

Report title: East of England Ambulance Service Trust	
Report to: Health Overview Policy and Scrutiny Committee	
Report author: Tom Abell, Chief Executive, East of England Ambulance Service Trust and Chris Lewis, Public Affairs Officer, East of England Ambulance Service Trust	
Date: 7 July 2022	For: Discussion
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County Divisions affected: Not applicable	

1. Executive Summary

- 1.1 We continue to make good progress with the actions identified by the CQC in 2020 and our follow-up core inspection has already taken place. Five new permanent directors appointed since Chief Executive Tom Abell joined the Trust last Summer.
- 1.2 Exceptional pressures in both the volume of patients and the seriousness of patient conditions have continued through winter and into summer – this has been experienced across the NHS.
- 1.3 We have put a range of measures in place to help mitigate these pressures and help us reach urgent patients faster – and help less urgent patients get the help they need quickly.
- 1.4 These include:
 - Recruiting and training over 100 call handlers - and are recruiting more - to help reduce call answering time.
 - Increasing the number of private ambulances, we have on shift.
 - Recruiting additional clinical staff.
- 1.5 We can confirm there are no plans to close Shoeburyness Ambulance Station in the current financial year (22/23). EEAST will continue to operate from the current site and any future plans will be developed through proactive stakeholder engagement including with this committee.
- 1.6 Our apprentices continue to qualify with our new training provider, MediPro.

2. Improvement programme

- 2.1 The Trust continues to make good progress with the actions identified by the CQC report of September 2020. Our progress is checked and challenged by regional NHS England with the CQC and other stakeholders including NHS partners, Healthwatch, union, education and professional bodies.
- 2.2 Of the 174 actions identified by the CQC, 95% are complete with 15

outstanding actions. Currently 8 actions remain open and are green or amber.

2.3 As part of the change in oversight measures, the Trust had shifted from special measures to the new System Oversight Framework (SOF) regime.

2.4 In May, we had a follow-up inspection. We have yet to receive the formal report, as anticipated, they also identified several areas for improvement – this included:

- Issues around morale and access to training
- The impact of the Trust being on heightened surge levels for extended periods of time
- Staffing issues within AOCs, including the impact of the significant increase in the number of call handlers has had within the centres
- Lack of progress in the culture of the AOCs
- The challenges of meeting planned staffing levels whilst recruitment activities are ongoing and high sickness rates are being experienced
- Issues around estates and equipment, particularly the current condition of Chelmsford AOC in advance of its planned refurbishment this year
- Some incidences where medicines management best practice arrangements were not being consistently followed
- Some incidences where COVID related infection control procedures were not being followed

2.5 We have taken this feedback very seriously and for those areas where we did not already have activities in place to improve, we have taken steps to rectify the issues raised.

2.6 As this report is prepared the CQC have carried out an inspection on the 'well-led' category and the outcome of this inspection is likely to be received and enter a period of checking and confirmation as this report is being compiled. We will be able to discuss this inspection further at our next report to the committee.

3. Changing EEAST's culture

- 3.1 Changing the culture of the organisation so that everyone feels safe in their place of work and can speak up if they see poor behaviour, is one of the organisation's most urgent priorities.
- 3.2 It was one of the key pledges that new CEO Tom Abell made to staff when he commenced his role, and it is a major part of the Fit for the Future Programme.
- 3.3 Tom is holding regular meetings with staff and leaders across our Trust to talk frankly about these issues and how to deliver change.
- 3.4 Staff are engaged through weekly leadership messages and online *We Are EEAST* briefings from the chief executive and senior managers have continued weekly throughout the last few months, alongside regular on-site presence across the Trust.
- 3.5 Our leadership messages are now shared weekly by email to all staff as this was highlighted as the preferred method in our communications survey.
- 3.6 The Chief Executive is also visiting acutes and Integrated Care System (ICS) areas on a six-week rotation and is joining Hospital Ambulance Liaison Officers (HALOs) around the region, to see first-hand the delays and experience our staff and patients see daily.
- 3.7 These actions have been supported by more than 700 sessions with staff on the range of cultural challenges faced by the Trust, alongside ongoing advice and support provided to managers on how to improve support to staff.
- 3.8 Reviews of the Trust's governance and culture have been completed and actions agreed. Governance now sits under the Director of Corporate Affairs and Performance to strengthen our approach to robust governance and transparency.
- 3.9 As highlighted in our submission to the EHRC in October, EEAST has now carried out over 2,000 actions towards embedding cultural change. These have included:
 - The appointment of Hein Scheffer as Director of Strategy, Culture and Education
 - More than 140 staff providing wellbeing support to colleagues by acting as ambassadors, champions or mental health first aiders
 - Investing an additional £170,000 into staff health and wellbeing over winter which included increasing support for mental health and musculo-skeletal issues – the main causes of staff sickness
 - Removing the cap from mental health support sessions for staff
 - Hiring a special team to assist with completing and closing the outstanding backlog of Employee Relations (ER) cases. The vast majority of these have now been closed.
 - Strengthening the Freedom to Speak Up service with additional resource and has seen a 900% increase in the number of contacts to the Freedom to

Speak Up service in comparison to last year). EEAST is also seeing high numbers of contacts for formal complaints. This is an important signal that some of the systems and processes are beginning to work better, and people have greater confidence that their concerns will be both heard and acted upon. Further additional resources have been agreed to deal with ER casework as staff come forward and the numbers continue to increase.

- Over 45 different areas of support, coaching and guidance have been provided to managers and staff within the Trust including skills development, team building, signposting, supporting change initiatives, difficult conversation training, identifying inappropriate behaviours, relationship building, developing behaviours and early interventions.
- A suite of manager training and staff values and behaviours training has been established and is in place for staff to access, supplementing the reviewed, revised stronger Trust policies that are now in place.
- In May 2022, the Trust took swift action when it was found that a number of staff had broken the staff guidelines by making inappropriate posts on a private social media account.

4. Equality and Human Rights Commission (EHRC)

4.1 Good progress continues on Equality and Human Rights Commission compliance - all actions in our original plan are now complete.

4.2 Our first monitoring point submission was made in October 2021, and we are preparing for our next monitoring point.

4.3 Our recent harassment survey has indicated a significant reduction in the number of sexual harassment incidents experienced by staff.

4.4 In the last year, we have taken a range of significant actions to address the deep-rooted cultural issues within our Trust, including:

- Strengthening our disciplinary processes
- Significant progress in resolving historic formal complaints from staff
- Encouraging people to speak up with a 900% increase in people coming forward due to our 'Speak Up, Speak Out' (Freedom to Speak Up) campaign
- Significant work with local teams to help address culture change issues
- More than half of staff have currently undertaken comprehensive new values and behaviours training

This work has resulted in:

- 5% reduction in bullying and harassment from managers
- 76% reduction of staff currently experiencing sexual harassment.
- 41% reduction in staff who have experienced sexual harassment in the past

5. Ofsted

5.1 Following the termination of our in-house education provider contract following an Education and Skills Funding Agency (ESFA) inspection, we worked closely

with Health Education England to source an alternative provider - the education provider MediPro.

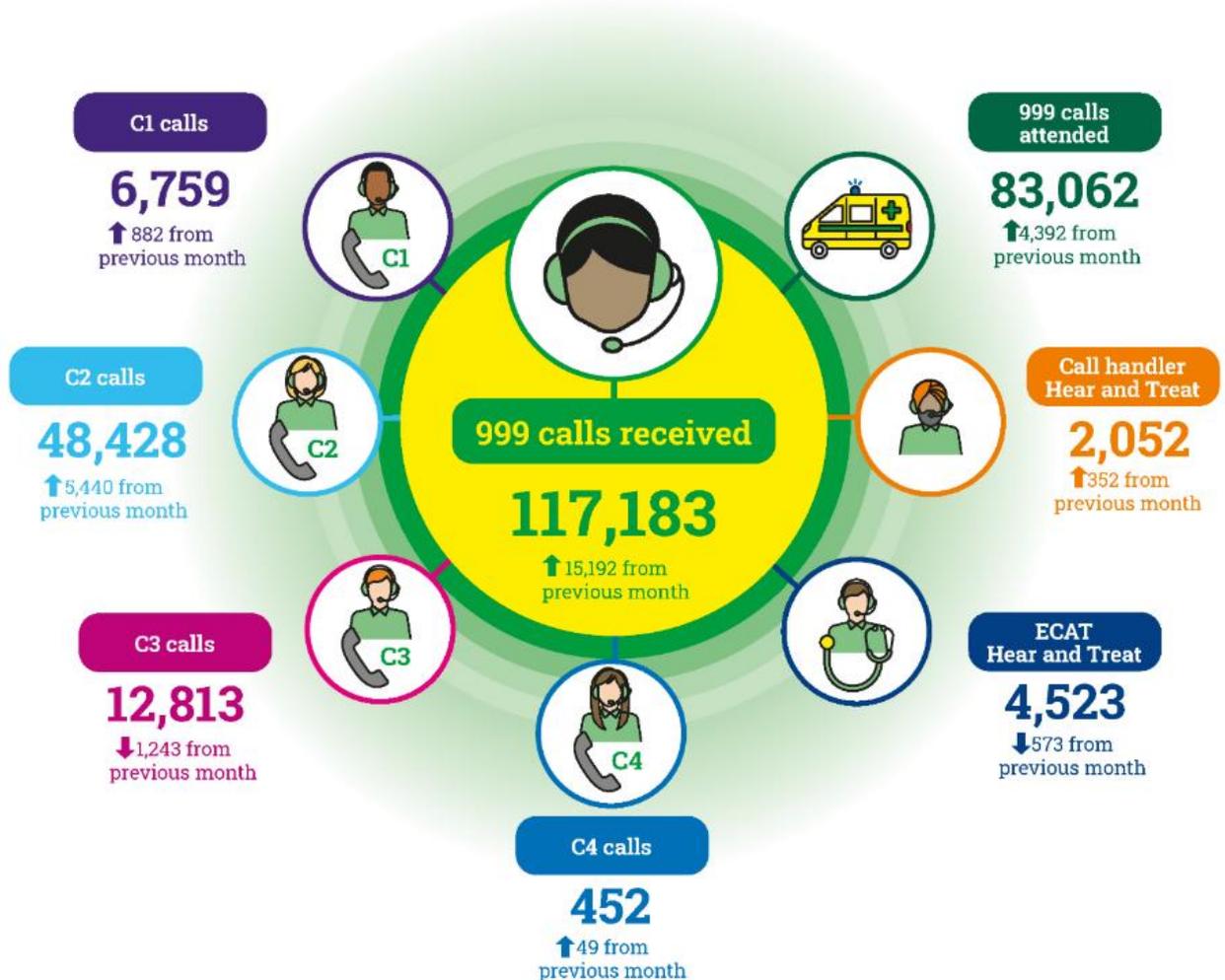
- 5.2 We have worked closely with MediPro to transfer apprentices with minimum disruption to learners and in January the first cohorts of apprentices passed the theory section of their training and moved into the work placement stage.

6. Regionwide performance overview

Monthly Performance Dashboard



June 2021 Data for 1-31 May 2021



KEY:

999 calls received: Total number of 999 calls received in our three control rooms (AOCs) in Bedford, Chelmsford and Norwich.

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

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

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

C4 calls: Total number of calls 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.

Call handler Hear and Treat: Total number of calls triaged by call handlers as not requiring an ambulance response.

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

7. Local Performance

Performance summary

Essex May 2022

NHS
East of England
Ambulance Service
NHS Trust



While we are seeing a slight decrease in the number of calls compared, the NHS nationally is still experiencing high numbers of acute and seriously ill patients.

This, and other system pressures are producing hospital handover delays which significantly impact upon EEAST's ability to respond to calls quickly and consequently, National targets for C1-C3 calls have not been met in April or May.

EEAST continues to work closely with CCG and acute hospital colleagues at all **levels to reduce the impact of these delays**, increase the safety of all our patients and reduce harm with this system issue.

We have introduced HALOs and Cohorting staff at seven Essex acute trusts to help ensure patients can be left at hospitals in a timely way and crews can be released to attend other patients.

Activity

Number of contacts received **34,238** - an slight decrease from April's figures (**35,039**)

Face-to-face incidents attended **17,862** (slight increase from **17,110** in April)

Hear and Treat **1,703** (8.7%) compared with **1,866** (9.83) in April.

Response times (previous month in brackets)

C1 Mean **09.58** [10.25]

C2 Mean **59.01** [1.15.47]

C3 Mean **3.37.49** [4.19.29]

C4 Mean **2.41.33** [2.10.17]

Overall Trust for May

Number of contacts received 111,934 [113,949]

Face-to-face incidents attended 61,274 [58,812 }

Hear and Treat calls **5,344** (8.02%)

C1 Mean **9.55** [10.17] previous month in brackets

C2 Mean **49.50** [01.03.51]

C3 Mean **2.35.00** [03.18.27]

C4 Mean **2.24.30** [2.25.21]

- 7.1 The exceptional operational pressure on ambulance services continues nationally, with a resultant impact on patient safety, staff welfare and culture.
- 7.2 This is predominantly attributable to increased demand, handover delays and continuing high levels of staff sickness, and is resulting in avoidable patient harm at a system level.
- 7.3 The Trust has been operating REAP 4 (Resource Escalation Action Plan 4) since late summer 2021. The national REAP framework is designed to maintain effective and safe operational and clinical response for patients. REAP 4 is the highest escalation alert for ambulance trusts and is currently the status of nearly all ambulance Trusts in England.
- 7.4 Despite unprecedented patient demand, we have worked hard to ensure that we are able to respond to calls in order of need, prioritising Category One (C1) calls (immediately life threatening) first.
- 7.5 The increase in patient numbers has also seen an increase in *seriously* ill patients.
EEAST is contracted on the basis that 8% of our calls will be the most serious C1 category.
In recent months this figure has been between 10
To tackle the pressure on C1 calls during winter, we developed the C1 Performance Plan.
This created 24 key points around the region.
- 7.6 Our local key points include Chelmsford, Basildon and Southend where peak C1 calls were predicted. These points are covered with C1 responders, including Rapid Response Vehicles, ambulances and Community First Responders. These points are reviewed daily by local teams to ensure the best way to maintain cover. This is to ensure that we maintain a safe service to our sickest patients.
- 7.7 We are taking a number of additional steps to improve patient response times across the region including:
- Recruiting and training over 100 call handlers - and are recruiting more - to help reduce call answering times.
 - Increasing the number of private ambulances, we have on shift.
 - Recruiting additional clinical staff.

8. Region-wide performance overview

8.1 The figures below are for April performance:

- The Trust averaged 2,887 contacts a day during April (3,600 during March). A0 (below) indicates the overall number of ambulance control room contacts (including those dispatched from NHS 111, from other healthcare professionals and other blue light services. This does not include abandoned calls.

- A1 includes calls answered on 999 emergency lines. It does not include Police, Fire, or HCP calling direct dial numbers or from NHS 111.
 - C1 calls: total number of calls requiring an immediate response to potentially life-threatening illness or injury
 - C2 calls: total number of calls classed as an emergency for a potentially serious condition (e.g. stroke)
 - C3 calls: total number of calls classed as urgent where some patients may be treated in their own home (e.g. falls)
 - C4 calls: total number of calls 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

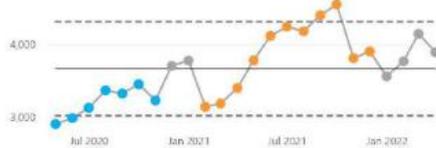
Operations
Call Volume

Data up to: April 2022

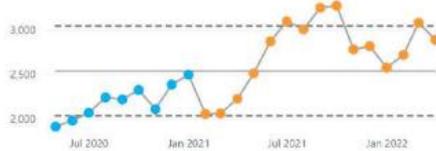
Data Owner / Responsible Exec
Marcus Bailey



Daily Average Contacts (A0): Trust



Daily Average Calls (A1): Trust



Metric	Month	Value	Mean	Assurance	Variation
Daily Average Calls (A1)	Apr 22	2887	2537.21		👎
Daily Average Contacts (A0)	Apr 22	3891	3664.04		👎

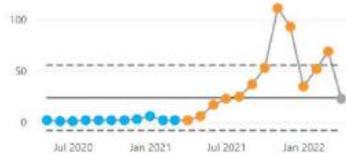
Operations
Call Pickup

Data up to: April 2022

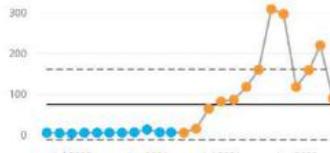
Data Owner / Responsible Exec
Marcus Bailey



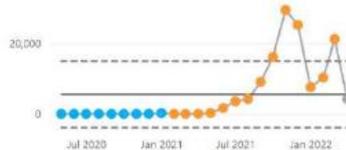
Call Answer Mean (A3) (seconds): Trust



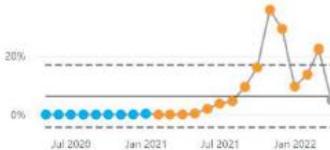
Call Pickup 90th Percentile (seconds): Trust



Call Answer Breaches (Over 2 mins): Trust



Call Answer Breaches (Over 2 mins) %: Trust



Metric	Month	Value	Mean	Variation
Call Answer Mean (A3) (seconds)	Apr 22	23	23.79	👎
Call Pickup 90th Percentile (seconds)	Apr 22	89	73.42	👎
Call Answer Breaches (Over 2 mins)	Apr 22	4276	5588.67	👎
Call Answer Breaches (Over 2 mins) %	Apr 22	4.94%	6.32%	👎

9. Local Performance

- 9.1 Hear & Treat involves a call handler or emergency clinical advice and triage clinician triaging the call and providing clinical advice by phone or video as a way of avoiding taking the patient to hospital. Increased use of Hear & Treat has led to a reduction in the number of patients taken to hospital emergency departments over the winter months.
- 9.2 While maximising our community response capabilities by avoiding crews being delayed at calls that did not require an ambulance, it also allows those non-urgent patients to get the help they need quickly.
- 9.3 We have resourced this with the deployment of 35 advanced paramedics within our Ambulance Operations Centres to undertake triage, closing at least 15 calls in a 12-hour shift and:
- Ensure the sickest patients are prioritised and responded to first - improving patient safety.
 - Triage calls, to ensure accurate risk stratification and avoid sending physical responses when utilising alternative care pathways is clinically appropriate,
 - Directing advanced/specialist paramedics in RRVs to those patients where conveyance avoidance can be achieved.
- 9.4 The Trust is also exploring use of Consultant Connect alongside the above activities to provide medical input to clinical decision-making and appropriate signposting and care for patients. Consultant connect enables

Operations

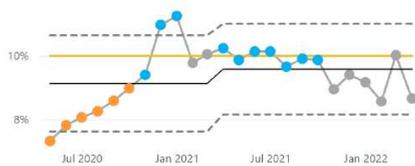
Hear & Treat , See & Treat and See, Treat & Convey

Data up to: April 2022

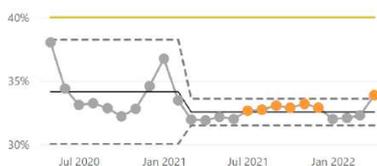
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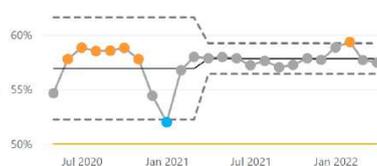
Hear & Treat %: Trust



See & Treat %: Trust



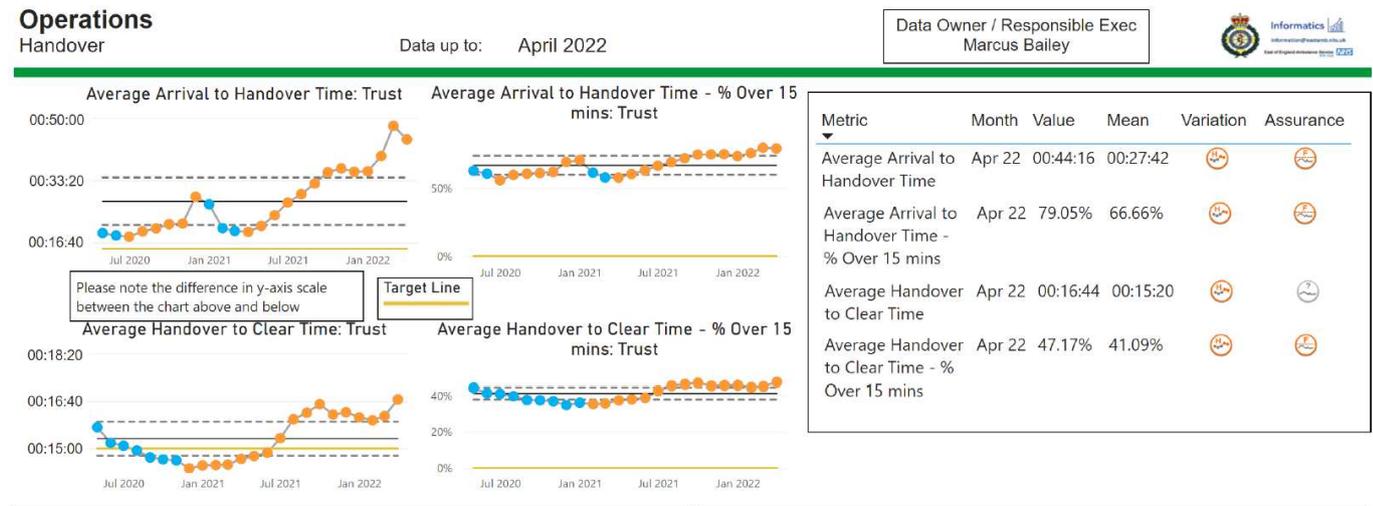
See, Treat & Convey %: Trust



Metric	Month	Value	Mean	Assurance	Variation
Hear & Treat %	Apr 22	8.66%	9.58%	🟡	🟡
See & Treat %	Apr 22	33.88%	32.55%	🟢	🟡
See, Treat & Convey %	Apr 22	57.46%	57.82%	🟡	🟢

10. Hospital Handovers

10.1 Hospital handover delays continue to impact on performance.



10.2 The average Arrival to Handover time has slightly improved since the previous month and is currently at 00:44:16. The percentage of handovers over the 15-minute target remains static at 79.05%.

10.3 Another action we have taken to improve C1 response times has been to maximise the number of double-staffed (traditional) ambulances to ensure that our fleet flexibility for any type of call is maximised, alongside establish priority points for some Rapid Response Vehicles (RRV).

10.4 The impact of increased demand is also being felt at acute trusts where they have reported an increase in both footfall to emergency departments and in the severity of the patients. Although we are not conveying a higher percentage of our patients, the impact on the Ambulance service is increased handover times.

10.5 We continue to work closely with partners across the system to try to minimise handover times at hospitals. This includes Hospital Admissions Liaison Officers (HALO) at each of the acute trusts; staffing areas of the hospital and providing other support to help release ambulances back into the community to meet patient needs.

10.6 The Trust has updated its Standard Operating Procedure for Intelligence Conveyance (IC).
IC is the conveyance of patients to a hospital that may not be their local or normal hospital.
It distributes patients arriving at A&E Departments taking into account data about ambulance arrivals and other measures of Emergency Department pressure. This should support patient safety and enable the crews to make decisions as to which hospital is under the least pressure. There are exclusions to this which involve patient diagnosis and other criteria.

11. Local issues and programmes

11.1 Handover performance at Essex Hospitals:

Hospital delays significantly impact upon our ability to provide a sufficient response.

When ambulances are held at Emergency Departments, it means on-the-road resource is lost. When this occurs, after bringing in available temporary support from the next nearby resources, we will often be forced to hold 999 patients in queue, for allocation until resource becomes released at handover. Patients that have to wait are constantly assessed and prioritised in order of clinical need.

They are also “welfare-checked” by clinicians in our 999 Control centres, who make clinical judgements as to which patients’ conditions may be worsening or stabilising and their priority is then escalated or de-escalated as required.

11.2 Essex Hospital Handover Delays

For the week ending 26/06/2022 the average arrival to handover delay at Essex Hospitals was 38 minutes, but this has come down from an average of 49 and 53 minutes for the previous two weeks (National target is 15 minutes).

11.3 EEAST continues to work closely with CCG and hospital colleagues at all levels to identify and reduce the impact of these delays as much as possible. We have dedicated Hospital Arrival Liaison Officers (HALOs) deployed at all Essex acute hospital sites. They work with NHS colleagues in the trusts to identify barriers to timely patient handovers, provide smoother patient transitions and offer support at times of increased demand.

11.4 “111 First”, where the public are encouraged to contact 111 if they have an urgent care need, continues to be one of the tools the NHS can use to improve response times and delays at hospitals. The 111 service allows patients to be directed to the right service that can meet their needs quickly, first time. They have access to pre-bookable slots in Emergency Departments, a range of same-day emergency care clinics and to a 2-hour urgent response from the community.

11.5 By pre-booking urgent care services within hospitals and the community we expect to see reduced congestion in Emergency Departments that will free up resource to improve ambulance handover.

11.6 We have a number of Early Intervention Vehicles (EIVs) operating across Essex. These help to maximise the number of patients that can remain safely in their own home without being taken to A&E. These include a Falls and Urgent Care EIV in North East Essex and a Rapid Intervention Service EIV in West Essex.

11.7 EEAST’ senior management meet weekly to review performance and take action to support areas where performance recovery is needed. Actions are also reviewed where specific planning is needed e.g. seasonal or event planning.

12. Alternate care pathways and admission avoidance

- 12.1 In West Essex, we are holding a two-week trial using daily calls with the Community Provider (EPUT) to look at patients currently on the 999 stack that may be more suitable to be seen in the community. The trial has been successful to date and helped strengthen relationships between both NHS Providers.
 - 12.2 Also as part of the local admission avoidance strategy, the Rapid Intervention Service - teams of Advanced Paramedics - support local GPs practices by providing urgent face-to-face interventions for acutely unwell patients who would normally require an ambulance. The team are linked into the integrated community teams and can receive referrals from GPs, EEAST crews, Community Teams and Care Homes via the Single Point of Access.
 - 12.3 Rapid Intervention Service crews can set up six-week reablement care packages, physio, OT and palliative care when required. Clinicians are able to perform near-side blood and MSU testing and review patients enabling them to deliver outstanding care in the community. There has been evidence to show that this innovative scheme has led to a reduction of 17% acute admissions into the local ED with 80% of patients discharged on scene.
 - 12.4 Rapid Intervention Services cover Epping and Waltham Abbey PCN, Harlow PCN and Loughton PCN.
 - 12.5 An Ambulance Improvement Week is being held across Mid and South Essex from the 4th-10th July 2022. This event is aimed at identifying, raising awareness and understanding issues faced by our system and identifying solutions to these issues. In particular, the event will examine issues around attending patients in the community (trying to access alternative care pathways to avoid conveying) and those that Hospital staff face in offloading patients and taking clinical handovers.
 - 12.6 Numerous Health and Social Care partner organisations have volunteered staff (including A&E Consultants, Chief Nurses, Directors of Operation and Local Authority Directors) to come and undertake an observation shift with EEAST staff and we have designed a bespoke data collection for the event. The EEAST Executive Leadership Team, Clinical Leads and other teams will also be participating.
- 13. Late finish programme**
- 13.1 Numerous Late finishes have a big impact on staff's homelife and wellbeing and last year we trialled a new programme to reduce late finishes (<https://ntk.eastamb.nhs.uk/news/trial-aims-to-reduce-late-finishes-for-dsa-and-rvs.htm>).
 - 13.2 The main expected benefit is a reduction in the frequency and length of late finishes.

Other anticipated benefits include:

- Improvement in road staff well-being due to reduced impact on personal lives.
- Reduced fatigue and, consequently, improved staff safety.
- Reduction in late starts and thus better resource availability at shift start due to:
oncoming crews less likely to have to wait for a returning vehicle.
- fewer crews coming in late for their following shift.
- Time available for off-going crews to ensure vehicle is ready for the next shift.
- Reduced frequency of oncoming crews needing to go Out of Service to restock/refuel or deal with vehicle maintenance issues.
- Associated cost savings in reduced incidental overtime.
- Improved 'Handover to Clear' times.

13.2 The late finish programme has now been embedded into ongoing operations practise.

15. Covid 19

15.1 The Trust is also exploring use of Consultant Connect alongside the above activities to provide medical input to clinical decision-making and appropriate signposting and care for patients.

Consultant connect enablesWe have continued to adapt to the latest phase of the COVID pandemic.

15.2 The course of two doses of vaccine has been completed by more than 90% of our staff, putting us in the top 20 of trusts for staff vaccination rates, and all staff were offered a booster dose.

15.3 We continue to monitor and mitigate the COVID risks to our staff and patients - and we are actively reminding all staff of the importance of following the latest COVID protocols at all times.

16. Conclusion

16.1 The additional guidance and support we are receiving as a consequence of the CQC Report and being in the Recovery Support Programme, are enabling EEAST to address the serious cultural issues across the organisation, and work is now moving at pace.

16.2 We are making good progress towards our improvement targets and being taken out of 'Special Measures'.

16.3 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 HALO and Cohorting officers to work closely with the CCGs and colleagues in Acute Hospitals to identify and resolve these issues collaboratively.

16.4 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

