

Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of East Midlands Ambulance Service NHS Trust – Lincolnshire Division

Report to	Health Scrutiny Committee for Lincolnshire
Date:	17 April 2019
Subject:	East Midlands Ambulance Service NHS Trust - Lincolnshire Division Update

Summary:

The purpose of this report is to update the Committee on the following areas within the Lincolnshire Division of the East Midlands Ambulance Service NHS Trust (EMAS): ambulance response performance information; handover delays at acute hospitals; collaboration with LIVES (Lincolnshire Integrated Voluntary Emergency Service); the urgent care tier; the ambulance fleet; recruitment; blue light collaboration; and the transformation programme within the Lincolnshire Division.

The ambulance response time performance provides a comparison between March 2018 and March 2019 for the Lincolnshire Division. Performance information by for each Clinical Commissioning Group area will be presented at the meeting.

The report also covers EMASs Strategy and Vision and the National Staff Survey Results. EMAS was subject to an unannounced inspection by the Care Quality Commission (CQC) on 2-4 April 2019. The report contains initial feedback from CQC.

Actions Required:

The Health Scrutiny Committee is recommended to consider and comment on the items enclosed in the Report.

1. Performance

Owing to the difference between the workforce required by EMAS and EMAS's actual workforce, commissioners agreed a tapered performance 'trajectory' for 2018/19 to reflect the workforce challenges. The local trajectory agreed for Lincolnshire during 2018/19 is set out below. The target times are shown in minutes and seconds.

	Category 1		Category 2		Category 3	Category 4
	Mean	90 th %ile	Mean	90 th %ile	90 th %ile	90 th %ile
Q2 18/19	08:53	17:22	32:52	68:44	185:12	193:48
Q3 18/19	08:04	16:00	29:47	63:38	180:41	189:05
Q4 18/19	07:41	15:21	25:16	56:12	174:21	182:27

Performance Comparison for Lincolnshire Division between March 2018 and March 2019

	Category 1		Category 2		Category 3	Category 4
	Mean	90 th %ile	Mean	90 th %ile	90 th %ile	90 th %ile
March 18	10:39	21:01	49:44	111:00	276:00	249:00
March 19	8:45	16:34	33:25	69:00	202:00	208:00
Improvement (March 18-19)	1:56	4:27	16:19	42:00	74:00	41:00

A breakdown of performance by Clinical Commissioning Group will be provided in the presentation to the Committee.

While the performance of the Division has improved considerably between March 2018 and March 2019, it remains a considerable challenge to meet the targets given the rurality of the county, achievement of the workforce recruitment trajectories and continued pressure from acute hospital handover delays. In the interim, steps are being taken to mitigate the gap in response time through the use of private ambulance resource, overtime, bank shifts and transformational programmes of work.

2. Ambulance Response Programme

The National Performance Standards from April 2019 are as follows: -

New Ambulance Response Time Standards				
Category	Percentage of calls in this category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
1 (Life Threatening Injury or Illness Calls)	8%	7 minutes mean response time 15 minutes 90th centile response time	The earliest of: <ul style="list-style-type: none"> • The problem being identified • An ambulance response being dispatched • 30 seconds from the call being connected 	The first ambulance service dispatched emergency responder arriving at the scene of the incident (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
2 (Emergency Calls)	48%	18 minutes mean response time 40 minutes 90th centile response time	The earliest of: <ul style="list-style-type: none"> • The problem being identified • An ambulance response being dispatched • 240 seconds from the call being connected 	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock.
3 (Urgent Calls)	34%	120 minutes 90th centile response time	The earliest of: <ul style="list-style-type: none"> • The problem being identified • An ambulance response being dispatched • 240 seconds from the call being connected 	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock.
4 (Less Urgent Calls)	10%	180 minutes 90th centile response time	The earliest of: <ul style="list-style-type: none"> • The problem being identified • An ambulance response being dispatched • 240 seconds from the call being connected 	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

3. Handover Delays at Acute Trusts

Hospital turnaround continues to be a challenging aspect of emergency ambulance delivery locally, regionally and nationally. However it is a significant pressure in a rural county such as Lincolnshire where response times are challenging in normal circumstances, notwithstanding prolonged ambulance delays. The quarterly breakdown of ambulance handover delays and lost operational response hours is shown below.

Average Pre-Handover Time – (The National Standard is 15 minutes)

Hospital Trust	2018/19			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
United Lincolnshire Hospitals	30m 53s	27m 44s	28m 49s	32m 05s
Northern Lincolnshire and Goole	20m 40s	21m 07s	21m 14s	22m 19s
North West Anglia	21m 38s	21m 54s	28m 59s	35m 13s

Lost ambulance responding hours due to pre handover acute hospital delays: -

Hospital Trust	2018/19			
	Quarter 1 (hours)	Quarter 2 (hours)	Quarter 3 (hours)	Quarter 4 (hours)
United Lincolnshire Hospitals	4,081	3,451	3,735	4,562
Northern Lincolnshire and Goole	1,367	1,425	1,513	1,757
North West Anglia	380	405	747	1,013
TOTAL	5,828	5,281	5,995	7,332

Whilst we continue to support to acute hospital colleagues in ambulance turnaround delays, the paper contained as Appendix A was presented to the local Accident and Emergency Delivery Boards, including the Greater Lincolnshire Board in January 2019. It details a national requirement for acute trusts to take responsibility for patients conveyed to their sites within a maximum time frame of 30 minutes in order to release crews to assess patients waiting to receive a resource in the community. Urgent work continues between providers and commissioners to ensure acute hospital delays are reduced to a minimum over the coming months. The Division is also currently working with colleagues in relation to the divert put in place to support Pilgrim Hospital as part of the Care Quality Commission Risk Summit process.

4. Collaboration with LIVES

The Division continues to work in close collaboration with LIVES (Lincolnshire Integrated Voluntary Emergency Service), who remain an integral component of urgent and emergency response across the county. Because they are embedded in local communities, LIVES responders are often able to get to a patient more quickly than the EMAS resource, which means the patient often has rapid access to an assessment of their initial clinical need.

During the previous year EMAS have worked closely with LIVES senior management team and commissioners, (both local authority and health) to establish the following services:

Falls Response Partnership (FRP)

In 2017 / 2018, EMAS responded over 8,000 times to patients who had fallen in Lincolnshire. The Falls Response Partnership (FRP) was established with funding allocated by the County Council following the ambulance summit in November 2018. Initially one FRP vehicle was provided using an EMAS marked vehicle and manned by Level 3 / 4 responders from LIVES. This went live on the 19 December 2019 based at Boston Ambulance Station. A second unit was added in January 2019 based at Market Rasen. Both FRP vehicles are now able to respond to all patients who have had a fall.

Data from the Falls Response Partnership

Falls Volumes	TOTALS Mid Dec 2018 to Mid Mar 2019
Number of calls referred to LIVES	164
Stood down before arrival at scene	24
Number attended by LIVES	140
Number of responses which result in patient discharged at scene	102
Percentage discharged at scene	73%
Number of responses which result in an EMAS vehicle being deployed	38
Number of patients conveyed to hospital	36

Further information is set out in Appendix B.

Physician Response Unit

LIVES have been separately commissioned by West Lincolnshire Clinical Commissioning Group to provide a service with a doctor and a paramedic in a fast response vehicle based on the east coast. The delivery model is to attend patients referred to EMAS as requiring input at a Category 2 or 3 level. The team is able to carry out advanced assessment on scene and avoid any unnecessary conveyance to hospital. Early indicators are encouraging in that circa 80% of the patients seen are able to remain at home.

Data from the Physician Response Unit to mid-March 2019: -

Episode of care complete in the community	72%
Emergency Department attendance	17%
Direct Admission	11%

5. Urgent Care Tier

As previously reported to the Committee the organisation has invested in the concept of providing an urgent care tier of staff to support Health Care Professional admission. In Lincolnshire we now have 15 urgent care crews covering the county, based at Boston, Grimsby, Sleaford and Market Rasen stations. The service is provided seven days a week and is proving to be really beneficial in supporting a different tier of response, releasing emergency ambulances for more appropriate duties.

6. Update on Fleet

Lincolnshire currently has 82 Ambulances whose combined mileage totals 28.5 million. The ambulances are now supported locally by 'in house' mechanics who work across the county seven days a week, 365 days of the year. From March 2019 we started to receive the first of 39 new vehicles, which will replace 28 of the oldest members of the fleet and an additional 11 new vehicles to support the expansion in workforce.

In addition to the above 15 new Urgent Care Vehicles have also arrived based out of Sleaford, Boston, Grimsby and Market Rasen stations.

The Division is also working with Fleet colleagues to trial an electric vehicle and undertake a review of the current Fast Response Vehicle (FRV) resource.

7. Recruitment 2018/2019

2018/19 has seen incredible pace of change and developments across East Midlands Ambulance Service (EMAS) both regionally and locally to Lincolnshire. One of the largest but positive challenges has been the large scale recruitment of staff into the organisation; following last year's contract negotiation and demand modelling with our commissioning partners.

During 2018/19 EMAS recruited circa 484 new staff to the organisation through a mixture of transfer from other services, upskilling of existing staff or external recruitment of trainee technicians. The largest proportion was external recruitment with 331 trainee technicians welcomed into the organisation. For Lincolnshire Division specifically this equates to – 91 new ambulance technicians, 8 paramedics and a further 14 urgent care assistants.

The large scale recruitment process continues into 2019/2020, there is a plan to recruit a further 484 staff into the organisation with 114 earmarked for Lincolnshire.

Nationally there is a shortage of Paramedics graduating university, which presents a problem in areas without a local higher education connection; however we are happy to be working in partnership with the University of Lincoln and our first cohort of 20 Paramedics commenced training in September 2018. We are working in close collaboration with the University and the students will be working on placement over the coming months / years within the Division.

8. EMAS Strategy and Vision

During 2018 EMAS engaged with both staff and external stakeholders to formulate and seek board approval for a refreshed vision and strategy across the Trust. This has since been launched during Q3/4 2018/19 as “The Big 3”. We continue our vision and strategy development though setting of our new clinical model which will be presented to Trust Board in April / May 2019.

Revised vision

“**Responding** to patient needs in the right way, **developing** our organisation to become outstanding for patients and staff, and **collaborating** to improve wider healthcare”



The Division is working with a much wider group of stakeholders than in previous years as successful transformation projects have raised the profile of the pre hospital of ambulance personnel.

9. Blue Light Collaboration

During 2018/19 we successfully mobilised and opened co-located fire and ambulance stations in Sleaford and Louth. These combined sites allow for new and purpose built properties to better serve the communities around them. Notwithstanding the obvious estates and utilities cost saving that this combined approach achieves, a number of softer benefits have been seen across both agencies:

- joint agency training sessions with a more holistic approach to incident management;
- structured debriefs following traumatic incidents compared to single agency historically;
- combined service management office offering peer support;
- positive behaviour and culture assimilation between agencies; and
- professional role awareness

The largest collaboration project to date will see the opening of the very first 'tri-located' blue light service property in the country located on the South Park site. A phased move for all three services is planned to take place between June and September 2019.

10. Transformation Programme

Details on the transformation programme are set out in Appendix C.

11. Releasing Time to Care

Commencing in February 2019 the organisation introduced a regional change to how we utilise our ambulance staff. The primary focus of this piece of work was to increase efficiency and make available more time to respond to patients. By reducing the time when operational vehicles and staff are unavailable, the aim is to increase the timeliness and appropriateness of our response. Examples from this change process include placing strict limits on when staff can make a vehicle unavailable to respond and late finishing overruns (and conversely late starts to the following shift). This process of releasing time to care has enabled us to put circa 400-450hrs per week back into Lincolnshire emergency response.

12. Staff Survey Results

There has been a 3 fold increase in the number of responses received from the Division to the national staff survey in 2018 – 51% versus 19% in 2017. Initial feedback suggests the Division needs to focus on the following areas:

- a) Inclusion of staff in decision making / areas for improvement
- b) Communication between senior managers and front line staff
- c) Flexible working patterns
- d) Valuing staff / staff recognition
- e) Acting on feedback

Areas of positive feedback:

- a) Training and Development programmes
- b) Respecting staff
- c) Response to abusive / violent episodes of care
- d) Incident Reporting – high reported of low grade incidents

As a result of information contained in the survey the Division intends to:

1. Embark on a series of roadshows over the coming months to raise the profile and visibility of senior managers
2. Listen to staff and discuss ideas on how communication can be improved across such a wide geographical area
3. Consideration to the production and dissemination of a local Divisional Newsletter
4. Potential introduction of an 'Employee of the Month' initiative

13. Care Quality Commission - Unannounced Inspection - April 2019

The organisation was subject to an unannounced inspection by the Care Quality Commission on 2, 3 and 4 April 2019. The inspection undertaken included visits to stations, ride outs with front line clinical staff, focus groups and formal interviews with senior managers in Division.

Initial verbal feedback has indicated that:

- a) morale within Division is much improved;
- b) there has been a positive change in the culture;
- c) all front line staff were caring and compassionate;
- d) positive feedback received in respect to the visibility of senior managers and issues related to staff welfare; and
- e) there were no major concerns for immediate escalation

The Central / Executive Team will now undergo a 'Well Led' inspection ahead of the publication of the final report later in the year.

14. Conclusion

The Health Scrutiny Committee is recommended to consider and comment on the information presented by the Lincolnshire Division of the East Midlands Ambulance Service.

15. Appendices – These are listed below and set out at the end of this report.

Appendix A	Hospital Handover Delays – January 2019 – Report to Lincolnshire Accident and Emergency Delivery Board – 18 February 2019
Appendix B	Performance Summary - Falls Response Programme
Appendix C	Transformation Brief

16. Background Papers - None