



Gloucestershire Health and Care Overview and Scrutiny Committee

27 December 2017

Title:	South Western Ambulance Service NHS Foundation Trust - Performance Report
Main aim:	To provide an update on projects, performance and activity
Recommendations:	To note the contents of the report

1.0 National Ambulance Response Programme (ARP)

- 1.1. South Western Ambulance Service NHS Foundation Trust (SWASFT) welcomed the announcement by the Secretary of State and NHS England in July 2017 regarding a new set of ambulance service standards as part of the Ambulance Response Programme (ARP). This new set of standards mean that every incident will count towards the average performance, as opposed to previous time targets for an incident which did not take account of the 'tail' of calls that were out of the performance range, i.e. 75%.
 - 1.2. SWASFT has been a pilot Trust for ARP since October 2014 with the Dispatch on Disposition pilot which started in February 2015. Since then there have been more iterations with the last trial period, in October 2016, introducing the new call categories and definitions.
 - 1.3. SWASFT has seen improvements in productivity and efficiency from the initial pilot with, on average, less vehicles being sent to each incident, freeing up resources to attend more patients.
 - 1.4. SWASFT updated its control, dispatch and reporting systems in November 2017 to align with the new Ambulance Response standards. The Trust is actively engaged with evidencing the benefits of the change and contributing to the review in April 2018.
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- 1.5. The new system will update a decades old system and will provide a strong foundation for the future. The changes focus on making sure the best, high quality, most appropriate response is provided for each patient first time. The new proposed ambulance standards are shown in Figure 1.
 - 1.6. Under the new system early recognition of life-threatening conditions, particularly cardiac arrest, will increase. A new set of pre-triage questions identifies those patients in need of the fastest response. The new targets will also free up more vehicles and staff to respond to emergencies.
 - 1.7. More information about the categories of calls is available from NHS England at: <https://www.england.nhs.uk/urgent-emergency-care/arp/>
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Figure 1: Ambulance response standards

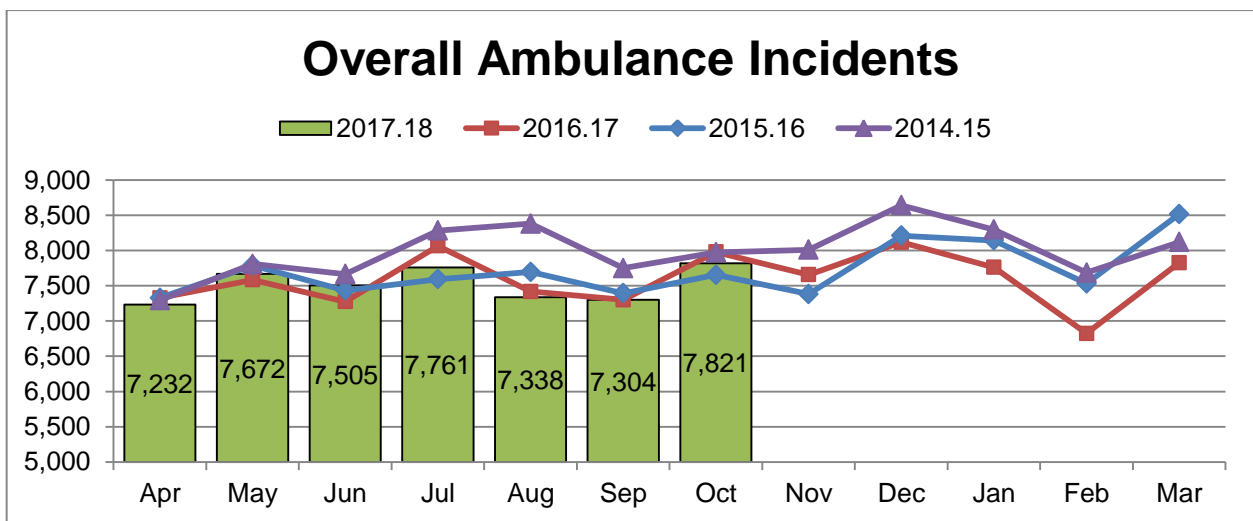
Category	Percentage of calls in this category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Category 1	8%	7 minutes mean response time 15 minutes 90 th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •30 seconds from the call being connected	The first ambulance service-dispatched emergency responder arriving at the scene of the incident (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2	48%	18 minutes mean response time 40 minutes 90 th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock.
Category 3	34%	120 minutes 90 th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance, service-dispatched emergency responder arriving at the scene of the incident stops the clock.
Category 4	10%	180 minutes 90 th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.



2.0 Performance figures

- 2.1 For the period April to October 2017, overall activity in Gloucestershire shows SWASFT responding to 52,633 incidents. This equates to a decrease of 0.61% compared to the same period last year.
- 2.2 Broken down to daily figures this shows the Trust is responding to, on average, 246 incidents per day. This compares to an average of 247 incidents per day for the previous year.
- 2.3 As the Trust is transitioning between two completely different reporting standards it is not possible to provide a summary overview of performance since the last SWAST presentation at HOSC. However, figure 4 provides a snapshot of delivery against the previous Category 1 standard in October 2017, pre the current version of ARP (2.3), and a heat map of activity. From the 23 November 2017 the Trust will be reporting against the new metric and the mean standard.

Figure 2



The Trust has responded to 2539 category one calls from April to October 2017. The number of category one incidents across Gloucestershire is low compared to other calls received, representing 4.82% of overall activity. See Figure 3



Figure 3

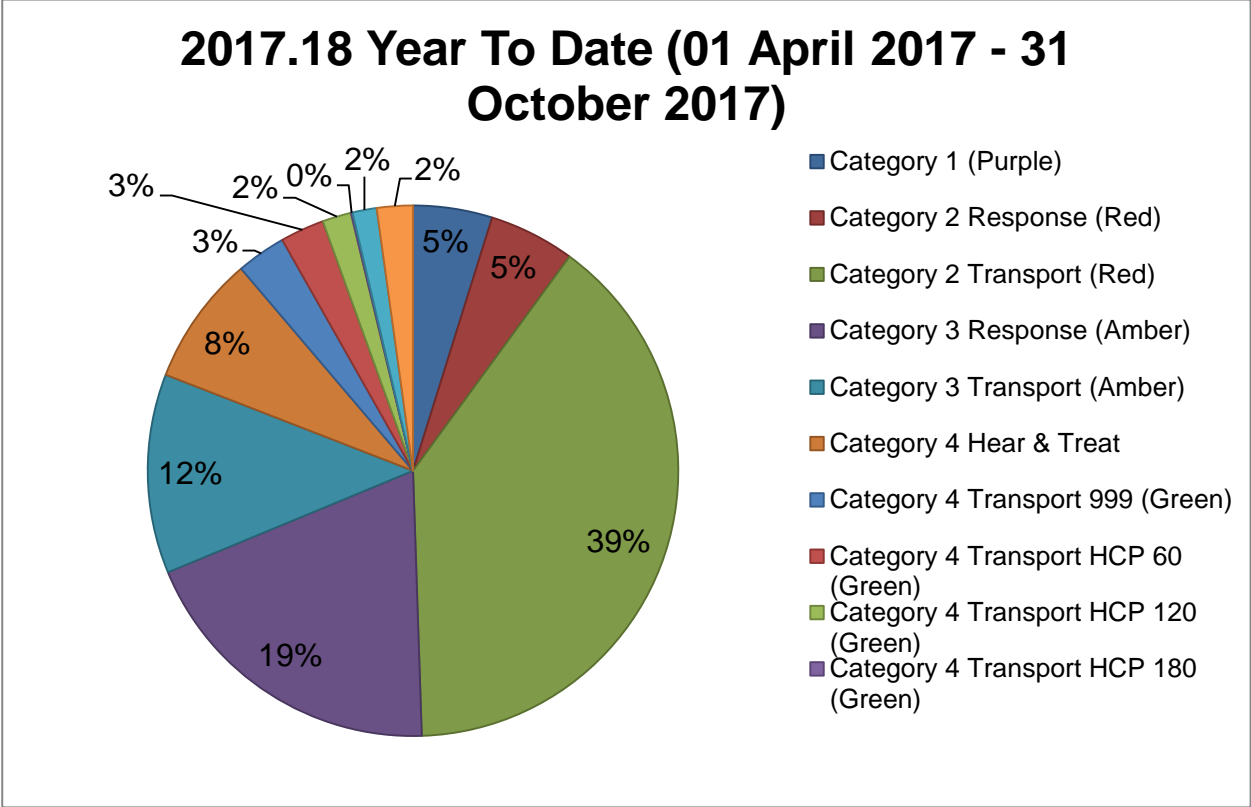
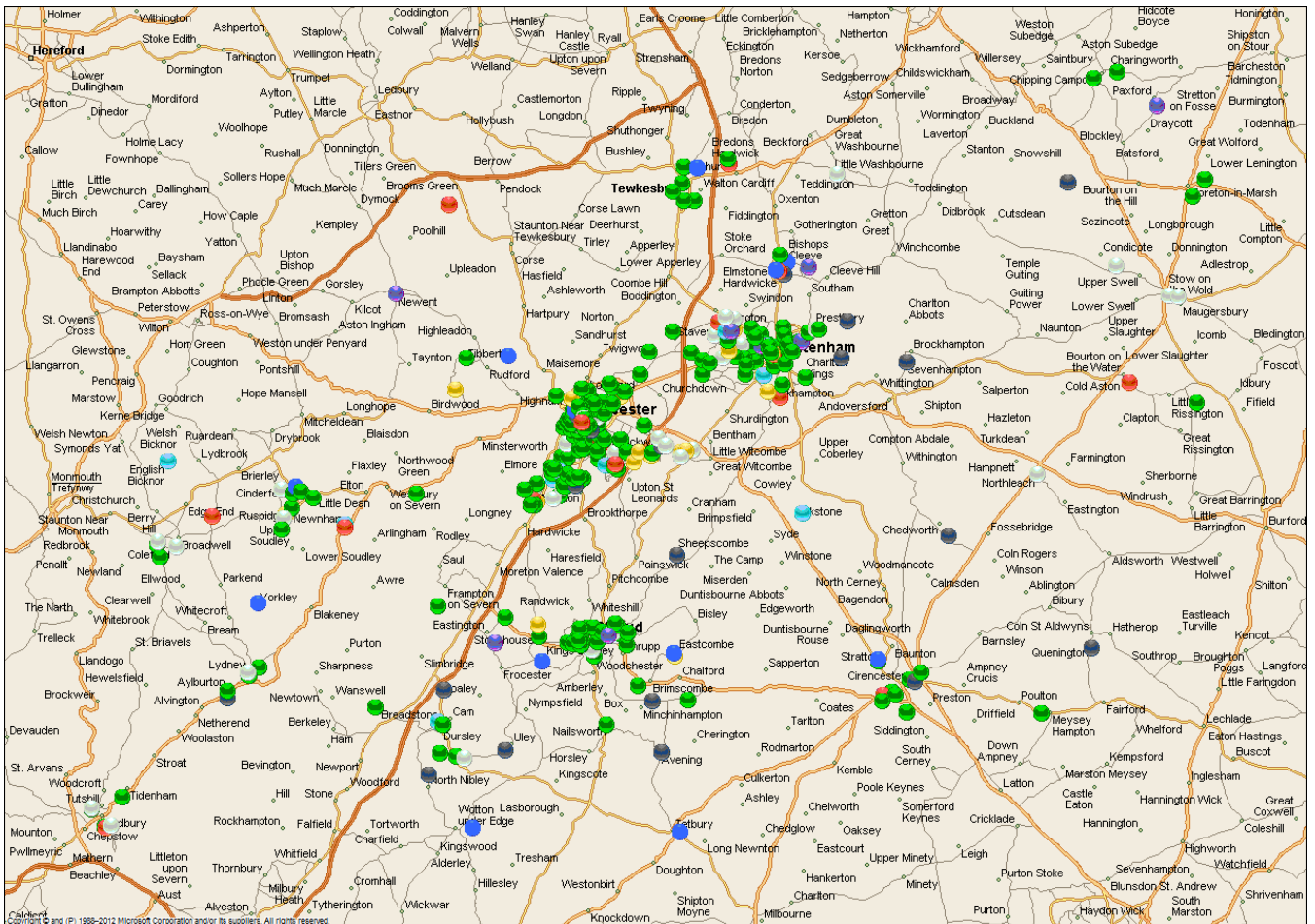




Figure 4 shows the corresponding response time for category one incidents in Gloucestershire.

Figure 4

Gloucestershire - Category 1 Incidents - October 2017





3.0 Patient Experience

3.1 For the period from April to October 2017 the Trust received 94 compliments from patients compared to 54 comments, concerns and complaints. The common theme regarding complaints relates to response times and not clinical care.

Figure 5

Month received in 2017	Comments, concerns & complaints (Glos CCG)	Compliments (Glos CCG)
April	8	11
May	12	17
June	11	10
July	7	14
August	1	16
September	5	12
October	10	14

3.2 Examples of the type of compliments received for Gloucestershire:

Sept 2017

My son was injured playing rugby. The paramedics who came were amazing, when I arrived they were already there. They made me feel at ease, they talked to me explaining what they were doing and why they were doing things, they spoke to my son using his name and constantly reassuring him. They worked in such a professional manner and were kind and caring at all times. Please can you forward on our thanks to them both and apologies that I didn't get their names. Paramedics do an amazing job, I did not expect to be going to hospital with my son on a spinal board after being knocked unconscious but I was able to remain calm for him because the paramedics were so calm and caring. Thank you so very much gentlemen for everything you did for my boy you were amazing.

Aug 2017

I just want to say thank you to the fab team of guys who attended yesterday morning. I am sorry but I did not get their names. The first to arrive was a car paramedic who was on his way home, what a wonderful man to have as part of your team, so dedicated to his work. There was another car paramedic and an ambulance crew.



Please can you convey my thanks to all these men for all their hard work, love, care, dedication and commitment. For being sympathetic and thoughtful and to the point when helping us make decisions. I cannot thank them enough for helping us through everything.

You provide a truly first class service for the people of this country at all hours and for that I am proud and grateful to have such fantastic men and women to be there at my time of need. Well done to you all. Forgot to say that on reaching the hospital to visit my dad, he was sat up talking! He had tests that did not show anything and was able go home. Thank you to all.

June 2017

Two ambulances attended to me. I would like to say a huge thank you to the four paramedics who correctly suspected urinary sepsis and rushed me to hospital where my life was saved. They said at hospital that my blood condition was the worst they had seen, and I have AKI, so if it was not for the wonderfully perceptive ambulance men & women, I would not be here today. I was visited by a doctor the day before who failed to realise what was wrong with me, but the paramedics certainly knew what the symptoms of sepsis were. Although I have to have regular dialysis now, it could have been so much worse. I would love to say thank you personally but do not know how to go about meeting them.

March 2017

I collapsed with a complete heart block I would like to express my heartfelt thanks to the crew of the ambulance that came out to help my husband and myself. If it had not been for their skill and dedication I can be sure I would not be here today. I was taken to hospital where I had a pacemaker inserted and sent home on the following Saturday. I am not sure who the crew were but I am sure you will be able to pass on my thanks and my husbands to them I am recovering at home and am doing well, just to say thanks to all.

4.0 Rota review

- 4.1 In recent years the Trust has seen the 999 service come under increasing pressure from the rise in demand. The Trust has explored ways to mitigate this impact with a number of initiatives to protect staff welfare, the patient experience and Trust performance.
 - 4.2 The Trust recognised the need to align rotas and fleet ratios to better meet the current demand and needs of our patients which resulted in the decision to undertake a full rota review and review of the fleet mix.
 - 4.3 The changes to the rotas now ensure the right number of staff are on duty at the right time, in the right place. This will enable the service to manage peaks in demand, giving an improved response to patients as well as staff welfare and wellbeing. These changes were implemented in Gloucestershire in April 2017.
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- 4.4 The Trust has also increased the number of double-crewed ambulances (DCAs) and reduced the number of rapid-response vehicles (RRVs). Investment earmarked to replace RRVs was instead used to fund additional DCAs.
- 4.5 The rota review now ensures SWASFT has an operating model which can respond to our current demand and future challenges. The staff operational rotas and vehicle make up will be reviewed on an annual basis to ensure that the service has the correct alignment to meet patient demand.

5.0 Single triage

- 5.1 After careful consideration SWASFT has decided to continue with the single triage system throughout the entire Trust – AMPDS (Advanced Medical Priority Dispatch System) for all 999 calls with clinicians moving to LowCode.
- 5.2 Previously SWASFT operated two different systems, whereby the North Clinical Hub used AMPDS and PSIAM and South Clinical Hub used -NHS Pathways.
- 5.3 The benefits of this decision, which were ratified by the Trust board of directors on 31 March 2017 are:
- A better and more consistent service to patients
 - Patients are triaged more quickly using AMPDS and LowCode
 - The clinical hubs will be more effective
 - 999 call advisors can be recruited and trained more quickly
 - This option is the most cost effective for the Trust
 - A virtual clinical hub, with virtual telephony can be realised
- 5.4 The Trust also considered the future impact of, and to support the objectives of STPs including requirements for improved patient information sharing, the national NHS Ambulance Response Programme including improvements to hear and treat, see and treat plus future ambulance quality indicators and Clinical Commissioning Groups' CQUINs
- 5.5 A full and robust review of both the existing systems was undertaken including looking at the clinical impact, patient safety, and the efficacy of each solution as well as the financial impact of implementing each system across the Trust.
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- 5.6 The full implementation is on schedule to be completed in March 2018 when NHS Pathways will be fully phased out of the 999 South clinical hub. NHS Pathways remains the triage system of choice for NHS 111 services.

6.0 Responder updates

Community First Responders (CFRs)

- 6.0 Following successful campaigns in January, April and July this year from NHS jobs we recruited a further 28 CFRs, who have now completed their training and have started going live over the last few months. This is enabling groups to offer more robust cover in Bishops Cleeve, Forest of Dean, Fairford and Lechlade, Quedgeley and Tuffley, and South Gloucestershire areas.
- 6.1 A further recruitment campaign has just finished with 14 potential CFR candidates being interviewed in mid-December. These candidates are in areas where there are existing responders and will help develop these units further.
- 6.2 The last training course took place in July, with the next course planned in January/February 2018. Utilising reporting tools on activity profiles, the Trust is able to review each group and work towards matching availability to activity levels.
- 6.3 We currently have CFRs in 47 locations throughout Gloucestershire and South Gloucestershire:

Area	Group
Gloucestershire	Bishops Cleeve
Gloucestershire	Cheltenham
Gloucestershire	Churchdown
Gloucestershire	Longhope
Gloucestershire	Lydney
Gloucestershire	Moreton in Marsh
Gloucestershire	North Cerney
Gloucestershire	Staverton
Gloucestershire	Upper Rissington
Gloucestershire	Whelford
Gloucestershire	Cinderford
Gloucestershire	Cirencester
Gloucestershire	Coleford
Gloucestershire	Dursley
Gloucestershire	Dymock
Gloucestershire	Fairford



Gloucestershire	Frampton On Severn
Gloucestershire	Highnam
Gloucestershire	Kempford
Gloucestershire	Lechlade
Gloucestershire	Lydbrook
Gloucestershire	Moreton in Marsh
Gloucestershire	Nailsworth
Gloucestershire	Newent
Gloucestershire	Quedgeley/Tuffley
Gloucestershire	Sedbury
Gloucestershire	Southrop
Gloucestershire	Stroud
Gloucestershire	Tewkesbury
Gloucestershire	Tidenham
Gloucestershire	Upton St Leonards
Gloucestershire	Winchcombe
Gloucestershire	Wotton Under Edge
South Gloucestershire	Almondsbury
South Gloucestershire	Bradley Stoke
South Gloucestershire	Bristol
South Gloucestershire	Chipping Sodbury
South Gloucestershire	Coalpit Heath
South Gloucestershire	Downend
South Gloucestershire	Emersons Green
South Gloucestershire	Frampton Cotterell
South Gloucestershire	Kingswood
South Gloucestershire	Patchway
South Gloucestershire	Pucklechurch
South Gloucestershire	Stoke Lodge
South Gloucestershire	Winterbourne
South Gloucestershire	Yate



6.4 The number of volunteers in each group varies from 1 to 8, with a total number of 74 volunteers. The locations above are grouped in to 15 areas. Support and training is delivered via these area groups:

Dymock	Fairford	Forest of Dean
Highnam	Newent	North Cotswold
South Cotswold	Tewkesbury	Winchcombe
South Gloucestershire	Cheltenham	Gloucester
Tuffley/Quedgeley	Staverton	Bishops Cleeve

6.5 Working in partnership with Gloucestershire Fire and Rescue Service, continues to have 11 co-responding stations in Gloucestershire and we now have 5 cardiac care stations, which are 24 hour fulltime firefighters responding to cardiac arrests in the main urban areas of Cheltenham, Gloucester and Stroud. The cardiac care teams respond as a primary response, but also respond to back up the Trust’s clinicians. This project has been extremely successful and has received interest from other Fire& Rescue and Ambulance Services.

Defibrillators

735 defibrillators are registered on the Trust’s Computer Aided Dispatch system.

The total defibrillators available in the community, which are registered with the Trust are:

Gloucestershire

Static sites: 282

CPAD: 348

South Gloucestershire

Static site: 62

CPAD: 43

Further notable developments in Gloucestershire

- We are actively seeking defibrillators within the community that the Trust is currently unaware of so that they can be accredited through our accreditation scheme. This enhances patient care, ensuring that the defibrillator is always rescue ready and is by the patient’s side at the earliest opportunity.





- Cotswold District Council has been extremely supportive, they are encouraging Parish Councils to look at the possibility of fund raising for Community Access Defibrillators. This has given the Trust a great opportunity to meet with Parish Councils and to put key messages across, along with reassurance that SWASFT is working hard to enhance patient care in Gloucestershire and the Southwest.
- We are working with Gloucestershire Constabulary's Licensing Officer for the Gloucester city area, where he has launched a Public Hearts Campaign, with local licensed venues, which open for extended periods throughout the day. Many of these sites have really engaged with the project where the first defibrillators will be located in mid-December.
- In October a successful Restart the Heart Campaign was run, where schools were encouraged to engage their students in CPR. Over 5252 school children received BLS awareness across the Trusts footprint.
- Following some close work with the National Trust at Dyrham Park, 2 static defibrillators have been installed. As a direct result of this project other National Trust locations across the Southwest are now engaged with the Trust to install more defibrillators.
- In 2018 all of our Community Responders will be receiving further training so that they can transfer to the National CFR Course, which the Trust has developed with South Central Ambulance Service (SCAS).
- In November of this year, the Community Responder Department was nominated for the Emergency Services Team Award at the UK Heartsafe Awards in Manchester. The Trust was awarded 'Highly Commended', of which only two in this category were awarded. The ceremony citation praised the work the department has done for engaging with communities, community responders and for locating defibrillators. Along with educating the public in CPR.

7.0 Recommendation

The committee is asked to note the contents of this report.

Communication Team December 2017
