Appendix **A**

East of England Ambulance Service NHS Trust

Background

The Trust has made much progress around rebuilding its leadership team. The Trust has a new, and complete, non executive team that brings a wealth of talent and experience. The five non executive directors bring experience from across the NHS, public sector, voluntary sector and business and will ensure the organisation has a strong and challenging Board.

Dr Anthony Marsh started with the Trust on 1st January 2014 as the service's new Chief Executive Officer. Dr Marsh is one of the most experienced ambulance chief executives in the country, . At the request of the Trust Development Authority, he conducted a review of the East of England Ambulance Service NHS Trust in Spring last year. This report highlighted the issues which pertained to the Trusts' inability to respond to patients in a consistently timely manner.

Dr Marsh has been brought in to provide focus and clear leadership and he will accelerate improvements in service delivery and performance and build on the foundations for long term sustainability.

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.

- Green 1
  These are serious calls but not life threatening which require an emergency response to arrive in 20 minutes.

- Green 2
  These are serious calls, but not life threatening, which require an emergency response to arrive in 30 minutes

- Green 3
  These are low acuity calls which require a phone 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.

- Green 4
  These are the lowest acuity calls which require a response within 60 minutes or a

phone assessment within 60 minutes (as described above).

The Trust has Clinical Support Desks (CSD). The clinicians who work on CSD call back patients with less serious conditions as identified above in the Green three and four category. They undertake a more in depth assessment to understand what is the most appropriate solution for the patient and where possible refer the patient to a more appropriate health service provider. Where it is required, they will provide advice over the phone or if required, the dispatch of an ambulance resource. This may not be a paramedic staffed ambulance, but one which have staff who can convey the patient to a treatment centre.

Bedfordshire
Currently EEAST is commissioned by a consortium of commissioners covering all Clinical Commissioning Groups (CCG) from the east of England. The Trust's Bedfordshire locality is responsible for delivering commissioned services to the CCG's of Luton and Bedfordshire. Currently the performance against national standards in the area covered by the Bedfordshire CCG are as follows:

Table 1: ambulance performance

Target Name	National Standard	Bedfordshire CCG Performance YTD and Trust performance YTD
Red1 8 minute	75%	76.5%/74.4%
Red 2 8 Minute	75%	75.5%/70.6%
Red 1&2 Transport time 19 Minutes (A19)	95%	97.1%/93.2%
Green 1 (20 Minute response)	75%	88%/79.1%
Green 2 (30 minute response)	75%	89.4%/83 %
Green 3 (20 minute telephone triage or 60 minute response)	75%	95.14%/83.05%
Green 4 (60 minute telephone triage or 60 minute response)	75%	95.42%/82.31%
Stroke 60 minute (this is measured from the time the call comes through to the ambulance control room until the time of arrival of the patient at the special stroke unit)	56%	66.7% (September)
Cardiac Arrest - survival to Hospital arrival	25%	27.8% (September)
Cardiac Arrest - survival to discharge from hospital	6%	5.6% (September)
STEMI 150 Minute	95%	95.2% (July – Bedfordshire and Cambridgeshire)

As you can see from the table 1, the Bedfordshire area performance is above the Trust and national indicator standard in all indicators with the exception of Cardiac Arrest survival to discharge from hospital. This is due to a number of factors which are not directly manageable by the Trust, as it includes actions taken by ambulance staff and then onward care by hospital staff amongst a range of factors. The following table outlines the factors responsible for cardiac arrest survival to discharge.

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Pre-Call	*During incident*	*Post-handover*
• *The patients age* • *Co-morbidities* • *Where the cardiac arrest happens (access/egress/witnessed?)* • *Time between collapse and starting CPR* • *Time between collapse and 999 call*	• *How quickly we receive and handle the 999 call* • *If we have a resource able to arrive on scene within 8 minutes (CFR/RRV/DSA/Manager/Community access defib)* • *The location of the arrest, such as confined spaces, behind closed doors etc…* • *The quality of the resuscitation (Skill mix, all staff are annually trained and assessed on this)* • *Post resuscitation care* • *Egress from the location of collapse (positioning of the patient)*	• *Availability of specialist care in Hospital* • *ITU bed availability* • *Quality of care received in hospital* • *Rehabilitation* • *Post cardiac arrest complications such as neurological damage* • *Decisions made by family members surrounding DNAR decisions etc..*

Bedfordshire has not suffered the same issues surrounding the recruitment of paramedic staff as some neighbouring areas have, and is presently at full establishment with clinically appropriate staff on the frontline. This helps to deliver the sustained performance shown in table 1.

The team is also focusing on staff engagement. A number of staff from the Bedfordshire area were invited to be part of sponsor groups as part of Listening into Action (a programme aimed at improving staff engagement and empowerment) and a vast number who took part in the staff engagement events in the summer, being given the chance to communicate their views on local and regional issues.

In Bedfordshire, smaller local engagement groups have been set up to make sustainable changes to procedures and local delivery. For example, the Bedford group of ambulance stations are reviewing staff rosters to ensure that the rosters worked deliver the maximum level of ambulance response availability and provide staff with better working arrangements.

In Luton and Bedfordshire the Trust has recently introduced a new concept of transport provision in order to ensure that it is providing the most appropriate form of transport to the patient’s needs. This is known as the Urgent Care Ambulance Service (UCAS) and is staffed by Emergency Care Assistants and Emergency Medical Technicians who are able to monitor and observe lower acuity patients during their journey to hospital. It is able to transfer a number of patients at a time as opposed to the standard single patient in a traditional emergency ambulance

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Paramedics are able to book UCAS via the control room and this has proven to deliver a more efficient service to patients whilst freeing up ambulances to respond to other patients in the community.