



North East Ambulance Service **NHS**
NHS Foundation Trust

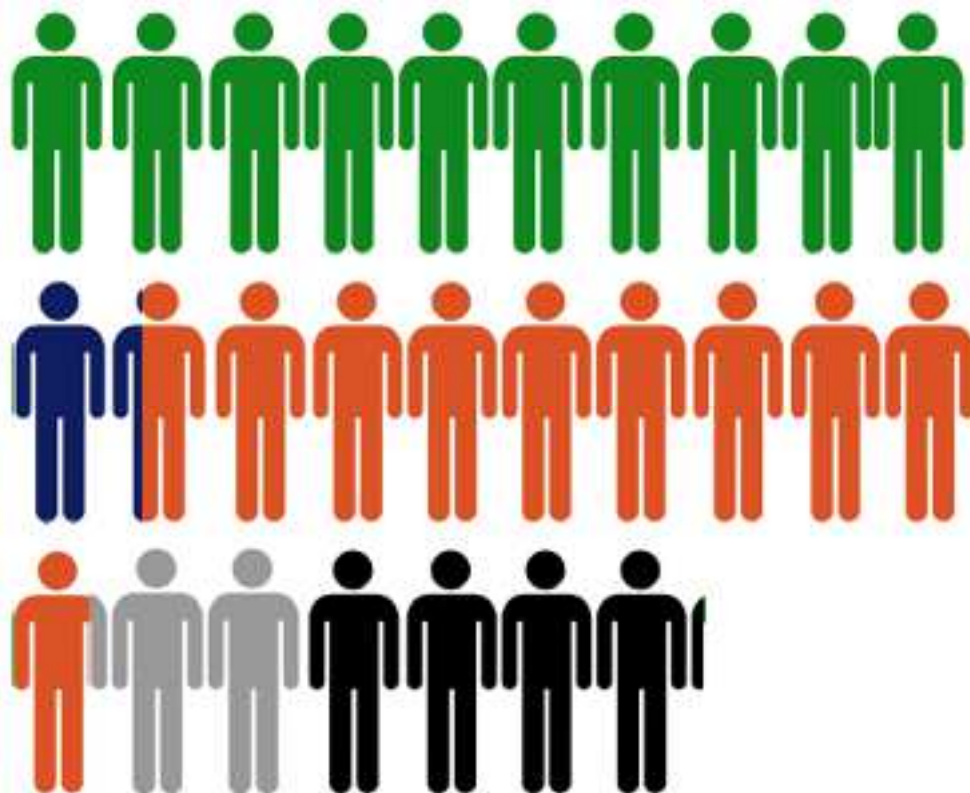
Health Overview & Scrutiny

Ambulance performance update

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Bridging the Gap



NEAS contribution through efficiencies will save almost £9.4 million:

- £1.7m from reducing turnaround
- £6.9m from reducing abstractions
- £0.8m from 8-hour shift

Commissioners' contribution through additional resources will fund NEAS by a further £10.4 million over five years.

Ambulance resourcing

	Previous VEHICLES			FUTURE VEHICLES			CHANGE IN VEHICLE NUMBERS		
	Rapid Response	Two-crew vehicles	Inter tier	Rapid Response	Two-crew vehicles	Inter tier	Rapid Response	Two-crew vehicles	Inter tier
VEHICLE TOTALS	38	74	27	18	112	18	-20	+36	-9
OVERALL STAFFING	PARA 540	CCA 450	ECT 70	PARA 641	CCA 540	ECT 47	PARA +100	CCA +90	ECT -23

Ambulance resources across South of Tyne

DCA= double-crew ambulance; **RRV** =rapid response car; **ITV**= intermediate tier vehicle

Local authority area	Future resources	Net changes
Gateshead	4 x DCA, 1 x RRV	-
South Tyneside	7 x DCA, 1 x RRV,	+3 DCA
Sunderland	9 x DCA, 1 x RRV, 1 x ITV	+5 DCA -1 DCA (0000h-0800h) -3 RRV (24 & 12 hours) -3 ITV
Durham	31 x DCA, 5 x RRV, 2 x ITV	+14 DCA -2 DCA (0200h-0700h) -1 RRV

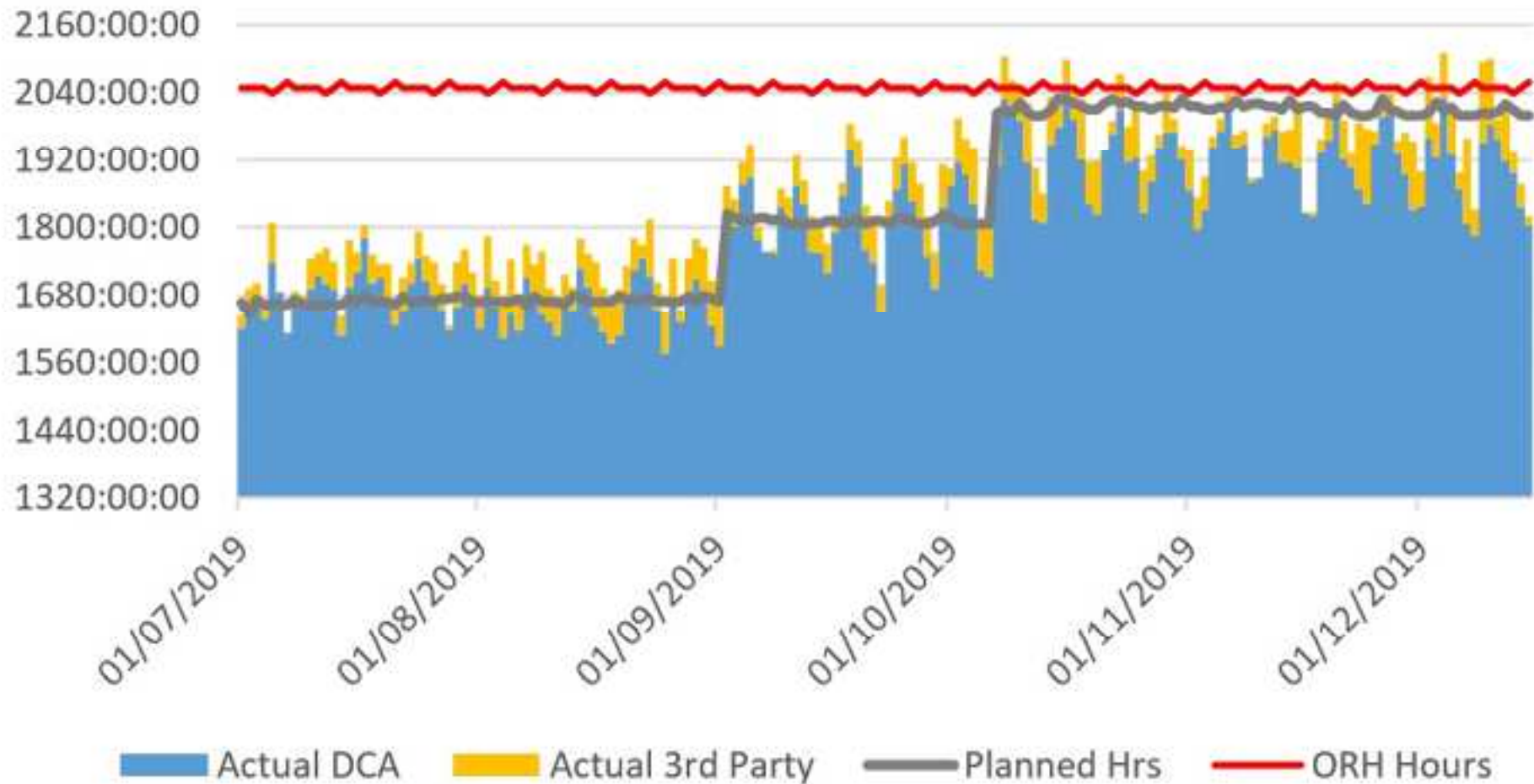
How are we performing?

Summary position

Year 2 Target		Improvement to date
Recruitment	Recruitment on trajectory	605.19 paramedics in post YTD an increase of 78.59wte
Rotas and Abstractions	Re-rostering Overall abstraction rate reduced to 30%	Rosters live 28.4% YTD reduced from 36% March 2018
Handover to Clear	17 minute average handover to clear achieved	00:18:06 YTD reduced from 00:24:20 April 2018
Conveyance Rate	Conveyance rate reduced to 64.8% for Q4	66% Nov MTD reduced from 69.6% 2018/19
Activation Time	Average C1 activation time reduced to 80 seconds	00:01:13 reduced from 00:01:35 2018/19
Response Times	Achieve C1 and C4, Improve C2 and C3	C1 achieved, C2 and C3 worsening, all categories are deteriorating

How are we performing?

Daily DCA vehicle hours (incl. third party resources)



How are we performing?

Recruitment – investing in front line delivery

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Staff in Post - 2018/19		526.60	520.75	516.05	509.02	530.78	554.57	551.57	546.61	544.13	570.26	565.85
Staff in Post – 2019/20	554.59	550.79	552.89	565.13	564.57	579.87	605.19					

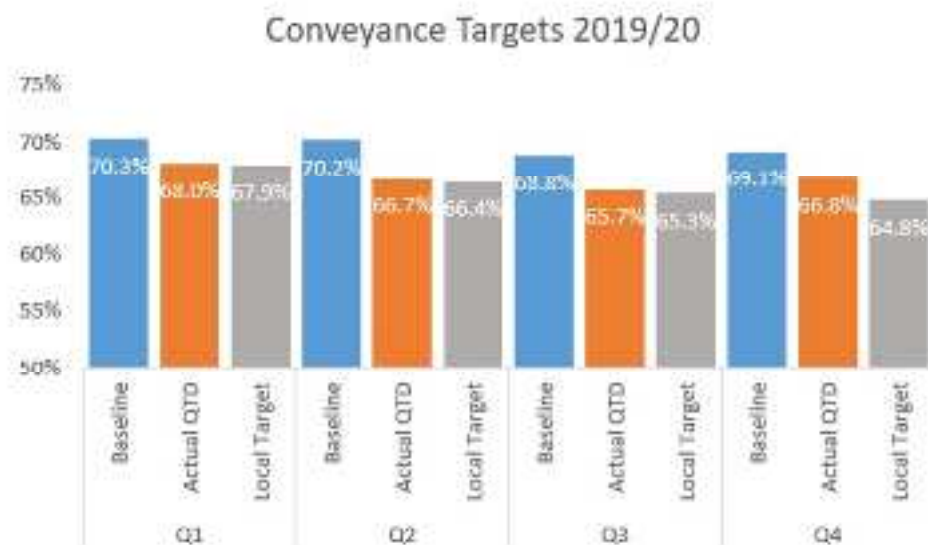
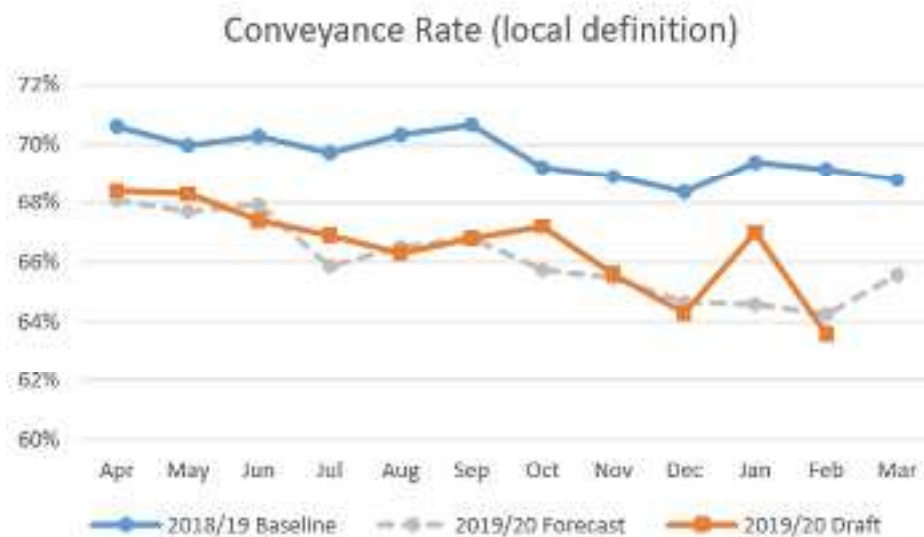
Paramedic Staff in Post
Apr 18 - Nov 19



- Additional 78.59.6wte Paramedics in post since start of the year May 2018
- Additional 31.6wte Clinical Care Assistants (CCAs) in post since the start 2019/20
- Where we have vacancies, 3rd party provision is being used to supplement service provision
- **The investment is being deployed to the front line to support service delivery**

How are we performing?

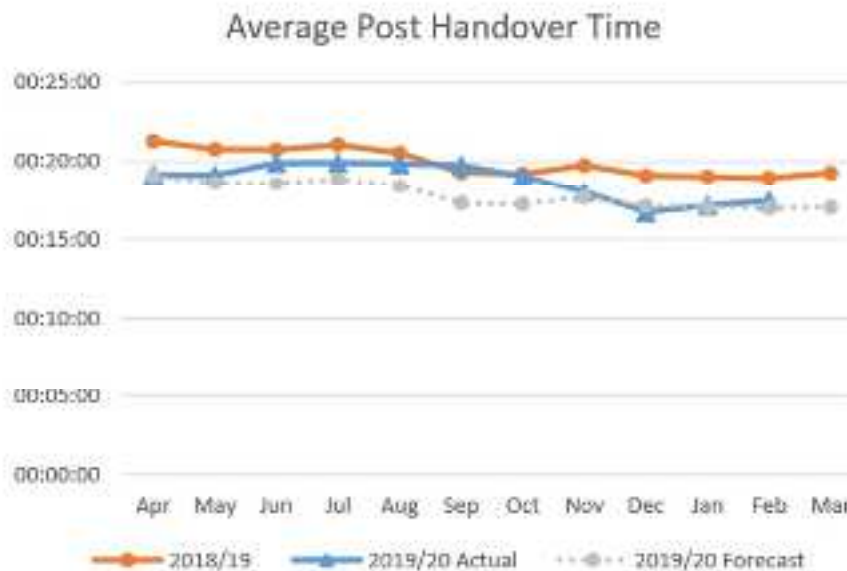
Reducing conveyance – improving system efficiency



- Improved upon 18/19 – see and treat and hear and treat both improving
- Improving trajectory – generally on track – Q3 and Q4 always looked challenging – risk to delivery here
- **Reducing pressure on EDs – improving system efficiency**

How are we performing?

Improving turnaround – getting resources back on the road



- Post handover time has improved from 18/19
- Turnaround time is deteriorating though – EDs need support and focus to improve throughput
- **We want to own the solution jointly and are improving, but pressured EDs are impacting ambulance availability overall**

How are we performing?

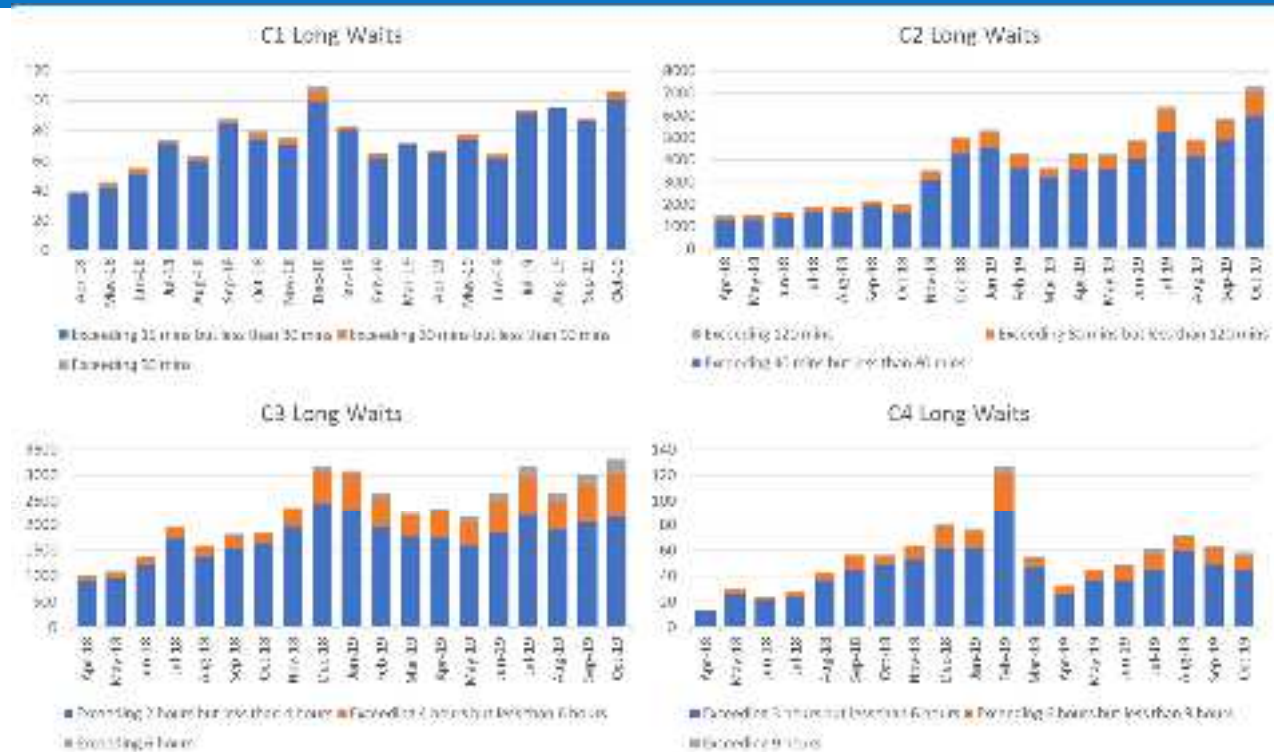
Improving overall response – keeping patients safe?



- Patients are waiting longer to be seen, whatever their acuity, although winter investment has improved performance

How are we performing?

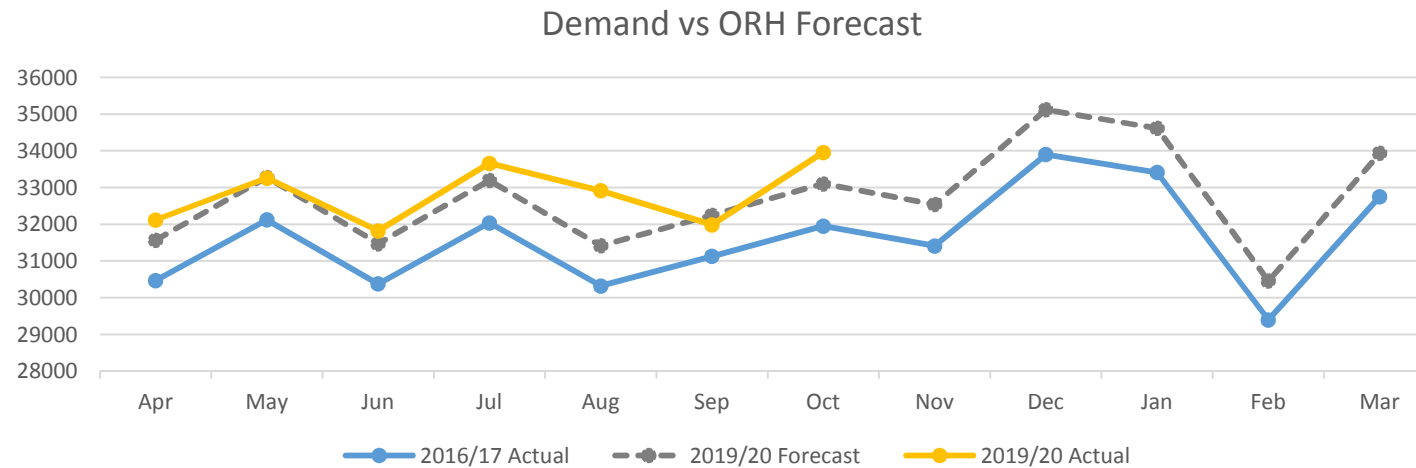
Long waits are getting worse...



- Long waits are concerning for patient safety
- The longer patients wait, the more likelihood there is of deterioration and potential threat to life

What are the key drivers?

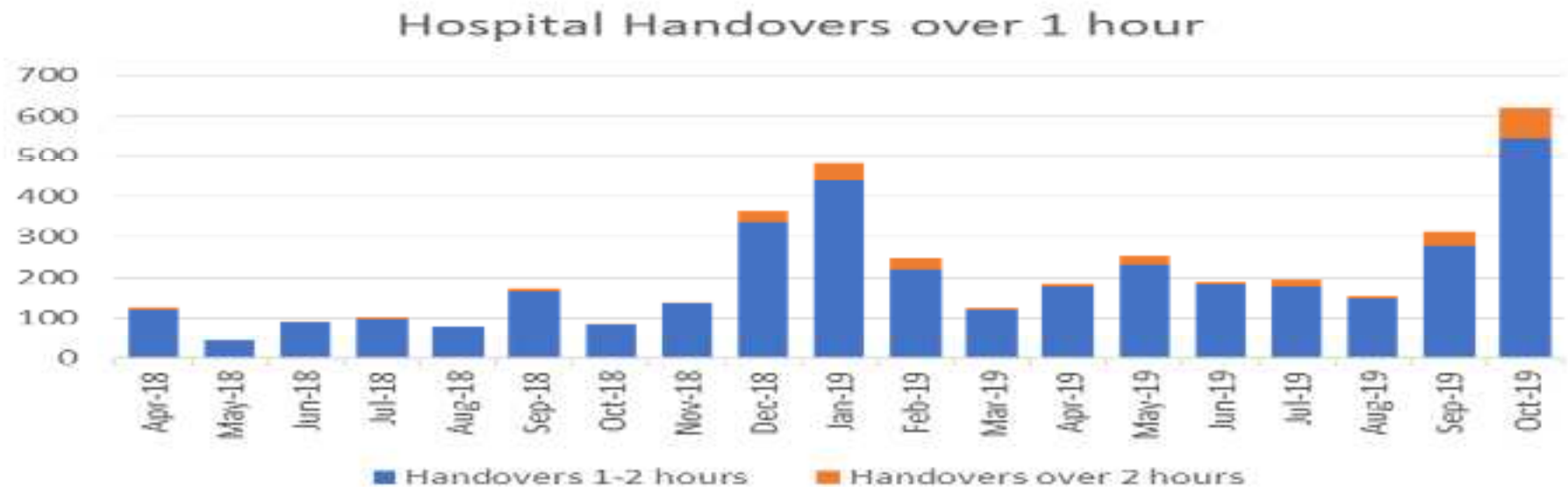
Incident demand – higher than anticipated



- ORH forecast an increase in incident volume of 6% between 2016/17 and 2021/22, 1.2% per year
- Demand has so far increased by 5.2% Oct 2019 YTD, 1.6% above forecast (expected 3.6%)
- 2 years into the contract, experienced more than 3 years of estimated growth

What are the key drivers?

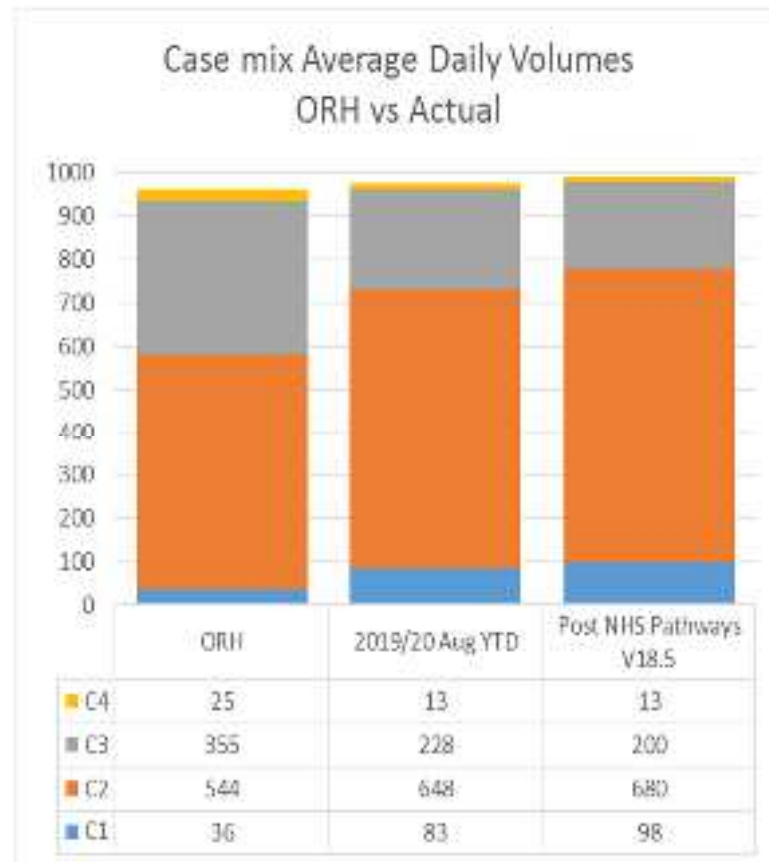
The impact of handover delays is severe



- Increasing numbers of ambulances tied up outside ED
- More resources required to maintain response times and maintain patient safety - currently constrained
- 5.5 double crewed ambulances lost each day during October (c4.6% of fleet)

What are the key drivers?

Increasing acuity – contracting assumptions are wrong

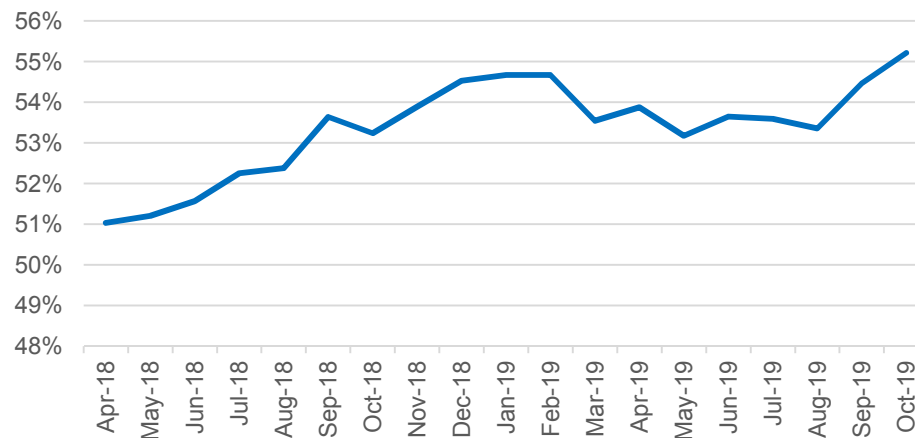


- Handover is playing a part, but acuity increases track against long term performance issues
- Acuity is significantly higher than originally forecast and assumed within the contract
 - Cat 1 c4% assumed, 9% observed
 - Cat 2 c57% assumed, c70% observed (pre winter)
- Initial forecast based on ARP pilots in West Mids, Yorks and South West
- Acuity is also increasing –increase in anaphylaxis and aortic dissection classification – before and after shown opposite
- ‘Coding’ not the key driver here
- ***Contract assumptions need revisiting – ORH forecasts***

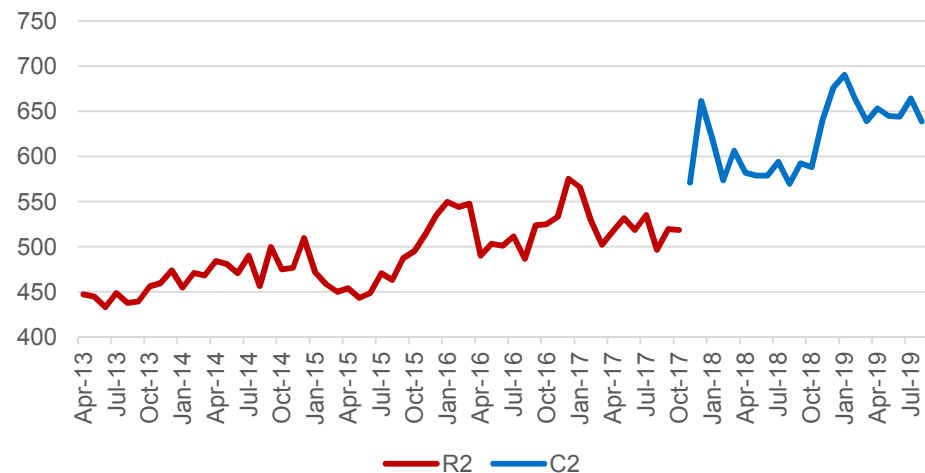
The national picture

Increasing acuity – we're not alone...

England Average C2 % Case Mix
(Categories 1-4)



Average daily Red 2 / Category 2 Incidents



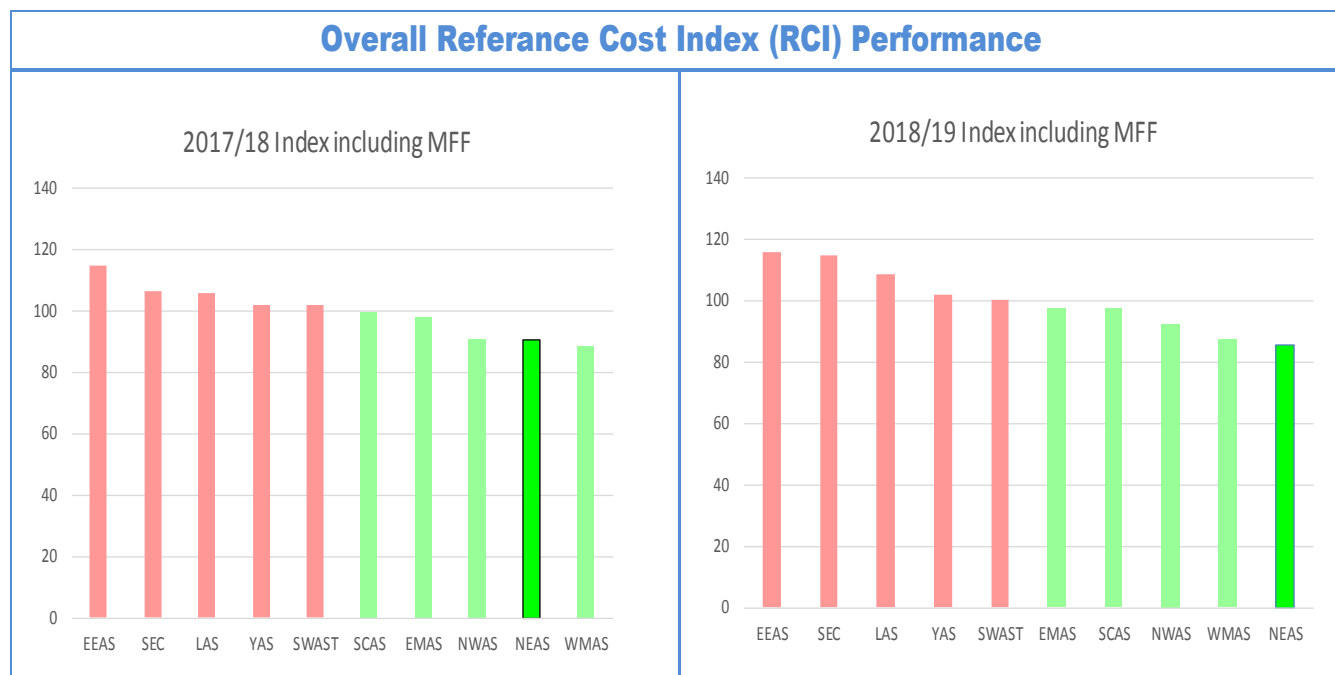
- Nationally C2 case mix has continued to increase
- Increasing acuity is a long standing trend

...but we are falling behind



The national picture

Are we investing too slowly?



Rank (10 is cheapest)

Calls	8
Hear and Treat	4
See and Treat	8
See and Convey	10

- Despite additional investment, NEAS's reference cost index shows we are becoming cheaper relative to the average (18/19 - RCI = 91, 19/20 – 86 (draft))
- NEAS has become the cheapest ambulance service in the country again
- **Pace of investment is not keeping up with rest of the sector - 'lower and slower'?**

Additional innovations

What are we doing

- Operational changes;
 - Performance Task and Finish - #1 priority
 - Specialist paramedic urgent care resources – reducing conveyance
 - Increased dispatch resource
 - Clinicians triaging outside of NHS Pathways – reducing conveyance
 - Emergency Care Intensive Support Team (ECIST)
 - Managing police ambulance requests
 - Community paramedics
 - Falls teams
- System leadership – managing diverts



For Life

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