

Information from Unison
Operational performance

Since May 2015 the East of England Ambulance Service has gone from being a top performing trust over Red 1 calls, to no longer meeting the national standard for this target.

The public board papers from September show in many areas the trust is experiencing below predicted activity levels, although in Central Norfolk it appears there is considerable over activity.

It's very worrying to see such a downward regional trend, prior to winter pressures, with activity below that predicted, when we had been seeing an increase in performance and a steady, but fragile recovery.

Target (national target in brackets)	April	May	June	July
Proportion of Red 1 calls responded to within 8 mins (75%)	79.9%	80.7%	75.5%	74.7%
Ranking nationally	2nd from top performing trust (west mids top performing with 81.2%)	Top performing trust.	4th out of 11.	6th out of 11. No longer meeting the national standard for this target.
Proportion of Red 2 calls responded to within 8 mins(75%)	71.5	69.6%	66.1%	62.5%
Ranking nationally	9th out of 11. Improvement from last year.	9th out of 11.	9th out of 11.	Worse performing trust nationally.
Proportion of Category A calls responded to within 19 mins (95%)	95.5	94.8%	92.6%	90.8%
Ranking nationally	7th out of 11.	8th out of 11.	9th out of 11.	10th out of 11.

* Information taken from the Ambulance Quality Indicators April 2015 - July 2015.

According to the public board papers from September, complaints have increased in relation to delays since July 2015.

In April there were just 9 complaints relating to delays, whereas in July and August this had increased to 34 and 27, respectively.

There have also been x3 Serious incidents that are being investigated by the trust since July in relation to delays (inc 1 from north Norfolk).

Retention

In July the trust saw the highest number of staff leave frontline roles ever in a single month, with 29 staff resigning. In August this continued with 20 front-line staff resigning.

Over the past 12 months the trust has seen 260 staff leave the frontline; the majority were Paramedics. When you view this alongside the recruitment of 400 student Paramedics in 12 months, which were needed to fill existing vacancies, it's clear the trust needs to do more to retain staff.

The more experienced front-line that leave, the more concerns there are with skills mix, with a large number of student Paramedics, particularly in Norfolk.

From freedom of information (FOI) data the number one issue cited by frontline staff over the past 12 months, as the reason for leaving, was work/life balance.

In February UNISON surveyed 1541 staff as part of our #PBTH campaign and the top stressors causing staff to consider leaving or going sick were related to work/life balance: late finishes.

UNISON believes the biggest risk to patients is from experienced front-line staff leaving the trust; its very clear the trust needs to do more to support and protect frontline staff by addressing the stressors staff have clearly evidenced.

Late Finishes

Frontline staff routinely work 12 hour shifts, with only a 30 minute unpaid meal break. Shifts can be extended to 13, 14 or 15+ hours, due to late finishes.

Frontline staff made a short (5 minute film) about the effect late finishes had on them:

<https://vimeo.com/128919087>

Frontline staff are tasked to respond to calls right up until the last second of their shift, regardless of where they are in the Trust. Crews will often cover hundreds of miles, and can be very far from their base station towards the end of their shift.

UNISONs #PBTH survey at the beginning of the year, evidenced 847 staff were considering leaving because of late finishes.

In June this year, the trust collated information from time sheets, to ascertain the extent of late finishes. There were 5901 late finishes over 30 minutes across the trust in June. This increased to 6289 in July.

Dr Marsh worked with UNISON and we agreed to put in place an incremental pilot in May, aimed at addressing late finishes. Since Dr Marsh has left EEAST, this pilot has not incremented any further and the situation is now worsening. The trust also stopped collating the data for late finishes and no data is available for months beyond July, although we have asked the trust to rectify this urgently.

In some areas of the trust, staff saw a doubling of the number of late finishes over 2 and 3 hours, from June to July (in Norfolk).

We recently had a crew that worked an 18 hour shift in Suffolk; it's really very worrying that staff continue to work under so much pressure - driving on emergency conditions and making clinical decisions while working such long hours is simply not safe or sustainable.

Staff could face disciplinary action if they refuse to attend a call, regardless over how late the call will make them. UNISON has asked for a fatigue clause to allow staff to identify when they are too fatigued to continue, without fear of reprisals or disciplinary action. **This clause has been delayed for many months and it will need the Chief Executive to support this in order for it to be actioned.**

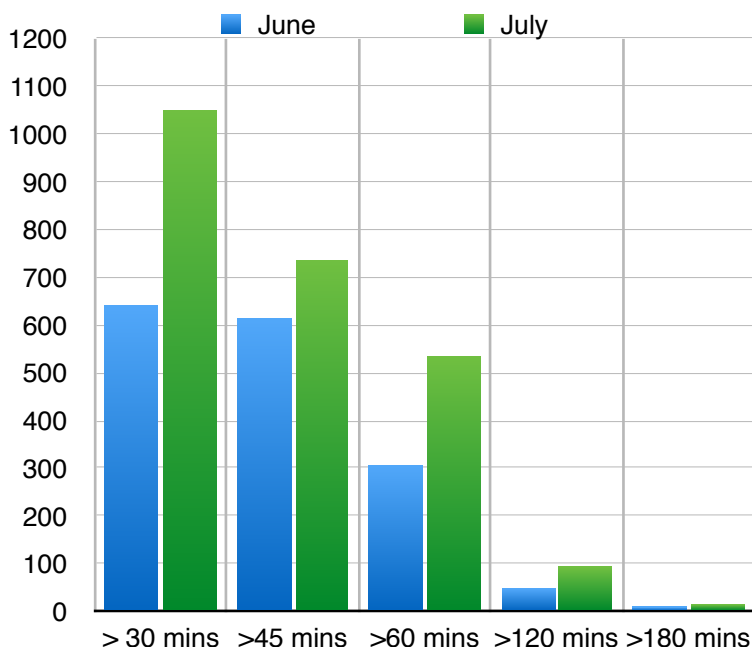
Many staff have up to an hour to travel from their base station to their home address, after completing their shift, which is again a real concern given the length of the shifts we are seeing.

Although vacancies are likely a causation factor for late finishes, we are over established with staff in some areas, such as Central (East) Norfolk, and this is one of the worse areas for late finishes.

UNISON has been asking the Trust to implement measures to reduce late finishes and better protect frontline staff by implementing a new policy with:

1. A fatigue clause that allows frontline staff to safely identify when they need to be returned to their base station towards the end of their shift, without fear of reprisals or disciplinary action.
2. A reduction in the calls they can be sent to in the last 30 minutes of their shift – to only include the immediately life threatening calls – Red 1 calls.
3. A form of ‘Intelligent X-ray’ where crews are booked out of service when their travel time to base means they will already incur a late finish.

Late finishes data for Central (East) Norfolk for June and July



Month	>30 mins	> 45 mins	> 60 mins	> 120 mins	> 180 mins
June	640	614	306	48	7
July	1048	736	535	92	14

Sickness increase

Sickness has increased over the past few months with staff telling UNISON they are under so much pressure they are simply not coping. The number one sickness issue continues to be mental health/stress.

We really appreciate the support of the Norfolk HOSC in helping to address some of these issues.

Report prepared for Norfolk HOSC
Fraer Stevenson
Branch Secretary East of England Ambulance Branch.

Letter from Norfolk Paramedic - sent to the CQC and copied to UNISON
(shared with permission)

The Trust board and managers of EEAST are ignoring concerns raised by staff and Unison regarding issues that affect patient safety and staff welfare. Staff have raised issues verbally, by email and by DATIX where specific patient safety issues have occurred and where near misses have occurred due to staff fatigue. When DATIX are raised in relation to patients receiving a delayed response, the usual response is "this occurred due to unprecedented demand" and frequently hospital handover delays are blamed for not getting to patients in a timely manner. With regard to staff welfare and safety middle managers, senior managers and the board are aware that fatigue and late finishes put other road users at risk as crews are driving when tired and sometimes that this involves staff driving significant distances to return to base or to hospital at end of shift with patients onboard. Fatigue also carries the risk that a clinician may inadvertently make a clinical error such as drug administration. Although aware of these issues the trust seem willing to take the risk of an untoward event happening as performance in meeting response targets takes precedence. Staff welfare seems to mean nothing to the managers and board.

We are continually being put under pressure to come in on our days off for training or updates when previously we would have been abstracted or stood down from a working shift to receive training or updates. we are continually told that abstractions are impossible. Therefore having completed for example four 12 hour shifts where on average we will have incurred incidental over time of between 1 to 2 hours each shift making these shifts 13-14 hours duration and feeling exhausted we are expected to use vital rest periods to comply with training and update criteria. Experienced staff are ignored and there are high levels of sickness and stress which the management and board continue to ignore. Because of the poor working conditions high levels of experienced staff are leaving which means that a high proportion of staff are relatively inexperienced.

At present there is an alarming situation whereby Student paramedics are being crewed together as experienced staff leave as they cant cope with the pressure any longer.

We are continually faced with knee jerk reactions to all issues and the overriding factor is performance, performance, performance. **The trust fail to recognise that highly motivated content staff are the key to increased performance.** Failure to put in place strategies to help with staff retention, avoid stress and fatigue through late finishes means that the trust put us on course to fail to meet targets and be served with improvement notices.