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| Report title: East of England Ambulance Service NHS Trust – overview and performance update | |
| Report to: Health Overview Policy and Scrutiny Committee | |
| Report author: East of England Ambulance Service NHS Trust | |
| Date: 4 April 2024 | For: Discussion |
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| County Divisions affected: Not applicable | |

1. Introduction

- 1.1 The Health Overview Policy and Scrutiny Committee (HOSC) receives regular updates from the East of England Ambulance Service NHS Trust.
- 1.2 These updates usually take the form of a general performance overview, as well as including progress updates against the CQC's recommendations.

2. Action required

- 2.1 The Committee is asked to consider this report and identify any issues arising.

3. List of Appendices

App A: EEAST Overview and Performance

Appendix A



EEAST OVERVIEW AND PERFORMANCE

Date of Report: 21 March 2024

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Purpose of Report

The purpose of this report is to provide the Committee with information regarding the performance of the East of England Ambulance Service NHS Trust (EEAST) in Essex.

Summary

- Response times in Essex for our most serious incidents, Category 1, improved in 2023 with an average response time of 8 minutes 40 seconds.
- Response times for C2 category patients including chest pains and strokes have also improved with an average response time of 42 minutes and 49 seconds.
- NHS England has removed EEAST from the National Recovery Support Programme in recognition of the significant improvements we have made. The programme was formerly known as Special Measures.

Response Times

Essex is served by three sectors with devolved leadership that mirror the ICS footprints – mid and south Essex, Suffolk and north east Essex, and Hertfordshire and west Essex. There has been a year-on-year improvement in response times in each ICS area. Mid and south Essex has shown the biggest improvement.

| Data range: 1st April to 31st January | 2022 | 2023 | Year on Year Improvement | | 2022 | 2023 | Year on Year Improvement | |
|---------------------------------------|----------|----------|--------------------------|-----|----------|----------|--------------------------|-----|
| Suffolk and North East Essex | C1 Mean | C1 Mean | Absolute | % | C2 Mean | C2 Mean | Absolute | % |
| East Suffolk | 00:11:08 | 00:10:02 | 00:01:06 | 10% | 01:08:04 | 00:48:46 | 00:19:18 | 28% |
| West Suffolk | 00:12:49 | 00:11:16 | 00:01:33 | 12% | 01:06:09 | 00:45:06 | 00:21:03 | 32% |
| North Essex | 00:09:56 | 00:08:23 | 00:01:33 | 16% | 01:13:58 | 00:44:52 | 00:29:06 | 39% |

| Data range: 1st April to 31st January | 2022 | 2023 | Year on Year Improvement | | 2022 | 2023 | Year on Year Improvement | |
|---------------------------------------|----------|----------|--------------------------|-----|----------|----------|--------------------------|-----|
| Mid and South Essex | C1 Mean | C1 Mean | Absolute | % | C2 Mean | C2 Mean | Absolute | % |
| Mid Essex | 00:11:12 | 00:09:24 | 00:01:48 | 16% | 01:18:46 | 00:40:46 | 00:38:00 | 48% |
| South East Essex | 00:09:29 | 00:07:05 | 00:02:24 | 25% | 01:33:50 | 00:37:36 | 00:56:14 | 60% |
| South West Essex | 00:10:39 | 00:08:18 | 00:02:21 | 22% | 01:30:11 | 00:39:28 | 00:50:43 | 56% |

| Data range: 1st April to 31st January | 2022 | 2023 | Year on Year Improvement | | 2022 | 2023 | Year on Year Improvement | |
|---------------------------------------|----------|----------|--------------------------|-----|----------|----------|--------------------------|-----|
| Hertfordshire and West Essex | C1 Mean | C1 Mean | Absolute | % | C2 Mean | C2 Mean | Absolute | % |
| North East Hertfordshire | 00:10:23 | 00:09:14 | 00:01:09 | 11% | 01:10:45 | 00:50:37 | 00:20:08 | 28% |
| Mid Hertfordshire | 00:09:46 | 00:08:37 | 00:01:09 | 12% | 01:00:24 | 00:47:03 | 00:13:21 | 22% |
| South Hertfordshire | 00:09:25 | 00:08:03 | 00:01:22 | 15% | 00:55:04 | 00:42:13 | 00:12:51 | 23% |
| West Essex | 00:12:07 | 00:10:53 | 00:01:14 | 10% | 01:23:18 | 00:54:32 | 00:28:46 | 35% |

We have seen the longest sustained reduction in variance from national response time averages as a Trust for many years, however we recognise that these are still not as good as they need to be in all areas and there is more to do to further improve response times across our region. We are looking at ways in which we can improve our response times and increase our resources, which include:

- Increasing frontline clinician numbers by 300, delivering a 10% increase in ambulance hours.

- Increasing clinical cover within our control rooms, so we are able to triage all appropriate calls to improve patient safety and maximise the use of alternative services which are available within communities.
- Completing our roll out of advanced practice cars in both urgent and critical care in each county, who will be able to provide more specialist clinical care and support in patients' homes.
- Increasing Hear and Treat rates to 13% through Clinical Assessment Service (CAS) expansion. CAS allows more patients to be treated over the phone rather than needing an ambulance response.
- Segmenting category 2 calls by clinical need. This new system allows a conversation between the patient and the clinician in the control room where together they can decide whether an ambulance is the best response or if they would be better cared for in the community.
- Collaborating with Fire and Rescue services across the region. In Essex we are working with Essex Fire and Rescue Service on a falls pilot. The new partnership aims to free up ambulance crews to attend the most seriously ill people and this new programme aims to send a Community Wellbeing Officer within an hour of the call if someone has fallen.
- Increasing the use of Community First Responders (CFR) to assist with patients that have fallen. They can be dispatched to falls where the patient is uninjured or where a clinician has deemed the incident appropriate for a CFR, they can also be used as a resource for trust staff to use as a backup option to support them on scene with a lift.

System Working

In terms of our work with the wider system, we continue to make substantial progress to increase the use of alternative pathways through the utilisation of 'Access to the Stack.' Access to the stack allows community urgent care providers to access calls from the 999 stack that would be better suited to receive care in the community, freeing up ambulances for people with an emergency need.

The number of calls referred to alternative urgent care services in December were:

- **Mid and south Essex**
686 calls with a 74% acceptance rate.
- **Suffolk and north east Essex**
721 calls with a 79% acceptance rate.
- **Hertfordshire and west Essex**
1038 calls with a 67% acceptance rate

Within each ICS area, an unscheduled care co-ordination hub has been established to support those calls categorised as C3 - C5. This will reduce unnecessary ambulance trips to hospital emergency departments. The hubs will ensure that alternative care is available for patients in line with their needs. Currently these hubs have structured but individual operating hours, and the ambition is for each hub to move to a 24/7 operation.

The unscheduled care co-ordination hubs receive calls from 111, other healthcare professionals and low acuity cases that we receive via digital enablers and automated technology. The hubs are staffed by local clinicians and social care colleagues, working as part of a multi-disciplinary team, to manage the referrals from EEAST and to coordinate local care for local patients. It will direct patients to the most appropriate primary care,

community, or mental health services to support their individual clinical needs.

The unscheduled care coordination hub in mid and south Essex (UCCH) with call before you convey, is operating Mon – Fri, 08:00-20:00 and Weekends: 08:00 – 18:00.

The unscheduled care coordination hubs covering west Essex and north Essex with call before you convey, are operating 12 hours a day, seven days a week.

Call before you convey provides ambulance crews with a single phone number within their ICS to call and either gain clinical advice from the system or to access prompt referrals into alternative care pathways such as frailty assessment, virtual wards, and same day emergency care services.

Call pick up

Since January 2023 we have seen increasing call volumes. Despite the increase in calls we consistently have one of the lowest call answer times in the country. The Trust is continuing its plan to reach 330 call handlers to ensure we sustain call pick up times.

The average call pick up time for 2023 was 6 seconds.

Hospital Handovers

We continue to collaborate with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Admissions Liaison Officers (HALOs) at acute trusts to facilitate smoother and faster handovers. These have been successful and are now a permanent position within the Trust.

However, Hospital Handovers remain a significant issue which affects EEAST's performance. Handover times are split into 2 main categories, arrival to handover and handover to clear. Primarily, arrival to handover is hospital controlled and handover to clear is ambulance controlled.

The national mandate for arrival to handover is 15 minutes, however, this is a target that is rarely being achieved. These delays are reducing the number of ambulances in operation and are significantly affecting our ability to respond to waiting 999 patients.

1 April 2022 – 31 January 2023 handover times at Essex hospitals:

Basildon

33% of ambulances were able to handover their patients within 15 minutes.

The average arrival to handover time was 27 minutes.

Broomfield

40% of ambulances were able to handover their patients within 15 minutes.

The average arrival to handover time was 25 minutes.

Colchester

17% of ambulances were able to handover their patients within 15 minutes.

The average arrival to handover time was 29 minutes.

Princess Alexandra

17% of ambulances were able to handover their patients within 15 minutes.

The average arrival to handover time was 57 minutes.

Southend

28% of ambulances were able to handover their patients within 15 minutes.

The average arrival to handover time was 31 minutes.

To support the national Urgent and Emergency Care recovery plan of C2 performance to 30 minutes in 2023/24, the maximum weekly ambulance hours lost to handover delays has been independently modelled by NHSE and agreed at 1,500 Trust wide (this is approximately 125 ambulances). These levels have never been reached. We are committed to understanding the impact we play in handover delays and are identifying patients with a non-critical emergency and patients that are transported to A&E departments due to a failed referral so that we can work with system partners to find alternative services to reduce demand on our hospitals.

The MSE Operational team have developed an initiative that has been implemented Trust Wide to support the improvement of handover to clear times with the aims of:

- Improving the handover to clear (H2C) times which will increase patient facing staff hours (PFSH) providing more time for focussed patient care.
- Improving response times in line with national standards
- Reducing mental load on staff allowing them to focus on other tasks following a clinical handover of care of a patient.
- Reducing time spent at hospital can improve emergency department (ED) flow by reducing queues and demonstrates that EEAST are committed to reducing delays within the wider system.

Staff will receive reminder messages on their radio handsets and Mobile Data Terminal (MDT) screens to alert them if they are about to breach the times in line with national standards.

EEAST Clinical Strategy

Our clinical strategy marks a significant step forward in our mission to improve the way we care for our communities.

At the core of this new strategy is people and collaboration, be that providing more patient centric care through supporting the development of our people, or by collaborating with partner organisations to make better use of other services.

The strategy sets out the different approaches that will be taken, based on the differing categories of call that we receive. From ensuring we can provide a consistently rapid response to the most serious calls, to enabling patients to be cared for in their home where possible and avoiding unnecessary hospital stays, the strategy provides the flexibility needed to personalise treatment and triage care more effectively.

To ensure that we can provide a better and more clinically accurate response for patients we have changed the way we manage category 2 emergency calls. This category is now broken down – or segmented by clinical need.

These segments are:

- Clinical Navigation: The call will be assessed by a Clinician to ensure that an ambulance response is appropriate. If an ambulance response is not needed, patients will be directed to alternative care pathways.
- Immediate Dispatch: An ambulance will be dispatched as soon as a resource is available.

This new system allows a conversation between the patient and the clinician in the control room where together they can decide whether an ambulance is the best response or if they'd be better cared for in the community.

This allows ambulances to be dispatched as soon as possible for patients in the greatest need. Crucially, the process does not mean anyone loses their position in the queue for a response, but it does allow more individualised care for people.

CQC Update

NHS England has removed EEAST from the National Recovery Support Programme in recognition of the significant improvements we have made. The programme was formerly known as Special Measures.

Our latest CQC report, published in July 2022, showed significant improvements on long-standing cultural issues. The report recognised our efforts to improve leadership, culture, and safety for staff.

Since February 2023, the CQC has also lifted four conditions on our license. There are three remaining. Work is underway to provide the evidence for the remaining conditions to be lifted.

Community First Responders

Across the three ICS footprints that cover Essex there are 103 Community First Responder Groups with 540 volunteers who gave over 10,500 covers to EEAST in February this year. We always need more active volunteers to help us save lives as they can often reach patients in the vital minutes before an ambulance crew arrives.

If members of this committee know of anyone interested in becoming a Community First Responder please point them towards our website, where anyone can sign-up to volunteer and undertake the necessary training. The website address:

<https://www.eastamb.nhs.uk/join-the-team>

Conclusion

We consistently have one of the lowest call answer times in the country and have seen the longest sustained reduction in variance from national response time averages as a Trust for many years. However we recognise that these are still not as good as they need to be and there remains more to do to further improve response times across our region. We are looking at ways in which we can improve our response times and increase our resources, which include:

- Increasing frontline clinician numbers by 300, delivering a 10% increase in ambulance hours.
- Increasing clinical cover within our control rooms, so we be able to triage all appropriate calls to improve patient safety and maximise the use of alternative services which are available within communities.
- Completing our roll out of advanced practice cars in both urgent and critical care in each county, who will be able to provide more specialist clinical care and support in patients' homes.
- Collaborating with Fire and Rescue services across the region.

We would like to extend an offer to committee members to join our crews on a ride out or to spend time in our emergency operations centre to experience firsthand the excellent work our people do. If you would be interested in taking up this offer, please email publicaffairs@eastamb.nhs.uk

