Health Select Committee Meeting

27 September 2016

<table>
<thead>
<tr>
<th>Title:</th>
<th>Performance report</th>
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<tr>
<td>Presented by:</td>
<td>Neil Le Chevalier, Director of Operations</td>
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<tr>
<td>Main aim:</td>
<td>To update HSC members on activity and performance in Gloucestershire</td>
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<td>Recommendations:</td>
<td>To note the contents of the report</td>
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1. Definitions

1.1 The Red1 category refers to those patients who are suffering an immediately life-threatening emergency; cardiac arrest, respiratory arrest, choking. The standard for these calls is to arrive on scene within eight minutes, 75% of the time.

1.2 The Red2 category refers to those patients who are suffering a potentially life-threatening emergency; heart attack, severe breathing problems, serious bleeding. The standard for these calls is to arrive on scene within eight minutes, 75% of the time.

1.3 The Red19T standard requires the attendance of a vehicle that is suitable to convey the patient, to arrive on scene within 19 minutes, 95% of the time.

1.4 SWASFT is currently engaged in a new code set trial which commenced on 19 April 2016. The calculation of the response metrics shown in the performance and activity report are subject to variation as the trial progresses, this may cause revision of these figures.

1.5 The Red category refers to those patients who are suffering an immediately life-threatening emergency; cardiac arrest, respiratory arrest, choking. The standard for these calls is to arrive on scene within eight minutes, 75% of the time.

1.6 The RedT category requires the attendance of a vehicle that is suitable to convey the patient, to arrive on scene within 19 minutes – there is currently no target performance percentage allocated to this category.
2. Trust performance

2.1 A summary of the Trust’s performance can be found in the attached performance report.

2.2 The Trust narrowly missed the 75% target for Red1 for 2015-16, achieving 73.72%. Red2 and Red19 performance fell short of the required level but this is largely connected with the national trial, dispatch on disposition, however, the trial enabled the Trust to provide a more appropriate response and therefore better patient care. More patients were given advice over the telephone – hear and treat – without the need for an ambulance response. The Dispatch on Disposition trial has now become the Ambulance Response Programme (ARP).

2.3 To date (1 April – 31 July 2016), the Trust has been required to manage 412,038 incidents across the South West.

2.4 Of these incidents, 14,194 (or 3.44%) were classed as Red (and Red1) calls. We attended these Red calls in 8 minutes 68.4% of the time. (The target is 75%).

2.5 The Trust is one the best performing English ambulance trusts for 999 calls resolved over the telephone – hear and treat. In 2015-16, 11.4% of calls were resolved over the telephone, with the national average being 10.2%.

2.6 The Trust continues to be the best performing English ambulance trust for the percentage of patients cared for through alternative healthcare pathways – avoiding unnecessary admissions to hospital emergency departments. In 2015-16, 52.4% of patients were not transported to an emergency department – the national average being 37.9%. Please see separate report on national Ambulance Quality Indicators.

2.7 The Trust continues to closely monitor the number of handover delays and the associated time lost. Winter pressures are fast approaching and likely to have a huge impact on hospitals and subsequently the emergency departments. Please see the hospital handover report for more detail about handover delays in Wiltshire and the surrounding hospitals.

3. Performance in Wiltshire

3.1 To date (19 April – 31 July 2016), the Trust has been required to manage 28,492 incidents across Wiltshire.

3.2 Of these incidents, 1,667 (or 5.8%) were classed as Red calls. We attended these Red calls in 8 minutes 67.31% of the time (the target is 75%). However, an ambulance resource arrived at the scene, 75% of the time, within 9.1 minutes.

3.3 For a more detailed breakdown, please see the separate performance and activity report.
3.4 Meeting response times in our more rural areas, including parts of Wiltshire, continues to be a challenge. The attached document ‘75th Percentile’ shows how long it takes for an ambulance resource to arrive at Red calls 75% of the time. Also attached is a map showing ‘hits and misses’ in Wiltshire for August 2016. This map illustrates the low number of calls and how the wide geographical spread of incidents in rural areas means that journey times can exceed the eight minute target. A call to a patient in a rural part of Wiltshire can result in a two-hour round trip - the travel time to hospital is a great impact on this as there are no hospitals within the more rural areas, especially if delays at the emergency department are encountered. It is also important to note that an ambulance resource remains on scene for an average of two hours, thus temporarily reducing the resources available to attend other patients.

4. Patient experience

4.1 From 1 April – 31 August 2016 the Trust (all service lines) received 755 compliments from members of the public, compared to 720 comments, concerns and complaints.

<table>
<thead>
<tr>
<th>Month</th>
<th>Comments, concerns, complaints</th>
<th>Compliments</th>
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<tbody>
<tr>
<td>April</td>
<td>162</td>
<td>138</td>
</tr>
<tr>
<td>May</td>
<td>141</td>
<td>157</td>
</tr>
<tr>
<td>June</td>
<td>141</td>
<td>153</td>
</tr>
<tr>
<td>July</td>
<td>154</td>
<td>179</td>
</tr>
<tr>
<td>August</td>
<td>122</td>
<td>161</td>
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4.2 From 1 April – 31 August 2016 in Wiltshire (all service lines) 61 compliments (compliments for August are still being processed so not all have been logged so far) were received from members of the public, compared with only 28 comments, concerns and complaints.

4.3 An example of the type of compliments received can be found below.

_I just wanted to say a massive thank you for saving me last Wednesday night when I burnt my face. You were amazing and kept me calm all the way to hospital and when we got there._

_You have now inspired me to go into your type of job role rather than nursing._

_Keep up the incredible work because you’re amazing!_

5. Rota review project

5.1 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 including the Dispatch on Disposition trial, which has now
5.2 The Ambulance Response Programme trial has also highlighted issues with planned resource levels which impacts on staff welfare, patient experience and Trust performance.

5.3 As a result, the Trust has recognised the need to align rotas and fleet ratios to the new demand profile and tackle inefficiencies identified within current structures. This has resulted in the decision to undertake a full rota review to enact the necessary changes.

5.4 The rotas will be aligned to 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 protecting staff welfare and wellbeing.

5.5 The Trust will also increase the number of double-crewed ambulances (DCAs) and reduce the number of rapid-response vehicles (RRVs). Investment earmarked to replace RRVs will instead be used to fund additional DCAs.

5.6 The rota review aims to provide a road map for the service which allows continual improvement and review to the operating model in response to future challenges.

5.7 Staff engagement and consultation began in July and working parties with staff and staff-side representatives are taking pace throughout September, October and November.

5.8 The more detailed aims are:
- Revision of the fleet model to support the ARP by the increasing the number of DCAs and reducing RRV numbers
- Optimisation of new rotas to ensure peaks in demand are effectively managed and utilisation rates reduced
- Introduction of shift length flexibility
- Implementation of a consistent Trust meal break policy
- Implementation of fair and equitable staff rotas
- Optimisation of staff numbers and skill mix
- Reduction in shift overruns
- Optimisation of call-handling staff in the clinical hubs (control rooms)

5.9 The following parameters must also be taken into consideration:
- Rosters must be deliverable within available funding
- Where possible, rosters must be socially acceptable to staff
6. Control rooms (clinical hubs) update

6.1 The 999 control rooms (clinical hubs) in Exeter and South Gloucestershire are now using the same single CAD system. This allows for a single way of working and the ability to task any available resource across the whole SWASFT area.

6.2 The clinical hub in South Gloucestershire moves to new premises early in 2017. The new location is in a neighbouring business park to the current clinical hub, therefore remaining in South Gloucestershire.

6.3 The new premises will provide room for expansion and improved facilities for staff. It will also house many support staff functions such as IT and resource and scheduling staff. The support staff are likely to move into the new building in December 2016.

7. NHS 111 update - North

7.1 The Trust has concerns regarding the appropriateness of NHS 111 referrals, in the North Division (Bristol, North Somerset, South Gloucestershire, Wiltshire, Gloucestershire and Bath). However, much of the demand challenges created by NHS 111 have now been mitigated as part of ARP.

7.2 Issues are identified through feedback from ambulance crews and patient outcomes via Datix (our incident reporting system) and the Right Care team’s feedback postcards, text, emails and social media.

7.3 The Trust regularly has contact with Care UK to review issues that have been raised.

7.4 The Trust supported Care UK to reduce NHS 111 referrals to 999 by initiating an NHS Pathways trained clinician from the North completing hours within Care UK at peak times. (Care UK provided the NHS Pathways training.)

7.5 Care UK continues to undertake recruitment for clinicians.