

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6 JUNE 2024

SOUTH EAST COAST AMBULANCE SERVICE NHS FT UPDATE

Report from: Matt Webb, Associate Director, Strategy & Partnerships (SECAmb)

Author: Daryl Devlia, Strategic Partnerships Manager (SECAmb)

Executive Summary

In 2023 and into 2024, the Trust has prioritised improving operational performance, meeting NHS England (NHSE) Recovery Support Programme goals, and developing a new Trust strategy. Improving response times has been a key focus, and while some of these times still fall short of national targets, the Trust has performed better than many peers, achieving notable successes.

Looking ahead to 2024/25, the Trust will concentrate on implementing its new strategy, developing a new clinical delivery model, and continuing to enhance service quality, response times, and patient outcomes.

1. Performance 999 & 111

1.1. Ambulance services faced significant challenges throughout 2023 and into 2024, with the Trust often operating at its highest levels of escalation (Surge Management Plan [SMP] and Resource Escalatory Action Plan [REAP]), mirroring national trends.

1.2. Response Times

1.2.1. Category 2 (C2) Performance

1.2.1.1. The Trust achieved a mean response time under 30 minutes, outperforming several peers (Appendix A).

1.2.2. Categories 1, 3, and 4

1.2.2.1. Although these categories did not meet national targets, response times improved over the past six months and were frequently within NHS England's mean times when benchmarked against other services (Appendix B).

1.3. Factors Improving Response Times

1.3.1. Whole Time Equivalent (WTE) frontline staffing has been increased, providing more hours (Appendix C).

1.3.2. There have been focused efforts on managing abstractions, specifically sickness and training schedules.

1.3.3. Adhering to NHS England's protocol for Category 3 and 4 incidents to be placed into a clinical queue for validation by a senior clinician has resulted in increased Hear and Treat (H&T) rates from below 10% to 14% over six months (Appendix D).

1.3.4. Collaboration with acute hospital partners has improved ambulance handover and turnaround processes.

1.4. Emergency Call Answering

1.4.1. Call answer times significantly improved from 47 seconds in September 2023 to 10 seconds in January 2024 (against a target of 5 seconds) due to focused

recruitment and retention, along with the new combined Emergency Operations Centre in Gillingham (Appendix E).

1.4.2. Difficulties in maintaining workforce levels have been observed at the Trust's 'West' Emergency Operations Centre in Crawley due to local employment competition.

1.5.111 Service Performance

1.5.1. There have been challenges in call answering and abandonment rates, however, positive performance in ambulance disposition validation and direct referrals.

1.5.2. Despite a consistent call volume from June to November 2023 and a seasonal uplift in December, the service fell short of the 95% target for calls answered within 60 seconds, partly due to a 20% gap in Health Advisor WTEs (Appendix F).

1.5.3. High levels of clinical contact, reduction in ambulance dispositions, and high Direct Access Booking rates have consistently exceeded NHS England's national averages, with the service recognised as having the lowest number of ED referrals and highest ambulance validation percentage (Appendix G).

2. Handover

2.1. Engagement with Acute Trust Partners

2.1.1. The Trust continues to work with acute Trust partners across Kent to manage ambulance handover delays and improve crew turnaround times. Strategic engagement with the Integrated Care Board (ICB) aims to enhance patient flow through hospitals and into community services. Overall, hours lost due to handovers have significantly decreased compared to 2022 (Appendix H).

3. Urgent and Emergency Care – Unscheduled Care Hubs

3.1. New Models of Working

3.1.1. The Trust has been piloting multidisciplinary Integrated Unscheduled Care hubs in Kent, supported by ambulance Advanced Paramedic Practitioners and clinicians from Urgent Community Response (UCR), virtual wards, and acute hospital Trusts.

3.2. Pilot Hubs

3.2.1. East Kent (Ashford) Hub: This 'pre-dispatch' model focuses on 999 calls coming into the Trust with real-time assessment and coordinated clinical responses.

3.2.2. West Kent (Maidstone) Hub: This 'post-dispatch' model contacts ambulance crews at the patient's side to provide a coordinated clinical response and identify appropriate referral pathways if ED transport is not necessary.

3.2.3. Medway (Gillingham) Hub: A planned 3-month trial over Quarter 2 of 2024, based on the West Kent 'post-dispatch' model. An agreed post-trial evaluation is currently in progress.

3.3. Early Results

3.3.1. All pilots show early evidence of reduced conveyance to emergency departments (Appendix I), improved patient outcomes, and enhanced collaboration among health providers.

3.4. Evaluation and Expansion

3.4.1. A working group of Subject Matter Experts (SMEs) is reviewing the success and sustainability of the hubs, ensuring alignment with the Trust's strategic direction and the ICB's Joint Forward Plan. Discussions are underway with the ICB and partner

providers to develop 3 hubs covering East Kent, West Kent and North Kent and Medway.

4. Community Provider Access to Category 3 & 4 Incidents

4.1. Daily Touchpoint Calls

4.1.1. The Trust, in collaboration with commissioners, NHS England, and community partner providers, established daily 'touchpoint' calls in 2023. These calls allowed community providers to view the Trust's clinical stack of category 3 and 4 incidents and discuss potential direct referrals to Urgent Community Response teams or Virtual Wards. While successful, the 30-minute window limited the approach's full potential.

4.2. Portal Access Initiative

4.2.1. Building on the success of the touchpoint calls, the Trust recently launched a portal access initiative. This allows community trusts to directly access the clinical stack of category 3 and 4 incidents through a secure web browser, enabling the Urgent Community Response team to view and self-refer incidents throughout their operational hours.

4.3. Expansion and Impact

4.3.1. Sussex was the first ICs to go live with portal access, followed by Kent, Surrey, and Northeast Hampshire.

4.3.2. Kent community providers have had more limited engagement with the portal access programme due to prioritising the hub workstreams, which has enhanced working relationships, and optimised pathways utilisation with community service providers through co-location.

5. Improvement Journey (NHSE Recovery Support Programme)

5.1. Programme Overview

5.1.1. The Trust's Improvement Journey Programme began in 2022 following Care Quality Commission reports published in July and October. This programme continues to guide the Trust in delivering exceptional patient care through strategic initiatives and concerted efforts.

5.2. Key Improvements

5.2.1. Significant improvements have been made across key areas of the organisation:

5.2.1.1. Enhanced Quality and Responsiveness

5.2.1.2. Supportive Culture

5.2.1.3. Sustainable Partnerships

5.3. Strategic Pillars

5.3.1. Quality Improvement

5.3.1.1. QI has been widely applied across existing practices and new pilots. Through 2023/24.

5.3.1.2. Initiatives include future-proofing medicines management, responding to patient feedback, and robust risk identification to foster a proactive response culture and continuous improvement.

5.3.2. Responsive Care

5.3.2.1. Patient safety remains paramount throughout the Trust.

5.3.2.2. Operational Efficiency: Optimised on-scene time, expanded remote response capabilities, and improved dispatch processes and resource allocation to enhance responsiveness has strengthened the trust and reliability of our services.

5.3.3. People and Culture

5.3.3.1. The Culture Transformation programme continues to promote a culture of openness, transparency, and accountability.

5.3.3.2. Comprehensive leadership development training and empowerment of leaders is fostering improved trust and respect.

5.3.3.3. A focus on wellbeing and professional development, zero tolerance for poor behaviours, and encouraging staff to voice concerns ensures a supportive working environment.

5.3.3.4. There has been significant progress in the Trust's speak-up culture, strengthened by the Freedom to Speak Up (FTSU) framework and enhanced training.

5.3.3.5. Improvements within the NHS Staff Survey 2023 were noted in person-centred care (+8%), motivation (+5%), and willingness to speak up about concerns (+8%) (Appendix J).

5.3.4. Sustainability and Partnerships

5.3.4.1. Prioritising frontline care and reducing carbon footprint is being achieved through resource optimisation:

5.3.4.2. The Trust remains committed to patient-centric pathways and collaborative partnerships, working with ICS partners.

5.3.4.3. A new Five-Year Plan outlines a trajectory toward delivering sustainable, high-quality care, ensuring a clear future direction.

6. Strategy Development Programme

6.1. Overview

6.1.1. In early 2023, the Trust embarked on developing a long-term strategy aimed at delivering high-quality, equitable, and efficient care within a sustainable financial framework. This strategy also prioritises enhancing the experience of our people, supporting our partners, and committing to environmental stewardship.

6.2. Guiding Principles

6.2.1. Clinical Leadership and Patient-Centred Approach: The strategy has been co-designed with our patients, people, and partners, and grounded in evidence and practical implementation.

6.3. Strategy Programme Phases

6.3.1. Phase 1: Diagnose & Forecast

6.3.1.1. The Trust has worked to understand the current environment, challenges, and stakeholder perspectives, anticipating future needs to build a compelling case for change.

6.3.2. Phase 2: Generate Options & Prioritise

6.3.2.1. In Q3 (2023/24), strategic options were formulated and evaluated, with the Trust Board selecting the preferred strategic direction based on robust evaluation criteria.

6.3.3. Phase 3: Deliver & Evolve

6.3.3.1. This phase further developed the selected strategic option, identifying required capabilities; establishing delivery and evaluation structures to ensure ongoing relevance and success.

6.4. **Commitment to Engagement**

6.4.1. Engaging with our people, patients, and partners to inform the clinical direction, diagnostic assessments, and integrated care systems' strategic priorities has been fundamental.

6.5. **Case for Change**

6.5.1. Population growth, ageing, and complexity of health conditions will lead to a 15% growth in patient demand over the next five years.

6.5.2. The existing service model is insufficient to address these challenges, adversely impacting patient outcomes and staff well-being.

6.5.3. Maintaining the status quo is unsustainable, requiring an unrealistic workforce expansion. Radical change is therefore essential for future-proofing services and safeguarding patient and staff welfare.

6.6. **Strategic Options and Selection**

6.6.1. Extensive engagement has supported the Trust's understanding of key issues and co-designing the three strategic options.

6.6.2. Preferred Strategy Direction (February 2024):

6.6.2.1. Addresses diverse patient needs with tailored end-to-end care.

6.6.2.2. Promotes effective collaboration with health and care partners, positioning the Trust as a system leader in UEC.

6.6.2.3. Empowers staff with the necessary skills, support, and career opportunities.

6.6.2.4. Builds on existing strengths for a radical yet achievable service model change.

6.7. **Next Steps**

6.7.1. The implementation stage (2024/25) involves:

6.7.1.1. Executing the strategic delivery framework with a refined vision and defined outcomes.

6.7.1.2. Detailing plans for workforce development, digital innovation, clinical design, and a clear execution roadmap.

6.7.1.3. Officially unveiling the new strategy in the first quarter of 2024, marking a new era of service excellence and sustainability.

7. **Patient Safety Incident Response Framework**

7.1. **Framework Launch**

7.1.1. In January 2024, the Trust implemented NHS England's Patient Safety Incident Response Framework (PSIRF).

7.2. Framework Objectives

7.2.1. PSIRF replaces the current Serious Incident Framework, enabling the Trust to develop more effective responses to patient safety incidents. The primary aim is to enhance learning and improve patient safety.

7.3. Leadership and Oversight

7.3.1. A newly created senior position, the Deputy Director for Patient Safety and Care, heads the PSIRF team, ensuring dedicated leadership and oversight.

8. Recommendations

8.1. The committee is requested to:

8.1.1. Note the update provided.

8.1.2. Provide comments and feedback on the contents of the report.

Lead Officer Contact

Daryl Devlia, Strategic Partnerships Manager (SECAmb)

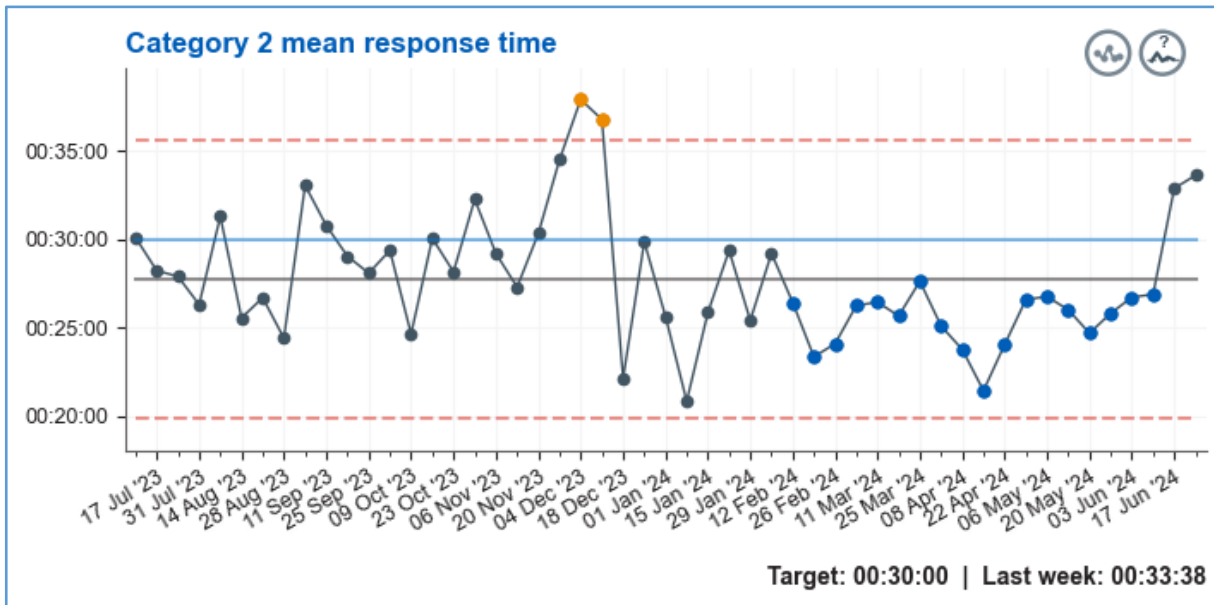
Background papers

None

Appendices

Appendix A

Category 2 Performance - Mean



National Ambulance Quality Indicators

C2		Mean
England		00:33:50
1	North West	00:24:22
2	South East Coast	00:26:20
3	Yorkshire	00:29:28
4	Isle of Wight	00:30:24
5	South Central	00:31:49
6	West Midlands	00:33:01
7	London	00:33:11
8	North East	00:33:20
9	East of England	00:39:06
10	East Midlands	00:43:06
11	South Western	00:45:54

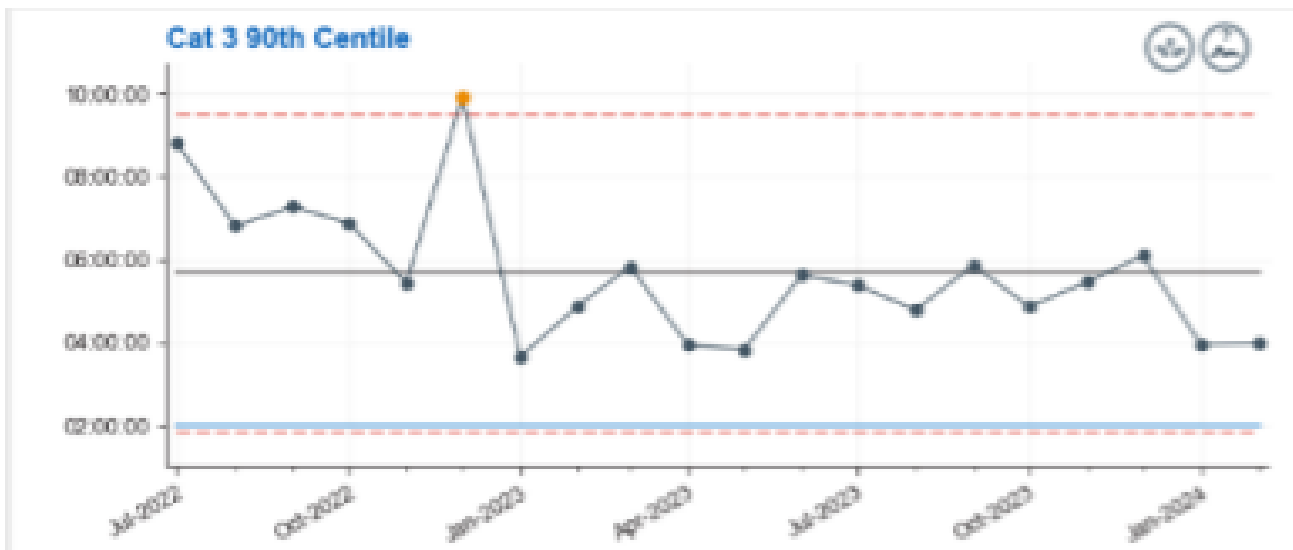
C2		90th
England		01:11:51
1	North West	00:48:32
2	South East Coast	00:52:44
3	South Central	01:02:30
4	Yorkshire	01:05:52
5	North East	01:07:35
6	Isle of Wight	01:08:31
7	West Midlands	01:13:01
8	London	01:14:05
9	East of England	01:24:10
10	East Midlands	01:31:19
11	South Western	01:36:54

Appendix B

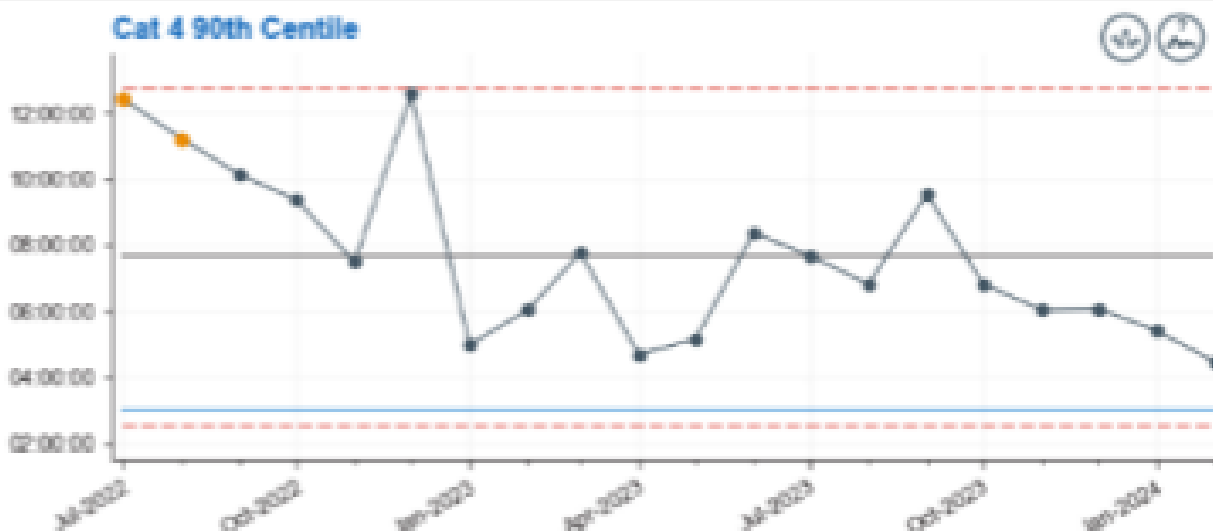
Category 1 Performance - Mean



Category 3 Performance – 90th Percentile



Category 4 Performance – 90th Percentile



National Ambulance Quality Indicators

C1	Mean
England	00:08:20
1 North East	00:06:58
2 London	00:07:11
3 North West	00:07:56
4 Yorkshire	00:08:07
5 West Midlands	00:08:14
6 South East Coast	00:08:23
7 South Central	00:08:38
8 East of England	00:08:49
9 Isle of Wight	00:09:07
10 East Midlands	00:09:13
11 South Western	00:09:53

C1	90th
England	00:14:48
1 London	00:12:14
2 North East	00:12:18
3 North West	00:13:16
4 Yorkshire	00:14:01
5 West Midlands	00:14:31
6 South East Coast	00:15:30
7 South Central	00:15:36
8 East Midlands	00:16:25
9 East of England	00:16:28
10 Isle of Wight	00:17:21
11 South Western	00:18:28

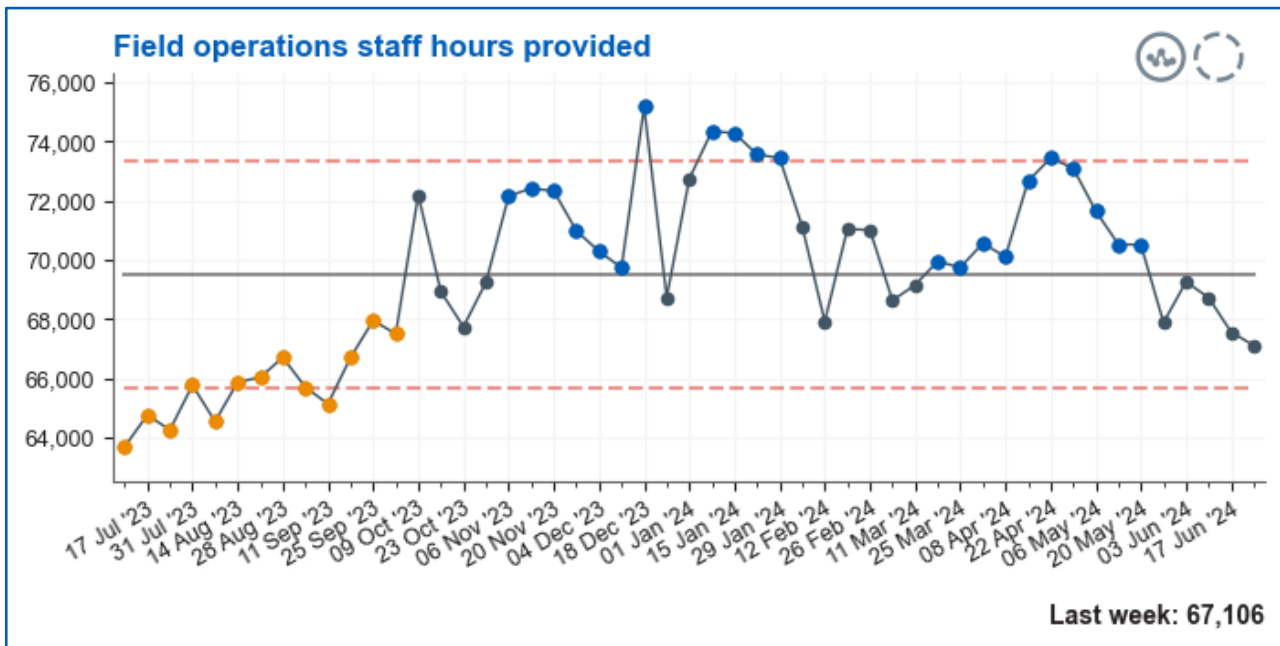
C3	Mean
England	02:03:47
1 London	01:05:48
2 Isle of Wight	01:18:04
3 Yorkshire	01:31:48
4 North East	01:41:07
5 North West	01:55:08
6 South East Coast	01:55:18
7 East of England	01:57:18
8 South Western	02:09:32
9 South Central	02:42:05
10 West Midlands	02:53:47
11 East Midlands	03:00:33

C3	90th
England	04:52:42
1 London	02:42:55
2 Isle of Wight	03:01:06
3 Yorkshire	03:22:46
4 North East	03:49:43
5 North West	04:10:23
6 South East Coast	04:14:30
7 East of England	04:32:13
8 South Western	05:33:13
9 South Central	06:12:13
10 East Midlands	07:07:24
11 West Midlands	07:30:30

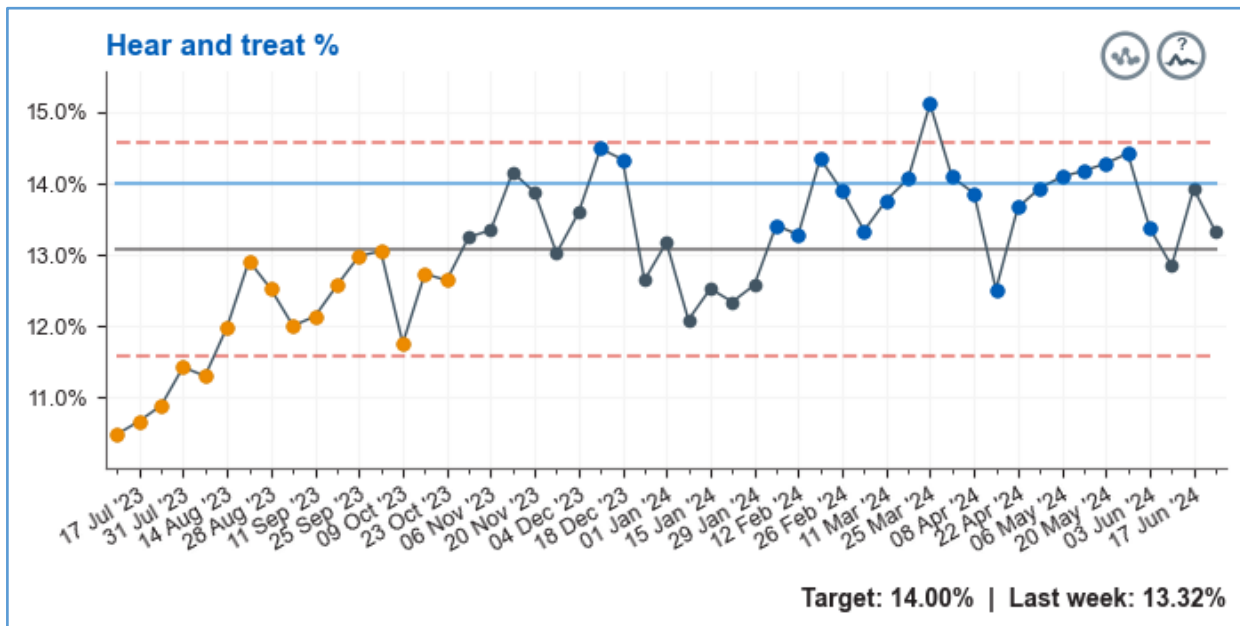
C4		Mean
England		02:29:48
1	Yorkshire	01:37:15
2	North East	01:37:44
3	London	02:00:43
4	Isle of Wight	02:04:28
5	North West	02:22:40
6	South East Coast	02:23:49
7	East of England	02:42:18
8	East Midlands	02:44:04
9	South Western	02:48:55
10	South Central	03:29:03
11	West Midlands	03:41:22

C4		90th
England		06:02:39
1	Yorkshire	03:34:40
2	North East	03:46:03
3	London	04:05:39
4	Isle of Wight	04:17:48
5	South East Coast	05:19:21
6	North West	05:32:43
7	East Midlands	06:19:37
8	East of England	07:24:13
9	South Western	07:51:06
10	South Central	08:22:27
11	West Midlands	11:15:08

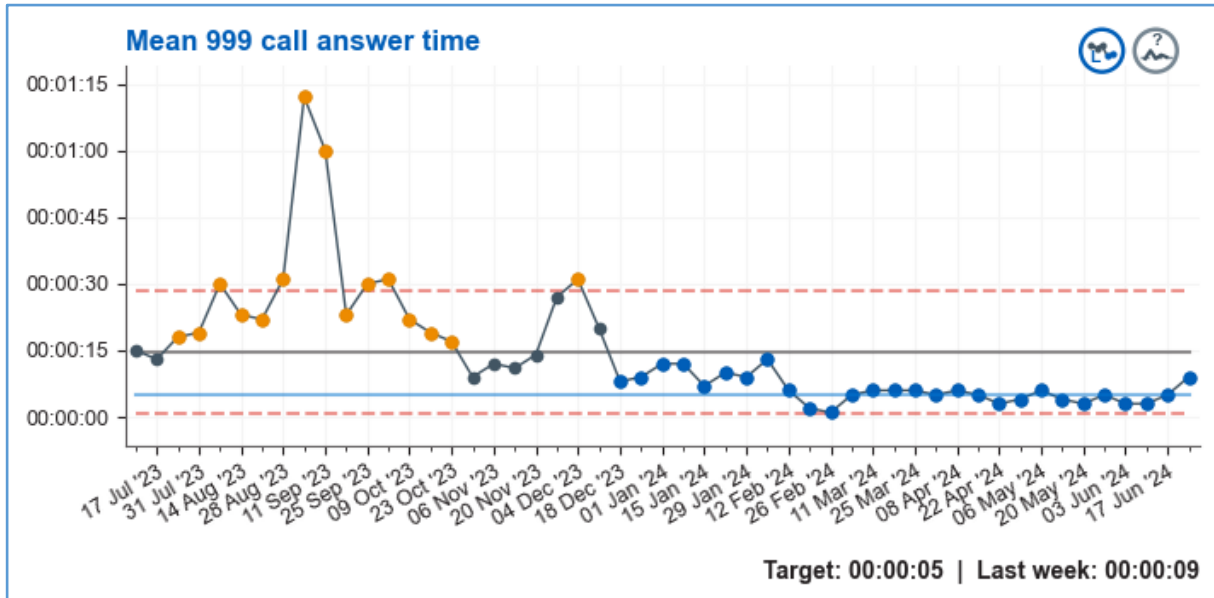
Appendix C – 999 Frontline Hours Provided



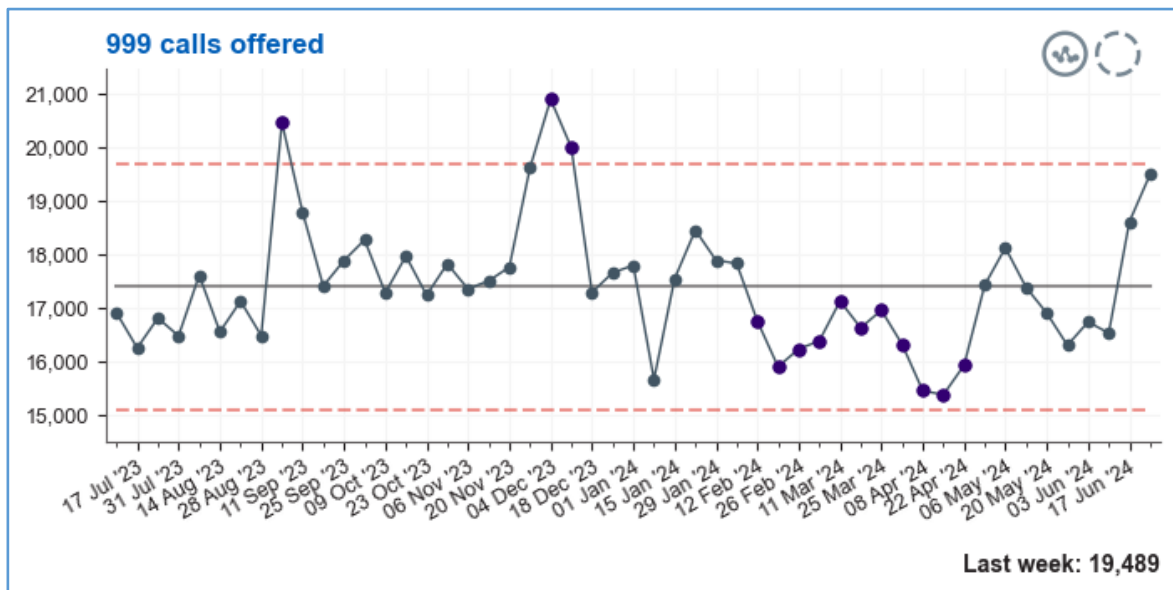
Appendix D – Hear and Treat



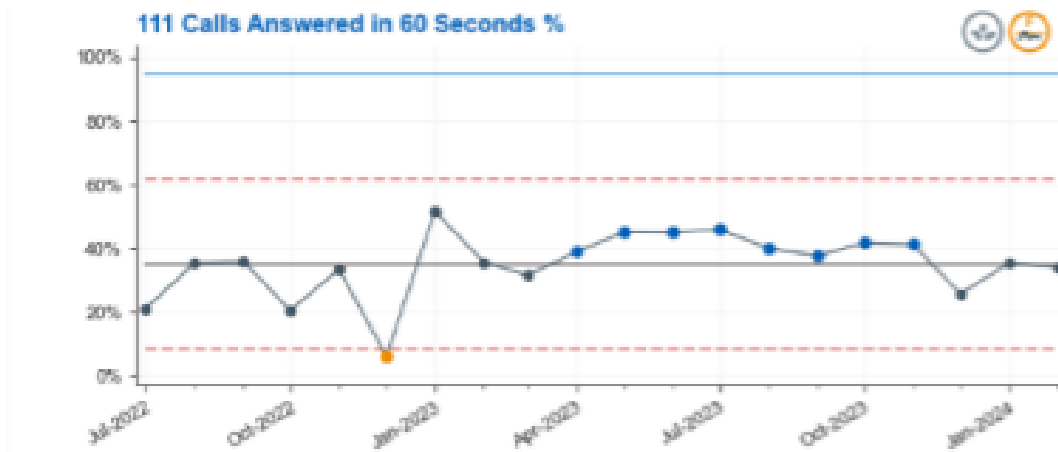
Appendix E – 999 Call Answering – Mean



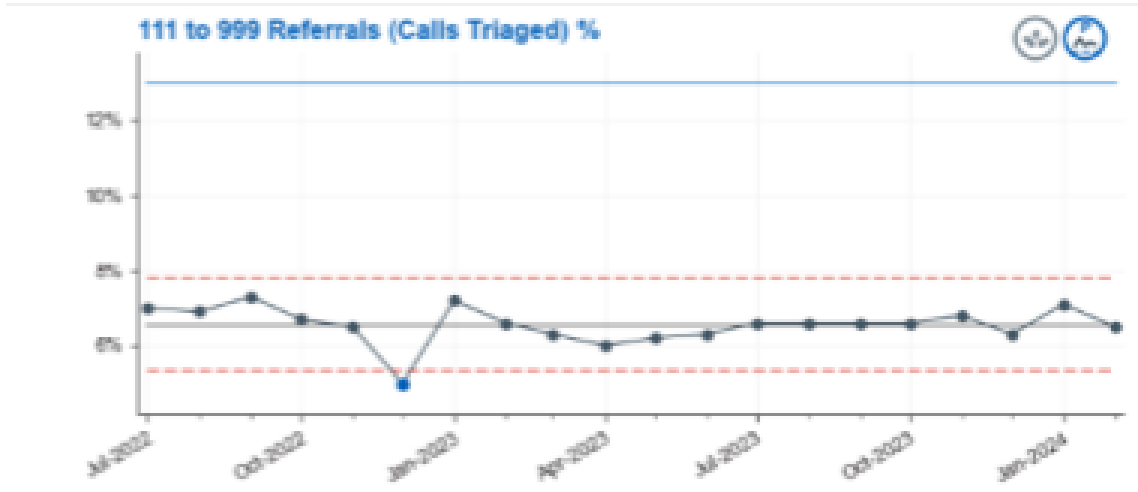
Appendix F – 111 Calls Offered



111 Calls Answered in 60 Seconds



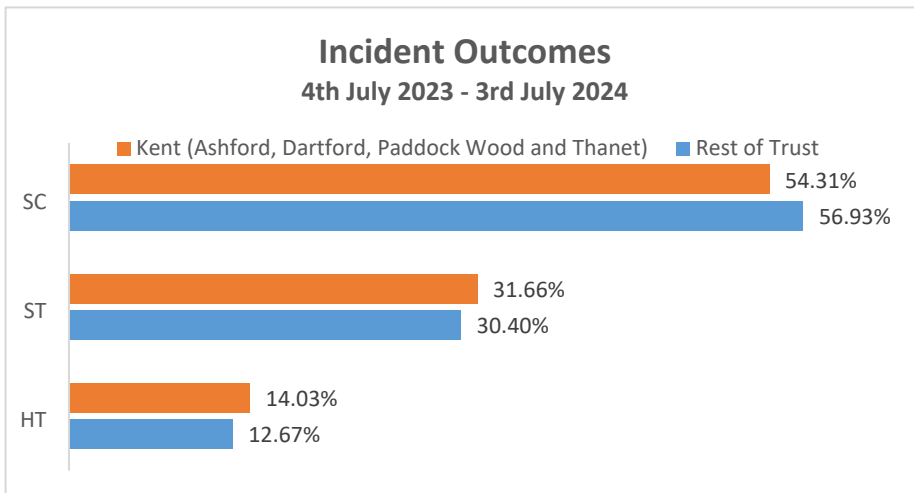
Appendix G – 111 to 999 Referrals



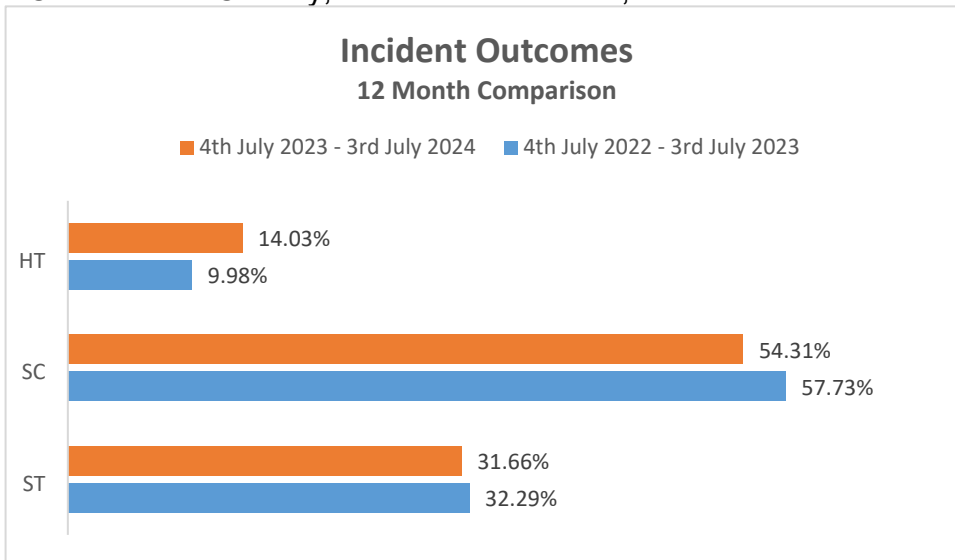
Appendix H – Number of Hours Lost at Hospital Handover



Appendix I – Kent performance figures vs the whole of SECamb region



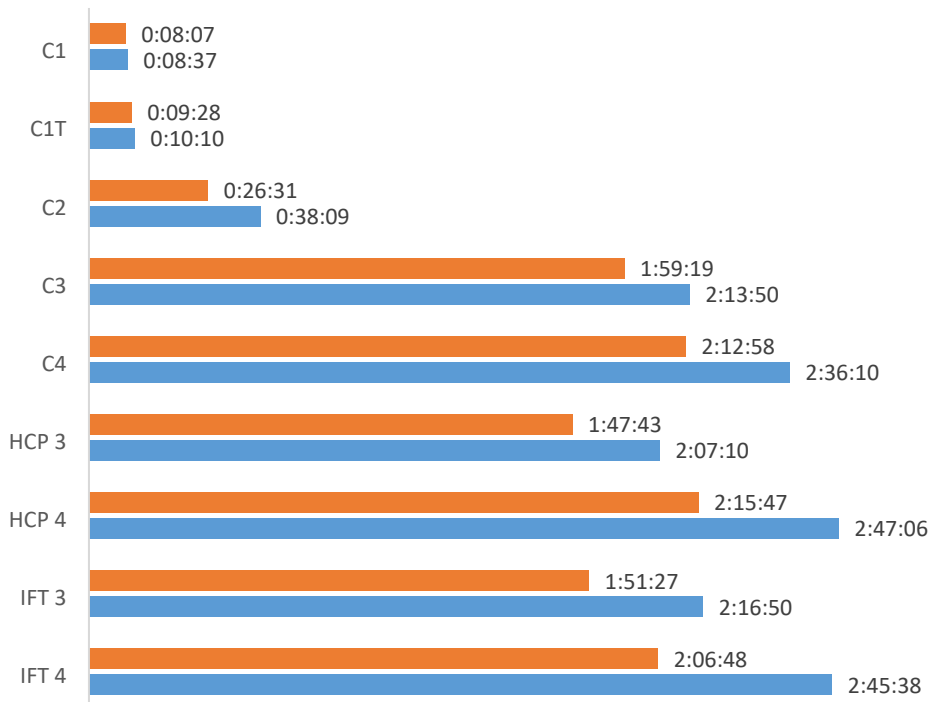
SC = See and Convey, ST = See and Treat, HT = Hear and Treat



ARP Response Time Means


4th July 2023 - 3rd July 2024

■ Kent (Ashford, Dartford, Medway and Thanet) ■ Rest of Trust




Appendix J – NHS Staff Survey 2023 – Highlights

NHS Staff Survey 2023





For the fourth consecutive year we heard from **60% of the organisation** through the Survey



2,790 colleagues, including **74** who hold bank contracts, took the time to provide their views






Our scores have **improved more, year on year**, than those of our ambulance colleagues






Every one of the nine theme scores has **shown a statistically significant improvement** compared to last year

And we saw **improved scores** to almost all of the individual questions

2020 vs 2021	2021 vs 2022	2022 vs 2023
		
 Improved  Worsened		

Person-Centred Care




60%

of staff said that care of patients/ service users is the organisation's top priority.

Improved 8% since 2022

Motivation




62%

of staff said they are enthusiastic about their job.

Improved 5% since 2022


62%

of staff said that if a friend or relative needed treatment they would be happy with the standard of care provided by the organisation.



Improved 10% since 2022

Speaking Up About Concerns



53%

of staff feel safe to speak up about anything that concerns them in the organisation.

Improved 8% since 2022

We know we have lots more to do and are committed to continuing to make SECamb a better place to work for everyone but it's great to see positive improvement!