



Adults and Health Scrutiny Committee	AGENDA ITEM No. 6
8 NOVEMBER 2022	PUBLIC REPORT

Report of:	East of England Ambulance Service NHS Trust	
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UPDATE ON PERFORMANCE

RECOMMENDATIONS
1. It is recommended that the committee note the contents of this report.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Scrutiny Committee at their request.

2. PURPOSE AND REASON FOR REPORT

2.1 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 The Peterborough and Cambridgeshire area.

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

3. Scrutiny of the NHS and NHS providers.

4. BACKGROUND AND KEY ISSUES

See appendix 1 below:

5. CONSULTATION

None.

6. ANTICIPATED OUTCOMES OR IMPACT



6.1 N/A

7. REASON FOR THE RECOMMENDATION

7.1 The Committee is asked to note the report.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None.

9. IMPLICATIONS

Financial Implications

9.1 None.

Legal Implications

9.2 None.

Equalities Implications

9.3 None.

Rural Implications

9.4 *None.*

10. BACKGROUND DOCUMENTS

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

11. APPENDICES

11.1 Report of East of England Ambulance Service NHS Trust Overview and Performance





PETERBOROUGH HEALTH OVERSIGHT AND SCRUTINY COMMITTEE
8 NOVEMBER 2022
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 The Peterborough and Cambridgeshire area.

Summary

2. After recovering briefly from the peak of demand in July response times are increasing for C1 in Peterborough as we head into late autumn/winter.
3. Delays are caused by an increase in complex pressures both in the number of patients we are seeing, and within the healthcare system.

Background

Improving patient care – Response times

4. Peterborough is part of the Cambridgeshire and Peterborough Integrated Care Board (ICB) for EEAST.

It is important to note that the ambulance services, and the wider health system within the areas in which they operate, are expected to work towards achieving the national response time standards on average across their areas as a whole. There is no formal requirement for them to achieve them in each and every locality.

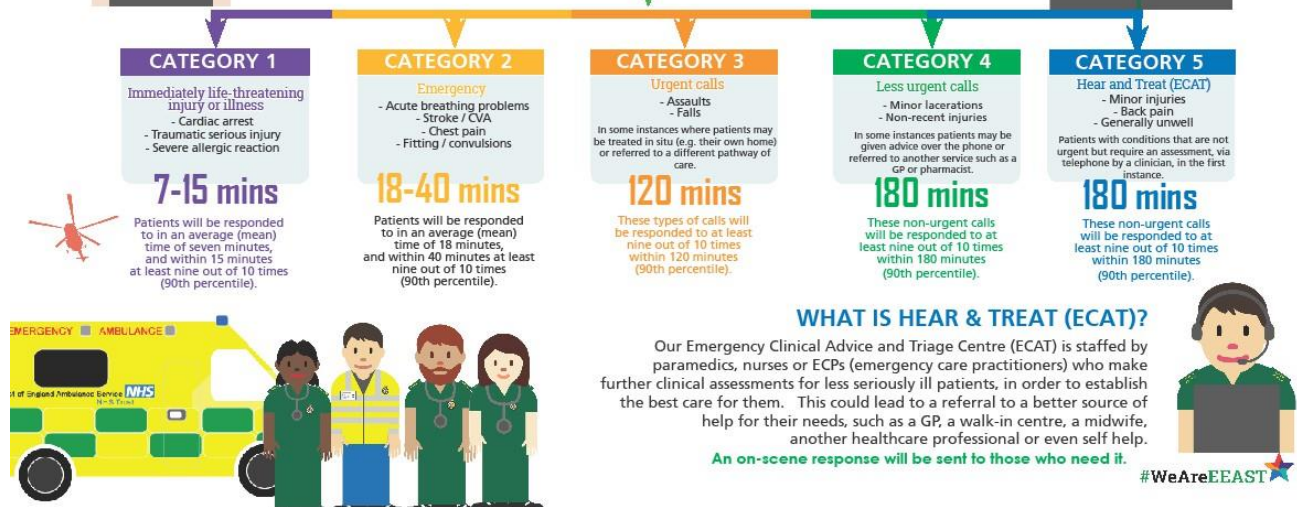


What happens when you call 999?

When you dial 999, the first person you speak to is the Operator who will ask you which service you need. If you ask for an ambulance, you will be put through to your local ambulance service.

An emergency call handler will then take the call and will ask you questions so that help can be arranged. The first thing they will ask you is if the patient is breathing and awake. They will then ask what telephone number you are calling from, the address of where the emergency is and the reason for the call. As these details are being taken, the information appears on screens in front of our dispatchers, who will assign the response to that call. Answering these questions will NOT delay help being arranged.

At the end of the telephone assessment, the call is given a category based on the information given by the caller. The call handler may stay on the line, offering further practical help and advice where necessary.



WHAT IS HEAR & TREAT (ECAT)?

Our Emergency Clinical Advice and Triage Centre (ECAT) is staffed by paramedics, nurses or ECPs (emergency care practitioners) who make further clinical assessments for less seriously ill patients, in order to establish the best care for them. This could lead to a referral to a better source of help for their needs, such as a GP, a walk-in centre, a midwife, another healthcare professional or even self help.

An on-scene response will be sent to those who need it.

#WeAreEEAST

Although dropping briefly in August from the unseasonal peak demand experienced across the NHS during the summer, response times are increasing as we go into autumn/winter.

Throughout the Covid-19 pandemic, and particularly during periods of lockdown, there was reduced access to healthcare services. Fewer people were calling ambulances and fewer patients were being admitted to hospital for elective care. We experienced lower call volumes and fewer delays at hospitals.

Patients are now calling us again, but later than they might otherwise. So, our patients are sicker and have more complex care needs. This is true of both physical and mental health.

In September, Cambridgeshire and Peterborough generated 14,000+ contacts resulting in more than 8,000 face-to-face attendances.

For our most serious and urgent category of patients (known as C1), response times increased from 9.58 minutes in August to 10.19 minutes in September.

The second most serious category known as C2 which includes chest pains and strokes increased by nearly 2 minutes from 47 minutes in August to 49 minutes in September. There is more to do to achieve the national target set for this category of between 18 and 40 minutes.

Response times are being driven up by complex system-wide pressures including increases in both the number and severity of patients – in September 79% of the patients we attended were in our most urgent C1 and C2 categories. We have also been challenged by the impact of handover delays at hospital A&E departments.

5. We have been working within our own systems and with NHS colleagues to maximise resources available to patients and to improve response times. Since April this year, the service has been able to provide around 1,000 more ambulance hours each week, which equates to around 5 additional ambulances across the sector.
6. We have recruited 23 new clinicians over the course of this year to support the number of ambulances on the road.
7. 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.

Hospital handovers

8. The national standards for ambulance turnaround times at hospitals are as follows (to be achieved at every hospital):
 - (a) 15 minutes - The time from ambulance arrival on the hospital site to the clinical handover of the patient. The hospital is responsible for this part.
 - (b) 15 minutes - The time from clinical handover of the patient to the ambulance leaving the site. The ambulance service is responsible for this part.
9. The latest figures on hospital handover delays are for September. The average arrival to handover delay at Peterborough City Hospital for July-September peaked at 1 hour 16 minutes in July but, following work with NHS partners, has dropped to just under 48 minutes in September.
10. Delays in patient handovers at hospital is not a problem that is within EAST to resolve and is impacted and influenced by many different parts of the health & social care system. The impacts are felt by 999 callers and patients waiting in the back of ambulances, but we cannot resolve the issue without the support of the wider ICS

partners. EEAST has been working locally with primary care, CPFT, NWAFT, & social care teams to identify and reduce root causes for the delays.

11. During July - September 2022, 90% of our arrival to handover at Peterborough Hospital has been greater than 15 minutes (National target is 15 minutes).
12. This equates to more than 1,346 lost ambulance hours - equivalent to more than 112 ambulances on 12-hour shifts being available to respond to patients within the community.
13. We continue to work with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Ambulance Liaison Officers (HALO) at many of our acute trusts to facilitate handovers and supporting patients to receive care in the most appropriate setting for them without being taken to hospital unnecessarily.
14. EEAST are supported across the ICS by a new initiative that supports crews to call a dedicated number to discuss whether their patient requires treatment at hospital, of whether they can be safely treated in their own homes by wider system partnership teams. This is called 'Call before you convey' where the dedicated number is staffed by senior clinicians from system partners (GP's, ED consultants, Advanced Nurse Practitioners). This has been previously trialled and has demonstrated a reduction in the number of patients unnecessarily taken to hospital by ambulance.
15. Peterborough City Hospital has 3 ambulance service-staffed HALO positions. These are now a permanent employee position within the EEAST structure. The HALO role is an important part of the patient care EEAST is able to provide but they are also a key building block in terms of winter resilience, identifying, escalating, and minimising patient handover delays and improving patient safety.

Preparing for Winter

16. EEAST, along with the rest of the NHS, are anticipating further activity this winter. As the Covid-19 pandemic continues, we work with regional colleagues to prepare for the increase in patients. As we plan for increased demand across the winter months, we are:
 - Recruiting extra people to work within our Ambulance Operation Centres to take 999 calls or support the dispatch of emergency ambulances
 - Increasing overtime levels for existing and experienced staff
 - Wherever appropriate, not sending ambulances to non-urgent patients and directing them to more appropriate services. Currently we manage around 10% of our patients through Hear and Treat where self-care advice is given over the phone
 - Maximising the use of private ambulance services who work with us



- Using social media and our other channels to encourage people to use other services where they can, such as 111 and 111 online, pharmacies and their GPs
- Working with system partners on admission avoidance or conveyance reduction schemes

17. EEAST are supported across the ICS by a new initiative that supports crews to call a dedicated number to discuss whether their patient requires treatment at hospital, of whether they can be safely treated in their own homes by wider system partnership teams. This is called 'Call before you convey' where the dedicated number is staffed by senior clinicians from system partners (GP's, ED consultants, Advanced Nurse Practitioners).

This has been previously trialled and has demonstrated a reduction in the number of patients unnecessarily taken to hospital by ambulance. Alongside this initiative the GP Network across North Cambridgeshire is being extended for longer hours and 7 days per week to provide crews with access to GP's to support their decision-making and safe discharge of patients that do not need to go to hospital.

Support for Mental Health patients

18. The Trust currently has two Mental Health Advanced Practitioners that are available during working hours to support crews. The Trust and the wider NHS system have taken a number of steps to improve emergency response to patients with mental health needs. These range from systems and processes within the Trust to enable better planning of services, to training for staff.

- Analysis of the dispatch system to measure mental health calls and responses gathering evidence for service changes and improvements. An outcome of this is joint funding of a mental health response car to be staffed by an EEAST paramedic and a Cambridgeshire & Peterborough NHS Foundation Trust mental health nurse to provide specialist mental and physical health support to patients across the ICS in their own home. The response car has been live since June and will be extended throughout the remainder of the financial year.
- Co-production of a mental health patient feedback survey with patients with lived experience of using the 999 service during a mental health crisis. As a result, the Trust's mental health team are rolling out crew and call handler engagement sessions with experts-by-experience to share learning about what it is useful to say and do when a mental health crisis is ongoing.
- Ongoing engagement with patients, carers and those delivering specialist services to support learning from lived experience. Learning material from these sessions is co-produced and shared with crews and patient experience teams.
- Training delivered by Mental Health Advanced Practitioners to crews and control room staff including written information prompt guides for crews to use in assessing mental state. Training on appropriate legislation is also given (Mental Capacity and Mental Health Acts).



CQC inspection

19. EEAST is making good progress on moving out of special measures.

The CQC visited Trust properties at the beginning of May and carried out interviews with employees. The CQC's latest inspection report on the 'well-led' domain was released in July and there will be a further update in a future report to this committee on the outcome of this inspection, once the results are provided.

The headline outcomes from the latest CQC inspection published in July:

- An overall improved position as we have moved from *inadequate* to *requires improvement* for the Well-Led category
- Responsive and Caring categories have reduced one rating to *requires improvement* and *good* respectively
- Our overall rating of *requires improvement* has not changed.

Culture change

20. 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

Community First Responders

21. Peterborough has a Community First Responder (CFR) Group but with only four active members, it needs more volunteers.

22. We have updated the terms and conditions for CFRs, removing signing-up fees and introducing expense payments to help cover travel and other costs. We hope that this will help encourage more people to consider joining.

23. 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

24. 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.
25. Hospital handover delays are one such system-issue and we have resourced this with HALO officers to work closely with the new integrated Care Systems and colleagues in acute hospitals to identify and resolve these issues collaboratively.
26. 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

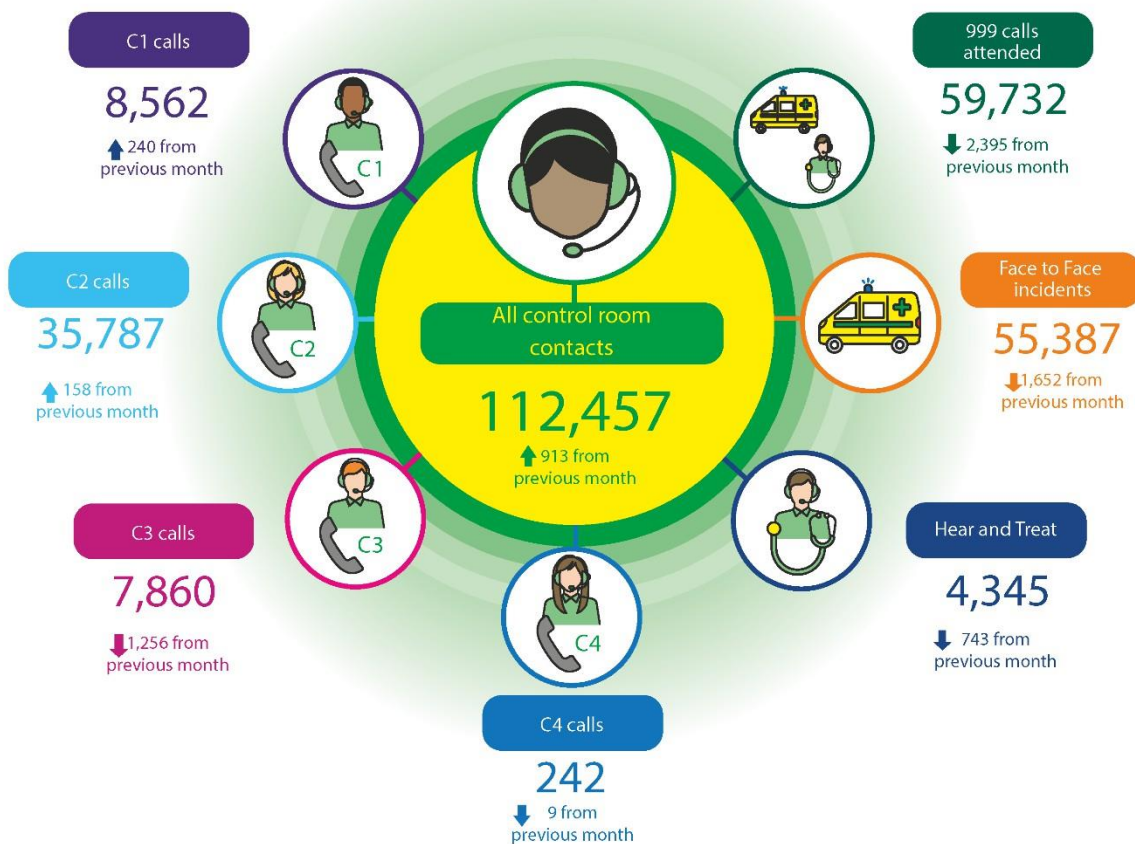


Region-wide performance for EEAST

Monthly
Performance Dashboard



October 2022 Data for 1st - 30th Sept 2022



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.