

**ADULTS AND HEALTH SCRUTINY REVIEW
BOARD
4 October 2022**



Report sponsor: Ruth Cumbers. Integration
Director 999/111 – East Midlands. Derby and
Derbyshire Integrated Care Board.

Report author: Ruth Cumbers. Craig Whyles.
Divisional Director; Derbyshire. East Midlands
Ambulance Service (EMAS).

ITEM 08

Ambulance Response Times

Purpose

- 1.1 To share information and data with Committee Members that describes performance against Ambulance Response time across the Derbyshire Division of EMAS.
- 1.2 To provide Committee Members with context as to why there are delays in Ambulance Response times and provide assurance of plans to reduce waiting times for patients in the community as well as improve Ambulance Handover delays.

Recommendation(s)

- 2.1 The Derby City Council Health Overview and Scrutiny Committee is invited to discuss the content of the report with the Authors.
- 2.2 The Derby City Council Health Overview and Scrutiny Committee is asked to note the content of the report and the work undertaken by EMAS to improve Ambulance Response times for patients waiting in the community.

Reason(s)

- 3.1 The Derby City Council Health Overview and Scrutiny Committee has requested a paper relating to Ambulance Response times. It must be noted that data and performance information contained in the report relates to Derbyshire as a County and data is not available relative to the City area specifically.

Supporting Information

- 4.1 Ambulance Trust performance is measured against six national performance standards within four response categories:

- C1. Life-threatening illnesses or injuries, specifically cardiac arrest
- C2. Emergency calls, such as stroke, burns or epilepsy
- C3. Urgent calls, such as abdominal pains and non-severe burns
- C4. Less urgent calls, such as diarrhoea, vomiting or back pain

In Quarter One (Q1) of 2022/2023 EMAS performance against all six standards deteriorated which is a further deterioration in performance when compared to the same quarter in 2021/2022.

When measuring the standard, the mean is used to calculate the average time in which a patients received a response and the 90th centile measures the time in which 9 out of 10 patients received a response to a 999 call.

The performance position for 2022/2023 and 2021/2022 are shown in the tables below.

National Standards 2022/2023				
EMAS	Category 1		Category 2	
	Mean	90 th Centile	Mean	90 th Centile
	2022/2023	2022/2023	2022/2023	2022/2023
National Standard	00:07:00	00:15:00	00:18:00	00:40:00
Quarter 1	00:09:37	00:17:29	01:04:57	02:23:45
EMAS	Category 3		Category 4	
	90 th Centile		90 th Centile	
	2022/2023		2022/2023	
National Standard	02:00:00		03:00:00	
Quarter 1	08:15:24		08:25:38	

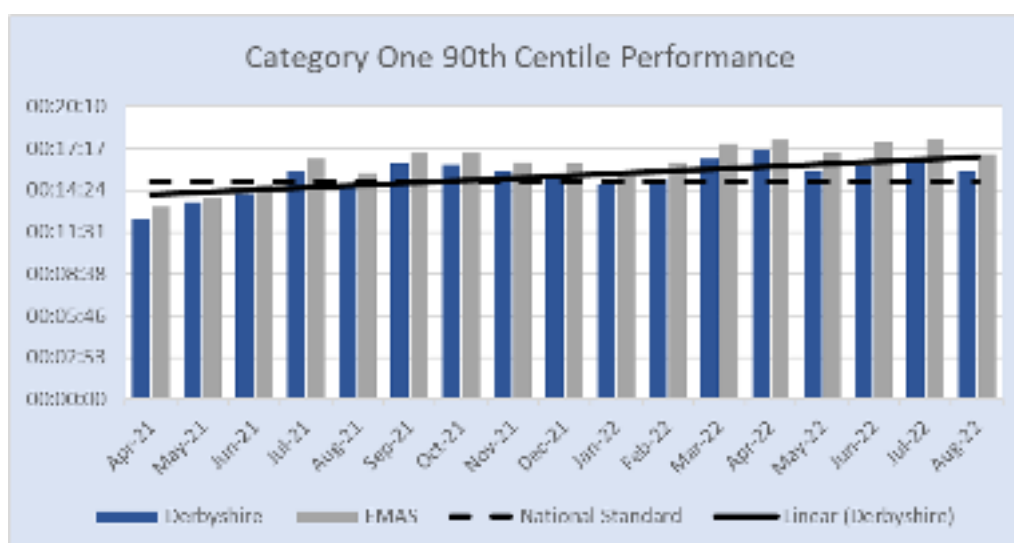
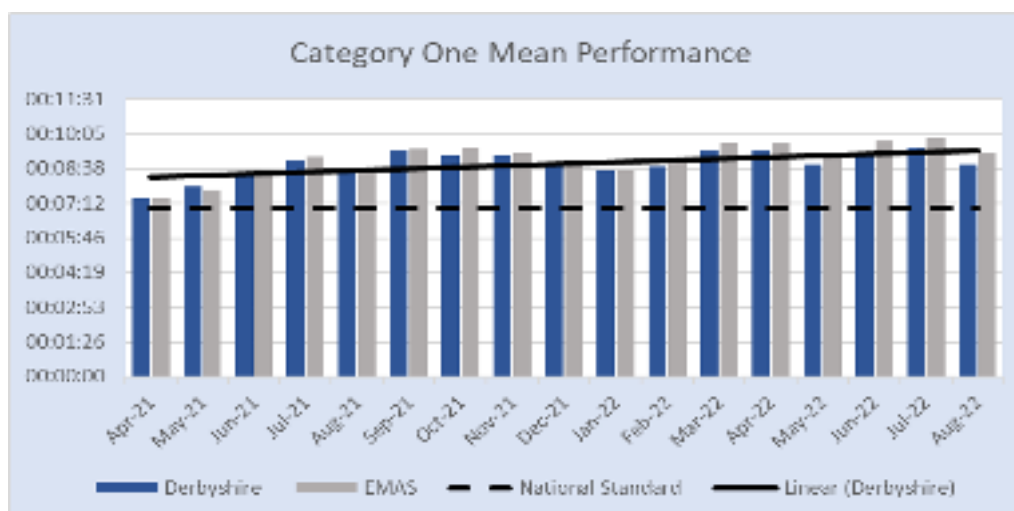
National Standards 2021/2022				
EMAS	Category 1		Category 2	
	Mean	90 th Centile	Mean	90 th Centile
	2021/22	2021/22	2021/22	2021/22
National Standard	00:07:00	00:15:00	00:18:00	00:40:00
Quarter 1	00:07:53	00:14:03	00:33:38	01:10:07
EMAS	Category 3		Category 4	
	90 th Centile		90 th Centile	
	2021/22		2021/22	

During August, the C1 mean national performance standard of 7m was not met by Derbyshire, this was missed by 1m 50s with a time of 8m 50s. Derbyshire narrowly missed the C1 90th centile performance standard of 15m, with a time of 15m 42s.

Derbyshire's C1 performance times for both Mean and 90th centile are generally lower than the performance times for EMAS as a region.

Whilst the national standards were missed, there has been an improvement on both standards when compared to the previous month, however trend lines show a deterioration in performance from April 21 for both standards.

This improvement was replicated in all but one of the six national standards, the exception being C4 90th centile however this standard is volatile due to small numbers since the C5 category was introduced.

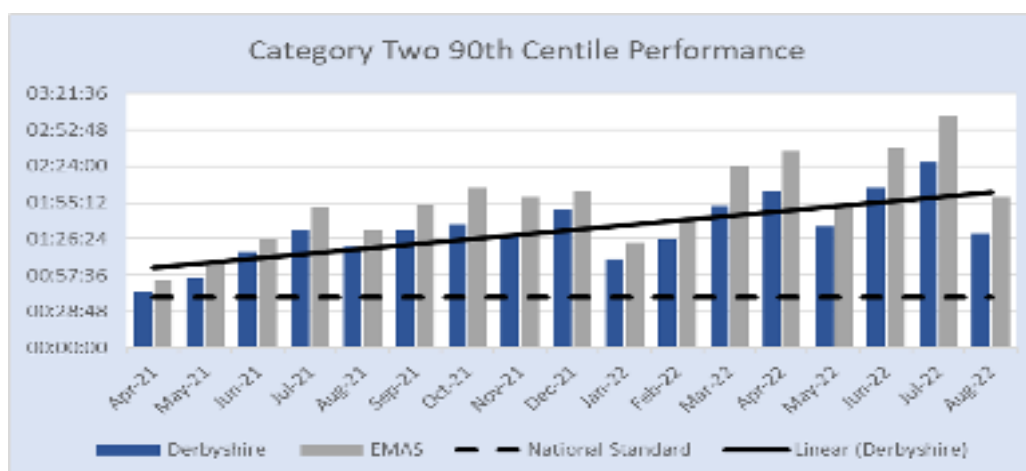
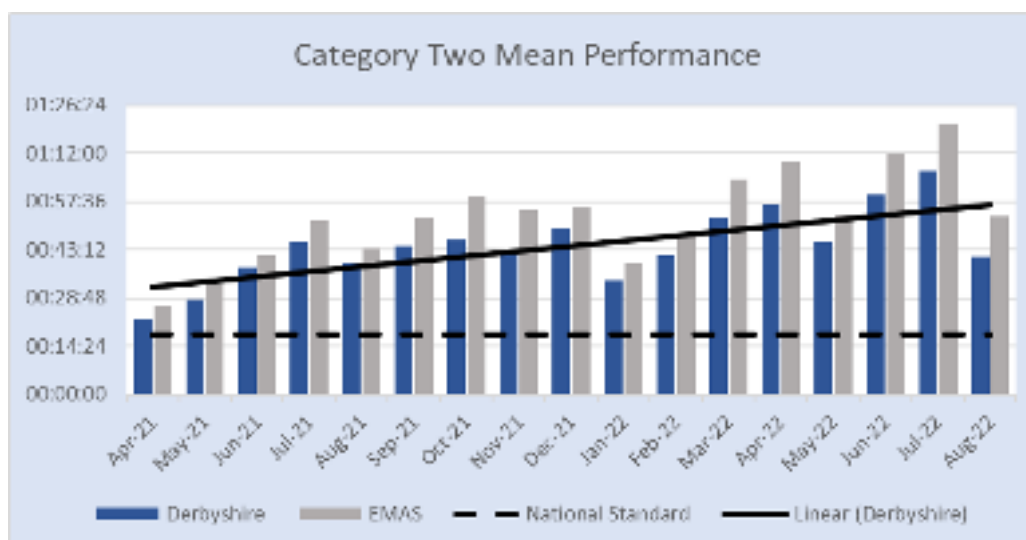


During August, the C2 mean national performance standard of 18m was not met by Derbyshire, this was missed by 23m 18s with a time of 41m 14s.

Derbyshire also missed the C2 90th centile performance standard of 40m, by 50m 52s with a time of 1h 30m 52s.

Derbyshire's C2 performance times for both Mean and 90th centile are consistently lower than the performance times for EMAS as a Region.

Whilst the national standards were missed, there has been an improvement on both standards when compared to the previous month, however trend lines show a deterioration in performance from Apr-21 for both standards.



4.2 Nationally, Ambulance Trusts are struggling to meet performance standards, primarily this is linked with resource availability. Throughout this financial year and last, an increase in the number of Ambulance crews waiting to hand patients over to Emergency Departments has increased significantly, which has resulted in delays in response times for patients waiting in the community.

During Q1 there were 36,647 resource hours lost due to delays compared with 1,984 in Q1 of 2019/20. As part of the contractual agreement reached with EMAS and the 5 ICB associate commissioners of the Emergency Ambulance Contract, all ICS's have provided improvement trajectories linked to operational plans that commit to a reduction in handover delays in excess of 60 minutes.

Achieving this as a minimum would have a positive impact on performance, as well as quality and patient safety but remains dependent on multiple factors such as service delivery and resource availability across the whole health and social care system. ICS's are committed to improve access to urgent care services including pharmacy provision, general practice and NHS 111 to reduce demand on Emergency services.

EMAS is working with systems to support the development and access to pathways that are alternative to direct conveyance to an Emergency Department, these include 2 hour Urgent Community Response services, Same Day Emergency Care, direct admission to specialities and virtual wards.

Systems have also made a commitment to reduce the number of delayed discharges and are working closely with local authority colleagues to increase system flow. And after approval of the business case for mental health funding recruitment commenced for mental health practitioners to be based in the Emergency Operations Centre to provide support and advice to patients experiencing mental ill health.

Despite a deterioration in response time performance, there has been an increase in non-ambulance system indicators such as see and treat and hear and treat activity. This takes place with lower acuity patients who can be provided with advice over the telephone by clinical teams in the EMAS Emergency Operation Centre or when an ambulance is dispatched, treatment can be provided by a crew on scene without a patient needing to be conveyed to an Emergency Department. This is a positive outcome for patients and reduces demand for, and dispatch of an Emergency Ambulance.

Public/stakeholder engagement

5.1 This report contains public facing information that is shared via the EMAS Trust Board public meeting and the ICB Governing Body.

5.2 There has been no specific engagement with the public or stakeholders in relation to the report for the purposes of presenting to the Health Overview and Scrutiny Committee.

Other options

6.1 Not applicable.

Financial and value for money issues

7.1 Not applicable.

Legal implications

8.1 Not applicable.

Climate implications

9.1 Not applicable.

Other Significant Implications

10.1 Significant implications for delayed Ambulance Response times relate primarily to quality and patient safety measures. EMAS continue to work alongside ICS's and all community based providers to ensure plans are in place to mitigate risk.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal Finance Service Director(s) Report sponsor Other(s)		

Background papers: List of appendices:
