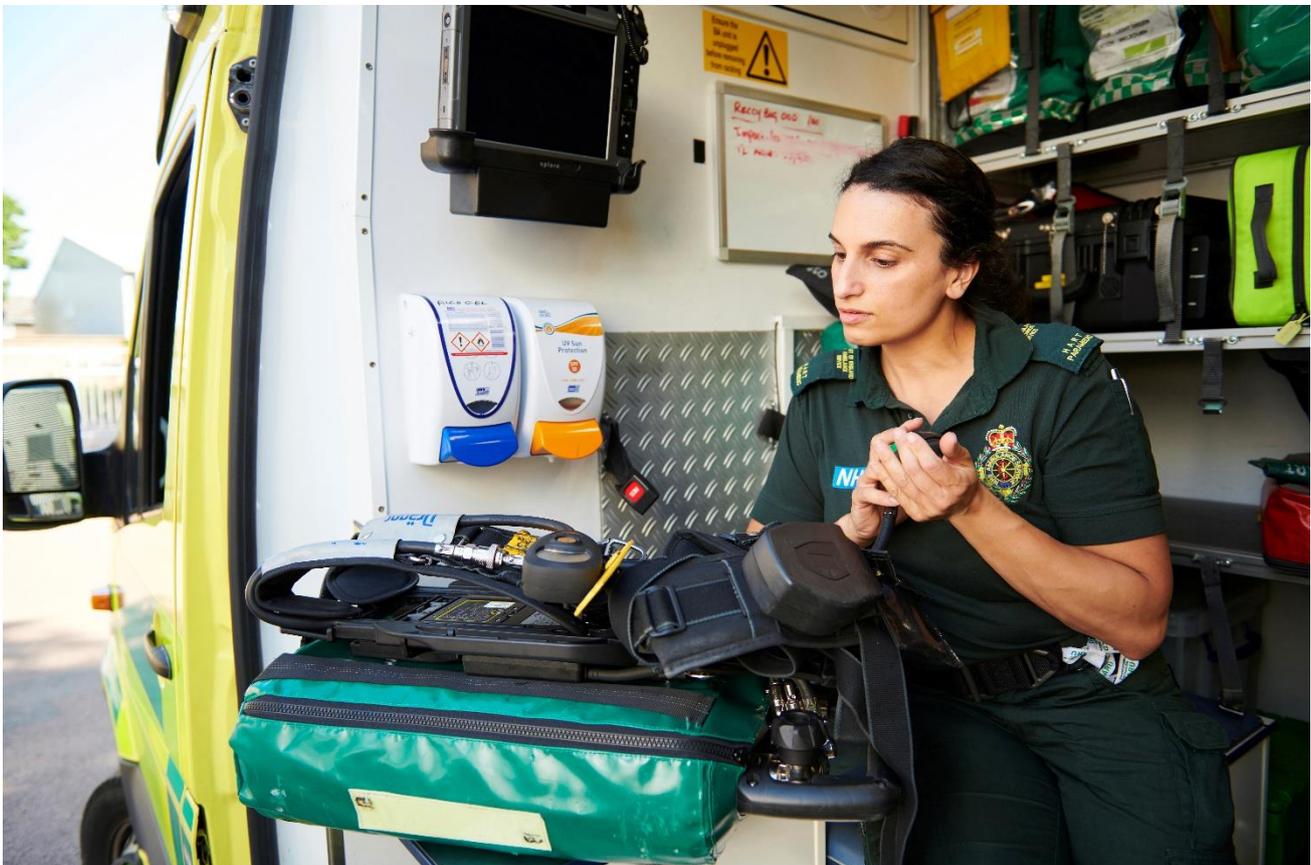




SUFFOLK COUNTY COUNCIL
HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
25 JANUARY 2023
REPORT OF EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST
OVERVIEW AND PERFORMANCE





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 Suffolk.

Summary

2. Response times for our most serious (C1) incidents have started to lengthen to 10.56 minutes in Suffolk. These delays reflect winter pressures being experienced across the wider NHS regionally and nationally.
3. Response times for C2 category patients, which includes chest pains and strokes, have also increased in Suffolk.
4. EEAST has taken a number of steps to mitigate the pressures we have been under, including working with NHS colleagues to create Ambulance Handover Units at hospitals to speed up the release of ambulance crews, and initiatives to enable less urgent patients to receive care in the community rather than being admitted to an acute hospital.
5. On 20 and 28 December 2022, EEAST declared critical incidents due to the strain the ambulance service was under resulting from both a sustained increase in demand, acuity of patients and significant handover delays at east of England hospitals. While this is of little comfort, this situation is currently being experienced across all ambulance services in England.



Responses to questions received from Suffolk County Council

1. What are the key challenges faced by EEAST in meeting performance targets?

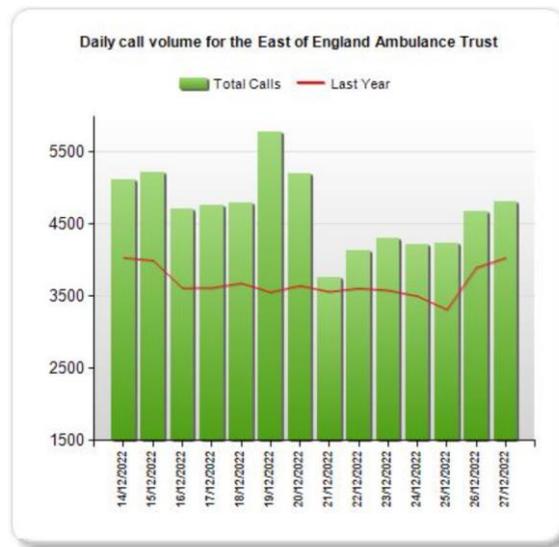
The East of England Ambulance Service NHS Trust (EEAST) has seen a sustained increase in:

- demand for ambulance services
- acuity of patients
- significant handover delays at hospitals.

Demand for ambulance services

Patients are calling 999 more often due to a lack of access to primary and community care.

The below graph shows the total number of calls handled by the Trust from December 14 to December 27.



In this snapshot of the past few weeks, call volume has been greater on each day compared to the corresponding day of the previous year. On Monday 19 December EEAST took in excess of 2,000 more calls than the same day in 2021.

EEAST employees did not vote to take industrial action on 21 December, however, call volumes remained higher than the previous year.

Last year demand was relatively static, but this year the ambulance service is seeing large variance on a day-to-day basis.

Acuity of patients

A significant proportion of patients have not been able to access diagnostics on their elective care pathway. This means that the ambulance service has a changing patient profile with many more patients presenting with life-threatening conditions and those who have deteriorated due to waiting nearly or over two years for diagnosis.



EEAST's services are contracted on the basis that around 8% of our calls will be to our most serious category of patients (C1). From Oct-Dec 2022 C1 calls made up around 16% of all incidents.

This acuity profile affects our performance as we are likely to spend more time with patients and this lengthens our job-cycle time.

Significant handover delays at hospitals

The national target for the handover of a patient at an acute hospital is set at 15 minutes. Across the Trust regionally around 22.69% (January 2022 to December 2022) of our vehicles have been delayed over 1 hour at an acute hospital handing over a patient.

These delays directly affect our ability to meet the needs of our patients in every area, as any time over 15 minutes spent waiting at hospitals is time wasted to the service.

These delays prevent our crews from responding to more patients in life-threatening situations within the community.

Work that has been undertaken to improve and remove this challenge include the introduction of an Ambulance Handover Unit to support the rapid handover of patients at the James Paget Hospital, Gorleston.

Average arrival to handover times: hours: minutes: seconds

	Oct 2022	Nov 2022	Dec 2022
Ipswich Hospital	1.08.25	0.52.06	1.18.10
James Paget Hospital	3.09.13	1.32.09	2.29.47
Norfolk and Norwich University Hospital	2.25.22	1.42.28	2.32.49
West Suffolk	0.35.56	0.37.31	0.56.48

Response times snapshot (mean) by key Suffolk constituencies December 2022

	C1	C2
Ipswich	7.54	1.46.28
Bury St Edmunds	11.34	1.48.49
Suffolk Coastal	14.47	1.59.54

2. How will EEAST's new Clinical Strategy for Urgent and Emergency Care be different to previous arrangements?

The Clinical Strategy has been written to address the current Urgent Emergency Care (UEC) context that the ambulance service has been working in and includes initiatives such as 'Access to the Stack', which seeks to move some of our lower acuity patients (C3-C5 calls), where appropriate, to community teams who have been commissioned to develop Urgent Community Response Services (UCRS).

UCRS may be better placed to meet patient needs within a two-hour window. EEAST has led a region-wide implementation of 'Access to the Stack' and Suffolk and North-East Essex Integrated Care System area went live in November 2022 with a successful implementation.

'Access to the Stack' provides a web-based portal to enable a UCRS to gain electronic access to appropriate incidents just as our control room would. Clinicians in the ambulance control room triage the calls and then offer them to a UCRS. The system allows the UCRS to notify EEAST electronically when they attend the patient. This reduces the need for an ambulance to convey a patient to hospital and often results in the patient getting the appropriate help and support they need in their home.

The other changes that the Clinical Strategy envisages are more Hear and Treat and See and Treat calls, using local services more and engaging in more digital ways of helping our patients.

EEAST has also introduced 3 Advanced Paramedic Urgent Care (APUC) cars across Norfolk and Waveney and Suffolk and North East Essex, which are preventing 80% of the patients they go to see from going to hospital. Generally, the APUC cars are seeing about nine patients a day. There are also two critical cars on duty, one in Peterborough and one in Norfolk which is being delivered in a partnership with our third sector partners. We are recruiting more Advanced Paramedics over the next month with more of our initial cohort coming online in January and February 2023.

3. What will change “on the ground” for patients?

While developing the Clinical Strategy we worked closely with our Community Engagement Group (CEG), our patient involvement representatives and patients.

The following diagram encapsulates some of the differences patients will experience:

Measures of Success



What change will patients experience when the strategy is delivered?

Hubs Pre-hospital and Community

- A 999 call will not automatically translate into an ambulance dispatch
- Patients will experience more hear and treat and see and treat services

Partnerships Access to the stack and HARIS model

- Patient needs will be resolved via partnership working with 111, community providers and mental health teams
- Handover @Home will become the norm

Delays Hospital handover delays

- More alternative pathways will be used to prevent conveyance to hospital
- Clinical review will take place within a nationally mandated timescale



Measures of Success cont...

What change will patients experience when the strategy is delivered?

Alternatives Pathways in the community

- Patients will be directed to alternative care pathways in the community
- Our people will be able to collaborate with other health and care professionals about the best path for patients

Workforce Advanced Practitioners Project

- Patients will experience advanced practitioners treating patients in urgent and critical care
- A solid career development pathway supports our workforce capability

Localities Business Units formation

- Working more locally with provider partners supports our patients with the most appropriate care closer to home
- Joint working arrangements cement closer working with our six localities

4. How will the strategy ensure that patients receive “right service at the right time in the right place” given health and care partners are already stretched and not necessarily available 24/7?

We have developed the strategy with partners, and held a partnership event hosted by the University of Suffolk in September. This has allowed our partners to co-create and design the system together from the initial implementation pilots. We know that our partners are also stretched, so initiatives that stratify patient need and acuity and then signpost them to the most appropriate care-giver makes the best use of public funds within our system.

5. How are the ICBs in Suffolk supporting the Trust to help shape the alternative care pathways with system partners?

EEAST has been working closely with the ICBs on developing the Joint Response Mental Health Vehicle for the area, where alternatives to A&E for patients needing mental health care will be supported via collaboration with community mental health teams.

The ambulance service already has an urgent care early intervention vehicle in the area and we also use the GP Phoneline for advice for our crews. There are other alternative pathways in the pipeline such as a Frailty Service in Ipswich. We have also undertaken ‘perfect day’ events to understand the gaps and issues when the system works together.

ICBs and their partner trusts have a duty to prepare a first Joint Forward Plan (JFP) before the start of the financial year 2023/24. EEAST is keen to contribute to reducing health inequalities in the SNEE area and engage in creation of the JFP. National Funding allocations for ambulance services will also be developed via the commissioning consortium for EEAST, led by SNEE.

David Allen, EEAST’s Head of Operations for Norfolk and Waveney is a member of the lead commissioning ICS partnership board for Suffolk and North East Essex and attends their meetings.

6. What are the workforce implications for the Trust?



As part the development of the clinical strategy we have also developed the first clinical workforce plans for the Trust. This will focus on the skills required to meet the needs of the patient in order to deliver the right care in the right place with the right people in a timely way.

7. What has been the staff turnover within the Trust in the past 12 months? What are the key issues affecting recruitment and retention of staff and how is the Trust addressing this?

The below tables show the figures for Suffolk Assistant General Manager (AGM) hub areas (East and West) within the Suffolk and North East Essex (SNEE) sector in EEAST and the Trust-wide position for starters and leavers.

EEAST recruitment turnover has stabilised over the past 12 months and has started to see an increase.

Starters Headcount	East & West Suffolk AGM Areas	Whole Trust	Leavers Headcount	East & West Suffolk AGM Areas	Whole Trust	Variance Starters Vs Leavers	East & West Suffolk AGM Areas	Whole Trust
Dec-21	1	20	Dec-21	6	51	Dec-21	-5	-31
Jan-22	4	52	Jan-22	2	41	Jan-22	2	11
Feb-22	0	41	Feb-22	5	42	Feb-22	-5	-1
Mar-22	9	83	Mar-22	8	124	Mar-22	1	-41
Apr-22	5	53	Apr-22	4	66	Apr-22	1	-13
May-22	0	44	May-22	5	62	May-22	-5	-18
Jun-22	18	91	Jun-22	5	62	Jun-22	13	29
Jul-22	0	24	Jul-22	4	50	Jul-22	-4	-26
Aug-22	6	81	Aug-22	2	64	Aug-22	4	17
Sep-22	23	153	Sep-22	5	71	Sep-22	18	82
Oct-22	3	92	Oct-22	5	51	Oct-22	-2	41
Nov-22	8	62	Nov-22	6	58	Nov-22	2	4
Rolling 12 Mth Total	77	796	Rolling 12 Mth Total	57	742	Rolling 12 Mth Total	20	54

Most Recent 4 Months

Starters Headcount	East & West Suffolk AGM Areas	Whole Trust	Leavers Headcount	East & West Suffolk AGM Areas	Whole Trust	Variance Starters Vs Leavers	East & West Suffolk AGM Areas	Whole Trust
Aug-22	6	81	Aug-22	2	64	Aug-22	4	17
Sep-22	23	153	Sep-22	5	71	Sep-22	18	82
Oct-22	3	92	Oct-22	5	51	Oct-22	-2	41
Nov-22	8	62	Nov-22	6	58	Nov-22	2	4
4 Mth Total	40	388	4 Mth Total	18	244	4 Mth Total	22	144



8. How is the Trust utilising its volunteers and Community First Responders to support the strategy?

Suffolk has 49 Community First Responder (CFR) Groups, with over 200 members, but needs more active volunteers.

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.

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>

9. To what extent are the digital tools and technology in place to support the new arrangements and what further work is required?

The Digital Portal to support the Access to the Stack project has been the main focus for innovation and we have achieved this on a region-wide basis.

10. What consultation and/or engagement has taken place on these proposals?

In relation to the Clinical Strategy, EEAST held a partnership event at University of Suffolk in September 2022 and also sent out the Strategy to all system partners over October-November 2022 to ask for comment and feedback. Co-creation of the strategy was a core principle and one we wanted to engage partners on at every step of development.

11. What feedback was received and how has the Trust responded?

The feedback received from partners during the event in September was captured and fed into the next iteration of the strategy development. The same will be done with the most recent feedback regarding the implementation of the strategy.

One example of how we have incorporated regular feedback is through the Trust's Partnership Survey (first one was undertaken in January 2022). Following this survey EEAST implemented a 'you said, we did' action plan.

12. What are the timescales associated with implementation of the strategy?

We are working on the timescales with our Project Management Office to harmonise the main projects underneath the Clinical Strategy, but the Access to the Stack work stream was implemented digitally in November 2022.

13. How are the changes being communicated and patient expectations managed?

We have discussed these changes with our Clinical Engagement Group and we will need to communicate to patients and the community about how we want the public to access our services (via 111 or 999). These communications will help to shape patients' expectations for when they need to call 999 and will change in-line with more local initiatives and only conveying patients to ED when they really need to go.



14. What does the Trust consider to be the key risks and challenges in relation to implementation of the new arrangements?

The risks to implementing the Clinical Strategy include not only our own workforce, but that of our system partners, because we need to ensure that there is capacity in our integrated care systems as we direct patients to alternative pathways. The other risks include the flow through hospitals not improving, so we still experience hospital handover delays.

15. What is the maximum number of front-line emergency ambulances and marked rapid response vehicles that are crewed to be on a call out at any one time across the East of England?

The number of vehicles we would aim to have on-shift would vary from day-to-day depending on the perceived demand. The number would also vary during the day to meet the way that demand changes throughout the day.

For example, on Wednesday January 4, we aimed to have 292 double-staffed ambulances (DSAs) on-shift at 4pm. By 4am the following morning, we would expect to have only 148 DSAs on-shift. The maximum number of vehicles available to be on-shift depends both on the number of physical vehicles of our fleet that are roadworthy (i.e. not being serviced or repaired) and the number of qualified staff that are available to crew them.

16. On average how many calls per day does a vehicle attend?

This can vary between shifts and depends on hospital handover delays. On a day when there is little or no hospital handover delays then a vehicle could be attending between 6 to 9 life-threatening situations on a single shift.

17. Some extreme wait times were recently reported in the EADT. When people are reported to have waited 10, 20 or 36 hours does that mean (the number of vehicles given as the answer for Question 1) are all on calls somewhere in the East of England for the entire length of the reported wait times?

Unfortunately, during this period of extreme pressure our less urgent patients have had longer waits than we would wish.

We will always go to our most seriously ill patients first. This means that patients that have experienced falls and other less urgent emergencies will have to wait while we send our crews to people with cardiac arrests, breathing difficulties and life-threatening trauma.

The estimated wait times given indicate how many seriously ill patients we are dealing with and how long it will be before an ambulance is free to attend a lower acuity call. Handover delays at hospitals reduce the number of vehicles we have available to respond to calls, and this is a significant factor in the extreme waits mentioned in the media.



Conclusion

6. 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.
7. 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.
The new Ambulance Handover Units are expected to contribute to freeing up vehicle resources for more emergency responses.
8. 'Access to the stack' is also making an impact in helping patients who have fallen by signposting calls to community pathways and avoiding unnecessary conveyance of patients to hospital.
9. 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

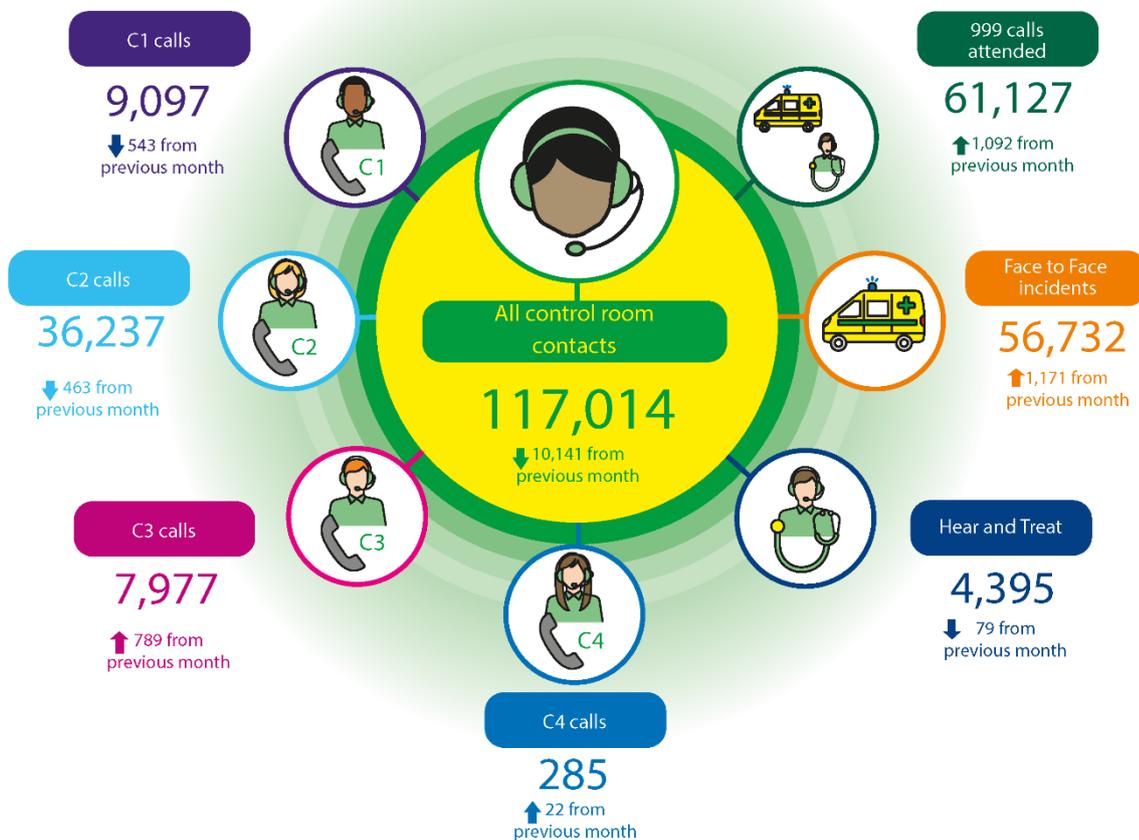


Region-wide performance for EEAST

Monthly
Performance Dashboard



December 2022 Data for 1st - 30th Nov 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.

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