



EEAST OVERVIEW AND PERFORMANCE

Reporting on data up to November 2024

Date of Report: 17 December 2024

Contents

Purpose of Report	3
Summary	3
Performance	3
Response Times	3
Hospital Handovers.....	5
Handover 45 – Release to Respond	6
System Working	6
EEAST Clinical Strategy.....	7
Winter pressures.....	8
Bedford Emergency Operations Centre	9
Conclusion.....	10

Purpose of Report

The purpose of this report is to provide the Committee with information regarding the performance of the East of England Ambulance Service NHS Trust (EEAST).

Summary

- Demand has increased in the last twelve months, with an additional 2,102 patients needing an ambulance response.
- In the last twelve months, 64% of handovers at hospitals in Bedfordshire have exceeded 15 minutes. 12,729 hours have been lost to handover delays, equivalent to 1,060 ambulances.
- Response times in Bedfordshire for our most serious incidents (Category 1) have increased slightly compared to 2023, with an average response time of 8 minutes 54 seconds
- Response times for Category 2 incidents, which include serious medical emergencies such as chest pains and strokes, have also increased compared to 2023, with an average response time of 45 minutes 27.
- NHS England has removed EEAST from the National Recovery Support Programme in recognition of our significant improvements. The program was formerly known as Special Measures.

Performance

The Trust has an operational performance improvement plan in place. The plan focuses on Category 2 calls (emergency calls, such as Stroke) response time improvement, and is based on four priority areas:

- job cycle time – reducing the amount of time we spend on scene after seeing patients
- vehicle availability – reducing the amount of time vehicles are off-road for repair
- hear & treat - increasing the number of enhanced telephone assessments of patients to determine the most appropriate response, this can sometimes result in no ambulance being sent.
- productive patient-facing staff hours – maximising the time clinicians are available to care for patients.

Response Times

Demand has increased in the last twelve months. We have responded to an additional 2,102 patients in Bedfordshire compared to the previous 12 months.

In the last twelve months, the average response time in Bedfordshire was:

- 8 minutes 54 seconds for Category 1 (life-threatening emergency) calls
- 45 minutes 27 seconds for Category 2 (emergency such as stroke) calls

This is a worsening position compared to the previous twelve months when average response times were:

- 8 minutes 38 seconds for Category 1 (life-threatening emergency) calls
- 41 minutes 5 seconds for Category 2 (emergency such as stroke) calls

In August when hospital handover delays were at their lowest the category 2 response time was 36 minutes 15 seconds. As hospital handover delays have increased our response times have worsened.

Response times Dec 23 – Nov 24

Month	999 Calls	All Incidents	Category 1 Incidents	Mean Response Time	Category 2 Incidents	Mean Response Time
Dec-23	5890	4842	626	00:08:46	2735	00:53:04
Jan-24	5567	4882	595	00:07:59	2769	00:45:51
Feb-24	5345	4508	561	00:08:49	2489	00:45:29
Mar-24	5819	4828	539	00:08:15	2672	00:38:05
Apr-24	5228	4644	555	00:08:30	2490	00:41:08
May-24	5709	4989	574	00:08:34	2734	00:41:10
Jun-24	5535	4631	553	00:09:10	2527	00:50:24
Jul-24	5691	4868	537	00:09:07	2626	00:42:47
Aug-24	5167	4661	490	00:08:55	2479	00:36:15
Sep-24	5573	4698	519	00:09:36	2536	00:42:20
Oct-24	5910	4842	570	00:09:31	2675	00:52:22
Nov-24	6147	4899	601	00:09:37	2725	00:55:16
Total	67581	57292	6720	00:08:54	31457	00:45:27

Response times Dec 22 – Nov 23

Month	999 Calls	All Incidents	Category 1 Incidents	C1 Mean Response Time	Category 2 Incidents	C2 Mean Response Time
Dec-22	6362	4220	775	00:10:37	2392	01:08:33
Jan-23	4466	4287	585	00:08:04	2394	00:35:42
Feb-23	3978	3913	514	00:08:21	2162	00:32:17
Mar-23	5049	4674	612	00:08:30	2649	00:40:57
Apr-23	4445	4322	475	00:08:19	2397	00:31:46
May-23	4848	4596	544	00:07:56	2555	00:32:47
Jun-23	5092	4611	560	00:08:33	2542	00:41:07
Jul-23	4919	4663	535	00:08:20	2581	00:35:33
Aug-23	4851	4562	481	00:08:00	2606	00:35:55
Sep-23	5188	4614	507	00:08:30	2656	00:42:32
Oct-23	5459	4798	528	00:08:40	2761	00:47:46
Nov-23	5359	4743	576	00:08:44	2636	00:47:00
Total	60016	54003	6692	00:08:38	30331	00:41:05

We are looking at several ways in which we can improve our response times and increase our resources, including:

- Increasing clinical cover within our control rooms, so we can triage all appropriate calls to improve patient safety and maximise the use of alternative services which are available within communities.
- Working with our system partners to implement agreed handover targets at A&E departments across the region. The primary aim is to reduce avoidable harm, including deaths, in communities because of delayed ambulance response times, which are consequential to delayed handovers of emergency patients at acute trusts.
- Completing our roll out of advanced practice cars in both urgent and critical care in each county, who will be able to provide more specialist clinical care and support in patients' homes.
- Increasing Hear and Treat rates to 13% through Clinical Assessment Service (CAS) expansion. CAS allows more patients to be treated over the phone rather than needing an ambulance response.
- Segmenting Category 2 calls by clinical need. This new system allows a conversation between the patient and the clinician in the control room where together they can decide whether an ambulance is the best response or if they would be better cared for in the community.
- Increasing the use of Community First Responders (CFRs) to assist with patients that have fallen. They can be dispatched to falls where the patient is uninjured or where a clinician has deemed the incident appropriate for a CFR, they can also be used as a resource for trust staff to use as a backup option to support them on scene with lifting patients.
- Using a web-based portal we are electronically transferring appropriate lower acuity calls (C3 – C5) to our Urgent Community Response partners who respond to those calls within two hours, allowing ambulances to respond to more serious emergencies in the area.

Hospital Handovers

We continue to collaborate with partners across the system to minimise hospital handover times. This includes having dedicated Hospital Admissions Liaison Officers (HALOs) at A&Es to facilitate smoother and faster handovers.

However, hospital handovers remain a significant issue that affects EEAST's performance. Handover times are split into two main categories: Arrival to handover, and handover to clear. Arrival to handover is primarily hospital-controlled, and handover to clear is primarily ambulance-controlled.

The national mandate from NHS England is for all patients to be handed over to the hospital within 15 minutes of arrival, however, this is rarely achieved. These delays are reducing the number of ambulances in operation and are significantly affecting our ability to respond to 999 calls.

A Trust-wide initiative has been implemented to support the improvement of handover to clear times with the aims of:

- Improving the handover to clear (H2C) times which will increase patient-facing staff hours (PFSH) providing more time for focused patient care.
- Improving response times in line with national standards.
- Reducing mental load on staff allowing them to focus on other tasks following a clinical handover of care of a patient.
- Reducing time spent at the hospital can improve emergency department (ED) flow by reducing queues and demonstrates that EEAST is committed to reducing delays within the wider system.

Staff will receive reminder messages on their radio handsets and Mobile Data Terminal (MDT) screens to alert them if they are about to breach the times in line with national standards.

Handover 45 – Release to Respond

Following discussions with hospitals and Integrated Care Boards across the east of England we have agreed to reduce the time taken to handover patients into the care of emergency departments to 45 minutes – this is known as ‘Release to Respond’.

In the last twelve months, 64% of handovers at hospitals in Bedfordshire have exceeded 15 minutes. 12,729 hours have been lost to handover delays, which is equivalent to 1,060 ambulances. Handover delays have worsened compared to the previous twelve months, where 58% of handovers exceeded 15 minutes.

Handover times at Bedfordshire Hospitals (January 2024- November 2024)

Bedford Hospital

- Average arrival to handover is 18 minutes 12 seconds
- 61% of handovers are achieved within 15 minutes
- 1,527 hours lost due to handover delays – equivalent to 127 ambulances off the road

Luton and Dunstable Hospital

- Average arrival to handover is 36 minutes 32 seconds
- 19% of handovers are achieved within 15 minutes
- 8,586 hours lost due to handover delays – equivalent to 715 ambulances off the road

System Working

In terms of our work with the wider system, we continue to make substantial progress to increase the use of alternative pathways through the utilisation of ‘Access to the Stack.’ Access to the stack allows community urgent care providers to access calls from the 999 stack that would be better suited to receive care in the community, freeing up ambulances for people with an emergency need.

Within each ICS area, an unscheduled care co-ordination hub has been established to support those calls categorised as C3 - C5. This will reduce unnecessary ambulance trips to hospital emergency departments. The hubs will ensure that alternative care is available for patients in line with their needs. Currently these hubs have structured but individual operating hours, and the ambition is for each hub to move to a 24/7 operation.

The unscheduled care co-ordination hubs receive calls from 111, other healthcare professionals and low acuity cases that we receive via digital enablers and automated technology. The hubs are staffed by local clinicians and social care colleagues, working as part of a multi-disciplinary team, to manage the referrals from EEAST and to coordinate local care for local patients. It will direct patients to the most appropriate primary care, community, or mental health services to support their individual clinical needs.

The unscheduled care coordination hub in Bedfordshire and Luton (UCCH), is operating Mon – Fri, 08:00-20:00

Calls passed from the 999 stack to our urgent care partners have increased month on month

Aug 316

Sept 400

Oct 419

Nov 482

From mid-January 2025 we will increase our EEAST clinicians in the UCCH from one to three fulltime EEAST staff accessing the 999 stack to identify and pass appropriate calls to our urgent care response partners. This will provide better targeted patient care, reduce hospital admissions and have a positive impact on C2 ambulance response times.

EEAST Clinical Strategy

Our clinical strategy marks a significant step forward in our mission to improve the way we care for our communities.

At the core of this new strategy is people and collaboration, be that providing more patient centric care through supporting the development of our people, or by collaborating with partner organisations to make better use of other services.

The strategy sets out the different approaches that will be taken, based on the differing categories of call that we receive. From ensuring we can provide a consistently rapid response to the most serious calls, to enabling patients to be cared for in their home where possible and avoiding unnecessary hospital stays, the strategy provides the flexibility needed to personalise treatment and triage care more effectively.

To ensure that we can provide a better and more clinically accurate response for patients we have changed the way we manage category 2 emergency calls. This category is now be broken down – or segmented by clinical need.

These segments are:

- **Clinical Navigation:** The call will be assessed by a Clinician to ensure that an ambulance response is appropriate. If an ambulance response is not needed patients will be directed to alternative care pathways.
- **Immediate Dispatch:** An ambulance will be dispatched as soon as a resource is available.

This new system allows a conversation between the patient and the clinician in the control room where together they can decide whether an ambulance is the best response or if they'd be better cared for in the community.

This allows ambulances to be dispatched as soon as possible for patients in the greatest need. Crucially, the process does not mean anyone loses their position in the queue for a response, but it does allow more individualised care for people.

Winter pressures

We recognise this winter is likely to see urgent and emergency care services and EEAST come under significant strain, and many patients will face longer waits at certain points in the pathway than acceptable. It is vital in this context to ensure basic standards are in place in all care settings and that patients are treated with kindness, dignity, and respect. This means focusing on ensuring patients are cared for in the safest possible place for them, as quickly as possible, which requires a whole-system approach to managing winter demand and a shared understanding of risk across different health and care settings.

EEAST's operational performance improvement plan (OPIP) is based on four priority areas. The Trust's C2 performance remains the Trust's largest area of operational risk and is a key priority across the region and nationally. The additional measures being put into place over the winter period aim to support the operational performance and reduce any negative impact to the Trust. The four key priorities are outlined below.

Job Cycle Time

The shorter the job cycle time – the total time taken to assist a single patient - the more patients can potentially be assisted. The longest part is typically the on-scene times, and these can be within our control. To help our clinicians address this, the Trust is planning and delivering bespoke training on 'quality efficiencies on-scene' to all operational areas, providing training on clinical best practice on-scene decision-making, and looking at IT solutions to help – including an operational information portal for clinicians to easily see a range of data about how they are performing to help with learning and improvement.

Vehicles

To tackle the number of vehicles off-road, the Trust is bringing in 228 new operational ambulances, increasing workshop infrastructure, and recruiting vehicle technicians.

Improving Hear and Treat

The Trust plans to increase capacity for hear and treat – where clinicians triage patients over the phone and direct them to the best care for them by accelerating recruitment and expanding the use of agency clinicians. The goal is to increase the calls handled per hour, focusing resources on specific call types (C2), where appropriate.

Increasing Patient Facing Staff Hours

We want to increase the number of hours our staff have to directly help patients, by reducing the time taken to acquire C1 driving licences and implementing a centralised scheduling system to anticipate demand on the service and roster staff accordingly.

The main impact for the Trust alongside high demand has been identified as significant and prolonged delays in handing patients over to hospitals. This is why, alongside other ambulance services, we are implementing a 45-minute limit on patient handovers.

Bedford Emergency Operations Centre

In supporting the development of our strategy, we need to understand the optimal number of emergency operations centres we require to deliver a resilient, high-quality service to our patients, meeting modern emergency operations centre standards, cost-effectively.

We are currently undertaking a review to determine the optimal number of sites we need and what these sites require to meet the needs of staff and patients and make the most efficient use of NHS funding.

The first step is to consider the number of emergency operations centres and what will be required to bring the operations centres up to modern standards.

On initial assessment, the Bedford and Chelmsford EOCs do not meet modern standards. Any proposal on the future of the EOCs in East of England Ambulance Service will need to consider the future options for these sites.

Our Chief People Officer and Chief of Clinical Operations briefed Bedfordshire staff on Monday 16 September on the proposed approach to reviewing the options for the Bedford site.

The briefing outlined the architectural and power network limitations at the site which means it cannot be redesigned to meet control room standards.

The Trust Board has commissioned a report, to be considered in the new year, outlining the number of EOCs required to deliver its commitments to patients, that ensures the optimal environment for staff to undertake their duties effectively and can be achieved most efficiently.

The board is committed to ensuring good engagement with staff throughout this process. Over the last 2 months, focus groups have been held with staff to build the criteria for determining the number of EOCs.

The assessment of these criteria will be considered by the Trust Board and will be used to determine the appropriate number of EOCs for the Trust. Should there be a decision to recommend a change to the number of EOCs a thorough review of each of our three current sites in Bedford, Chelmsford and Norwich will be undertaken. Options which meet the criteria will then be considered by the board and the Trust is committed to working with all staff groups and stakeholders to find the optimal solutions and to fully understand the implications of these options.

The results of this review will need to be submitted to the Board for consideration. There is currently no date set for a paper to be presented to the Trust Board.

If a business case is presented for the closure or move of an EOC we will share this with the Committee.

As of December 2024, no decision has been made by the Trust Board to close or move any emergency operations centre.

Conclusion

On performance, the picture remains complex as many of the challenges we face are at the system level nationally and are not being faced by EEAST alone.

We are looking at numerous ways in which we can improve our response times and increase our resources, which include:

- Increasing frontline clinician numbers by 300, delivering a 10% increase in ambulance hours.
- Increasing clinical cover within our control rooms, so we can triage all appropriate calls to improve patient safety and maximise the use of alternative services which are available within communities.
- Completing our rollout of advanced practice cars in both urgent and critical care in each county, which will be able to provide more specialist clinical care and support in patients' homes.

We would like to extend an offer to committee members to join our crews on a ride out or to spend time in our emergency operations centre to experience firsthand the excellent work our people do. If you would be interested in taking up this offer, please email publicaffairs@eastamb.nhs.uk