East Midlands Ambulance Service NHS Trust

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Report Title:	Ambulance Response Programme & Handover
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- **What are the current barriers with handovers at LRI?**
  The handovers with LRI are improving following the opening of the new emergency department and the new flow within department. However, the main barrier is when demand and attendances at the department and calls into EMAS are at higher levels. This means that A&E staff are focused on dealing with unwell patients, resulting in crews having to sometimes wait to handover to a clinician in department. The overall average turnaround for July/August 2017 was 30 minutes 25 seconds compared to 41 minutes 23 seconds in the same period last year (July/August 0216), we have seen the percentage of handovers over 15 minutes reduce by 19% over these same periods.

- **What is the impact of these handovers having on the rest of the region?**
  The impact outside of Leicestershire on these handovers has significantly decreased over the past 12 months, other county resources brought into Leicestershire due to handover delays and the resultant lack of county resources is now very rare and since April has only occurred once during a period of extreme demand in May. County resources do continue to be shared across county borders to support patient care and ensuring the right resource to the right patient in the quickest time.

- **Has the new fleet made a difference to issues suffered by EMAS?** The new fleet has improved the clinical care and environment for the staff. Staff where closely involved with the design of the new fleet, and it has been highlighted nationally as a marker of good ambulance design and other Trusts are also trialing EMAS fleet design. This new design means it is easier and quicker to access lifesaving equipment, provides a more accessible treatment area ensuring key equipment and supplies are in easy reach for crews in the back of ambulances, allowing for crews to treat more effectively on route rather than on scene.

- **What are the changes to the way EMAS priorities calls for ambulances in terms of severity? Have they made a difference?**
  The Ambulance Response Programme was introduced in EMAS from July and is a national change form next year. I attach a briefing that I have prepared which covers the changes and background. It is still very early to quantify the benefits as the system is still evolving, however speaking with frontline staff and reviewing dispatch

patterns positive trends are merging around the reduction in numbers of resources being dispatched to patients, i.e. the most right resource to the right patient in the right time, and our FRV being freed up to respond to the most time critical patients and not being held on scene awaiting ambulance backup. For example pre-APR implementation the divisional deployed on average 1.35 resources per incident, this has now dropped to 1.15 post introduction resulting in more resources being available to respond to calls rather than being tied up on scene awaiting backup.

- **What are the plans for both LRI and EMAS to make improvements?**
  EMAs and LRI are working closely together on improvements and working through a plan which includes opening up Emergency Consultant access to crews who are scene for clinical advice, looking at new pathways into emergency department such the GP Assessment Unit, undertaking bedside handovers between EMAS and LRI allowing for quicker time for crews to clear the hospital and looking at new opportunities to move clinicians from hospital into the community e.g. mental health cars and mobile treatment centre deployment in city centre and high demand areas such as universities. These actions are monitored and held to account via the A&E Delivery Board which is a statutory Board reporting through to NHS England and NHS Improvement.

- **Are the hospitals the right place to drop off the patients? As such, are the assessments making sure that patients are going to the right place for care?**
  This is an area of focus for EMAS, we are working across the health & social care system to ensure we are part of developments such the clinical navigation hub, undoubtedly hospital is not the right place for every patient, and as such EMAS ensure we work across the system to develop and identify pathways to ensure we don't have to admit into a hospital if this isn't the right place of care. All staff use a tool called 'Paramedic Pathfinder' which outlines all the different pathway available and contact details, in addition control host the CAT (Clinical Assessment & Triage) team who are a team of nurses and paramedic who can support crews in utilising other pathways

- **What is the relationship with NHS 111**?
  EMAS work closely with 111 as a key feed into the 999 service, we jointly review calls where crews may have felt different pathways would have been more suitable, and look at implementing any learning from these, additionally we work closely on projects such as the clinical navigation hub. We are also now starting a series of joint audits, called 'The 6A audit', which will review actual patient pathways, how the patients have worked through 111, 999 and into hospital and identify learning where this could have been avoided or other alternative care setting would have been more appropriate.