Date: 28th November 2023

Email: alison.moore@wilmingtonplc.com

Dear Alison,

I am writing in response to your enquiry under the Freedom of Information Act 2000 (FOIA) reference FOI 231034.

You requested the following information, please also see our response below:

1. **Have you adopted the new category 2 validation process? If so, when?**

   Yes, the Trust are now part of the Category 2 (C2) Segmentation trial – we went live with this on the 6th September 2023.

4. **Under the validation process as you operate it, how long is the initial period allowed for calls to be triaged to enable a decision on whether clinical validation is appropriate? Is the call added to the dispatch stack at the start of this time? If not, is it added to the dispatch stack at the end of this process?**

   All calls that are received into the Trust enter the dispatch list at the point of call. C2 calls that meet the Symptom Group / Symptom discriminator code set for C2 segmentation as laid out by the National guidance are differentiated on the Computer Aided Dispatch (CAD) system and visible to all staff. These calls remain within the dispatch list at all times until a resourced is assigned to the incident, or the incident has been clinically triaged to an alternative disposition and the patient is being referred to alternative services. The Category 2 segmentation trial exists alongside Category 3 & 4 validation.

   As part of both, calls are clinically assessed following their initial contact with 999 and are in place to ensure patients receive the appropriate response for their care needs.

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3. Is there a set time during which the clinical validation process has to take place? If so how long? If a call has not already been placed in the dispatch stack, at what point does this happen – is it following the clinical validations (if it determines that an ambulance response is needed) or after a set time even if validation has not yet taken place? Does the call's position in the stack reflect the time of the original 999 call or when the validation was completed?

The clinical team have 30 minutes to clinically validate these incidents, after which they return to the same colour as C2 calls that are not suitable for C2 segmentation. The call remains in the dispatch list as described above from the point it connects with 999 until a resource is assigned to it, or it is triaged to an alternative pathway. The call remains within the dispatch list retaining its original clock start time which is the time it connects to 999.

What percentage of calls originally classed as category 2 are being put through clinical validation? What percentage of those which are clinically validated are determined not to need a cat 2 ambulance response after clinical validation? What percentage of those going through clinical validation do not require an ambulance response at all?

Since the start of the pilot 32.65% of calls are accepted for validation, 26.73% of them go through clinical validation, 22.77% are triaged to an alternative disposition from the original C2, 32.32% do not receive an ambulance response post validation.

5. **Please attach any staff briefings/explanatory guidance on how the pilot operates.**

Most staff 'briefings' were via verbal communications with the teams. They all undertook a training package which is a Powerpoint document and this is attached.

I hope you find this information of some assistance.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address:

FOI@secamb.nhs.uk

Yours sincerely

Freedom of Information Coordinator
South East Coast Ambulance Service NHS Foundation Trust