

<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 5
9 MARCH 2020	PUBLIC REPORT

Report of:	East of England Ambulance Service NHS Trust	
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<b>AMBULANCE SERVICE – Recent changes; Impact of changes; Vision; Performance and challenges</b>
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<b>R E C O M M E N D A T I O N S</b>
It is recommended that the Health Scrutiny Committee note the contents of the report.

**1. ORIGIN OF REPORT**

1.1 The report is being presented at the request of the Health Scrutiny Committee.

**2. PURPOSE AND REASON FOR REPORT**

2.1 This report has been produced at the request of the Health Scrutiny Committee to update the Committee on recent changes put in place since the appointment of Dorothy Hosein, Chief Executive, the impact of these changes, the current vision for the ambulance service, performance and challenges in delivering the service.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Scrutiny of the NHS and NHS providers.

**3. BACKGROUND AND KEY ISSUES**

**3.1 Changes and impact**

A new Chair, Nicola Scrivings, was appointed to the EEAST Board in October and took up post in November. Nicola joined EEAST from Cambridgeshire Community Services Trust, where she had been the Trust's chair since January 2015, and a non-executive with the Trust prior to that. Nicola brings more than 20 years' experience with the Royal Mail including Director level roles including, from 2009 until 201, Regional Operations Director (Anglia). Nicola is also currently Group Chair of Cambridge Housing Society. This new appointment comes at an important time for the Trust as we launch our new corporate strategy, which sets out an ambitious and exciting vision for improvement over the next five years for providing safe, high quality patient care.

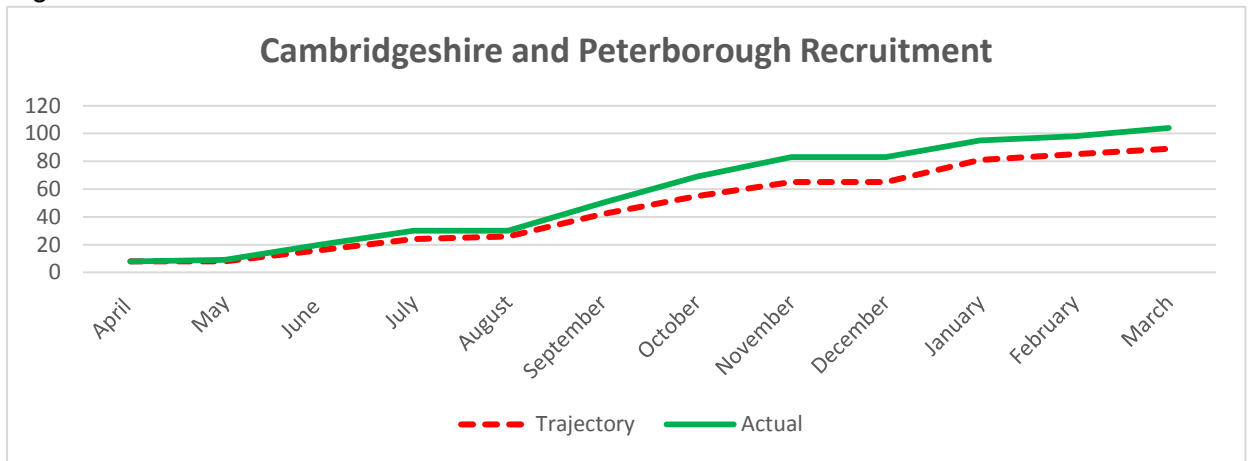
Dorothy Hosein joined the East of England Ambulance Service Trust (EEAST) as Interim Chief Executive on 1<sup>st</sup> November 2018. Dorothy brought with her a wealth of experience at partner trusts within the region and outside. At the time of Dorothy joining EEAST, we were facing many difficulties, many of which had been highlighted in the Deloitte's Independent Service Review, including a significant capacity gap and staff retention issue, an aging fleet, and low morale which all contributed to a performance that needed improving.

On joining EEAST, Dorothy identified the need to change the culture and ethos of the Trust to one which is supportive and accountable from the top down. The recent CQC report recognised the outstanding care we are giving to our patients but also highlighted the work we need to undertake to change the culture and engage with our staff across the Trust. As part of these changes we have had a change at executive level, bringing in the experience we need to effect the changes required. Dorothy has subsequently been appointed as permanent CEO, in December 2019, following a competitive external process.

This cultural and organisational change is being achieved through organisational autonomy, giving senior managers the autonomy to make decisions and drive the change in their areas and giving them the tools to achieve that through support from the executive board, whilst maintaining the focus on key areas to improve our response to patients.

This included changing the process of centralised recruitment and allowing Managers to drive the recruitment locally. For Cambridgeshire this meant we had a target this financial year to recruit 116 new members of staff to bridge the capacity gap and allow for leavers. I can report we have achieved above the trajectory this year (Fig 1)

Fig 1



The remaining new joiners for A&E are booked in for courses starting during this financial year with the PTS vacancies being interviewed for by the end February. Through this robust local recruitment planning Peterborough station will be at full establishment of frontline emergency ambulance staff by the end of the financial year.

Month	A-EMT	ECSW	DE Para / EMT
October	10	6	4
November	9	0	6
December			
January	12	0	0
February	1	1	0
March	5	1	2
PTS			
Vacancies remaining		8	

The impact of this change is; improved performance, shorter patient waits, improved staff morale, as the increase in recruitment in Cambridgeshire will result in being fully staffed by year end this has enabled us to set a clear recruitment plan for next year focussing on staff turnover and retention.

As part of the change in culture we have introduced 'Huddles' across the Trust. This is

engagement and briefing from a manager to all members of staff at the beginning of their shift. Most importantly it provides staff with the opportunity to raise concerns and issues, and Managers to offer support. It allows for improved communications and sharing of pertinent information to all staff. Huddles are becoming embedded across EEAST at all levels of management.

In Cambridgeshire the local managers rota themselves on the front line with their staff members, which improves the staff engagement and is an opportunity to lead by example, improve relationships, understand the issues and concerns, and work with staff to improve the moral. This has been well received by both staff and managers.

Dorothy is kept apprised of the local performance, issues and concerns, for patients and staff, through accountability meetings every month. Senior Managers are challenged at these meetings but also supported where there is a need for other directorates to assist.

### 3.2 Vision

Nicola Scrivings, the new Trust chair, is working with the board to update the Trust vision. The Trust draft goals are:

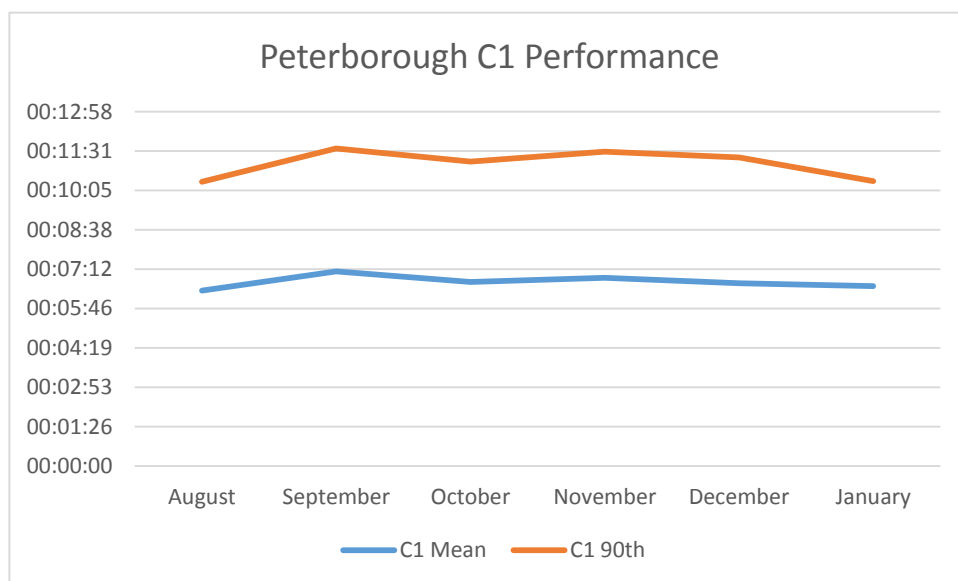
- To be an exceptional place to work, volunteer and learn
- To provide outstanding quality of care and performance
- To be excellent collaborators and innovators as system partners
- To become an environmentally, socially and financially sustainable organisation.

### 3.3 Performance

Performance covers two main areas, how quickly we respond to patients waiting for an ambulance and the quality of the care we give to the patients once we arrive.

#### Response to patients

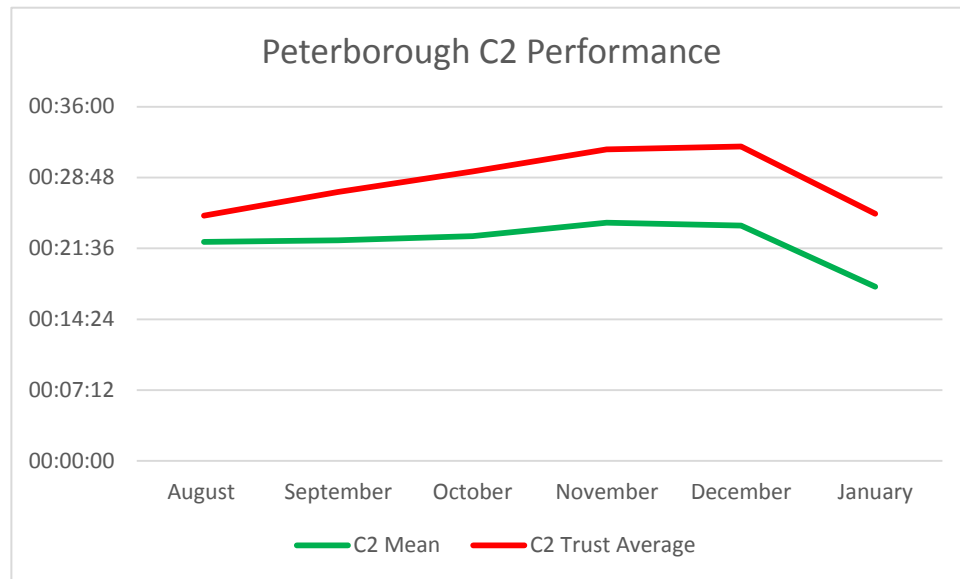
Two years ago, in this committee, we discussed the introduction of the Ambulance Response Program, a national change to the way we operate; this had just been embedded into the Trust. This allows us to get the right resource to the patient first time, the majority of the time, and for our sickest patients, those classified as being immediately life threatening, this is measured against a mean target of 7 minutes and a 90<sup>th</sup> percentile target of 15 minutes.



As can be seen in the above chart, in the Peterborough area we are delivering very well against

the national standard for both the mean and the 90<sup>th</sup> percentile. This means we are getting to those patients with life threatening conditions within the national standard the majority of the time.

The second category of patients, C2, are patients that can be seriously unwell but are not thought to be life threatening. The national standard for a response time to these patients is a mean average of 18 minutes.



The chart demonstrates we are not achieving the national target for the C2 patients but are reporting improved performance against the Trust average. As part of the 'building better rotas' project we have seen a number of new rotas go live in Peterborough from 6<sup>th</sup> January 2020 which has started to have an impact on our C2 performance. Following on from the independent service review recommendations we have an improved level of resources available on shift to meet our demand profile.

#### Quality of Care

The recent CQC report rated the East of England Ambulance Service for caring as outstanding; "staff continued to deliver compassionate care and treated patients and their loved ones with respect and dignity. Patients that we spoke with told us that staff had been caring and treated them with kindness"

This is a great accolade for our staff who demonstrate their kindness and compassion everyday they put on their uniform, but what this doesn't capture is the clinical aspect of the care we provide. On the last report on the Ambulance Quality Indicators, in Cambridgeshire and Peterborough:

- We delivered 100% (81 patients) of Stroke care bundles, this means we gave all 81 patients suspected of suffering a stroke the care they needed. 32 of these patients were from the Peterborough area (December 2019)
- We delivered 100% (10 patients) of STEMI care bundles, this means we gave all 10 patients suffering from an ST Elevated Myocardial Infarction, the care they need. 5 of these patients were from the Peterborough area.
- We achieved 100% post ROSC (13 patients) care bundle which means we did everything right for those patients we achieved a ROSC with. 8 of these patients were from the Peterborough area.
- Cardiac arrest survival to discharge rates were 12% against a Trust average of 8.3% and outperforming the national average of 10.3%.

### 3.4

#### **Challenges**

Two years ago, in this committee, we discussed some of the challenges that faced the Ambulance service;

- performance,
- recruitment and retention,
- capacity,
- late finishes for staff and the impact,
- loss of ambulance capacity with delayed handover at hospitals locally and regionally. This displaces resources, introduces long distance travelling and longer waiting times
- Demand increases on 999.

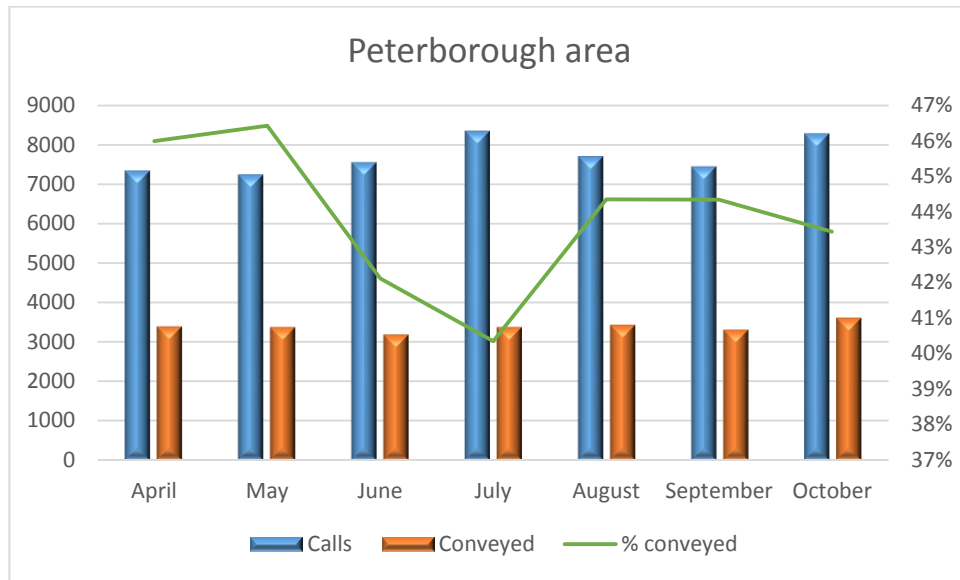
Performance has improved, our capacity with staff and resources is improving and more staff are finishing their shifts on time, and those that are late off are not late off by the amount of time they were. Although there is a concern for recruitment challenges in the future due to the new Primary Care Network (PCN) contracts and their approach to our Paramedics. EEAST are fully engaged with system partners and actively exploring the opportunities available within the STP for rotational paramedic roles.

### **Handover delays**

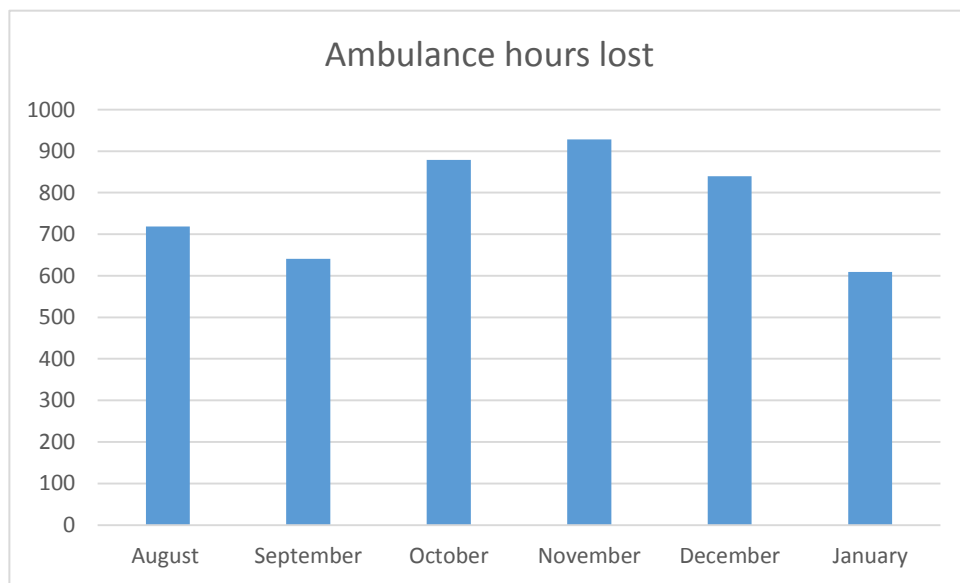
Whilst still in the grip of winter pressure for the NHS, the trend for patient handovers at hospital being worse than last year is extremely worrying. December saw the highest recorded handover delays ever seen throughout EEAST with this issue not being unique to Cambridgeshire and Peterborough. EEAST continues to experience the highest number of lost ambulance hours from hospital handover delays in England. This means that we are forced to 'stack' 999 callers who we are waiting to send ambulances to because we are waiting to offload our patients at hospitals. These patients in the community are recognised as being a higher risk as they have not got a clinician with them.

Caroline Walker has actively been involved in discussions around improving the handover delays at Peterborough City Hospital and we held a CEO to CEO meeting between Caroline and Dorothy where the issues were discussed and some actions agreed. One of the actions was a review of system processes where we saw the completion of building work for a dedicated ambulance handover area completed over the festive period enabling the handover process at Peterborough City Hospital to follow the same process as we have observed and shared from Addenbrookes Hospital. Peterborough City Hospital Chief Operating Officer, Graham Wilde, has set up a senior group within his Emergency Department to focus on the concerns at PCH, however the hospital have challenges of their own which are contributing towards the issue. We are starting to see some improvement in handover times at PCH which is allowing EEAST to meet the needs of our patients in the community in a more timely manner.

We are trying to reduce the conveyances to aid the hospital and are regularly conveying less than 45% of our calls to hospital and are actively trying to find alternate pathways for patients.



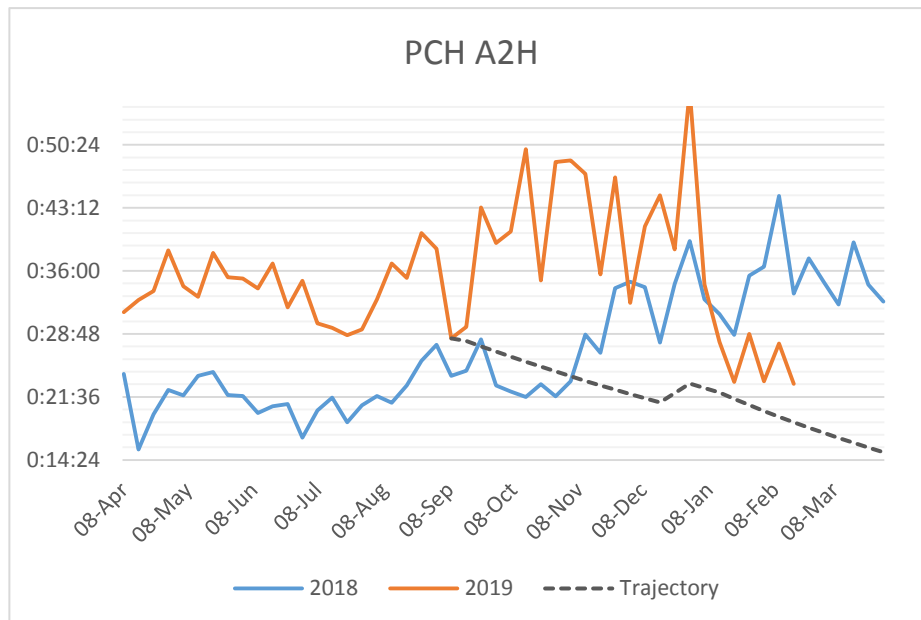
We see a considerable amount of ambulance hours lost each month as a result of handover delays at PCH. The loss of these hours has a direct impact on the Trusts ability to respond to patients in the community where it is agreed there is the biggest risk across the system.



The below chart shows the hospitals in Cambridgeshire and across the East of England and as can be seen we are challenged at many. Our patients from Wisbech area are more often than not, conveyed to the Queen Elizabeth Hospital in Kings Lynn, a main hospital where we experience patient delays. We have seen some improvement in the arrival to handover times at PCH in 2020 although they are still considered an outlier across the East of England and remain above the national target of 15 minutes.

Average Arrival To Handover Time in HH:mm:ss						Up to 23.02.20	
Acutes	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20
Addenbrookes Hospital	00:15:16	00:15:50	00:17:11	00:17:21	00:18:10	00:21:35	00:16:35
Barnet General Hospital	00:24:06	00:28:02	00:29:11	00:32:58	00:31:46	00:32:53	00:31:42
Basildon & Thurrock Hospital	00:16:59	00:16:31	00:16:27	00:17:11	00:19:55	00:18:19	00:17:20
Bedford Hospital South Wing	00:13:19	00:13:03	00:13:47	00:15:51	00:19:08	00:20:28	00:16:48
Broomfield Hospital	00:21:35	00:21:08	00:25:31	00:27:16	00:29:30	00:34:46	00:24:55
Colchester General Hospital	00:18:28	00:18:31	00:19:07	00:19:11	00:20:24	00:22:11	00:18:45
Hinchingbrooke Hospital	00:21:51	00:21:14	00:20:04	00:21:58	00:28:49	00:28:16	00:22:58
Ipswich Hospital	00:17:48	00:19:31	00:24:05	00:19:22	00:24:14	00:23:18	00:22:27
James Paget Hospital	00:19:03	00:21:31	00:21:33	00:23:52	00:21:16	00:21:27	00:19:20
Lister Hospital	00:17:17	00:19:02	00:18:03	00:21:56	00:25:00	00:27:16	00:20:47
Luton And Dunstable Hospital	00:22:07	00:23:01	00:24:30	00:25:45	00:27:06	00:22:36	00:17:55
Norfolk & Norwich University Hospital	00:22:00	00:24:37	00:32:46	00:39:29	00:38:10	00:31:40	00:30:40
Peterborough City Hospital	00:37:15	00:35:17	00:40:30	00:46:25	00:40:56	00:32:30	00:24:46
Princess Alexandra Hospital	00:19:09	00:21:06	00:21:50	00:25:39	00:34:16	00:29:35	00:25:59
Queen Elizabeth Hospital	00:37:22	00:38:29	00:37:52	00:37:04	00:45:51	00:36:28	00:25:28
Southend University Hospital	00:20:23	00:22:13	00:21:52	00:26:25	00:27:49	00:31:07	00:24:39
Watford General Hospital	00:29:15	00:25:29	00:23:48	00:23:20	00:29:01	00:27:43	00:27:53
West Suffolk Hospital	00:19:25	00:20:48	00:22:48	00:21:25	00:22:50	00:24:08	00:20:31
<b>Grand Total</b>	00:21:26	00:22:04	00:23:59	00:25:38	00:27:48	00:26:42	00:22:35

We are working closely with Peterborough City Hospital to try and alleviate these delays and have recently agreed a trajectory to target the national standard (15 minutes). The trajectory below has been agreed with the Chief Operating Officer, Graham Wilde, and is monitored weekly and reported on at the monthly North Alliance System Resilience Group meeting.



#### **4. CONSULTATION**

4.1 N/A

#### **5. ANTICIPATED OUTCOMES OR IMPACT**

5.1 Benefit to Peterborough patients

We continually look to improve patient care and patient outcomes, often through innovative schemes or pathways.

Currently in Cambridgeshire:

- We are providing Hospital Ambulance Liaison Officers at both Addenbrookes and Peterborough City Hospital – currently only funded until the end of March 2020.
- Our Managers undertake approx. 30% of their shifts on the front line with their staff
- We are looking to providing an Urgent Vehicle; a dedicated response for the lower acuity patients
- Our Community First Responder (CFR) Liaison officer has been working with CFR groups to support them and increase their numbers
- We have started to trial a new response to elderly fallers in Peterborough.

EEAST continually work with system partners through external groups and meetings such as:

- Health & Care Executive
- Cambridgeshire and Peterborough Systemwide A&E Delivery Board
- North Alliance System Resilience Group
- South Alliance System Resilience Group
- Strategic Interoperability Board
- Cambridgeshire NEPTS systemwide meeting
- Clinical Advisory Group
- Joint Strategic Operability Board
- Urgent Care Programme Board
- Greater Peterborough IDB
- Cambridgeshire & Peterborough Local Resilience Forum
- Cambridgeshire & Peterborough Local Health Resilience Forum

To provide a collaborative approach to delivering the best possible health and care to the communities of Cambridgeshire and Peterborough.

#### **6. REASON FOR THE RECOMMENDATION**

6.1 N/A

#### **7. ALTERNATIVE OPTIONS CONSIDERED**

7.1 N/A

#### **8. IMPLICATIONS**

##### **Financial Implications**

8.1 N/A

##### **Legal Implications**



8.2 N/A

**Equalities Implications**

8.3 N/A

**Rural Implications**

8.4 N/A

**9. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 None

**10. APPENDICES**

10.1 None

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