

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

10 MARCH 2022

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 (SECAMB), with a focus on key developments since the Committee was last updated in November 2020.

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. Background
 - 2.1. Since the last update in November 2020 the Trust has been responding to the ongoing COVID-19 pandemic. The result of which has seen the Trust operating at the highest levels of escalation and in a Business Continuity Incident. This report further updates the Committee on the Trust's performance for both NHS 111 and 999 service. 2021 continued to be an extremely difficult operating environment, which the performance figures reflect.
 - 2.2. The Trust continued with its COVID-19 vaccine programme and following on from staff being offered the Oxford AstraZeneca vaccine during 2021, it was also able to offer staff the booster (third vaccine). This programme started at

the beginning of October 2021 and the Trust was able to offer staff both the booster and the Flu jab at the same time.

- 2.3. Staff absenteeism directly related to COVID-19 has not only been a challenge to the Trust but also the wider NHS. The Trust's COVID-19 management team has been supporting staff with the latest government guidance through a series of action cards and the Trust's track and trace cell. At times, guidance to the NHS has been different to the guidance given to the general public. In early 2021 the Trust had in excess of 420 staff absent.
- 2.4. The Make Ready Centre at Falmer has been well received by front line crews since its opening in December 2020 and has been visited by other ambulance services to understand the efficiency and effectiveness that this type of operation offers not only to vehicle preparation and maintenance but also the facilities offered to staff. The latest MRCs in development are, Medway, Kent and Banstead, Surrey.
- 2.5. The Medway MRC will not only provide an operational base for ambulance staff but will also facilitate the relocation of both the 999 and NHS 111 operational centres and this development will play a key part in the delivery of the strategic direction of the Trust. Development of this site is well underway.

3. Performance - Overview

- 3.1. Throughout 2021, the Trust has continued to be in a challenged position regarding performance across both its NHS 111 IUC and 999 services.
- 3.2. The continued and sustained pressures, saw the Trust move to Resource Escalatory Action Plan (REAP) level 4 at the beginning of July 2021.
- 3.3. Additionally, for the first time ever, across the ambulance sector in the UK, all services were operating at REAP level 4, which was a clear indicator of the pressures being faced nationally.
- 3.4. In July, the Trust also declared a Business Continuity Incident (BCI), in recognition of not only the immediate pressures being placed on the service but the anticipated continuation of these pressures.
- 3.5. Two of the key decision factors in declaring the BCI, were the continuing increase in demand placed on both the NHS 111 and 999 services, resulting in longer times taken to answer calls to 111 and 999, as well as the length of time some patients were having to wait for an ambulance.
- 3.6. It was and is fully recognised by the Trust that some patients are having to wait far longer than they should for an ambulance response, particularly those in category 3.
- 3.7. Staffing level resilience was another concern that the Trust had, with higher numbers of staff being absent due to self-isolating as a result of COVID-19.

- 3.8. For the month of July, calls into 999 were approximately 25% higher than the same period the previous year.
- 3.9. A media campaign initiated by the Trust during May of 2021, has asked the public for their help to only call for an ambulance in situations where it was a life-threatening emergency.
- 3.10. As a response to these pressures the Trust developed an 'Performance Improvement Plan' to focus on the key areas that directly related to overall performance e.g. hours of resource (both ambulance and in the EOC), available on a daily basis, activity forecasting and demand planning, job cycle time etc.
- 3.11. A consequence of the challenges faced by the Trust and a delayed ambulance response was the increase in duplicate calls to 999, where the caller was asking for an update on the expected time of arrival for the ambulance.
- 3.12. These duplicate calls added to the pressures on timely call answering.
- 3.13. The Christmas and New Year period presented a number of additional challenges, including the 4-day weekend when alternative services would not have been as readily available.
- 3.14. Incentivised shifts were being offered for all front-line staff as well as 'bonus' for working certain priority shifts. This Trust also applied its annual leave policy, which for the Christmas and New Year period reduces the number of staff allowed off on annual leave at any one time.
- 3.15. Activity during this period slightly reduced prior to Christmas but the levels of activity during New Year and in particular New Year's Eve, were 20% higher than the previous year.
- 3.16. On the 26 January, the Trust's executive team, made the decision to standdown the BCI and the reduce the REAP level to level 3.
- 3.17. These decisions were taken, based on a comprehensive review of the current service delivery and systems pressure and whilst it was recognised that the Trust's position remained challenged in some areas, it was also recognised that during the first few weeks of 2021, there has been a stabilisation in demand which required a review of the level of REAP that the Trust was operating at.
- 3.18. The Trust continues to apply its Surge Management Plan (SMP), levels 1-4, in response to 'on the day' activity challenges.
- 3.19. Whilst the Trust's overall performance is not achieving the national standards for both NHS 111 and 999, the levels of performance are in line with and in some cases ahead of the national averages, again reflecting the overall pressures being experienced for all ambulance and NHS 111 providers.

- 3.20. The Trust is continuing to develop its programme 'Better by Design', as a key vehicle for delivering the Trust's strategic objectives, including operational performance. This programme will be a key focus for the Board over the next months.
- 3.21. Performance across Medway generally has remained strong with a year-to-date category 1 performance of 00:06:41 'mean' and 00:11:32 90th percentile.
- 3.22. Other categories of performance across Medway have not been achieved year-to-date, with category 2, 3 and 4 all falling short of the ambulance quality indicators.

4. 999 service

- 4.1. Throughout 2021 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 SECamb but has affected all ambulance services across England, including the wider UK.
- 4.2. December 2021 saw a mixture of activity patterns with the immediate run up to Christmas being lower than expected however in the run up to the New Year activity was higher than the same period the previous year. It has to be noted that brief spikes in activity cause operational pressure for the Trust.
- 4.3. For January 2022 the Trust achieved: Category 1 (C1) 'mean' time of 00:08:44 (England mean 00:08:31) and was positioned 8th out of the 11 Trusts measured against a target of 00:07:00. C1 90th percentile was 00:15:57 and positioned 8th against a target of 00:15:00. Category 2 (C2) 'mean' was 00:28:21 (England mean 00:38:04) against a target of 00:18:00 and positioned 3rd. C2 90th percentile was 00:56:54 against a target of 00:40:00. Category 3 (C3) 'mean' of 02:01:31 (England 01:56:52) against a target of 00:02:00 and positioned 6th. C3 90th percentile 04:21:34:40 (England 04:47:18) and positioned 6th. Whilst these results are still below the required quality indicators, it is noted that performance has improved compared to the previous month (December 2021). (Appendix G)
- 4.4. Whilst performance is slowly improving the Trust recognises that it needs to continue to make improvements, especially in C3 performance.
- 4.5. 999 call answering has been on an improvement trajectory since August 2021, in part, due to the additional winter monies funding made available to ambulance services to recruit additional Emergency Medical Advisors (EMA) responsible for answering the 999 calls.
- 4.6. The additional funding of £55 million made available by the government to specifically support the recruitment of staff into the 999 Emergency Operations Centres, of which SECamb received approximately £4.7 million.

- 4.7. In January and as a part of the Trust's ongoing recruitment programme, our CEO welcomed 56 new Emergency Medical Advisors (EMA) to the Trust. They will be placed in both our Crawley and Coxheath operations centres.
- 4.8. The Trust has also been recruiting clinicians, to provide clinical support to the EMAs as well as validating category 3 & 4 ambulance dispositions and supporting ambulance crews at the scene of an incident requiring a clinical conversation about a patient.
- 4.9. January's (2022) call answering was 12 seconds compared with the England 'mean' of 19 seconds. The 90th percentile for the Trust was 86 seconds compared to England's 138 seconds. The Trust's position was 4th and 5th respectively compared to the 11 ambulance services in England (including the Isle of Wight). (Appendix H)
- 4.10. This performance is a significant improvement when for August 2021, the Trust found itself the worst performing trust compared the 10 other ambulance services, with a call answering of 42 seconds (mean) against the mean for England of 26 seconds.
- 4.11. One of the challenges facing the ambulance sector is the change in activity profile and acuity of calls received. The Ambulance Response Programme is predicated on the more serious of categories of response i.e., C1 and C2, representing approximately between 55-60% of total activity and urgent activity i.e.C3 and C4, representing between 40-45%. However, October saw c74% of C1 and C2 activity, which requires a greater level of response per incident than the Trust's business is based upon.
- 4.12. During 2021, the media was widely reporting on the challenges faced by ambulance services in England and the wider UK with a focus on patients having long waits for an ambulance response and handover delays at hospitals.
- 4.13. As highlighted earlier, the Trust's performance across Medway for Category 1 responses remained strong and was within the 07:00 minutes 'mean' for the year-to-date (April 2021 – January 2022).

5. NHS 111 Integrated Urgent Care Clinical Assessment Service

- 5.1. As reported to the Committee in November 2020, the Trust's NHS 111 IUC CAS, experienced unprecedented levels of activity during February 2020. This increase in activity did slightly decrease during March, however higher levels of activity than forecast continued throughout the summer and autumn of 2020, and remained high into the winter months.
- 5.2. The sustained higher levels of activity continued throughout 2021 and exceeded the commissioned levels that had been expected.
- 5.3. This continued high level of activity required the Trust to start urgent dialogue with its Kent & Medway and Sussex commissioner's regarding funding

increase the workforce for both, call answering (Health Advisors) and clinicians in Clinical Assessment Service.

- 5.4. This cross organisational collaboration, including with NHS England/Improvement, continues, underpinned by robust activity modelling and forecasting to understand and prioritise further investment in the service.
- 5.5. The 2021 Christmas and New Year period proved to be particularly challenging with the week commencing 27 December having highest level of activity seen since the start of the contract when calls offered reached 39,500. (Appendix A)
- 5.6. The call abandonment rate, often in correlation to higher than forecast levels of calls, reached a high of 31.75% for the week commencing 27 December. (Appendix B)
- 5.7. The service level (calls answered within 60 seconds) reached a new low of 9.9% during October 2021, however due to the continued increase in staffing numbers, the week of the 27 December the service level achieved 21.50%. (Appendix C)
- 5.8. The referral rate for ambulance has remained consistently around 9% and is the result of the validation undertaken for category 3 & 4 ambulance dispositions. The validation for all ambulance dispositions has remained consistently around 95%. (Appendix D)
- 5.9. Referrals to an Emergency Department (ED) have also remained consistent and through CAS validation around 50% of referrals have been downgraded to alternative end points. (Appendix E)
- 5.10. Direct Access Booking (see 8.1) for December 2021 and January 2022 achieved 23,000 or c31% of all cases triaged NHS 111 IUC CAS.
- 5.11. The ongoing recruitment into NHS 111 saw 52 new staff added to the 111 team during January 2021, 12 additional clinicians into the CAS and 40 Health Advisors.
- 5.12. Despite these challenges, the clinical outcome performance for the NHS 111 IUC CAS, has continued to meet its contractual requirements and remains in the top quartile of national performance across NHS 111 providers for both emergency department and ambulance referral rates.
- 5.13. This level of performance, as indicated, is supporting our commissioner's primary objective of creating a safe and effective service (achieving c50% clinical contact for patients), which is protecting the wider Integrated Urgent and Emergency Care (IUEC) system, through its minimisation of both 999 and ED referrals (5.7 & 5.8), underpinned by excellent interoperability and optimisation of Direct Access Bookings (DAB).

5.14. The NHS 111 IUC CAS has a number of key component parts which are expanded on in sections 6-9.

6. 111 Clinical Assessment Centre

6.1. The establishment of the Clinical Assessment Center (CAS) is a key part in the transformation of NHS 111 into a key partner in the delivery of the Integrated Urgent Care (IUC) program.

6.2. NHS 111 is available 24/7 and is free for the caller either via a mobile or a landline and can also be accessed online via www.111.nhs.uk.

6.3. Prior to the development of the 111 CAS, NHS 111 would receive calls from the general public via the 111 number and the calls would be answered by a Health Advisor (HA).

6.4. The HA would use the NHSE, Clinical Decision Support System (CDSS), NHS Pathways, to reach a disposition (outcome) and linking in with the Directory of Services (DoS), would present a number of appropriate endpoints for signposting the caller to. This is unless an emergency response was needed, a clinical call back was required, or the call could be closed without the need for onward referral. The system used by the Trust in both its 999 and 111 services, is NHS Pathways. Chapter 7

6.5. The transformation from the original NHS 111 service into the NHS 111 IUC CAS, significantly increases the level and breadth of clinical support available to the HA. The clinician in the CAS will speak directly with the patient either whilst still connected, or when completing a clinical call back.

6.6. Certain dispositions may automatically result in a caller being advised that a clinician in the CAS will call them back to discuss their presenting condition. Also, many ED (as per NHS E 111 First criteria) and all ambulance category 3 and 4 NHS Pathway dispositions will be transferred to the 'clinical queue' (a virtual list of calls requiring clinical input), which is monitored 24/7 by clinical safety navigators and supported by 24/7 GP oversight. This is to ensure that calls are appropriately risk assessed and managed to meet clinical need and call back timeframes.

6.7. Prior to the award of the KMS 111 CAS contract, SECamb had already been in the process of broadening the range of clinical specialists and developing a multi-disciplinary team in both its NHS 111 Operations and 999 Emergency Operations Centres and therefore, was in a good position to build on award of the contract.

6.8. The level of clinical expertise and support now available through the CAS includes:

- Dental nurses
- Mental health practitioners
- Advanced clinical practitioners (e.g., an Advanced Nurse Practitioner)

- Paramedics and specialist paramedics
- Midwives
- Pharmacists
- General practitioners
- Urgent care practitioners
- Paediatric nurses
- Palliative care nurses
- Registered general nurses

- 6.9. Through this expansion of the CAS, NHS 111 is able to accept more dispositions, and this has been evidenced in the number of patients referred to the CAS. Prior to the formal launch of the CAS in October 2020, an average of 28,000 per month were being referred to the CAS increasing to 42,000 referrals per month.
- 6.10. NHS 111 has now been established as a key first point of contact for clinical advice/guidance not only for patients but also health care professionals, in the delivery of integrated urgent and emergency care.
- 6.11. The Trust has continued to integrate both its 111 and 999 operations and has a dedicated management team who provide clinical and operational oversight for both, creating resilience and robustness in the delivery of the service, in addition to enabling the sharing of best practice, which has been made possible digitally through a single computer platform.
- 6.12. The 'Cleric', Computer Aided Dispatch (CAD) computer system is used across both 111 and 999 as well as being installed in the IC24 contact centre to provide a seamless digital platform for service delivery, along with enabling several Trust staff to be dual trained in the answering of both 111 and 999 calls, therefore enhancing the resilience of both services.
- 6.13. The introduction of the Kent and Medway Care Record (KMCR) has given NHS 111 IUC CAS clinicians access to patient records to support patient assessment and clinical decision making. Sussex is continuing on developing its patient record sharing platform.
- 6.14. Following 18 months of collaboration, working with NHS England, NHS Digital, Commissioners, and the Computer Aided Dispatch system provider – Cleric, SECAMB was the first ambulance service in England to implement an Electronic Prescribing Service (EPS) in its own CAD during May 2021. EPS is an integral part of the CAS and enables other clinicians like Advanced Nurse Practitioners, Urgent Care Practitioners, Pharmacists as well as the General Practitioners (GPs) working in the CAS to generate prescriptions and electronically send them to a dispenser (such as a pharmacy) near to the patient.
- 6.15. During July 2021, the NHS 111 IUC CAS went live with the Pathways Clinical Consultation Support (PaCCS) tool, further enabling clinicians to remotely consult with patients during a clinical call-back as well as enabling the

referring of patients into new pathways, e.g., Same Day Emergency Care (SDEC).

7. NHS Pathways

- 7.1. NHS Pathways is the NHS England preferred CDSS tool for NHS 111 services and is the only one that directly links to the DoS.
- 7.2. NHS Pathways telephone triage system is also used across England in the following settings:
 - NHS 111
 - 999
 - Integrated Urgent Care Clinical Assessment Services
 - NHS 111 Online
 - Reception points in emergency departments
- 7.3. NHS Pathways is a Department of Health and Social Care owned tool, commissioned by NHS England and delivered by NHS Digital.
- 7.4. NHS Pathways principally works through a series of algorithms that link to clinical questions. Each time the HA asks a question and enters the response, the algorithm will then present new questions until a disposition is reached. It is important to note that life-threatening questions are asked early in the process to ensure that an urgent or emergency disposition is reached quickly, e.g., when an ambulance response is required.
- 7.5. When the disposition is for an emergency response by an ambulance, the patient details are immediately electronically transferred to the trust's 999 emergency operations centre and appear on the ambulance dispatcher's screen.

8. NHS 111 First

- 8.1. As reported previously to the Committee, NHS 111 First is a national concept to reduce the undifferentiated (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 (NHS Pathways) to reach an outcome disposition of which a key feature, is the ability for 111 to directly book an appointment for the patient. This is called Direct Access Booking (DAB).
- 8.2. Medway was the first system to go live with phase 1, across Kent and Medway and Sussex in September 2020, initially with bookings being made into the emergency department (ED) at MFT, the Urgent Treatment Centre (UTC) and the acute led Same Day Emergency Care (SDEC).

- 8.3. Phase 2 is expanding on DAB and has enabled bookings directly into community services, surgical assessment unit, gynaecology unit, paediatric unit, frailty assessment, ear nose and throat, and mental health.
- 8.4. For appointment bookings made directly to ED a further clinical review in the 111 CAS takes place and either telephone treatment is given or signposting to another pathway.

9. Directory of Service

- 9.1. The Directory of Services (DoS) is a central directory that is integrated with NHS Pathways providing real time information on available services to support clinicians and HAs in NHS 111 and emergency medical advisors in 999 and patients (via NHS 111 online).
- 9.2. The DoS is automatically accessed when NHS pathways reaches a non-emergency disposition and will give the HA a list of end points/pathways to refer the caller into, in a priority order, with the most appropriate service available as the first option.
- 9.3. The interoperability between NHS Pathways and the DoS requires a patient's condition(s) to be entered only once and avoids the patient being asked several times to repeat the same information.
- 9.4. The clinical commissioning groups have dedicated DoS leads whose primary responsibility is to maintain the profiles on the DoS, liaise with end users and ensure any amendments are made in a timely manner due to the DoS being a live directory. The DoS leads are supported by a regional DoS lead who liaises with NHS Digital on a regular basis.

10. Ambulance Handover

- 10.1. The NHS Long Term Plan sets out as one of its priorities, a reduction in ambulance handover delays. The aim is to have a 'zero' tolerance towards any greater than 60-minute handover delays and a focus on returning to the national standard of all patient handover within 15 minutes.
- 10.2. The NHS Emergency Care Improvement Support Team (ECIST) are a clinically led national team that provide support to 'systems' in achieving the delivery of high-quality emergency care.
- 10.3. ECIST have been proactively working with Medway Maritime Hospital.
- 10.4. Each month, at the National Ambulance Handover meeting – chaired by Anthony Marsh (CEO of West Midlands Association of Ambulance Service/Chair of the Association of Ambulance Chief Executives (AACE)), supported by NHS England/Improvement, and commissioners, the areas that have the greatest challenges with patient handovers are discussed. ECIT also give feedback to the hospitals they have visited and supported.

10.5. Also in November, AACE published a report titled “Delayed hospital handovers: Impact assessment of patient harm”, having collated hospital handover data from all 10 ambulance services, including SECAMB.

10.6. The report focuses on a single day in January 2021 and the overarching conclusion is that 8 out of 10 patients who have to wait greater than 60 minutes are at risk of harm and the study highlighting that 53% did experience some level of harm.

10.7. Appendix I highlights the pressures at Medway. There are fortnightly operational meetings, with senior representation from MFT and SECAMB, when handover performance is scrutinised and risks reviewed. The ‘less’ than 15-minute handover delays have improved following the regular meetings. It is recognised that there is work to be done to improve the greater than 60-minute handover delays, especially when comparing Medway against the 60-minute delays across the county.

11. Make Ready Centre and Combined 111 and 999 Operations Centre - Medway

11.1. The Trust is continuing with its development of its new purpose built, four-story, combined Make Ready Centre in Bredgar Road, Gillingham. (Appendix J)

11.2. Not only will this exciting venture provide a new base from which our front-line operational staff will report into but also a vehicle preparation and maintenance area, as well housing the relocating NHS 111 Integrated Urgent Care Control Centre & Clinical Assessment Service (NHS 111 IUC CAS) from its current location in Ashford as well as the Trust’s 999 Emergency Operations Centre (EOC) currently based in Coxheath.

11.3. When finished, ambulance crews currently reporting into the Medway and Sittingbourne ambulance stations will relocate to the new facility in Gillingham.

11.4. SECAMB’s Make Ready system, which is already in place across much of its region, is a vehicle preparation system which sees specialist teams of staff employed to clean, restock and maintain the Trust’s fleet.

11.5. The Make Ready Centre will also have on its two upper floors, an open plan office with training, rest and wellbeing facilities.

11.6. These changes will vastly improve the working environment for our 999 EOC and NHS 111 IUC CAS colleagues but will also align with the Trust’s West EOC in West Sussex, which in 2017 saw the control room services from Banstead in Surrey and Lewes in Sussex, relocated into the brand-new Nexus House on Gatwick Road, Crawley.

11.7. The approach of having combined 111 and 999 services collocated, makes the Trust only the second ambulance service in England to do this and by bringing both services together under the one roof will enable an improved resilience

and support for each service as well as delivering further benefits for both staff and patients by operating in a more coherent and collaborative way. This move also realises the ambitions outlined in the Trust's 5-year strategic plan in the delivery of new and integrated urgent and emergency care services across the region.

- 11.8. It is anticipated that the building works will have finished and handed over to Trust during September 2022 with occupation taking place during Q3 2022.
- 11.9. As with any relocation of services, staff uncertainty is always a key concern, and the Trust has undertaken a programme of scheduled meetings with all minutes being made available on the Trust's intranet for all staff to have access. The intranet also has displayed the floor plans, car parking options, travel plans, as well as the feasibility study and business cases, to ensure that all staff affected have access to all relevant and key documentation/information.
- 11.10. All staff have been offered 1-1 meetings, where individual needs/concerns can be discussed with the management team, and full support is being given by the Trust's wellbeing team.
- 11.11. In addition to the 1-1 meetings, webinars have also taken place, which have been recorded for those staff who were unable to make the live sessions and are available on the Trust's intranet.
- 11.12. The key Project Board meetings minutes are available on the Trust's intranet for all staff to have sight of.

12. Brighton/Banstead Make Ready Centres

- 12.1. Having opened in December 2020 the Brighton MRC has now been in operation for over 14 months and in line with other MRCs, has helped achieve the optimisation of vehicle (ambulance) preparation and maintenance as well as enabling ambulance crews and support staff to work from a facility that is modern in design and provides training facilities to support staff in maintaining their clinical professional development (CPD).
- 12.2. The Brighton MRC has been visited by several other ambulance services to understand how they operate and the operational efficiencies they deliver.
- 12.3. Due to open this spring, Banstead will be the Trust's 10th MRC, and following the designs of previous MRCs, will provide a vehicle preparation and maintenance, as well as bosting modern staff rest, wellbeing, and training facilities. Again, Banstead will have open plan office spaces for corporate services to operate from.
- 12.4. Make ready centres, in most cases will see the closure of existing older ambulance estate with the MRCs becoming the main hub for staff and vehicle reporting, however the Trust will continue to invest in its Ambulance Community Response Posts (ACRP), placed in strategic locations. Each ACRP will have

facilities for crews to either be 'on standby' or to take their meal break at. Some of the ACRPs are collocated with other emergency service providers.

13. Safeguarding

- 13.1. In 2017 the Trust launched its safeguarding strategy in recognition of its statutory duty to safeguard patients at risk of harm. This duty is not limited to patients but also extends to staff of the Trust.
- 13.2. The Trust's safeguarding policy is aimed at all staff and not just those working in a 'front line' role.
- 13.3. The accountability for Safeguarding Children and Adults ultimately sits with the Trust's Chief Executive, supported by the Trust's Executive Director of Quality and Nursing who has Board responsibility for safeguarding. The Trust also has a safeguarding lead (safeguarding consultant), supported by a safeguarding team. Senior safeguarding leadership is provided by the Nurse Consultant for Safeguarding and Safeguarding Lead. The safeguarding function is also supported by a safeguarding team who, amongst other responsibilities, coordinate referrals to the relevant local authority.
- 13.4. All Trust staff are required to undertake their level 1 and level 2 safeguarding training for adults and children as a part of their statutory and mandatory training (e-learning) and achieve a 'pass'. Registered clinicians are required to undertake the level 3 safeguarding training (face to face or virtually over a three-year period, in line with national requirements).
- 13.5. In addition to the safeguarding training, staff also undertake an e-learning module on the 'Mental Capacity Act' (amongst others). These can be delivered as e-learning or 'face to face' sessions.
- 13.6. All new staff to the Trust complete their modules as a part of their induction or training programme.
- 13.7. Another key element of the Trust's approach to 'safeguarding', is for all staff to report concerns where vulnerable adults and children are at risk. The reporting system is available to front line ambulance crews via their iPads (specific safeguarding app) so that referrals can be made as soon as practicable and not always reliant on a crew returning to an ambulance station/Make Ready Centre. Other staff, including NHS111 and 999 operations centre staff can access the Datix reporting platform via the Trust's intranet.
- 13.8. Safeguarding referrals made by SECamb staff and volunteers are expected to reach 23,000 during 2021/22. This would be a 10% increase on the previous year and continues to follow recent trends evidencing annual increases of up to 20 per cent/year for the past 3-4 years.
- 13.9. Referrals for the NHS111 service make up around 15% of total referrals. Of this number 50% reflect the increasing care needs of patients and their carers. 30% of referrals highlight patients with mental health concerns and neglect including

self-neglect account for approximately 15% of referrals from NHS111. Referrals highlighting concerns around domestic abuse amount to approximately 5%.

- 13.10. The picture across SECAmb's 999 service reflects a very similar picture however referrals highlighting domestic abuse a lower than the NHS111 service at 3.5%.
- 13.11. As highlighted in point 13.4, Safeguarding training including the Mental Capacity Act, has been delivered via the e-learning platform (Adult and Children Safeguarding levels 1 & 2) and level 3 Safeguarding 'face to face' training between 2020 & 2022. Mental Capacity Act training was offered to all clinicians during 2019/20 and will be re-introduced in 2022/23 to all front line, EOC and 111 staff.
- 13.12. Current figures show that during 2021/22, 65% of all our Emergency Operations Staff (EOC) have completed level 3 training if applicable to their role (registered clinicians).
- 13.13. The Figures for 2021/22 EOC staff L1&2 Adult Safeguarding are around 87% with Children Safeguarding at 76% this is mandatory training for all new starters and all staff every three years.
- 13.14. Hidden Harm – During the COVID-19 pandemic and lockdown period, there was a significant increase in safeguarding referrals received for children. This equated to a 46% increase over pre-covid levels. Some of these concerns were not immediately apparent and included (but not limited to) declining or new mental health, poor parental mental health, domestic violence and abuse within the family home, as well as substance misuse by either the child or the parents.
- 13.15. Through the internal weekly bulletin, operational instructions, and other internal comms, staff were encouraged to remain observant, vigilant, mindful and maintain a low threshold for raising a concern via the Safeguarding Reporting Form.

14. IT Critical Incident

- 14.1. As a part of 'business as usual' there are regular updates to the Trust's IT infrastructure and during the early hours of the 17 November 2021, the first of a two phased IT update was initiated, resulting in the Trust experiencing an IT system failure.
- 14.2. In a response to this failure, the Trust declared a critical incident.
- 14.3. As a part of the Trust's preparedness and resilience, emergency contingences were enabled to ensure that 999 calls were received, and ambulances dispatched. Six ambulance services supported the Trust with 999 call answering.
- 14.4. At 23:15 on the 17th, the IT systems were back online, and the Critical Incident stood down.

14.5. Due to a critical incident being declared, a formal investigation was conducted, and the findings are currently being evaluated.

15. Electric Vehicles

15.1. The Trust has recently been successful in receiving some funding from NHS England to start a trial of some electric vehicles. The Trust is initially looking at Mercedes eVitos. This is in addition to the work that the Trust is undertaking in developing a range of zero emission double-crewed ambulance prototypes. This work being undertaken is in line with how the NHS is moving towards a 'Net Zero' NHS outlined in its published strategy of October 2020.

16. Executive Appointment

16.1. Robert Nichols has been appointed as the Trust's new Executive Director of Quality & Nursing following the resignation, in July, of Bethan Eaton-Haskins. Bethan had agreed to stay with the Trust until December and support the Trust's efforts in response to the pandemic. Robert joins the Trust from the Imperial Collage Healthcare NHS Trust where he held the position of Director of Nursing Division of Medicine and Integrated Care. Robert has recently taken up his position within the Trust.

17. Risk Management

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

18. Legal and Financial Implications

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

19. Recommendation

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 Quality Indicators (AQI) – January 2022
Appendix B - Emergency Operations Centre – 999 Call Answering
Appendix C – KMS 111 IUC - Calls Offered
Appendix D – KMS 111 IUC - Abandonment Rate
Appendix E – KMS 111 IUC - Calls offered and service Level
Appendix F – KMS 111 IUC – Ambulance Referral Rate
Appendix G – KMS 111 IUC – Emergency Department Validations
Appendix H – KMS 111 IUC – Overview
Appendix I – Hospital Handover Delays – MFT
Appendix J - Steel Framework as of January 2022

Background papers

None

Appendix A - Ambulance Quality Indicators (AQI) – January 2022

C1		Mean
England		00:08:31
1	London	00:06:48
2	North East	00:07:52
3	South Central	00:08:00
4	Isle of Wight	00:08:10
5	West Midlands	00:08:31
6	East Midlands	00:08:31
7	North West	00:08:44
8	South East Coast	00:08:55
9	Yorkshire	00:09:56
10	East of England	00:10:14
11	South Western	00:08:31

C1		90th
England		00:15:05
1	London	00:11:45
2	North East	00:14:21
3	West Midlands	00:14:27
4	South Central	00:14:32
5	North West	00:15:21
6	East Midlands	00:15:45
7	Yorkshire	00:15:57
8	South East Coast	00:16:49
9	Isle of Wight	00:18:09
10	East of England	00:18:53
11	South Western	00:15:05

C2		Mean
England		00:38:04
1	Isle of Wight	00:21:43
2	South Central	00:22:58
3	South East Coast	00:28:21
4	North East	00:31:22
5	Yorkshire	00:32:43
6	West Midlands	00:34:44
7	London	00:34:55
8	East Midlands	00:38:50
9	North West	00:43:37
10	East of England	00:46:09
11	South Western	00:57:25

C2		90th
England		01:23:35
1	Isle of Wight	00:43:47
2	South Central	00:45:47
3	South East Coast	00:56:54
4	North East	01:06:35
5	Yorkshire	01:13:03
6	West Midlands	01:16:10
7	London	01:17:42
8	East Midlands	01:23:24
9	East of England	01:40:17
10	North West	01:41:35
11	South Western	02:08:19

C3		Mean
England		01:56:52
1	Isle of Wight	00:54:16
2	North East	01:16:26
3	South Central	01:24:30
4	Yorkshire	01:25:51
5	London	01:35:50
6	South East Coast	02:01:32
7	East Midlands	02:03:50
8	South Western	02:16:59
9	North West	02:17:22
10	East of England	02:18:04
11	West Midlands	02:35:07

C3		90th
England		04:47:18
1	Isle of Wight	02:09:23
2	South Central	03:06:59
3	North East	03:16:10
4	Yorkshire	03:31:29
5	London	03:58:12
6	South East Coast	04:34:40
7	East Midlands	05:01:28
8	East of England	05:36:59
9	North west	05:39:43
10	South Western	06:13:26
11	West Midlands	06:29:35

Appendix B - Emergency Operations Centre – 999 Call Answering

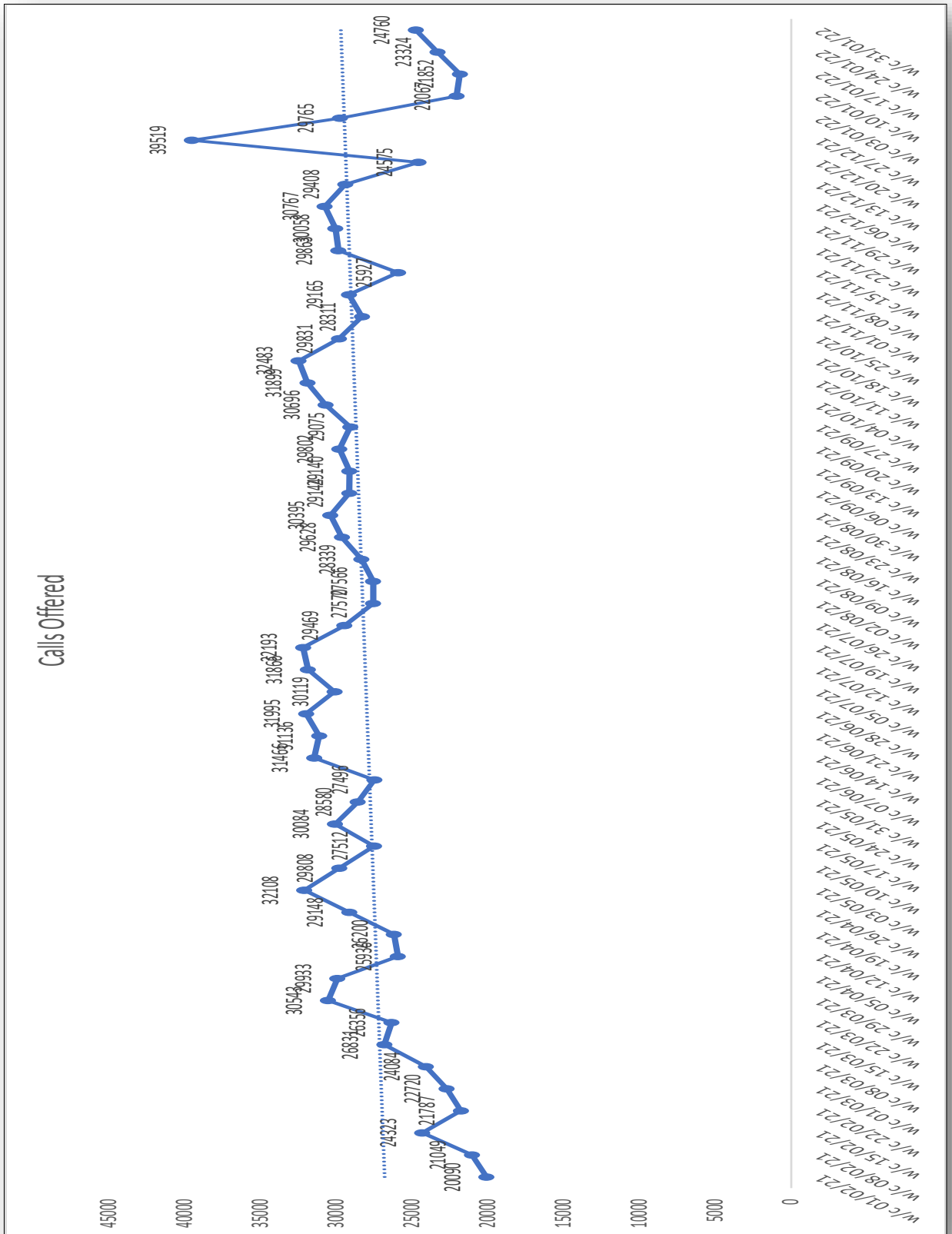
Call Answer Times		Mean
England		19
1	East Midlands	5
2	West Midlands	8
3	Isle of Wight	9
4	South East Coast	12
5	North West	13
6	London	14
7	Yorkshire	17
8	North East	18
9	South Central	29
10	East of England	36
11	South Western	44

Call Answer Times		90th centile
England		59
1	East Midlands	3
2	Isle of Wight	14
3	West Midlands	21
4	North West	33
5	South East Coast	38
6	North East	44
7	Yorkshire	44
8	London	54
9	South Central	111
10	East of England	117
11	South Western	152

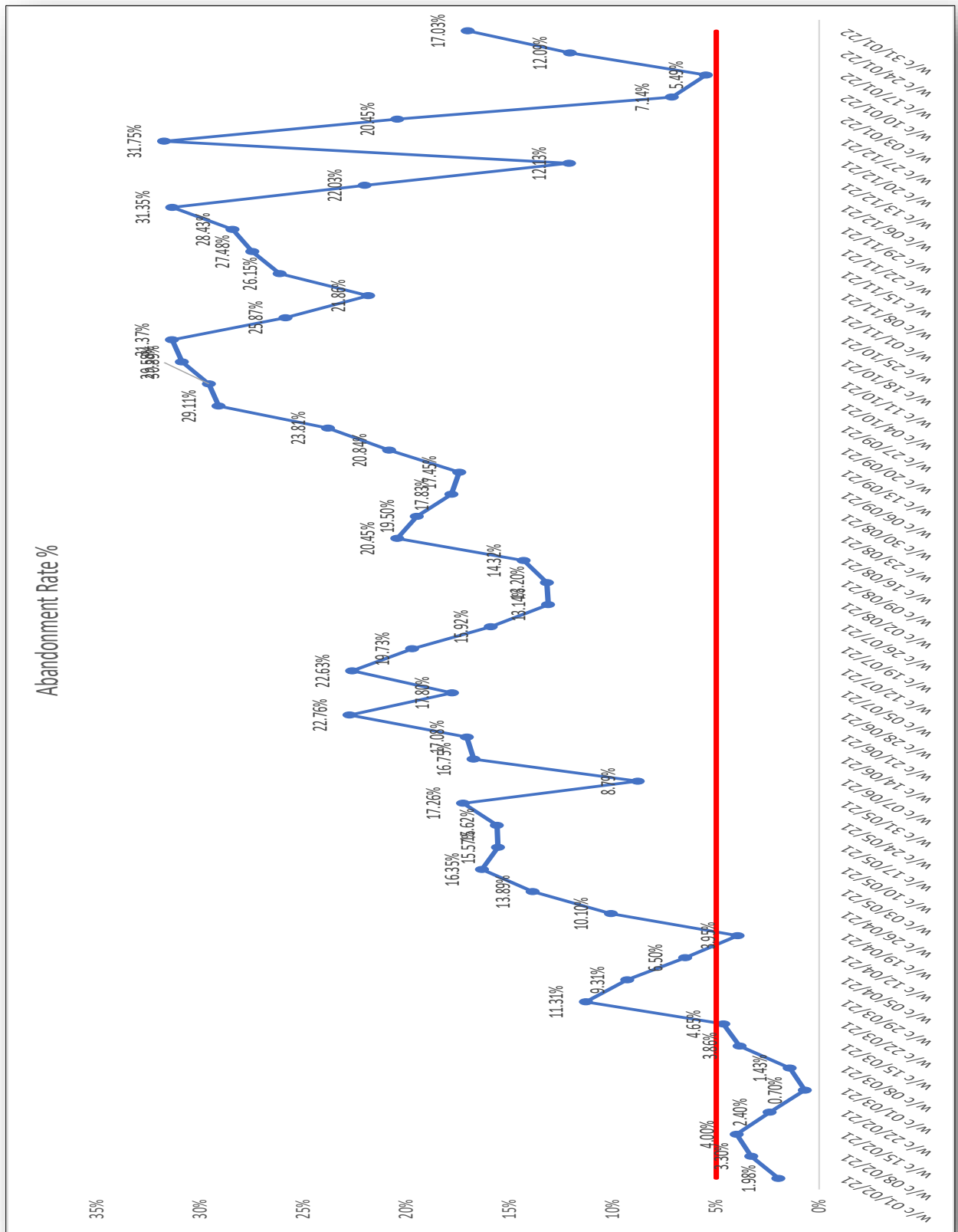
Call Answer Times		95th centile
England		108
1	East Midlands	9
2	West Midlands	33
3	Isle of Wight	47
4	North East	73
5	South East Coast	84
6	North West	85
7	London	98
8	Yorkshire	108
9	South Central	173
10	East of England	207
11	South Western	238

Call Answer Times		99th centile
England		226
1	West Midlands	66
2	Isle of Wight	107
3	East Midlands	116
4	North East	160
5	South East Coast	185
6	North West	189
7	London	198
8	South Central	303
9	Yorkshire	310
10	South Western	397
11	East of England	398

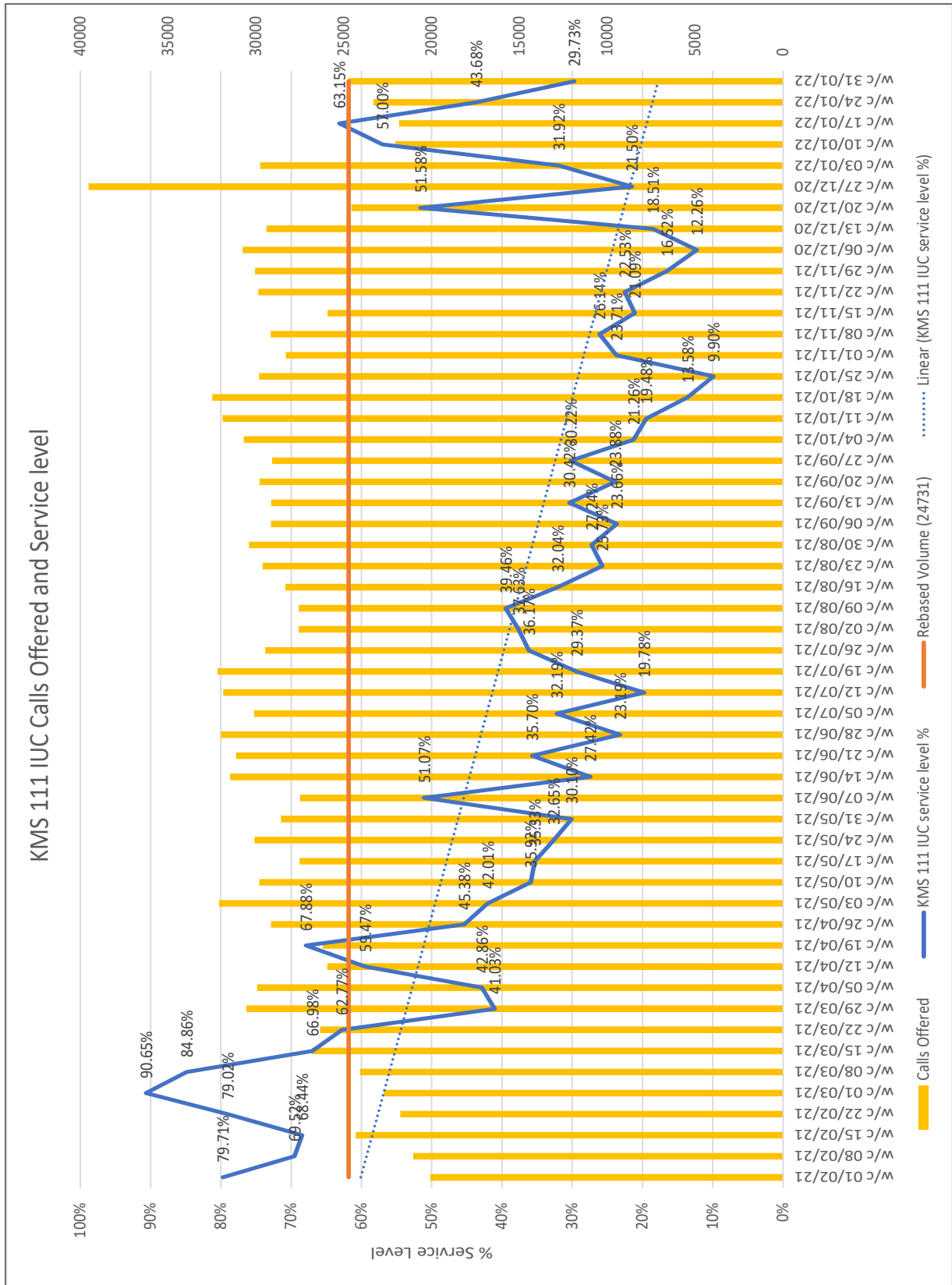
Appendix C – KMS 111 IUC - Calls Offered



Appendix D – KMS 111 IUC - Abandonment Rate



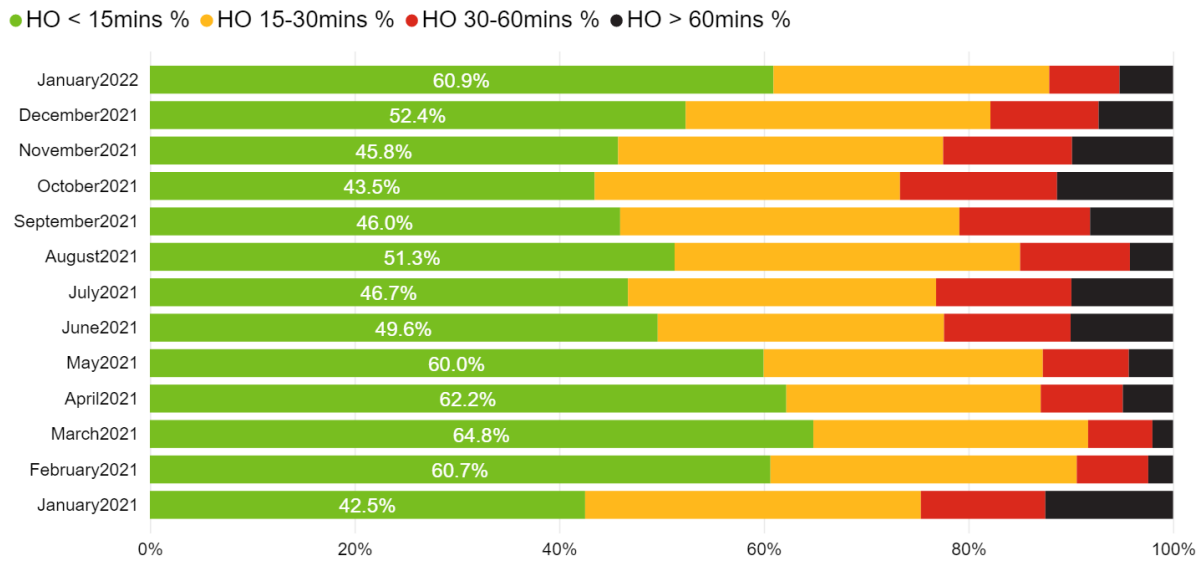
Appendix E – KMS 111 IUC - Calls offered and service Level



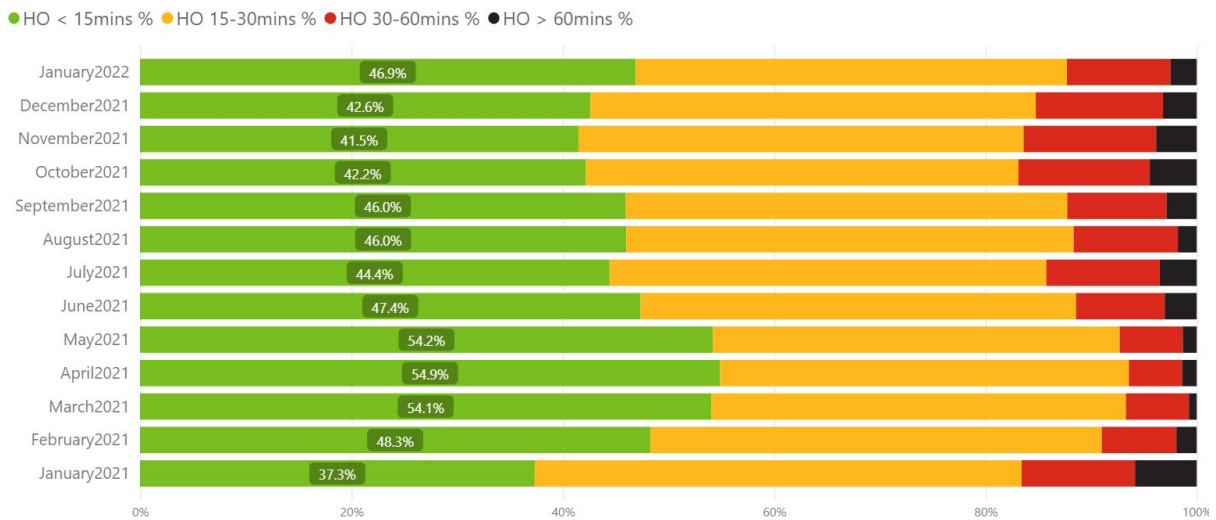
Appendix H – KMS 111 IUC - Overview

	111 to 999 referrals	A&E Dispositions	Clinical Contacts	Ambulance C3/C4 Validation
Dec-20	13:90%	14:60%		
Jan-21	14:90%	14:70%		
Feb-21	15:00%	15:40%		
Mar-21	13:40%	15:60%	48:10%	95:40%
Apr-21	8:70%	15:20%	48:20%	95:30%
May-21	9:10%	14:90%	45:20%	95:10%
Jun-21	9:70%	16:00%	44:90%	90:60%
Jul-21	9:30%	9:10%	46:00%	95:20%
Aug-21	9:30%	8:10%	46:00%	93:60%
Sep-21	9:10%	8:90%	46:20%	95:90%
Oct-21	8:90%	8:30%	48:00%	95:60%
Nov-21	8:95%	8:70%	49:35%	94:90%
Dec-21	8:51%	8:25%	52:17%	96:86%
Target	13:00%	9:00%	50:00%	85:00%

Appendix I – Hospital Handover Delays – MFT



Hospital Handover Report Medway Maritime Hospital, Date (01/01/2021 - 31/01/2022)



Hospital Handover Report Kent and Medway Hospitals, Date (01/01/2021 – 31/01/2022)

Appendix J.

Steel Framework as of January 2022



Staff Parking

