

Care Quality Commission (CQC)

Earlier in the year the CQC carried out an inspection of the East of England Ambulance Service NHS Trust (EEAST). The CQC published their report last month and rated EEAST overall as ‘Requires Improvement’.

The CQC were clear that EEAST was at the upper end of this rating and expect EEAST to move into ‘Good’ when the next inspection occurs. EEAST is particularly pleased that the CQC recognised the ‘Outstanding’ care staff deliver to patients. Indeed EEAST is the only ambulance service so far to have received an ‘Outstanding’ rating in its overall results. An action plan has been developed to address the findings of the report.

Our ratings for East of England Ambulance Service

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Patient transport services (PTS)	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Emergency operations centre (EOC)	Requires improvement	Good	Outstanding	Good	Good	Good
Overall	Requires improvement	Requires improvement	Outstanding	Requires improvement	Requires improvement	Requires improvement



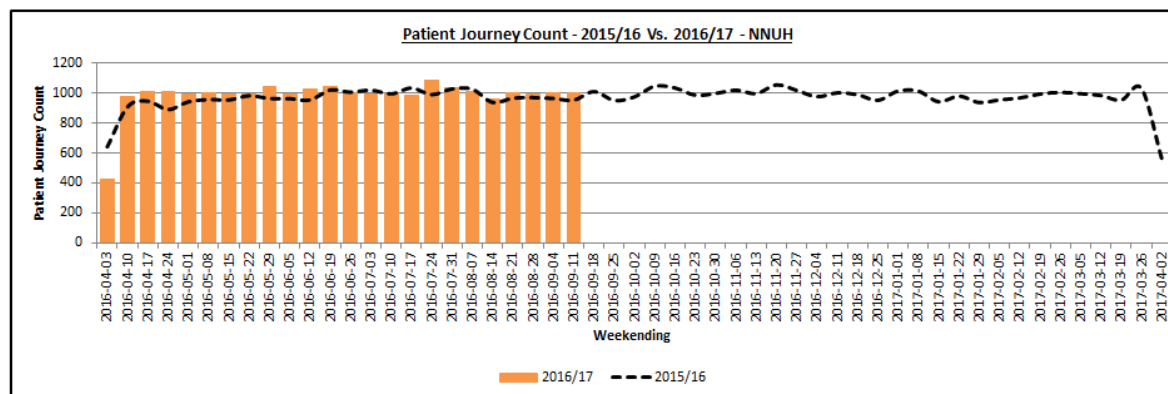
Hospital handovers

Since the 1st April 2013, ambulance turnaround standards were introduced to all Ambulance Trusts and Acute Trusts with an Emergency Department (ED) for ambulance handovers at the ED.

- (a) 15 minutes - **Arrival to handover**; the time from ambulance arrival on the hospital site to the clinical handover of the patient to the hospital staff.
- (b) 15 minutes - **Handover to clear**; the time from when the clinical handover of the patient has been completed to the ambulance being ready and available to take the next 999 call.

Any delays in arrival to handover or handover to clear have a direct impact on ambulance resourcing, in effect reducing the number of ambulances available to respond to patients in the community. The Norfolk and Norwich Hospital is the busiest ED in the region, and one of the busiest in the country. Ambulance arrivals at the hospital are circa 1000 per week (Fig 1) up by 2.35% on last year.

Figure 1: patient journey count



Handover to Clear Performance (EEAST)

The handover to clear performance by EEAST crews at the Norfolk & Norwich University Hospital (NNUH) and the Queen Elizabeth Hospital continue to demonstrate relative stability. The average performance for the green in 15 times is now around 40% between the two sites. This is when a crew have completed the handover of a patient and are available for the next emergency call. On average 8% of crews are delayed over 30 mins from completing their patient handover.

There are a number of occasions when a crew maybe delayed over 30 mins, for instance staff welfare issues, referral to safeguarding of vulnerable patients and cleaning and restocking of the ambulance. Instances such as highly emotive and traumatic calls may result in a crew being delayed so they can receive support or attend a debrief. However, the principle is an 'on average' one and EEAST are currently just 3 minutes away from the 15 minute target in Norfolk.

Handover to Clear Performance V Arrival to Handover Performance

Figures 2, 3 and 4 below represent the overall hours lost in both stages of the handover process, those being arrival to handover and handover to clear over 15 mins at the three EDs since May 2016.

Figure 2: hours lost at the Norfolk and Norwich University Hospitals NHS Foundation Trust

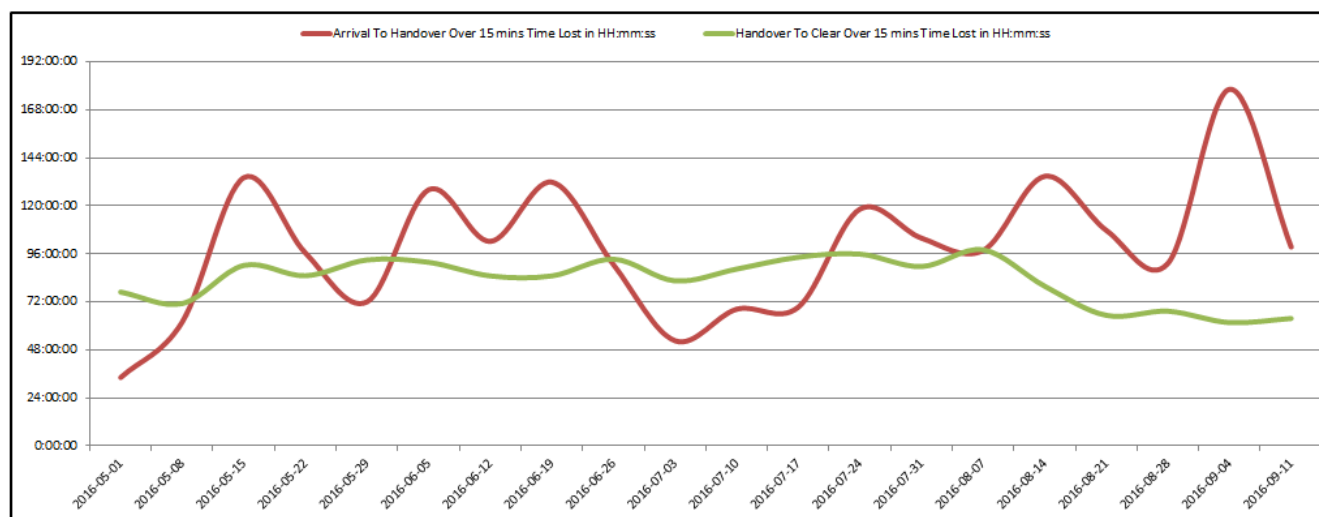


Figure 3: hours lost at the Queen Elizabeth Hospital King's Lynn NHS Trust

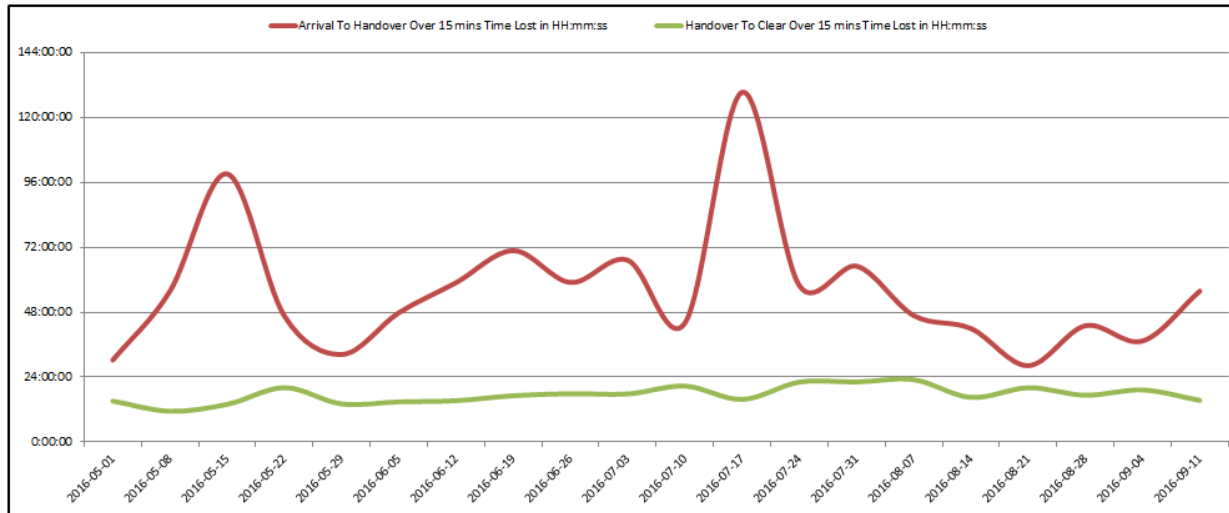
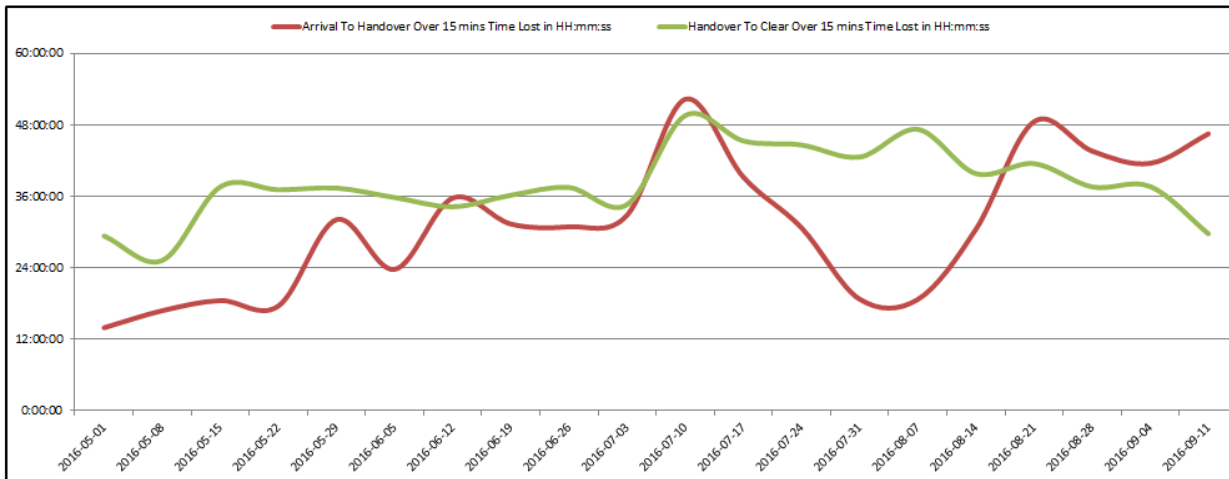


Figure 4: hours lost at the James Paget University Hospitals NHS Foundation Trust



NORFOLK HOSC MEETING 13.10.2016

The charts highlight that more hours are lost in the arrival to handover element than the handover to clear. Eeast work closely with the acute staff at each site to ensure that ambulance handovers are achieved in a timely manner but they continue to remain high. The comparison to last year's data is displayed below for all three hospitals.

Figure 5: handover to clear for 2015/16 and 2016/17 at the Norfolk and Norwich University Hospitals NHS Foundation Trust

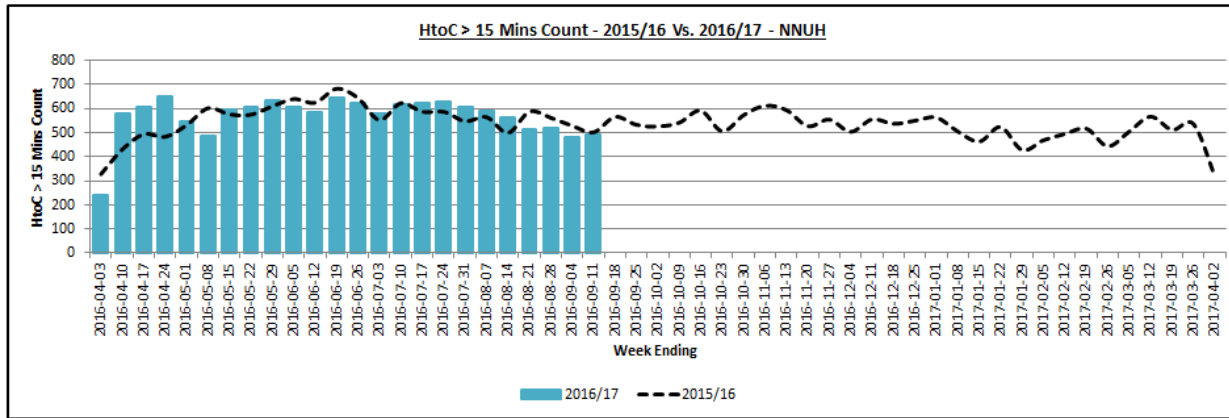


Figure 6: arrival to handover for 2015/16 and 2016/17 at the Norfolk and Norwich University Hospitals NHS Foundation Trust

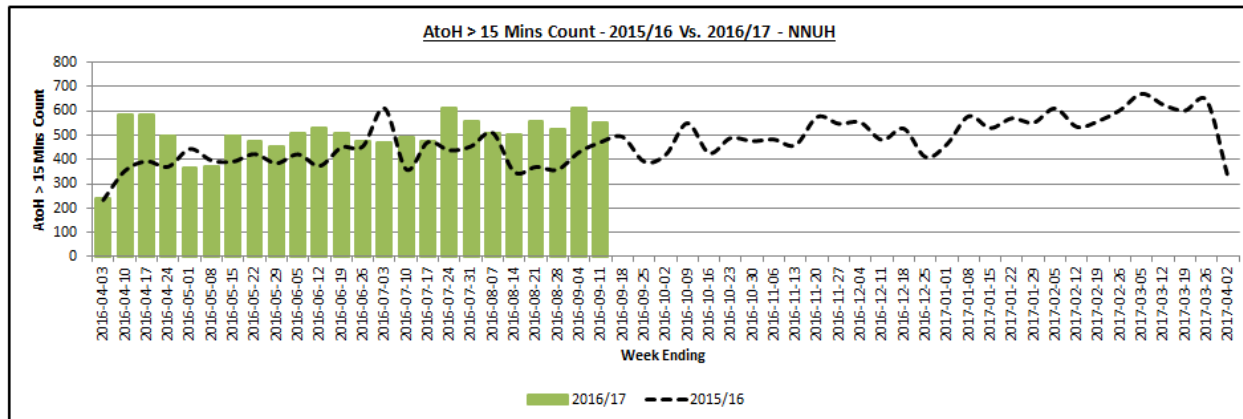


Figure 7: handover to clear for 2015/16 and 2016/17 at the Queen Elizabeth Hospital King's Lynn NHS Trust

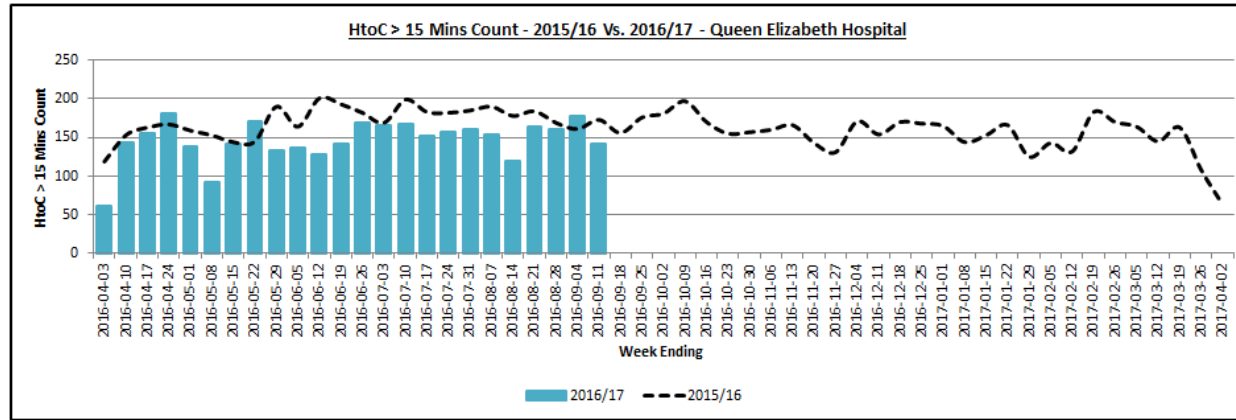


Figure 8: arrival to handover for 2015/16 and 2016/17 at the Queen Elizabeth Hospital King's Lynn NHS Trust

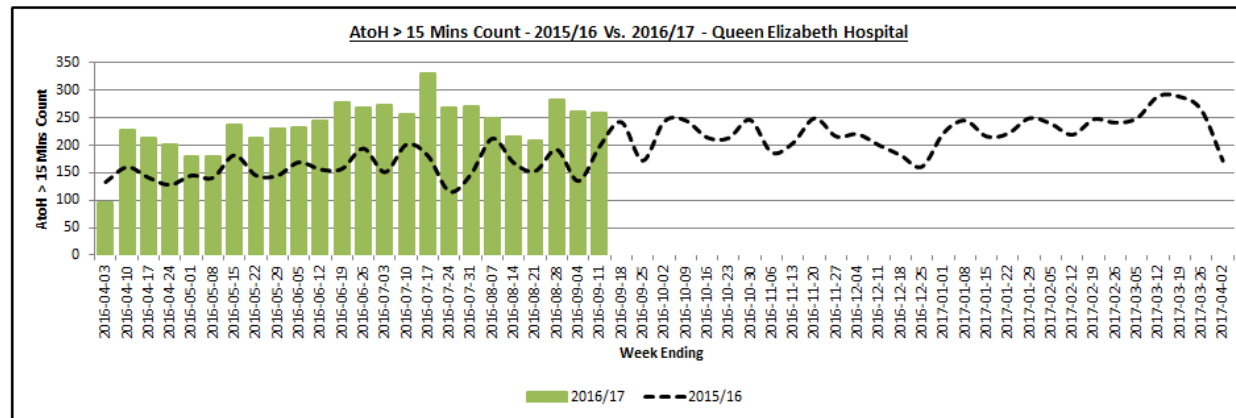


Figure 9: handover to clear for 2015/16 and 2016/17 at the James Paget University Hospitals NHS Foundation Trust

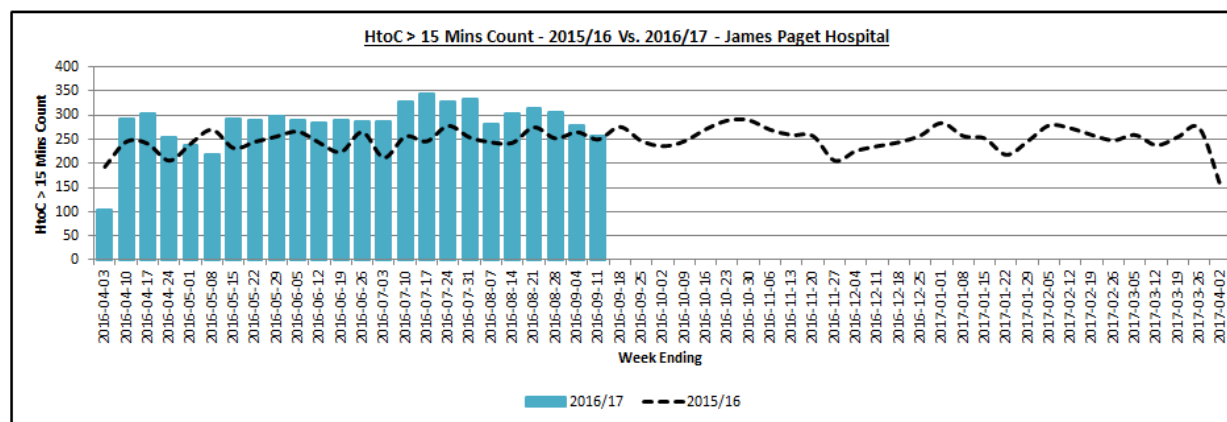
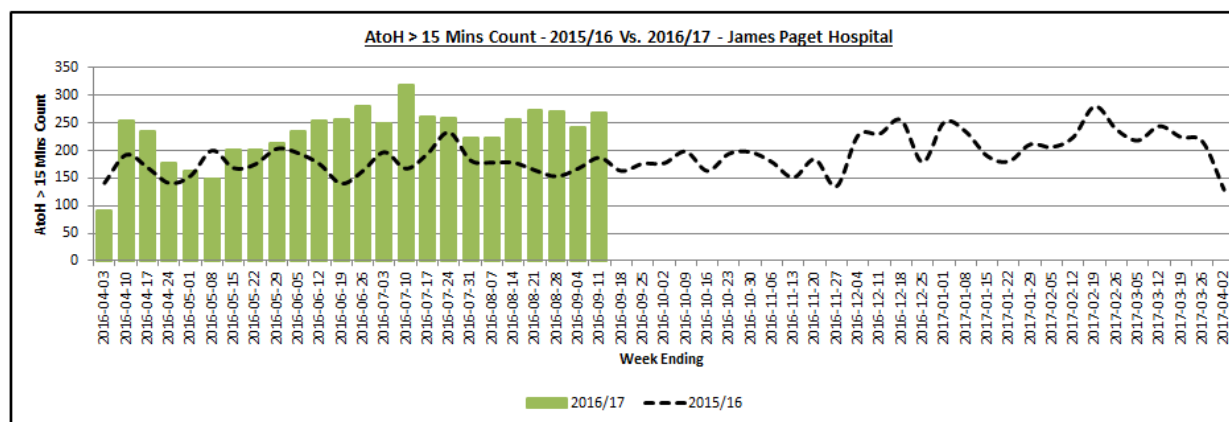


Figure 10: arrival to handover for 2015/16 and 2016/17 at the James Paget University Hospitals NHS Foundation Trust



Hospital Ambulance liaison Officer (HALO)

EEAST introduced a team of staff known as Hospital Ambulance Liaison Officers (HALO) to support both EEAST and the NNUH in the turnaround of crews as quickly, efficiently and as safely as possible. Starting in October 2013 the HALO's have been instrumental in supporting both crews and the NNUH with ambulance turnaround, in particular handover to clear times. EEAST were successful in securing winter funding to extend the HALOs at most Acutes for



winter 2015, and in particular to increase the availability at NNUH. Whilst that role didn't continue into the 16/17 financial year for the majority, the NNUH did continue to maintain the HALO function, primarily as it is the region's busiest acute. The HALO works with the ED staff to highlight peaks in demand and aids capacity planning and awareness and is now looking to assist in triaging ambulatory patients toward the urgent care centre. The NNUH HALO has been a success and has supported both EEAST and NNUH in addressing some of the continued challenges.

The impact of hours lost on EEAST's performance

Hospital handover delays have a direct impact on ambulance resourcing, performance and patient experience. When a crew is delayed at a hospital it means that it is not available to respond to a patient in the community. This becomes a significant issue at times of increased demand or if multiple ambulance crews are delayed at hospitals. There is also a vortex effect when the only available dispatch at times is from ambulances becoming available at a hospital and this impacts on the travel time to many locations across the area with the obvious elongation of drive times on narrow and challenging roads.

To put this into context, in August EEAST regionally lost 4,589 hours in arrival to handover delays over 15 minutes. This equates to more than 380 double staffed ambulance 12 hour shifts. This represents almost 12 full front line ambulance shifts lost every day of the week. However, ambulance delays at hospitals tend to reflect the wider demand and pressures on the urgent and emergency care system, and not just the ED department.

EEAST works closely with every hospital to ensure delays are minimised, and has good relationships with all three hospitals in Norfolk. EEAST also participates in the A&E recovery board and pre-hospital improvement boards working alongside colleagues from the acute, community and 111 providers. Handover delays are not isolated to Norfolk, but are replicated across our region and nationally.

Norfolk Ambulance Response Times

EEAST has seen a sustained recovery in its performance since March. However, there are further improvements required in Norfolk. In Norfolk the five main challenges to performance are:-

1. Continuing student ambulance paramedic training (training requires EEAST to take them off front line duties so they can attend University)
2. Demand on the 999 service, including significantly increased demand for the sickest patients who require a more complex ambulance response
3. Hospital delays regionally
4. Overall ambulance capacity Vs increased activity
5. Rurality and Road infrastructure

Resourcing

Over the last two years EEAST has sustained a recruitment drive to increase frontline staffing. There is an ongoing challenge to balance the training and development programme (which is absolutely essential to increasing frontline staffing numbers and skill sets) against maintaining operational cover. This will be a challenge for a number of months as we continue with the re-training programme, upskilling our staff and before our first student paramedics register as paramedics.

The table below shows the number of front line staff in post in Norfolk for August. This shows the vast numbers of student paramedics currently employed who are in training. As these students complete their training and qualify as paramedics, it will improve EEAST resourcing both in terms of skill set and capacity. EEAST will continue to proactively recruit staff to minimise vacancies. It is worth noting that Norfolk has been very successful in recruiting to our full establishment, however this presents a further challenge in the number of student ambulance paramedics. This is a two and a half year programme and the first cohort of students are due to qualify in January.

Figure 11: Norfolk staffing

EEAST area	Emergency care assistants	Emergency medical technicians	Student paramedics	Paramedics	Paramedic supervisors	Emergency care practitioners	HCRT	Total
Central Norfolk	17	55	68	84	5	5	15	249
West Norfolk	20	29	55	55	4	7	6	176
Waveney	19	24	54	59	2	2	7	167
Total	56	108	177	198	11	14	28	592

EEAST is funded to provide a regional trajectory against the national standard. Over the past few years, EEAST has worked closely with commissioners to understand what level of resourcing is needed at individual CCG levels to meet mandated national targets. Given the rural nature of Norfolk, the gap between current resources and what would be needed to deliver the national standards is significant. EEAST actively engages with co-responding schemes in rural communities to ensure that where a life is threatened, a rapid response from within the community can occur and this is an ongoing focus for the service.

Demand

Demand on the 999 service has continued to increase, a trend experienced across the country. Over the last year EEAST has seen significant increases in demand. EEAST in Norfolk has seen green call volume (non life threatening calls) remain largely static, but red calls (potentially life threatening calls and



requiring an eight minute response) increase significantly (+15.31%) over the last 12 months as shown in Figure 12. The optimal way to operate is to proactively move resource to stand by points to await calls and therefore reduce the time taken to travel. With the significant increase in 8 minute response activity coupled with the resource challenges, the capacity to proactively move resource is minimal.

Figure 12: Activity by type in Norfolk

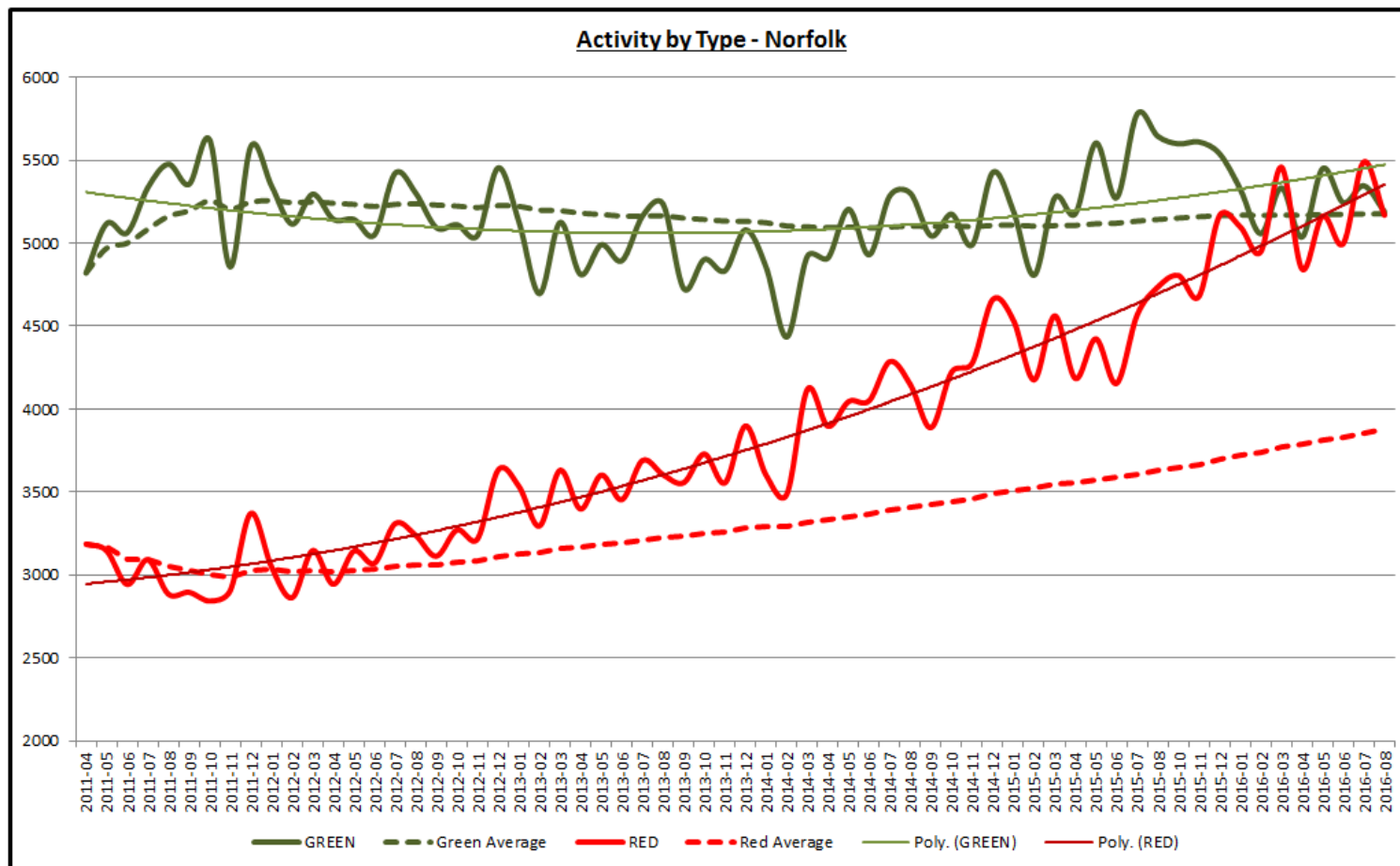


Figure 13: Norfolk Red activity

Red Incident Responses - 2014/15 vs. 2015/15 - Norfolk CCG's
Great Yarmouth and Waveney CCG, North Norfolk CCG, Norwich CCG, South Norfolk CCG, West Norfolk CCG

Month	2014-15	2015-16	Variance	%
September	4457	5015	558	12.52%
October	4903	5481	578	11.79%
November	4904	5334	430	8.77%
December	5338	5955	617	11.56%
January	5229	5863	634	12.12%
February	4797	5657	860	17.93%
March	5171	6296	1125	21.76%
April	4784	5572	788	16.47%
May	5036	5924	888	17.63%
June	4785	5748	963	20.13%
July	5159	6316	1157	22.43%
August	5358	5935	577	10.77%
12 Month Total	59921	69096	9175	15.31%

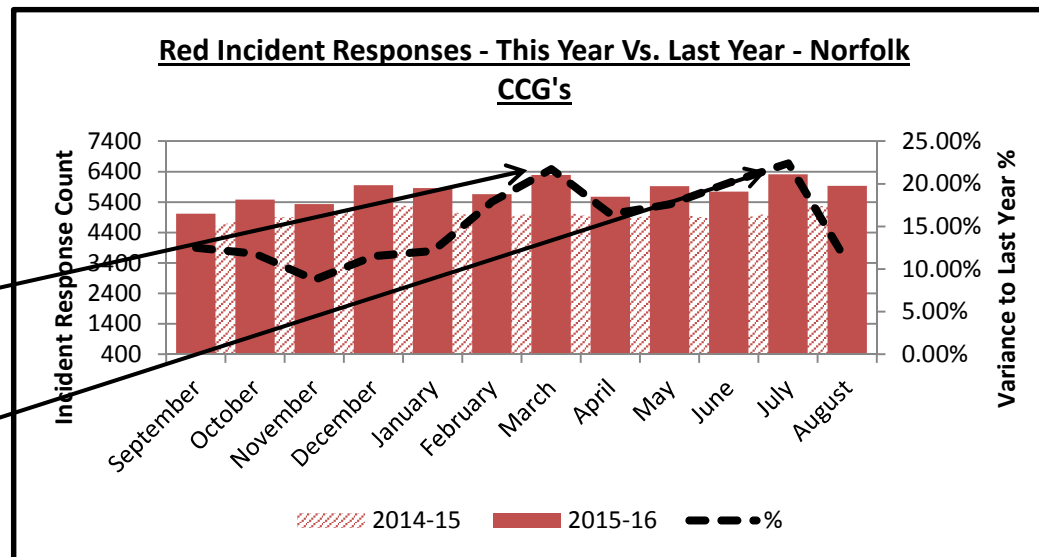
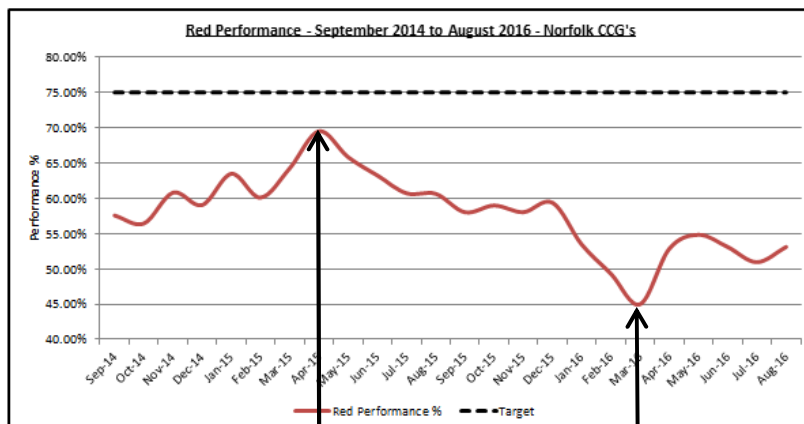


Figure 14: Norfolk Red performance

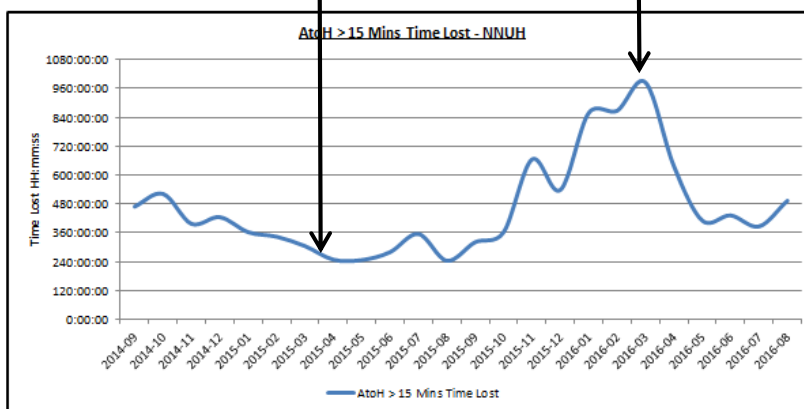
Month	Red Performance
Sep-14	57.57%
Oct-14	56.43%
Nov-14	60.81%
Dec-14	59.05%
Jan-15	63.47%
Feb-15	60.10%
Mar-15	64.26%
Apr-15	69.50%
May-15	65.83%
Jun-15	63.24%
Jul-15	60.71%
Aug-15	60.64%
Sep-15	58.03%
Oct-15	58.99%
Nov-15	58.04%
Dec-15	59.38%
Jan-16	53.45%
Feb-16	49.30%
Mar-16	45.00%
Apr-16	52.85%
May-16	54.84%
Jun-16	53.10%
Jul-16	50.95%
Aug-16	53.11%

Red Performance - Sept 2014 to August 2016 - Norfolk CCG's



AtoH Delays Over 15 Mins at the Norfolk & Norwich University Hospital

Month	AtoH > 15 Mins Time Lost
2014-09	469:20:18
2014-10	522:13:19
2014-11	397:45:45
2014-12	425:21:17
2015-01	362:54:06
2015-02	344:01:20
2015-03	305:12:10
2015-04	248:34:20
2015-05	247:00:34
2015-06	279:52:15
2015-07	355:25:44
2015-08	244:10:08
2015-09	321:15:51
2015-10	362:34:49
2015-11	665:18:32
2015-12	538:17:28
2016-01	858:21:00
2016-02	867:41:06
2016-03	985:30:56
2016-04	637:42:37
2016-05	411:25:19
2016-06	432:33:44
2016-07	386:49:40
2016-08	493:40:54



Please note from the previous figure that a year on year comparison from 2014/15 to 2015/16 shows a total of 15.31% rise in activity within the Red1 and Red2 response categories, with the highest months being March 2016.

This is a clear correlation with the increased hours lost over 15 minutes and the challenge in resource availability to achieve the National Response Time standards.

We continue to work in partnership with the NNUH to ensure that ambulances are able to handover within a timely manner so that the crews are in a position to be available to respond at the point of need.

Despite these challenges, we are still getting to more patients within 8 minutes, with the exception of March and April where the volume of hours lost at hospital and 999 Red activity spiked. This is shown in the graph below.

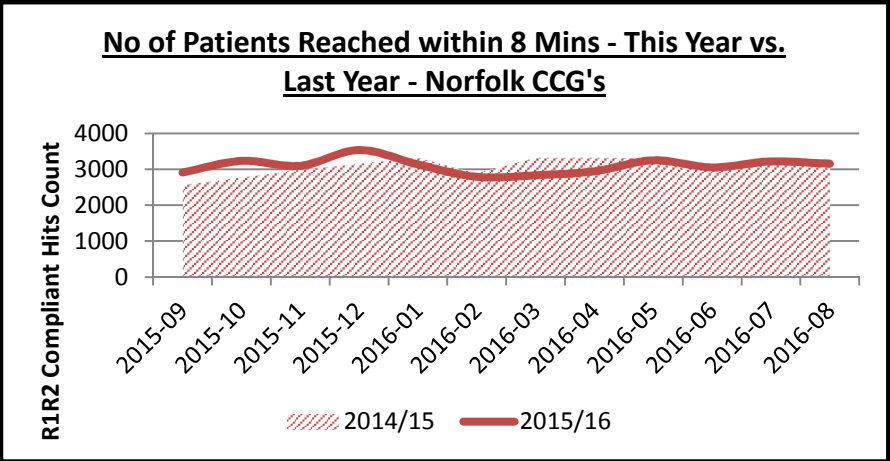


Figure 15: Red 1 performance and average response times by month

Row Labels	Great Yarmouth and Waveney	North Norfolk	Norwich	South Norfolk	West Norfolk	Grand Total
2015-09	77.01%	57.89%	80.30%	56.60%	68.75%	70.21%
2015-10	76.19%	51.52%	77.33%	59.65%	56.25%	67.34%
2015-11	79.12%	44.74%	82.14%	40.48%	76.09%	69.77%
2015-12	78.95%	48.08%	77.50%	64.06%	61.29%	68.27%
2016-01	72.22%	47.54%	83.56%	43.64%	66.67%	64.60%
2016-02	79.49%	35.85%	76.81%	57.89%	69.64%	65.81%
2016-03	60.26%	38.46%	58.11%	30.51%	57.89%	49.83%
2016-04	63.64%	43.86%	63.41%	36.73%	50.00%	53.50%
2016-05	72.73%	47.62%	74.42%	46.00%	51.79%	62.11%
2016-06	63.41%	47.73%	80.82%	56.52%	64.06%	64.40%
2016-07	65.00%	45.00%	68.06%	28.81%	58.18%	55.52%
2016-08	72.94%	48.15%	79.49%	37.88%	62.22%	61.89%
Grand Total	71.88%	45.92%	75.11%	46.58%	61.68%	62.73%

Row Labels	Great Yarmouth and Waveney	North Norfolk	Norwich	South Norfolk	West Norfolk	Grand Total
2015-09	00:05:58	00:07:59	00:05:39	00:08:17	00:07:35	00:06:50
2015-10	00:06:11	00:08:58	00:05:46	00:07:30	00:07:53	00:06:54
2015-11	00:05:45	00:09:06	00:05:04	00:09:30	00:06:42	00:06:39
2015-12	00:06:31	00:08:55	00:05:51	00:07:42	00:07:39	00:07:08
2016-01	00:07:16	00:09:48	00:05:47	00:09:49	00:07:51	00:07:55
2016-02	00:06:17	00:12:06	00:06:14	00:09:09	00:07:25	00:07:59
2016-03	00:08:47	00:11:11	00:07:54	00:11:39	00:09:44	00:09:39
2016-04	00:07:41	00:10:56	00:07:04	00:11:37	00:10:03	00:09:08
2016-05	00:06:59	00:09:48	00:06:44	00:09:27	00:09:06	00:08:02
2016-06	00:07:48	00:10:09	00:07:05	00:09:34	00:08:06	00:08:18
2016-07	00:07:17	00:11:29	00:07:47	00:12:08	00:08:14	00:08:57
2016-08	00:06:51	00:09:50	00:06:33	00:11:28	00:08:49	00:08:27
Grand Total	00:06:56	00:10:07	00:06:27	00:09:50	00:08:16	00:08:00

The light blue table shows Red 1 performance by month by CCG where it can clearly be seen that from an 8 minute performance perspective the most challenged geographical areas are North and South Norfolk.

However it is important to note the average response times in comparison provided in the Amber table. Whilst EEAST are not directly achieving the 8 minute response time to the 75% National Standard in Norfolk as a County the overall average response time is total is 8 minutes.

With the increased rurality of these two areas we are focusing on trying to reduce these averages as close to the 8 minute standard as possible. Actions being taken include:-

- ✓ Working in partnership with the CCG's to explore new alternative care pathway opportunities to allow EEAST clinicians to refer patients and avoid conveyance to hospital
- ✓ Emergency Care Practitioners working alongside other Health Care Professionals within local minor injuries units to improve ambulance conveyance to these local centres for treatment
- ✓ Exploring better use of technology to gain advice and guidance from higher clinical physicians to discuss patient assessment and treatment
- ✓ Trialling a staff responder scheme in geographically challenged areas where additional responding hours can be provided
- ✓ Increasing Community First Responder schemes and hours of availability
- ✓ Utilising paramedic managers to respond to patients to improve ambulance responses and better support staff



Figure 16: Red 2 performance and average response times by month

Row Labels	Great Yarmouth and Waveney	North Norfolk	Norwich	South Norfolk	West Norfolk	Grand Total
2015-09	66.15%	42.19%	72.17%	44.49%	53.52%	57.27%
2015-10	66.94%	40.36%	75.97%	44.02%	56.22%	58.51%
2015-11	68.47%	38.23%	72.44%	43.70%	56.91%	57.34%
2015-12	65.39%	41.08%	73.67%	46.04%	62.58%	58.82%
2016-01	60.61%	35.63%	64.94%	41.16%	56.26%	52.77%
2016-02	59.12%	33.02%	60.02%	36.40%	45.57%	48.33%
2016-03	53.46%	32.50%	53.31%	34.58%	45.25%	44.75%
2016-04	63.22%	32.51%	66.79%	41.45%	52.93%	52.81%
2016-05	64.97%	40.74%	66.55%	39.95%	53.71%	54.43%
2016-06	62.04%	31.60%	68.69%	41.45%	52.73%	52.45%
2016-07	60.27%	32.88%	65.17%	37.70%	50.47%	50.70%
2016-08	61.40%	34.72%	69.11%	39.44%	52.58%	52.59%
Grand Total	62.41%	36.13%	67.30%	40.73%	53.11%	53.24%

Row Labels	Great Yarmouth and Waveney	North Norfolk	Norwich	South Norfolk	West Norfolk	Grand Total
2015-09	00:07:50	00:11:39	00:06:26	00:10:30	00:09:07	00:08:52
2015-10	00:07:38	00:11:40	00:06:09	00:10:36	00:08:59	00:08:44
2015-11	00:07:22	00:12:03	00:06:31	00:10:53	00:08:44	00:08:53
2015-12	00:07:37	00:11:16	00:06:34	00:10:24	00:07:59	00:08:37
2016-01	00:08:28	00:12:52	00:07:19	00:11:27	00:09:06	00:09:39
2016-02	00:08:46	00:13:29	00:08:09	00:12:17	00:10:27	00:10:22
2016-03	00:09:45	00:14:40	00:09:04	00:13:20	00:11:25	00:11:25
2016-04	00:07:46	00:13:07	00:07:17	00:11:17	00:09:42	00:09:35
2016-05	00:07:42	00:11:48	00:07:18	00:11:36	00:09:02	00:09:17
2016-06	00:08:17	00:13:08	00:07:13	00:11:35	00:09:51	00:09:50
2016-07	00:08:37	00:13:46	00:07:41	00:12:09	00:10:15	00:10:14
2016-08	00:08:21	00:12:38	00:07:01	00:11:39	00:09:51	00:09:43
Grand Total	00:08:13	00:12:43	00:07:14	00:11:31	00:09:34	00:09:38



Patient experience

EEAST regularly carries out surveys with patients to understand their experience of contacting and using the ambulance service. The latest results were published in July and the headlines for the Norfolk, Suffolk and Cambridgeshire area were as follows:

Question	Very acceptable	Acceptable	Fairly acceptable	Unacceptable	Very unacceptable
How would you rate the handling of your call?	85.4%	14.6%	0%	0%	0%
How would you rate the length of time you waited for the ambulance service to arrive?	62.7%	29.4%	3.9%	3.9%	0%

- 98% described the ambulance service staff as being very professional, with 2% saying a little improvement was needed
- 100% said that the ambulance staff treated them with dignity and respect
- 76.5% said they were involved in the decisions made regarding their care, with 5.9% saying they were not involved.
- 94.3% were very satisfied with the care they received, with the remaining being satisfied or fairly satisfied

The full results can be found at www.eastamb.nhs.uk/performance/patient-surveys/Patient-experience-report-emergency-services-July-2016.pdf

Stroke Care and Performance

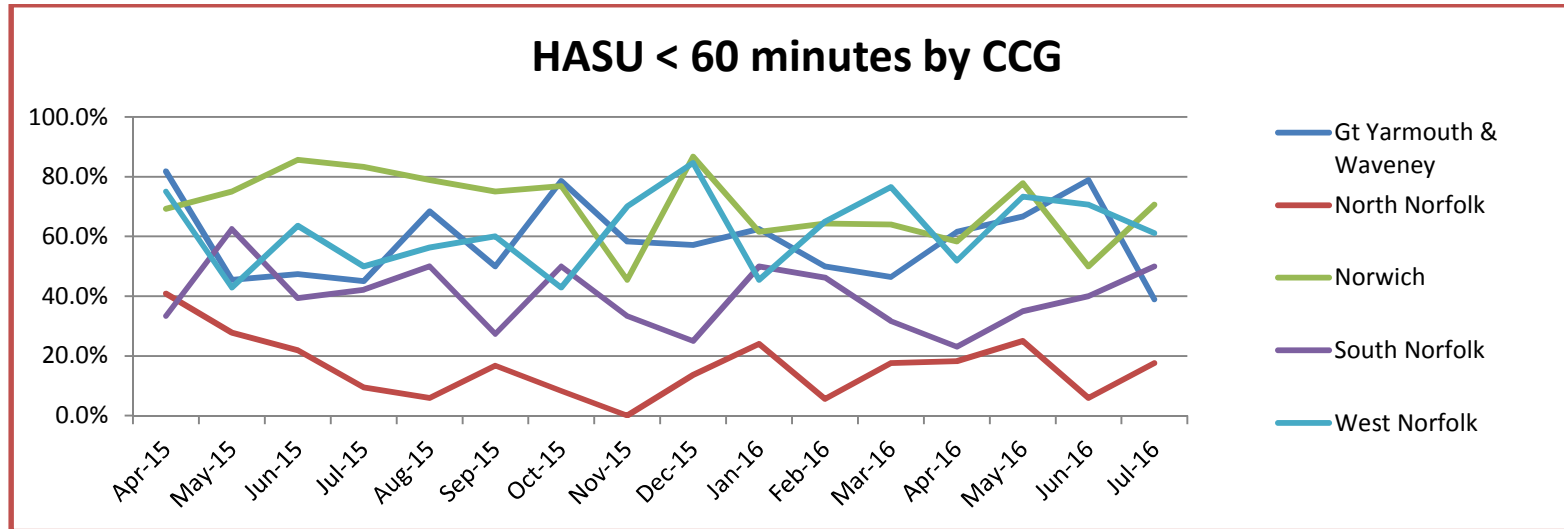
There are two ambulance clinical quality indicators around stroke:

1. Stroke 60. The percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyper acute stroke centre (HASU) within 60 minutes of call.
2. Stroke care bundle. The percentage of suspected stroke patients (assessed face to face) who receive an appropriate care bundle



Figure 17 shows EEAST's performance against the stroke 60 indicator in Norfolk, by CCG area. It can be seen from this that the greatest difficulties achieving the stroke 60 target will be faced in North Norfolk. Figure 18 highlights the drive time challenges faced in Norfolk to the HASU, showing the challenges of this indicator for North Norfolk. Each month EEAST meets with commissioners and stroke 60 misses are discussed in detail, specifically looking at why the miss occurred, if there was any patient harm and if any patterns emerge resulting in actions to improve.

Figure 17: Stroke 60 performance by CCG in Norfolk



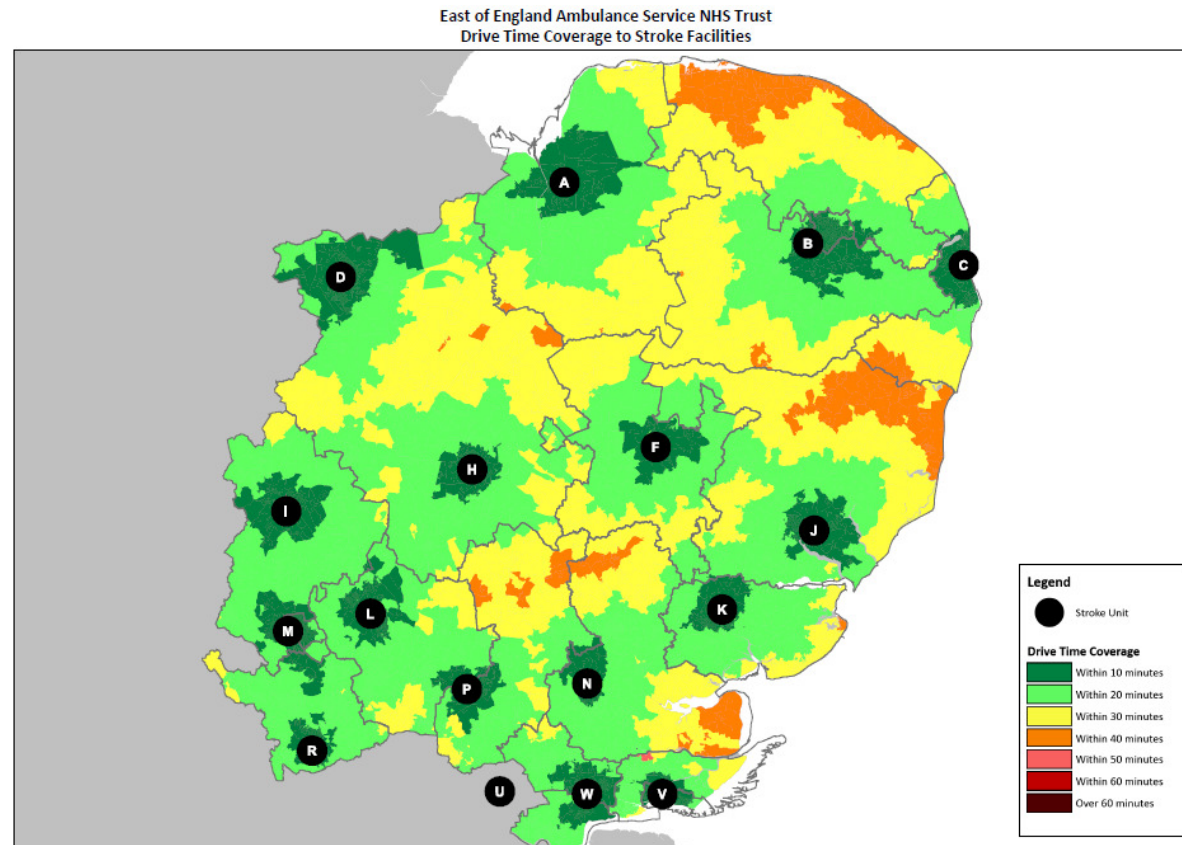
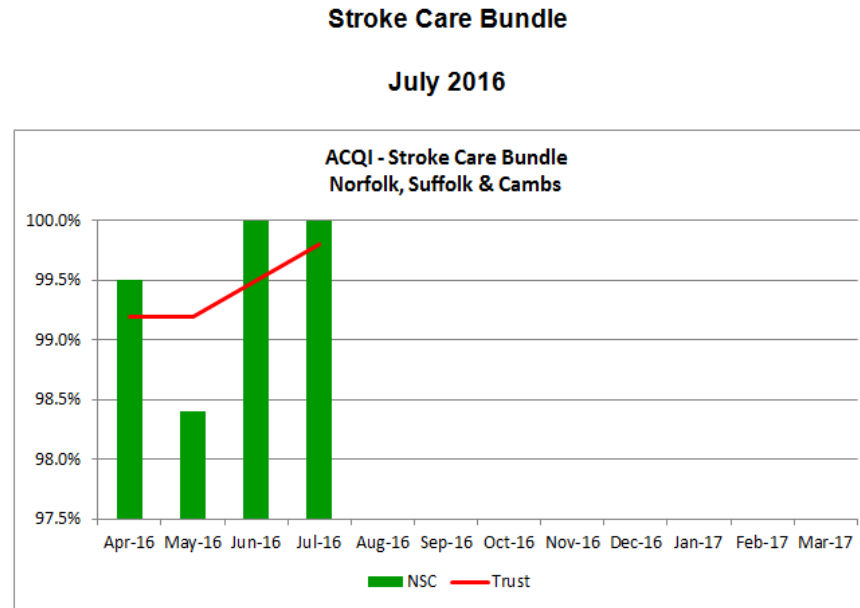


Figure 19 shows EEAST's excellent performance against the stroke care bundle indicator in Norfolk, Suffolk and Cambridgeshire.

Figure 19: stroke care bundle performance



Stroke Care Bundle - Indicators	E Norfolk	Waveney	W Norfolk
BP recorded (systolic & diastolic)	100%	100%	100%
FAS (Test) result	100%	100%	100%
Blood Glucose recorded	100%	100%	100%
Care Bundle complete	100%	100%	100%

