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**South Central  
Ambulance Service**  
NHS Foundation Trust



# SCAS Engagement Update

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Agenda Item 26.

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# Agenda

- ARP update
- Performance
- Lord Carter Review
- CQC
- Urgent Care Pathways

# ARP PRINCIPLES

What does the patient need?

The right vehicle



The right skill



The right time, within time , every time



What does ATs need to consider ?

Less on scene time for RRVs

Reduced diverts

Less multi-vehicle deployments

# What are the new categories

## **CATEGORY 1 - LIFE-THREATENING**

Time critical life-threatening event needing immediate intervention and/or resuscitation e.g. cardiac or respiratory arrest; airway obstruction; ineffective breathing; unconscious with abnormal or noisy breathing; hanging.

## **CATEGORY 2 - EMERGENCY**

Potentially serious conditions (ABCD problem) that may require rapid assessment, urgent on-scene intervention and/or urgent transport.

## **CATEGORY 3 – URGENT**

Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering (e.g. pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe.

## **CATEGORY 4 – NON-URGENT**

Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe.

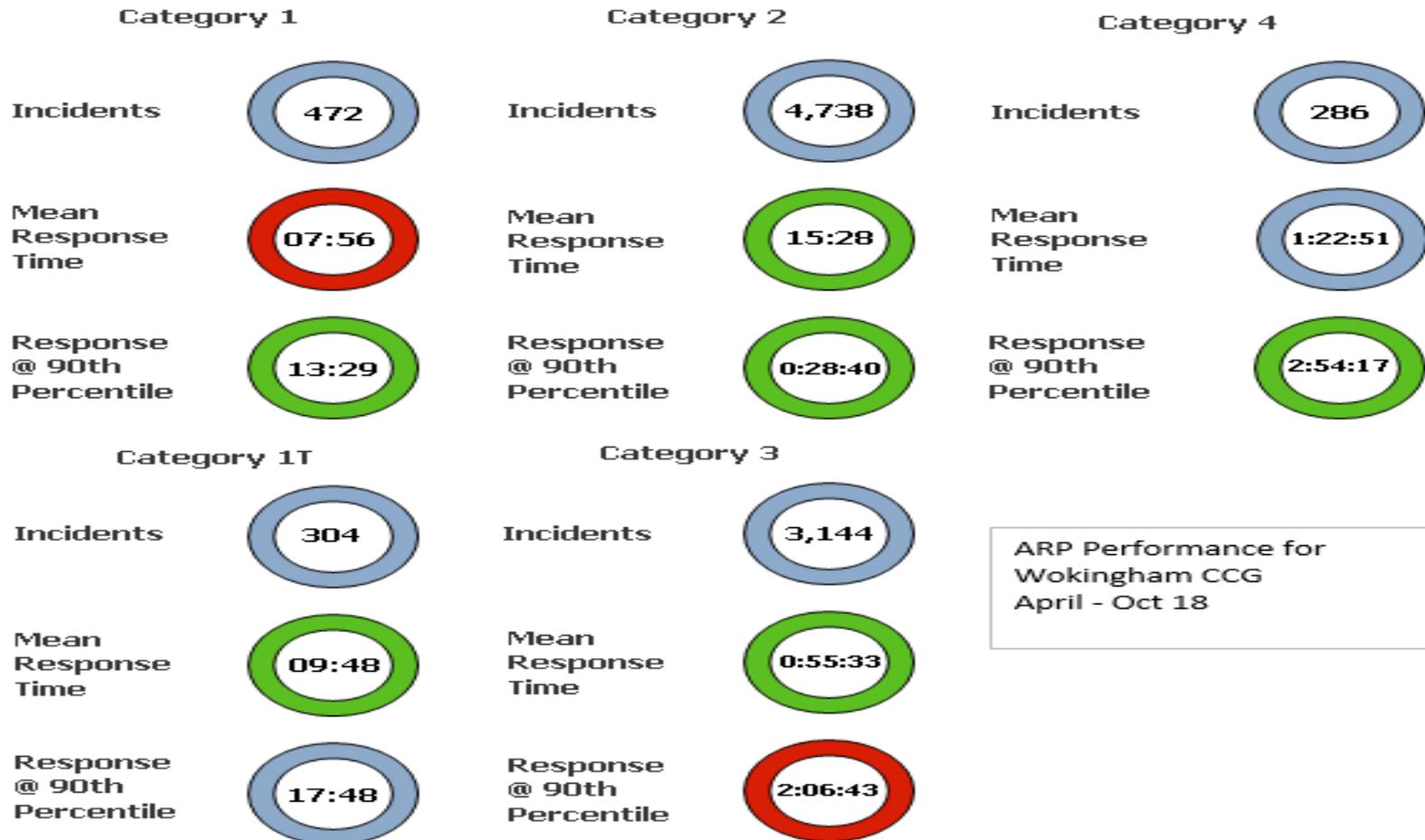
## **TYPE S – SPECIALIST RESPONSE (HART)**

Incidents requiring specialist response i.e. hazardous materials; specialist rescue; mass casualty

Categories	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
<b>Category 1</b>	<p>7 minutes mean response time</p> <p>15 minutes 90<sup>th</sup> centile response time</p>	<p>The earliest of:</p> <ul style="list-style-type: none"> <li>•The problem is identified</li> <li>•An ambulance response is dispatched</li> <li>•30 seconds from the call being connected</li> </ul>	<p>The first ambulance service-dispatched emergency responder arrives at the scene of the incident</p> <p>(There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)</p>
<b>Category 2</b> 13	<p>18 minutes mean response time</p> <p>40 minutes 90<sup>th</sup> centile response time</p>	<p>The earliest of:</p> <ul style="list-style-type: none"> <li>•The problem is identified</li> <li>•An ambulance response is dispatched</li> <li>•240 seconds from the call being connected</li> </ul>	<p>If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance service-dispatched emergency responder arrives at the scene of the incident</p>
<b>Category 3</b>	<p>120 minutes 90<sup>th</sup> centile response time</p>	<p>The earliest of:</p> <ul style="list-style-type: none"> <li>•The problem is identified</li> <li>•An ambulance response is dispatched</li> <li>•240 seconds from the call being connected</li> </ul>	<p>If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance service-dispatched emergency responder arrives at the scene of the incident</p>
<b>Category 4</b>	<p>180 minutes 90<sup>th</sup> centile response time</p>	<p>The earliest of:</p> <ul style="list-style-type: none"> <li>•The problem is identified</li> <li>•An ambulance response is dispatched</li> <li>•240 seconds from the call being connected</li> </ul>	<p>Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.</p>

# ARP Apr – Oct 18 – Wokingham CCG Area

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# Key benefits

- Ensuring a timely response to patients with life-threatening conditions
- The most appropriate clinical resource to meet the needs of patients based on presenting conditions not simply the nearest
- Fewer multiple dispatches = increased efficiency
- → Reduction in diversion of resources
- Increasing the ability to support patients through hear and treat, see and treat
- Having a transporting resource available for patients who need to be taken to a definitive place of care
- Improved patient experience
- Provides staff with greater role satisfaction – doing the right thing for patients

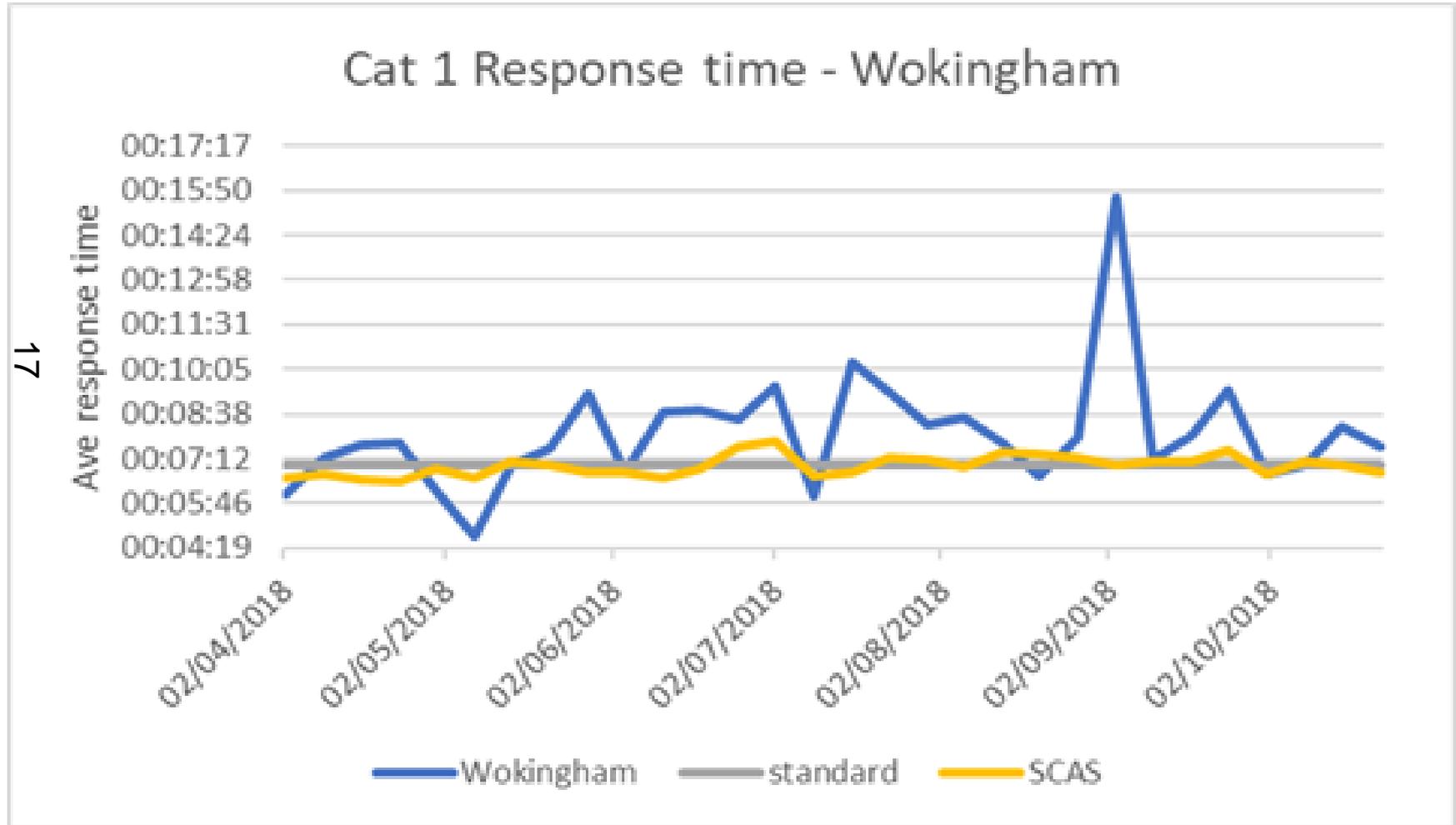
# Comparison to Pre ARP Year on Year



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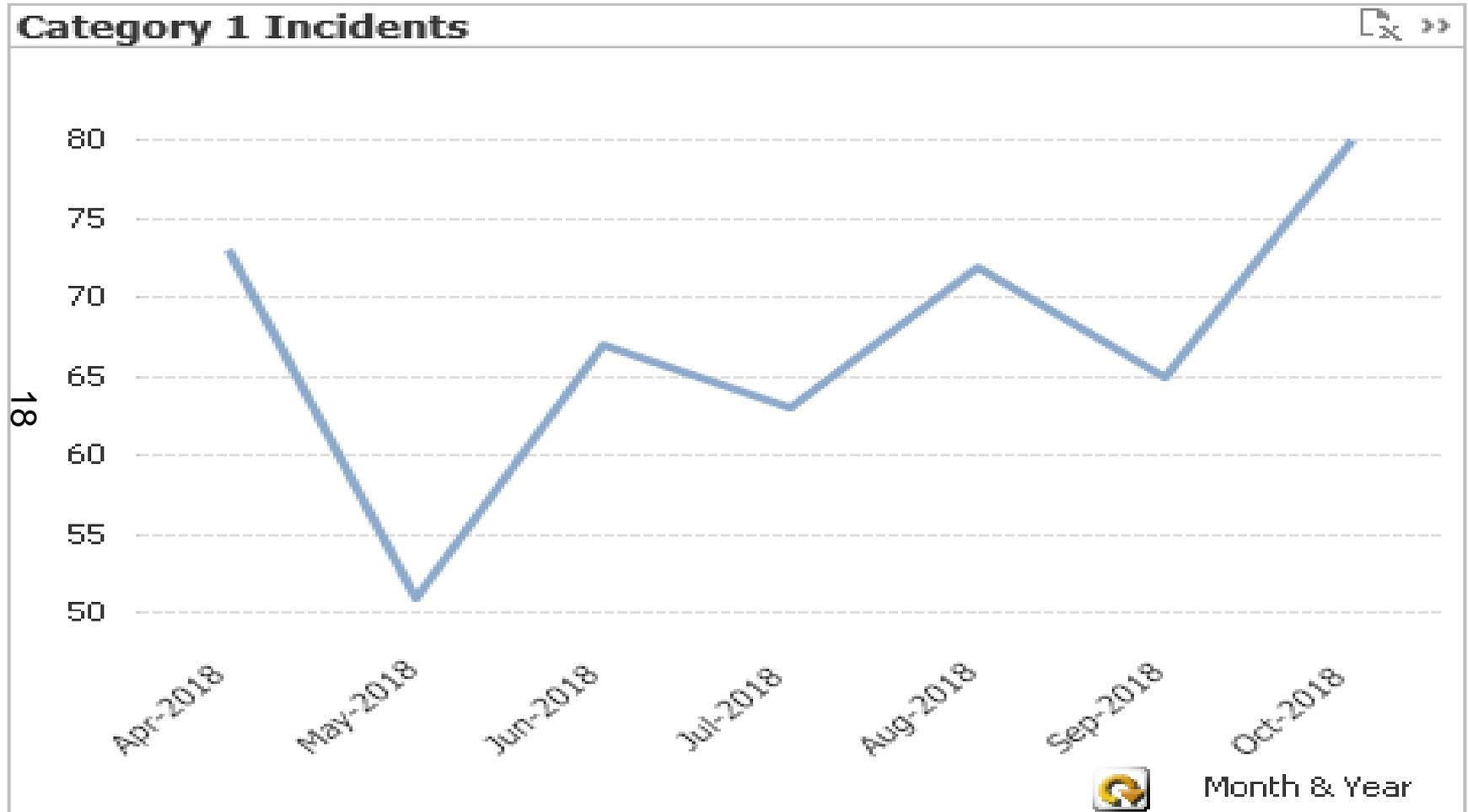
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# ARP Cat 1 Response – Wokingham Vs SCAS



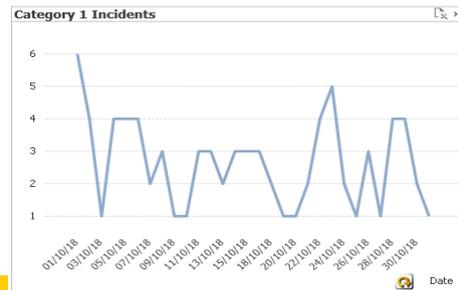
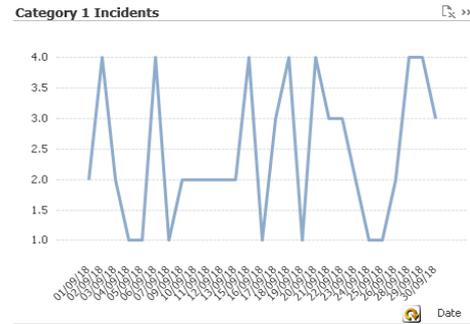
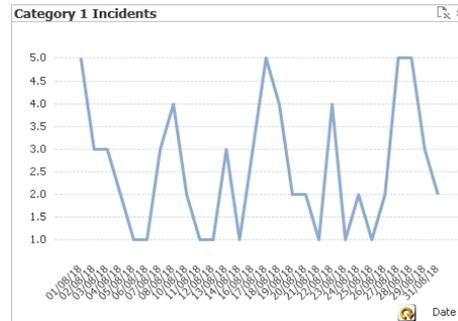
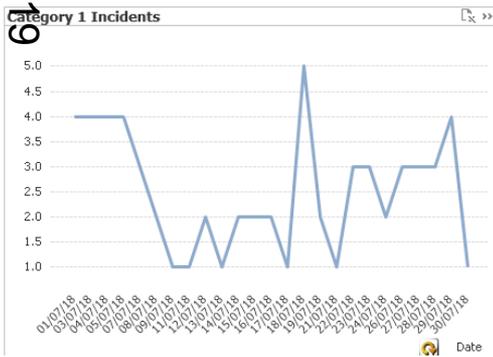
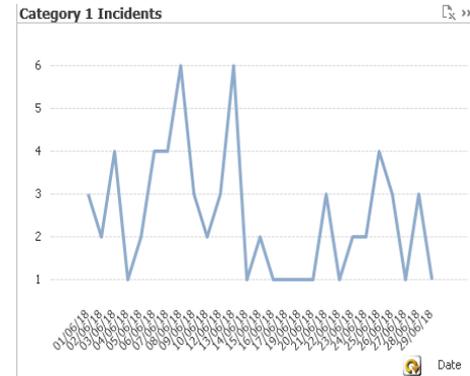
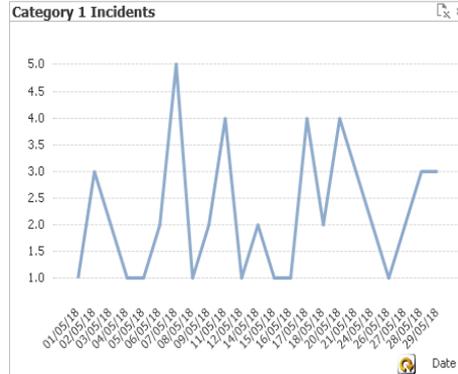
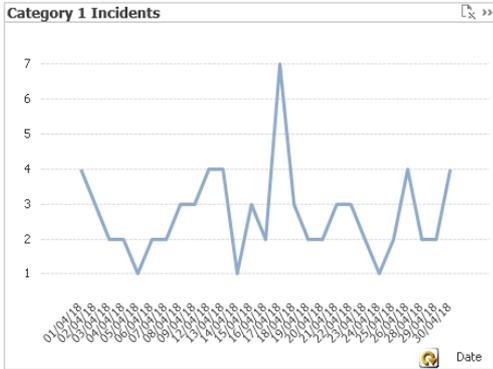
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# Average Cat 1 calls – Wokingham CCG



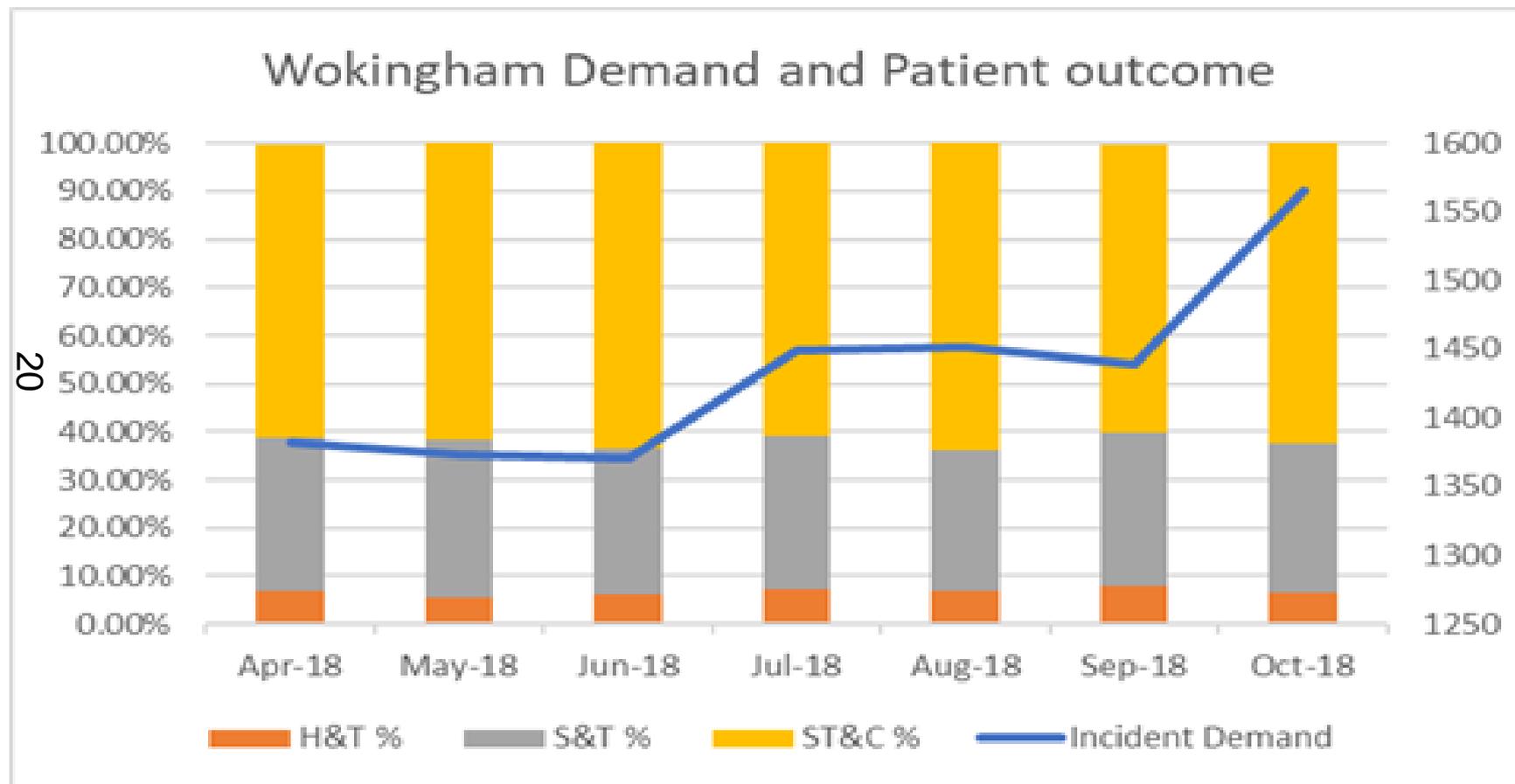
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# Monthly Cat 1 comparison April-Oct 18



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# Demand and Patient Outcome



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# Actions

- Midway through transformation programme to align staff to patients
- RRV redeployed to Bracknell and Winnersh to cover East and West Wokingham
- Ambulance remodelling in progress

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# Lord Carter of Coles

## Review of Ambulance Services

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# 23 Background



- Lord Carter review was to assess where efficiencies can be gained across the ambulance sector
- Identified significant unwarranted variations across the English ambulance services
- Demand increases on average by 6% annually
- 9 out of 10 of these calls were not life threatening
- 60% of the patients attended were taken to hospital
- Tackling avoidable conveyance to hospital could release capacity equivalent to £300m in the acute sector

# Delivering Effective Urgent & Emergency Care

- Lord Carter identified 3 structural issues in the provision of health services which need to be strengthened.
  1. Ability to access general practice and Community Services to avoid unnecessary conveyance
  2. Urgent Treatment Centres to avoid conveyance to the acute trust
  3. Hospital Handover Delays impact heavily on ambulance services ability to respond to patients in a timely manner and cost the ambulance service nearly £50million last winter

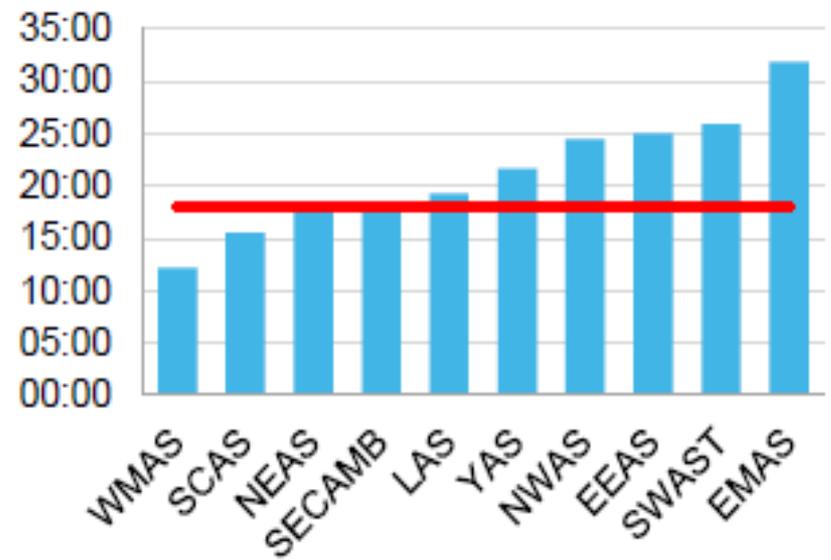
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# National Performance

### Category 1 mean response times



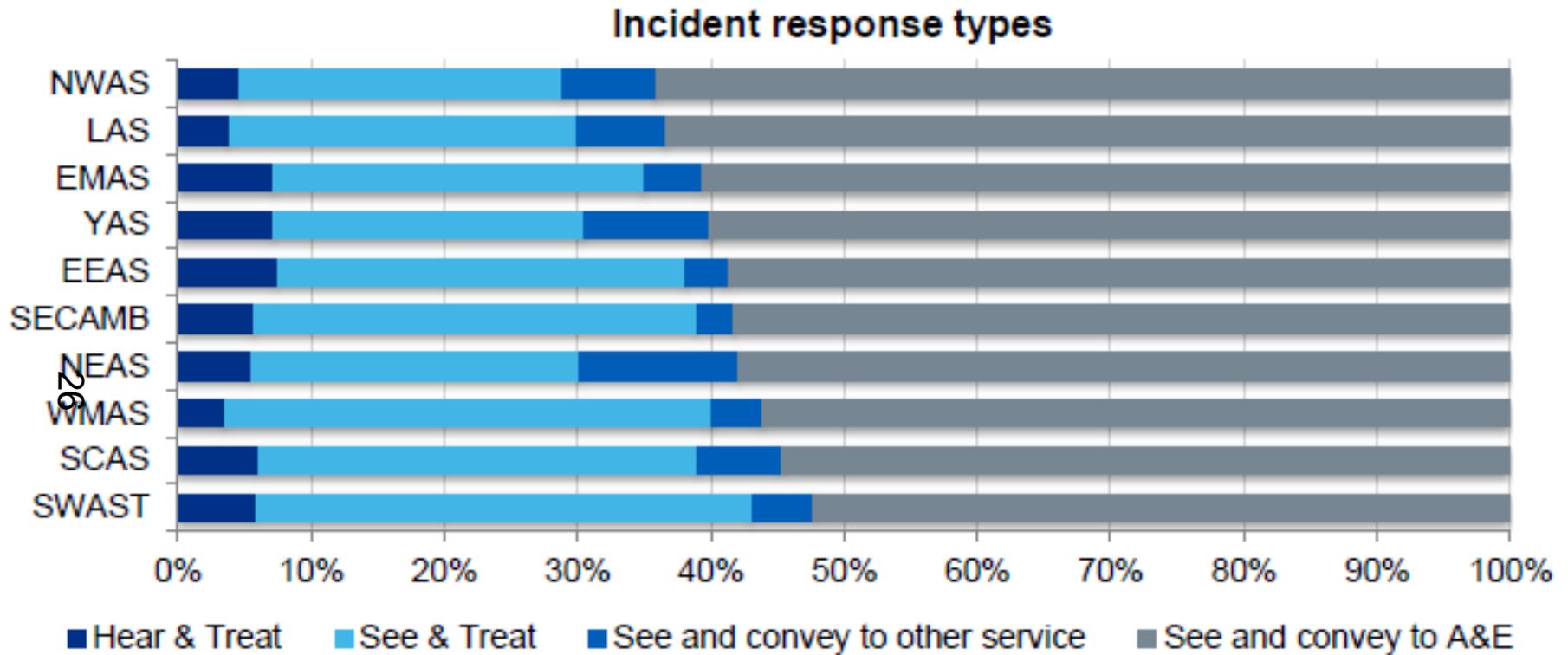
### Category 2 mean response times



■ Mean    — Mean Target

**Figure 1.8: Ambulance service response times in minutes, where a trust below the line are meeting the standard, AQI July 2018**

# Incident Response types

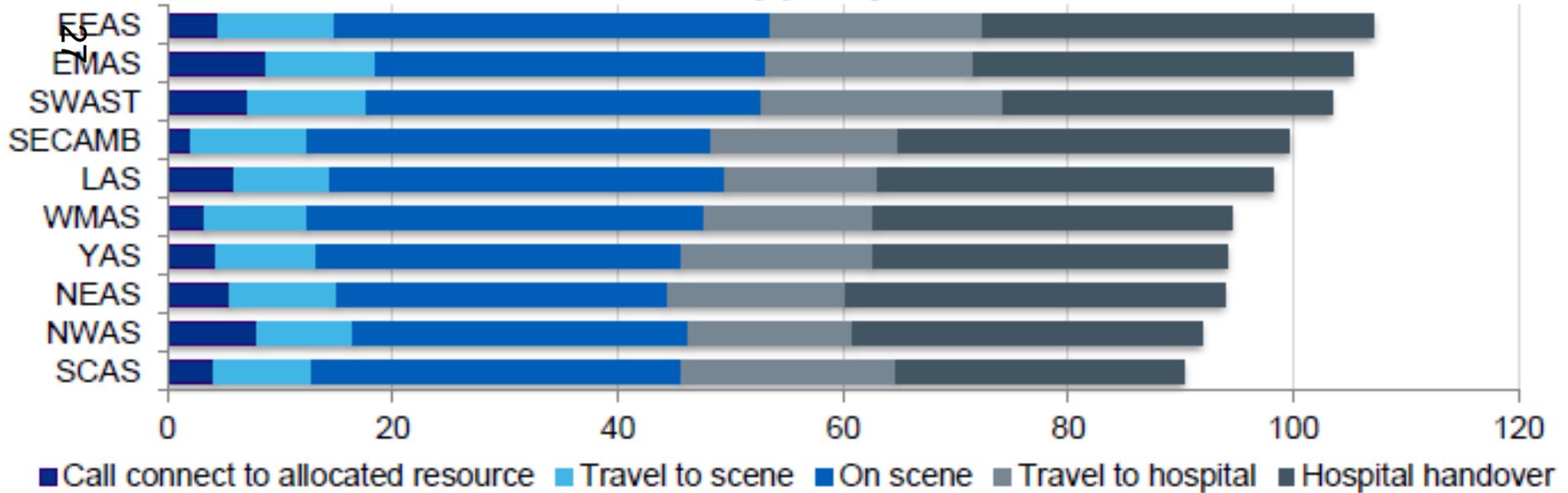


**Figure 2.4: Variation in the model of care provided by trusts, AQI data set January 2018 to July 2018**

# Job Cycle Time



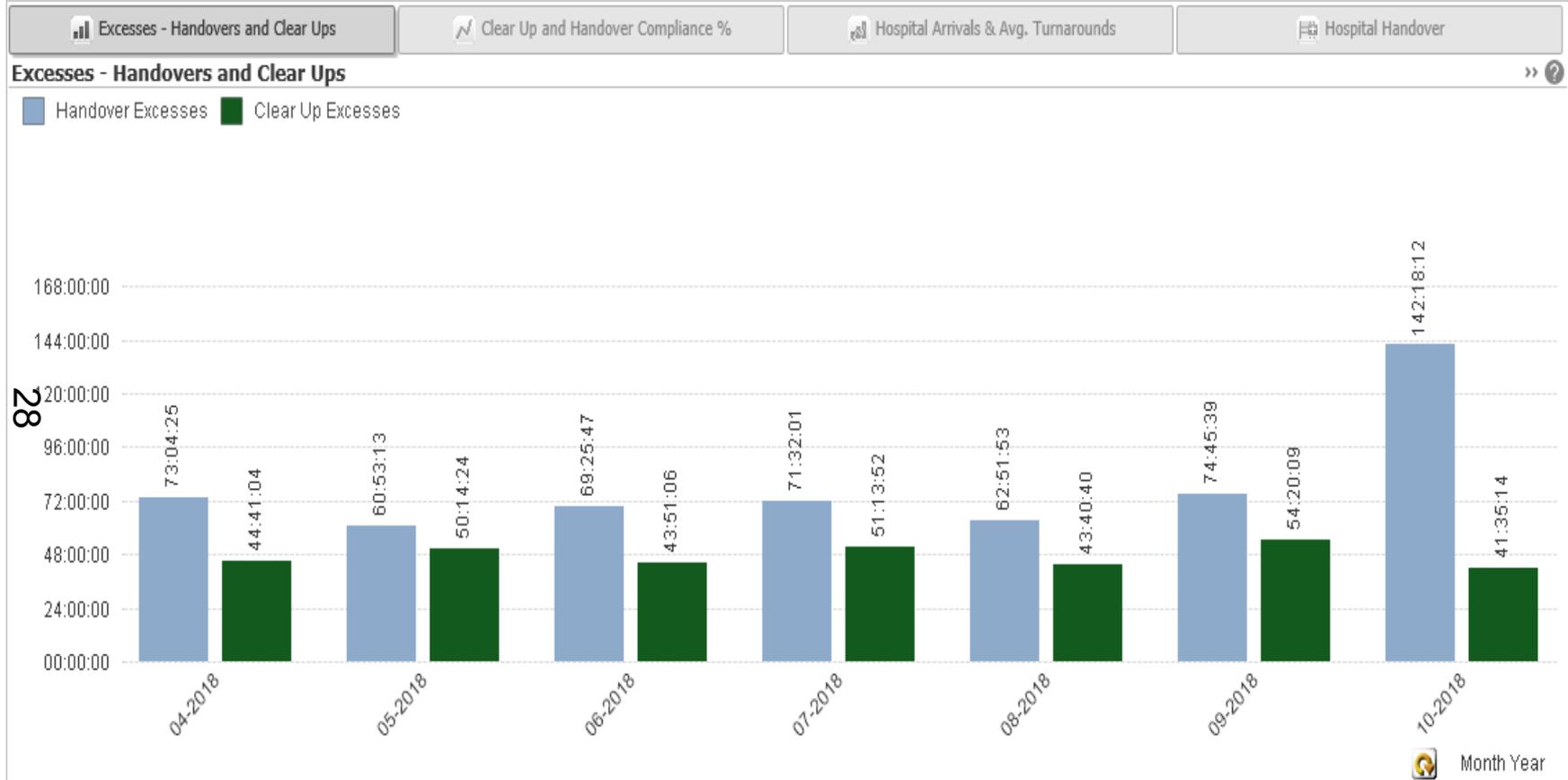
See and convey job cycle time



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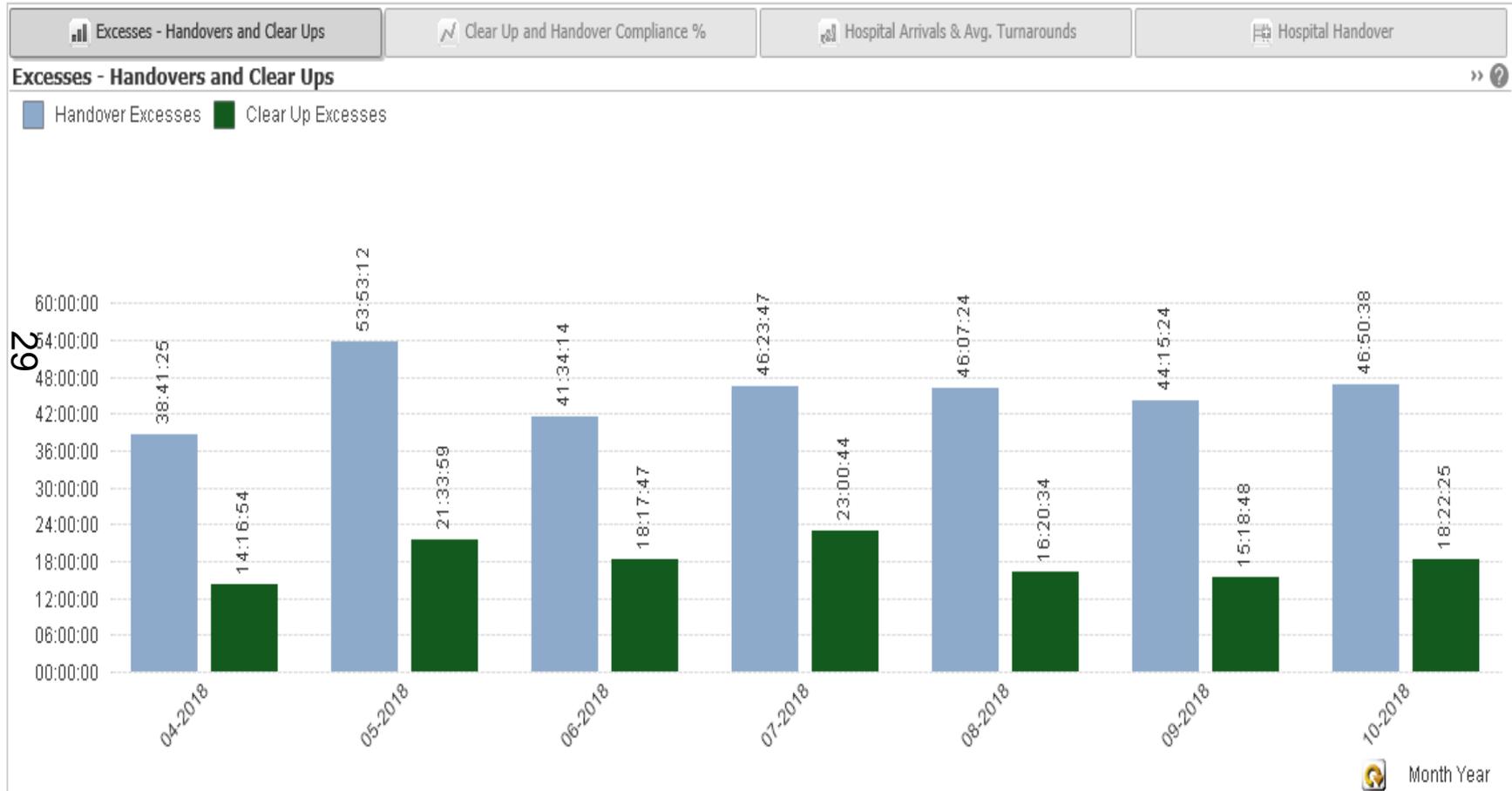
# Impact of Hospital Delays - RBH

Acute Hospitals Selected



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# Impact of Hospital Delays - FPH



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# SCAS Carter review results

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**TOP QUARTILE**  
43%



**MID QUARTILE**  
43%

**BOTTOM QUARTILE**  
13%

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# SCAS Top Quartile results



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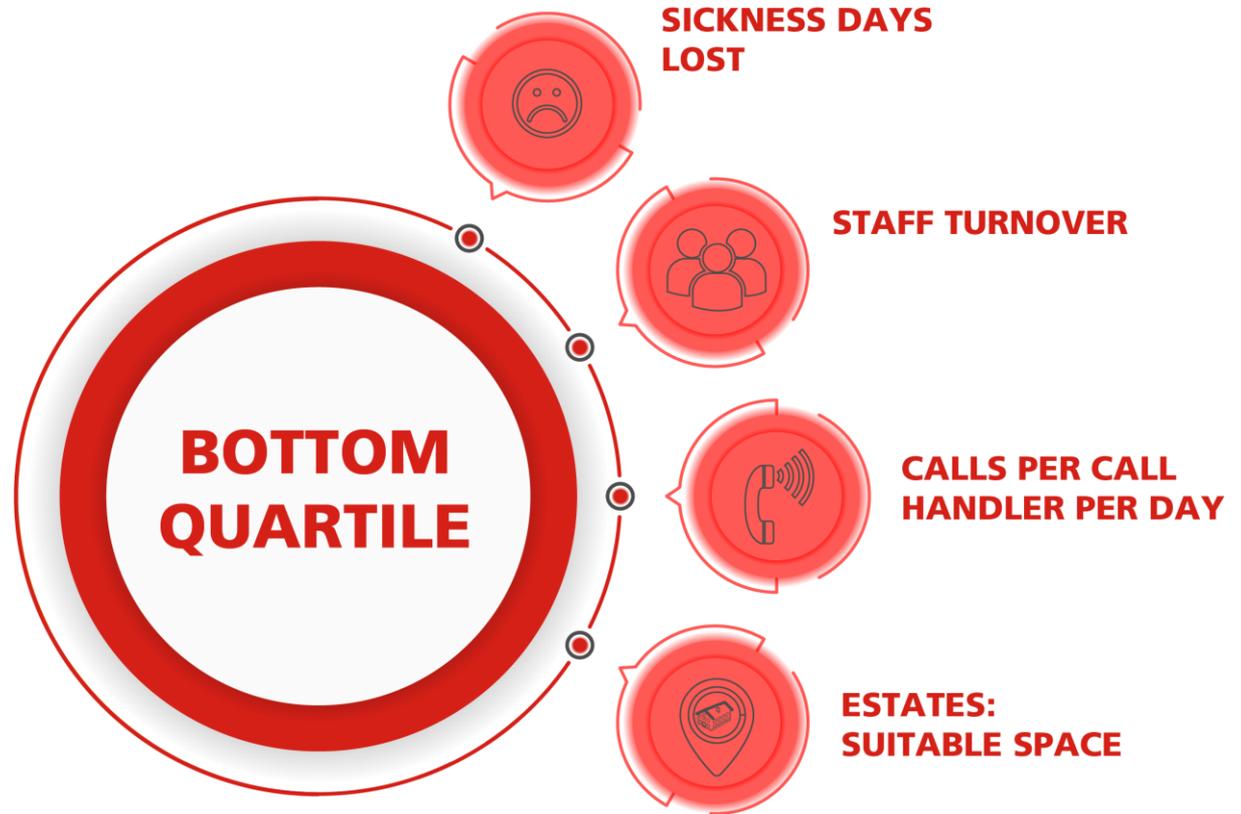
# SCAS Mid Quartile results



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# SCAS bottom Quartile results

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# Operational improvements required

1. Ambulance Staff need greater clinical and managerial support to ensure they feel confident treating patients over the phone or in their home and are supported by rotas that match patient demand
2. New technology needs to be adopted quicker and trusts need to develop robust plans to rapidly improve the resilience of the infrastructure.
3. Effective fleet management where trusts operate a standard fleet and standard equipment enhancing technologies such as black box recorders and CCTV. Over £200m is spent on ambulance fleet per year. Fleet of approximately 5,000 vehicles and 32 different types of ambulance

# Recommendations

1. Enabling effective bench marking
2. Delivering the right model of care and reducing the avoidable conveyance to hospital
3. Efficient use of resources
4. Optimising Workforce, wellbeing and engagement
5. Effective Fleet Management
6. Improving performance and strengthening resilience and interoperability
7. Developing the digital ambulance
8. Maximising use of non clinical resource
9. Delivering Effective Implementation

# The ambulance service of the future

**Digital access to local and summary care records** and directory of services

**Near patient testing and screening**

**Mobile location technology** will enable crews to find patients faster

**Improved network technology** including black box devices

**Improved protection and patient transparency** through body-worn video technology



Control centre staff can send a one-time only **video link** to a patient's mobile phone to assess the incident

**Major incident data can be shared** with bluelight services through video link by first attender

Ability to send **observation data** to the hospital prior to arrival

Access to **virtual integrated clinical advice** service

**Secure on-scene video consultations** can be enabled with priority access to primary care and mental health services

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# CQC Update

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# CQC 2016

	Safe	Efective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Patient transport services (PTS)	Requires improvement	Good	Outstanding	Good	Good	Good
Emergency operations centre (EOC)	Good	Good	Good	Good	Good	Good
∞						
Overall	Requires improvement	Requires improvement	Outstanding	Good	Requires improvement	Requires improvement

Our ratings for South Central Ambulance Service NHS Foundation Trust

	Safe	Efective	Caring	Responsive	Well-led	Overall
Overall	Good	Requires improvement	Good	Good	Good	Good

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# CQC 2018

## Overall rating for this trust

Good ●

Are services safe?

Good ●

Are services effective?

Good ●

Are services caring?

Good ●

Are services responsive?

Good ●

Are services well-led?

Good ●

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# CQC Update 2018

## Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018
Patient transport services	Requires improvement May 2016	Good May 2016	Outstanding May 2016	Good May 2016	Good May 2016	Good May 2016
Emergency operations centre	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
Resilience	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018	Good Aug 2018
<b>Overall</b>	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↓ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

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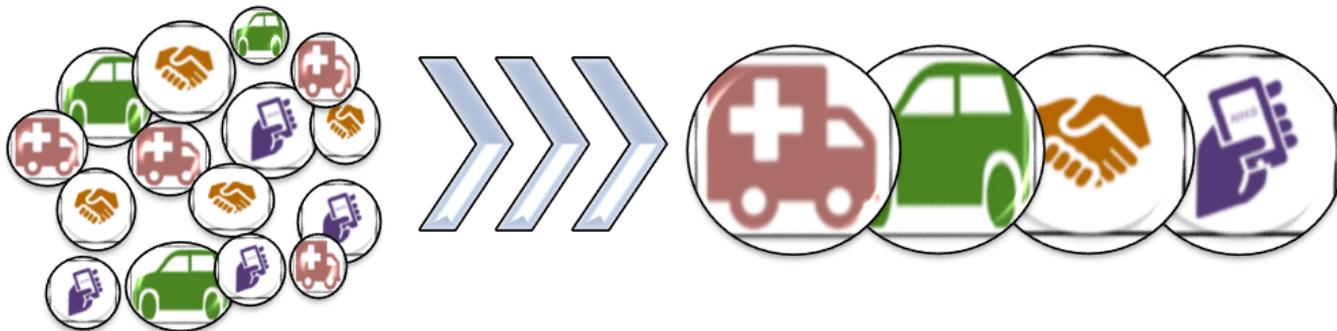
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# Urgent Care Pathways

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## An integrated streamlined approach

- Enabling people to access right care: first time - every time
- Saving lives and improving outcomes
- Supporting people in their own homes



# Aims & Objectives



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**“SCAS will deliver an integrated and streamlined approach across our network to improve patient outcomes.**

**By working with our local care system partners, we will ensure our patients access the most appropriate care according to their needs, first time, every time.”**



**URGENT CARE PATHWAYS**  
FIRST TIME - EVERY TIME

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***Thank you***

***Any questions***

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