

# Report to Cheshire East Health and Adult Social Care and Communities Overview and Scrutiny Committee



**08 February 2018**

<b>Report Title</b>	<b>North West Ambulance Service (NWAS) Ambulance Response Programme Performance Report for period 07 August 2017 to 31 December 2017</b>
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<b>Purpose of report</b>	To inform members of the Committee of the first publically available performance information available Nationally on Ambulance response times, highlighting that the level of ambulance service provided to patients across the Northwest is not at an acceptable level and actions being taken to address improvement.
<b>Recommendations</b>	<b>The Committee is asked to:</b> <ul style="list-style-type: none"><li>• <b>note</b> the performance report for information.</li></ul>
<b>Appendices</b>	<b>Appendix A:</b> NWAS performance for period since Ambulance Response Programme implementation (7 <sup>th</sup> August-31 <sup>st</sup> December 2017)  <b>Appendix B:</b> National comparison of ambulance trusts performance on Category 1, 2,3 and 4 calls  <b>Appendix C:</b> NWAS performance at County and CCG level

# NWAS Ambulance Response Programme

## Performance Report for period 7<sup>th</sup> August to 31<sup>st</sup> December 2017

### 1. Executive Summary

- 1.1 On the 13th July 2017 the Secretary of State announced the introduction of new ambulance response standards for the NHS in England, as the next stage of implementing the **ambulance response programme** (ARP)<sup>1</sup>.
- 1.2 The new standards were not simply a change in the way Ambulance performance was measured but required significant operational changes to service delivery which fundamentally affected call taking, dispatch, clinical call centre support and the resource deployed to incidents; necessitating large scale system change.
- 1.3 Nationally performance against the standards has not been contractually required in 2017/18 to allow time to make the successful transition.
- 1.4 The Ambulance Trust is working closely with commissioners, and other providers of urgent care, NHS Improvement and ambulance colleagues to make the required changes in a planned and sustainable way, to deliver the necessary improvements for our patients.
- 1.5 The performance information provided in this report reflects the complexity of implementing such a fundamental change in the way that the Ambulance Service operates, but also highlights that the level of service provided to patients across the Northwest is not at an acceptable level and that the rate of improvement demonstrated by the North West Ambulance Service (NWAS) falls well short of the progress made by other Ambulance Trusts.
- 1.6 Whilst the overall performance of NWAS is disappointing, the new standards and particularly the introduction of the 90% performance measure would appear to have had some benefit in Cheshire, Warrington and Wirral where it is well established that the previous performance reporting had a significantly negative impact on semi-rural and rural environments.
- 1.7 The Lead Commissioners representing all CCGs on the NWAS Strategic Partnership Board have been pressing for some months for an improvement trajectory, but this has been made more complex by the National moratorium on reporting.
- 1.8 This matter has been escalated to NHS England and NHS Improvement and a performance trajectory will be agreed with commissioners by the end of the month providing a timescale for meeting ARP performance at North West level across all categories.

### 2. New ARP Quality Standards

- 2.1 Unlike the old performance system, the new standards measure the response for every patient to ensure that every patient counts, as summarised in Table A.

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<sup>1</sup> <https://www.england.nhs.uk/urgent-emergency-care/arp/>

**Table A**

Category	Description	Mean	90th percentile
1	Life Threatening	7 minutes	15 minutes
2	Emergency Calls	18 minutes	40 minutes
3	Urgent Calls	No standard	120 minutes
4	Less Urgent calls	No standard	180 minutes

2.2 Under the previous system the performance measures were calculated by ANY vehicle attended the incident, under ARP only the most clinically appropriate resource counts.

2.3 Contractual performance against the national standards remains at a North West contractual level and not at individual CCG level. The contractual requirement for performance against the quality standards was previously on an annual basis, but this is moving to a quarterly standard from 1st April 2018 in accordance with the national contract variation being implemented.

### **3. NWAS Performance to date**

3.1 Performance under the ambulance response programme has been extremely challenging and has required wholesale organisational change requiring review of how calls are answered and responded to before dispatch and the resource deployed to each incident. As expected, December 2017 was an extremely challenging period, however whilst we enacted winter and festive plans to maximise both operational and Emergency Operations Centre (EOC) capacity, front line staffing was above plan and additional EOC call handling staff were recruited, the pressures in the system in December and increased activity meant that performance was not in line with plan.

3.2 The overall North West performance for the period since ARP implementation by Category is provided in **Appendix A** with **Appendix B** providing national comparators.

3.3 The appendices show that NWAS need to deliver much improved performance at Category 1 and Category 2 and a need to reduce the long waits particularly under Category 2. Nationally NWAS is performing poorly against its peers for category 1&2 and a significant national outlier for Category 2 performance.

3.4 Performance at Category 3 and 4 is slightly better but at best only comparable with the medium position nationally.

3.5 Contractual performance to meet national and local quality standards is required for the North West region, not at CCG and county level. Performance at overall and County and CCG level is however shown in the appendices for information purposes for the period August 7th to 31st December is shown in **Appendix C**.

3.6 Whilst performance overall and at county levels is unacceptable it is of note that performance across Cheshire, Warrington and Wirral is better than that in Greater Manchester, Lancashire and Merseyside. This was not evident under the previous standards.

## **4. Quality and Safety**

- 4.1 Concerns over the poor ambulance response times and risks to patient care have been highlighted by both clinicians and commissioners.
- 4.2 NWAS has been asked to undertake a full review of all aspects of quality and safety, including serious incidents and complaints, in order to understand any impact to individual patients; and to embed the learning within the organisation. This will form part of the agreed plan going forward to be monitored by the lead commissioners.
- 4.3 The number of category 1 long waits greater than 20 minutes have reduced significantly and NWAS receive daily reports of all these calls. These cases are being clinically reviewed and the vast majority are upgraded cases where it would have been impossible to reach the response standard.
- 4.4 NWAS recognises that despite the current performance challenges in particular for C1 and C2 patients, they need to accelerate at pace the transformation model to deliver clinical decisions for patients as early in the call as possible, one of the advantages that ARP enables is increased time to ensure the right care is provided first time.

## **5. Challenges to Performance**

### **5.1 Increase in Activity:**

- 5.1.1 Increases in ambulance calls and responses have a material impact on the capacity and capability for the ambulance service to respond timely. In this respect it is no different to the challenges seen elsewhere in the NHS and in particular in A&E departments, where performance is equally challenged.
- 5.1.2 It is important to recognise that growth in call volume does not automatically translate to ambulance dispatches, and the ability of local systems to provide alternatives through Acute Visiting Services (AVS) or similar schemes can have a significant impact.

### **5.2 Hospital Turnaround:**

- 5.2.1 Agreed system protocols require that A & E departments receive a handover of ambulance patients within 15 minutes of arrival. Since November 2017 NWAS have seen significant increase in these times with crews regularly waiting more than an hour in the A&E corridors.
- 5.2.2 In December 2017 10,026 hours of ambulance time was lost with this excessive waiting, which equated to £1m of resource
- 5.2.3 Issues being experienced by hospitals are a system wide problem and NWAS has taken a proactive approach to dealing with them. In collaboration with the lead commissioning team, NHS Improvement and NHS England, NWAS conducted an Intensive support 30, 60 and 90 day work programme. The results of which have had an impact in the short term within some areas, but the learning needs to be embedded within the system.
- 5.2.4 CCGs need to take an active role in addressing poor turnaround times as articulated in recent correspondence and should where appropriate escalate to A&E Delivery Boards or on CCG risk registers.

## 6. Performance Improvement Plan

6.1 NWAS accept that performance has not met the standards and they have implemented plans to improve performance. Actions implemented by NWAS over the past few weeks have started to make an improvement against the standards.

6.2 The Lead Commissioners representing all CCGs on the NWAS Strategic Partnership Board have been pressing for some months for an improvement trajectory, but the request has been made more complex by the National moratorium on reporting.

6.3 This matter has been escalated to NHS England and NHS Improvement and a performance trajectory will be agreed with commissioners by the end of the month providing a timescale for meeting ARP performance at North West level across all categories.

### 6.4 Actions Being Taken

#### 6.4.1 Call Taking:

To deliver ARP in line with national requirements the ordering of the Advanced Medical Priority Despatch Service (AMPDS) questions has changed to prioritise patients with life threatening / serious symptoms very early in the call. This has required significant re-training of 240 call handlers. There has also been an increase in the length of calls and the time between calls (wrap up time).

In order to deliver the standard of 95% calls within 5 seconds NWAS recognise there are a number of actions that need to be addressed and are in progress.

- Additional EOC staffing capacity and the recruitment of 23 additional call handlers.
- Increased capacity by improvements in recruitment and retention in place
- Externally commissioned consultancy to review supply and demand in the Emergency Call Centres and profile our service requirements.
- Call centre specialist to focus on improvements in call pickup – 15th January

#### 6.4.2 Reducing the proportion of down time:

By March 2018 a more flexible rota changes will be implemented to maximise capacity and the introduction of a software system/ increased use of technology will help identify C1 calls earlier in the process

#### 6.4.3 Dispatch Methods:

NWAS have reconfigured their internal systems to provide a different view of demand (calls waiting for a vehicle to be dispatched) and supply (available staff and vehicles) which provides more information to the dispatchers and gives them more time to allocate the most appropriate resource.

A number of improvement actions are in place, summarised as follows:

- Introduction of auto dispatch, which is expected to have a significant improvement on the time to dispatch – late February
- Enhanced clinical supervision within EOC to ensure the patients with the highest clinical needs are prioritised. This is still under development and requires embedding learning and best practice from other Trusts who have had more experience under ARP

- Renewed focus and education of staff both operationally and within EOC to ensure the Trust maximises the benefits of ARP and patients get the most appropriate clinical resource in a timely manner.

#### 6.4.4 **Operational Resources:**

ARP requires NWS to send the most appropriate resource and this is often not an RRV but an ambulance with more than one crew member. The reconfiguration of their fleet is a significant undertaking which will require significant planning and resourcing. In the meantime NWS are trying to optimise their use of ambulances and are staffing them with two crew members. The planning assumptions show that the fleet mix ratio will need to change to a mix of 15% cars and 85% ambulances over the next 2 years from the current 25%:75% ratio. The NWS fleet is to be expanded with 54 replacement vehicles in the new financial year, it is planned to retain some of the outgoing fleet to boost the availability of ambulances, and these vehicles will be staffed from our reduction in the Rapid Response Vehicle (RRV) fleet.

## 7. **Population affected**

7.1 The Northwest of England including all Cheshire east residents.

## 8. **Access to further information**

8.1 For further information relating to this report contact:

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## 9. **Glossary of Terms**

<b>AMPDS</b>	Advanced Medical Priority Despatch Service
<b>ARP</b>	Ambulance Response Programme
<b>EOC</b>	Emergency Operations Centre
<b>RRV</b>	Rapid Response Vehicle