

ESSEX COUNTY COUNCIL
HEALTH SCRUTINY COMMITTEE:
06 APRIL 2023
REPORT OF EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST
OVERVIEW AND PERFORMANCE





Purpose of report

1. 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

2. Response times for all categories of calls have reduced significantly during January and February 2023, following the peak experienced in December.
3. These improvements have been supported through a number of changes made by the service to respond to the pressures being experienced across the NHS which has included:
 - More ambulances on the road across Essex.
 - The launch of 'Access to the stack' which allows for the direct referral of patients who call 999 and do not require an ambulance to other community-based services.
 - Short term activities such as the introduction of cohorting units and arrangements at hospitals to release ambulances back on to the road whilst patients can be safely cared for prior to admission into the local Emergency Department.
4. There remains significant work to do to improve response times for patients, as part of our Improvement Plan for 2023/24 we will be:
 - Increasing frontline clinician numbers by 300, delivering a 10% increase in ambulance hours with many of these being focused in Essex.
 - Increasing the number of experienced clinicians we have working within our control rooms by 90, which will allow us to double our capacity to triage calls to improve patient safety and maximise the use of alternative pathways.
 - Completing our roll out of advanced practice cars in each county, with us having one critical care car for the most serious incidents, alongside an advanced practice car allowing for more patients to be treated at home.
 - Aiming to maximise the use of alternative services for patients who do not need an ambulance, aiming to double referrals from c.1,800 per month to over 4,000 per month and to work with partners to improve acceptance rates from their current levels of 40%.
 - Rolling out 'make ready' facilities to 5 more sites, which includes Harlow and enables us to make ambulances ready prior to crews coming on shift and releasing this time to direct patient facing care.
 - Rolling out our programme of co-response in partnership with Fire and Rescue Services based on successful trials undertaken during 2021/22, particular to focus on time critical response in rural and coastal communities.
5. During 2022/23 we have seen improvements in our regulatory position with an improvement in our 'well led' domain rating from 'inadequate' to 'requires improvement', completion of the

legal undertakings with the Equalities and Human Rights Commission on sexual harassment within the workplace and improved ratings in our education provision and learning environments from Health Education England.

6. The most recent NHS staff survey has been published, with 43% of questions showing a significant improvement and the remainder staying around the same, with EEAST being the 1st amongst other ambulance trusts in terms of year-on-year improvement against the survey, whilst recognising this was from a low base.
7. However, work such as our research into race and ethnicity within the workplace highlights that there remains significant work to be undertaken to continue to improve culture and the working environment within EEAST.

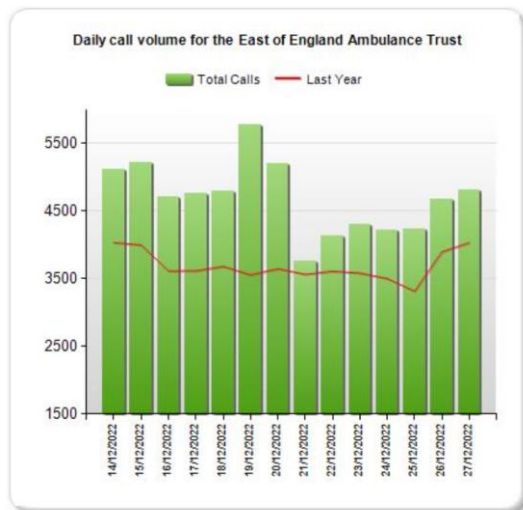
What are the key challenges faced by EEAST in meeting performance targets?

The East of England Ambulance Service NHS Trust (EEAST) has seen a sustained increase in:

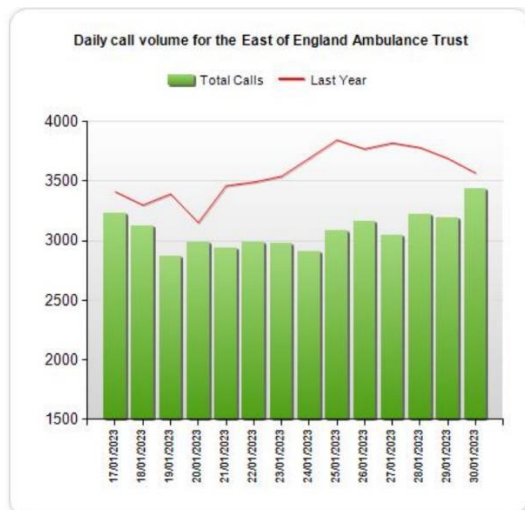
- demand for ambulance services
- acuity of patients
- significant handover delays at hospitals.

Demand for ambulance services

The below graph shows the total number of calls handled by the Trust from December 14 to December 27.



December 2022 - 14 to 27



January 2023 – 17 to 30

In this snapshot of the past few weeks, call volume has been greater on each day compared to the corresponding day of the previous year. On Monday 19 December EEAST took in excess of 2,000 more calls than the same day in 2021.



Last year demand was relatively static, but this year the ambulance service is seeing large variance on a day-to-day basis. The second graph shows call volume dropped to below January 2022 levels during the equivalent period at the start of this year.

Acuity of patients

The NHS is experiencing a very challenging time. At EEAST this means we have seen a significant increase in the number of seriously ill patients we are called to attend – in December 2019 we were called to 8,500 C1 calls (the most serious category of patient) – representing around 10% of all incidents. In December 2022 that figure was more than 11,200 and represented 18% of all incidents.

The ambulance service has a changing patient profile with many more patients presenting with life-threatening conditions and those who have deteriorated due to a significant wait to access medical treatment during the COVID-19 outbreak period.

EEAST's services are contracted on the basis that around 8% of our calls will be to our most serious category of patients (C1).

This acuity profile affects our performance as we are likely to spend more time with patients and this lengthens our job-cycle time. In turn, this has increased pressure to all parts of the NHS and we are working with our NHS partners to find ways to help people get the right care at the right time.

Significant handover delays at hospitals

The national target for the handover of a patient at an acute hospital is set at 15 minutes. Across the Trust regionally around 22.69% (January 2022 to December 2022) of our vehicles have been delayed over 1 hour at an acute hospital handing over a patient.

These delays directly affect our ability to meet the needs of our patients in every area, as any time over 15 minutes spent waiting at hospitals is time wasted to the service.

These delays prevent our crews from responding to more patients in life-threatening situations within the community.

Work that has been undertaken to improve and remove this challenge including the introduction of an Ambulance Handover Unit to support the handover of patients at Southend Hospital. The AHU has now been removed as

Average arrival to handover times: hours: minutes: seconds

	Nov 2022	Dec 2022	Jan 2023	Feb 2023
Basildon Hospital	00:55:11	01:09:59	00:27:06	00:27:12
Broomfield Hospital	00:39:37	01:13:22	00:33:23	00:27:43
Colchester General Hospital	01:07:52	01:01:54	00:22:42	00:21:30
Princess Alexandra Hospital, Harlow	01:48:45	01:20:23	00:33:22	00:36:50
Southend Hospital	01:22:09	01:45:18	00:31:41	00:25:40

Response times snapshot (mean) for Mid and South Essex



	C1	Trust-wide C1	C2	Trust-wide C2
October 2022	00:12:30	00:12:46	01:56:35	01:31:31
November 2022	00:12:01	00:12:35	01:15:45	01:04:55
December 2022	00:12:52	00:13:20	03:16:08	02:26:54
January 2023	00:10:45	00:10:30	01:06:05	00:51:52
February 2023	00:09:23	00:10:10	00:47:48	00:46:06

Response times snapshot (mean) for Hertfordshire and West Essex

	C1	Trust-wide C1	C2	Trust-wide C2
October 2022	00:10:39	00:12:46	01:19:22	01:31:31
November 2022	00:10:38	00:12:35	01:10:16	01:04:55
December 2022	00:11:55	00:13:20	02:00:47	02:26:54
January 2023	00:09:14	00:10:30	00:46:48	00:51:52
February 2023	00:08:54	00:10:10	00:43:50	00:46:06

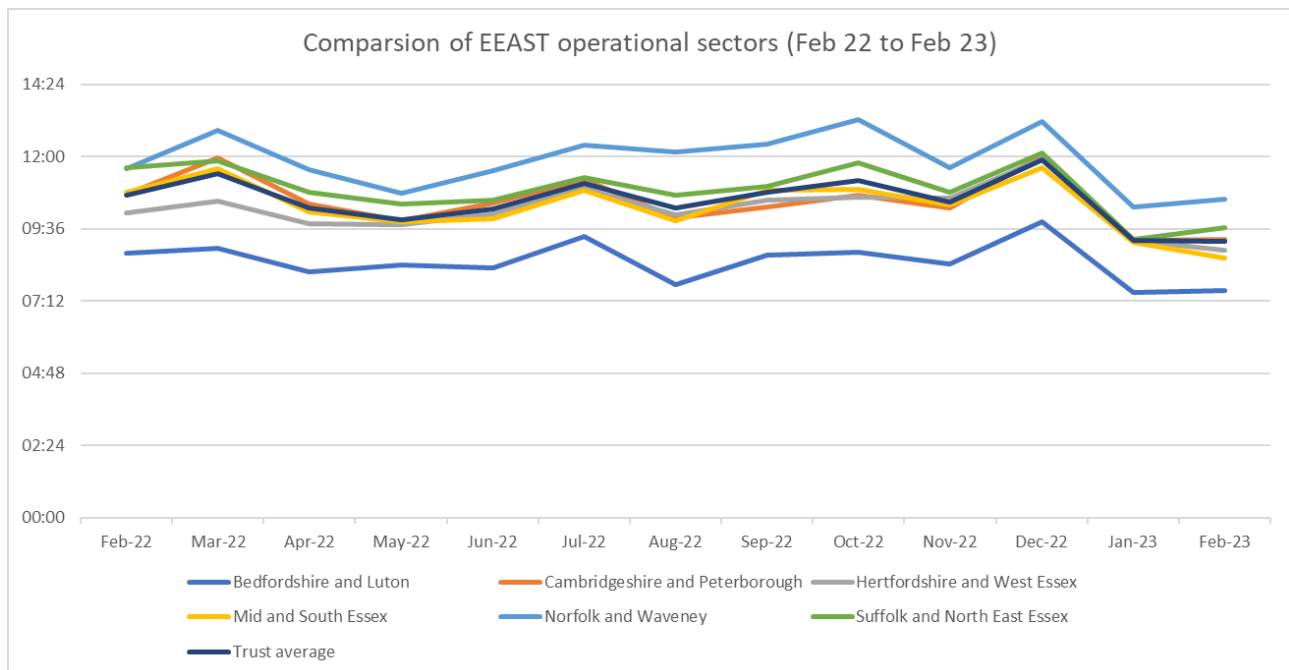
Response times snapshot (mean) for Suffolk and North East Essex

	C1	Trust-wide C1	C2	Trust-wide C2
October 2022	00:11:48	00:12:46	01:34:23	01:31:31
November 2022	00:10:49	00:12:35	01:07:02	01:04:55
December 2022	00:12:07	00:13:20	01:59:23	02:26:54
January 2023	00:09:16	00:10:30	00:43:00	00:51:52
February 2023	00:09:39	00:10:10	00:47:09	00:46:06

Call category explanations

- **Category 1** - Immediately life threatening injuries and illnesses. Patients will be responded to in an average (mean) time of seven minutes, and within 15 minutes at least nine out of 10 times (90th percentile)
- **Category 2** - Emergency. These will be responded to in an average (mean) time of 18 minutes, and within 40 minutes at least nine out of 10 times (90th percentile)
- **Category 3** - Urgent calls and in some instances where patients may be treated in situ (e.g. their own home) or referred to a different pathway of care. These types of calls will be responded to at least nine out of 10 times (90th percentile) within 120 minutes
- **Category 4** - Less urgent. In some instances patients may be given advice over the phone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least nine out of 10 times (90th percentile) within 180 minutes.

Comparison between operational sectors for C1 mean average response times



The graph above gives a comparison of EEAST operational sectors for mean response times for C1 incidents.

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Bedfordshire and Luton	08:47	08:57	08:11	08:24	08:18	09:22	07:46	08:43	08:49	08:26	09:51	07:30	07:33
Cambridgeshire and Peterborough	10:45	11:58	10:25	09:52	10:28	11:15	09:58	10:19	10:44	10:17	12:02	09:13	09:15
Hertfordshire and West Essex	10:08	10:32	09:47	09:45	10:06	10:58	10:05	10:34	10:39	10:38	11:55	09:14	08:54
Mid and South Essex	10:49	11:36	10:10	09:50	09:56	10:53	09:53	10:53	10:55	10:23	11:39	09:09	08:37
Norfolk and Waveney	11:36	12:53	11:34	10:48	11:33	12:23	12:09	12:25	13:15	11:39	13:11	10:19	10:36
Suffolk and North East Essex	11:39	11:52	10:50	10:25	10:33	11:18	10:43	11:01	11:48	10:49	12:07	09:16	09:39
Trust average	10:43	11:26	10:17	09:55	10:15	11:06	10:17	10:49	11:12	10:29	11:54	09:13	09:11

Additional investment plan breakdown

Recently EEAST was identified nationally as being under resourced and an extra £27 million has been identified for ambulance services in the east of England.

The funding will provide:

- Recruitment for more Emergency Care Assistants (or equivalent role) with an increase in numbers by 270, many of these recruits will be stationed in Essex
- Trust-wide this will mean 28 additional ambulance vehicles (providing 20 additional 24/7 lines). For Essex this will mean around 6 extra vehicles 24/7.
- ECAT expansion to ensure all C3/4 calls receive clinical validation



- C2b/c segmentation to further improve response times for stroke and chest pain patients
- Increased staff support offering and improved internal leadership

These activities are all part of the implementation of our new clinical strategy which is set out below.

How will EEAST's new Clinical Strategy for Urgent and Emergency Care be different to previous arrangements?

The Clinical Strategy has been written to address the current Urgent Emergency Care (UEC) context that the ambulance service has been working in and includes initiatives such as 'Access to the Stack', which seeks to shift some of our lower acuity patients (C3-C5 calls), where appropriate, to community teams who have been commissioned to develop Urgent Community Response Services (UCRS).

UCRS may be better placed to meet patient needs within a two-hour window. EEAST has led a region-wide implementation of 'Access to the Stack' at the end of 2022 with a successful implementation.

'Access to the Stack' provides a web-based portal to enable a UCRS to gain electronic access to appropriate incidents just as our control room would be able to do. Clinicians in the ambulance control room triage the calls and then offer them to a UCRS. The system allows the UCRS to notify EEAST electronically when they attend the patient. This reduces the need for an ambulance to convey a patient to hospital and often results in the patient getting the appropriate help and support they need in their home.

The other changes that the Clinical Strategy envisages are more Hear and Treat and See and Treat calls, using local services more and engaging in more digital ways of helping our patients.

EEAST has also introduced an Advanced Paramedic Urgent Care (APUC) car stationed at Basildon, which is preventing 80% of the patients it attends from conveyance to hospital. Generally, the APUC cars are seeing about 9 patients a day. We are recruiting more Advanced Paramedics for Essex sector over the coming months.

What will change for patients?

While developing the Clinical Strategy we worked closely with our Community Engagement Group (CEG), our patient involvement representatives and patients.

The following diagram encapsulates some of the differences patients will experience:



Measures of Success

What change will patients experience when the strategy is delivered?

Hubs Pre-hospital and Community

- A 999 call will not automatically translate into an ambulance dispatch
- Patients will experience more hear and treat and see and treat services

Partnerships Access to the stack and HARIS model

- Patient needs will be resolved via partnership working with 111, community providers and mental health teams
- Handover @Home will become the norm

Delays Hospital handover delays

- More alternative pathways will be used to prevent conveyance to hospital
- Clinical review will take place within a nationally mandated timescale

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Measures of Success cont...

What change will patients experience when the strategy is delivered?

Alternatives Pathways in the community

- Patients will be directed to alternative care pathways in the community
- Our people will be able to collaborate with other health and care professionals about the best path for patients

Workforce Advanced Practitioners Project

- Patients will experience advanced practitioners treating patients in urgent and critical care
- A solid career development pathway supports our workforce capability

Localities Business Units formation

- Working more locally with provider partners supports our patients with the most appropriate care closer to home
- Joint working arrangements cement closer working with our six localities

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How are the ICBs in Essex supporting the Trust to help shape the alternative care pathways with system partners?

EEAST has been working closely with the ICBs on developing resources within Essex that help us to better meet the need from patients.

We are focusing on system-wide working to manage demand on our services, including the development of local community hubs - one within each of our ICBs. These hubs will support the external stack, providing access to a place-based integrated multidisciplinary team, with EEAST

working in conjunction with health and social care providers within each of our ICBs across the east of England.

These hubs will allow local healthcare professionals take urgent calls waiting to be answered on the 999 system within Categories 3-5, ensuring that these do not lead to the dispatch of an ambulance or other emergency response.

We've been hard at work on planning these community hubs, and NHSE has written to all ICSs to ask them to develop these as a regional priority – either in place or with plans to deliver by June.

Alan Whitehead, Head of Mid and South Essex at EEAST represents the sector at the ICB.

EEAST has been commissioned to provide a 12/7 days a week joint Mental Health response car and this will be going live in April 2023. The service is being provided in partnership with EPUT and if successful we will look to extend this service.

Access to the Stack

This software development has been operational across all 6 counties we service including across Essex. The roll out was successfully implemented over 6 weeks across 18 Providers at the end of 2022.

As a result, our clinicians in the control room are passing referrals for appropriate patients directly to Urgent Care Response Services within the community, such as those provided by the Essex University Partnership NHS Trust (EPUT). This is reducing the need for patients to go to emergency departments and helping EEAST to keep ambulances free for those who need them most. It is also a demonstration of our 'no wrong front door policy' whereby our staff can direct patients as required to other community services, for example to book a GP appointment or access community pharmacy services.

During February 2023 EPUT accepted 23% of the calls EEAST put through to the community services provider in the Hertfordshire and West Essex area. That has increased to 34.5% acceptance rate for March 2023. This means that during March around 66 calls were responded to by EPUT in the Hertfordshire and West Essex area rather than an ambulance sent at the first opportunity.

EPUT serves West Essex and also Mid and South Essex. In Mid and South Essex there are three providers online North East London NHS Foundation Trust (NELFT), Provide in addition to EPUT's services. This gives greater capacity and more than 250 patients have been accepted in March 2023 between those three services. This has increased on the figures for February 2023 by around a further 60 patients.

This means that, where appropriate, people have the choice to be seen sooner by the right healthcare practitioner rather than going to hospital – saving hours of delays and in many cases providing a more tailored approach to their care.

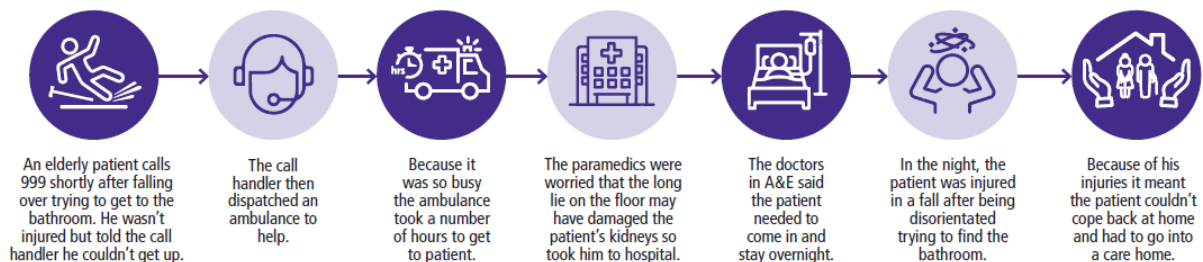
This approach also facilitates clinical conversations between EEAST paramedics and local health teams about appropriate patients who could be transferred to their alternative care.

A factsheet is included below to help you understand a current and future patient journey.

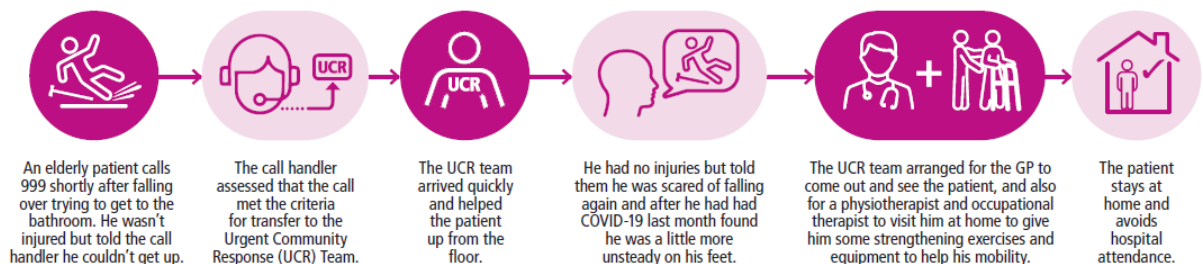
A New Community Care Approach

A new approach will mean that, where safe and clinically appropriate, urgent community care or other services can take over the care of patients awaiting an ambulance so that they can get the care they need more quickly.

EXAMPLE: Current patient journey



EXAMPLE: Future patient journey



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What has been the staff turnover within EEAST in the past 12 months? What are the key issues affecting recruitment and retention of staff and how is EEAST addressing these?

EEAST recruitment turnover has stabilised over the past 12 months and we are starting to see an improvement in Mid and South Essex sector recruitment.

Starters Headcount	Mid & Sth Essex A&E (All Staff)	Whole Trust
Dec-21		20
Jan-22	1	52
Feb-22		41
Mar-22	6	79
Apr-22	2	48
May-22	3	41
Jun-22	4	83
Jul-22	4	50
Aug-22	3	78
Sep-22	20	143
Oct-22	8	86

Leavers Headcount	Mid & Sth Essex A&E (All Staff)	Whole Trust
Dec-21	4	51
Jan-22	5	41
Feb-22	2	42
Mar-22	7	119
Apr-22	10	70
May-22	8	61
Jun-22	4	63
Jul-22	5	45
Aug-22	7	60
Sep-22	19	67
Oct-22	10	48

Variance Starters Vs Leavers	Mid & Sth Essex A&E (All Staff)	Whole Trust
Dec-21	-4	-31
Jan-22	-4	11
Feb-22	-2	-1
Mar-22	-1	-39
Apr-22	-8	-22
May-22	-5	-21
Jun-22	0	20
Jul-22	-1	5
Aug-22	-4	18
Sep-22	1	76
Oct-22	-2	38



Nov-22	8	73
Dec-22	0	12
Jan-23	11	93
Feb-23	8	50
Rolling 12 Mth Total	77	836

Nov-22	4	65
Dec-22	5	57
Jan-23	4	45
Feb-23	3	36
Rolling 12 Mth Total	*84	742

Nov-22	4	8
Dec-22	-5	-45
Jan-23	7	49
Feb-23	5	13
Rolling 12 Mth Total	-29	54

*Of Mid & Sth Essex Leavers 3 were Managers or admin

Starters Headcount	Mid & Sth Essex A&E (All Staff)	Whole Trust
Nov-22	8	73
Dec-22	0	12
Jan-23	11	93
Feb-23	8	50
Rolling 4 Mth Total	27	228

Leavers Headcount	Mid & Sth Essex A&E (All Staff)	Whole Trust
Nov-22	4	65
Dec-22	5	57
Jan-23	4	45
Feb-23	3	36
Rolling 4 Mth Total	16	202

Variance Starters Vs Leavers	Mid & Sth Essex A&E (All Staff)	Whole Trust
Nov-22	4	8
Dec-22	-5	-45
Jan-23	7	49
Feb-23	5	13
Rolling 4 Mth Total	11	26



Community First Responders

Essex has a number of Community First Responder Groups but like other counties needs more active volunteers. In total we currently have 263 active volunteer CFRs.

EEAST does note that there is a significant variation between communities with villages such as Danbury and West Mersea having more than 10 active volunteers compared to Saffron Walden with 3 volunteers. Clearly groups with multiple volunteers will log more on-call hours and as a result respond to more incidents. An area of particular interest to the service currently is North Fambridge on the Dengie peninsula. We would particularly like to strengthen our volunteer base in this part of the county.

Tri-Service Rural Community Officer working for Essex County Fire and Rescue Service, Essex Police and East of England Ambulance Service was launched in 2021 in Dengie and we will be launching an additional post in North Essex.

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/community-first-responders>

Conclusion

On performance, the picture remains complex as many of the challenges we face are at the system-level nationally and not being faced by EEAST alone.

Hospital handover delays are one such system-issue and we have resourced this with use of community alternative pathways, cohorting options at hospital sites and HALO officers to work closely with the new integrated Care Systems and colleagues in acute hospitals to identify and resolve these issues collaboratively.

'Access to the stack' is also making an impact in helping patients who have fallen by signposting calls to community pathways and avoiding unnecessary conveyance of patients to hospital.

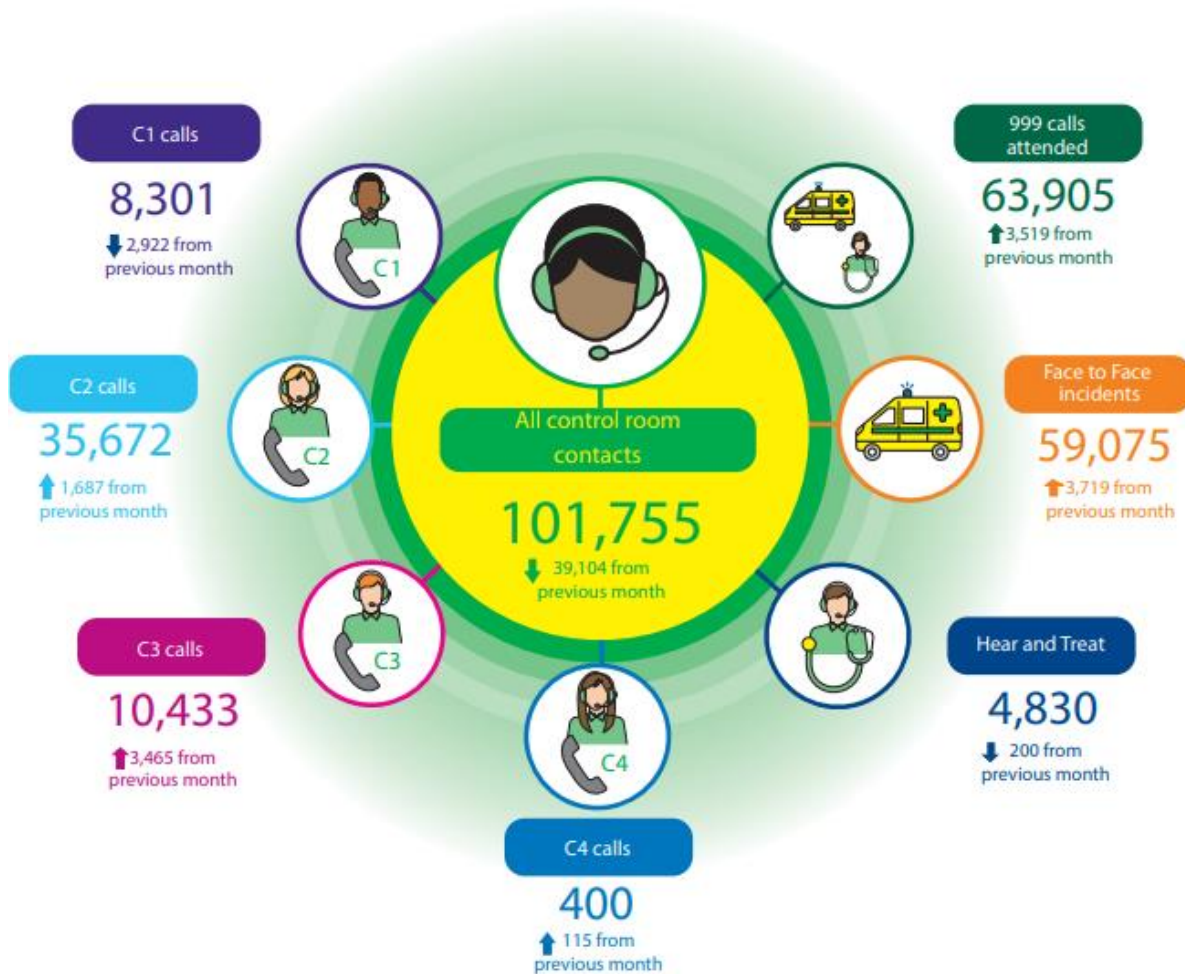
To get the latest information about EEAST, including an update from the Chief Executive, please subscribe to our newsletter for stakeholders: InTouch EEAST
www.eastamb.nhs.uk/intoucheeast.htm

Region-wide performance for EEAST

Monthly Performance Dashboard

February 2023

Data for 1st - 31st January



KEY:

All control room contacts: Total number of contacts to our three control rooms (AOCs) in Bedford, Chelmsford and Norwich.

C1 calls: Total number of incidents requiring an immediate response to a potentially life-threatening illness or injury.

C2 calls: Total number of incidents classed as an emergency for a potentially serious condition.

C3 calls: Total number of incidents classed as urgent where some patients may be treated in their own home.

C4 calls: Total number of incidents classed as less urgent where some patients may receive advice over the phone or be referred to another service such as a GP or pharmacist.

999 calls attended: Total number of 999 calls that received a response from a clinician either by phone or face to face.

Face to Face incidents: Total number of incidents that received a face to face ambulance response.

Hear and Treat: Total number of incidents managed by emergency clinical advice and triage (ECAT) clinicians not requiring an ambulance response face to face.