

Version
Number:

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 08 November 2018

Report Title: Performance Update by North West Ambulance Service NHS Trust (NWAS)

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1. Report Summary

This report provides the Health and Adult Social Care Overview and Scrutiny Committee with an overview of the performance of the 999 emergency ambulance service for the Cheshire East Council area against national standards.

2. Recommendation/s

- 2.1. The Health and Adult Social Care Overview and Scrutiny Committee receive and note the contents of the report.

3. Background

- 3.1. Since the trust last presented to the Health and Adult Social Care Overview and Scrutiny Committee, the national ambulance response standards (targets) have changed. The data in this report therefore is from the implementation of the new Ambulance Response Programme (ARP) standards introduced on 7 August 2017, to 30 September 2018.

- 3.2. The new standards are as follows:

Category	Description	Response Time
Category 1	Time critical life-threatening injuries and illnesses which require immediate intervention e.g. cardiac arrest, serious allergic reaction,	7 minutes on average (mean) for all responses & 90% in 15 minutes

	airway obstruction, ineffective / abnormal breathing.	
Category 2	Emergencies which require rapid assessment, urgent on scene intervention or urgent transport e.g. heart attack, epilepsy, stroke, sepsis, major burns.	18 minutes on average (mean) for all responses & 90% in 40 minutes
Category 3	Urgent problems which require treatment to relieve suffering e.g. burns, diabetic and hypoglycaemic episodes, abdominal pain, injuries and drugs overdose.	90% in 120 minutes <i>Please note a new 60 minute mean standard was introduced in June 2018.</i>
Category 4	Problems which are not urgent but need assessment in person or over the phone.	90% in 180 minutes

4. Performance

4.1. For the purposes of this report, NWS has provided the number of calls and incidents per category for each month/year below. These are incidents which have originated from within the Cheshire East Council Locality Area.

	C1		C2		C3		C4	
Row Labels	Calls	Incidents	Calls	Incidents	Calls	Incidents	Calls	Incidents
2017	1,652	1,570	12,258	11,312	5,557	5,662	761	784
August	233	230	1,803	1,699	869	947	113	116
September	338	322	2,369	2,086	1,185	1,168	147	150
October	309	289	2,474	2,322	1,116	1,170	174	181
November	314	298	2,595	2,445	1,085	1,100	137	137
December	458	431	3,017	2,760	1,302	1,277	190	200
2018	3,602	3,443	21,290	19,235	11,367	11,044	2,020	1,912
January	470	439	2,738	2,494	1,179	1,231	184	194
February	392	372	2,364	2,067	1,069	1,143	184	190
March	470	444	2,542	2,247	1,236	1,205	238	221
April	400	385	2,083	2,007	1,236	1,287	241	227
May	373	361	2,300	2,084	1,330	1,332	266	264
June	398	377	2,376	2,122	1,380	1,253	254	240
July	434	420	2,437	2,153	1,415	1,244	227	210
August	367	359	2,408	2,152	1,404	1,272	245	209
September	298	286	2,042	1,909	1,118	1,077	181	157
Grand Total	5,254	5,013	33,548	30,547	16,924	16,706	2,781	2,696

4.2. Working to the new Ambulance Response Programme standards has proved to be challenging for NWS but the trust firmly believes that the changes

made now focus on making sure the best, most appropriate response is provided for each patient, first time.

- 4.3. For the purposes of this report, NWS has provided the average (mean) performance against each of the standards for each month/year below. These are incidents which have originated from within the Cheshire East Council Locality Area.

	C1 Mean	C2 Mean	C3 Mean	C4 Mean
2017	00:10:08	00:24:06	00:42:56	01:25:12
August	00:09:25	00:19:39	00:30:44	01:25:06
September	00:10:06	00:21:32	00:40:33	01:22:40
October	00:10:02	00:21:51	00:41:58	01:15:03
November	00:09:27	00:24:05	00:41:32	01:28:13
December	00:11:03	00:30:41	00:56:55	01:34:19
2018	00:08:58	00:23:07	00:52:02	01:34:18
January	00:09:40	00:29:09	01:07:46	01:47:59
February	00:08:26	00:26:25	00:55:32	01:43:22
March	00:08:14	00:25:45	00:54:27	01:27:59
April	00:08:03	00:20:37	00:43:12	01:33:20
May	00:08:35	00:20:37	00:44:37	01:36:27
June	00:09:29	00:20:42	00:49:57	01:31:43
July	00:09:31	00:21:47	00:52:00	01:38:42
August	00:09:24	00:22:24	00:53:40	01:26:03
September	00:09:27	00:18:52	00:47:50	01:21:37
Overall	00:09:20	00:23:29	00:48:53	01:31:34

- 4.4. Since adopting the new system in August last year, feedback from NWS and the trust's experience in implementing the changes has resulted in amendments being made to some of the national coding used which will benefit other ambulance services and patients.

- 4.5. The new standards require ambulance services respond to all patients in a timely manner as opposed to the historical standards which focused mainly on the most life threatening calls. NWS focused on both the life-threatening categories and the lower acuity calls in ensuring all patients receive the right response at the right time, in the right place, every time.

- 4.6. The new standards have been challenging and whilst NWS performed very well initially in responding to the lower priority calls, a very challenging winter meant that some higher acuity emergencies were waiting longer for a response than they should.

5. Performance Improvement Plan

- 5.1. In order to improve the performance position, commissioners of the ambulance service requested the trust develop a Performance Improvement Plan (PIP) in January 2018.
- 5.2. The trust worked with an external agency known as Operational Research in Health (ORH) who specialise in review of emergency services, who undertook an audit of frontline resources to understand current and future demand challenges, current and future resource requirements and the changes to the operational model required to support the delivery of the ARP.
- 5.3. The PIP was developed taking into account the recommendations from ORH. ORH advised that additional investment was required to the sum of £10m to support the current and future workload and to allow NWAS to pump prime a phased changeover of front line resources; the ARP suggests a change to operational model is required to reduce the ratio of Rapid Response Vehicles (RRV's) to Double Crewed Ambulances (DCA's) to allow the correct vehicle to be sent to the patient first time.
- 5.4. NWAS received additional investment from commissioners to the sum of £3m and the changes to the operational fleet were undertaken during late summer 2018.
- 5.5. The PIP also looked at additional internal efficiencies such as recruitment and retention of staff, review of skill mix and the introduction of clinicians into the Emergency Operations Centres (EOC). Additional training has been provided to clinicians assessing patients to allow increased opportunities for Hear and Treat (telephone advice and referral) and See and Treat (face to face assessment and referral). Work continues to look at and review processes for call handling including working with BT to benchmark 999 call answering performance and introducing additional processes within the EOC to allow earlier identification of the most serious and life threatening calls.

6. Transforming Patient Care

- 6.1. In the North West we receive almost 95,000 emergency 999 calls a year, and more than 400,000 urgent NHS 111 calls relating to patients under the age of 16. Our aim is to ensure the highest standard of care is provided both over the telephone and face-to-face for this patient group. To achieve this we are actively engaging with children, their parents and carers across the region by establishing a Children's Patient Priority Group.
- 6.2. The Urgent Care Development Team work collaboratively with community and primary care professionals, on the development of pathways and individual care plans for patients. Care planning ensures information relating to individual patients is available to the attending ambulance crew. This may include information on the patient's normal baseline observations and any ongoing and long-term care needs. The presence of a care plan is flagged to the crew, on route.

- 6.3. NWAS have developed a triage tool for nursing and residential home staff which enables them to determine themselves whether a patient requires an emergency ambulance or it would be more appropriate for them to be cared for by a GP or urgent care service.
- 6.4. A summary of our initiatives to transform patient care across the wider NWAS footprint for the last year is also attached as an infographic.

7. Key Factors Affecting Performance

- 7.1. Managing Hospital handover is an ongoing challenge for the trust. The target for ambulance handover at hospital is 15 minutes, but unfortunately in some trusts, it often can take much longer, and resulting delays do have a huge impact on NWAS' ability to respond to patients waiting in the community; while ambulance crews are waiting to handover at hospital, they are unavailable to dispatchers looking to allocate the next waiting 999 call.
- 7.2. The data below shows the hospital turnaround times for the Mid Cheshire Hospitals NHS Foundation Trust (Leighton) and East Cheshire NHS Trust (Macclesfield) Emergency Departments between August 2017 and September 2018.

Month	Mid Cheshire Hospitals NHS Foundation Trust (Leighton)	East Cheshire NHS Trust (Macclesfield)
	Handover Time	Handover Time
Aug-17	00:14:27	00:17:54
Sep-17	00:15:27	00:18:46
Oct-17	00:16:09	00:17:04
Nov-17	00:16:29	00:18:27
Dec-17	00:16:45	00:21:48
Jan-18	00:17:56	00:20:41
Feb-18	00:17:54	00:22:18
Mar-18	00:20:54	00:21:29
Apr-18	00:17:42	00:18:58
May-18	00:17:00	00:18:56
Jun-18	00:18:48	00:18:06
Jul-18	00:19:27	00:19:18
Aug-18	00:17:43	00:18:56
Sep-18	00:19:01	00:18:40
Overall	00:17:36	00:19:27

- 7.3. Like all NHS trusts, NWAS is required to deliver services against a tightening financial position. Every year it is required to identify in-year efficiency

savings (£9.85 million in 17/18 and £9.834 million in 18/19) as part of a Cost Improvement Programme.

- 7.4. NWAS continues to experience recruitment and retention challenges. Again this is common throughout the NHS as particularly with paramedics, there is a limited market for suitably qualified staff and NWAS are competing with other ambulance trusts and other private and public sector healthcare providers nationally to attract candidates from this pool. The recruitment of other trained clinicians such as nurses is also challenging and the trust has had to adopt innovative approaches to ensure it has sufficient staff to deliver services safely and to a high quality.
- 7.5. New approaches have included partnership working with universities and Health Education England and more use of social media and international recruitment. In addition the trust has strengthened its clinical leadership structure to enable staff to develop and progress.

8. Contact Information

- 8.1. Any questions relating to this report should be directed to the following officer:

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