

**Report to:** Kent HOSC on 2 September 2016

**From:** NHS Swale CCG

**Regarding:** South East Coast Ambulance Service NHS Foundation Trust (SECamb)

## **1 Introduction**

This briefing sets out the progress the lead commissioner for Kent and Medway, NHS Swale CCG have made in working with SECamb following the discussion at the HOSC in April 2016. That discussion covered the issues raised in the Deloitte report on the unauthorised call handling project carried out by NHS South East Coast Ambulance NHS Foundation Trust (SECamb) between December 2014 and February 2015.

A further independent review, to identify the impact the project had on patients, is expected to be published during September and at the time of writing this has not been seen by commissioners.

The Care Quality Commission inspected SECamb in May 2016 and following the inspection issued a warning notice. This covered six main areas:

- The systems in place to ensure enough staff are employed and deployed appropriately are not effective.
- NHS 111 calls are not always responded to in a timely and effective manner.
- Processes to ensure that equipment is properly maintained and secured are not adequate.
- Safeguarding processes to prevent abuse of service users are not operated effectively.
- The systems in place for medicines management are not operated safely and effectively.
- Governance arrangements including systems to assess, monitor and improve the quality and safety of the services are not operated effectively.

The report is anticipated in September, and the grading given will help the health system to further focus on supporting recovery.

The proposals coming from the Ambulance Response Programme are also described below.

## **2 Commissioners approach to ensuring improvement – progress since last update**

As commissioners of ambulance services across Kent, Medway, Surrey and Sussex, NHS Swale CCG's priority is to ensure a safe and high quality service for patients. We are working closely with the new Chair at SECamb, and regulators, so that SECamb is fully supported to deliver the necessary improvements with pace, in line with the findings of the reports.

SECamb have been required to produce a Remedial Action Plan under their contract with the CCGs. NHS Swale CCG as lead commissioners have agreed with SECamb, Surrey and Sussex co-ordinating commissioners, NHS England, NHS Improvement (formerly Monitor) and the CQC that this plan will be a 'Unified Recovery Plan' which covers all aspects of recovery, whether identified through commissioning process, the Deloitte report or from

the CQC inspection. This recovery plan is published in SECAMB board papers and the key elements are expected to be presented to the HOSC by the Trust.

This plan is being scrutinised by commissioners and the regulators formally through a single oversight group. This overarching Strategic Partnership Group includes the lead CCG Accountable Officers, NHS England, NHS Improvement, the CQC and SECAMB. This group is supported through fortnightly operational review groups on the specific issues of 999 and 111 performance and organisational governance. This scrutiny will include deep dives into specific areas and testing that changes have been operationalised. Three groups have been established and have met at least twice so far, with specific remits to monitor the detail of the plan, each group reports into the Strategic Partnership Group. The three operational review groups cover:

- Organisational governance and culture
- 999 performance
- 111 performance.

Workforce is a critical issue for all groups and a specific session is planned in September to consider all aspects of workforce with all the operational groups.

The Unified Recovery Plan continues to be developed and as such has not been formally approved under the contract requirements at this stage. It is however, being used as a working document. SECAMB have recently appointed a Turnaround Director and deputy, the head of their Performance Management Office and a new Company Secretary. In addition, they have identified an interim Director of Nursing and new deputy director of nursing post. To help address the concerns around information and performance, SECAMB have commissioned external support for reviewing their data validation and performance management systems and have agreed collaborative working arrangements with South Central Ambulance Service. This significant increase in Trust leadership is expected to enable a strong team to lead the recovery process.

### **3 Ambulance Response Programme (ARP)**

There is increasing awareness that ambulance services are not measured on those aspects of the service that reflect a patient-centred organisation, user experience and clinical outcomes. As a component of the “Keogh Review” of Urgent and Emergency Care, NHS England is leading the Ambulance Response Programme (ARP). This clinically-led initiative is adopting a staged approach to the development and testing of a series of proposals to create a future model that will enhance patient outcomes, improve user experience and reduce mortality by prioritising those with the greatest need whilst ensuring that all those who contact the ambulance service receive an appropriate and timely clinical and transportation response.

The first phase of the ARP was a pilot project that allows ambulance call handlers additional time to assess 999 calls to ensure appropriate and efficient triage, applied to all but the most life threatening (Red 1) calls; this is called Dispatch on Disposition (DoD). Alongside

DoD the programme has also tested a system called Nature of Call (NoC), designed to ensure that the most serious calls are identified as soon as possible; this means that an increase in triage time is balanced by improved recognition of cardiac arrest and impending cardiac arrest. The two changes have been piloted in several ambulance Trusts around the country, with SECamb acting as a control site. An independent academic evaluation of that project was undertaken by a team of researchers from Sheffield University and shows very positive results. This has led to the pilot being planned to be extended to other ambulance trusts, including SECamb, over the next few months.

A further element of the programme is a review of the clinical coding of calls. This is currently being piloted in 3 ambulance Trusts (not locally) and will be reported on later in the year, prior to a decision being taken at national level.

#### **4 Conclusion**

Commissioners are optimistic that the changes that SECamb are implementing for their Unified Recovery Plan and for the Ambulance Response Programme will support the ambulance service working as part of the wider urgent care system, allowing patients to be managed in their own homes with local services, wherever possible and with a timely and clinically effective response where needed.

SECamb are currently working on their detailed plans, using the experience from other services and an increased level of senior leadership. These plans will be scrutinised by commissioners in the groups identified above as well as through the usual governance processes.

Once the CQC report and the findings from the review of the impact on patients are available, these will be considered by the Trust and by commissioners and incorporated into the Unified Recovery Plan to ensure a single focus continues.