Lincolnshire COUNTY COUNCIL Working for a better future		**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 East Midlands Ambulance Service NHS Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**21 March 2018**
Subject:	**East Midlands Ambulance Service NHS Trust – Update Report**

Summary:

The purpose of this item to consider information from the East Midlands Ambulance Service on:

- response time information by Clinical Commissioning Group area, in accordance with the new Ambulance Response Programme standards;
- handover delays at hospitals;
- the role of LIVES (Lincolnshire Integrated Voluntary Emergency Service);
- the Ambulance Response Programme and its impact on staff rotas and the types of vehicles used; and
- the new Urgent Care Tier (from 1 April 2018)

Actions Required:

The Health Scrutiny Committee is recommended to consider and comment presented by the East Midlands Ambulance Service on : -

- response time information by Clinical Commissioning Group area, in accordance with the new Ambulance Response Programme standards;
- handover delays at hospitals;
- the role of LIVES (Lincolnshire Integrated Voluntary Emergency Service);
- the Ambulance Response Programme and its impact on staff rotas and the types of vehicles used; and
- the new Urgent Care Tier (from 1 April 2018)

1. BACKGROUND

Ambulance Response Performance by CCG Area

Set out in this section of the report is ambulance performance information by Lincolnshire CCG [Clinical Commissioning Group] area for the last four months, in accordance with NHS England's definitions of the new response categories and standards. It is important to note that the East Midlands Ambulance Service NHS Trust (EMAS) is not currently commissioned to meet the national standards at a regional, county or CCG level. Ongoing discussions are taking place between EMAS and its co-ordinating commissioner regarding the level of funding required to deliver national standards at regional and county levels.

NHS Lincolnshire East CCG Area

CAT CODE		Average	50th Percentile	75th Percentile	90th Percentile
Category 1 (Life Threatening Injury or Illness Calls)	Actual	00:11:29	00:09:34	00:14:27	00:22:57
	Standard	00:07:00			00:15:00
Category 2 (Emergency Calls)	Actual	00:45:58	00:33:16	01:02:03	01:39:37
	Standard	00:18:00			00:40:00
Category 3 (Urgent Calls)	Actual	01:38:16	00:59:58	02:13:05	03:50:29
	Standard				02:00:00
Category 4 (Less Urgent Calls)	Actual	01:00:14	00:44:57	01:26:03	02:11:10
	Standard				03:00:00

NHS Lincolnshire West CCG Area

CAT CODE		Average	50th Percentile	75th Percentile	90th Percentile
Category 1 (Life Threatening Injury or Illness Calls)	Actual	00:08:42	00:07:24	00:10:52	00:15:52
	Standard	00:07:00			00:15:00
Category 2 (Emergency Calls)	Actual	00:39:51	00:27:31	00:53:09	01:30:10
	Standard	00:18:00			00:40:00
Category 3 (Urgent Calls)	Actual	01:31:55	00:58:13	02:09:02	03:29:41
	Standard				02:00:00

CAT CODE		Average	50th Percentile	75th Percentile	90th Percentile
Category 4 (Less Urgent Calls)	Actual	01:26:51	01:07:01	01:51:39	03:15:50
	Standard				03:00:00

NHS South Lincolnshire CCG Area

CAT CODE		Average	50th Percentile	75th Percentile	90th Percentile
Category 1 (Life Threatening Injury or Illness Calls)	Actual	00:13:13	00:11:27	00:17:02	00:23:39
	Standard	00:07:00			00:15:00
Category 2 (Emergency Calls)	Actual	00:55:08	00:38:30	01:14:38	02:00:06
	Standard	00:18:00			00:40:00
Category 3 (Urgent Calls)	Actual	02:03:26	01:16:23	02:56:48	04:54:32
	Standard				02:00:00
Category 4 (Less Urgent Calls)	Actual	02:25:47	01:20:17	03:53:03	05:44:55
	Standard				03:00:00

NHS South West Lincolnshire CCG Area

CAT CODE		Average	50th Percentile	75th Percentile	90th Percentile
Category 1 (Life Threatening Injury or Illness Calls)	Actual	00:11:35	00:09:52	00:15:29	00:22:16
	Standard	00:07:00			00:15:00
Category 2 (Emergency Calls)	Actual	00:51:43	00:37:17	01:08:25	01:52:57
	Standard	00:18:00			00:40:00
Category 3 (Urgent Calls)	Actual	01:49:27	01:11:11	02:32:34	04:22:54
	Standard				02:00:00
Category 4 (Less Urgent Calls)	Actual	01:51:20	01:37:52	01:59:34	03:19:04
	Standard				03:00:00

Set out below is the performance in relation to the four categories for calls received from Health Care Professionals (HCP) requesting a response within an agreed time scale (one, two, three or four hours) for a patient to be conveyed to a hospital or other place of care. These are also detailed by CCG area.

NHS Lincolnshire East CCG Area

CAT CODE	Average	50th Percentile	75th Percentile	90th Percentile
HCP Admission Protocol 1hr	02:25:45	01:44:13	03:04:05	04:54:42
HCP Admission Protocol 2hr	02:40:04	02:06:08	03:29:37	05:29:46
HCP Admission Protocol 3hr	01:29:07	01:29:07	01:58:59	02:16:54
HCP Admission Protocol 4hr	03:58:01	03:03:15	05:28:38	08:10:50

NHS Lincolnshire West CCG Area

CAT CODE	Average	50th Percentile	75th Percentile	90th Percentile
HCP Admission Protocol 1hr	02:26:32	01:57:39	03:35:47	05:32:14
HCP Admission Protocol 2hr	02:07:32	01:46:04	03:18:16	04:08:17
HCP Admission Protocol 3hr	00:56:42	00:56:42	00:56:42	00:56:42
HCP Admission Protocol 4hr	04:00:54	03:25:58	05:11:30	07:38:06

NHS South Lincolnshire CCG Area

CAT CODE	Average	50th Percentile	75th Percentile	90th Percentile
HCP Admission Protocol 1hr	02:52:21	02:10:09	03:26:48	05:25:40
HCP Admission Protocol 2hr	03:07:17	02:17:15	03:25:47	04:10:38
HCP Admission Protocol 4hr	04:41:53	04:21:47	06:16:45	08:45:18

NHS South West Lincolnshire CCG Area

CAT CODE	Average	50th Percentile	75th Percentile	90th Percentile
HCP Admission Protocol 1hr	02:57:53	02:01:54	03:22:03	03:47:13
HCP Admission Protocol 2hr	02:58:30	02:23:48	03:04:29	04:18:25
HCP Admission Protocol 4hr	04:31:25	04:01:16	06:20:44	08:49:06

Hospital Handover Delays – February 2018

Lincolnshire has some of the highest handover delays in the EMAS region, where the clinical handover target is 15 minutes. The table below shows the average time for it took for EMAS to handover a patient to the hospital (during February 2018) and the number of times it took over an hour to handover the patient.

Hospital	Quantity of Handovers	Average Clinical Handover	1hr+ Losses	Total Hrs Lost
Boston Pilgrim	**1,784**	**00:52:21**	**475**	**1,136**
Chesterfield Royal	2,072	00:18:59	20	215
Derby Royal	4,055	00:19:19	21	397
Kettering General	2,311	00:30:02	226	641
Leicester Royal	5,193	00:30:19	557	1,455
Lincoln County	**2,163**	**00:39:25**	**475**	**1,136**
Northampton General	2,547	00:22:04	83	372
Kings Mill Mansfield	2,856	00:21:51	34	393
Nottingham Queen's	5,063	00:16:27	26	319

EMAS is working with United Lincolnshire Hospitals NHS Trust (UHLT) to improve this position. However, these delays put significant pressure on EMAS to respond to patients in the community and impacts on response times shown in the CCG tables above.

Role of LIVES

LIVES [Lincolnshire Integrated Voluntary Emergency Service] is an extremely valuable resource to the EMAS Lincolnshire Division as, due to the location of the LIVES schemes, LIVES responders are often able to get to a patient more quickly than the EMAS resource. If a LIVES responder is allocated to an incident, an EMAS resource is always sent as well and therefore a LIVES responder is not a replacement for the EMAS response.

A LIVES responder will only stop the clock for Category 1 responses (The NHS England definitions are set out in Appendix A).

- Category 1 - The clock is stopped by the arrival of the first ambulance service dispatched emergency responder (including LIVES, Community First Responder and Fire Co- Responders)

- Category 2 - The clock is stopped by an EMAS vehicle that will transport the patient. If the patient refuses transport then the first EMAS emergency responder dispatched will stop the clock. This Category does not include LIVES, Community First Responder and Fire Co-Responders.
- Category 3 - as per Category 2 calls
- Category 4 - The transporting vehicle stops the clock.

LIVES is a charitable organisation that provides volunteers to respond on behalf of the Trust. As this is staffed by volunteers EMAS does not necessarily know how many volunteers will be available for each day. Therefore the only resources that are planned into the EMAS Lincolnshire resource model are the core EMAS resource (DCAs & FRVs)

LIVES responders are only sent to the jobs appropriate to their skill set and training.

Ambulance Response Programme

NHS England, Ambulance Services, the College of Paramedics, the Association of Ambulance Chief Executives, who are all experts in the field, and service commissioners came together in 2015 to set up the Ambulance Response Programme (ARP). Independent researchers from the School for Health and Related Research (ScHARR) at Sheffield University were asked to test, monitor and evaluate the work to make sure it was safe, effective.

On 13 July 2017 NHS England announced that all English Ambulance Trusts would move to the new way of working, using the revised clinical code set. EMAS migrated to the ARP pilot on the 19 July 2017.

Delivering improved patient outcomes and reducing duplication will require a very different operating model. ARP challenges EMAS to send the right resource and clinician to the right patient, rather than having to pursue an absolute target such as the previous Red 2 calls.

The three aims of ARP are:

1. Prioritising the sickest patients, to ensure they receive the fastest response.

2. Driving clinically and operationally efficient behaviours, so the patient gets the response they need first time and in a clinically appropriate timeframe.

3. Putting an end to unacceptably long waits by ensuring that resources are distributed more equitably amongst all patients contacting the ambulance service.

Critical to EMAS's future success is ensuring that it has the right operating model to deliver the above categories. Therefore EMAS will typically task only one resource to each incident, unless clinically it is appropriate to dispatch more than one resource or additional clinical support (for example, doctor or air ambulance).

The Roles of Double-Crewed Ambulances and Fast Response Vehicles

The new model described therefore will rely upon more on Double Crewed Ambulances (DCAs) and less on Fast Response Vehicles (FRVs). The FRV cohort will be more focused on Category 1 patients who require additional care or stabilisation.

This means having the right balance of DCAs and FRVs, and the right staff on duty at the right time and the need for a full review of rosters and working patterns will be essential to achieve this. In September 2017 EMAS began consultation with all staff regarding these operational changes and the rotas changes. Following an extensive period of consultation the final DCA & FRV model was agreed.

The table below compares the revised resource output.

Current		
	Double Crewed Ambulances	Fast Response Vehicles
Days	47	9
Nights	26	6
Proposed		
	Double Crewed Ambulances	Fast Response Vehicles
Days	48	6
Nights	32	6

The rota review and consultation has gone well and EMAS aims to be up and running with the new rotas on 2 April 2018. The new rotas do not include any additional staff, as EMAS is re-profiling the staff it is funded for in a different way to best meet the ARP objectives.

Although the new rotas will improve performance it is important to note that they will not deliver national standards.

New Urgent Care Tier

On 2 April 2018 EMAS will be introducing an Urgent Care Tier. This tier of transport will on be predominantly allocated to jobs that have been requested by a Health Care Professional who has requested transport, for one of their patients, to go into hospital.

The main objective of this role is to reduce some of the long delays patients that fall in to this category of work often experience. To enable EMAS to achieve this EMAS will ring fenced these resources for this work and will not respond to any emergency work.

This will then increase the availability of the emergency resource as they will not be allocated to these categories of jobs as often.

Responding to Calls

East Midlands Ambulance Service is a mobile emergency healthcare provider and our staff travel in ambulance vehicles to where help is needed. EMAS does not treat people in ambulance stations.

On average, EMAS receives a new 999 call every 34 seconds, therefore when an ambulance crew has started their shift, it is very rare for them to return to their station until their meal break several hours later. Gone are the days when a crew would return to their base after each call.

The ambulance vehicle that you may see in your local town might well have started their shift from a base many miles away. For example:

- Ambulance Crew A start their shift at a station based in Anytown.
- Their first 999 call comes in for a patient also located in Anytown.
- Ambulance Crew A respond and the patient needs taking to the nearest major trauma centre which is over 20 miles away based in Anycity.
- Ambulance Crew A and the patient make the journey from Anytown to Anycity.
- Whilst they are travelling our Emergency Operations Centre continue to receive new 999 calls.
- One call is from a new patient also located in Anytown.
- Ambulance Crew A are already on their way to the major trauma centre in Anycity but this doesn't mean that EMAS can't respond to the new patient.
- Our Emergency Operations Centre constantly monitor 999 calls coming in and track where all of our available ambulances are located. They identify Ambulance Crew B (who started their shift at a different location) as the most appropriate, nearest ambulance and send it to the new patient in Anytown.
- Ambulance Crew B reach the new patient and provide treatment and care.
- Meanwhile, Ambulance Crew A have safely delivered their patient to the major trauma centre, and they are ready to respond to a new call.

- A call comes in from a new patient located in Anycity. Ambulance Crew A are the nearest available ambulance and so they are sent to the patient instead of being sent back to their station at Anytown.
- Ambulance Crew A get to the patient in Anycity. They treat the patient on scene, and then get another new call for a patient located in a different area.
- Ambulance Crew A do not return to their station base in Anytown until their meal break several hours later.

2. CONSULTATION

This is not a direct consultation item.

3. CONCLUSION

The Health Scrutiny Committee is recommended to consider and comment on the information presented by the East Midlands Ambulance Service on its activities and plans for Lincolnshire. .

4. Appendices – These are listed below and set out at the end of this report.

Appendix A	NHS England Response Programme Standards

5. Background Papers - None

APPENDIX A

NHS ENGLAND AMBULANCE RESPONSE PROGRAMME STANDARDS

New Ambulance Response Time Standards				
Category	**Percentage of calls in this category**	**National Standard**	**How long does the ambulance service have to make a decision?**	**What stops the clock?**
1 (Life Threatening Injury or Illness Calls)	8%	7 minutes mean response time 15 minutes 90th centile response time	The earliest of: • The problem being identified • An ambulance response being dispatched • 30 seconds from the call being connected	The first ambulance service dispatched emergency responder arriving at the scene of the incident (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
2 (Emergency Calls)	48%	18 minutes mean response time 40 minutes 90th centile response time	The earliest of: • The problem being identified • An ambulance response being dispatched • 240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock.
3 (Urgent Calls)	34%	120 minutes 90th centile response time	The earliest of: • The problem being identified • An ambulance response being dispatched • 240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock.
4 (Less Urgent Calls)	10%	180 minutes 90th centile response time	The earliest of: • The problem being identified • An ambulance response being dispatched • 240 seconds from the call being connected	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.