



Health Overview & Scrutiny Panel

9 March 2017 - North Somerset

Title:	Performance report North Somerset
Presented by:	John Dyer, Head of Operations, East Division
Main aim:	To update HOSC members on activity and performance in Somerset
Recommendations:	To note the contents of the report

1. National Ambulance Response Programme (ARP)

1.1 The National ARP trial and next steps

- 1.1. The Trust has participated in the Ambulance Response Programme (ARP) trial which aims to improve response times to critically ill patients, making sure the best response is sent to each patient first time with the appropriate degree of urgency. SWASFT along with the Yorkshire Ambulance Service commenced the ARP trial on 19 April 2016 and with effect from 6 June 2016, the West Midlands Ambulance Service also joined the national ARP trial.
- 1.2. The Ambulance Response Programme is now at the end of its testing phase and according to the NHS programme team there are early indications that ambulance services operating under the trial conditions are better able to deal with the increased demand that is being experienced currently, with no associated safety issues or incidents reported.
- 1.3 As a result it has been recommended that ambulance services continue to operate under ARP conditions until a decision is made on full implementation. This formal recommendation has been sent to Ambulance Services' Chairs, CEOs and to NHS England Regional Operations Directors.
- 1.4 The Sheffield School of Health and Related Research (ScHaRR) is currently undertaking its final analysis and is preparing the full evaluation report ready for review at the beginning of March 2017.



1.5

Once the report has been reviewed by NHS England, the Department of Health and key stakeholders it is anticipated that recommendations will be made for national implementation in the spring with recommendations for future ambulance quality indicators.

Table 1: ARP 2.2 A&E Incident Categories

Category		
Category 1	Time-critical life-threatening event needing immediate intervention and/or resuscitation. For example, cardiac/respiratory arrest, airway obstruction, ineffective breathing, unconscious with abnormal or noisy breathing, hanging. Mortality rates are high, where a difference of one minute in response time is likely to affect the outcome and there is evidence to support the fastest response.	
Category 2 Response	For example probable MI, serious injury	Potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport. Mortality rates are lower; a difference of an extra 15 minutes response time is likely to affect outcome and there is evidence to support early dispatch.
Category 2 Transport	For example stroke, major burn, sepsis	
Category 3 Response	For example hyperglycemia	Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering (e.g., pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe. Mortality rates are very low or zero; a difference of one hour or more might affect outcome and there is evidence to support alternative pathways of care.
Category 3 Transport	For example isolated limb fractures, non-major burns, abdominal pain	
Category 4 Transport	999 calls that may require a face to face ambulance clinician assessment	Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe.



Category 4 Hear and Treat	For example home management advice or referral	Calls which do not require an ambulance response but do require onward referral or attendance of non-ambulance provider in line with locally agreed plans or dispositions, or can be closed with advice (hear and treat).
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- 1.6.1 More information from NHS England about the ARP trial is available at <https://www.england.nhs.uk/ourwork/qual-clin-lead/arp/>

2. Rota review - project update

- 2.1 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 progressed into the Ambulance Response Programme.
- 2.2.1 The Ambulance Response Programme trial has also highlighted issues with planned resource levels which impacts on staff welfare, patient experience and Trust performance.
- 2.2.2 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.
- 2.2.3 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.
- 2.2.4 The North Somerset area, in our East division, is currently going through their staff consultations on the Rota Review which runs from December through to April 2017. These involve working parties with staff-side representatives asking teams to feedback their thoughts on the plans and the suggested rota changes.
- 2.3
- The actual change to the rotas are planned to go live over the summer of 2017. Although it will be a number of months down the line before we will be able to see how these changes will affect performance.
 - The Trust will 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.

- c. 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.

3. Trust Performance

- 3.1. Due to the implementation of ARP and ARP 2.2, data has been provided for this report for the period 25 October 2016 to 31 December 2016 following the implementation of ARP 2.2
- 3.2. For the period 1 April – 31 December 2016, the Trust has been required to respond to 590,651 emergency and urgent incidents across the South West (this does not include the calls that were resolved over the telephone).
- 3.3. For the most time critical life-threatening incidents, identified within ARP2.2 as Category 1 incidents, the Trust has responded to 9,245 Category 1 incidents in the period 25 October 2016 to 31 December 2016 across the South West. 6,542 (70.76%) of these incidents received a response within 8 minutes.
- 3.4. The number of immediately life-threatening (Category 1) incidents across the Trust is very low compared to the other calls received, representing just 5% of the overall activity volumes or approximately 130 to 140 Category 1 incidents per day across the whole of the South West.
- 3.5. 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%.
- 3.6. 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%.



4. Performance in North Somerset

- 4.1. From April 2016 – until January 2017, the Trust dealt with 34,552 incidents in North Somerset. Averaging 116 incidents per day for the month of January 2017.
- 4.2. From October 2016 – January 2017 there were 497 Cat 1 calls (6.2%). We arrived on the scene to these Cat 1 calls 70% of the time within 8 minutes. (The target is 75%.)
- 4.3. Of these incidents, a further 388 (or 4%) were classed as Cat 2 calls. We attended these Cat 2 calls in 8 minutes 70.1% of the time. (The target is 75%.)

5. Patient experience

- 5.1. From 31 August 2016 – 26 January 2017 the Trust (all service lines) received 978 compliments from members of the public, compared to 74 comments, concerns and complaints.

5.2.

North Somerset patient experience figures

Month	Compliments	Concerns and complaints
August	2	1
September	3	2
October	6	4
November	4	9
December	4	4
January 17	5	5

5.1 An example of feedback from Somerset:

“On behalf of my wife and our family, I would just like to extend our heartfelt thanks to the Paramedics and the Specialist Hart team that attended to my Father-in-law. Their professionalism and compassion was a credit to all of them and to the Service. The family has taken a lot of comfort from knowing that he was not on his own at the end, and that he was in the best hands that we could have possibly wished for.”

“The ambulance crews that came out to me last night were fantastic. They arrived within 5 mins of the call and the care was exceptionally good. They were fantastic at what they do and the bed side manor was spotless. Thank you doesn't come close to showing how grateful I am. I, and my family had total confidence in their abilities. They



are a real credit to SWAST. also a big thank you to the 111 and 999 staff that took care of me until the ambulance arrived. Thank you to you all.”

6. Responder achievements in North Somerset district

- 1 SWASFT recorded its 1,000th accredited defibrillator site in December last year; we are currently working on a PR launch to help capture as many more as we can. We are confident that we will be contacted by more organisations that have purchased defibrillators in the North Somerset area.
- 2 **Portishead Fire Co Responders** are now active and helping to support our patients while an Ambulance is on the way.
- 3 **Somerset specific** Community First Responder courses have been running at the weekends - 25th and 26th February, 4th and 5th March, we have invited 12 candidates to attend specifically from the North Somerset catchment area. This will help boost our numbers and in turn the coverage we are able to provide to our patients.
- 4 **Business partnerships** - SWASFT continues to help large organisations within business, leisure and industry support and guidance when they are looking to purchase and site a defibrillator in North Somerset.
- 5 At the **2016 SWASFT Responder Awards Ceremony** our Chief Executive and Chairman presented the Somerset Assistant Community Responder Officers with the Responder Support Award; in recognition of their excellent work. Responders from North Somerset were also presented with the Community First Responder Of The Year Award and the Chief Executive Commendation for volunteering.
- 6 **Better Public Awareness in CPR** From a combination of the work above and a raised public awareness of the importance of early CPR we are now seeing an increase where members of the public are delivering bystander CPR in conjunction with defibrillators and in many of these cases we are seeing a return of spontaneous circulation (ROSC).