

**TRAFFORD COUNCIL**

**Report to:** Health Scrutiny Committee

**Date:** 27<sup>th</sup> June 2019

**Report of:** North West Ambulance Service NHS Trust

**Report Title**

**NWAS Performance & Update**

**Summary**

**An overview of the performance of North West Ambulance Service NHS Trust against national standards and an update on activities undertaken in Trafford.**

**Recommendation(s)**

**That the Health Scrutiny Committee note the contents of this report**

Contact person for access to background papers and further information:

Name: Maddy Edgar, Senior Communications Manager

Contact Number: 01204 498306



## 1.0 Purpose

1.1 To give an overview to the Trafford Health Scrutiny Committee of the performance against national standards and achievements of the North West Ambulance Service NHS Trust

## 2.0 Background

2.1 On 7 August 2017, the national ambulance response standards (targets) changed. The table below shows the current standards.

2.2 Also included in this report is a summary of achievements from the last year

2.3

| Category   | Description  | Response Time   |
|------------|--|---|
| Category 1 | Time critical life-threatening injuries and illnesses that need immediate intervention eg cardiac arrest, serious allergic reaction, airway obstruction, ineffective/abnormal breathing. | 7 minutes on average for all responses & 90% in 15 minutes  |
| Category 2 | Emergencies that need rapid assessment, urgent on scene intervention or urgent transport eg heart attack, epilepsy, stroke, sepsis, major burns.   | 18 minutes on average for all responses & 90% in 40 minutes |
| Category 3 | Urgent problems that need treatment to relieve suffering eg burns, diabetic and hypoglycaemic episodes, abdominal pain, injuries, drug overdose.   | 90% in 120 minutes  |
| Category 4 | Problems that are not urgent but need assessment in person or over the phone.  | 90% in 180 minutes  |

## 3.0 Performance

3.1 The ambulance response program (ARP) is now in operation in every ambulance service in the UK. NWS implemented the changes in August 2017 and began to develop the infra structure to support the new ways of working. In the first 12 months it was difficult to reconcile ambulance performance against the standard as the re-alignment of resources had not been

completed and therefore significant transformation and re-design needed to take place since we last updated the Trafford OSC.

- 3.2 In the last six months we have seen significant improvement in performance in Greater Manchester (GM), including Trafford. These are shown in Appendix A attached to this report. Table A shows the year to date performance for GM and tables B and C illustrate performance for the Central and South Sectors which provide emergency and Urgent provision for Trafford. GM is currently performing to standard in the life threatening category of C1 and Year to date getting to these patients quicker, enabling key interventions. In terms of the C2/3 patients we are close in GM to achieving standards but we still need to realign our front line resources to match demand.
- 3.3 Currently the trust is redesigning all front line rotas and ensuring that the ambulances and rapid response vehicles are maximised against the patient demand and variations. This review is scheduled to deliver a new framework for our deployed resources and is scheduled for implementation by January 2020. This is an integral element of the agreed Emergency Service contract and investment for 2019/2020, recently agreed with our Commissioners.
- 3.4 To improve our performance we are linking in the health system as a whole and taking less patients to hospital by use of community based services. All our Paramedics are now trained in Manchester Triage and can make more informed decisions regarding patient care pathways. Whilst generally NWAS demand has increased the ambulance service are taking less patients to hospital reducing the wider health impact on services under pressure. GM, South and Central sectors are all meeting the ARP standards for category 4 patients.
- 3.5 The ambulance performance is adversely affected when significant demand is received in one area or sustained demand across the whole area for a determined period, stretching available resource across the GM area. Our current resources are stable with recruitment which is an improvement on recent years where Paramedics were extremely difficult to recruit. We are currently recruiting Paramedics from around the UK and this is yielding very positive returns which will support our deployment of additional investment in front line resources through 2019/2020, stabilising and improving our performance against all standards.

#### **4.0 Hospital Turnaround times**

- 4.1 In 2019 we have seen a significant improvement in hospital turnaround times, reducing the unnecessary delay of returning ambulance resource to front line response. We have worked hard with our health partners to keep waiting to a minimum. Whilst the majority of Acutes are managing to turn vehicles around in 30 minutes some sites still have difficulty in meeting this standard. We will continue to work with each Acute to reduce the impact of this on ambulance performance. (Table 4.2)

4.2

| HOSPITAL NAME              | HANDOVER TIME SUMMARIES                  |   |                                    |   |
|----------------------------|--|---|------------------------------------|---|
|                            | Avg Arrival to Notification Time (mm:ss) | Avg Notification to Handover Time (mm:ss) | Avg Handover to Clear Time (mm:ss) | Avg Overall Arrival to Clear Time all Attends (h:mm:ss) |
| HAS_Candidate_Site         |  |   |                                    |   |
| Fairfield General          | 05:35                                    | 18:03                                     | 10:03                              | 0:33:47   |
| Manchester Royal Infirmary | 04:42                                    | 11:26                                     | 12:43                              | 0:30:33   |
| North Manchester General   | 04:49                                    | 13:57                                     | 11:08                              | 0:29:56   |
| Royal Bolton               | 05:38                                    | 10:42                                     | 10:14                              | 0:26:54   |
| Royal Oldham               | 05:43                                    | 20:47                                     | 10:40                              | 0:37:39   |
| Salford Royal              | 05:23                                    | 13:52                                     | 11:19                              | 0:30:42   |
| Stepping Hill              | 05:30                                    | 16:15                                     | 11:37                              | 0:34:01   |
| Tameside General           | 05:31                                    | 16:20                                     | 11:10                              | 0:33:20   |
| Wigan Infirmary            | 04:48                                    | 14:09                                     | 10:24                              | 0:29:24   |
| Wythenshawe                | 05:21                                    | 12:38                                     | 11:25                              | 0:30:20   |
|                            | 05:18                                    | 14:38                                     | 11:05                              | 0:31:35   |
| GMA Total                  | 05:18                                    | 14:38                                     | 11:05                              | 0:31:35   |

4.3 The cumulative target is 30 minutes for the turnaround of an ambulance at A&E. Whilst 6 of the Acutes are within performance four are not and therefore they can have an impact on NWS/GM performance. The manager in GM will continue to work with each A&E to minimise the impact and also to explore new ways of working to improve flow within each of the units.

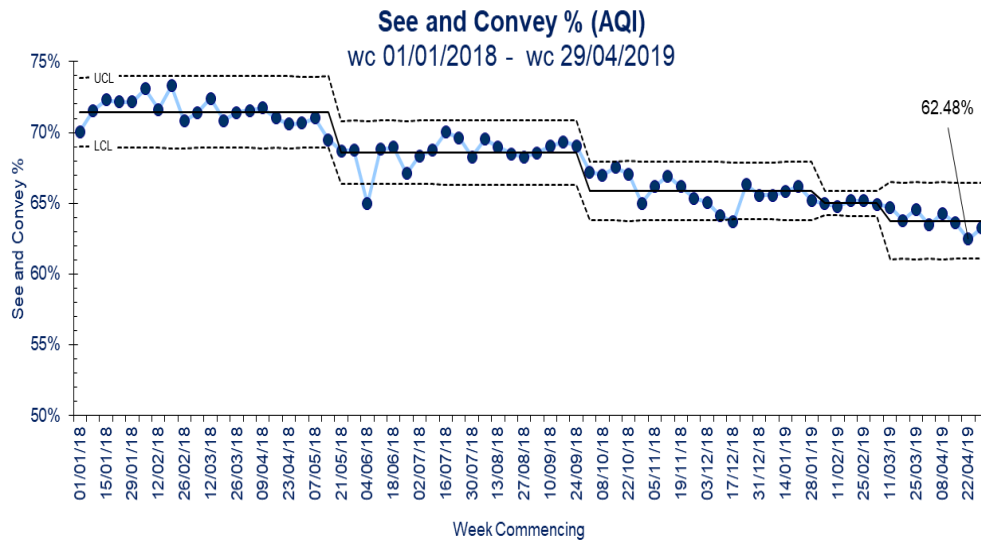
4.4 Wythenshawe and NWS have jointly introduced a clinical coordinator which is have a positive impact in reducing their hospital turnaround times and patient experience. The role was previously piloted in the MRI to great benefit and creates a greater focus on patient journey through the department and ultimately to support flow at all time, particularly when peak capacity may be obvious.

4.5 Wythenshawe, Manchester Royal were within performance for April but Salford Royal took 37 minutes to turn vehicles around during April.

## 5.0 See and Treat

5.1 The table below demonstrates that whilst we are receiving more calls year on years, we are actively reducing the number conveyed to the A&E departments.

## 5.2



## 6.0 Performance Improvement Plan

- 6.1 The past two operating years have represented a period of transition for the trust as we worked to implement, and adapt to, the new Ambulance Response Programme (ARP) standards. Working in partnership with NHSI, the trust made significant changes to operational working practices in order to align to the requirements of ARP. This included changes to the ambulance fleet profile, developing more clinically focused call centres, and increasing the workforce numbers across all key areas of service. In doing so, NWAS maximised existing resource efficiencies to a level where demonstrable performance improvement was achieved throughout the 2018/19 year.
- 6.2 Resource efficiencies were complemented by the large scale reduction in conveyance to A&E Departments. As an example, despite incident growth of 17,000, by increasing the potential of hear and treat and see and treat, we conveyed over 32,000 fewer patients than in the previous year. This was a huge contributory factor in stabilising performance standards.
- 6.3 During 2019/20 we will make further improvements to our fleet resource, operational rosters, and contact centre functions. These improvements will be complemented by programmes such as digital interoperability, integrated response models, and Quality Improvement based initiatives on hospital handover and further reductions in conveyance. All improvements will represent contributory factors in our planned levels of sustainable performance improvement.

## 7.0 Patient Transport Service (PTS)

- 7.1 North West Ambulance Service undertakes approximately 1.2 million non-emergency journeys every year. We provide Patient Transport Services in Lancashire, Greater Manchester, Merseyside and Cumbria
- 7.2 The service requirements are as follows:

Calls answered:  
Within 20 seconds

Time spent on the vehicle:  
Aim for no more than 60 minutes on board

Arrival at appointment:

The majority of patients will arrive on time for their appointments and no more than 60 minutes before (45 minutes before for EPS patients)

Collect following appointment:  
Within 60/90 minutes of scheduled/notification pick up time

7.3 The Greater Manchester performance for PTS is shown in Appendix B.

## 8.0 Trafford Community Specialist Paramedic

8.1 In 2018, a Community Specialist Paramedic, Sara Harris, was appointed to work in the Trafford borough.

8.2 The appointment's objectives was to improve relationships with patients, the public and other provider organisations, to create a more integrated and patient-centred approach and improve the local community infrastructure and provide safe care closer to home.

8.3 In this section, we highlight some of the core achievements of this new post.

8.4 Sara deals with and closes on average up to six frequent callers a month. One of Sara's homeless frequent callers called numerous times in the preceding nine months, and was admitted 43 times. He was struggling to get any support because of his background and mortgage status. Since Sara's intervention, ensuring there was a plan in place and support from One Trafford Response. He has not been admitted for three months.

8.5 If the 999 calls leading to admission were to continue at the average of 4.7 a month over those three months, the potential savings for just this one caller were:

| 999 Calls reduced | ED Attendances/Tariff National Ave £114 saved | Average Admission saving £1,489 | Bed Days saved, Ave National 5.8 |
|-------------------|---|---------------------------------|----------------------------------|
| 14                | £1,596  | £20,846                         | 81.2                             |

8.6 Health Care Professional admissions account for 10.7% YTD of Trafford's 999 activity. Sara had completed 13 GP visits for the community in October, as an alternative to calling 999. Of these visits all 13 were maintained at home with advice or prescriptions after liaising back with the local GP.

8.7 Sara also responds to low category calls to maintain them at home where possible with a higher see and treat rate than NWS paramedics. In an average month, she is contacted four times by NWS crews with complex patients they were unsure on how best to support, which she maintains at home with support from teams she has made local connections with. These would have been transported to hospital without her support. This side of Sara's work is expected to increase over the coming months.

- 8.8 Sara is also available to respond to Category 1 (Potentially immediately life threatening or cardiac arrest) to further support her community. On one occasion, Sara was on scene within three minutes of receiving a Cat 1 call that was a cardiac arrest of male patient in his early 50s. Sara was the cardiac arrest team leader for the incident, and utilised her extended skills of Inter Osseous to gain access for drug therapy and had gained a Return of Spontaneous Circulation (ROSC). The patient made a good recovery.
- 8.9 One of Sara's roles is engaging with the local community and in the last few months, has undertaken the following:
- 8.10
- Sara has trained over 100 Trafford residents in CPR and AED utilisation, varying from children to health care professionals.
  - Ran a Flu Clinic
  - Met with Trafford Deaf Community to discuss difficulties they have and how NWAS can support.
  - Met Trafford Mayor to discuss her role.
  - Hosted representatives from the Hindu Community to NWAS for 'Friendship Day' and CPR training.
  - Development of existing falls pathways – Trafford falls is the highest one clinical presentation of 999 calls at 8.8% of 999 activity, and the highest in Greater Manchester.
- 8.11 Ascot House has been supported with training from Sara in utilisation of the NaRT. This is a care home triage tool that assists carers when their residents have an acute episode to access the right health care for their resident's presentation. Ascot House was chosen as it had the highest number of 999 calls from a Care Home in Trafford. The care home was initially trained in January 2017 by the CSP in Partington and it was seen to reduce 999 demand at the time, but with no further support being given 999 activity increased again over 2017 and the first six months in 2018 in comparison to 2017. There was a rise in activity in July 2018, however in many care homes in Trafford and Greater Manchester figures rose in the summer due to the high temperatures.

## **9.0 Other trust achievements in 2018/19**

- 9.1 Teaching and learning standards for apprentices at NWAS was given positive feedback from regulator, OFSTED. The ambulance service changed the way it provides training to apprentices in May 2017 when it became an employer provider meaning it was able to deliver its first regulated qualification in-house.
- 9.2 NWAS obtained Disability Confident Employer status in November 2018. The number of staff working at NWAS with disabilities is continuing to increase and speaking to staff about difficulties faced will continue to support this work.
- 9.3 In February 2019 the trust re-signed the Time to Change Blue Light Pledge at the Trust Board meeting which commits the Trust to improving mental health and challenging the stigma associated with mental health conditions.
- 9.4 Almost 80,000 people across the North West avoided an unnecessary trip to hospital last year thanks to enhanced telephone assessment and advice. NWAS expanded its Clinical Hub, which is a team of clinicians with various areas of expertise. These clinicians assess patients

on the telephone and provide self-care advice or arrange for them to get the care they need in the community when safe to do so, avoiding an unnecessary trip to hospital.

9.5 NWAS trained 65,058 people in basic life support and the use of a defibrillator

9.6 NWAS was featured in the BBC BAFTA award winning documentary series 'Ambulance' with some of the incidents being filmed in the Trafford area.

## **10.0 Recommendations**

10.1 That the Trafford Health Scrutiny Committee note the contents of this report.

10.2 That any questions arising from this document can be submitted by emailing [madeline.edgar@nwas.nhs.uk](mailto:madeline.edgar@nwas.nhs.uk)

10.3 That the Committee notes that NWAS is happy to arrange for a representative to attend any future meetings