

# EMAS Update

## N E Lincolnshire

**NHS**  
East Midlands  
Ambulance Service  
NHS Trust



N E Lincolnshire Health Scrutiny Committee – January 2025

**Respond – Develop - Collaborate**

# Who are we?



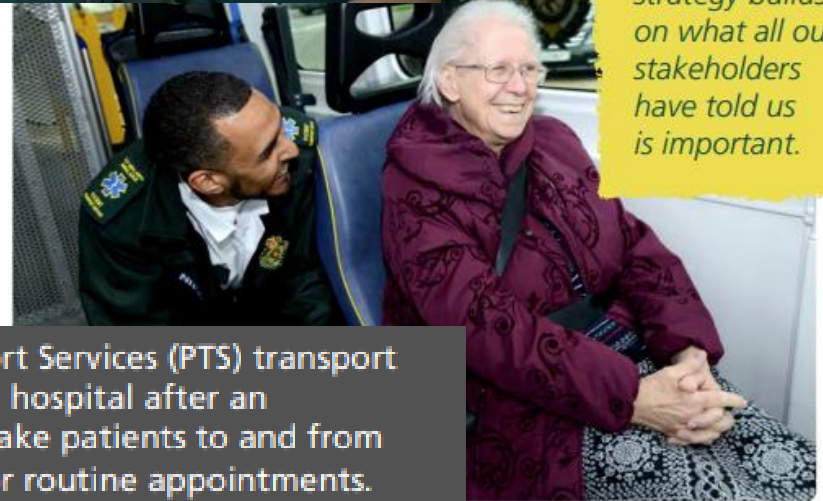
EMAS delivers care for  
**4.8 MILLION** people  
across **6,452** sq miles



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.

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# OUR STRATEGY 2023-2028 PLAN ON A PAGE



## 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

1



We will deliver outstanding patient care by developing new, innovative clinical practices and by working in collaboration with our partners and the public.

2



We will be an attractive employer of choice, developing and retaining highly skilled, engaged and diverse people reflective of our local communities.

3



We will deliver improved outcomes for our patients through the most appropriate equipment, technology, vehicles and facilities.

4



We will deliver safe, effective, compassionate care for patients, embedding a culture of compassion, continuous improvement and productivity.

5



We will work in partnership to reduce health inequalities and improve the health of our population, and ensure sustainability.



## 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 patient outcomes



Integrated IT  
Integrated delivery



Health inequalities



Carbon footprint



Variation across the region

## CORE VALUES

Our core values embedded in all we do:



RESPECT



INTEGRITY



COMPASSION



TEAMWORK



CONTRIBUTION

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# Clinical Strategy

## OUR COMMITMENT



### MAJOR INCIDENTS

#### Our clinical aims

Deliver critical clinical response in collaboration with urgent response partners

#### Our clinical model

- collaborate with other category 1 providers
- respond to the incident appropriately and with the resources required
- deliver the best possible outcomes for surviving patients

### EMERGENCY CARE

#### Our clinical aims

Deliver the best possible life chances for patients

#### Our clinical model

- rapidly assess critical health needs and use most appropriate resources to respond
- deliver rapid intervention
- make patients safe for transport to most appropriate location

### URGENT CARE

#### Our clinical aims

Support patients with complex care needs, delivering a clinically appropriate and timely response in collaboration with local organisations

#### Our clinical model

- determine the most appropriate response
- signpost to/work in partnership with services
- support access to personalised care closer to home

### NON-EMERGENCY PATIENT TRANSPORT

#### Our clinical aims

Meet patients' needs in a safe, timely and compassionate manner

#### Our clinical model

- assess patient eligibility
- plan and book appropriate transport to ensure the needs of the patient are met
- transport patients in a timely manner

### FUNDAMENTAL PRINCIPLES



EQUITY



JOINED UP CARE



IMPROVED CLINICAL OUTCOMES



REDUCING HEALTH INEQUALITIES



CARE CLOSER TO HOME



CONSISTENT AND TIMELY



SAFE AND EFFECTIVE CARE



PERSONALISED CARE

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# 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	Deliver critical clinical response in collaboration with urgent response partners	Deliver the best possible life chances for patients	Support patients with complex care needs, delivering a clinically appropriate and timely response in collaboration with local organisations	Meet patients needs in a safe, timely and compassionate manner				
Our clinical model	<ul style="list-style-type: none"><li>• collaborate with other category 1 providers</li><li>• respond to the incident appropriately and with the resources required</li><li>• deliver the best possible outcomes for surviving patients</li></ul>	<ul style="list-style-type: none"><li>• rapidly assess critical health needs and use most appropriate resources to respond</li><li>• deliver rapid intervention</li><li>• make safe for transport to most appropriate location</li></ul>	<ul style="list-style-type: none"><li>• determine the most appropriate response</li><li>• signpost to/work in partnership with services</li><li>• support access to personalised care closer to home</li></ul>	<ul style="list-style-type: none"><li>• assess patient eligibility</li><li>• plan and book appropriate transport to ensure the needs of the patient are met</li><li>• transported in a timely manner</li></ul>				
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

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## OUR KEY MEASURES





# Quality / Safety

- We know that any delay of care to patients causes anxiety and harm
- Very focused on reducing delays – inevitable
- Oversight and recognition of potential harm
- > 8 hour harm delays undertaken and reported locally / regionally
- Duty of Candour
- Senior management oversight 24/7
- Increase in Clinical Leadership Team
- Minimum Care Safety Standards
- Professional Standards and Learning
- 45 minute / Immediate handover
- Priority to ensure patients receive the right care from the right service

# Skill Mix and Current Attrition Rate

## Skill Mix

Skill Mix	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
registered	34.87%	34.97%	34.92%	34.27%	33.45%	34.21%	34.46%	33.86%	34.09%	34.14%	34.26%	33.46%
Qualified	85.40%	86.01%	86.08%	86.53%	86.91%	87.17%	87.31%	87.71%	87.87%	87.97%	88.48%	88.82%

- The attrition rate is below the 9% expected and is currently 6% in Lincs Division

# Recruitment and Retention

## Workforce Metrics report 2024-25

Updated  
06/02/2024

Lincolnshire	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	avg
	Proj.	Proj.	Proj.	Proj.	Proj.	Proj.	Proj.	Proj.	Proj.	Proj.	Proj.	Proj.	
Workforce plan 2023/24	661.8	679.9	675.0	684.8	694.9	710.8	708.8	719.9	716.8	712.9	730.9	738.8	703.0
Actual wte 2023/24	595.2	595.2	600.2	598.2	594.9	606.0	610.0	627.2	632.5	637.8	642.9	668.0	598.4

Table 1 – monthly workforce

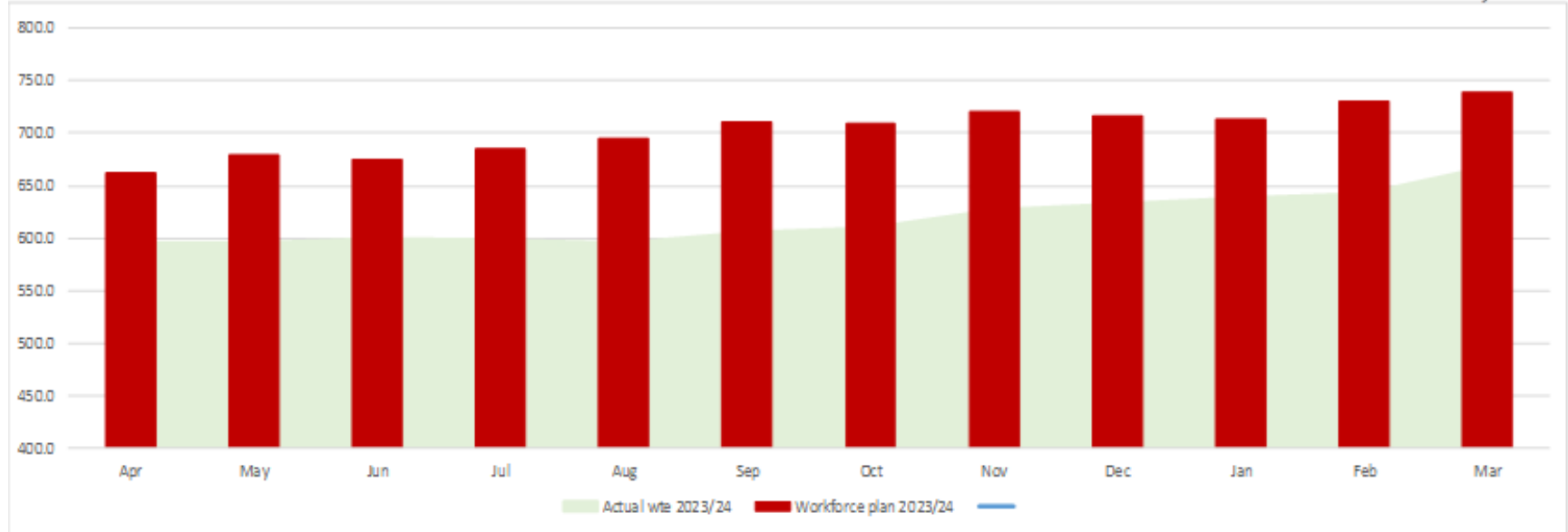


Chart 1 – monthly workforce



# Sickness / Absence 2024-25

Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
5.5%	4.57%	5.07%	5.85%	5.89%	5.73%	6.36%	6.55%	7.9%	5.95%

- Sickness absence in Lincolnshire has remained relatively low in 2024 with a YTD in December 2024 of 5.95%.
- This is an improving picture from the previous year's figure of 6.62%
- Increased sickness October-December is in line with community illness.
- EMAS sickness YTD in comparison is 7.70%

# Staff Engagement

- Working hard to change our culture
- Management team structure and approach to staff well being
- Implementation of new ideas
- We listen - Staff Opinion Survey
- Conversation / 'Chatty' Cafes
- Station meetings / Station 'Voice'
- Pro active approach to staff support and well being

# Critical Incident Declaration

- Monday 6 January 2025 - > 466 calls without a response – 260 of which were Category 2 patients
- Discussion with NHS E – National and Regional Team
- Critical Incident declared at 18.00 on the 6 January
- Regional system wide meeting that evening with immediate requests
- De escalation from Critical Incident 09.00 on the 8 January
- Debrief held 16 January
- Lessons for EMAS / systems identified



# Definition of ARP Standards

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

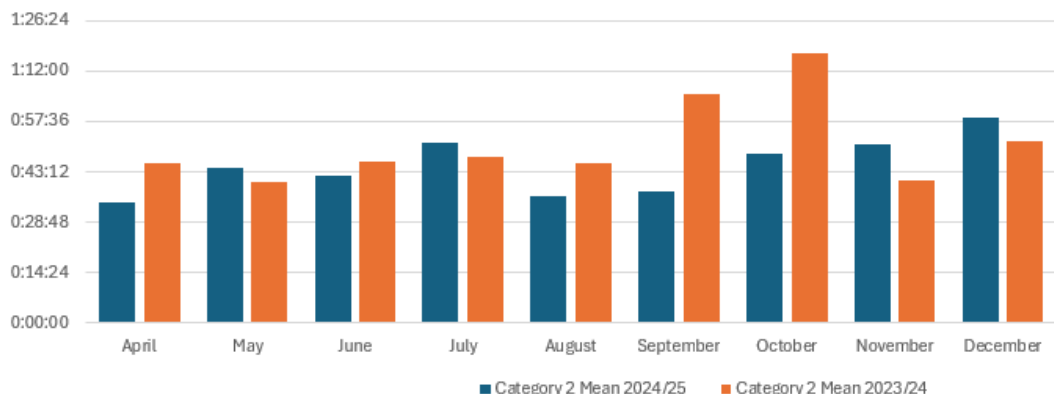
Category	Headline Description	Sub Description	Average Response Targets	90 <sup>th</sup> Percentile Response Target
1	Life Threatening	A time critical life- threatening event requiring immediate intervention or resuscitation.	7 minutes	15 minutes
2	Emergency	Potentially serious conditions that may require 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

Performance Area:	Category 1	Category 2	Category 3	Category 4
EMAS	00:09:16	00:44:15	02:46:02	02:52:37
Lincolnshire	00:10:36	00:41:17	02:09:34	02:13:49
North/Northeast Lincolnshire	00:09:41	00:44:50	06:13:26	05:55:05

# Performance – HNY ICB:

Humber & North Yorkshire ICB	Category 1				Category 2				Category 3		Category 4	
	Mean		90th centile		Mean		90th centile		90th centile		90th centile	
	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24
	0:07:00		0:15:00		0:18:00		0:40:00		2:00:00		3:00:00	
National Standard												
April	0:09:05	0:09:26	0:15:54	0:17:19	0:34:35	0:45:34	1:16:02	1:46:19	4:48:43	4:33:39	4:22:21	6:20:21
May	0:09:50	0:09:06	0:18:03	0:17:15	0:44:27	0:40:12	1:33:38	1:33:19	6:13:10	4:33:11	2:47:31	2:52:33
June	0:09:47	0:09:41	0:18:48	0:18:26	0:41:56	0:46:09	1:28:50	1:41:33	5:41:59	6:20:17	3:16:32	15:24:33
July	0:09:16	0:09:00	0:15:54	0:16:30	0:51:20	0:47:33	1:53:27	1:44:36	6:30:35	6:11:51	10:33:55	7:30:11
August	0:08:56	0:08:39	0:15:51	0:16:30	0:36:12	0:45:33	1:17:54	1:42:27	3:40:22	5:10:52	5:24:53	3:39:42
September	0:09:42	0:08:27	0:16:53	0:15:38	0:37:35	1:05:20	1:20:03	2:23:43	4:34:50	8:16:32	2:44:09	3:47:26
October	0:10:30	0:10:17	0:18:33	0:20:00	0:48:11	1:16:48	1:45:08	3:00:18	8:54:20	10:15:44	7:02:19	6:06:52
November	0:09:49	0:09:20	0:18:13	0:16:49	0:50:50	0:40:38	1:51:53	1:24:43	5:35:30	5:52:35	2:45:46	5:00:04
December	0:10:17	0:09:55	0:19:05	0:19:00	0:58:26	0:51:45	2:06:00	1:49:25	10:01:21	7:41:47	14:18:17	6:18:28



- Cat 1 mean – 00:09:41 deterioration of 21 seconds
- Cat 2 mean – 00:45:50 improvement of 7 mins
- Cat 3 mean – 06:13:26 improvement of 19 mins
- Cat 4 mean – 05:55:05 improvement of 25 mins



# Pre-handover lost hours: HNY

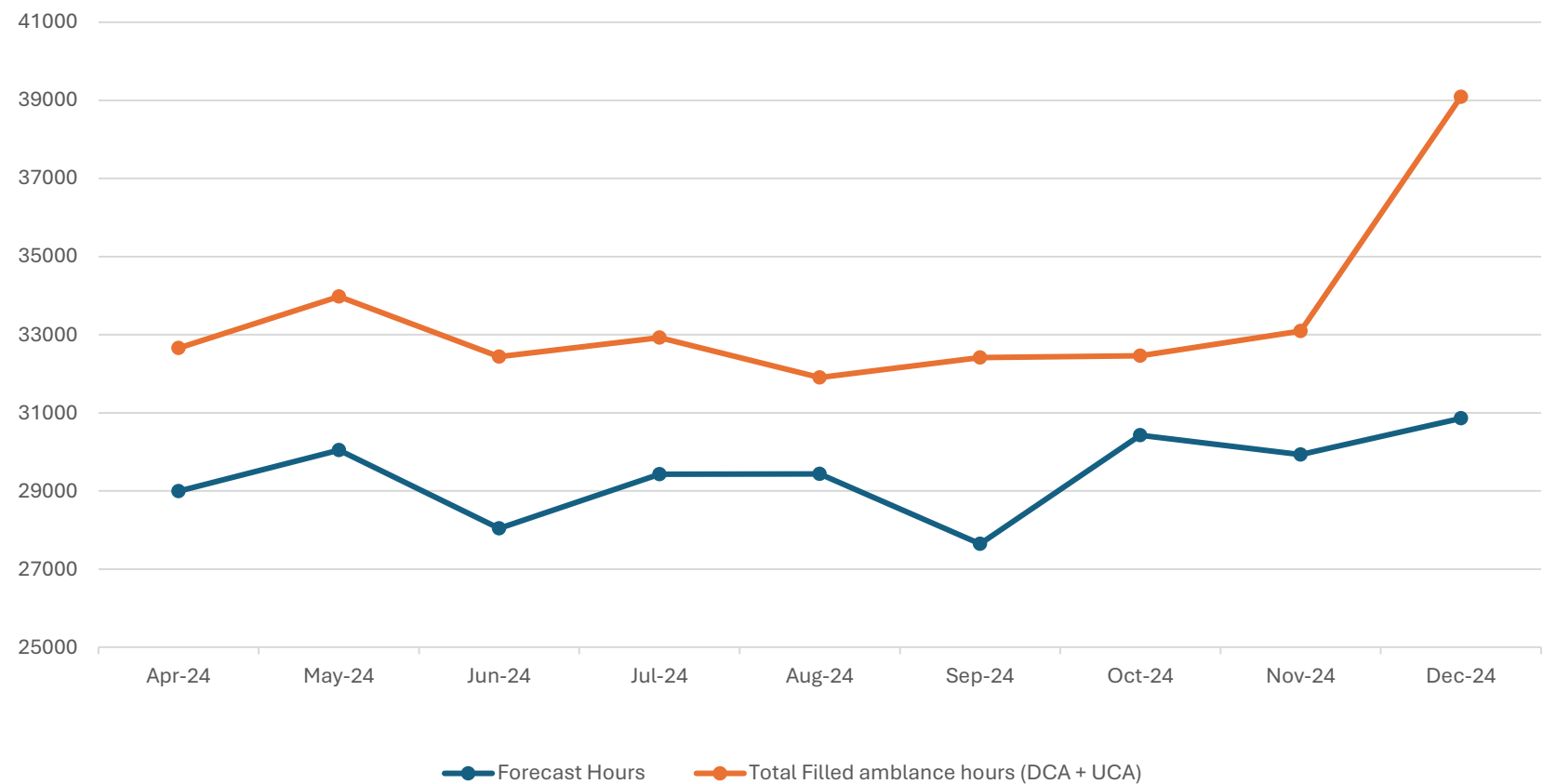
		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Plan	Grimsby Diana Princess of Wales	00:36:48	00:36:00	00:35:12	00:34:24	00:33:36	00:32:48	00:32:00	00:31:12	00:30:24
	Scunthorpe General Hospital	00:39:12	00:38:30	00:37:48	00:37:06	00:36:24	00:35:42	00:35:00	00:34:18	00:33:36
	Humber & North Yorkshire ICB	00:37:57	00:37:12	00:36:27	00:35:41	00:34:56	00:34:11	00:33:26	00:32:41	00:31:56
Actual	Grimsby Diana Princess of Wales	00:30:45	00:51:40	00:41:38	00:47:08	00:24:13	00:27:49	00:47:38	00:43:34	01:08:58
	Scunthorpe General Hospital	00:28:34	00:43:28	00:51:25	00:42:45	00:31:46	00:33:52	00:46:55	00:44:42	01:01:45
	Humber & North Yorkshire ICB (both hospital sites)	00:29:43	00:47:39	00:46:13	00:45:02	00:27:52	00:30:35	00:47:17	00:44:07	01:05:29
	Lost Hours >15 mins at above hospitals	916	1842	1776	1765	809	936	1798	1666	2982
Variance	Grimsby Diana Princess of Wales	00:06:03	00:15:40	00:06:26	00:12:44	00:09:23	00:04:59	00:15:38	00:12:22	00:38:34
	Scunthorpe General Hospital	00:10:38	00:04:58	00:13:37	00:05:39	00:04:38	00:01:50	00:11:55	00:10:24	00:28:09
	Humber & North Yorkshire ICB	00:08:14	00:10:27	00:09:46	00:09:21	00:07:04	00:03:36	00:13:51	00:11:26	00:33:33

Humber & North Yorkshire ICB	Category 1				Category 2				Category 3	Category 4	
	Mean		90th centile		Mean		90th centile		90th centile	90th centile	
	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2024/25	2023/24	2023/24
National Standard	0:07:00		0:15:00		0:18:00		0:40:00		2:00:00	3:00:00	
April	0:09:05	0:09:26	0:15:54	0:17:19	0:34:35	0:45:34	1:16:02	1:46:19	4:48:43	4:33:39	4:22:21
May	0:09:50	0:09:06	0:18:03	0:17:15	0:44:27	0:40:12	1:33:38	1:33:19	6:13:10	4:33:11	2:47:31
June	0:09:47	0:09:41	0:18:48	0:18:26	0:41:56	0:46:09	1:28:50	1:41:33	5:41:59	6:20:17	3:16:32
July	0:09:16	0:09:00	0:15:54	0:16:30	0:31:28	0:47:33	1:53:27	1:44:36	6:30:35	6:11:51	10:33:55
August	0:08:56	0:08:39	0:15:51	0:16:30	0:36:12	0:45:33	1:17:54	1:42:27	3:40:22	5:10:52	5:24:53
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Reduction in pre-handover lost hours has a direct correlation on C2 performance as per evidenced in April/August/September 2024

# Resourcing Outputs

Forecast Hours vs total Filled Ambulance Hours -  
Q1 - Q3, 2024/25



# Post Handover:


- EMAS average post handover = 00:17:52
- Lincolnshire average post handover = 00:18:02
- North and Northeast average post handover (NLaG) = 00:18:53
  - Scunthorpe = 00:18:55
  - DPoW = 00:18:52

	Post handover								
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Target	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00	00:15:00
Actual (Both Hospital Sites)	00:24:08	00:20:22	00:17:29	00:16:57	00:19:29	00:19:23	00:17:10	00:18:37	00:16:27
Variance	00:09:08	00:05:22	00:02:29	00:01:57	00:04:29	00:04:23	00:02:10	00:03:37	00:01:27

Post-Handover improvements since June 2024 because of increase call cycle efficiency work by front line leaders

# Conveyance Activity:

Area	Hear and Treat %	See and Treat %	See Treat and Convey %
EMAS	18.49	28.69	46.12
Lincolnshire	15.59	27.92	50.01
N/NE Lincs	14.20	22.38	56.87



ITK call passing	Incidents
Lincs North SPA	661
Lincs North East SPA	589
<b>Total</b>	<b>1250</b>

- Increased call passing to SPA providers
- Increased call passing has increased H&T
- Higher conveyance rates for North and North-East compared to Lincs and EMAS related to alternative pathways to avoid ED conveyance

# Further Initiatives

- Operationalise Clinical Operating Model
- Is an Ambulance always necessary?
- Enhanced integrated working
- Introduction of new roles
- Development of Pathways
- Introduction of Break Glass options to stream line care
- 'Left shift' of Care
- Raising the profile of what we do and are capable of doing
- Development roles at all levels
- Learning from and adopting best practice



THANK YOU

Any Questions ?