

## Item 3a Appendix 8

### **East of England Ambulance Service Trust Quality Accounts Review**

#### **1. What were the Quality Account priorities for the Trust 2017/18 and what were the lessons learned?**

During 2017/18 there were nationally set requirements as well as local priorities. The national requirements measured clinical performance requirements for stroke, heart attack and cardiac arrest patients.

##### **The local priorities**

EEAST had three overarching themes; patient safety, clinical effectiveness and patient experience. This was our progress and lessons learned at the time of writing.

##### **Priority 1 – Patient safety**

- Infection Prevention and Control – The figures for vehicle deep cleaning the December monthly report show that 76.3% of emergency vehicles and 48.4% of PTS were compliant with the six-week schedule. Part of the poor compliance for emergency vehicles has been put down to the need to service and repair vehicles and staff shortages. For PTS vehicles, there have been staff shortages. To resolve this, we have taken the following actions:
  - Launched a Trust quality improvement project to review vehicle cleaning procedures
  - Set up a regional Task & Finish Group to review interim measures to improve compliance
  - Recruitment for replacement Ambulance Fleet Assistants
  - Improved support from A&E teams to share cleaning facilities.
  
- Introduction of a Safety Walkabout Audit tool within Patient Transport Services to align it with A&E and emergency operations centres. A comprehensive audit tool encompassing many aspects of both staff and patient safety was developed within the East of England Ambulance Service NHS Trust (EEAST) in 2012-13. It is like many 'Walk the Floor' audits undertaken by directors and senior staff within acute trusts. By introducing this to Patient Transport Services it provides an understanding of the risk and safety issues within this area. It also provides evidence for Care Quality Commission (CQC) and quarterly monitoring information. Staff are routinely asked for their views on how the Trust can improve quality and safety as part of this.

Audits started from January 2018 with the first report due in April 2018 which will provide a benchmark to set an improvement target against for 2018/19.

##### **Priority 2 – Clinical effectiveness**

- Our 2016/17 End of Life Care Strategy has been published to look after our sickest patients with long term conditions. We have been able to identify End of Life Care patients within our call handling/triage system. We have implemented Just in Case medication packs and associated guidance and have specific learning modules for staff through our e-Learning application (in association with Health Education England).

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- Data has been collected to aid recognition of sepsis, and is currently awaiting analysis and publication. The Trust has also completed a bespoke survey for patients who were attended by the service due to a 'sepsis' related '999' call.
- To better recognise and manage acute coronary syndrome patients, data has been collected. It now needs analysing after which a report will be prepared.
- A pilot about Emergency Care Practitioners usage of antimicrobial drugs was undertaken in July 2017. This resulted in extremely low numbers, therefore another audit is due to take place this year to see if further data can be collated to impart more meaningful information.

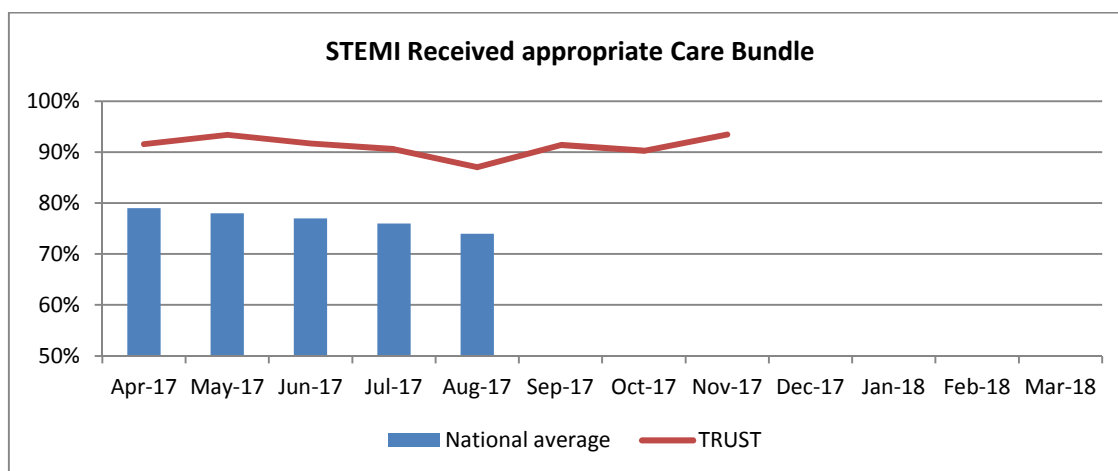
### **Priority 3 - Patient experience**

- As part of our monitoring of implementation of the Dementia Strategy, we carried out a user survey. We had a low return from service users and their families, who later told us that they struggled to find time to give us feedback. In response to this, the Trust is modifying its objectives within the Dementia Strategy to meet service users' needs. This includes the following changes: EEAST will be attending established focus and pop-up groups such as dementia cafes and will take questionnaires for people to complete at the events. They will also attend conferences and local engagement events, including taking a vehicle for users to feedback on patient access and accessibility.

### **National priorities**

Ambulance Clinical Quality Indicators are shown below against national average latest data published

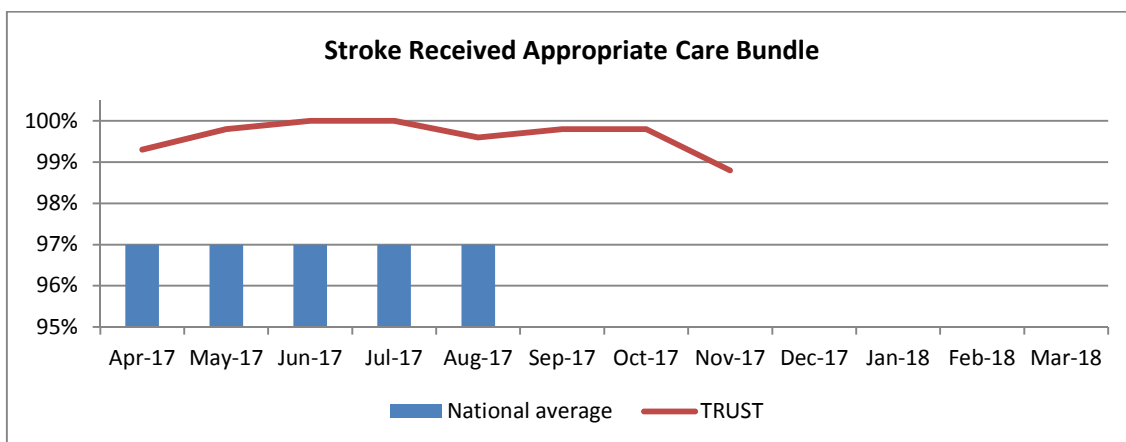
Table 1: The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle



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Table 2: The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle. Although the Trust's score decreased in November, it is still well above the national average to date.



### **2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).**

In 2017/18, the majority of priorities were new topics which the Trust had not previously measured. Results will be used as a benchmark for improvements in 2018/19. With a number of these topics not yet completed outcome data and improvement targets are not yet set and will be released at a later date. These include PTS Safety Walkabout Audits, deep cleaning of vehicles and management of acute coronary syndrome patients.

Sepsis will not be included during 2018/19 as this is being adopted as part of the national Ambulance Clinical Quality Indicators from 1 April 2018. However, work has begun on identifying other possible priority topics for 2018/19 using clinical audit, incidents and patient experience.

### **3. How will these positively impact on patient experience and outcomes?**

To meet the needs of our patients, the Trust recognises it must focus upon building a sustainable and safe organisation.

Audits in 2017/18 will not only improve safety for patients but also lead to experience and outcome improvements for the patients and their representatives.

We will also continue to undertake bespoke patient surveys for particular patient groups such as those experiencing end of life care.

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**4. How are the appropriate approaches to prevention and demand management supported?**

Our corporate communications adopts best practice which is to avoid telling people to stop calling 999 when we are already seeing high numbers of calls. It just puts 999 at the centre of people's minds when what we want them to do is prepare, plan and prevent. At the right times we use positive reinforcement of the NHS services available and reiterate that you need to know two numbers for urgent medical help, 999 or 111.

We use patient stories to reinforce the seriousness of emergency calls we go to and on social media we share partner messages in communities. We have community ambassadors who will visit groups and organisations to talk through what happens when you call 999 and how the call is handled. The Hertfordshire health system and other partners are really supportive of this work.

Our longer-term strategy is driving the behavioural change in a generation, so that current children grow up learning how to use NHS services effectively – they also pass on this knowledge to family members.

In the wider strategic scheme of things, recruitment marketing is a big piece of work for EEAST. Vacancies are posted on social media to raise public awareness (there is a potential to reach tens of thousands of people), and marketed through radio broadcasts, interviews, and of course recruitment fairs and community events. The marketing attracts hundreds of applications every year. We are focusing a campaign for Hertfordshire between 19<sup>th</sup> Feb – 4<sup>th</sup> March which will include Heart FM adverts and bus advertising. In 2018 we will focus on the outcomes of the Independent Service Review and what numbers of people we will need to recruit to serve the communities going into 2020/21.

**5. How is the trust developing a high performing, engaged, and committed workforce?**

Since 2014/15, EEAST has had an ambitious recruitment plan which has delivered an increase of over 700 'frontline' staff (table on next page). To mitigate both internal and external staff turnover the Trust has had to recruit and train over 1,500 people to achieve these increases in whole time establishment.

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<b>Staff in post wte at year end</b>	<b>Whole Trust</b>	<b>A&amp;E</b>
<b>2013-14</b>	3809.72	2329.93
<b>2014-15</b>	4011.01	2743.92
<b>2015-16</b>	4106.52	2805.75
<b>2016-17</b>	4345.10	2934.00
<b>2017-18 YTD (Dec 17)</b>	4477.41	3037.93

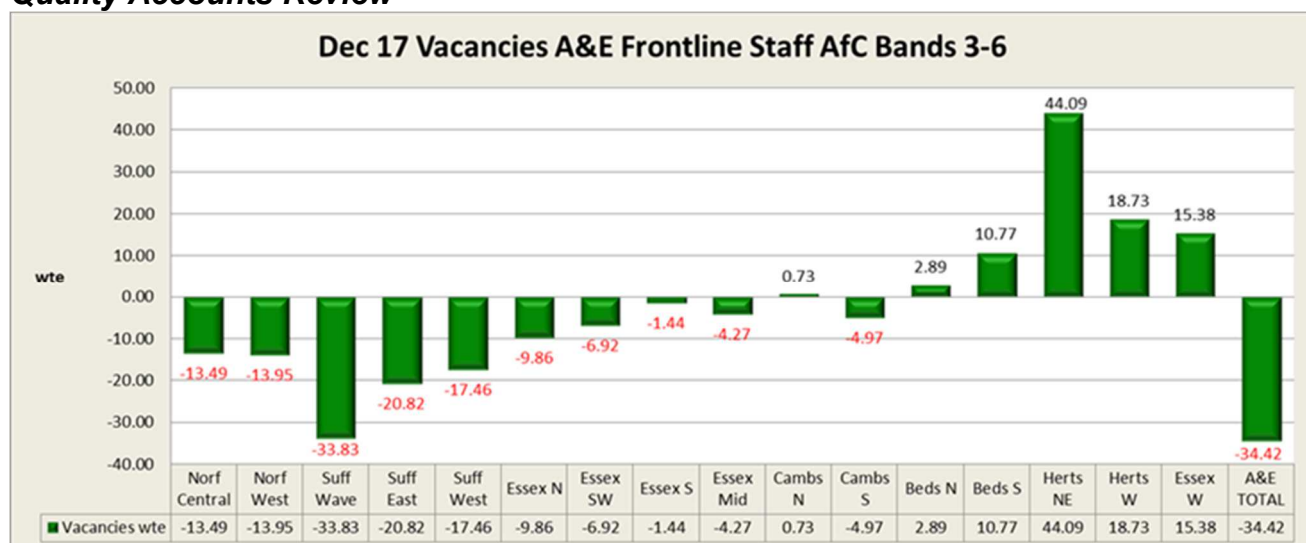
Whilst recruitment is a key focus for the Trust, particularly in hard to fill areas we have worked with our people over the last two years to encourage staff retention and to develop the Trust as an employer of choice in the region and the ambulance sector.

To support this, the Trust has developed a range of People and Culture strategies and initiatives including a Cultural Audit, Leadership Development, Wellbeing and Employee Engagement. This has seen the Trust reduce frontline staff turnover from the 4<sup>th</sup> highest of all 11 Ambulance Trusts in July 2015 (11.8%) to the 2<sup>nd</sup> lowest in October 2017 (7.54%). The Trust is pleased that turnover is maintaining a downward trend which will support the ongoing recruitment and training plan over the next three years.

The Trust is currently 'over established' against its budgeted establishment (see the table on the next page). However, these figures mask the fact that the Trust has significantly more staff in some areas (such as Norfolk and Suffolk) that have more staff than budgeted for and high levels of vacancies in other areas (such as Hertfordshire). This is as a result of a range of factors including a national shortage of paramedics, the high cost of living in some of our counties and competition with the bordering London Ambulance Service (where London weighting is applicable). These figures also do not reflect the significant capacity gap that the Trust has put on public record for the last two years. The Trust has now for the first time in its history, working with regulators, secured an independent review of the required staffing levels to deliver safe and effective ambulance services on a sustainable basis and subject to final contract negotiations expect to be in a position to increase the number of frontline staff by a further 350 whole time equivalents over the next three years.

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This three-year workforce plan will see the Trust recruit and train a further 1,300 people and work is already underway to commence recruitment to these new staffing levels. The Trust recognises that it remains challenging to recruit in hard to fill areas and is delivering a range of activities to address this challenge including:

- Recruitment and retention incentives in hard to fill areas
- School, college and university targeted engagement and recruitment events
- Focussed graduate recruitment campaigns and incentive packages
- New marketing materials and recruitment campaigns to raise awareness of careers in the Trust and benefits of working for EEAST
- Targeted recruitment campaigns utilising, bus stops, bus backs and radio advertising
- Social media recruitment strategy
- Trained over 100 community ambassadors to promote the Trust in hard to reach communities
- Taster days and engagement sessions
- Use of on-line job boards in addition to NHS jobs
- Building capacity in recruitment team
- Recruitment improvement project and safer and resilient recruitment initiatives
- Outsourcing of some volume recruitment
- Purchase of private training provision to frontload 3 year workforce plan
- Working with HEE to agree funding to support a three year workforce plan including liaison with higher education institutes
- Investment in the Trust's training and education infrastructure
- Developing apprenticeships for transition to new clinical career pathway
- Developing advanced and specialist routes to improve recruitment and retention.

The Trust is also pleased that sickness has recorded a downward trend in 2017/18, although work continues to deliver a holistic wellbeing strategy to support staff and reduce absence levels further.

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#### **6. Which priorities 2018/19 address the 5 domains?**

##### **Domain 1 - Preventing people from dying prematurely**

###### Mandatory

- Category A telephone calls (Red 1 and Red 2 calls) ; emergency response within 8 minutes
- Category A telephone calls; ambulance response within 19 minutes
- Patients with suspected ST elevation myocardial infarction who received an appropriate care bundle - this is also included in Domain 3
- Patients with suspected stroke assessed face to face who received an appropriate care bundle – this is also included in Domain 3

###### Local

- Recognition of Sepsis – also included in Domain 3
- Recognition and management of Acute Coronary Syndrome patients – also included in Domain 3

##### **Domain 2 - Enhancing quality of life for people with long-term conditions**

###### Local

- Continuation in the implementation of an End of Life Care Strategy
- Monitoring of implementation of Dementia Strategy

##### **Domain 3 - Helping people to recover from episodes of ill health or following injury**

###### Mandatory

- Patients with suspected ST elevation myocardial infarction who received an appropriate care bundle - this is also included in Domain 1
- Patients with suspected stroke assessed face to face who received an appropriate care bundle – this is also included in Domain 1

###### Local

- Recognition of Sepsis
- Recognition and management of Acute Coronary Syndrome patients
- ECP Usage of Antimicrobial drugs

##### **Domain 4 - Ensuring people have a positive experience of care**

###### Mandatory

- Staff who would recommend the Trust to their family or friends
- Patients who would recommend the trust to their family or friends

###### Local

- Patient experience survey – continuous monthly surveys, bespoke patient surveys for both End of Life Care and Dementia patients

##### **Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm**

###### Mandatory

- Patient safety incidents and the percentage that resulted in severe harm or death
- Mortality rate

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#### Local

- Infection Prevention and Control – continuing improvements within the vehicle deep cleaning target for all operational areas
- Improvements in results for the Safety Walkabout Audit tool within Patient Transport Services.