East of England Ambulance Service NHS Trust

Since the 1st April 2013, ambulance turnaround standards were introduced to all Ambulance Trusts and Acute Trusts with an Emergency Department (ED) for Ambulance handover standards at the ED.

- (a) 15 minutes The time from ambulance arrival on the hospital site to the clinical handover of the patient (also known as 'trolley clear')
- (b) 15 minutes The time from clinical handover of the patient to the ambulance leaving the site (also known as 'ambulance clear')

Addenbrookes Hospital is one of the busiest EDs in the region. Ambulance arrivals at the hospital exceed 500 per week.

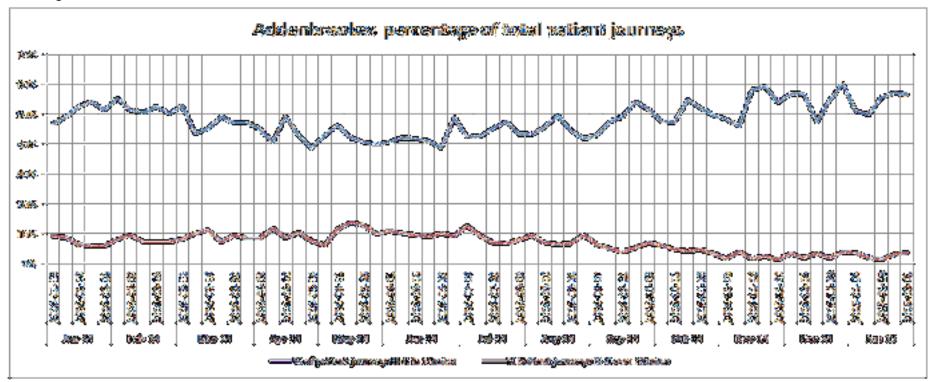
Breach times of 30 minutes and 60 minutes were also introduced alongside the standard in which trigger fines payable back to ambulance commissioners were included. Following the introduction of these standards, the previous process that was used regarding vehicles booking clear and or out of service was changed as it was felt the process at that time did not meet the requirement of the new contractual arrangements. In September 2013 new out of service codes were agreed with commissioners that could be applied to validate a reason why the ambulance was not available for the next emergency call. It is recognised by the Trust and our commissioners that there are certain exceptional circumstances and occasions where the 15 minute target (for being available for the next emergency call) is not possible. The agreed codes include:

- Vehicles off road (VOR) breakdowns etc
- Replacement of essential equipment still in use by the patient (for example spinal boards)
- Extended vehicle cleaning/de-contamination
- Safeguarding/vulnerable adult and child referrals
- Restocking essential equipment and drugs (drugs are held in the ED)

- Cohorting of patients due to crews unable to handover and EEAST staff cohorting multiple patients to allow the return of some crews to be available
- Crews that will be off duty or into a meal break window.

Handover to Clear Performance (EEAST)

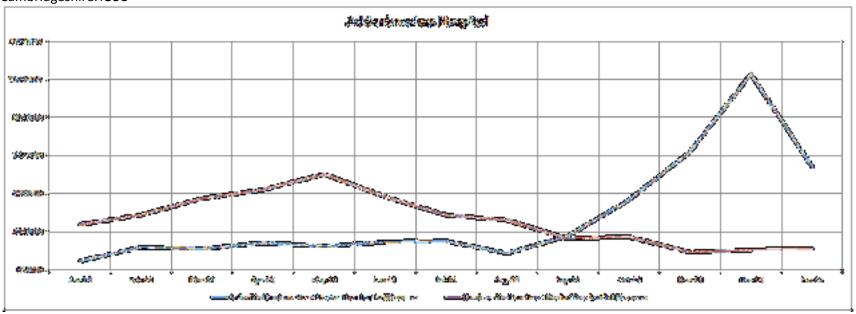
The handover to clear performance by EEAST crews at Addenbrookes, Peterborough City Hospital (PCH), and Hinchingbrooke continue to demonstrate stability. Improvements have been seen in the "Green in 15" time standard. The average performance for the green in 15 times is now consistently around 50-60%. This is when a crew have completed the handover of a patient and are available for the next emergency call. On average less than 5% of crews are delayed over 30 minutes from completing their patient handover. There are a number of options being considered where greater accuracy of the trolley clear submit button press (that ends the arrival to handover time and starts the handover to clear time) can be achieved. Any early button press to start the handover to clear time impacts negatively upon EEAST's handover to clear performance. We do have to reset the handover times when crews report the trolley clear button being pressed by ED staff. Handover has occurred when both a verbal and physical transfer of the patient has occurred only. The graph below represents the percentage of crews available in 15 minutes, and delays over 30 minutes at Addenbrookes.

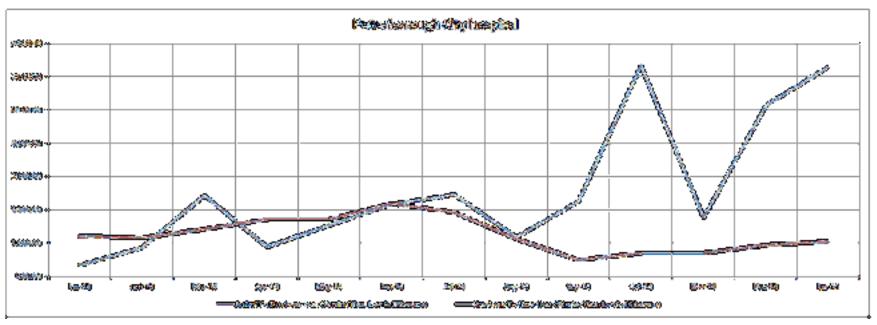


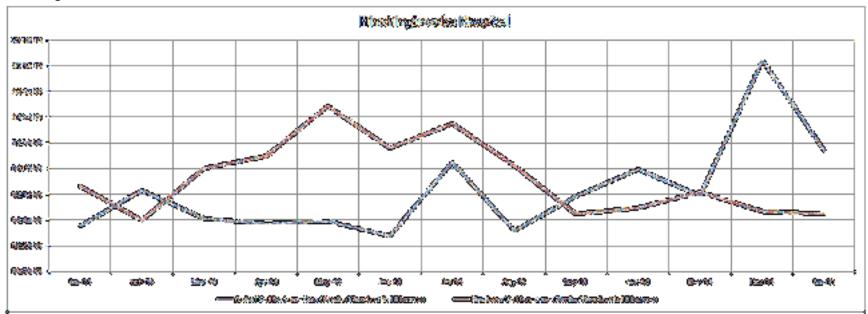
There are a number of reasons that still exist to which an Ambulance crew maybe delayed over 30 mins and are simply unavoidable. We do not have any codes to apply for welfare issues for example that arise for our crews. Instances such as highly emotive and traumatic calls are instances when a crew may be delayed receiving staff support or a debrief that an out of service code cannot be applied to.

Handover to Clear Performance V Arrival to Handover Performance

The charts below highlight both handover to clear and arrival to handover at the 3 main hospitals, in the last year. The recent increase in arrival to handover delays is evident.







Hospital Ambulance liaison Officer (HALO)

EEAST introduced a team of staff known as Hospital Ambulance Liaison Officers (HALO) to support both EEAST and Addenbrookes in the turnaround of crews as quickly, efficiently and as safely as possible. Starting on the 1st October, 2013 the HALO's have been instrumental in supporting both crews and Addenbrookes with ambulance turnaround, in particular handover to clear times. EEAST were successful in securing winter funding to extend the HALOs presence at all our acutes. All threeacutes are entirely supportive of the HALO role, and we all recognise that they are funded by winter funding monies only. We have worked in close conjunction with the acute sites and senior trust management to ensure the role fully supports the needs of both organisations.

The impact of hours lost at the EDs on EEAST's wider performance

There is a logical correlation between lost hours and handover performance at the ED. During peaks, the level of delays seen in ambulance handover had an effect of losing valuable ambulance resources and a negative impact on ambulance response times in Cambridgeshire. It is therefore vital that delays are kept to the absolute minimum.

Cambridgeshire Ambulance Response Times

Set out below are the performance figures for Cambridgeshire set against the agreed trajectories by each CCG. The key theme is a generally stable to improving performance picture against the agreed trajectories, this set against significantly higher demand, worsening weather of the winter period and deteriorating handover times at the ED's.

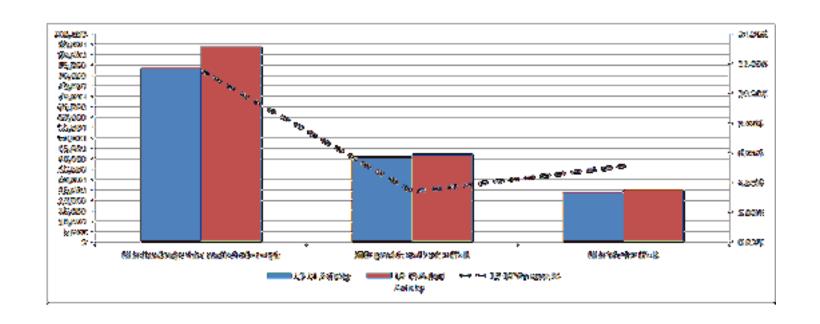
Category										Red	1 A8					
Target		Oct-13	Dec-13	Mar-14	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Trajectory	76.5%	71.4%	72.2%	64.5%	63.7%	62.0%	61.8%	64.1%	65.4%	81.8%	81.8%	78.9%	82.4%	83.3%	82.1%
Cambridgeshire	Actual				64.5%	66.3%	62.3%	70.9%	75.6%	66.9%	77.1%	75.9%	72.1%	73.9%		
Cambridgesnire	RAG				0.0%	2.5%	0.2%	9.1%	11.5%	1.5%	-4.7%	-5.9%	-6.8%	-8.5%		
	Variance	/ Number						13	19	2	-8	-12	-13	-17		
Category										Red	2 A8					
Target		Oct-13	Dec-13	Mar-14	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Trajector	68.6%	67.2%	63.8%	62.2%	61.8%	59.3%	59.6%	61.3%	62.1%	76.0%	76.2%	73.4%	76.7%	77.7%	76.3%
C	Actual				62.2%	62.6%	60.8%	63.9%	61.7%	64.9%	61.6%	61.8%	59.4%	64.7%		
Cambridgeshire	RAG				0.0%	0.7%	1.5%	4.3%	0.4%	2.8%	-14.4%	-14.5%	-14.0%	-12.0%		
	Variance	/ Number						145	14	84	-494	-517	-566	-428		
Category										Red	19					
Target		Oct-13	Dec-13	Mar-14	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Trajector	92.9%	92.2%	90.6%	90.0%	89.8%	88.8%	88.8%	89.6%	89.7%	93.1%	93.5%	92.3%	94.2%	94.8%	94.0%
Cambridgeshire	Actual				90.0%	89.7%	89.1%	89.2%	90.3%	92.3%	89.6%	91.2%	89.9%	93.4%		
Cambridgeshire	RAG				0.0%	-0.2%	0.3%	0.4%	0.7%	2.7%	-3.5%	-2.3%	-2.4%	-0.8%		
	Variance	/ Number						14	23	84	-127	-88	-101	-31		

Category										Gree	n1 20					
Target		Oct-13	Dec-13	Mar-14	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Trajectory	86.8%	83.5%	83.6%	75.8%	74.9%	71.4%	71.5%	76.4%	76.3%	96,8%	96.5%	90.3%	96.4%	98.0%	96.4%
e tel le	Actual					76.3%	74.3%	74.5%	82.8%	87.3%	82.0%	83.1%	77.6%	85.4%	C-2000000	
Cambridgeshire	RAG					1.4%	2.9%	3.0%	6.3%	11.0%	-14.8%	-13.3%	-12.7%	-11.0%	9	
	Variance	/ Number		-				15	25	41	-57	-48	-48	-85		
Category										Gree	n2 30					
Target	iii ii	Oct-13	Dec-13	Mar-14	Apr	May	Jun	ylut	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Trajectory	88.2%	83.0%	87.5%	83.4%	82.6%	79.4%	79.3%	84.8%	84.1%	98.2%	97.7%	91,1%	97.5%	99.0%	97.7%
	Actual					80.3%	79.5%	79.4%	82.6%	85.2%	80.9%	82.3%	81,7%	87.7%		
Cambridgeshire	RAG					-2.3%	0.1%	0.1%	-2.2%	1.1%	-17.4%	-15.5%	-9.4%	-9.9%		
	Variance	/ Number						3	-60	28	-496	-445	-281	-244	- 8	
Category	NV .		0							Gree	n3 50					
Target		Oct-13	Dec-13	Mar-14	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
140-2	Trajector	97.1%	96.8%	95.9%	95.1%	94.1%	90.2%	90.2%	96.7%	95.9%	98.1%	97.7%	90.8%	98.0%	99.3%	98.1%
Cambridgeshire	Actual	4				94.5%	94.8%	92.6%	94.0%	96.1%	93.3%	94.0%	91.0%	93.9%		
Camoriogesnire	RAG			Ų.		0.4%	4.6%	2.3%	-2.7%	0.2%	-4.8%	-3.7%	0.2%	-4.1%		
	Variance	/ Number						6	-6	1	-10	-8	0	-7		
Category	th.		11 11	,	Green 4 90											
Target		Oct-13	Dec-13	Mar-14	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Trajector	97.4%	93.7%	98.2%	97.2%	95.5%	90.5%	90.1%	99.9%	98.4%	96.2%	94.6%	79.7%	93.0%	97.3%	94.0%
Combutdanist	Actual					94.2%	93.1%	92.3%	92.0%	95.5%	90.3%	89.4%	88.0%	94.6%		0.000000000
Cambridgeshire	RAG	ķ .			ĝ I	-1.3%	2.6%	2.2%	-7.9%	-2.9%	-5.8%	-5.2%	8.3%	1.6%	f	
	Variance	/ Number		J.				13	-46	-16	-89	-82	61	10		

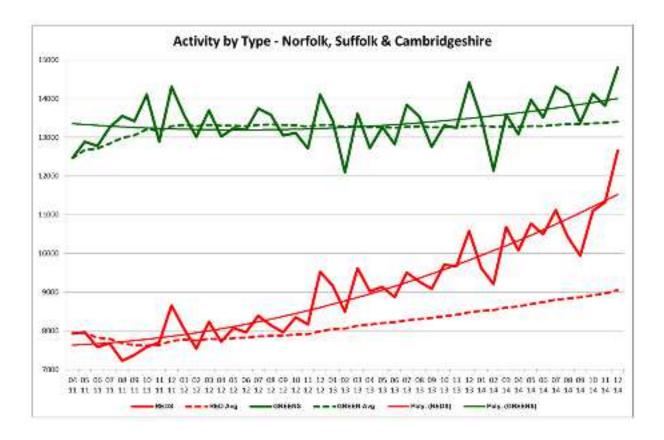
Cambridgeshire Ambulance Activity

Ambulance activity is commissioned by each individual CCG. The current arrangement is that a consortium of CCG's collectively commission ambulance activity in the East of England. Each CCG can purchase more or less activity. Discussions take place with commissioners to set activity levels in quarter 4 which in turn forms the commissioned levels of activity for the new financial year. This also allows for planning of the year ahead with activity levels forming the basis for planning resourcing levels. The activity commissioned for this year was underestimated significantly. The actual increases by CCG are shown below, with the two Suffolk CCG entered for comparison.

A&E CONTRA	CT ACTIVITY SCHEDULE	
ccg	13-14 14-15 Activity Actual	13-14 13-14 Variance Variance
NHS Cambridgeshire and		
Peterborough	83,986 93,691	9,705 11.56%



Suffice to say that the increase of demand on EEAST has been significant, and these totals of actual incident increase are highlighted at the top. Cambridgeshire suffers from the highest over-activity from last year and has a pull on some Norfolk and Suffolk resources in an effort to cope. Equally, the graph below demonstrates how in this locality we are seeing generalised increases in acuity of the call, not just volume, such that green calls have remained largely static and that red call volume (the 8 min response time target) has significantly increased, which is where the bulk of the extra activity sits.



Cambridgeshire's Resourcing

In Cambridgeshire, resourcing focus remains on ambulances as part of EEASTs key priorities, focusing especially on weekends and then nights before weekdays. Response Car cover continues to be challenged but with the emphasis on the core delivery of Ambulances there is a continued focus on their coverage, protecting the rural community, and key response cars supporting the urban areas. Current recruitment and training activity is on track and more of

the students are now working on our ambulances (see below). This does add pressure to response car coverage, in that we require paramedics to mentor the large number of students.

Ambulance resourcing did increase across Cambridgeshire in January and was consistently above budgeted hours, something we intend to hold throughout winter, directly as a result of the student paramedic and direct entry recruitment. Response car hours are generally improved but continue to remain below budgeted levels whilst recruitment continues.

Health Care Referral Tier is now fully operational and is assisting us in using less private ambulances services, and providing more resilience around our urgent workload delivery. Cambridgeshire sees up to 4 vehicles per day.

Cambridgeshire's Recruitment

The Trust has recruited in excess of 400 student paramedics across the East of England over the last 12 months. In Cambridgeshire by the end of March we will have recruited, trained and have working on ambulances 66 new student paramedics (41 in north Cambridgeshire and 25 in South Cambridgeshire). In addition we have had 11 direct entry paramedics join locally. Recruitment continues to be strong and we will continue to recruit student paramedics to increase front line staffing in 2015/16.

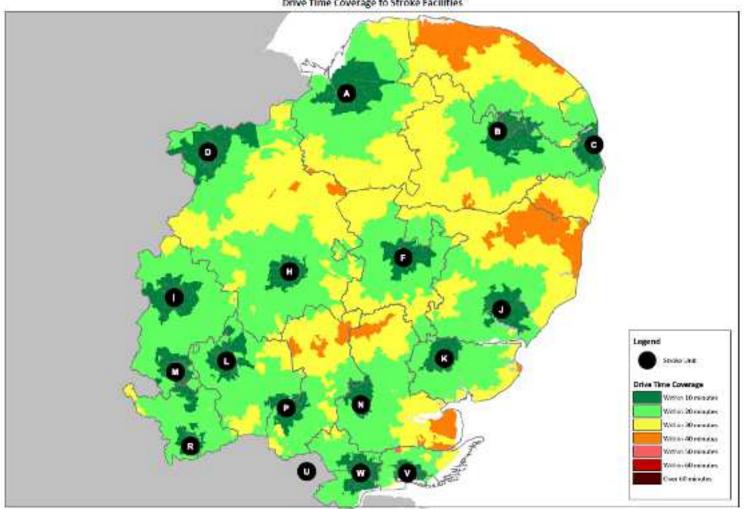
Cambridgeshire's Stroke Care

As can be seen from the table below, Cambridgeshire averages approximately 56% stroke 60 (against a 56% target), but a much higher compliance in the care bundle itself, mostly in the high 90's.

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-1
QU03 06: Ambulance Clinical Quality- Outcome from stroke for	ambulance natio	ntr						
i) The percentage of Face Arm Speech Test (FAST) positive stroke	•		\	ible for excelse th	and alumin wh			-t within
i) the percentage of race Arm speech test (rAst) positive strok	e patients (assess		, potentially elig s of call.	ible for stroke tr	irombolysis, who	o arrive at a nype	eracute stroke ce	ntre within t
3- f(M)	CC 70/			C2 884	#E 99/	F7.48	CC 70/	25.28
Performance (%)	66.7%	63.2%	55.2%	62.8%	45.8%	57.1%	66.7%	35.3%
of successes (Numerator)	24	24	16	27	11	12	16	
fof incidents (Denominator)	36	38	29	43	24	21	24	3
b) The percentage of suspected stroke patients (assessed face t	o facal who racai	vo an anneonei	ata cara bundla	(As par National	Ambulanca CBI	Caro Bundlo\		
							05.004	05.50
Performance (%)	94.5%	100.0%	98.9%	100.0%	98.9%	95.8%	96.0%	95.5%
of successes (Numerator)	69	66	86	85	87	68	72	8
of incidents (Denominator)	73	66	87	85	88	71	75	

The difference in our ability to deliver the care well, but not so well on the transport time is well represented in the map below highlighting the travel times to the nearest stroke units. Large areas of Cambridgeshire have emergency drive times of in excess of 20 minutes. The 60 minute target starts from the time the 999 call is received in the control room and runs until the patient arrives at a hyper-acute stroke unit. Given these drive times and the current stroke configuration the 60 minute target proves extremely challenging in a semi-rural county.

East of England Ambulance Service NHS Trust Drive Time Coverage to Stroke Facilities



Cambridgeshire's Tail Breaches

The charts below refer to the longest waits patients experience for the 2 red call categories from latest data for January and cumulative from April of last year. Again, given recent demand,we are seeing improvements in how quickly we are getting to patients and reflect the reduction we have witnessed in our tail breaches. Every red call tail breach is reported on verbally at each of our locality meetings on a monthly basis.

	Professional									
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