

Report to:

ADULT SOCIAL CARE AND HEALTH SCRUTINY COMMITTEE

Relevant Officer:

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Matt Dunn, Consultant Paramedic

Date of Meeting:

6 October 2022

NORTHWEST AMBULANCE SERVICE PERFORMANCE REPORT

1.0 Purpose of the report:

1.1 To update the Committee on the performance and activity of North West Ambulance Service.

2.0 Recommendation(s):

2.1 That the Committee considers the content of the report, identifying areas for challenge and discussion.

3.0 Reasons for recommendation(s):

3.1 To ensure robust scrutiny of the service.

3.2 Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.3 Is the recommendation in accordance with the Council's approved budget? Yes

4.0 Other alternative options to be considered:

4.1 None.

5.0 Council priority:

5.1 The relevant Council Priority is:

- Communities: Creating stronger communities and increasing resilience.

6.0 Background information

North West Ambulance Service last presented to this committee in February 2019.

North West Ambulance Service NHS trust was formed in 2006 following the merger of Lancashire, Merseyside, Cumbria and Greater Manchester ambulance services.

The trust has five stations which serve the Blackpool area Blackpool, Fleetwood, Thornton, Wesham and Lytham.

These stations are bases for 23 emergency ambulances, 4 rapid response vehicles, 16 senior/advanced paramedics, 81 paramedics, 24 student paramedics, 56 emergency medical technicians and 3 urgent care staff.

In December 2020, the trust wrote to all local key stakeholders to inform them of the new station planned for Blackpool and new hub and spoke model for the Fylde. This report contains an update on that project.

6.1 Activity

AREA: CL Fylde

Measure Group	Measure	YDY	WTD	MTD	QTD	YTD
		01.09.2022 01.09.2022	29.08.2022 01.09.2022	01.09.2022 01.09.2022	01.07.2022 01.09.2022	01.04.2022 01.09.2022
Calls	Emergency CAD Contacts	262	962 (240)	262 (262)	16119 (256)	39369 (256)
	of which, duplicates	87	229 (57)	87 (87)	3882 (62)	9275 (60)
	of which, no outcomes (excl. dupl)	29	116 (29)	29 (29)	2302 (37)	5120 (33)
	CPU Measured	208	698 (174)	208 (208)	12591 (200)	30398 (197)
	CPU (<5s)	83.65%	82.52%	83.65%	63.20%	68.23%
	A1 Calls Answered		(0)	(0)	(0)	(0)
	A3 Mean Call Answer Time	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
	A5 Call Answer Time - 95th Percentile	00:01:18	00:01:37	00:01:18	00:02:33	00:01:47
	A114 Call Answer Time - 90th Percentile	00:00:25	00:00:42	00:00:25	00:01:36	00:01:15
Incidents	Incidents	146	617 (154)	146 (146)	9935 (158)	24974 (162)
	Incidents with no F2F response	28	100 (25)	28 (28)	1575 (25)	4129 (27)
	H&T %	19.18%	16.21%	19.18%	15.85%	16.53%
	Incidents with F2F response	118	517 (129)	118 (118)	8360 (133)	20845 (135)
	S&T	37	199 (50)	37 (37)	3118 (49)	7495 (49)
	S&T%	25.34%	32.25%	25.34%	31.38%	30.01%
	S&C	81	318 (80)	81 (81)	5242 (83)	13350 (87)
	S&C%	55.48%	51.54%	55.48%	52.76%	53.46%
	% of Incidents with S&C to nonAE dept	4.79%	2.92%	4.79%	3.67%	3.79%
	C1 Incidents	18	52 (13)	18 (18)	1120 (18)	2698 (18)
	As % of all activity	12.33%	8.43%	12.33%	11.27%	10.80%
	C2 Incidents	76	325 (81)	76 (76)	5224 (83)	13126 (85)
	As % of all activity	52.05%	52.67%	52.05%	52.58%	52.56%
	C3 Incidents	35	167 (42)	35 (35)	2313 (37)	5924 (38)
	As % of all activity	23.97%	27.07%	23.97%	23.28%	23.72%
	C4 Incidents	1	4 (1)	1 (1)	94 (1)	250 (2)
	As % of all activity	0.68%	0.65%	0.68%	0.95%	1.00%
	C5 Incidents	11	38 (10)	11 (11)	759 (12)	1838 (12)
	As % of all activity	7.53%	6.16%	7.53%	7.64%	7.36%
	HCP & IFT 3/4 Incidents	5	31 (8)	5 (5)	425 (7)	1138 (7)
As % of all activity	3.42%	5.02%	3.42%	4.28%	4.56%	

6.2 Performance against standards

Category	YDY 01.09.2022 01.09.2022	WTD 29.08.2022 01.09.2022	MTD 01.09.2022 01.09.2022	QTD 01.07.2022 01.09.2022	YTD 01.04.2022 01.09.22
C1 mean (target <00:07:00)	00:08:14	00:07:16	00:08:14	00:07:32	00:07:28
C1 90th percentile (<00:15:00)	00:16:12	00:11:52	00:16:12	00:13:25	00:13:24
C2 mean (<00:18:00)	01:19:45	00:49:23	01:19:45	00:47:18	00:44:49
C2 90th percentile (<00:40:00)	02:45:43	02:00:33	02:45:43	01:47:40	01:43:18
C3 mean (<01:00:00)	05:20:13	03:21:12	05:20:13	03:05:34	02:56:22
C3 90th percentile (<02:00:00)	09:53:27	08:47:58	09:53:27	07:51:36	07:15:27
C4 90th percentile (03:00:00)	00:00:00	02:11:32	00:00:00	09:57:24	09:16:02

6.3 Hospital Handovers

Hospital handovers – the time taken for an ambulance crew to transfer a patient into the care of hospital staff, is one of the major challenges affecting the ambulance sector. The target for this is 15 mins but frequently, this is far exceeded, preventing ambulance crews from returning out onto the road and available to respond to patients. This can leave patients waiting longer than we would like for a response.

Delays at hospital emergency departments have increased and the number of hours lost to ambulance services is now unprecedented. This is an issue seen nationally and is high on the agenda of ambulance services and the NHS. Many are in agreement that the main reason for this is the inability to discharge patients safely due to the pressures on the social community care sector.

Data 22- 30/08/2022

Site	A&E attendances	Lost hours due to arrival to handover >15mins	Lost hours due to handover to clear >15mins
Royal Preston	404	161:07	12:16
Blackpool Victoria	554	134:51	04:48
Grand Total	958	295:58	17:04

KEY Sites with less than 100 attendances a week

Site	Attendances	Average turnaround time (hh:mm)	Average handover time (hh:mm)	Average handover to clear (hh:mm)
Chorley and South Ribble District	75	00:28	00:17	00:11
Royal Blackburn	779	00:37	00:26	00:11
Royal Albert Edward Infirmary	392	00:48	00:38	00:09
Blackpool Victoria	554	00:48	00:31	00:10
Royal Preston	404	00:54	00:43	00:11
Royal Lancaster Infirmary	319	00:57	00:45	00:09
Grand Total	2523	00:46	00:34	00:10

6.4 Key Initiatives in the Fylde

Psynergy Multi-Disciplinary Mental Health Triage Vehicle – currently staffed 8 hours a day by a Paramedic, Mental Health Professional and a Police Officer.

Increasing numbers of patients being referred to alternatives to the Emergency Department

including the Same Day Emergency Care (SDEC) facility, Virtual Wards (Respiratory), Rapid Intervention Team, Urgent Care Centres etc.

6.5 Blackpool Hub and Spoke

The new 'hub' station for Fylde is taking shape with work on schedule to finish and be fully operational by the end of January next year.



The newly developed site at Blackpool will provide staff with a hugely improved base with lockers and deep cleaning, parking and training facilities. Its design is incorporating a better infection control environment and will enable us to install a 'make ready' facility. At present, staff, at the start of their shift, stock check vehicles but this new service will mean that a specialist team will do this work, so an ambulance crew can report to the station and immediately become available to respond to patients.

Once the Blackpool site is ready and operational, as we have briefed previously, we will then begin a phased closure of the remaining stations in Fylde - Fleetwood, Lytham, Wesham and Thornton, and despatch ambulances from Blackpool to start their shifts at carefully identified 'spoke' locations in the vicinity of the old sites.

Work is ongoing to identify those sites and the stations will not close until a spoke site is fully operational.

NWAS has partnered with two local infant/junior schools - Waterloo Primary Academy and Blackpool Gateway Academy, to help us celebrate the new stations and to be a part of its future. So far, the children have taken part in a steel signing event and we will be organising a

time capsule for them to bury on site. We have also provided the schools with defibrillators and will be holding first aid training events for staff and parents. The children will be included in the launch event (date TBC) and their artwork will feature on the walls once the station is complete. We will continue this relationship with the schools into the future and will host regular partnership events with them.

6.6 **NWAS Strategy**

The trust recently launched its new strategy which is available on our [website](#).

The strategy explains where we want to be in the future and how we will get there and has been developed differently from those we have created in previous years; we have taken more time to listen to our staff and our patients to understand what matters to them most.

Staff told us that we need to improve everyday working lives, focus on getting the basics right and look after each other. Unsurprisingly, they also said that the past challenging few years have taken their toll on their health and wellbeing and so, through this strategy, we commit to creating a working environment where physical and mental health and wellbeing is a priority.

In the strategy, we talk about the population's health; this might sound and feel different to how we have spoken in the past about our role in the healthcare system but now is the time to step up to these challenges to support our communities to recover too. We want to use our new strategy to work with organisations such as councils, and forge new partnerships with groups and organisations to improve the lives of those we have committed to serve.

We are happy to answer any questions relating to the strategy and its aims.

Does the information submitted include any exempt information? No.

7.0 **List of Appendices:**

None.

8.0 **Financial considerations:**

8.1 None associated with this report.

9.0 **Legal considerations:**

9.1 None associated with this report.

10.0 **Risk management considerations:**

10.1 None associated with this report.

11.0 **Equalities considerations:**

11.1 None associated with this report.

12.0 **Sustainability, climate change and environmental considerations:**

12.1 None associated with this report.

13.0 **Internal/external consultation undertaken:**

13.1 None.

14.0 **Background papers:**

14.1 None.