East Midlands Ambulance Service NHS
NHS Trust

Emergency Care | Urgent Care | We Care

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21 June 2016

Ms Heidi Connor
HM Assistant Coroner
Nottinghamshire
Office and Main Court
The Council House
Old Market Square
Nottingham
NG1 2DT

Dear Ms Connor

Re: Report to Prevent Future Deaths: Peter Scott (DECEASED)

Thank you for your Regulation 28 Report to Prevent Future Deaths, dated 11th May 2016, bringing to my attention the Coroner's concerns arising from the inquest into the death of Peter Scott.

I would like to assure you that within the East Midlands Ambulance Service (EMAS) all matters related to patient safety are taken extremely seriously. In particular, any matters arising from Coroners Inquests from which lessons can be learnt, and this includes any Prevention of Future Deaths notices, are discussed within the Coroners Working Group. The Coroners Working Group having considered all the relevant issues of concern relating to the particular inquest will develop an appropriate action plan with specified timelines and identified individuals to deliver the actions specified.

This process has been applied to the Prevention of Future Death notice pertaining to the inquest into the death of Peter Scott.

The **MATTERS OF CONCERN** are as follows:

1. *(I consider) that there is a risk of future deaths as set out above unless an urgent review of resources is undertaken.*

2. *Consideration should be given to strategies to improve handover times at hospitals.*

Taking the concerns in turn, I set out the actions we have taken and our response to HM Coroner's concerns in the PFD notice.

The Care Quality Commission report recognised that EMAS has been working really hard to improve response times to emergency calls. However there are concerns that ultimately relate to the lack of resource (staff and vehicles), made worse by the numbers often kept waiting at hospital, and lack of capacity to do things as quickly or as well as they should be.

EMAS has taken the CQC findings seriously and value the additional support from other NHS organisations following the CQC Quality Summit. With their input EMAS can progress areas that cannot be fixed quickly, or that are not within EMAS' immediate control.

Following extensive negotiations an agreement has been reached with all commissioners for the EMAS 2016/17 Accident and Emergency 999 contract. The final position is for a one year block contract with a value of £152.5 million.

A key part of this year's contract is the agreement to carry out an independent strategic demand, capacity and price review to look at the level of staff and vehicles needed, along with finance, to respond to increasing demand on the service. EMAS and the clinical commissioning groups have agreed to implement the outcomes of the review, and this should ensure EMAS is able to meet demand.

Despite funding challenges during 2015/16, EMAS proactively recruited and educated 350 whole time equivalent (wte) frontline posts against a recruitment plan target of 342. However, a higher level of turnover was experienced compared to that forecast (11% against a target of 8%). EMAS continues to recruit to the frontline again this year.

Through exit interviews, EMAS monitors the reason for staff leaving. From those interviews the top reasons are (in order of priority):

1. Lack of opportunity/career progression/further training
2. Work life balance
3. Better pay

To address this, EMAS has produced a new People Strategy to develop and support our staff to be highly skilled, motivated, caring and compassionate professionals.

Hospital handover is the time it takes Emergency Department staff to accept a clinical handover from ambulance crews, thereby releasing them to respond to other 999 calls (*Note: national target for this is 15 minutes).* Hospitals are not able to accept a prompt clinical handover when they are experiencing high demand or a large influx of patients arriving at the same time.

The Care Quality Commission inspection at EMAS in November 2015 and findings published in May 2016 brought focus to the seriousness of the hospital handover delays experienced over the last year.

Delays result in patients waiting on the back of ambulances, or in hospital corridors whilst their care is supervised by ambulance crews. While the ambulance supervision is being provided it prevents crews from being able to respond to new 999 calls that have been received. This means patients in the community experience a delay in response and this is of concern.

The delays impact on staff wellbeing and morale because they can increase shift length and increase anxiety levels when crews know calls are waiting to be responded to, or when they know they will be first on scene having to explain a lengthy delay.

They also impact on ambulance resourcing across the region, as vehicles and crews move across county boundaries to assist where there are delays. This takes crews away from their usual operating area and has a corresponding impact on the ability for the ambulance service to use resources efficiently.

That is why EMAS continues to escalate the problem and work with regulators, commissioners and acute hospitals, as well as and the wider health and social care system to try to improve the situation.

Actions taken by EMAS in particular at the LRI includes:

- Daily contact and working with hospital teams and clinical commissioning groups to improve patient experience and reduce delays
- Increased number of paramedics based at hospitals to support their teams with the triage of patients and flow through the department
- A new booking system has been introduced with priority patient assessment to ensure the most ill patients are seen promptly when delays are being experienced

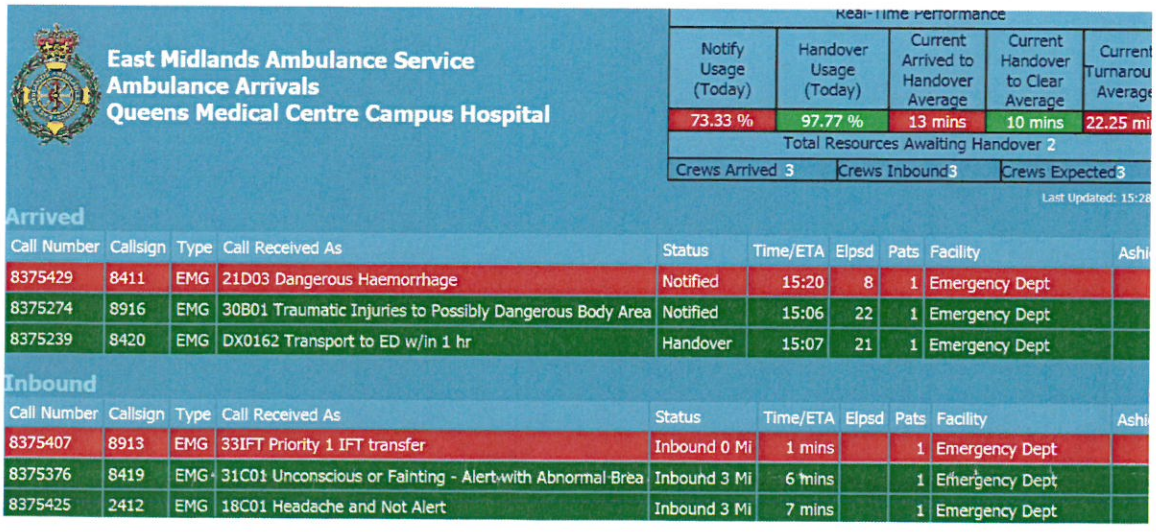
These measures have allowed progress and improvements to the average handover times; however there is still more work to do to ensure the improvements continue on a sustainable basis, and that there is a continued reduction in long waits.

I would also like to make a comment with particular regard to the work that EMAS has undertaken with the acute hospitals in Nottinghamshire.

Prior to March 2016 EMAS used a Radio Frequency Identity (RFID) system to record the hospital handover time cycle. The system required a small tag to be attached to the ambulance stretcher and the electronic patient report form Toughbook. When either device passed through the doors at Queens Medical Centre (QMC), Nottingham a record was generated which allowed for monthly statistics to be produced. RFID proved difficult to manage as the device had to be matched to a vehicle, should the stretcher or Toughbook be swapped onto another vehicle, the produced data could be erroneous. The data provided was not real time therefore delays could not be challenged at the time.

Since March 2016 the QMC has engaged with EMAS to install Ambulance arrival screens. Unlike RFID which used electronic tags the ambulance arrivals screen uses a simple touchscreen interface based on a webpage. This new process provides real time data to both QMC and EMAS which allows both to see delays as they happen, thus ensuring mitigating plans can be actioned rapidly. Ambulance arrival screens display the number of vehicles inbound to QMC, those that have arrived, awaiting handover and where the handover is complete. The handover requires both the handing over and receiving clinician to input an individual PIN which ensures an accurate time stamp enabling the delays within the ambulance turnaround process to be identified and acted upon.

Illustration of QMC Arrival Screen



East Midlands Ambulance Service
Ambulance Arrivals
Queens Medical Centre Campus Hospital

Real-Time Performance

Notify Usage (Today)	Handover Usage (Today)	Current Arrived to Handover Average	Current Handover to Clear Average	Current Turnarou Average
73.33 %	97.77 %	13 mins	10 mins	22.25 mi

Total Resources Awaiting Handover 2

Crews Arrived 3	Crews Inbound 3	Crews Expected 3

Last Updated: 15:28

Arrived

Call Number	Callsign	Type	Call Received As	Status	Time/ETA	Elpsd	Pats	Facility	Ashi
8375429	8411	EMG	21D03 Dangerous Haemorrhage	Notified	15:20	8	1	Emergency Dept	
8375274	8916	EMG	30B01 Traumatic Injuries to Possibly Dangerous Body Area	Notified	15:06	22	1	Emergency Dept	
8375239	8420	EMG	DX0162 Transport to ED w/in 1 hr	Handover	15:07	21	1	Emergency Dept	

Inbound

Call Number	Callsign	Type	Call Received As	Status	Time/ETA	Elpsd	Pats	Facility	Ashi
8375407	8913	EMG	33IFT Priority 1 IFT transfer	Inbound 0 Mi	1 mins		1	Emergency Dept	
8375376	8419	EMG	31C01 Unconscious or Fainting - Alert with Abnormal Brea	Inbound 3 Mi	6 mins		1	Emergency Dept	
8375425	2412	EMG	18C01 Headache and Not Alert	Inbound 3 Mi	7 mins		1	Emergency Dept	

When delays are identified the Division will, where possible, allocate a Team Leader manager to act as a local Hospital Ambulance Liaison Officer (HALO). The role is to work with the hospital management team to ensure that ambulances are not delayed at hospital any more than necessary.

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The Division has reintroduced monthly meetings with both QMC and commissioners to identify improvements that can be made to further improve the ambulance turn round cycle time.

Since April 2015 Nottinghamshire Division has increased the available hours for both Double Crewed Ambulance (DCA) and solo Fast Response Vehicles (FRV). This is through the recruitment of staff and realignment of rosters to match increased demand.

Table 1 Resourcing comparison April 2015 and April 2016

	DCA Filled Hours	FRV Filled Hours
April 2015	34252	8606
April 2016	36487	9478
Increase	2235	872
Percentage Increase	6.52%	10.13%

I trust that this has answered all of the issues from your Prevention of Future Deaths Notice, but please do not hesitate to contact me if there is further information which is required

Yours sincerely

Richard Henderson
Acting Chief Executive