

## CENTRAL BEDFORDSHIRE HEALTH AND WELLBEING BOARD

Date of meeting

25 January 2017

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### East of England Ambulance Service in Bedfordshire

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Public

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#### Purpose of this report

1. To advise the Board of the performance and quality of the East of England Ambulance Service for Bedfordshire Clinical Commissioning Group with an overview of the governance of the contract.

#### RECOMMENDATIONS

**The Health and Wellbeing is asked to:**

1. **review and note the contents of the report.**

#### Governance

2. Bedfordshire CCG is part of a consortium that contracts with EEAST. The Consortium is made up of 19 CCG's and is managed by Ipswich and East Suffolk CCG. The consortium is split into three Sectors and BCCG is part of Hertfordshire Bedfordshire & Luton (HBL) sector. The HBL sector meets monthly to review contractual performance and is led by East & North Hertfordshire CCG. This group escalates issues to the monthly Consortium SLA meeting. If these issues cannot be resolved in the SLA meeting they are then escalated to the Accountable Officers bi-monthly meeting.
3. Additionally EEAST have implemented a Consortium wide CCG Operational Performance Group (OPG) which focuses on five priority areas to improve performance including use of Rapid Response Vehicles (emergency equipped cars), minimising "out of action" time for ambulances and reducing delays at A&E Departments along The OPG will also address 'business as usual' performance reports into the CCGs AO meeting.

4. There is also a Bedfordshire & Luton A&E Delivery Board Ambulance sub-group which is a local operational group which meets on a monthly basis and directly supports local delivery. The sub-group reports into the local A&E Delivery Boards and the HBL Sector meeting when required.

## **Performance**

5. EEAST's performance is measured across a number of indicators, covering response times, handover delays, clinical quality and workforce. Performance is reported on a monthly basis for both Trust wide (Consortium performance) and local (CCG) performance. Comparisons can therefore be made between BCCG level performance, other CCG performance and the Consortium (Trust) as a whole.
6. EEAST also report on the type of response to emergency calls – this is broken down into three categories:
  - Hear & Treat – the patient is dealt with over the phone with advice or guidance being given. An ambulance is not dispatched.
  - See & Treat – the patient is seen by a paramedic or ambulance crew, treatment is given at the scene if necessary, but the ambulance does not take the patient to hospital.
  - See, Treat and Convey - the patient is seen by a paramedic or ambulance crew, treatment is given at the scene if necessary and the patient is taken by the ambulance to a hospital or other treatment facility.
7. The amount of activity for all three types of calls has increased significantly year on year, which means to achieve the same percentage target, EEAST are having to see more patients within the performance threshold.
8. There are performance thresholds within each national indicator. For the most acutely ill patients, 75% or more of them should have an ambulance in attendance within 8 minutes. These are called Red 1 calls. It is this measure that is focused on when reviewing EEAST performance.
9. Year to date performance regarding the CCG's most acutely ill patients, EEAST responded within the time threshold in 76.62% of the cases – in other words better than the 75.00% target. EEAST as a whole (all 19 CCGs) the performance was 66.81%. A significant factor influencing the Red 1 performance is the rurality of cases. For example CCGs with little or no rural populations e.g. Luton, have better Red 1 performance. Despite the rurality of parts of Bedfordshire (particularly north Beds).

10. Despite a 19.7% increase in Red 2 (R2) activity from this time last year R2 performance has improved. As noted above, rurality will have an impact on EEAST's ability to achieve this.
11. The BCCG area remains one of the best performing across all measures. Response time performance has improved when compared to the same period in the previous year despite the level of all activity increasing, which in itself makes the targets harder to achieve. Adding to the task are the significant delays at Watford hospital, impacting services in Bedfordshire as resources from here are used to back-fill those in Herts. A Recovery Improvement Plan is in place at Watford General Hospital and the situation is monitored on a weekly basis at the OPG.

### **EEAST CQUIN 2016/17**

12. EEAST have established the multi-disciplinary Clinical Hub in Bedfordshire which consists of previously existing Clinical Support Desk (CSD) clinicians, primarily Nurses, Paramedics and Emergency Care Practitioners (ECPs). This multi-disciplinary team triages appropriate 999 calls to better assist and signpost the patient to the right place first time. The Hub use Directory of Services systems to signpost crews and patients to appropriate, alternative services.

### **Ambulance Response Programme (ARP)**

13. The Ambulance Response Programme (ARP) sits under the National Transforming Urgent and Emergency Care programme. As part of the first phase of ARP a Dispatch on Disposition (DoD) model is being piloted across a number of ambulance trusts and was rolled out by EEAST on the 4th October 16.
14. DoD allows ambulance call handlers additional time to assess 999 calls – up to 240 seconds compared to the current 60 seconds (except predicted or confirmed Red 1 calls where the ambulance will be dispatched as soon as possible). Having more time to code the call means it can be more appropriately resourced 'first time' as it gives call handlers more time to find out the clinical need of the patient. It is expected that this model will enhance patient outcomes by ensuring all those who contact the ambulance service receive a more appropriate and timely clinician and transport response resulting in the decrease in the conveyance of an ambulance and an increase in 'Hear and treat' and 'See and treat' to divert patients away from A&E.
15. Alongside DoD, a system called Nature of Call (NoC) has been introduced; this part of the pilot adds new 'pre-triage' questions to the call handling process. These are designed to improve the early identification of predicted Red 1 calls, and should help to recognise cardiac arrest patients sooner.

16. EEAST are currently evaluating both of these systems and a review will be available in January following the 1st 3 month phase. However early indications show that there has not been the related performance improvement that was expected at the outset of the trials, in that EEAST was already a leader in early red 1 call prediction and the tool has offered limited benefit on this category. It has however seen an improvement in red 2, albeit marginal.

### **Financial and Risk Implications**

17. Not applicable

### **Governance and Delivery Implications**

18. Not applicable

### **Equalities Implications**

19. Not applicable as no decision required

### **Implications for Work Programme**

20. Not applicable

### **Conclusion and next Steps**

21. Bedfordshire CCG remains one of the best performing CCG's of the consortium and it should be noted that following a CQC visit EEAST are the only Ambulance Trust (out of 5 recently inspected) to not to receive an "Inadequate" rating from CQC & were also the only one to receive an "outstanding" rating (for care).
22. The CCG will continue to work closely with consortium CCG's and EEAST to support the achievement of best performance, quality and value from the Contracted Services by helping to assess quality and outcomes (including clinical effectiveness, patient experience and patient safety).

### **Appendices**

23. None

### **Background Papers**

24. None