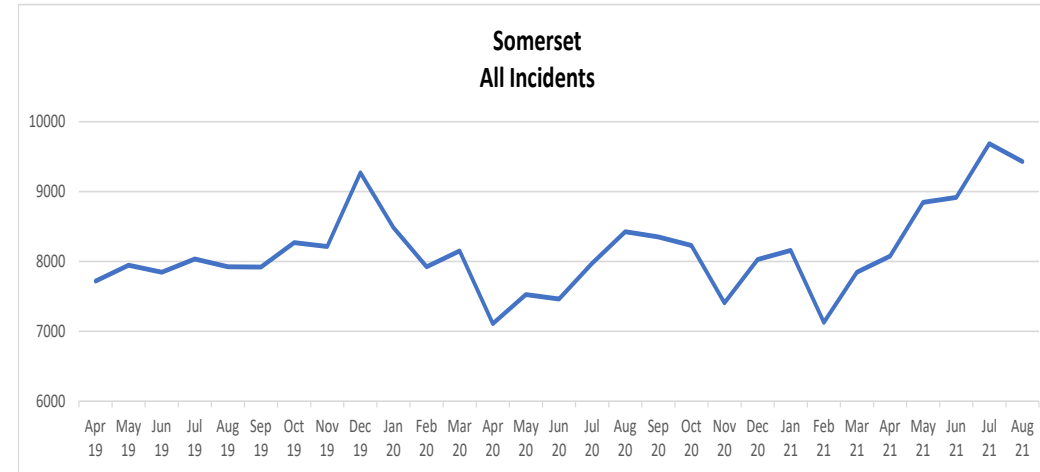
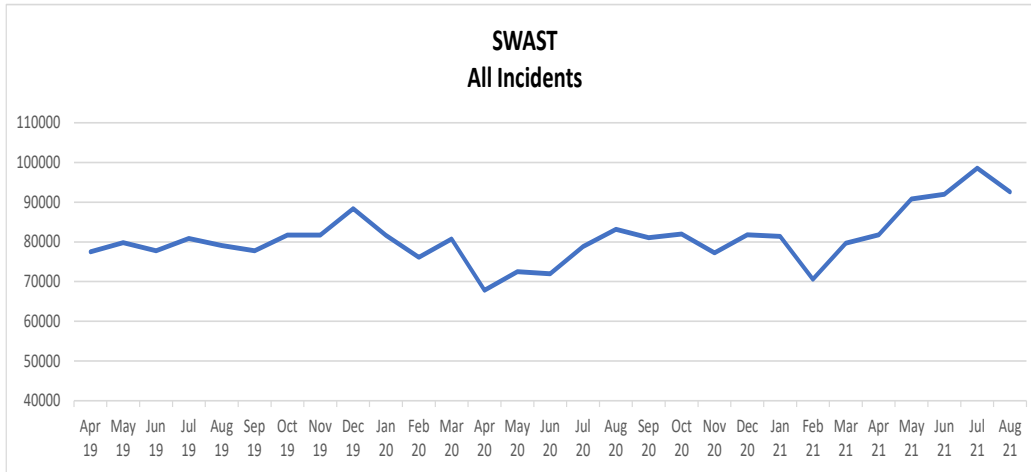


Overview & Scrutiny Committee

Ambulance Performance

3rd November 2021

Ambulance Demand All Call Categories



- Over the summer into the early autumn period the ambulance service and the Somerset System have been in a high level of escalation due to the unprecedented levels of urgent care demand, resulting in an increase across all urgent care pathways
- During financial year 2021/22 ambulance activity across the South West (and Somerset) has continued to increase since the easing of lockdown measures in May 2021, and in August the level of activity was significantly higher than historic levels (with some weeks seeing increased demand >30% when compared to the previous 2 years)
- Since the easing of the lockdown restrictions we have seen a higher proportion of lower acuity calls which could be as a result of other system pressures and a change in how people may be accessing healthcare across the county
- When comparing the cumulative period April 2021 to August 2021 ambulance activity across Somerset has increased by 13.9% when compared to the same period in 2019 and across all SWAST's geographical areas has increased by 15.4%
- The national Ambulance Quality Indicators report upon the call answer times; in August across all SWAST commissioners the mean duration of call to answer was 31 seconds in comparison to 26 seconds nationally and the 99th percentile for SWAST's call to answer was 252 seconds compared to 240 seconds nationally

Category 1 Ambulance Calls



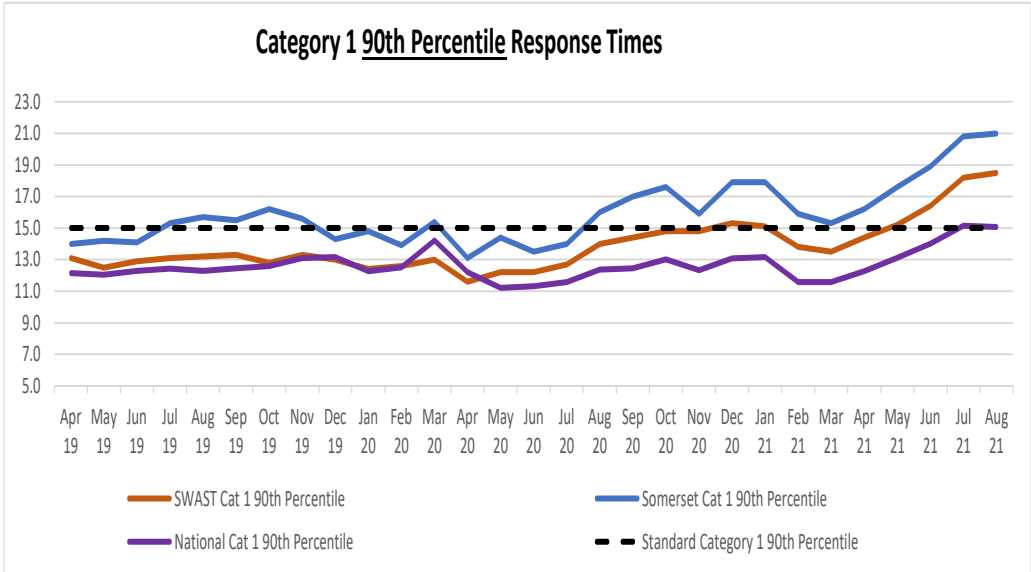
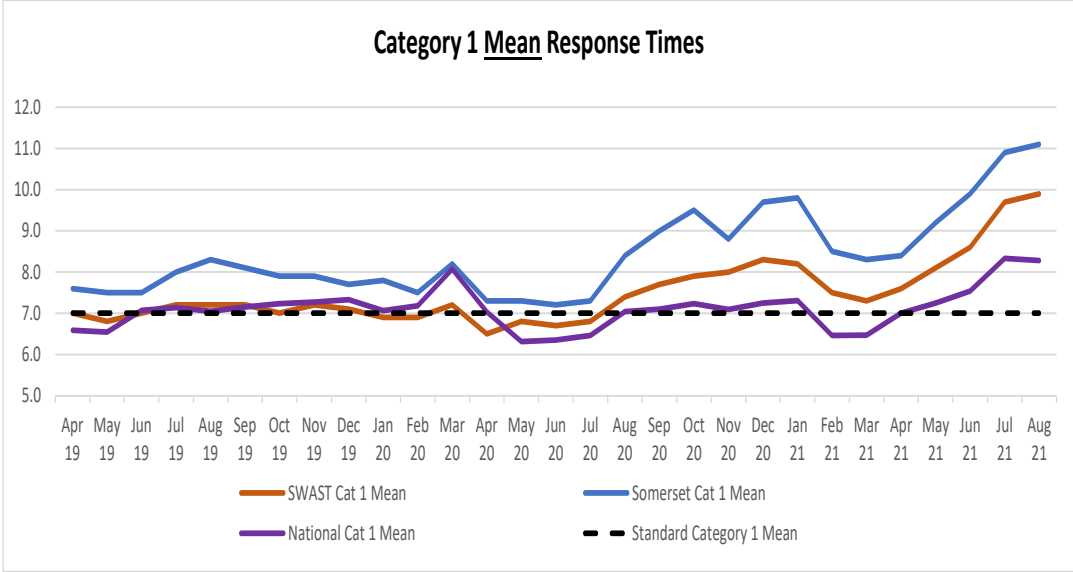
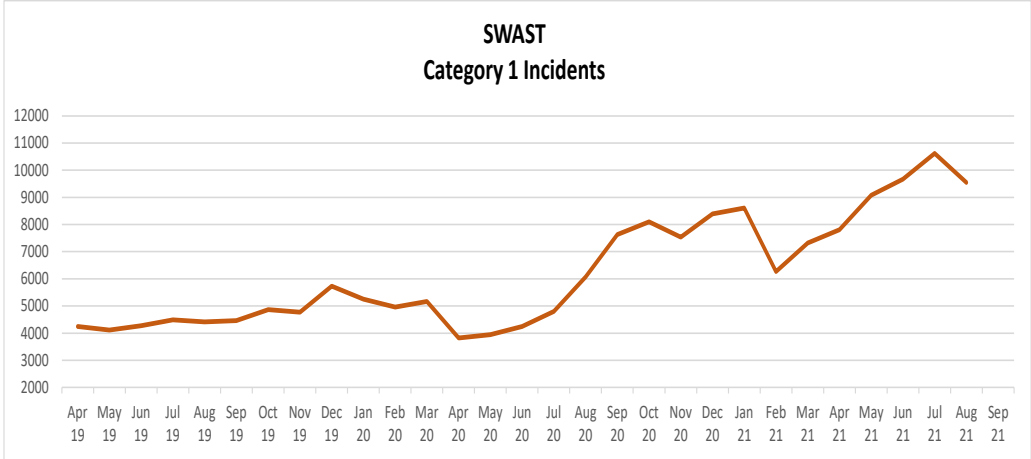
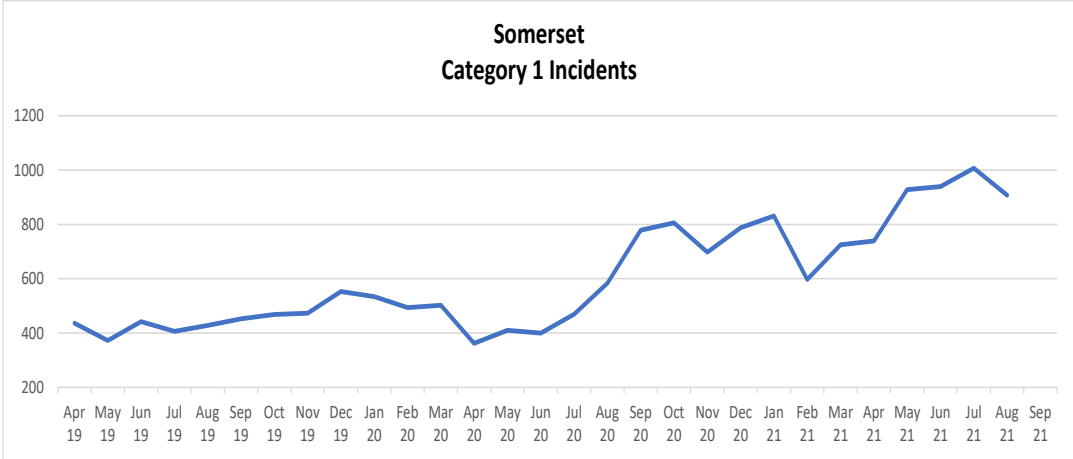
Somerset
Clinical Commissioning Group

- Category 1 Ambulance Calls are those that are classified as life-threatening and needing immediate intervention and/or resuscitation (e.g. cardiac or respiratory arrest) and the national standard sets out that all Ambulance Trusts must respond to Category 1 calls within 7 minutes on average, and respond to 90% of Category 1 calls within 15 minutes
- Category 1 response times have declined during the cumulative period April 2021 to August 2021 as a consequence of the increased activity levels; this increase is attributed to both an increase in demand as well as a re-categorisation of incidents from Category 2 to Category 1 during 2020/21. In addition, SWAST also introduced additional guidance to assist in the triage of patients with ineffective breathing. A consequence this has led to a deterioration in the time it is taking to hand over patients to the care of the Emergency Department or Ward and thus impacting upon ambulance resource availability
- During August 2021 Category 1 performance was:
 - Somerset: 9.6 minutes against the 7 minute Mean standard, 21.0 minutes against the 15 minute 90th Percentile standard
 - SWAST: 11.1 minutes against the 7 minute Mean standard, 18.32 minutes against the 15 minute 90th Percentile standard
 - National: 8.3 minutes against the 7 minute Mean standard, 15.06 minutes against the 15 minute 90th Percentile standard
- Whilst a high proportion of Category 1 demand in Somerset is from the general public an increase in calls has also been seen from Care Homes, NHS111 and Health Care Professionals
- During the cumulative period April 2021 to August 2021 52.6% of Category 1 incidents were conveyed to an Emergency Department, 6.6% to a non Emergency Department destination with the remainder not conveyed to hospital

Category 1 Ambulance Calls



Somerset
Clinical Commissioning Group



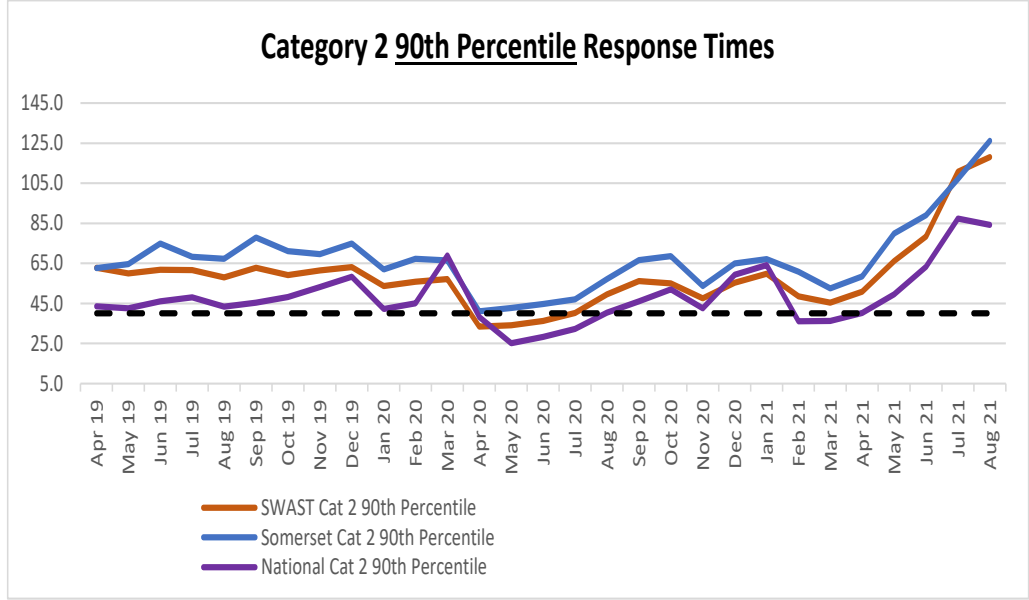
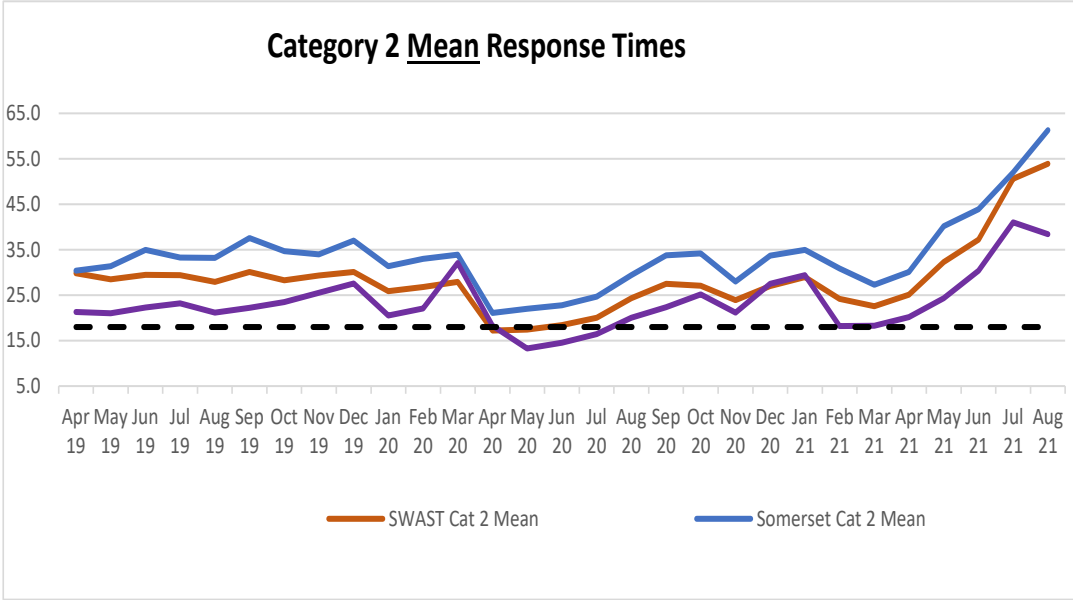
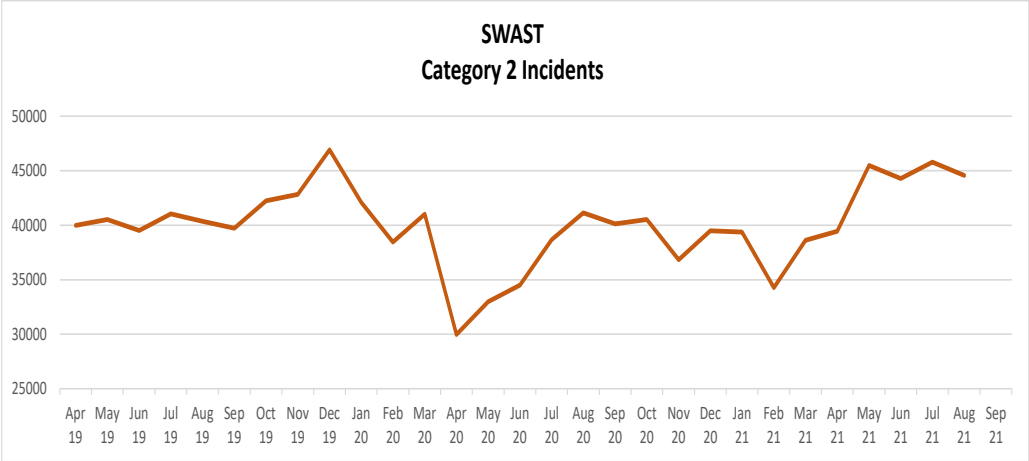
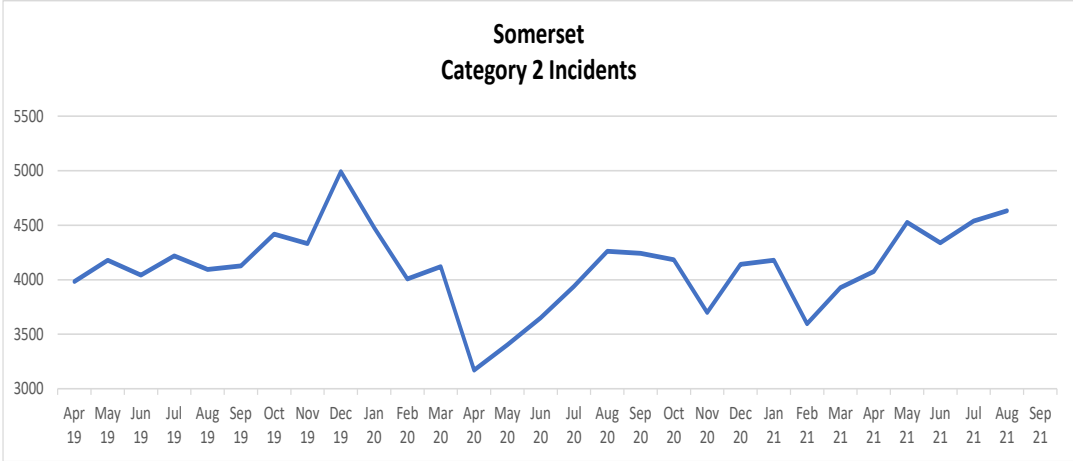
Category 2 Ambulance Calls

- Category 2 Ambulance Calls are those that are classified as an emergency for a potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport (eg a person may have had a heart attack or stroke, or be suffering from sepsis or major burns). The national standard sets out that all Ambulance Trusts must respond to Category 2 calls within 18 minutes on average, and respond to 90% of Category 2 calls within 40 minutes
- Category 2 response times have also deteriorated during the cumulative period April 2021 to August 2021 as a consequence of the increased activity levels and during August 2021 Category 2 performance was:
 - Somerset: 61.3 minutes against the 18 minute Mean standard, 126.2 minutes against the 40 minute 90th Percentile standard
 - SWAST: 53.9 minutes against the 18 minute Mean standard, 118.1 minutes against the 40 minute 90th Percentile standard
 - National: 38.4 minutes against the 18 minute Mean standard, 84.2 minutes against the 40 minute 90th Percentile standard
- The majority of the Category 2 demand in Somerset is from the general public and via NHS111 and during the cumulative period April 2021 to August 2021 54% of Category 2 incidents were conveyed to an Emergency Department, 4.6% to a non Emergency Department destination with the remainder not conveyed to hospital

Category 2 Ambulance Calls



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Call Outcomes



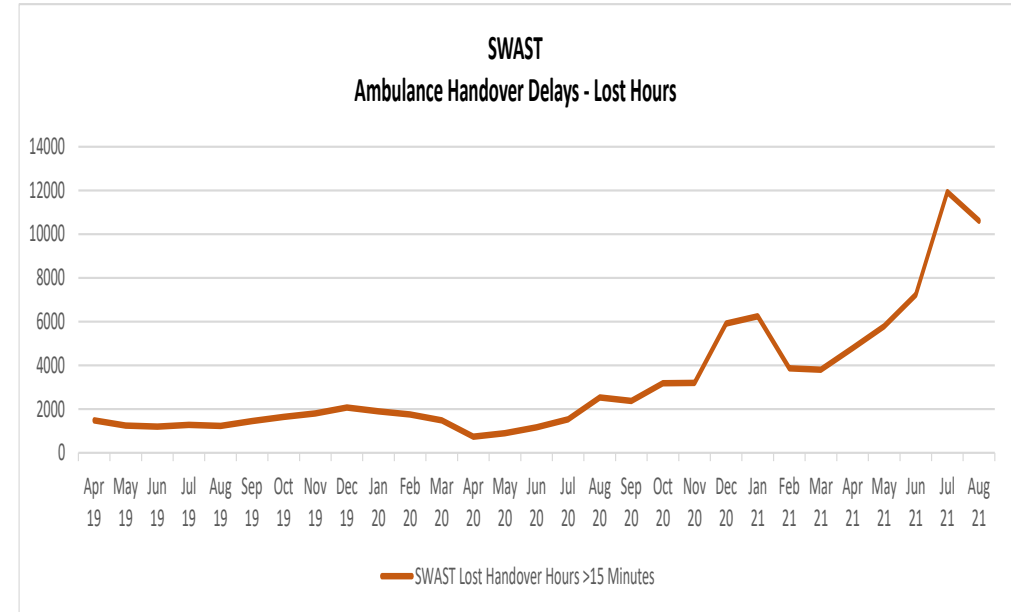
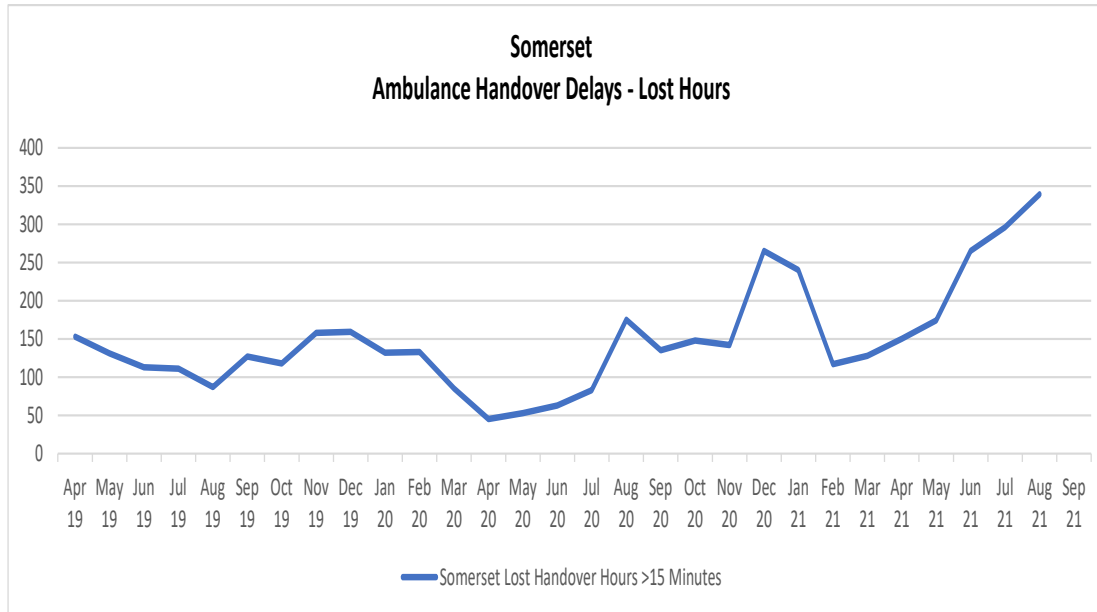
Somerset	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Apr 21	May 21	Jun 21	Jul 21	Aug 21
All Incidents	7720	7949	7849	8037	7926	8076	8846	8918	9686	9432
Hear & Treat	850	875	1020	1002	1047	960	1281	1548	2320	2303
See & Treat	2404	2508	2393	2528	2497	2706	2914	2894	3005	2837
See & Convey	4466	4566	4436	4507	4382	4410	4651	4476	4361	4292
Hear & Treat	11.0%	11.0%	13.0%	12.5%	13.2%	11.9%	14.5%	17.4%	24.0%	24.4%
See & Treat	31.1%	31.6%	30.5%	31.5%	31.5%	33.5%	32.9%	32.5%	31.0%	30.1%
See & Convey	57.8%	57.4%	56.5%	56.1%	55.3%	54.6%	52.6%	50.2%	45.0%	45.5%

- Overall the volume of calls to the Ambulance Service have increased by 13.9% when comparing April 2021 to August 2021 to the same period in 2019, and the call outcome with the greatest level of growth is hear and treat:
 - Calls ending without an ambulance dispatch and an outcome of Hear and Treat have increased by 75.5%
 - Calls ending with an ambulance dispatch but with an outcome of See and Treat have increased by 16.4%
 - Calls ending with an ambulance dispatch and with an outcome of See and Convey have marginally reduced by -0.6%
- To manage the high volumes of calls SWAST have significantly invested in the 2 clinical hubs and redeployed a number of senior clinicians including Specialist Paramedics and GPs to support remote triage resulting in the improvement in Hear & Treat rates and thus avoiding an ambulance to be dispatched
- It is our priority for patients to remain in their own home where at all possible and examples include:
 - Working with care homes to support residents with a deterioration in their health condition through use of NEWS scoring system. This helps to determine the urgency of medical review by their GP practice
 - Use of pulse oximeters for care home residents with Covid
 - Developing a scheme to review patients who have had a fall and subject to assessment, decide on those patients who need further investigation and/or possible admission
 - Supporting residential and care home staff with training and education programmes aimed at falls prevention

Ambulance Handover Delays

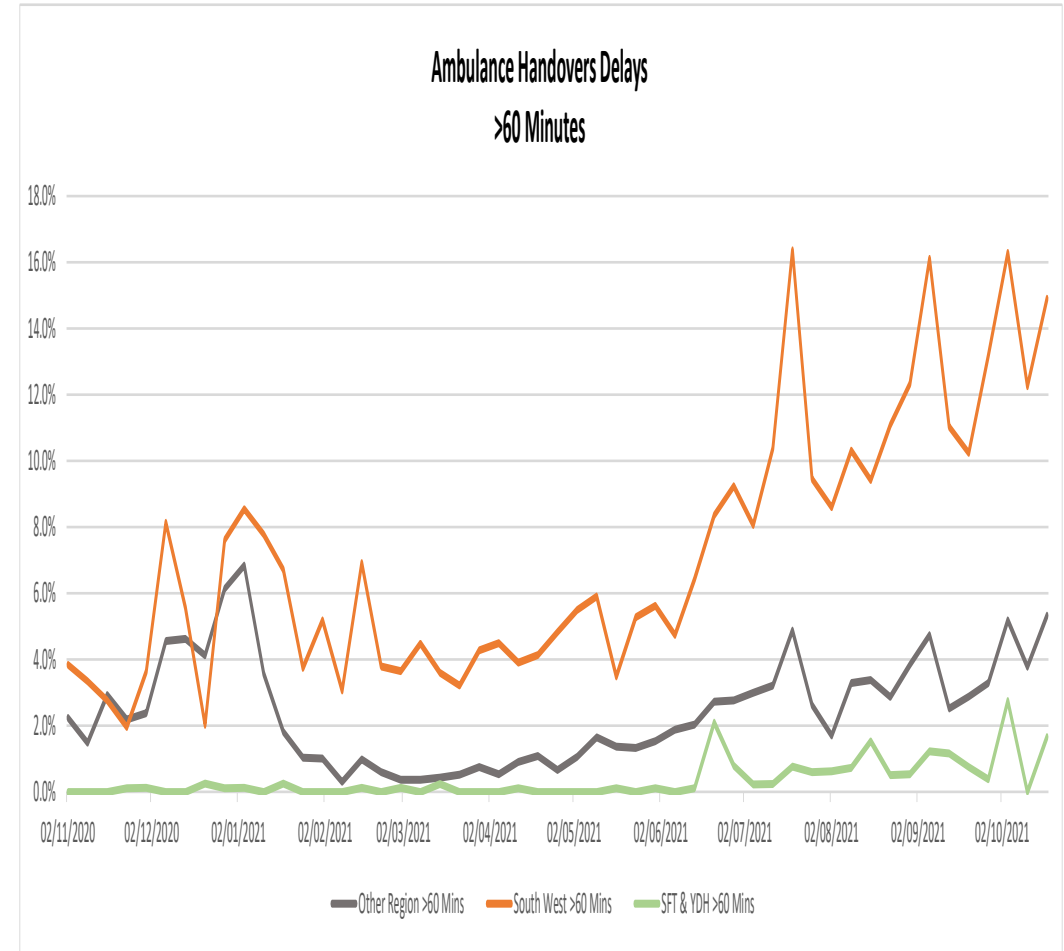
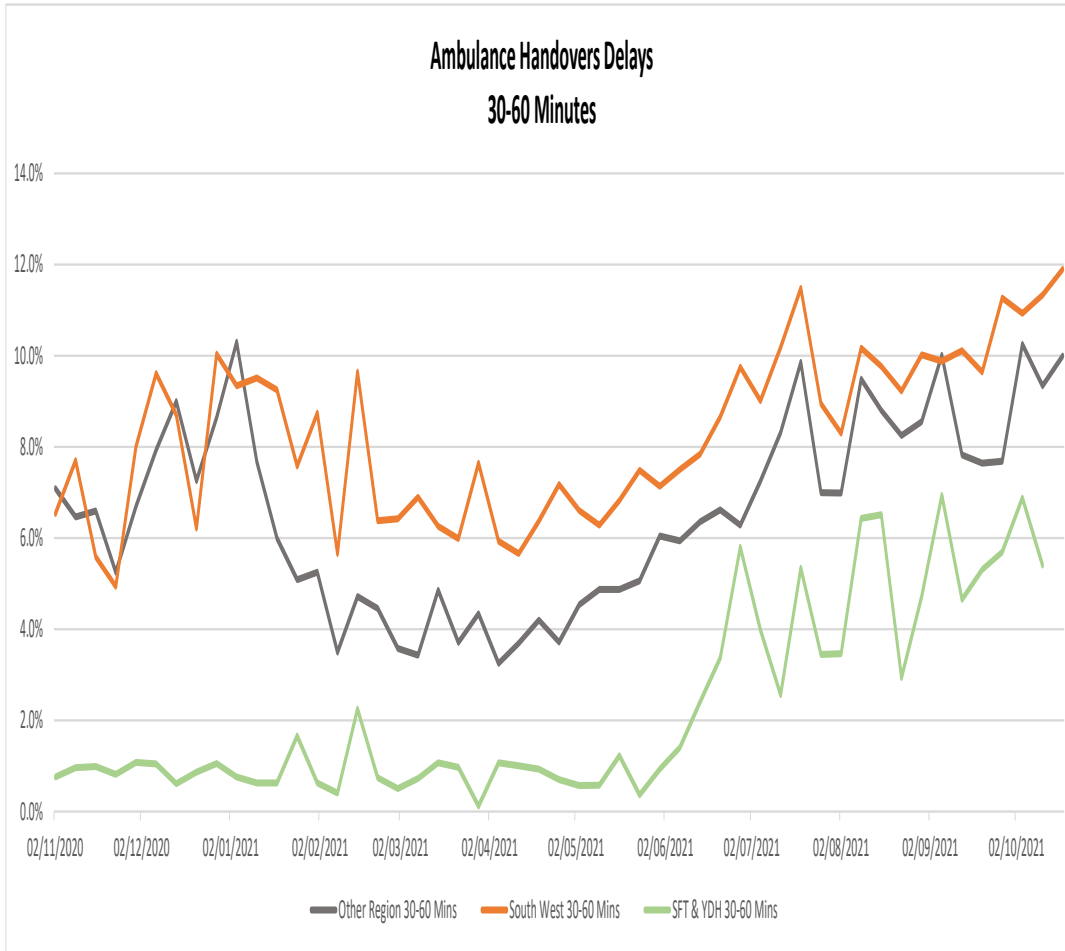


Somerset
Clinical Commissioning Group



- The tables above show the number of lost hours where an ambulance was delayed at an Acute Hospital in Somerset for greater than 15 minutes
- Somerset’s Emergency Departments have the least number of ambulance handover delays when compared to SWAST’s other commissioners
 - In August SWAST had a total of 10,610 lost ambulance hours which equates to 176.8 days
 - In August Somerset had a total of 412 lost ambulance hours which equates to 6.9 days
- The increase in ambulance handover delays from April in Somerset follows an identical similar pattern to the increase in ambulance arrivals to A&E
- SWAST is working with Acute Trusts in tackling ambulance handover delays; this is a system priority in order to reduce risk of harm to patients both in the community and delayed at hospital. Onsite hospital ambulance and liaison officers (HALO) deployed to manage the hospital – ambulance interface , coordinating and expediting speedy handovers
- In addition, a pilot is taking place at the Bristol Royal Infirmary and Treliske Hospital to immediately hand over a patient and release ambulance crews at such times when a hospital is in escalation. This will allow nearby ambulance resources to be deployed and respond to a Category 1 call

Ambulance Handover Delays



- The tables above show the proportion patients who arrived by ambulance who were handed over to the care of the hospital within 30-60 minutes and those greater than 60 minutes
- The time series reports the weekly volume of ambulance handover delays from November 2020 to October 2021 and shows the position for SWAST (and Somerset FT and Yeovil FT) compared to one other Ambulance provider

Mitigations

Clinical Validation & NHS 111 First

- Programmes have been implemented in order to reduce the level of unscheduled care by minimising avoidable ambulance call outs and attendances at Emergency Departments
- The national Think 111 First campaign went live on 1 December 2020 to promote the use of NHS 111 (both telephony and online) thus ensuring that patients are directed to the most appropriate service for their needs. To support this programme Somerset Integrated Urgent Care Service (IUCS) introduced a 'clinical validation programme' with Devon Doctors and Practice Plus Group focused on reducing the number of low acuity 999 conveyances and Emergency Department walk-in's in order to free up ambulance resource and to reduce Emergency Department minor attendances where treatment could be delivered elsewhere. This service went live in November 2020 and the summary below shows the performance over the past 3 months:

Month	Call Outcome	Calls to 999 Service with Outcome of Ambulance Dispatch (Low Acuity) or Attend ED	Validation Rate	Upgraded Rate	Same Outcome	Downgrade (re-direct rate)	Final Disposition of an Ambulance Dispatch or patient to Attend A&E
Aug-21	999 Low Acuity Ambulance Calls	661	100%	0%	3.33%	96.67%	22
	Calls with outcome of Attend ED	509	100%	0%	17.29%	82.31%	90
Sep-21	999 Low Acuity Ambulance Calls	696	100%	0%	5.75%	94.25%	40
	Calls with outcome of Attend ED	550	100%	1%	13.45%	84.55%	85

- This scheme has resulted in Somerset having the highest levels of validation and highest percentage of re-direction across the Region
 - Ambulance (Low Acuity Cat 3/Cat 4 calls): re-direction rate of 96.7% in August and 94.3% in September
 - Emergency Department: re-direction rate of 82.3% in August and 84.6% in September
- The High Intensity Users Scheme is in place and is taking referrals from the Emergency Department; the Team are working with clients in the community who engage frequently with urgent & emergency services to understand attendance behaviours.
- There is focus on supporting referrals into Same Day Emergency Care (SDEC) in order to reduce overnight stays in the hospital, which will improve hospital flow

SWAST Recovery Actions

- To manage the high volumes of calls SWAST have significantly invested in the 2 clinical hubs and redeployed a number of senior clinicians including Specialist Paramedics and GPs to support remote triage which has resulted in the Hear & Treat rates increasing from 10% to 30% on most days (thus avoiding an ambulance to be dispatched)
- Secured additional resource to support the normal resourcing levels with an average of 5-6 additional crews each day
- Extended the agreement with Devon & Somerset Fire & Rescue Service whereby a number of Co Responder fire fighter colleagues are working alongside the lead clinicians as drivers
- Increased the overall operational resourcing levels within the county and based on 2019 figures equating to an additional 1000 hours of conveying ambulance resources each week and during the extreme pressures over the past 3 weeks have further extended this
- SWAST is working with Acute Trusts in tackling ambulance handover delays; this is a system priority in order to reduce risk of harm to patients both in the community and delayed at hospital
- Ensuring that the Patient Transport Service is being most effectively deployed to support Urgent and Emergency Care and elective recovery
- Accepting ambulance transfers rapidly (including to SDEC and specialities) in order to improve bed flow
- Ensuring the Directory of Services is fully updated in each area to ensure correct onwards patient care/referral to speciality