

REPORT OF THE WOKINGHAM BOARD *DATE*

Title	Ambulance Response Time Assurance – October 2016
Sponsoring Director	Debbie Simmons, Nurse Director
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Purpose	To provide the Governing Body with assurance relating to ambulance performance
Previously considered by	Nurse Director
Risk and Assurance	As detailed within report
Legal implications/regulatory requirements	None
Public Sector Equality Duty	N/A
Links to the NHS Constitution (relevant patient/staff rights) <i>All NHS organisations are required by law to take account of the NHS Constitution in performing their NHS functions</i>	Ambulance response time targets are part of the NHS Constitutional standards
Consultation, public engagement & partnership working implications/impact	N/A

Executive Summary

It was agreed that due to the ongoing concerns relating to ambulance performance delivery in Thames Valley, that the CCG Governing Bodies would be provided with a paper to provide some context and further understanding relating to this. The paper provides some national context and also aims to provide assurance to Governing Bodies regarding the impact of the underperformance on patient safety and quality.

Recommendation

Support actions being taken regarding ambulance performance

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Paper for GB to provide assurance re SCAS performance

Ambulance performance is significantly challenged nationally and also with our local provider SCAS. The CCGs remain concerned regarding the recent performance and have therefore been working very closely with SCAS. This paper outlines the position to date and context within which that SCAS is working and also aims to provide assurance to Governing Bodies in relation to actions being taken nationally and locally.

Latest Contract Level SCAS performance

TV Geography Performance	Target	Apr-16	May-16	Jun-16	Jul-16	Aug-16	YTD
Red 1 Actual	75.0%	75.5%	76.1%	74.1%	68.2%	72.7%	73.0%
Red 2 Actual	75.0%	76.5%	74.3%	75.6%	71.0%	74.0%	74.2%
Red 19 Actual	95.0%	96.4%	95.4%	94.6%	92.5%	94.5%	94.6%

Trajectory for recovery for the remainder of 2016/17

TV Geography Trajectory	Target	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Red 1 Actual	75.0%	73.6%	74.5%	74.3%	72.9%	73.6%	76.4%	76.3%
Red 2 Actual	75.0%	74.9%	75.5%	75.3%	73.6%	73.9%	76.1%	76.0%
Red 19 Actual	95.0%	94.5%	94.8%	94.9%	94.1%	93.5%	95.8%	95.5%

It is worth noting that this trajectory assumes growth only at the levels agreed in the contract and to date this is being exceeded with activity at 7.8% above plan YTD.

SCAS compared to the other Ambulance Trusts nationally

Months	Name	June			July			August		
		Red 1	Red 2	Red 19	Red 1	Red 2	Red 19	Red 1	Red 2	Red 19
	England	69.2%	62.9%	91.1%	67.6%	60.3%	89.5%	70.0%	63.8%	91.3%
		-	-	-						
	East Midlands Ambulance Service NHS Trust	68.0%	55.5%	83.9%	69.1%	53.8%	82.1%	73.3%	61.3%	87.2%
	East of England Ambulance Service NHS Trust	67.9%	59.7%	89.4%	66.8%	58.9%	89.1%	68.9%	62.3%	90.8%
	Isle of Wight NHS Trust	59.0%	73.7%	94.9%	69.7%	63.3%	88.6%	56.4%	68.1%	88.1%
	London Ambulance Service NHS Trust	72.2%	65.3%	94.4%	68.3%	63.6%	93.1%	68.7%	67.4%	94.0%
	North East Ambulance Service NHS Foundation Trust	65.7%	66.5%	91.2%	65.2%	63.9%	90.6%	68.1%	65.3%	91.1%
	North West Ambulance Service NHS Trust	73.1%	66.2%	91.5%	70.4%	62.7%	89.8%	72.6%	65.2%	91.1%
	South Central Ambulance Service NHS Foundation Trust	74.1%	74.1%	95.7%	68.4%	70.9%	93.0%	73.2%	73.2%	94.3%
	South East Coast Ambulance Service NHS Foundation Trust	59.6%	51.5%	88.8%	62.1%	49.5%	88.0%	64.6%	52.5%	89.7%
	South Western Ambulance Service NHS Foundation Trust	-	-	-				-	-	-
	West Midlands Ambulance Service NHS Foundation Trust	76.7%	69.8%	97.1%				-	-	-
	Yorkshire Ambulance Service NHS Trust	-	-	-				-	-	-

NB - SCAS performance reported nationally is at SCAS geography level

NB-data gaps are due to those Trusts trialling the new ambulance coding system

Workforce Challenges

There is a national shortage of Paramedics estimated at 2,500 just for 999 services. Currently Ambulance Trusts are the only people allowed to train Paramedics but the Trust is restricted dependent on the capacity to support training placements. The CCGs arranged an ambulance

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workforce workshop with SCAS to understand the workforce challenges and actions being taken. The area SCAS covers is predominantly an area with a high cost of living and high employment so Paramedics are frequently moving to areas with a low cost of living such as Midlands and the North. In addition they are being attracted to other areas with a slightly higher salary such as London.

The Paramedic workforce is now being used in other areas and being recruited to Urgent Care Centres and GP surgeries this is leading to further loss of staff looking for more of a work life balance.

Workforce Solutions

CCGs across Thames Valley have supported SCAS through financial investment with the workforce challenges. A workshop was held in September to provide Commissioners with an update on progress with the investment. SCAS have done a number of things to improve recruitment of staff as follows

- International recruitment from Poland and Australia has resulted in 74 wte recruited and a further 23 in the pipeline.
- Developing staff further into an Enhanced and Specialist Paramedic role to enable more see and treat of patients
- SCAS have also developed a new Band 4 role Associated Ambulance Practitioner (AAP)
- SCAS have enhanced their recruitment processes
- SCAS have recruited more training and education staff to support the training of new recruits.
- SCAS continue to work on retention of staff and building a culture where they become employer of choice for new recruits and have built career pathways for staff.
- SCAS have now developed a dedicated website for recruitment, working more closely with local job centres, attending recruitment/career fairs

The above is central to SCAS delivering on their 5 year plan of delivering mobile healthcare to patients. SCAS are starting to see some success with the focus on workforce. Staff attrition has now reduced from 16% to 6% (ytd 16.17), the workforce plan is on target and although the expected number of recruits is slightly behind plan this is offset by a lower number of staff leaving than was planned.

There continues to be changes nationally which are a little uncertain currently which will impact on the workforce further:-

- Nationally the Paramedic course is expected to become a BSc which will impact on supply through Universities
- Nationally they are reviewing where all Paramedics should start on a Band 6 pay scale (Currently Band 5)
- Rising demand on the ambulance service remains a challenge.

In the meantime SCAS are using Private Providers to backfill where there are gaps in resourcing.

National plan re review of targets- Ambulance Response Programme (ARP)

NHS England led by Professor Keith Willett is undertaking some trials around the country to review Ambulance Response Times. The aim of the programme is to review the ambulance response performance standards and explore strategies that can reduce operational inefficiencies and improve the quality of care for patients.

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As part of this trial SCAS have been allowed to take an additional 3 minutes to triage Red 2 calls in addition to the usual 1 minute giving them a total of 4 minutes to triage patients. These changes have improved vehicle utilisation, improved performance by around 2.5% nationally. It has been confirmed as clinically safe with no patient safety issues or harm. As part of this work 3 Ambulance Trusts are also trialling a new set of clinical codes which is looking to a Red, Amber and Green model of categorisation of calls. The evaluation of this was due this Autumn but has been delayed and a further period requested for the trial. This is expected to report on early next year with possible implementation in the next contract year.

The aims of ARP are :-

- Achieve fast dispatch to the most critical calls through the use of a pre-triage 'Nature of Call' series of questions
- Having resources more available to respond to life threatening immediate calls
- Utilising Dispatch on disposition to allocated the most clinically appropriate resource to patients by taking a little more time to triage the call
- Increasing the use of 'Hear and Treat' and 'See and Treat'

The objective of the ARP and new coding is ensure an appropriate vehicle with a skilled paramedic to the patients most in need in a timely manner. The changes are aimed at creating the best model to enhance patient outcomes, improve user experience and reduce mortality by prioritising those with greatest need.

Patient Safety and Quality

During September Clinical Quality Review Group assurances were sought regarding the patient safety and quality element during episodes of non-compliance with standards. The provider stated that there are planned Quality Impact Analysis forums in order to monitor the quality of care provision and also the potential or actual impact upon patient care, safety and experience. Outcomes and actions of this internal forum will be monitored within the commissioner/ provider interface to gain assurances of quality standards and challenge any negative impact.

The CCG reviews audits of long wait delays (Red calls over 30 minutes) to understand themes and to ensure actions are taken where appropriate. The CCG is also arranging a workshop with SCAS on long waits to further understand and gain assurances that both patient safety and quality is maintained. Following this we will agree collectively the reporting requirements through the Contract Review Meetings and Clinical Quality Review Meetings going forward.

SCAS was recently inspected by CQC and they achieved a rating of "Good". They are the first ambulance Trust to achieve this rating out of the 8 ambulance trusts that have been inspected.

The CCG is aiming to agree trajectories with SCAS as part of contract negotiations for 2017/18 regarding the very longest waits (95th percentile) with the aim to reducing the tail of waits so when a patient does experience a delay longer than 8 minutes, the length of wait is reducing over time.