Agenda Item No: 14b

Health Scrutiny

Urgent and Emergency Care: East of England Ambulance Service

To:	Adults and Health Committee
Meeting date:	12 December 2024
From:	Marika Stephenson Executive Lead, Cambridgeshire and Peterborough East of England Ambulance Service NHS Trust
Electoral division/s	All

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1. Background

1.1 The purpose of this report is to provide the Committee with information regarding the performance of the East of England Ambulance Service NHS Trust (EEAST) in Cambridgeshire and Peterborough.

1.2 The data covers April to October 2024.

2. Summary

2.1 Response times in the Cambridgeshire and Peterborough ICB sector for our most serious incidents (Category 1) have increased slightly compared to 2023, with an average response time of 9 minutes 19 seconds.

2.2 Response times for Category 2 incidents, which include serious medical emergencies such as chest pains and strokes, have also increased compared to 2023, with an average response time of 40 minutes 56 seconds.

2.3 15,435 hours of patient-facing time has been lost due to delays in handing over patients at hospital, equivalent to 1,286 ambulances being off the road. This compares to 8,448 hours over the same period in 2023.

2.4 NHS England has removed EEAST from the National Recovery Support Programme in recognition of the significant improvements we have made. The programme was formerly known as Special Measures.

3. Response times

3.1 The number of incidents we have responded to between April and October has increased by 1908 compared to 2023. Our response times for C1 incidents have increased slightly, and our C2 response times have also increased.

3.2 **Table 1 – 2024**

Month	C1 Response Time	C2 Response Time	C3 Response Time	C4 Response Time
Apr-24	00:09:00	00:41:51	02:20:35	03:36:16
May-24	00:09:16	00:39:44	02:19:39	03:09:44
Jun-24	00:09:41	00:47:12	02:31:50	03:54:51
Jul-24	00:08:58	00:37:34	01:59:33	02:23:06
Aug-24	00:08:46	00:29:36	01:30:47	02:35:46
Sep-24	00:09:48	00:41:32	02:23:07	02:55:27
Oct-24	00:09:42	00:48:31	02:53:19	03:48:41
Mean	**00:09:19**	**00:40:56**	**02:16:01**	**03:12:14**

3.3 **Table 2 – 2023**

Month	C1 Response Time	C2 Response Time	C3 Response Time	C4 Response Time
Apr-23	00:08:41	00:29:12	01:16:59	01:38:00
May-23	00:08:52	00:32:12	01:29:04	02:26:36
Jun-23	00:09:09	00:35:06	01:44:28	02:49:29
Jul-23	00:08:44	00:31:23	01:27:12	03:05:16
Aug-23	00:08:45	00:33:29	01:37:02	02:33:54
Sep-23	00:09:16	00:38:04	02:06:20	03:00:05
Oct-23	00:09:29	00:45:57	02:26:10	02:04:21
Mean	**00:09:00**	**00:35:08**	**01:43:15**	**02:34:37**

3.4 In Cambridgeshire and Peterborough in August 2024, EEAST met the national target for average C2 response times set by NHS England, which is 30 minutes. The average C2 response time in Cambridgeshire and Peterborough in August was 29 minutes 36 seconds.

3.5 Since then, response times have increased and this can be correlated with an increase in lost hours due to hospital handover delays. In August, 891 patient-facing staff hours were lost. This increased to 1,943 hours in September and 2,696 in October.

3.6 We are looking at several ways in which we can improve our response times and increase our resources, including:

- Increasing clinical cover within our control rooms, so we can triage all appropriate calls to improve patient safety and maximise the use of alternative services which are available within communities.
- Working with our system partners to implement agreed handover targets at A&E departments across the region. The primary aim is to reduce avoidable harm, including deaths, in communities because of delayed ambulance response times, which are consequential to delayed handovers of emergency patients at acute trusts.
- Completing our roll out of advanced practice cars in both urgent and critical care in each county, who will be able to provide more specialist clinical care and support in patients' homes.
- Increasing Hear and Treat rates to 13% through Clinical Assessment Service (CAS) expansion. CAS allows more patients to be treated over the phone rather than needing an ambulance response.
- Segmenting Category 2 calls by clinical need. This new system allows a conversation between the patient and the clinician in the control room where together they can decide whether an ambulance is the best response or if they would be better cared for in the community.
- Increasing the use of Community First Responders (CFRs) to assist with patients that have fallen. They can be dispatched to falls where the patient is uninjured or where a clinician has deemed the incident appropriate for a CFR, they can also be used as a resource for trust staff to use as a backup option to support them on scene with lifting patients.
- Using a web based portal we are transferring electronically (Access to the Stack) appropriate lower acuity calls (C3 – C5) to our Urgent Community Response partners who respond to those calls within two hours, allowing ambulances to respond to more serious emergencies in the area.

4. Hospital handovers

4.1 We continue to collaborate with partners across the system to try to minimise handover times at hospitals. This includes having dedicated Hospital Admissions Liaison Officers (HALOs) at A&Es to facilitate smoother and faster handovers. These roles are now a permanent position within EEAST.

4.2 However, hospital handovers remain a significant issue which affects EEAST's performance. Handover times are split into two main categories: Arrival to handover, and handover to clear. Arrival to handover is primarily hospital controlled, and handover to clear is primarily ambulance controlled.

4.3 The national mandate from NHS England is for all patients to be handed over to the hospital within 15 minutes of arrival, however this is rarely being achieved. These delays are reducing the number of ambulances in operation and are significantly affecting our ability to respond to 999 calls.

4.4 Following discussions with hospitals and Integrated Care Boards across the east of England we have agreed to reduce the time taken to handover patients into the care of emergency departments – this is known as 'Release to Respond'. We have agreed target handover timescales with hospitals within all Integrated Care Systems in the east of England, with the exception of Cambridgeshire and Peterborough.

4.5 We are in continuing discussions with Cambridgeshire and Peterborough ICS about the introduction of the 'Release to Respond' scheme.

4.6 Between April and October this year, 65% of handovers at hospitals in Cambridgeshire and Peterborough have exceeded 15 minutes. 15,435 hours have been lost to handover delays, which is equivalent to 1,286 ambulances. Handover delays have worsened compared to the same period in 2023, where 55% of handovers exceeded 15 minutes.

4.7 **Handover times at Cambridgeshire and Peterborough hospitals**

Addenbrooke's Hospital

- Average arrival to handover is 34 minutes 22 seconds
- 49% of handovers are achieved within 15 minutes
- 6,356 hours lost due to handover delays – equivalent to 529 ambulances off the road

Peterborough City Hospital

- Average arrival to handover is 52 minutes 3 seconds
- 11% of handovers are achieved within 15 minutes
- 7,923 hours lost due to handover delays – equivalent to 660 ambulances off the road

Hinchingbrooke Hospital

- Average arrival to handover is 23 minutes 6 seconds
- 41% of handovers are achieved within 15 minutes
- 1,515 hours lost due to handover delays – equivalent to 126 ambulances off the road

4.8 To support the national Urgent and Emergency Care recovery plan of C2 performance to 30 minutes in 2024/25, the maximum weekly ambulance hours lost to handover delays has been independently modelled by NHS England and agreed at 2,000 Trust wide (this is approximately 166 ambulances). These levels have never been reached.

4.9 As we head into winter, we know that handover delays will increase as the health and care system comes under increased pressure. We know that unwell patients in the community who are undiagnosed are at the highest risk if we cannot respond to them quickly. We have agreed handover timescales with hospitals across the region, with the exception of Cambridgeshire and Peterborough, to allow ambulances to quickly return to responding to medical emergencies. Discussions are continuing with Cambridgeshire and Peterborough ICS about agreeing handover timescales at their hospitals.

4.10 We are also committed to understanding the impact we play in handover delays and are identifying patients with a non-critical emergency and patients that are transported to A&E departments due to a failed referral so that we can work with system partners to find alternative services to reduce demand on our hospitals.

4.11 A Trust wide initiative has been implemented to support the improvement of handover to clear times with the aims of:

- Improving the handover to clear (H2C) times which will increase patient facing staff hours (PFSH) providing more time for focussed patient care.
- Improving response times in line with national standards.
- Reducing mental load on staff allowing them to focus on other tasks following a clinical handover of care of a patient.
- Reducing time spent at hospital can improve emergency department (ED) flow by reducing queues and demonstrates that EEAST are committed to reducing delays within the wider system.

Staff will receive reminder messages on their radio handsets and Mobile Data Terminal (MDT) screens to alert them if they are about to breach the times in line with national standards.

5. Winter pressures

5.1 We recognise this winter is likely to see UEC services and EEAST come under significant strain, and many patients will face longer waits at certain points in the pathway than acceptable. It is vital in this context to ensure basic standards are in place in all care settings and patients are treated with kindness, dignity and respect. This means focusing on ensuring patients are cared for in the safest possible place for them, as quickly as possible, which requires a whole-system approach to managing winter demand and a shared understanding of risk across different health and care settings.

5.2 EEAST's operational performance improvement plan (OPIP) is based on four priority areas. The Trust's C2 performance remains the Trust's largest area of operational risk and is a key priority across the region and nationally. The additional measures being put into place over

the winter period aim to support the operational performance and reduce any negative impact to the Trust. The four key priorities are outlined below.

5.3 **Job Cycle Time**

The shorter the job cycle time – the total time taken to assist a single patient - the more patients can potentially be assisted. The longest part is typically the on-scene times, and these can be within our control. To help our clinicians address this, the Trust is planning and delivering bespoke training on 'quality efficiencies on-scene' to all operational areas, providing training on clinical best practice on-scene decision-making, and looking at IT solutions to help – including an operational information portal for clinicians to easily see a range of data about how they are performing to help with learning and improvement.

5.4 **Vehicles**

To tackle the number of vehicles off road, the Trust is bringing in 228 new operational ambulances, increasing workshop infrastructure, and recruiting vehicle technician posts within budget.

5.5 **Improving Hear and Treat**

The Trust plans to increase capacity for Hear and Treat (H&T), accelerating recruitment and expanding the use of agency clinicians, and undertake GP triage outsource. The goal is to increase the calls handled per hour, focusing resource on specific call types (C2), where appropriate.

5.5 **Increasing Patient Facing Staff Hours**

We want to increase the number of hours our staff have to directly help patients, through reducing the time taken to acquire C1 driving licences and implementing a centralised scheduling system to anticipate demand on the service and roster staff accordingly.

5.6 The main impact for the Trust alongside high demand has been identified as significant and prolonged delays in handing patients over to hospital. This is why, alongside other ambulance services, we are implementing a 45-minute limit on patient handovers.

Source documents

6.1 None.