Norfolk Health Overview and Scrutiny Committee
13 October 2016
Item no 7

Ambulance response times and turnaround times in Norfolk

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

A report on the trends in ambulance response and turnaround times in Norfolk and action underway to improve performance.

1. Background

1.1 During 2012 – 14 Norfolk Health Overview and Scrutiny Committee (NHOSC) focused its attention on the subject of ambulance turnaround delays at the Norfolk and Norwich Hospital (NNUH), which appeared to be a very significant contributor to the ambulance service's overall performance problems in Norfolk. In April 2014 the committee was reassured to see a sustained improvement in ambulance turnaround times at the NNUH.

1.2 NHOSC returned to the subject of ambulance services in February 2015 because it was aware that response times in Norfolk were still below locally agreed standards in some areas. At this stage NHOSC widened its focus to look at county-wide ambulance response times and the turnaround performance at the Queen Elizabeth (QEH) and James Paget (JPUH) hospitals as well as the NNUH.

1.3 EEAST, the NNUH and North Norfolk CCG were asked to return to NHOSC again in October 2015 following a dip in response time performance in the preceding months (up to July 2015) and the fact that average hospital turnaround times (both arrival to patient handover, and handover to ambulance clear) had not achieved the 15 minute standards in any of the 12 months to July 2015.

1.4 For ambulance turnaround at hospitals, the standards 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.**

1.5 For ambulance response to patients, the national standards, to be met at a region-wide level are:-

Red calls (2 categories)

Reaching 75% of Red 1 and Red 2 calls within 8 minutes

Providing a transportable resource for 95% of Red 1 and Red 2 calls within 19 minutes of request.

Red 1 – patient suffered cardiac arrest or stopped breathing - two resources should be despatched to these incidents where possible.

Red 2 – all other life threatening emergencies.

Green calls (four categories)

Reaching 75% of Green 1 calls in 20 minutes and 75% of Green 2 calls in 30 minutes.

Reaching 75% of Green 3 calls in 50 minutes OR a phone assessment from the clinical support desk[1] within 20 minutes

Reaching 75% of Green 4 calls in 90 minutes OR a phone assessment from the clinical support desk within 60 minutes.

Green – non life threatening emergencies

Both the Red categories are national requirements but the four Green categories are recommended standards.

1.6 NHOSC scrutinised stroke services in 2013-14. In relation to stroke EEAST's service standards are:-

Stroke 60 - The percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyperacute stroke centre within 60 minutes of a call. The compliance standard is 56%; i.e. EEAST strives to get 56% of eligible stroke patients to a hyperacute centre within 60 minutes from the time of the 999 call.

Stroke Care Bundle - 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%.

1.7 It should be noted that EEAST is expected to meet the national response time standards on a regional level and not on a county or locality level. There have, however, been local agreements in recent years between

[1] A clinician calling back for a secondary telephone triage to establish the best pathway of care

EEAST and Clinical Commissioning Groups (CCGs) for 'recovery targets' in some areas (notably the North Norfolk area). These recognised that current local performance is well below national standards and set interim targets that were challenging but considered achievable in the locality, taking into account rurality and local geography.

1.8 At NHOSC on 15 October 2015 the Chief Executive of EEAST pointed out some of the drawbacks of the performance standard measurement system, for instance:-

(a) Performance targets for Red 1 and Red 2 calls were set at a simple pass / fail standard that did not reflect the length of time that a 'failed' response actually took, or the outcome for the patient.
(b) The Stroke 60 standard measured only the ambulance services' part in a patient's journey but the outcome for the patient also depends on the length of time the hospital takes to assess their condition and provide the appropriate treatment.

1.9 On 8 August 2016 the Care Quality Commission (CQC) published an inspection report for EEAST. The overall rating for the Trust, which covers Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk and a population of around 6 million people, was 'Requires Improvement'. The ratings for 'safe', 'effective', 'responsive' and 'well-led' were all 'Requires Improvement' but for 'caring' the Trust was rated 'Outstanding'. The CQC said that the Trust must:-

- Improve performance and response times for emergency calls
- Ensure there are adequate numbers of suitable skilled staff and qualified staff to provide safe care and treatment
- Ensure staff appropriately mentored and supported to carry out their role including appraisals.
- Ensure staff complete mandatory training (professional updates)
- Ensure that incidents are reported consistently and learning fed back to staff.
- Ensure that all staff are aware of safeguarding procedures and there is a consistent approach to reporting safeguarding.
- Ensure that medicines management is consistent across the trust that controlled medicines are stored and managed according to regulation and legislation.
- Ensure that all vehicles and equipment are appropriately cleaned and maintained.
- Ensure all staff are aware of their responsibilities under the Mental Capacity Act 2005.
- Ensure all staff are aware of their responsibility under Duty of Candour requirements
- Ensure records are stored securely on vehicles.

The full report is available on the CQC website:-
http://www.cqc.org.uk/provider/RYC

2. Purpose of today's meeting

2.2 EEAST has been asked to report today with information on the past year in terms of:-

- Activity levels
- Handover performance at the three acute hospitals
- Developments in the Hospital Ambulance Liaison Officer role
- The impact of hours lost at the three hospitals on EEAST's wider performance in Norfolk
- Ambulance response times across the five CCG areas
- Performance against stroke standards
- Current numbers of vacancies and numbers of students compared to total staffing numbers
- Recruitment strategy.

EEAST's report is attached at Appendix A

2.3 Although ambulance turnaround figures for all three acute hospitals are included in EEAST's report, the NNUH has been invited to report and to attend today's meeting as the largest hospital in Norfolk and consequently the one where potentially the most hours can be lost in ambulance delays. The NNUH has been asked to update the committee on the success of measures put in place to improve turnaround performance.

The NNUH's report is attached at Appendix B.

2.4 North Norfolk CCG has also been invited to today's meeting as the lead commissioner of the NNUH. The Chief Officer of North Norfolk CCG also has a leading role for Norfolk in commissioning the ambulance service in conjunction with other commissioners in the region. The CCG can also 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.

3. Suggested approach

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

3.2 **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 hospitals are actively and adequately addressing their part of the problem?

(b) Has EEAST been successful in recruiting and retaining the numbers of qualified and experienced paramedics that it needs?

(c) Is EEAST satisfied that the balance between experienced paramedics and trainees in the workforce is manageable in terms of

providing satisfactory training and of delivering the service to meet rising demand?

(d) The Red call standards are reported on a simple pass / fail basis that does not reflect the length of time that a 'failed' response actually took. EEAST has previously reported progress in eliminating the longest waits for responses to Red calls. Has there been further progress in this respect?

(e) The NNUH's report (at Appendix B) mentions that the system of recording the time from ambulance arrival to handover of the patient has changed. The 'arrival' reading is triggered by an automatic response from a "geofield" located in a streetlight on the approach to the hospital. Previously 5 minutes was added to allow time for the ambulance to get from there to A&E and for staff and patient to disembark but that is no longer done. Why has the time recording method changed?

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

(f) Ambulance turnaround at hospitals depends in part on the flow of patients through the acute hospital and through NHS community care and social care services. Given that NNUH is in financial special measures, the 24 bed Henderson re-ablement unit is due to close in October due to lack of funds and the project for an Ambulatory Care and Diagnostic Centre has been put on hold, is there anything that the NNUH can realistically do to improve patient flow through the hospital this winter?

(g) Are you satisfied that all the health and social care agencies whose co-operation is required to manage demand for acute care are actively and adequately addressing their part of the problem?

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

(h) In the past EEAST and local CCGs have agreed local trajectory targets to improve response time performance in parts of Norfolk. Are local trajectory targets still used and if so, how is EEAST currently performing against them?

(i) Demand for ambulances for life threatening emergencies in Norfolk has increased by 15.31% over the past 12 months. Are the CCGs funding EEAST to the appropriate level to meet the increase in demand?

(j) NHOSC has heard on several occasions about the positive impact that Hospital Ambulance Liaison Officers (HALO) have on ambulance turnaround times but it appears that appears that the funding for the role is uncertain from year to year. Can the CCGs and /or the providers come to an arrangement that guarantees funding for HALOs at the NNUH in future?

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