

17 January 2018

## **Briefing for Nottinghamshire Health Overview and Scrutiny Committee**

Meeting: Tuesday 13 February 2018

East Midlands Ambulance Service provides emergency 999 care and telephone clinical assessment services for a population of 4.8 million people.

On average we receive a new 999 call every 34 seconds – around 2,500 a day.

Our vision is 'to deliver outstanding sustainable emergency and urgent care services across the communities of the East Midlands'.

### **Managing demand over the winter period**

Winter was a particularly challenging period for the NHS and we, like other organisations experienced pressures which impacted our ability to reach patients in a timely manner.

We had plans in place and in response to the huge pressures in the NHS system, lengthy delays our ambulance crews experienced waiting at hospitals and an increase in 999 demand we escalated our Capacity Management Plan (CMP) to Level 4 (equal to major incident situation and the highest level in the plan), for periods between 30 December to 2 January.

Our busiest period was in the new year and we escalated to the National Ambulance Resilience Unit's Resource Escalation Action Plan (REAP) Level 4 – equal to hospital Opel 4 status.

REAP 4 is the highest escalation alert level for ambulance trusts, and we remained there from Wednesday 3 January to Tuesday 9 January. A briefing note was issued to council members on Wednesday 3 January which outlines the actions we took to ensure patients in the community reported to be in a life-threatening or very serious condition received a timely response. (see appendix 1).

### **Nottinghamshire figures**

Our busiest day was New Years Day where we responded to 527 emergency and urgent calls in Nottinghamshire. We were also busy on the 31 December, responding to 481 incidents, the 30 December responding to 491 incidents and the 25 January responding to 481 incidents.

We increased cover levels by having extra ambulance crews on duty throughout December and January and ran a triage facility in Mansfield town centre and in

Nottingham city to ensure those enjoying the party season were able to do so safely.

## Conclusion

We are committed to responding to as many patients as safely and quickly as we can with the resource base that we have however there are on-going challenges that we are working hard to address:

- Our Trust Board has a fundamental belief that there is a resourcing gap despite the efficiencies made at EMAS, and discussions with our commissioners on the level of funding and resource required continue.
- The huge pressure faced by the NHS over recent weeks has seen many of our ambulance crews and patients kept waiting at hospital. If our ambulances are at hospital with a patient they are not able to respond to new calls coming in.
- Subsequently, patients in the community can experience a delayed response to their 999 call. We have continued to escalate our concerns to our commissioners and regulators about patient safety, and we continue to work very closely with NHS and social care partners to improve the welfare of our patients and staff.

## Appendix 1

Issued to council members on Wednesday 3 January.

3 January 2018

### Stakeholder update

#### Huge pressure on NHS emergency ambulance service

Today we escalated to the National Ambulance Resilience Unit's Resource Escalation Action Plan (REAP) Level 4 – equal to hospital Opel 4 status.

REAP 4 is the highest escalation alert level for ambulance trusts, and is our response to the:

- huge pressure in the NHS system,
- lengthy delays many of our ambulance crews are experiencing with hospital handover, and
- 999 demand.

It remains our priority to get clinicians on scene for patients waiting in the community reported to be in a life-threatening or very serious condition.

REAP 4 actions agreed by our Executive Directors and Senior Management team today include:

- **Set up of a REAP Incident Cell** at our Headquarters in Nottingham.
- **Alternative use of some Community First Responder Schemes (CFR).** We are looking to task the fifteen EMAS cars (without blue lights and sirens) operated by CFR schemes to transport 'walking patients' to hospital instead of a double crewed ambulance. Our Clinical Assessment Team (paramedics and nurses based in our Emergency Operations Centre) to ensure patient safety.
- **Statutory and mandatory training and clinical education to be rescheduled.**
- **Doctor cover in our Emergency Operations Centre.** We will have a rota for a doctor to be in our control centre for the next seven days to support our Clinical Assessment Team

- **No send for Category 3 patients.** We have introduced a clinical safety net to support this REAP 4 action: a set of criteria including age and clinical condition is used by our clinicians to review each call Category 3 call and a senior clinician is involved in the final 'no send' decision, e.g. patients are advised that they need to arrange to get themselves to a treatment centre via car or taxi, or a relative or friend's car. Category 3 patients include people with uncomplicated diabetic needs, while Category 4 patients are clinically stable cases including dermatology, gynaecology and neurology. You can read more about the four response categories in the National Ambulance Response Programme by visiting the NHS England website here: <https://www.england.nhs.uk/urgent-emergency-care/arp/>

## New Year at EMAS

It's been incredibly challenging for the NHS since 30 December 2017 and this has impacted on how quickly we have reached some patients.

Our management and clinical teams had planned for a busy New Year to give us the best possible level of resource to meet the predicted increase in demand, including:

- Over 145 ambulances and 50 fast response cars were manned by EMAS clinicians on duty to respond to emergency calls.
- Temporary triage centres in Derby, Leicester, Lincoln, Northampton, Nottingham and Scunthorpe allowed us to treat more minor injuries on scene rather than send a fully kitted emergency ambulance.
- Over 120 colleagues worked in our two Emergency Operations Centres to receive and respond to the 999 calls received.
- Over 25 managers and leaders worked to support our crews, many of them working out on the frontline.
- Good management cover in our Emergency Operations Centres, at busy hospitals and in the temporary triage centres to support our staff and other NHS colleagues.
- A strategic command cell was set up throughout the night and early hours of the morning to manage demand.
- On-duty and on-call managers were based at busy hospital emergency departments to support patient flow and to get ambulances back on to the road to respond to patients waiting in the community.

## What happened?

The New Year period resulted in:

- 1,027 calls received during the first six hours of 2018. We answered each call within two seconds.
- Many calls related to illness or injury suffered as a result of too much alcohol.
- Just under 8,500 emergency calls received between 30 December to 1 January with 25% of calls put through to EMAS by NHS111. On average we receive 2,500 calls per day.
- We lost over 500 hours on New Year's Day due to delays experienced by our crews at hospital. When emergency department staff are not able to accept a clinical handover from our ambulance crews we are delayed from getting back out on the road to respond to patients waiting for a response in the community Lincolnshire, Northamptonshire and Leicestershire were the worst affected. Hospital handover delays occur because of other pressures in the wider NHS and social care system and we are all working together to address this.

## What did EMAS do in response?

We had plans in place to help us manage the increase in calls and pressure faced on the wider NHS. We escalated our Capacity Management Plan (CMP) to Level 4 (equal to major incident situation and the highest level in the plan), for periods between 30 December to 2 January.

- This was due to very large numbers of patients in the community waiting for an ambulance response.
- It was our priority to get clinicians on scene for patients reported to be in a life-threatening condition.
- We liaised with the hospital emergency departments to ask that our ambulance crews were able to return to their vehicle as soon as possible.
- We asked patients who were fit to sit to do so in a hospital chair on arrival rather than wait on an ambulance stretcher.
- Community First Responder and Emergency First Responder volunteers provided support where available, as well as St John Ambulance, private

ambulance services and schemes such as East Midlands Immediate Care Scheme (EMICS doctors) and LIVES in Lincolnshire.

- Off-duty frontline colleagues were asked to report for duty if they were able to provide support.
- We deployed our Derbyshire Patient Transport Service (PTS) to support hospitals with discharges and transfers. Note: PTS in Northamptonshire, Leicestershire and Rutland, Nottinghamshire and Lincolnshire are provided by different organisations.
- Our social media channels and proactive media work promoted when to use 999 and the alternative NHS care available.

### Level of ambulance service given

- Some patients unfortunately experienced a delay and we are sorry that we were not able to provide the service that we endeavour, and had planned to give. Patients with a less serious condition were advised to seek alternative care, to seek alternative transport if appropriate, or advised that they would experience a delayed response because of demand on the service.
- Our temporary triage centres helped by treating several patients on scene, keeping ambulances available for other 999 incidents, and reducing the amount of patients taken to the very busy hospital emergency departments.

### In conclusion

The continued dedication, commitment and hard work of our EMAS colleagues, volunteers and partners is helping us manage this exceptional period of high demand would have had on more people if it were not for the actions taken. We continue to monitor activity and identify any opportunities for learning. We're also working with our commissioners and regulators to identify how the increase in demand impacted on the patient care we were able to give.

My heartfelt thanks go to all that worked with us over the festive period and into the beginning of January to provide the best possible patient care.

Ben Holdaway, EMAS Director of Operations