

# **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

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### **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 1<sup>st</sup> 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.

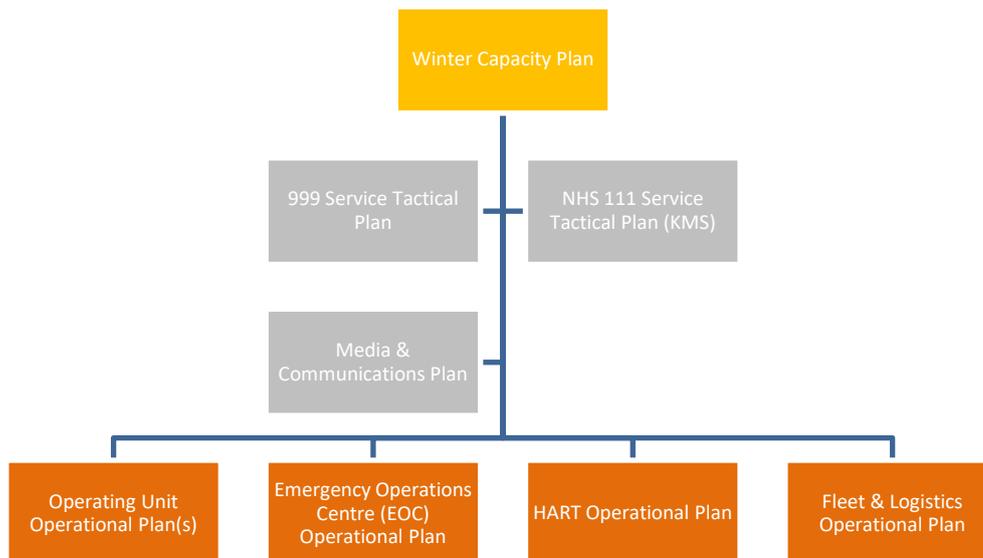
## **Winter Preparedness**

### **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.

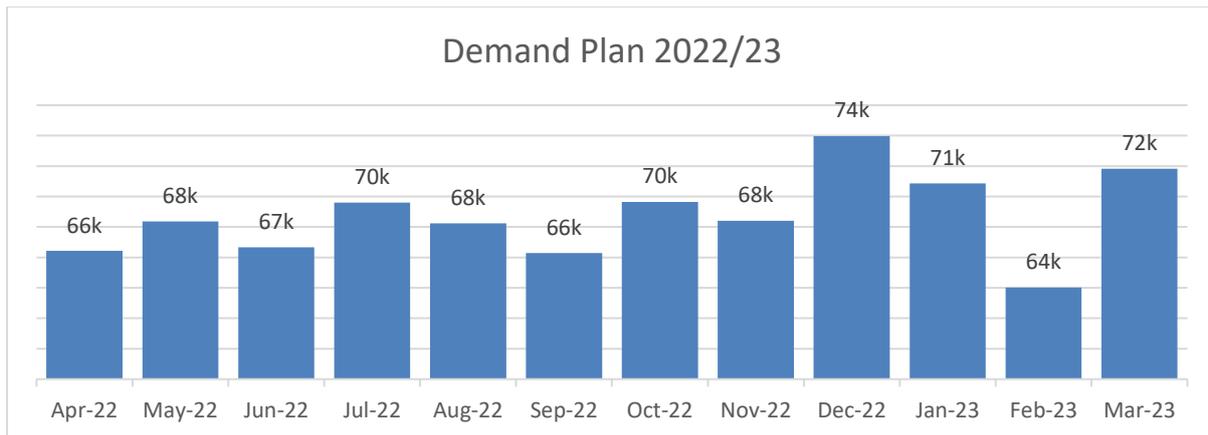
### **Additional 111 Planning**

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 2<sup>nd</sup> 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 7<sup>th</sup> 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 12<sup>th</sup> 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.

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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