



East Midlands
Ambulance Service

NHS Trust



North Northamptonshire Health Scrutiny Committee

EMAS Update - January 2024



Michael Jones - Divisional Director

Martin Claydon - Head of Operations

Respond | Develop | Collaborate

Who are we?



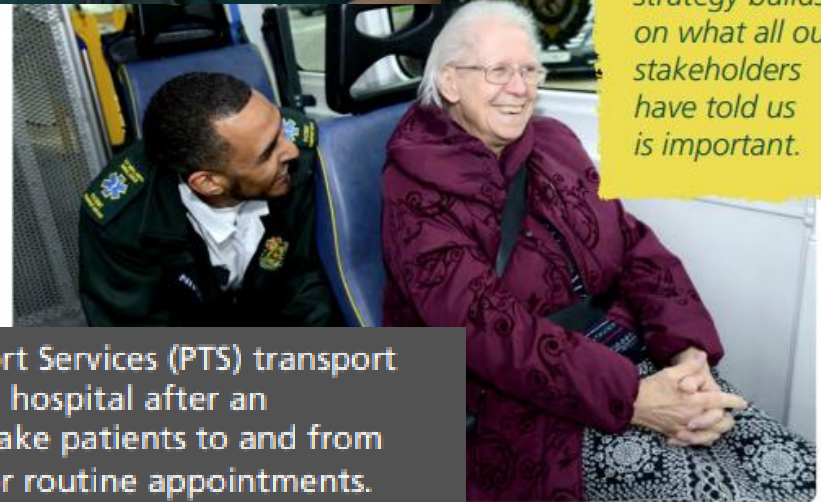
EMAS delivers care for
4.8 MILLION people
across **6,452** sq miles



We take nearly
3,500 calls a day, one every
25 seconds and
provide nearly
2000 face to
face ambulance
responses a day.



Our patients
will always be
central to all that
we do, and our
strategy builds
on what all our
stakeholders
have told us
is important.



Our Patient Transport Services (PTS) transport patients home from hospital after an inpatient stay and take patients to and from hospital or clinics for routine appointments.

Our year in numbers 2022 to 2023

You can find more information in our Annual Reports and Quality Account for 2022/23 at www.emas.nhs.uk

3,927 staff

- 52% female and 48% male.
- 48% response rate on the NHS Staff Survey.
- 81.6% of staff had the flu vaccine.
- 132 community first responder volunteer schemes.



1,315 public compliments

- 1,985 internal compliments.
- 125 complaints.
- 2 patient stories presented at Trust Board.



21 Freedom to Speak Up referrals

- 13 Learning from Events staff virtual sessions.
- 100 Serious Incidents investigated, supporting learning and improvement.

303,331 NEPTS journeys

- 234,808 calls for Non-emergency Patient Transport (NEPTS).
- 100% of Derbyshire NEPTS cars fully electric.
- 4,925 journeys by volunteer car drivers.



720 operational vehicles

- 110 new emergency ambulances with updated features based on staff feedback.
- 54 new NEPTS ambulances in Derbyshire.



642,437 face-to-face responses

- Average of 1,760 face-to-face ambulance responses a day.
- 179,467 hours lost to pre-hospital handover delays.
- 43.74% of patients cared for without the need for an emergency department.



Expansion of our 4 staff networks

- 100% of frontline staff offered 'Just B' health and wellbeing check-in.
- 1 annual EMAS virtual men's health awareness event.
- 5 Pride events attended across the East Midlands.



£275.4 million turnover

- 12 additional electric vehicle charging points installed.
- Secured £607,000 in charity grants to launch new volunteer projects.
- Funded 126 new public access defibrillators.

3,414 calls a day

- 1 every 25 seconds.
- 200 emergency medical advisors.
- 94 dispatch officers.
- 12 hours a day senior doctor support.
- 7 whole-time equivalent mental health specialists.



350th issue of staff and volunteer newsletter

- 7+ long service and recognition events, and an EMAS wide awards event.
- 70% of staff joined our new engagement platform in first year.
- 35,000 followers on Twitter, 43,000 on Facebook, and 4,000 on Instagram.



An overview of Northants:

- We provide urgent and emergency care, alongside telephone clinical assessment services for a population of 786,000
- North Northants population went from 317,000 in 2011 to nearly 360,000 in 2021.
- South Northants population went from 375,000 in 2011 to nearly 426,000 in 2021.
- This is a growth of 13.5% in these 10 years*



Northants (EMAS)

460 Staff

- 39% Male & 61% Female
- 54.7% response rate on the NHS Survey
- 65% of staff had a Flu vaccine



- We have 8 Ambulance stations across the county.
- We put out between 17 and 42 double crewed ambulances and between 5 and 10 fast response vehicles each day.



- Every day we receive around 465 calls from members of the public who have rang 999.
- On average we receive a new emergency call every 3 mins.
- Approximately 42% of these calls we do not send an ambulance and the caller are directed to other forms of help.



OUR STRATEGY 2023-2028

OUR VISION

Responding to patient needs in the right way, **Developing** our organisation to become outstanding for patients and staff and **Collaborating** to improve wider healthcare.



OUR AMBITIONS

-  **We will deliver outstanding patient care** by developing new, innovative clinical practices and by working in collaboration with our partners and the public.
-  **We will be an attractive employer of choice**, developing and retaining highly skilled, engaged and diverse people reflective of our local communities.
-  **We will deliver improved outcomes for our patients** through the most appropriate equipment, technology, vehicles and facilities.
-  **We will deliver safe, effective, compassionate care** for patients, embedding a culture of compassion, continuous improvement and productivity.
-  **We will work in partnership to reduce health inequalities** and improve the health of our population, and ensure sustainability.

CORE VALUES

Our core values embedded in all we do:



RESPECT



INTEGRITY



COMPASSION



TEAMWORK



CONTRIBUTION

What does our strategy mean for our patients

OUR PATIENTS

- ✓ I will be able to access the appropriate urgent, emergency and patient transport services and be supported to access other services based on my needs; and will be **supported to access the right care in the right place at the right time.**
- ✓ I will receive the care that I need in a **timely way** to ensure the best possible outcome.
- ✓ I will receive safe, effective and compassionate care centred around my **individual needs and choices.**
- ✓ I will only have to **tell my story once**, as services will work together to support my care.
- ✓ I will receive my care in the **most appropriate setting**, as close to home as possible.
- ✓ I will be able to **share my views and experiences** of EMAS services to inform improvements.



OUR PARTNER ORGANISATIONS

- ✓ We will have good relationships with EMAS and feel like we are **all part of a single team** working to make best use of our shared resources and support patients' needs in the right setting to improve patient outcomes.
- ✓ We will **better understand each other**, recognising and valuing the role of ambulance services in keeping patients at home as well as delivering and supporting them to access emergency care.
- ✓ We will be able to work together with EMAS and other health and care partners to **solve shared problems and identify new opportunities**.
- ✓ We will be able to **better share information, resources, and expertise** as part of an integrated system.
- ✓ Our services will be **more resilient** because of more joined up care, people, systems and processes with EMAS and other providers.

Clinical Strategy 2023 to 2028

Our commitment

	Major incidents	Emergency care	Urgent care	Non-emergency patient transport				
Our clinical aims	<p>Deliver critical clinical response in collaboration with urgent response partners</p>	<p>Deliver the best possible life chances for patients</p>	<p>Support patients with complex care needs, delivering a clinically appropriate and timely response in collaboration with local organisations</p>	<p>Meet patients needs in a safe, timely and compassionate manner</p>				
Our clinical model	<ul style="list-style-type: none"> collaborate with other category 1 providers respond to the incident appropriately and with the resources required deliver the best possible outcomes for surviving patients 	<ul style="list-style-type: none"> rapidly assess critical health needs and use most appropriate resources to respond deliver rapid intervention make safe for transport to most appropriate location 	<ul style="list-style-type: none"> determine the most appropriate response signpost to/work in partnership with services support access to personalised care closer to home 	<ul style="list-style-type: none"> assess patient eligibility plan and book appropriate transport to ensure the needs of the patient are met transported in a timely manner 				
Fundamental principles	Equity	Care closer to home	Joined up care	Consistent and Timely	Improved clinical outcomes	Safe and effective care	Reducing health inequalities	Personalised care

Our key measures – what our clinical strategy will deliver

Safe, effective, and compassionate care

Right care, right place, right person

Co-ordinated care

Improved Patient outcomes

Increased Preventative healthcare

Reduced Health inequalities

Improved Response times

Reduced Inappropriate ambulance dispatch

How is the Clinical Strategy different to our current provision?

- increase our 'hear and treat' and 'see and treat' contacts, shifting away from always providing an ambulance and taking patients to hospital
- increase the skill mix of our workforce to achieve better patient outcomes for all clinical and population groups
- increased proactive, preventative approach to support the demand on the whole health and care system
- Increased focus on improving clinical outcomes

OUR KEY MEASURES

↓ Response times 

↑ Safe, effective and compassionate care

 ↑ **Staff wellbeing**

 ↑ **Patient experience and involvement**

↑ Diverse workforce

↑ **On scene care** 

↑ Staff training and progression 

↑ **Efficiency**
↑ Continuity of care

 ↑ Staff satisfaction

☆ **Outstanding CQC** ☆

Improved partnerships

Improved **patient outcomes**

 Integrated IT 
Integrated delivery

 ↓ Health inequalities

↓ **Carbon footprint**

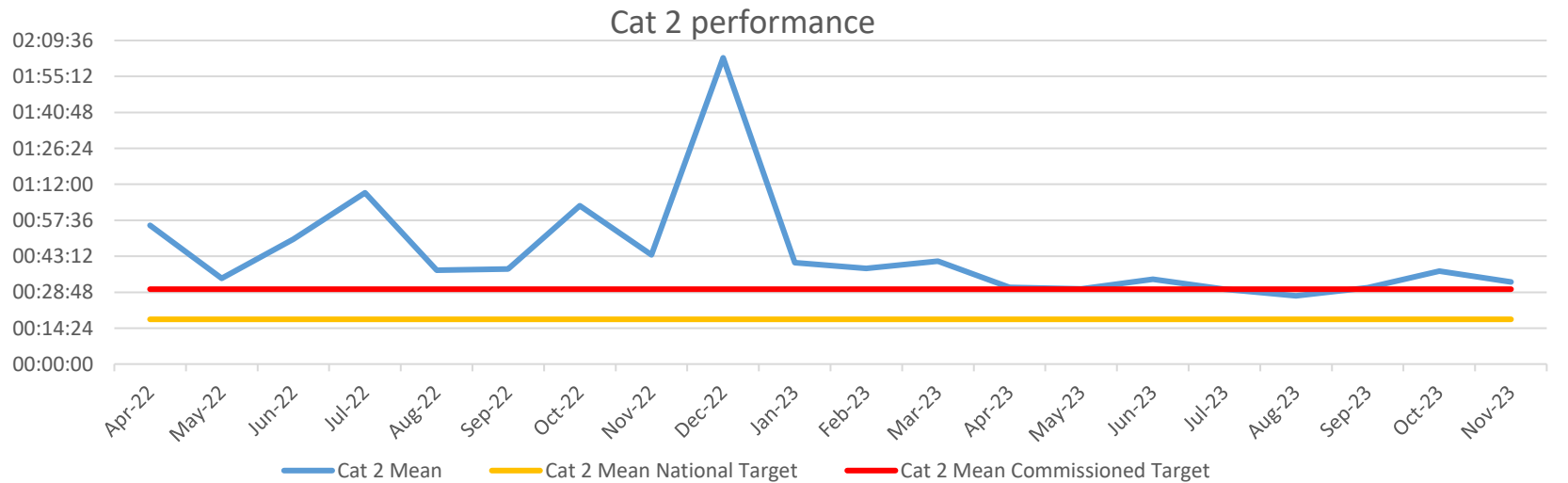
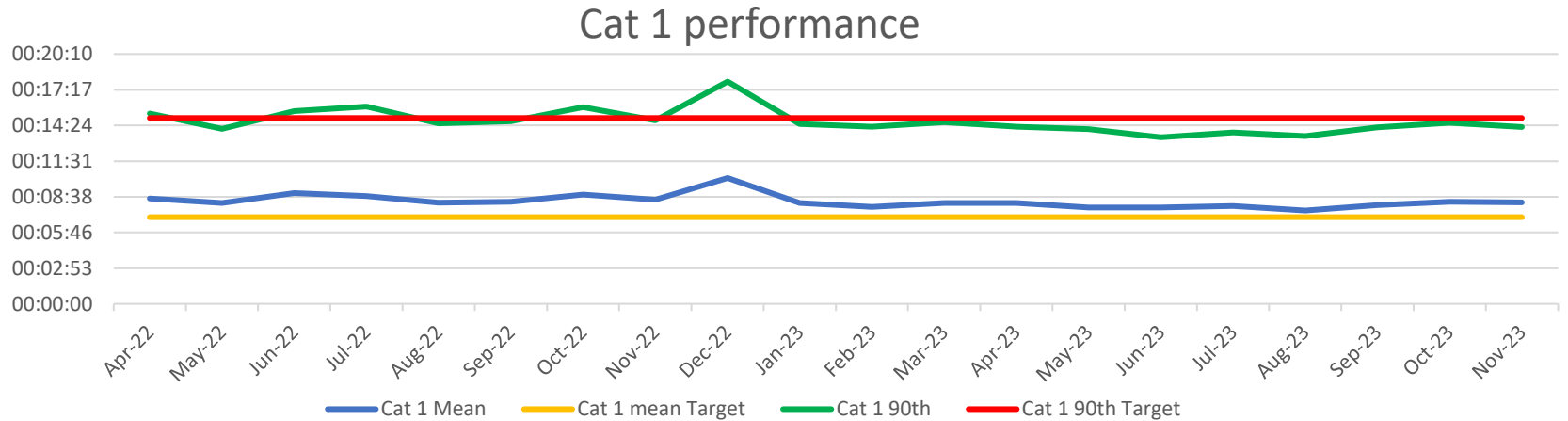
↓ Variation across the region 

Definition of ARP Standards

The chart below describes categories 1 to 4 and the national average response targets for each category.

Category	Headline Description	Sub Description	Average Response Targets	90 th Percentile Response Target
1	Life Threatening	A time critical life- threatening event requiring immediate intervention or resuscitation.	7 minutes	15 minutes
2	Emergency	Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.	18 minutes	40 minutes
3	Urgent	An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe.	None (Mean indicator of 60 minutes)	2 hours
4	Less Urgent	Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.	None	3 hours

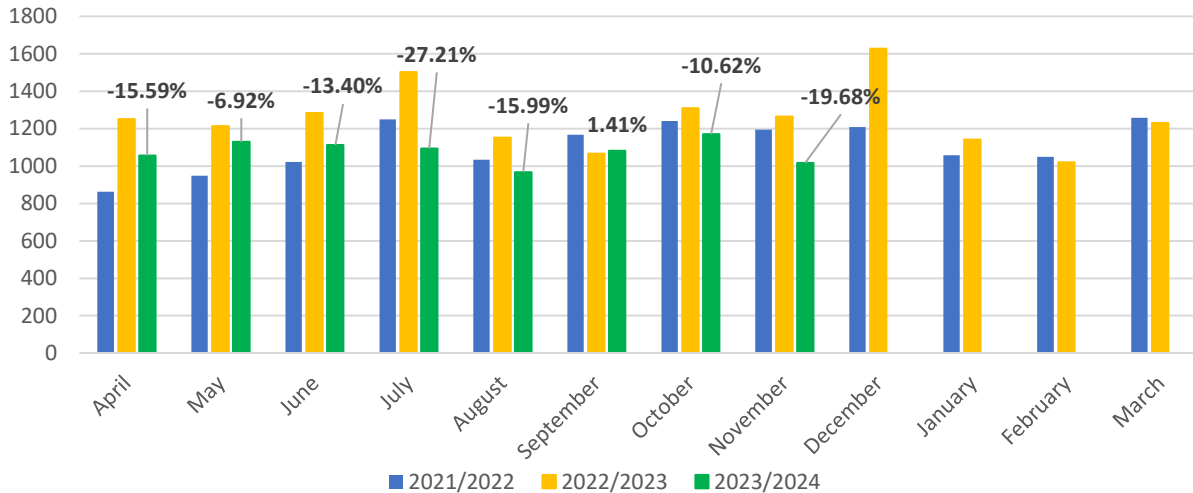
Performance



Respond – Develop - Collaborate

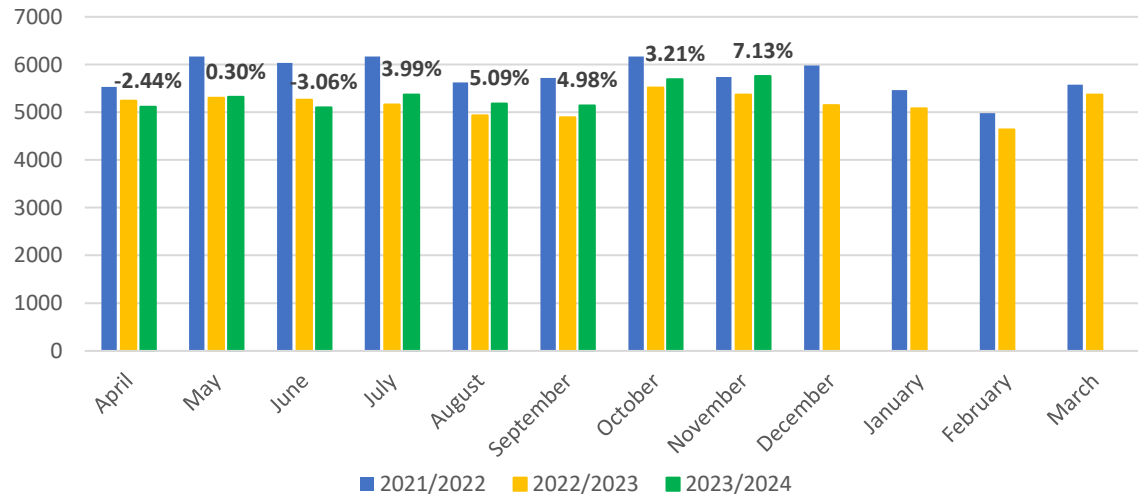
Northants Activity – 3 year comparison

Cat 1 response activity year on year

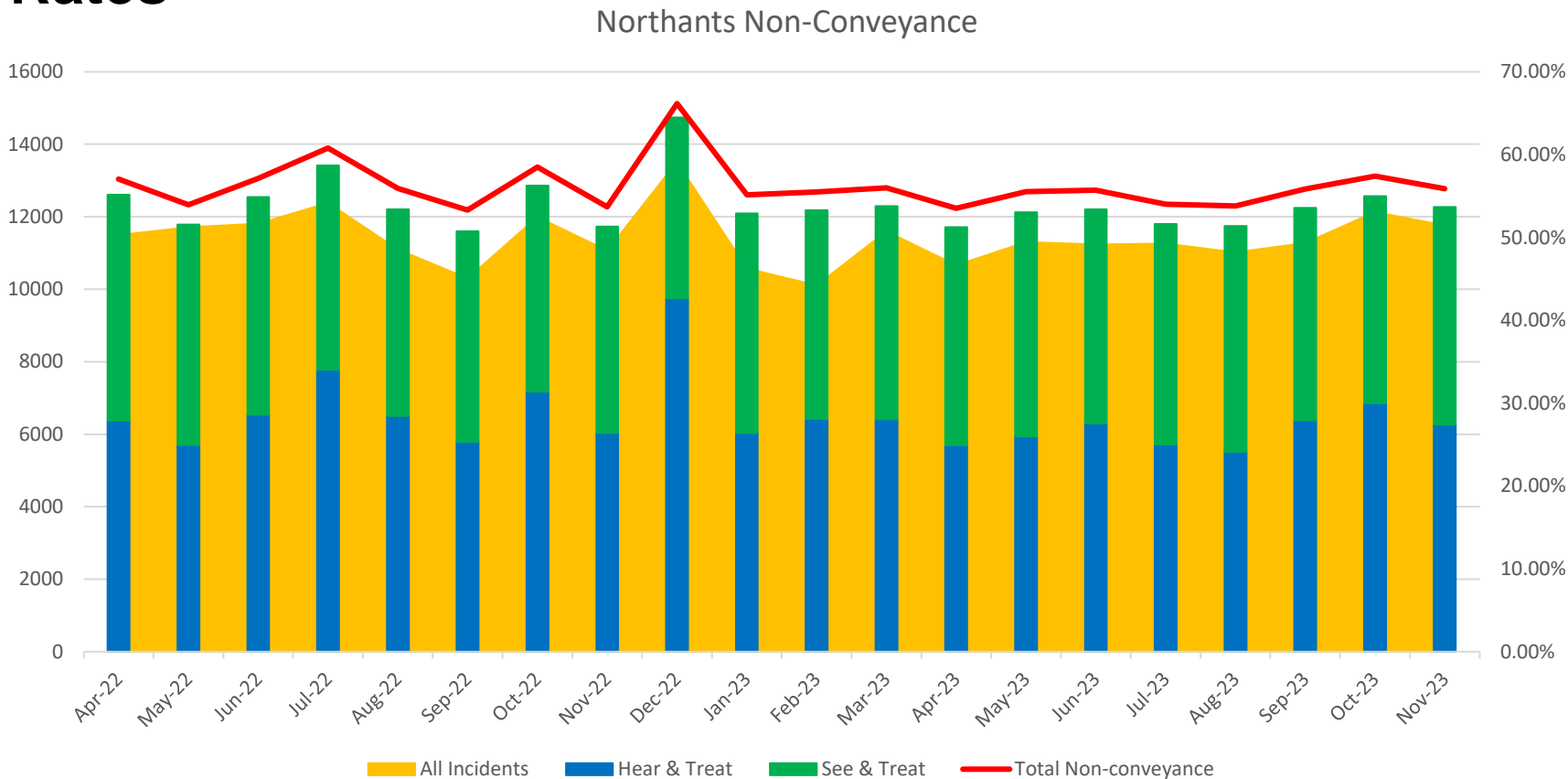


With the introduction of a new triaging system, 'Pathways' into the 999 call centre in November, we expect to see changes in the number of calls that are categorised as Cat 2

Cat 2 response activity year on year

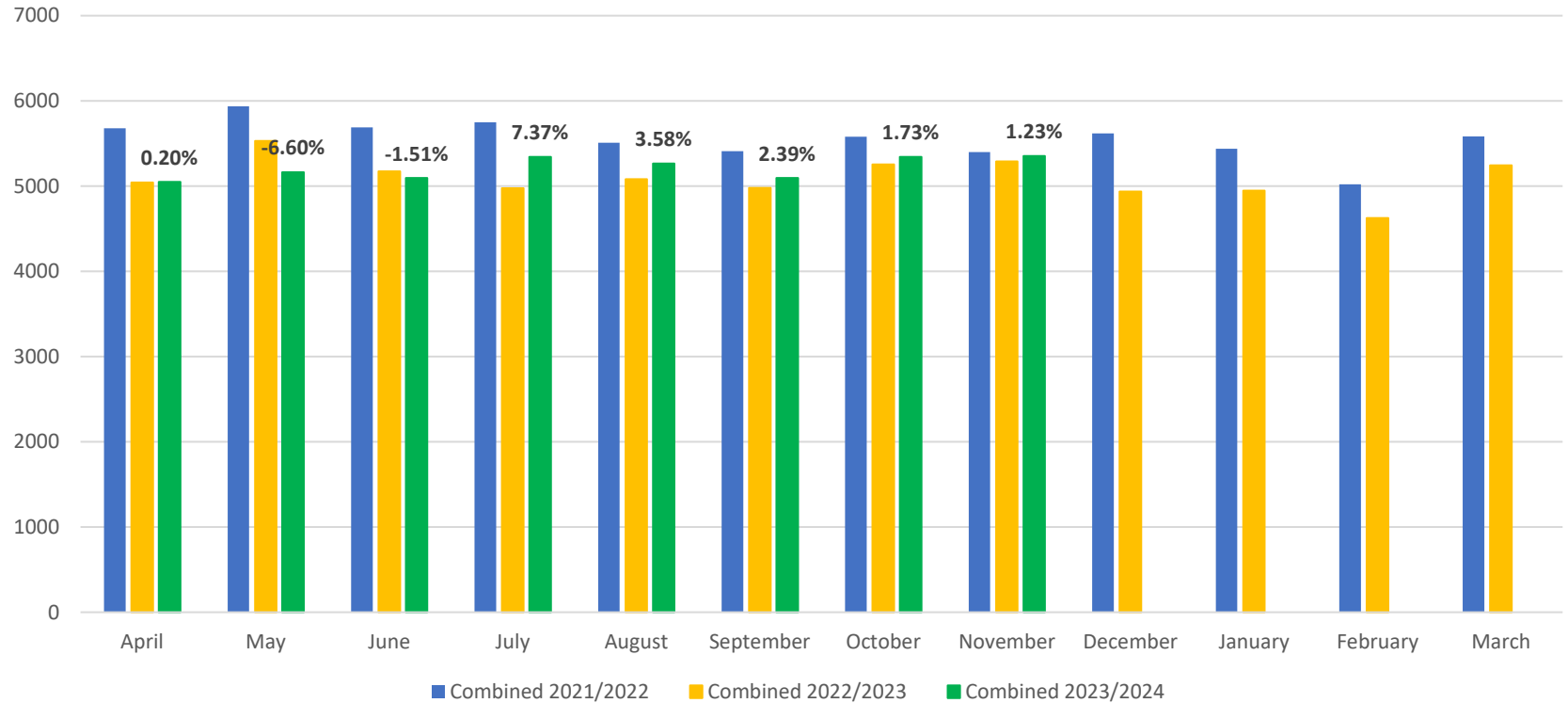


EMAS Performance – Activity Trends and Conveyance Rates



Northamptonshire continues to drive higher rates of non-conveyance when compared to pre-pandemic activity, supporting the local health care system capacity, with the current average sitting at 55.25%

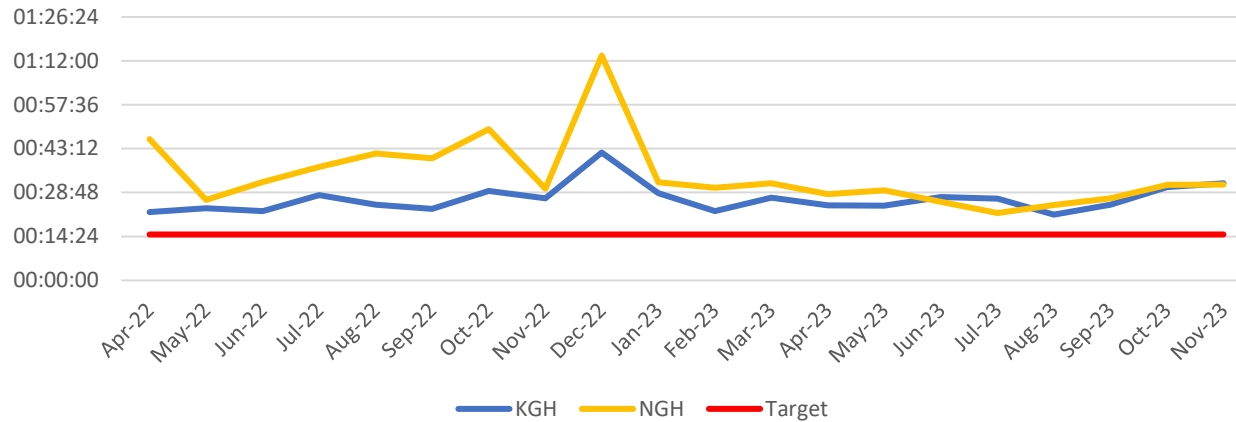
Northamptonshire Acute Attendances



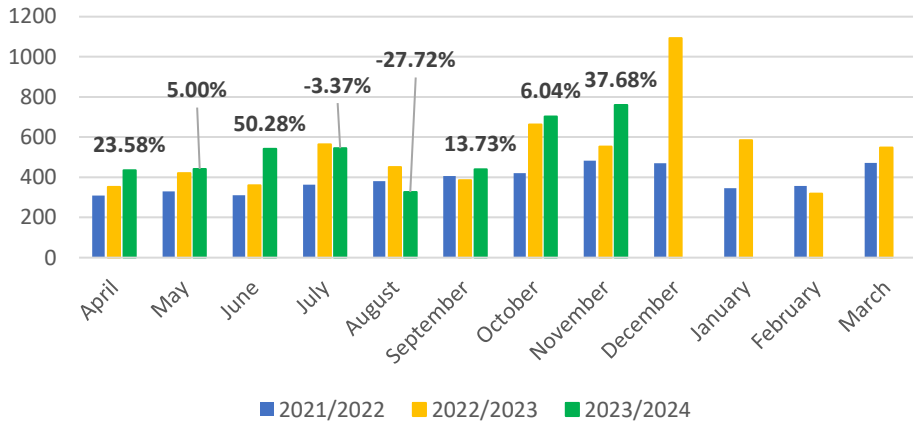
Acute attendances are up by on average 1%, this is on the back of an 1.2% increase in response activity

Northamptonshire Pre-Handovers

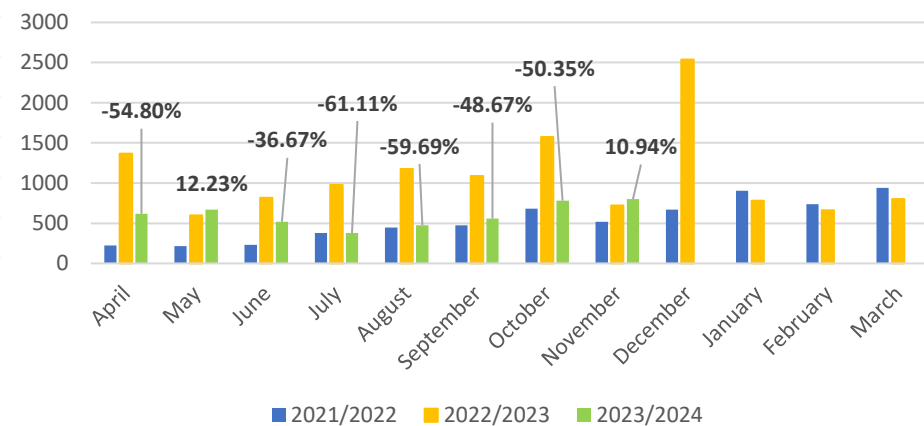
Average Pre-handover



KGH - Lost time- Pre-handover
3 year comparison



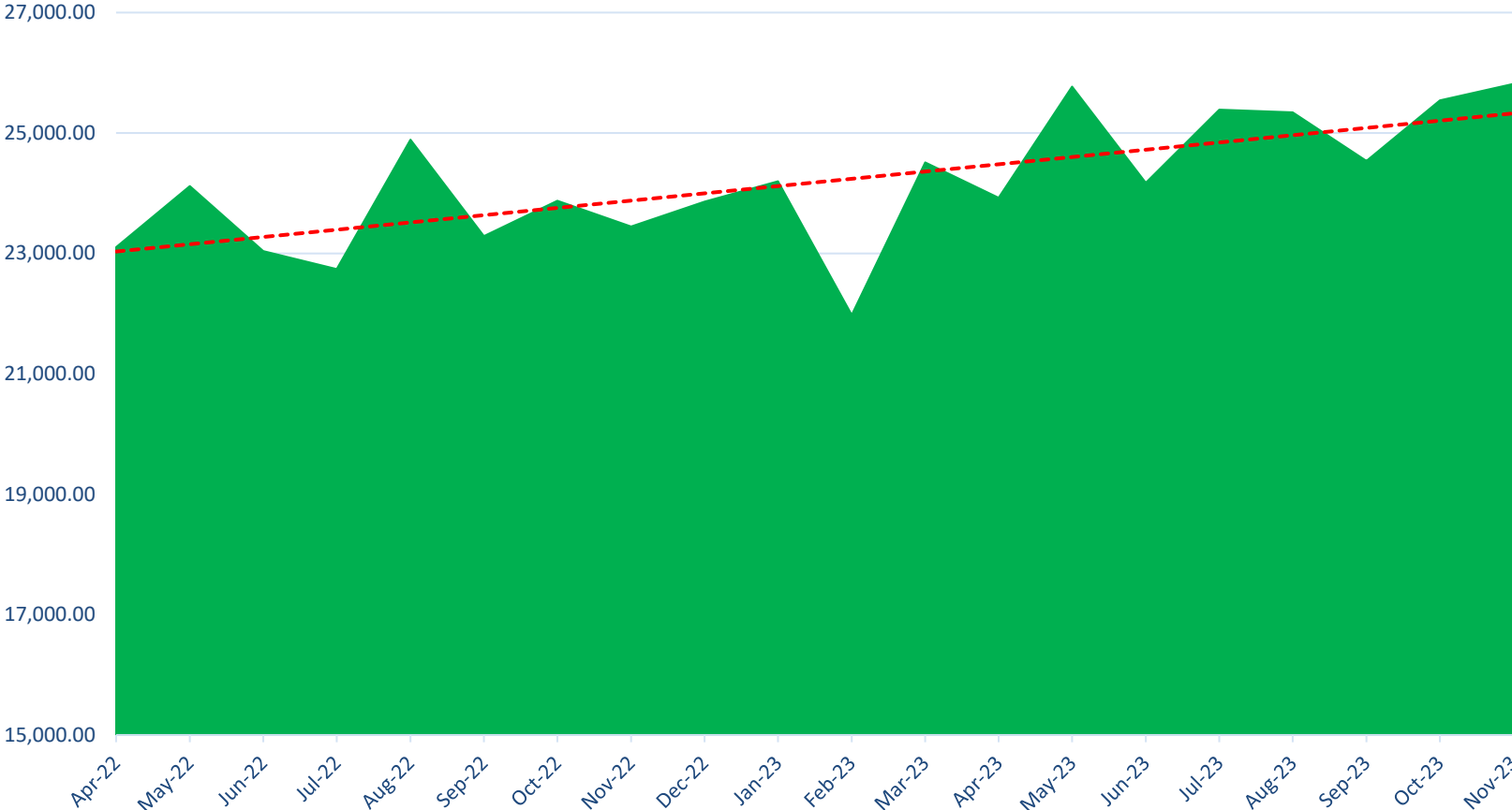
NGH - Lost time- Pre-handover
3 year comparison



Between April – Nov 2023, Emas lost 75699 hours in pre-handover delays across all acutes, Northants lost 4800 hours, which equates to 6.3% of the total lost hours

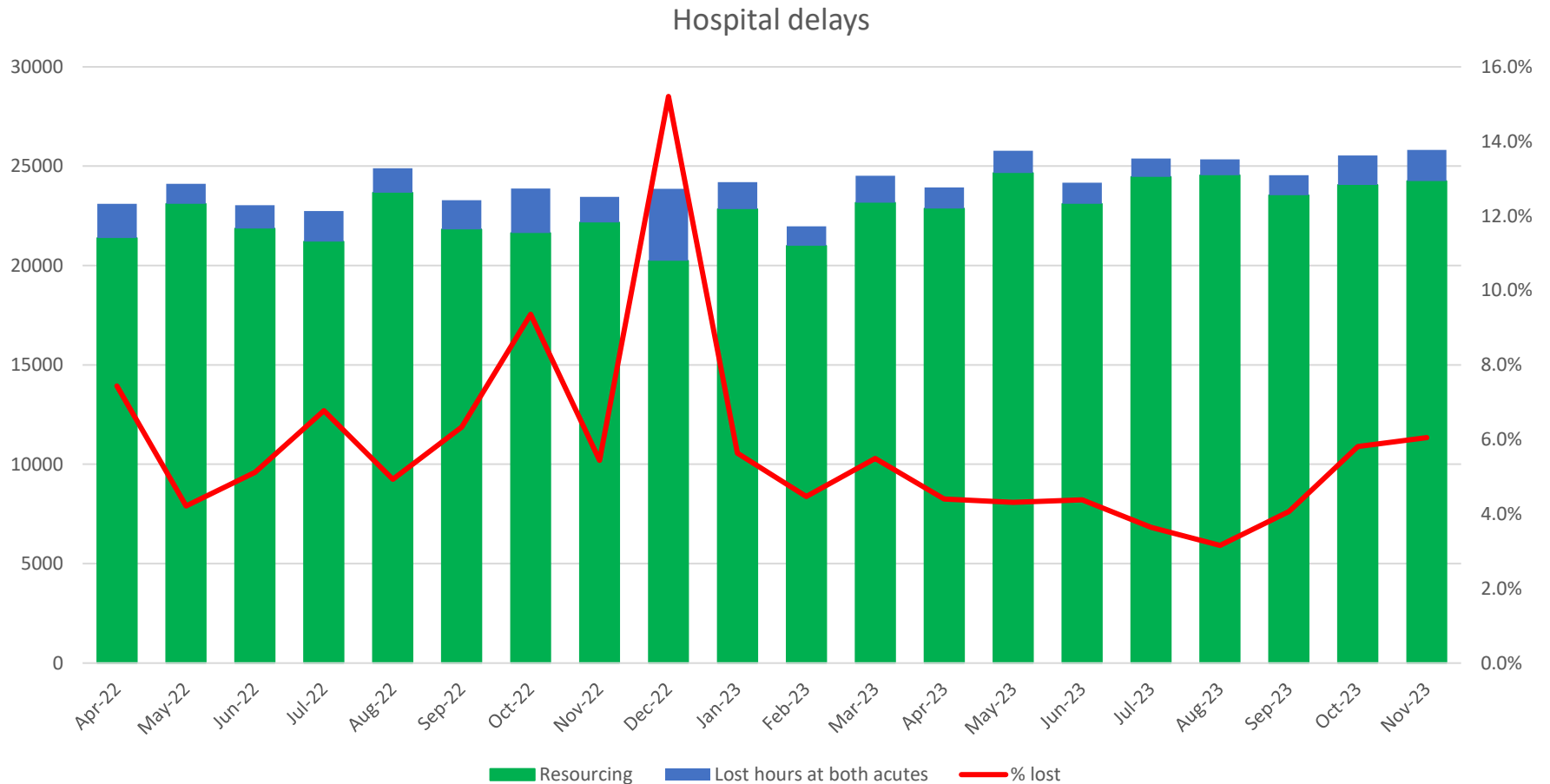
Resourcing output

Resourcing output hours



Respond – Develop - Collaborate

Lost hours pre-handover to resourcing output



Between (Apr – Nov 23) we lost 4.5% of the resourcing output hours to pre-handover delays, however this peaked last year in Dec at 15.2%.

Prolonged handovers at acutes

- To maintain patient safety at the acutes and in the community we have worked with the acute units to ensure.
 - Minimum care standard for patients waiting on vehicles at acutes
 - Access to a rapid handover bed to allow a response to the high acuity patients in the community.
- We undertake harm reviews for long waits in the community and long waits outside an acute unit.

Thank you

Any Questions ?