

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

12 JANUARY 2023

SOUTH EAST COAST AMBULANCE SERVICE UPDATE

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Summary

This report updates the committee on the South East Coast Ambulance Service NHS Foundation Trust, with a focus on the planning and preparation for winter 2022/23, performance across both the 999 and NHS 111 services, the Care Quality Commission recommendations and subsequent Improvement Journey, and ambulance handover delays since the Committee was last updated in March 2022.

1. Budget and policy framework

- 1.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, the Council may review and scrutinise any matter relating to the planning, provision, and operation of the health service in Medway.
- 1.2. The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 21.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area, including NHS Scrutiny.

2. Introduction

- 2.1. Throughout 2022, the NHS has continued to experience considerable pressure, with additional concerns in the preparation for winter being raised due to the expected reduction in demand for services normally experienced during the summer months not materialising.
- 2.2. The pressure on the NHS, along with specific areas of concern, has been frequently reported in both the national and local media. For ambulance services, long waits for an ambulance response and delayed ambulance

handover at emergency departments have been two of the main areas reported on.

- 2.3. NHS 111 has not had the same level of publicity or scrutiny by the media, but it should be noted that the service has been affected by pressures caused by increased levels of call volume activity (calls offered).
- 2.4. In preparation for the winter period, the Trust has developed a robust winter plan to ensure all areas for resilience have been considered and, where appropriate, mitigating actions have been put in place.
- 2.5. Following the Care Quality Commission visits during February, July and October of 2022, the Trust's 999-service has been rated as 'requires improvement', however, its NHS 111 service retained its overall rating of 'good' and frontline staff across both services were commended for providing a caring and compassionate service.
- 2.6. Prior to the Care Quality Commission's findings, the Trust had already embarked on several key improvements, which have now formalised into the organisations 'Improvement Journey'.
- 2.7. The wellbeing of staff has continued to be a key focus for the Trust.
- 2.8. During 2022, the Trust has made several new executive appointments, including an interim Chief Executive Office who joined the Trust in July.
- 2.9. Ambulance handover delays continue to be a real concern to the Trust, as they are nationally, with a significant number of hours being lost to these delays, resulting in a reduction in the number of ambulances available to respond to patients waiting in the community.

3. Planning and Preparedness

- 3.1. In preparation for the winter 2022/23 period, the Trust's winter plan was signed off by Trust executives during September and subsequently endorsed by the Trust's lead commissioner, Surrey Heartlands Integrated Care Board (ICB). The Trust's plan has a number of key component parts. These include:
 - Recognition that the Trust is still operating under significant pressure, often operating for extended periods at level 4 of its Surge Management Plan, together with the non-achievement of the Ambulance Response Programme (ARP) metrics
 - Acknowledgement that significant hours are being lost to hospital handover delays
 - Evaluating the elevated levels of sickness absence and annual leave, regularly at maximum levels, with implementation of appropriate response measures, i.e., introduction of incentivised shifts for frontline staff and maximisation of private ambulance provider hours

- Granular call and ambulance response activity planning for both 111 and 999
 - Working closely with system partners to ensure the smooth flow of information and enhanced reporting for pressure periods
 - Review of both the Surge Management Plan (SMP) to deal with reactive escalatory measures and the Resource Escalatory Action Plan (REAP) to manage prolonged periods of sustained pressure
 - 24/7 strategic command structure with tactical support
 - Staff welfare as a key focus
 - Targeted use of specialist paramedics, particularly in supporting on-scene clinical decisions for complex clinical presentations
- 3.2. In addition to the Trust's plan, each Integrated Care System (ICS) or Health and Care Place (HaCP) has held winter planning events bringing together key providers to test how these individual provider plans support the overarching ICS plan, in recognition that collaborative working is a priority.
- 3.3. NHS England (NHSE) also set out key system requirements in their Urgent and Emergency Care Assurance Framework, which captures key actions/milestones for winter 2022/23 and into 2023/24.
- 3.4. System engagement follows a standard weekly pattern with an NHSE/I call on Friday morning, Regional Operations Centre conference calls with system partners on a Saturday and Sunday and escalation calls managed at acute trust or system level (where multiple trusts are under pressure).
- 3.5. In addition, every Wednesday morning there is a weekly touchpoint between the Trust and commissioning leads. These meetings follow a standard agenda, reviewing Trust performance and quality, local system issues and specific issues for attention.
- 3.6. In addition to the assurance framework, during October, NHS England (NHSE) presented the integrated care boards (ICB) with further requests titled 'Going Further for Winter' letters. These letters set out initiatives to support ambulance services, particularly for admissions avoidance and appropriate responses to patients who have fallen and do not necessarily require an ambulance response.
- 3.7. The key themes of these requests include:
- Requirements for systems to improve coverage of community-based falls response services across their footprint, focusing ambulance capacity

where it is needed most and building on existing community-based provider models in preparation for winter 2022/23.

- Working closely with care homes to determine what alternative appropriate responses might be required to support more residents in their care homes where appropriate, reducing unnecessary conveyance.
 - Reducing conveyances to emergency departments through improving the use of the NHS Directory of Services (DoS), and increasing the provision of same day emergency care, acute frailty services, acute respiratory infection hubs and virtual wards, presenting alternative and often more appropriate pathways for all system users.
 - Supporting high-frequency users through proactive personalised care, focusing on complex and frail individuals and patients with multiple long-term conditions.
 - Implementation of System Control Centres (SCCs) to ensure the safest and highest quality of care possible for the entire population across every area by balancing clinical risk within and across all services.
- 3.8. During the winter of 2021/22, Kent & Medway had already invested in lifting equipment and training for the top c.130 care homes. This year additional equipment is being considered along with the opportunity of training more care home staff in falls assessment and patient lifting techniques.
- 3.9. The Trust has granted commissioners and community providers access to several of its Business Intelligence (BI) dashboards to support the targeting of resources to best support patients in the community.
- 3.10. Community providers also started taking calls directly from care home staff as an alternative to a 999-response.
- 3.11. Workforce remains challenged across the Trust in the post-COVID-19 pandemic period, with reduced take-up of overtime shifts and availability of bank staff and private ambulance provider hours. The recruitment element of the workforce plan is mostly on trajectory, however with higher than forecasted attrition rates, sustained high levels of sickness absence, COVID-19 annual leave carry over and Key Skills training delivery, these all add to workforce pressures. To mitigate this risk the Trust is recruiting additional international frontline staff. This is not an isolated issue when seen in the context of the increased levels of the Resource Escalation Action Plan (REAP) that ambulance trusts have been operating at during the summer.

4. 999 Service Performance

- 4.1. 2022 has been as equally challenging as 2021 and as a result, the Trust's 999-service has struggled to achieve its Ambulance Quality Indicators (AQI), for both its Emergency Operations Centre (EOC) call answering and ambulance response times. This challenge in achieving the AQIs has not

been isolated to the Trust, but has affected all ambulance services across England, including the wider UK.

4.2. A key part of the Trust's winter plan is the planning and forecasting of activity to identify potential gaps between activity demand and resourcing levels.

4.3. Trust 999 performance for November 2022:

- Category 1 (C1) 'mean' time of 00:09:51 (England mean 00:09:26) and positioned 6th out of the 10 Trusts measured against a target of 00:07:00.
- C1 90th percentile was 00:17:28 and positioned 6th against a target of 00:15:00.
- Category 2 (C2) 'mean' was 00:34:08 (England mean 00:48:08) against a target of 00:18:00 and positioned 3rd.
- C2 90th percentile was 01:08:44 against a target of 00:40:00.
- Category 3 (C3) 'mean' of 02:26:07 (England 02:43:05) against a target of 00:02:00 and positioned 5th.
- C3 90th percentile was 05:24:13 (England 06:40:57) and positioned 4th.

Whilst these results are still below the required quality indicators, it is noted that performance is above the national average for C2, C3, and C4. (Appendix A).

4.4. 999 call answering times during November were 78 seconds against a target of 5 seconds. When compared to a national average of 38 seconds for 'mean' answering times, the Trust was in 10th position. It was a similar picture for the 90th percentile with the Trust answering calls at 234 seconds 'mean' compared to a national average of 122 seconds. Again, the Trust was in 10th position.

4.5. The Trust recognises that it needs to continue to make improvements across all categories of performance which are included within the Trust's Improvement Journey.

4.6. Despite additional winter funding made available to ambulance services in 2021/22 to recruit additional emergency medical advisors (EMAs) responsible for answering the 999 calls during 2021/22, the Trust finds itself in a below national average position for call answering for the month of November 2022.

4.7. Response times across Medway for November also proved to be challenging however and in line with previous updates, Category 1 response was 00:07:47 'mean' (against an 00:07:00 indicator) and 00:13:05 90th percentile, which was within the 00:15:00 minute indicator. Category 2 response times were: 00:30:29 'mean' and 01:01:46 90th percentile. Both being slightly better than the overall Trust performance.

5. NHS 111 Integrated Urgent Care

- 5.1. Nationally, call activity into NHS 111 has broadly been in line with forecasting however the first few weeks of December saw an increase of up to 30% in call activity.
- 5.2. The Trust has been in contract negotiations with the Kent & Medway and Sussex commissioners because of the higher than forecast and commissioned levels of activity being experienced for 2021-22. This has now been resolved with additional funding now being made available enabling the Trust to continue to recruit to the levels of staffing required to meet the increased levels of activity.
- 5.3. While the service overall has been operating at levels of activity above that forecast, the 'calls offered' numbers have remained reasonably constant throughout the summer months with the occasional week when there have been exceptionally high numbers of calls offered. October saw activity of c106,000 (Appendix. B).
- 5.4. The call abandonment rate, often used as a measure of increased call volumes above resourcing levels have been steadily increasing throughout the past year with October reporting a c24% abandonment rate (26,383).
- 5.5. To support the planning of staffing levels with forecast activity a complex workforce planning tool is utilised, which calculates staffing and activity at 15 minutes intervals. This tool considers key metrics such as Average Handling Time, type of call (call profile), and staff attrition (non-attendance). In line with the 999 service, annual leave is managed according to seasonal demands resulting in lower levels of leave being allowed at key times of the year.
- 5.6. To reduce the number of inappropriate 999 incidents, the Trust is operating within the NHSE protocol to place all non-emergency C3 and C4 dispositions into the clinical queue for ambulance validation. This is incredibly effective with Kent & Medway, and Sussex (KMS) 111 consistently validating more than 95% of calls, sent through as non-emergency ambulance dispositions in 111. This results in downgrading more than 60% of 999 dispositions to other appropriate urgent or primary care services. In doing so, this reduces the pressure on the 999 service and enables more resource for the category one and two responses.
- 5.7. The Single Virtual Contact Centre go live has been delayed since the update given at March's HASC due to a number of key factors.
- 5.8. The NHSE Open Access Crisis programme is where mental health services for patients in crisis can be access via NHS 111 and selecting option 2. This service went live in November in Sussex and is due to go live in March 2023 across Kent and Medway.
- 5.9. This is a key development to support patients in accessing specialist help via NHS 111 at a time of crisis. By then selecting option 2 the call will transfer to

the Kent & Medway Partnership Trust's crisis team. This collaboration will bring a closer working relationship between the Trust and its MH partners, ensuring patients receive the right support first time.

6. Care Quality Commission Inspection

- 6.1. During the past few years, the Trust has been inspected by the Care Quality Commission (CQC) on four occasions. It was following the inspection in 2017 that the Trust was placed into 'special measures'.
- 6.2. Following the subsequent inspections in 2018 and 2019, the improvements made were noted by the CQC resulting in the recommendation that the Trust was moved out of 'special measures' and was issued with an overall rating of 'good'.
- 6.3. During February of 2022, the CQC carried out another Trust inspection with a focus on the domain of 'well led'. This is one of the five domains normally inspected by the CQC. While the other four domains were not formally inspected, an inspection of the Trust's Emergency Operations Centre and NHS 111 service were also carried out as part of a wider inspection of the urgent and emergency care services across Kent and Medway.
- 6.4. These inspections concluded that the Trust's 111 service had good systems in place to manage risk and promote learning when incidents happened. It was evidenced that the effectiveness and appropriateness of care was regularly reviewed, and staff treated people with dignity, respect, kindness, and compassion. There was also a focus on continuous learning and due to the nature of this integrated service, patients were able to access care and treatment to meet their needs.
- 6.5. Whilst it was acknowledged that some of the key performance indicators were not being met, e.g., clinical call back times, call response times and call abandonment rates, the service's overall rating stayed the same as the previous inspection and was rated as 'good'.
- 6.6. However, the inspection of the Emergency Operations Centre (999) highlighted several concerns, including staffing levels, a lack of senior management visibility, non-completion of statutory and mandatory training and incident management, with incidents not being investigated within an appropriate timeframe. Following these concerns, the Trust's overall CQC rating was suspended given that this inspection concentrated on the well-led domain, with a further inspection planned for the summer of 2022.
- 6.7. The CQC did acknowledge the steady increase in call volume that has not been met with equivalent workforce growth, combined with increased levels of staff absenteeism due to sickness and hospital handover delays, all reducing the service's ability to respond to patients in the community and therefore not meeting its response time targets. It recognised the pressure that this was creating for staff when there were calls outstanding with no immediate resource to send.

- 6.8. Following further inspections during the summer of 2022, in the published CQC report in October 2022, the Trust was formally issued a rating of 'requires improvement', with initial progress demonstrated since the prior well-led inspection in February 2022.
- 6.9. The Trust's Board acknowledged that the feedback received through the NHS Staff Survey (2021) and the CQC findings following their inspections during 2022, had highlighted a failure to demonstrate the thread of quality within the Trust, as well as a disconnect amongst senior management and also the wider organisation, including a lack of understanding of the Trust's vision.
- 6.10. However, it must be noted, that despite the concerns raised, the Trust was pleased that the excellent care provided by staff was recognised by the CQC with acknowledgement that staff are compassionate and have a supportive approach to those accessing both 999 and 111.
- 6.11. The Trust had already begun an improvement journey following the staff survey findings of 2021 which, following the CQC inspections of 2022, has become a more formalised programme of improvement.

7. Improvement Journey

- 7.1. In its acknowledgement of the findings highlighted in the CQC report and the results of the NHS Staff Survey, the Trust is committed to making improvements.
- 7.2. The Trust's plan is to deliver short-term targeted actions that will address the CQC warning notices, must-do and should-do actions, as well as providing a vehicle for the delivery of improvement beyond the initial period of recovery.
- 7.3. It has identified six key themes that urgently require addressing:
- SECAmb is not the great place to work that the Trust wants it to be
 - A lack of consistent vision and direction of travel
 - Trust in the Leadership Team is lacking
 - Lack of a 'Quality' thread across the organisation
 - Disconnect between leadership and the rest of the Trust
 - Significant concerns raised over culture
- 7.4. In response to these concerns the Trust has developed four pillars for its Improvement Journey:
- Quality Improvement
 - Responsive Care
 - People and Culture
 - Sustainability & Partnerships

7.5. Each of the four pillars is being led by a Trust Executive:

- Quality Improvement – Robert Nichols, Executive Director of Quality and Nursing
- Responsive Care – Emma Williams, Executive Director of Operations
- People and Culture – Ali Mohammed, Executive Director of Human Resources and Organisational Development
- Sustainability & Partnerships – Martin Sheldon, Interim Chief Finance Officer

7.6. The Trust Board recognises that the Improvement Plan will develop over time and that actions will need to be transformational and sustainable. It recognises that some of the actions will be required to be delivered at pace and, as a result, the Trust has already begun a process to create capacity through portfolio working and recruit additional resources to support the delivery of the plan.

7.7. To highlight some of the work already in progress:

- Quality Improvement: “We listen, we learn and improve”
 - A review of Terms of Reference and the quality governance structure had already begun when the report was published.
 - All policies that are due for review will have a sustainability section embedded.
 - The Trust has also revised and aligned its Integrated Quality Report (IQR) to ensure that the focus is on patient service, people, and sustainability.
 - The development of a quality dashboard is to be completed which will aim to focus on the triangulation of quality-focused information.
 - The internal Quality Summit is a first for the Trust with a focus on reviewing the whole patient journey, identifying any risks, particularly when there is significant demand being placed on the Trust and working with system partners to find solutions. This involved local NHS partners, NHS England and IC24.
 - Sub committees feeding into the four pillars have been carrying out ‘deep dives’ to ensure that there is appropriate Board scrutiny of the impact and challenges being faced and that the improvements required can be delivered.
 - The backlog of outstanding incidents has been reduced and with learning from outcomes used to improve services. The investigations into incidents create rich learning and it is recognised that the individuals directly involved in a Serious Incident will benefit from this learning, but the wider workforce does not. Therefore, work is in progress to communicate this learning with the wider workforce with the aim of preventing similar mistakes happening to others.
 - Each directorate has a Business Support Manager who have assumed responsibility for reviewing the risks logged on the risk register.
 - Clinical input and a clinical voice are key to improvements in quality and while clinicians are already involved in serious incidents, it is

recognised that further clinical input is required, therefore, the Trust has established a Clinical Advisory Group.

- The Trust's Risk and Assurance Group has restarted.
- The Trust has appointed a Deputy Director of Quality Improvement to support the delivery of the plan.

- Responsive Care: "Delivering modern healthcare for our patients"
 - All band 5 to 7 managers (first line managers) have been or are enrolled on to the Fundamental's course. The Fundamentals one day course is run by NHS Elect.
 - Made @ SECamb is another NHS Elect run course but targeted towards senior managers and will fully role out in 2023.
 - A comprehensive review of the Trust's fleet has been conducted. The Fiat ambulances, based on a national specification, have been a frustration to staff who have raised concerns about a number of the features of this type of ambulance. The Trust has paused the conversion of the latest batch of Fiat ambulances while it undertakes a review of the design specification.
 - A review of the way in which ambulances are dispatched within the EOCs is ongoing to improve decision making and how this impacts frontline staff who are often experiencing shift overruns.
 - Effective working with the Private Ambulance Providers (PAPs) to whom the Trust sub-contracts.
 - Trust wide rota reviews with staff involvement. The Rotas Parameter Procedure has been rewritten to improve both work life balance for staff and enable delivery of timely ambulance responses.
 - Rota vacancies (workforce) remains a significant concern.
 - The current workforce plan needs to expand to encompass recruitment and retention, absence management and staff wellbeing. Frontline staff attrition is seen as a significant risk.

- People and Culture: "Everyone is listened to, respected, and well supported"
 - The Trust is ensuring a 'zero' tolerance to inappropriate behaviours.
 - The Leadership Team has been working on improving its effectiveness in how it communicates and works with the wider organisation. Since summer 2022, the Trust's Board has undertaken over 100 site visits and listening events to hear what staff are saying.
 - During June, the Trust launched its 'Until It Stops' campaign to address the inappropriate behaviours as highlighted in the CQC report and NHS Staff Survey (2022).
 - The CQC positively recognised the Trust's provision of health and wellbeing services and the work undertaken on equality and inclusion, which it continues to build on.
 - A focus on cultural change, core values and associated policies (previous point).
 - The fundamentals one day course is run by NHS Elect and the Trust's Organisational Development (OD) team and is aimed at first line

managers to equip them with the skills, tools, and knowledge to effectively lead and manage their teams.

- Middle managers have been engaging with a programme to support their development in compassionate and inclusive leadership.
 - Communication with staff now has a refreshed focus on shortened, concise e-bulletins centred around taking action following staff concerns and suggestions being raised, supported by short videos to deliver key messages.
 - Collecting ideas and suggestions to empower local teams to drive improvement with local ownership.
 - The new Improvement Journey email address gives staff the opportunity to submit feedback on the journey to date and subsequent phases proposed.
- Sustainability & Partnerships: “Developing partnerships to collectively design and develop innovative and sustainable models of care”
 - A part of mapping the patient journey during the Quality Summit will be to evaluate the job cycle time and understand how to be most efficient with our time spent with a patient.
 - Using every resource available to the Trust in the most effective way.
 - Improving Hear & Treat, i.e., through effective telephone triage.
 - Evaluating how the Trust works collaboratively with its integrated care boards (ICBs) and system partners.
 - Accessing appropriate pathways for patients that require an intervention in the community setting or direct conveyance to a hospital speciality (avoiding the Emergency Department).
 - Working with the acute trusts to improve hospital handover delays.
 - Working with ‘Arcadis’ (sustainability consultancy) as the Trust moves toward a ‘net-zero’ carbon footprint.
 - Developing a longer-term plan that, whilst accepting forecasted ‘peaks and troughs’, maintains the direction of travel.

7.8. To support the messaging to all staff on ‘what the Trust is doing to improve’, the Trust’s intranet has weekly video updates from the Chief Executive and articles to communicate key organisational developments that will support and benefit staff in their roles across the Trust. This could include strategic messaging, equipment updates, new pathways information or support for personal matters, e.g., ‘financial help etc.

7.9. The Trust has also produced a booklet (physical and digital) as an ‘Autumn Update’, for staff, to clearly explain the key aspects of the Improvement Journey, including the CQCs findings and actions that the Trust is taking (Appendix. C).

8. Staff Wellbeing

8.1. The Trust fully recognises that staff wellbeing is a key priority and has in place a number of support initiatives.

- Wellness Action Planning - self assessment tools to aid staff/managers discussion to reflect on physical and mental wellbeing to create an open and honest dialogue between employees and their line manager; nurturing a culture where all employees know their wellbeing is supported.
- The Trust's Wellbeing Hub, developed in 2017 and launched the following year, provides various support mechanisms to manage staff welfare. This a confidential service for all staff to self-refer or to refer to on behalf of other colleagues covering many aspects of mental and physical health and wellbeing.
 - A single access point through email or phone call with prompt signposting to the most appropriate services, including **Trauma Risk Management (TRiM)**, physiotherapy, talking therapies and other appropriate referrals.
- Supporting resources include mental health support, managing stress, chaplaincy service, bereavement support, self-help literature and other charity resources.

8.2. The following section provides further detail on accessible support services provided:

- **Wellbeing assessments:** Trained wellbeing practitioners' complete psychological assessments to establish the best support pathway for individuals. Next steps could include a referral to talking therapy such as IAPT, TASC or one of the Hub's sourced therapists. It could also include signposting to other relevant services such as finance, bereavement, and legal support.
 - **Fast track** assessment for colleagues who have experienced work-related trauma.
- **Trauma Risk Management (TRiM):** TRiM is the first response for colleagues who have experienced work-based trauma. The process monitors individuals for a period of four weeks and if trauma symptoms do not show signs of improvement at the end of the process, they are referred to the hub for fast-track assessment.
- **Physiotherapy:** Colleagues can access up to six physiotherapy sessions per 12-months. Extra sessions can be applied for in extenuating circumstances, for example a work-related road traffic collision. Furthermore, sport massages can be booked with a physio assistant.
- **Alternative duties:** Alternative duties are available for colleagues who are temporarily unable to continue in their substantive role for medical reasons. The purpose is to keep the individual in work, in an appropriate alternative role, preventing sickness absence. Remaining in work helps recovery by maintaining social skills, structure and routine, and reduces the anxiety of

returning to work.

- **Slimming World:** Free 12-week slimming world vouchers are available. This is to help promote physical fitness to those who need it. There are eligibility criteria in place.
- **Back up Buddy:** A mobile app developed specifically for the Trust containing information on addiction, self-harm, various mental health topics, assaults at work, useful contact numbers and news alerts. Trust employees and their families are encouraged to download this tool for 24/7 access to a wide range of support tips.
- **Be Mindful:** 200-subscriptions purchased and offered to those who will benefit from this most. Designed by experts, and NHS-assessed and approved, Be Mindful delivers all elements of Mindfulness-Based Cognitive Therapy (MBCT) – the clinically established form of mindfulness therapy.
- **Wellbeing Action Plan development:** Annual wellbeing conversations are promoted through the Trust. The Wellbeing Hub has developed a three-part wellbeing conversation template to help guide managers and colleagues. This is a preventative measure and aims to proactively capture ill health and ensure reasonable adjustments.
- **Wellbeing advocates:** A network of advocates has been established across the Trust. The wellbeing advocates are kept up to date on current wellbeing offerings and can signpost colleagues when needed. The aim is to increase wellbeing awareness through the Trust via the trusted individuals.
- **Wellbeing volunteers:** A network of wellbeing volunteers launched recently. Using welfare vans, these colleagues deliver refreshments and wellbeing information to various points across the Trust – providing a welcome break to colleagues. EOC/111 contact centres benefit from welfare trolleys and these also provide light refreshments. Feedback so far is overwhelmingly positive.
- **Suicide Postvention Group:** This group recently formed and will convene when a colleague takes their own life. The group will act quickly, ensuring those who need support have easy access and that communications are handled sensitively, honestly, and effectively.
- **Coffee mornings:** Coffee mornings give staff who are isolated or lonely the chance to have an informal, non-work related catch up. They take place once a month and every quarter will feature a guest speaker. Most recently a speaker from *Survivors of Bereavement by Suicide* attended, providing their own experiences and how the charity can help others in the same position.
- **Wellbeing website:** A specially designed website is in development. The aim is to have all wellbeing related content in one, easily accessible place.

- **Information creation/dissemination:** The Wellbeing Hub has developed leaflets on various topics, including desk posture, lower back pain, trauma, depression, and anxiety. Furthermore, psycho-educational and mindfulness videos are in development and will be available on a Wellbeing Hub website very soon. Physical exercise videos are already available on the intranet, supported by wellbeing bulletins offering monthly updates on various health and wellbeing subjects.
- 8.7 The Wellbeing Hub has developed partnerships with three NHS-funded wellbeing and resilience hubs across Kent, Surrey and Sussex providing direct access to additional support, including management advice sessions for managing mental health in teams, fast track access to IAPT, SHAPE (Supporting Hospitals and Paramedics during and after covid), and live workshops.
- 8.8 The Wellbeing Hub has a sub-contract with Air Ambulance Kent, Surrey, Sussex (AAKSS) and many of the support options above are also available to these colleagues.

9. Ambulance Handover

- 9.1. As one of its priorities, the NHS Long Term Plan sets out a reduction in ambulance handover delays. The aim is to have a 'zero' tolerance towards any handovers greater than 60-minutes and a focus on returning to the national standard of all patient handover within 15 minutes.
- 9.2. It is nationally recognised that delayed ambulance handover can cause harm to patients in the community. The Ambulance Association of Chief Executives (AACE), in their November 2021 report, highlighted that 53% patients who wait longer than 60 minutes for an ambulance response had experienced some form of harm.
- 9.3. The NHS Emergency Care Improvement Support Team (ECIST) is a clinically led national team that provide support to 'systems' in achieving the delivery of high-quality emergency care and has supported improvements at the Medway NHS Foundation Trust.
- 9.4. During recent years, the Medway NHS Foundation Trust (MFT) has been a challenged acute trust for delayed ambulance handovers, often being cited as an outlier and frequently having a higher amount of 'hours lost' when compared to other acute trusts across Kent & Medway, Surrey, and Sussex. This has been an ongoing challenge despite a gradual reduction in the number of patients being conveyed to hospital (Appendix D).
- 9.5. During September 2022, MFT launched its new 'Acute & Emergency Medicine' model.
- This model is focused on identifying appropriate patients in the emergency department and 'pulling' them through to 'specialities' where the patient can receive an assessment by specialist clinicians with a view

to treating and discharging on the same day. These specialities are known as Same Day Emergency Care (SDEC) and include the:

- Acute Medical Unit
- Ambulatory Acute Medical Centre
- Sapphire Ward

9.6. In addition to these specialities, there is a 'Priority Admission Holding Unit' which provides 24/7 short term care and maximises space in the emergency department to allow emergency arrivals.

9.7. Since the introduction of this model, it has taken several weeks for a notable reduction in handover delays, however November's 'lost hours' showed a significant reduction with 327 hours lost to ambulance turnaround (total hours lost over 30 minutes) and was the hospital with the least hours lost amongst all acute trusts across the Trust's operational footprint (a normalising factor is applied to the hours lost and total transports to enable comparison between acute trusts with differing levels of ambulance transports). For previous months, MFT was the second and fourth worst performing acute trust, with 644 and 882 hours lost in September and October respectively.

10. Medway Make Ready Centre and Combined 111 & 999 Operations Centre (East)

11.1 Following the detailed update provided to the HASC in March (2022), the Trust is continuing with the development of its new purpose-built four-story combined Make Ready Centre and 111 & 999 Operations Centre (East) in Gillingham.

11.2 It is anticipated that staff will start moving into the new site during the early part of 2023.

12. IT Critical Incident

11.1. On the 16th and 17th of November 2021, the Trust experienced an IT failure resulting in a Critical Incident being declared.

11.2. During 2020-21, the Trust had experienced periods of instability with its Computer Aided Dispatch (CAD) and telephony systems.

11.3. A solution was identified and initially applied to the Trust's NHS 111 service based in Ashford. Following this action, system stability was noted and plans were enacted to apply this across the Trust's 999 platform.

11.4. A proposal was put in place to undertake reconfiguration work in the Trust's Emergency Operations Centre – West (Crawley) as well as improvements to the Trust's telephony system. All 999 calls were to be answered at the Trust's Emergency Operations Centre - East (Coxheath).

- 11.5. This work started on the night of the 16th of November at 20:00 hours and was due to last until 06:00 hours the following morning (17th November) when handover to the Emergency Operations Centre teams would take place.
- 11.6. It was in the early hours of the 17th of November that network failures started to happen and, while there was a period of initial recovery, it was identified that a full recovery was not possible, resulting in a Critical incident being declared due to the loss of critical systems affecting both the East and West emergency operations centers.
- 11.7. As a part of 'business as usual' processes, there are regular updates to the Trust's IT infrastructure and extensive plans are put in place to ensure that IT and system expertise are on site to support the application and recovery of systems being updated.
- 11.8. During the Critical Incident and as part of the Trusts preparedness and resilience, emergency contingencies were enabled to ensure that 999 calls were received, with ambulances dispatched as appropriate. Six ambulance services supported the Trust with 999-call answering during this period.
- 11.9. At 23:15 on the 17th of November, the IT systems were back online and the Critical Incident was stood down.
- 11.10. The subsequent investigation into the IT failure, highlighted that the plans had not fully considered the possibility of a complete IT failure and, while the Trust had robust plans in place for a CAD outage, it had not prepared for continued system failure on this scale. On this occasion, these mitigations did not also consider the implications of a trust wide communications failure and there was consequently a period before effective internal and external communications were established.
- 11.11. As part of the lessons learned, future IT infrastructure upgrades will consider:
 - Implementing a review process for all EOC documentation for potential interruptions to the service
 - Keeping internal and external stakeholders informed and updated on any disruption to the service
 - Impact on field operations within future EOC outage plans
 - Telecommunications resilience as a key part of any planned outage
 - Further staff training on sudden or planned outages.

12. Urgent and Emergency Care

12.1. Category 3 and 4 responses

- 12.2. With the implementation of the NHS Digital Pathways Clinical Consultation Support (PaCCS) system and specialist practitioners operating in the Trust's emergency operations centres, alongside local urgent care hubs trust wide,

remote consultations care be performed in integrated urgent care settings. This increases the opportunity to clinically triage, and risk assessed 999 incidents and direct patients to a more appropriate community or acute pathway, such as Urgent Community Response (UCR) or Same Day Emergency Care (SDEC), without dispatching a physical ambulance resource or necessarily needing to speak directly with the service provider.

- 12.3. The Trust is working to maximise the potential of PaCCS via a focussed training plan to upskill the remaining workforce. The NHS 111/IUC training plan continues with courses planned each month in line with recruitment for all skillsets. The 999-rollout for all band 7 paramedic practitioners (PPs) and experienced band 6 paramedics will also booster capacity over the winter 2022/23.
- 12.4. The local urgent care hubs are resourced by PPs to support the review of category 3 and 4 calls awaiting dispatch, as well as supporting crews on scene with the most appropriate patient pathway. Refreshed rota provision will result in an uplift to 10 local urgent care hubs across the Trust operating 24/7 when fully covered, maximising the appropriate usage of the acute SDEC and community urgent care pathways, such as UCR and Urgent Treatment Centres (UTCs) for lower acuity incidents. These pathways are rapidly changing with new additions monthly, and effective profiling of pathways on the Directory of Services (DoS) is imperative to support operational crews and contact centre clinicians in determining the most appropriate pathway.
- 12.5. The Trust is undertaking a detailed audit to ensure the consistent profiling of these pathways on the NHS Digital platform *Service Finder*, for which SECAMB has the highest uptake nationwide with over 2,000 users.
- 12.6. Additionally, there is ongoing investment in the clinical support structure through the establishment of the practice development leads (PDLs) to provide local clinical support, education, and interface to Trust clinicians. The PDL role also provides enhanced clinical capacity to work across ICSs to further develop effective UEC acute and community patient pathways.
- 12.7. **Mental Health response**
- 12.8. During 2022, the *Improving the Ambulance Response to Mental Health: Long Term Plan Commissioning Guide* was released placing a focus on education and training, and the integration between mental health, NHS 111 and integrated urgent care (IUC) providers, ensuring ambulance services are considered an integral part of the planning and delivery of local urgent mental health care.
- 12.9. In line with this guidance the Trust is focusing on:
 - Providing mental health training and education to frontline staff.

- Enhancing and building on the mental health practitioner provision within the emergency operations centres, to support patients in crisis, triaging to the most appropriate pathway.
- Working with commissioners to consider an appropriate enhanced ambulance response model of care including support for clinical assessment and decision making on scene.

12.10. The Trust is working with the Sussex ICS mental health provider, piloting a model of care where mental health clinicians are offering specialist advice to ambulance crews on scene at an incident, either via telephone or by attending the address of the incident, to provide care directly to the patient. Kent & Medway commissioners are monitoring this model and will consider adopting this following the forthcoming evaluation.

12.11. The Kent & Medway ICS currently has a 24/7 mental health crisis line, administered by the Kent & Medway Partnership Trust, that is available to crews on scene to access specialist advice for patients in crisis.

12.12. **Urgent Community Response (UCR)**

12.13. As highlighted in section 3, the NHSE '*Going Further for Winter*' letters also required ICSs to review how Urgent Community Response (UCR) services were being accessed by ambulance crews and called for the development of a Single Point of Access (SPoA) per ICS for accessing community services. The Kent & Medway ICB launched its SPoA on the 19th of December which brings together the three community services providers under the one number.

12.14. **Community Falls Teams**

12.15. The Trust has approximately 250 community first responders (CFRs) who are volunteers offering their time to support the Trust in responding to category 1 emergency calls. The Trust has developed a model of care to enable CFRs to respond to a patient who has been identified as a non- or minor-injury faller.

12.16. These incidents are often graded as a category 3 response and regularly have to wait an extended period for an ambulance response in light of current demands placed upon the UEC sector. By offering existing CFRs an additional day of training, along with an element of online learning, enabling them to respond to these patients, carry out an appropriate assessment and use lifting equipment, they are able to support the individual off of the floor. During this procedure, the CFR will be talking to a paramedic to ensure that there is clinical oversight.

12.17. Following evaluation of two pilot schemes, the Trust now aims to offer this additional training to all of its CFRs.

12.18. Technology Enabled Care (TEC)

- 12.19. The Trust has been working with the Surrey County Council in providing training to 'wellbeing responders' who respond to fallers who have activated their 'pendants' and have been identified as a non-injury fall. The Wellbeing Responder will make a first response, assess the individual and where appropriate, use the lifting equipment they are carrying to assist the individual off the floor and, where appropriate, refer into the local Urgent Community Response team for a follow up visit. Where there are concerns on arrival, the Wellbeing Responder will escalate to the ambulance service via 999.
- 12.20. The Kent & Medway ICB is already liaising with the Kent County Council and Medway Council to consider if a similar programme would be feasible across the ICS.

13. Industrial Action

- 13.1. In the South East Coast Ambulance Service region, the GMB, Unison and Unite unions balloted members for industrial action during October/November 2022; only the GMB union met the legal threshold to take action. GMB issued a formal notice for strike action for 21st of December (06:00 to 23:59) & 28 December (00:01 to 23:59) 2022.
- 13.2. Following the announcement of industrial action, we have worked closely with our unions and all staff to ensure that the impact of any industrial action on our patients was kept to a minimum, whilst we supported staff who are members of GMB with their right to take industrial action.
- 13.3. The Trust worked with the local GMB Union branch to agree an approach for the days when industrial actions is taking place and reached an agreed position of 'derogation' – A derogation is an exemption, either of an individual or a whole service, from taking part in strike action
- 13.4. It was announced on the 23rd of December, that the planned industrial action planned for the 28th of December has been postponed until the 11th of January 2023.

14. Executive Appointment

- 14.1. Siobhan Melia has been appointed as the interim Chief Executive Officer for the Trust following the resignation of Philip Astle. Siobhan joined the Trust from Sussex Community NHS Foundation Trust and took up her position in July 2022.
- 14.2. Martin Sheldon has also recently been appointed as the interim Chief Financial Officer and took up his position in October 2022.

15. Risk Management

15.1. There are no specific risk implications for Medway Council arising directly from the contents of this report.

16. Legal and Financial Implications

16.1. There are no specific financial or legal implications for Medway Council arising directly from the contents of the report.

17. Recommendation

17.1. The committee is asked to note and comment on the update provided.

Lead officer contact

Ray Savage, Head of Strategic Partnerships and System Engagement, SECamb

Appendices:

Appendix A – Ambulance Quality Indicators November 2022

Appendix B – Calls Offered, Abandonment Rate, Calls offered and service Level, Ambulance Referral Rate, Emergency Department (ED) Validations

Appendix C – Improvement Journey

Appendix D – Ambulance Handover

Background papers:

None