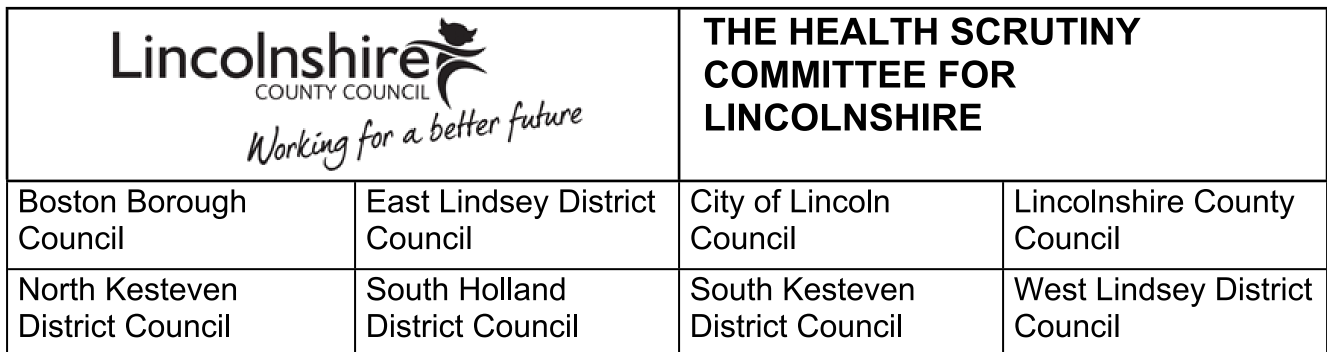

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Sue Noyes, Chief Executive,
East Midlands Ambulance Service NHS Trust

Report to:	**Health Scrutiny Committee for Lincolnshire**
Date:	**20 January 2016**
Subject:	**East Midlands Ambulance Service (EMAS) - Improvements and Performance**

Summary:

This report outlines the key areas of performance within the East Midlands Ambulance Service (EMAS) and in particular the Lincolnshire Division. This also includes an update on the work and ongoing projects being carried out to enhance and support performance.

Actions Required:

To consider and comment on the performance summary, the ongoing work and the progress undertaken.

1. Purpose

This report provides the Health Scrutiny Committee for Lincolnshire with an update on the performance of the East Midlands Ambulance Service NHS Trust (EMAS). In November 2015, EMAS was inspected by the Care Quality Commission (CQC), and the outcomes of the inspection are expected in early 2016.

EMAS Response Time Performance – Quarter Two (July, August and September 2015)

The Lincolnshire Division achieved the Red 1 target (76.56%) for Quarter. Red 2 has been a challenge and the Division fell short of the required target by 1.44%. Quarter 2 response time performance is detailed in Table 1 of this report. Table 2 sets out the handover delays at hospitals, **which are subject to validation**. Overall activity compared with quarter two for 2014/15 has increased by 6%. Tables 3 and 4 show the number of calls received and responses undertaken during Quarter 2.

Table 1

Quarter Two 2015-16 (July, August, Sept 2015)	Performance - Incidents (Response)									Performance - Telephony		Performance - Monitoring	
	RED 1 *(75%)*	**RED 2 *(75%)***	**RED *(75%)***	**RED 1 *(95%)***	**RED 2 *(95%)***	**RED *(95%)***	**GREEN 1 *(85%)***	**GREEN 2 *(85%)***	**URGENT *(90%)***	**GREEN 3 *(85%)***	**GREEN 4 *(85%)***	**GREEN 3 (85%)**	**GREEN 4 (85%)**
Lincolnshire Division	**76.56%**	**73.56%**	**73.71%**	**96.07%**	**85.99%**	**86.50%**	**80.10%**	**75.78%**	**72.95%**	**88.82%**	**99.07%**	**90.06%**	**98.97%**
NHS Lincolnshire East CCG	68.66%	70.81%	70.72%	94.03%	79.71%	80.35%	75.96%	69.31%	68.44%	91.06%	99.17%	85.96%	97.69%
NHS Lincolnshire West CCG	87.50%	82.37%	82.67%	97.49%	93.63%	93.86%	86.89%	86.08%	81.33%	91.11%	99.12%	93.28%	100.00%
NHS North East Lincolnshire CCG	80.67%	77.35%	77.53%	98.00%	90.27%	90.68%	82.99%	78.79%	70.50%	87.14%	99.61%	100.00%	100.00%
NHS North Lincolnshire CCG	77.67%	74.85%	74.99%	99.03%	90.71%	91.11%	81.82%	79.49%	70.41%	83.10%	98.71%	87.23%	98.72%
NHS South Lincolnshire CCG	61.64%	61.29%	61.31%	90.41%	79.48%	79.95%	77.37%	65.50%	74.85%	92.86%	98.22%	73.58%	98.81%
NHS South West Lincolnshire CCG	73.86%	66.76%	67.18%	95.45%	79.94%	80.87%	79.80%	71.51%	74.13%	84.78%	99.45%	92.68%	100.00%

- Red 1 – Immediately life threatening calls, for example cardiac arrest patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. Red 1 patients account for less than 5% of all ambulance calls. Response time: 8 minutes from call received and 19 minutes for conveying resource to scene.
- Red 2 –Life threatening calls, such as cardiac chest pains. Response time: 8 minutes from call received and 19 minutes for conveying resource to scene.
- Green 1 – Serious, but not life threatening. Response time of 20 minutes from call received.
- Green 2 – Serious, but not life threatening and with no serious clinical need: Response time of 30 minutes of call received.
- Green 3 – Non-life threatening non-emergency call. Telephone assessment within 20 minutes of call received.
- Green 4 – Non-life threatening non-emergency call. Telephone assessment within 60 minutes of call received.

Table 2

Handover Delays at Hospitals
Quarter 2 - 2015/16 (Figures Subject to Validation)
(Figures for Quarter 2 - July, August and September 2015)

Hospitals	No Of Usable Handover Times	Handovers Over 15mins	% Delayed over 15	Handovers Over 20mins	% Delayed over 20	Handovers Over 30mins	% delayed over 30	Handovers Over 45mins	% Delayed over 45	30 To 59 minutes	1 To 2 Hours	2 to 4 Hours	4 to 6+ Hours
Boston Pilgrim Hospital	6161	2763	45%	1862	30%	927	15%	394	6%	721	208	3	0
Grantham and District Hospital	1269	655	52%	451	36%	205	16%	73	6%	183	34	3	0
Grimsby Diana Princess Of Wales	5606	3272	58%	2297	41%	1064	19%	312	6%	983	85	2	0
Lincoln County Hospital	7959	5009	63%	3571	45%	1647	21%	612	8%	1406	254	25	0
Peterborough City Hospital	2439	1025	42%	643	26%	243	10%	73	3%	230	19	2	0
Scunthorpe General Hospital	4260	2421	57%	1738	41%	834	20%	312	7%	700	138	5	0
Skegness and District Hospital	199	68	34%	33	17%	12	6%	1	1%	13	0	0	0
Grand Total	**27893**	**15213**	**55%**	**10595**	**38%**	**4932**	**18%**	**1777**	**6%**	**4236**	**738**	**40**	**0**

Notes

1. The table shows pre-hospital handover times only, which are not expected to exceed 15 minutes. The pre-hospital handover time refers to the time between the arrival of the ambulance at the hospital and the transfer of the patient to the care of the hospital. For Quarter 2 as a whole the average pre-hospital handover time was 20 minutes and 9 seconds. In total over 36,000 hours of ambulance time was lost as a result of exceeding the 15 minute limit.
2. The table does not show post-handover times. This refers to the 15 minutes, where the crews are expected to clean the ambulance; complete any forms; and generally make the ambulance ready for the next call. The pre-hospital handover time and the post-handover time, taken together represent the turnaround time. For Quarter 2, the average post-handover time was 13 minutes and 50 seconds. If the average pre-handover time of 20 minutes and 9 seconds is added to the post-handover time of 13 minutes and 50 seconds, an average turnaround time for the quarter of 33 minutes and 59 is calculated.

Table 2

	Number of Calls Received – Quarter Two (2015-16) (July, August and September 2015)									
	Red 1	**Red 2**	**Red**	**Green 1**	**Green 2**	**Green 3**	**Green 4**	**Urgent**	**Routine**	**TOTAL**
Lincolnshire Division	**819**	**16791**	**17610**	**4335**	**13762**	**1429**	**4091**	**3986**	**85**	**45298**
NHS Lincolnshire East CCG	196	4745	4941	1338	3645	391	1132	1305	25	12777
NHS Lincolnshire West CCG	202	3410	3612	638	2939	291	857	780	28	9145
NHS North East Lincolnshire CCG	161	3135	3296	709	2367	269	638	334	11	7624
NHS North Lincolnshire CCG	105	2235	2340	603	1806	180	571	601	20	6121
NHS South Lincolnshire CCG	72	1793	1865	575	1649	169	479	402	0	5139
NHS South West Lincolnshire CCG	83	1473	1556	472	1356	129	414	564	1	4492

1. This table shows the number of calls received in each category, by CCG area. The figures exclude calls transferred from 111.

Table 3

	Number of Responses Made– Quarter Two (2015-16) (July, August and September 2015)									
	Red 1	**Red 2**	**Red**	**Red 1 19**	**Red 2 19**	**Red 19**	**Green1**	**Green2**	**Urgent**	**Reportable Incidents with a response (Total)**
Lincolnshire	**815**	**15230**	**16045**	**814**	**15185**	**15999**	**4422**	**13439**	**3438**	**37344**
NHS Lincolnshire East CCG	201	4286	4487	201	4263	4464	1360	3412	1106	10365
NHS Lincolnshire West CCG	200	3210	3410	199	3205	3404	671	3110	691	7882
NHS North East Lincolnshire CCG	150	2658	2808	150	2651	2801	670	2051	278	5807
NHS North Lincolnshire CCG	103	2068	2171	103	2067	2170	594	1828	534	5127
NHS South Lincolnshire CCG	73	1612	1685	73	1608	1681	632	1655	342	4314
NHS South West Lincolnshire CCG	88	1396	1484	88	1391	1479	495	1383	487	3849

1. This table shows the number of Incidents with a response (with a resource to scene) within the EMAS CCG area. therefore, the basis of performance calculations shows the number of ambulance responses made in each category.

Overview

Staff engagement and recruitment has seen greater emphasis, being mobilised through an NHS initiative termed "Listening into Action" that is being led personally by our Chief Executive, Sue Noyes.

Staff recruitment and the workforce plan are fully committed for the current financial year with new staff joining the service from April 2015 to March 2016.

EMAS has noted that inter facility transfers (IFTs) from Grantham and District Hospital have increased by 23% compared with 2014/15. To establish the reason for the increased number of IFTs from Grantham, a review is being undertaken. In addition to establishing the reasons for the increase, it will identify what actions need to be taken to mitigate the impact on performance in the South Lincolnshire and South West Lincolnshire CCG areas. When the findings are available, they can be made available to the Committee.

The Division has worked closely with United Lincolnshire Hospitals NHS Trust (ULHT) to proactively manage handover delays but this is an ongoing issue and being reviewed under the ULHT recovery plan. In December 2015, the Division deployed a clinical navigator within Pilgrim Hospital to liaise with ULHT staff to signpost patients efficiently and free up EMAS resources to respond to calls. The impact of this initiative will be reported to the Committee, when the information is available. Hospital Ambulance Liaison Officers (HALOs) will continue to be deployed to all sites where pressures are identified.

The CQC visited EMAS in November 2015 and the report on findings should be available in early January 2016.

EMAS is actively engaged in supporting the ULHT recovery plan.

2.1 Performance Summary

The Committee is asked to consider the areas of work being carried out and the direct effect they are having on Ambulance Service performance within Lincolnshire. Although in the present contract, EMAS are not commissioned to achieve national standards within Lincolnshire, the Commissioners within Lincolnshire do expect to see a continuous improvement towards national standards.

The Trust is active with Healthwatch Lincolnshire and has formed an EMAS Healthwatch Task Group to look at and action initiatives in response to local needs.

Engagement with both System Resilience Groups (SRGs) and Urgent Care Working Groups is well established and representation and participation is regular and inclusive.

Work on unique initiatives with partner organisations such as Clinical Commissioning Groups (CCGs); the Integration Executive; Local Resilience Forum (LRF); and others are on-going in support of the improvements necessary for the wider Lincolnshire health economy.

Pro-active work on hospital delays with ULHT staff has shown improvement, but there is a lot more work to do in this area.

External expert and consultant support, advice, critique and audit has been sourced and the results of this work and findings shared with commissioners to ensure the EMAS plan is robust and sufficiently focussed to deliver the required outcomes. Commissioner feedback on this has been very positive and supportive through their attendance at all relevant Board and Working Group meetings.

The development of:

- Mental Health Car Initiative;
- Mobile Incident Unit, Butlins, Skegness;
- Clinical Assessment Car Initiative;
- South Lincolnshire Investments/Initiatives;
- Joint Ambulance Conveyance Project (JACP) – Stamford, Woodhall Spa and Long Sutton;
- Clinical Navigator Role at Pilgrim Hospital in Boston; and
- Addressing patient handover delays at the acute trusts.

2.2 Joint Ambulance Conveyance Project Data

Introduction

Lincolnshire Fire and Rescue (LFR) and EMAS have developed a pilot project aimed at improving the quality of service and outcomes for patients in Lincolnshire. The project is called the Joint Ambulance Conveyance Project (JACP). The JACP builds on LFR's existing co-responder scheme, run in partnership with EMAS and Lincolnshire Integrated Voluntary Emergency Service (LIVES), in which on-call retained firefighters from 21 stations already respond to medical emergencies, delivering first aid, providing oxygen therapy and administering defibrillation and cardiopulmonary resuscitation.

The JACP involves some co-responders being mobilised to medical incidents in an ambulance vehicle. At the same time, an EMAS paramedic also responds to the incident in a fast response car. The paramedic assesses if the patient needs to go to hospital and, if so, travels with the patient in the ambulance providing any necessary treatment on route. The main difference between the standard practice and the JACP is that LFR staff have the capability of conveying a patient to hospital rather than having to wait at the scene until an EMAS ambulance arrives.

The pilot is being run from Long Sutton, Stamford and Woodhall Spa fire stations. These locations were selected as the retained firefighters at these stations already co-respond.

JACP Activity

The following table shows JACP performance for Quarter 2 (July, August and September 2015) for the three fire stations combined:

Number of Co Responder Incidents attended	**270**
Number of Non Conveyances	**73**
Number of Conveyances	**197**
Incidents transported by FRV	**18**
Incidents transported by DCA	**107**
Incidents transported by JACP	**64**
Incidents transported by other resource	**8**
Conveyance rate	**73%**
FRV conveyances	**9%**
DCA conveyances	**54%**
JACP conveyances	**32%**
OTHER conveyances	**4%**

2.3. LIVES First Responder Performance

LIVES Call Out Information (April - November 2015)

Red 1 Contribution to Performance by Resource

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Commmunity First Responder *	0.82%	1.43%	1.11%	1.13%	1.43%	1.55%	1.93%	1.06%
Lives Responder Scheme	2.27%	1.63%	1.41%	2.45%	2.77%	1.94%	2.77%	2.02%

Red 2 Contribution to Performance by Resource

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Community First Responder *	1.57%	1.79%	1.40%	1.14%	1.37%	1.32%	1.47%	1.39%
Lives Responder Scheme	1.78%	1.48%	1.40%	1.68%	1.96%	1.56%	1.65%	1.61%

LIVES arrivals on scene for Q2

Resource Type/s	Allocated	Mobilised	Arrive At Scene
Q2 2015/16	6084	5369	4877
Lives Responder Scheme	6084	5369	4877
Grand Total	6084	5369	4877

2.4 Toughbook Usage Update

EMAS has been operating the current version of toughbooks since 2009. The system needs to be refreshed to ensure staff are able to access the information needed and EMAS can capture information in line with national guidance. Lincolnshire's current usage of toughbooks has been very low. The main reasons for toughbooks not being used are:-

1. Staff not confident in use – Action: Train the Trainer sessions have been arranged at our Training Centre;
2. Toughbooks not being charged – Action: Separate chargers and spare batteries are currently being supplied for placement at stations and hospitals for crews to swap flat batteries;
3. Toughbooks not being available – Action: Lincolnshire will have a number of spare devices and the swap out process is currently being reviewed;
4. Toughbooks not working – Action: Nominated leads who can provide additional support and training if required to identify problems with Toughbooks.

There are on-going issues with RFID [*Radio Frequency Identification*] tags fitted to toughbooks, as we have found a number are missing. These have either been left on toughbooks which have been returned or removed and not replaced on replacement toughbooks.

An upgrade is planned and the intention will be to support and encourage a more consistent use of the electronic patient record. The planned upgrade to the latest version of our electronic patient record is currently underway. All toughbooks will be replaced with one of the upgraded devices. This upgrade will include additional functionality to refresh and update the patient report and also to allow access to other sources of information such as GRS/e-mail, patients' demographic search and if required access to the patients' summary care record.

The initial screen when logging into the Toughbook will appear with a red background as opposed to the current blue background. This is to allow easy identification of those devices which have been updated and will not affect the Toughbooks operation.

2.5 Fleet Strategy

EMAS's Fleet Services Strategy was agreed by the EMAS Board in March 2015 and highlights the case for investment in the EMAS fleet to respond to a range of challenges. EMAS has committed to invest between £19m - £24m in the next five years on new vehicles. This investment will ensure that the age profile of the EMAS fleet is reduced to seven years by the end of financial year 2018/19.

Another objective is to improve our spare capacity numbers of our vehicles. Lincolnshire currently has the highest spare capacity at 40% compared to other Divisions at 33%.

Phase 1 of the Double Crewed Ambulance (DCA) replacement programme has been completed with the first 29 DCAs all delivered, commissioned and operational within Divisions. Phase 2 of the DCA replacement programme for the next 30 DCAs is now underway. Lincolnshire will be receiving two (based at Boston and Lincoln stations) plus an extra three Fast Response Vehicles (FRVs).

The allocation of the ambulances to the Lincolnshire has been identified from the age profile of all the ambulances. The Lincolnshire Division received 46% of the new vehicles in 2012 and does not have the same aging vehicles as other Divisions. For example, in 2010 EMAS introduced 91 new ambulances (Vauxhall Movanos) and the Division Lincolnshire received 26 of these. In 2012 EMAS introduced 80 new ambulances (Peugeot Boxers) and Lincolnshire received 37.

3. Consultation

This is not a consultation item.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

All sources of information and data referred to in this report can be found at: www.emas.nhs.uk.

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