Appendix C

EEAST Report to Essex County Council Health Scrutiny Committee

Mid and South Essex STP

North Essex

West Essex

Report Period: 2019-2020

Date of Report: 1 February 2021

1. Executive Summary

1.1. The purpose of this paper is to provide a briefing on the implications of the CQC Report on the Essex.

1.2. At the end of September, following the focussed “well-led?” CQC inspection in the summer 2020, the Care Quality Commission (CQC) published an inspection report into our Trust. Part of that report highlighted the concerns many of our staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day. The subsequent decision to put EEAST into Special Measures is something that EEAST welcomes, as it has brought with it additional personnel and resources, designed to help us improve.

1.2.1 In October, we launched our own anonymous harassment survey to gather more in-depth feedback from our permanent staff, volunteers and students - on their current and historical experiences. Over 2,000 - just under half of those eligible - responded. The findings show that colleagues at every level of the Trust are experiencing, have experienced or witnessed a wide range of unacceptable behaviour including bullying and harassment on the grounds of race, gender, sexual orientation and disability. They have also told us this behaviour is taking place at every level in the organisation: from manager to staff, staff to managers, colleague to colleague and even patients to staff.

1.2.2 The Trust has developed a Quality Improvement Plan (QIP) to address the must-do’s areas within the enforcement notices, which is monitored monthly via the Oversight and Assurance Group led by NHSE/I. This adds a twelfth set of “must-do’s”, in relation to NHSE/I.

1.2.3 Some key examples of the action we have taken as part of the QIP include:

- Increased promotion of Freedom to Speak Up Guardian
- Wellbeing support and provision being reviewed, promoted and improved
- Instigated a Trust wide review of all cases involving sexual harassment
- Independent investigators appointed to strengthen and speed up some HR processes.
- Coaching and support put in place for managers
- 'Speak up, speak out, stop it' campaign deployed across Trust
- Relevant policies reviewed, updated and implemented
- 'Pulse' surveys being taken to check staff views on progress regularly

1.3 The ambulance response programme (ARP) standards were introduced in October 2017 (Appendix 1). The NHS Operational Planning and Contracting Guidance 2020/21 for urgent and emergency care includes the following in relation to ambulance performance:

a) For the proportion of patients who arrive in Emergency Departments by ambulance, we will continue to work with the system on safely reducing avoidable conveyance to emergency departments. Further work is needed to ensure ambulances are swiftly available to respond to other incidents and calls, therefore continued focus with acute trusts on avoiding ambulance handover delays at hospital is required, as well as to eliminate ‘corridor care’.

b) Ambulance services should ensure they meet the ambulance response time constitutional standards.

In Essex, EEAST performs well, in comparison with the greater challenges of rurality we face in many other locations across the East of England. Performance is affected this winter by the pressures from handover delays at the hospitals and the national state of alert as a result of Covid19. We continue to work collaboratively with system-partners to overcome challenges as they arise.

1.3.1 For the ambulance service the factors at play in Essex, in relation to handovers at the local hospitals, are in relation to the efficiency of circulation in our systems. System-partners have a degree of control in this, and we work closely with the acute trust and the CCG.

1.3.2 Ambulances mostly do not sit at base during shift, they are mostly mobile between locations, with patients, and at hospitals. Crews begin each shift from their Ambulance station and take up a set of data-engineered response positions. These enable us to shorten the distance and time we can expect to take, to reach the maximum proportion of the area population.

1.4 The interaction between ambulance circulation on the road and reducing hospital handover delays is crucial. EEAST and our hospital partners have been working together to implement processes to support re-circulation of ambulances under high pressures, which are usually transient, but can become extended.

2 CQC Report and response

2.1 At the end of September, following the focussed “well-led?” CQC inspection in the summer 2020, the Care Quality Commission (CQC) published an inspection report into EEAST. Part of that report highlighted the concerns many of our staff had raised with the CQC about experiencing sexual harassment, bullying and other inappropriate behaviour during their working day.

2.2 In October, we launched our own anonymous harassment survey to gather more in-depth feedback from our permanent staff, volunteers and students - on their current and historical experiences. Over 2,000 - just under half of those eligible - responded.

2.3 The findings show that colleagues at every level of the Trust are experiencing, have experienced, or have witnessed a wide range of unacceptable behaviour including bullying and harassment on the grounds of race, gender, sexual orientation and disability. They have also told us this behaviour is taking place at every level in the organisation: from manager to staff, staff to managers, colleague to colleague and even patients to staff.

2.4 We did not wait for the survey before beginning to act where we knew we needed to. We have also asked staff to speak up and speak out. Many staff have taken this brave step - either to a line manager, our Freedom to Speak Up Guardian or directly to the executive.

2.5 We have acted on these concerns. We have intervened to stop poor behaviour, addressed grievances earlier and updated outdated policies. We have heard directly how we can and should change our culture. All the information provided will be used, and in confidence, to tackle poor behaviour and improve the Trust’s culture for the long term.

2.6 The CQC imposed two enforcement notices on the Trust under S31 and S29A. This comprised of eleven “must-do’s” areas covering aspects such as safeguarding, HR governance and processes, private ambulance provision, complaints, action plans and bullying and harassment.

2.7 The Trust has developed a Quality Improvement Plan (QIP) to address the must-do’s areas within the enforcement notices, which is monitored monthly via the Oversight and Assurance Group led by NHSE/I. This adds a twelfth set of “must-do’s”, in relation to NHSE/I.

2.8 The work undertaken to date by the trust has resulted in the establishment of a further 44 new ‘second phase’ actions, designed to either further improve the elements within that aspect of the QIP, or to support embedding the changes, or provide monitoring and assurance. This approach has included the commencement of establishing some measures across the twelve areas of the QIP. As a result, at the point of this report 168 actions have been established to support delivery of the improvements required. Of these, 149 directly align to the CQC must do areas, with the remaining 19 being NHSI-support plan actions to support an overall sustainable change.

2.9 Of the 168 actions, 74 (44%) are ready for closure, subject to careful review of the evidence for these completed actions. (Detailed QIP progress status is shown in Appendix A, as of 4th January 2021.)

2.10 Some key examples of the action we have taken include:

- Increased promotion of Freedom to Speak Up Guardian
- Wellbeing support and provision being reviewed, promoted and improved
- Instigated a Trust wide review of all cases involving sexual harassment
- Independent investigators appointed to strengthen and speed up some HR processes.
- Coaching and support put in place for managers
- 'Speak up, speak out, stop it' campaign deployed across Trust
- Relevant policies reviewed, updated and implemented
- 'Pulse' surveys being taken to check staff views on progress regularly

2.11 The feedback from staff and managers in areas where interventions have taken place is that they are already noticing a positive difference, but we will regularly assess work and progress. The survey will be carried out again in a year’s time to check how staff are feeling and how much progress has been made.

2.12 We all want EEAST to be an excellent place to work. We want every member of staff to be treated equally, fairly and considerately. We are taking the approach that one case of inappropriate behaviour is one case too many.

2.13 The leadership will not tolerate poor behaviour. We are making it very clear to every member of staff through a new campaign and in all our engagement with them that: if they are being bullied or harassed, we want people to Speak Up; if they see other people being bullied or

harassed we want them to Speak Out against it, and if they are bullying or harassing others, they must Stop.

2.14 We have shared these findings with our staff and are holding engagement sessions with them as part of our ongoing improvement work. We provide regular assurance to the CQC, NHSE&I and other partners on progress. We continue to update stakeholders and partners on our action plan. We hope that our progress so far, the support we have already received and the extra help which will result from Special Measures will provide additional reassurance that we will get the right culture, leadership and quality in place permanently at EEAST for our staff and our patients.

3 Performance Overview

Patients in Essex receive an excellent standard of care and good response times, and we have seen an improvement over the last two years. Covid, as Members will appreciate has brought many challenges to EEAST. We have managed these challenges and lessened 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 is 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 20	May 20	June 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
	C1 Mean	07:00	08:17	06:18	06:46	06:29	07:04	06:59	07:00	6:31	7:30
	C1 90th	15:00	14:39	11:26	12:06	11:38	13:07	13:05	12:37	11:41	13:31
	C2 Mean	18:00	26:54	16:13	18:55	20:32	23:50	23:49	24:38	20:20	33:25
	C2 90th	40:00	59:14	31:58	38:43	41:43	49:57	48:21	49:34	40:46	1:10:01
	C3 90th	02:00:00	02:34:15	01:20:17	01:44:47	1:58:39	02:34:43	2:39:39	2:54:13	2:22:05	4:56:27
	C4 90th	03:00:00	04:00:40	02:08:27	02:34:36	2:25:56	03:34:22	3:43:37	3:42:40	3:08:02	4:28:57

Trust	Standard	National Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
	C1 Mean	07:00	07:56	06:17	06:34	06:41	07:08	07:06	07:07	07:38	07:18
	C1 90th	15:00	14:06	11:25	12:01	12:27	13:20	13:12	13:13	14:04	13:31
	C2 Mean	18:00	21:47	14:51	16:57	19:12	22:25	22:55	23:45	24:58	26:36
	C2 90th	40:00	46:28	28:48	34:05	39:11	46:46	47:04	48:43	52:44	56:15
	C3 90th	02:00:00	01:44:32	01:08:33	01:25:48	01:41:12	02:14:03	02:22:47	02:32:25	02:41:46	03:32:40

	C4 90th	03:00:00	02:39:02	02:06:46	02:13:08	02:20:10	02:49:31	02:54:27	03:19:22	03:51:37	03:56:00

3.1 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:

3.1.1 Delays at the front door of Emergency Departments. Across Essex there are five acute Providers. Across our entire region this external factor has an impact on our ability to deliver a safe service, through lost ambulance hours, ability to respond in the community and supporting staff wellbeing.

3.1.2 Continuing year on year increased demand on the 999 service, including an increase in primary care conditions and an increasing and elderly population.

3.1.3 Coastal border, 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.

3.1.4 The ability for EEAST to recruit staff along with other health partners locally due to the high cost of living and working in Essex. Annually we see a number of experienced staff transfer to areas of the trust – and to other ambulance trusts - where housing is cheaper.

3.1.5 The long-term legacy of Covid on the Local population such long term Covid, worsened pre-existing conditions, Mental Health, Domestic violence etc.

3.2 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 ED 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.

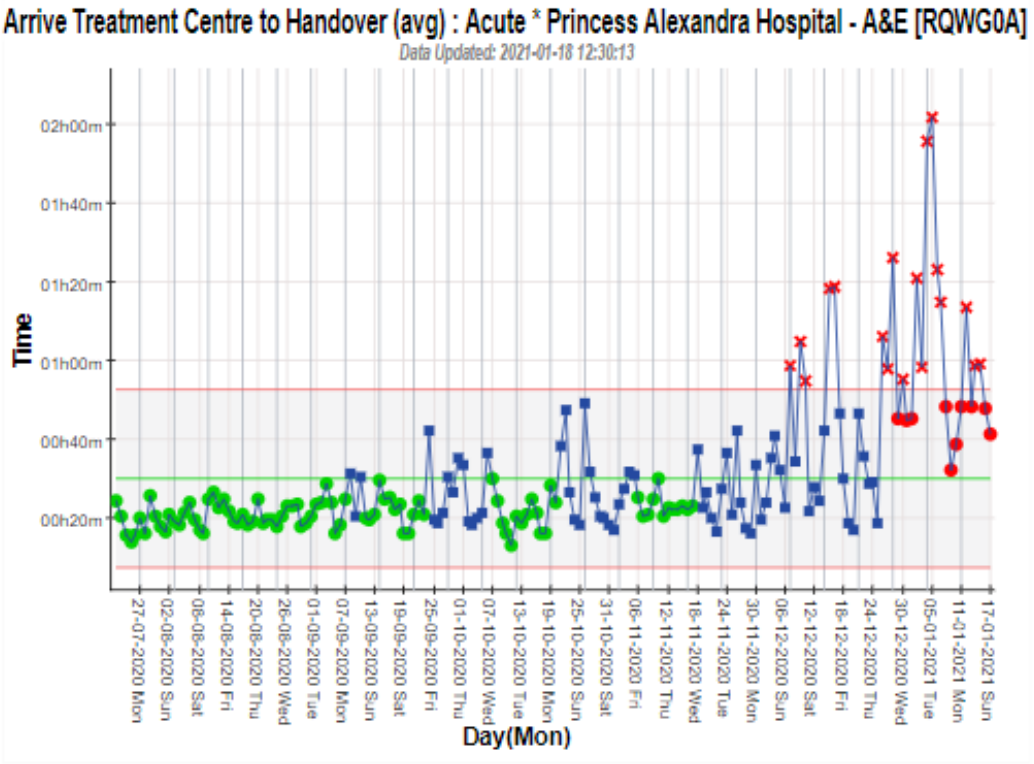
3.3 EEAST use “Power BI” data and “Informatics” to continually analyse and identify changing patterns of hotspots, differentiating between transient and persistent challenges. This can lead management to adjust response-point changes, sometimes weekly and by time of day, according to operating conditions and behavioural changes.

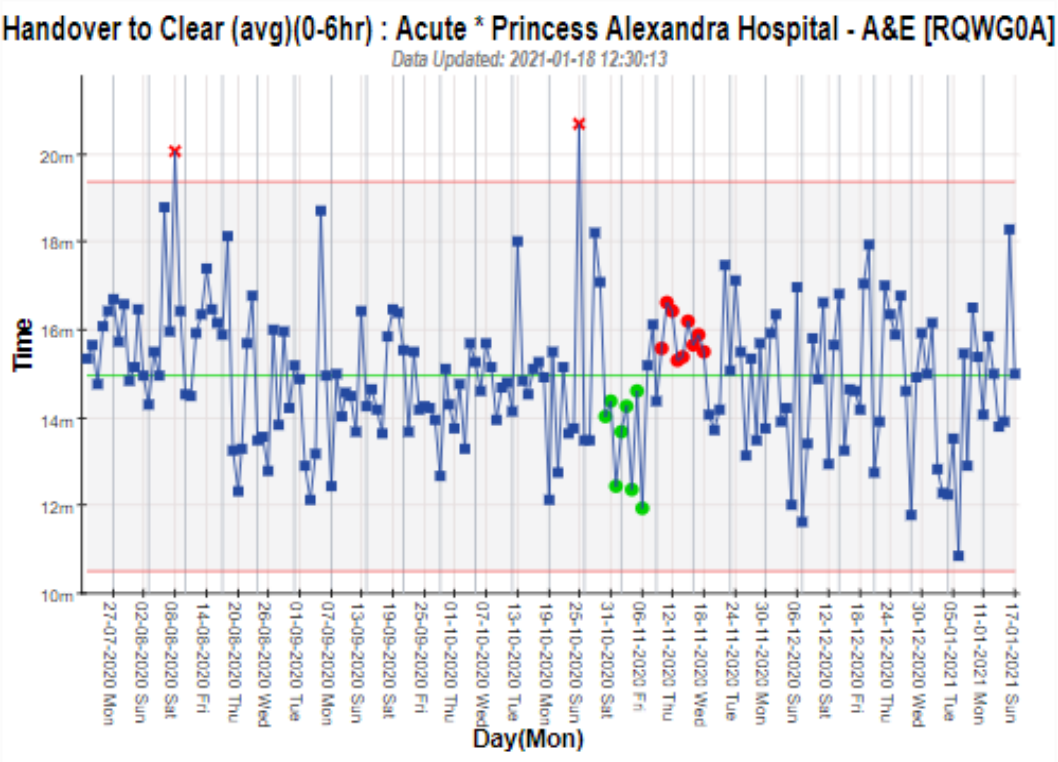
3.4 Hospital handover delays, in particular, can and do significantly impact upon EEAST’s ability to provide a sufficient response, at peak-times.

3.4.1 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.

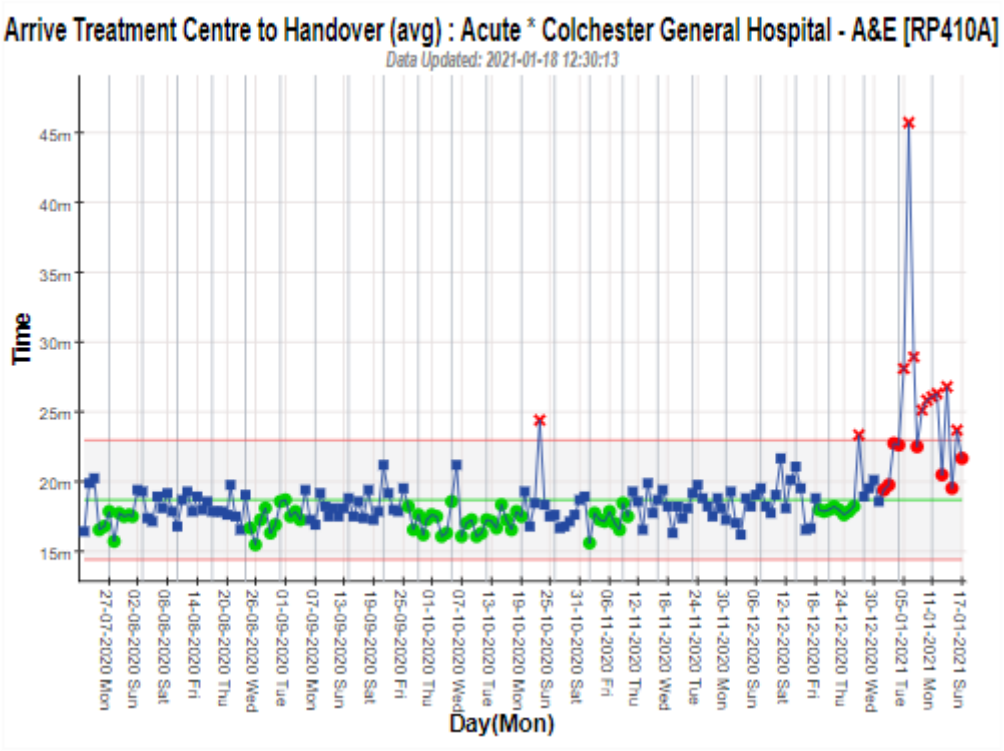
3.4.2 The following charts illustrate this effect.

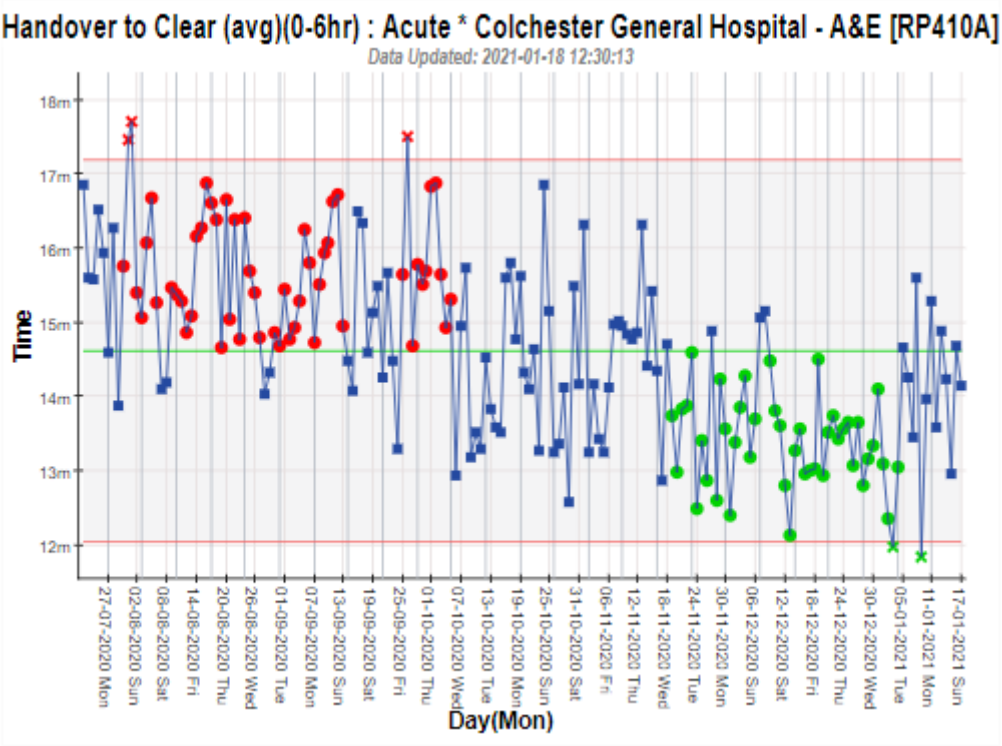
3.4.3 Handover performance at Princess Alexandra Hospital, Harlow:



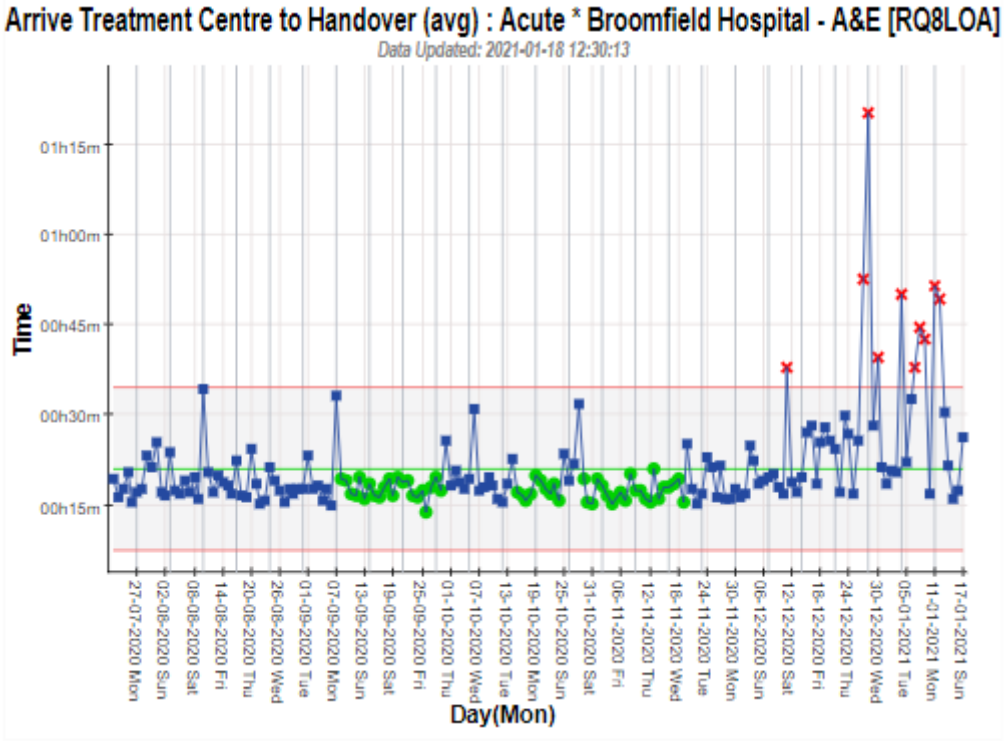


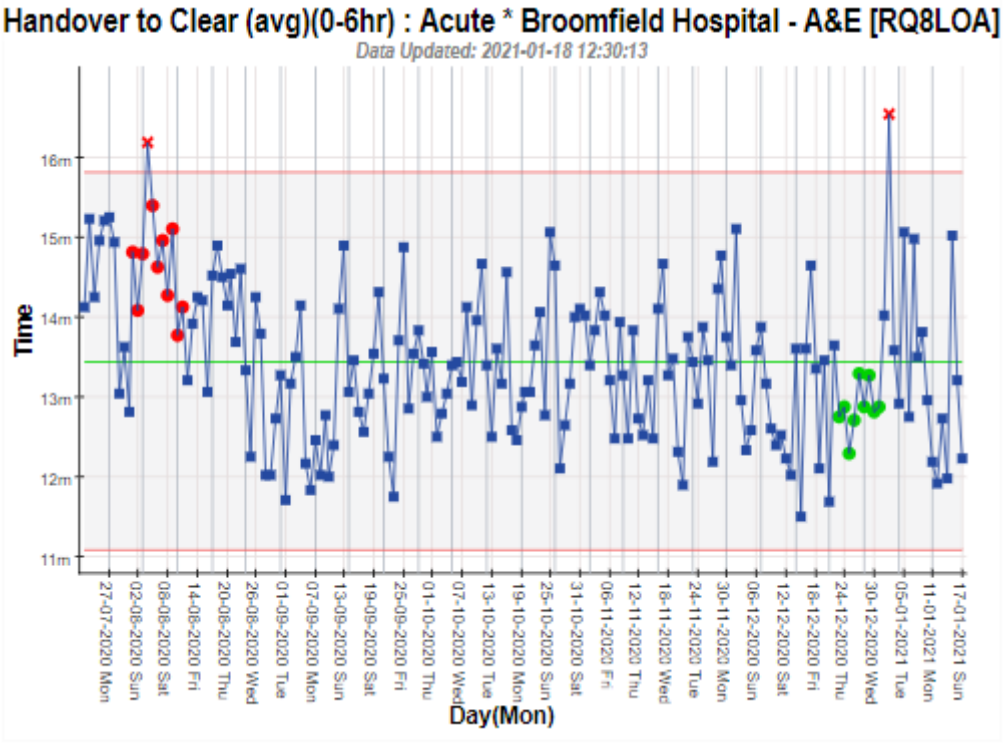
3.4.3 Handover performance at Colchester General Hospital, Colchester:



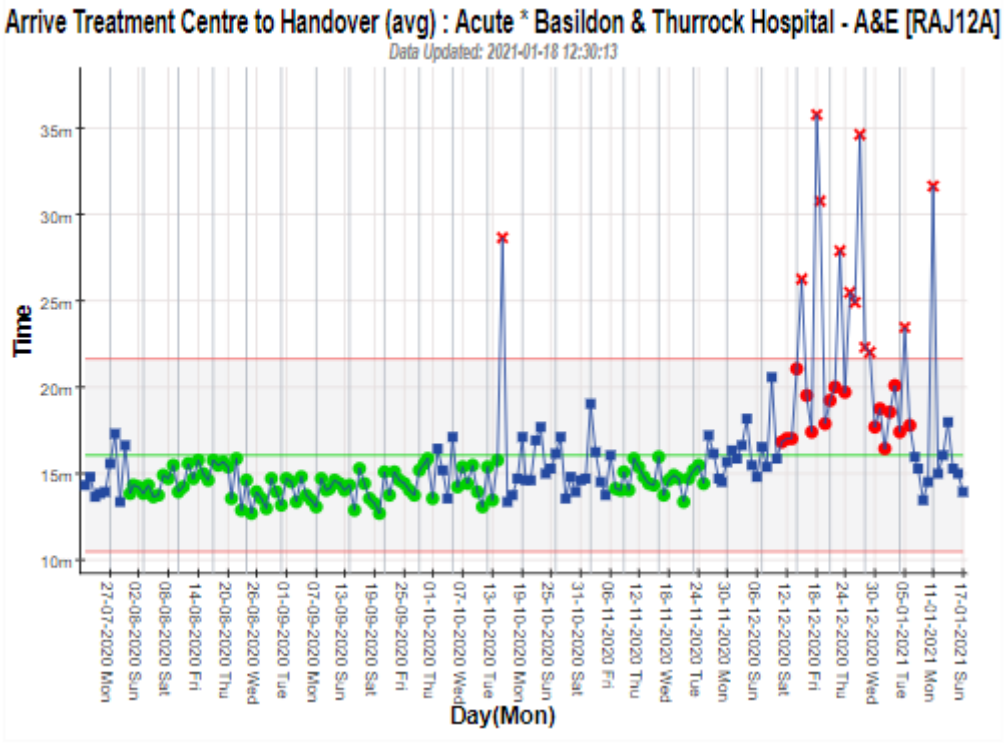


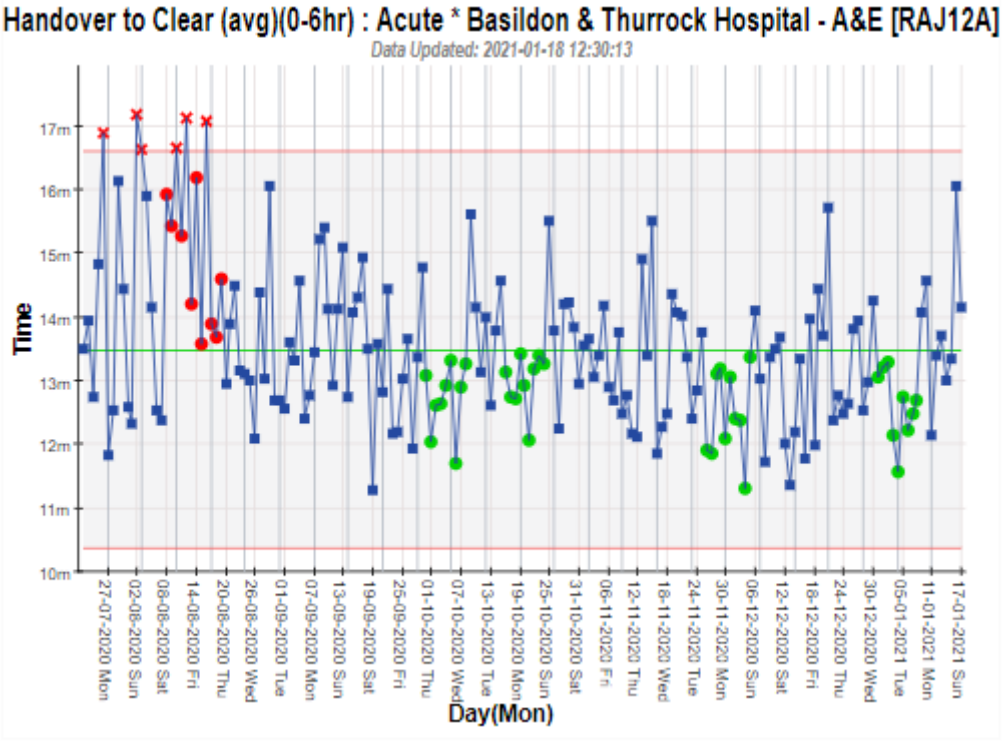
3.4.4 Handover performance at Broomfield Hospital, Chelmsford



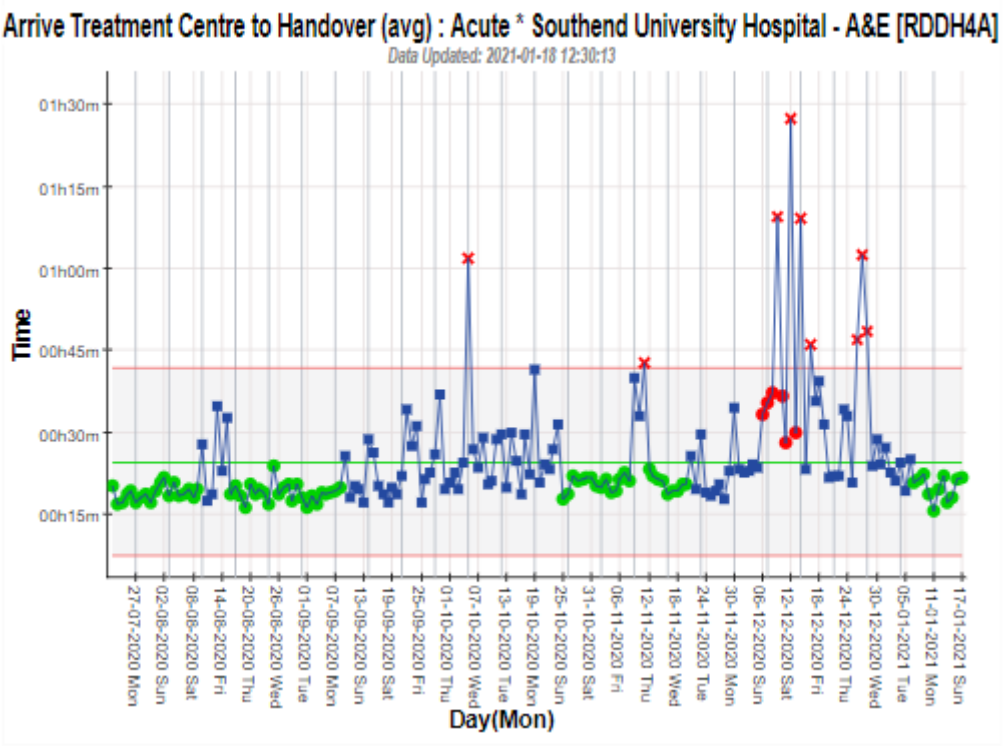


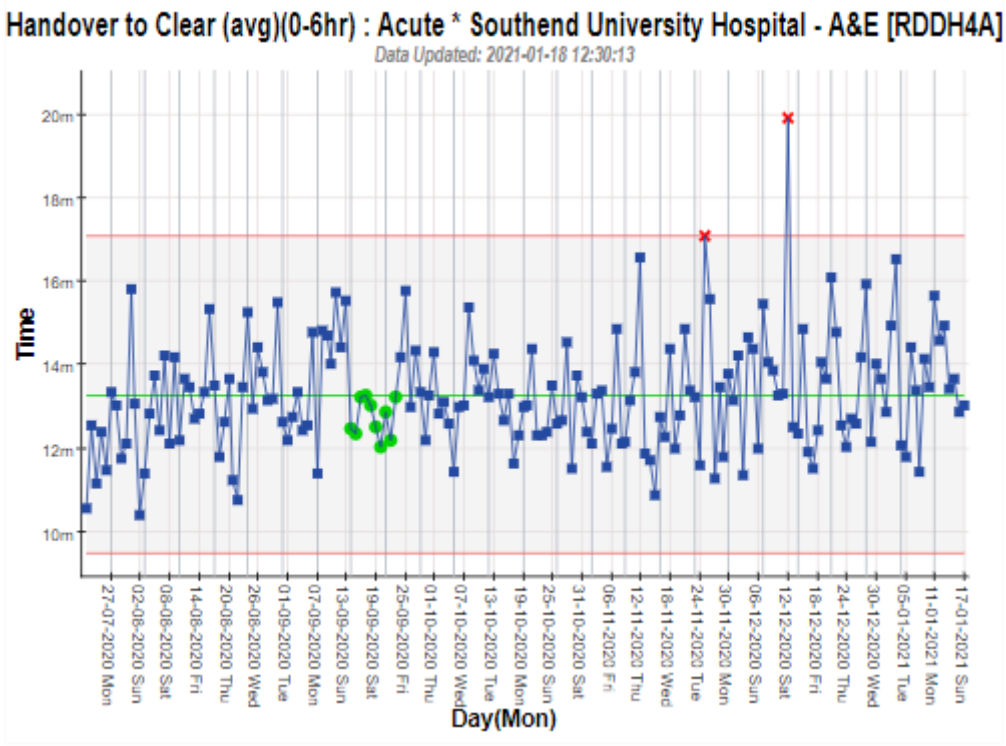
3.4.5 Handover performance at Basildon & Thurrock Hospital, Basildon





3.4.6 Handover performance at Southend University Hospital, Southend





3.4.7 Within EEAST we continue to work with CCG and acute trust colleagues at all levels to reduce the impact of these delays as much as possible, and to reduce the overall delay.

3.4.8 Hospital Arrival Liaison Officers (HALOs) are deployed at Mid Essex Hospitals 20 hours per day 7 days a week. At Princess Alexandra Hospital in Harlow the HALO works 12 hours per day, 9am until 9pm 7 days a week, and Colchester HALOS are 24/7.They help provide a smoother transition of flow for patients and support at times of delay and increased demand, and act as the conduit between the trusts to identify barriers to timely patient handovers. These are currently in place and funded until the end of the financial year, but are subject to funding to be agreed between the Ambulance Commissioning Consortium and the Trust.

3.5 “111 First”. As part of the national “phase 3” COVID-19 response the NHS Chief Executive wrote to NHS Trust Chief Executives and CCG Accountable Officers on 31 July asking them to prepare for winter.

3.5.1 A key element of this preparation is focussed on having a range of new offers in place for patients with low acuity /low complexity urgent care needs. This has been brought together under expanding “111 First”. The public will be encouraged to contact 111 if they have an urgent care need to allow them to be directed to the right service that can meet their needs quickly. The 111 service has 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.

3.5.2 By pre-booking a range of urgent care services within hospitals and the community we would expect to see reduced congestion in Emergency Departments that will free up resource to improve ambulance handover. The system has received a soft-launch, and at the time of writing there are no issues manifesting for EEAST.

3.6 The EEAST management team meet weekly to review performance and take action that may support areas where performance recovery is needed. Actions are also reviewed where specific planning is needed e.g. seasonal or event planning.

3.7 In summary, performance is at the upper end within the EEAST area and our aim continues to be to achieve all ARP standards, while running a highly dynamic service. We see performance as a continual challenge as we work towards consistently achieving all the ARP standards across the Trust.

Projects and Progress

EEAST collaborates with health and care system partners through three Sustainability and Transformation Partnerships/Integrated Care Services, each of which cover parts of Essex;

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

EEAST is working within each of these partnerships, to contribute to their locally-focused programmes of project-work, and build resilience for system-performance.

4.1 Mid and South Essex (MSE)

In Mid and South Essex, EEAST have increased the use of hear and treat clinicians within the control room.

With the three MSE acutes now working as one trust and the CCG working in shadow form this has allowed us to bring continuity to what we do and better engagement across the three sites. This arrangement is expected to bring better patient experiences within the MSE system over the coming years.

4.1.1 We are due to go live imminently with an Early Intervention Vehicle (EIV) in Mid Essex, Commissioned by Mid Essex CCG, whereby we will have a dedicated Rapid Response Vehicle staffed by our Advanced Practice Urgent Care (APUC) Paramedics. They will work alongside the Urgent Community Response Team (UCRT) and other available alternative care pathways to keep patients at home and avoid unnecessary conveyance to hospital and subsequent admission.

4.1.2 Mid and South Essex have worked closely with the CCGs in the commissioning of the Urgent Community Response Team (UCRT), including training UCRT clinicians to work within the EEAST Emergency Operations Centre to triage calls and send their team to respond as an alternative to an ambulance response where appropriate.

4.1.3 Mid and South Essex also been working closely with South Essex Commissioners to develop a direct conveyance pathway to the frailty unit that is being created at Brentwood Community Hospital. Whilst the go live of that pathway has been delayed slightly due to COVID-19 and the need for that Hospital to flex its ward capacity to support the system, we hope to operationalise this in the very near future.

4.1.4 EEAST are extending the hours of our Hospital Ambulance Liaison Officer (HALO) in order to manage the flow of patients arriving by ambulance into the ED departments in Mid and South Essex. This has also resulted in a reduction in arrival to handover times and handover to clear times.

4.1.5 EEAST have agreed a triage and treat operating procedure with the three acutes so if an untoward incident or significant surge of patients arrive at ED, these patients can be transferred to another ED safely.

4.1.6 EEAST are starting an early intervention vehicle at Chelmsford for a trial period of six months. This response car will be staffed by advanced Paramedic Practitioners with an aim to treat patients in their home after an enhanced assessment or direct referrals into the acute and thereby reducing ambulance conveyances and hospital admissions if appropriate and safe to do so.

4.1.7 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.

4.2 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.

4.2.1 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.

4.2.2 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.

4.2.3 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.

4.2.4 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.

4.2.5 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.

4.3 West Essex (HWE)

4.3.1 West Essex is part of the Hertfordshire and West Essex ICS. Here there is also a well embedded Rapid Intervention Service to support primary care with rapid/ on the day assessment / diagnostic and clinical intervention to prevent hospital admissions for patients. The service has been running since 2017 and operates Monday to Friday.

4.3.2 The service will also support carers when a crisis can threaten the stability of care and any support arrangements they have in place. This may be due to an alteration in their physical and mental health, or a temporary change in their social circumstances which makes it difficult for them to be maintained in primary care, without a short period of care and support.

4.3.3 If a patient is suitable for the service an intense short-term care plan in partnership with the registered GP will be implemented to prevent admission, with continuity of care arranged with mainstream health and care community provision.

4.4 Other partnership initiatives operated by EEAST in Essex include:

4.4.1 Advanced Paramedics in Urgent Care – from 1st April 2021, Primary Care Networks 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 are developing a collaborative working model with PCNs for the rotation of appropriately qualified staff into Primary Care.

4.4.2 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.

4.5 **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 received support from both Essex Fire and Police, for example Fire Service staff working under bank contracts as drivers for ambulances and we are exploring formal utilisation of any police officers carrying defibrillators as a form of first response to any cardiac arrest calls where EEAST does not immediately have a resource in the near vicinity.

4.6 **CCG-led workstreams include**:

4.6.1 National "NHS111-First" model commenced December 2020.

- Mobile patients are advised to contact the Emergency Department prior to an attendance in at hospital.
- Patients contact 111 and if they need to attend an Emergency Department, they will have the chance to be booked into a time slot in the Emergency Department.
- 111 services are also be able to book directly into Secondary Care "clinics", such as Surgical admission areas or same day Emergency Care "hot" clinics.

The national expectation has been that 20% of these mobile patients will be booked into a service rather than self-presenting to the Emergency Department, these services could be community services, as well as Primary Care services.

The reasons behind the move for patients to contact NHS111, are to try and stop any potential overcrowding in the Emergency Departments, to prevent potential infection spread with Covid-19 and Flu, which are big concerns this winter.

4.6.2 In SNEE, NHS 111 have committed to increase validation of C3 calls from 80% to 100% and will undertake additional review of C2 calls through the availability of a clinical floorwalker who can support staff and review C2 calls as they are received. The aim of

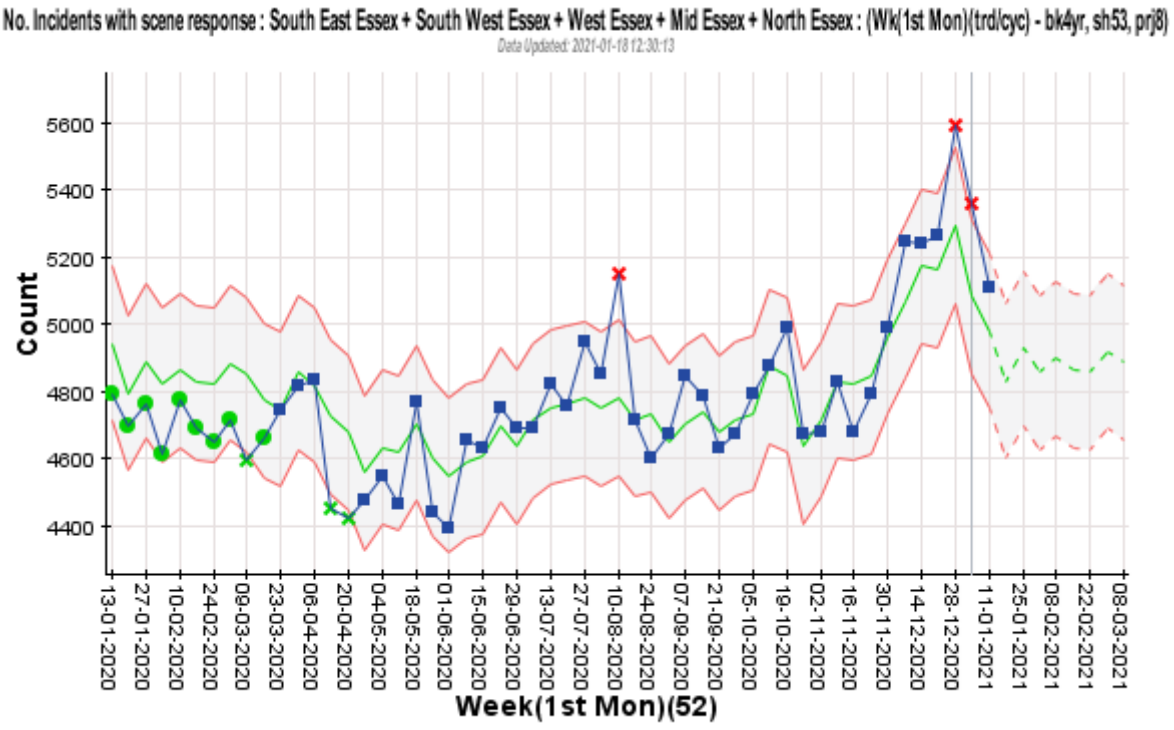
this process is to explore if patients assessed at this level may be re-directed to alternative care pathways ensuring the most appropriate and timely response. This approach has been agreed with commissioners.

4.6.3 We are engaged with North East Essex CCG as part of the demand and capacity group and are part of regular conversations with Colchester General hospital on how we use the services, undertaking quality improvement exercises as previously mentioned and ensuring alternative care pathways are maximised. EEAST are the Patient Transport Service (PTS) providers in North East Essex and we are an integral part of system engagement around planning to support patient discharges.

4.7 Collectively the above schemes and actions have sustained our performance to our patients. As part of the new annual resilience planning (as opposed to 'winter planning') the learning will be taken forward into EEAST's developing performance plans.

Impact of Covid19

5.1 During the first wave of Covid incident response across Essex reduced significantly as was seen across the rest of the region. Overall attendances also significantly reduced during the first wave along with hospital bed occupancy which provided flow through ED and the ability of the hospitals to offload patients within the national standard of under 15 minutes. The reduction in activity throughout Essex has been short lived as ED attendances returned to normal levels as the lockdown restrictions were eased. Going into the 2nd wave from 16 November the graph below shows significant increases in demand and responses peaking at the end of December as COVID numbers increased. Moving into January we can see the numbers of incidents with scene responses dropping slightly. However, we are prepared for a return to the increase in numbers reflecting the Christmas period and the anticipated 14-21 days after COVID exposure.



5.2 Contributors to a reduction in overall staffing levels over the COVID-19 period have included:

- staff affected directly by COVID-19 sickness
- those affected by test, track & isolate

In order to minimise the impact of the reduction of staffing we maximised use of our alternative resources including fire fighters and students, in addition there is a significant amount of overtime worked. The net affect was an increase in patient facing staff hours. As in the first wave of COVID we have again experienced a rise in the reduction of our workforce relating to COVID stand downs and sickness as we move through the second national lockdown.

5.2.1 In preparation for the 2nd wave of COVID and the anticipated increase in demand on the service which we predicted would begin to spike at the end of November and which the above diagram proves, we instigated a daily report and update with the local CCG's in Mid and South Essex. This enabled us to give updates around demand and conveyances. This communication was essential in order to work with the Acutes around anticipated Arrival to Handover scenarios. From 4 January these daily meetings were replaced by daily system calls including all three acute hospitals, EEAST, CCG's and Social Care partners. These meetings ensured that we were able to share information and escalations and plan accordingly to save delays. These meetings are currently still in place.

5.3 During lockdowns, the Driver and Vehicle Standards Agency (DVSA) halted C1 driving assessments which significantly impacted our ability to rapidly onboard qualified staff. As a result, we have a number of staff who are still waiting to undertake the C1 driving assessment. We are mitigating this through the support of the Fire and Rescue Services (FRS) staff on bank contracts and have recently offered 6 FRS staff secondment opportunities. We are also working with specialist agencies to source suitable temporary staff. Community First Responders (CFRs) have supported service delivery as well as year 2 Paramedic Science students.

5.4 **Mid and South Essex** is currently at establishment in terms of workforce figures, this is an improvement over the last year where, at our lowest, we had a deficit of 60 staff. Although now at full establishment, we have experienced a disparity in skill mix availability, an increase in staff absences though COVID-19 (both sickness and shielding/isolating staff) and a number of staff are awaiting C1 driving assessments. We are also experiencing an impact due to the vaccination programme as some staff are experiencing side effects such as fever and as a result require a period of isolation and a COVID-19 PCR swab. At the peak we had 60-80 staff absent.

5.4.1 In the context of COVID-19, Mid and South Essex has continued to be the most challenged Sector of EEAST. Community infections have significantly increased demand on EEAST and an increase in the use of ventilators and demand for critical care beds has placed additional pressure on the three acutes within Mid and South Essex. As a result of this EEAST supported the acutes with transporting critical care patients across the three sites as well as transporting patients outside of the Essex footprint. During the recent declared Major incident in Essex the acutes, CCGs and EEEAST set up incident management teams involving all partners as required. This allowed us responding to issues in a timely manner as well as setting clear objectives for the health system and partners.

5.4.2 Due to the staff abstraction levels that COVID-19 has brought we mitigated the risk with the support of the Essex County Fire and Rescue Services (ECFRS) and during the first wave we had up to 25 staff seconded to us. We are also working with specialist agencies to source suitable

temporary staff. Community First Responders (CFRs) have supported service delivery as well as year 2 Paramedic Science students.

5.5 **North East Essex** is currently over “establishment” in terms of workforce figures, however 67% of this is considered workforce effective. Although over full establishment, we have experienced a disparity in skill mix availability, an increase in staff absences though COVID-19 (both sickness and shielding/isolating staff) and a number of staff are awaiting C1 driving assessments. We are also experiencing an impact due to the vaccination programme as some staff are experiencing side effects such as fever and as a result require a period of isolation and a COVID-19 PCR swab.

5.5.1 North East Essex has continued to be challenged due to the COVID-19 pandemic. Community infections have increased demand on EEAST and an increase in the use of ventilators and demand for critical care beds has placed additional pressure on Colchester General which in turn has resulted in an increase in arrival to handover and handover to clear times. North East Essex activity and infection rates have followed a similar trend to West Essex which was experienced slightly later, with a delay of about 2 weeks.

5.6 Leading up to the first national COVID lockdown West Essex saw high levels of activity and this continued for the first two weeks. After this we saw a significant improvement to our C1 performance, and this was matched by C2. Since the first lockdown eased West Essex maintained the improvement to C1 performance. C2 performance did deteriorate but this has been mainly due to two reasons: the increase C2 calls and hospital delays. Arrival to Handover was sitting just below 20 minutes for much of the year, however due to the sudden increase in infection rates the hospital has become overwhelmed and these times have averaged above an hour most recently. Over the last couple of months, we have lost hundreds of hours due to ambulances waiting at ED unable to offload, affecting our ability to respond to patients in the community.

5.6.1 West Essex activity has followed a similar pattern during the past year in line with infection rates and follows a couple of weeks behind trends in London due to proximity. During periods of lockdown, we saw high levels of activity in the 2-3 weeks. However, this activity would drop off after this as the impact of lockdown reduced the number of infections. With more people staying at home, we saw a lot of pressure alleviated from a reduction of call types, notably incidents relating to alcohol use. During late summer and early autumn activity levels returned to normal levels. However, as winter pressures kicked in these levels rose again – in particular we saw an increase in the higher acuity patients. C2 calls remain very high.

5.6.2 The patient facing hours produced by West Essex are set against the Building Better Rotas model implemented a year ago. These hours are negatively impacted upon by two factors including our vacancy factor in the areas and sickness (including shielding and isolating). However, despite these we regular produce enough hours to be within 200 hours either side of our target. Sickness levels are consistently below 5% except during times of high COVID activity. Sickness increased significantly during the first wave of the pandemic before returning to normal levels during the late summer of 2020. However, with the arrival of the new variant we have experiences unprecedented levels of absence (between 20-25%). The Trust has taken measures to on board other professionals during these challenging times allowing us to maintain a consistent level of cover.

6 How EEAST operates in the field, to minimise risk of COVID-19 infection to staff and patients.

6.1 The trust has comprehensive safe practice guidelines, IPC training, IPC policies and an audit schedule. Following the increased risk during the pandemic there are some key risk mitigation strategies that were implemented. The guidance we have shared with staff has evolved as the national guidance has developed.

6.2 Ambulance stations in Essex are regularly IPC-audited and they are high-compliance COVID-secure sites.

6.3 Increased vehicle cleaning capacity of Make Ready teams to perform emergency decontamination and routine cleaning. During this time routine cleaning compliance was increased significantly in levels of compliance with standards.

6.4 Dissemination of information to all staff via multiple channels, including station posters, weekly electronic updates on screens and daily Huddles, both face to face and electronically, were carried out in stations along with updated bulletins on the Trust website, various meeting groups and others.

6.5 Weekly managers webinars for information sharing and Q&A session in particular related to infection prevention and control and patient safety.

6.6 Daily monitoring of PPE availability and assurance that a consistent supply of the correct PPE is available in all areas, with central oversight.

6.7 Development and implementation of COVID working safely guidance for non-clinical areas including the implementation of COVID safety checkpoints on premises to defer symptomatic persons from entering the workplace and a Test and Trace process adopted to follow up for contacts to be stood down and test referrals made.

6.8 Station changes, incorporating risks assessments, including facilitating social distancing where possible e.g. moving furniture and one-way systems where possible and instructions to wear surgical masks where social distancing cannot be met. Installation of screens in buildings where multiple staffs occupy smaller spaces.

6.9 Development of a Trust Test & Trace procedure for monitoring symptomatic cases and contacts, working in conjunction with regional Health Protection Teams and NHS Test & Trace contact tracers.

6.10 Modifications to infection prevention audit process to include assessment of COVID Secure status incorporating station modifications and staff PPE compliance and adequacy of vehicle decontamination at patient handover points.

6.11 Collaborative working with relevant national groups to ensure consistency and best practices are being adopted by the Trust.

6.12 Procurement of respirator hoods for staff for whom masks do not match their fit testing.

7 EEAST Workforce and Corporate Strategy

We hope that our progress so far, the support we have already received and the extra help which will result from Special Measures will provide additional reassurance that we will get the right culture, leadership and quality in place permanently at EEAST for our staff and our patients.

7.1 EEAST published its Corporate Strategy in the summer, with copies sent to the OSC and a full launch to all stakeholders and staff. The strategy defines the EEAST vision into four "Goals", relating to staff, quality and performance, partnership and innovation, and sustainability – both environmental and financial. Each of these goals now requires several "supporting strategies", on which each part of the organisation is currently focusing:

7.2 EEAST has continued recruitment across the whole Trust, with ongoing training courses regularly completing each month. We have seen considerable success with our recruitment drive in Essex with the area currently fully established up to current budgeted levels of staff. The attrition rates of staff leaving the Essex area have reduced over the past 12 months and this increase in stable workforce has enabled Essex to perform well against national performance targets. We continue to welcome qualified experienced staff into the area from across the country and have robust mentoring and support processes in place to ensure that all learners are supported to achieve their full potential and complete their learner journeys with EEAST. We continue to recruit into our current funded schemes such as HALO's to ensure the number of operational frontline staff remains consistent and in line with budgeted establishment. Our Non-Emergency Patient Transport (NEPTs) team has recruited into all remaining vacancies with recruitment checks currently ongoing.

7.3 Control room staffing (in both Call handling and Clinical Roles) has increased as a direct result of COVID-19 demand but has remained positive against previous years.

7.4 It takes approximately 5 years to train a fully qualified paramedic - 3 years to study to BSc level before applying to the HCPC to become a qualified Paramedic, followed by an 18 month 2-year period of preceptorship and consolidation.

There is a focus locally to develop staff within which relates to the model of utilising alternative resources to support with ambulance cover as well as improving retention. An example of this ongoing currently is a trial for NEPTs Ambulance Care Assistant (ACA) staff to provide A&E cover.

7.5 Following the successful support from Essex County Fire & Rescue Service, we have offered 8 of those staff bank contracts as non-clinical drivers – working with our clinically trained staff in delivering patient care thereby helping to alleviate the loss of staff through COVID track/trace and sickness.

7.6 NHS England have mandated that PCNs (Primary Care Networks) recruit one WTE advanced paramedic to support GP resources and increased caseload, due to the high numbers of GPs approaching and taking retirement. While not able to replace GPs, these paramedic staff are able to take on some of the time-consuming patient assessment duties, freeing GPs to do more of what only GPs can do, which is to prescribe a fuller range of drugs and other treatments and to make referrals to specialists. In order for EEAST to help retain our specialist Advanced Paramedics and not lose them to PCNs, where their paramedic skills will fade, we have begun trialling rotational models whereby we operate a 24/7 team of specialists and rotate them through PCNs in the hope that, if successful, PCNs forge alliances to buy into our teams, producing a win-win for our staff, our patients and our stakeholders. We are using Norfolk as a test-location for this in a ‘proof of concept’ phase.

8 Conclusion

8.1 The CQC Report and NHS Special Measures are enabling EEAST to address the serious cultural issues across the organisation, and improvement work is now moving at pace.

8.2 On performance, the picture is complex across the whole of EEAST, and, despite the large number of initiatives and changes implemented, regionally we continue to experience challenges with ambulance performance. These will always be possible, under extreme peaks of demand, with hospital delays which needs to be seen as a system-issue. The Essex system is vigilant, continuing to adapt and modify processes and approaches, to ensure that we maintain the good performance in the region, while supporting more rural areas nearby, when appropriate.