOS bus in Oxford to support first aid demands at night time in the city centre.

Performance

The current contract with South Central Ambulance Service NHS Foundation Trust (SCAS) for 2014/15 has been agreed Thames Valley wide (including Oxfordshire, Buckinghamshire and Berkshire). This is the area defined for the purposes of performance management and is measured on an annual basis in accordance with the national NHS contract.

Performance measures are commissioned and reviewed at Thames Valley contract level. The most commonly known performance measures are the Red 1, Red 2 and Red 19 performance measures. The Red 1 performance measure is responding to 75% of all immediately life-threatening (RED 1 categorised) calls within 8 minutes from the time the call is connected to the ambulance service. The Red 2 performance measure is responding to 75% of all other life-threatening (RED 2 categorised) calls within 8 minutes from the identification of the patient’s chief complaint. The Red 19 performance measure is responding a transporting ambulance to all life-threatening calls (RED 1 and RED 2 categorised) calls within 19 minutes.

SCAS seeks continuous improvement in performance measures by reviewing these measures at County and Trust levels. As part of the 2014/15 contract the CCG has agreed with SCAS a long-wait review process. This is where SCAS reviews calls that have waited an uncharacteristically long time for an ambulance response. This ‘end to end’ review includes all categories of calls to the ambulance service and has individual inclusion parameters depending on the category of call. The review aims to gain learning, potential for improvement and themes for mitigating actions therefore preventing repeats. This review includes review of cotemporaneous notes from the Emergency Operations Centre, an assessment of the clinical risk to the patients using a standardised 5x5 matrix, a review of the Patient Clinical Record to understand the clinical outcome for the patients and the effect these waits had on the patient’s experience.

This continues to be a focus for the Trust and will enable early identification and learning of specific issues, internally this monitored by the Patient Safety Group and to demonstrate further assurance, this year long waits is the Governor selected indicator. Further scrutiny and assurance is provided by the CQRM.

Patient Outcomes

SCAS are benchmarked nationally against other Ambulance Trusts nationally on performance and patient outcomes based data. The most recent data that was published in March on January performance shows that SCAS consistently perform above average on the following indicators:-

- Return of Spontaneous Circulation following cardiac arrest
- Outcomes from acute ST elevation myocardial infarction (Heart attack)
- Highest performing Ambulance Trust for Cardiac arrest survival to discharge

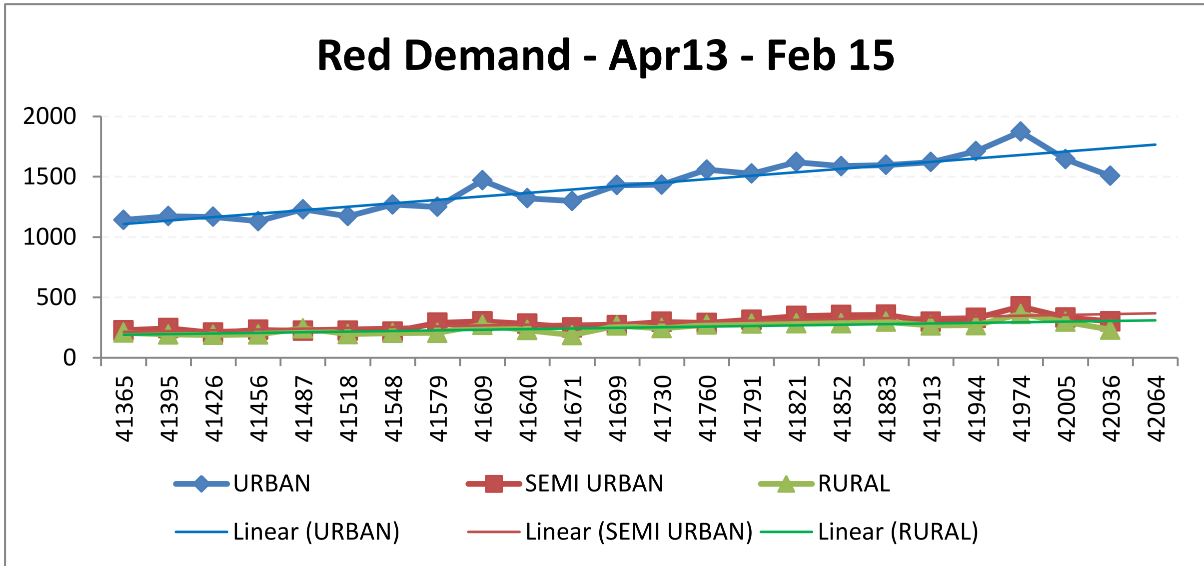
The one outstanding indicator related to the transportation of stroke patients which the Trust currently have an action plan in place. Recent unaudited results show that SCAS has made a substantial year on year improvement of approximately 20%. It is also useful to consider the care 'bundle' compliance for patient's suffering with stroke symptoms show SCAS as having the second highest compliance nationally.

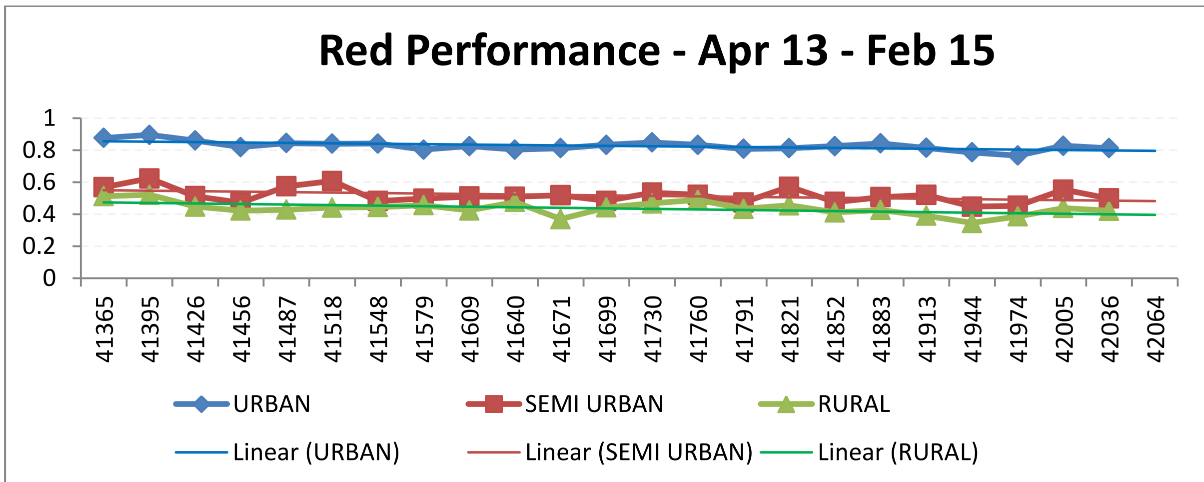
Activity and Finance

Demand for 999 services has seen large growth in activity this year above the expected plan and above the 3% growth that had been added to the contract from 13/14.

Overall year to date growth in Oxfordshire is approximately 8%. The level of Red calls which require an 8 minute response however has risen by 31% compared to the same period last year. This growth and impact has been greater outside the urban areas. Both of these factors are placing significant pressure on performance delivery.

Oxfordshire CCG Analysis 2014-2015								
	Red 2				Red 19			
	Number of Incidents	Number of Hits	Performance	75th Percentile	Number of Incidents	Number of Hits	Performance	95th Percentile
April	1817	1355	74.57%	00:08:05	1970	1883	95.58%	00:18:16
May	1958	1449	74.00%	00:08:11	2118	2014	95.09%	00:18:59
June	1965	1385	74.52%	00:08:51	2129	2017	95.14%	00:18:46
July	2087	1516	72.64%	00:08:28	2239	2105	94.02%	00:20:07
August	2094	1498	71.54%	00:08:35	2083	1953	93.76%	00:20:06
September	2126	1557	73.24%	00:08:16	2246	2120	94.39%	00:19:31
October	2028	1475	72.73%	00:08:21	2178	2040	93.66%	00:20:37
November	2164	1486	68.67%	00:09:09	2305	2126	92.23%	00:21:54
December	2495	1657	66.41%	00:09:36	2652	2436	91.86%	00:22:34
January	2120	1563	73.73%	00:08:11	2266	2136	94.26%	00:19:25
February	1896	1373	72.42%	00:08:32	2040	1929	94.56%	00:19:12

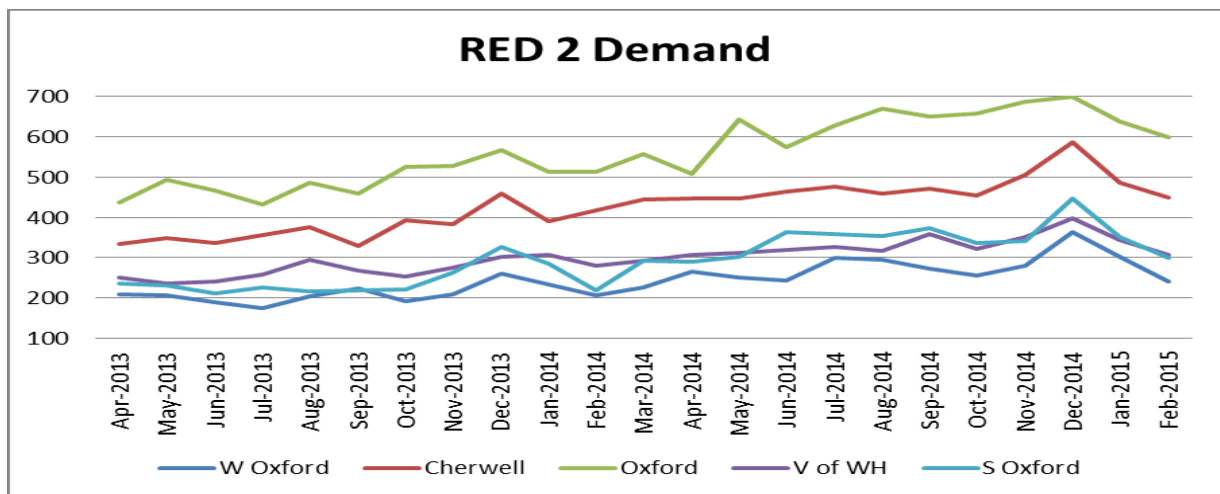


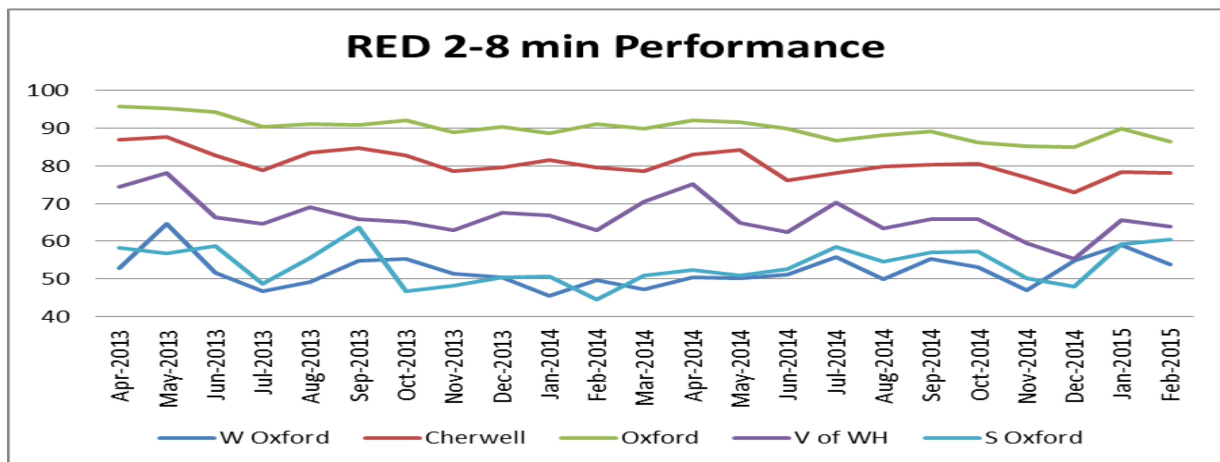


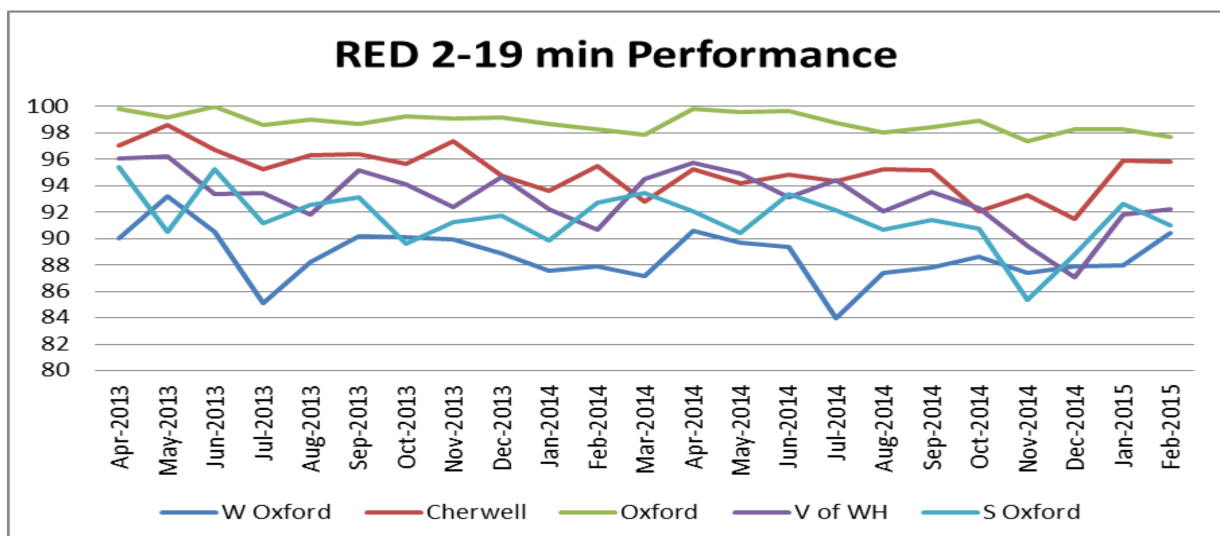
YOY increase in Red demand between April and Feb:
Urban = 29.8%; Semi-Urban = 35.1%; Rural = 33.8%

YOY change in Performance between April and Feb:
Urban = -2.2%; Semi-Urban = -2.9%; Rural = -2.6%

Local Authority Performance





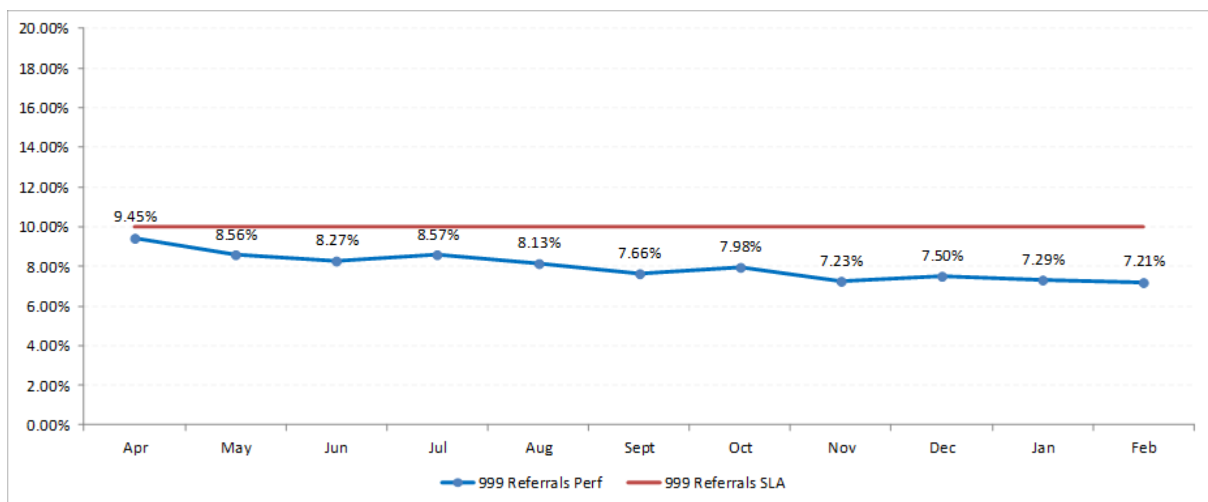


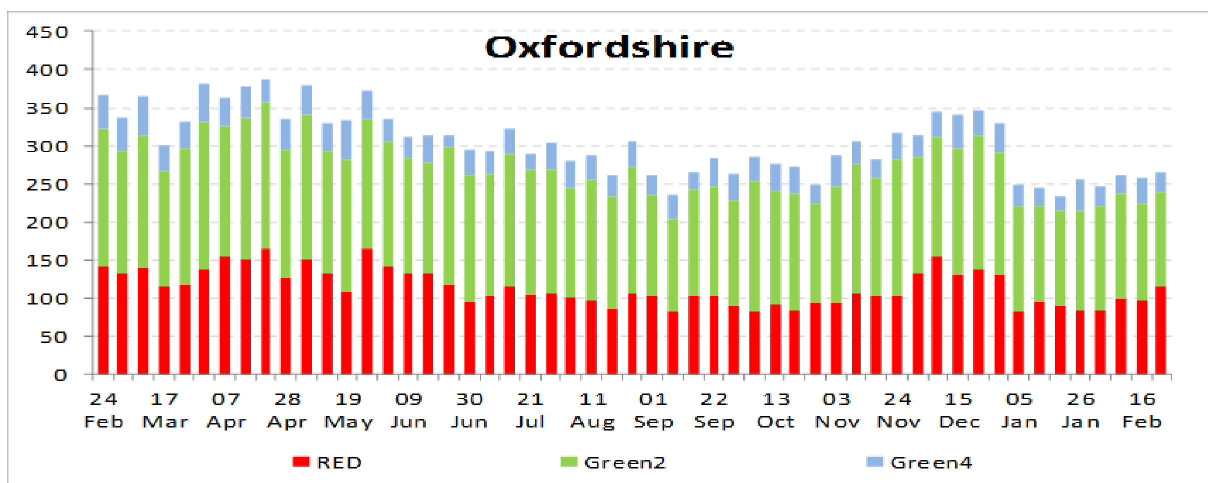
Alternative Care Pathways

SCAS have an emphasis on ensuring the right care in the right place is delivered for the patient whilst assessing the wider urgent care impact. SCAS have a consistently good performance on supporting people where they are (on the phone and at the scene) and therefore not requiring conveyance. There are plans to further invest in and improve this capability in 2015/16. This can be seen along with other performance benchmarks and outcomes against other Ambulance Trusts nationally in Appendix 1.

The Trust continues to increase the amount of calls able to be dealt with over the phone without the need to dispatch an ambulance with improvements in performance being achieved year on year.

SCAS also provides the 111 service in Oxfordshire and through greater integration of the two services is amongst the lowest providers in the country for calls transferred from 111 to 999 now just above 7% compared to the national standard of 10%.





SCAS work closely with other health and social care providers within Oxfordshire to influence provision of alternative care pathways other than admission to an A&E department. SCAS clinicians are highly trained to take a holistic view of the patient's health and social care needs and have access to alternative care pathways to ensure rapid and safe referrals to other health and social care providers. A successful example of how this is achieved in Oxfordshire is the use of Emergency Medical Units provided across the county by Oxford Health NHS Foundation Trust.

Another example of collaborative work with our partners within the local health and social economy is the winter pressures funded scheme of the Oxford SOS Bus. The SOS Bus runs routinely on a Friday and Saturday night in the city centre and provides a first aid provision to patients in the surrounding areas. The scheme is run using volunteers from St John Ambulance, RAF nurses on placement at John Radcliffe Hospital, SCAS clinicians and private security support. The scheme allows minor injury patients to be assessed and treated at the bus, resulting in less calls for 999 ambulances within the city centre and avoids admissions to A&E for calls within the city centre. Through winter the bus has seen over 192 patients, a mixture of which self-presented, were transported by ambulance or transported by Thames Valley Police. Of these patients approximately 84% did not go on to attend an A&E department.

Community First Responders and Co-Responder Schemes

SCAS is committed to improving our response to patients in rural areas. One aspect of this is the use of Community First Responders (CFRs). CFRs are nationally defined as people trained as a minimum in basic life support and the use of a defibrillator, who attend potentially life-threatening emergencies. Our CFRs use life-saving skills, such as the use of the automated external defibrillator (AED), to provide early and often vital intervention for patients suffering life-threatening emergencies in the immediate vicinity of where they live or work. The Trust recruits and trains volunteers to provide life-saving treatment at a recognised level and they are always backed up with the nearest available ambulance. It is mandatory for CFRs to complete training every six months to maintain competency and we also offer the option for CFRs to have monthly refresher training as required. We respond CFRs to mostly Red categorised (life-threatening) calls which are normally to patients suffering from conditions such as cardiac arrests, heart attacks, strokes, choking, diabetic emergencies, traumatic emergencies (not road traffic collisions), breathing difficulties, patients suffering from seizures, chest pains, unconscious patients and paediatric patients aged one year and over.

We have specifically targeted the recruitment of CFRs to rural areas of Oxfordshire, specifically West and South Oxfordshire. The Trust considers CFRs to be a crucial part of our response to patients in these areas. CFRs respond to calls in their neighbourhood, therefore, the potential for them to arrive on scene before an ambulance, especially in rural areas, is vital in providing immediate life-saving treatment. These extra minutes do help to save lives.

Similar to CFRs, SCAS also work closely with Oxfordshire Fire and Rescue Service (OFRS) and the Royal Air Force (RAF) to provide similar schemes across Oxfordshire. OFRS provide a retained response, similar to a CFR, to Red calls within their area, whilst maintaining their ability to respond to Fire and Rescue Emergencies within the local area. The RAF medics provide qualified clinicians to work in Rapid Response Vehicles (RRVs) which are deployed to cover areas of demand as required. SCAS are continuing to work with both organisations to improve this response capability and productivity. There is ongoing work to continue to building upon these schemes.

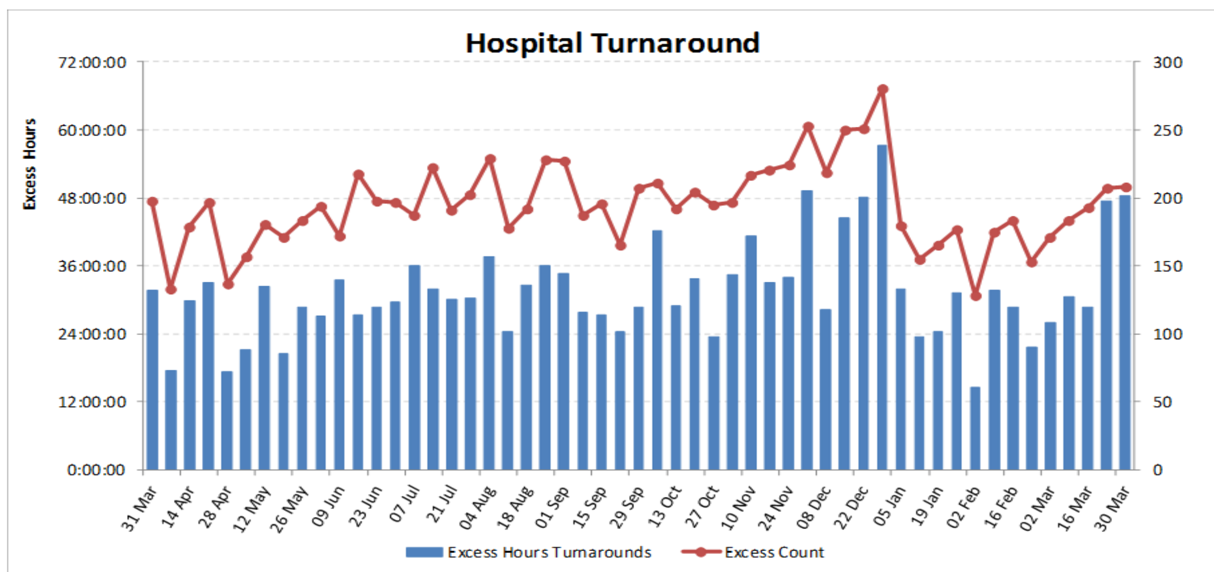
Hospital Handover

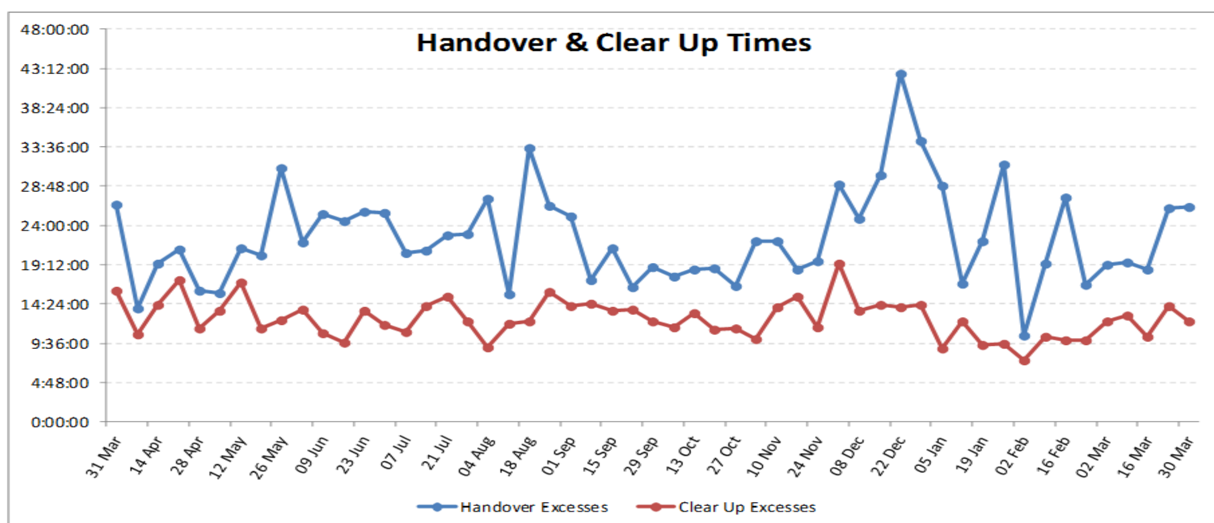
SCAS work diligently with our colleagues at Oxford University Hospitals NHS Trust (OUHT) to minimise delays when handing over patient care at the hospitals run by OUHT. OUHT run four hospital sites in Oxfordshire: John Radcliffe Hospital, Churchill Hospital, Nuffield Orthopaedic Centre and Horton General Hospital. Both the John Radcliffe Hospital and Horton General Hospital have A&E departments. The John Radcliffe Hospital is also a

specialist centre for many specialities including Stroke, Paediatrics, Cardiac and Ophthalmology.

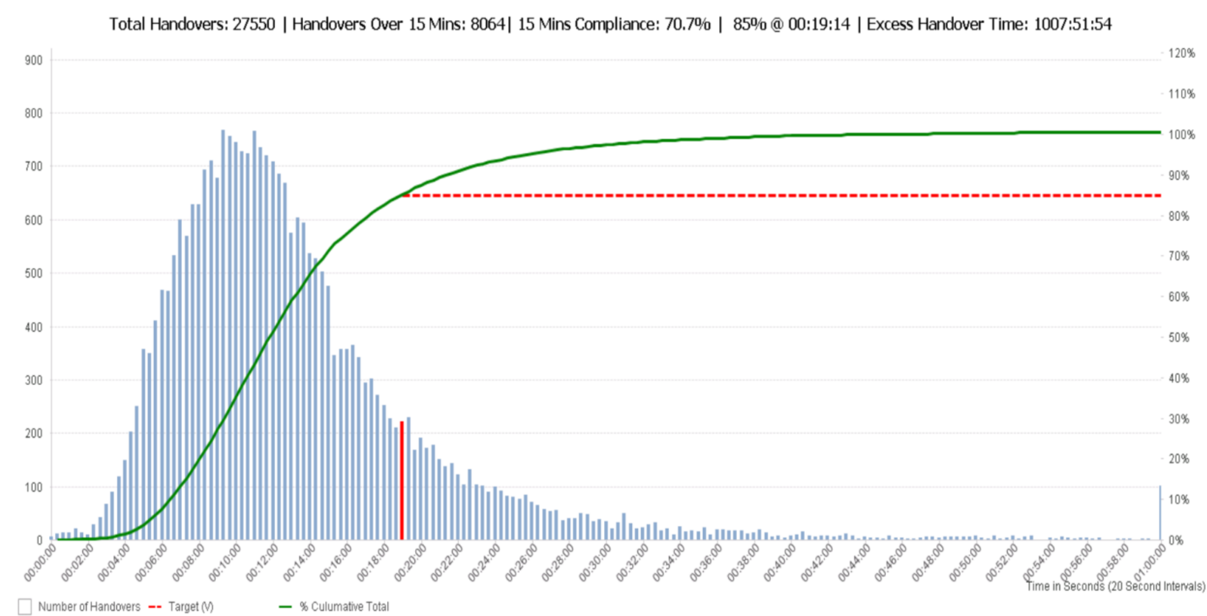
The national performance standard for the complete handover of patient care to occur between the ambulance clinician and the hospital clinician is for the 85% of handovers to occur within 15 minutes of the ambulance arrival outside the A&E department. Locally across the Thames Valley Region, the expected standard handover time of 15 minutes is expected across all wards within the hospital and contractual levers are in place to achieve this. The ambulance service also has a national performance standard to achieve with regards to completing handover and being available to respond to the next call. This performance standard is also set at 85% of clear ups to occur within 15 minutes of the completion of handover.

Clinical managers from SCAS and OUHT meet fortnightly to review the handover and clear up processes to improve our performance against the national and local standards. Over the winter period, SCAS was provided additional funding to provide Hospital Ambulance Liaison Officers (HALOs) to hospitals across the Thames Valley. The HALOs provided additional capacity to support the handover and clear up process across the organisations and improved the communication between the organisations.

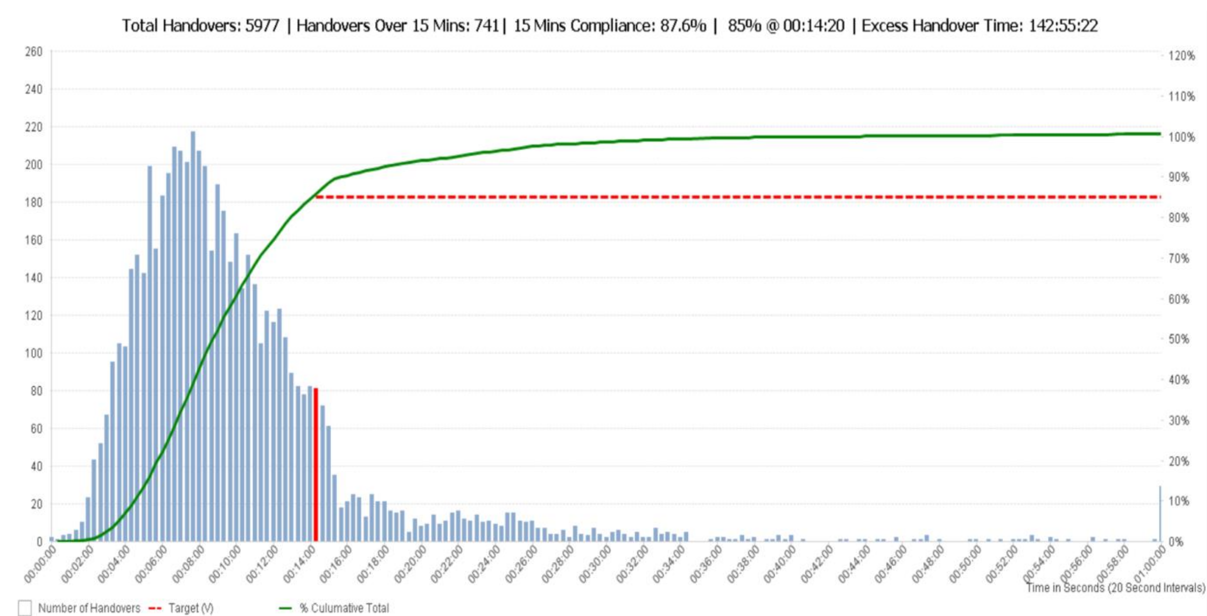




John Radcliffe Hospital – Handover compliance (All wards)



Horton General Hospital – Handover compliance (All wards)



Workforce

Workforce planning continues to be challenging for Ambulance Trusts due to the national shortage of Paramedics. SCAS have recently undertaken a partnership with Oxford Brookes University to fund places for both internal and external candidates to train to become a paramedic. This will support plans for future staffing.

The position within Oxfordshire has improved this year with higher levels of recruitment from local universities. The Trust is also currently exploring wider options including international recruitment, agency working and collaboration with the armed services.

The Trust is currently in the process of implementing a service design change based on a review of our demand and capacity modelling. We are implementing an alternative response to Health Care Professional (HCP) calls, where the patients have been assessed by a clinician and only require low-level care and transport. This will improve our response to the HCP Calls by providing a purpose built resource to respond to these types of calls only and will also free up A&E clinical ambulances to respond to 999 calls. The new HCP provision has increased the number of non-clinical posts within the area and provides a new position that may be attractive to retain staff in long-term and attract new staff into the organisation.

The rota review of our A&E services provides the opportunity to create a more resilient workforce with increased flexibility, a greater compliance of resourcing against demand, better clinical supervision and support to frontline A&E staff and the strengthening of our team working culture.

The service design will support the increase in flexibility for the Clinical Mentor role to better support our frontline A&E staff with their development and performance. It also introduces a new role to the trust of Specialist Paramedics. These are paramedics that specialise in Urgent Care and will support our frontline clinicians in providing advice and further clinical skills to deliver appropriate care to patients in their own homes or via non- A&E pathways.

These developments should strengthen the Trust's ability to retain clinical staff and to attract clinical staff to the organisation.

Resource Planning and Escalation

SCAS continues to plan its resourcing effectively to ensure we always have the ability to respond to our patients whenever they need us. For the year 2015-16 we are working on a basis of a 3% increase in demand compared to the last financial year, this creates our long-term forecast. We then routinely review our recent and historic demand closer to the date to predict our expected demand to create a short-term forecast. Once this is completed, we attempt to resource to the short-term forecast, this is normally to a level above that which would be produced from our standard rotas. This is achieved using overtime and private providers to support our normal staffing levels.

The short-term forecast approach is routinely correct against actual demand; however the Trust is unable to predict spikes in demand down to within an hour due to the nature of A&E work. To manage this demand, the Trust uses the national Resource Escalation Action Plan (REAP) and our own local escalation processes.

REAP is a nationally agreed and reported process with six defined levels. The design of REAP is to provide a structured escalation across the organisation to respond to different triggers that can affect the Trust's ability to deliver its core service and respond to patients efficiently. Recently the Trust has been escalated to REAP level 4; this is the fourth out of six nationally defined escalation levels and is described as being under severe pressure. This escalation level carries a numerous number of actions across the different directorates of the Trust to support our core service delivery. The main actions that have been taken under REAP 4 is to increase frontline A&E resourcing above normal capacity, increase EOC resourcing above normal capacity, cancel all non-essential activities across the Trust including some external activities and we have implemented our command and control organisational function to support the increased focus on the responses to our A&E patients.

REAP can be slow in providing a response to spikes in demand on the day and is also Trust-wide and not area specific, therefore the Trust has its own internal escalation process. This process is designed to quickly respond to spikes in demand on the day, providing additional resources to the Emergency Operations Centre (EOC). The local escalation levels are able

to be targeted at a certain area, for example if there was a spike in demand in Oxfordshire, we could specifically increase the escalation status of Oxfordshire alone to support just this area.

Additional resources are provided by diverting clinical staff, such as Area Managers, from their non-patient facing aspect of their roles. In addition to this, the escalation levels also carry an element of demand management controls, allowing the EOC to also redirect their resources to appropriately manage demand and increase the number of calls that they can close with appropriate advice and referral without requiring an ambulance response.

Business Continuity

SCAS continues to build resilience into its normal working practices on a daily basis to be flexible and adapt to respond to our patients in the most effective way. A clear example of this would be the virtualization of our call centres which allows all calls to be handled by any call handler rather than be limited to be directed to the call centre within the area. This allows us a great deal more flexibility to deal with shortfalls and unexpected spikes in demand which can happen fairly frequently in small areas.

With the increase in 999 calls made by mobile phones, which can be connected by BT to a neighbouring ambulance service, we have developed close working relationships with our neighbouring ambulance services and are part of a National Memorandum of Understanding to take and pass 999 calls to the appropriate service. Due to the increase in mobile phone usage about 10% of the calls received in SCAS are relating to calls outside our area and every ambulance service will have a similar number.

Whilst the Trust has made every effort to build resilience into normal business, the Trust operates a business continuity plan in case of any catastrophic event. The plan forms the basis of a response to such disruption due to a catastrophic incident occurring. Business Continuity Management is a vital organisational wide process that involves all staff and has the endorsement of the Trust Board. All Managers are actively involved in Business Continuity and ensure they have current Business Continuity Recovery Plans for their particular Service Delivery area. We validate our procedures by exercise, training and in actual use. The plans are reviewed biannually or more frequently if required to reflect current and best practice. All staff are aware of the Business Continuity Management Plan and its content.

Rest Break Policy

Within SCAS we operate an Operational Front-line A&E Staff Meal Break Policy. The purpose of this policy is to ensure that all operational staff receives appropriate rest periods and balances these against the needs to provide patient care. It is vital that staff are given rest periods in order that fatigue does not impact safety when travelling at high speed or when making critical decisions in patient care. The policy has clearly defined parameters where patient needs can take precedence over rest periods, however this is balanced that after this need has been met, the operational staff are then able to have their rest period.

In June 2014, SCAS has reviewed the policy and it now includes an allowance for rest periods to be delayed if a clinician decides that the condition of the patient(s) should take priority over a crew receiving their rest period as the policy directs. This policy is reviewed periodically as a minimum annually and is monitored in reference to any impact it has to patient safety and patient experience. The policy is currently in the process of review.

Summary

The ambulance service is undergoing a period of substantial challenge arising from increasing demand, acuity, variation of traditional demand patterns, staffing shortages and impact from other services through the demands within the wider health and social care economy including hospital waits and Primary Care capacity, especially in the out of hours period.

SCAS compares well nationally, generally performing in the upper quartile on all measures. SCAS works well with stakeholders and the community to provide year on year improvement as well as innovative partnerships such as fire service, military, maternity and dental line and supports the wider health and social care economy to provide the care patients require.

We are an improving and learning organisation, continually striving for excellence.

SCAS has recently hosted the Prime Minister and the Secretary of State for Health for a visit to our Emergency Operations Centre in Bicester. Words cannot begin describe the extra mile that our staff go to for our patients; therefore we would like to extend an invite to the Health Overview and Scrutiny Committee to visit our centre in Bicester and observe the work that we complete across the 999 and 111 systems.

Sue Byrne
Operations Director
South Central Ambulance Service NHS Foundation Trust

National Ambulance Clinical Quality Indicators (Apr to Aug 2014)

Appendix 1

Clinical Quality Indicator	Units	East Midlands	East of England	Isle of Wight	London	North East	North West	South Central	South East Coast	South Western	West Midlands	Yorkshire	All
								ê					
Time to Answer - 50%	mm:ss	0:02	0:01	0:01	0:00	0:01	0:01	0:03	0:03	0:02	0:01	0:01	n/a
Time to Answer - 95%	mm:ss	0:14	0:13	0:01	0:12	0:53	0:27	0:32	0:25	0:18	0:05	0:23	n/a
Time to Answer - 99%	mm:ss	0:52	0:59	0:09	0:56	1:41	1:15	1:38	1:05	0:57	0:44	1:11	n/a
Abandoned calls	%	0.47	0.81	1.21	0.38	3.33	4.02	2.30	0.76	0.84	0.71	1.42	1.44
Cat A8	%	-	-	-	-	-	-	-	-	-	-	-	-
Cat A8 - Red 1	%	71.7	70.1	80.8	67.6	69.7	69.4	75.1	75.2	74.4	77.4	69.4	71.7
Cat A8 - Red 2	%	70.4	61.9	75.4	59.8	73.5	70.1	74.2	74.2	73.0	74.3	69.0	69.2
Cat A8 - Red 1 - 95%	mm:ss	14:38	15:37	9:07	19:06	13:59	14:43	15:21	14:06	14:44	11:51	14:17	n/a
Cat A19	%	92.8	90.7	96.4	92.0	94.5	93.5	95.4	95.3	94.0	96.8	95.6	93.9
Time to Treat - 50%	mm:ss	9:01	7:21	5:59	7:28	6:19	6:36	6:00	5:59	5:58	6:05	6:20	n/a
Time to Treat - 95%	mm:ss	17:37	23:02	16:54	20:54	20:55	20:46	18:14	18:59	20:17	16:25	16:27	n/a
Time to Treat - 99%	mm:ss	27:30	36:09	21:14	38:09	34:30	38:16	30:32	28:36	33:16	25:08	25:27	n/a
STEMI - Care	%	80.6	81.6	84.8	72.8	90.7	87.0	70.8	77.3	89.4	76.2	83.1	80.9
Stroke - Care	%	98.6	96.8	95.5	96.6	98.8	99.4	98.8	94.1	97.5	93.6	97.8	97.1
Frequent caller	%	0.18	0.21	1.17	1.66	1.18	0.77	1.93	0.00	0.00	0.00	2.50	0.88
Resolved by telephone	%	7.2	6.8	8.3	13.2	6.6	3.5	5.8	11.1	7.6	5.4	7.5	8.0
Non A&E	%	31.4	42.5	47.6	34.4	31.2	27.4	42.3	43.2	52.3	37.8	32.9	37.1
STEMI - 60	%	-	-	-	-	-	-	-	-	-	-	-	-
STEMI - 150	%	91.3	94.3	57.1	95.2	86.9	78.5	90.6	92.0	78.9	87.2	85.7	87.0
Stroke - 60	%	60.6	56.7	54.6	60.8	72.1	69.8	56.0	68.2	58.0	47.9	56.4	61.1
ROSC	%	18.6	23.0	26.0	31.7	28.6	28.9	41.3	30.7	24.3	29.3	22.3	27.5
ROSC - Utstein	%	34.4	45.9	42.1	57.9	62.3	45.8	54.2	61.8	44.1	47.5	48.9	49.8
Cardiac - STD	%	5.0	6.9	8.2	8.7	3.9	8.3	17.5	9.1	9.7	9.0	10.3	8.7
Cardiac - STD Utstein	%	13.1	18.1	26.3	30.7	22.4	21.7	30.6	29.4	27.0	27.0	38.2	26.6
Recontact 24hrs Telephone	%	7.1	10.7	4.4	1.9	13.9	11.3	11.5	10.1	13.6	11.4	6.2	7.8