Norfolk Health Overview and Scrutiny Committee
24 May 2018
Item no 9

Ambulance response times and turnaround times in Norfolk

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

Examination of the trends in ambulance response and turnaround times in winter 2017-18 and action to improve performance.

1. Background

1.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) added 'Ambulance response times and turnaround times in Norfolk' to its forward work programme in February 2018 following concerns about performance around Christmas and New Year (raised in Parliament in January) and a locally reported discrepancy between handover delays recorded by the East of England Ambulance Service NHS Trust (EEAST) and figures recorded by Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) and passed on to NHS England.

NHOSC Members received information about the response to the Christmas and New Year performance issues in the February 2018 NHOSC Briefing and about the recording of handover delays in the April 2018 NHOSC Briefing. The briefings are attached at **Appendix A**. The February Briefing also included the key actions agreed by the NHS in the region following a Risk Summit held on 31 January 2018.

1.2 NHOSC has had concerns about ambulance response times and turnaround times in Norfolk for a considerable period of time and has returned to the subject frequently over the past decade. As well examining the ambulance service, NHOSC has focused on the NNUH's process for receiving patients who arrive by ambulance.

More patients arrive at the NNUH by ambulance that at any other hospital in the eastern region. Although the '% arrival to handover performance <15 mins at A&E only' figures for the NNUH compare favourably with other hospitals the volume of patients means there is potential to produce significant loss of ambulance service hours if patient hand-overs are delayed.

NHOSC has also received regular updates on the situation regarding delays at the other two acute hospitals in Norfolk, where ambulance arrivals are far fewer.

The committee has long recognised that, to an extent, ambulance delays at

hospitals and their knock-on effect on the service's capacity to respond to new calls, are symptomatic of pressures across the local health and social care system. They are not necessarily within the power of the hospitals or the ambulance service to resolve by themselves.

1.4 The last report to NHOSC was on 26 October 2017 when EEAST reported on the new national Ambulance Response Programme (ARP), which aims to help patients get the right response from the ambulance service, first time.

Initiatives to improve performance during winter 2017-18 included:-

- Early Intervention Vehicles (EIV) - in central Norfolk and Great Yarmouth and Waveney. The EIV was staffed by paramedics, NHS community occupational therapists and hospital physiotherapy staff to support the urgent needs of frail patients and help them stay at home, where appropriate.
- Patient Safety Intervention Teams (PSITs) – launched in December 2017 these teams deployed to trusts across the area where handover delays were causing ambulances to be delayed. The teams were in place until March 2018 as part of EEAST's winter plan. NHOSC received a briefing about their activity in the February NHOSC Briefing (included in **Appendix A**).

1.5 On 26 October 2017 NHOSC heard:-

- EEAST was awaiting the results of an **Independent Service Review** (ISR) which had been commissioned by NHS England and NHS Improvement to determine the level of resources needed by the service.

  The ISR report was published on 11 May 2018 and is available on EEAST's website http://www.eastamb.nhs.uk/EEAST-ISR-Report-March-2018.pdf . The principle findings were:-

  - That EEAST requires more investment to increase staffing and capacity to improve the service.
  - It is estimated that approximately 330 additional whole time equivalents will need to be in post at the end of three years, recognising that it will take a further two years to ensure any new paramedics are qualified and registered.
  - An extra 160 double staffed ambulances will need to be on the road by the end of the 2019/20 financial year.

  EEAST and the commissioners have signed a six-year contract to enable the service to achieve this. It will see funding rise from the £213.5m spent in 2017/18 to £225m in 2018/19. Subject to activity profiles remaining as predicted, it will then rise again to £240m in 2019/20. This follows significant increases in funding over the past two years.

  EEAST is aiming to recruit and train in excess of 1300 new staff

over three years to ensure it can sustain its current level of staffing as well as grow capacity by 330.

- The Norfolk and Norwich Hospitals NHS Foundation Trust (NNUH)'s report on its most recent actions to assist with ambulance hand-over, including its new Older People's Assessment Service (OPAS) and Older Peoples Ambulatory Care (OPAC) to speed up and increase access to specialist geriatric intervention. NHOSC Members visited the Older People's Emergency Department (OPED) on 26 January 2018 and a follow-up visit is to be arranged.

NHOSC asked EEAST to consider involving service users in a workshop that they were arranging on the conveyance of mental health patients to hospital and other facilities. (See paragraph 3.1 below).

North Norfolk CCG was also asked to ensure that outstanding Freedom of Information requests from Cromer Town Council regarding fine monies to EEAST and the NNUH under the former financial penalties regime received a response. The CCG provided a response in November 2017.

1.6 The ambulance service provided by EEAST for Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire is commissioned jointly by all 19 Clinical Commissioning Groups (CCGs) in the area. Ipswich and East Suffolk CCG is the co-ordinating commissioner.

2. National ambulance standards

2.1 New national **response time** standards (the Ambulance Response Programme (ARP)) were introduced in England in winter 2017:-

Call category	**% of calls in this cat-egory**	**National Standard**	**How long does the ambulance service have to make a decision?**	**How will this be measured?**
C1 Calls about people with life-threatening injuries & illnesses	8%	7 minutes mean response time 15 minutes 90th centile response time (i.e. these type of calls will be responded to at least 9 out of 10 times before 15 minutes)	The earliest of:- • The problem is identified • An ambulance response is dispatched • 30 seconds from the call being connected	The first ambulance service-dispatched emergency responder arrives at the scene of the incident There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation
C2 Emergency calls	48%	18 minutes mean response time 40 minutes 90th centile response time (i.e. these type of calls will be responded to at least 9 out of 10 times before 40	The earliest of • The problem being identified • An ambulance response is dispatched	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle counts. If the patient does not need transport the first ambulance service-dispatched responder at the scene of the incident counts

		minutes)	• 240 seconds from the call being connected	
C3 Urgent calls	34%	120 minutes 90th centile response time (i.e. these type of calls will be responded to at least 9 out of 10 times before 120 minutes		
C4 Less urgent calls	10%	180 minutes 90th centile response time (i.e. these calls will be responded to at least 9 out of 10 times before 180 minutes)		

2.2 Condition specific measures were also being introduced to track the time from 999 call to hospital treatment for heart attacks and strokes, where a prompt response is particularly critical. A new set of pre-triage questions was to be introduced to identify those patients in need of the fastest response. By 2022 the aim was for 90% of eligible heart attack patients to receive definitive treatment (balloon inflation during angioplasty at a specialist heart attack centre) within 150 minutes. 90% of stroke patients were also receive appropriate management (thrombolysis for those who require it, and first CT scan for all other stroke patients) within 180 minutes of making a 999 call. Under the old system that happened for less than 75% of stroke patients nationally. EEAST will be measured from April 2018 against the new outcome based target for stroke, which replaces the previous Stroke 60 time based target.

The **Stroke Care Bundle** target still applies - the percentage of suspected stroke patients (assessed face to face) who receive an appropriate care bundle. (As per National Ambulance Clinical Performance Indicator Care Bundle). The compliance performance standard is 95%, which has been consistently met and exceeded in Norfolk and Waveney.

2.3 For **ambulance turnaround at hospitals**, the standards were not altered by the introduction of the ARP. They are:-

(a) 15 minutes - The time from ambulance arrival on the hospital site to the clinical handover of the patient (also known as 'trolley clear'). **The hospital is responsible for this part.**

(b) 15 minutes - The time from clinical handover of the patient to the ambulance leaving the site (also known as 'ambulance clear'). **The ambulance service is responsible for this part.**

3. Purpose of today's meeting

3.1 EEAST has been asked to report today with information in terms of:-

- An update to the statistical and other information provided for NHOSC in October 2017:-
    - Demand in Norfolk – trend

    - Response time performance in Norfolk – trend
    - Stroke performance in Norfolk - trend
    - Hospital handovers – trend for the 3 acute hospitals in Norfolk (arrival to handover & handover to clear)
    - Staff recruitment & retention – update
    - Estate & fleet transformation – update
    - Mental health pathways – update
- New Standard Operating Procedure (SOP) for handovers at the hospitals and how it differs from the old arrangements
- New Delayed Arrival to Handover (Keeping patients in the community safe) Protocol introduced in Feb 2018
- Report & action plan of the Risk Summit which looked into delays in service around Christmas and New Year.
- Independent Review of Resources report (a link to the report is provided in paragraph 1.5 above)

EEAST's report is attached at **Appendix B**.

3.2 Although ambulance turnaround figures for all three of Norfolk's acute hospitals are included in EEAST's report, the NNUH has been invited to report and to attend today's meeting as the one that receives the by far most arrivals by ambulance. The NNUH has been asked to update the committee on activity since the last report in October 2017.

The NNUH's report is attached at **Appendix C**.

3.3 North Norfolk CCG has also been invited to today's meeting as the lead commissioner of the NNUH and one of the 19 regional CCGs who jointly commission the ambulance service. The CCG has been asked to provide the report / action plan from a regional Delays Workshop held on 23 March 2018 (**Appendix D**).

North Norfolk CCG can answer the committee's questions on the success of the measures to tackle the causes of delay in all aspects of the urgent and emergency care system in central Norfolk.

4. Suggested approach

4.1 Members may wish to explore the following areas with the representatives at today's meeting:-

4.2 **East of England Ambulance Service NHS Trust**

(a) Are you satisfied that all the health and social care agencies whose co-operation is necessary to resolve the issue of ambulance delays at Norfolk's hospitals are actively and adequately addressing their part of the problem?

(b) Given that the 'Delayed Arrival to Handover (Keeping Patients in the Community Safe) Protocol' introduced in February 2018 has relied on an extremely high and potentially unsustainable level of escalation by EEAST leaders to ensure the necessary action occurs

to release their crews, what can be done to enable the necessary action further down the management line.

(c) Does EEAST consider that the increased investment in its service following the Independent Service Review to enable it to achieve the Ambulance Response Programme standards in all parts of Norfolk? If not will there be specified standards for the more rural localities?

(d) What are the local arrangements for implementing the new outcome based targets for heart attacks and strokes in terms of the patient's pathway from 999 call to definitive treatment in the acute hospital? (See paragraph 2.2 above)

(e) What specific changes have been made to the pathways for conveyance of mental health patients to hospital and other facilities?

(f) Does EEAST intend to continue provision of Early Intervention Vehicles in central Norfolk and Great Yarmouth and Waveney?

(g) There will be significant additional investment in the ambulance service following the recommendations of the Independent Service Review, to enable recruitment of an additional 330 staff and 160 double staffed ambulance. EEAST's paper (Appendix A) makes it clear that the service in Norfolk is already fully staffed. What difference will the new investment make to ambulance performance in this county?

4.3 **Norfolk and Norwich University Hospitals NHS Foundation Trust**

(h) The NNUH has increased its A&E capacity with the opening of the Older People's Emergency Department and other measures and the number of arrivals by ambulance at the hospital fell slightly in 2017-18 compared with the previous year but still there was a high level of ambulance delay. Does the NNUH consider that delays in patients leaving the hospital are a greater part of the problem than processes at the 'front door'?

4.4 **North Norfolk CCG (commissioner of the N&N and with a role in regional commissioning of EEAST)**

(i) Do the commissioners consider that the slight reduction in numbers of arrivals by ambulance at the NNUH this year point to success of measures to support and treat people at home in central Norfolk? If so, can more be done to support similar measures in Great Yarmouth and Waveney and West Norfolk where numbers of arrivals by ambulance are still increasing?

5. Action

5.1 The committee may wish to consider whether to:-

(a) Make comments and / or recommendations to EEAST, the NNUH or the commissioners based on the information received at today's meeting.

(b) Ask for further information for the NHOSC Briefing or to examine specific aspects of ambulance response and turnaround times in Norfolk at a future committee meeting.

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