

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
12 JANUARY 2021	PUBLIC REPORT

Report of:	East of England Ambulance Service NHS Trust (EEAST)	
Contact Officer(s):	Luke Squibb (Head of Operations – Cambridgeshire and Peterborough) Jessica Watts (Head of Improvement Programmes)	Tel. 07850 648575

**EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (EEAST)
RESPONSE TO CQC INSPECTION REPORT AND OVERVIEW OF
PERFORMANCE IN THE PETERBOROUGH AREA**

RECOMMENDATIONS

It is recommended that the Health Scrutiny Committee note the contents of the EEAST Report to Peterborough City Council Health Scrutiny Committee attached at Appendix 1

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Health Scrutiny Committee following a request by the Committee in response to an email received from the East of England Ambulance Service NHS Trust Chair advising of the outcomes of a recent [Care Quality Commission inspection report](#) published on 30 September 2020.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to update Members on the work of East of England Ambulance Service NHS Trust, and action taken in response to the CQC Report.

- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

- 3.1 Please refer to Appendix 1 – EEAST Report to Peterborough City Council Health Scrutiny Committee.

4. CONSULTATION

- 4.1 N/A

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 The intent of this report is to update the Committee and provide some insights into the work of the ambulance service to adapt and to improve its performance through sustainable development of the workforce and culture.

6. REASON FOR THE RECOMMENDATION

6.1 There are no recommendations as the report is for information only.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 This report is for information only, as a basis for questions.

8. IMPLICATIONS

Financial Implications

8.1 N/A

Legal Implications

8.2 N/A

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 [*East of England Ambulance Service NHS Trust CQC Inspection Report – 30 September 2020*](#)

10. APPENDICES

10.1 Appendix 1 – EEAST Report to Peterborough City Council Health Scrutiny Committee

EEAST Report to Peterborough City Council Health Scrutiny Committee

Cambridgeshire & Peterborough Sector

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Report Period: 2019-2020
Date of Report: 22nd December 2020

1. Executive Summary

1.1. The purpose of this paper is to provide a briefing on the implications of the CQC Report on EEAST, dated September, and to provide an update and overview of Ambulance Performance in the Peterborough area.

1.2. At the end of September, 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 We have not waited for the survey before acting where we need to. Over the past few weeks, 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. 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.

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

1.3.1 For the ambulance service the factors at play in Peterborough, 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, of which Peterborough City is a part.

- 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

- 2.3 At the end of September, 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.
- 2.4 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.
- 2.5 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.
- 2.6 We have not waited for the survey before acting where we need to. Over the past few weeks, 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.
- 2.7 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.
- 2.8 Some examples of the action we have taken include:
- Specialist Culture Support Teams working with managers across EEAST
 - Wellbeing support and provision is being reviewed, promoted and improved
 - Instigated a Trust wide review of all cases that involve sexual harassment
 - Independent investigators appointed to strengthen and speed up some HR processes.
 - Coaching and support put in place for managers
 - New management development programme introduced
 - Speak up, speak out, stop it message introduced into organisation
 - Disciplinary policy being reviewed.
- 2.9 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.
- 2.10 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.

- 2.11 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 you 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.
- 2.12 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 the Peterborough City area continue to experience better performance than other sectors of the East of England Ambulance Trust. Achieving standards. EEAST are delivering consistently against all national standards in all categories in the Peterborough area.

3.3 North Cambridgeshire (Peterborough) sector continues to provide a good level of response to our patients, in comparison with other Sectors within the EEAST footprint. All national performance standards have been met throughout the 20/21 financial year to date in Peterborough.

North Cambridgeshire	Standard	National Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20
	C1 Mean	07:00	05:53	05:22	05:00	05:45	05:26	05:41	05:31	05:22
	C1 90th	15:00	09:56	09:05	08:29	09:48	09:13	09:23	09:01	08:45
	C2 Mean	18:00	11:16	09:42	10:31	12:56	15:44	16:45	16:40	14:11
	C2 90th	40:00	20:57	17:50	19:53	26:44	36:31	37:23	37:37	31:11
	C3 90th	02:00:00	51:01	49:12	57:46	01:05:49	01:23:58	01:39:18	01:56:56	01:43:01
	C4 90th	03:00:00	01:08:12	01:21:09	02:06:22	02:10:39	01:55:32	02:17:43	02:56:06	00:31:31

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

3.4 In Peterborough, the main challenges to EEAST performance are:

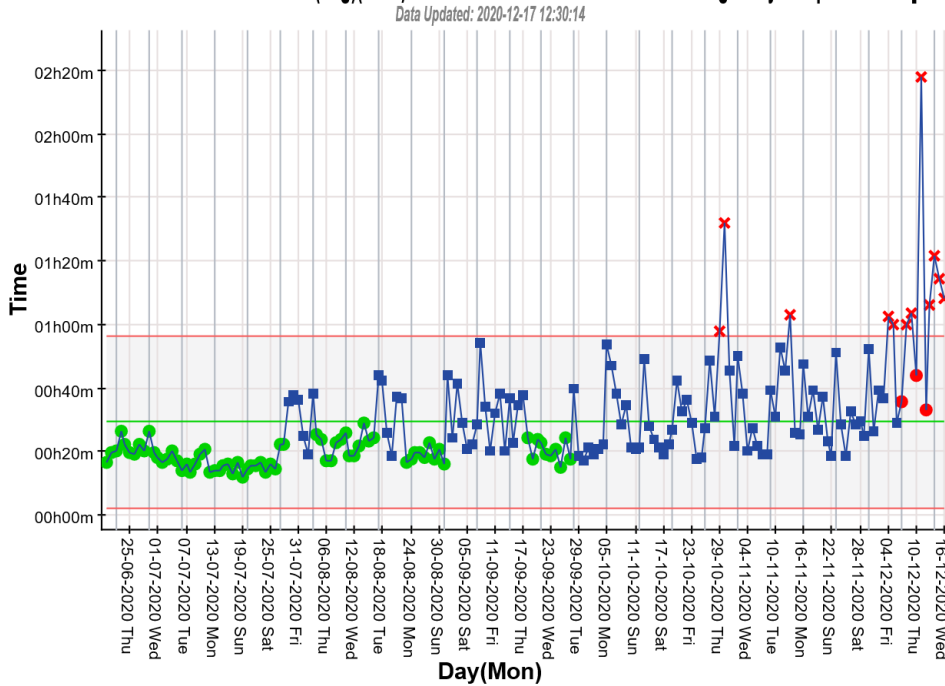
1. Delays at the front door of Emergency Departments. Regionally this has an impact on our ability to deliver a safe service, through lost ambulance hours, ability to respond in the community and supporting staff wellbeing.
2. Continuing year on year increased demand on the 999 service, including an increase in primary care conditions.
3. Resources used to support rurality in nearby parts of Cambridgeshire and nearby parts of Norfolk.

3.5 In Peterborough, 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 Peterborough receive the right response at the right time.

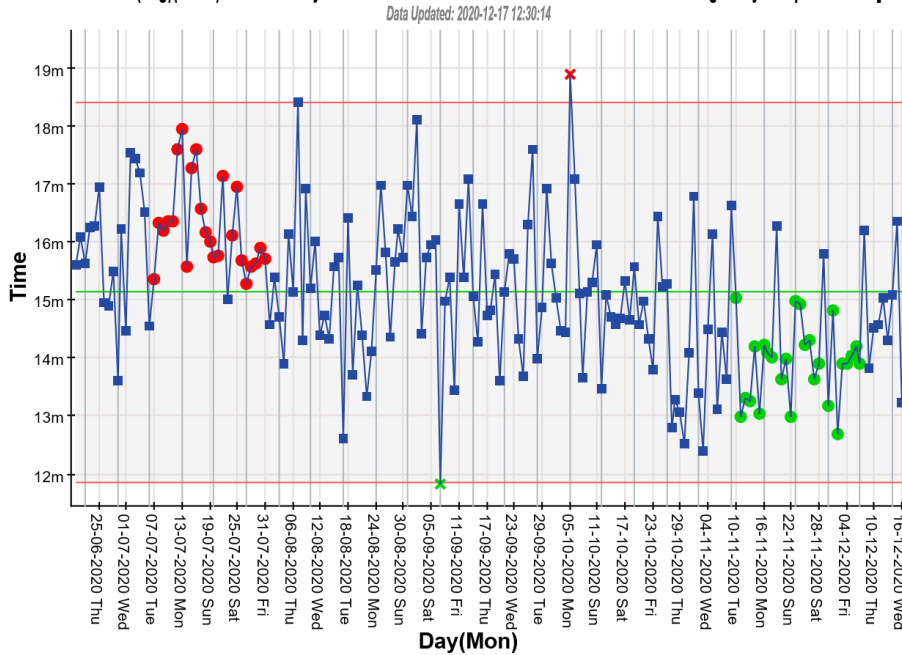
3.6 EEAST use "Power BI" data and "Informatics" to continually analyse and identify changing patterns of hotspots, differentiating between transient and persistent challenges. This can lead management to adjust response-point changes, sometimes weekly, according to operating conditions and behavioural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

3.7 Handover performance at Peterborough City Hospital:

Arrive Treatment Centre to Handover (avg)<6hr) : Month of Year * Acute * Peterborough City Hospital - A&E [RGN80]



Handover to Clear (avg)(0-6hr) : Hour of Day * Month of Year * Year * Is Acute = True * Peterborough City Hospital - A&E [RGN80]



3.8 Hospital delays can and do significantly impact upon EEAST’s ability to provide a sufficient response. 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.

- 3.9 Within EEAST we continue to work with CCG and acute colleagues at all levels to reduce the impact of these delays as much as possible, and to reduce the overall delay. Hospital Arrival Liaison Officers (HALOs) are deployed at Peterborough City Hospital 12 hours per day 7 days a week. 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.
- 3.10 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.
- 3.10.1 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.
- 3.10.2 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.
- 3.11 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.
- 3.12 In summary, performance is at the upper end within the EEAST area and achieving all ARP standards. Notwithstanding, we see performance as a continual challenge as we work towards consistently achieving all the ARP standards across the Trust.

4 Projects and Progress (including Resilience Planning):

4.1 Co-response - Currently within EEAST, we have several community-based resources, this 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 co-locate at Dogsthorpe, Stanground and Whittlesey Fire Stations, regularly working alongside the Fire and Rescue Service.

4.2 Other partnership initiatives operated by EEAST in Cambridgeshire and Peterborough include:

4.2.1 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.

Currently, we have two Norfolk pilot sites which, initially addressed COVID-19 symptomatic patient visits but, in close collaboration with PCN Clinical Leads, this has developed to include specific patient cohorts. We have been successful in embedding Advanced Paramedics into home-visiting elements of Primary Care and are able to offer the practices a reliable resource for the treatment of patients.

Our Norfolk initiatives will benefit Cambridgeshire and Peterborough in time, by informing our wider regional offer for a robust and efficient framework for rotational working and will contribute to moderating the number of staff directly recruited to PCNs. We are invested in our staff and in offering opportunities for development and diversification and the Primary Care setting offers our staff this opportunity of learning and progress within a new clinical setting.

4.2.2 EEAST are in the early stages of piloting a dedicated mental health car for Peterborough 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 CPFT First Response Service this car will enhance the service available to patients through joint working and sharing of resources across the wider healthcare system.

4.3 CCG-led workstreams include:

4.3.1 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.

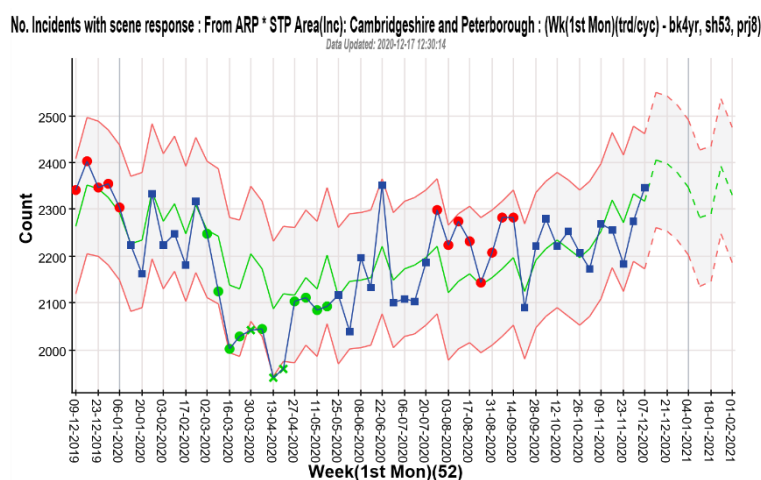
The national expectation has been that 20% of these mobile patients will be booked into a service rather than self-presenting to the Emergency Department, these services could be community services, as well as Primary Care services.

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.

- 4.4 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 to form the ongoing performance plans.

5 Impact of Covid19

- 5.1 During the first wave of Covid incident response across Cambridgeshire and Peterborough 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 Peterborough has been short lived as ED attends have now returned to normal levels and in some weeks our incidents attended have tracked above the ‘seasonal norm’.



- 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 was a significant amount of overtime worked. The net affect was an increase in patient facing staff hours. We are starting to experience another rise in the reduction of our workforce relating to COVID stand downs and sickness as we move through the second national lockdown.

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 Peterborough Station is regularly IPC-audited and is a high-compliance COVID-secure site.
- 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 'newsletter' style updates sent out to stations during the initial phase of Covid, email, 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 was 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 Peterborough with the area currently fully established up to current budgeted levels of staff. The attrition rates of staff leaving Peterborough have reduce dover the past 12 months and this increase in stable workforce has enabled Peterborough 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.

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.

7.3 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.

7.4 Following the successful support from Cambridgeshire Fire & Rescue Service staff in our Covid response, we have offered three 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.

7.5 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 North Cambridgeshire System is constantly vigilant, continuing to adapt and modify processes and approaches, to ensure that we maintain the good performance in Peterborough, while supporting more rural areas nearby, when appropriate.