

**EEAST Report to
Essex Patient Experience Scrutiny Committee**

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Essex

**Report Period: to July 2021
Date of Report: August 23 2021**

1. Executive Summary

1.1 EEAST has been making good progress on meeting the actions identified in the CQC report and our Executive team continue to work with our organisational coach and improvement directors to develop a plan for continued and sustained improvement through a transformation framework that will move the Trust out of special measures status as soon as possible. The Trust recognises that improvement will take time and will be built on key foundations of:

- Culture
- Workforce
- Capacity and capability
- System working
- Measuring impact and performance

1.2 In May, we appointed **Tom Abell** (formerly Deputy Chief Executive at Mid and South Essex NHS Foundation Trust) as our new permanent chief executive. This is an important step in building a stable and successful executive team.

1.3 We have worked with Health Education England to source an alternative education provider for our apprentices since our funding was withdrawn following an inspection by Ofsted.

1.4 We have recently signed a contract with MediPro and are working closely with them to ensure minimal disruption to learners.

2.0 Improvement programme

- 2.1 At the end of September 2020, the Care Quality Commission (CQC) published an Inspection report into our Trust. Part of that report highlighted the concerns many staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day.
- 2.2 The Trust continues to make good progress with the actions identified by the CQC report. This progress is checked and challenged by regional NHS England with the CQC and other stakeholders including NHS partners, Healthwatch, union, education and professional bodies.
- 2.3 Of the 171 actions of the CQC report, 63% are complete, with a further 37% rated green or green-amber in terms of confidence in delivery.
- 2.4 Areas of lower confidence (amber rating) are few, and relate to delivering to the timescale rather than concerns on the ability to deliver the actions per se. As we move forward, we will focus on measuring success by the confidence we have in the sustainability of the changes we have put in place.
- 2.5 A programme of work called Fit for the Future will ensure that we embed the improvements made in addressing the CQC's concerns. The five areas of focus for this work will be:
- Improving our culture
 - Workforce Development
 - System Partnership
 - Capability and Capacity
 - Evidencing our impact
- 2.6 Tom Abell, formerly Chief Executive at Mid and South Essex NHS Foundation Trust, formally took up his role as our new permanent chief executive in August. This is an important step in building a stable and successful executive team.
- 2.7 **Special Measures**
The Executive team continue to work with our organisational coach and improvement directors. Together, we are delivering a plan for continued improvement through a transformation framework to move out of special measures status as soon as possible.
- 2.8 Dedicated funding is being negotiated to support and strengthen key areas such as Freedom To Speak Up and communications. Over 200 staff have spoken to our Freedom to Speak Up Guardian. There have been more than 700 sessions with advice and support provided to managers and staff. Behind this, a huge number of other actions have taken place, but we know there is more to be done to embed and sustain change.
- 2.9 **Equality and Human Rights Commission**
The Trust has finalised an action plan with the EHRC with agreement on the actions and measures secured. Importantly, the actions have been underway whilst our

agreement with the EHRC under Section 23 of the Equality Act 2006 has been finalised.

The actions are included and monitored through our Quality Improvement Plan. There are clear monitoring points with the Commission to provide them with assurance on our progress.

2.10 Ofsted

An Ofsted team visited EEAST in June to inspect our apprenticeship education and training programmes. The focus of this monitoring visit was on safeguarding. Two Inspectors visited Newmarket Training Centre and undertook a detailed review.

2.11 Whilst Ofsted recognised that we have made improvements in addressing concerns raised by the Care Quality Commission in 2020, they identified an ongoing risk to our apprenticeship students being exposed to poor behaviour and felt less able to raise concerns. The outcome of the review was 'Insufficient Progress'.

2.12 As a result of this inspection the Education and Skills Funding Agency (ESFA) terminated our education provider contract.

2.13 Since then, we have been working closely with Health Education England to source an alternative provider and have recently signed a contract with the education provider MediPro.

2.14 We are working closely with MediPro to ensure minimal disruption to learners and we have a specific performance team who lead on workforce planning that will take steps to mitigate any risks caused by the outcome of this.

2.15 To address the issues raised by the CQC, the Trust has invested in a culture programme and campaign to tackle poor behaviour and encourage all learners and staff to raise any concerns. We have also provided additional support for managers to ask about – and challenge behaviour in the workplace

2.16 Additionally, The Trust has taken a number of actions to address the specific concerns of Ofsted, including:

- Reviewing and strengthening processes for mandatory safeguarding training to ensure learner and staff knowledge of safeguarding is recorded, updated and monitored
- Putting checks in place to make sure all relevant staff and students in the future complete safeguarding training
- Using data more effectively and intelligently to identify if different staff groups are having a different experience at work, rather than relying on general survey data

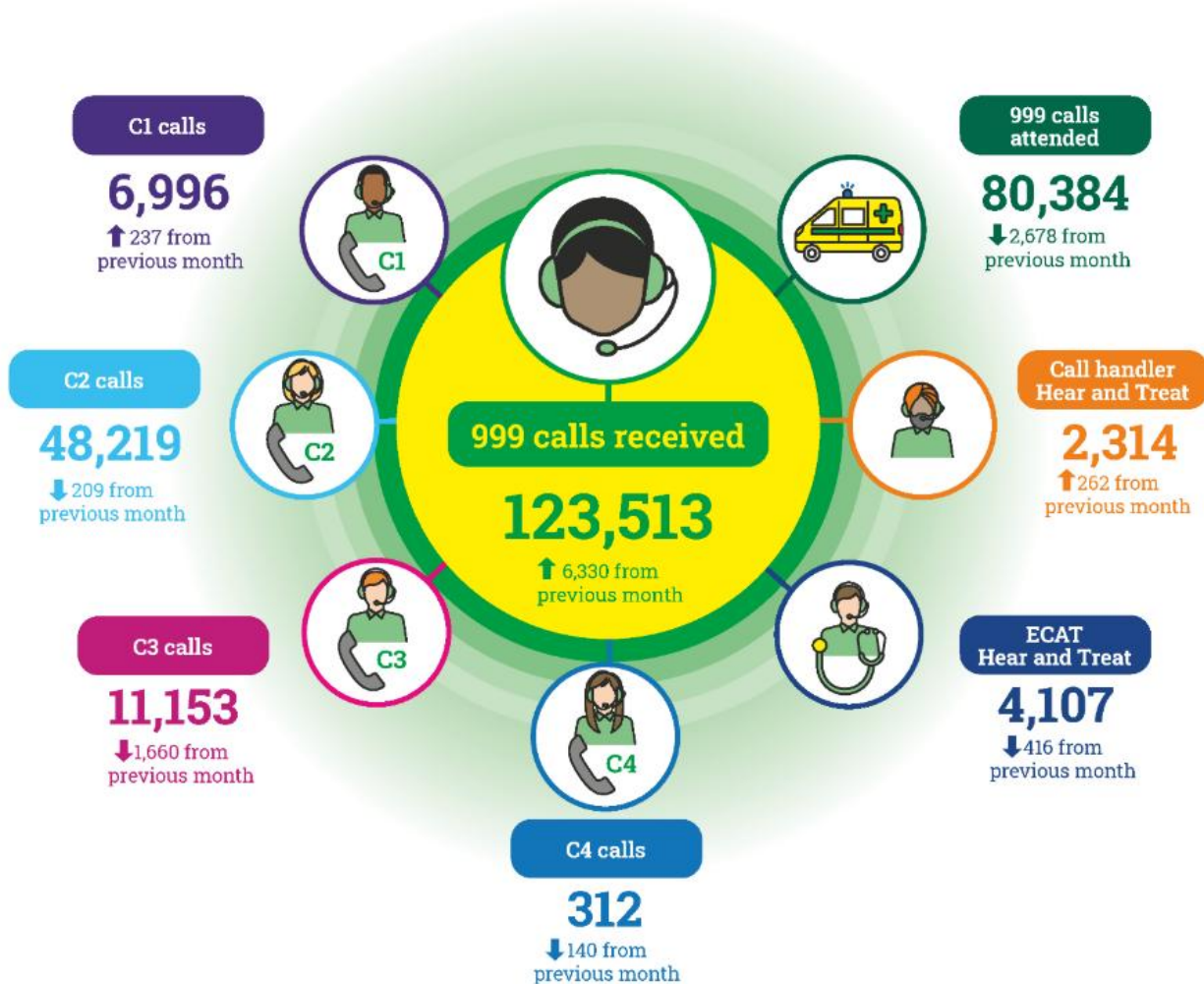
- Reviewing and learning from issues around how education and training at the Trust is managed and delivered, including working with Health Education England.

3.0 Region-wide performance overview

Monthly Performance Dashboard



July 2021 Data for 1-30 June 2021



KEY:

- 999 calls received:** Total number of 999 calls received in our three control rooms (AOCs) in Bedford, Chelmsford and Norwich.
- C1 calls:** Total number of calls requiring an immediate response to a potentially life-threatening illness or injury.
- C2 calls:** Total number of calls classed as an emergency for a potentially serious condition.
- C3 calls:** Total number of calls classed as urgent where some patients may be treated in their own home.
- C4 calls:** Total number of calls classed as less urgent where some patients may receive advice over the phone or be referred to another service such as a GP or pharmacist.
- 999 calls attended:** Total number of 999 calls that received a response from a clinician either by phone or face to face.
- Call handler Hear and Treat:** Total number of calls triaged by call handlers as not requiring an ambulance response.
- ECAT Hear and Treat:** Total number of calls managed by emergency clinical advice and triage (ECAT) clinicians not requiring an ambulance response face to face.

4.0 Local Performance

4.1 Patients in Essex broadly receive an excellent standard of care. Our response times have seen a slight decline due to a number of factors including COVID19/track and trace/sickness. This is disappointing as we saw an improvement in our response times over the last 24 months.

4.2 Since COVID restrictions ended earlier this year, we have seen a steady increase in calls across the region which has led to extraordinarily pressure on our service.

4.3

4.4 This has been caused by a return to usual levels of accidents and other incidents, plus an additional increase in acute illness that has been linked with patients not highlighting illnesses earlier during lockdown.

4.5 To keep our patients safe and reflect this increased demand, we moved to Resource Escalation Action Plan (REAP) Level 4 (subject to weekly review) in August. This is our highest level of operational activity and was carried out in accordance with the national REAP guidance – and a number of other ambulance trusts around the country have also moved to this level.

4.6 Moving to REAP 4 has enabled us to take the following actions:

- Place additional support within our control rooms to answer 999 calls.
- Increase the use of private ambulance services
- Consider requesting support from other agencies – such as colleagues within police and armed forces
- Further recruitment of frontline staff and PTS
- Increasing clinical support to our control rooms
- Reviewing meetings and training provision and pausing them where appropriate.
- Working with our system partners on hospital handover and patient movement.

We currently remain at REAP 4.

4.7 As a result of this we have taken a number of steps as an organisation to increase our patient facing staff hours this includes reassigning staff to front line roles, offering staff incentives and increasing third -party sector providers. COVID, as Members will appreciate, has brought many challenges to EEAST.

4.8 We continue to manage these challenges and continue to reduce the impact in partnership with our health and social care partners. Our main focus during this period has been on patient-safety and staff welfare. Nationally, EEAST continues to be in the top half of English ambulance trusts for performance; this is a big step forward from two years ago.

Essex	Standard	National Target	Apr 21	May 21	June 21
	C1 Mean	07:00	06:43	07:24	08:07
	C1 90th	15:00	12:16	13:49	15:15
	C2 Mean	18:00	21:51	28:19	35:52
	C2 90th	40:00	43:49	57:40	1:13:42
	C3 90th	02:00:00	02:50:35	04:36:28	06:01:09
	C4 90th	03:00:00	04:19:02	06:43:54	06:44:39

Trust	Standard	National Target	Apr 21	May 21	Jun 21
	C1 Mean	07:00	06:49	07:29	08:07
	C1 90th	15:00	12:43	14:10	15:15
	C2 Mean	18:00	19:57	25:24	31:52
	C2 90th	40:00	40:17	52:40	01:06:29
	C3 90th	02:00:00	02:13:36	03:37:40	04:37:20
	C4 90th	03:00:00	03:00:49	04:29:38	06:03:49

4.9 In Essex, where the territory ranges fully from urban to rural, and resources constantly move around to support the dynamics of the service, the main challenges to EEAST performance are:

- Delays at the front door of Emergency Departments. Across Essex there are five acute Providers.
- Continuing year-on-year increased demand on the 999 service, including an increase in primary care conditions and an increasing and elderly population.
- Coastal borders, this attracts higher activity in summer due to it being a population destination for holidays this is likely to increase with the likely travel restrictions and people vacationing domestically this year.

4.10 Rurality within Essex continues to have its challenges with delays reaching patients for Category 1 calls.

4.11 EEAST uses data to continually analyse and identify changing patterns of hotspots in order to support the challenges around service delivery. Level 1 Performance Meetings are held weekly with the local management teams to identify these challenges to support patient and staff safety.

4.12 In Essex, EEAST uses a versatile scheme of Urgent Tier Vehicles to ensure Health Care Professional (HCP) calls receive a timely response to convey these appropriate patients into Emergency Departments whilst ensuring emergency resources are available for 999 calls within the community. This risk-based approach ensures the patients within Essex receive the right response at the right time.

4.13 Hospital handover delays, in particular, can and do significantly impact upon EEAST's ability to provide a sufficient response, at peak-times.

4.14 As ambulances are held at Emergency Departments, more and more on-the-road resource is lost and it is quite common that when this occurs, after bringing in available temporary support from the next nearby resources, we will be forced to hold 999 patients in queue, for allocation once an available resource becomes clear at handover. These patients, as they wait, are constantly re-arranged by order of clinical priority and will be "welfare-called" by clinicians, deployed by EEAST in our 999 Control centres, who can escalate or de-escalate priority as required, making judgement-calls on patients whose condition may be worsening or stabilising. The following charts illustrate this effect.

Arrival to Handover Data for Quarter 1 for all 5 Acute Hospitals

Hospital Name	A2H Count	A2H < 15 min Count	A2H < 15 min %	A2H > 15 min Count	A2H > 15 min Time Lost hh:mm:ss	A2H > 15 min %	A2H > 30 min Count	A2H > 30 min Time Lost hh:mm:ss	A2H > 30 min %	A2H > 60 min Count	A2H > 60 min Time Lost hh:mm:ss	A2H > 60 min %
Basildon & Thurrock Hospital	2601	1742	66.97%	859	90:52:42	33.03%	86	13:42:06	3.31%	8	1:04:32	0.31%
Broomfield Hospital	2567	1117	43.51%	1450	145:57:14	56.49%	90	22:40:18	3.51%	12	5:56:05	0.47%
Colchester General Hospital	3251	1143	35.16%	2108	189:39:09	64.84%	63	10:19:58	1.94%	7	0:54:30	0.22%
Princess Alexandra Hospital	1620	484	29.88%	1136	422:57:09	70.12%	470	234:32:02	29.01%	145	102:26:04	8.95%
Southend University Hospital	2610	546	20.92%	2064	305:58:44	79.08%	272	53:27:30	10.42%	24	9:00:34	0.92%
Total	12649	5032	39.78%	7617	1155:24:58	60.22%	981	334:41:54	7.76%	196	119:21:45	1.55%

Average Arrival to Handover in minutes – target 15 mins.

AGM Name	Apr-21	May-21	Jun-21
Mid Essex	00:17:16	00:17:08	00:15:07
North Essex	00:17:42	00:18:05	00:18:06
South East Essex	00:21:26	00:22:20	00:23:24
South West Essex	00:16:26	00:16:31	00:18:01
West Essex	00:28:39	00:28:44	00:35:43
Total	00:19:27	00:19:51	00:20:40

Handover to Clear Data for Quarter 1 for all 5 Acute Hospitals

Hospital Name	H2C Count	H2C < 15 min Count	H2C < 15 min %	H2C > 15 min Count	H2C > 15 min Time Lost hh:mm:ss	H2C > 15 min %	H2C > 30 min Count	H2C > 30 min Time Lost hh:mm:ss	H2C > 30 min %	H2C > 60 min Count	H2C > 60 min Time Lost hh:mm:ss	H2C > 60 min %
Southend University Hospital	2609	2183	83.64%	426	63:51:24	16.32%	90	20:16:25	3.45%	6	1:43:01	0.23%
Princess Alexandra Hospital	1619	988	60.99%	631	82:32:55	38.95%	84	17:14:18	5.19%	9	1:40:16	0.56%
Basildon & Thurrock Hospital	2599	2115	81.31%	484	45:35:27	18.61%	58	10:22:58	2.23%	3	1:20:37	0.12%
Colchester General Hospital	3251	1977	60.81%	1274	87:03:51	39.19%	34	4:24:10	1.05%	1	0:11:13	0.03%
Broomfield Hospital	2567	2113	82.31%	454	27:17:25	17.69%	13	2:09:01	0.51%	1	0:09:34	0.04%
Total	12645	9376	74.12%	3269	306:21:02	25.84%	279	54:26:52	2.21%	20	5:04:41	0.16%

Average Arrival to Handover in minutes – target 15 mins.

AGM Name	Apr-21	May-21	Jun-21
Mid Essex	00:12:32	00:12:35	00:12:36
North Essex	00:13:52	00:13:46	00:14:00
South East Essex	00:12:31	00:12:49	00:13:08
South West Essex	00:13:09	00:13:21	00:13:25
West Essex	00:14:48	00:14:58	00:14:51
Total	00:13:15	00:13:23	00:13:30

- 4.15 EEAST continues to work closely with CCG and hospital colleagues at all levels to identify and reduce the impact of delays as much as possible.
We have dedicated Hospital Arrival Liaison Officers (HALOs) deployed at all hospitals 12 hours per day, 7 days a week.
They work with our NHS colleagues in the hospital trusts to identify barriers to timely patient handovers, provide smoother patient transitions and offer support at times of increased demand.
- 4.16 “111 First”, where the public are encouraged to contact 111 if they have an urgent care need, continues to be one of the tools the NHS can use to improve response times and delays at hospitals.
- 4.17 The 111 service allows patients to be directed to the right service that can meet their needs quickly, first time. They have access to pre-bookable slots in Emergency Departments, a range of same-day emergency care clinics and to a 2-hour urgent response from the community.
- 4.18 By pre-booking urgent care services within hospitals and the community we expect to see reduced congestion in Emergency Departments that will free up resource to improve ambulance handover
- 4.19 EEAST’ senior management meet weekly to review performance and take action to support areas where performance recovery is needed. Actions are also reviewed where specific planning is needed e.g., seasonal or event planning.

5.0 Other Projects and Progress (including Resilience Planning)

EEAST collaborates with health and care system partners through three Integrated Care Systems (ICS's), each of which cover parts of Essex:

- Mid and South Essex (MSE)
- Suffolk and North East Essex (SNEE)
- Hertfordshire and West Essex (HWE)

5.1 Mid and South Essex (MSE)

In Mid and South Essex, EEAST are engaged in a large number of collaborative workstreams. Some examples of recent engagement and the benefits are below.

5.2 Mid and South Essex NHS Foundation Trust (MSEFT) Emergency Department Flow and Admission Avoidance workstreams covering:

- Same Day Emergency Care (SDEC)- standardisation across the three hospital sites in terms of policy and processes, as well as direct access to Broomfield SDEC clinics agreed and in place for EEAST advanced paramedics in urgent care. There are also plans underway to develop a single criteria for direct access to all SDEC pathways for all EEAST paramedics across the whole of MSE.
- Urgent Treatment Centre (UTC)- EEAST have been engaged with the development of the model for UTC across MSE and are looking at how the service can be utilised by EEAST to avoid conveyance to Emergency Departments.
- Mental Health suites within the Emergency Department (ED)- standardisation across the three hospital sites in terms of policy and processes. It is hoped that once this initial tranche of work is completed, direct access for EEAST clinicians can be discussed/considered.
- Rapid Assessment and Triage (RAT) within Emergency Departments - standardisation across the three hospital sites in terms of policy and processes. The effective functioning of the RAT process within Emergency Departments has a direct impact on ensuring that ambulance handover delays are kept to a minimum. Broomfield have led this piece of work for MSE and have seen a dramatic reduction in arrival to handover delays as a result.

5.3 Further collaboration and integration with the Urgent Community Response Team (UCRT)

EEAST have continued to develop relationships with, and help to promote to their crews, the UCRT service and we have seen an increase in ambulance referrals as a result.

Workshops have been held for EEAST staff, as well as a full communications campaign and the EEAST and UCRT local management teams meet on a weekly basis to ensure focus on progress and to address any issues. UCRT also continue to have clinicians within EEAST's Ambulance Operations Centre (AOC) who are trained to triage calls directly at source and direct appropriate activity to UCRT in order to avoid the need to send an ambulance.

5.4 EEAST has maintained provision of our Hospital Ambulance Liaison Officers (HALOs) at each of the three MSE hospital sites in order to manage the flow of patients arriving by ambulance into the ED departments. This has also resulted in a reduction in handover to clear times and supported the hospital to reduce their arrival to handover times.

- 5.5 Patient transport services have continued to transport high-risk patients during the pandemic and have adopted a risk-based approach to transporting these patients to out-patients appointment and clinics.
- 5.6 North East Essex (SNEE)**
North Essex is part of the Suffolk and North East Essex ICS. There are established Early Intervention Schemes serving the North Essex communities. These schemes combine clinical specialities such as Advanced Paramedic Practitioners and Occupational Therapists with Ambulance Technicians who provide clinical interventions and prevent hospital admissions.
- 5.7 The North East Essex Urgent Community Response Service (UCRS)** is a new admission avoidance service launched in December 2020. The service treats patients who have been identified as being in crisis within their own home. The service is being delivered by a variety of North East Essex Health and Wellbeing Alliance partners and gives patients in Colchester and Tendring access to a range of health, social care reablement and voluntary sector interventions, based on individual need. The fully integrated multi-agency team works 24/7 across organisational boundaries and provides a rapid response assessment within two hours. We have been closely involved in the development of the UCRS and EEAST clinicians can refer patients into the service to obtain a wrap-around care package whilst avoiding admission to hospital. The UCRS also refers into EEAST to avail of the services of the Early Intervention Schemes.
- 5.8 EEAST are in the early stages of planning a dedicated Mental Health Joint Response Unit car for North Essex whereby a Paramedic will work directly alongside a Mental Health Practitioner to ensure patients receive appropriate treatment and support when most vulnerable. Working in collaboration with North Essex CCG and Essex Partnership University Trust (EPUT) this model could enhance the service available to patients through joint working and sharing of resources across the wider healthcare system.
- 5.9 EEAST are undertaking a process mapping exercise of ambulance arrival-to-clear processes. Our Hospital Ambulance Liaison Officer (HALO) and sector Quality Improvement lead are utilising a QI methodology to explore any areas of improvement.
- 5.10 EEAST are utilising a designated triage clinician, in the Ambulance Operations Centre (AOC), with a focus on the Suffolk and North East Essex area. The clinician will review outstanding C3, C4 and C5 999 calls and direct patients to alternative care pathways such as the new home visiting service recently commenced by the Practice Plus Group.
- 5.11 EEAST are promoting the use of the Urgent Community Response Service (UCRS) and the NHS 111 star line for healthcare professionals, offering expert advice. These services are used to assist clinical decision making so that a patient may be directed to an alternative care pathway without attending the Emergency Department.
- 5.12 West Essex (HWE)**
West Essex is part of the Hertfordshire and West Essex ICS. EEAST have a good relationship across the ICS and locally in West Essex. EEAST has regular meetings with the local acute Trust Princess Alexandra Hospital and the local Commissioner, West Essex CCG. EEAST are also involved in the Urgent and Emergency Care Network locally.
- 5.13 The West Essex system has been supportive of having additional schemes in place to assist with patient flow. An example of this is the Hospital Arrival Liaison Officer role which has

been in operation locally for many years now. A positive outcome for the system and patient care was to change the hours of operation for the HALO role. Instead of running 9am – 9pm it was thought it would be beneficial to operate from 11am until 11pm as hospital delays occur in the latter part of the day.

5.14 West Essex also has a Rapid Intervention Service (RIS). The main role of the RIS is to support primary care with rapid/on-the-day assessment/diagnostic and clinical intervention to prevent hospital admissions for patients who:

- Do not require an acute admission/hospital care
- Require immediate nursing/therapy/personal care to stabilise them in their own home (which may be a care home)
- Has the potential for improvement
- Have a non-life-threatening condition and would have been conveyed to Princess Alexandra Hospital and/or admitted to hospital
- This service can provide these patients with assessment of minor illness and minor injury and can respond to acute exacerbation of chronic conditions with GP support (or substituting clinician where this is required) so that the patient has access to necessary diagnostic services

5.15 As a result of the RIS, West Essex has one of the lowest conveyance rates across the EEAST region. As the beginning of August this scheme expanded from just operating in Harlow to also include Loughton.

5.16 In addition to the emergency services contract EEAST also hold the non-emergency patient transport services contract in West Essex. This works with the system but has had its challenges during the pandemic due to social distancing rules and EEAST not being able to cohort a number of patients together. EEAST has been fortunate to secure military support across the region with non-emergency patient transport contracts.

5.17 **Other partnership working initiatives operated by EEAST in Essex include:**

5.18 Advanced Paramedics in Urgent Care – from 1st April 2021, Primary Care Networks (PCN's) will have full funding, under the Additional Roles Retention Scheme (ARRS), for the recruitment of Paramedics. This could represent a significant loss of many of our most experienced staff across the East of England region. To mitigate this, we developed a collaborative working model offer with PCNs for the rotation of appropriately qualified staff into Primary Care. We have had discussions with numerous PCN's across Essex that are interested in taking up this offer.

5.19 EEAST colleagues are members of the **Essex Blue Light Collaboration Board** that sees partners from EEAST, Essex Police and the Essex County Fire & Rescue Service (ECFRS) come together to work on a number of collaborative projects in conjunction with the Police, Fire and Crime Commission (PFCC). Within this work there is also an Estates Collaboration Board. One current initiative benefiting Essex from this joint working is the introduction of a Tri-Service Rural Community Officer who is serving to represent all three emergency services within the Dengie Peninsula.

5.20 The developments of the **Sizewell C** and **Bradwell B** Nuclear Power Plants, as well as the **Lower Thames Crossing**, all present challenges to the Essex area due to the proposed increase in population and the predicted demand placed on the transport network throughout the construction phases. We are working closely with blue light partners and health partners in assessing the risk and modelling predicted impact to our services. This

in turn will support the application for developer section 106 funding through the planning process.

5.21 **Co-response** - Currently within Essex, we have a number of community-based resources; these ranges from members of the public responding within their local area, to the co-responder role. We currently have 800 CFR's split into 250 schemes trust wide. We also use Great Baddow, Chelmsford and Braintree Fire Stations as cover points. As part of the response to COVID-19 we have also continued to receive support from both Essex Fire and Police, for example Fire Service staff working under bank contracts as drivers for ambulances and we have also now finalised plans for formal utilisation of any police officers carrying defibrillators as a form of first response to any cardiac arrest calls when EEAST is under severe pressure and does not immediately have a resource in the near vicinity.

6.0 Conclusion

EEAST has a new chief executive in place and is making progress towards meeting the requirements of the Care Quality Commission and the Equality and Human Rights Commission. We have also moved swiftly to prevent disruption to students caused by withdrawing of our training funding following our Ofsted report.

6.1 Operational demand and pressure remain, with mitigating actions being undertaken in accordance with our escalation plans. We have experienced a surge in demand over summer, which was experienced by other ambulance services and the NHS in general. Our staff have stepped to offer additional shifts and we have worked closely with NHS and other colleagues to identify causes for ambulance delays and find innovative ways to deal with them.

6.2 Our work on progressing to the next stage of our improvement journey has commenced, this focusses on solid foundations in 5 key areas. These underpin how we can move forward sustainably.
We are now preparing our plans for the coming challenge of Winter.

6.3 Preparing for Winter

EEAST, along with the rest of the NHS, are anticipating an extremely busy winter. As the COVID-19 pandemic continues we work with regional and national colleagues to prepare for any future spikes in cases.

6.4 COVID-19 protocols remain in place throughout the NHS and we maintain a steady flow of communication to remind staff of this. We continue to monitor and mitigate risks to our staff and patients.

6.5 Vaccine uptake amongst staff is a vital part of that mitigation. After a second 12-week programme, we have now completed the course of two doses for more than 90% of our staff vaccinated, putting us in the top 20 of trusts for staff vaccination rates.

6.6 Plans are in place to keep our frontline workforce COVID-secure as restrictions are lifted. We are now aiming to ensure our support services teams can return safely to offices or adopt a hybrid approach in line with the Government's roadmap.

6.7 As we plan for increased demand across the winter months, we are:

- Recruiting extra people to work within our Ambulance Operation Centres to take 999 calls.
- Offering overtime and other incentives to get more ambulances on the road.
- Setting plans in place to draw on support from partners within the military and fire and rescue services to assist with our emergency and non-emergency services.
- Wherever appropriate, not sending ambulances to non-urgent patients and directing them to more appropriate services. Currently we manage around 10% of our patients through Hear and Treat where self-care advice is given over the phone, and are also directing around 1,500 patients per week to other sources of help.
- Using social media and our other channels to encourage people to use other services where they can, such as 111 and 111 online, pharmacies and their GPs.