

## Report by the East of England Ambulance Service NHS Trust May 2018

### Introduction

This is an update to give members information on demand and response times, as well as updates on stroke performance, staff and recruitment and the trends for the three hospitals.

We have included information about winter 2017/18 and the risk summit held on 30 January.

EEAST is commissioned at a regional level, not on a CCG level. The new ambulance response programme (ARP) standards, introduced in October 2017, cannot be compared to previous standards and the Trust is not commissioned to deliver the ARP standards. These national standards, which will take two years to implement properly, aim to get the right vehicle in the right place at the right time.

For clarity, on the left are last year's figures across Norfolk, the whole region and as a percentage over the period February to March. On the right-hand side are this year's figures.

Norfolk	Calls	Incidents
Feb-17	13528	10153
Mar-17	14595	11206
Apr-17	13944	10510

Norfolk	Calls	Incidents
Feb-18	15200	10169
Mar-18	17067	11391
Apr-18	15269	10683

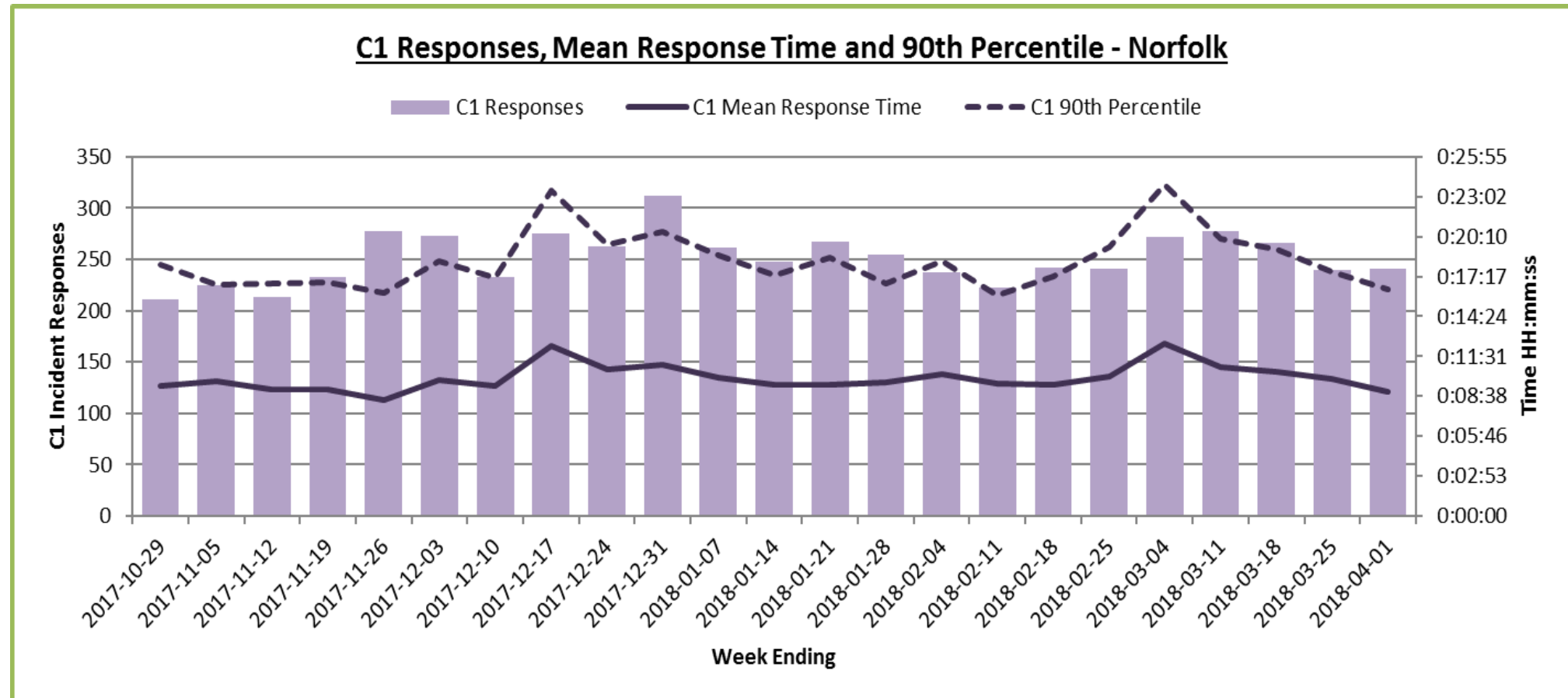
Trust	Calls	Incidents
Feb-17	89715	61086
Mar-17	95119	66198
Apr-17	91725	62340

Trust	Calls	Incidents
Feb-18	96257	62232
Mar-18	106335	69091
Apr-18	94364	64643

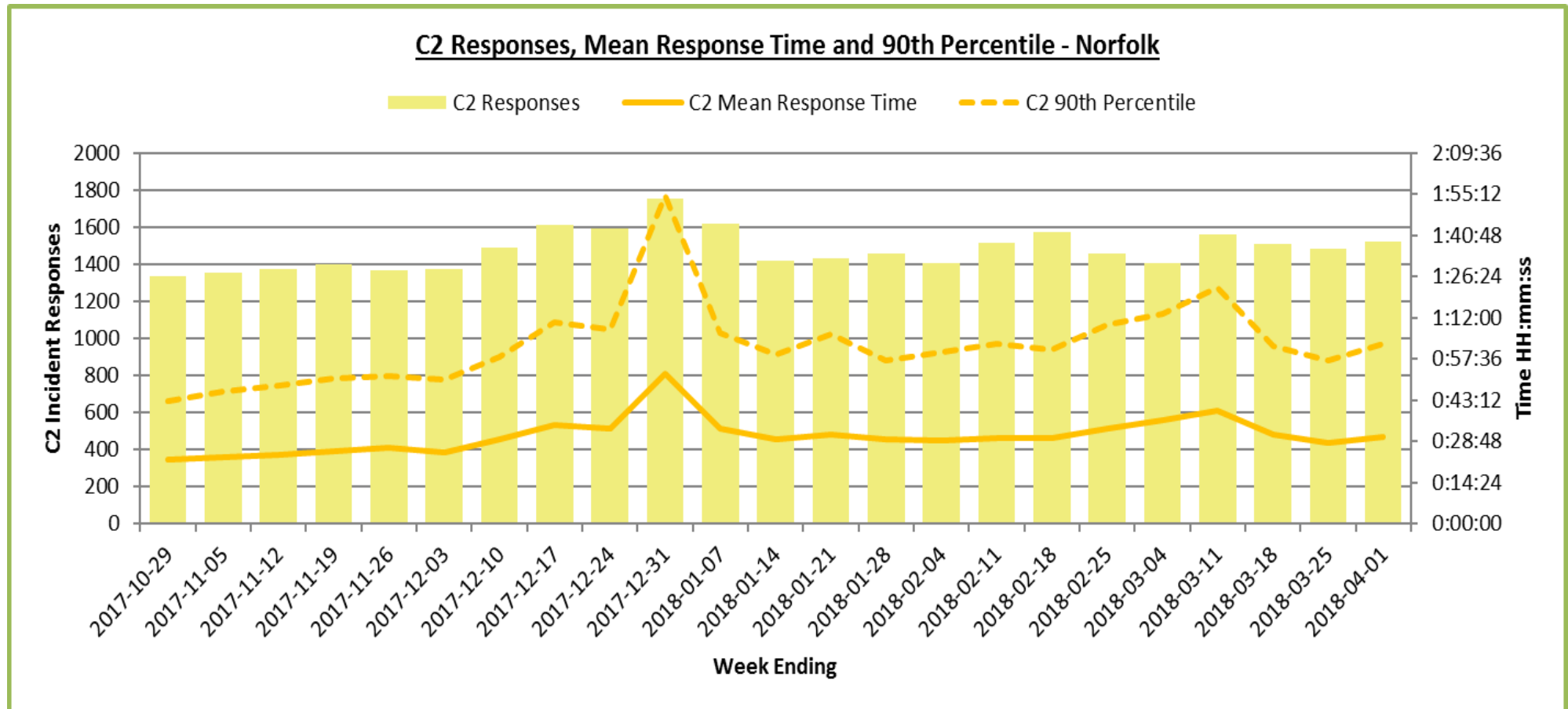
Norfolk % of all Trust count	Calls	Incidents
Feb-17	15.08%	16.62%
Mar-17	15.34%	16.93%
Apr-17	15.20%	16.86%

Norfolk % of all Trust count	Calls	Incidents
Feb-18	15.79%	16.34%
Mar-18	16.05%	16.49%
Apr-18	16.18%	16.53%

The graph below shows the number of C1 responses by week from 22 October 2017 to 1 April 2018 and the C1 mean response time and C1 90% Percentile for Norfolk. On average, there are 252 C1 responses per week in Norfolk. There has been a steady decline in both C1 mean and C1 90<sup>th</sup> percentile in March (lower is better).



The graph below shows the number of C2 responses by week from 22 October 2017 to 1 April 2018 and the C2 mean response time and C2 90% Percentile for Norfolk. On average, there are 1478 C2 responses per week in Norfolk. There has been a declining trend in both C2 mean and C2 90<sup>th</sup> percentile in March (lower is better). Peak response times week ending 31.12.2017 were also in the busiest week for C2 responses and some increase in response times was seen in early March due to snow and bad weather.



## Stroke Performance

EEAST is measured against two stroke targets. One is around the level of care given (called the stroke bundle). From April this year EEAST will be measured against the proportion of patients that receive appropriate treatment, according to the latest guidance. These outcomes are thrombolysis or first CT scan within 180 minutes of making a 999 call, with an expectation that 90% of patients will have these standards met by 2022.

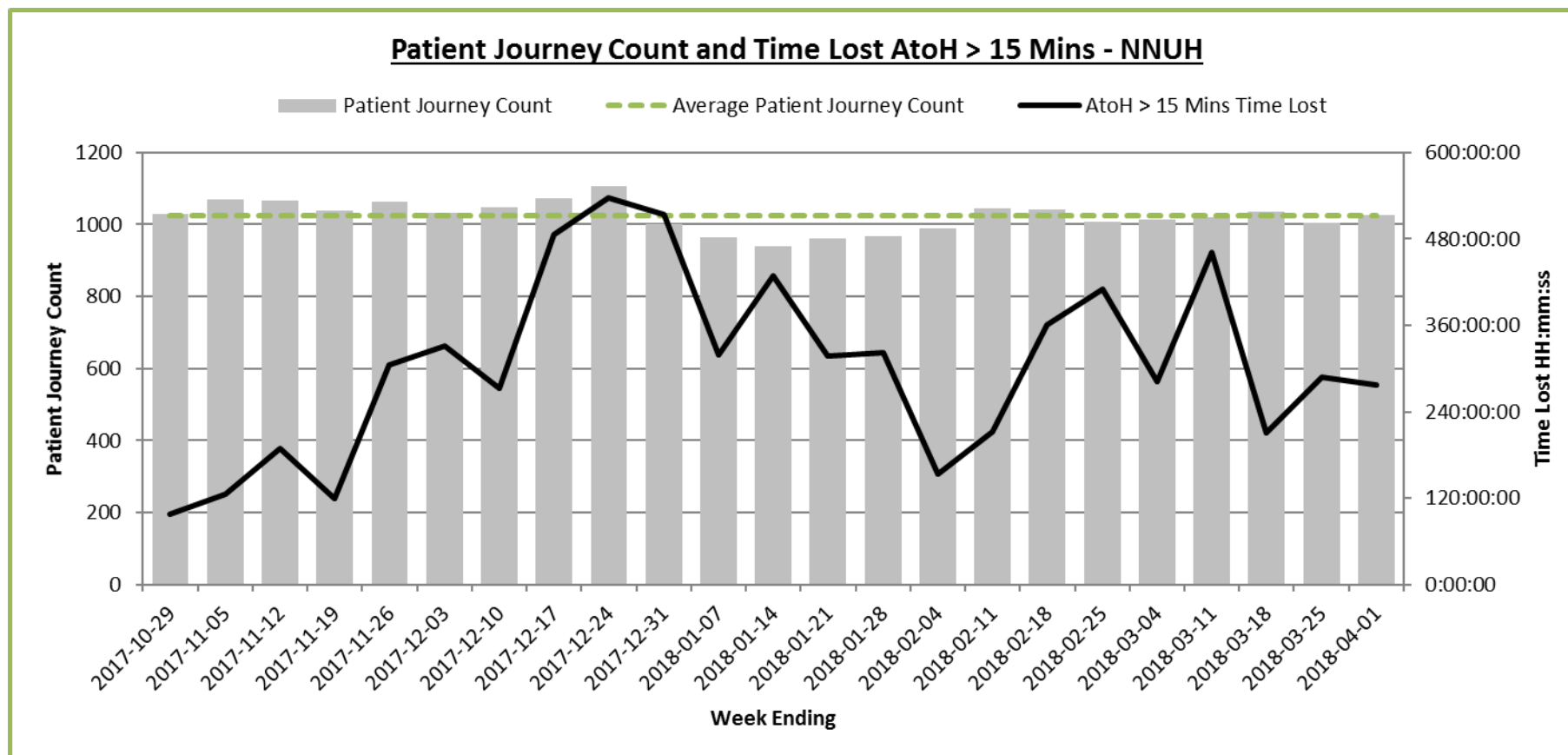
The stroke care bundle target measures if EEAST delivered the right clinical care to each patient. As can be seen from table below, EEAST across Norfolk and Waveney has excellent care bundle results. The target is 95% achievement of the stroke care bundle.

### *Stroke care bundle results in Norfolk and Waveney CCGs*

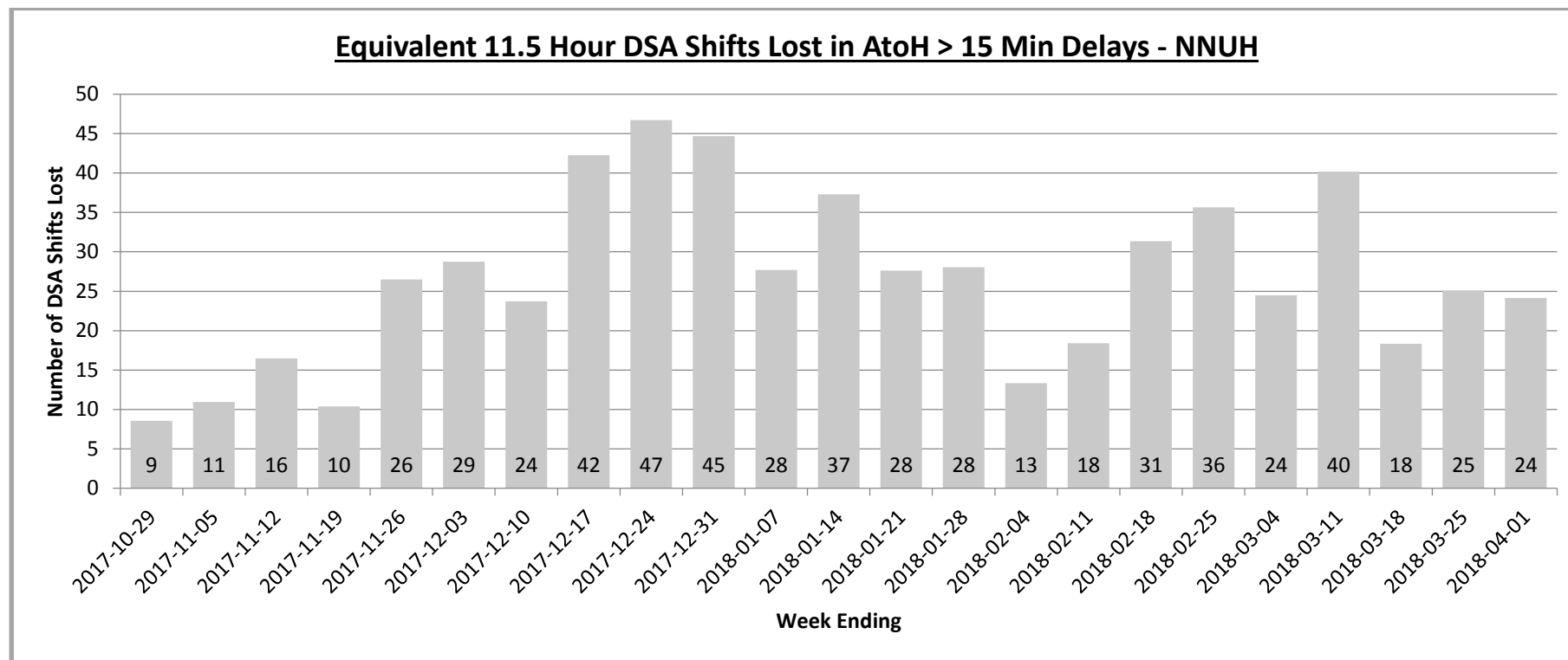
CCG	YTD until March 2018
GYW	99.1%
North Norfolk	99.6%
Norwich	99.4%
South Norfolk	99.1%
West Norfolk	100.0%

As you can see, the standard of care provided by paramedic and technician crews across Norfolk & Waveney remains excellent, as it has done for the past year.

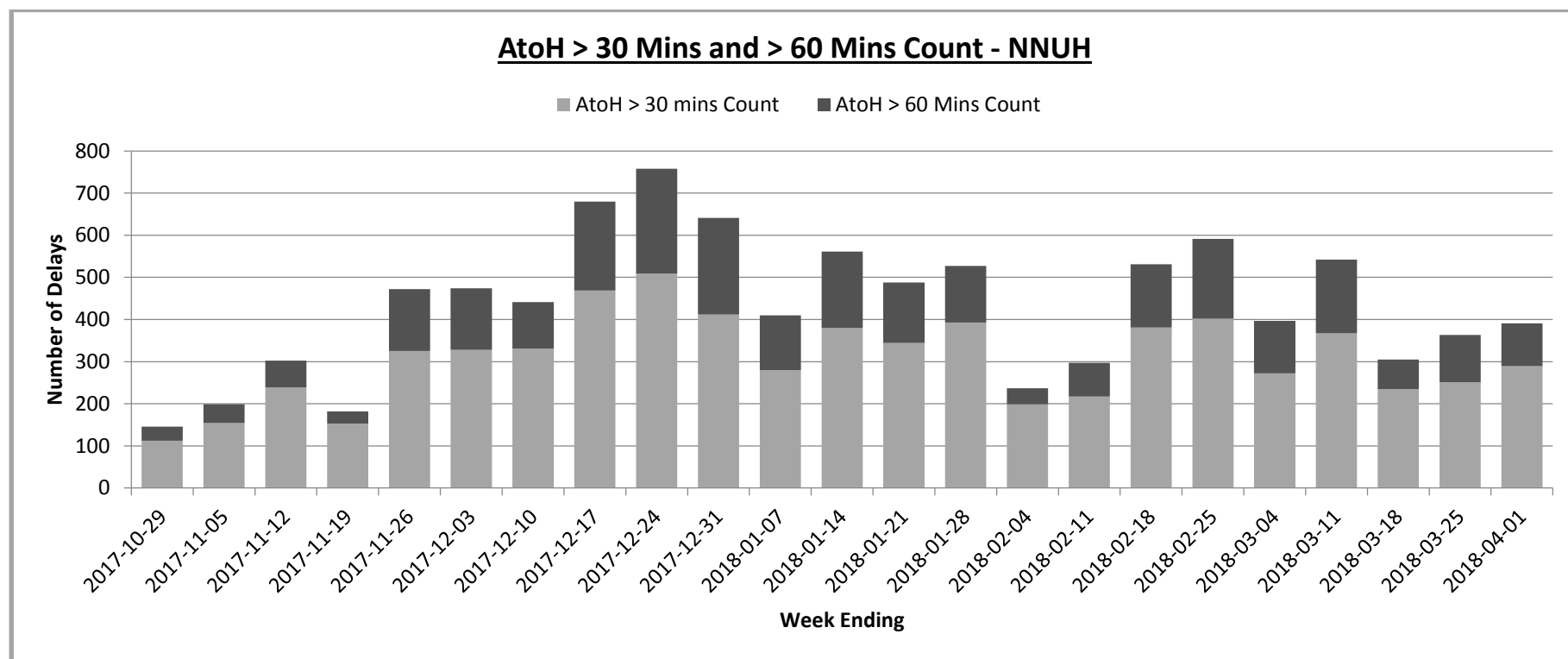
This graph shows the patient journey count into NNUH by week from 22.10.2017 to 01.04.2018. The average patient journey count was 1024 and this was exceeded in 13 weeks. Arrival to Handover (AtoH) > 15 mins time lost peaked at 537 hours WE 24.12.2017 and on average, 305 hours were lost a week over the 23 week review period.



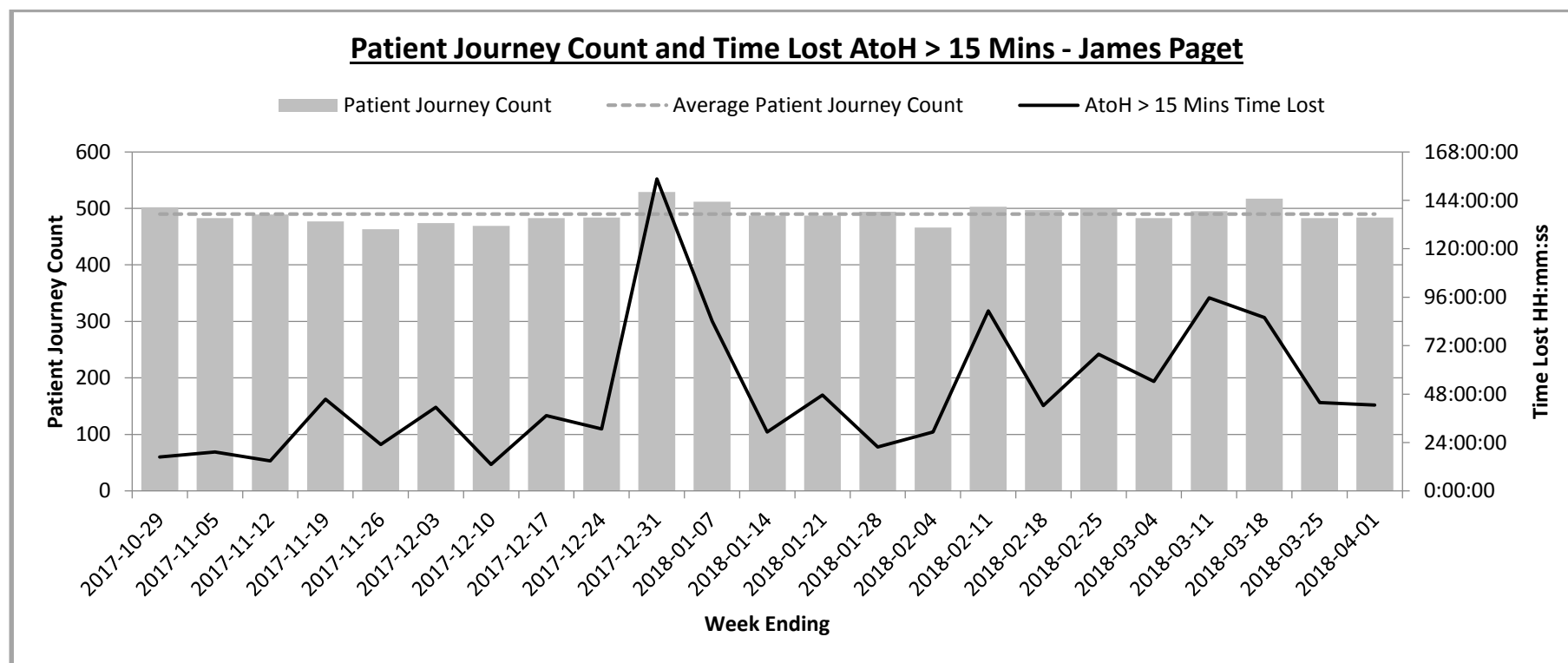
This graph shows equivalent number of 11.5 hour DSA shifts lost in AtoH > 15 min delays at the NNUH from 22.10.17 to 01.04.18. On average, 27 shifts were lost per week due to AtoH delays however, as many as 47 shifts were lost in one week (WE 24.12.2017).



This graph shows the number of occasions where AtoH was > 30 mins and AtoH was greater than 60 mins. There were 7042 AtoH delays > 30 mins from 22.10.2018 to 01.04.2018 (30% of all patient journeys) and 2893 AtoH delays > 60 mins in the same time frame (12% of all patient journeys).

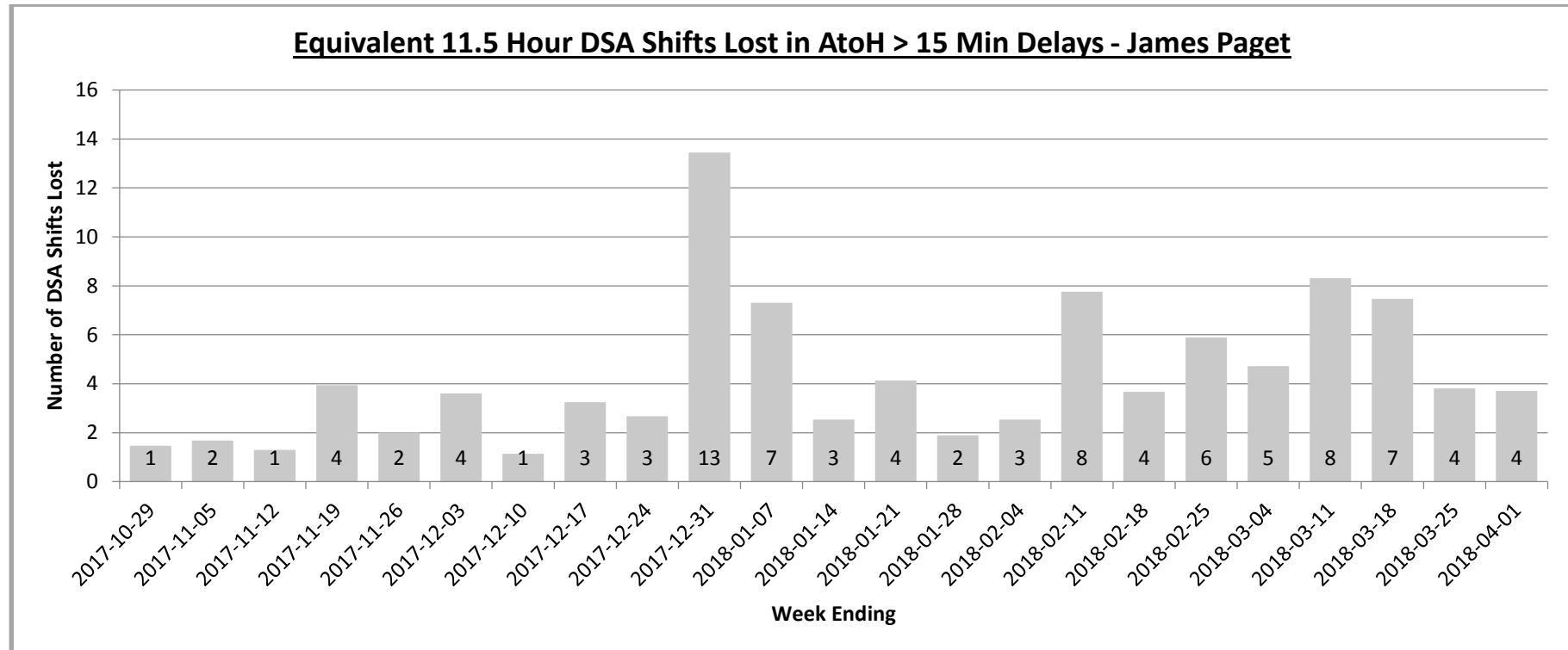


This graph shows the patient journey count into James Paget by week from 22.10.2017 to 01.04.2018. The average patient journey count was 490 and this was exceeded in 9 weeks. AtoH > 15 mins time lost peaked at 154 hours WE 31.12.2017 and on average, 49 hours were lost a week over the 23-week review period.

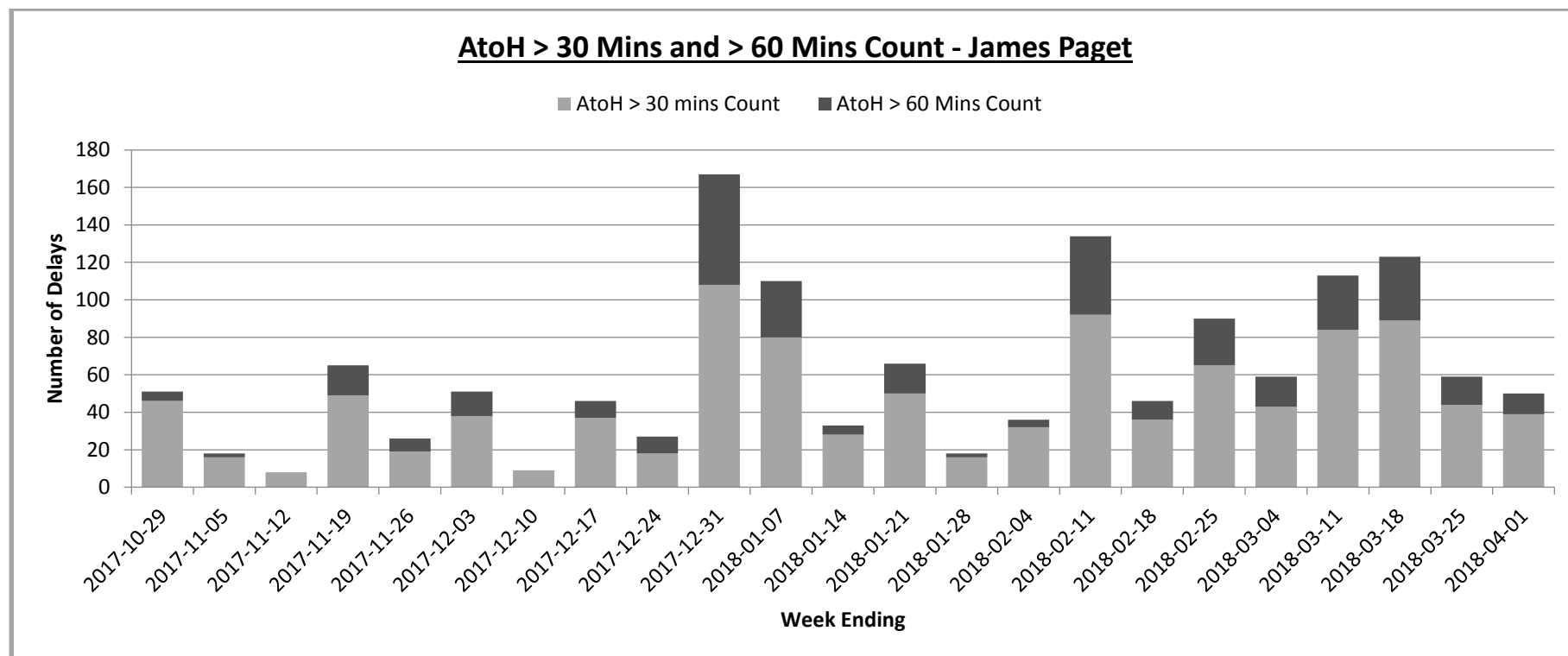




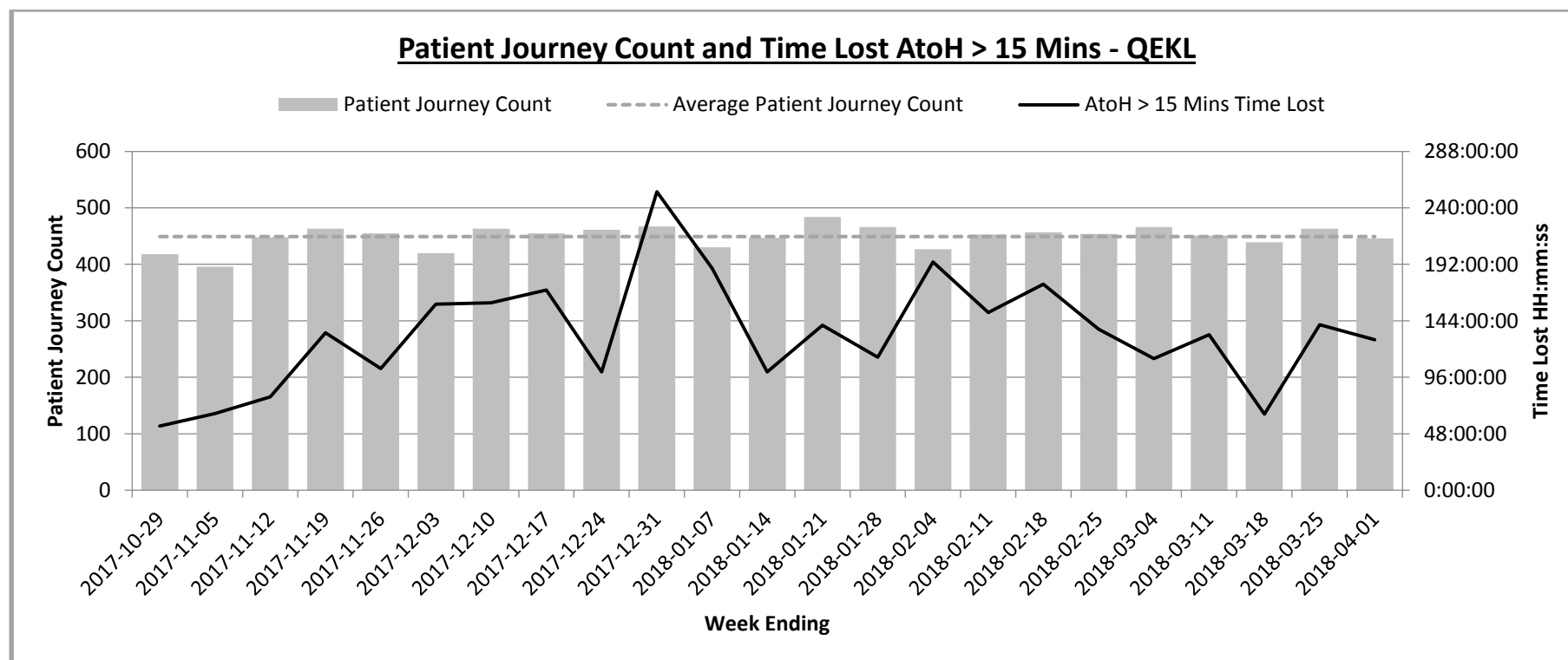
This graph shows equivalent number of 11.5 hour DSA shifts lost in AtoH > 15 min delays at James Paget from 22.10.17 to 01.04.18. On average, 4 shifts were lost per week due to AtoH delays however, as many as 13 shifts were lost in one week (WE 31.12.2017).



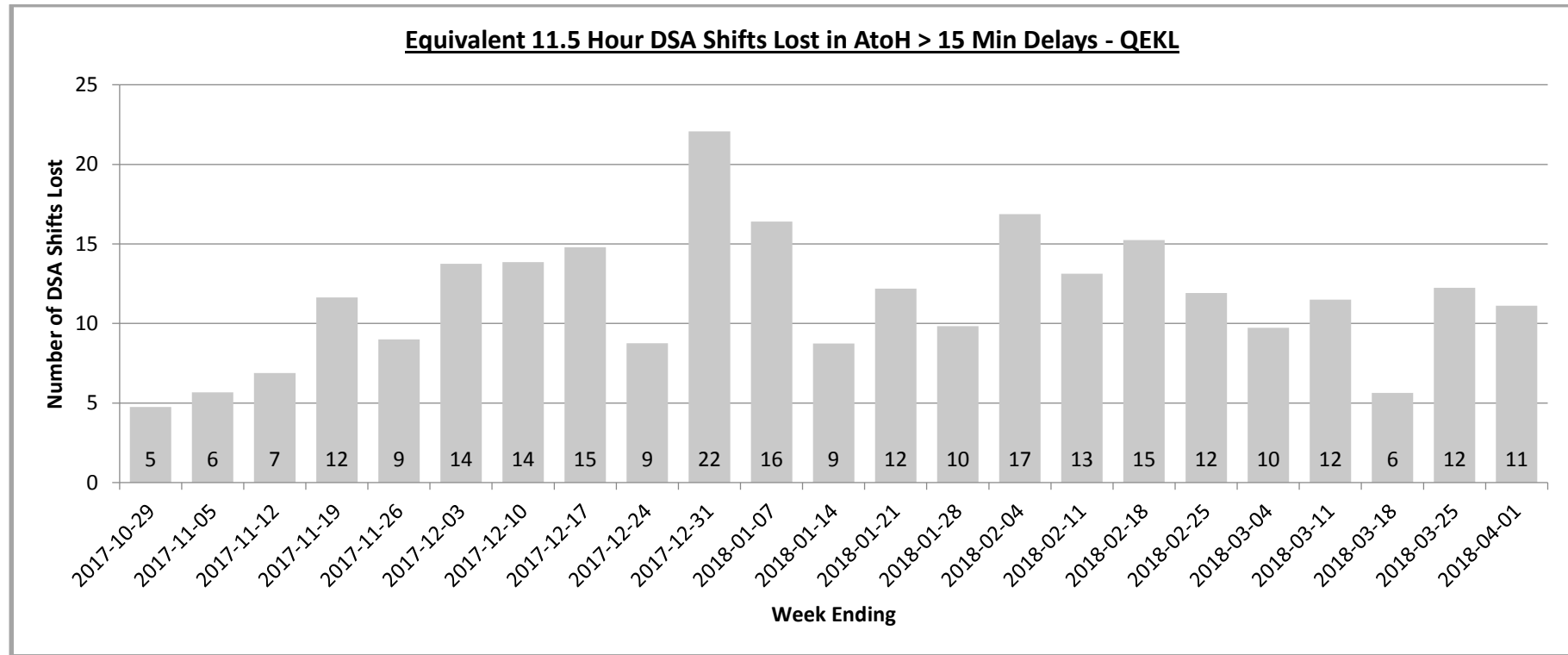
This graph shows the number of occasions where AtoH was > 30 mins and AtoH was greater than 60 mins. There were 1046 AtoH delays > 30 mins from 22.10.2018 to 01.04.2018 (9.3% of all patient journeys) and 359 AtoH delays > 60 mins in the same time frame (3.2% of all patient journeys).



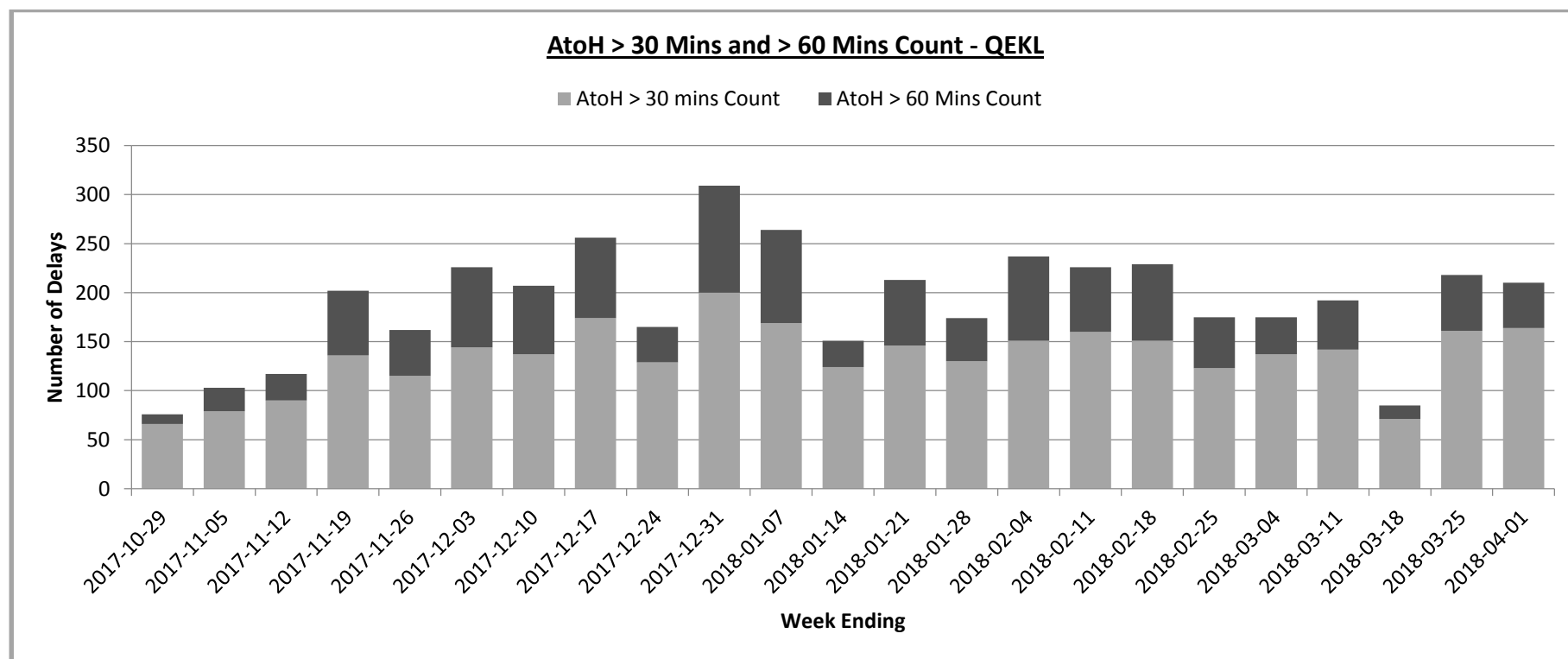
This graph shows the patient journey count into Queen Elizabeth King's Lynn (QEKL) by week from 22.10.2017 to 01.04.2018. The average patient journey count was 449 and this was exceeded in 14 weeks. AtoH > 15 mins time lost peaked at 253 hours WE 31.12.2017 and on average, 133 hours were lost a week over the 23 week review period.



This graph shows equivalent number of 11.5 hour DSA shifts lost in AtoH > 15 min delays at QEKL from 22.10.17 to 01.04.18. On average, 12 shifts were lost per week due to AtoH delays however, as many as 22 shifts were lost in one week (WE 31.12.2017).



This graph shows the number of occasions where AtoH was > 30 mins and AtoH was greater than 60 mins. There were 3099 AtoH delays > 30 mins from 22.10.2018 to 01.04.2018 (30% of all patient journeys) and 1273 AtoH delays > 60 mins in the same time frame (12% of all patient journeys)



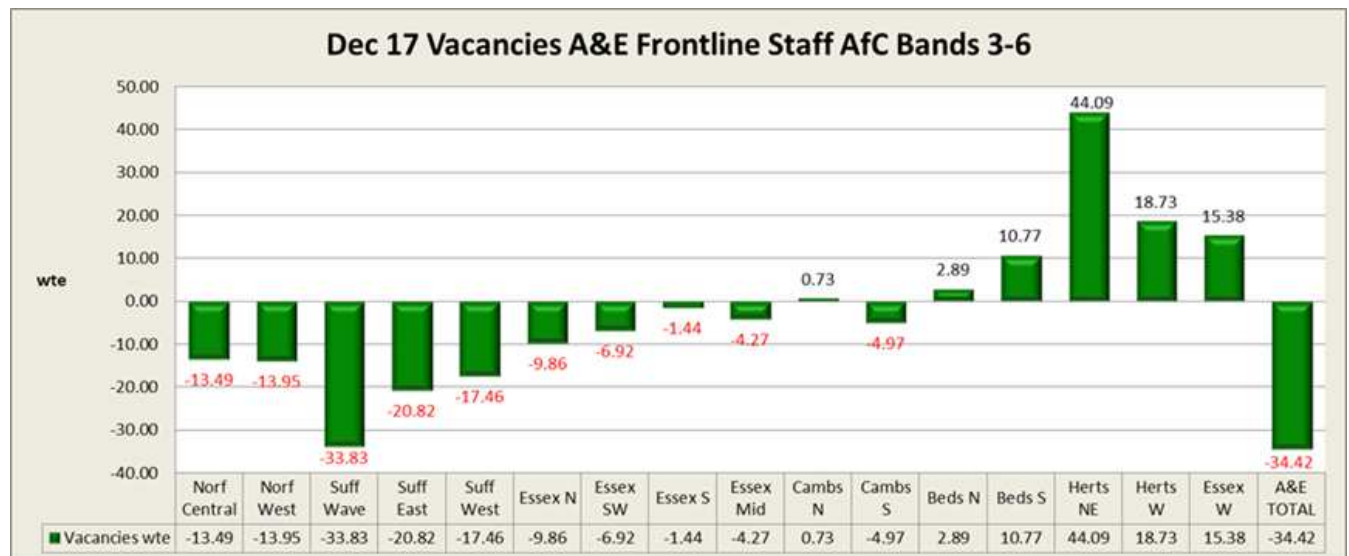
## Staff Recruitment Plan

Since 2014/2015 EEAST's recruitment plan has delivered an increase of over 700 'frontline' staff. In order to mitigate both internal and external staff turnover the Trust has had to recruit and train over 1500 people to achieve these increases in whole time establishment.

In addition to the sustained delivery of this significant recruitment and training plan the Trust has worked to reduce staff turnover through a range of HR and organisational development processes and strong leadership and engagement. This has seen the Trust reduce frontline staff turnover from the 4<sup>th</sup> highest of all 11 Ambulance Trusts in July 2015 (11.8%) to the 2<sup>nd</sup> lowest in October 2017 (7.54%). Across Norfolk & Waveney, attrition was only 4.24% (28 staff) across the entire FY2017/18.

The Trust is currently 'over established' against its budget (see below). However, these figures mask the fact that the Trust has significantly more staff in some areas, including Norfolk, which have more staff than budgeted for and high levels of vacancies in other areas such as Hertfordshire.

In Norfolk and Waveney we have 686 staff against a budget of 618, which means this area is over established by 68 staff. There is a waiting list for recruits to come into Norfolk and staff in other areas are currently able to transfer in.



*\*Please note minus figures in red denote over establishment.*

Funding has been agreed with the Consortium of 19 CCGs which buy the ambulance services for the region which will enable a further 330 staff in three years. It will see the Trust recruit and train a further 1300 plus people. The Trust recognises that it remains challenging and is delivering a range of activities to address this challenge including:

- Recruitment and retention incentives in hard to fill areas
- School, College and University targeted engagement and recruitment events
- Focussed graduate recruitment campaigns and incentive packages
- Engaging with armed forces service leavers to look at EEAST as an alternative career option
- New marketing materials and recruitment campaigns to raise awareness of careers in the Trust and benefits of working for EEAST
- Targeted recruitment campaigns utilising, Bus stops, Bus backs and radio advertising
- Social media recruitment strategy
- Trained over 100 community ambassadors to promote the trust in hard to reach communities
- Taster days and engagement sessions
- Use of on-line job boards in addition to NHS jobs
- Building capacity in recruitment team
- Recruitment improvement project and safer and resilient recruitment initiatives
- Outsourcing of some volume recruitment
- Purchase of private training provision to frontload 3-year workforce plan
- Working with HEE to agree funding to support 3-year workforce plan including liaison with Higher Education Institutes
- Investment in the Trusts training and education infrastructure
- Developing apprenticeships for transition to new clinical career pathway
- Developing advanced and specialist routes to improve recruitment and retention

The Trust is also pleased that sickness has recorded a downward trend in 2017/18, although work continues to deliver a holistic wellbeing strategy to support staff and reduce absence levels further.

## **Mental Health Pathways**

EEAST continue to work with commissioners and provider partners to seek the safest and most appropriate and efficient transport option for mental health patients. EEAST has also engaged with senior partners within Norfolk County Council, Norfolk Constabulary, NSFT to review and identify gaps in the transport pathway for mental health patients.

EEAST will follow up the positive Mental Health strategy day in March 2017 – which involved service users - with further workshops. We have planned 'pop-up' focus groups in line with the Trust's Dementia Strategy.

## **Developments during winter 2017-18**

Like all ambulance trusts and the NHS in general, the Christmas and New Year period was exceptionally busy. Following winter, all Ambulance Trusts participated in some form of "risk summit". What follows is a timeline to help build the picture of what happened and what actions taken.

- Between 17 December and 16 January, the three control rooms received in excess of 96,000 calls. A small proportion of patients waited significantly longer for an ambulance response than was acceptable. Every day over this period, a Gold Commander worked with the executive management team to prioritise our most critically ill and injured patients. The Trust also remained in close contact with our NHS partners about pressures they were experiencing to ensure any emerging trends were addressed.
- 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 ambulance crews to respond to the next patient.
- On 27 December EEAST highlighted the rising demand and handover delays through the system-wide winter room which includes clinical commissioning groups, hospitals, NHS Improvement and NHS England. EEAST formally wrote to regulators that same day about the impact of handover delays.
- Daily reviews continued and on 31 December the forecasted activity predicted extreme pressure. Consequently, the decision was taken to enact the 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 alone we received 4,800 calls - the first time this level of demand had occurred over winter period.

## **Risk Summit**

Issues experienced by the wider NHS system across the east of England over the winter period were raised in the House of Commons on 17 January. This led to a risk summit on Tuesday 30 January 2018.

Co-hosted by NHS Improvement and NHS England, it was attended by representatives from EEAST, its lead commissioner, Ipswich and East Suffolk Clinical Commissioning Group, the Care Quality Commission (CQC), 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 saw a series of actions agreed. This is a brief update on those actions.

EEAST deploy additional staff and vehicles to manage the end of winter. This included securing additional vehicles from independent providers, and prepare plans for next winter

EEAST is looking to improve staff health to make sure there are enough staff available in busy periods, including increasing take up of flu vaccinations.

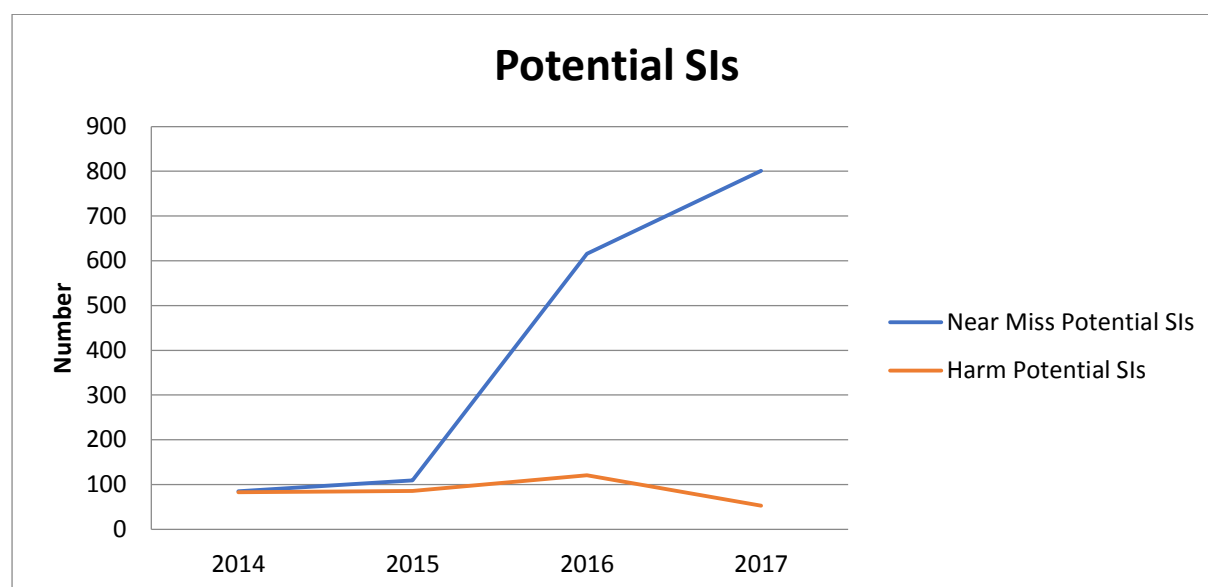
Local hospitals and ambulance services have worked together to make sure there is a prompt handover of patients from ambulance crews in order to release the crews for other calls. A standard operating procedure introduced in February has already seen crews waiting at hospitals for an average 29 minutes in January to 20 minutes in recent weeks across the region.



CCGs and other providers of NHS care across the region are working to implement measures to moderate the use of ambulance services, using safe alternatives wherever possible.

## Serious Incidents

Since 2014, the Trust's patient safety team has reviewed almost 2,300 incidents in greater detail, with the trend as follows:



The Trust is committed not only to focus on reviewing incidents which have caused harm, but also those which did not cause harm but had the potential to. This helps mitigate the risk of reoccurrence prior to the same incident causing harm. The graph shows a sharp rise in near miss incidents being reviewed to proactively improve services and prevent harm. At the same time, a reduction in harm incidents has been reported.

During 17 December and 16 January, there were 47 cases which were potential issues. Of those, 22 were deemed to be serious incidents. The Trust has made it a key priority to thoroughly analyse each of these patients' cases. An independent analysis will be completed and published during May 2018.