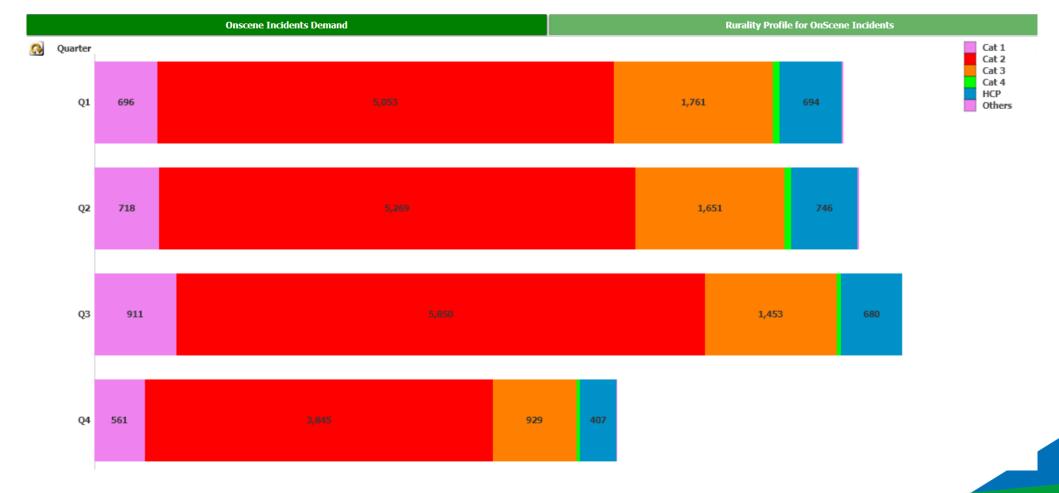


Wokingham HOSC Report March 2024

Kirsten Willis-Drewett BEM
Assistant Director of Operations



Overall Demand April 23 – February 24 NS





Critical Incident 23-26th Jan 2024

- Currently our Resource Escalation Action Plan (REAP) level was at 4; defined as Significant Pressure as we navigate the significant pressures on our service, which is recognised both locally and nationally as an issue.
- A critical incident was declared on the 23rd January 2024, when as a service we experienced significant demands for front line responses.
 - On the 23rd January, 280 patients were waiting for a response across SCAS, where we would have expected an average seasonal rate of 100 patients waiting for our response.
 - The increase in acuity of the patients (Category 1 immediately life threatening) and Category 2 serious) increased, from an average of 60% per day to 72%.
 - Approximately 70-80% of those patients will convert to a conveyance to hospital.

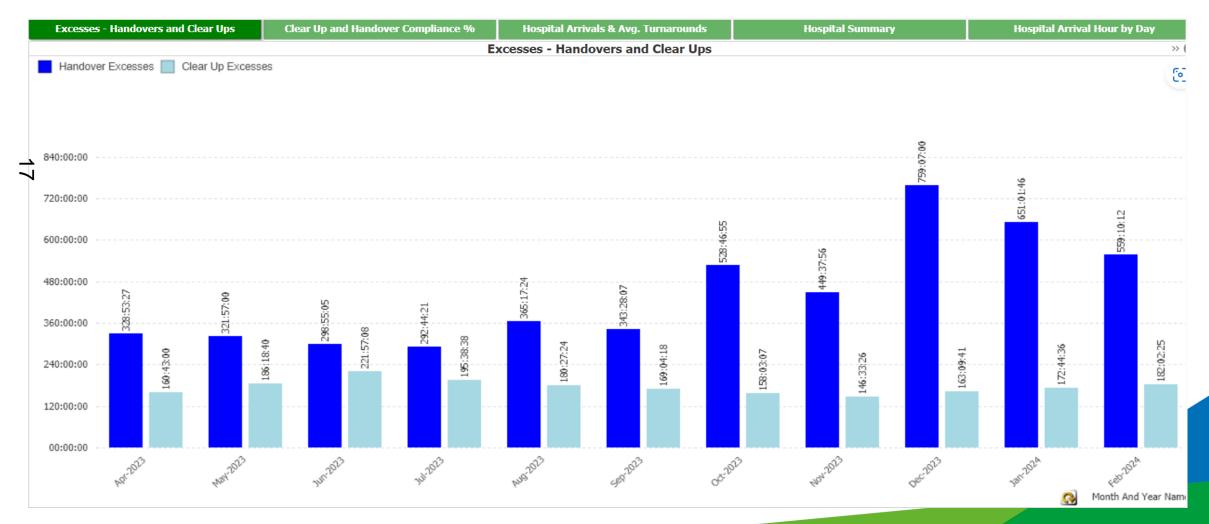


Critical incident continued

- Ambulance handover delays were significantly increased, with 529hrs lost on the 22nd Jan, with prior days averaging 150-200hrs.
- RBH hours lost on the 22nd Jan 89.30, but decreased when the critical incident was declared and support requested by system partners, to 33.06hrs lost on the 24rd Jan.
 - To balance this high demand for patients who are critically and acutely unwell, the use of our enhanced patient safety plan (EPSP) has increased. This seeks to direct care to those most in need via pathways within the control room, redirecting lower category calls and keeping available resource for the category 1 and 2 calls.

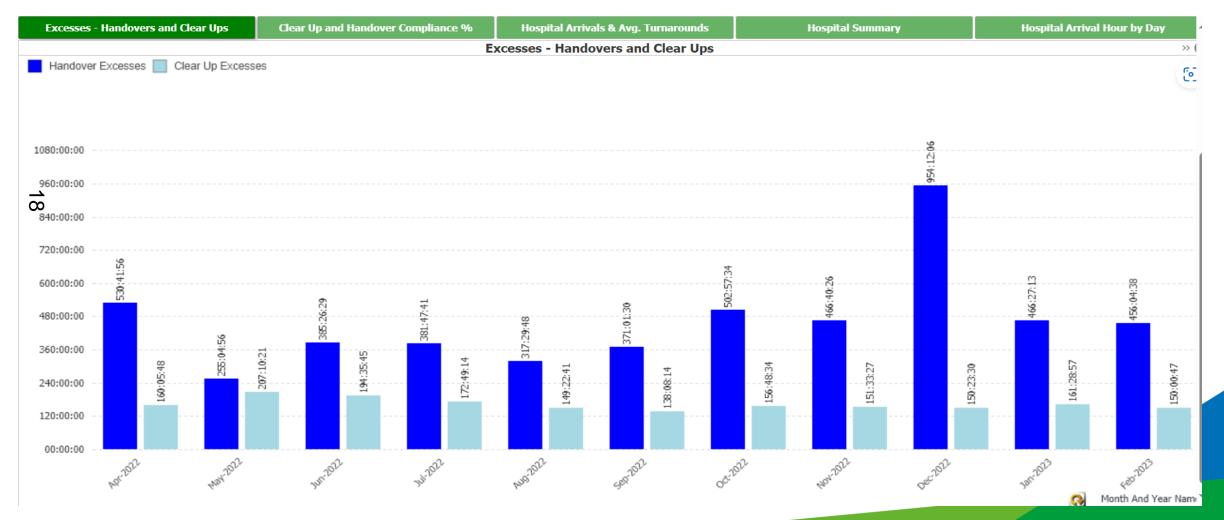


RBH Handover delays April 23 – Feb 24





RBH Handover delays April 22 – Feb 23 comparison



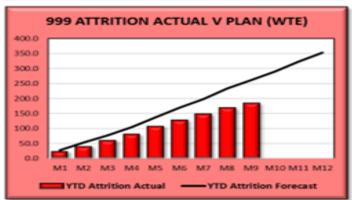
Recruitment = 95% shift cover

999 Front Line Overview - M9

WORKFORCE FTE	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Budget Est	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8	2353.8
Workforce FTE Plan	1790.0	1808.0	1810.0	1818.0	1810.5	1814.5	1839.5	1828.5	1800.5	1829.5	1806.5	1791.5
Workforce FTE Actual	1789.9	1803.3	1799.2	1809.5	1811.5	1824.0	1849.0	1846.1	1832.8			
Workforce FTE Variance (P vA)	-0.1	-4.7	-10.8	-8.6	1.0	9.6	9.6	17.6	32.3			
RECRUITMENT FTE	M1	M2	M3	M4	M5	M6	M6	M8	M9	M10	M11	M11
YTD Recruitment Plan	29.0	73.0	0.00	134.0	160.0	195.0	250.0	274.0	274.0	332.0	342.0	356.0
YTD Recruitment Actual	25.0	57.7	76.5	1023	128.0	161.7	208.5	226.0	226.0			
YTD Recruitment Variance	-4.0	-16.8	-22.6	-31.7	-32.0	-88.8	-41.6	-48.0	-48.0			
ATTRITION FTE	Mı	M2	M3	M4	M5	M6	M6	M8	M9	M10	M11	M11
YTD Attrition Forecast	27.0	53.0	77.0	104.0	137.5	168.5	198.5	233.5	261.5	290.5	323.5	352.5
YTD Attrition Actual	24.2	39.9	61.2	81.7	107.9	129.0	149.0	169.9	185.2			
YTD Attrition Variance	-2.8	-13.1	-16.8	-22.2	-29.6	-39.6	-49.6	-63.6	-76.3			
23/24 12 Month Rolling T/O Rate	12.2%	12.4%	12.4%	12%	12%	11%	1 1%	11%	10%			
23/24 Stability Index	86.8%	86.6%	86.9%	87%	86%	86%	86%	86%	89%			







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Recruitment and Retention

- Our staff requirements are based on a modelling system that accounts for our 999 response demand, the volume of the patients who require transportation, and the length of time each incident takes us (task time).
- Our annual plan for the staffing requirements and the volume of operational hours required to meet demand is set at the start of the year based on previous year trends. We then adjust this weekly taking into account any changes in demand or task time.
- We are able to move our ambulances around the trust to ensure we meet any increased demand on the day, however sudden increases in demand, or increases in hospital handover times, will impact on our ability to respond to patients.
- We have expanded our recruitment to include qualified paramedic recruitment from overseas, including Australia, New Zealand, and South Africa. This continues in 2024 and has seen some excellent engagement and support from our international recruitment team and in support of the staff who are relocating's wellbeing.

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Questions?

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