

Public Document Pack

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17 November 2022

Dear Member,

Health and Adult Social Care Scrutiny Committee - Wednesday, 23 November 2022

Please find enclosed the following documents for consideration at the meeting of the Health and Adult Social Care Scrutiny Committee on Wednesday, 23 November 2022 which were unavailable when the agenda was published.

- | Agenda No | Item |
|------------------|--|
| 5. | NHS Winter Preparedness (Pages 3 - 22) |
| 7. | South East Coast Ambulance Service Update (Pages 23 - 40) |

Yours sincerely

Tony Kershaw
Director of Law and Assurance

To all members of the Health and Adult Social Care Scrutiny Committee

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Heath and Adult Social Care Scrutiny Committee

23 November 2022

NHS Winter Preparedness

Report by Director of Law and Assurance

Summary

The Health and Adult Social Care Scrutiny Committee (HASC) identified scrutiny of NHS preparedness for seasonal pressures this winter as a priority. NHS Sussex has provided a report (at Appendix A) setting out its plans relating to West Sussex residents, highlighting any specific challenges and risks and how these are being addressed.

Focus for scrutiny

The focus for scrutiny is to seek assurance that the approach taken by the NHS across West Sussex responds adequately to expected pressures this winter.

Key lines of enquiry include:

- 1) NHS capability and capacity to deliver the plans as set out in the Appendix, including consideration of workforce challenges.
- 2) Whether the plan focuses on the right, evidence-based priorities.
- 3) Any linkages with Adult Social Care and how these are being addressed.
- 4) How plans have taken account of patient outcomes and how this will be assessed
- 5) To identify any related issues where scrutiny could add value in future

The Chairman will summarise the debate, which will then be shared with NHS Sussex.

1. Background and context

- 1.1 The background and context to this item for scrutiny are set out in the attached report. There are no resource or risk implications directly affecting West Sussex County Council, as this is a report by the NHS, relating to NHS services.

Tony Kershaw

Director of Law and Assurance

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Appendices

Appendix A: Report on Winter Planning by NHS Sussex

Background Papers: None

NHS Sussex Winter Plan

**Report for Health & Adult
Social Care Scrutiny
Committee**

November 2022

Better health and care for all

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NHS Sussex Winter Plan

1.0 Introduction

This report provides a summary of the overall Sussex Winter Plan. The plan spans the period from October 2022 to April 2023. The report highlights the Sussex wide and West Sussex specific elements of the plan for assurance for the Health & Adult Social Care Scrutiny Committee.

The Sussex Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population. It is an annual national planning requirement and provides assurance that the system and partners have the necessary measures in place to deliver health and care for the local population.

2.0 Background

The Sussex health and care system faces an extremely challenging winter. Locally and nationally, health and care systems are experiencing significant operational pressure across many of their services. Some patients are experiencing delays in accessing both planned and unplanned healthcare, despite the best efforts of our workforce. There has been no reduction in operational pressures over the summer months and providers are entering winter with significant capacity pressures (availability of workforce and beds) for all organisations.

In addition to the current pressures, we face a range of hard to quantify risks such as the potential for further waves of Covid-19, high incidence of flu cases mirroring the Southern Hemisphere, increases in respiratory illnesses, and the impact of the cost of living on both our workforce and our patients.

Recognising this risk, on 12 August 2022, in the letter titled '*Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter*' ([B1929 Next-steps-in-increasing-capacity-and-operational-resilience-in-urgent-and-emergency-care-ahead-of-winter.pdf \(england.nhs.uk\)](#)), NHS England (NHSE) described the actions they expected all systems and providers to take to increase capacity and operational resilience in urgent and emergency care ahead of winter.

Since the receipt of that letter on 12 August there have been two further national communications relating to winter. The Secretary of State for Health's 'Plan for patients', issued on 22 September ([Our plan for patients - GOV.UK \(www.gov.uk\)](#)), and a further communication on 18 October titled 'Going further on our winter resilience plans' ([NHS England » Going further on our winter resilience plans](#)). Both set out additional measures which systems and providers are expected to implement to improve service delivery this winter.

The NHS Sussex Winter Plan addresses the requirements of the national letters and plans, and has been built bottom up, to respond to the capacity challenges surfaced through the modelling of expected pressure for this winter. In addition to locally agreed actions to address the capacity challenges, we have established rapid improvement workstreams that are being applied across the system, led jointly by NHS Sussex executives and executives from partner organisations. These workstreams are drawing on best practice examples to ensure people receive the right care, from the right organisation, at the right time, and are supported to return to their normal place of residence at the earliest opportunity.

3.0 Development of the NHS Sussex Winter Plan

NHS Sussex has developed its Winter Plan in conjunction with partners to ensure that we can deliver safe and effective services for Sussex residents throughout the winter. It has been developed taking into account feedback and learning, following evaluation of the Winter Plan for 2021/22.

Contributors to the Plan include:

- East Sussex Healthcare NHS Trust (Acute and Community).
- University Hospitals Sussex NHS Foundation Trust (Acute).
- Sussex and Surrey and Sussex Healthcare Trust (Acute).
- Sussex Community NHS Foundation Trust (Community).
- Sussex Partnership NHS Foundation Trust (Mental Health).
- Local Authorities (Adult Social Care, Children's Services, Public Health) and District Councils.
- South East Coast Ambulance Service NHS Foundation Trust.
- Primary Care.
- The Voluntary Sector.

The plan incorporates the requirements set out within these national communications. There are three key elements to our approach:

- The establishment of a system wide winter operating model.
- The development of our winter operational plan for delivery, incorporating the use of the National Urgent and Emergency Care (UEC) Assurance Framework – a framework developed by NHS England, designed to be a helpful tool to support Integrated Care Boards (ICBs) in managing winter pressures.
- The mobilisation of several targeted rapid improvement workstreams targeting admission avoidance and timely discharge from hospital.

These three elements are described in more detail in the remainder of this paper.

4.0 The Winter Operating Model

Considering the significant operational challenges and associated risks anticipated this winter, it is important that the system's winter operating model delivers a responsive, well-coordinated and effective approach to delivery of the winter plan and management of surge

pressures. While our Winter Plan outlines **what** it is that we intend to deliver, the Winter Operating Model describes **how** we will deliver it.

4.1 System Operations Centre

The national ‘Going further on our winter resilience plans’ letter issued on 18 October 2022 ([BW2090-going-further-on-our-winter-resilience-plans-letter-october-22.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/10/bw2090-going-further-on-our-winter-resilience-plans-letter-october-22.pdf) ([england.nhs.uk](https://www.england.nhs.uk))), sets the requirement for all systems to have in place a System Control Centre from 1 December 2022. NHS Sussex recognised the importance of having a Control/Operations Centre in supporting the management of a safe winter, and so has already instigated the establishment of its System Operations Centre (SOC) in September 2022.

The SOC went live on 3 October. The core team are supported by ‘subject matter experts’ (SMEs) from across NHS Sussex, including finance, nursing, medical, communications, transformation, digital, primary care, workforce, and operations. This team will co-ordinate the system response to any emerging pressures and work to help unlock issues and identify solutions.

4.2 Governance

The Winter Operating Model has a weekly cycle of system wide executive level meetings, supported by the outputs of the SOC, to ensure we have a mechanism for taking executive decisions on critical issues, in a joined-up way across system partners. Along with daily data insights there is a weekly data information pack which facilitates the monitoring and responding to emerging risks and trends.

A weekly Winter Board has been established, chaired by the ICB Chief Executive, and attended by NHS Provider Chief Executive Officer’s, System Executives and Local Authority colleagues. The purpose of the Winter Board is to ensure we take leadership decisions in a joined-up way in response to any issues being escalated by the SOC, or through national or regional bodies. We recognise that there will be challenging decisions to be taken over the course of this winter to ensure that people can receive the care and support they need, and the Winter Board ensures that we have a mechanism to do that in a way that considers the needs of our entire population and the needs of staff working across both health and care.

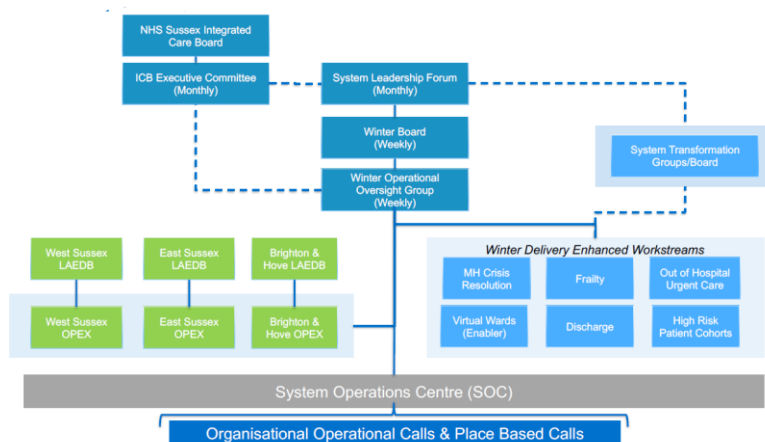


Figure 1: System Winter Governance and Oversight

5.0 The Winter Operational Delivery Plan

The NHS Sussex winter plan has been developed by building on individual provider and partner plans, and aligning with the areas covered by the NHSE assurance framework across the following core domains:

- aligning demand and capacity,
- discharge,
- improvements in ambulance service performance,
- improving NHS 111 performance,
- avoiding admission and alternative 'in hospital' pathways to improve flow,
- preparing for new Covid-19 variants/respiratory challenges,
- workforce, and
- communications.

The process for developing the system winter plan was agreed by the three place Sussex Local A&E Delivery Boards and covers all service areas across health and care, including the Voluntary Sector.

5.1 Aligning demand and capacity

The system has undertaken detailed demand and capacity modelling, informed by public health intelligence and seasonal trends, incorporating likely known pressures such as Flu and Covid, to understand the likely pressure on service capacity. Work is ongoing with UK Health Security Agency (UKHSA) to understand the potential health impact of the cost-of-living crisis so that this can also be incorporated into the modelling.

The plan includes a range of actions being taken to mitigate the capacity risks identified by the modelling and our approach to delivering safe and effective care.

The impact of these winter plan actions will be monitored through the system SOC throughout the winter period to understand whether these actions are delivering the expected impact or whether we need to increase our focus in particular areas where we continue to see pressures build or new issues emerge.

5.2 Discharge

Timely discharge is essential in supporting the right care in the right place. Discharging patients, with the right support, once they have no further need for acute medical care is key to the quality of care received and ensuring a good experience for local people. It also supports improvements in flow through the hospital and a reduction in waiting times for patients in the Emergency Department (ED). This helps reduce the time ambulances may need to handover safely to hospitals in a timely way and ensure people are admitted to the right wards where they receive care by the specialists they need to see.

The system is committed to discharge to assess pathways, supported by voluntary sector home support provision, and are working to optimise workforce capacity through technological innovations including the implementation of a virtual care and virtual ward model.

All providers have local plans to address the '100 Day Discharge Challenge' which is a national initiative of 10 key actions to improve flow through hospitals to support timely safe and effective discharges.

A system wide workstream to further improve discharge and system flow, building upon the continual improvement programmes at place, has been established as a key area for rapid improvement focus over the winter period. Detailed process mapping and evaluation of current pathways has been undertaken to inform the programme of improvement work.

While the majority of patients will be discharged back to their own home with no further care requirements, a number of patients will need additional support from community services or social care. Consequently, the work described above is a multi-agency approach involving all health, social care and voluntary sector organisations who play a role in supporting patients to be discharged from our acute, community or mental health beds.

5.3 Improvements in ambulance service performance

Improvements in ambulance service performance are a key area of focus for this winter, with a particular focus on reducing handover delays and improving ambulance response times.

In respect of reducing handover delays, a clear system escalation framework is in place, which identifies actions for acute providers to take if there are handover delays at the hospitals. In addition, the Sussex Winter Board has committed to significantly reduce long ambulance delays and the system escalation framework has been amended to reflect this as a key metric.

In respect of improving response times, South East Coast Ambulance Service (SECAmb) have fully implemented their 2018-23 fleet strategy and fleet requirements are in line with their current delivery model. St Johns Ambulance (Ambulance auxiliary service) are in place to support SECAmb and a Care Home line supporting direct access to NHS111CAS to reduce avoidable conveyances.

Within our system plan rapid improvement workstreams there are areas of focused work to improve the response of urgent community services, including the falls response service to reduce the number of category 3 and 4 conveyances, which will in turn improve ambulance response times.

5.4 Improving NHS 111 performance

To support the improvement in NHS 111 performance additional investment has been made to enable SECAmb to recruit an additional 111 whole-time-equivalent call handler, which should enable the service to ensure that 95% of calls are answered in 60 seconds and to

reduce call abandonment rate to <5%. Recruitment plans are in place and progress is being regularly monitored.

Action is also being taken to improve NHS 111 in respect of Mental Health (MH) crisis response ensuring that 24/7 MH Crisis lines are in place, integrated with NHS111. SECamb have seven embedded MH professionals across their footprint, working in their Emergency Operations Centres (EOC) and Clinical Advisory Service (CAS), providing specialist advice and support for people with mental health concerns who access services via both 111 and 999 routes.

5.5 Avoiding admission and alternative 'in hospital' pathways to improve flow

Action to avoid unnecessary admission and alternative 'in hospital' pathways to improve patient experience, ensure the right service is available to best support people and to improve flow, is a key component of the winter plan, with rapid improvement workstreams mobilised to focus on out of hospital urgent care and the establishment of a consistent single point of access to urgent community response services across the whole county being implemented ahead of winter. In addition, there is a focus on strengthening existing community falls response to reduce pressure on the ambulance service where no acute medical support is required, and additional action being taken to provide preventative personalised care to individuals at high risk of hospital admissions. Further examples of admission avoidance actions include:

- Expansion of Acute Same Day Emergency Care (SDEC) pathways in acute and community services including links to acute multi-disciplinary assessment teams in emergency departments.
- A system wide clinical model for virtual ward (VW) care has been agreed for patients with frailty, respiratory and heart failure conditions. There are currently 54 virtual ward beds available across Sussex and this will increase to 125 by January.
- Urgent Community Response (UCR) to deliver streamlined admissions avoidance pathways to help support people in their usual place of residence.
- Consultant access for advice and guidance to health care professionals in Community and Primary Care services to support decision making and avoid unnecessary referrals to secondary care.
- Self-management advice materials for patients.
- Long Covid services and treatment services for those particularly vulnerable to Covid are in place including supply of oximeters for at risk patients in primary care.

5.6 Infection Prevention and Control

Given the challenges identified for this winter it is critically important that we maintain the highest standards of infection prevention control across our system and the following core prevention and control measures are in place:

- Provision of Infection Prevention Control (IPC) teams across acute and community settings.
- Daily Covid-19 monitoring.
- Established infection prevention governance monitoring and reporting.

- Specialist infection prevention support across Sussex to provide outbreak management across health and social care providers.

Additional controls being implemented across Winter 2022/23 include:

- Development of an updated Seasonal Infection Prevention Surge Plan.
- System infection prevention cell meeting weekly.
- NHS support to social care providers via local authority Public Health teams.
- Provision of additional specialist training for new infection risks identified.
- Provision of specialist FFP3 mask FIT testing to ensure compliance with National requirements.
- Mutual aid support across IPC teams such as personal protective equipment (PPE).
- Updated Respiratory Syncytial Virus (RSV) and Paediatric Surge Plan for managing increased activity in paediatrics caused by seasonal RSV.

5.7 Seasonal vaccination programme:

Ensuring that we maximise the uptake of both the flu and Covid-19 vaccination in eligible members of the population and our workforce ahead of winter is a key priority, ensuring that we continue to work with system partners and local communities to improve uptake in parts of our community where there is lower uptake identified.

As of 8th November 2022 53.4% (West Sussex 56.7%) of the eligible Sussex population have taken up an offer of the Covid-19 autumn booster vaccination with 94.3% (West Sussex 97.7%) of care home residents and residential workers, and 79.5% (West Sussex 83.1%) of over 80s having taken up the offer.

To support vaccine uptake across West Sussex, we are working with system partners on the following:

- Mobilised 2 Vaccination Units in West Sussex that are running 4-5 days a week to focus on low uptake areas such as Crawley, Littlehampton & Bognor Regis.
- There is a dedicated Vaccine equity co-ordinator who proactively engages with the local community of Crawley to highlight the importance of the vaccine and dispel any vaccine hesitancy in the community.
- Increased capacity across West Sussex to meet the demand trend in the month of October. This included a satellite site at the Hindu temple, Crawley, which not only improved uptake by 1-1.5k per week but also improved vaccine awareness in the Hindu faith community.
- Mobilised an additional 4 community pharmacy in key area of low uptake and hard to reach communities to improve access points.

As of 30 October, 38% (West Sussex 38.8%) of the eligible population have taken up the offer of a flu vaccination with 64.4% (West Sussex 45.7%) of all 65 and over, having been vaccinated. Practices and providers continue to plan and host flu clinics at practice sites, flu vaccinations are widely available for eligible patients at community pharmacists, local vaccination centres and practices. Plans for Mobile Vaccination Units in each area are underway to provide additional capacity for the delivery of both Covid-19 and flu vaccination in areas showing low uptake.

Workforce capacity over winter is an identified risk within our system plan. Therefore, whilst we have been able to increase our workforce number, it is important that we continue with recruitment and retention activity, including overseas recruitment, and ensure that processes are in place to support the health and well-being of our workforce during the winter period and beyond.

The following measures are in place to ensure that optimum workforce levels are in place:

- Robust safe staffing escalation processes in place within each provider.
- System wide mutual aid systems and processes in place to enable the sharing of workforce across providers to maintain safe staffing levels and service provision.
- Sharing of pay rates across the system.
- Assessment of staffing levels daily, and implementation of local response actions to meet shortfalls in capacity.
- New roles and ways of working are being explored, for example the virtual ward programme.
- As a system we are a vanguard nationally in a violence reduction and prevention programme to keep colleagues safe in the workplace.
- Our workforce vaccination programme commenced in September to support protection of colleagues from contracting flu and covid infection in support or sickness absence position.

5.9 Communications

To support the winter plan, a Sussex communications and engagement approach has been agreed by all system partners. This aims to provide clear information about services and how people can access the health and care they need, influence behaviour change, maintain public trust and confidence and gain insight to support further operational solutions and responses.

The overarching approach follows the national 'Help Us Help You' campaign, and is structured over four key focus action areas:

- 1) Behaviour change campaigns – We will run a series of campaigns under the 'Help Us Help You' banner to signpost to services to encourage greater understanding and usage
- 2) Public Engagement – We will carry out targeted engagement with identified communities and groups to gain a greater understanding of their barriers/motivations to support operational interventions and delivery
- 3) Workforce – We will focus on specific communications and engagement with our workforce to support morale and wellbeing
- 4) Public confidence – We will develop a series of communications that outlines progress and issues in an honest and open way to help maintain public confidence

For each there is a focused action plan to share clear and effective communications with the public, stakeholders and patients. Materials and resources will be shared with all health

and care partners, and wider VCSE and community partners to ensure wider sharing to the public and our communities.

Effective communication both with our citizens and our staff is key to ensuring that we can deliver high quality services and treat patients in the most appropriate service and setting for their needs.

5.10 Planned Care Recovery Programme

As a system, our priority is to ensure that the recovery of elective and cancer care services continues, by securing capacity across Sussex which will not be impacted by emergency admissions. This will include using mutual aid between NHS providers, use of the independent sector where necessary, and the further development of Community Diagnostic Hubs. This will help us to continue with our elective recovery plan to diagnose and treat both the most clinically urgent and those that have waited the longest.

There is a Planned and Cancer Escalation Framework which sets out the underpinning principles, key triggers, and actions at each stage of escalation to protect the continuity of planned care and cancer services.

5.11 Mental Health

Mental health services have seen a rapid increase in need which has placed considerable pressure on the services that are available. Children and Adolescent Mental Health Services have seen particularly significant rises in need as a consequence of the pandemic.

One of the main objectives of the mental health winter plan is to reduce the number of patients having to receive inpatient support outside of the county, recognising the challenges that this creates both for the patient and their families. The plan does this by:

5.11.1 Reducing the need for admission to hospital by

- Creating 2 new Mental Health Havens (Worthing and Crawley)
- Creating a new Mental health clinical decision unit at Worthing
- Developing plans for a Mental Health emergency cohort facility at the Royal Sussex County Hospital

5.11.2 Supporting better clinical decisions at the point of admission

5.11.3 Reducing length of stay (LoS)

- Creating an Assessment / Triage Ward.
- Developing a clinically led complex case review processes
- Tackling unwarranted variation in length of stay.

5.11.4 Reducing delays in discharging patients by:

- Maximising the use of Discharge to Assess model in Brighton and Hove
- Review of the SPFT approach to bed management and patient flow from admission to discharge
- Expanding the West Sussex Discharge Hub model to Brighton & Hove.
- Engaging staff in the new Let's Get You Home Policy.

6.0 Enhanced Work Streams (Rapid Improvement Pathways)

The third component of the system winter plan relates to five rapid improvement pathways, which have been agreed by the senior leadership of the Sussex Health & Care system including local authority colleagues, which are summarised below:

6.1 Out of hospital urgent care

The focus of the out of hospital workstream is to improve ambulance response times

Objectives:

- To improve access to and utilisation of community pathways including a consistent single point of access
- Develop clear standardised referral and handover pathways into consistent admissions avoidance and other community pathways, to increase direct referrals and reduce conveyances where appropriate.
- Identify alternative pathways to safely convey suitable patients to destinations other than Emergency Departments (EDs)

6.2 Frailty pathways

The focus of the Frailty workstream is to ensure we have clear and effective frailty pathways including falls services in place Sussex-wide, with a focus on enhanced admission avoidance, through early support and intervention in the community, in care homes and in EDs.

Objectives:

- To improve access to and utilisation of community pathways to keep patients closer to home
- Establish core clinical principles of frailty pathway for Sussex.
- Deliver agreed targeted actions across Frailty Pathway

6.3 Discharge

The focus of the Discharge workstream is to ensure full implementation of each Place's discharge plan aligned to the Sussex agreed model, delivering the 100-day discharge challenge.

Objectives:

- To evaluate and optimise the current agreed discharge model
- To agree and establish a set of system metrics across the end-to-end pathway
- To agree and identify the high impact areas of focus, which will deliver improvements to ensure patients who are "medically ready for discharge" can be safely discharged in a timely way.

6.4 High Risk Cohorts

The focus of the High Risk cohorts workstream is to identify and support people who maybe at high risk of hospital admission over the winter, for example people with long term conditions.

Objectives:

- To offer proactive, personalised care for individuals at high risk of hospital admissions
- Maximise support through social prescribing link workers, health and wellbeing coaches, and care coordinators
- Improve symptom and condition self-management
- Increase access to a broader range of support options in their communities,

6.5 Mental Health crisis resolution

The focus of the mental health workstream is to reduce the number of patients, adults, children and younger people who are receiving their acute inpatient psychiatric care outside of Sussex

Objectives:

- Reduce number of inappropriate out of area placements (acute psychiatric care).
- Reduce length of stay within acute adults and older adults' inpatient units.
- Reduce number of patients who are identified as medically ready for discharge and not yet able to be discharged.

7.0 Local Plans – West Sussex

All the Sussex wide elements of the NHS Sussex Winter Plan apply to all parts of Sussex. The section below provides details that are additional actions West Sussex are taking.

7.1 Local Plans – West Sussex

Partners across health and social care have collaborated to develop detailed place based plans to address the current and expected challenges in demand across the winter months.

The general principles that have been agreed across West Sussex will help to support resilience across all partners to secure delivery of, and access to, health and care services, to maximise reablement and minimise the risk of harm.

The system is working together to support as many patients as possible to be treated away from emergency departments by increasing alternative options such as Urgent Treatment Centres and Urgent Community Response. The system will do all it can to support the timely discharge of patients and reduce the number of patients that are currently in acute and community beds who are medically ready to be discharged.

Local system oversight arrangements are in place across the West Sussex partners with senior operational touchpoint calls increased to daily (from twice weekly) during winter to help support the delivery of urgent and emergency care and discharge objectives. There

also weekly joint Executive oversight to solve any escalated issues or make timely decisions on new proposals so that we can remain responsive and flexible throughout the winter.

7.2 Acute Hospital Urgent Care Services

The main acute emergency departments used by the population of West Sussex are at the University Hospitals Sussex sites at Worthing, St Richard's Chichester and Princess Royal Haywards Heath and at Surrey and Sussex Healthcare Trust (SASH) site in Redhill. The SASH catchment area covers both north of West Sussex and Surrey. Generally, Sussex patients make up between 50-55% of attendances to SASH emergency department.

All the emergency departments at have seen a significant drop in performance following the Covid-19 pandemic with an increase in patents waiting to be admitted to the hospital. An increasing number of patients are choosing emergency departments as their first port of call with medical conditions who could often be treated in a different urgent care setting. As such, work is ongoing to improve flow to the co-located and stand-alone Urgent Treatment centres in order to maximise the number of patients that can be seen there, therefore freeing up more time for the Emergency medics to treat the seriously unwell.

This challenge to maintaining performance is also associated with an increased number of people who are ready to be discharged but are delayed which reduces the ability to admit patients through the emergency department.

Princess Royal, St Richard's and Worthing emergency departments are small and often busy with challenges admitting patients into hospital beds. This also results in long waits for patients before they are transferred to the wards. Both departments at St Richard's and Worthing have recently had building work and reconfiguration to help support patients entering the hospital from ambulances. Ambulance handover escalation triggers and actions have been agreed to provide a mechanism that all partners can react to provide support during time of challenged handovers.

University Hospitals Sussex has an Urgent and Emergency Care Improvement Programme which focusses on improving flow through the organisation to support the decongestion of the emergency departments. Escalation areas are open to increase the amount of bedded capacity to admit into, with further capacity to come online in the peak of winter.

Surrey and Sussex Healthcare NHS Trust have escalation areas open to increase capacity to admit into and a recent reconfiguration has seen the establishment of a medially fit for discharge ward. Plans are being explored to further increase inpatient capacity for winter.

7.3 Admission Avoidance

The Sussex wide enhanced work stream is developing an enhanced admission avoidance access point building on existing infrastructure of the community access point known as OneCall in West Sussex. The enhanced workstream is also enhancing the frailty response that will help support patients remain in their own home rather than being treated in an emergency department. This will build on and enhance existing West Sussex Urgent Community Response Services (UCR) provided by Sussex Community NHS Foundation

Trust (SCFT). The UCR services are developing improved access and responsiveness to non-injurious falls including supporting call outs to Care Homes to support them with assessing residents who have fallen but have not sustained any obvious injury. The UCR teams are working closely with the Ambulance Trust and its crews to increase awareness of the service offer and enable direct clinician to clinician decision making to support referrals into community as an alternative to conveyance

LIVI is a remote GP service which has been commissioned to provide remote consultations to 111 patients to prevent then having to attend face to face appointments. LIVI have successfully completed 70-80% of these consultation through remote consultation, saving the patient having to attend face to face and freeing up this valuable resource to be directed to those with more urgent needs.

An enhanced offering in the West Sussex Urgent Treatment Centres (UTCs), which can treat most injuries or illnesses that are urgent but not life threatening, will also help direct patients away from the main emergency departments if their condition is better suited to treatment there. In Worthing and Chichester an increase in available capacity in the UTC is to be directed toward support 'walk in' attenders to the emergency department

In north of West Sussex, SASH will benefit from redirecting West Sussex patients with suitable clinical conditions towards Crawley UTC which is open 24 hours a day 7 days a week. In addition, work is underway to enable SECamb to directly convey appropriate patients to the Clinical Assessment Unit at Crawley which operates 8am to 8pm, for 6 days per week. This will be for patients who meet a defined medical need and who would benefit from an enhanced medical assessment but do not require treatment in an ED or UTC. This should be in place for December.

During the weekdays patients are also able to access the minor injury services at Queen Victoria Hospital in East Grinstead, Horsham Hospital and at Bognor War Memorial Hospital. Winter communications are encouraging people to use these services alongside other options such as community pharmacists as well as the 111 service.

Same Day Emergency Care (SDEC) access will be expanded with mechanisms for direct referral from SECamb crews. A set of clinical condition criteria is being developed with each acute medical service to allow SECamb to directly convey patients with predefined medical conditions to SDEC. These are patients who would benefit from the experience of an acute medical consultant, but who otherwise would have had to go through ED and potentially have led to an unneeded overnight stay. This will by-pass ED and take the patient to the right clinician the first time with the goal to treat the patient and discharge within the same day, thus avoiding an overnight stay, whilst also freeing up more capacity within ED.

7.4 Discharge

In West Sussex there are well established discharge pathways for people who are able to go straight home with no or very little further health or social care support; for people who can go home with some immediate health and social care assessment through "Home First" before being referred onto core community services; and for people who first need a period of rehabilitation in a bedded setting or who may need to go into longer term residential or

nursing care. These pathways are all continuing to be developed and reviewed to improve efficiency.

West Sussex continue to prioritise Home First as a preferred discharge pathway aligning to the strategic principle to allow patients to return to their own homes following an acute hospital stay wherever safe and practical, with funding going into the service for both clinical and domiciliary care capacity. A full pathway review of home first is underway with health and social care colleagues to identify areas of process improvement to help increase efficiency.

In addition to Home first, there is also some patients who continue their rehabilitation journey in a community rehabilitation bed provided by SCFT. The use of these beds is kept under review to make best use of capacity for people who could benefit from a period of further rehabilitation. SCFT will open super surge beds in their West Sussex facilities if necessary to increase the number of patients that can be discharged from the acute services for winter. SCFT also plans to open an additional 12 beds at Horsham hospital to support discharges over the winter period.

A key aspect to finding placements and care for patients is the Combined Placement and Sourcing Team (CPST) at West Sussex County Council. This team been recruiting to increase the number of staff that can support placement finding. New ways of working have been developed to ensure maximum efficiency within the team. A placement seeking agency has also been providing support to CPST in areas of high demand to help bring lists to a manageable level. This has proved very successful and exploration to roll out more widely is underway.

Some people may need a little bit of extra help to get home but do not need formal support. We are working to ensure our hospitals work effectively with our voluntary sector services who play an essential role in the local health and care system, for example through the Take Home and Settle service.

7.5 Primary Care Winter Planning

The approach to this winter has been informed by patient feedback highlighted and the experience of last winter. A £1.5m winter fund has been made available to those areas with the highest health inequalities to ensure better access to primary care. The key areas of focus will be to increase capacity; maximise its effectiveness; and improve communication between providers and with patients as described in the separate paper submitted to the committee entitled West Sussex HASC Briefing: Access to Primary Care.

7.6 Public Health

The West Sussex winter plan includes ongoing joint work with Public Health. This includes the work of the West Sussex vaccination cell to maximise vaccine uptake among target groups such as those living in deprivation, minority groups, homeless people and migrant workers. They are also maximising uptake of shingles and pneumococcal vaccines in eligible older adults. Public Health protection team and the ICB infection control teams also work closely together to provide support to the West Sussex provider care market with infection prevention control support.

8.0 Summary

There has been significant engagement from all system partners to develop a robust winter plan for the system, support local people to have access to the right services to support their need, and to put in place the mechanisms necessary to support delivery and respond in an agile way to pressures experienced across our services. Consequently, we are well placed both to deliver on the requirements set out in the national letters and plans issued in recent months, and to manage winter as effectively as possible with the resources available to us.

The plans set out the mechanisms through which we will remain sighted on the key issues, respond in an agile way to pressures and ensure that system leadership remains aligned on the key actions that we take.

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Heath and Adult Social Care Scrutiny Committee

23 November 2022

South East Coast Ambulance Service NHS Foundation Trust Improvement Update

Report by Director of Law and Assurance

Summary

South East Coast Ambulance Service NHS Foundation Trust (SECAMB) provides the ambulance and NHS 111 service across the whole of Sussex, Surrey, Kent and North East Hampshire. The Trust was inspected twice in 2022 by the Care Quality Commission (CQC). The first inspection, which took place in February 2022, focused on management and leadership and the NHS 111 service. As a result of this inspection, the associated 'well led' domain rating reduced from 'good' to 'inadequate', whilst the NHS 111 service retained its 'good' rating.

The most recent inspection, which took place in August 2022, looked at SECAMB's urgent and emergency care as well as its resilience teams, whilst also checking on the progress of recent recommendations. This inspection saw the Trust's overall rating move from 'Good' to 'Requires Improvement'. The report at Appendix A provides an update on the overall improvement journey for scrutiny by the Committee.

Focus for scrutiny

The focus for scrutiny is to assess the performance of services provided by SECAMB and whether these have improved in line with the requirements set out by the CQC.

Key lines of enquiry include:

- 1) Assurance that SECAMB has the capability and capacity to deliver the necessary improvements.
- 2) Whether SECAMB is meeting its operational performance targets, including response and handover times.
- 3) Assurance that specific areas identified by the CQC, including culture and leadership and urgent and emergency care are being addressed in improvement planning.
- 4) How patient outcomes are being impacted by current challenges experienced by SECAMB, and how these are being addressed.
- 5) The anticipated Winter 2022-23 pressures affecting SECAMB and how these are being addressed.
- 6) To identify whether any further scrutiny of this matter could add value (and if so, when and what the focus for this should be).

The Chairman will summarise the debate, which will then be shared with NHS partners.

1. Background and context

- 1.1 The background and context to this item for scrutiny are set out in the attached report. There are no resource or risk implications directly affecting West Sussex County Council, as this is a report by the NHS, relating to NHS services.

Tony Kershaw

Director of Law and Assurance

Contact Officer

Rachel Allan, Senior Advisor (Democratic Services), 0330 222 8966

Appendices

Appendix A: Report on South East Coast Ambulance Service Update

Background Papers: None

West Sussex Health and Adult Social Care Scrutiny Committee

Wednesday 23 November 2022

South East Coast Ambulance Service Update: Winter 2022/23

Report from: Emma Williams, Executive Director of Operations

David Ruiz-Celada, Executive Director of Planning and Business
Development

Author: Helen Wilshaw, Strategic Partnerships Manager

Summary

This report updates the committee on South-East Coast Ambulance Service NHS Foundation Trust's (the Trust's) planning and preparation for the anticipated Winter 2022-23 pressures alongside current performance. This report also updates on the current Urgent Emergency Care (UEC) transformation initiatives, and the ongoing improvement journey to respond to the 2022 Care Quality Commissioner inspection findings and recent NHS Staff Survey feedback. Lastly, additional development initiatives for West Sussex are included.

Introduction

1. The NHS frontline experiences considerable pressure over the winter period as demand for services tends to increase significantly with the onset of cold weather and flu. Winter pressures and associated planning is therefore a key issue for acute, mental health, community, and ambulance services across the NHS. However, in recent years this pressure has been building not just in winter but throughout the year.
2. Winter planning is an annual process, during which all providers and Integrated Care Systems (ICS) are required to produce an assurance update for NHS England (NHSE) as part of the preparation for the predicted winter pressures. The UEC winter planning process has evolved during the last two years, resulting from the COVID-19 pandemic response and the transformational activities deferred to 2022/23 as a result. Key 111/999 winter planning is outlined alongside area relevant initiatives.

3. The most recent NHSE UEC Winter assurance documentation includes several ambulance service focus areas, recently reinforced with the 'Going further for Winter' assurance letters, as follows: -
 - 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.
 - Working closely collaboratively with care homes to determine what alternative appropriate responses might be required to support more residents in their care home where appropriate and reduce unnecessary conveyance.
 - Reducing conveyances to A&E 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 alternate 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 always ensure the safest and highest quality of care possible for the entire population across every area by balancing the clinical risk within and across all services.
4. As a regional provider of urgent and emergency care (UEC) services covering the counties of Kent, Surrey, Sussex, and part of Hampshire, covered by Frimley Health ICS, the Trust produces a winter plan, which combines updates on 999-provision (trust-wide) and NHS 111/Integrated Urgent Care (IUC) services provided within its operational footprint.
5. The Trust delivers the NHS 111/IUC contract across Kent & Medway, and Sussex. This service provision is centred around protecting emergency care 999 and acutes via enhanced clinical validation of these 111 triage dispositions. There are recent and planned additions to this service, namely the:
 - Open Access Crisis - enabling 111 to support mental health patients by routing calls at the national messaging level to local mental health lines. This was activated in Sussex on 1st November 2022, with Kent & Medway due to go live during March 2023.

- Single Virtual Contact Centre (SVCC) - working with regional 111 providers, commissioners, and NHS England representatives on supporting the SVCC framework to support call handling demand management at a national scale.
6. The Ageing Well programme has provided focus for Primary Care Networks (PCNs, groups of GP surgeries and multidisciplinary teams, supporting around 50,000 patients) to better support elderly and vulnerable community residents. Urgent Community Response (UCR) has been a key programme deliverable from April 2022, available to support common presenting conditions within a 2-hour timeframe to prevent avoidable admission to an acute hospital. All providers are being funded to deliver a 2-hour response to at least 80% of all referrals by October 2022. This is supplemented by virtual wards bed creation from November 2022, accessed by one single point for all appropriate community provision pathways, including other same day urgent and emergency pathways.
 7. The Trust is working closely across all 4 ICSs to fully embed these priority pathways during Winter. This includes working to retain a core level of operational consistency to enable a responsive, effective, and high-quality service for all patients, whilst local place engagement supports place-specific population priorities.
 8. Additionally, the Trust is progressing with its improvement journey, building on the organisational priorities developed in earlier in the year, alongside the NHS Staff Survey feedback and deliverables determined by the February and August 2022 CQC inspections.

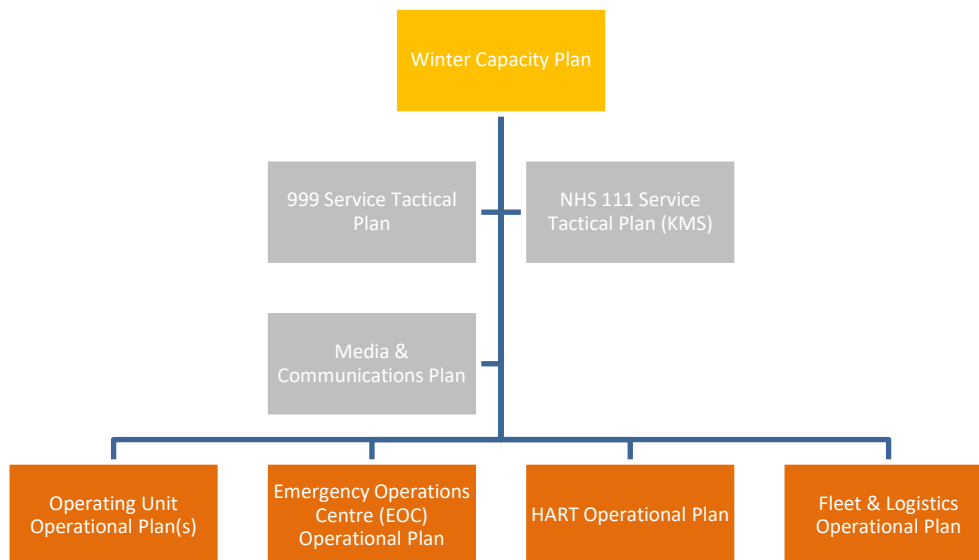
Winter Preparedness

Winter Planning 2022: Process and Timelines

9. The Trust Winter planning process was signed off by the Executive Management Board and Trust Board the end of September and was subsequently approved by lead commissioners Surrey Heartlands ICB. Winter preparedness also included a tabletop exercise which took place during October 2022. The Winter 2022 plan is attached in **Annex A**.

Key Focus Areas

10. The Winter plan includes the following component parts.



11. The core focus areas covered are the:

- Southeast region and local context
- System surge and winter planning factors
- Surge and demand forecasting and assumptions
- Workforce and resourcing
- ICS escalation frameworks
- Resource Escalatory Action Plan (REAP) and regional escalation processes
- Incident response framework
- High level actions
- Assurance and monitoring
- Local tactical plans for all 10 Operating Units, EOC, 111 and corporate directorates, including prior year learning.

12. 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 hours and private ambulance provider hours. The recruitment element of the workforce plan is mostly on trajectory, however with higher than forecast attrition rates, sustained high levels of sickness absence, COVID-19 annual leave carry over and Core & Clinical 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.

13. With regards to escalatory processes, the Trust continues to apply its Surge Management Plan (SMP), and this fluctuates dynamically by minute/hour across each 24hr period. This mechanism enables dynamic decision making to mitigate clinical risk, particularly when demand outstrips resources. It is reported as between level 1 (lowest) and 4 (highest). The REAP level sits alongside the SMP also at a similar level 1-4 and is reviewed weekly based on several factors including activity demand, operational resourcing, levels of abstractions, performance and other system factors including acute systems Operational Performance Escalation Levels status (OPEL). There is no anticipated change of escalatory process internally, or with systems externally for Winter 2022/23
14. System engagement follows a standard weekly pattern with an NHSE/I call on Friday morning, further conference calls with system partners on the Saturday & Sunday ROC (Regional Operations Centre) calls and escalation calls managed at acute trust or system level (where multiple trusts are under pressure).
15. In addition, every Wednesday morning there is a weekly touchpoint between SECamb and Commissioning leads. These meetings follow a standard agenda, reviewing Trust performance and quality, local system issues and specific issues for attention.

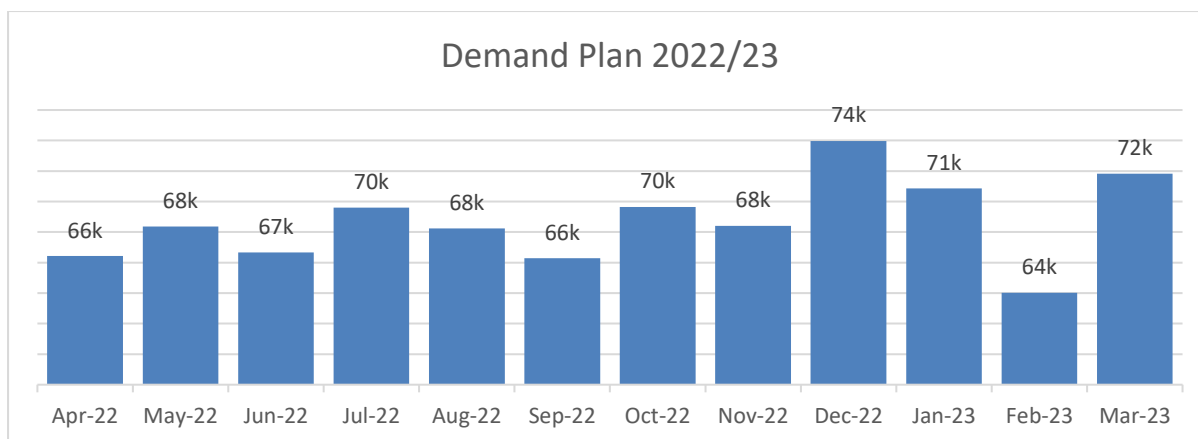
Additional 111 Planning

16. Call activity is planned with increasing granularity as the service approaches the winter period. The forecasts and staffing requirements are calculated at fifteen-minute intervals and utilise a complex workforce planning tool. The forecasts consider key metrics such as Average Handling Time (AHT), call profiles, and staff shrinkage (a combination of sickness and other types of non-attendance). All Annual Leave and rota changes at holiday periods must be authorised by the respective Contact Centre Manager, and escalation following the usual process to ensure 111 Senior Leadership Team (SLT) oversight.
17. Recent winters (2020-21, 2021-22) have been adversely impacted by COVID-19 with calls fluctuating dependent on lockdown status and other NHSE commissioned service capacity. COVID-19 activity into 111 replaced the normal winter illness surge attributed to flu, norovirus, and respiratory conditions.
18. As part of ensuring winter resilience in 111, no service closure (“red status” on DoS) is authorised without full stakeholder consultation and commissioner approval.
19. The escalation actions at the service’s disposal consist of a suite of options including:
 - Suspension of non-telephony activities for specific staff

- Patient Safety Callers nominated to manage low-acuity cases in the Clinical Queue
 - Selection of Front-End Messages (FEMs)
 - Flexible skilling of agents across the wider Trust.
 - Utilisation of appropriate case “streaming” to designated downstream
20. SECAmb’s KMS 111 Team has extensive experience of being the gateway of the urgent and emergency care system, coping with the intensive pressures of holiday periods and the extended whole system pressure generated by winter pressures. The service has adopted learnings from previous winters and the COVID-19 pandemic, having expanded its collaborative network across partner organisations/services.
21. Additionally, in preparation for Winter 2022/23 there is a special focus being placed on delivering the Trust’s Improvement Journey key priorities (People & Culture, Quality Improvement, Leadership & Engagement, and Responsive Care) with staff engagement and feedback incorporated as part of the winter planning process.
22. The Trust works closely with its partners, including the ICSs across our region, to ensure we provide timely and useful information to the public ahead of and throughout the winter period and to explain the challenges faced by the ambulance service. This involves communicating with stakeholders, including the public, staff, and system partners, via multiple communication channels such as social media to traditional broadcast and print media as well as specific briefings.
23. These communications remind stakeholders to dial 999 only in the event of an emergency and making use of alternative urgent services such as 111 Online.

Planning and Performance

24. The Trust’s financial plan for the year was developed in line with 999 call activity expectations and this follows an approved demand profile as shown below:



25. Through the annual planning process, workforce and financial forecasts are aligned to this profile using a combination of abstraction management and productivity improvement to maintain or improve the performance across the winter months.
26. The committee is asked to note that, whilst there is no budget deficit to the 2022/23 plan submission, it does not provide the budgetary resources for the Trust to meet the Ambulance Response Programme (ARP) performance standards, against which all NHS ambulance services are benchmarked. The Trust continues to engage in dialogue with its commissioners to look at the resources available across the four Integrated Care Boards (ICBs) to mitigate this for the coming financial year.
27. Additionally, there has been a change in activity profile and acuity of calls being received with the percentage of the combined higher acuity C1 and C2 calls, growing from 55-60% of all ambulance responses to over 70% since October 2021, requiring increased resources to meet the targets. Throughout 2021 and continuing into 2022, the Trust has struggled to achieve its ARP targets. This is not isolated to the Trust, where the performance challenges of the past two years have been experienced by all ambulance trusts across the UK.
28. During 2022 the Trust's ARP performance has generally performed either in line or slightly better than the 'mean' results for ambulance services across England. **Annex C** illustrates the Trust's July to October ARP performance for all categories and the national position against national average. The comparable performance is particularly notable across C2, where the Trust has averaged 2nd or 3rd as a direct comparison between the 11 English ambulance services for both the 'mean' and '90th percentile' performance. The Trust's position for C1 has also improved in recent months from 8th in January 2022 to 2nd in July and mid table to October. C3 and C4 performance is more challenged and remains the focus of several development initiatives (outlined in this paper) which are beginning to show improved results, with the Trust moving

from bottom of the table to 7th in October with still more improvements initiatives rolling out through Winter.

29. The West Sussex geography is served by 3 dispatch desks, Worthing, Tangmere and Gatwick. The combined ARP October 2022 performance is highlighted in **Annex D** and is also showing an improved position in October versus the Summer months. Performance links closely with increasing handover challenges at both Worthing District General Hospital and St. Richards Hospital, however continuous local dialogue to provide a more effective front door process, alongside ongoing development work for a full and consistent Same Day Emergency Care pathway offer as a non-bedded alternate to the Emergency Department presentation aims to support handover improvement.
30. Local system partnership working, and Ambulance workforce recruitment over the Winter will further support improved performance. The Trust drive for increased 'Hear and Treat', increased senior clinical support to crews for enhanced decision-making using community response services, and an emergency community first responder scheme pilot being targeted for the A272 corridor will all contribute to greater support response to this area.
31. Planned productivity improvements are monitored monthly through the Trust's Annual Planning Group and in addition to the workforce commentary already provided, the current report shows that Hear and Treat (H&T) continues to be above the planned assumptions, however the gap between job cycle time and the assumption has increased to almost 3 minutes due to handover delays and increased travel to scene times.
32. Hospital handover assumptions are aligned to achieving the 2022/23 NHSE planning guidance to:
 - Eliminate handover delays over 60 minutes
 - Ensure 95% of handover take place within 30 minutes
 - Ensure 65% of handovers take place within 15 minutes
 - This assumption equates to a target handover of 18 minutes 45 seconds.
33. As shown in **Annex E** the ambulance handover performance across the hospitals serving the Sussex population averages at 23 minutes 8 seconds for the current financial year and the mean handover duration has an increasing trend over the last twelve months whilst the mean wrap-up time has decreased same time.
34. The Trust has regular tactical and operational handover reviews with each acute trust to jointly identify and agree key areas for improvement against the handover principles agreed Trust wide, alongside the prior focus areas outlined

at paragraph 24 for the West Sussex hospitals. East Surrey Hospital and Royal Sussex County remain challenged but with key improvement initiatives agreed jointly with each Trust. The Trust continues to work on additional UEC transformation initiatives to reduce Emergency Department (ED) conveyances further.

CQC Inspection, Rating and Improvement Journey

35. The Trust is committed to making improvements following the two recent CQC reports published in July and October 2022.
36. The first inspection, which took place in February 2022 looked at the Trust's management and leadership, the emergency operations centres (EOCs) and the NHS 111 service. The associated 'well led' domain rating reduced from 'good' to 'inadequate', whilst the NHS 111 service retained its 'good' rating.
37. The Trust was pleased that the excellent care provided by its staff was recognised in the report and that their kind, compassionate and supportive approach towards patients was noted, and was especially pleased to see the NHS 111 service retain its 'good' rating following a challenging two years which has placed significant strain on the service.
38. However, feedback received through the NHS Staff Survey and CQC findings highlighted a failure to demonstrate the thread of quality within the Trust, a disconnect amongst senior management and the wider organisation and a lack of understanding of the Trust's vision.
39. The Trust's Leadership Team has set out key priorities for the 2022/23 including building a culture that fully reflects the Trust's values, supports its vision, ensures the satisfaction and wellbeing of its people, and embeds quality improvement.
40. To address the concerns outlined by the CQC, the Trust has developed an Improvement Journey plan designed around its key priorities, staff engagement and feedback. The plan is formed from 4 key programmes People & Culture, Quality Improvement, Responsive Care and Sustainability and Partnerships, set out 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 delivery of improvement beyond the initial period of recovery.
41. Additionally, the Trust has appointed a new Interim Chief Executive, Siobhan Melia, who took up her role on 12th July 2022, has a strong clinical background and is an experienced Chief Executive with good knowledge of the region and the Trust's partners.

42. The serious concerns surrounding culture and leadership highlighted by the CQC are being taken extremely seriously and the Trust has already begun the work to implement improvements at pace, including an important campaign – ‘Until it Stops’. This key campaign has been launched to raise awareness of sexual harassment, increase support to make it easier to act quickly, safely and eliminate any such behaviours across the Trust. Key components include strengthening policy, recruiting Dignity at Work Advocates, sexual safety training for line managers, and implementing an interactive bystander tool kit which provides all employees with the tools needed to challenge unacceptable behaviour.
43. The most recent inspection, which took place in August, looked at SECAmb’s urgent and emergency care, as well as its resilience teams, whilst also checking on the progress of recent recommendations. This inspection saw the Trust’s overall rating move from ‘Good’ to ‘Requires Improvement’. The individual rating for Caring remains rated as ‘Good’.
44. SECAmb is pleased the care provided by its staff was recognised with a ‘Good’ rating and that inspectors found and were encouraged that Trust leaders were showing a sense of urgency in prioritising the issues previously identified.
45. The improvement plan focuses on four pillars, each led by a Trust executive: -
 - Quality Improvement** - “We listen, we learn and improve”
Led by Robert Nichols, Executive Director of Quality and Nursing
 - Responsive Care** - “Delivering modern healthcare for our patients”
Led by Emma Williams, Executive Director of Operations
 - People and Culture** - “Everyone is listened to, respected, and well supported”
Led by Ali Mohammed, Executive Director of Human Resources & Organisational Development
 - Sustainability and Partnerships** – “Developing partnerships to collectively design and develop innovative and sustainable models of care”
Led by: David Ruiz-Celada, Executive Director of Planning and Business Development
46. **Annex F (1)** illustrates the key improvement milestones for the coming year and **Annex F (2)** the key deliverables under each improvement pillar.
47. Work includes improving learning from incidents, as well as further recruitment and greater retention of staff. It also involves growing the Trust’s voice within the wider NHS system to support improved patient pathways, reduce hospital handover delays and develop new partnerships.

48. Through the Recovery Support Programme, the Trust will receive intensive support from NHS England to help it improve and the Trust must set out clear actions and objectives on how it will bring its services up to the required standard.

Other Urgent Emergency Care Transformation Initiatives

49. The Trust is progressing several UEC transformation initiatives in response to the NHSE 2022-23 priorities and operational planning guidance, which link in with the recent UEC Assurance framework launched August 2022 (see paragraph 6). Relevant documents are attached at **Annex B** for information.

Acute Interface

50. The Trust was at the forefront of the roll-out of the initial NHSE national 'Think 111 First' (T111) initiative and worked closely with commissioners to facilitate the deployment of the region's digital interoperability roadmap. The KMS 111 service is now consistently validating almost 50% of emergency department dispositions reached in 111 and this will continue to be an area of key focus to avoid unheralded demand in the region's acutes.
51. Hospital handover - The Trust is one of the highest performing ambulance trusts with regards to handover hours lost and whilst this still has considerable impact, the consistent usage of the delayed and immediate handover policies with acute partners has provided a lower risk environment during increased levels of surge, when category 1 and 2 calls are awaiting an emergency response.

Category 3 and Category 4 response

52. 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 C1 / C2 responses.
53. In addition, the Integrated Care Senior Leadership Team is responsible for both the NHS 111 service and the Trust's Emergency Operations Centres. This enables the Integrated Care (999 & 111) clinical team to flex clinician resource between the 999 and 111 services, where appropriate and share best practice, this is equally applied to 111 and 999 C3 / C4 validation.

54. With the implementation of the NHS Digital Pathways Clinical Consultation Support system (PaCCS), specialist paramedics in the Trust's emergency operations centres in Crawley and Ashford, alongside the ten Urgent Care Hubs hosted in local operating units trust wide, provide the ability to perform remote consultations in integrated urgent care settings. This increases the opportunity to clinically triage risk assessed 999 incidents, direct 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.
55. The Trust is working to maximise the potential of PaCCS, via a focussed training plan to upskill the remaining workforce. The 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 who have submitted an expression of interest will also booster capacity over the Winter. The training will start from 21st November with weekly courses planned, a 3-day course for 12 clinicians, followed by 1 weeks mentorship in one of the Emergency Operations Centres (EOC). Delivered 3 times a month, this will provide additional capacity for 36 staff per month.
56. The Urgent Care Hubs are manned by PPs to support review of Category 3 and Category 4 calls awaiting dispatch as well as supporting crews on scene with the most appropriate patient decision. The new rota provision will result in an uplift to 10 Hubs across the Trust operating 24/7 when fully covered, to maximise 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 DoS is imperative to support operational crews locating the appropriate pathway depending on the patient's location.
57. 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.
58. 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 patient pathways across the acute and community footprint.

Admissions Avoidance * Appropriate Pathways

59. The Sussex Urgent and Emergency Care Transformation Board provides ICS oversight for the development of all appropriate pathways to reduce admissions to ED. The current focus is on consistent presentation of community 2-hour UCR, acute Same Day Emergency Care (SDEC) and Virtual Ward (VW) pathways, with Frailty being the initial focus for rollout from November.
60. The ICS is leading the way on building a single access point into all appropriate pathways, for ease of use by all health and social care professionals initially and expanding access during Winter to non-registered system staff to include Care Home and domiciliary care workers. It is recognised that increased utilisation of these urgent and emergency pathways by other health and care providers will lessen the demand on 999 services for C3 and C4 incidents, which in turn will release 999 resource to support higher acuity C1 and C2 calls, whilst reducing conveyances to ED.
61. The Trust is also working with lead commissioners to secure winter monies to fully mobilise a single access point into community pathways and will further support an enhanced community falls response pathway requested in the NHS England “Going Further for Winter” assurance. This aims for Level 1 non-injury and Level 2 minor injury falls to receive a community-based response, with 999 ambulance response reserved for the Level 3, serious injury or illness related incidents. This is further supported by the 999 contract CQUIN (Commissioning for Quality and Innovation framework) to improve care for elderly fallers.
62. This CQUIN contains a programme of activities to deliver improved care to this patient group over the coming financial year by:
 - Developing a better understanding of the elderly faller’s data.
 - Working with local careline provider’s and care homes to educate on the initial assessment and quicker response potential to prevent the associated deterioration with long lies and better support elderly fallers at first contact.
 - Raising the profile of the Urgent Community Response service and associated falls teams that should be available to support 8am-8pm daily ahead of calling 999 where risk appropriate.
 - Providing rollout of a more rapid response via a 999 community falls responder, where available and supported virtually with clinical oversight or a backup ambulance crew where required. Responses would be prioritised for residents in their own home rather than in a Care Home residence.
63. First initiated in the West Sussex area, Worthing Tangmere and Gatwick dispatch desks developed a ‘Champions Launch’ approach, jointly with our

community partners, Sussex Community Foundation Trust, for full local testing, familiarisation, and feedback on pathways ahead of a wider pathways' communication campaign, designed to embed usage longer term. This is ongoing throughout Winter as service provision and confidence builds between us.

64. Finally, we are providing local support to frequent caller homes, alongside the Care Home matrons to make more appropriate triage decisions for residents, with a focus on the falls response pathway to reduce the harm caused by falls long-lies, and development and usage of anticipatory care plans that reflect a patient's wishes for treatment.
65. All these initiatives will combine over the coming winter to provide enhanced decision making for patients in physical health crisis, ensuring that they receive the right care – be that at home with Urgent Community Response (UCR) services, providing follow up assessment and triage into appropriate wraparound health and social care, or conveying to a non-ED SDEC to provide a non-bedded acute intervention from which, if appropriate, they can return home on the same day.

Mental Health Response – Ambulance Conveyance

66. 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.
67. In line with this guidance, the Trust is focussing on:
 - Providing enhanced 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.
68. The Trust is also working in partnership with the Sussex Partnership Foundation Trust to develop a resource effective, patient focussed response, known as the Blue Light Triage (BLT) model. This is being piloted from June 2022 with the BLT team providing telephone and on scene support to crews to expedite the most appropriate response for the person in crisis.

69. Initial patient and provider feedback is positive, with early indications showing that most incidents can be resolved with telephone support and where there is a need to converge on scene, this is taking place within the 1-hour target from time of agreement to assessment outcome.
70. Using a Plan Do Study Act (PDSA) methodology, the initial 3-month review is underway. Initial data shows significantly reduced ED conveyance outcomes, even in the longer more complex incidents. However, this has resulted in increased on scene times, which we will look to better understand through using the special cause variation method. If the BLT model is deemed successful, it will be presented for Sussex ICS rollout during Winter.

West Sussex Stroke Reconfiguration

71. The Trust has supported the West Sussex stroke reconfiguration programme since inception 2018 and fully support the preferred option presented for public consultation. We will attend the forthcoming January Committee update.

Conclusions

72. SECAmb requests the Health and Adult Social Care Scrutiny Committee to note:
 - The winter planning in place across all emergency service provision, together with the UEC assurance focus areas outlined.
 - The performance and planning section highlighting the workforce challenges and remedy outlined.
 - The recent CQC inspection report and the Trust's Improvement Journey outlined for update in November 2022.
 - The additional UEC transformation updates provided with key focus on Category 3 and Category 4 response, Acute non-ED pathways, and developing response models to empower improved service for elderly fallers and those suffering a mental health crisis.

Recommendations and Next Steps

73. To note the report provided and seek clarity where required.

Report contact

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Annexes

Annex A - SECAMB Winter Plan 2022 - 23

Annex B - NHSE documentation

Annex B1 - NHSE 2022-23 priorities and operational planning guidance

Annex B2 - NHSE UEC Assurance capacity and planning for Winter 2022

Annex B3 - NHSE UEC Assurance framework

Annex C – Ambulance Response Performance Metrics – July – October 2022

Annex D – West Sussex ARP Performance metrics – October 2022: Gatwick, Worthing, and Tangmere Dispatch Desks

Annex E – Ambulance Handover Performance – Sussex Health & Care Partnership ICS April 22 – October 22

Annex F – CQC and Improvement Journey 2022/23

Annex G - Glossary of Terms