



# Nottinghamshire division update



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# 2016/17 overview

- 2016/17 was a real challenge across NHS and Social Care services.
- Independent capacity and demand review.
- Findings of review influenced contract agreement for 2017/18 allowing for further investment in our service.
- We continue to progress our improvement plans, including proactively recruiting to our frontline and investing in new ambulances to expand our fleet.



# Care Quality Commission (CQC)

- CQC inspected EMAS November 2015 and published its report May 2016.
- We progressed our Quality Improvement Plan, and the CQC came back to EMAS February 2017. In March the CQC published its follow-up report:
  - Overall CQC rating ‘requires improvement’
  - Safe: improved from ‘inadequate’ to ‘requires improvement’
  - Effective: remained ‘requires improvement’
  - Well-led: remained ‘requires improvement’
  - Caring and Responsive: remained ‘good’



# Responsive

- Recruited 352 operational and EOC staff and 27 international Paramedics
- Career progression opportunities offered.
- Recruitment taster session held in Nottinghamshire April 2017
- Reviewed and strengthened our emergency resilience, following the devastating and tragic attacks in Manchester and London.



# Responsive

- 57 new double crewed ambulances delivered 2016/17 (*20 in Nottinghamshire*).
- 164 new defibrillators on our vehicles during 2016/17, and 127 this year.
- New Electronic Patient Report Form solution (ePRF) – over £3million investment. (*Nottinghamshire now live*)
- Plans agreed with Commissioners for long-term strategic review to support greater patient care focus and Sustainability & Transformation Plans alignment.



# Ambulance Response Programme (ARP)

- After the largest clinical ambulance trials in the world, NHS England is implementing new standards for English services.
- Evidence shows the changes are safe; no safety issues identified in more than 14 million 999 calls handled over the 18 month trials.
- New system updates a decades old system, providing a strong foundation for the future:
  - prioritising the sickest patients to ensure they receive the fastest response, and
  - driving efficient behaviours to give greater opportunity for the patient to get a response in a clinically appropriate time.
- EMAS introduced ARP 2.3 on 19 July 2017.





# Ambulance Response Programme (ARP)

Category	Definition	National Standard
Category 1	An immediate response to a life-threatening condition. It is only used for a patient who requires resuscitation or emergency intervention from the ambulance service, for example cardiac or respiratory arrest.	7 minutes mean response time 15 minutes 90th centile response time
Category 2	For a serious condition, for example stroke or chest pain, that may require rapid assessment and/or urgent transport.	18 minutes mean response time 40 minutes 90th centile response time
Category 3	For urgent problems, for example uncomplicated diabetic that needs treatment and transport to an acute setting..	120 minutes 90th centile response time
Category 4	For a problem that is not urgent, for example all stable clinical cases including dermatology, gynaecology, ENT, neurology etc, and requires transportation to a hospital ward or clinic within 1, 2, 3 or 4 hours 4 hours (GP to confirm).	180 minutes 90th centile response time

# Local Developments

- Remodel management team for progression and staff access
- Working with NUH, SFHT and BDGH to improve handovers in times of pressure
- Tactical Performance Office
- Rota Review to align with ARP
- Staff engagement
- Winter and Christmas planning underway





Thank you

Any questions?



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