

HEALTH

OVERVIEW AND SCRUTINY COMMITTEE

4 MARCH 2021

SOUTH EAST COAST AMBULANCE SERVICE UPDATE

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Summary

This report updates the committee on the South East Coast Ambulance Service Foundation Trust, with a focus on key developments since the Committee was last updated in March 2019. These key areas include: Performance and Performance Recovery, go live of NHS 111 CAS contract, Staff Wellbeing, Estate developments, the Joint Response Unit, and Winter Framework.

Background

- 1.1. Since the last update in March 2019 the Trust has been responding to the COVID-19 pandemic. However, this has not stopped the Trust continuing to progress in several key areas.
 - The NHS 111 Integrated Urgent Care Clinical Assessment Service (CAS) went live on the 1st October 2020
 - NHS 111 First was launched across the region in Medway on the 16 September 2020 and has subsequently been implemented across Kent & Medway and Sussex by the end of November 2020, in accordance with the timelines and milestones put in place by NHS E. East Sussex Healthcare NHS Trust (ESHT) was the first site in Sussex to go live.
- 1.2. The Trust has appointed a new Chief Executive Officer. Philip Astle took up the role on the 1st September 2019, joining the Trust from South Central Ambulance Service where he previously held the position of Chief Operating Officer.
- 1.3. In addition to the appointment of Philip, the Trust appointed Ali Mohammed who took up the position, in January 2020, of Executive Director of Human Resources and Organisational Development.
- 1.4. The Joint Response Unit was expanded to 7 days a week across the north of Kent, following a very successful 2 days a week scheme across Medway and Swale and has now been established in West Sussex.
- 1.5. The Trust's Wellbeing Hub continues to support all staff with access to a wide range of services supporting a promoting physical and emotional wellbeing.
- 1.6. The Trust is investing in its estate with a significant development in Gillingham to provide a modern ambulance Make Ready Centre as well as modern office facilities for both the 999 Emergency Operations Centre and the 111 Contact Centre, in addition to the new Make Ready Centre (MRC) in Brighton, and development of the Trust's previous Head Quarters at the Banstead site in Surrey into a Make Ready Centre.
- 1.7. The Trust had developed a winter framework and EU Transition plan.

- 1.8. Having been granted a license to administer the Oxford-AstraZeneca vaccine, the Trust launched its staff vaccination programme from an approved site at its Head Quarters in Crawley.

1. Performance and Performance Recovery

- 2.1. During 2018, the Trust announced its transformation programme to improve care for patients across Kent and Medway, Surrey, Sussex, and North East Hampshire.
- 2.2. This followed the independent review undertaken by Deloitte, jointly commissioned by South East Coast Ambulance Service NHSFT (SECamb) and the CCGs. It looked specifically at the demand and capacity to deliver ambulance services and led to an initial investment of £10m during 2018/19, with a further commitment by the CCGs to provide further investment during 2019/20 and 2020/21.
- 2.3. The additional investment focused on two key areas; a) the recruitment of front-line ambulance staff on the road, with the right skills and in its Emergency Operations Centres (EOCs), b) to improve its fleet, to ensure the Trust has the right number and type of vehicles available to respond to all categories of call.
- 2.4. As a result of the ongoing recruitment programme in the Emergency Operations Centres, the Trust has continued to make significant improvements in its call answering time for emergency calls and has continued to achieve the 5 second (mean) standard throughout 2020, apart from December.
- 2.5. The continued recruitment of patient facing staff (ambulance personnel) is an ongoing programme.
- 2.6. December's call answering performance achieved 07 seconds (mean) against a national (England) average of 11 seconds. The 90th centile performance for the month was 14 seconds against a national (England) average of 32 seconds. During 2020, the Trust has been one of the best performers for 999 call answering amongst ambulance services in England, consistently benchmarked in the upper quartile of performance for Ambulance Trusts however, increased call volumes during the autumn has affected this performance and for December (2020) the Trust is positioned 8th compared to other ambulance services. Appendix A.
- 2.7. 999 ambulance performance has remained challenging however, due to the pandemic 999 activity reduced during March and continued at a reduced level for April, May, and June. July started to see an increase in activity levels.
- 2.8. The Trust achieved a Category 1 performance of 07:05 minutes mean against an England performance of 07:08 minutes mean for April. May saw the Trust achieve a Category 1 performance of 07:00 minutes against an England performance of 06:34 minutes. December's performance Category 1 was 08:01minutes. This was against a national performance standard of 07:00 minutes mean. Appendix A
- 2.9. Category 2 performance for April, May and June was 14:50 minutes, 14.28 minutes and 16:43 minutes respectively. December's performance was 26:52 minutes. This was against a national performance standard of 18:00 minutes.

- 2.10. During May the Trust was able to deploy 99% of its targeted front-line ambulance hours despite having approximately 400 staff absent from the workplace for COVID-19 related absence.
- 2.11. The Trust experienced higher levels of absenteeism during December with over 500 front line staff absent either directly or indirectly related to COVID-19 and was still able to deploy 96% of its targeted front-line ambulance hours.
- 2.12. During December the Trust also saw an increase in operational hours lost due to ambulance delays at hospitals. Appendix C
- 2.13. Performance across categories 1, 2, 3, and 4 were achieved for the Sussex CCGs during the months of April and May.
- 2.14. Brighton and Hove CCG, year to date, has achieved its category 1 and 2 performance, with East Sussex falling short on achieving C1, C2, C3, and C4 performance. Appendix A
- 2.15. The Trust recognises that category 3 and 4 ARP standards also remain challenged with some patients experiencing exceptionally long waits as illustrated in appendix A.
- 2.16. The Trust has developed a detailed 999 Performance Improvement Plan. A key focus of the plan is to maximise the resources available on the road to respond to patients. The key aspects of this plan are:
 - 2.16.1 Managing our absences closely, ensuring that we can safely return as many staff as possible to the workplace.
 - 2.16.2 Maximising support to the front-line from other areas of the Trust. It looks to gain support from all disciplines and Directorates of the Trust where clinically capable staff are asked to mobilise to support operational delivery where this will not compromise their primary role.
 - 2.16.3 A refocus of the daily operational 08:30 call to improve productivity and efficiency.
 - 2.16.4 Continued focus on 999 telephone triage (Hear and Treat) for patients who do not require a face to face response.
 - 2.16.5 Operations working with the Wellbeing Hub team to support clinical staff who are unable to be fully operational but can provide valuable support to operations from a support role position e.g. COVID track and trace.
 - 2.16.6 Incentivised shifts offered to maintain the required number of operational hours.
 - 2.16.7 Working with the Private Ambulance Providers that the Trust has on its framework for continuous supply of additional ambulance hours.
 - 2.16.8 Under mutual aid, the Trust gained support from both Military and Fire and Rescue Service personnel during January and February.
 - 2.16.9 The Trust has also started a pilot in 2 of its operational areas, enabling certain category 3 and 4 ambulance dispositions to have a clinical review by a specialist paramedic following a 999 call. This clinical review allows the paramedic to hold a video consultation with the patient (where technology allows).
- 2.13. The Trust's 111 service experienced unprecedented levels of activity during February and March 2020 and despite a decrease during April and May, activity during the summer months

remained volatile. This trend continued into the autumn and winter with the service activating National Contingency on a regular basis during December and January, due to a combination of increased call activity linked to the implementation of 111 First and short-term staffing issues, predominately COVID related.

- 2.17. The 111 service, has maintained good performance for 'call abandonment' apart from February, March and April of this year when call volumes significantly exceeded predicted levels with October, November, and December abandonment rate representing 6.67% against a performance indicator of 5%, despite the pressures being generated by the pandemic.
- 2.18. The 'service level' (calls answered within 60 seconds) has seen volatile performance since the introduction of the IUC service, coinciding with renewed COVID pressures and the introduction of 111 First. However, the service's abandonment rate remains in line with national performance.
- 2.19. Clinical validation of ambulance dispositions for Category 3 and 4 ambulances has been >90% (against a national target of 85%) and at times achieved 95% and has seen downgrades of non-emergency ambulances of between 55-60%, following clinical validation.
- 2.20. The 111 CAS continues to be sensitive to pressures in the wider system and since the KMS 111 IUC CAS commenced on the 1st October 2020, almost 40,000 cases have been clinically validated in the CAS, with more than 50% of these patients being appropriately and safely redirected to an alternative disposition from either ED or 999 services.
- 2.21. The Trust is working closely with commissioners and NHS England (NHSE) since the launch of the Clinical Assessment Service (CAS) and the NHS 111 First programme, as this service continues to develop.

2. COVID-19 Response

- 3.1. A robust governance framework was established to support the Trust's response to the pandemic, including the establishment of the COVID Response Management Group (CRMG). This was an executive led group that supported and directed the Trust's response and ensured that all COVID related decisions and actions were considered appropriately. This group was meeting 7 days a week.
- 3.2. This group also had the responsibility to receive the latest government advice and guidance, produce 'COVID action cards' to ensure that staff were as well informed as they could be in relation to a range of scenarios that meant they were likely to absent from work as a result of COVID e.g. a family member in an at risk group, staff in an at risk group, staff developing symptoms of COVID, a family member developing COVID symptoms etc. These action cards were regularly updated to reflect the most up to date government guidance.
- 3.3. This group also took on the role of monitoring the Trust's stocks of personal protective equipment (PPE) and ensuring that the latest Public Health England (PHE) guidance on the appropriate level of PPE to be worn in different clinical scenarios was communicated to all front-line staff. If staff, following a risk assessment, decided to wear the next level up of PPE then the Trust's guidance allowed this.
- 3.4. During March all staff who could work from home were asked to do so, enabling the Emergency Operations Centre to commandeer the majority of the first floor at the Trust Head Quarters so that staff responsible for answering 999 calls could socially distance and still be

in an supportive environment, in effect doubling the area that the EOC would normally occupy.

- 3.5. The EOC staff who were asked to shield at home were provided with laptops to they could continue to support their colleagues in the EOC through remote working.
- 3.6. As the Trust progressed through the pandemic the COVID Recovery, Learning & Improvement Group was established to ensure that experiences and learning were captured to inform and improve how the Trust conducts its business in the future.
- 3.7. The CRMG has now become the Operational Response Management Group to provide review and decision making in the new way of working.
- 3.8. To support the communication of key actions and learning to all managers a 16:00 Executive led briefing took place every day and has continued to date.
- 3.9. From the outset and following the 16:00 call, the Trust agreed to produce, on a daily basis, a 'Common Operating Picture', as a means of communicating to system partners, MP's etc. the latest Trust position on activity, PPE, staffing levels etc. This has been well received by the system a key point of information regarding the Trust's response to the pandemic.
- 3.10. Welfare vehicles were also set up to support frontline staff. Ford UK kindly loaned the Trust 6 vehicles to provide welfare support to crews following their arrival at hospitals. This gave crews an opportunity in-between responding to emergency calls to grab a hot or cold drink and a snack. These vehicles were staffed by the Trust's Community First Responders (CFRs) who because of the pandemic were unable to respond to patients. This support service has continued during the current wave of the pandemic with the CFRs not only supporting staff welfare but also supporting frontline operations by responding to patients.
- 3.11. The Trust established its own Test and Trace Cell to give staff a single point of contact for the reporting and monitoring of all COVID positive cases.
- 3.12. The Cell will also act as the single point of contact for Public Health England to advise of confirmed COVID cases and be the conduit for all communication regarding any incidents or outbreaks within the Trust.
- 3.13. During December, several of our system partners were able to start offering SECamb front-line staff their COVID vaccination. Staff were able to sign up to receive their Pfizer /BioNTech 'jab' at several hospitals across our region.
- 3.14. The Oxford-AstraZeneca vaccine was approved on the 30th December 2020 and SECamb was granted a licence to administer the vaccine out of its Head Quarters in Crawley. A tent structure was erected in the car park and staff started receiving the vaccine on the 9th January 2021.
- 3.15. The Trust has recently been granted an extension to its licence to operate mobile vaccination clinics from the 111 Contact Centre in Ashford, the 999 Emergency Operations Centre in Maidstone, and Make Ready Centre in Thanet. This in combination with staff being able to receive their vaccination at other locations across Kent, Surrey and Sussex has reduced the distance that some staff have travelled to receive their first 'jab'.
- 3.16. To date over 77% of the Trust's staff have received their first vaccination of either the Pfizer or Oxford vaccine.

- 3.17. During January 2021 the Trust rolled out personal issue 'powered hoods' to all patient facing staff. This roll out has several benefits to both staff and the Trust. The 'one size' enables staff with facial hair to have the security of the protection provided by the hood especially in those cases when it was proving difficult to get a secure fit from the existing supply of FFP3 masks, and the personal issue significantly reduces the requirement of using the single use masks due to the hood being able to be sanitised in between uses.

4. Mutual Aid to London Ambulance Service

- 4.1 In late March 2020 we received a request via the National Ambulance Coordination Centre to provide mutual aid support to our colleagues at London Ambulance Service for a two-week period, as they were under pressure at that time and needed to significantly increase the number of crews, they had available each day.
- 4.2 Despite the very short deadlines involved, we had many staff volunteer to be part of the mutual aid team and so were able to send a 'cell' of ten ambulances and staff to support LAS from 6 April 2020 onwards. This has now come to an end but is an excellent example of mutual aid.
- 4.3 During December and January, the Trust also supported other Ambulance Services with 999 call answering following their high numbers of absenteeism in their control rooms.
- 4.4 SECamb also received mutual aid from the military and the Fire and Rescue Service, who provided personnel work alongside qualified Trust clinicians and undertake driving duties. This was in place for a short period of time when the number of staff absent with COVID related absences was affecting ambulance operational hours.

5. Critical Care Transfer

- 5.1. During the first wave of the pandemic, the Trust agreed with commissioners to support the region in a strategic transport coordination role covering both 999 and Patient Transport Services. Patient Transport is currently provided by G4S in Kent and South-Central Ambulance Service across Surrey and Sussex during the first period of COVID pressures.
- 5.2. In this role the Trust would act as a conduit for escalation to the regional team.
- 5.3. The Trust would also provide an enhanced critical care transfer team to support the management of bed capacity.
- 5.4. In the event of high numbers of critical care patients requiring transferring, the Trust teamed up with the charity 'the Jumbulance Trust' to adapt a vehicle to assist with the transfer of multiple patients simultaneously.
- 5.5. The Jumbulance, a medically equipped coach type vehicle containing stretchers would be crewed by Critical Care Paramedics and has the capacity to transfer up to 5 stretcher patients at the same time.
- 5.6. As the second wave arrived the Trust, learning from the response to the first wave, provided a scaled back critical care transfer option.

6. 111 Clinical Assessment Service

- 6.1. On the 1st October 2020, the new enhanced NHS 111 service went live across Kent & Medway and Sussex, providing patients with a more robust response from expert clinical advice, delivered by a wider range of healthcare professionals than was previously possible.
- 6.2. GPs, Paramedics, Nurses, Advanced Nurse Practitioners, Mental Health professionals, Dental Nurses, Midwives, Urgent Care Practitioners and Pharmacists are part of the clinical multi-disciplinary team which constitutes the new enhanced NHS 111 Clinical Assessment Service (CAS).
- 6.3. People who call 111 – free from mobiles or landlines 24/7 – or access the service via www.111.nhs.uk will speak to Health Advisors, Service Advisors or Health Care Professionals (HCP's) who are able to triage patients, assessing symptoms over the phone, issue prescriptions and directly book people into onward care appointments if they need one.
- 6.4. SECamb as the lead provider, is working in conjunction with the not-for-profit social enterprise Integrated Care 24 (IC24) to deliver the enhanced service.
- 6.5. The new five-year contract, awarded in August 2019 by NHS commissioners across Kent, Medway, and Sussex, and is valued at £90.5m. The Trust and IC24 had previously provided NHS 111 to parts of Kent and Medway, Sussex, and Surrey but will now work in a joined-up way, with SECamb providing resourcing to deliver 80% of the activity and IC24 20%.
- 6.6. The original go-live date of the 1st April 2020 was delayed due to the pandemic, with both SECamb and IC24's NHS 111 services handling up to 4 times more daily calls than forecast.
- 6.7. The launch of this contract and the CAS is the first of several enhancements via the 111 service for patients across Kent and Medway, and Sussex.
- 6.8. NHS 111 will integrate more closely with the Trust's 999 service and existing out of hours care, including providing access to evening and weekend GP appointments, home visiting services, minor injury units, urgent treatment centres, Accident and Emergency Departments and other commissioned service providers.
- 6.9. Stuart Jeffery as the Senior Responsible Officer for NHS 111 across Kent and Medway at the time of the contract award commented "We are confident by working with the ambulance service and IC24, we will be in a good position to build the foundations for integrating urgent care across our regions.....to help people receive the right care in the right place at the right time."
- 6.10. SECamb has also undertaken several pilots in its 111 CAS during the COVID pandemic to improve patient accessibility to senior clinicians and to enhance patient care. These include the 2020 NHS E national Paediatric Consultant pilot, which saw paediatric specialists working as part of the SECamb 111 CAS, leading the care for children accessing 111 and also the use of Video Consultation (VC) technology, to enable patients access to GP's, particularly important during periods of pandemic lockdown.

7. NHS 111 First

- 7.1. NHS 111 First is a national initiative to reduce the unheralded (walk-in) patient activity that would traditionally self-present at an Accident and Emergency Department (ED). This is achieved through the patient calling 111 first and receiving a telephone triage assessment to determine the most appropriate disposition.

- 7.2. A key feature of NHS 111 First is the ability for 111 to Direct Appointment Book (DAB) for the patient to the appropriate service provider.
- 7.3. Medway was the first system to go live with NHS 111 First across the counties of Kent, Surrey and Sussex and was 'soft' launched on the 16th September.
- 7.4. Under phase 1 of NHS E 111 First, appointments can be booked into ED and Urgent Treatment Centres (UTC).
- 7.5. NHS 111 First has now been fully implemented out across Sussex, Kent, and Surrey.
- 7.6. Phase 2 will expand on the number of end points that can accept direct bookings and appointment bookings will be enabled into community services as well as the acute trusts e.g. surgical assessment units, gynaecology units, paediatric units, frailty assessments, ear nose and throat, and mental health.
- 7.7. Many appointment bookings that are directly to ED will have had a further clinical review in the 111 CAS.
- 7.8. The volume of monthly directly booked cases has increased from 300 in January 2020 to 16,000 in December 2020, across ED, UTC, GP practices, Minor Injury Units, and GP Access Hubs. Appendix B

8.0. Handover Programme

- 8.1 In February 2018, the Trust, and commissioners, jointly established a handover steering group to specifically focus on ambulance handover delays across the Trust's operational area. A programme director was appointed, and the steering group was chaired by the Chief Executive Officer of the Royal Surrey County Hospital NHS Foundation Trust and latterly the Chief Executive Officer of Ashford and St Peters Hospital NHS Foundation Trust.
- 8.2 This group has spent the last two years reviewing key areas such as the processes and procedures for crews on arrival at the hospital, patient flows through the department and crew wrap up time.
- 8.3 During the two years', time lost due to handover delays has reduced and improvements made to the handover process across the Trust's area through the sharing and adopting of best practice.
- 8.4 Handover delays less than 15 minutes (the NHSE standard) have improved with 54.6% achieved during July 2020. December 2020 and January 2021 were particularly challenging with 15-minute handovers reducing to 39.3% and 34.2% respectively, which was in line with mounting pressures at the acute hospitals resulting from the pandemic. Appendix C.
- 8.5 Handover delays greater than 60 minutes had improved from May through to October with June and July having the lowest number for the 12-month period. During November these started to increase with some significant delays for patients being held in ambulances during December 2020 and January 2021. Appendix C
- 8.6 The increase in handover delays was in contrast to the reducing numbers of patients being conveyed to Accident and Emergency departments.
- 8.7 The hours lost over 30 minutes for the Trust is in currently below the level of October 2019, which has been a continuing pattern since April.

- 8.8 Overall 'hours lost' were below the previous year until September when there was a notable upward trend that continued into January of this year.
- 8.9 This is contrary to the number of ambulance transports which saw a notable downward trend during the first part of 2020. Appendix D
- 8.10 This group also initiated the live ambulance conveyance reviews which were a multidisciplinary team approach to review conveyances into emergency departments in 'real time'. A key learning from these reviews was the identification of new community referral pathways.
- 8.11 As a result of this ongoing work, this programme has developed into the Ambulance Pathways Development Programme, with an emphasis on community pathways available to ambulance crews to avoid unnecessary conveyances into the acute setting as well as direct access, by ambulance crews, to specialities within the hospitals enabling the avoidance of the accident and emergency department e.g. Frailty Assessment Units, Surgical Assessment Units, Ambulatory Care etc.
- 8.12 The Trust along with Sussex Commissioners have jointly funded a 6-month Ambulance Pathway Development Programme Lead. This role will focus on improving existing community and acute pathways that ambulance crews can access as well as the development of new pathways. This is in addition to the continuing work on the reduction of handover delays at acute trusts.
- 8.13 A recent pathway development across Sussex for ambulance crews to refer COVID or Suspected COVID patients who meet the eligibility criteria, into the Oximetry @ Home programme.
- 8.14 One of the focuses of this group will still be a focus on handover processes and the sharing of best practice.

9.0. Live Ambulance Conveyance Review

- 9.1. As a part of the improving Handover Delays programme, the Trust along with system partners has been carrying out live reviews across the area.
- 9.2. SECamb along with system partners, have conducted live front door reviews at all the acute hospitals across Sussex.
- 9.3. The aim of these reviews was to build on the actions that were already being taken to reduce the number of ambulance handover delays at the hospital and by conducting the live reviews it was anticipated that insight into the increasing number of ambulance conveyances could be achieved as well as identifying gaps/opportunities in community pathways.
- 9.4. Key system partners involved in these reviews included the acute trust, the community provider, primary care, CCG, and SECamb with the objective of capturing the prehospital reasoning for the conveyance (crew assessment), the ED assessment, and the post ED outcome e.g. discharged or admitted.
- 9.5. The reviews ideally took place on 4 days over a 7-day period, for 4 hours each time,
- 9.6. Each session was conducted at a different time to enable a broader range of conveyances to be captured and avoid any bias e.g. Monday mornings traditionally see a higher proportion of Primary Care referrals.

- 9.7. Those supporting the review, situated themselves at the entrance of ED and using the agreed template, asked the conveying crews (post-handover) key questions.
- 9.8. The overall outcome of the review was that ambulance crews are making appropriate and informed conveyancing decisions based on existing appropriate and available community services.

10. Combined Ambulance Make Ready Centre, 999 Emergency Operations Centre and 111 Operations Centre

- 10.1. Following the green light from planners and in a first for the Trust, a new and exciting development at Bredgar Road, Gillingham, will comprise of a new Make Ready Centre for the Medway region, as well as the 999 and NHS 111 operations centres. The 999 Emergency Operations Centre (EOC) and NHS 111 Operations Centre will relocate from Coxheath and Ashford respectively.
- 10.2. Building work is expected to start early in 2021 with a view to being fully operational in 2022.
- 10.3. £6.52 million of Government capital will support the funding of the new building which was announced by the Secretary of State for Health during his visit to Medway in November 2018.
- 10.4. The Trust's Make Ready System (MRC), which is already in place across much of SECamb's region, is a vehicle preparation system with specialist teams of staff employed to clean, restock, and maintain the Trust's fleet.
- 10.5. The MRC will comprise a modern open plan 999 Emergency Operations Centre (EOC) and 111 Contact Centre. The proposed layout has developed from the learns and insights gained from mobilising the current EOC for the West situated in Crawley in May 2017.
- 10.6. Bringing both the 999 and 111 services together under one roof allows greater support between the services and aids the development of the synergies between both services, which is a key part of the Trust's Strategic Plan to deliver new integrated services over a wider area. In addition, having both services housed in the same building will facilitate the sharing of best practice especially as both are on the same computer system, Cleric, and use NHS Pathways as the primary triage assessment tool. This is a key feature for both services as it allows the training and development of staff to undertake both 999 and 111 calls.
- 10.7. Also, having an integrated region-wide approach will provide clearer pathways for patients and a more efficient and resilient emergency and urgent care response service.
- 10.8. Medway will be the 9th MRC that the Trust has rolled out across its area delivering the key benefits of the Make Ready initiative:
 - Make Ready uses specially trained operatives who regularly deep clean and restock the vehicles, minimising the risk of cross infection, freeing up front-line staff who would have traditionally been responsible for the cleaning and restocking of their ambulance for the duration of their shift, allowing them instead to spend more time focusing on the care and treatment of patients'.
 - Working alongside the Make Ready operatives are the Trust's mechanics who check and carry out a wide range of mechanical repairs to the fleet to ensure that all vehicles are fully operational.

- The design of the MRC and the operational management structure enable crews to have managerial support 24 hours a day and 7 days a week.
 - Should a crew either develop a mechanical fault with their vehicle or require a major restock following a period of activity, they can return to the MRC and simply swap onto a vehicle that has already been fully prepared and continue to be available to respond to emergency calls.
- 10.9. The centres also host the Trust's Urgent Care Hubs, staffed by Specialist Paramedics who provide clinical support to crews on scene and as a part of the design have training facilities for the training of new staff and the ongoing training of existing staff.

11. Brighton Make Ready Centre

- 11.1. the 30th November saw the opening of the Brighton Make Ready Centre (MRC) sited near the Amex Stadium and the Universities, and is the 9th MRC that the Trust has rolled out across its area delivering the key benefits of the Make Ready initiative:
- Make Ready uses specially trained operatives who regularly deep clean and restock the vehicles, minimising the risk of cross infection, freeing up front-line staff who would have traditionally been responsible for the cleaning and restocking of their ambulance for the duration of their shift, allowing them instead to spend more time focusing on the care and treatment of patients'.
 - Working alongside the Make Ready operatives are the Trust's mechanics who check and carry out a wide range of mechanical repairs to the fleet to ensure that all vehicles are fully operational.
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 - Should a crew either develop a mechanical fault with their vehicle or require a major restock following a period of activity, they can return to the MRC and simply swap onto a vehicle that has already been fully prepared and continue to be available to respond to emergency calls.
- 11.2. The centres also host the Trust's Urgent Care Hubs, staffed by Specialist Paramedics who provide clinical support to crews on scene and as a part of the design have training facilities for the training of new staff and the ongoing training of existing staff.
- 11.3. The Brighton MRC has been named 'Chamberlain House' after the renowned Cardiologist: Professor Douglas Chamberlain MBE, who in the 1970s, whilst working at the Royal Sussex County Hospital was largely responsible for the development of the paramedic profession.

12. Joint Response Unit

- 12.1. The Joint Response Unit (JRU) is a combined unit of officers from the Kent Special Constabulary and paramedics from the Trust responding to incidents when both services are required.

- 12.2. The JRU was launched in March 2018 and until recently covered the areas of Medway and Swale for 2 days a week, however after proving to be so successful, it has been extended to run across the north Kent area with the addition of a second car.
- 12.3. The unit will now be operational for 7 days a week during peak times and cover the areas of Dartford, Gravesend, Medway, and Swale.
- 12.4. Since its launch, the JRU has attended over 2,750 incidents including road traffic and medical incidents as well as assaults and mental health concerns.
- 12.5. Another key part of the success of the unit is the prevention of drug and alcohol-fuelled incidents from escalating into disorder, allowing the paramedics to safely treat patients.
- 12.6. The Care Quality Commission (CQC) highlighted, in their review, the unit as an area of outstanding practice following their inspection of SECamb and recognised the successful reduction in calls to both the Police and SECamb.
- 12.7. The vehicle used carries all the necessary medical equipment required by the paramedics as well as other equipment to support the police officers to tackle crime.
- 12.8. Recently a third car has been added in east Kent as a pilot for the next three months (November, December, and January), initially working on a Friday and Saturday.

13. Staff Wellbeing

- 13.1. The Trust continues to put staff welfare at the heart of all it does and recognises that to deliver a great service to the public, staff need to feel motivated and supported. The SECamb Wellbeing Hub continues to offer staff a range of support options to help them both physically and emotionally.
- 13.2. It provides advice and guidance as well as face to face options dependant on the requirement of the staff member. It also supports managers and has in place the 'managers support helpline'.
- 13.3. Some of the key areas offered by the hub are:
 - **Mental Wellbeing:** encouraging staff to recognise that their mental health is as important as their physical health and that their needs to be balance between the work environment and the home environment. On the Trust's Intranet there are factsheets and simple tools that help staff, as well as the opportunity to have face to face support with wellbeing advocates and trained professionals.
 - **Stress Resilience:** recognises that the way we deal and manager stress in the workplace can have a significant impact on our general wellbeing. There is guidance for both staff and managers to help recognise the signs and symptoms of stress and ways in which to get help. The also offers a free counselling service which is fully confidential.
 - **Chaplaincy:** the chaplaincy service offers, friendship, emotional and spiritual support as well as listening ear whenever staff require it. Any member of staff can book a face to face appointment with one of the Trust's chaplains. There is also the 24-help line.
 - **Bereavement:** practical advice and guidance on recognition of 'grieving'.
 - **Physical Wellbeing:** via the hub there is a wide range of advice and support on some key topics such as sleeping, stop smoking, managing back pain, and physical activity.

- Work-related Wellbeing: The Trust offers occupational therapy support to all staff, including physiotherapy. The occupational health service recognises, that at times, staff (including managers) require additional support with both physical and advice available.
- 13.4. The Trust also offers advice and assistance on how to work safely, including workstation set up and assessments, manual handling, lone working, hand and skin care, vaccinations, conflict resolution etc.
- 13.5. Freedom to Speak Up: in 2018 the Trust appointed its dedicated Freedom to Speak Up Guardian. This role enables staff to have a point of contact where they feel that the regular avenues for raising concerns have been exhausted, including staff who 'whistle-blow' as well as ensuring that staff who raise concerns do not face detriment.
- 13.6. These concerns could include both patient safety concerns as well as staff issues of bullying and harassment.
- 13.7. The Freedom to Speak Up Guardian is supported by a team of advocates across the Trust.
- 13.8. The Trust has been working on improving the timeliness of the feedback given to staff when a compliment has been received.
- 13.9. While there is not a standard for determining how long it should take for staff to receive this feedback, the Trust recognises the positive experience of receiving a compliment and has made a commitment to process compliments received within a week of receipt.
- 13.10. The feedback to staff is accompanied by a letter from the Trust's Chief Executive acknowledging and thanking them for the work they do.
- 13.11. During 2019/20, 1,884 compliments were received.
- 13.12. The Trust recognises that the investigations into Serious Incidents are an opportunity to improve both professional practice and patient care/experience.
- 13.13. Throughout 2019 the Trust has improved the way in which it investigates Serious Incidents (SI).
- 13.14. This was achieved through the process mapping of the investigation process leading to improvements in the quality of report and the roll out of root cause analysis training as well as collaborative working between the Trust's corporate patient safety teams and field operations.
- 13.15. This way of working enables the Trust to ensure that SIs are being declared more appropriately, learning is identified, shared, and embedded more quickly.
- 13.16. The NHS Staff Survey of 2018 indicated several key areas that the Trust requirement in e.g. staff appraisals. This was an area that the CQC had also identified for improvement.
- 13.17. The results of the 2019 NHS Staff Survey confirmed the Trust had made improvements across the board and were in line with the national average. [The Staff survey is available on the Trust's website.](#)
- 13.18. The 2020 NHS Staff Survey is currently underway and to date 52% of staff have responded with 3 weeks remaining.

13.19. Following the success of the weekly Webinars to keep staff informed and updated on developments within the Trust, the Trust has launched 'Virtual Town Hall' events for all operational staff. While there will be a focus on operational matters the sessions are open to all staff.

13.20. These sessions will be run on a weekly basis, alternating between Monday and Wednesdays from 17:00-17:30 and will provide an opportunity for all operational staff to engage with their leadership team, to ask questions, raise concerns, and hear the latest updates.

13.21. The Associate Directors of Operations for east and west operations, and the Associate Director for Integrated Care (999 & 111) will be hosting the meetings.

14. Care Quality Commission (CQC) and the Professor Duncan Lewes Report

14.1. Since 2017, when both the CQC and the commissioned Professor Duncan Lewes reports identified that the Trust had a culture of bullying and harassment, as well as a 'blame culture', the Trust has worked tirelessly to improve its management and employee relations and change the culture of the organisation.

14.2. Since this time the Trust has launched:

- The 'Community Facebook Group' enabling staff from across the whole organisation to feel connected and hear of a wide range of experiences and activities from their colleagues.
- The Freedom to Speak Up guardian position was established, and the Trust now has Freedom to Speak Up advocates across the organisation giving staff the confidence to raise concerns confidentially.
- A 'Zero' tolerance to any form of bullying or harassment.
- The Wellbeing Hub offering a wide range of support to staff.
- An improved Intranet enabling staff to keep up to date with the latest news, updated policies and procedures, links to access support, as well as a wide range of helpful and informative topics relating to trust life.
- An Operational Directorate restructure enabling first line management support for frontline staff 24/7.
- The Senior Leadership Cultural Change Programme, which included cultural change workshops, 360° feedback sessions.
- Monthly staff 1:1's with their line manager and annual appraisals.

14.3. The CQC during their visits in 2019, recognised the work that been done over the previous 2 years and their report, published in August 2019, highlighted:

- Staff told inspectors they felt respected, supported, and valued. They were focused on the needs of patients receiving care.
- Staff treating patients with compassion and kindness, respecting their privacy and dignity, and taking account of individual needs.
- A strong visible person-centred culture and that staff were highly motivated.

- Staff were supported following traumatic experiences and events.
 - The service promoted equality and diversity in daily work and provided opportunities for career development.
- 14.4. The Trust has embedded in its strategy its commitment not only to the public, patients but also the staff that work within the Trust.

15.0. Equality and Inclusion

- 15.1. The Trust recently achieved a gold award from 'Employers Network for Equality and Inclusion'. The 'Talent Inclusion and Diversity Evaluation' gold award followed the previous 2 years when the Trust achieved the silver awards.
- 15.2. This award recognises an organisations response to how diversity and inclusion is embedded in its culture.

16.0. Innovation

- 16.1. SECAMB is the first ambulance service in the country to introduce new pioneering guidance aimed at improving the treatment of spinal injury patients.
- 16.2. The guidance includes the ending the use of neck braces or semi-rigid collars on spinal injury patients. While collars are often seen as synonymous with spinal care but there is growing evidence that they could cause further harm while providing little or no benefit.
- 16.3. The new approach follows a working group being established at SECAMB with the remit of re-examining the Trust's approach towards spinal care to ensure the guidelines were fit for modern pre-hospital practice. Headed by SECAMB Critical Care Paramedic, Alan Cowley, the group worked closely with the region's trauma networks to develop a new set of guidelines to benefit patients.
- 16.4. A decision tool that separates vulnerable, frail patients from those considered healthy and fit has also been developed.
- 16.5. A Pilot in the use of telemedicine was run in east Kent for stroke patients. An ambulance crew, using their iPad would be able to speak to a consultant while on scene and include them in the assessment of the patient. The pilot evidenced that the use of this technology enabled a reduction of conveyance to a stroke specialist hospital.

17. Winter Planning Framework 2020 - 21

- 17.1. The Trust developed its winter planning framework which is designed to enable the Trust to meet the challenges of the winter period and take into consideration the historical seasonal increase in ambulance activity but also the impact of the current COVID pandemic and incorporated the EU Transition date of the 31st December 2020. The Winter Planning Framework 2020-21 is available on request.

- 17.2. The framework draws on past experiences of planning for a winter period and the Trust's recent and continued response to the pandemic, as well as the potential service delivery impacts because of the end of EU Exit transition period.
- 17.3. In addition to the overarching Trust framework each Operating Unit devised a local tactical plan to consider the nuances of the local health and social care systems.
- 17.4. The overarching intent of the framework is to ensure that patient safety is at the centre of all the trust's actions and to manage and mitigate for the ripple effect of system pressure in across Kent & Medway affecting Sussex and Surrey.
- 17.5. In preparation for this period the Trust had based its plan on the following assumptions:
- Process to monitor anticipated activity and the required levels of resourcing to meet activity demands.
 - Internal escalation triggers which work to mitigate the risks posed by activity surges.
 - Provision of additional resources to meet surges in demand.
- 17.6. Trust operates a 24/7 Command and Control Structure to maintain core services through the escalatory framework and to monitor staff welfare during periods of high demand.
- 17.7. The COVID response has been covered earlier in this report and will continue throughout the winter period and for the duration of the pandemic.
- 17.8. During November the Trust initiated an Executive led priority review of its EU Exit Transition plans, through a number of workstreams, meeting weekly and feeding into a programme board.
- 17.9. This review encompassed the previous EU Exit plans the Trust had as well as reviewing any new considerations.
- 17.10. The Trust linked in with system resilience forums in preparation for the 31st December and worked with system partners to ensure patient safety is as the centre of all planning assumptions and actions taken.
- 17.11. These plans were tested ahead of the 31st EU Transition period ending, when France suddenly closed its borders resulting in widespread congestion across, particularly in east Kent.
- 17.12. The Flu vaccination programme was introduced in October 2020 on a phased basis with frontline staff in phase one, followed by phase two which accounted for non-patient facing staff in the 999 Emergency Operations Centre and 111 Operations Centre. Phase three covered the remaining workforce.
- 17.13. To date 79% of patient facing staff have received their vaccine with the Sussex Operating Units achieving: Brighton 75.2%, Gatwick 82.5%, Polegate & Hastings 71.1%, Tangmere & Worthing 66.2%.
- 17.14. The Trust is still actively promoting the programme to encourage any remaining staff to come forward and receive the vaccination.

18. Income and Expenditure (I&E) Performance Summary

- 18.1. Year to January 2021: The Trust recorded a deficit of £4.5m in line with the revised plan submitted in October 2020. The additional costs incurred in response to COVID-19 and any other excess costs that were previously funded through the 'Top-Up' arrangement up to September 2020 are being claimed through the Surrey heartlands ICS as part of the agreed allocation.
- 18.2. The Trust is awaiting the outcome of the potential central funding for items such as lost income and additional annual leave accruals because of the pandemic that were included as a part of the plan.
- 18.3. The Trust is awaiting national guidance on the funding arrangements for the next financial year including the roll-over of the current block contract arrangements and 111 First funding for the first quarter to June 2021. It continues to work on its financial plan for 2021/22 and will incorporate the impacts of national guidance when available.
- 18.4. We continue to work with our Commissioning, ICS, and NHSE&I colleagues to deliver a financially sustainable service.

19. Recommendations

- 19.1. The Committee is asked to note and comment on the update provided.

Lead Officer Contact

Ray Savage, Strategy and Partnerships Manager, Secamb

Appendices

- Appendix A – Ambulance Response Programme
- Appendix B – KMS 111 IUC Direct Access Booking
- Appendix C – Ambulance Handover
- Appendix D – Average Transports Per Day

Appendix A: Ambulance Response Programme

England, SECamb, Sussex Performance 2020

Ambulance Response Programme								
	Category 1		Category 2		Category 3		Category 4	
2020	Mean	90th Perc						
ARP	00:07:00	00:15:00	00:18:00	00:40:00	NA	02:00:00	NA	03:00:00
April								
Sussex	00:06:52	00:13:32	00:14:18	00:27:09	00:43:50	01:40:58	00:51:51	01:59:40
SECamb	00:07:05	00:13:32	00:14:50	00:27:32	00:49:14	01:54:57	01:08:29	02:42:46
England	00:07:08	00:12:27	00:18:28	00:38:24	00:39:40	01:29:20	01:06:57	02:25:18
May								
Sussex	00:06:55	00:13:22	00:15:10	00:28:53	00:52:02	01:59:49	01:07:50	02:24:54
SECamb	00:07:00	00:13:10	00:14:28	00:26:58	00:45:06	01:40:20	00:59:14	02:14:44
England	00:06:34	00:11:27	00:13:28	00:25:14	00:28:50	01:03:07	00:51:05	01:45:42
June								
Sussex	00:07:21	00:14:01	00:17:12	00:32:21	01:13:30	02:44:54	01:32:51	03:12:56
SECamb	00:07:31	00:14:01	00:16:43	00:31:02	01:09:54	02:38:05	00:59:09	02:01:54
England	00:06:38	00:11:35	00:14:53	00:28:24	00:36:16	01:21:30	01:35:43	03:30:44
July								
Sussex	00:07:21	00:14:16	00:19:37	00:37:54	01:37:54	03:48:04	01:48:45	04:03:14
SECamb	00:07:41	00:14:36	00:18:33	00:34:58	01:26:08	03:19:47	01:46:23	04:19:57
England	00:06:47	00:12:02	00:16:39	00:32:56	00:43:19	01:38:58	01:09:19	02:27:08
August								
Sussex	00:07:31	00:14:30	00:20:04	00:37:53	01:38:06	03:42:48	02:05:59	04:26:11
SECamb	00:07:54	00:14:47	00:18:59	00:34:59	01:34:21	03:31:50	01:59:55	04:53:50
England	00:07:06	00:12:40	00:20:03	00:40:34	00:56:42	02:11:40	01:25:01	02:59:06
September								
Sussex	00:07:25	00:13:58	00:19:33	00:37:40	01:27:22	03:15:13	02:08:46	05:03:06
SECamb	00:07:44	00:14:23	00:18:56	00:35:30	01:28:58	03:15:36	02:06:10	04:51:36
England	00:07:16	00:12:55	00:22:32	00:46:03	01:06:49	02:37:06	01:38:08	03:27:55
October								
Sussex	00:07:13	00:13:36	00:19:13	00:36:35	01:27:30	03:15:11	01:39:50	03:57:24
SECamb	00:07:35	00:14:00	00:18:22	00:33:44	01:24:03	03:07:20	01:51:59	04:27:14
England	00:07:29	00:13:11	00:25:21	00:52:06	01:10:35	02:47:38	01:46:58	03:52:00
November								
Sussex	00:07:04	00:13:36	00:16:25	00:30:47	01:01:29	02:22:53	01:17:20	03:00:11
SECamb	00:07:35	00:13:49	00:17:34	00:32:19	01:14:25	02:52:46	01:42:20	03:56:07
England	00:07:14	00:12:42	00:21:16	00:42:50	00:58:31	02:18:33	01:32:40	03:17:09
December								
Sussex	00:08:01	00:14:41	00:22:29	00:43:21	01:58:54	04:28:58	02:12:28	05:53:49
SECamb	00:08:25	00:15:06	00:26:52	00:51:59	02:35:22	05:51:39	03:25:10	07:27:13
England	00:07:23	00:13:18	00:27:51	00:59:37	01:21:35	03:14:55	02:06:11	04:33:56

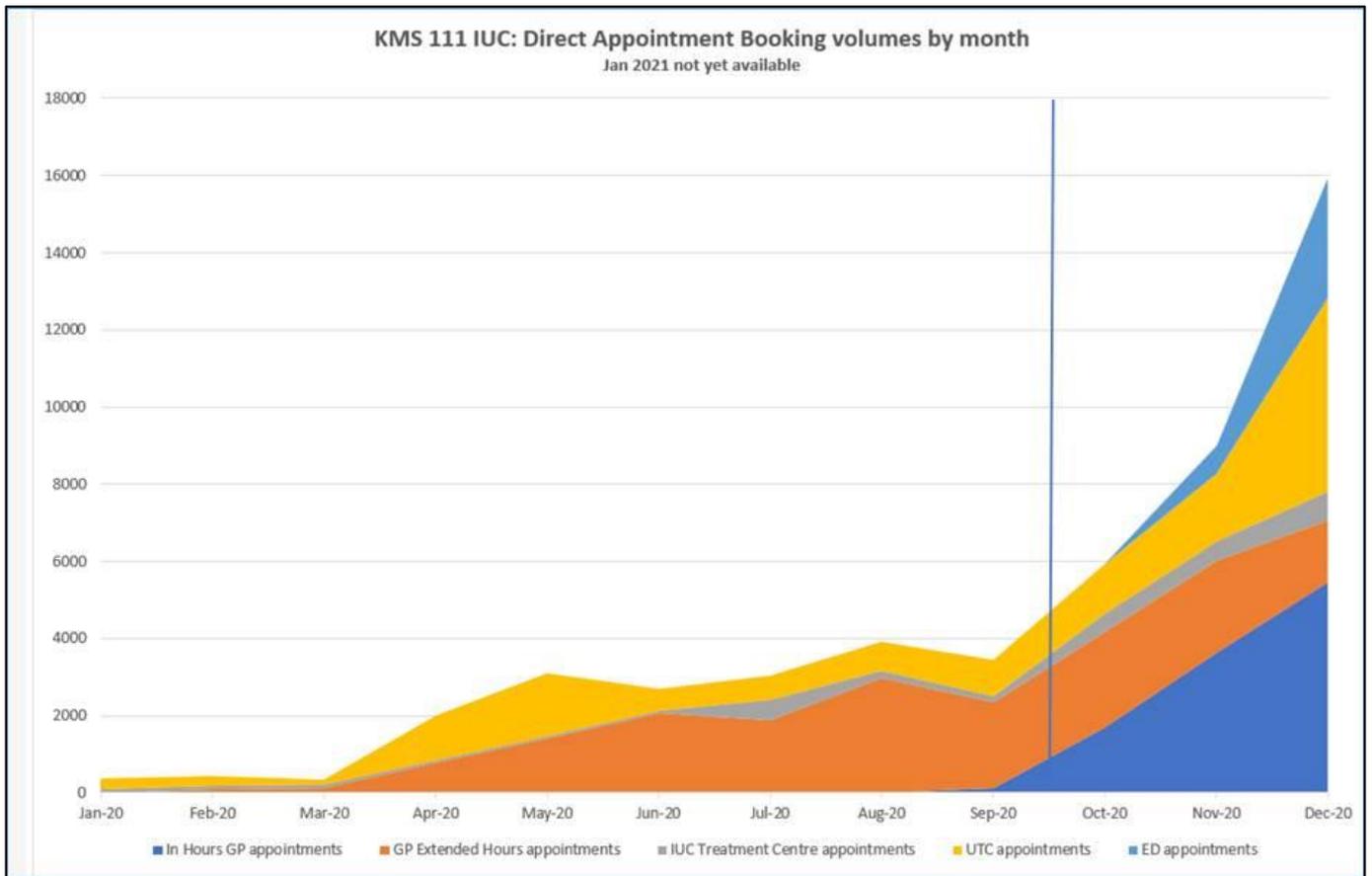
Emergency Operations Centre Call Answering Performance 2020/21

Call Answer Times (seconds)									
	April	May	June	July	August	September	October	November	December
SECAmb									
Mean	1	1	2	2	3	3	2	4	7
90th percentile	1	1	1	1	2	1	1	1	14
England									
Mean	*11	2	na	2	3	4	7	4	**11
90th percentile	*38	2	na	2	3	6	17	6	**32
*London Ambulance Service experienced high levels of activity during April									
** All ambulances services in England experienced increased levels of activity combined with high levels of absenteeism									

Sussex CCG Performance 2020

April 2020 to December 2020 (YTD)						
Ambulance Response Programme Standards	Category 1			Category 2		
	Incidents	Mean	90th	Incidents	Mean	90th
		00:07:00	00:15:00		00:18:00	00:40:00
Brighton and Hove CCG	2528	00:05:21	00:09:09	15095	00:13:47	00:27:18
East Sussex CCG	4336	00:18:18	00:15:45	34736	00:21:34	00:40:35
West Sussex CCG	5506	00:07:38	00:12:37	47055	00:17:43	00:33:08
Sussex	12370	00:07:24	00:14:02	96886	00:18:29	00:35:16
Ambulance Response Programme Standards	Category 3			Category 4		
	Incidents	Mean	90th	Incidents	Mean	90th
		na	00:02:00		na	00:03:00
Brighton and Hove CCG	401	01:05:36	02:33:39	238	01:04:54	02:24:35
East Sussex CCG	22792	01:38:31	03:41:48	386	02:03:52	04:46:36
West Sussex CCG	34961	01:10:08	02:44:28	533	01:26:16	03:33:41
Sussex	69016	01:18:46	03:03:15	1157	01:34:25	03:45:53

Appendix B – KMS 111 IUC Direct Assess Booking Volumes by Month

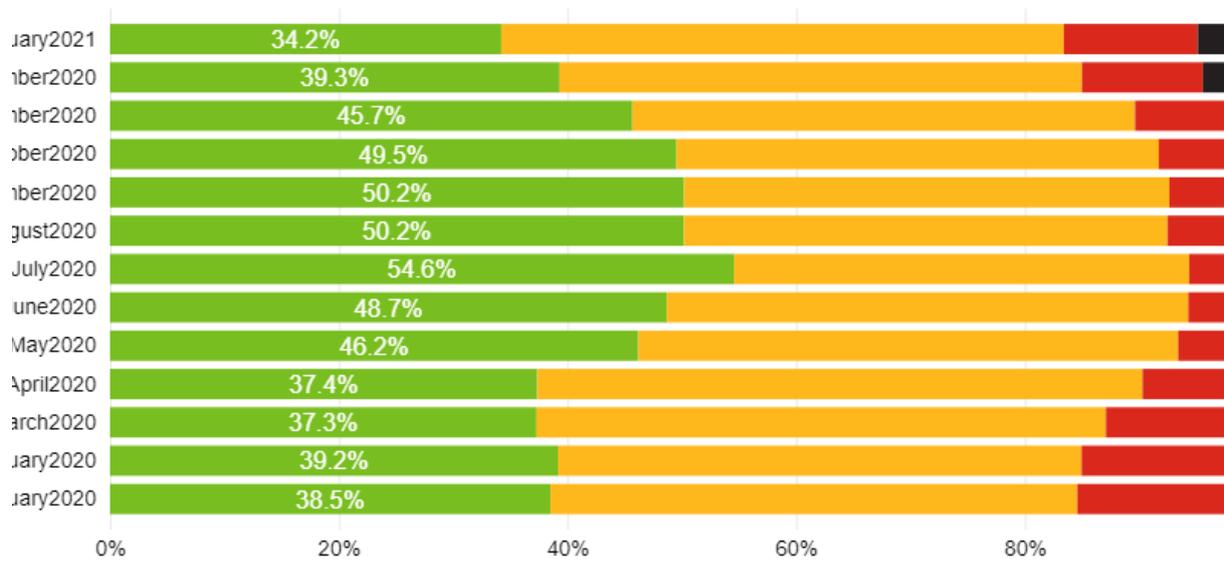


Appendix C – Ambulance Handover

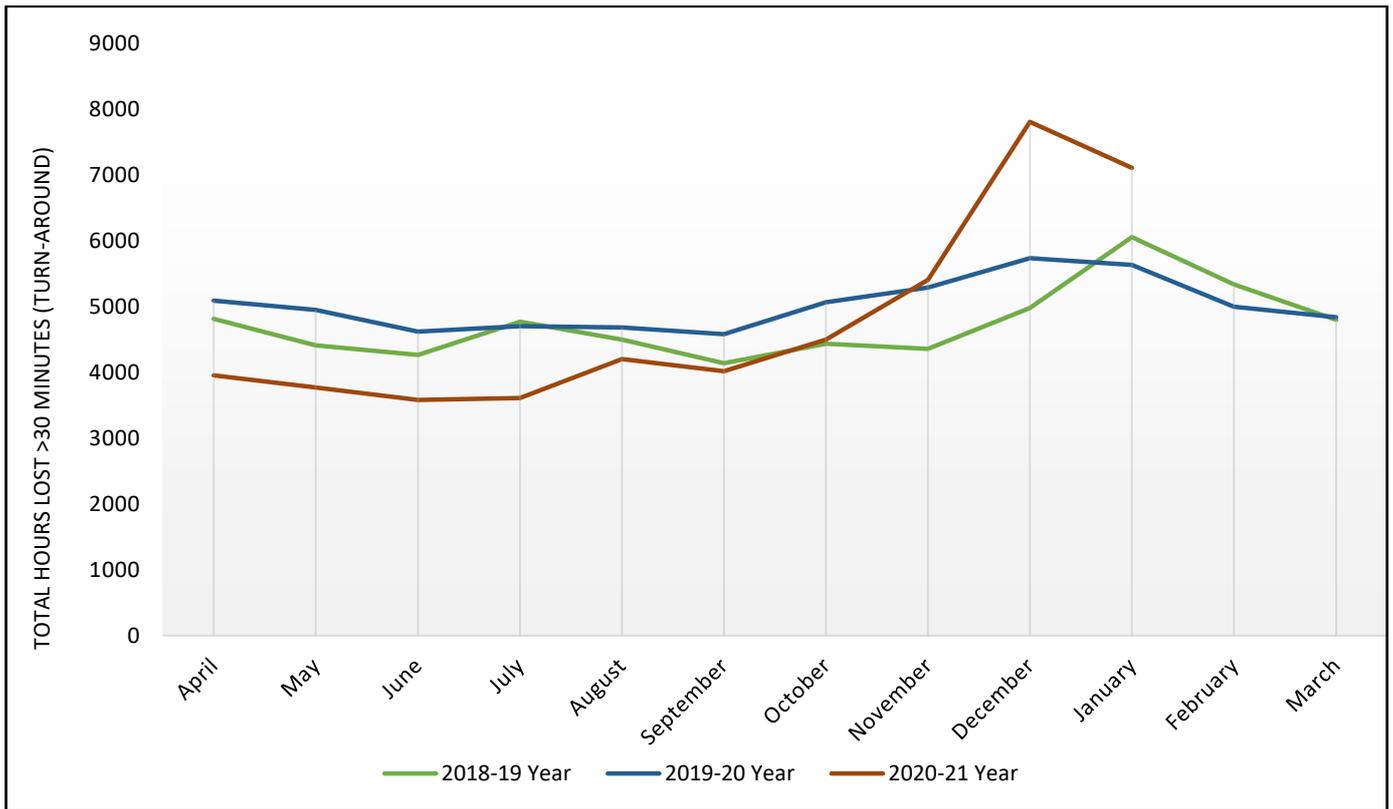
SECamb Ambulance Handover January 2020 to January 2021

led Handover Delay

< 15mins % ● HO 15-30mins % ● HO 30-60mins % ● HO > 60mins %



SECAmb Hours Lost >30 Minutes (April 2020 to January 2021)



Ambulance Handover – December 2020 Ambulance Turnaround - Sussex

December 2020		Turnaround			
Hospital Name	Total Patient Transports	Total Turnaround Hrs Lost (over 30min) hh.h	Average Handover Time (mins)	Average Wrap up Time (mins)	Total Amb Hrs Lost (over 30min) per journey h.hh
Royal Sussex County Hospital	2634	632.5	26.66	15.89	0.240
Conquest Hospital	2076	503.5	23.48	20.91	0.243
Eastbourne DGH	1721	460.5	27.34	18.37	0.268
Tunbridge Wells Hospital	2246	335.5	17.79	19.07	0.149
Worthing Hospital	2156	135.9	13.01	17.20	0.063
St Richards Hospital	1741	126.5	16.83	14.46	0.073
Princess Royal Hospital	759	105.9	21.32	14.47	0.140

Appendix D – SECamb Average Number of Transports Per Day

