



# East of England Ambulance Service NHS Trust (EEAST) Bedfordshire & Luton

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## EEAST Profile

- Covering 7,500 square miles
- Serving 6.1 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

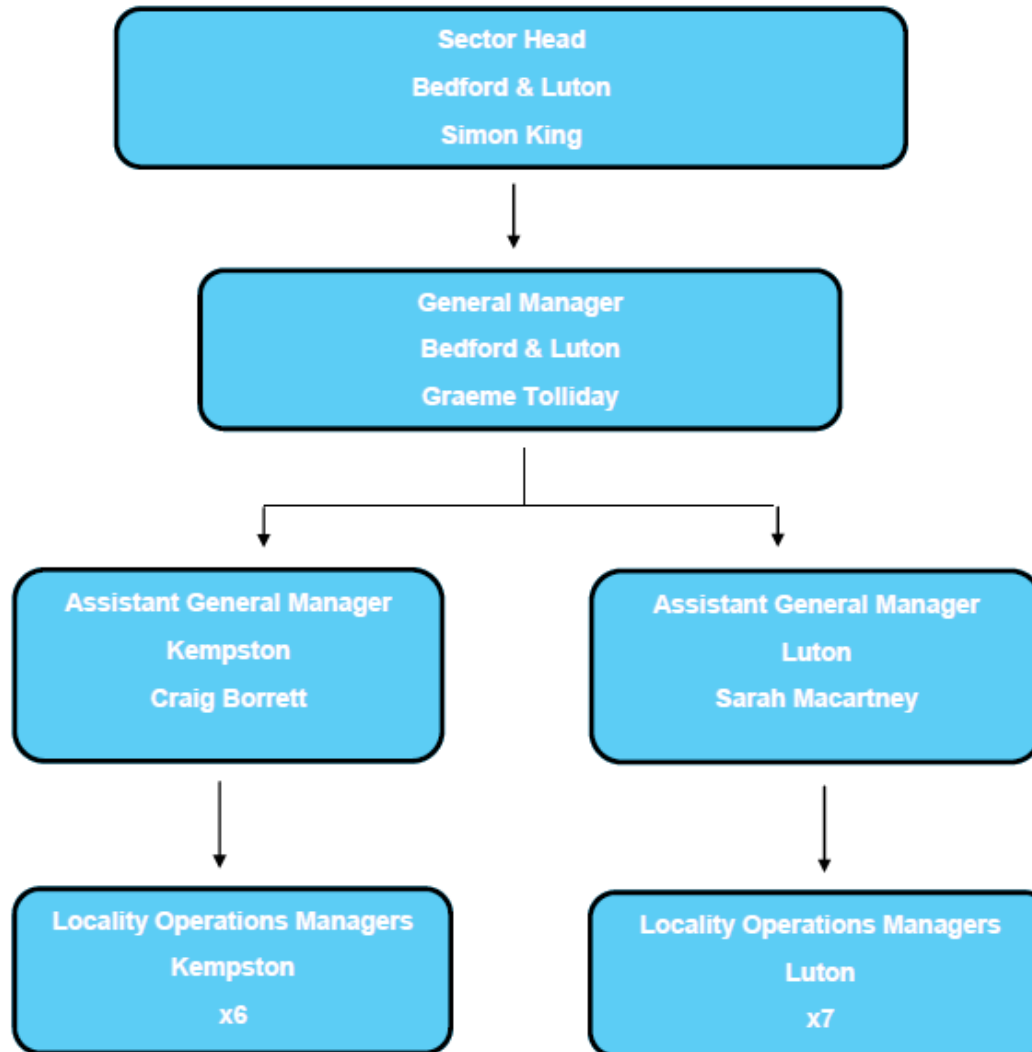


# Trust Headlines



- The Ambulance Response Programme (ARP), which will be fully implemented by October 2019, aims to help us get the right type of resource to patients first time. Because the NHS as a whole is seeing people with more complex care needs, a fully equipped ambulance is more often the right resource according to national testing.
- An independent service review (ISR), published in May 2018, found that there was a capacity gap in the service, and recommended a six-year contract for the service to work towards meeting national performance standards. It led to the 19 CCGs that commission our services awarding an extra investment of £11.5m this year to start recruiting more paramedics and increase our ambulance fleet, with the aim of having 330 more paramedics and 160 more ambulances by 2020.
- Our new Chief Executive, Dorothy Hosein, alongside the Trust Chair Sarah Boulton, have a talented and steadfast Executive Board to lead a wider senior management team to deliver Trust-wide transformation and improvements. The Board's biggest achievement was to secure the six-year contract with our commissioners.
- Our ambitious workforce plan is already ensuring we recruit more staff to treat patients in the community. However, getting the right people, with the right training will take time. It is a challenging picture across the sector and the NHS as a whole.
- As a regional organisation, East of England Ambulance Service works with six different healthcare systems; across the East of England we are reaching 9 out of 10 of our sickest patients in less than 15 minutes.

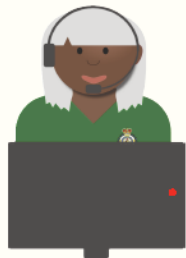
# Bedford & Luton Structure



# Ambulance Response Programme (ARP)



## 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**

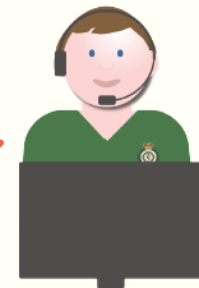
These less urgent calls will be responded to at least nine out of 10 times within 180 minutes (90th percentile).



## 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.**



# Bedfordshire 999 Response Performance



Bedfordshire	April 2018	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018	January 2019	February 2019
C1 Incidents	686	742	785	808	722	707	739	757	764	808	779
C1 Mean Response Time	0:06:42	0:07:26	0:07:13	0:07:27	0:06:28	0:06:51	0:06:39	0:06:52	0:06:14	0:06:30	0:06:34
C1 90th Percentile	0:11:14	0:13:02	0:12:35	0:12:36	0:11:49	0:11:44	0:11:12	0:11:36	0:10:31	0:10:53	0:11:33
C2 Incidents	3617	3657	3588	4056	3801	3627	3956	4189	4368	4431	3897
C2 Mean Response Time	0:21:29	0:24:57	0:26:30	0:25:41	0:24:23	0:25:08	0:25:21	0:23:54	0:22:30	0:25:53	0:24:12
C2 90th Percentile	0:45:35	0:53:40	0:56:00	0:55:19	0:52:27	0:52:47	0:52:58	0:50:15	0:48:08	0:54:06	0:54:12

Bedfordshire C1 performance is consistently within the national constitutional target (07:00), however, is non-compliant with the Independent Service Review (ISR) stretch target of 05:50.

ISR target for C1 Mean in Q3 = 06:49  
 Performance for C1 Mean in Q3 = 06:35  
 ISR target for C1 Mean in Q4 = 05:50  
 Performance for C1 Mean QTD = 06:32

# Bedfordshire Hospital Turnaround



Bedford	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	2019-02	Total
Patient Journey Count	2891	3051	2773	3060	2995	2735	2892	3029	3290	3247	1318	31281
Average A2H Time (HH:mm:ss)	0:16:20	0:15:09	0:15:55	0:16:31	0:15:43	0:15:02	0:15:18	0:15:40	0:16:11	0:17:43	0:18:44	0:16:07
A2H 30 minutes Hours Lost (HH:mm:ss)	42:18:36	18:49:39	32:06:23	48:28:22	36:02:54	22:06:14	28:32:27	30:29:05	44:50:27	90:19:41	45:37:58	439:41:46
Average H2C Time(HH:mm:ss)	0:12:50	0:13:29	0:13:15	0:13:46	0:13:55	0:13:57	0:13:56	0:13:54	0:13:13	0:13:08	0:12:24	0:13:28
H2C 30 minutes Hours Lost (HH:mm:ss)	5:53:09	8:29:19	6:42:56	16:35:15	9:27:29	6:22:09	11:45:18	9:51:55	7:44:44	8:20:33	1:16:40	92:29:27

Luton	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	2018-12	2019-01	2019-02	Total
Patient Journey Count	1644	1639	1581	1710	1675	1681	1720	1839	1805	1882	779	17955
Average A2H Time (HH:mm:ss)	0:19:18	0:19:16	0:19:12	0:19:47	0:21:47	0:19:56	0:21:23	0:20:32	0:21:27	0:22:00	0:22:41	0:20:30
A2H 30 minutes Hours Lost (HH:mm:ss)	22:42:07	21:06:17	17:12:35	19:36:59	26:25:15	18:26:28	20:48:35	25:27:53	25:40:51	51:53:34	17:46:49	267:07:23
Average H2C Time(HH:mm:ss)	0:12:46	0:11:42	0:12:22	0:12:45	0:12:41	0:12:44	0:12:16	0:12:47	0:12:57	0:11:47	0:10:36	0:12:22
H2C 30 minutes Hours Lost (HH:mm:ss)	6:14:26	2:56:32	6:29:45	4:26:54	4:23:37	1:45:22	1:41:12	3:56:06	4:36:44	2:31:46	0:32:00	39:34:24

- EEAST enjoys an excellent working relationship with both Bedford and Luton & Dunstable Hospitals
- Total time handing patients over at hospital is consistently one of the best regionally
- Arrival to Handover times have increased since last year and we are working jointly on improving the handover process

A2H= Arrival to handover

H2C=Handover to Clear

# Business & Partnership



## MHST

Mental Health Street Triage (MHST) scheme is a great success and has been operational for a few years now. It comprises of Beds Police, ELFT (mental health provider) and EEAST all working in partnership to respond to patients in mental health crisis to reduce both A&E conveyances and Section 136 detentions by the Police. This has led to many improved patients outcomes and experience, and also significant cost savings to the Health and Social Care system.

## EIVs

In Central Beds we have Early Intervention Vehicles (EIVs) in operation which, in some areas, are a great success in treating the frail elderly out of hospital and in the community (i.e. elderly Fallers who otherwise may end up in hospital for lengthy periods and reducing their independence). We are currently working with Bedfordshire commissioners to improve this bespoke service to maximise its potential through targeting the most appropriate patients to improve patient outcomes and experience, and drive system savings for reinvestment in the wider Health and Social Care system.

## Further collaboration

Business and Partnership Lead engaging with CCGs to discuss improved collaboration with the CCG and partner organisations to treat more patients in the community in a similar fashion to the EIVs. There is lots of potential in Bedfordshire to improve the health of their population with some easily mobilised schemes.

EEAST meets regularly with Police and Fire partners (Blue Light Collaboration) and within Luton we operate from two Fire Stations. The Fire Service continue to support us with gaining entry to premises and we are discussing new initiatives regarding fallers and bariatric patients.





## Non-Emergency Patient Transport Services

- EEAST was awarded the Non-Emergency Patient Transport contract which commenced 1<sup>st</sup> January 2018. This followed a period of emergency cover provided by EEAST at short notice from 30<sup>th</sup> 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.
- All the staff from the previous provider where TUPE'D across to EEAST and moved onto Agenda for Change contracts from the 1<sup>st</sup> April 2018



## Non-Emergency Patient Transport Services (NEPTS)

- The contract covers 4 CCG's with 4 Hospitals
  - ☐ Bedfordshire CCG and Bedford Hospital
  - ☐ Luton CCG and Luton and Dunstable Hospital
  - ☐ East & North Herts CCG and Lister Hospital
  - ☐ Herts Valley CCG and Watford Hospital
- Central Bedfordshire is covered by 2 Hospitals and 2 teams of NEPTS staff



# NEPTS Work Force – Bedfordshire & Luton

Net WTE Establishment in Post (Front Line Staff)	Feb-19
Establishment WTE - operational	94
WTE In Post	69
ACA's WTE	72
ACA's - in post	52
PTD's WTE	22
PTD's - in post	17
Operational Vacancies	25
<b>Gains</b>	
- Starters WTE- ACA	2
- Starters WTE- PTD	4
<b>Gains (subtotal)</b>	6
<b>Losses</b>	
ACA Leaver WTE	1
PTD Leaver WTE	
<b>Losses (subtotal)</b>	1
<b>WTE in Post at Month End</b>	69



## NEPTS Bedfordshire & Luton – Head Lines

- New PTS Control Room for Bedfordshire and Luton piloted since October 18
- Collaborative working across all of Bedfordshire
- Performance improvements for same day Discharges from L&D improved by 21% within 7 days
- No Complaints or Patient Concerns in Luton since October 2018
- Vacancies supplemented with Private Ambulance Service Providers

# Recruitment



- New recruitment structure in place which includes dedicated lead to streamline the recruitment process and improve time to hire. Our recruitment lead for the Sector is actively working on local campaigns with the recruitment team for example:
- University presentations
- Local colleges – Bedford College Careers Event (4-6<sup>th</sup> March)
- EEAST promotion via social media platforms
- Designed recruitment video and new promotional materials (posters, banners and leaflets)
- Radio interviews with BBC Radio
- Local Assessment days (19<sup>th</sup> and 20<sup>th</sup> February)
- Recruitment stands in local shopping centres and mainline train stations



