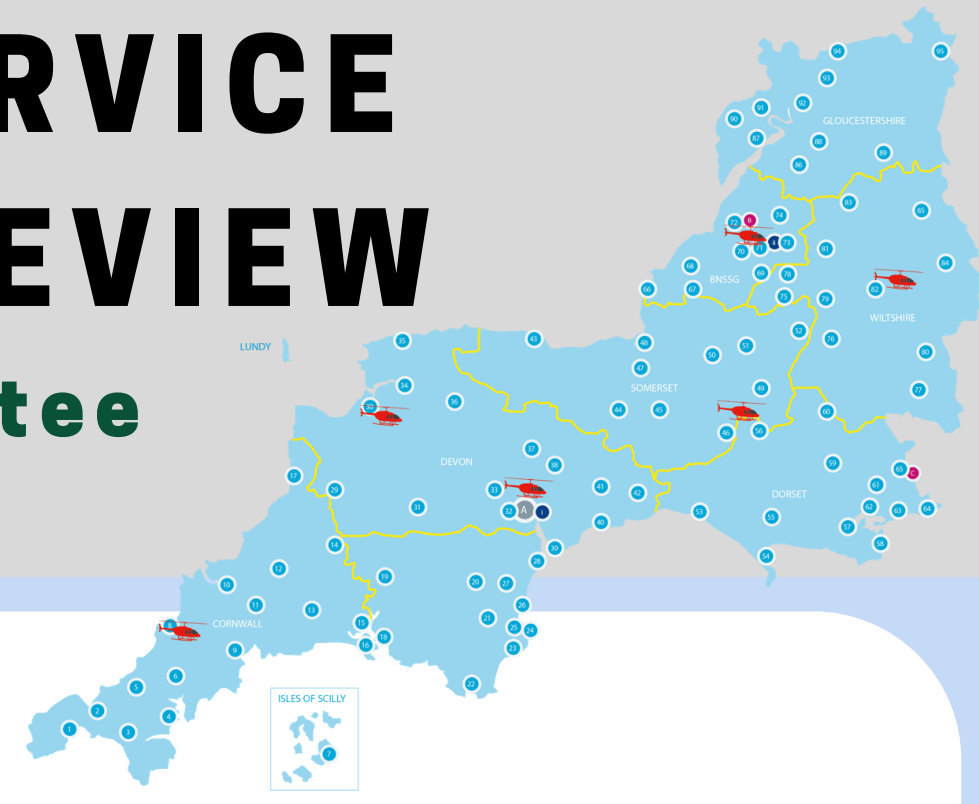


# SOUTH WEST AMBULANCE SERVICE TRUST (SWAST) SPOTLIGHT REVIEW

Health and Adult Care Scrutiny Committee  
June 2022



## Background

The South Western Ambulance Service NHS Foundation Trust (SWAST) has responsibility for the provision of ambulance services across the entire South West England region, an area of 10,000 sq. miles or c. 20% of mainland England. The trust serves a total population of over 5.5 million and is estimated to receive an influx of over 23 million visitors each year. The operational area is predominantly rural but also includes some large urban centres.

## Scope of the review

On 11 November 2021, the committee resolved to set up a spotlight review to include reference to delays in transfers, response times, impact on patients and personnel, role of NHS 111; and work with key partners within the Devon Integrated Care System.

The terms of reference for the review were:

1. To evaluate the current situation in Devon in terms of SWAST performance and impact on patient outcomes.
2. To consider the factors impacting on ambulance wait times.
3. To review measures to alleviate delays in ambulance wait times.

30th May 2021

SWAST declared a "critical incident" due to "extreme pressures". It tweeted that "some patients may wait longer for an ambulance" after it got 3,200 calls.

7th September 2021

SWAST declared a "major incident" due to "unprecedented, sustained demand". The major incident was declared after recording 3,511 incidents the previous day.

## Response times and delays

In December 2021, SWAST performed below the national average for the most serious categories: 1 (a life threatening condition) and 2 (a serious condition) in terms of response rates.

### CAT 1 and CAT 2 response rates (minutes)

CAT 1	England average: 9:13	SWAST: 11:38
CAT 2	England average: 53:21	SWAST: 1:13:16

### Percentage of ambulance handovers delayed over 30 minutes (Winter 2021/22)

SWAST	36%
Midlands	29%
East of England	28%
NE and Yorks	17%
North West	17%
London	14%
South East	12%

### Hours lost due to handover delays

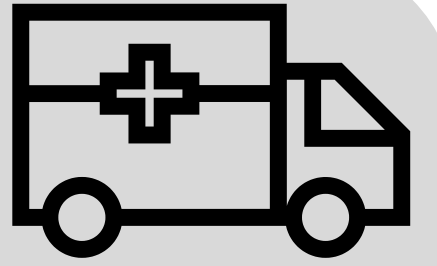


2019 - 57 hours per day  
2021 - 750 hours per day

# Findings



SWAST continues to be impacted by the wider system pressures. SWAST's response rates and delay times are symptoms of the complex landscape in Devon and the pressures placed on the health and care sector during the COVID-19 pandemic.



There is no single solution: demands in hospitals, Devon's demographics, shortages of staff, hospital flow and delayed discharges and ambulance handover delays are key to addressing SWAST performance.

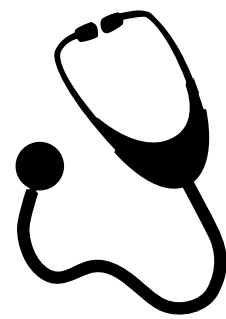


Devon has a growing older population meaning demand for some elective procedures, such as knee and hip replacements, is higher.

Due to the impact and effects of COVID-19, more elderly people needed to access acute services rather than be cared for in their own homes, which is the preferred setting.



A shortage of staff and beds in care homes meant older people had no where to be moved to, meaning on average 200 medically fit people remain in hospital each day and new patients cannot access those beds.



The vacancy rate (7% or 2000 positions) in health and social care is limiting Devon's ability to provide sufficient and high-quality services. Careers in health and social care have not been historically well promoted.



Health and social care system leaders have been dealing with an exceptional situation over the last two years, with high demand and staff have had much to contend with. Devon's staff are physically and mentally drained, and this leads to some leaving with knock on effects to the rest of the sector.

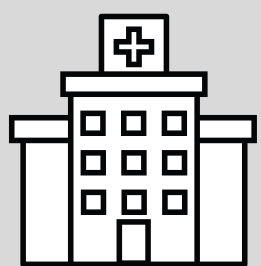


A shortage of staff and beds is exacerbated by COVID-19 related absences and the impacts of COVID-19 outbreaks on wards, which take time to deep clean and limit bed capacity.



Ambulances are still being called out where it is not the right intervention.

Devon needs to find a better solution to ensure people presenting with mental health needs are accessing services that meet their needs.



Devon's NHS Estate is older than in many areas and there is a gap between capacity and demand. There are also specific infrastructure issues across the system e.g. the emergency department at Derriford having too small a bed base and a huge geographical catchment area.



Clinical Commissioning Group



# Recommendations

**1**

That the Committee calls for a system wide commitment to improve average ambulance response times urgently.

**2**

That an immediate priority for the Integrated Care System is to implement rapid improvement to reduce the current risk to patient safety delays in handover between ambulances and hospital emergency departments are causing.

**3**

That work is undertaken with Devon's four acute hospitals to reduce the disparities in provision and improve the consistency of offer relating to emergency care that will aide ambulance queue management, including the implementation of a triaging model similar to the Rapid Patient Assessment and Triage model adopted at the Royal Devon & Exeter Hospital.

**4**

(a) That there is a more consistent Minor Injury Unit offer across the County as a priority, with regular service hours and a minimum standard for procedures carried out.

(b) That there is a new campaign to educate people in Devon about how to access medical services. This should include an online interactive map about wait times so that residents can access information on services in real time to bring greater clarity to the public as to how they access both urgent and non-urgent medical support including mental health support.

(c) That the system recognises the valuable role that Minor Injury Units have in managing demand and subsequently put greater effort into keeping Minor Injury Units open. All Minor Injury Units to have alternative staffing plans such as emergency staffing by paramedics and trained first aiders.

**5**

a) That there is better system wide working under the Integrated Care Partnership to develop improved career pathways and greater parity of pay, conditions and esteem for all those working in caring positions wherever in the system they are employed or commence their career in care.

(b) That an investigation is undertaken of how Technology Enhanced Care Services and other alternative working practices may enable care to be delivered more efficiently and effectively to all who need it.

**6**

That the emerging Primary Care Strategy for Devon prioritises the GP role in social prescribing as a key factor in improving health outcomes, reducing pressure on SWAST and wider health systems.

**7**

That Devon's acute hospitals provide a separate space in close proximity to emergency departments for those people presenting with mental health issues.

The spotlight review's members were Councillor Sara Randall Johnson (Chair), Councillor Carol Whitton (Vice Chair), Councillor Tracy Adams, Councillor Jess Bailey, Councillor David Cox, Councillor Linda Hellyer, Councillor Sarah Parker-Khan, Councillor Pru Maskell, Councillor Ron Peart and Councillor Martin Wrigley.