



NHS

**South Western
Ambulance Service**
NHS Foundation Trust



Somerset Performance Report

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County Commander
Somerset

Adults & Health Scrutiny
Committee Meeting
8th May 2019



Ambulance Response Programme

Category		
Category 1 Average ≤7 minutes 90 th centile ≤15 minutes	Time critical life-threatening event needing immediate intervention and/or resuscitation EG: cardiac/respiratory arrest, airway obstruction, ineffective breathing, unconscious with abnormal or noisy breathing, hanging. Mortality rates high where a difference of one minute in response time is likely to affect outcome and there is evidence to support the fastest response	
Category 2 Average ≤18 minutes 90 th centile ≤40 minutes	EG: Probable MI, stroke, major burns sepsis, 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 3 Average ≤60 minutes 90 th centile ≤120 minutes	EG: Hyperglycaemia, isolated limb fractures, non-major burns, abdominal pain	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 4 Average - being monitored 90 th centile ≤180 minutes	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 5 EOC Clinician Hear & Treat 90 th centile ≤180 minutes	EG: 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 & Treat)



Operational efficiencies

SWASFT May 2016 Planned Rosters (with equal staff hours)

CCG/Statistic	Mean				
	Cat1	Cat1T	Cat2 (R/T)	Cat3 (R/T)	Cat4 (R/T)
NHS Somerset CCG	0:07:29	0:12:51	1:05:23	2:05:04	2:53:15

SWASFT Implemented ORH Recommended Rosters

CCG/Statistic	Mean				
	Cat1	Cat1T	Cat2 (R/T)	Cat3 (R/T)	Cat4 (R/T)
NHS Somerset CCG	0:07:10	0:12:39	0:31:47	1:06:15	1:35:47
Standard	0:07:00	0:19:00	0:18:00	0:40:00	1:30:00



Somerset CCG Activity

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015.16	7,037	7,314	7,295	7,131	7,182	6,921	7,229	7,049	7,602	7,419	6,821	7,770
2016.17	6,921	7,295	7,056	7,690	7,296	7,186	7,339	7,276	8,020	7,665	6,402	6,869
2017.18	6,817	7,071	7,334	7,424	7,410	7,351	7,483	7,471	8,649	8,132	7,275	8,105
2018.19	7,475	7,707	7,550	7,777	7,602	7,287	7,482	7,541	7,884	7,980	7,324	
Variance 2018.19 - 2017.18	658	636	216	353	192	-64	-1	70	-765	-152	49	
% Variance 2018.19 - 2017.18	9.65%	8.99%	2.95%	4.75%	2.59%	-0.87%	-0.01%	0.94%	-8.84%	-1.87%	0.67%	



Source of incidents

2017.18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Public (999)	65.06%	67.30%	68.16%	67.82%	67.65%	67.02%	66.00%	64.65%	64.35%	62.96%	64.76%	66.66%
Healthcare Professional (HCP)	14.92%	14.59%	14.33%	12.49%	14.28%	13.98%	13.62%	14.05%	12.71%	14.61%	14.64%	13.19%
NHS 111 Service	20.02%	18.10%	17.51%	19.69%	18.07%	18.99%	20.38%	21.30%	22.94%	22.43%	20.60%	20.15%

2018.19

1 1 1 1 1 1 1 1 1 1 1 1 #N/A

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Public (999)	66.0%	66.4%	67.9%	69.5%	68.9%	68.8%	65.6%	64.8%	67.3%	66.6%	67.6%	
Healthcare Professional (HCP)	13.3%	13.0%	12.8%	12.3%	13.7%	13.6%	14.7%	14.8%	15.0%	17.0%	15.3%	
NHS 111 Service	20.7%	20.6%	19.3%	18.2%	17.4%	17.6%	19.6%	20.3%	17.6%	16.4%	17.1%	



Outcome of incidents

2017.18

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
%												
Hear & Treat	9.56%	9.39%	11.06%	9.19%	9.91%	9.97%	9.21%	8.27%	11.63%	8.62%	10.47%	11.65%
See & Treat	32.17%	32.63%	33.09%	34.90%	33.31%	33.10%	32.69%	33.11%	33.98%	33.69%	32.23%	32.75%
See & Convey Non ED	6.62%	6.58%	6.49%	5.66%	6.21%	6.03%	6.01%	5.81%	5.03%	5.41%	5.58%	5.03%
See & Convey ED	51.65%	51.41%	49.36%	50.26%	50.58%	50.90%	52.09%	52.80%	49.36%	52.27%	51.71%	50.57%

Total 17.18	YTD 17.18
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9.94%	9.77%
33.16%	33.20%
5.84%	5.92%
51.06%	51.11%

2018.19

	4391	4460	4294	4337	4362	4246	4369	4482	4615	4695	4195	#N/A
%												
Hear & Treat	10.5%	11.0%	10.1%	12.0%	11.5%	11.7%	11.0%	10.8%	10.7%	10.8%	11.9%	
See & Treat	30.7%	31.2%	33.0%	32.2%	31.1%	30.1%	30.6%	29.7%	30.8%	30.4%	30.8%	
See & Convey Non ED	5.3%	4.9%	4.8%	4.4%	5.2%	4.6%	4.7%	5.1%	4.3%	5.1%	3.8%	
See & Convey ED	53.5%	53.0%	52.1%	51.4%	52.2%	53.7%	53.7%	54.4%	54.3%	53.8%	53.5%	

11.08%
30.98%
4.72%
53.23%

Right Care, Right Place, Right Time

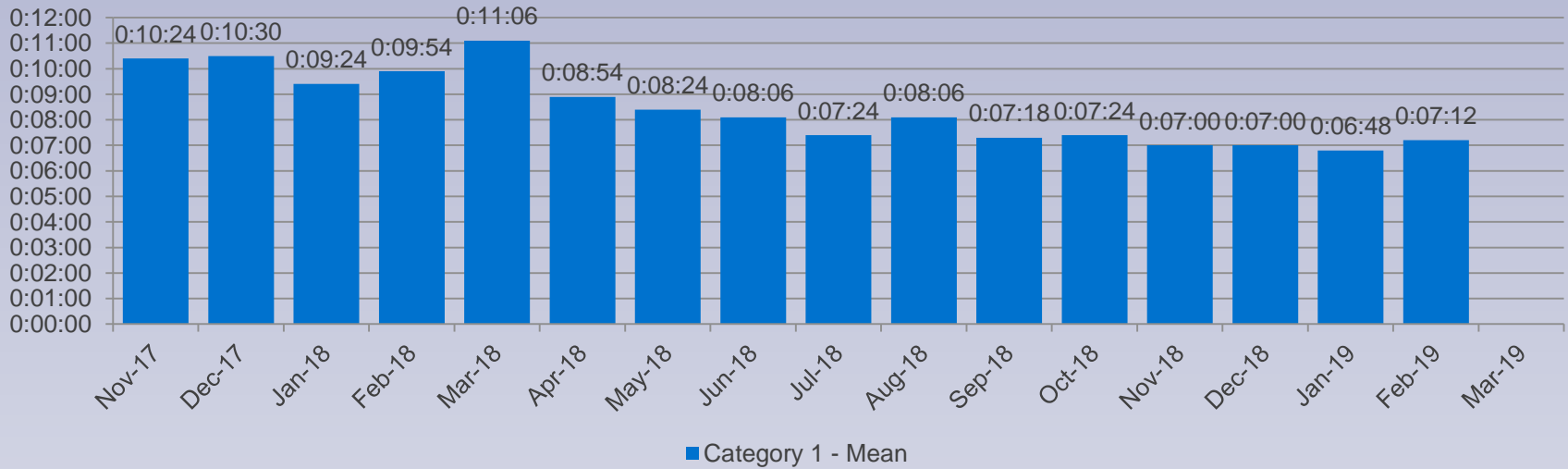
% of incidents resolved without a conveyance to an Emergency Department - resolved through Hear & Treat, See & Treat and See & Convey Non ED

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017.18	48.3%	48.6%	50.6%	49.7%	49.4%	49.1%	47.9%	47.2%	50.6%	47.7%	48.3%	49.4%
2018.19	46.5%	47.0%	47.9%	48.6%	47.8%	46.3%	46.3%	45.6%	45.7%	46.2%	46.5%	
Variance	-1.8%	-1.6%	-2.8%	-1.1%	-1.6%	-2.8%	-1.6%	-1.6%	-4.9%	-1.5%	-1.7%	

YTD
48.9%
46.8%
-2.2%

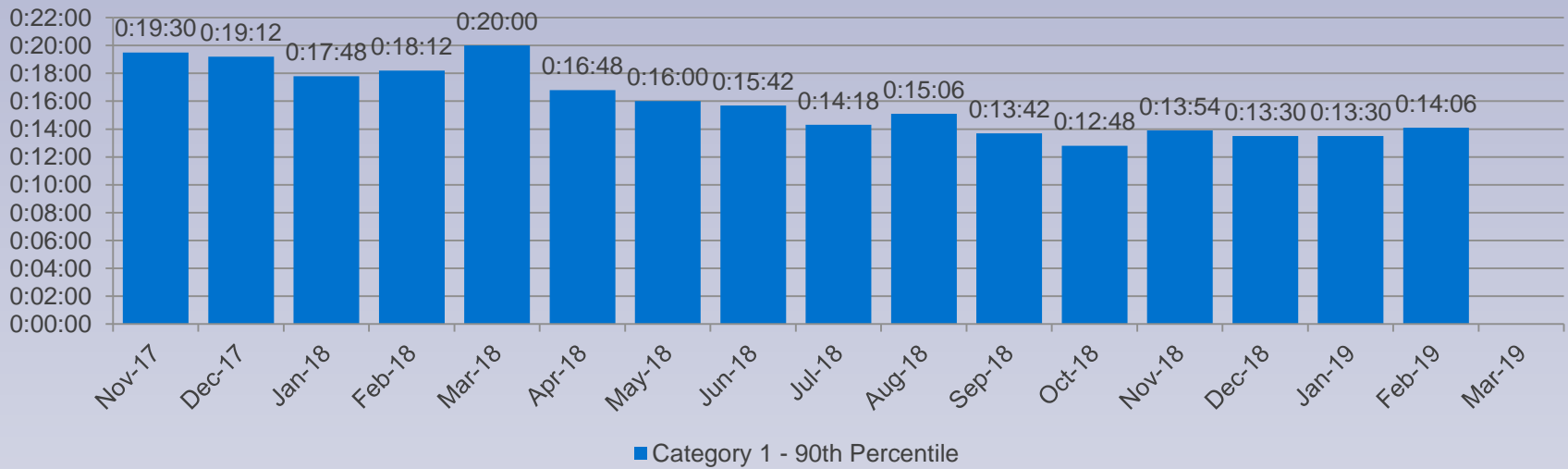


Category 1 Incident Mean Response Times



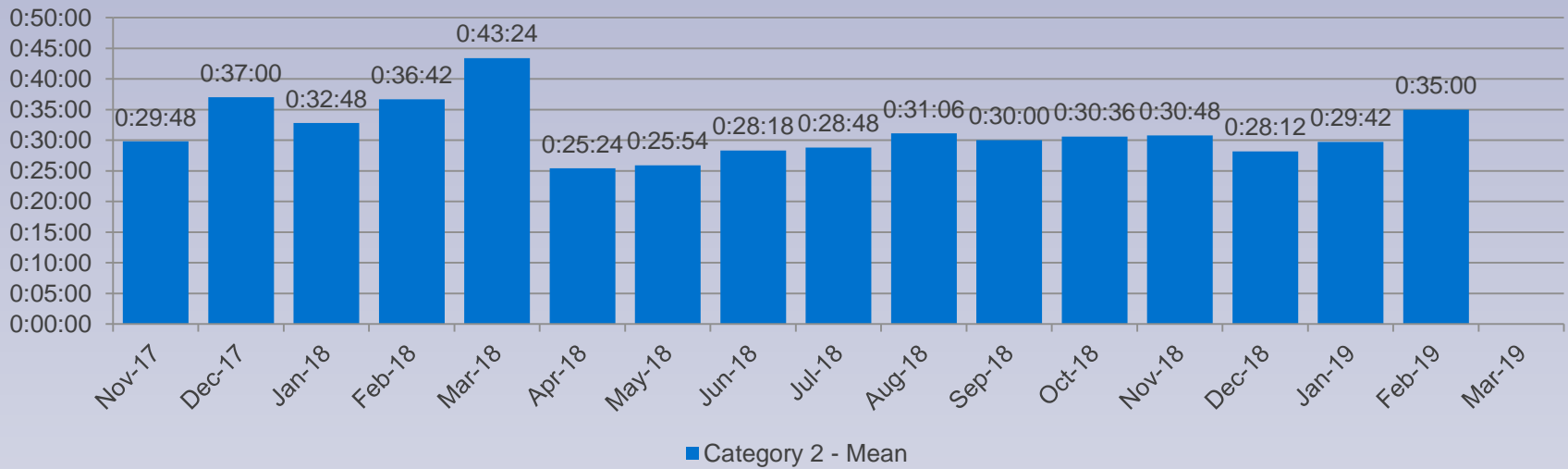


Category 1 Incident 90th centile Response Times



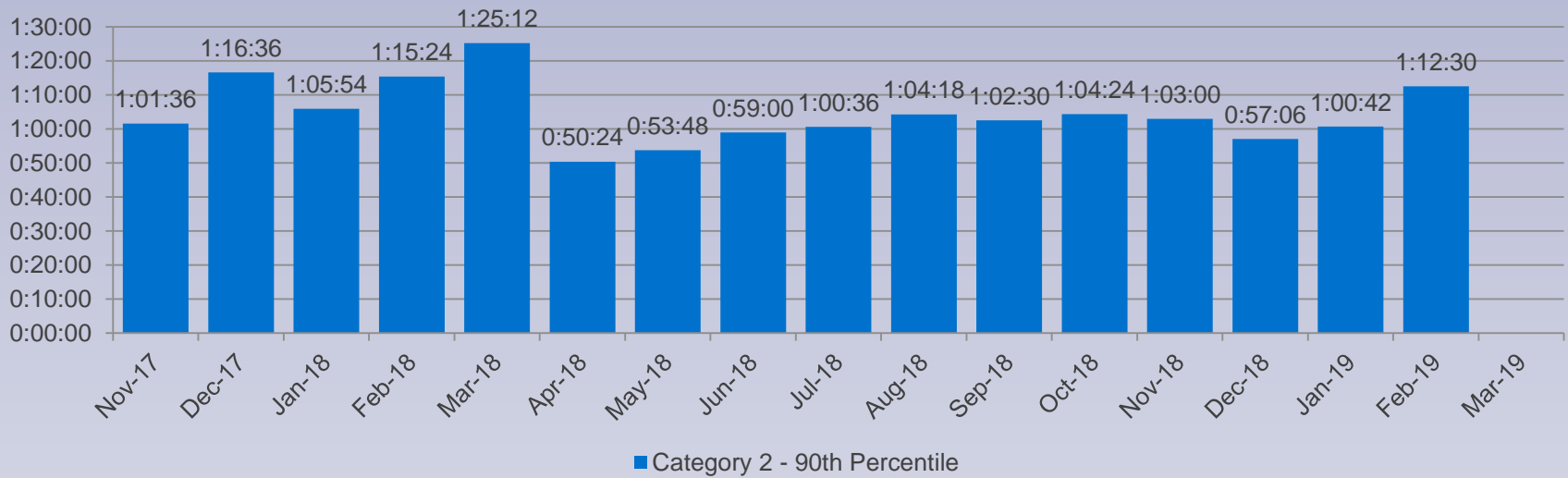


Category 2 Incident Mean Response Times



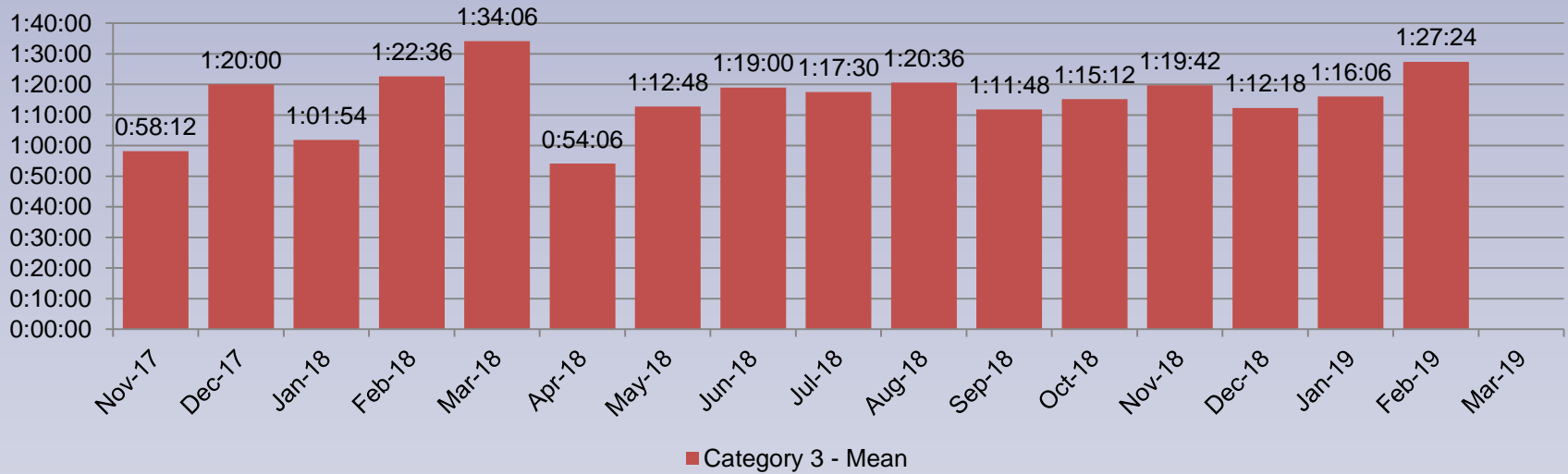


Category 2 Incident 90th centile Response Times



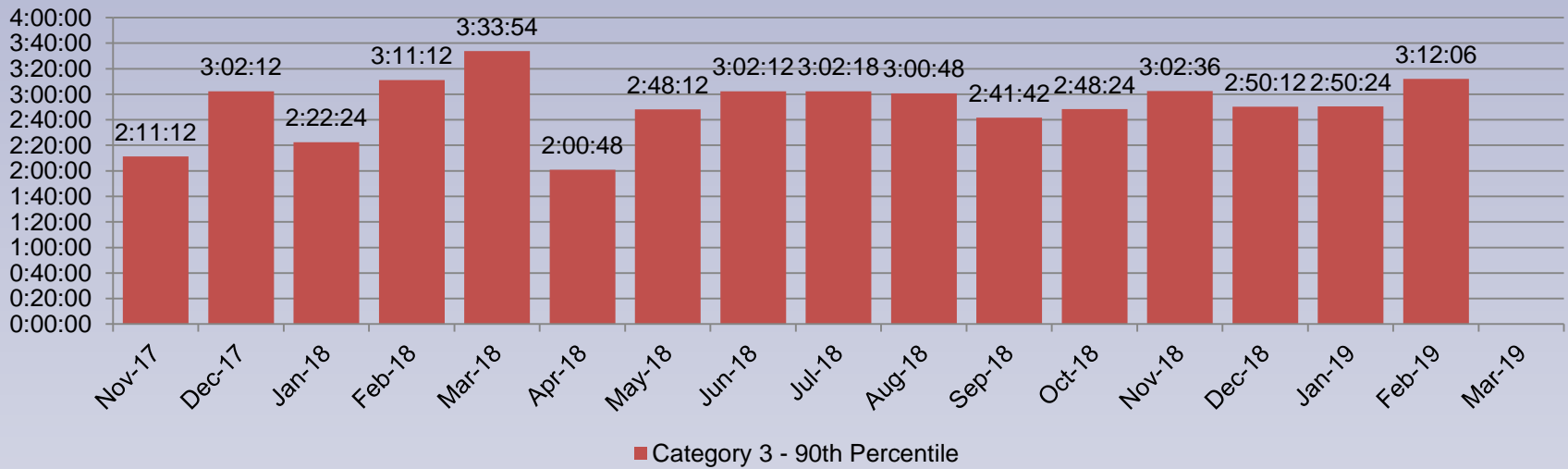


Category 3 Incident Mean Response Times



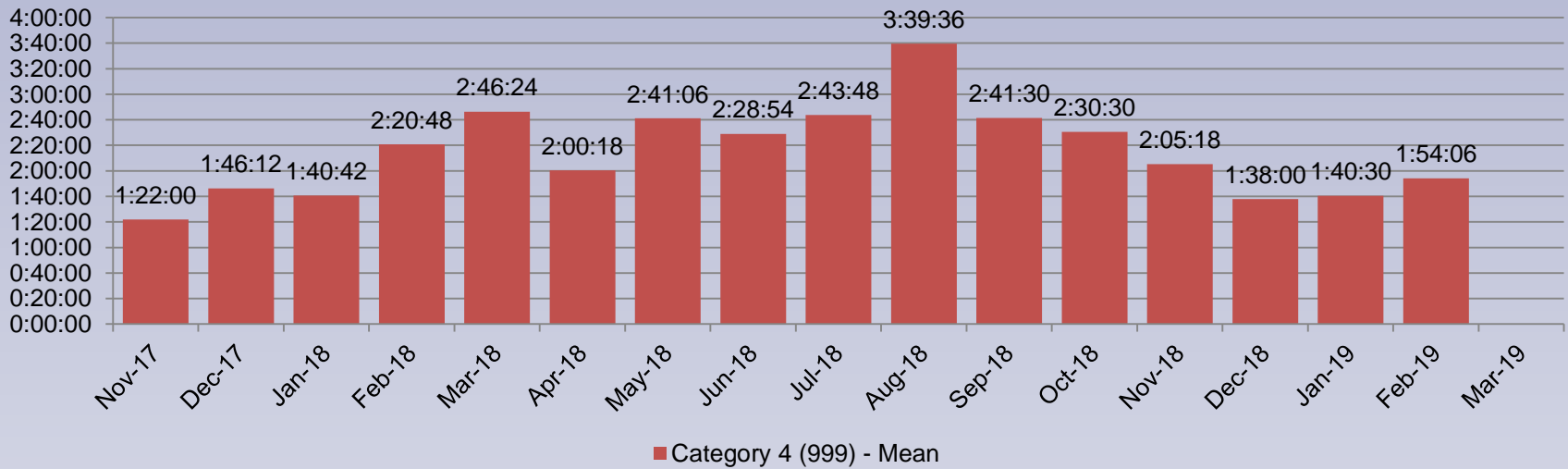


Category 3 Incident 90th centile Response Times





Category 4 (999) Incident Mean Response Times





• Incident waiting stack

- At any given time, the number of operational resources available will be less than the volume of calls from patients requiring a response;
- This results in a “waiting stack” of patient requests for help that require allocation to an ambulance;
- The stack contains:
 - Patient requests for help that have been triaged and allocated a category (1 to 4), but are waiting to be allocated a resource, or to be reviewed by a Clinical Hub Clinician.
 - Incidents received from any route (including calls from HCPs);
 - Incidents which are both within and breaching nationally recommended response times.



STP Action Plan

- NHS111
- High Intensity Users
- HCP Calls & Lower Acuity
- Frailty and Alternative Pathways
- Mental Health
- Handover Delays

SWASFT 241 Plan



Aims and Principles

- Improve Trust-wide ARP performance standards;
- Provides a realistic and affordable plan;
- Contains three key elements:
 - People;
 - Fleet;
 - Funding.

Key Risks

- Delivery of pace of change required by NHSE/I;
- Scale of recruitment;
- Assumption of flat activity growth through delivery of STP Demand Management Plans;
- Delay in delivery of the fleet or equipment.

People

- Investment from Commissioners WEF 1 April 2019;
- 241 WTE additional staff recruited and trained over 2 years;
- Locations subject to external modelling.

Fleet

- £6.72m from HM Treasury - STP Capital Funding;
- 63 Converted Fiat Ducato Vans added to the Trust's fleet.

Funding

- Planning guidance for 2018/19 recommended **2.3%** investment for ambulance trusts
- £12m investment over 2 years
- All CCGs have approved the recurrent investment.



Key changes and local initiatives

- County based Operational Management structure
- GP 999 car
- Reduction in staff turnover
- Recruitment of additional Operational Staff including Graduate Paramedics
- Recruitment of additional Community First Responders
- Joint working on High Intensity Users and Hospital Handover Plans



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Questions?