

East of England Ambulance Service Report

To: Cambridgeshire Adults & Health Scrutiny

Meeting Date: 9 December 2021

From: Marcus Bailey – Chief Operating Officer – East of England Ambulance Service

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: Information for the purposes of scrutiny.

Recommendation: The Adults and Health Committee is asked to note and comment on the report.

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1. Background

- 1.1 EEAST has been making good progress on meeting the actions identified in the CQC report and our Executive team continue to work with our organisational coach and improvement directors to develop a plan for continued and sustained improvement through a transformation framework that will move the Trust out of special measures status as soon as possible.

The Trust recognises that improvement will take time and will be built on key foundations of:

- Culture
- Workforce
- Capacity and capability
- System working
- Measuring impact and performance

- 1.2 Tom Abell (formerly Deputy Chief Executive at Mid and South Essex NHS Foundation Trust) is now in post as our new permanent chief executive. This is an important step in building a stable and successful executive team.
- 1.3 We have worked with Health Education England to source an alternative education provider for our apprentices since our funding was withdrawn following an inspection by Ofsted.
- 1.4 We have recently signed a contract with MediPro and are working closely with them to ensure minimal disruption to learners.

2. Main Issues

2.1 Improvement programme

- 2.1.1 In September 2020, the Care Quality Commission (CQC) published an Inspection report into our Trust. Part of that report highlighted the concerns many staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day.
- 2.1.2 The Trust continues to make good progress with the actions identified by the CQC report. This progress is checked and challenged by regional NHS England with the CQC and other stakeholders including NHS partners, Healthwatch, union, education and professional bodies.

Of the 178 actions of the CQC report, 69% are complete, with a further 18% rated green or green-amber in terms of confidence in delivery.

Areas of lower confidence (amber rating) are few and relate to delivering to the timescale rather than concerns on the ability to deliver the actions per se.

As we move forward, we will focus on measuring success by the confidence we have in the sustainability of the changes we have put in place.

Tom Abell has taken up his post as our new permanent chief executive. This is an important step in building a stable and successful executive team.

2.2.1 Special Measures

The Executive team continue to work with our organisational coach and improvement directors. Together, we are delivering a plan for continued improvement through a transformation framework to move out of special measures status as soon as possible.

Dedicated funding is being negotiated to support and strengthen key areas such as Freedom To Speak Up and communications. Over 200 staff have spoken to our Freedom to Speak Up Guardian. There have been more than 700 sessions with advice and support provided to managers and staff. Behind this, a huge number of other actions have taken place, but we know there is more to be done to embed and sustain change.

2.3 Equality and Human Rights Commission (EHRC)

The Trust has finalised an action plan with the EHRC with agreement on the actions and measures required. Importantly, the actions have been underway whilst our agreement with the EHRC under Section 23 of the Equality Act 2006 has been finalised.

The actions are included and monitored through our Quality Improvement Plan. There are clear monitoring points with the Commission to provide them with assurance on our progress.

2.4 Ofsted

An Ofsted team visited EEAST in June to inspect our apprenticeship education and training programmes. The focus of this monitoring visit was on safeguarding.

Whilst Ofsted recognised we have made improvements in addressing concerns raised by the Care Quality Commission in 2020, they identified an ongoing risk to our apprenticeship students being exposed to poor behaviour and feeling less able to raise concerns. The outcome of the review was 'Insufficient Progress'.

As a result of this inspection the Education and Skills Funding Agency (ESFA) terminated our education provider contract.

We worked closely with Health Education England to source an alternative provider and recently signed a contract with the education provider MediPro.

We are working closely with MediPro to ensure minimal disruption to learners and we have a specific performance team who lead on workforce planning that will take steps to mitigate any risks caused by the outcome of this.

To address the issues raised by the CQC, the Trust has invested in a culture programme and campaign to tackle poor behaviour and encourage all learners and staff to raise any concerns. We have also provided additional support for managers to ask about – and challenge – behaviour in the workplace

Additionally, the Trust has taken a number of actions to address the specific concerns of Ofsted, including:

- Reviewing and strengthening processes for mandatory safeguarding training to ensure learner and staff knowledge of safeguarding is recorded, updated and monitored.
- Putting checks in place to make sure all relevant staff and students in the future complete safeguarding training.
- Using data more effectively and intelligently to identify if different staff groups are having a different experience at work, rather than relying on general survey data
- Reviewing and learning from issues around how education and training at the Trust is managed and delivered, including working with Health Education England.

2.5 Region-wide performance overview

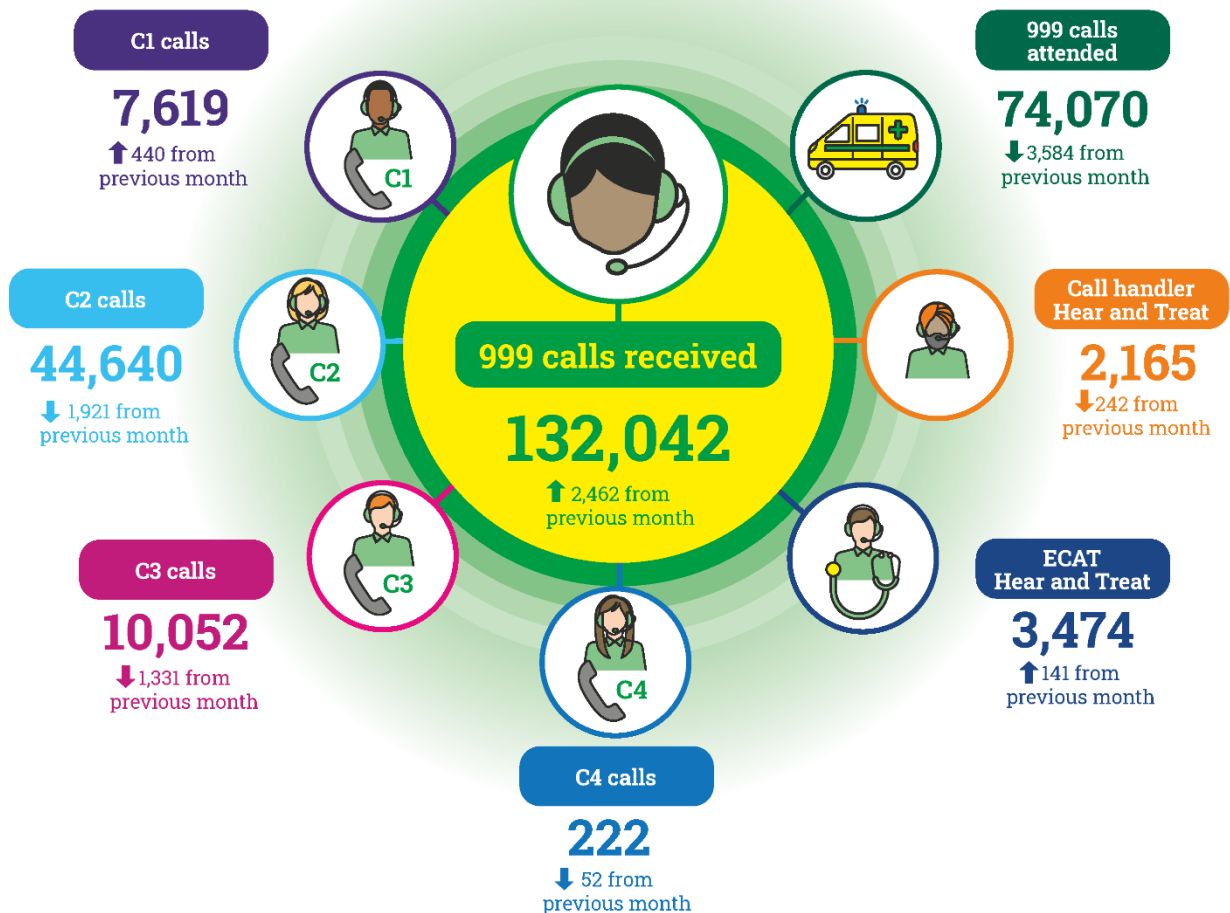
Monthly Performance Dashboard

NHS
East of England
Ambulance Service
NHS Trust



October 2021

Data for 1-30 September 2021



KEY:

- 999 calls received:** Total number of 999 calls received in our three control rooms (AOCs) in Bedford, Chelmsford and Norwich.
- C1 calls:** Total number of calls requiring an immediate response to a potentially life-threatening illness or injury.
- C2 calls:** Total number of calls classed as an emergency for a potentially serious condition.
- C3 calls:** Total number of calls classed as urgent where some patients may be treated in their own home.
- C4 calls:** Total number of calls classed as less urgent where some patients may receive advice over the phone or be referred to another service such as a GP or pharmacist.
- 999 calls attended:** Total number of 999 calls that received a response from a clinician either by phone or face to face.
- Call handler Hear and Treat:** Total number of calls triaged by call handlers as not requiring an ambulance response.
- ECAT Hear and Treat:** Total number of calls managed by emergency clinical advice and triage (ECAT) clinicians not requiring an ambulance response face to face.

2.6 Local Performance

Performance summary Cambridgeshire Sept 2021



The steady increase in demand experienced over the summer months is now converging with winter pressures and at times we have experienced unprecedented levels of calls. However, patients in Cambridgeshire continue to experience better performance than other sectors of the East of England, though we continue to be challenged at peak times and in certain areas.

Activity

Number of contacts received **17,205** - a slight decrease from August's figures (17,213)

Face-to-face incidents attended **9,539** (decrease from 9,936 in August)

Response times (previous month in brackets)

C1 Mean **09.36** [08.46]

C2 Mean **38.11** [34.53]

C3 Mean **1.47.42** [1.38.10]

C4 Mean **2.43.32** [2.13.02]

Overall Trust for September

Number of contacts received **132,042**

Face-to-face incidents attended **66,732**

Hear and Treat call **7,338** (9.91%)

C1 Mean **09.54**

C2 Mean **48.33**

C3 Mean **2.30.36**

C4 Mean **3.17.37**

Other issues:

Hospital handovers

Hospital delays are significantly impacting upon EEAST's ability to provide a sufficient response.

EEAST continues to work closely with CCG and acute hospital colleagues at all levels to reduce the impact of these delays.

2.6.1 Despite unprecedented demand for our ambulances we have worked hard to ensure that we are able to respond to calls in order of need, prioritising Category One calls (immediately life threatening) first. The response times of our teams serving Cambridgeshire are broadly in line with the rest of the trust.

2.6.2 In line with activity in Urgent and Emergency Care across the NHS, there has been a significant increase in demand for services since the end of the national COVID-19 lockdown and the easing of social restrictions.

2.6.3 The Trust is now operating at REAP 4 (Resource Escalation Action Plan 4).

The national REAP framework is designed to maintain effective and safe operational and clinical response for patients. REAP 4 is the highest escalation alert for ambulance trusts, and is currently the status of a number of ambulance Trusts across the country.

2.6.4 Throughout the COVID-19 pandemic, and particularly during periods of lockdown, there was reduced access to healthcare services. Fewer people were calling ambulances and fewer patients were being admitted to hospital for elective care. We experienced lower call volumes and fewer delays at hospitals.

2.6.5 We have noted that patients are now calling us again but later than has traditionally been the case. This means that our crews are arriving to more complex care needs which increases time spent assessing patients and their condition.

We are working across the trust to ensure that we support patients with the most appropriate pathway, which includes using the 'Hear and Treat' teams within our control rooms to offer advice and guidance to other services for those callers that are triaged as not requiring an immediate response.

This allows those non-urgent patients to get the help they need quickly, while maximising our community response capabilities by avoiding crews being delayed at calls that did not require an ambulance.

Another action we have taken to combat our challenged C1 call volumes and response times has been to adapt our operating model to focus resources on maximising the number of double-staffed (traditional) ambulances to ensure that our fleet flexibility for any type of call is maximised.

2.6.6 The impact of increased demand is also being felt at acute trusts where we have seen a corresponding increase in ambulance turnaround times.

We continue to work with partners across the system to try to minimise the turnaround times at hospitals. This includes Hospital Admissions Liaison Officers at each of the acute trusts to facilitate handovers and ensuring that patients receive care in the most appropriate setting for them without being taken to hospital unnecessarily.

2.7 Other Projects and Progress

2.7.1 Body worn cameras

As part of a national pilot to reduce violent assaults and threats of violence against ambulance staff, East of England Ambulance Service is introducing body worn cameras. The 12-month pilot started initially at Waveney Ambulance Station in June and is being rolled out to 18 other sites across the region. EEAST will share data from the use of the cameras with NHS E/I to analyse in real time the effectiveness of the pilot in reducing assaults on staff.

2.7.2 The system has been evaluated for use by a Caldicott Guardian – the designated senior person responsible for protecting the confidentiality of people’s health and care information. London Ambulance Service, North East Ambulance Service and South Western Ambulance Service are trusts that have already rolled out the cameras. Discussions are in place to extend the pilot beyond the initial 12-month period.

2.7.3 Co-response

Within EEAST, we have several community-based resources, this ranges from members of the public responding within their local area, to the co-responder role. We currently have 800 Community First Responders split into 250 schemes trust-wide.

2.7.4 Late finish programme

Late finishes have a big impact on staff’s homelife and wellbeing and we have been trialling a new programme to reduce late finishes (<https://ntk.eastamb.nhs.uk/news/trial-aims-to-reduce-late-finishes-for-dsa-and-rvs.htm>).

The trial started (Phase 1) in early August in two dispatch groups: West Norfolk and West Hertfordshire.

The main expected benefit is a reduction in the frequency and length of late finishes.

Other anticipated benefits include:

- Improvement in road staff well-being due to reduced impact on personal lives.
- Reduced fatigue and, consequently, improved staff safety.
- Reduction in late starts and thus better resource availability at shift start due to: oncoming crews less likely to have to wait for a returning vehicle.
- Fewer crews coming in late for their following shift.
- Time available for off-going crews to ensure vehicle is ready for the next shift.
- Reduced frequency of oncoming crews needing to go Out of Service to restock/refuel or deal with vehicle maintenance issues.
- Associated cost savings in reduced incidental overtime.
- Improved ‘Handover to Clear’ times.

Following the success of Phase 1 above, the trial has now been extended to include the remaining areas of the Trust (from 8th November 2021).

2.8 COVID-19

We have continued to adapt to the latest phase of the COVID pandemic.

2.8.1 Having completed the course of two doses of vaccine for more than 90% of our staff, putting us in the top 20 of trusts for staff vaccination rates, we are now commencing offering staff a booster dose.

2.8.2 As restrictions on the general public have been eased, we have retained procedures to keep our frontline workforce COVID secure.

We are now aiming to ensure our support services teams can return safely to offices or adopt a hybrid approach in line with the Government's roadmap.

2.8.3 As expected, we are seeing an increase in call volume in line with the easing of COVID restrictions. The Trust is using dynamic resourcing and planning to ensure it meets the additional demand expected as lockdown measures continue to be lifted.

2.8.4 Operational teams are working with national colleagues to prepare for any future potential spikes in cases. We continue to monitor and mitigate the COVID risks to our staff and patients - and we are actively reminding all staff of the importance of following the latest COVID protocols at all times.

2.9 Preparing for Winter

EEAST, along with the rest of the NHS, are anticipating further activity this winter. As the COVID-19 pandemic continues, we work with regional colleagues to prepare for an increase in patients

2.9.1 As we plan for increased demand across the winter months, we are:

- Recruiting extra people to work within our Ambulance Operation Centres to take 999 calls or support the dispatch of emergency ambulances.
- Increasing overtime levels for existing and experienced staff.
- Setting contingency plans in place to draw on support from partners within the military and fire and rescue services to assist with our emergency and non-emergency services if required.
- Wherever appropriate, not sending ambulances to non-urgent patients and directing them to more appropriate services. Currently we manage around 10% of our patients through Hear and Treat where self-care advice is given over the phone, and we also direct around 1,500 patients per week to other sources of help. Nationally this is around 11.5% of calls.

- Increasing the use of private ambulance services who work with us.
- Using social media and our other channels to encourage people to use other services where they can, such as 111 and 111 Online, pharmacies and their GPs.

2.10 Conclusion

The additional guidance and support we are receiving as a consequence of the CQC Report and being in Special Measures, are enabling EEAST to address the serious cultural issues across the organisation, and work is now moving at pace.

We are making good progress towards our improvement targets and being taken out of Special Measures.

2.10.1 On performance, the picture remains complex across the whole of EEAST, and, despite the large number of initiatives and changes implemented regionally enabling us to meet national standards across the region, we continue to experience challenges with ambulance performance at some locations and during extreme peaks of demand.

Hospital handover delays are a system-issue and we have resourced this with HALO officers to work closely with the CCGs and colleagues in Acute Hospitals to identify and resolve these issues collaboratively.

2.10.2 To get the latest information about EEAST, including an update from the Chief Executive, please subscribe to our newsletter for stakeholders: InTouch EEAST
www.eastamb.nhs.uk/intoucheeast.htm

3. Source Documents

<https://www.eastamb.nhs.uk/about-us/papers-2021/Public%20Board%20Reports%20-%2010.11.2021.pdf>