

HEALTH

OVERVIEW AND SCRUTINY COMMITTEE

24 NOVEMBER 2020

SOUTH EAST COAST AMBULANCE SERVICE UPDATE

Report from: Bethan Eaton-Haskins, Executive Director of Nursing and Quality, SECAMB
Author: Ray Savage, Strategy & Partnerships Manager, SECAMB

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 2020. 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.

1. Background

- 1.1. Since the last update in March 2020 the Trust has been responding to the COVID-19 pandemic. However, this has not stopped the Trust continuing to progress in a number of key areas.
 - The NHS 111 Contract went live on the 1st October
 - NHS 111 First was launched in Medway on the 16 September 2020
- 1.2. 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.
- 1.3. 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.
- 1.4. 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 Operations Centre, investment in modernising the ambulance station at Sheppey has recently finished with staff now reoccupying and responding from the station.
- 1.5. The Trust has developed a winter framework and is currently reviewing its EU Transition plans.

2. 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 CCG's. 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 CCG's 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.
- 2.5. The continued recruitment of patient facing staff (ambulance personnel) is an ongoing programme.
- 2.6. September's call answering performance achieved 3 seconds (mean) against a national (England) average of 4 seconds. The 95th centile performance for the month was 2 seconds against a national (England) average of 16 seconds. This year, the Trust is currently one of the best performers for 999 call answering amongst ambulance services in England. Appendix A.
- 2.7. 999 ambulance performance has remained challenging, however, due to the pandemic 999 activity reduced and during March the Trust achieved a Category 1 performance of 07:52 minutes mean against an England performance of 08:07 minutes mean. For April the Trust achieved a Category 1 performance of 07:05 minutes against an England performance of 07:08 minutes. This was against a national performance standard of 07:00 minutes mean. Appendix A.
- 2.8. Category 2 performance for April, May and June was 14:50 minutes, 14:28 minutes and 16:43 minutes respectively. This was against a national performance standard of 18:00 minutes.
- 2.9. The Trust also experienced a reduction in its 999 activity for the months of April and May due to the pandemic, however during June activity levels increased and have now returned to the expected seasonal levels. 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.
- 2.10. For the month of May the Trust achieved all its Ambulance Response Programme performance indicators.
- 2.11. Year to date performance, highlights the legacy clinical commissioning group areas of Dartford Gravesham & Swanley, Medway, and Thanet, achieving both category 1 and category 2 ARP standards.
- 2.12. 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.
- 2.13. 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:
 - 2.13.1 Managing our absences closely, ensuring that we can safely return as many staff as possible to the workplace.

- 2.13.2 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.
- 2.13.3 A refocus of the daily operational 08:30 call to improve productivity and efficiency.
- 2.12.4 Continued focus on 999 telephone triage (Hear and Treat) for patients who do not require a face to face response.
- 2.12.5 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.
- 2.12.6 Incentivised shifts offered to maintain the required number of operational hours.
- 2.12.7 Working with the Private Ambulance Providers that the Trust has on its framework for continuous supply of additional ambulance hours.
- 2.13. The Trust's 111 service experienced unprecedented levels of activity during February and March and despite a decrease during April and May, activity during the summer months remained higher than the seasonal expected levels. This is a trend that has continued into the autumn.
- 2.14. 111, since August 2019 has maintained good performance for 'call abandonment' apart from February, March and April of this year when call volumes significantly exceeded predicted levels.
- 2.15. The 'service level' (calls answered within 60 seconds) has improved since June this year and has been aligned with the national figures.
- 2.16. The 111 service continues to be sensitive to pressures in the wider system.
- 2.17. The Trust is working closely with commissioners since the launch of the Clinical Assessment Service (CAS) and the developing NHS 111 First programme.

3. 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 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 recently come to an end with the CFRs now supporting frontline operations by responding to patients.
- 3.11. The Trust has recently established its Test and Trace Cell to give staff a single point of contact for the reporting and monitoring of all Covid-19 positive cases.
- 3.12. The Cell will also act as the single point of contact for Public Health England to advise of confirmed Covid-19 cases and be the conduit for all communication regarding any incidents or outbreaks within the Trust.

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.

5. Critical Care Transfer

- 5.1. 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.

6. 111 Clinical Assessment Service

On the 1st October 2020, the new enhanced NHS111 service went live across Kent, Medway and Sussex, providing patients with a more robust response from expert advice delivered by a wider range of healthcare professionals than previously.

- 6.1. GPs, paramedics, nurses, mental health professionals, dental nurses and pharmacists will be a part of the new enhanced NHS111 clinical assessment service (CAS).
- 6.2. People who call 111 – free from mobiles or landlines 24/7 – or access the service via www.111.nhs.uk will speak to Health Care Advisors or healthcare professionals who will be able to assess symptoms over the phone, issue prescriptions and directly book people into onward care appointments if they need one.
- 6.3. 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.
- 6.4. 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 NHS111 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%.
- 6.5. The original go-live date of the 1st April 2020 was delayed due to the pandemic with both SECamb and IC24's NHS111 services handling up to 4 times more daily calls than forecast.
- 6.6. 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.
- 6.7. NHS111 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.

- 6.8. Stuart Jeffery as the Senior Responsible Officer for NHS111 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.”

7. NHS 111 First

- 7.1. 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 call 111 first and receiving a telephone triage to reach an outcome disposition.
- 7.2. A key feature of NHS 111 First is the ability for 111 to directly book an appointment for the patient. This is called Direct Access Booking (DAB).
- 7.3. Medway was the first system to go live with NHS 111 First across the counties of Kent and Sussex and was ‘soft’ launched on the 16th September.
- 7.4. Under phase 1, appointments can be booked into ED, Urgent Treatment Centre (UTC) and Same Day Emergency Care (SDEC).
- 7.5. Phase 2 will expand on this appointment bookings will be enabled into community services, surgical assessment unit, gynaecology unit, paediatric unit, frailty assessment, ear nose and throat, and mental health.
- 7.6. All appointment bookings that are directly to ED will have had a further clinical review in the 111 CAS.

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. 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.
- 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 from 44.1% during October 2019 to 51.1% October 2020. Appendix B.
- 8.5 Handover delays greater than 60 minutes had also improved with May, June and July having the lowest number for the 12-month period. October has seen an increase and there are ongoing reviews taking place with senior managers at the trusts most affected.

- 8.6 September 2020 saw Maidstone and Kent and Canterbury Hospitals with the lowest average handover times, 13.97 and 14.03 minutes respectively, followed by the Queen Elizabeth the Queen Mother with 15.12 minutes and Tunbridge Wells with 15.36 minutes.
- 8.7 The hours lost over 30 minutes for the Trust is currently below the level of October 2019, which has been a continuing pattern since April.
- 8.8 Kent's lost hours are slightly below the same period last year however they have been on an upward trend since July.
- 8.9 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.
- 8.10 As a result of this ongoing work this programme of work has developed into the pathways development programme, with an emphasis on community pathways available to ambulance crews to avoid unnecessary conveyances into the acute setting.

9.0. Live Ambulance Conveyance Review

- 9.1. As a part of the improving Handover Delays programme, the Trust has been carrying out live reviews across the area with the latest one in Kent being at Medway Maritime Hospital during January 2020.
- 9.2. During January 2020, SECamb along with system partners, conducted a live front door review at Medway Maritime Hospital (Appendix c).
- 9.3. The aim of this review 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 review 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 the review included MFT, MCH, 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 review 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 the UTC (2 teams) and using the agreed template, asked the conveying crews (post-handover) key questions.
- 9.8. The outcome of the review was that ambulance crews are making appropriate and informed conveyancing decisions based on existing appropriate and available community services. See appendix C for the full report.

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. Ambulance crews currently starting their shifts at Medway, Sittingbourne ambulance stations will instead, start and finish at the new MRC. They will then respond from the Trust's ambulance community response posts (ACRP) strategically located across the region with suitable rest facilities for crews between responding to emergency calls and when on a break.
- 10.6. Staff based on the Isle of Sheppey will continue to start and finish their shifts from the ambulance station on the island that has recently been refurbished. The major refurbishment and station upgrade have also provided new educational and training facilities.
- 10.7. The MRC will comprise a modern open plan 999 Emergency Operations Centre (EOC) and 111 Operations Centre. This replicates the current layout of the EOC for the West of the Trust's area, situated in Crawley.
- 10.8. 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 triage 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.
- 10.9. 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.
- 10.10. 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.

10.11. 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. Sheppey Ambulance Station

11.1. The Trust's ambulance station on the Island of Sheppey has recently reopened following a 6-month major refurbishment project to turn the existing site into a MRC.

11.2. The improvement work at the Main Road site in Queensborough means that the developed site not only operates as a MRC but also boasts modern rest, educational and training facilities.

11.3. Both of these developments are a part of the ongoing Trust review of its estate and Brighton in East Sussex will also open a new Make Rady Centre early in 2021 and the recent planning permission received to enable the redevelopment of the legacy Trust head office in Banstead, Surrey, for a Maker Rady Centre with training facilities.

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 offices 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 a number of 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. Appendix E.
- 13.18. The 2020 NHS Staff Survey is currently underway and to date 52% of staff have responded with 3 weeks remaining.

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 is culture.

16.0. Innovation

15.1. SECAMB is the first ambulance service in the country to introduce new pioneering guidance aimed at improving the treatment of spinal injury patients.

15.2. 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.

- 15.3. 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.
- 15.4. A decision tool that separates vulnerable, frail patients from those considered healthy and fit has also been developed

16. Winter Planning Framework 2020 - 21

- 16.1. The Trust has developed its winter planning framework which is designed to enable the Trust to meet the challenges of the winter period and takes into consideration the historical seasonal increase in ambulance activity but also the impact of the current Covid pandemic and the forthcoming EU Transition on the 31st December 2020. Appendix D.
- 16.2. 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.
- 16.3. In addition to the overarching Trust framework each Operating Unit has devised a local tactical plan to consider the nuances of the local health and social care systems.
- 16.4. The overarching intent of the framework is to ensure that patient safety is at the centre of all the trust's actions
- 16.5. In preparation for this period the Trust has 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.
- 16.6. 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.
- 16.7. The Covid response has been covered earlier in this report and will continue throughout the winter period and for the duration of the pandemic.
- 16.8. The Trust has recently 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.
- 16.9. This review will encompass the previous EU Exit plans the Trust has as well as reviewing any new considerations.
- 16.10. The Trust is linking in with system resilience forums in preparation for the 31st December and will work with system partners to ensure patient safety is at the centre of all planning assumptions and actions taken.
- 16.11. The Flu vaccination programme is already underway, on a phased basis with frontline staff in phase one, followed by phases two which will account for non-patient facing staff in the

999 Emergency Operations Centre and 111 Operations Centre. Phase three covers the remaining workforce.

16.12. To date 65.4% of patient facing staff have received their vaccine with some of the Kent Operating Units leading the way i.e. Dartford and Medway OU, and Thanet OU achieving 70.9% and 74.1% respectively.

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

17.1. Year to September 2020: The Trust continues to report a break-even position after 6 months, in line with national expectations. The additional costs incurred in response to COVID-19 and any other excess costs are funded through the 'Top-Up' arrangement as set out in the 'Revised arrangements for NHS contracting and payment during the COVID-19 pandemic' publication issued 26 March 2020 by NHS England.

17.2. Plan for October 2020 to March 2021: New contracting and payment guidance October 2020 – March 2021 was issued on 15 September 2020.

17.3. The revised framework will retain simplified arrangements for payment and contracting but with a greater focus on system partnership and the restoration of elective services. Systems have been issued with funding envelopes comprising funding for NHS providers equivalent in nature to the current block and prospective top-up payments and a system-wide COVID-19 funding envelope.

17.4. The Trust has submitted a revised 2020/21 plan in partnership with the ICS on 17 October 2020, with clear and transparent triangulation between commissioner and provider activity and performance plans.

18. Recommendations

18.1. 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 – Ambulance Handover

Appendix C - Live Ambulance Conveyance Review

Appendix D – Winter Planning Framework

Background papers

None

Appendix A: Ambulance Response Programme

England, SECAmb, Kent Performance 2020

Ambulance Response Programme								
	Category 1		Category 2		Category 3		Category 4	
2020	Mean	90th Perc	Mean	90th Perc	Mean	90th Perc	Mean	90th Perc
Standard	00:07:00	00:15:00	00:18:00	00:40:00	NA	02:00:00	NA	03:00:00
April								
Kent	00:07:07	00:13:37	00:15:28	00:28:35	00:53:47	02:09:29	01:16:12	02:51:52
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								
Kent	00:06:52	00:13:26	00:14:33	00:26:57	00:42:31	01:32:57	00:57:32	01:52:08
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								
Kent	00:07:44	00:14:45	00:17:37	00:32:26	01:24:09	02:53:48	01:44:08	03:48:02
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								
Kent	00:07:57	00:15:19	00:19:16	00:36:00	01:31:31	03:25:49	01:43:16	04:11:35
SECAmb	00:07:38	00:14:34	00:18:31	00:34:56	01:25:48	03:19:04	01:50:59	04:40:05
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								
Kent	00:08:04	00:15:26	00:19:27	00:35:24	01:41:42	03:44:11	02:04:08	04:56:07
SECAmb	00:07:53	00:14:50	00:18:57	00:34:57	01:34:11	03:31:37	02:05:27	05:01:24
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								
Kent	00:07:51	00:15:14	00:19:37	00:36:30	01:39:06	03:34:25	02:18:11	05:52:16
SECAmb	00:07:42	00:14:22	00:18:55	00:35:28	01:28:43	03:15:36	02:08:04	04:50:26

Emergency Operations Centre Call Answering Performance 2020

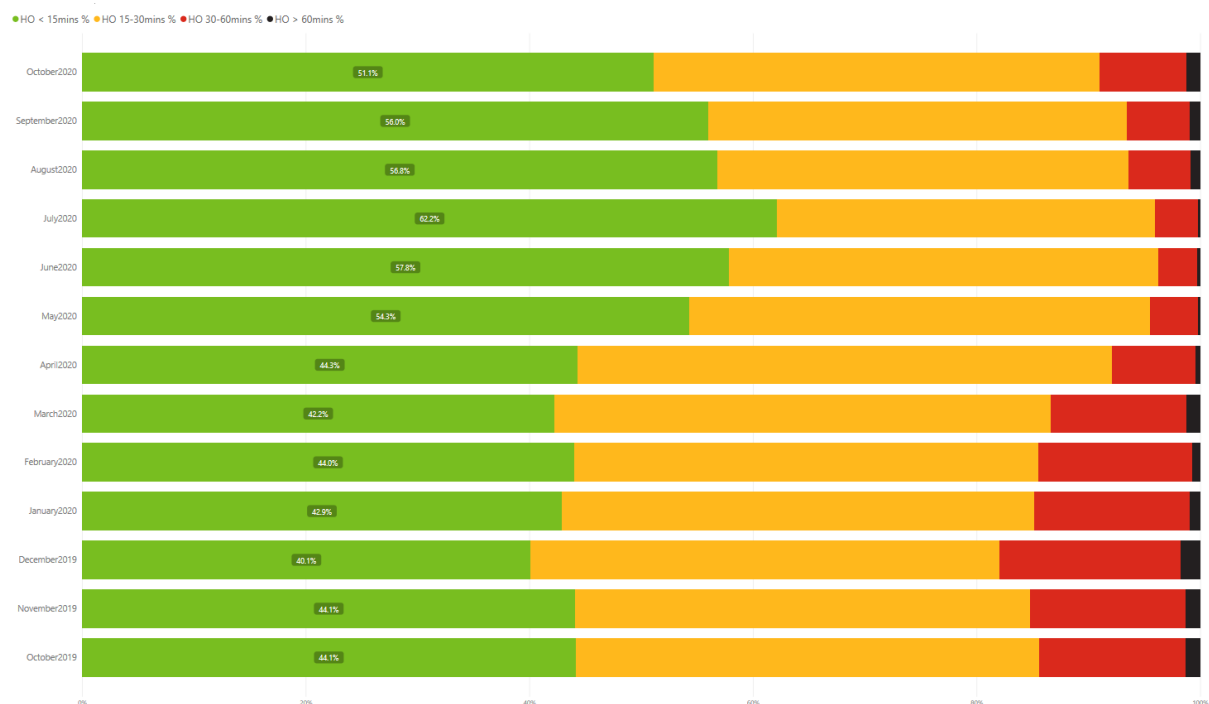
Call Answer Times (seconds)						
	April	May	June	July	August	September
SECAmb						
Mean	1	1	2	2	3	3
90th percentile	1	1	1	1	2	1
England						
Mean	*11	2	na	2	3	4
90th percentile	*38	2	na	2	3	6
*London Ambulance Service experienced high levels of activity						

Kent Legacy CCG Performance 2020

April 2020 to September 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
Ashford CCG	530	00:07:40	00:15:21	4787	00:16:51	00:31:56
Canterbury and Coastal CCG	977	00:09:04	00:16:35	7897	00:21:33	00:37:58
Dartford, Gravesham and Swanley CCG	1254	00:06:50	00:11:48	10134	00:15:50	00:29:15
Medway CCG	1599	00:05:58	00:09:47	11696	00:14:46	00:27:09
South Kent Coast CCG	1129	00:09:33	00:17:50	9368	00:20:54	00:37:40
Swale CCG	636	00:09:23	00:17:46	5238	00:21:18	00:37:35
Thanet CCG	1035	00:05:26	00:09:00	7339	00:14:13	00:28:49
West Kent CCG	2047	00:08:19	00:15:34	15775	00:18:29	00:33:12
Kent & Medway STP	9207	00:07:39	00:14:38	72234	00:17:49	00:33:08
Ambulance Response Programme Standards	Category 3			Category 4		
	Incidents	Mean	90th	Incidents	Mean	90th
		na	00:02:00		na	00:03:00
Ashford CCG	3058	01:24:49	02:52:15	81	01:34:23	03:30:44
Canterbury and Coastal CCG	5441	01:21:54	03:02:55	94	01:53:02	04:00:49
Dartford, Gravesham and Swanley CCG	6491	01:05:49	02:44:29	162	01:16:13	02:57:46
Medway CCG	6984	01:17:56	03:05:13	184	01:20:34	03:23:31
South Kent Coast CCG	6837	01:23:28	03:12:11	128	01:43:41	04:20:22
Swale CCG	3082	01:27:26	03:23:05	55	02:10:13	05:18:34
Thanet CCG	5192	01:03:50	02:36:13	113	01:33:09	03:30:14
West Kent CCG	10443	01:19:26	02:58:27	208	01:41:48	04:06:51
Kent & Medway STP	47528	01:17:23	02:59:00	1025	01:35:12	03:53:59

Appendix B – Ambulance Handover

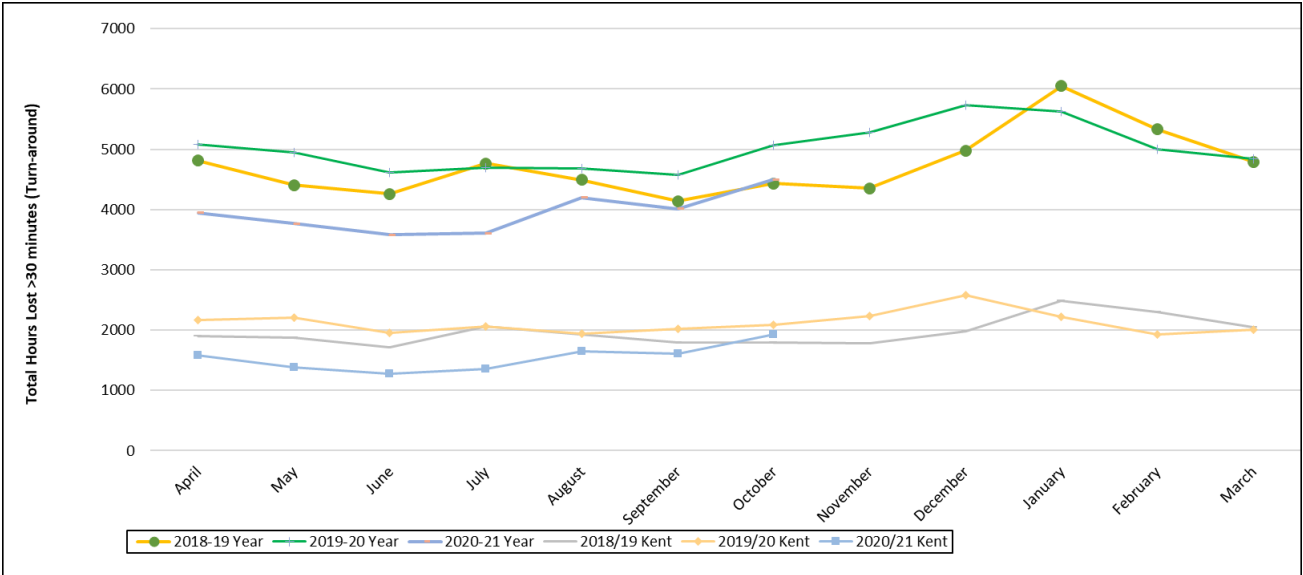
Ambulance Handover October 2019 to October 2020



Ambulance Handover - September 2020 Ambulance Turnaround

September 2020		Ambulance Turnaround			
Hospital	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
Medway Maritime Hospital	3334	430.8	17.72	16.75	0.129
William Harvey Hospital	2880	348.4	17.54	17.57	0.121
Tunbridge Wells Hospital	2186	240.9	15.36	18.75	0.110
Darent Valley Hospital	2058	229.8	17.89	16.76	0.112
Queen Elizabeth Queen Mother Hospital	2675	172.4	15.12	15.92	0.064
Maidstone Hospital	1540	157.6	13.97	19.18	0.102
Kent And Canterbury Hospital	275	16.9	14.03	15.72	0.061

SECamb/County of Kent Hours Lost >30 Minutes



Appendix C – Medway Maritime Hospital Live Ambulance Conveyance Review



Medway live conveyance review Ja

Appendix D – Winter Planning Framework



Winter 2020 Planning Framework'

Appendix E – NHS Staff Survey 2019 (Ambulance Sector)



NHS Staff Survey 2019.pdf