Lincolns COUNTY COU Working	hire NCIL for a better future	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 the East Midlands Ambulance Service NHS Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	14 June 2023
Subject:	East Midlands Ambulance Service NHS Trust – Performance

Summary:

The purpose of this report is to provide an update on current EMAS performance in the Lincolnshire Division and to provide further assurance on progress made since the last visit to the Committee in October 2022.

Actions Requested:

The Committee is invited to consider and comment on the information presented by the East Midlands Ambulance Service.

1. Background

The last update to the Health Scrutiny Committee for Lincolnshire was on 12 October 2022. The report is available at Agenda for Health Scrutiny Committee for Lincolnshire on Wednesday, 12th October, 2022, 10.15 am (moderngov.co.uk). This was in quarter 3 of 2023/24 during a period of intense local, regional and national hospital delays, leading into one of the most challenged winters experienced by the NHS and Social Care, which included a period of intense national Industrial Action.

In October 2022, the Health Scrutiny Committee raised concerns in particular respect to the Division's ability to:

- a) perform to national ambulance standard targets;
- b) improve hospital handover times;
- c) sustain adequate levels of recruitment, particularly related to qualified staff; and
- d) retain experienced members of staff.

The following report highlights local and national performance trends over the last six months as well as work being undertaken to mitigate some of the unique challenges faced by the Division in Lincolnshire.

2. Performance

2.1 <u>Category Definitions</u>

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.

2.2 <u>Proportion of Activity (Oct 22 - May 23) – Lincolnshire Division</u>

Figure 1

	CAT 1	CAT 2	CAT 3	CAT 4	CAT 5	ROUTINES	НСР
ALL ACTIVITY	14592	60957	13654	323	0	47	1926
% SPLIT	15.9%	66.6%	14.9%	0.4%	0.4% 0.0%		2.1%
FORECAST	16617	61312	11578	314	575	61	1861

2.3 <u>Lincolnshire Division Performance Quarter 3 & Quarter 4 2022/23</u>

C2 performance (Figure 2 below) is the more reliable measure of activity as it has the greater volume as well as the greatest volatility in terms of internal and external influences.

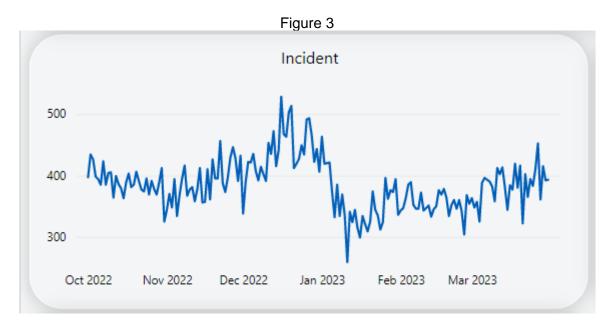
Figure 2

Lincolnshire	Division	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23
	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
ON	C1 Mean	0:12:19	0:11:06	0:14:06	0:11:02	0:11:04	0:11:56	0:10:22	0:10:11
Category	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	0:24:00	0:21:16	0:27:28	0:21:47	0:21:51	0:22:29	0:19:38	0:19:11
^	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
ONLY	C2 Mean	1:33:55	1:05:25	2:56:07	0:58:56	1:04:25	1:26:37	0:47:17	0:40:44
Category2	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	3:28:56	2:26:21	7:03:41	2:07:24	2:21:48	3:11:44	1:43:49	1:28:37

3. Performance Influencers

3.1. <u>Demand / Activity</u>

Volume of Incidents in the NHS Lincolnshire Area (Quarter 3/Quarter 4 2022-23) is detailed below in Figure 3.



Whilst EMAS has little control of the activity, which is referred via 999, 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 (Figure 4) shows the percentage of activity managed as a conveyance to Emergency Departments. The rest of the activity is dealt with by remote or on scene management away from an Emergency Department - November 2022 to May 2023 across Lincolnshire. The regional and national position are included for comparison.

Figure 4

	Hear and Treat %	See and Treat %	Emergency Dept Conveyance%	Emergency Dept Conveyance%	Emergency Dept Conveyance%				
	NHS	NHS	NHS	EMAS	England				
MONTH	Lincolnshire	Lincolnshire	Lincolnshire	LIVIAS	Liigialia				
Nov-22	14.60	33.60	47.67	49.1	52.0				
Dec-22	24.93	31.59	40.27	43.4	48.8				
Jan-23	17.04	32.11	47.14	49.5	52.1				
Feb-23	13.95	32.99	48.76	49.2	52.5				
Mar-23	10.95	35.75	49.40	49.5	51.9				
Apr-23	9.17	36.20	50.57	50.3	53.0				
May-23	9.40	34.89	National data set for ED conveyance May 2023 not released y						

The increased fluctuation in ED conveyance in Lincolnshire is attributed to an increased acuity of patent presentation which is corroborated by acute hospital colleagues and supported by ad hoc audit processes undertaken by the ICB.

3.2 Resourcing

The national position in lost hours and impact upon capacity is detailed below in Figure 5.

Lost Hours and Impact on Capacity ■ Face to Face Incidents (A56) ■ Lost Capacity (job cycles, est. using vol of >15min hours lost) 800000 750000 700000 650000 600000 550000 500000 Apr 2020 Apr 2023 450000 Lost hours Lost hours 400000 equate to 33k equate to 65k job cycles, or 4% job cycles, or 350000 of capacity 11% of capacity 300000 Yellow areas denote COVID waves in the UK: source ONS.

Figure 5

The table below (Figure 6) shows percentage hours filled versus forecast hours required for the Lincolnshire Division, which includes private and voluntary ambulance services. Sickness absence percentages are also shown, which indicates a demonstrable decrease at the beginning of Quarter 1 of 2023/24.

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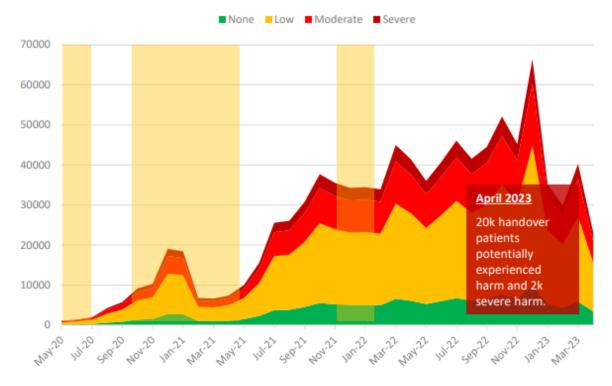
Month	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	April 23	May 23
Forecast Hours	38,205	36,607	37,580	38,086	34,148	37,453	33,337	34,842
% fill vs forecast	96%	103%	101%	99%	97%	96%	114%	114%
Sickness Absence	8.1%	6.23%	7.6%	7.66%	8.04%	7.55%	6.85%	6.43%

3.3 Hospital Delays

Figure 7 below outlines the national picture of volume of handover delays that are in excess of 60 minutes.

Figure 7

Vol of >60 min handovers by estimated harm (NAIG & AACE)



*Estimates based on clinical review of patients waiting >60 minutes in 2021

Figure 8
Volume of Handovers Over 30 Minutes ('000, source NAIG)

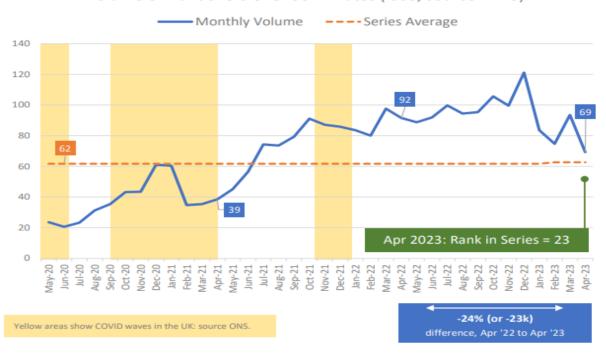
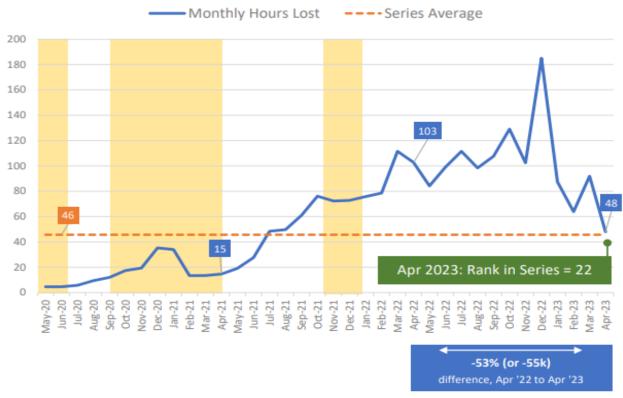


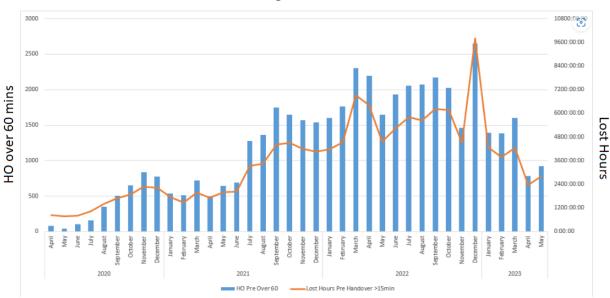
Figure 9
Hours Lost: Handovers over 30 Minutes ('000, source NAIG)



3.4 <u>Lincolnshire Division Lost Hours Pre-Handover</u>

Lincolnshire Division lost hours for response are detailed in the table below (Figure 10) which shows a decrease in pre hospital handover delays in April 2023. However, the trend is starting to increase again during May.

Figure 10



The table below (Figure 11) details the ULHT specific lost hours for response. In addition, it is worthy of note that the Lincolnshire the Division also manages significant delays Northern Lincolnshire and Goole, Peterborough City and Queen Elizabeth Hospital in Kings Lynn. The planning of 'cohort' crews has now become the norm at shift end to release crews who may still be waiting to offload their patients.

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Figure 11

3.5 Category 2 - Thirty Minute National Target 2023/24

Figure 12

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Week		Total		Hospital	On Scene	On Scene			
Commencing	C2 Mean	Hours	Responses	Lost hours	Time	time Non			
Commencing		Hours		(pre)	Conveyed	Conveyed			
10-Apr	00:31:43	34,685	1,847	1,245	43	72			
17-Apr	00:32:40	34,926	1,824	1,607	43	72			
24-Apr	00:29:47	34,278	1,868	1,416	44	75			
01-May	00:33:45	35,731	1,853	2,014	42	71			
08-May	00:36:07	35,057	1,853	2,060	42	71			
15-May	00:36:18	34,640	1,844	1,908	42	71			
22-May	00:33:26	34,689	1,846	2,037	42	68			

There has been a noticeable step change in improved performance during April 2023 which is related to a combination of increased resource - decreased sickness / absence, reduction in pre hospital handover times and an increase in private ambulance provision.

This supports an improvement in the Divisions ability to achieve the national C2 thirty minute target by the end of 2023/24. The table above (Figure 12) contains the Trust data used for monitoring regional performance against the national C2 thirty minute target.

3.6 Lincolnshire C2 Performance Feb 23 - May 23

Mean and 90th Performance

• Mean • 90th

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02:00:00

01:00:00

Feb 2023 Mar 2023 Apr 2023 May 2023

Figure 13

4. Quality Initiatives

4.1 Reshaping Operations Review

Following the establishment of the new management structure within Division in November 2021, a recent review has supported the opportunity to expand the Station Manager positions by a further two posts, making 11 in total to cover 17 stations. There will also be two development posts of Duty Commander created in the coming weeks.

We have appointed to a vacant post of Divisional Senior Manager for Quality which will mean the senior team in Lincolnshire will be fully established. Simon Jennings will take up post at the end of June 2023 and comes to Lincolnshire with a wealth of experience from Yorkshire Ambulance Service.

4.2 <u>Efficiency and Effectiveness Initiatives</u>

In support of improving the quality of care delivered to patients by ensuring they receive the most appropriate care on first contact, we are interviewing for a third Pathway lead role in late June 2023. This post will supplement the vital input being provided by the existing post holders and collaboration with system partners across Lincolnshire.

In support of improved hospital turnaround and further support to staff, the ICB has provided substantive funding for a team of six Clinical Navigators – three based at Lincoln County, with a further three at Boston Pilgrim Hospital. The posts are hosted by Division, however work in conjunction with colleagues within ULHT to improve patient access, both in the community and on arrival at hospital and to improve turnaround times.

4.3 <u>Clinical Leadership</u>

The Division has been a leader in providing enhanced clinical leadership across the county. A development role of Associate Clinical leader which was trialled in Lincolnshire has proved so effective, the role is now being rolled out across the Trust.

The Divisional Clinical leadership team were winners of the Clinical Leadership category in last years Trust Awards ceremony following the introduction of Professional Support and Learning (PSL) infrastructure in Lincolnshire. Front line staff were asked what they felt they needed in terms of ongoing learning and clinical supervision and as a result of feedback there is now a whole programme of events for staff to access including face to face learning, videos and specialist guest speakers.

Monthly posters for receipt of Excellence reports and achievement of Ambulance Clinical Quality Indicators are circulated to all Divisional staff on a monthly basis.

The Division has also led on the roll out of wound care management in conjunction with Tissue Viability colleagues in Lincolnshire Community Health Services. This means often vulnerable elderly patients can be left safely at home after receiving treatment for skin tears by EMAS staff with following up being provide by community colleagues. This is now a Trust wide local CQUIN initiative (Commissioning for Quality and Innovation) and the skill / practice will be rolled out across EMAS during 2023.24.

4.4 <u>Category 2 Segmentation</u>

Following national trial in West Midlands and London Ambulance Services, the national roll out of C2 Segmentation is being undertaken nationally.

This comprises of additional clinical oversight in the Emergency operations Centres using a combination of rapid clinical navigation of those patients not identified as requiring immediate ambulance dispatch, and clinical validation of those patients who may be suitable for an alternative disposition following clinical assessment. This may include escalating an incident to a higher responding priority or identifying that the patient is suitable for an alternative pathway.

Recruitment is underway in regionally for the additional clinicians to support the expansion of the service and early indications from a very small cohort of patients is that around 30% of calls that are assessed did not require an ambulance to be dispatched.

5. Recruitment and Retention

EMAS is currently re defining its Clinical Strategy which will be underpinned by a Clinical Operating Model that will describe how the Trust will operate in the future. Work is being led by the Clinical Directorate supported by Operations and will be presented to the Trust Board in Quarter 3 of this year.

A fundamental element of the Strategy will be focused on the future workforce model that will be required to deliver urgent and emergency pre hospital care in the future and the aspiration to implement a fully streamlined career escalator for staff at all levels.

The table below (Figure 14) details the skill mix of staff within the Division which poses a challenge when managing more complex patients. Frontline clinical staff have access to additional expertise via staff in EMAS Operations Centre, (Nurses, Paramedics, Doctors and Mental Health Clinicians), Clinical Assessment Service (LCHS) and single points of access in the N and NE of the county.

Figure 14

Lincolnshire	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	avg
Operational Skill Mix Qualified/Unqualified	77.52%	76.38%	76.32%	74.55%	74.46%	72.72%	72.92%	71.37%	69.87%	68.42%	68.44%	67.03%	72.42%
Operational Skill Mix Registered/ Unregistered	37.24%	36.49%	36.38%	35.46%	35.35%	34.44%	35.04%	34.51%	34.00%	33.50%	33.72%	33.23%	34.92%

Attrition of staff has slowed down during Quarter 3/Quarter 4 of 2023/24 (Figure 15 below) and remains under forecast for Lincolnshire, below however it remains a concern for the Division, especially given the current skill mix figures.

Figure 15

Lincolnshire													
Leaver/movers	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2023/24 workforce plan	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.1	73.7
2023/24 actual/projection	4.61	4.00											
Variation from plan	-1.53	-2.14											

Figure 16 below details the recruitment trajectory plan for Lincolnshire.

Figure 16



As already mentioned, a more streamlined approach to internal career progression is being explored by the Trust and Lincs Division has expressed a keen interest to pilot schemes in support of enhanced recruitment / retention opportunities in what is a challenged environment for the entire health and care system in Lincolnshire.

It has been agreed that the Division will trial a development role of Specialist Practitioner and expressions of Interest will be advertised during June 2023, with posts being taken up for training in September 2023. At the end of their training staff will have the opportunity to move to a fully qualified Band 7 role.

Additional roles of Advanced Practitioner and Ambulance Nurse are also being considered by the Trust to ensure additional front line specialised skills are available to meet the expanded clinical need.

6. Staff Engagement

6.1 'Chatty Cafes'

Based on the same principle of the regional Conversation Cafes with members of the Executive Team, Lincolnshire have instigated the 'Chatty Café' concept.

Senior managers in Division attend Emergency Departments once a quarter in each Locality without a set agenda to listen to the concerns and ideas of front line staff. This is proving popular and a rich seam of real time intelligence on issues affected staff welfare in particular.

6.2 <u>Station Meetings / Station Voices</u>

With the introduction of the Station Manager role, meetings are now scheduled to take place on a regular basis with options for staff to attend in person or remotely via their personal issue iPads.

7. Future Plans and Investments Through 2023/24

- National investment circa £23 million across EMAS during 2023/24 aimed at achieving the national C2 Target thirty minutes mean target 2023/24 and eighteen minutes in 2024/25.
- ➤ Greater engagement with LIVES both through integrated approach to commissioned services (Falls/CEMS) as well as traditional community response
- Introduction of refined Fire Service medical responding in 2023/24
- > Enhanced Workforce plan maturation
- > Pathways and new nursing/specialist practitioner roles

8. Consultation

This is not a direct consultation item.

9. Conclusion

The Committee is invited to consider the information presented on the performance of the Lincolnshire Division of the East Midlands Ambulance Services, which includes performance; performance influencers; quality initiatives; recruitment and retention; staff engagement; and future plans and investments through 2023/24.

10. Background Papers

No background papers as defined in Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by the Senior Management Team of the East Midlands Ambulance Service Lincolnshire Division.

