East of England Ambulance Service - ED Consultant / Frailty Phone Pilot

Summary of task / hazard (Describe the hazard / activity giving cause to the hazard)

East of England Ambulance Service NHS Trust (EEAST) and Bedfordshire University Hospitals NHS Trust (BHT - Luton & Dunstable site) have worked on a collaborative agreement to trial a scheme where EEAST frontline staff on scene with frail patients, who reside both within the community and in care / nursing homes can call the Care of the Elderly (CoE) / Consultant in Older People's Medicine (OPM) for further guidance.

Objectives:

- Support alternatives to hospital through a safe discharge of care at home or in the community
- Avoid conveyance to the Emergency Department if appropriate through direct ward admissions
- Improve patient experience by facilitating appropriate discharge of care
- Improve staff experience by facilitating expert advice

Rationale:

- Prompt expert advice is likely to lead to appropriate discharge of care first time leading to reduced cost on the healthcare system and improved patient and staff experience from the East of England Ambulance Service and Norfolk and Norwich University Hospital NHS Trusts.

In patients who are not conveyed after speaking to CoE / OPM Consultant, the patients GP must be contacted to ensure they can also support ongoing care.

The calls will be recorded by the CoE / OPM Consultant and analysis performed by BHT & EEAST.

Risks associated with the task / hazard
(Describe how harm may / will occur from the task / hazard. Include possible outcomes / consequences of the risks becoming realised. Consider any information governance issues.)

- Inappropriate referral to the consultant resulting in delay of immediate care to the patient.
- CoE / OPM Consultant busy with another call or other work demands, so not able to take call from crew on scene.
- Inappropriate non-conveyance of the patient following assessment resulting in an incorrect pathway and potential for patient harm.
- Communication not effectively cascaded out to / received by frontline staff, so service not used when appropriate or available.
- Urgent outpatient referral not arranged as per protocol.

Risk groups (Those most likely or especially at risk – consider including details of how they are at risk)			
Operation emergency staff	**X**	Visitors	
Non-emergency services (e.g. PTS)		Service users	**X**
Control centre staff		Other emergency services	
Air Ambulance		Lone workers	
Administration staff		Young persons	
First Responders (E.g. CFR)		New / expectant mothers	
Other ambulance services		Public	**X**
Other healthcare staff		Contractors	
		New/inexperienced staff	

Existing controls *(precautions in place)*	**Gaps in control**
Crews communicated with via e-mail, posters for station and MDT messages on the day.	Potential for clinicians to not see communications based on short lead in time.
Attending clinicians can still contact Clinical Advice Line (CAL) if necessary.	CAL has high demand based on recent surge levels and actions that are taken within the Surge Plan.
Normal non-conveyance policy will apply and worsening advice given to patient and care home staff.	Reliant on patient and care staff acting appropriately if patient condition worsens.
CoE / OPM Consultant will state if crew have called inappropriately.	Crew professional handover might not highlight any immediate risk to patient.
Communication to EEAST clinicians will include that clinical responsibility for the patient lies with them as with any other referral process.	

Risk rating (Risk rating with existing controls / precautions in place) - Refer to EEAST Risk Matrix									
Consequence score of incident (actual and potential)									
(5) Catastrophic		(4) Major		(3) Moderate		(2) Minor	X	(1) Insignificant	

Likelihood score of incident									
(5) Almost certain		(4) Likely		(3) Possible		(2) Unlikely	X	(1) Rare	
Detail reasons for giving this score									

Risk rating score			
Risk rating score (To attain risk rating multiply scores of consequence and likelihood)	4	Colour coded rating	

Are the current controls adequate?

The current controls are adequate and supported by EEAST Non-Conveyance / Discharge of Care policy. This also fits the NHS Long Term Plan / Integrated Care Systems transformation plans in regards to integrated working and appropriate disposition / treatment in the community, where appropriate, for patients that do not need conveyance to ED.

The success of the ED Consultant / Frailty Phone and associated risk score would need to be reviewed on a dynamic basis.

Risk Matrix

Impact	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

Inherent Likelihood

Impact Details

Name	Description
1. Negligible	•FINANCIAL = Small loss Risk of claim remote < £10k. •SERVICE DELIVERY = Minimal disruption across service delivery. •SAFETY = Minimal injury requiring no/minimal intervention or treatment •REPUTATION = Rumours, no media coverage but potential for public concern. Little effect on staff morale
2. Minor	•FINANCIAL = Loss of 0.1–0.25 per cent of budget Claim less than £10,000 •SERVICE DELIVERY = Minor reduction in service delivery. •SAFETY = Minor injury or illness requiring minor intervention •REPUTATION = Local media coverage – short-term reduction in public confidence. Minor effect on staff morale / public attitudes
3. Moderate	•FINANCIAL = Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000 •SERVICE DELIVERY = Failure of support services / underperformance against other key targets. •SAFETY = Moderate injury requiring medical treatment and/ or counselling •REPUTATION = Local media coverage. Significant effect on staff morale and public perception of the organisation
4. Major	•FINANCIAL = Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million •SERVICE DELIVERY = Intermittent failures of a critical service / 'underperformance against key targets. •SAFETY = Major injuries / long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling •REPUTATION = National media coverage. Significant effect on staff morale and public perception of the organisation HSE / CQC review
5. Catastrophic	•FINANCIAL = Loss of >1 per cent of budget Claim(s) >£1 million •SERVICE DELIVERY = Complete breakdown of a critical service / 'Significant underperformance' against key targets. •SAFETY = Incident leading to death or major permanent incapacity An event which impacts on a large number of patients •REPUTATION = National adverse publicity/reputation irreparably damaged. Director/Board removal, Breach of Terms of Authorisation or loss of key service

Inherent Likelihood Details

Name	Description
1. Rare	• BROAD DESCRIPTOR: May happen in exceptional circumstances. • TIME-FRAMED DESCRIPTOR: Not expected to occur for years. • PROBABILITY FACTOR: <0.1%
2. Unlikely	• BROAD DESCRIPTOR: The event could occur. • TIME-FRAMED DESCRIPTOR: Expected to occur at least annually. • PROBABILITY FACTOR: 0.1 - 1%
3. Possible	• BROAD DESCRIPTOR: This event should occur at some time. • TIME-FRAMED DESCRIPTOR: Expected to occur at least monthly. • PROBABILITY FACTOR: 1-10%
4. Likely	• BROAD DESCRIPTOR: The event will occur in most circumstances. • TIME-FRAMED DESCRIPTOR: Expected to occur at least weekly. • PROBABILITY FACTOR: 10-50%
5. Almost Certain	• BROAD DESCRIPTOR: The event is expected to occur in all circumstances. • TIME-FRAMED DESCRIPTOR: Expected to occur at least daily. • PROBABILITY FACTOR: >50%