



East Sussex HOSC

3 December 2015

Paul Sutton, Chief Executive





Agenda

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





999 Performance

- ✚ Current performance – challenges around achieving Red 1, Red 2 and A19 targets
- ✚ 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





PTS Performance

+ Sussex:

- + Very challenging position, with end of contract & appointment of fixed price Managed Service Provider
- + Contract structure appears to prevent TUPE, leaving SECAmb with potential risk of up to £4.5m





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



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
 - ✚ Logistic preparations – winter tyres, 4x4s, back-up systems
 - ✚ 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





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
NHS Foundation Trust



014%2000-00-00End Date=0/12/2014%20	STC Amb: Performance Screen	Cells list
WNO 111 (Medical Only)	00:24:00.12	00:16:00 00:00:00
Assault	00:18:10.72	00:13:25 00:00:11
Chest Pain/Cardiac Prob	00:16:50.72	00:13:26 00:01:13
Breathing/ENT Problems	00:18:02.72	00:13:27 00:00:06
Minor Alim entInjury	00:20:58.72	00:13:45 00:01:40
999 HCP	00:26:52.72	00:14:02 00:00:02
Chest Pain/Cardiac Prob	00:19:19.72	00:14:13 00:00:26
Falls >12ft	00:25:03.72	00:14:17 00:00:15
Allergic Reaction	00:25:25.72	00:14:18 00:00:05
NHS 111	00:26:22.72	00:14:21 00:00:04
Chest Pain/Cardiac Prob	00:17:23.72	00:14:22 00:00:32
Abdominal/Flank Pain	00:20:13.72	00:14:26 00:01:11
Unconscious/Faint	00:25:38.72	00:14:34 00:00:06
NHS 111	00:19:59.72	00:14:49 00:02:25
Generally Unwell	00:31:34.72	00:14:52 00:00:12
Stroke/Neurological	00:23:45.72	00:15:03 00:02:01
Maternity Issues	00:43:42.72	00:15:07 00:00:45
Bleeding	00:47:20.72	00:15:10 00:00:06
Prob	00:21:38.72	00:15:21 00:00:15
999 HCP	00:19:45.72	00:15:22 00:00:06
Stroke/Neurological	00:19:33.72	00:15:38 00:00:43
Chest Pain/Cardiac Prob	00:25:25.72	00:16:23 00:00:43
Chest Pain/Cardiac Prob	00:35:12.72	00:16:33 00:05:20
Headache	00:21:08.72	00:16:55 00:00:04
Minor Alim entInjury	00:29:53.72	00:17:02 00:01:48
Back Pain	00:44:35.72	00:17:21 00:00:04
Back Pain	00:56:55.72	00:17:45 00:00:01
Alcohol Intoxication/Related	00:31:01.72	00:17:56 00:00:01
Breathing/ENT Problems	00:21:01.72	00:18:17 00:00:54
Fitting	00:44:51.71	00:19:43 00:00:21
Generally Unwell	00:23:06.72	00:19:54 00:00:14
999 HCP	00:33:36.72	00:19:58 00:05:37
Chest Pain/Cardiac Prob	00:39:51.72	00:21:33 00:00:17
Headache	00:41:22.72	00:22:28 00:00:48
999 HCP	00:34:11.72	00:22:38 00:01:51
Unconscious/Faint	00:32:25.72	00:22:41 00:01:07
Bleeding	00:32:21.72	00:22:52 00:02:58
Back Pain	00:25:06.72	00:23:33 00:00:01
Breathing/ENT Problems	00:34:08.72	00:24:19 00:00:48
Stroke/Neurological	00:56:34.72	00:31:14 00:00:01
Falls <12ft	01:05:32.72	00:31:32 00:00:12
Breathing/ENT Problems	01:02:38.72	00:39:52 00:00:01



23288104	07/12/2014 02:29:41	Headache	00:21:08 72	00:16:55	00:00:06
23328680	20/12/2014 19:09:59	Minor Ailment/Injury	00:29:53 72	00:17:02	00:01:45
23244691	21/11/2014 08:17:51	Back Pain	00:44:35 72	00:17:21	00:00:04
23247713	22/11/2014 10:49:54	Back Pain	00:56:55 72	00:17:45	00:00:09
23273770	01/12/2014 21:21:08	Alcohol Intoxication/Related	00:31:01 72	00:17:56	00:00:09
23316446	16/12/2014 19:26:26	Breathing/ENT Problems	00:21:01 72	00:18:17	00:00:54
23198681	02/11/2014 23:42:02	Fitting	00:44:51 71	00:19:43	00:00:20
23313540	15/12/2014 19:57:54	Generally Unwell	00:23:06 72	00:19:54	00:00:14
23253615	24/11/2014 12:49:03	999 HCP	00:33:36 72	00:19:58	00:05:37
23218453	10/11/2014 19:14:44	Chest Pain/Cardiac Prob	00:39:51 72	00:21:33	00:00:17
23290072	07/12/2014 17:04:59	Headache	00:41:22 72	00:22:28	00:00:48
23323300	19/12/2014 03:08:17	999 HCP	00:34:11 72	00:22:38	00:01:59
23311187	15/12/2014 02:42:52	Unconscious/Faint	00:32:26 72	00:22:41	00:01:07
23254872	24/11/2014 21:58:57	Bleeding	00:32:21 72	00:22:52	00:02:56
23257322	25/11/2014 22:12:37	Back Pain	00:25:06 72	00:23:33	00:00:09
23313984	15/12/2014 22:50:28	Breathing/ENT Problems	00:34:08 72	00:24:19	00:00:46
23304539	12/12/2014 23:08:56	Stroke/Neurological	00:56:34 72	00:31:14	00:00:09
23213876	09/11/2014 01:40:12	Falls <12ft	01:05:32 72	00:31:32	00:00:12
23314355	16/12/2014 02:37:43	Breathing/ENT Problems	01:02:36 72	00:39:52	00:00:05



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 (x 1 in East Sussex)
- ✚ 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.





Review process – contd./

- ✚ Action plan in place & reviewed with CCGs via contractual route
- ✚ Process with Monitor underway, includes:
 - ✚ **Forensic Review** - to be undertaken by Deloitte 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.





Performance reporting - defibrillators

- ✚ We believe passionately in the widespread availability of Public Access Defibrillators (PADs) across our area
- ✚ 229 PADs currently in East Sussex & 2,227 across our region as a whole
- ✚ Recent campaign with The Argus has seen almost 40 new PADs being installed #savealife

- ✚ 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





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 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 how 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
 - ✚ Polegate Beacon OU
- ✚ Supporting acute service centralisation
 - ✚ ESHT clinical strategy
 - ✚ BSUH
- ✚ 111 contract extension for 18 months