South East Coast Ambulance Service NHS Foundation Trust

Clinical Operations Board Report

April 2012

1. Introduction

1.1. Despite additional activity in April, response time performance exceeded expectations. Detailed Cost Improvement Plans (CIPs) have been developed in five key areas and work is progressing on determining the metrics for each and their contribution towards the Trust's overall £12.4m Trust target.

2. Activity

2.1. The number of Calls received in April was greater than forecast by 1,589 representing 2.8% increase. Responses were 2.7% greater and Transports 3.0%.

2.2. Work has progressed well on matching commissioned activity with operational activity and these now align closely for overall activity. Work is progressing on the individual currencies (H&T, S&T and S&C) and these are being used as the basis to develop operational plans and resources.

3. Resources

3.1. In April 6,366 additional staff unit hours were supplied to meet the increased activity, representing 2.9% increase over the budget, however this was fully offset by extra income. The response Unit Hour Utilisation (UHU) was slightly higher than planned at 0.377 against 0.375 and the Transport UHU slightly lower at 0.363 against 0.371.

4. Performance

4.1. The national life-threatening Category A response time target of 75% within 8 minutes was exceeded in April with a performance of 78.2%. The 19 minute performance was 98.2% against 95% target, and the Category C performance at 30 minutes was 96.1%.

4.2. This performance was higher than expected given that the unit hours were provided to meet the increased activity resulting in the UHU being broadly in line with the requirement. The UHU's are being revisited to reflect this improved performance to help ensure that resources can be saved for later in the year.

4.3. The PCT level performance is shown in the following table and demonstrates a strong level of performance, with only the Weald, traditionally a very tough area to serve remaining below standard. Efforts continue to address the shortfall. These

include more attention to tasking, a continued sharpening of the Make Ready processes at Paddock Wood, planned rota changes and the provision of more public access defibrillators and community first responder programmes.

PCT	Cat A 8 Mins MTD	YTD		Cat A 19 Mins MTD	YTD
EASTERN & COASTAL KENT	75.3%	75.3%		97.3%	97.3%
MEDWAY PCT	78.1%	78.1%		98.9%	98.9%
WEST KENT PCT	74.7%	74.7%		97.2%	97.2%
SURREY PCT	76.9%	76.9%		98.4%	98.4%
HAMPSHIRE PCT	77.5%	77.5%		99.3%	99.3%
HASTINGS AND ROTHER PCT	84.0%	84.0%		98.1%	98.1%
EAST SUSSEX PCT	79.3%	79.3%		98.0%	98.0%
BRIGHTON AND HOVE CITY	88.0%	88.0%		99.7%	99.7%
WEST SUSSEX PCT	79.1%	79.1%		98.2%	98.2%

5. Sickness

5.1. The sickness rates within Clinical Operations for April are as follows;

	Long Term	Short Term	Total
Field Operations	3.4%	2.6%	6.0%
Distribution	2.9%	4.8%	7.7%

5.2. The Senior Operation Managers scorecards are under development and will provide the ability to monitor several areas, including sickness. The ICT team expect to have this work completed by the middle of June. In the meantime both long and short term sickness are provided in a manual report and discussed at the Senior Clinical Operations Team fortnightly meeting.

6. CIPs

6.1. Five main cost improvement areas have been identified and set out in sub projects led by the Director of Clinical Operations and delivered by respective Managers within the Directorate as follows:

6.1.1. Hospital Handover - Rob Mason
6.1.2. Manage Conveyance - Rob Mason & Jo Byers
6.1.3. Hear & Treat - Sue Skelton
6.1.4. Abstractions - Greg Timmins
6.1.5. Flexible Supply - Greg Timmins

6.2. Progress against these CIPs will be reported to the Board each month once reporting metrics have been established and trajectories agreed. Work to date has principally focussed upon developing project plans and reporting metrics.

6.3. **Hospital Turnaround.** The following table shows the performance at 30 minutes for April 2012 compared to April 2011. Performance continues to decline across the Trust for hours lost over 30 minutes, which are over 80% greater for the Surrey hospitals against the same period last year despite a reduction in the numbers of patients transported.

	Apr-11	>30 Mins	%>30 Mins	Hours Lost	Apr-12	Var	>30 Mins	Var	%>30 Mins	Hours Lost	Var
Kent & Canterbury	1,107	182	16.4%	27	1,123	1%	247	36%	22.0%	30	11%
William Harvey	2,270	462	20.4%	82	2,294	1%	603	31%	26.3%	110	33%
QEQM	1,888	422	22.4%	46	1,904	1%	538	27%	28.3%	62	36%
Maidstone Hospital	1,193	323	27.1%	53	972	-19%	365	13%	37.6%	78	48%
Darent Valley	1,557	431	27.7%	82	1,715	10%	657	52%	38.3%	143	75%
Tunbridge Wells Hosp	1,448	463	32.0%	195	1,737	20%	803	73%	46.2%	158	-19%
Medway Hospital	2,633	680	25.8%	96	2,757	5%	1,190	75%	43.2%	290	202%
Kent Hospitals	**12,096**	**2,963**	**24%**	**581**	**12,502**	**3%**	**4,403**	**49%**	**35.2%**	**871**	**50%**
Royal Surrey	1,374	631	45.9%	133	1,428	4%	724	15%	50.7%	207	55%
Frimley Park	1,815	1,018	56.1%	267	1,791	-1%	1,161	14%	64.8%	352	32%
Epsom Hospital	974	419	43.0%	67	879	-10%	360	-14%	41.0%	51	-24%
East Surrey	2,435	1,231	50.6%	264	2,436	0%	1,502	22%	61.7%	863	228%
St Peters	2,257	1,120	49.6%	270	2,255	0%	1,218	9%	54.0%	361	34%
Surrey Hospitals	**8,855**	**4,419**	**50%**	**1,001**	**8,789**	**-1%**	**4,965**	**12%**	**56.5%**	**1,834**	**83%**
Conquest Hospital	1,624	712	43.8%	146	1,651	2%	789	11%	47.8%	168	15%
Royal Sussex	3,133	1,570	50.1%	256	3,126	0%	1,540	-2%	49.3%	277	8%
Worthing Hospital	2,028	794	39.2%	105	2,082	3%	831	5%	39.9%	123	18%
St Richards	1,472	560	38.0%	67	1,487	1%	628	12%	42.2%	103	54%
Eastbourne Hospital	1,937	1,059	54.7%	309	1,800	-7%	1,044	-1%	58.0%	384	24%
Sussex Hospitals	**10,194**	**4,695**	**46%**	**883**	**10,146**	**0%**	**4,832**	**3%**	**47.6%**	**1,056**	**20%**
SECAmb Hospitals	**31,145**	**12,077**	**39%**	**2,466**	**31,437**	**1%**	**14,200**	**18%**	**45.2%**	**3,761**	**53%**

6.4. During April a contingent from the Trust went to visit South West Ambulance Service NHS Foundation Trust to view and discuss their Hospital Handover policy. Lessons learned are being built in to the revised SECAmb policy which is currently being developed with Commissioners and Acute Trusts.

6.5. The plan to improve the Hospital Handover performance is built upon replicating best practice. Quarter 1 will see the development of a new policy which aims to have a better and quicker escalation to resolve individual delays and provide fines where delay thresholds are exceeded. We do not expect to see any improvement until the new policy comes in to effect during Quarter 2.

6.6. **Managed Conveyance.** The Managed Conveyance rate for April was 58.9% against a target of 60.8%.

6.7. The definition for the managed conveyance rate must exclude those incidents where the request for transports is by a Health Care Professional (HCP) and as such are pre-determined. Prior to the implementation of the Regional CAD and NHS Pathways it was not possible to exclude these cases from the managed conveyance rate calculation. For 2012/13 the calculation now reflects the exclusion for all transports that are pre-determined, which will bring the reported managed conveyance rate in line with other ambulance services.

6.8. The plan to improve the managed conveyance rate revolves around developing better processes and policies that support clinical staff being able to manage patients at home and refer to local community services.

6.9. Another key priority is to improve the accuracy of the Trust's information system in order to capture the destination of patients which, at the moment, due to limitations in the system, particularly the MDT, records these as accident and emergency departments rather than the many other alternatives.

6.10. **Hear & Treat.** The Hear & Treat rate for April was 5.3% against a target of 5.7%.

6.11. This plan is aimed at increasing the number of calls that Emergency Call Operators and Clinical Advisors are able to deal with over the telephone. Initiatives include better performance management, more Clinical Advisors, changes to policies, training for staff and additional referral pathways.

6.12. **Other Abstractions.** CIP target was a reduction of 400 hours in the month, the overall total for April was 500 hours lower so better than plan.

6.13. This excludes sickness abstractions which have a CIP led and reported by the Workforce directorate.

6.14. **Flexible Supply.** The facilitator of activity CIPs by matching unit hour supply to demand.

6.15. The plan for this is to develop methods for adjusting to changes in demand both short term and long term increases or decreases.

6.16. Currently looking to provide less unit hours that the old rotas would normally provide requires planning to the demand graphs rather than filling vacant shifts. Progress is being made but not currently able to reduce down in certain areas due to higher establishments and inflexibility in the current system.

7. Finances

7.1. The overall variance against plan in April was reported as £170k overspent (2.2%) which resulted from additional staff unit hours provided above planned. The increased activity resulted in an extra £280k of income which resulted in a net surplus of £110k.

8. Prepared by:

Rob Mason	Greg Timmins	John Griffiths
Head of Operational Planning	Head of Operational Finance	Head of Operational Support

9. Director's Conclusion

April can frequently be a difficult month, given the Easter holiday period, which often accentuates hospital turnaround delays and which provides particular challenges to scheduling. Demand did in fact run ahead of forecast, requiring a quantity of additional unit hours to ensure performance standards were met. This was achieved without adversely affecting the directorate's financial position.

The former concern in respect of handover delays did in fact materialise. Both Eastbourne and East Surrey hospitals, in particular, demonstrating significant delays. A Board to Board with East Surrey afforded an opportunity to review these recent performance issues conjointly.

Nevertheless, all key performance targets were met and the month provided an opportunity to accelerate Clinical Operations work in respect of Cost Improvement Plans. In addition, final planning for the introduction of the LUCAS research project went ahead.

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Andy Newton
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Director of Clinical Operations