

19 October 2018

Briefing for Nottinghamshire Health Overview and Scrutiny Committee

Meeting: Tuesday, 20 November 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 32 seconds – around 2,710 calls a day.

Managing demand over the winter period

Last 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.

The key issues we anticipate facing again this year include:

- Increase in emergency, urgent and hospital admissions/discharges and call demand.
- Availability of fleet and equipment for additional resources
- Increase in hospital turnaround times
- Increase in staff sickness levels
- Outbreaks of pandemic influenza/infectious diseases (e.g. norovirus)
- Adverse weather

We have plans in place to face huge pressures in the NHS system, lengthy delays for our ambulance crews waiting at hospitals to handover patients, and an increase in 999 demand. These include

- Planning resources to meet predicted demand and additional managerial cover throughout the winter period.
- Ensuring maximum coverage from Community First Responders (CFRs) and Emergency Fire Responders (EFRs) during high activity for two week period over the winter period.

- Identify and promote care pathways that are available over the seasonal period.
- Proactively manage hospital turnaround and mobilization times, initialising Ambulance Managers if appropriate.
- Promoting alternative pathways and self-care to our patients, and encouraging our ambulance crews to utilise alternative care pathways to prevent unnecessary hospital admissions.
- Offering and encouraging our staff to have the flu jab.
- Proactively managing sickness absence.
- We have a UK Contingency and Business Continuity Plan

We have been working closely with our colleagues in other Trusts and CCGs to explore ways of improving patient experience and reducing pressures, such as the ongoing stroke trial.

Where necessary, we will continue to escalate through the levels of our Capacity Management Plans (CMP) and National Ambulance Resilience Unit's Resource Escalation Action Plan (REAP). This allows our senior team to take appropriate action based upon capacity level.

Following the severe weather last winter, our Fleet team have ensured that snow socks are available on all our vehicles should they need them, and all vehicles have all-weather tyres fitted.

Within the division we also have 4x4 capability and all stations will have an adequate supply of grit, anti-freeze, shovels and de-icers.

Transformation Plans

In May this year, it was announced that we have agreed new contract terms with Hardwick Clinical Commissioning Group (CCG).

Hardwick CCG – which manages the EMAS contract on behalf of 22 CCGs across the region – has signed off the terms, which will see £9m extra funding for clinical staff, ambulances and other resources being provided in the first year, potentially rising to approximately £19m next year, dependent on performance targets being met and other financial agreements made as part of the contract terms.

The additional funding has been agreed following a jointly commissioned, independent 'demand and capacity review'. The review identified a gap between the resources presently available, and what is needed to deliver national performance standards for ambulance services.

The new funding will directly address this gap, and is expected to result in a stepped improvement in EMAS ambulance response times and consistency of response across all areas of the East Midlands region.

In Nottinghamshire, we are in the process of recruiting additional frontline colleagues. We also introduced our new Urgent Care Service on 2 April 2018. These ambulance crews are specifically mobilised to provide care and transport for patients requiring urgent admission to hospital as determined by their GP or Health Care Professional (HCP). They can also transport patients requiring hospital admission but who do not need ongoing emergency medical treatment, as determined by our Clinical Assessment Team.

Nottinghamshire performance figures

Following the demand and capacity review, a set of performance trajectories were set for each division. This was based on six elements.

Nottinghamshire division in Quarter 2 which is July, August and September, achieved three of those targets, two of them being Category 1 – our highest priority patients.

The trajectories did include a 2.1% increase in responses for 2018/19 against 2017/18. Nottinghamshire division have seen an increase in overall responses from 2017/18 of 4.1% in July up to 5.34% in September. This includes a specific increase of up to 18.64% in Quarter 2.

In real terms, this means that our crews responded to an additional 41 Category 2 response patients per day throughout Quarter 2.

Nottinghamshire Quarter 2

Category 1				Category 2				Category 3		Category 4	
Tjr-Mean	Mean	Tjr-90th	90th Centile	Tjr-Mean	Mean	Tjr-90th	90th Centile	Tjr-90th	90th Centile	Tjr-90th	90th Centile
00:07:30	00:07:01	00:15:00	00:12:15	00:24:24	00:29:00	00:49:47	01:06:41	02:48:45	03:32:11	03:04:25	02:49:59

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