

Agenda Item 5

		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:	24 January 2024
Subject:	East Midlands Ambulance Service 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 June 2023.

This report includes information:

- a Vision for the NHS Ambulance Sector, created by the Association of Ambulance Chief Executives;
- performance improvement, including activity for Greater Lincolnshire, resourcing and hours lost as a result of delays at hospital emergency departments;
- recruitment and retention; and
- emergency preparedness, resilience and response, for example in relation to Storm Babet.

Actions Requested:

The Committee is asked to note the contents of this report.

1. Background

The last update to this Committee in Q1 2023/24 was during a period of intense local, regional and national hospital delays, leading into one of the most challenged post winter periods experienced by the NHS and Social Care, which included a period of intense national Industrial Action.

At the last attendance of the Health Scrutiny Committee in June 2023 continued concerns were raised 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
- 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. Extracts from Chief Executive's Trust Board Report – 9 January 2024

2.1 Introduction

Reflecting on 2023, it brought new challenges, as well as those which have caused issues for some time. The pressure on the NHS throughout the year has been immense, however, we have also experienced significant successes during the year. We know that the challenges for ambulance trusts and others across the health sector will continue into 2024.

2.2 National Vision

A new national ambulance sector vision, contained as Appendix A, has been created by the Association of Ambulance Chief Executives (AACE). It has been published to focus attention, discussions, and action in response to the issues faced by ambulance services. It links very closely to work underway at EMAS to meet our own ambitions and objectives included in our new Clinical Strategy, contained as Appendix B.

The national vision recognises the two clear remits for the ambulance sector:

1. To be the lead co-ordinator and navigator for access to Urgent and Emergency Care and support agencies, making efficient use of multi-professional, integrated clinical hubs and assessment services at system level.
2. To respond to patients needing out-of-hospital care, with more direct referral pathways to other parts of the system, and advanced skill sets and paramedicine models to safely keep more patients at home.

Lincolnshire Division has employed a number of Clinical Pathway Leads who have been working with system colleagues to improve the number of appropriate alternative pathways available for patients in Lincolnshire – a summary of their work is contained in Appendix C.

AACE believes that:

- by targeting investment into the ambulance workforce, infrastructure, and digital innovations this will play a significant, and efficient, part in improving trajectories within the NHS;

Lincolnshire Division has received additional funding as part of the national funding stream and detail is contained within this paper in section 5.

- expanding our digital infrastructure and advanced practitioner roles will mean more patients can be appropriately treated, monitored and cared for out of hospital, especially older people and those living with frailty;

Lincolnshire is recruiting further Specialist Practitioners (SP's) in Q1 of 2024 to support more complex pre hospital care. Front line clinicians now all have individual iPads in order to support pre hospital clinical care delivery.

- investment to rapidly increase recruitment to, and development of, our highly skilled paramedics and multi-professional clinical workforce in emergency operations centres and clinical assessment services will support decision-making and reap the rewards in getting patients access to the most appropriate care first time; and

Lincolnshire recruitment continues to increase with training for SP's to work remotely alongside warm transfer of C3 and C5 calls to community care partners

- future strategy (which sets direction on what organisations will and will not do) should better co-ordinate resources to bring improvements for patients, staff and systems.

Further work is being undertaken by AACE in collaboration with membership organisations to produce a broader discussion document setting out the case for change.

2.3 Performance Influencers – Use of Additional National Funding

2.3.1 Increasing Capacity

Figures 1 to 3 outline in pictorial format the overall Trust expenditure plan to improve performance and efficiency.

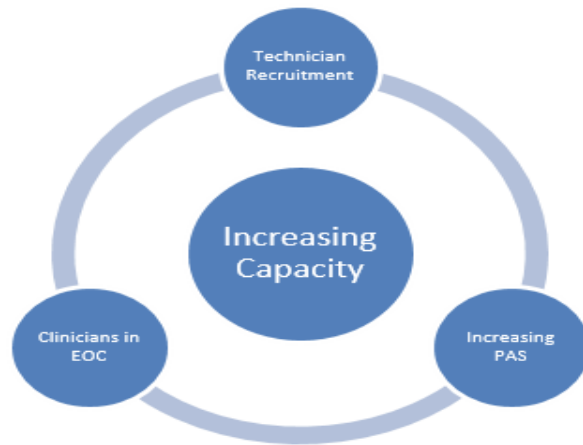


Figure 1

2.3.2 Managing Demand

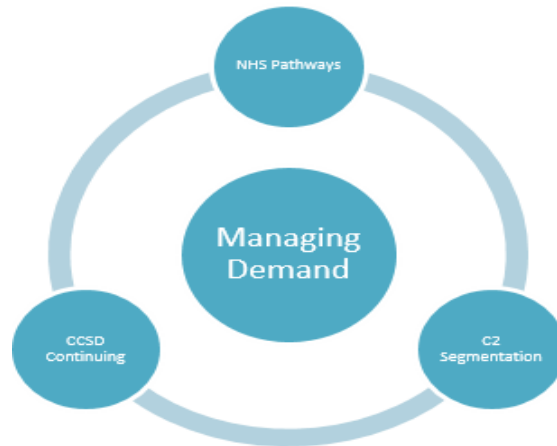


Figure 2

2.3.3 Supporting Staff



Figure 3

3. Performance Improvement

3.1 National Modelling Tool

EMAS have been working in collaboration with NHS England (regional and national teams) to implement a national tool being used to more accurately model resource requirements to achieve national ambulance standards. A revised regional trajectory has been re-modelled and agreed nationally for EMAS – the revised trajectory for C2 is 39 mins 49 secs.

This tool is now being used to calculate realistic trajectories at Divisional level taking into account resourcing, abstraction and hospital handover performance. These trajectories will be provided to the system in early 2024.

3.2 Performance Categories

Category	Response
Category 1	An immediate response to a life threatening condition, such as cardiac or respiratory arrest
Category 2	A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport
Category 3	An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting
Category 4	A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic

3.3 Divisional Performance - Greater Lincs July 2023 – December 2023

Lincolnshire Division Category 2 performance is shown historically for comparison – Nov 2023: 65 minutes versus Dec 2022: 176 minutes.

Category 2 Mean Time (mins)		
	Lincolnshire Division	Lincolnshire ICB Area
Jul 2023	49:09	49:47
Aug 2023	47:10	47:46
Sep 2023	61:14	59:38
Oct 2023	73:24	72:01
Nov 2023	41:60	42:33
Dec 2023	50:45	50:18

Figure 4

3.4 Activity – Greater Lincolnshire

At the beginning of December, we escalated to Resource Escalation Action Plan Level 4, meaning more actions are being taken in response to the pressures faced.

Volume of Incidents NHS Lincolnshire Area (Q2/Q3 2023-24) is detailed below in Figure 5

Date	Incident ASI	Response
July	10608	9024
August	10655	9194
September	10138	9044
October	10261	8565
November	9990	8817
December	10563	9045

Figure 5

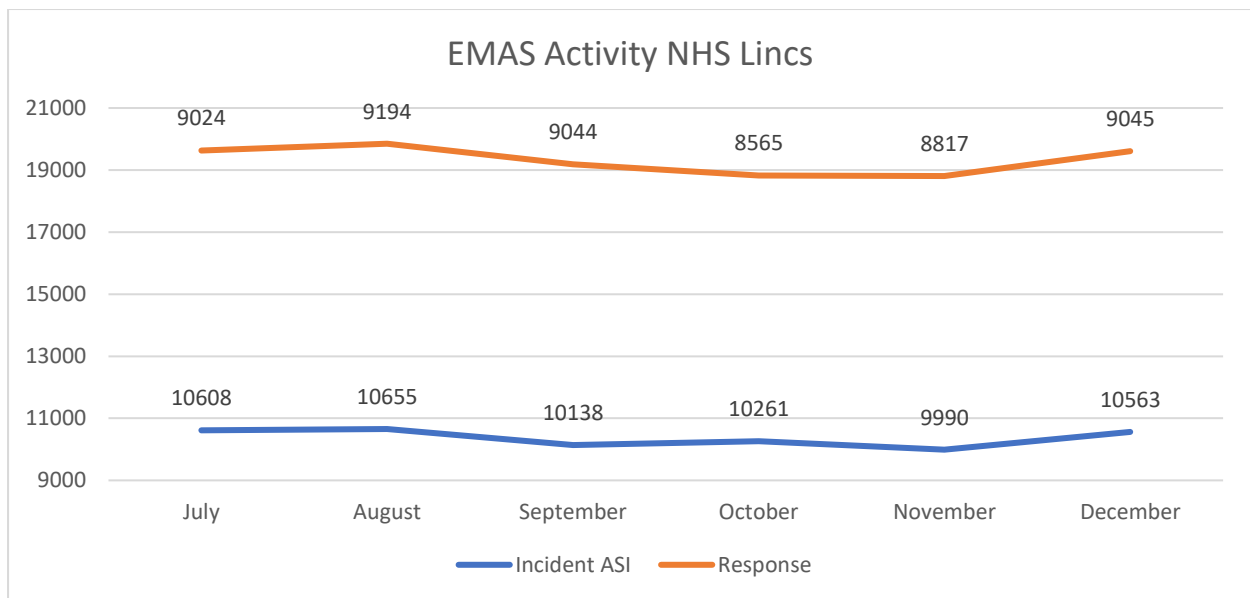


Figure 6

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. Please refer to Figure 7 below for further information.

Date	Incident ASI	HT ASI	% Hear & Treat ASI to Incident ASI	ST	% See & Treat to Incident ASI	STC	% See Treat & Convey to Incident	See Treat & Convey to ED	% ED Conveyance to Incident ASI	See Treat & Convey to Non-ED	% Non ED Conveyance to Incident ASI
October 2023	10261	1696	16.53%	3417	33.30%	5148	50.17%	4774	46.53%	374	3.64%
Grand Total	10261	1696	16.53%	3417	33.30%	5148	50.17%	4774	46.53%	374	3.64%

Date	Incident ASI	HT ASI	% Hear & Treat ASI to Incident ASI	ST	% See & Treat to Incident ASI	STC	% See Treat & Convey to Incident	See Treat & Convey to ED	% ED Conveyance to Incident ASI	See Treat & Convey to Non-ED	% Non ED Conveyance to Incident ASI
November 2023	9990	1173	11.74%	3414	34.17%	5403	54.08%	4857	48.62%	546	5.47%
Grand Total	9990	1173	11.74%	3414	34.17%	5403	54.08%	4857	48.62%	546	5.47%

Date	Incident ASI	HT ASI	% Hear & Treat ASI to Incident ASI	ST	% See & Treat to Incident ASI	STC	% See Treat & Convey to Incident	See Treat & Convey to ED	% ED Conveyance to Incident ASI	See Treat & Convey to Non-ED	% Non ED Conveyance to Incident ASI
December 2023	10560	1516	14.36%	3535	33.48%	5509	52.17%	4857	45.99%	652	6.17%
Grand Total	10560	1516	14.36%	3535	33.48%	5509	52.17%	4857	45.99%	652	6.17%

Figure 7

3.5 Demand / Activity

The table below (Figure 8) 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 – July 2023 – December 2023 across Lincolnshire. The regional and national position are shown for comparison.

	Lincolnshire Division	EMAS Regional	National
Jul 2023	48%	49%	53%
Aug 2023	49%	49%	52%
Sep 2023	49%	49%	52%
Oct 2023	46%	47%	51%
Nov 2023	49%	49%	52%
Dec 2023	46%	46%	51%

Figure 8

Despite fluctuations in performance and demand, the protective nature of Emergency Department conveyance in Lincolnshire has remained stable and better or equal to regional and national peers.

3.6 Resourcing

Ambulance output hours have grown over the course of the year as the staff recruited have developed into patient-facing roles following initial education and induction, please see figure 9 below. Additionally, the growth of private ambulance provision to provide gap fill while we recruit and train new staff over months/years has continued to grow in tandem.

	Lincolnshire Division Ambulance (Output Hours)	Private Ambulance Provision in Lincolnshire (Output Hours)
Jul 2023	27,886	5,352
Aug 2023	27,333	5,938
Sep 2023	27,731	5,905
Oct 2023	28,020	6,308

	Lincolnshire Division Ambulance (Output Hours)	Private Ambulance Provision in Lincolnshire (Output Hours)
Nov 2023	28,475	6,669
Dec 2023	29,698	6,801

Figure 9

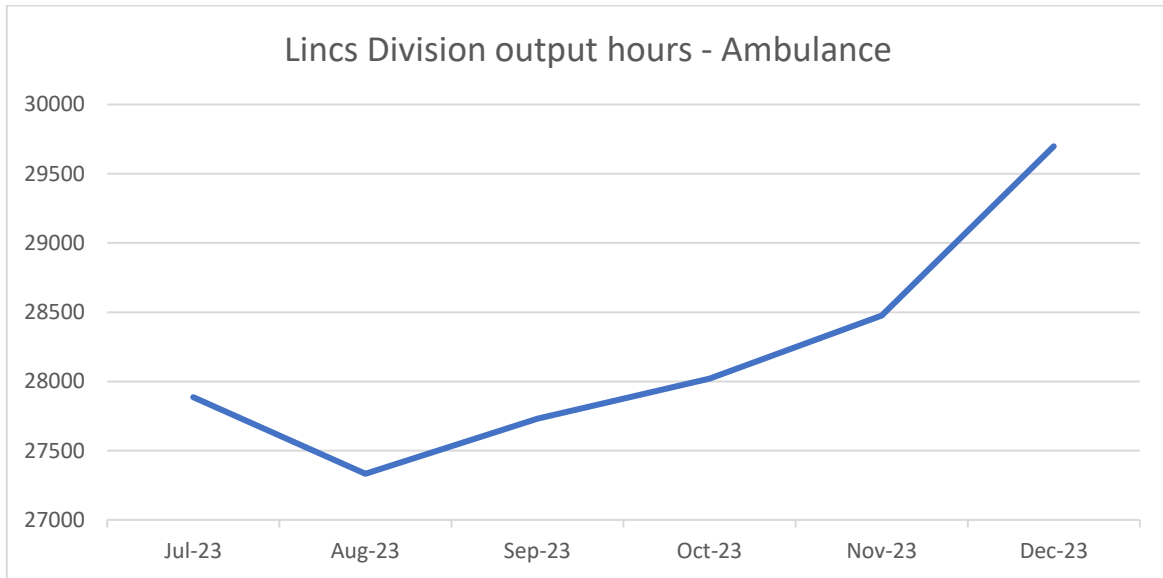


Figure 10

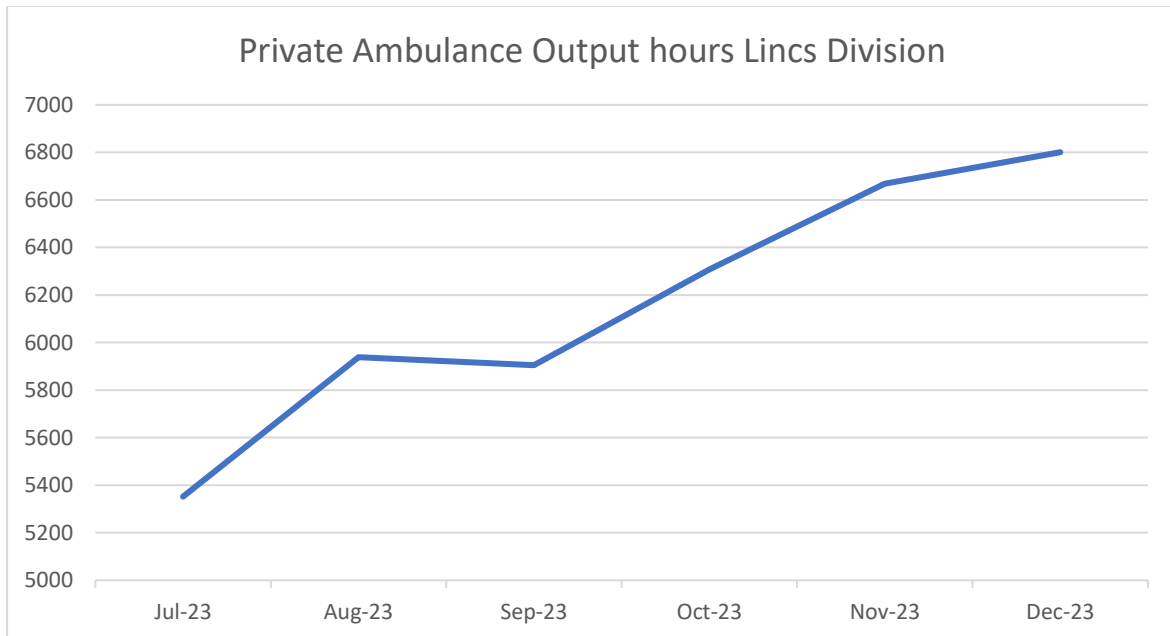


Figure 11

3.7 Sickness / Absence Management

Sickness 2023	April %	May %	June %	July %	Aug %	Sept %	Oct %	Nov %	Year To Date
EMAS Trust	7.35	7.89	7.36	7.65	8.00	7.86	7.39	7.83	7.6
A&E Ops	7.65	8.24	7.66	7.95	8.6	8.39	7.41	7.98	7.98
Lincs Division	6.85	6.5	6.18	6.05	5.81	7.8	6.77	6.38	6.5

Figure 12

3.8 Lincolnshire Division Lost Hours Pre-Handover

The tables below (Figures 13-14) detail the hours lost pre-handover at hospital emergency departments, including those for United Lincolnshire Hospitals NHS Trust (ULHT) specific lost hours for response. In addition, it is worthy of note that the Division also manages significant delays across Northern Lincolnshire and Goole NHS Foundation Trust, Peterborough City Hospital and Queen Elizabeth’s 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 pass on their patients.

2023 Whole of Lincolnshire Division

In figure 13 ‘HO Pre over 60’ refers to the number of handovers taking more than 60 minutes.

Date	Lost Hours Pre Handover >15min	Lost Hours Post Handover >15min	Hospitals	HO Pre Over 60
April	2348:38:48	454:47:21	2023	10514
May	2807:34:12	447:28:36	April	785
June	2261:08:03	361:51:39	May	929
July	2344:36:14	333:02:33	June	737
August	2950:08:37	326:01:41	July	788
September	4272:48:16	314:35:11	August	1024
October	6401:34:23	1290:36:14	September	1467
November	3371:34:18	1597:12:36	October	2273
December	3940:43:26	1578:06:20	November	1114
			December	1397

Figure 13

2023 ULHT Lincoln and Boston sites only

In figure 14 'HO Pre over 60' refers to the number of handovers taking more than 60 minutes.

Date	Lost Hours Pre Handover >15min	Lost Hours Post Handover >15min	Hospitals	HO Pre Over 60
April	1395:28:24	190:59:33	2023	5468
May	1728:07:07	177:55:42	April	425
June	1296:59:38	140:49:40	May	535
July	1343:47:11	129:39:45	June	385
August	2033:26:42	137:41:42	July	393
September	2511:30:26	141:00:40	August	705
October	3631:54:42	526:49:20	September	831
November	1626:11:00	693:36:25	October	1231
December	1521:39:43	753:34:49	November	489
			December	474

Figure 14

Pre and Post Lost Hours – Whole of Lincolnshire Division

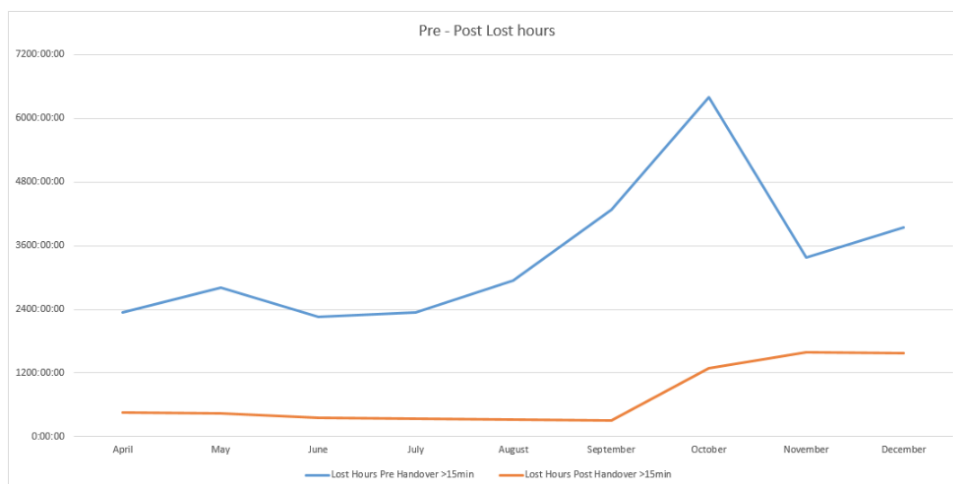


Figure 15

Pre and Post Lost Hours – Lincoln and Boston hospitals only

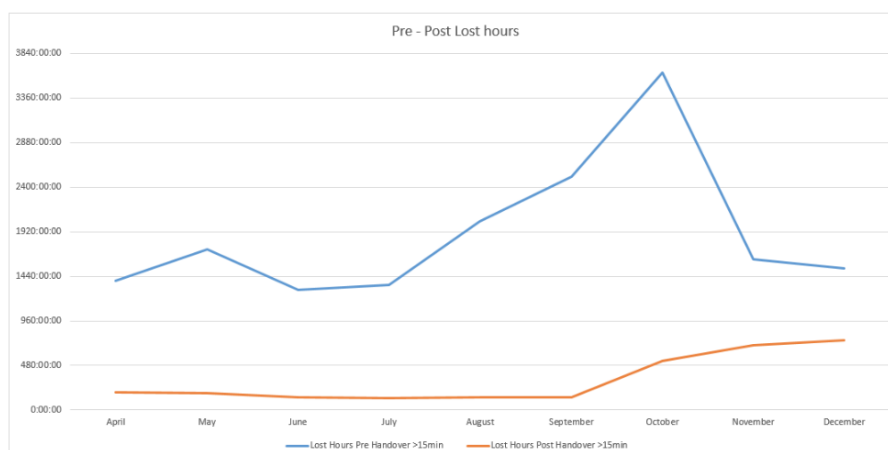


Figure 16

*The way that post-handover is recorded undertook a process change in October 2023 creating an exception data point.

3.9 Recent Lincolnshire C2 Performance Quarter 3 2023

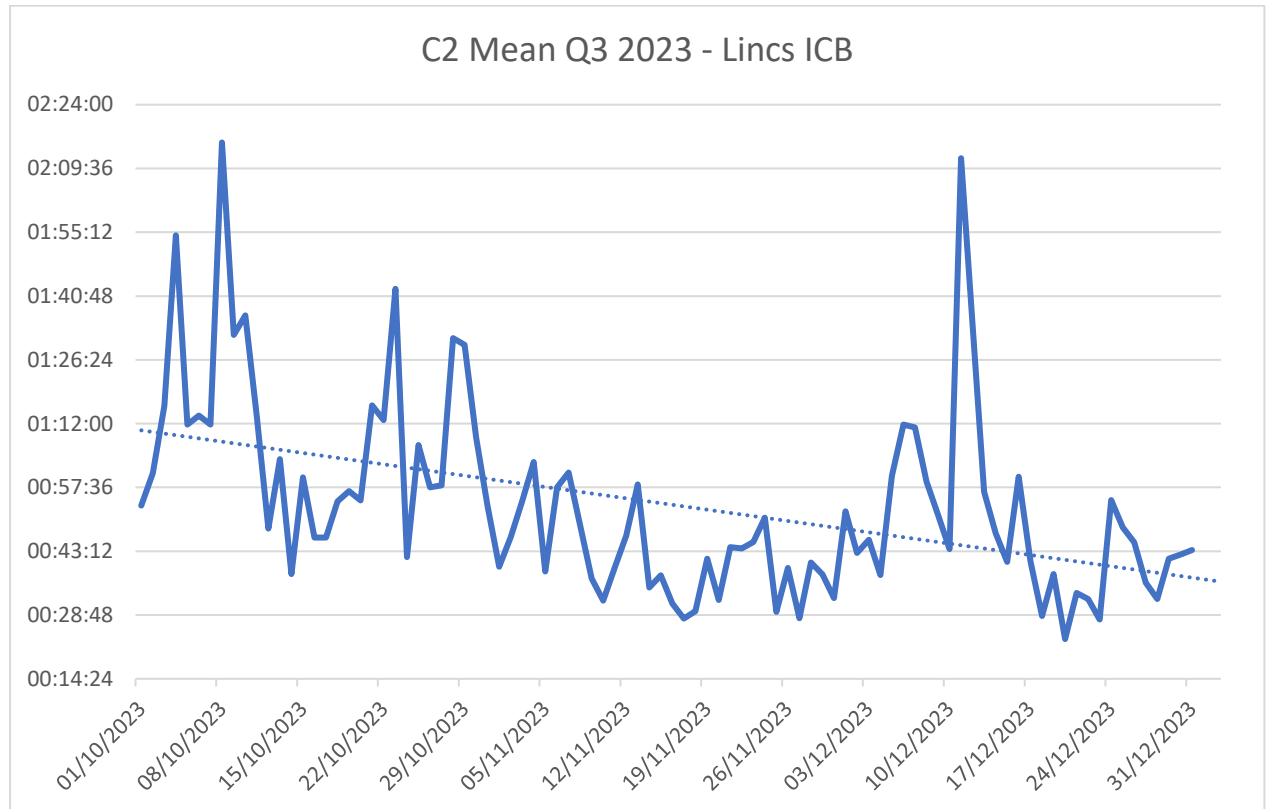


Figure 17

The sustained period of ULHT handover stabilisation (Nov 23) detailed in Figure 17, in conjunction with resource output increase during November shows the impact of all variables working together to improve performance. Figure 18 below is an extract of ULHT handover in detail.

Colleagues across the Urgent and Emergency Care (UEC) system have been working extensively over recent months to improve the position of patient safety and response both within healthcare premises and in the initial emergency arena. The focus of all has been on the goal of reducing the risk and improving the quality and timeliness of care provision. Specifically the work that ULHT and LCHS have undertaken to both risk share and increase capacity has significantly aided de-escalation and reduction in ambulance waits. This is visible in the periods of stabilisation seen recently as well as a comparison of winter 2022/23 to winter 2023/24.

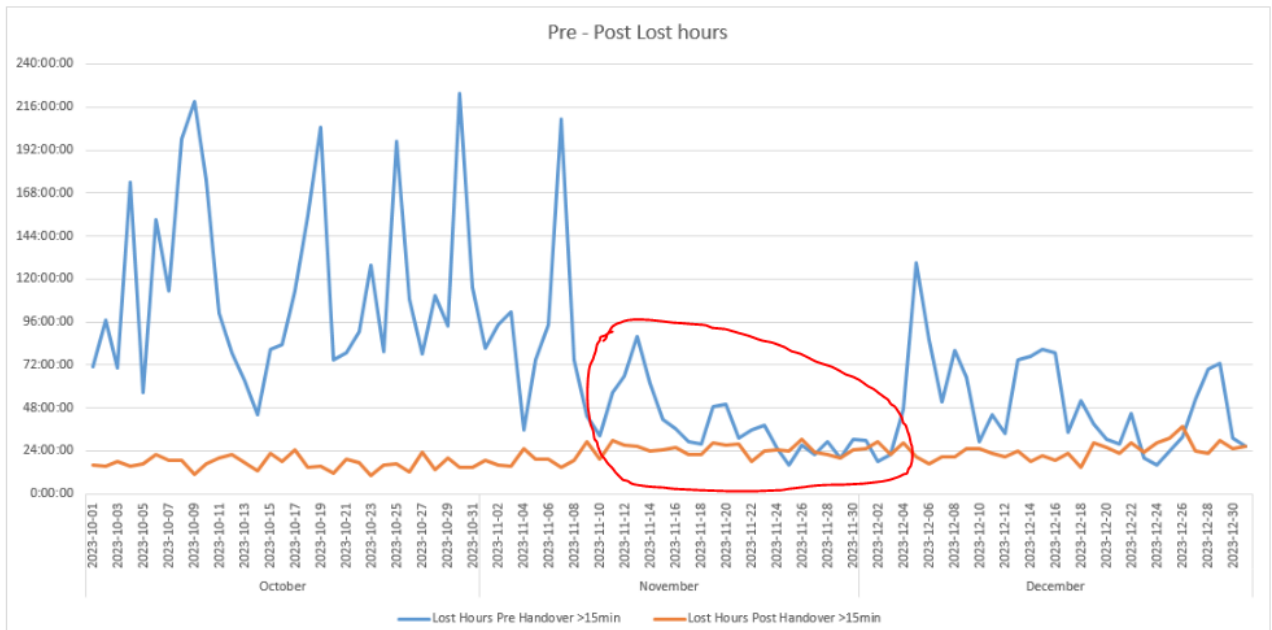


Figure 18

4. Quality Initiatives

4.1 Divisional Senior Manager for Workforce

With the additional funding received by EMAS, Lincolnshire Division has secured a two year dedicated Workforce position aimed at improving our overall workforce plan and working with system partners on initiative solutions to the overall workforce challenge being experienced in the county.

4.2 Efficiency and Effectiveness Initiatives

With the additional funding received by EMAS, Lincolnshire Division has secured an additional temporary position to improve our overall Call Cycle efficiency.

4.3 Clinical Leadership

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 have produced an Annual Report, and work is ongoing to refine further delivery of Education and Clinical Supervision across the Division. We are keen to trail more local delivery of Statutory Education and are working closely with colleagues on a plan to implement from 2025.

5. Recruitment and Retention

5.1 Skill Mix

The table below (Figure 19) 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 (Lincolnshire Community Health Services NHS Trust) and single points of access in the N and NE of the county.

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%

Figure 19

5.2 Attrition

Lincolnshire	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Leaver/movers													
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	5.01	4.00	6.25	4.05	5.00	5	4						33.18
Variation from plan	-1.13	-2.14	0.11	-2.09	-1.14	-1.14	-2.27						

Figure 20

Attrition detailed in Figure 20, has been less than predicted which is a positive for the Division as this retains staff. Further analysis of exit interviews indicates that a range of reasons for leaving, and the spread is across all grades.

5.3 Recruitment Trajectory

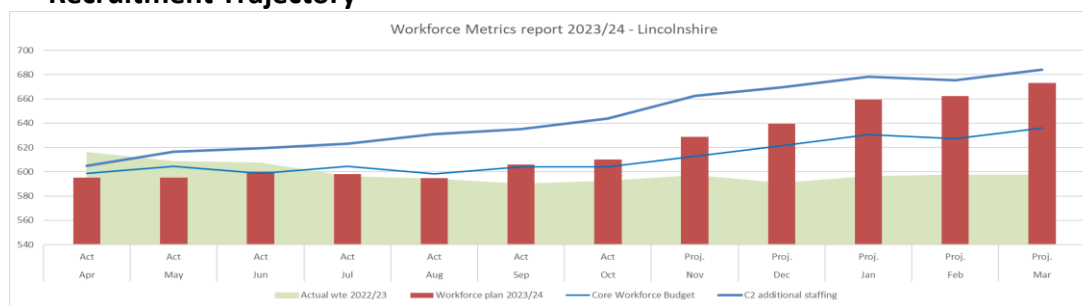


Figure 21

A more streamlined approach to internal career progression is being explored by the Trust and Lincolnshire 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.

Our Workforce Lead will focus on recruitment and retention strategies for the next two years to enable the Division to be in a more stable position in future years. An overall Workforce Plan is being developed that will encompass internal career progression alongside plans to work with system partners on career portfolio options for all staff.

Figure 21 demonstrates that the Division are significantly above the 2023/24 recruitment trajectory which will continue into 2024.25. There are plans to hold open days on stations throughout the Division to encourage local residents to join the ambulance service alongside working with military establishments to actively recruit personnel who wish to explore alternative career opportunities. Recruitment Ambassadors will follow up grass route engagement session at schools and colleges in support of a five year plan to recruit locally.

Work has continued with Lincoln University and the next cohort of Paramedics, due out in August have all been offered a role within Lincs Division to help with the skill mix. Open adverts are out to attract qualified Paramedics and Technicians into the County as well as the first cohort of Australian Paramedics due to arrive in early February. A second cohort is planned for May 2024.

It has been agreed that the Division will trial a development role of Associate Specialist Practitioner and 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, Ambulance Nurse and 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' and Locality PMRs

As part of the continued drive to have local representation and accountability we are actively seeking the views of our staff at a local level. The local Conversation Cafés continue in parallel with a Regional Corporate Conversation Café tour attended by EMAS Executives.

From a management accountability point of view, we are devolving oversight of performance from a Lincolnshire divisional viewpoint to a locality level – to aid first line management accountability and understanding of the important issues to performance, efficiency and service delivery.

6.2 Staff Opinion Survey

We have recently completed the national NHS Staff Opinion Survey. The results for this will be available for review and outcome planning towards the end of Q4.

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. Emergency Preparedness, Resilience and Response (EPRR)

7.1 Category 1 Responder Responsibilities

The Civil Contingencies Act is a single framework used for civil protection in the UK. The Act is split into two substantive Parts:

1. Civil Protection (Part 1)
2. Emergency Powers (Part 2)

Under Part 1 agencies are split into two categories:

Category 1 – includes but not exclusively Emergency Services and Local Authorities
Category 2 – Health and Safety Executive, Utilities and Transport companies.

As a Category 1 Responder EMAS has a statutory obligation under law to:

- assess the risk of emergencies occurring and use this to inform contingency planning.
- put in place emergency plans.
- put in place business continuity management arrangements.
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- share information with other local responders to enhance co-ordination.
- co-operate with other local responders to enhance co-ordination and efficiency.

7.2 Storm Babet Overview

During Storm Babet October 2023 EMAS, Lincolnshire took part in 13 Tactical Coordinating Group (TCG) meetings both in person, at the Country Emergency Centre or remotely via MS TEAMS. While the storm had minimal impact on our ambulance service delivery in Lincolnshire the shared situational awareness gathered by attending the multi-agency TCGs was invaluable.

The frequency of these weather events is increasing and by the end of the first week in January 2024 we had provided attendance at eight TCGs and three SCGs in relation to Storm Henk, which is part of our statutory obligation as a Category 1 under the Civil Contingency Act.

7.3 EMAS Relationships with Local Resilience Forum (LRF)

Lincolnshire Division has a good working relationship with the Local Resilience Forum. We are an active member of the LRF and participate in several multi-agency exercises at all levels of command (Strategic, Tactical and Operational). We continue to collaboratively provide staff from our Emergency Preparedness Resilience and Response Department to support with

the delivery of education courses to wider partner agencies such as local authorities and our own commander cadre.

As Strategic Commanders we are mandated to undertake the Multi-agency Gold Incident Command course – all training is compliant locally.

Of the six staff who are required to completed Multi-agency TCG training, five have already completed mandated training locally with the LRF and the sixth member of the team is booked on a course in April 2024. All six staff have completed yearly Continual Professional Development (CPD) with Lincolnshire LRF within the last twelve months.

7.4 Training Figures for Staff

Our commanders are required to undertake training provided by the National Ambulance Resilience Unit (NARU) however, EMAS as a trust, are only provided with a set number of places per course, this can impact on the number of commanders we are able to put through this national course. To mitigate this, our EPRR Department have developed a course that furnishes the commander with the underpinning knowledge and skills required to bridge the gap until they're allocated a place on the national course. Figure 22 outlines the current training figures for Lincolnshire Tactical Commanders

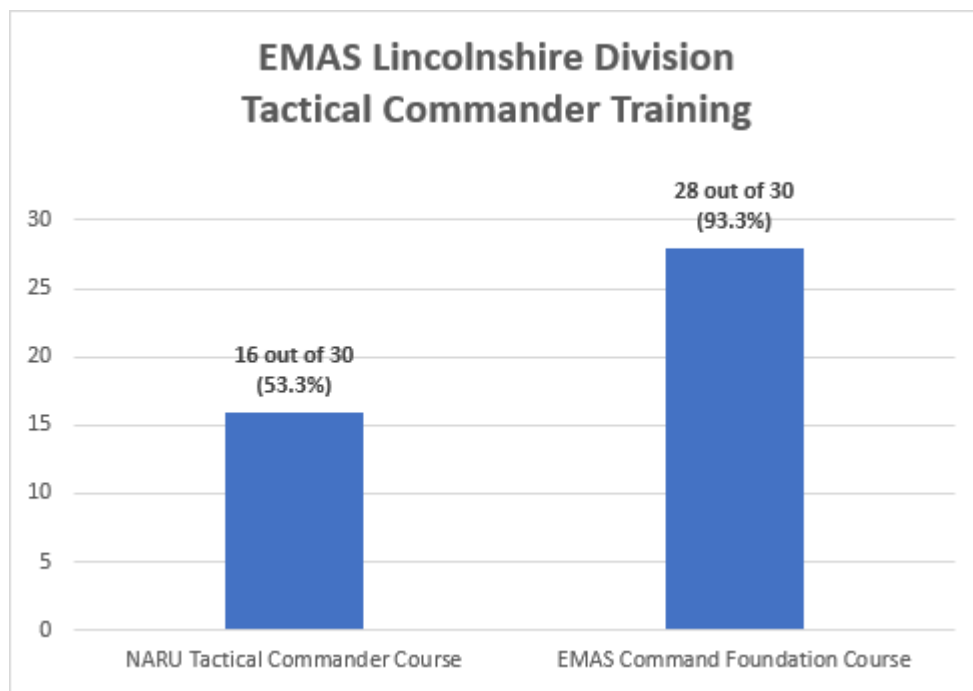


Figure 22

8. Appendices

These are listed below and attached at the back of the report	
Appendix A	A Vision for the NHS Ambulance Sector in Co-Designing Urgent and Emergency Care Provision (Association of Ambulance Chief Executives)
Appendix B	East Midlands Ambulance Service NHS Trust – Clinical Strategy 2023-2028
Appendix C	East Midlands Ambulance Service NHS Trust – Pathways 2023 Summary

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 the by the East Midlands Ambulance Service NHS Trust
Lincolnshire Senior Management Team

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