

1. Extract from Norfolk Health Overview and Scrutiny Committee Briefing 22 February 2018

EEAST – performance over the Christmas period and subsequent action

Following an issue raised in the House of Commons on 17 January 2018 by Norwich South MP Clive Lewis regarding pressures on the East of England Ambulance Service NHS Trust (EEAST), the timing of the Trust's move to REAP (Resource Escalation Action Plan) highest state of emergency and the effect on patients, EEAST issued a letter to stakeholders, including the Chairman of Norfolk Health Overview and Scrutiny Committee on 18 January 2018. The letter, which was circulated to NHOSC Members for information on 22 January 2018 is attached at **Appendix 1**.

In response to recent concerns about ambulance services in the East of England, the NHS within the region held a **Risk Summit** on Tuesday 30 January 2018. Co-hosted by NHS Improvement and NHS England, the summit was attended by representatives from the East of England Ambulance Service Trust (EEAST), its lead commissioner Ipswich and East Suffolk Clinical Commissioning Group, the Care Quality Commission, Healthwatch Suffolk, Norfolk and Norwich University Hospitals NHS Foundation Trust, Mid Essex Hospital Services NHS Trust, Queen Elizabeth NHS Foundation Trust and Health Education England.

The Risk Summit identified a number of actions that were needed to secure greater resilience for regional ambulance services. Some of these actions are for the East of England Ambulance Services Trust (EEAST) and some actions are for the wider NHS.

The key actions were as follows:

1. EEAST will deploy additional staff and vehicles between now and Easter. This will include securing additional vehicles from independent providers
2. EEAST will improve its ability to forecast demand as part of strengthened winter planning
3. EEAST will take steps to improve staff availability at peak times, including action to improve staff health through flu vaccination and reviewing the Trust's leave policy
4. Local hospitals will be asked to accept prompt handover of patients from ambulance crews in order to release the crews for other calls
5. EEAST will improve its internal escalation procedures to deal with periods of high pressure
6. CCGs and other providers of NHS care across the region will implement measures to moderate the use of ambulance services, using safe alternatives wherever possible
7. Any Serious Incidents that occurred over the winter period will be subject to a thorough review process to ascertain whether patients were harmed.

There was to be a follow up meeting in a fortnight to review progress with each of these actions. NHS Improvement and NHS England were also to establish enhanced monitoring to ensure each action is fully implemented over the coming months.

As mentioned in EEAST's last report to NHOSC in October 2017, an Independent Service Review by the consultants ORH which was commissioned by NHS England and NHS Improvement to understand what capacity and funding the service needs to enable it to perform at an acceptable level. The results have not yet been published but are expected to be available in March 2018.

2. Extract from Norfolk Health Overview and Scrutiny Committee Briefing 22 February 2018

East of England Ambulance Service NHS Trust (EEAST) Patient Safety Intervention Teams to assist with handover delays

Members were informed in the January 2018 NHOSC Briefing regarding about the launch of the East of England Ambulance Service NHS Trust's (EEAST) Patient Safety Intervention Teams (PSITs) to help with winter pressures at hospitals. Five teams of three started working across EEAST's area in mid December 2017.

A PSIT is a mobile, self-sufficient response team capable of deploying, firstly within their local area, or wider to support cross boundaries, where handover delays are causing us to be delayed to patients waiting in the community. The teams include a team leader and 2 clinicians. Their working brief falls into 2 clear pathways when responding to handover delays. The team leader will be supporting the clinicians and also liaising with HALO's and hospital staff. The clinicians on the team would be responsible for the safe cohorting of up to 6 patients, with the support of the hospital staff, using trolley cots and equipment carried within the PSIT vehicle. The PSIT staff are clearly identifiable and are dispatched to hospitals by a Tactical Commander as part of EEAST's escalation procedures. The teams also offer EEAST a range of options in the event of other incidents. The teams are in place until the end of March 2018 as part of EEAST's winter plan.

EEAST has produced the following information on local PSIT's activity from mid December 2017 to 8 January 2018:-

PSIT interventions at NNUH 11/12/17 to 8/1/18

PSIT has been active since 11/12/17, although their use at NNUH was delayed until partnership working could be formally agreed so their first day of operations at NNUH was the 18/12/17.

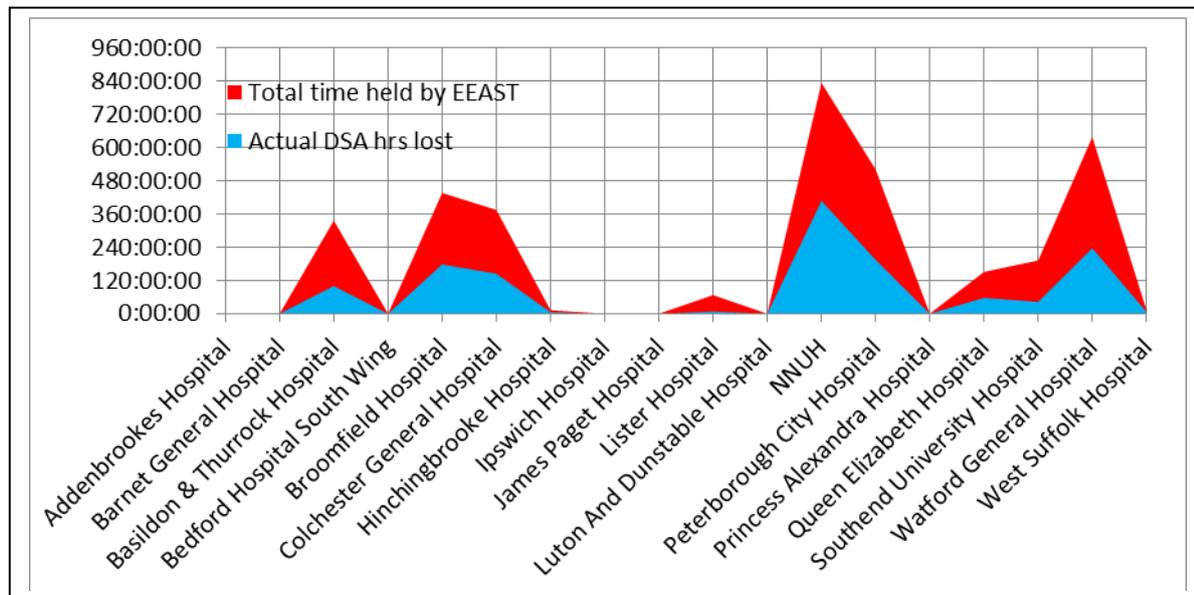
It is staffed by a team leader and two clinicians (paramedic and Associate practitioner).

The Team has now been deployed to the NNUH times and they have cohorted a total of **343** patients to allow ambulances to be returned to treat patients in the community.

PSIT have reduced potential ambulance delays by over 50% whilst they have been deployed.

During this time PSIT have saved **425** hours which otherwise would have been taken up by the ambulances. This is the equivalent of **37** full 12 hour shifts which in turn means that this has benefited approximately **277** patients who will have received a more timely response.

The table below shows the reduction in ambulance time that the PSIT have made. If PSIT had not have been utilised then the ambulance hours lost waiting handover at hospital would have been the red line, instead the actually hours lost was the blue line a clear reduction across all of the acute trusts that they have attended.



(Unvalidated data)

3. Extract from Norfolk Health Overview and Scrutiny Committee Briefing 5 April 2018

Ambulance performance and turnaround

In January and February 2018 there were questions in Parliament and media reports about the East of England Ambulance Service NHS Trust's (EEAST) performance over the Christmas period and into January, including reports of a discrepancy in the recording of ambulance delays at the Norfolk and Norwich hospital (N&N) as well as the effect of ambulance delays on patients.

Ambulance performance and turnaround is on NHOSC's agenda for 24 May 2018, when representatives from EEAST, the Clinical Commissioning Groups and the N&N, the region's busiest A&E department, will attend to answer Members' questions.

In the meantime, the N&N was asked to explain the process for recording ambulance arrival to patient handover times at the hospital and how the reported discrepancy occurred between the N&N and EEAST's figures from 26 Dec 2017 to 21 Jan 2018.

The N&N has provided the following information about the ambulance arrival to handover and handover to clear (i.e. clear = ambulance ready for departure) recording process:-

'From an EEAST perspective, all ambulance vehicles have an electronic system tracking in the cab. This system has a push button function that EEAST push to declare arrival when the ambulance wheels come to a stop at the NNUH. The same system records the point that a patient is transferred from EEAST equipment to NNUH equipment and this is the formal handover time. EEAST also record, on the same tracking system, the point that the ambulance is resupplied and the crew are clear to leave the NNUH site: this is the arrival to clear point. These timings captured by EEAST are the data reported regionally and nationally in respect of the performance of arrival to handover and arrival to clear times.

From an NNUH perspective, the symphony IT system is used to record the arrival handover time along with any other interventions within the ED (Emergency Department) as well as the time that the patient leaves the department. Symphony is updated by both clinical and nursing staff and is also used for patients that do not arrive via ambulance.

Currently, all patients attending Children's ED (ChED) and Older Peoples Emergency Department (OPED) are firstly registered onto the symphony system at the point of entry to the ED. Children are then escorted through to ChED, unless there is a requirement for heightened intervention in Resuscitation.

Patients over the age of 80 have an initial Rapid assessment to ensure that they are suitable for OPED and are transferred as soon as possible. Our Geriatricians and nursing staff work closely with ED clinicians and carry out the initial assessment and identify those who are suitable to go straight to an OPED cubicle to continue their assessment.'

Questions about the recording discrepancy from 26 December 2017 to 21 January 2018 and ambulance service performance and turnaround over the Christmas and New Year period can be addressed at NHOSC on 24 May 2018.



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Date : 18 January 2018

Sent via email

Tel: 0845 6013733

Dear colleague,

We are writing to update you on how we have been performing over the Christmas period and the steps we are taking to manage high levels of demand.

Like all ambulance trusts, the Christmas period was exceptionally busy. We planned for this. We had more crews out on our roads, more clinical advisors in the control room, and liaison officers and patient safety intervention teams at acute hospitals. We also encouraged people to help us by looking after themselves, and – when clinically appropriate - make their own way to hospital.

Every day over this period a Gold Commander worked with our executive management team to discuss steps we can take to continue to prioritise our most critically ill and injured patients.

There was a sharp rise in demand just after Christmas and this resulted in a significant increase in handover delays at hospitals. This means it takes longer for our ambulance crews to respond to the next patient.

We also remained in close contact with our NHS partners about pressures they were experiencing to ensure any emerging trends were addressed.

On 27 December we highlighted the rising demand and handover delays through the system wide winter room, which includes clinical commissioning groups, hospitals, NHS Improvement and NHS England. We formally wrote to regulators that same day about the impact of handover delays.

We continued to have daily reviews and on 31 December it was clear that the forecasted activity would mean that we would come under extreme pressure. Consequently, the decision was taken Resource Escalation Action Plan (REAP), a national escalation plan which helps ensure we prioritise the most critically ill patients in periods of high demand. During that 24-hour period we received 4,800 calls - the first time this level of demand had occurred over the festive period.

From the 27 December to 15 January we had more than 50,000 calls. Unfortunately, a small proportion of patients waited significantly longer for an ambulance response than was acceptable. The Trust has made it a key priority to thoroughly analyse each of these patients' cases. The review of those analyses are due to be complete in January. It is worth noting any cause of death not certified by a doctor can only be established if there is a coroner's case.

When we are experiencing extreme pressure there are daily reviews to ensure all actions are carried out and were effective. We have planned a debrief internally as well as a system wide debrief. We will also invite an independent review of the festive plan and the actions taken against our winter plan.

Chair: Sarah Boulton
www.eastamb.nhs.uk

We are aware of the claims made in the House but note no complaints have been received from patients or their families at this time. Nor have any concerns been expressed internally through our line management, whistleblowing or freedom to speak up processes.

For your added information REAP predates the introduction of Ambulance Response Programme (ARP) and the Trust continues to use the REAP plan as its guidance to escalate its status. As all Trusts were already on REAP 3 (Severe Pressure), opportunities for mutual aid did not exist other than in border areas which we operate as a matter of normal operation. It is worth noting that military aid can only be requested through the MAC protocol.

Please do get in touch with Taya Cleghorn, Executive Assistant if you require further information on 01763 268742 or taya.cleghorn@eastamb.nhs.uk.

Sincerely



Robert Morton
Chief Executive