



CARE
TEAMWORK
QUALITY
RESPECT
HONESTY

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EEAST Profile

- Covering 7,500 square miles
- Serving 5.8 million people
- With 4,000 staff and 1,500 volunteers
- Managed 1.1 million 999 calls last year
- Completed 500,000 non-emergency patient transport journeys last year



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Trust headlines

- Successfully implemented the Ambulance Response Programme in November 2017
- An Independent Service Review was commissioned by NHS England to understand the resource gap – awaiting final published version in April 2018 but we understand recommendations include a significant increase in funded resource
- Continued high demand on the service, especially with the growth of higher acuity patients in last 2 years
- Significant pressures from delays in handing-over patients at Emergency Departments
- Development of the Emergency Clinical Advice and Triage centre so more patients with minor conditions can be treated over the phone (around 10% of calls that would have received an ambulance previously)
- Focus on developing support mechanisms for staff to help their health and wellbeing and reduce late finishes
- Focus on recruitment and retention of patient-facing staff



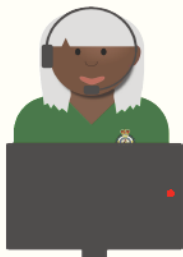
Ambulance Response Programme (ARP)

- Nationally mandated by NHS England for implementation before winter 2017
- New call categories and reporting standards
- 18 month trial phase covering 14 million calls prior to EEAST implementation
- Most aspects of UK ambulance services have changed beyond recognition since the previous change
- Many calls now focus on the frail elderly rather than traditional 'accident and emergency'
- Half of all calls are now resolved by paramedics without the need to take patients to hospital
- For specialist care the focus of the ambulance service is increasingly on getting patients to the *right* hospital rather than simply the nearest
- Successfully implemented in EEAST in October 2017
- Compared nationally, EEAST performance sits in the 'middle of the pack'



Ambulance Response Programme

What happens when you call 999?

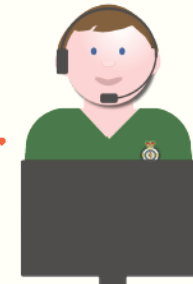


A call handler answers and checks the reason for calling, the caller's telephone number, and address of the incident. The first thing they will ask you is if the patient is breathing and awake.

As these details are being taken, the information appears on screens in front of our dispatchers, who will assign the response to that call.

Depending on the reason for the call, the call handler will either provide immediate help to the caller or ask a set of questions to get further information.

These questions will not delay help being arranged and will help us to make sure you get the correct help.



At the end of the telephone assessment, the call is given a category based on the information given by the caller. The call handler may stay on the line, offering further practical help and advice where necessary.

CATEGORY 1

Immediately life-threatening injury or illness

- Cardiac arrest
- Traumatic serious injury
- Severe allergic reaction

7-15 mins

Patients will be responded to in an average (mean) time of seven minutes, and within 15 minutes at least nine out of 10 times (90th percentile).

CATEGORY 2

Emergency

- Acute breathing problems
- Stroke / CVA
- Chest pain
- Fitting / convulsions

18-40 mins

Patients will be responded to in an average (mean) time of 18 minutes, and within 40 minutes at least nine out of 10 times (90th percentile).

CATEGORY 3

Urgent calls

- Assaults
- Falls
- Minor injuries

In some instances where patients may be treated in situ (e.g. their own home) or referred to a different pathway of care.

120 mins

These types of calls will be responded to at least nine out of 10 times within 120 minutes (90th percentile).

CATEGORY 4

Less urgent calls

- Vomiting
- Fevers
- Nose bleed

In some instances patients may be given advice over the phone or referred to another service such as a GP or pharmacist.

180 mins

These less urgent calls will be responded to at least nine out of 10 times within 180 minutes (90th percentile).



HEAR & TREAT (ECAT)

Our Emergency Clinical Advice and Triage Centre (ECAT) is staffed by paramedics, nurses or ECPs (emergency care practitioners) who make further clinical assessments for less seriously ill patients, in order to establish the best care for them. This could lead to a referral to a better source of help for their needs, such as a GP, a walk-in centre, a midwife, another healthcare professional or even self help.



An on-scene response will be sent to anybody who needs it.



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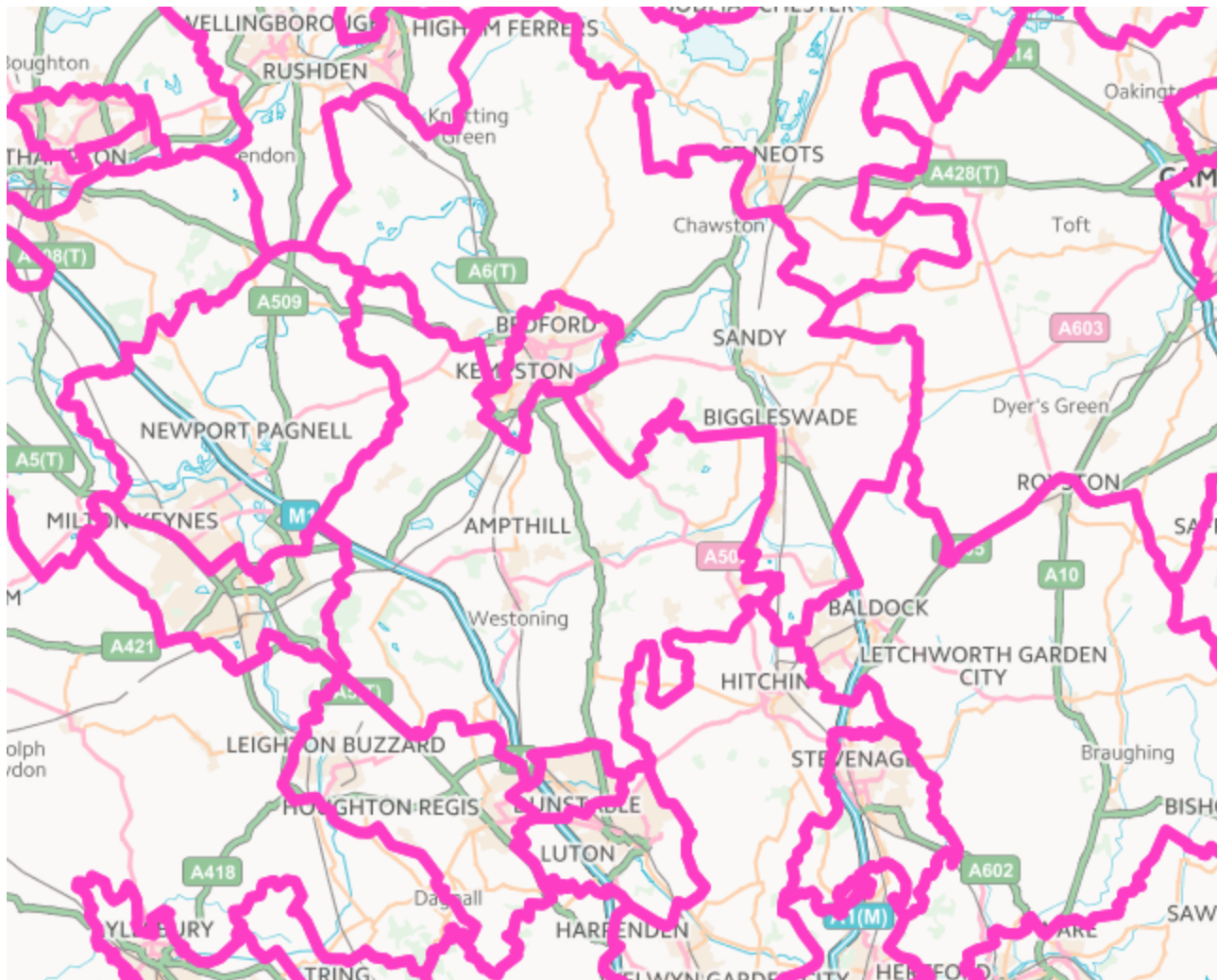
Performance Post-ARP

- Difficult to make meaningful comparisons with pre-ARP
- Reports by local authority area not yet available post-ARP
- EEAST 'middle of the pack' nationally
- Bedfordshire consistently best performing regionally
- Strong C1 90th performance in central Beds compared with EEAST
- C1 and C2 in central Beds compares favourably with other rural areas in EEAST
- C1 mean in mid and NE Beds being supported by increased response cars

ARP Nov 2017-Jan 2018	Mid Beds Constituency	North East Beds Constituency	South West Beds Constituency	Bedfordshire County	EEAST
C1 Incidents	235	236	314	2170	19650
C1 Mean	9:21	9:18	7:23	7:16	8:49
C1 90 th	15:06	14:27	13:32	12:20	15:58
C2 Incidents	1551	1600	1876	11985	117780
C2 Mean	29:00	32:24	28:48	26:57	28:46
C2 90th	56:39	1:02:20	1:02:44	57:21	58:59



Constituency Map



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Performance Pre-ARP

- Difficult to make meaningful comparisons with post-ARP
- Retrospective reports pre-ARP not available by local authority area
- Bedfordshire is consistently the best-performing regionally
- Red 1 consistently above national standard
- Red 2 performance reduced pre-ARP – context of high call volume and increasing call cycle times due to pathway, referrals and specialist centres

		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
R1	Trust %	68.83%	70.05%	72.34%	73.64%	72.62%	70.11%	70.35%	69.51%	68.65%
	Bedfordshire %	80.50%	83.33%	82.19%	81.06%	79.10%	79.31%	78.70%	76.61%	78.26%
	Bedfordshire Volume	241	216	247	227	244	261	230	218	207
R2	Trust %	60.25%	61.79%	65.67%	64.60%	62.29%	59.60%	56.97%	57.42%	56.83%
	Bedfordshire %	76.99%	73.55%	77.86%	74.52%	72.24%	65.78%	64.78%	66.70%	63.14%
	Bedfordshire Volume	3172	2892	3003	2955	3260	3095	3285	3195	3231



Hospital Turnaround

- NHS England have recently recognised ambulance handover delays within the EEAST area as a significant issue impacting on response capability
- In December there 5000 hours lost in excess handover time
- Bedford hospital is consistently one of the quickest turnaround times regionally

ALL ACUTES	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Patient Journey Count	44890	40109	43878	41222	42731	41328	42040	41624	41459	42854	42183	44606
Average A2H Time	0:28:19	0:25:35	0:22:02	0:20:51	0:20:09	0:20:29	0:21:11	0:21:00	0:21:57	0:20:26	0:22:38	0:28:02
A2H over 30 mins hours lost	4946:05:31	3249:12:51	2392:54:40	1907:22:40	1443:36:55	1589:27:34	2015:25:01	1796:05:14	2033:02:59	2002:54:05	2673:22:33	5094:38:52
Average H2C Time	0:17:06	0:17:05	0:16:28	0:16:32	0:16:46	0:16:38	0:16:58	0:17:06	0:17:26	0:16:19	0:15:43	0:15:08
H2C over 30 mins hours lost	360:27:00	218:04:28	214:47:25	198:38:20	220:57:10	218:00:02	234:51:42	278:52:38	291:19:46	231:35:25	124:20:25	141:28:00

Bedford Hospital South Wing	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Patient Journey Count	1790	1542	1655	1555	1703	1574	1655	1588	1636	1719	1632	1767
Average A2H Time	0:16:23	0:16:43	0:14:50	0:13:53	0:14:23	0:13:06	0:14:33	0:13:12	0:15:17	0:13:27	0:17:14	0:18:27
A2H over 30 mins hours lost	41:30:55	38:43:47	20:35:42	5:26:50	16:51:15	5:43:47	16:24:38	5:02:44	24:59:02	20:49:30	64:30:41	69:53:15
Average H2C Time	0:13:38	0:13:58	0:14:03	0:13:47	0:16:08	0:16:13	0:16:41	0:15:54	0:17:22	0:14:48	0:14:35	0:14:20
H2C over 30 mins hours lost	5:33:42	7:23:25	5:37:01	4:07:31	8:54:50	12:11:37	11:01:15	12:34:47	19:53:45	14:51:57	5:13:43	8:20:51

A2H= Arrival to handover
H2C=Handover to Clear



Non-Emergency Patient Transport Service

EEAST has recently been awarded the Non-Emergency Patient Transport contract which commenced 1st January 2018. This followed a period of emergency cover provided by EEAST at short notice from 30th September 2017, following the cessation of the previous arrangements with an independent provider without notice. The contract is for 2 years with the option to extend for a further year.

A mobilisation plan has been put in place to recruit additional staff as there are significant vacancies as well as a full management team and replacements vehicles and equipment. The Trust is currently consulting with 140 staff to make the required changes to rotas to meet the commissioned service specification. Changes will take effect from 1st April 2018.

The new contract is to deliver a service operating 24 hours a day, 365 days a year. The service will be managed by a General Manager for Bedfordshire and Hertfordshire, with a Locality Business Manager and Ambulance Liaison Officer both based at Bedford and responsible for that contract. There will also be a Quality Manager and Training Manager.



Staffing and innovations

Staffing, Achievements & Innovations

Best response performance to the sickest patients

- We currently only have ten vacancies in Bedfordshire (3.8%)
- Lowest sickness absence in the Trust consistently
- We are currently providing more operational cover than ever before
- Bedfordshire is the first area in EEAST to move onto electronic Patient Care Records
- Bedfordshire is recognised as the EEAST lead in developing ever improving Medicines Management processes
- We have developed a process for exporting local best practice around the Trust e.g. safe management of clinical waste
- We are recognised as having an effective mentorship programme to support our numerous developing staff
- We have a close working relationship with the University of Bedfordshire and provide placements for all their Student Paramedics within the county
- Bedfordshire is currently trialling an Early Intervention Vehicle as an improved response to vulnerable fallers and low acuity patients in the local community
- We are working closely with Bedford Hospital to minimise ambulance turnaround times and have a manager based there to support flow