



# Presentation to Kent HOSC

2 September 2016

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# Agenda

- + Unified Recovery Plan
- + CQC report and warning notice
- + 999 performance
- + Patient Impact Review update
- + Ambulance Response Programme





South East Coast Ambulance Service



NHS Foundation Trust

## Unified Recovery Plan Approach

### + Aim

- + Deliver a high performing sustainable organisation over next two years
  - + Next six months - CQC actions, immediate operating and clinical performance improvements
  - + Longer term - strong foundations for sustainable, patient and safety focused organisation

### + Based on

- + Well Led, Responsive, Effective, Caring and Safe

### + Via delivery of

- + Operating performance trajectories (999 & 111)
- + National Clinical Performance Indicators
- + New EOC/HQ (Q4)
- + Make Ready (Tangmere & Gatwick Delivered, Polegate October 2016)
- + Operating Unit Restructure
- + Financial Sustainability
- + Governance
- + Culture



Your service,  
your call

## Why are we doing this?

To build a sustainable organisation, at pace and with energy

## How are we going to do it? By being:

Well-led

Caring

Safe

Effective

Responsive

## What are we going to do? (Two-year plan)

Improve  
our  
culture

Be  
financially  
sustainable

Improve our  
governance

Re-structure  
our  
operational  
teams

Roll out  
an ePCR

Move to a  
new HQ &  
create a new  
EOC

Improve  
our 999 &  
111 perf

Meet our  
national  
clinical  
targets

## Underpinned by a whole-Trust 'Ownership Culture'

Clear responsibilities &  
behaviours

Quality people & performance  
management

Clear targets

Feedback & learning



# CQC report and warning notice





## CQC report & warning notice

- + SECAmb was inspected by the CQC during the week commencing 3 May 2016
- + We received initial feedback via letter and expect the full report in due course
- + On 18 July 2016 the Trust received a warning notice from the CQC
- + As a Trust, we are aware of the serious nature of the concerns raised and very clear that the CQC is seeking significant improvements to a number of our systems and processes.
- + Specific areas of concern raised by the CQ include:
  - + The management of risks, incidents and complaints and how we learn from these
  - + Lack of clarity and accountability in some senior management roles
  - + Safeguarding training and responsibilities
  - + Issues around medicines management
  - + Infection control issues relating to hand hygiene and waste disposal
  - + Staff not feeling cared for, alongside issues of bullying and harassment
  - + Issues with the Trust's Computer Aided Dispatch System (CAD)





## CQC report & warning notice

- ✚ The Trust has until September to address the immediate concerns highlighted before the CQC publishes its full report
- ✚ Efforts to address the issues highlighted by the CQC are already underway with a comprehensive action plan in place, covering all of the areas where improvements are required
- ✚ Progress against delivering the plan is tracked by the Trust's Executive Team on a weekly basis and by the Board on a regular basis
- ✚ Actions include:
  - ✚ Improve operational performance, including increasing the number of staff deployed to provide patient care
  - ✚ Implement a new asset register for clinical equipment
  - ✚ Ensure medicines practice are understood and operated appropriately by staff
  - ✚ Look to establish a new patient safety and quality director role to bring together all aspects of patient safety, safeguarding and patient experience to ensure joined patient safety reporting mechanisms and clear identification and communication of learning
  - ✚ Increase staff recruitment in NHS 111 with the aim of performing against a new improvement trajectory agreed with service commissioners



## 999 Performance

+ The Trust has agreed an improvement trajectory to deliver the following performance standards by March 2017:

- + Red 1 75%
- + Red 2 70%
- + A19 95%

+ Performance in July 2016 was as follows:

Performance Metric	Trajectory (July 2016)	Actual (July 2016)
Red 1	68%	62%
Red 2	59%	50%
A19	92%	89%



## 999 Performance – contd./

- + Red 1 performance has improved slightly from the June level of 59% and Red 2 performance has declined by 1% from the June level of 51%. A19 performance remains the same as in June.
- + Call answer is poor (60% vs target 95%). 40 EMAs in training
- + The Board has approved the implementation of the 999 improvement action plan. This plan has been externally validated and this third party assurance will be shared with the Board
- + Working with CCGs and wider system to identify/mitigate continued growth in demand with further development of the hospital handover policy to reduce delays



## Key Risks

- + Recruitment and retention of key staff (both in Emergency Operations Centre and Field Operations)
- + Demand continuing to exceed **commissioned** activity (by 5.6% in July and 4.4% year to date)
- + Continued increases in hospital handover delays in excess of the agreed threshold on which the improvement trajectory was based.
  - + In July 2016 the Trust lost over 5,400 hours to hospital delays, which is an increase of 62% over July 2015



## Patient Impact Review

- + Finalised draft received
- + Agreeing publication date with Dr Andy Carson, external lead
- + Key findings:
  - + No identifiable harm
  - + Some evidence of patient benefit
- + Next steps:
  - + Agree publication date and publish





# Ambulance Response Programme (ARP)





## What is the ARP?

- ✚ National programme that aims to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients
- ✚ The programme will deliver improved outcomes for all 999 patients, with a generally reduced clinical risk through:
  - ✚ The use of a new pre-triage set of questions to identify those in need of the fastest response at the earliest opportunity ('Nature of Call' - NoC)
  - ✚ Dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need ('Dispatch on Disposition - DoD)
  - ✚ A new evidence-based set of clinical codes that better describe the patient's problem and response/resource requirement



## Why change?

- + Current time-based ambulance response standards, in the face of rising demand, have led to a range of operational behaviours that appear increasingly inefficient
- + 60 seconds to triage and dispatch a resource isn't enough time
- + Specific issues:
  - + Dispatching resources to a 999 call, on blue lights and sirens, before it has been determined what the problem is, and whether an ambulance is actually required
  - + Dispatching multiple ambulance vehicles to the same patient, on blue lights and sirens, and then standing down the vehicles least likely to arrive first
  - + Diverting ambulance vehicles from one call to another repeatedly, so that ambulance clinicians are constantly chasing time standards
  - + Using a “fast response unit” to “stop the clock”, when this provides little clinical value to a patient (e.g. stroke), who then waits for a conveying ambulance
  - + Very long waits for lower priority (“green”) calls that nevertheless need assessment and conveyance to hospital



## The aims of the ARP

- + Achieving faster dispatch to the most critical calls through the use of a pre-triage 'Nature of Call' (NoC) series of questions
- + Having resources more available (through less multiple allocations) to respond to life-threatening immediate calls
- + Utilising 'Dispatch on Disposition' (DoD) to allocate the most clinically appropriate resource to patients by taking a little more time to triage the call
- + Increasing the use of 'Hear & Treat' and 'See & Treat'
- + SECAmb will be implementing NoC and DoD in early October 2016