

East of England Ambulance Service

NHS Trust

Background

The Trust has made much progress around rebuilding its leadership. The Trust has a new, and complete, non executive team that brings a wealth of talent and experience. The five non executive directors bring experience from across the NHS, public sector, voluntary sector and business and will ensure the organisation has a strong and challenging Board.

Dr Anthony Marsh started with the Trust on 1st January 2014 as the service's new Chief Executive. Dr Marsh is one of the most experienced ambulance chief executives in the country. At the request of the Trust Development Authority; he conducted a review of the East of England Ambulance Service NHS Trust in Spring last year. This report highlighted the issues which pertained to the Trusts' inability to respond to patients in a consistently timely manner.

Dr Marsh has been brought in to provide focus and clear leadership and he will accelerate improvements in service delivery and performance and build on the foundations for long term sustainability.

How 999 calls are prioritised

All 999 calls received into our control rooms (Health & Emergency Operations Centres) are triaged by call handlers using software called the Advanced Medical Priority System. The purpose of the triage is to identify the seriousness of the patient's condition by asking a series of focussed questions around the chief complaint to determine the priority of the call.

The call priority then determines the level and type of response sent in line with Trust policies and national and government targets, so that those in most need get the fastest response. The call priorities and level of response are broken down into red and green categories nationally:

- Red 1 and red 2
These are calls that are classified as immediately life threatening and require an emergency response (with blue lights). The target is to arrive at these patients within 8 minutes irrespective of location in 75% of cases.
- Green 1
These are serious calls but not life threatening which require an emergency response to arrive in 20 minutes.
- Green 2
These are serious calls, but not life threatening, which require an emergency response to arrive in 30 minutes
- Green 3
These are low acuity calls which require a phone assessment within 20 minutes (a clinician calling back for a secondary telephone triage to establish the best pathway of care) or an ambulance response at normal road speed within one hour.
- Green 4
These are the lowest acuity calls which require a response within 60 minutes or a phone assessment within 60 minutes (as described above).

APPENDIX 1

The Trust has Clinical Support Desks. The clinicians who work on these call back patients with less serious conditions to undertake a more in depth assessment to understand what they really need which could be referral to a more appropriate health service provider, advice over the phone or the dispatch of an ambulance resource.

Patient handover delays

Ambulance turnaround times at Peterborough compare well with the rest of the region. For example, in the most recent data for December 2013, 1.16% of ambulances took more than 60 minutes to clear compared with 3.97% as the regional average. Arrival to handover times are excellent and we are introducing Hospital Ambulance Liaison Officers from mid-January to support post-handover efficiency.

Peterborough

Peterborough is managed as part of the Trust's Cambridgeshire Locality in the West Sector. The table below shows time response performance for the Peterborough area in the calendar year of 2013. For the purposes of this report, data used is from the area previously covered by the Peterborough Primary Care Trust (PCT).

Call Category	Target	2013 Performance	2012 Performance
Red 1	75%	87%	84%
Red 2	75%	84%	84%
Red 1 and 2	95%	98%	98%
Transport			
Green 1	75%	90%	89%
Green 2	75%	92%	94%
Green 3	75%	90%	82%
Green 4	75%	94%	82%
Urgent	75%	82%	Not available at time

The Trust is monitored on clinical quality using Trust-wide ambulance quality indicators. An unvalidated review of data in the Peterborough area shows performance above standard in cardiac arrest patient management; and in the delivery of care to Stroke patients. However, in the care given to patients having heart attacks and the time taken to move stroke patients to the stroke unit, the Trust is 1% behind target but optimistic these standards will be achieved at year end.

The Trust has also progressed and developed a major trauma pathway model, identifying quickly patient's conditions and quick referral pathways to regional trauma centres. The service has also introduced a new drug called Tranexamic acid as a means to reduce blood loss for severely injured trauma patients. This assists patients in severe trauma cases with significant blood loss in stabilising their pre hospital experience.

All staff in Peterborough area are planned to receive a personal development review in the current year (2013/14) with a member of their local management team. At the time of writing this is on target and 80% are complete. All staff are also planned to undertake a 2 day professional update programme plus an individually tailed update programme including a 'ride-out' by their trainer. This also is on target with 76% currently completed.

Staff benefit from management support provided by the newly formed Cambridgeshire locality management team, headed by a General Manager responsible for Cambridgeshire and Peterborough. The local management team at Peterborough also arrange for quarterly staff engagement events.

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We are working with commissioners and primary care providers in Peterborough to develop robust alternative care pathways – thus providing patients with the most appropriate level of care for their needs and reducing the numbers of patients transported to the Emergency Department.

For example, the FIRM (For Immediate Review and Management) is a referral pathway where ambulance clinicians can request the early intervention of primary care teams to either support a patient to be managed in their own home or else provide care within the intermediate care beds at the City Care Centre. The FIRM has been re-launched in January 2014 following a trial period in 2013 where ambulance crews reported very positively on the efficiency of the service to patients.

The new Cambridgeshire and Peterborough 111 service began in November 2013 with a 'soft' launch for the area outside of Peterborough. The Peterborough area is planned to go live in February 2014. Like all new services, there is a period of time where it beds in and matures. The Trust is working very closely with all 111 providers across the region to develop how the 111 and 999 services work together to get the right response to patients.

The increase in demand to the ambulance service in Cambridgeshire has so far been 5-10% call volume but this service is still in its infancy and we would expect that volume to decrease as we continue to work together with the other healthcare providers to constantly improve the effectiveness of all parts of the health system.

Recruitment

The Peterborough area currently has 10 paramedic vacancies and no non-paramedic vacancies. Recruitment has been continuing through the year and paramedic turn-over has matched new recruits numbers. However, staff are well supported and rostering is effective such that most shifts have no dropped cover. Recruitment of operational staff continues into 2014 with the aim of 100% of posts filled.

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