



Devon Health and Adult Care Scrutiny Committee

30 October 2017

Title:	Ambulance briefing
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 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 performance.

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 is now in the process of updating its Control and Dispatch system in line with the national adoption of the new standards which was due to begin in October 2017.

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.



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.



1.1. 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.

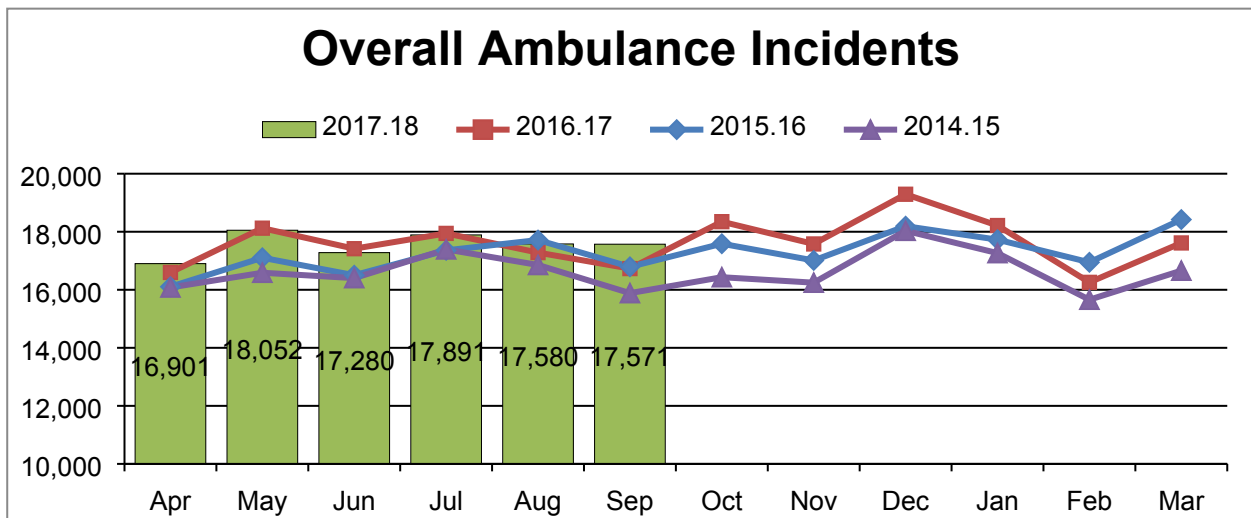
1.2. More information about the categories of calls is available from NHS England at: <https://www.england.nhs.uk/urgent-emergency-care/arp/>

2. Performance figures

2.1. For the period April 2017 to September 2017 overall activity in Devon shows SWASFT responding to 105,275 incidents. This equates to an increase of just over 1% compared to the same period last year.

2.2. Broken down to daily figures this shows the Trust is responding to, on average, 575, incidents per day. This compares to an average of 569 incidents per day for the previous year.

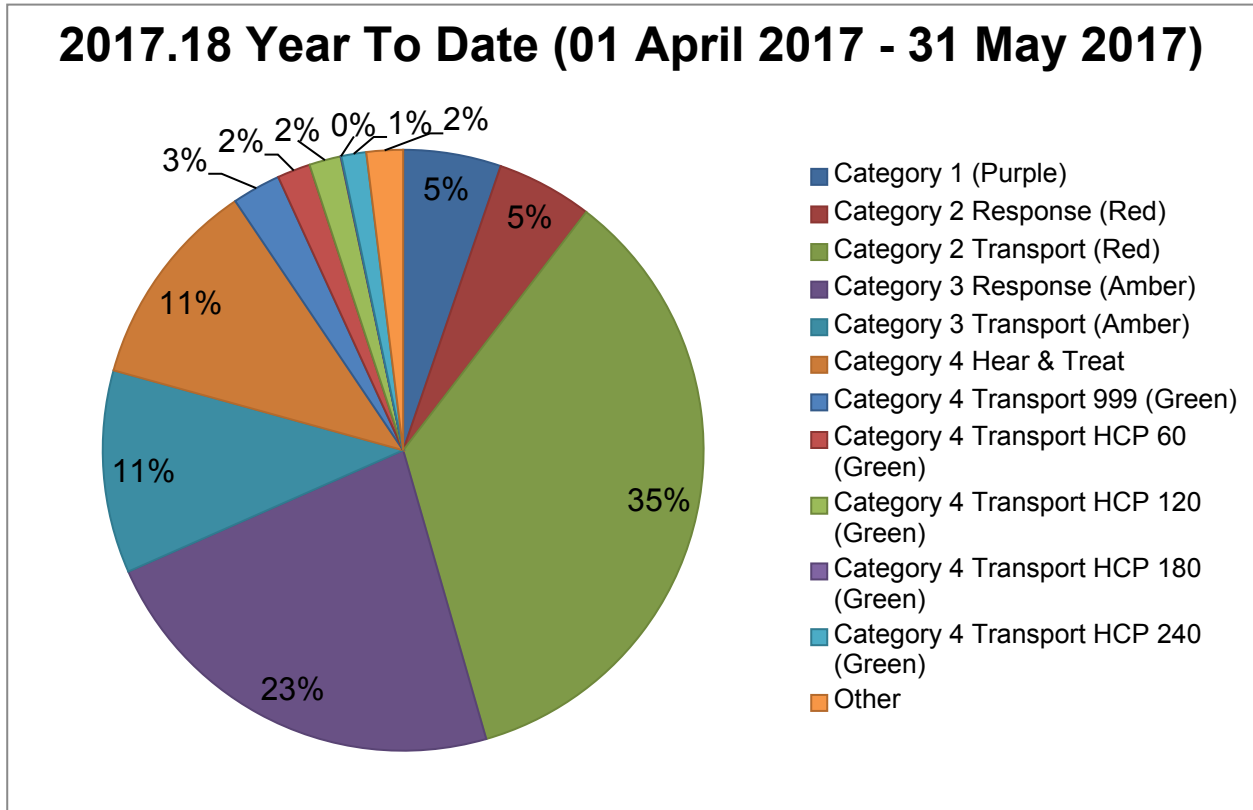
Figure 2



The Trust has responded to 5,542 category one calls from April 2017 to September 2017. The number of category one incidents across Devon is low compared to other calls received, representing 5.26% of overall activity. See Figure 3



Figure 3



In Devon 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 61.72% of category one incidents. However, 96.1% of category one patients receive a response time in under 19 minutes. See Figure 4.



Figure 4

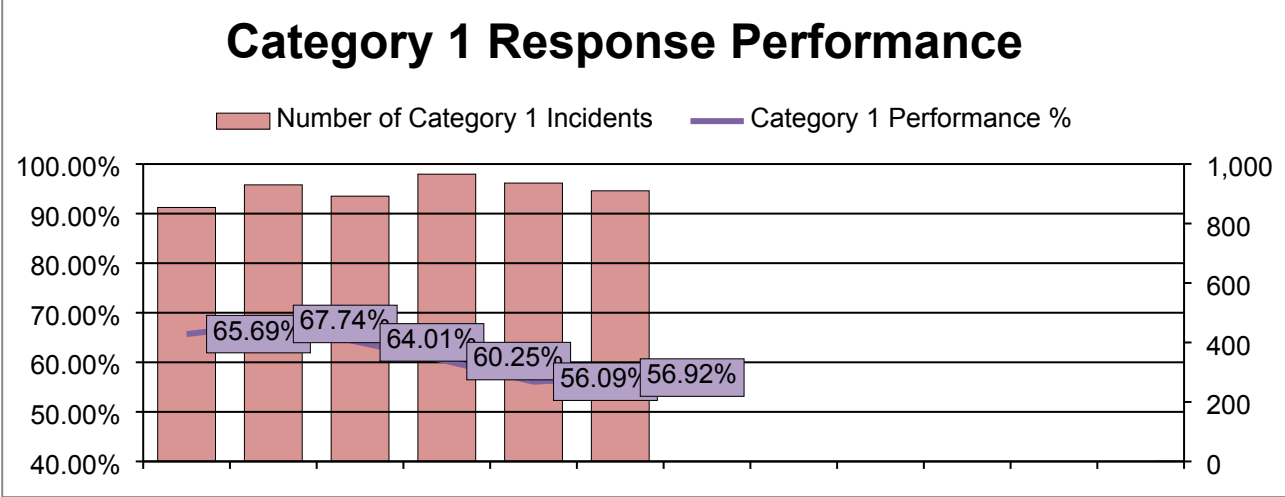


Figure 5 (overleaf) shows where the category one incidents have occurred in Devon and if this target performance time has been met.





Figure 5

Category 1 Incident Map - July 2017



Responded within 8 Minutes



Responded over 8 minutes



Map data © OpenStreetMap contributors, Imagery © Mapbox, All rights reserved.



3. Patient Experience

For the six month period from March 2017 to August 2017 the Trust received 1217 compliments from patients compared to 664 comments, concerns and complaints.

For the same period in Devon 211 compliments from members of the public were received compared to 140 comments, concerns and complaints.

Figure 6

Month received in 2017	Comments, concerns & complaints	Compliments
March	30	45
April	24	43
May	25	34
June	21	30
July	26	27
August	14	32

Examples of the type of compliments received for Devon:

September 2017

I dislocated my 'new' hip at home yesterday, and my husband called 999. The crew who attended were absolutely brilliant! They were all so good at calming me whilst I was in extreme pain. They worked well as a team and listened to what I had to say, having been in this situation before. I really appreciate all the efforts they went to, to ensure my comfort whilst getting me out of the house .I was reassured all the way to the hospital telling me what he was doing and why. They didn't leave me until the hospital team had taken over. I was also so appreciative of the first crew coming to find me later in hospital to see how I was- it was so kind of them going the extra mile. I can't thank these people more- they are a credit to the ambulance service!

August 2017

I had a need to telephone 999 for the ambulance service as in my opinion I had a suffered a heart attack. The ambulance with two paramedics arrived at my home. They were very efficient in the manner in which they dealt with me and made a decision to convey me to hospital. I was admitted to A&E. I have now made a full recovery from my problem. In this day and age there are many reports about the time it takes an ambulance to attend an incident, in my case they should be commended for their actions. Thanking both of them.



March 2017

My six year old daughter was hit by a car. A paramedic team were there within minutes and they were brilliant. Super child-centred and un-scary, polite, gentle, relaxed and professional. The police officer who attended was the same. Luckily my daughter escaped the incident unhurt but I appreciated so much the time they took to check that everything was ok with both of us before sending us home. Thank you all of you.

May 2017

After having a fall in my bathroom and trying to get up myself my wife decided to phone for an ambulance. Within three minutes of the call they were on the door step. Two lovely chaps from South Western Ambulance Service. After carrying out all their test they decided to take me into hospital to get checked over. I would just like to say from all my family thank you so much for all your help and what an amazing job you do.

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 to our current demand and future challenges.
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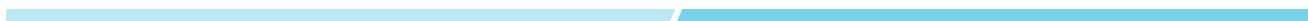


5. Single triage

- 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. Previously different systems were 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. The full implementation is on schedule to be completed 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.

6.0 Responder updates

We currently have 168 Community First Responders (CFRs) and off-duty staff responders providing a voluntary response ahead of an ambulance, in more than 65 locations throughout Devon including:





Ashburton	Dolton	Northlew
Bampton	East Prawle	Noss Mayo
Barnstaple	Exeter	Paignton
Bideford	Exmouth	Plympton Chaddlewood
Bishopsteignton	Great Torrington	Plymstock
Bovey Tracey	Hartland	Salcombe
Bradninch	Hatherleigh	Salcombe Peninsula
Braunton	Holsworthy	South Brent
Brixham	Honiton	South Molton
Buckfastleigh	Horrabridge	South Pool
Cheriton Fitzpaine	Ilfracombe	Tavistock
Christow	Ivybridge	Tedburn St Mary
Chudleigh	Kenn	Teignmouth
Crediton	Kingsbridge	Tiverton
Croyde	Lustleigh	Torcross
Cullompton	Lynmouth	Torquay A
Culmstock	Modbury	Uffculme
Dartmouth	Moretonhampstead	Winkleigh
Dawlish	Northam	

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 6000 hours of voluntary responder cover for Devon 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 Devon's Responder Department staff consisting of a county officer and two assistant county officers.

Since January 2017 we have recruited 43 new volunteers into existing CFR groups across the county. A recent recruitment drive has seen another 15 members of the public be selected and trained for the role.

Devon also has 15 co-responding fire stations (Axminster, Chagford, Chulmleigh, Combe Martin, Crediton, Dawlish, Hartland, Hatherleigh, Holsworthy, Ivybridge, Lynton, Moretonhampstead, Princetown, Seaton and Woolacombe) with 110 qualified staff responding to local life-or-death emergencies in their communities. There are 3 further members of Devon and Somerset Fire and Rescue Service staff currently undergoing training to improve availability at Chagford, Axminster and Dawlish.



We also work closely with the Devon based BASICS scheme, which is comprised of doctors who respond to critical calls for the Trust and provide expert intervention and support as volunteers. We currently have 11 BASICS doctors in Devon.

Defibrillators

There are 658 defibrillators registered with us across Devon either as Community Public Access Defibrillators (CPADs) or Static Site Establishments, as below:

Static Site Establishments	118
CPADs	202
Accredited Sites	338

7.0 Recommendation

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