

Understanding the Model of Care – South Western Ambulance Service NHS Foundation Trust Visit

Report of the Health & Adult Care Scrutiny Members

Please note that the following recommendations are subject to confirmation by the Committee before taking effect.

Recommendations:

that the Committee shares the learning from the visit to inform its future work programme.

Background

Following the 22 March 2018 Health & Adult Care Scrutiny Committee it was agreed that members would undertake a series of visits to health and care settings across the County. Councillors wanted to get a first-hand account from staff of where the system is working well, how supported they feel and where there may be issues of concern. The visits were about members getting a better understanding of the way in which the model of care in Devon is working operationally and the key issues affecting services from a frontline perspective.

Members have undertaken a number of visits to various health providers including to psychiatric units, community health and care teams, residential care homes and personal care visits over the last 18 months and the Committee agreed to continue this series of work by visiting South Western Ambulance Service NHS Foundation Trust (SWASFT) headquarters.

Visits

The following councillors undertook the visit to SWASFT on 1 April 2019:

- Sara Randall Johnson (Chair)
- Jeff Trail
- Phil Twiss
- Carol Whitton
- Andrew Saywell

Members met with a range of staff including Ken Wenman, Chief Executive and Jessica Cunningham, Executive Director of Operations.

Routine Trust Inspection



As a result of the 2018 routine CQC inspection of the Trust, we received a rating of 'Good' overall which both the Effective and Well-Led domains increasing in rating.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Outstanding ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018

SWASFT Overview

South Western Ambulance Service Foundation Trust (SWASFT) provide a wide range of emergency and urgent care services across a fifth of England covering Cornwall and the Isles of Scilly, Devon, Dorset, Somerset, Gloucestershire, Wiltshire and the former Avon area. SWASFT's operational area covers 10,000 square miles and is predominantly rural, but includes large urban areas such as Bristol, Plymouth, Exeter, Bath, Swindon, Gloucester, Bournemouth and Poole. 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.

Core operations include the following service lines:

- Emergency ambulance 999 services (A&E);
- Urgent Care Services - GP out-of-hours medical care (Dorset);
- NHS 111 call-handling for Dorset.
- SWAST provides the clinical teams for six air ambulances (two in Devon, one in Cornwall and the Isles of Scilly, one shared across Dorset and Somerset, one in Wiltshire and one based near Bristol).

SWASFT employ over 4,000 mainly clinical and operational staff (including Paramedics, Emergency Care Practitioners, Advanced Technicians, Ambulance Care Assistants and Nurse Practitioners) plus GPs and around 2,785 volunteers (including community first responders).

Issues Identified by Members

For the purpose of this brief report, and the candid nature of the discussions that were held with staff at each of the settings, it was not felt to be helpful to attribute comments to either the individuals or the team's concerned but rather use the visits to highlight broad themes and issues. During discussion with reference was made to the following:

Demand

- Monday morning tends to be a particularly busy time for SWASFT. There are a lot of urgent admissions after people hold off over the weekend.
- 3pm is the busiest time of the day, where people have often tried in the morning to access different types of healthcare.
- About 30% of calls that SWASFT receive are from 111.

Clinical Hubs

- SWASFT have 2 clinical hubs - one in Exeter and one in Bristol.
- It is vital to have clinical teams embedded in the clinical hub, to do more triage and reassessment.

Recruitment / Retention

- Recruitment and retention has improved over last 18 months but remains an ongoing challenge
- Despite very active graduate recruitment - there are no problems in the South West recruiting graduates as paramedics – there are staffing challenges.
- SWASFT try to take a pragmatic view where staff leave for another post within the NHS. While NHS pay will be similar, primary care may offer staff a better work life balance operating as a doctor's assistant running clinics or undertaking home visits for instance.

Finance

- As an NHS Organisation SWASFT is required to make efficiencies each year in line with national funding. For 2018/19 the Trust had cost improvement plan of £7.5m for 2019/20 this is £9.5m.

- A new performance standard has been agreed with the commissioners as SWASFT could not continue to meet the level of demand with the finances available. A new set of national ambulance response time standards have been introduced under the 'ARP' Programme headed up by NHS England. The contract for SWASFT improves performance but does not provide funding to fully meet the national standards. There is a check point in the contract for the second year to assess demand and whether commissioners working with the Trust have been able to reduce activity to the ambulance service

Staff

- There are challenges with the daily resourcing profile in terms of how many ambulances to put out and how many staff are in the clinical hubs. Staff will often report that their shifts are too long this is often associated with overruns on planned shift lengths. Remote working now for IT, which can be used to manage work flow using GPs.
- Work related stress, personal issues etc, the Staying Well Service is there to help staff stay mentally and physically well. Quite a range of support available including peer support and mental health training for all managers, which is linked into one of the priorities in the Quality Account.
- Culturally staff know that if they make a mistake they will not be disciplined but will undergo more training. Creates a culture where staff are not afraid to do their job.

IT

- The NHS digital space is a significant conversation. SWASFT's IT system is good, but they will be going out to tender for a new electronic record system.
- It is less about having the same system as the Acute Hospitals that feed into SWASFT, but more that the other parts of the systems link in together. SWASFT responsibility is to have a future proof IT system, which enables data to be sent to the hospitals on ambulance arrival time, patient's ECG, blood pressure so that the receiving Emergency Room is forewarned, and patient flow is better managed. SWASFT also discussed the benefit of having data about patient outcomes once they are conveyed to hospital to better understand the system.

CCGs

- With the merger of Devon's CCGs, SWASFT now have 10 CCGs to work to. There is one co-ordinating commissioner – Dorset CCG
- Trying to negotiate with individual GP practices is difficult, needs to be with CCGs at a wider STP level.

Acute Trusts

- SWASFT covers 19 Emergency Departments including Bristol Children's Hospital. There has been an overall reduction in delays since last year. About 60 hours a day are lost waiting for handovers although this varies significantly by hospital.
- NHS England and NHS Improvement have set an improvement trajectory – only 3 out of 19 of the Acute Trusts are meeting that.
- SWASFT has lowest number of patients brought into Emergency Departments in the country.

Ambulance Delays

- SWASFT receive over 2700 calls a day. SWASFT has very few extended delays of over 2 hours. A few for over an hour, but the main problem is between 15-30 minutes. About 4 cases a day of over 5 hours waiting times.
- There are other ambulance services who are losing hundreds of hours. In terms of category 1, regardless of where you live in the South West the average response time is 7 minutes for most urgent response. It represents good performance, but clearly response times are slower for those people living in more isolated and rural areas. SWASFT is the most rural ambulance service in the UK.

- SWASFT clinicians are highly skilled in terms of triaging calls and supporting people while they wait for an ambulance. The number of patients on the call queue is the biggest risk. We discussed the challenges of communicating this when the risk is not visible.

Community First Responders

- Community First Responders (CFRs) are volunteers who support their local community by attending emergency calls ahead of an ambulance. CFRs in Devon are involved in an excellent piece of work on falls.

Apprenticeships

- An apprenticeship to SWASFT with a paramedic degree is available from September. Currently other apprenticeships offered by SWASFT are not on the frontline.
- The paramedic degree is the most prolific in the UK in terms of getting a job after university, with 8 jobs offered to 1 graduate.

Members undertook a tour of the Clinical Hub. During discussion with staff the following points were raised:

- The uses of triage and appropriate resource dispatch.
- Challenge with the volume of tourists to the South West particularly in the summer months.
- High volume of calls that staff receive, and the constant workload. Some of the call handlers reported to members that they needed more time between shifts due to the demanding nature of the role.
- The high number of inappropriate calls in terms of sending out an ambulance.
- Clinicians are invaluable in assessing responses.
- High volume of 111 calls at weekends.
- Issue with frequent callers to the service.
- 62 new ambulances joining the fleet.

Conclusion

Members agreed that the visit to SWASFT was highly illuminating and provided valuable insight into the way in which the ambulance service works from an operational perspective and furthered their awareness of some of the challenges they face.

The Committee should seek to undertake further visits in line with their work programme to broaden members understanding on complex topics.

Councillor Sara Randall Johnson, Chair Health & Adult Care Scrutiny Committee

Electoral Divisions: All

[Local Government Act 1972](#)

[List of Background Papers](#)

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Background Paper	Date	File Ref
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Nil

There are no equality issues associated with this report