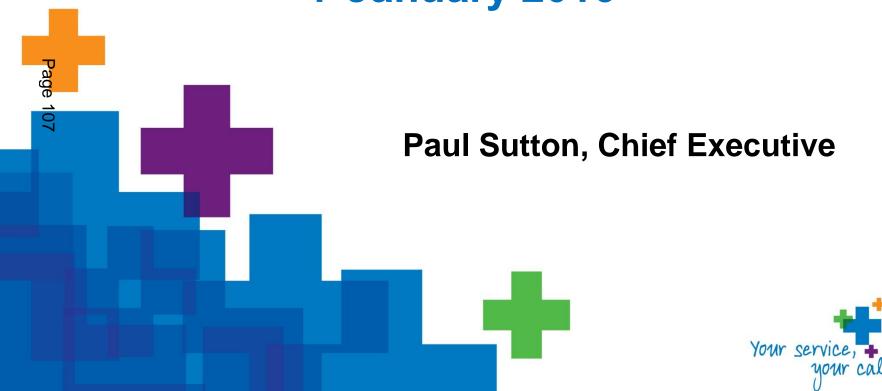


Surrey Health Scrutiny Board

7 January 2016





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Agenda

- Re-triage process
- ♣ Performance up-date & challenges:
 - **+** 999
 - PTS
 - NHS 111
- Preparing for winter
- Performance reporting defibrillators
- Key developments

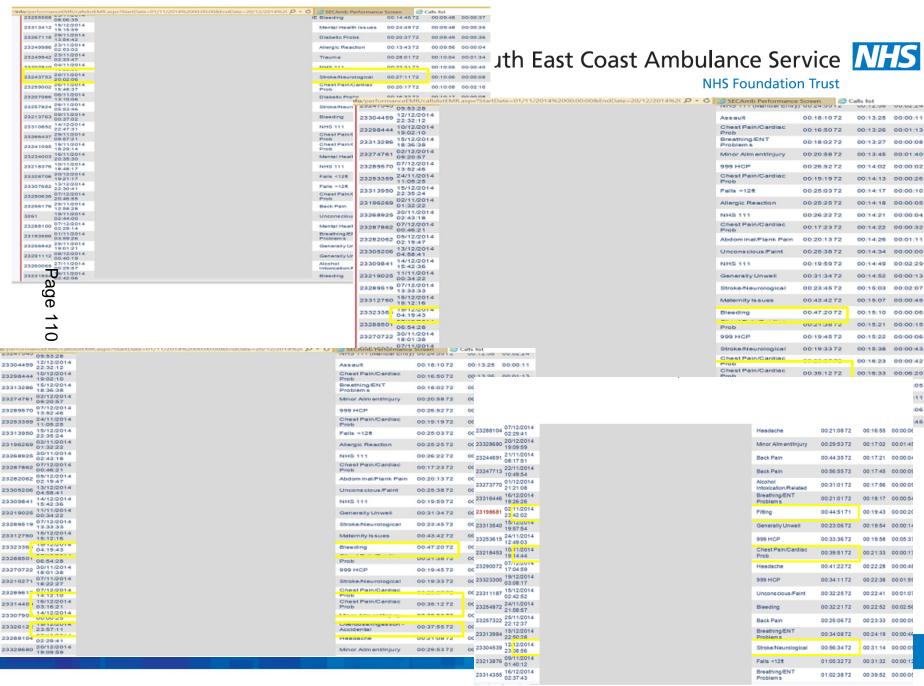




Re-triage process

- ♣ Introduced during Winter 2014/15
- Background of significant system pressures & real risks to patient care
- Process saw clinicians taking up to an extra ten minutes to 're-triage' calls that had come across from 111 to 999 as requiring an emergency response, during a period when we simply did not have sufficient resources available to respond to the demand.
 - ♣ It allowed the clinicians to spot immediately life-threatened patients (Red 1s) amongst these, who needed a very quick response, as well as those calls that could wait a little longer for a response.







South East Coast Ambulance Service MHS



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Headache
Minor Allment/Injury
Back Pain
Back Pain
Alcohol Intoxication/Related
Breathing/ENT Problems
Fitting
Generally Unwell
999 HCP
Chest Pain/Cardiac Prob
Headache
999 HCP
Unconscious/Faint
Bleeding
Back Pain
Breathing/ENT Problems
Stroke/Neurological
Falls <12t
Breathing/ENT Problems





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Review process

- Reviews undertaken to date have recognised that the pilot was undertaken to ensure that the right response was provided to patients
- During the pilot period, 26,000 calls were transferred from the 111 service to 999
- As part of the review:
 - 899 incidents were reviewed
 - 25 incidents were identified, that were linked to the Red 3 process in some way
 - 7 Serious Incidents reported
- No identifiable patient harm attributable to the pilot has been identified to date
- But reviews have also revealed that the pilot was not well implemented and we did not use our own internal governance processes properly to manage it = serious findings.



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Review process – contd./

- Action plan in place & reviewed with CCGs via contractual route
- Process with Monitor underway, includes:
 - Forensic Review to be undertaken by Deloittes during November & December 2014, looking to establish the 'how, why, who & when' facts
 - Patient Impact Review to be led by SECAmb Medical Director, Dr Rory McCrea and supported by Dr Andy Carson from WMAS. This has already commenced, with a likely timescale of four to six months, due to report in April 2016.
 - **Governance Review** a wide-ranging review, covering all aspects of the Trust's governance arrangements. This will be shaped by the outcome of the Forensic Review and therefore will not start until the end of January/February 2016. It is likely to take circa three months to complete.





South East Coast Ambulance Service Miss **NHS Foundation Trust**



999 Performance

- Current performance challenges around achieving Red 1, Red 2 and A19 targets
 - Red 1 75% in 8 mins 73.5% at 30.11.15
 - Red 2 75% in 8 mins 73.8% at 30.11.15
 - Red calls 95% in 19 mins 94.9% at 30.11.15

Performance remedial plan agreed with commissioners:

- Focus on call answer time aim to get to 95% within 5 seconds by year end
- Focus on improving allocation of resources forecasting, operational hubs, new management structure
- Transition to Operating Units
- Key risks to patient care & service delivery:
 - Potential of fines would require reduction in resource provision
 - Handover delays
 - Worse than last year, despite lower number of conveyances
 - Requires close scrutiny & audit









999 Performance by CCG level for Surrey- YTD

CCG	Red 1/Total no of calls	Red 2/Total no of calls	A 19
East Surrey	73.1% (234)	71.3% (4,734)	96.6%
Guildford & Waverley □	66.1% (254)	70.4% (4,702)	95.6%
E Hampshire & Farnham	70.1% (291)	71.9% (5,137)	98.0%
ฟิorth West Surrey	74.3% (483)	74.5% (9,262)	98.6%
Surrey Downs	73.5% (370)	69.5% (6,926)	97.4%
Surrey Heath	76.1% (113)	74.7% (2,239)	98.3%





PTS Performance - Surrey

- ★ Transfer of service in Surrey Downs to G4S on 1 October 2015
- Remainder of Surrey being delivered under contract extension using new model with SECAmb providing booking service = early indicators are good
 - Procurement process for new contract has started, with deadline for submission of PQQ met in early December 2015
 - Shortlist announced end of January 2016
 - ITT stage will include more details around the new service specification and contracting format







NHS 111 Performance

- Current YTD performance challenges around call answer times & abandonment rate, especially at weekends
- Performance reviewed through contractual process
 Key internal challenge recruitment/retention of Health Advisors (call handlers)
- ★ Failure of OOH services, especially at weekends = significant risk





South East Coast Ambulance Service **N**



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Preparing for winter

- Detailed action plans developed for 999, PTS & 111
- Key focus period 1 December to 12 January
- 999:
 - Maximise availability of front-line resources on the road & EOC:
 - Managers, Private Providers, CFRs & Co-responders (ESFRS)
 - Reduce leave & other abstractions
 - Offer enhanced overtime for 'hard to fill' shifts
 - ♣ Ensure availability of support services fleet, logistics, operational hubs

 - Includes escalation options regional & national







Preparing for winter – contd./

- NHS 111:
 - Maximise availability of Health Advisors (call-takers) & Clinical Advisors
 - Identification of key 'pinch points'
 - Identification of 'surge' options e.g. front-end message
- PTS plan:
 - As above
 - Complicated by contractual arrangements
- Key risks (across all service areas):
 - System issues:
 - Availability/accessibility of other health & social care services
 - System capacity hospital handover/OOHs



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Performance reporting - defibrillators

- We believe passionately in the widespread availability of Public Access Defibrillators (PADs) across our area
- 476 PADs currently in Surrey & 2,227 across our region as a whole Page 120
 - Defibrillators & national performance reporting the current position:
 - The Association of Ambulance Chief Executives (AACE), the representative body for all English ambulance services, provides guidance on interpretation of Ambulance Quality Indicators (AQIs) to ensure they are applied consistently and correctly by everyone in all ambulance trusts
 - We carefully consider how to define whether a defibrillator is available at an incident location and we have detailed rules governing this





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Performance reporting - defibrillators

- ♣ For Red 1 patients, the 'clock stop' only counts if the defibrillator is actually by the patient's side.
- For Red 2 patients, the clock will only stop if there is someone able to collect the defibrillator and bring it to the patient and that the AED is accessible at the time of the call. Red 2 calls include incidents where there is a chance of cardiac arrest so there is a potential need for a defibrillator but it is not immediately required

 This process was used for approximately 5,000 calls in 2014/15 and should
 - This process was used for approximately 5,000 calls in 2014/15 and should be seen in the context of the more than 850,000 total calls we received (which includes more than 200,000 Red 1 and Red 2 calls)
 - We believe have been compliant with guidance independent review currently underway to ensure
 - Wider discussions underway, locally & nationally, on whether national reporting needs to change in this area



A key role in supporting & delivering system change

- Key enabler = professionalisation of clinical workforce
- Development of integrated Community Paramedic role
 - Chertsey Beacon Operational Unit
 - ◆ 111 contract extension for 18 months







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A key role in supporting & delivering system change

- Working with local acute Trusts:
 - Joint action plan with East Surrey Hospital to address handover delays
 - Member of the '4-hour recovery working group' at ASPH, led by NWS CCG
 - Presented to Frimley system SRG in November 2015 on SECAmb activity and handover position
 - Supporting G&W CCG and RSCH to explore ways to streamline internal processes within A&E
 - Supporting Epsom CADU new initiative and integration of health and acre services



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