



Wiltshire Health Select Committee

17 August 2017

Title:	South West Ambulance Service Trust - Update on Performance, Projects and Activity
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 about a new set of ambulance service standards as part of the ambulance response programme (ARP). This new set of ambulance standards mean that every incident will count towards performance as opposed to previous national measures.
- 1.2. SWASFT was the first ambulance service to take part in the ARP trial which started in April 2016 and introduced new call categories and definitions.
- 1.3. SWASFT has been using the new codes for 999 calls since the trial began and in that time it has seen improvements in productivity and efficiency with, on average, less vehicles being sent to each incident, freeing up resources to attend more patients.
- 1.4. 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 which are due to come into place in October 2017 are shown in Figure 1.



Figure 1: Proposed 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: <ul style="list-style-type: none"> •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: <ul style="list-style-type: none"> •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: <ul style="list-style-type: none"> •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: <ul style="list-style-type: none"> •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.

1.5. 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.

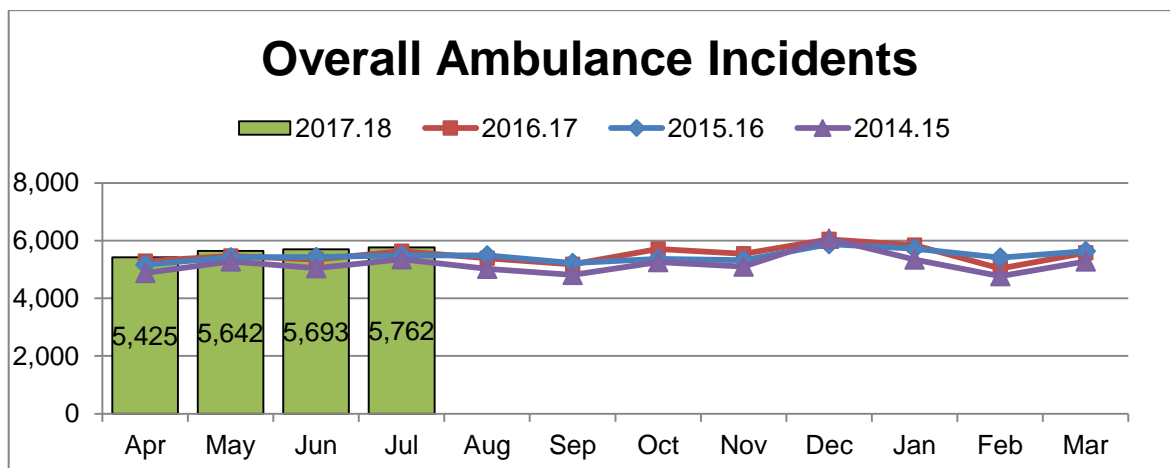
1.6. More information about the categories of calls is available from NHS England at: <https://www.england.nhs.uk/urgent-emergency-care/arp/>

2. Performance figures

2.1. For the period April 2017 to July 2017 overall activity in Wiltshire Clinical Commissioning Group (CCG) shows SWASFT responding to 22,522 incidents. This equates to an increase of 3.69% compared to the previous year.

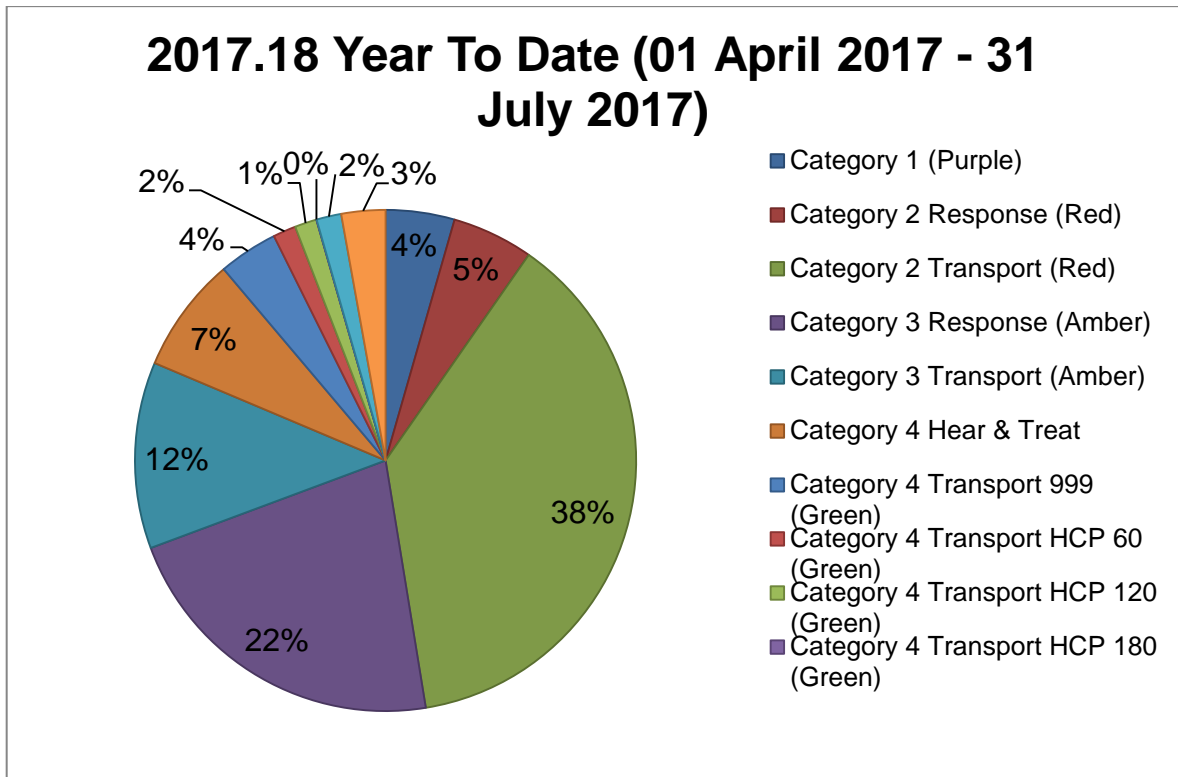
2.2. Broken down to daily figures this shows the Trust is responding to, on average, 185 incidents per day. This compares to 168 incidents per day for the same period in 2014/15.

Figure 2



2.3. The Trust has responded to 1,001 critical or life threatening category one incidents in the past four months. The number of category one incidents across Wiltshire's CCG is low compared to other calls received, representing just 4.4% of the overall activity, which is comparable to trust wide figures. See figure 3.

Figure 3



2.4. In Wiltshire CCG the year to date figures show the Trust has not met its 75% performance target of responding to category one incidents within eight minutes. Current figures show the Trust is meeting this time frame for 66.43% of category one incidents. However, with regard to response times for category one incidents 95% of patients receive a response in under 19 minutes.

2.5. Figure 4 shows where the category one incidents have occurred in Wiltshire and if the target performance time has been met.

Category 1 Incident Responded Responded





Map - July 2017



within 8 Minutes



over 8 minutes

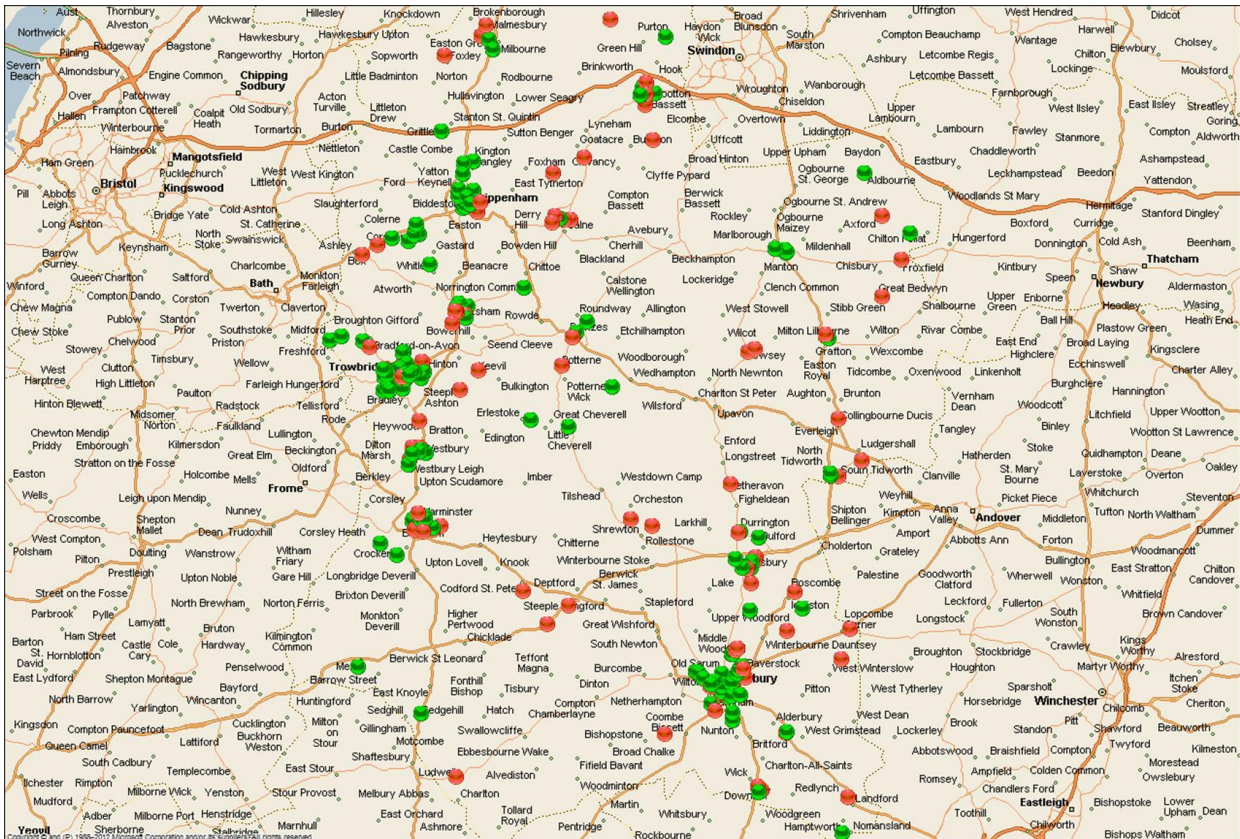


Figure 4

3. Patient Experience

3.1. From April 2017- July 2017 the Trust received 781 compliments from members of the public compared to 440 comments, concerns and complaints.

3.2. For the same period in Wiltshire 64 compliments were received from members of the public compared to 47 comments, concerns and complaints. See figure 5.



Figure 5

Month received	Comments, concerns & complaint	Compliments
April	97	197
May	102	219
June	118	170
July	123	195
Wiltshire only for the period	47	64

3.3. An example of the type of compliments received for Wiltshire:

Oct 16

The crime standards and justice department managers and I would like to recognise the significant involvement you had in relation to an acute medical emergency that occurred in the Custody Unit. Your professionalism and effective demonstration of your skills enabled the Custody Unit and care specialists to carry out their roles in support of bringing the medical emergency to a successful conclusion, with the detainee successfully revived and subsequently transferred to hospital where he was treated for acute alcohol dependency. You have demonstrated a high level of *Espirit de Corp* and commitment to this organisation, of which you should be rightly recognised. Thank you for your dedication to an outstanding result for job well done!

Nov 16

I would like to say thank you for the care I received due to suicidal ideation. The paramedic who sat with me in the ambulance when I was feeling so low made such a difference to how I was feeling. Their caring attitude towards me means so much, "thank you" doesn't even begin to cover my gratitude. If you could pass this message onto those involved, I would be grateful. Please keep this level of care up. I couldn't be more thankful.

Dec 16

Please pass on my sincere thanks to the teams who tried to resuscitate my daughter last night. Sadly she lost her life, but the professionalism exhibited by the crews at my worst hour warrants my deepest gratitude.

This family set up a Just Giving page with the aim of raising £999 for Wiltshire Air Ambulance. To date the total they have raised including gift aid stands at £60,200,





£54,000 of which was raised in just over the first month alone. Here is the link <https://www.justgiving.com/fundraising/hannah-cubin>

This was covered in the local press.

May 17

A paramedic came to our house. My little fella had mild symptoms to a degree, of struggling to breath, temperature and breath pains. He was amazing, so very caring and his assessment concluded that oxygen levels were low and my little fella should go over to the hospital. He was so professional, kind and caring. If you can pass the message on to him, that my child had pneumonia... he was quite sick with a 'bad' case and spend three days in hospital but is now bouncing off the walls back at home having gained some of his energy back. So thank you for reading the signs, and thank you for taking your time - as mum I am astonished with the diagnosis and how marginal it was to pick up. THANK YOU:))

4. 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.
 - 4.3. The review began in the North division when the rota changes were implemented in April 2017. It was then rolled out to the East and West divisions in July 2017.
 - 4.4. 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.
 - 4.5. 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.
 - 4.6. The rota review now ensures SWASFT has an operating model which can respond
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to our current demand and future challenges.

5. Single triage

- 5.1. After careful consideration South Western Ambulance Service NHS Foundation Trust (SWASFT) has decided to change to a single triage system – MPDS (Medical Priority Dispatch System) for all 999 calls with clinicians moving to LowCode.
 - 5.2. At present different systems are used in the North Clinical Hub (MPDS and PSIAM) and South Clinical Hub (NHS Pathways) which handle all 999 calls for the SWASFT region.
 - 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 MPDS 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.
 - 5.6. Since the acquisition of the Great Western Ambulance Service in 2013, there have been ongoing decisions about whether the Trust should move to a single system for 999 and which system should be adopted. This decision has been considered at a number of committee meetings since the beginning of the year including the Finance and Investment Committee, Quality Committee, Executive Directors and Trust board. Advice has also been sought from the National Clinical Director for Urgent Care and National Director of Acute Episodes of Care. This decision is further
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supported by a report presented and discussed with the Association of Ambulance Chief Executives (AACE).

5.7. The full implementation is due to complete in March 2018 when NHS Pathways will be fully phased out of the 999 clinical hubs. NHS Pathways remains the triage system of choice for NHS 111 services.

6. Documentary filming

6.1. SWASFT crews based in Wiltshire have been taking part in the Channel 4 fly-on-the-wall documentary “999: What’s your emergency?”

6.2. Filming began for the fourth series of the programme in February 2017. The production company has 15 cameras following the emergency crews as they respond to incidents across the county.

6.3. The programme has followed the ambulance service, police and fire crews in the county and is currently being broadcast on Channel 4 at 9pm each Monday.

7. Responder updates

First Responders

We currently have 109 Community First Responders (CFRs) and off-duty staff responders providing a voluntary response ahead of an ambulance, in more than 40 locations throughout Wiltshire and Swindon, including:

Enford	Netheravon	Upavon	Baydon
Devizes	Marlborough	Tidworth	Bulford
Holt	Aldbourn	Westbury	Cricklade
Durrington	Melksham	Trowbridge	Easterton
Highworth	Pewsey	Warminster	Old Town Swindon
All Cannings	Hullavington	Royal Wootton Bassett	Whiteparish
Amesbury	Larkhill	Salisbury	Wilton
Bromham	Colerne	The Winterbournes	Winterbourne Monkton
Calne	The Lavingtons	Shrewton	Winterslow
Chippenham	Ludgershall	Haydon Wick Swindon	Wroughton
Corsham & Gastard	Malmesbury	Old Sarum	Wylie



The number of volunteers attached to each group/location varies from one to ten, with some responders providing cover both from their home address and their workplace. Between them, we achieve in excess of 4,000 hours of voluntary responder cover for Wiltshire every month.

With reporting tools on activity profiles, the Trust is able to review each group and work towards matching availability to activity levels.

Each group of volunteers is supported locally by an operational paramedic known as a Responder Liaison Officer (RLO), and Wiltshire's Responder Department staff consisting of a county officer and two assistant county officers.

Since January 2017 we have recruited 21 new volunteers into existing CFR groups across the county. A recent recruitment drive has identified 15 members of the public for interview in September and then if successful, a training programme in November.

Wiltshire also has eight co-responding fire stations (Bradford-on-Avon, Mere, Tisbury, Ludgershall, Ramsbury, Malmesbury, Cricklade and Royal Wootton Bassett) with 36 qualified staff responding to local life-or-death emergencies in their communities. Work is ongoing with the Dorset and Wiltshire Fire and Rescue Service to increase numbers of co-responders at these stations to improve availability.

We also work closely with the Wiltshire based SWIFT Medics scheme, which is comprised of BASICS doctors who respond to critical calls for the Trust and provide expert intervention and support as volunteers. We currently have seven BASICS doctors in Wiltshire.

Defibrillators

There are 430 defibrillators registered with us across Wiltshire either as Community Public Access Defibrillators (CPADs) or Static Site Establishments, as below:

Static Site Establishments	88
CPADs	206
Accredited Sites	136

Further notable developments in Wiltshire

- Close collaboration with our partners in the Dorset and Wiltshire Fire and Rescue Service to further enhance the Fire Co-Responder scheme, with the introduction of response cars at Fire Co-Responder stations and more fire staff being trained to respond to local life threatening emergencies ahead of an ambulance



- Actively seeking more defibrillators that we are unaware of through our Defibrillator Accreditation Scheme
- Closely working with Wiltshire Council, the local Area Boards and Parish Councils
- Further CFR recruitment campaigns
- Supporting any private or public organisations that are purchasing their own defibrillators

8.0 Recommendation

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