Norfolk Health Overview and Scrutiny Committee
28 February 2019
Item no 6

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 2018-19 and action to improve performance.

1. Purpose of today's meeting

1.1 The focus areas for today's meeting are:-

(a) To examine the action taken at the Norfolk and Norwich Hospital and the Queen Elizabeth Hospital to improve the flow of patients and reduce ambulance arrival to hand-over times.

(b) To examine the East of England Ambulance Service NHS Trust's capacity and response times for the whole population in Norfolk and for specific patient groups (strokes, heart attacks and people in mental health crisis).

1.2 The East of England Ambulance Service NHS Trust (EEAST) has provided the report at **Appendix A** covering ambulance response times in the five Norfolk and Waveney CCG areas, the responses for particular patient groups, turnaround times at the three acute hospitals, trends in demand, the capacity of the service and assessment of the success of initiatives taken to help cope with demand during winter 2018-19 for far.

Representatives from EEAST will attend the meeting to answer Members' questions.

1.3 Although ambulance turnaround figures for all three of Norfolk's acute hospitals are included in EEAST's report just two have been asked to report to and attend today's meeting; the Norfolk and Norwich Hospital NHS Foundation Trust (NNUH) and the Queen Elizabeth Hospital NHS Foundation Trust (QEH).

The NNUH is the busiest hospital in the region in terms of arrivals by ambulance and delays at the NNUH therefore have the greatest potential to affect ambulance response times. The NNUH's report is attached at **Appendix B**.

The QEH has been asked to attend because compared to other similar sized hospitals in the region it has had relatively high levels of ambulance

delays in 2018-19. The QEH's is at **Appendix C**. These cover the initiatives that the hospitals have taken to improve patient flow and ambulance turnaround.

Appendix D is a report on Hospital Handover Hours Lost in January 2019. The figures are published monthly on EEAST's website and show relative performance at hospitals across the east of England. The position in January 2019, with the greatest number of hours lost in delays at the NNUH and a high number lost at the QEH is reflective of the trend in 2018-19. Previous months reports are available on EEAST's website:- https://www.eastamb.nhs.uk/search/?sitekit=true&search=Hospital+Hours+lost&task=search&indexname=full-index.

1.4 A representative from North Norfolk CCG, who is also the Norfolk and Waveney Winter Room Director for 2018-19, will attend the meeting on behalf of the commissioners.

The ambulance service is jointly commissioned by all 19 CCGs in the east of England, including NN & WN CCGs (the co-ordinating commissioner is Ipswich and East Suffolk CCG).

NHOSC has long recognised that, to an extent, ambulance delays at hospitals and their knock-on effects on the service's capacity to respond to new calls are symptomatic of pressures across the local health and care system. They are not necessarily within the power of hospitals or the ambulance service to resolve by themselves. The CCG representative 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 across central and west Norfolk.

2. Previous report to NHOSC

2.1 Norfolk Health Overview and Scrutiny Committee (NHOSC) has had concerns about ambulance response times and turnaround times in Norfolk for a considerable period of time and has frequently returned to the subject. The last report was on 24 May 2018 when the committee heard that EEAST was recruiting more frontline staff, increasing its ambulance cover and expected to see its performance against national targets improve over time.

The need for transport pathways for the conveyance of mental health patients to hospital and other facilities remained an issue to be resolved by EEAST in partnership with Norfolk County Council, Norfolk Constabulary and Norfolk and Suffolk NHS Foundation Trust. The committee heard that EEAST was looking to pilot liaison with the mental health service within Commissioning for Quality and Innovation (CQuIN) funding.

The reports and minutes of 24 May 2018 NHOSC are available on the County Council website via the following link:- https://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/128/ctl/ViewMeetingPublic/mid/496/Meeting/1410/Committee/22/Default.aspx

The committee asked for information on good practice from the Department of Health and Social Care's Emergency Care Intensive Support Team (ECIST) and for details of how far good practice measures had been implemented at Norfolk's three acute hospitals. This information was provided to NHOSC Members in the July and September 2018 NHOSC Briefings and is available from the Democratic Support and Scrutiny Team Manager maureen.orr@norfolk.gov.uk on request. It reflected the situation as it stood in September 2018, but more recent developments at the NNUH and QEH are included in the reports to today's meeting.

The NHS representatives at NHOSC on 24 May 2018 were also asked to provide written responses to matters raised by Cromer Town Council, which they did in June 2018.

3. National ambulance standards

3.1 New **response time** standards for England were introduced in winter 2017, as follows:-

Call category	**National Standard**	**How long does the ambulance service have to make a decision?**	**How is this measured?**
C1 Calls about people with life-threatening injuries & illnesses	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	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 minutes)	The earliest of:- • The problem being identified • An ambulance response is dispatched • 240 seconds from the call being connected	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
C3 Urgent calls	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	180 minutes 90th centile response time (i.e. these calls will be responded to at least 9 out of 10 times before 180 minutes)		

3.2 Condition specific measures were also being introduced in 2017 to track the time from 999 call to hospital treatment for heart attacks and strokes, where a prompt response is particularly critical. 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. From April 2019 EEAST will be measured against the new outcome-based target for stroke.

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%. Previous reports to NHOSC have shown this has been consistently met and exceeded in Norfolk and Waveney.

3.3 The **ambulance turnaround at hospitals** standards are as follows:-

(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.**

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) The figures show wide variation between hospitals in respect of ambulance arrival to patient handover times. In EEAST's opinion,

what are the main reasons for such variable performance by the hospitals?

(c) What are the local arrangements for implementing the 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 3.2 above)

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

(e) How does EEAST manage the hand-off of callers to other agencies when they think the caller does not require an ambulance?

4.3 **Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) and Queen Elizabeth Hospital NHS Foundation Trust (QEH)**

(a) The NNUH has made significant changes in recent years to improve the flow of patients through its emergency department, including the establishment of an Older People's Emergency Department, a Children's Emergency Department and expansion of Rapid Assessment and Treatment and the area for receiving the most seriously ill or injured patients. Nevertheless, the figures show that a high level of ambulance hours are lost in handover delays at the hospital. What more can be done to improve flow?

(b) The figures show that a high proportion of ambulance hours are lost at the QEH in comparison to the numbers of ambulance arrivals. Why has the QEH been performing worse than other hospitals in the region in this respect?

(c) What additional steps has the QEH taken to improve flow of patients through the Emergency Department?

(d) Do the hospitals consider that more could be done to improve patient flow through the Emergency Departments by moving patients to another area while awaiting the results of investigations and diagnostic tests?

(e) To what extent do the Emergency Departments have access to patients' clinical records? Could better access to patient records speed up patient flow by reducing the time spent on investigations?

4.4 **The CCGs (North Norfolk and West Norfolk)**

(f) In May 2018 NHOSC heard that EEAST's funding was rising from £213.5m in 2017-18 to £225m in 2018-19 and would rise again to £240m in 2019-20 subject to activity profiles remaining as predicted. This was intended to fund increased staffing and more double staffed ambulances to improve the service. It was understood that

the improvement would take time to achieve. Do the commissioners consider that performance is moving in the right direction quickly enough?

5. Action

5.1 The committee may wish to consider whether to:-

(a) Make comments and / or recommendations to EEAST, the NNUH, QEH 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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