East of England Ambulance Service NHS

NHS Trust

Background

The Trust was created in 2006 and covers the six counties which make up the east of England - Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk. The Trust provides a range of services, but is best known for the 999 emergency services.

The Trust employs around 4,000 staff and 1,500 volunteers to deal with over 900,000 999 calls every year. In addition the Trust handles more than one million non-emergency patient journeys to and from routine hospital appointments (patient transport services).
The Trust's control rooms (located in Bedford, Chelmsford and Norwich) are handling more 999 calls every year, as demand on the ambulance service continues to increase. Around 30% of these calls are classified as potentially life threatening.

Over the past few years the Trust has been pursuing a strategy of delivering a more tailored service to patients – the right care, in the right place at the right time. As a result, the Trust has the lowest conveyance rates of patients to hospitals in the country.

It has also introduced more in depth telephone assessment for those patients with less serious conditions to get them the help they really need (which could be advice over the phone or referral to a more appropriate health service such as their GP or minor injuries unit) rather than sending an ambulance.

This is being carried out by Clinical Support Desks who are now saving over 800 ambulance journeys a weeks. This is better for the patients as they get the help they need without needing to go to hospital, better for the NHS and hospitals and it frees up ambulances to respond to patients who really need an emergency response.

The Trust also provides other services such as running the 111 number in Norfolk, first aid training, driver training and resilience plus patient transport services.

How 999 calls are prioritised

All 999 calls received into our control rooms (Health & Emergency Operations Centres) are triaged by call handlers using software called the Advanced Medical Priority System. The purpose of the triage is to identify the seriousness of the patient's condition by asking a series of focussed questions around the chief complaint to determine the priority of the call.

The call priority then determines the level and type of response sent in line with Trust policies and national and government targets, so that those in most need get the fastest response. The call priorities and level of response are broken down into red and green categories nationally:

- Red 1 and Red 2
  These are calls that are classified as immediately life threatening and require an emergency response (with blue lights). The target is to arrive at these patients within 8 minutes irrespective of location in 75% of cases. For example, Cardiac Arrest for Red 1 or Stroke for Red 2

- Green 1
  These are serious calls but not life threatening which require an emergency response to arrive within 20 minutes. For example a road traffic collision.

- Green 2
  These are serious calls, but not life threatening, which require an emergency response to arrive within 30 minutes. For example a fall with a fracture to the leg.

- Green 3
  These are low acuity calls which require a response within 60 minutes or a telephone assessment within 20 minutes (a clinician calling back for a secondary telephone triage to establish the best pathway of care) or an ambulance response at normal road speed within one hour. For example a headache but fully alert.

- Green 4
  These are the lowest acuity calls which require a response within 60 minutes or a telephone assessment within 60 minutes. For example, a fall but no injury or diarrhoea and vomiting.

The Trust's Turnaround plan and Governance review

In mid-December the Board appointed a new interim Chief Executive – Andrew Morgan. Subsequently a new interim Chair, Dr Geoff Harris, has also been appointed to the Trust. Following the publication of an independent Governance review that was commissioned by the NHS Trust Development Authority, five of the Trust's Non-Executive Directors resigned. Recruitment for these posts is underway with adverts on the NHS Trust Development Authority website. Two interim non executive directors have been appointed whilst this recruitment is underway.

The Trust has developed a single action plan that incorporates actions from the published Turnaround Plan and the recommendations from the Governance Review. This plan recognises that the organisation needs to improve its services to patients and build better staff engagement and empowerment. This has been submitted to the NHS Trust Development Authority for review.

Some of the turnaround plan's highlights include:

- **recruit** 82 specialist paramedics, 149 paramedics, 24 emergency medical technicians and 96 emergency care assistants
- this front line recruitment in addition to reducing staff sickness and reducing spend on private ambulances will enable the Trust to **provide the equivalent of at least an extra 25** of its own 24/7 double staffed ambulances
- **meet tough sickness absence targets**, aiming for a 1% point decrease in frontline sickness every month for six months from June
- **investing in people** by re-launching the emergency medical technician career pathway and developing clear career pathways for front line staff
- **devolve management and accountability** away from a centralised management system through an operational management restructure
- **implement an organisational development strategy** which will better empower, involve and engage with staff

These proactive measures will better support staff already working in the service and help the Trust work towards excellent, sustainable clinical care for patients.

Some examples of early progress (as of 30 Jun) with the Action Plan are:

- **Recruiting**: over 60 paramedics and 60 Emergency Care Assistants recruited or offered posts.

- **Sickness absence**: sickness in May stood at 6.25%. Whilst this is still a concern, this is the fifth consecutive month that it has reduced.
- **Sector approach** – three sector leaders have been appointed and are being held to account via quarterly reviews to discuss performance and local accountability
- **Improved internal and external engagement** – an internal 'Listening into Action' scheme is underway with strong staff participation alongside a comprehensive external engagement plan with MPs, HOSCs, Healthwatch and other stakeholders
- **What work is taking place to respond to these challenges?**
    - Patient safety remains our first concern and we are working very hard to ensure all our patients get the service they need.
    - Over the past few years the Trust has been pursuing a strategy of delivering a more tailored service to patients – the right care, in the right place at the right time. As a result, the Trust has the lowest conveyance rates of patients to hospitals in the country.
    - The Trust is continually looking to improve the quality of the services it delivers. The public, rightly, demand better services year on year and it is the Trust's job to drive forward improvements. There is significant work being undertaken at all levels to improve the level of service that the Ambulance service supplies to Bedfordshire.
    - The Trust has already invested an extra £5 million from its own resources into front line services. It has now launched a programme to invest a further £20 million into front line services by finding savings out of all not patient contact areas.

Currently in Bedfordshire the Trust is trialling a pilot to improve the stroke response and outcome for patients. Wherever possible the Trust will send a double staffed ambulance to all calls triaged as a possible stoke as the first response. This may cause a small decline in local Red performance but is the right thing to do for the patients of Bedfordshire to ensure they get a transportable resource, as quickly as possible, to take them to the nearest stroke centre.

The Trust has started to work with PEPS (Partnership in Excellence Palliative care) based at Sue Ryder in Moggerhanger, who specialise in offering support to palliative care patients and their families. The Trust is educating ambulance crews to contact this centre direct for advise on any palliative care issues and where appropriate take referrals to St. Johns rather than admission to hospital.

What is being done to ensure people know what to expect when they contact the emergency services?

- The Trust's main challenges is around managing people's expectations – unless you've been fortunate to learn more at school, no-one is ever really told what to expect from any emergency service so expectations are built up based on other people's experiences, the picture 20 or 30 years ago when you called 999, and/or what people *think* should happen
- When someone calls 999 they are given as best an estimation as possible of what the ambulance service's response will be (a crew, a car, 'hear and treat', etc.). Clearly if a patient is in cardiac arrest or in another life-threatened situation, the patient should expect a very quick face to face response (for these patients, we

should be there in eight minutes at least 75% of the time) but otherwise we try to estimate with those less seriously ill what to realistically expect in the time immediately following their call

- The Trust has an online information package to educate people on how 999 calls are handled and prioritised. *Right Call* includes a frequently asked questions sheet which gives details about the service, how calls are handled, and a myth buster. It also includes a flowchart that shows how types of call are triaged. This campaign is regularly shared with, and highlighted to, all stakeholders including the media.
- Additionally, the Trust's website also carries information about how to use the service, and when other NHS services or indeed self-help would be more appropriate
- The Trust is basing a new campaign on challenging public perception about how the ambulance service responds to patients – it's unlikely that we can change behaviours in the short term or in isolation, so the additional challenge is to say 'if you use us this way, this is what is likely to happen'. In other words people respond less well to 'don't call us' campaigning, but instead to 'actions and consequence'-type messaging
- Ambulance services nationally are also working on an awareness campaign to help build a national 'identity' and address head-on some of the common challenges all services have. This will have, hopefully, the same impact as successful national campaigns such as the British Heart Foundation 'hard and fast', and the stroke awareness FAST campaigns.

Bedfordshire CCG area performance

	Target	**April – June 2012**	**July – Sept 2012**	**Oct – Dec 2012**	**Jan – Mar 2013**	**Apr – Jun 2013**
Red1	75%	78.7	79.2	77.4	79.5	80.1
Red 2	75%	77.9	78.9	76.9	76.8	79.4
A19	95%	98.6	98.0	97.6	97.7	97.8
Green 1	75%	86.4	88.6	88.0	88.4	87.7
Green 2/3	75%	86.1	86.4	83.1	87.3	88.4
Green 4	75%	77.5	80.5	76.9	82.7	84.9

Performance in terms of the quality of care given to patients in Bedfordshire is shown in the table below.

Indicator	**Trust target**	**2012/13**	**April 2013**
ROSC at time of arrival at hospital	21.5%	27.8%	25%
ROSC at time of arrival at hospital (Ustein Comparator Group)	45.0%	51.2%	100%
Survival to discharge from cardiac arrest – overall survival rate	6%	7.0%	12.5%
Survival to discharge from cardiac arrest – Utstein comparator group	25.0%	20.0%	100%
Percentage of patients suffering a STEMI who receive an appropriate care bundle	80.0%	89.8%	77.3%
Percentage of FAST positive stroke patients who arrive at a hyperacute stroke centre within 60 minutes of call	62.0%	58.1%	44.4%
Percentage of suspected stroke patients who receive an appropriate care bundle	95.0%	95.7%	97.1%

Notes to ambulance clinical quality indicators

Clinical quality indicator	Description
Return of Spontaneous Circulation	Following a cardiac arrest, the Return of Spontaneous Circulation or ROSC (e.g. signs of breathing, coughing, or movement and a palpable pulse or a measurable blood pressure) is a main objective for all out-of-hospital cardiac arrests, and can be achieved through immediate and effective treatment at the scene. By including both out of hospital and in-hospital periods of care, this measure reflects the effectiveness of the whole acute healthcare system in managing out of hospital cardiac arrest, showing the care delivered by both ambulance services and acute trusts. ROSC and survival to discharge are calculated for two patient groups: the overall rate measures the overall effectiveness of care; the rate for the 'Utstein comparator group' provides a more comparable and specific measure of the management of cardiac arrests for the subset of patients where timely and effective emergency care can particularly improve survival (e.g. 999 calls where the arrest was not witnessed and the patient may have gone into arrest several hours before the 999 call are included in the figures for all patients but are excluded from the Utstein comparator group figure).
Outcome from acute ST-elevation myocardial infarction	Heart attack or ST segment elevation myocardial infarction (STEMI) is caused by a prolonged period of blocked blood supply. It is vital that blood flow is quickly restored through clinical interventions such as primary percutaneous coronary intervention. In addition, patients with STEMI need to be managed in the correct way, including the administration of an appropriate care bundle (i.e. a package of clinical interventions that are known to benefit the health outcomes of patients).
Outcome from Stroke	The health outcomes of patients can be improved by recognising the symptoms of a stroke or transient ischaemic attack (TIA), making a diagnosis quickly and early transport of a patient to a stroke centre capable of conducting further definitive care including brain scans and thrombolysis.