


# Agenda Item 4

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
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**

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>12 October 2022</b>
Subject:	<b>East Midlands Ambulance Service NHS Trust - Update</b>

**Summary**

The purpose of this report is to provide an update on current East Midlands Ambulance Service NHS Trust (EMAS) performance in the Lincolnshire Division. A report was previously submitted by EMAS on 16 February 2022.

**Actions Requested**

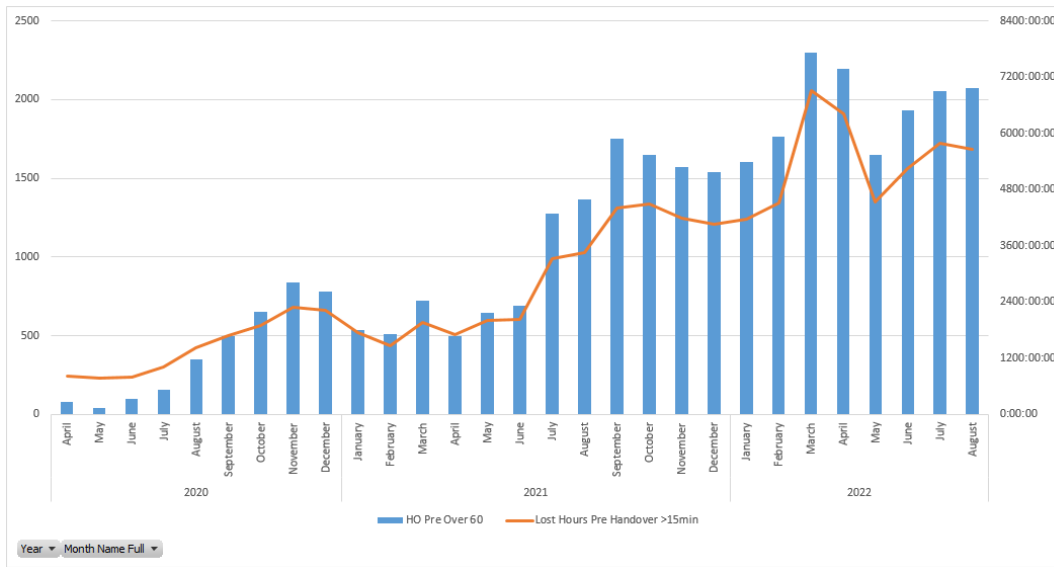
To consider the information presented by the East Midlands Ambulance Services NHS Trust.

## 1. Background

There has been a significant increase in calls in comparison to last year, however, there has also been an increase in Hear and Treat, with conveyance rates to and emergency department lower than both the regional and national average.

Hospital handovers continue to be challenged and staff abstractions have been high due to high levels of sickness but also training. There has also been an increased risk to patients in the community due to delayed responses caused by protracted times at Acute' s. Due to this there have been a number of serious incidents that have been reviewed through the Incident Review Group and lessons identified.

## Lincs Division Lost Hours Pre-Handover



Failure to meet performance standards presents risks to patient/ staff safety, clinical effectiveness/ outcomes, and patient/ staff experience. Whilst these risks manifest within the ambulance service the problem is a system one, requiring system level resolution and focus.

## 2. Performance

### Category Definitions

Category 1 – Life Threatening - Time critical life-threatening event needing immediate intervention and/or resuscitation, for example cardiac or respiratory arrest; airway obstruction; ineffective breathing, unconscious with abnormal or noisy breathing.

Category 2 – Emergency – Potentially serious condition that may require rapid assessment, urgent on scene investigation and/or urgent transport.

Category 3 – Urgent – A urgent problem that needs treatment to relieve suffering, for example, pain relief and transport and assessment.

Category 4 – Non-Urgent – Non-urgent problems that may need face to face or telephone assessment.

Category 5\* – Low priority problems that do not fall into the above categories

\*Category 5 (C5; termed C4H until July 2018) that NHS England has pre-determined should have a high probability of being managed through hear and treat processes.

Lincolnshire	Data to 22-09-22	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22
Category 1	C1 Mean Target	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00	00:07:00
	C1 Mean	0:10:30	0:11:24	0:12:40	0:12:54	0:12:11	0:12:41	0:12:55	0:12:16
	C1 90th Target	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00
	C1 90th Centile	0:19:32	0:22:09	0:24:46	0:25:26	0:23:34	0:24:32	0:25:35	0:24:05
Category 2	C2 Mean Target	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00	00:18:00
	C2 Mean	0:51:06	1:06:47	1:41:09	1:45:17	1:17:27	1:43:24	2:01:47	1:33:12
	C2 90th Target	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00	00:40:00
	C2 90th Centile	1:52:19	2:26:58	3:44:02	3:55:42	2:47:48	4:02:01	4:30:31	3:30:53
Category 3	C3 90th Target	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00	02:00:00
	C3 90th Centile	5:13:51	7:18:49	11:37:01	10:28:48	7:16:03	10:21:01	14:36:51	10:05:06
Category 4	C4 90th Target	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00
	C4 90th Centile	9:58:59	16:21:30	13:09:04	13:19:52	8:28:44	7:41:01	16:42:24	17:51:37
Category 5	C5 90th Target	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00	03:00:00
	C5 90th Centile	4:37:41	5:05:53	9:02:39	6:28:17	5:24:32	6:21:37	8:20:05	6:05:40

### 3. Performance Influencers

#### 3.1 Demand / Activity

The table below shows actual activity for NHS Lincolnshire from January to August 2022 by disposition. This shows activity fluctuating month on month with the highest number of incidents seen in May 2022.

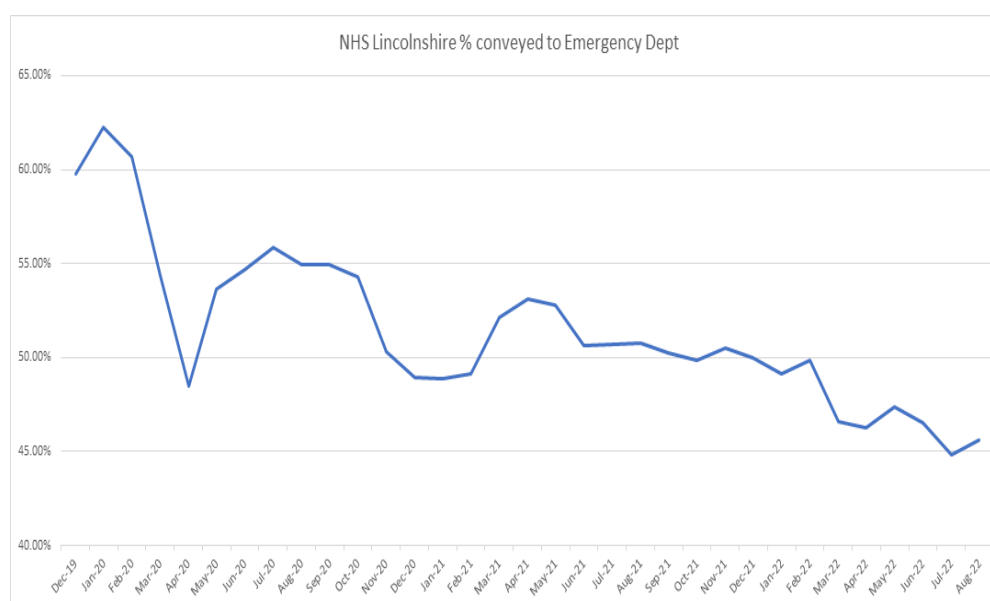
Actual for NHS Lincolnshire								
Month	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Incidents	13,914	12,476	13,996	13,542	14,240	13,661	13,821	13,338
Hear & Treat	1,688	1,580	2,056	2,168	2,174	2,229	2,434	2,169
% Hear & Treat	12.13%	12.66%	14.69%	16.01%	15.27%	16.32%	17.61%	16.26%
See & Treat	4,342	3,831	4,500	4,361	4,351	4,189	4,298	4,117
% See & Treat	31.21%	30.71%	32.15%	32.20%	30.55%	30.66%	31.10%	30.87%
See Treat & Convey to ED	7,330	6,472	6,788	6,498	7,715	6,719	6,568	6,427
% ED conveyance	52.68%	51.88%	48.50%	47.98%	49.72%	49.18%	47.52%	48.19%

Whilst EMAS has little control of the activity, which is referred, the Trust does have the ability to manage activity in a variety of ways including *Hear and Treat*, *See and Treat* or *See and Convey*, depending on what is clinically safe and appropriate for the patient and what pathway options are available.

The table below shows the percentage of activity managed as *Hear and Treat* or *See and Treat* from January 2022 to August 2022 across Lincolnshire.

MONTH	Hear and Treat	See and Treat
	NHS Lincolnshire	NHS Lincolnshire
Jan 22	12.13%	31.21%
Feb 22	12.66%	30.71%
Mar 22	14.69%	32.15%
Apr 22	16.01%	32.20%
May 22	15.27%	30.55%
Jun 22	16.32%	30.66%
Jul 22	17.61%	31.10%
Aug 22	16.26%	30.87%

The graph below shows the rates of Emergency Dept. conveyance from December 2019 to August 2022 across Lincolnshire.



### 3.2 Resourcing

The table below shows percentage hours filled versus forecast hours required for the Lincolnshire Division. This includes private and voluntary ambulance services. Sickness absence percentages are also shown.

Month	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Forecast Hours	37,786	33,891	37,320	35,116	36,662	35,183	36,147	36,557
% fill vs forecast	101.09%	99.80%	101.09%	100.51%	100.41%	99.95%	98.98%	99.11%
Sickness Absence	7.09%	6.15%	6.71%	7.75%	7.92%	9.12%	9.37%	9.43%

#### 4. Resilience and Capacity

##### Workforce – Jan to end of August 2022

- New ASC role introduced
  - 27 new staff joined the Division:
  - Paramedic/Technician – 12
  - UCA/ECA - 15
  - 43 Leavers – 16 Paras 22 Tech’s and 5 UCA/ECA
- 
- Full complement of pathway leads in place
  - Enhanced working with LCHS and Urgent Care Response Team
  - Increased incident passing to LCHS – Lincs CAS
  - Mental Health Development Leads in place
  - Matured and respected tactical relationship with ULHT on day to day issues
  - Development of future education and careers paths with Lincoln University and Nottingham Trent University
  - Military engagement and development
  - HALO posts at acute sites over Winter and surge capabilities
  - Acute cohorting plans to offset staff and patient harm
  - 6 and 12-month review of reshaping operations management review

#### 5. Voluntary Support

We continue to work with volunteers from the Lincolnshire community who provide a first responder function. This includes contributions from LIVES [Lincolnshire Integrated Volunteer Emergency Services], Lincolnshire Fire and Rescue, RAF responders/ Lincolnshire Emergency Medical Response. Combined they provide assistance at approximately 10% of our highest priority life threatening C1 incidents. We are in active dialogue with all our responder colleagues to review how we work together for the communities across Lincolnshire.

#### 6. Consultation

This is not a direct consultation item.

#### 7. Conclusion

The Committee is invited to consider the information presented by the East Midlands Ambulance service NHS Trust

#### 8. Appendices -These are attached to the report and listed below:

Appendix A	Update Presentation from the East Midlands Ambulance Service.
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#### 9. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by the East Midlands Ambulance NHS Trust

# EMAS Update

## Lincolnshire Division

**NHS**  
East Midlands  
Ambulance Service  
NHS Trust



Lincolnshire Health Scrutiny Committee– October 2022

Respond – Develop - Collaborate

### Our EMAS Update



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## NHSe National Priorities Winter 2022

### Core objectives and key actions for operational resilience

Our collective core objectives and actions are to:

- 1) **Prepare for variants of COVID-19 and respiratory challenges**, including an integrated COVID-19 and flu vaccination programme.
- 2) **Increase capacity outside acute trusts**, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- 3) **Increase resilience in NHS 111 and 999 services**, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
- 4) **Target Category 2 response times and ambulance handover delays**, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- 5) **Reduce crowding in A&E departments and target the longest waits in ED**, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- 6) **Reduce hospital occupancy**, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- 7) **Ensure timely discharge**, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.
- 8) **Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

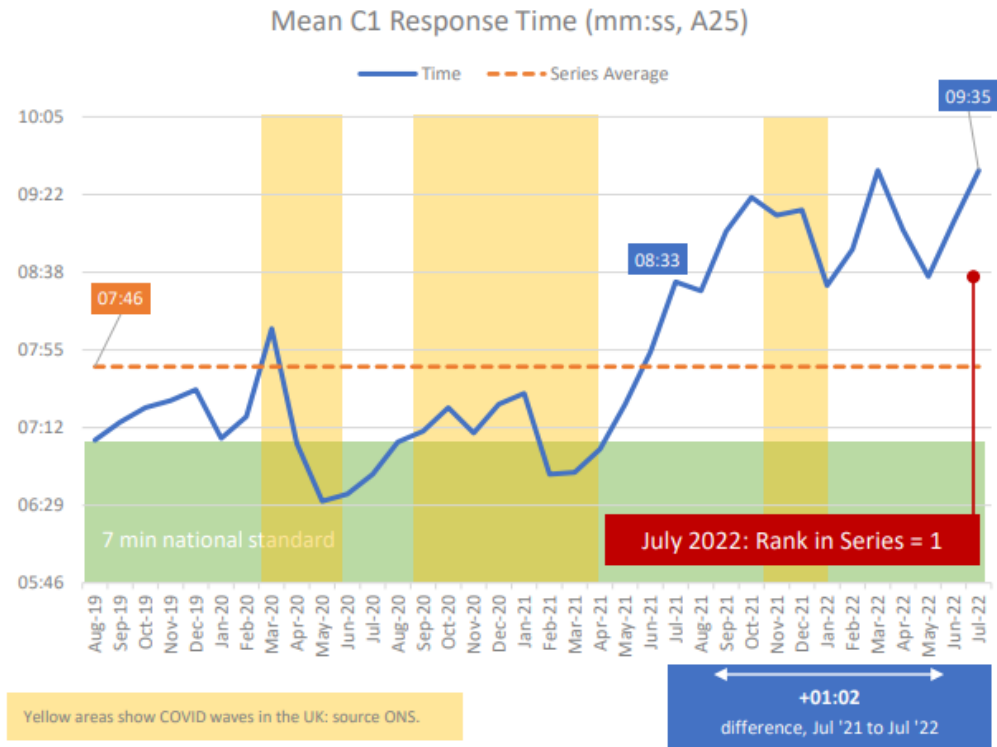
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## Top Priorities Winter 2022/23

- Safe and effective care delivery
- Patient quality and safety focus over solely performance driven
- Staff welfare and development – post COVID and in light of continued hospital delays

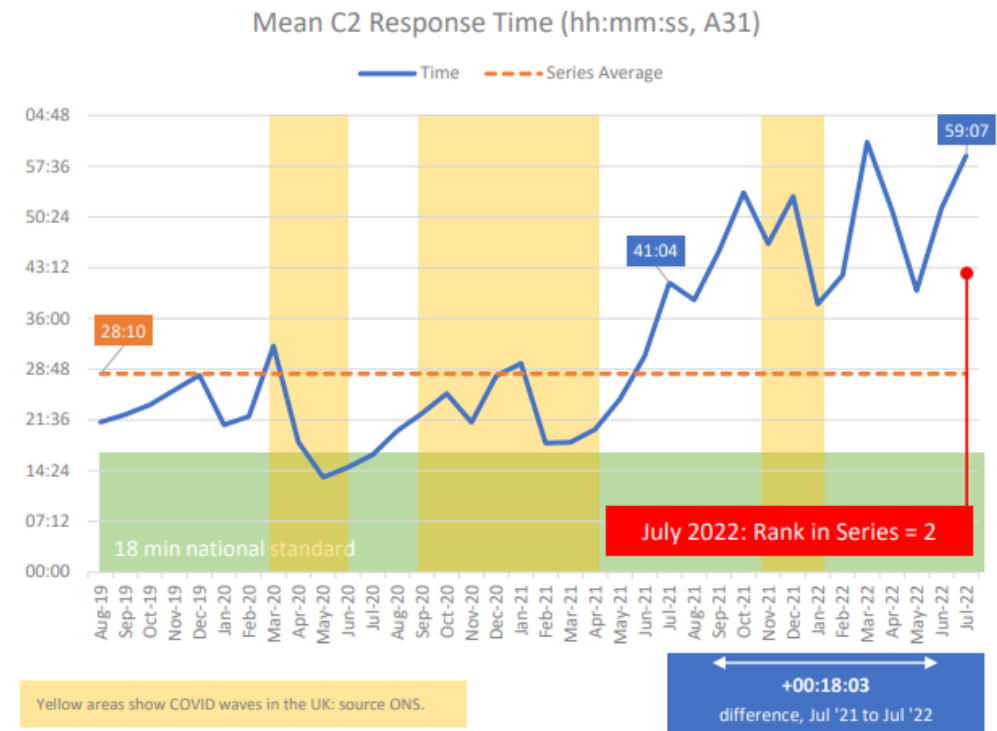
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## National Position Category 1&2



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## National Position Category 1&2





## EMAS Performance – 2022 year to date

### Jan-Aug 2022

Calls up 7.9% compared to previous year period

Hear and Treat up 52.82%

Category 1 (Most life threatening) up 29.67%

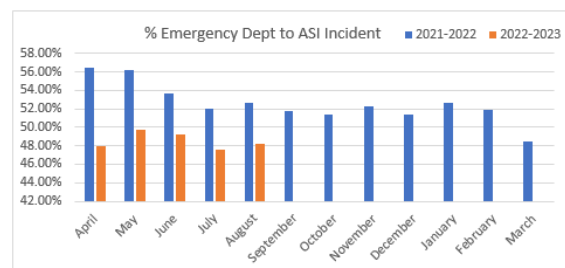
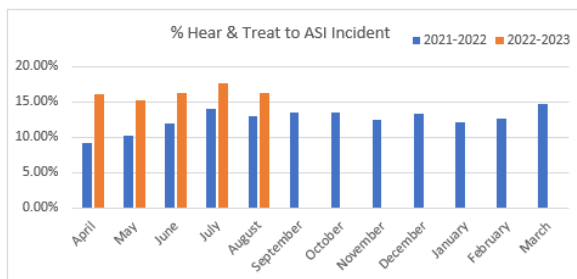
Category & 2 combined calls up 14.79%, responses down 6% but Hear and Treat up 72%

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## EMAS Performance – 2022 year to date

### Non-Conveyance

Protecting acute services, Lincolnshire health and social care system and reducing admissions.

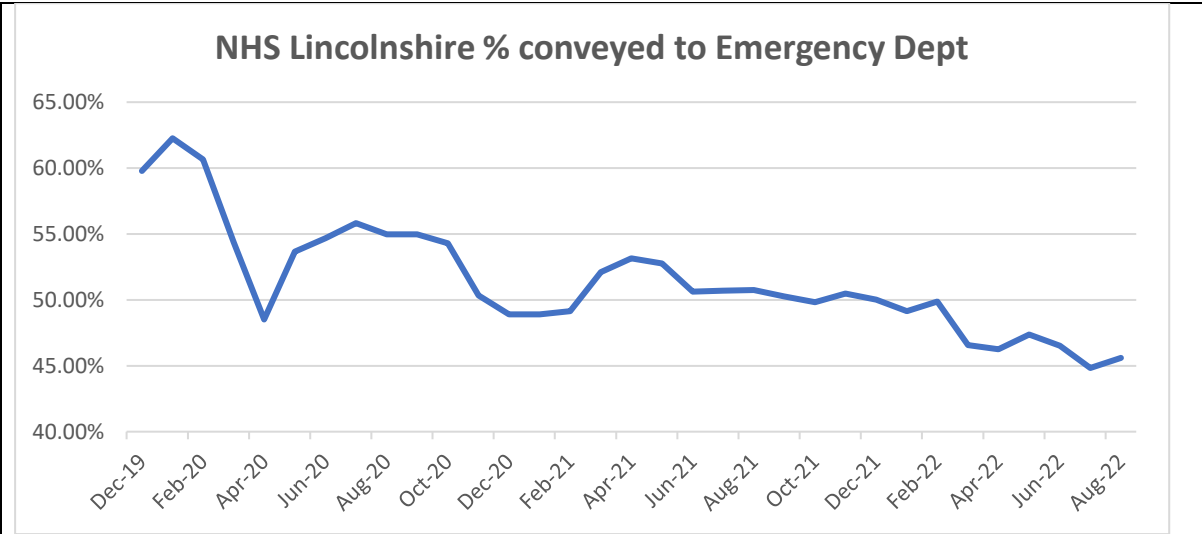


### End of Aug 2022 position

Lincolnshire maintaining an Emergency Dep. conveyance position lower than national and regional average – 48%

Region 49.4% National 51.5%

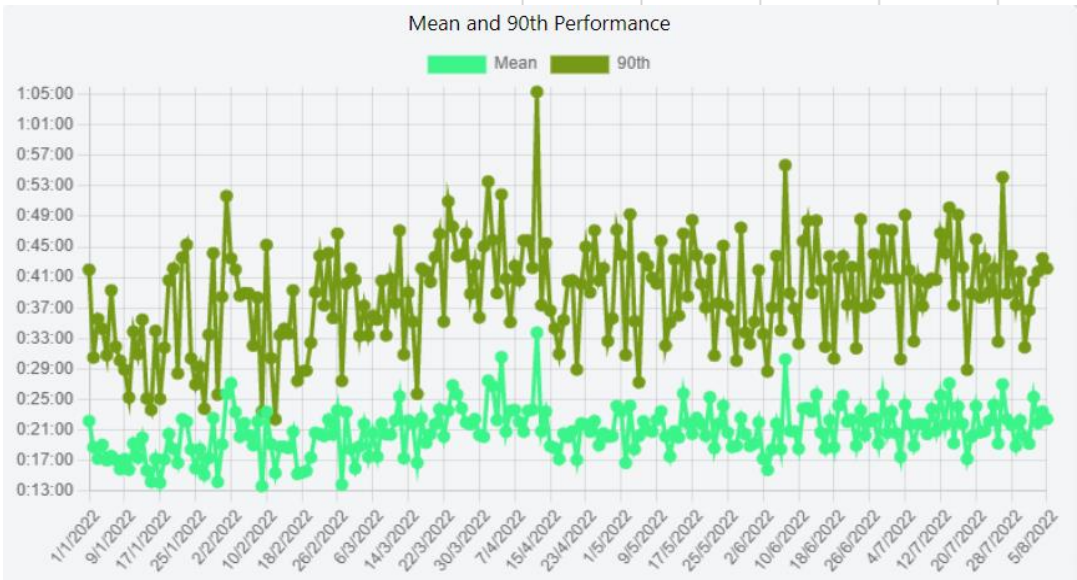
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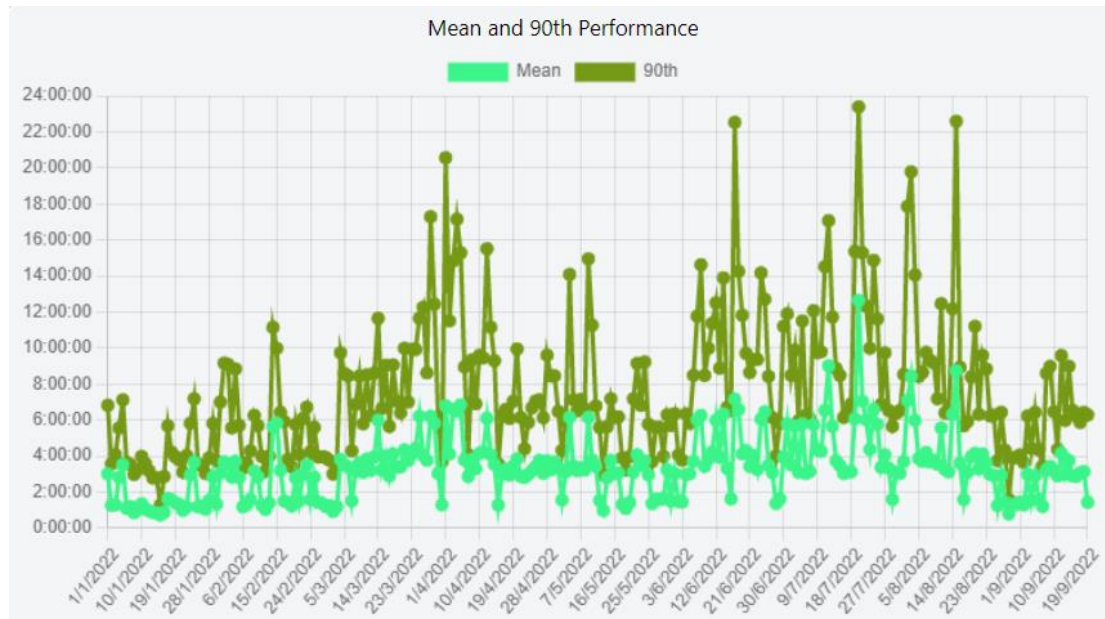
### NHS Lincolnshire Cat 1 & 2 Position – CAT 1

Cat 1 Mean (7 min)		Cat 2 Mean (40 min)	
Q3 2021	00:11:32	Q3 2021	01:21:04
Q4 2021	00:11:37	Q4 2021	01:13:22
Q1 2022	00:12:36	Q1 2022	01:35:08
Q2 2022	00:12:19	Q2 2022	01:39:16



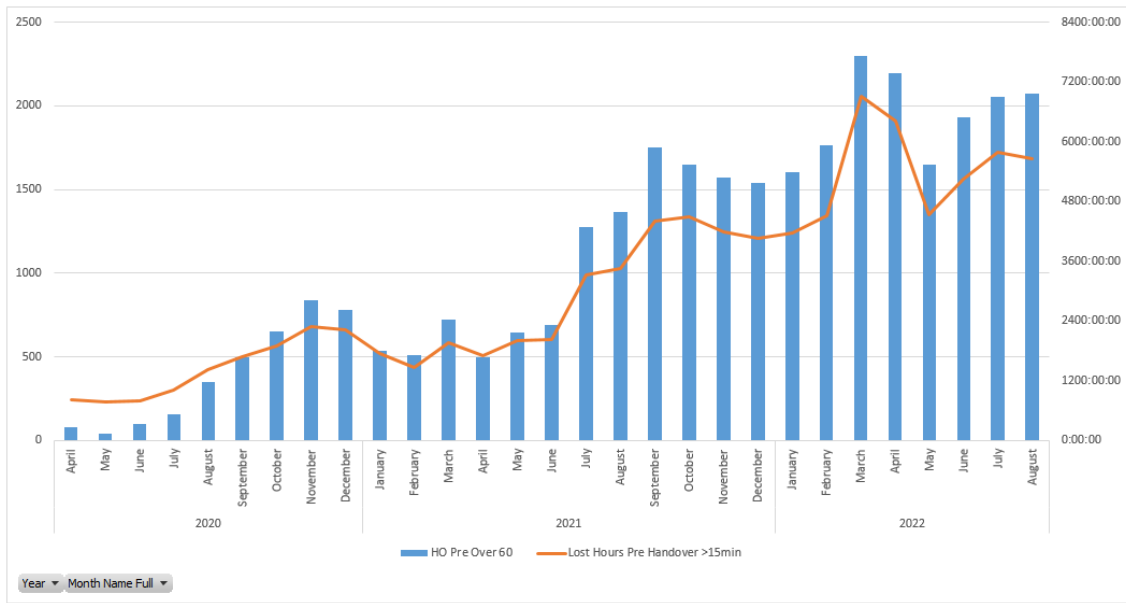
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## NHS Lincolnshire Cat 1 & 2 Position – CAT 2



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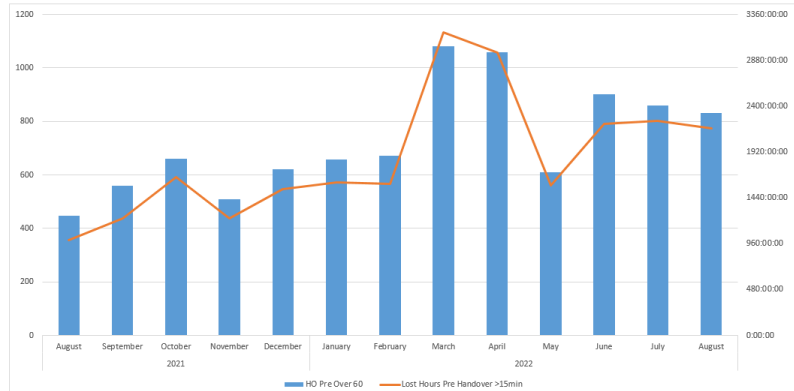
## Hours Lost Pre-Handover to Hospital – Lincs Division



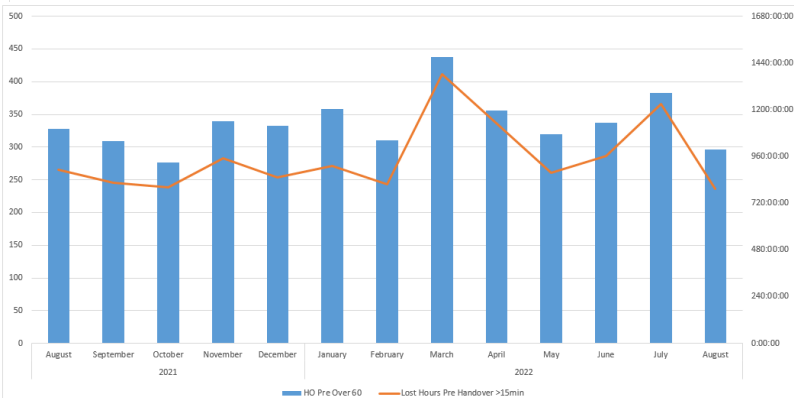
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## Lost Hours per Acute Trust

- NLaG

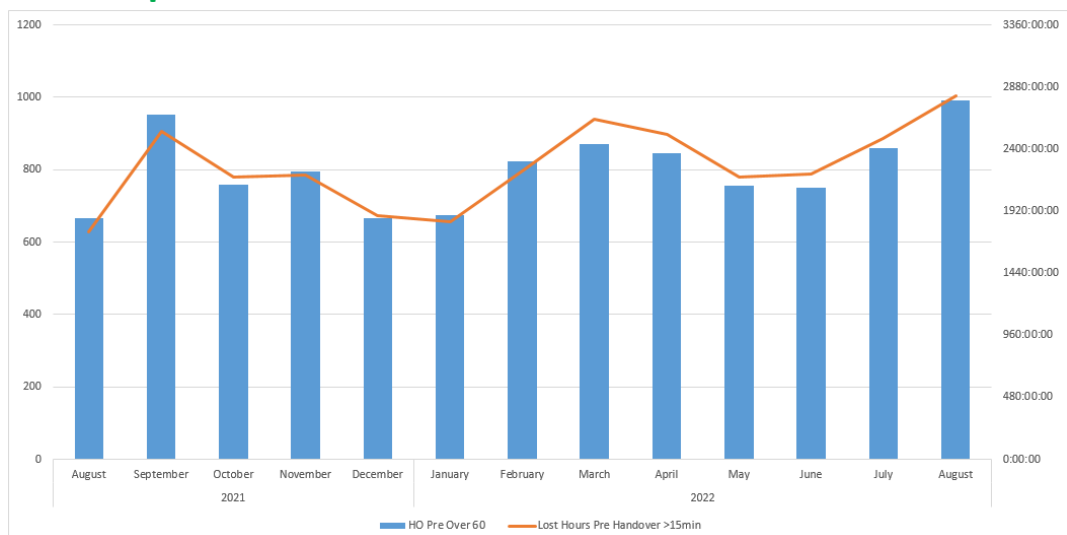


- NWAF & QEKL



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## Lost Hours per Acute Trust - ULHT



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## Sickness abstractions (January 2022 – August 2022):

Month	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug -22
Sickness Absence	7.09%	6.15%	6.71%	7.75%	7.92%	9.12%	9.37%	9.43%

## Recruitment and Retention (January 2022 to August 2022):

### Leavers: 43

- Paramedics - 16
- Technicians - 22
- UCA/ECA - 5

### Joiners: 27

- Paramedic/Technicians - 12
- Ambulance Support Crew – 15

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## What does this mean?

- Increased Serious Incidents reported across Lincolnshire.
- Despite challenges we have improved ACQI outcomes.

## Transactional Changes:

- New organisational Structure:
  - Tactical Commander Team monitoring call cycle efficiencies
  - Active and dynamic cohorting plans to offset staff and patient harm.
  - Wellbeing focus from Station Managers
  - Increased clinical care delivery by Senior Clinical Leaders
  - 6 and 12 month reshaping review
- Development of relationships with Acute's.

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## Transformational Achievements:

- Pathway Lead for Lincolnshire
- Enhanced working with LCHS and Urgent Care Response Team
- Increased incident passing to LCHS - LincsCAS
- Mental Health Development Leads
- HALO posts at acute sites.
- Increased focus on Specialist Paramedic (SP) providing remote triage of incidents.
- Development of future education and careers paths with Lincoln University and Nottingham Trent University
- Military engagement and development
- Review work with Lincs Fire regarding medical responding

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## System Relationships – Strategic

- Commissioners – Transition from CCG to ICB
- Resilience Forum – SCG / TCG
- Local Authority
- Acute Service Review(s)
- System Quality
- Urgent and EC Partnership Board
- Integrated PC and Communities Partnership
- Lincolnshire System Quality Group
- Lincolnshire People Board
- Primary Care Network

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