Briefing from East Midlands Ambulance Service (March 2018)

Councillors may be interested in our bi-monthly stakeholder newsletter EMAS News. It contains an update from our Chairman, Pauline Tagg MBE and an update from each of our General Managers. There is a section titled 'Nottinghamshire' which has an update from Greg Cox and some local stories which answer some of the additional questions. I have referenced the newsletter below.

Managing demand over the winter period

Winter was a particularly challenging period for the NHS and we, like other organisations experienced pressures which impacted our ability to reach patients in a timely manner.

We had plans in place and in response to the huge pressures in the NHS system, lengthy delays our ambulance crews experienced waiting at hospitals and an increase in 999 demand we escalated our Capacity Management Plan (CMP) to Level 4 (equal to major incident situation and the highest level in the plan), for periods between 30 December to 2 January.

Our busiest period was in the new year and we escalated to the National Ambulance Resilience Unit's Resource Escalation Action Plan (REAP) Level 4 - equal to hospital Opel 4 status.

REAP 4 is the highest escalation alert level for ambulance trusts, and we remained there from Wednesday 3 January to Tuesday 9 January. A briefing note was issued to council members on Wednesday 3 January which outlines the actions we took to ensure patients in the community reported to be in a life-threatening or very serious condition received a timely response. (see appendix 1).

Winter didn't end in January, throughout February and early March we set up an incident command cell to manage our response in the snow.

Additional information about the funding gap

We carefully monitor the levels of staffing and number of ambulances available to respond to patients against demand on the service. Our Trust Board has a fundamental belief that there is a resourcing gap despite the efficiencies made at EMAS, and discussions with our commissioners on the level of funding and resource required continue.

In early 2017, jointly with our commissioners, we launched an independent capacity and demand review to analyse the 'gap' against the previous response standards (Red 1, Red 2). The review looked at the current resourcing (staff and vehicles) against the growing demand we experience. It suggested an additional 40 ambulances were needed, 24 hours a day, for us to meet the national response targets.

However following this initial review, the national NHS England Ambulance Response Programme (ARP) standards were introduced (more information below) which changed the way ambulance trusts respond to patients. The joint review is currently being

remodelled against the new way of working and the report is due in March 2018. We may be able to share the findings with you when we present.

Despite financial challenges, we have continued to invest in our frontline, recruiting ambulance crews and buying new ambulances. The service has reduced the average age of its ambulances and cars, meaning they are more reliable and require fewer repairs.

Performance data, how do we compare against other trusts?

It is difficult to compare current ambulance response data because ambulance trusts moved onto ARP at different times. We joined in July 2018 and are now working to change our operating model (where staff are based and how many crews are on duty during which hours) to meet the new way of working. We hope to have published performance data over the next few months that we can share with you.

While we are fully compliant with the new standards NHS England area allowing trusts a period of adjustment to align the service operating model.

National Ambulance Response Programme

The rationale for the Ambulance Response Programme (ARP) was very simple:

- Making sure the best, high quality, most appropriate response is provided for each patient first time.

With the continuous growth in demand into 999 ambulance services, in particular, the rise in demand from patients with an urgent care need, the way in which ambulance services safely provide the right care required a fundamental root and branch review of its clinical and operational models; this is the basis for ARP. The old model hasn't changed since 1974.

At a high level the benefits of ARP are:

- Ensuring a timely response to patients with life-threatening conditions;
- Providing the right clinical resources to meet the needs of patients based on presenting conditions;
- Reducing multiple dispatches;
- Reducing the diversion of resources or stand-downs;
- Increasing the ability to support patients through hear and treat;
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- Having a transporting resource available for patients who require conveyance to a definitive place of care.

Following the announcement of the new NHS England ARP standards, there are four categories of call:

- **Category one** is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.

- **Category two** is for emergency calls. These will be responded to in an average time of 18 minutes.

- **Category three** is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least nine out of 10 times within 120 minutes.

	Target	
Priority	Mean	90%
Category 1	7:00	15:00
Category 1 T	19:00	30:00
Category 2	18:00	40:00
Category 3	-	120:00
Category 4	-	180:00
Category 4 H	-	-

- **Category four** is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

EMAS went 'live' with the ARP programme in July 2017, joining 3 other ambulance trusts which had been part of the national ARP pilot; with all the remaining Ambulance Trusts going live from November 2017.

Key features of the ARP implementation are:

- Additional call handling staff required – due to number of additional calls (duplicates) because of change in standards

- Reduction of resources per incident – ensuring EMAS are sending the right resource to the incident rather than multiple vehicles

- New ARP model requires more double crewed ambulance (DCA) capacity and fewer fast response vehicles (FRVs), as DCA capacity will allow a single vehicle response to majority of patients

- Protecting both rural and urban communities with strategically placed FRVs for maintaining Category 1 response

- Front line skill mix – EMAS aspiring to paramedic on every FRV and towards paramedic/technician on each emergency ambulance (DCA).

Hospital handover delays

Hospital handover refers to the time it takes a receiving hospital to accept an ambulance patient. The target time is 15 minutes and when delays occur ambulance crews are forced to wait with their patients. Consequently, they aren't able to help new patients who have called 999 and are waiting in the community.

We have a close relationship with Nottingham University Hospitals and monitor handover challenges. Below is a breakdown of handover delays across the region, you will see that we face bigger challenges in Leicestershire and Lincolnshire.

Hospital handover delays in December 2017 *updated figures can be provided at the meeting

Hospitals	No Of Vehicles At Hospital	Handovers Over 30mins	Handovers Over 45mins	30 To 59 minutes	1 To 2 Hours	2 to 4 Hours	4 to 6+ Hours	Lost Hours Pre Handover >15min	Average Clinical Handover Time
Burton Queens Hospital	533	80	22	77	7	1	0	69:05:33	0:21:29
Chesterfield Royal Hospital	2486	574	149	563	46	0	0	381:42:56	0:22:48
Bassetlaw District General Hospital	940	242	89	220	28	1	0	166:29:55	0:23:55
Royal Derby Hospital	4637	578	102	615	21	3	0	496:13:19	0:20:01
Hull Royal Infirmary	138	38	8	36	3	0	0	24:25:17	0:23:52
Kettering General Hospital	2767	753	359	572	158	44	1	633:53:49	0:26:47
Northampton General Hospital	2859	527	221	437	90	8	0	407:23:31	0:21:46
Grimsby Diana Princess Of Wales	1923	478	191	420	60	0	0	309:32:46	0:22:21
Scunthorpe General Hospital	1604	371	134	311	61	0	0	257:16:14	0:22:22
Queens Medical Centre Campus Hospital	5714	298	64	294	21	3	0	316:33:59	0:15:49
Nottingham City Hospital Campus	682	110	27	105	15	0	0	82:48:40	0:20:05
Peterborough City Hospital	898	396	299	172	129	86	11	508:42:00	0:47:05
Kings Mill Hospital	3293	1065	400	940	142	5	0	705:16:30	0:26:42
Stepping Hill Hospital	394	203	95	164	41	2	0	137:55:11	0:35:09
Glenfield General Hospital	819	143	39	143	14	0	0	102:49:27	0:20:42
Leicester General Hospital	141	25	7	25	2	1	0	19:18:14	0:21:12

Leicester Royal Infirmary	5946	1474	721	1082	391	36	0	1186:11:49	0:25:11
Boston Pilgrim Hospital	2078	1091	702	607	361	120	6	1079:06:59	0:45:08
Grantham and District Hospital	290	104	46	88	16	0	0	66:36:15	0:27:15
Lincoln County Hospital	2568	1086	665	648	313	124	7	1069:23:41	0:38:07
Newark Hospital	18	3	1	3	0	0	0	1:56:44	0:18:15
George Eliot Hospital	231	51	17	49	5	0	0	35:28:25	0:22:39
Skegness and District Hospital	15	4	3	3	2	0	0	2:52:06	0:22:18
Grand Total	**40974**	**9694**	**4361**	**7574**	**1926**	**434**	**25**	**8061:03:20**	**0:25:01**

*Figures not validated

New Urgent Care Service

On average we get 130 calls a day from healthcare professionals making bookings for the provision of care and transport for people with an urgent healthcare need. To improve services for this group of patients and those that call 999, through our Transformation Programme we are increasing our frontline team and launching a dedicated tier of ambulance staff to work in our new Urgent Care Transport Service. You can read more about this initiative in EMAS News.