East Midlands Ambulance Service NHS Trust

Paper No.	PB/17/118

Report to: TRUST BOARD

Date: 5 September 2017

Report Title:	Ambulance Response Programme Pilot
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Purpose of Report

The purpose of this report is to provide an update to Trust Board following migration to the Ambulance Response Programme (ARP) 2.3 pilot, and to provide assurance on the ARP governance and reporting arrangements.

Type of Report	Decision-making	Assurance	Discussion
		X	

Executive Summary

- On Wednesday 19 July 2017 EMAS joined the national ARP 2.3 pilot.
- The ARP pilot is a fundamental change to the way ambulance services respond to patients, both in terms of the time to respond, and the categorisation of patient conditions.
- The migration to ARP on the 19 July was delivered smoothly without any staff or patient issues.
- North West Ambulance Service also joined the 2.3 pilot as the second trust in this wave.
- The rationale for the ARP pilot is to provide the most appropriate response and clinician to the patient, to reduce duplication and improve clinical outcomes.
- The governance and reporting structure for the programme was approved by the Trust Executive Team.
- An ARP Delivery Group was established to provide oversight and governance across the programme work streams.
- The ARP Delivery Group met on a weekly basis, providing weekly reports to the Executive Team and lead commissioner.
- The Chief Operating Officer is the sponsor of the programme and has authority to make key decisions while consulting with other member of the Executive Team
- Work is continuing to ensure effective and complete reporting platforms are in place.

- All relevant clinical policies and procedures have been updated to take into account changes due to ARP and have been presented to the relevant groups for approval.
- Early benefits of the migration to ARP have included:
  - A timely response to those patients with life-threatening conditions - Category 1 calls.
  - Ability to dispatch the right clinical resources to meet the needs of patients based on presenting conditions.
  - A reduction in multiple dispatches, and reduced stand down of resources, once allocated.
  - Increased opportunity and ability to support patients through Hear and Treat, and See and Treat (advice and support via the telephone and at scene).
  - An increase in allocation of crew 'rest breaks' at the correct time.
  - A reduction in late finishes for frontline crews.
- The first full month of ARP activity and delivery is reported in the Integrated Board Report (IBR) - reported to Trust Board on the 5 September 2017.
- The Executive Team on the 14 August 2017 agreed how ARP will be transitioned into 'business as usual'.
- To realise the opportunities and patient benefits arising out of ARP, the clinical operating model will be revised over the coming months.

Strategic Fit:

Strategic Objective	Relevant
Our Quality - We will respond to our patients with a high quality service exceeding national ambulance target quality indicators.	**X**
Our Reputation - We will be recognised nationally as a reliable provider of high quality out of hospital and community based care across the East Midlands.	**X**
Innovation ambition - We will be recognised nationally as a leading innovator in community based and out of hospital care.	**X**
Integration - We will work in partnership with our local health care, social care, and voluntary sector partners to deliver and enable integrated patient services and care pathways across the East Midlands.	**X**
Our People - We will consistently develop and support our people to be highly skilled, highly motivated, caring and compassionate professionals.	**X**
Efficiency - We will make the most effective use of all our resources, delivering upper quartile performance on our indicators for money, staff, premises, and fleet.	**X**

Impact:

Quality • A quality impact assessment has been completed to determine the impact the pilot will have on patient outcomes
Financial Position • Currently no material impact, but potential for improved efficiency

Operational Performance • National and local reporting has been amended to report on ARP
Workforce including Equality Issues • An equality impact assessment has been completed to assess the impact on communities and staff of the way this service is provided
Reputation of the Trust • A communications plan was produced to ensure the reputation of the trust is maintained
Other • N/A

State in the box below the committees or groups which this report has already been presented to:

None

Risk Management:

Board Assurance Framework: BAF Risk 12

Details of any new risk(s) identified which may result from the recommended decision or action:	**Risk Assessment**		
	Consequence (A)	**Likelihood** (B)	**Score** (A x B)
None			
Details of mitigation of identified risk(s):	Not applicable		

Recommendation(s)

That the Trust Board:

- **CONSIDERS** the update on the migration to the Ambulance Response Programme 2.3 pilot, including early findings; and
- **TAKES ASSURANCE** from the governance and reporting arrangements for the Ambulance Response Programme.

Trust Board Meeting – 5 September 2017

Ambulance Response Programme (ARP)

1. Introduction / Background

The Trust has been a key supporting partner to the development of the Ambulance Response Programme thus far, and had expressed an interest in becoming an additional trial site for the Phase 2 trial. The Trust was informed on the 30 May 2017 that it would participate in the trial commencing July 2017.

The national ARP pilot is a fundamental review of the way ambulance services respond to patients, both in terms of the time to respond (performance) and the categorisation (clinical coding) of patient conditions.

- Category 1 (8% of calls) for people with life-threatening injuries and illnesses.
- Category 2 (57% of calls) emergency calls.
- Category 3 (27% of calls) urgent calls. In some instances this may include treatment by an ambulance clinician in the patients own home.
- Category 4 (8%) for less urgent calls. In some instances this may include advice being given over the telephone or referral to another service such as a GP or pharmacist.

The rationale for the ARP pilot is to:

- Prioritise the sickest patients, to ensure they receive the fastest response.
- Drive clinically and operationally efficient behaviours, so the patient gets the response in a clinically appropriate timeframe.
- Put an end to unacceptably long waits by ensuring that resources are distributed more equitably amongst all patients contacting the ambulance service.

The planning and implementation phase lasted 6 weeks, during which time the governance and reporting arrangements were approved by the Trust Executive Team, and weekly reports provided to the Executive team / Turnaround Board as part of the governance process. The Executive Team on the 10 July 2017 received an update to understand the scope of the ARP 2.3 pilot and changes proposed, acknowledged the readiness process and agreed the go-live date of the 19 July 2017.

NHS England announced on the 13 July 2017 the new set of Ambulance Quality Indicators (AQIs) for English ambulance services; the announcement meant that EMAS would continue to introduce ARP on 19 July 2017.

At 03:00 hours on Wednesday 19 July 2017 EMAS went live with the new ARP 999 call categories.

2. Purpose

The purpose of this report is to provide an update to Trust Board following migration to the Ambulance Response Programme (ARP) 2.3 pilot, and to provide assurance on the ARP governance and reporting arrangements

3. Assurance

The governance and reporting structure for the programme was approved by the Trust Executive Team on the 12 June 2017.

An Ambulance Response Programme Delivery Group was established to provide oversight and governance across the following programme workstreams:

- Emergency Operations Centre (EOC) – responsible for the delivery of the required training packages to the different teams within EOC, updating the Standard Operating Procedures and upgrading and testing the systems used for the EOC and operational staff.
- Quality Governance – to ensure all the supporting policies and procedures relating to patient experience, patient engagement, and external letters are updated to reflect the national project.
- Reporting – responsible for ensuring national and contractual returns were made; information is available internally to support performance, and to ensure AQI compliance.
- Contracting – ensure that the terms of the Trust's 2017/18 Urgent and Emergency Ambulance contract was reviewed in the light of ARP.
- Community First Response – to assess, analyse and communicate the outcome of the ARP introduction to EMAS direct Community First Responders, and partner response agencies.
- Communications – responsible for ensuring key ARP messages and corporate briefings are shared in a structured, consistent, timely and accessible manner to staff, volunteers and stakeholders.

The ARP Delivery Group has met on a weekly basis and provided a weekly report to the Executive Team and lead commissioner; the Chief Operating Officer as sponsor of the programme had authority to make key decisions while consulting with other member of the Executive Team. To support the delivery of the programme the following work has been completed:

- A risk/issues log and decisions log has been maintained to record all risks/ issues and decisions identified by the workstreams, ARP Delivery Group and Executive Team
- A quality impact assessment and an equality impact assessment have been completed and approved
- In preparation for the go-live for the ARP Phase 2.3 pilot, NHE England nationally has coordinated the overall programme and associated governance with local project teams from EMAS reporting into the national team. The EMAS local project team,

which is multi-disciplinary, created a local project plan to determine the activities required for the ARP change to take place

- A go live plan and readiness status report was presented to the Executive Team to inform the decision to go live on the 19 July 2017
- A communication plan was developed for the ARP programme Phase 2.3
- A post project review will be undertaken and provided to the Trust ExecutiveTeam.
- The programme has been managed through the Trust Programme Management Office

4. Implementation

ARP has now been implemented across the trust and in both emergency operations centres with currently no technical and system issues to report. The migration on the 19 July was delivered smoothly without any staff or patient issues.

Work is continuing to ensure effective and complete reporting platforms are in place to enable in depth analysis of performance and areas where process needs further refinement to improve existing delivery.

All relevant clinical policies and procedures have been updated to take into account changes due to ARP and have been presented to the relevant groups for approval. Templates for incidents, complaints and serious incidents have also been amended to take into account the new indicators. The changes due to ARP have not negatively impacted on the clinical effectiveness, patient safety and quality of the service provided to our patients. There have been no concerns raised in relation to the new indicators.

Following the national announcement made via Ministerial Statement and NHSE media release introducing new ARP standards, the trust issued internal, stakeholder and media/social media posts based on 4 objectives, to:

1. Raise awareness internally, ensuring staff and volunteers could identify and relate to the key messages.
2. Raise awareness of East Midlands based healthcare professionals and to encourage appropriate behaviour change.
3. Manage expectations and change perceptions of the ambulance service.
4. Promote the importance of dialing 999 in an emergency and using alternative healthcare for minor illnesses and injuries.

The final AQIs for ARP version 2.3 were issued to the trust on the 4 August 2017. The trust is currently working to the draft version of the 2.3 AQI guidance, with a plan to implement the revised AQIs during August 2017.

5. Benefits

The high level benefits of ARP are summarised below; ARP has been live for approximately 4 weeks at the time of this report and early indications are that the following benefits are being reported:

Ensuring a timely response to those patients with life-threatening conditions category 1 calls:

- Some bespoke work has taken place internally to enable quicker identification of Category 1 calls relating to Haemorrhage and Fitting.
- Additionally the trust is also employing auto dispatch technology to speed up the dispatch of resources to Category 1 calls.

Providing the right clinical resources to meet the needs of patients based on presenting conditions:

- ARP provides the environment for dispatch to allocate a resource of the appropriate clinical skill mix to the right patient more often. This may include Paramedic deployment to a cardiac arrest, major trauma case, or heart attack.

Reducing multiple dispatches:

- ARP provides the opportunity for EOC dispatchers to have additional time to review the deployment to 999 calls that are not immediately life threatening. This enables them to identify patients' needs better and send the most appropriate response(s).
- The number of responses per incident (RPI) for Category 2, 3 and 4 calls has reduced to an average ratio of 1:1 (from 1:2).
- This is enabling EMAS to reduce the number of vehicles it sends to each incident and therefore improving efficiency making more resource unit hours available for deployment to higher categories of call.

Reducing the diversion of resources:

- ARP is providing the opportunity for dispatchers to send the most appropriate response on the first allocation rather than diverting and re-diverting resources.

Increasing the ability to support patients through hear and treat:

- This national objective was set to improve national Hear and Treat (HAT) levels. This is allowing the trust to maintain its already high level of Hear and Treat. The EMAS re-contact rate following self care / advice (HAT) remains below 1% which continues to provide assurance that hear and treat outcome was the most appropriate outcome for the patient, and the Trust will continue to use the re-contact rate as one quality assurance measure for Hear and Treat.

Increasing the ability to support patients through See and Treat:

- ARP provides the dispatchers with the appropriate amount of time to send the most appropriate resource and clinician to the patient. This will in turn support the Trust's objective of treating more patients at home, before either discharging them or referring them on to the right clinician or service for their continued care.

Early indications are that the following additional staff benefits are also being reported:

- Following the implementation of ARP an initial review of data indicates that there has been an improvement in the proportion of front line employees able to take their meal breaks during their planned break window. This in turn assists in reducing fatigue and therefore improves the safety of care provided.
- Improved compliance with End of Shift Deployment, meaning that more staff are able to finish their shift on time.
- EOC dispatchers are supportive of the new dispatch regimes, allowing them to more effectively assign the right clinician to the right patient, more often.
- EMAS has experienced a reduction in the levels of escalation experienced when there have been sudden increases in activity. The improved availability of resources is a key contributor to reducing escalation and delayed responses.

6. Delivery against the new Categories

The first full month of August is reported in the Integrated Board Report (IBR) - reported to Trust Board on the 5 September 2017.

7. Next Steps

The Executive Team on the 14 August 2017 approved how ARP will be transitioned into 'business as usual', including:

- The ARP Delivery Group will be replaced by an AQI Implementation and Reporting Group and this will accountable to the Executive Team in their roles of designated project board for ARP.
- The project will be formally closed with the transition into business as usual. Existing committees and sub groups will be utilised to monitor specific areas i.e. impact on quality through the Quality and Governance Committee (QGC).
- Assurance to commissioners will continue through the Partnership Board.
- ARP delivery data is now included in the IBR.

To realise the opportunities and patient benefits arising out of ARP, the clinical operating model will be revised over the coming months, creating more dual crewed ambulances through a reduction in the quantity of fast response vehicles. This will also include consideration of the staff resources required by the Trust in order to the deliver the model. This will involve changes to the core average frontline workforce requirement upon which the Workforce Plan was based. The Workforce Plan is incorporated into the Operational Plan previously approved by the Trust Board and therefore any changes in resourcing are likely to impact on the Operational Plan. Once clarification has been obtained the revisions will be presented to the Trust Board for approval.

8. Recommendation

That the Trust Board:

- **CONSIDERS** the update on the migration to the Ambulance Response Programme 2.3 pilot, including early findings; and
- **TAKES ASSURANCE** from the governance and reporting arrangements for the Ambulance Response Programme.

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