

Herefordshire Health Scrutiny Committee

**Report by the
Herefordshire Ambulance
Service Review Group
February 2009**

**For Presentation to the Health Scrutiny
Committee – February 2009**

Contents

	<i>Page</i>
Acronyms	3
Introduction	4
Executive summary.....	5
Rationale for review	7
Methodology.....	9
Background to West Midlands Ambulance Service (WMAS).....	10
Background to the Herefordshire ambulance service	11
Background to Herefordshire – a rural county	11
Links to Herefordshire Community Strategy and legal and policy framework.....	12
Findings	13
Resources	13
Pressures on the service	15
Data and information	17
Recommendations	18
Appendices	
Appendix A: Scoping document	20
Appendix B: Health Scrutiny Committee resolutions regarding WMAS, 2007-8.....	24
Appendix C: Visits and interviews, data and information	25
Figures	
<i>Figure 1: Response times Category A, Herefordshire postcodes, Herefordshire and WMAS.....</i>	<i>7</i>
<i>Figure 2: Response times Category A deteriorated markedly after Emergency Operations Centre (EOC) reconfiguration on 1 December, which coincided with an unexpectedly early winter peak in demand for emergency services.....</i>	<i>8</i>
<i>Figure 3: Community First Responders (CFRs) in Herefordshire.....</i>	<i>15</i>
<i>Figure 4: Five columns on the right (December 08) demonstrate rising demand and increased failed response times</i>	<i>17</i>

Acronyms

A&E.....	Accident and Emergency
AMPDS	Ambulance Medical Priority Dispatch System
CAD	Computer Aided Dispatch
CFR.....	Community First Responder
DoH.....	Department of Health
ECP.....	Emergency Care Practitioner
EOC.....	Emergency Operations Centre
ESG	Edgar Street Grid
GP.....	General Practitioner
GPS	Global Positioning System
HHT.....	Hereford Hospitals Trust
HLO.....	Hospital Liaison Officer
LINK	Local Involvement Network
MFR.....	Medical First Responder
NHS	National Health Service
OOH.....	Out of Hours medical services
PCT.....	Primary Care Trust
PRF.....	Patient Report Form
PRU	Paramedic Response Unit
PTS.....	Patient Transport Services
SSP	Status System Plan
SUI.....	Serious Untoward Incident
WMAS.....	West Midlands Ambulance Service

Introduction

I am pleased to present the report of the Herefordshire health scrutiny committee's review group on the Herefordshire ambulance service. This review was prompted initially by the unease of citizens in and around the Ledbury and Ross areas, as reported to members of the health scrutiny committee during the latter half of 2008, concerning the quality of their ambulance service. We have found that their concerns have some basis in fact, and this review has made practicable recommendations that aim to alleviate them.

I should like to thank my fellow health scrutiny review group members for their work in undertaking the review: they are health scrutiny committee members Councillors Philip Cutter, Alan Seldon, Kay Swinburne and Peter Watts. Supporting officers were Tim Brown and Sara Siloko.

It was a very interesting and worthwhile study. We formed a strong impression of ambulance staff who are dedicated, efficient, and extremely highly-regarded, especially in the view of the public at large. In general, the Herefordshire ambulance service is of high quality, but we found areas that need improvement, and hope this review and its recommendations will help achieve those improvements.

Much has changed since we started this review in October 2008. The reconfiguration of the ambulance service Emergency Operation Centres (EOCs) in December has led to issues that the health scrutiny committee will scrutinise closely, and that we hope will be resolved very quickly. The winter peak in demand for health services appeared to arrive early, putting additional pressure on these services.

We are aware of the perils of parochiality, and of the benefits as well as the disadvantages of a regional approach, but our concerns are for the citizens of Herefordshire. As such, we are obliged to note that targets and procedures seem to take little account of sparsity and rurality, although we commend efforts by all concerned to accommodate these circumstances. It will be a continuing challenge, however, to ensure that resources are not siphoned off to more populous parts of the region.

The complications of having three Trusts involved - WMAS as provider, Herefordshire Primary Care Trust as joint commissioner with the other PCTs in the region, and Hereford Hospitals Trust as the major recipient of service users, each with different boundaries and communications systems – hinder effective joint working and hence excellent service provision. We are also concerned that working with services in the border areas of Wales is not as effective as it should be, given the great extent to which our health issues connect.

The review group was informed in February that an Independent Review of WMAS is to be conducted, completing its business by April 2009. The local PCT informs us that this was originally proposed in December 2008 by the ambulance commissioners. We note that its terms of reference mandates the reviewers to address many of our concerns, so we would like to avoid duplication of effort by offering to collaborate wherever appropriate.

Finally, but very importantly, we would like to extend our special thanks to all the staff of WMAS and other Herefordshire health bodies who gave so willingly of their time and wisdom to help us compile this review.

I commend our report and its findings to you.

Councillor Brigadier Peter Jones CBE

Chairman of the Herefordshire Ambulance Service Review Group

Executive summary

This review arose from public concerns about the level of service provided by the ambulance service in Herefordshire, particularly in the areas of Ledbury and Ross. The health scrutiny committee appointed a group of its members to undertake the review. The committee set the group desired outcomes to achieve, and key questions to ask (see appended scoping document). Members of the group visited four ambulance stations and interviewed a wide range of staff and some members of the public, as well as testing its preliminary findings with senior staff of West Midlands Ambulance Service (WMAS), Herefordshire Primary Care Trust (PCT) and Hereford Hospital Trust (HHT).

The review group's principal findings are:

1. Overall the WMAS service to the county has been seen to be improving and getting closer to routinely meeting national targets. The community values the professional staff and is highly supportive of the service, as demonstrated by CFR recruitment trends. However, the terms of reference of a forthcoming Independent Review of WMAS led by service commissioners (PCTs in the West Midlands region) states 'The PCT's have indicated their concern that WMAS suffered ... a serious collapse [from September 2008] in its ability to deliver the contracted performance standards. Also that in the rural areas WMAS regularly underperforms, even after extra financial resources have been injected by individual PCTs to try and improve performance in their local areas'. The review group was informed of the Independent Review as this report was near completion. The Independent Review is due to report by April 2009.
2. The review group notes that there appears to be an over-reliance on time based targets, which are national requirements, rather than examining patient outcomes.
3. There appears to be no up-to-date agreed minimum level of resourcing, especially of emergency response vehicles, in the county. However the local PCT says the planned Independent Review (*referred to above*) will identify a model that 'regularly ... evaluates demand v resourcing and has resource change/triggers clearly identified'. It would appear that no thorough needs assessment has been made since 2004. According to the PCT, demand for the blue light ambulance service has risen at 6% a year for the last three years although this increase has slowed in the present financial year. During a review of the then-pending EOC reconfiguration, the Herefordshire health scrutiny committee resolved in 2007 to support the reconfiguration provided that there should be no 'resource drift' to other parts of the region (*see resolution at Appendix B*). However, a key concern for this review has been that there is anecdotal evidence that vehicles which should be stationed in Ledbury are sent to wait for calls in Malvern. This apparent lack of current needs assessment and apparent resource drift may leave Herefordshire's ambulance service vulnerable and therefore lacking resilience, particularly in and around Ledbury. Ledbury is the only ambulance station in the county that does not enjoy 24-hour vehicle cover, according to the WMAS matrix of cover.
4. Reports by WMAS of unacceptable hospital turnaround delays causing ambulances to be tied up at Accident and Emergency (A&E) when they should be available for emergency calls need further investigation by HHT and the PCT commissioners. No person within the organisations involved (WMAS, HHT) appears to be responsible for ensuring timely ambulance crew clearance at Hereford Hospital. WMAS states that 'it is the responsibility of Hereford Hospital to ensure a timely turnaround of patients'. However, the responsibility for crew clearance remains unclear and needs to be defined. Advance communications systems between ambulance crews and the receiving organisation appear not to be systematic.

5. It seems that Herefordshire-based Community First Responders (CFRs) are not centrally resourced, supported or organised in line with national volunteering best practice. There are 112 CFRs in Herefordshire. The review group was unable to find evidence that they were effectively organised, and yet the ambulance service relies on them to meet up to 3% of its targets. WMAS employs a regional head of CFRs as well as a manager covering Herefordshire and Worcestershire. The review group was happy to note that WMAS has recently employed an additional CFR manager, and also a CFR administration support position in Herefordshire.
6. The review has been restricted by what would appear to be a disturbing lack of data, particularly relating to outcomes. It is difficult to gain a rounded picture of the service judging on response times only. In general, the group has gained an imperfect picture of performance, mainly due to the national target criteria which do not currently require non-time based recordings, and should address patient outcomes.
7. The closure of Bransford Emergency Operations Centre (EOC) in early December seems, at least for the short term future, to have left the Herefordshire and Worcestershire ambulance services in particular in a very vulnerable state. This move from Bransford to Brierley Hill ahead of the planned schedule - coinciding with seasonal peaks in demand and December staff pressures, including undue reliance on overtime – could scarcely have been undertaken at a worse time.

The review group's main recommendations are:

1. That the need for resources be regularly assessed.
2. Following the suggested needs assessment and via agreed commissioning protocols, it is likely that our findings - that additional ambulances are required - will be supported, and that at least one is allocated to Herefordshire, which should be based in Ledbury where a station with a wide network coverage already exists.
3. That effective means be implemented to ensure all ambulance arrivals at Hereford Hospital are accommodated safely within 30 minutes, and that all other measures to reduce inappropriate use of emergency services and to release beds safely be urgently implemented.
4. That enough funding and other resources be found, for Community First Responders (CFRs), to enable WMAS to properly fulfil its duty of care and achieve volunteering best practice standards.
5. That the effective deployment of CFRs be improved.
6. That data collection and dissemination, particularly of outcome-based indicators, be improved, for example, by measuring the progress of patients from when an ambulance is called to when they are 'handed over' to a hospital.
7. That regular detailed progress reports following EOC reconfiguration be supplied for scrutiny by Herefordshire's health scrutiny committee, especially regarding resource drift and response performance.
8. That communication between provider organisations be improved. As WMAS medical staff take a greater role in community-based care, communication between GPs, hospitals and other care professionals needs to be more effectively implemented.
9. That contingency planning functions to cope with periods of unusually high demand and/or major changes in service delivery should be strengthened.

Rationale for review

The health scrutiny committee decided to undertake this review at its meeting on 23 September 2008 because members had received reports from the public and in the media that ambulance services in Herefordshire – particularly around Ledbury (HR8) and Ross (HR9) – were not meeting the needs of the local population.

In the Ledbury area, Category A (8 minute) response times were: April 68.2%, May 50%, June 57.1%, July 57.9%, Aug 72.7%, Sept 66.7%, Oct 37.7% and Nov 66.7%.

In the Ross area, Category A (8 minute) response times were: April 55.6%, May 58.6%, June 73.1%, Aug 47.8%, Sept 76.9%, Oct 76.7% and Nov 74.2%.

Cat A (8 min) response times Apr-Nov 08

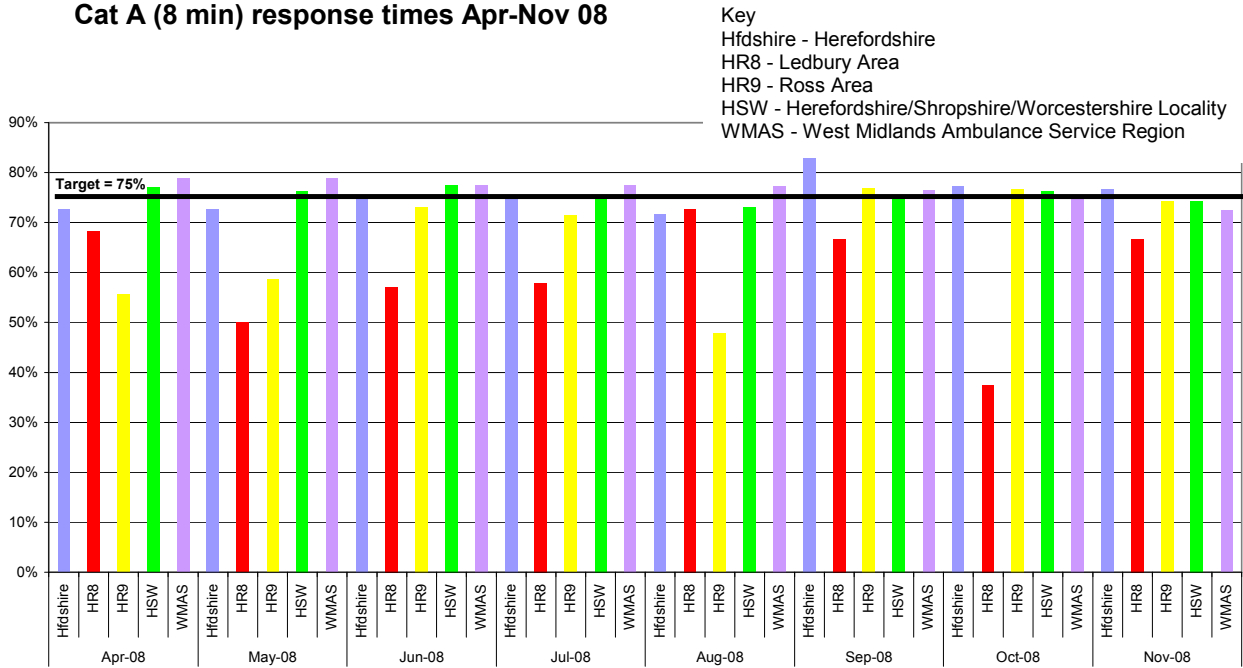


Figure 1: Response times Category A - Herefordshire postcodes, Herefordshire and WMAS

Cat A (8 min) response times Dec 08–Jan 09

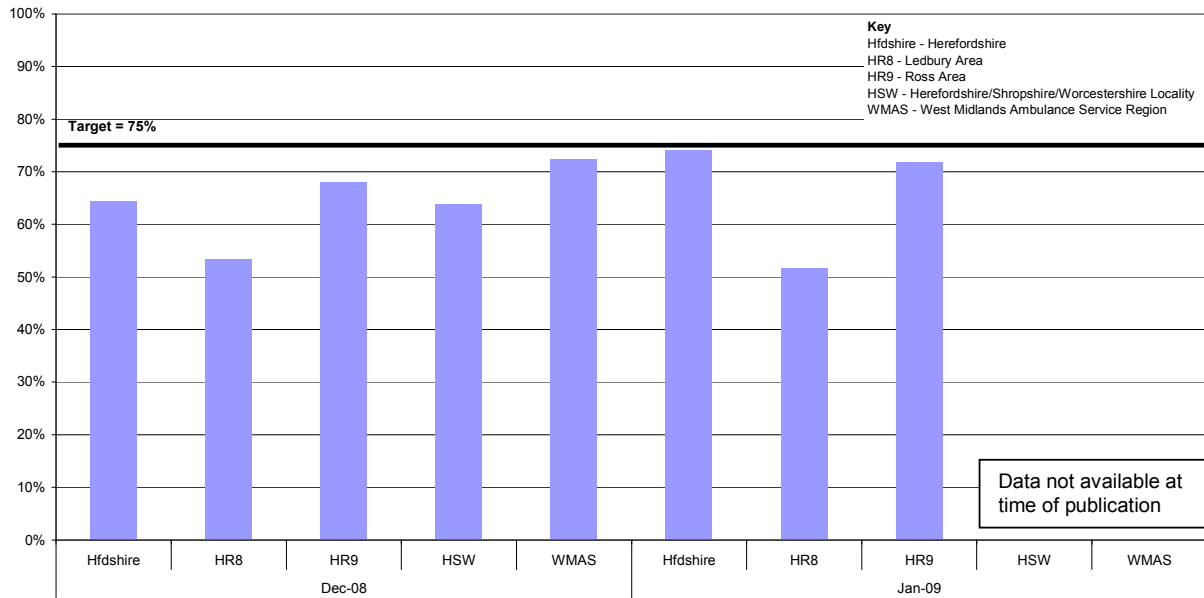


Figure 2: Response times Category A deteriorated markedly after EOC reconfiguration on 1 December, which coincided with an unexpectedly early winter peak in demand for emergency services

Methodology

The review is based on a scoping document (*see Appendix A*) that outlines desired outcomes, key questions, timetable and members of the review group.

The principal work of the review was conducted between October 2008 and January 2009.

The review group is grateful to Gloucestershire health scrutiny committee for sharing its recent review of Great Western Ambulance Service in the Forest of Dean, which provided useful background material.

The group is also grateful for the assistance and willing co-operation of West Midlands Ambulance Service, particularly staff in Herefordshire, in the provision of information and data, and in facilitating visits to ambulance stations and interviews with staff.

The review group would like to thank those who submitted evidence to the review and participated in it.

This report reflects the conclusions reached, and sets them in context. The review group wishes to emphasise that this is a complex area of work and would not claim that its report is comprehensive. It does, however, hope that the report provides some useful and impartial observations on the service and basic recommendations for improving the excellent work already undertaken by the ambulance service in Herefordshire.

The review does not scrutinise in depth the reconfiguration of Emergency Operations Centres, which took place on 1 December, although it is recognised that this has had a serious impact on the level of service delivery in Herefordshire and Worcestershire. The review group recommends immediate and further scrutiny of this issue.

The review group is aware that the quality of Herefordshire's ambulance service is contingent upon many related aspects of health and social care provision - such as residential and intermediate care services, hospital discharge rates, GP services, out of hours medical provision, public health education, minor injuries units, communications technology, regional and national influences, etc.

The review group is also aware that it is difficult to restrict itself exclusively to Herefordshire issues when Herefordshire is part of a regional ambulance service and a regional Strategic Health Authority. The scope of this review precludes detailed examination of these wider issues. The group has taken them into account in reaching its conclusions, but has not scrutinised them in depth.

See Appendix C for a full list of visits and interviews undertaken, and data and information supplied, for this review.

Background to WMAS

The Herefordshire ambulance service has been part of West Midlands Ambulance Service (WMAS) Trust since 1 July 2006, the Trust taking its current form with the addition of Staffordshire on 1 October 2007. WMAS covers a population of 5.3 million people in an area of approximately 5,000 square miles. The trust employs 3,500 staff across 63 sites. Operational staff make 450,000 emergency responses every year.

Ambulance services are required to achieve a 75% Category A 8 minute response standard, and are required to respond to 95% of all 999 calls that require an emergency ambulance within 19 minutes. WMAS achieves this through 'matching resources to demand, proactive deployment of vehicles and the deployment of Community First Responders'.

WMAS points out that 'in addition to emergency 999 calls, ambulance services are required to take patients to hospital where a ... health care professional identifies the need as urgent ... these calls are prioritised in the same way as emergency 999 calls'. The national target is to achieve this on 95% of occasions.

Ambulance services are required to meet response time targets on average across the whole area they cover. There is no requirement for them to meet these targets in each locality area individually. Therefore if WMAS meets the targets across the West Midlands as a whole it will be judged as delivering the required standards even if performance is below target in individual counties or parts of counties (*see Figures 1 and 2, page 7*).

New national guidelines are currently undergoing public consultation, which should bring a patient focus to the targets being set rather than being over-reliant on the time-based targets currently in use. The review group recognises that many of its observations, particularly with regard to outcomes reporting, will hopefully be alleviated over the coming months as new national protocols are adopted.

In October 2008, WMAS announced that it had 'continued to improve in all areas, exceeding all Key National Standards as set by the Department of Health to include the recently introduced Call Connect target, and continues to remain at the top of the National Performance Tables'. Call Connect targets are stricter: the clock starts when the call reaches the local switch (exchange); before Call Connect, the clock only started once the caller's phone number, location and nature of complaint had been established.

October 2008

	WMAS	BBC	C&W	HS&W	STAFFS
Call Connect (75% of calls within 8 mins)	75.1%	72.9%	78.4%	76.3%	77.8%
Cat A19 (95% of calls within 19 mins)	97.9%	98.3%	98.0%	95.8%	98.3%
Cat B19 (95% of calls within 19 mins)	95.1%	94.0%	95.5%	95.6%	97.1%
Cat C30 + referrals (95%)	95.0%	91.7%	95.0%	98.1%	98.9%

Year to date (from 1 April 2008)

	WMAS	BBC	C&W	HS&W	STAFFS
Call Connect (75% of calls within 8 mins)	77.4%	76.7%	78.2%	75.8%	79.9%
Cat A19 (95% of calls within 19 mins)	98.3%	98.9%	97.6%	96.2%	98.8%
Cat B19 (95% of calls within 19 mins)	96.2%	96.1%	95.4%	95.2%	97.9%
Cat C30 + referrals (95%)	96.8%	94.8%	96.9%	98.4%	99.2%

(WMAS – West Midlands Ambulance Service. BBC – Birmingham and Black Country. C&W – Coventry and Warwickshire. HS&W – Herefordshire, Shropshire and Worcestershire. Staffs – Staffordshire.) *Source: West Midlands Ambulance Service, November 2008*

WMAS was also awarded by the Healthcare Commission's annual ratings in 2008 the top rating, 'excellent', for quality of service, and 'fair' for use of resources.

For the second year running WMAS was also awarded 'Ambulance Service of the Year', in addition to five further individual and team awards won, including 'Paramedic of the Year'.

WMAS is working towards becoming an NHS Foundation Trust in 2009.

WMAS states that it is 'one of the worst-funded ambulance services in England' and 'would require additional funding from PCT commissioners to enable Herefordshire to improve ...'. The regional service is commissioned collaboratively by the 17 PCTs in the region.

Background to the Herefordshire ambulance service

Ambulance services in Herefordshire are part of the WMAS 'locality' that comprises Herefordshire, Shropshire and Worcestershire. This locality is one part of four in the WMAS region. The regional service is commissioned collaboratively by the 17 PCTs in the region.

In Herefordshire the ambulance service has 28 vehicles of all types, 95 front line staff plus 112 Community First Responders (CFRs). There are five ambulance stations in the county. The main one is in Hereford, and there are ambulance stations at Ross, Ledbury, Bromyard and Leominster. £1/2 million was invested by Herefordshire's PCT in Call Connects (the new stricter Category A target) in 2008 in additional staffing, additional vehicles, Computer Aided Dispatch (CAD) system, telephone switching and call recording equipment. Herefordshire has two Call Connect cars. According to WMAS, these are 'normally, but not exclusively, based at Whitecross and Holmer' (within Hereford City).

Background to Herefordshire – a rural county

Herefordshire is a predominantly rural county of 840 square miles situated in the southwest corner of the West Midlands region bordering Wales. The city of Hereford is the major location in the county for employment, administration, health, services, education facilities and shopping. The five market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington are the other principal centres.

Herefordshire has limited access to the motorway network via the M50, which starts near Ross-on Wye and joins the M5 north of Tewkesbury in Gloucestershire. The other main road links which all pass through Hereford City are the A49 (running from north to south) the A438 (running from east to west) and the A4103.

The most recent estimate of the population of Herefordshire is 178,400. This is the Office for National Statistics' (ONS) 2007 mid-year estimate, published in August 2008. It is the most sparsely populated unitary authority in England and only two other English counties have lower population densities. About one third of the population lives in Hereford city and a little more than a fifth in the market towns. However, using the official rural definition, 55% of the population live in a rural area.

Herefordshire has an older age structure than England and Wales as a whole. The county has become a popular destination for relocation, particularly from the southeast, and there is net out-migration of young adults probably in search of wider employment opportunities and higher education. Between 2004 and 2011 Herefordshire's population is expected to increase at roughly the same rate as that of England and Wales as a whole. Both nationally and locally the population aged 60 and over is expected to grow more rapidly than the total

population, but the rate of growth of this age group in Herefordshire is expected to be higher (21%) than in England and Wales as a whole (13%). Most dramatically, the number of people over 80 is expected to rise by a further 20%, to 11,800 residents, compared with a national increase of 11%. However, the number of under 18s is expected to fall by 12% (nationally 4%). Herefordshire's working population is approximately 85,000, of whom 15% work outside Herefordshire.

There are areas of poverty and deprivation within the county concentrated in Hereford city (South Wye and Central wards) and Leominster. The least deprived areas tend to lie to the east of the county, on some of the fringes of Hereford city, directly north of and west of the city, and around Ross-on-Wye. However most parts of the county fall within the 10% most deprived nationally in terms of geographical access to services.

Links to the Herefordshire Community Strategy, and legal and policy framework

The Ambulance Service is integral to the delivery of an effective health service. The review therefore supports the Community Strategy theme of "Safer and Stronger Communities" by improving the availability of sustainable services and facilities and access to them, particularly in rural areas. It also supports the theme of "Healthier Communities and Older People" by helping vulnerable people to live safely and independently in their own homes. These important links are also reflected in the main themes of the Council's Corporate Plan namely; 'Health and Well-being', 'Older People', 'Safer and Stronger Communities' and 'Sustainable Communities'.

The review group is cognisant of national mandates such as the Department of Health's National Service Framework, of regulatory bodies such as the Healthcare Commission and its Annual Health Check, the forthcoming Care Quality Commission, and of the role of regional bodies such as the West Midlands Strategic Health Authority.

Findings

Resources

Some parts of the county are well-served by the ambulance service, and in postcode areas such as HR2 (South Hereford and Golden Valley) it normally meets or exceeds targets. However, interviews conducted and data gathered demonstrate that Herefordshire's ambulance service is vulnerable in some areas, being too frequently unable to reach response time targets - especially in the Ledbury area, and when unexpected peaks in activity occur, and also when resources are tied up outside Herefordshire, at hospital A&E departments, or otherwise unavailable.

1. Overall the WMAS service to the county has been seen to be improving and getting closer to routinely meeting national targets. The community values the professional staff and is highly supportive of the service, as demonstrated by CFR recruitment trends. However, the terms of reference of a recently-planned Independent Review of WMAS led by service commissioners (PCTs in the West Midlands region) states 'The PCTs have indicated their concern that WMAS suffered such a serious collapse [from September 2008] in its ability to deliver the contracted performance standards. Also that in the rural areas WMAS regularly underperforms, even after extra financial resources have been injected by individual PCTs to try and improve performance in their local areas'.
2. The review group notes that there appears to be an over-reliance on time-based targets, which are national requirements, whereas the use of patient outcome indicators would give a better picture of quality.
3. There is a shortage of resources (vehicles and front line staff) in Herefordshire. The safety net is too thin and vulnerable to breakage. The PCT has acknowledged this issue and is in discussion with WMAS with regard to the siting of an additional ambulance or paramedic car in the east of the county (Ledbury) to address it. It only takes a small peak in activity or other minor unpredicted event to occur, for example, for the service to be rendered unable to meet targets, which are, even under the best circumstances, particularly difficult to achieve in rural areas (*see Figure 1, page 7*). Coverage in the east of the county and after 8pm may need particular consideration. Ledbury is the only ambulance station in the county that does not enjoy 24-hour vehicle cover. However, the PCT states that the recently-announced Independent Review may recommend alternative locations. The Independent Review will also 'address resilience and cross-cover issues'.
4. The health scrutiny review has been restricted by what would appear to be a disturbing lack of data, particularly relating to patient outcomes. It is difficult to gain a rounded picture of the service judging on response times only. In general, the review group has gained an imperfect picture of performance, mainly due to the national target criteria which do not currently require non-time based recordings.
5. There appears to be no up-to-date agreed minimum level of resourcing, especially of emergency response vehicles, in the county. No thorough needs assessment has been made since 2004. However the local PCT says the recently-planned Independent Review referred to above will identify a model that 'regularly (much more frequently than two-yearly) evaluates demand v resourcing and has resource change/triggers clearly identified'. According to the PCT, demand for the blue light ambulance service has risen at 6% a year for the last three years although this increase has slowed in the present financial year. The Herefordshire health scrutiny committee resolved in 2007 that there should be no 'resource drift' to other parts of the region (*see resolution at Appendix B*), and yet, for example, there is anecdotal evidence that vehicles that should be stationed in Ledbury are sent to wait for calls in Malvern. This lack of current needs assessment and apparent resource drift may leave its ambulance service vulnerable and lacking resilience. WMAS is unable to supply data on vehicle movements as 'the only records that exist are paper ones kept

on an ad-hoc basis by control staff as a back-up so that should the main computer system fail, they would have an idea where the vehicles were’.

6. There appears to be resource drift to more heavily-populated areas, especially to Malvern from Ledbury. Weighty anecdotal evidence supports this assertion. Failures to reach response time targets (especially Call Connects Category A, 8 minutes) appear to be the direct result. It appears that assessment of vehicle waiting and time of operation is not systematically carried out for this geographical area. In August there were 79 missed Category A calls in Herefordshire, four of which were from Ledbury and eight from Ross. In September there were 60, four from Ledbury and four from Ross. In October there were 36, six from Ledbury (all out-of-hours) and two from Ross. It is not clear what analysis is done in response to these situations, for example to decide future positioning of vehicles on standby, especially out-of-hours.
7. Lack of “rural-proofing” at national and regional level leads to unrealistic target-setting (especially Category A, Call Connects, 8 minutes) and resourcing. It appears that little consideration is given to setting achievable and realistic local targets. Allocating resources per capita in the same way as they are allocated for urban areas leads to a disparity that disadvantages rural areas, where per capita costs are higher. However, while acknowledging that rural services cost more, Herefordshire PCT argues that Herefordshire still makes a disproportionately high contribution to the WMAS services – the unit price per journey in Herefordshire is currently £342, compared to unit price per journey in Birmingham of £142. The PCT says the recently-planned Independent Review referred to above is specifically tasked to address this issue.
8. Community First Responders (CFRs) are volunteers. Their terms and conditions do not appear to adhere to national best practice for working with volunteers. It seems they are not automatically supplied with essential equipment, not reimbursed for travel expenses to essential training nor for personal mobile phone use, and have no access to ‘normal’ crew communications networks. There are 112 CFRs in Herefordshire - 8 in HR1, East Hereford, 38 in HR2 South Hereford and Golden Valley, 2 in HR3 Letton-Brilley, 20 in HR4 West Hereford, 6 in HR5 Kington, 8 in HR6 Leominster, 6 in HR7 Bromyard, 10 in HR8 Ledbury, 9 in HR9 Ross, and 5 in WR13 Colwall (see *Figure 3 below*). The review group was unable to find evidence that they were effectively organised, and yet the ambulance service relies on them to meet up to 3% of its targets. WMAS employs a regional head of CFRs as well as a manager covering Herefordshire and Worcestershire. The review group was happy to note that WMAS has recently employed an additional CFR manager, and also a CFR administration support position in Herefordshire. The review group seeks reassurance of future improvements by way of updates to the health scrutiny committee (see *Appendix B health scrutiny resolution April 2008*). The PCT comments that the recently-planned Independent Review will cover the use and organisation of CFRs.

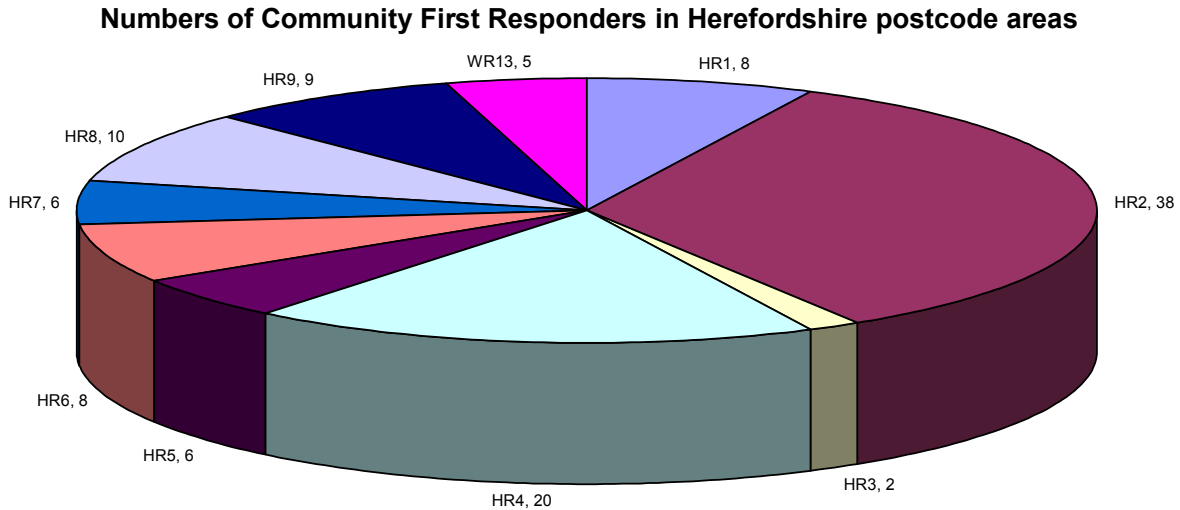


Figure 3: CFRs in Herefordshire

9. It appears that triaging could be improved by, for example, investing in better communication between ambulance control/crews and hospitals to ensure the earliest possible diagnosis of patient condition.
10. The Patient Transport Service (PTS) contract is currently held by WMAS. According to anecdotal evidence from the PCT and Hospitals Trust, the service provided by these non-emergency ambulances frequently fails to meet the needs of patients. For example, the review group was informed that it is currently necessary to give 48 hours' notice to book a vehicle. This can lead to delayed discharges and therefore bed shortages. The contract for PTS is currently being tendered out.
11. A fear remains among Herefordshire residents and service users that, despite GPS and other sophisticated communications technology, lack of local knowledge in call takers and dispatchers will hinder efficient service after EOC reconfiguration, especially in the early stages after Bransford closed (*see Appendix B health scrutiny resolution September 2007*).
12. Confirmation is being sought by the PCT that any funds raised from the sale of now-closed Bransford EOC will be spent in the locality, especially on CFRs and their equipment (*see Appendix B health scrutiny resolution April 2008*).
13. There appear to be opportunities to undertake more joint working with other blue light services, such as using each others' trained personnel as retained workers.

Pressures on the service

Many of the pressures on Herefordshire's ambulance service outlined below are beyond the scope of this review to examine in detail. However, they exist and solutions to them must be found and implemented, as extra resources alone will not ensure a robust and resilient service.

1. Lack of bed space at various hospitals used by WMAS frequently ties up ambulance resources when they are needed elsewhere. Hospital/A&E turnaround times are an issue, both for WMAS and for the hospitals, including Hereford Hospitals Trust. For example, in October 2008, according to WMAS statistics, out of 989 arrivals by ambulance at Hereford County Hospital, 287 were not handed over to the hospital within 30 minutes, and 34 of these waited over 60 minutes. There appears to be no person within the organisations involved (WMAS, HHT) who is responsible for ensuring timely ambulance crew clearance at Hereford Hospital. WMAS states that 'it is the responsibility of Hereford Hospital to ensure a timely turnaround of patients'.

However, the responsibility for crew clearance remains unclear and needs to be defined.

2. Advance communications systems between these organisations appear to be inadequate. It is unclear how or when the last needs assessment of 'beds per head' of population in the county was done, but according to HHT it is now recognised that more beds are needed at Hereford County Hospital as part of the resolution of ongoing problems.
3. According to WMAS staff, inappropriate use of the ambulance service by the public could be adding to the pressures on ambulance service by draining its resources unnecessarily. WMAS says it is impossible to determine the number of inappropriate calls: 'When a vehicle is deemed to be not required ... this is recorded in the CAD. In the notes of each job would be the reason ... some of these may be inappropriate calls but the majority would have had an alternate care pathway set up for them. In addition ... crews may decide it is quicker to take the patient to A&E ... rather than spending a long time on the scene with someone who is insisting on being taken to hospital'.
4. It is unclear to the review group if cross-border co-operation with Wales is reciprocal - whether 'Herefordshire is helped as much as it helps'. WMAS was unable to supply information on how many Herefordshire ambulances attended incidents in Wales from April-November 2008. It is proposed that this is addressed by the forthcoming Independent Review.
5. Out of hours (OOH) service provision - and other alternatives to emergency ambulance use - are not well enough known by the public. 999 is an easy number to ring in a panic.
6. The recent reconfiguration of EOCs involving the closure of Bransford EOC in early December seems, at least for the short term future, to have left the ambulance service especially in Herefordshire and Worcestershire in a very vulnerable state. (*see Appendix B health scrutiny resolution September 2007*). The review group notes, as explained in a letter from WMAS chief executive dated 12 January 2009, that "we had initially anticipated closing Bransford in the New Year after winter pressures subsided but it became increasingly apparent that, for patient safety reasons, we would have to act sooner than that. Staffing levels had dropped to unsustainable levels as those working in Bransford moved to other roles within the Trust." (*see Figure 2, page 8*). A representative from the Hospitals Trust told the group that the Hospital was given no notification of new EOC contact details when Bransford EOC was closed down on 1 December.
7. An unexpectedly early winter peak in activity in mid-December (30% more calls than the same time in 2007) demonstrated that both the ambulance service and A&E services are lacking resilience and do not have the capacity to cope effectively with much more than minor unpredictability (*see Figure 2, page 7 and Figure 4 below*). Targets for December were not met due to the extra pressures on the service in that month. In Herefordshire, according to WMAS's chief executive, Category A demand more than doubled from October - from 60 to 126 incidents per week. For HSW locality, the Category A (8 minute) target was only met for 63.7% of the total or urgent calls.

Hereford and Worcester Cat A Performance vs Demand

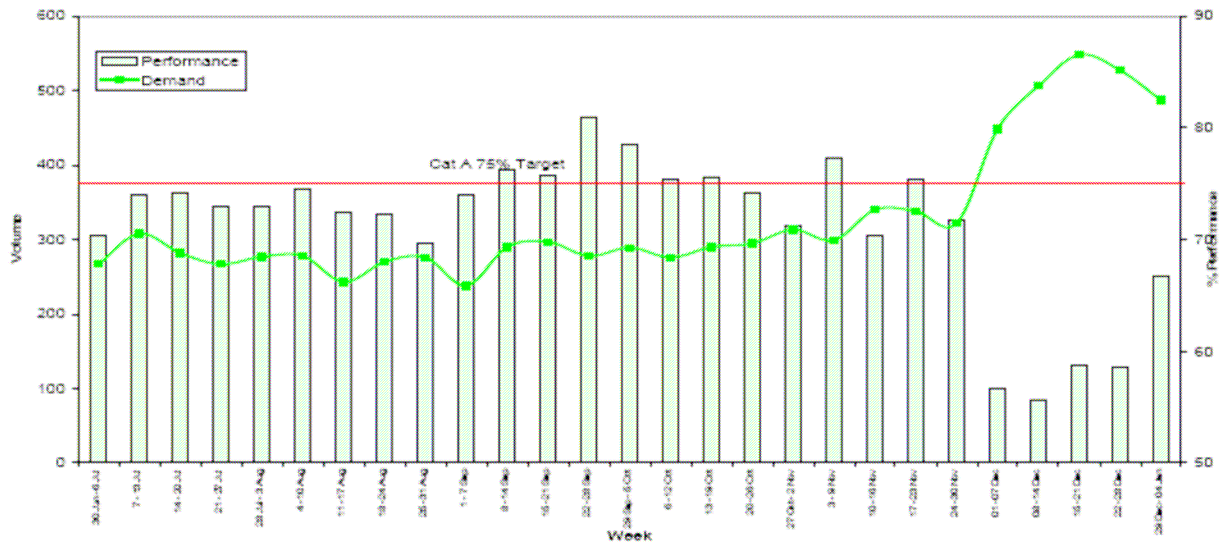


Figure 4: Five columns on the right (December 08) demonstrate rising demand and increased failed response times (Source WMAS Board papers 22 January 09)

Data and information

Three key issues emerged regarding communication and data: a) There is very little data on outcomes for patients, and even the major indicator - response times - is not normally disaggregated to enable analysis of local areas within a county b) Marketing and public education needs to be improved to save lives and reduce inappropriate use of ambulance services c) Communications systems within WMAS (especially since EOC reconfiguration), and with its partners such as the Hospitals Trust, need to be much more effective.

1. The ambulance service is judged only on response times. This information gives only a partial picture. It is difficult to get information on outcomes for service users. The review group found it difficult to track data when there was more than one vehicle responding to an incident.
2. Response time data are not generally available by post code, which disguises key local disparities. Although year-to-date data for the WMAS locality area of Herefordshire, Shropshire and Worcestershire exceeds the 75% category A target at 75.8% (see page 10), this disguises local disparities. For example, Herefordshire alone failed to meet the 75% target in April, May, June and August 2008. Within Herefordshire, some post code areas achieved much lower than 75% in 2008, such as HR8 (Ledbury) in Sept 66.7%, Oct 37.5% and Nov 66.7% (see Figure 1, page 7).
3. The regional nature of the ambulance service disguises the local situation, as WMAS is assessed as a whole.
4. Commissioning – as this moves to a regional template, will local issues be further subsumed? Herefordshire is one part of four in the regional commissioning mix.
5. There is a lack of public knowledge about basic life-saving techniques that could be used while waiting for an ambulance to arrive.
6. There is a lack of public knowledge about alternatives that could be used instead of the ambulance service (such as OOH services, minor injuries units, and even GPs and pharmacies).
7. Patient Report Forms are very complex. These have to be completed at the scene of a call-out. This additional task, which has to be done when crews are doing their best to save lives, adds to their stress.
8. Communication systems that do not talk to each other fully – for example between ambulance control/crews and hospitals – contribute to inadequate/slow triaging of patients. The review group was told by a PCT representative that a combination of

an extra vehicle, better triaging and more diversion from 999 to appropriate services could reduce Herefordshire demand by 600 patients in six months.

9. It is hoped that the new national contract and the recently-planned Independent Review will address the above issues by April 2009.

Recommendations

Resources

1. That the need for resources be regularly assessed, at least every two years, to take account of factors such as increasing population and changing demographic profile.
2. That, if Malvern is at higher risk of needing ambulances, resources to cover this potential need should come from Worcestershire, not Herefordshire.
3. Following the suggested needs assessment and via agreed commissioning protocols, it is likely that our findings will be supported - that additional ambulances are required, and that at least one is allocated to Herefordshire which should be based in Ledbury where a station with a wide network coverage already exists, and as the only station which does not currently have 24-hour coverage.
4. That commissioners agree enough funding to enable WMAS to properly fulfil its duty of care towards Community First Responders, and to equip and reimburse them according to volunteering best practice guidelines without having to rely on charity.
5. That CFRs could make an even more effective contribution to the service if they were more supportively managed and effectively deployed. However, their contribution should not be a substitute for meeting targets through normal resources, but for achieving added value. The health scrutiny committee looks forward to scrutinising the contribution of the new CFR organiser towards achieving these goals.
6. That a concerted campaign at all levels is conducted to demonstrate the need for "rural-proofing", and that costs of service provision are equitably shared between localities in the West Midlands region.
7. That scrutiny of the commissioning process for the ambulance service, and the Patient Transport Service (PTS), be conducted. The review group recommends a separate review of the PTS, possibly in collaboration with the Herefordshire LINK (Local Involvement Network).

Pressures on the service

1. That effective measures are implemented to ensure all emergency ambulance arrivals are accommodated safely in the hospital within 30 minutes, and that all other measures to reduce inappropriate use of emergency services and to release beds safely be urgently implemented.
2. That both WMAS and the Hospitals Trust improve, in collaboration with each other, their triaging and ambulance clearance time procedures.
3. That information on collaboration with Wales be sought by the Independent Review, including provision by sister services in Wales of data on the amount and nature of cross-border work.
4. That the health scrutiny committee request a report on the out-of-hours (OOH) service provision in the county.
5. That the OOH provider conduct a comprehensive publicity campaign on the out of hours telephone number.
6. That improvement in collaboration and co-location of blue light services be encouraged.
7. That regular and immediate progress reports on EOC reconfiguration be supplied for scrutiny by Herefordshire's health scrutiny committee, especially regarding resource drift – away from the county, and overall - and response performance.

Data and information

1. That commissioners, SHA and DoH measure ambulance service performance by outcome-based indicators as well as response times, for example, by measuring the progress of patients from when an ambulance is called to when they are 'handed over' to a hospital.
2. That all ambulance service response time data be available disaggregated by post code for all localities within WMAS.
3. That targets for rural Herefordshire be considered. These should be realistic without risking diminished performance.
4. That public education on EOC technology (when it is functioning effectively), and about why local knowledge is not needed, be conducted.
5. That public education on life-saving techniques be undertaken within the community, with particular emphasis on schools.
6. That the Patient Report Form and other paperwork where possible be computerised and simplified as a matter of urgency.
7. That data collection by, and dissemination from, WMAS – especially relating to patient outcomes - be greatly improved, as it is currently difficult to obtain a full, reliable picture.
8. That effective triaging of patients, communicated at the earliest stages to hospitals (for example by EOCs, or crews on first seeing a patient) and followed up by further triaging at hospital by senior clinical decision-makers, be implemented as a matter of urgency.

Appendix A

Scoping document

The Herefordshire ambulance service review 2008 was based on the scoping document below:

REVIEW:	West Midlands Ambulance Service in Herefordshire	
Committee:	Health Scrutiny Committee	Chair of review sub-group: Councillor Brigadier Peter Jones CBE
Lead support officer:	Sara Siloko	

SCOPING

Terms of Reference

This review covers the service levels and performance of the ambulance service in Herefordshire, with particular focus on emergency response times, and on the geographical areas of and around Ledbury and Ross-on-Wye.

Desired outcomes

1. To assess levels of overall service provided to Herefordshire residents by WMAS under the Herefordshire PCT contract.
2. To look behind the target response figures and seek assurance that the county's residents are receiving the level of service they need and deserve.
3. To identify and analyse any deficiencies, actual and potential, in the county's ambulance service provision and make suitable recommendations for their rectification or improvement.
4. To monitor any potential service drift away from Herefordshire
5. To ascertain the governance arrangements for monitoring significant events in the service

Key questions

1. What specific criteria do you use in allocating ambulance service resources in the areas covered by the service?
2. What factors do you take into consideration when you are allocating resources for Herefordshire?
3. What is your process for allocating resources once needs have been assessed and how does this compare with national guidelines?
4. What resources are currently allocated (numbers and type of crew, paramedics, vehicles, equipment, Community First Responders etc) and are available to which parts of Herefordshire, and at what times of day/night?
5. How are local services accounted for financially (including recruitment and retention of staff, funding, training, equipment and vehicles, ambulance station and office space, etc)?
6. What is the evaluation process for identifying underserved/overserved areas?
7. What records does the service keep of emergency calls made and responded to within the county?
8. How do you measure the outcome for every contact with the ambulance service, particularly when more than one response is necessary?
9. Have there been any S.U.I (Serious untoward incidents) investigated within the county during the last 12 months, if so, what was the outcome of these findings?
10. During the last 12 months how many significant event audits have been carried out by WMAS, should any of them involve Herefordshire, could details be provided of the audit outcome?
11. Why are response times for different parts of the county (especially Ledbury and Ross areas) so variable and how are they assessed?
12. What processes are utilised for monitoring whether Herefordshire allocated vehicles and ambulance staff are being utilised out of county (frequency & duration), and conversely monitor substitute vehicles being deployed (from out of county) to cover?
13. Are there any plans intended or already under way to change ambulance service provision for Herefordshire? What are these plans, and when will they be implemented?
14. If there are marked and regular discrepancies in service levels in different parts of the county, or between Herefordshire and other parts of the WMAS region, what action would WMAS take, or propose others take, to ensure that more equitable and efficient services can be achieved?

Links to the Community Strategy

The review group will identify how the outcome of this review contributes to the objectives contained in the Herefordshire Community Strategy, including the Council's Corporate Plan and other key plans or strategies.

Links to the PCT commissioning of ambulance services

The outcome of the review will possibly lead to questioning of the PCT management on the level of commissioning for ambulance services and their evaluation of the service provider.

Timetable	
<i>Activity</i>	<i>Timescale</i>
Agree approach, programme of consultation/research/provisional witnesses/dates	By Friday 17 October 08
Collect current available data	Monthly disaggregated stats on Herefordshire response times from WMAS – updates for Sept and Oct 08 Info about resources, funding, etc from WMAS HQ and Herefordshire locality by Friday 31 October 2008
Collect outstanding data	“
Analysis of data	By Friday 31 October 2008
Final confirmation of interviews of witnesses	By Friday 31 October 2008
Carry out programme of interviews	During first two weeks of November 2008
Agree programme of site visits	By Friday 31 October 2008
Undertake site visits as appropriate	During first two weeks of November 2008
Final analysis of data and witness evidence	By Friday 28 November 2008
Prepare options/recommendations	By Friday 28 November 2008
Present final report to Health Scrutiny Committee	On 5 December 2008
Present options/recommendations to Cabinet	
Cabinet response	
Implementation of agreed recommendations	
Members	Support Officers
Councillor K Swinburne Councillor Brigadier P Jones Councillor P J Watts Councillor A Seldon Councillor P G H Cutter	Sara Siloko

Appendix B Health Scrutiny Committee resolutions regarding WMAS, 2007-8

September 2007

RESOLVED: That the Committee's response to the West Midlands Ambulance Service NHS Trust's consultation on the reconfiguration of emergency operations Centres should be based on the following points:

- **support in principle for the reconfiguration of Emergency Operations Centres as proposed by the Trust, encouraged by the investment in compatible IT systems across the proposed 3 Centres.**
- **recognition of the strategic rationale for the proposal, however, in order to fully support the changes proposed the Committee would require assurance:**
 - **that the service on the ground in Herefordshire would not be adversely affected and that data for the County will be collated separately and monitored;**
 - **that there would be no urban drift of services and that this is monitored and evidenced by firm data; and**
 - **that in order to ensure that residents of Herefordshire continued to receive a high calibre service suitable training is provided to control room staff so that they had a good knowledge of the localities they served, including for example an understanding of the issues facing a rural area such as Herefordshire.**
 - **increased cross-border communication with neighbouring ambulance services to further improve effective service delivery.**

April 2008

it be reiterated to the West Midlands Ambulance Service NHS Trust that the Committee would want to see some reinvestment into the County of any resources realised through reorganisation following the Trust's reconfiguration of call centres. Providing direct funding for equipment for Community First Responders would be a good place to start to seek to improve the provision of service to rural areas.

Appendix C

Visits and interviews

Ledbury Ambulance Station on 13 November, where members spoke to Lee Hutchinson, group station manager Herefordshire, and Colin Rowberry, community first responder, Ledbury area.

Bransford Emergency Operations Centre (EOC) on 13 November, where members spoke to Malcolm Price, divisional commander, and various EOC staff.

Hereford Ambulance Station on 19 November, where members spoke to Malcolm Price, Ian Skyrme, paramedic, Rob Stevens, community first responder, and Andrew Pryce-Rattle, community first responder.

Ross Ambulance Station on 20 November, where members spoke to Malcolm Price, Lee Hutchinson, Dennis Moore, paramedic and Kevin Lilwall, paramedic.

WMAS on 12 December. Members spoke to Derek Laird, WMAS locality director for Herefordshire, Shropshire and Worcestershire.

Herefordshire PCT on 15 December. Members spoke to Paul Ryan, head of commissioning.

Hereford Hospital Trust on 18 December. Members spoke to Lynne Kedward, business unit manager, medical services.

Data and other information

Information and data supplied by WMAS

- Briefing Paper WMAS Oct 2008
- Herefordshire vehicle and crew numbers
- Examples of Incident Report Forms, anonymised
- Response analysis Oct 2008
- Hospital turnaround analysis Oct 2008
- Missed Category A calls Aug/Sept 2008
- Blank Patient Report Form
- Operations Directorate Report to WMAS Board Nov 2008
- Initial responses to key questions 13 Nov 2008
- Staff rota Herefordshire, week starting 17 Nov 2008
- Sample Status System Plans
- Disaggregated data for ambulance response times in Herefordshire, up to Nov 2008
- WMAS newsletters
- WMAS Board papers
- Post code locations of Herefordshire CFRs
- Matrix of cover

WMAS/Herefordshire PCT contract, 2008-9 supplied by Herefordshire PCT

Terms of Reference for an Independent Review of WMAS, supplied by Herefordshire PCT in February 2009

Volunteering best practice guidelines (Volunteering England)

Protocol for ambulance handover and draft escalation procedure supplied by Hereford Hospitals Trust