

## **South East Coast Ambulance Service NHS Foundation Trust – Regional HOSCs Sub-Group**

**Monday 26<sup>th</sup> June 2017, 2pm-4pm**  
SECAMB HQ, Nexus House, Crawley

### **MEMBERS**

#### **Brighton & Hove HOSC**

Cllr Ken Norman (Chairman)  
Karen Amsden (Officer)

#### **East Sussex HOSC**

Cllr Colin Belsey (Chair)  
Cllr Ruth O’Keeffe (Vice-Chair)  
Claire Lee (Officer)

#### **Kent HOSC**

Cllr Sue Chandler (Chair)  
Vice-Chair (TBC)  
Lizzy Adam (Officer)

#### **Medway HOSC/Children’s OSC**

Cllr Wendy Purdy (Chair, HOSC)  
Cllr David Royle (Chair, Children’s OSC)  
Jon Pitt (Officer)

#### **Surrey Wellbeing and Health Scrutiny Board**

Cllr Ken Gulati (Chairman)  
Cllr Sinead Mooney (Vice-Chair)  
Andrew Spragg (Officer)

#### **West Sussex HASC**

Cllr Bryan Turner (Chairman)  
Cllr Dr James Walsh (Vice Chairman)  
Helena Cox (Officer)

### **1. Introductions**

Cllr Bryan Turner chaired the meeting and invited everyone to introduce themselves.

### **2. Apologies**

Apologies had been received from Cllr Ruth O’Keeffe, Cllr Ken Gulati, Dr James Walsh, Cllr Wendy Purdy (Cllr Teresa Murray substituted), Cllr David Royle, Cllr Sue Chandler (Cllr Mike Angell substituted), Helena Cox.

### **3. Care Quality Commission (CQC) re-inspection**

3.1 Daren Mochrie, the new SECAMB Chief Executive, confirmed that CQC had undertaken a re-inspection w/c 15 May. This had involved 40-50 inspectors looking at 999, emergency services, Hazardous Area Response Team (HART) and 111.

3.2 The Trust has yet to see a draft report but initial feedback was better than the previous year and there were no surprises. CQC saw clear evidence of improvements, robust plans and a Programme Management Office in place, and

recruitment to the new Senior Leadership Team underway. They were particularly positive about 111, which has seen significant improvements since last year, and about care given by staff across the Trust.

3.3 CQC's key areas of ongoing concern were:

- **medicines management** – there is now a robust plan and a new Chief Pharmacist but the Trust still needs to be doing more at speed.
- **recording of 999 calls** (audio recording - important for immediate review or later audit). There have been technical issues in being able to record appropriately which are now almost resolved. This issue does not affect 111.
- the need for speedier roll out of **electronic clinical records** and concerns about whether all details are being captured from paper records. There will be wider benefits from going electronic in passing information to hospitals and GPs and minimising any loss of records. It will also make audit and research easier. The Trust is working on connectivity with the wider system.
- appropriate recording and acting on **serious incidents** (SIs).

3.4 The following issues were covered in response to questions:

- CQC felt staff engagement was much better across the Trust and received positive feedback from unions and governors regarding the Trust's direction of travel. Daren and other senior staff have been getting out to meet staff and spending time on shift with crews. He has not been picking up significant bullying issues but recognises Trust leadership could be better at communicating and engaging with staff. The recruitment of a stable leadership team will also help with staff confidence.
- Professor Lewis's report on bullying and harassment is due by the end of July and will probably raise engagement issues. Daren assured Members that the Trust intends to embrace its findings and recommendations.
- The move to a single Trust HQ may enable more development of teamworking and this may include a social element.
- One of the areas the Trust is reviewing in detail is recording of SIs and use of Datix, which can be a good system for incident and risk management. SECAMB has found difficulties getting Datix working but now has a new Datix manager who has started addressing the issues. This is in addition to doing wider work on learning from incidents which is making progress.
- There was an aspiration to move out of special measures within 18 months – 2 years and CQC and NHS Improvement are keen to support trusts to move on but also to ensure that progress is sustainable. The Trust will look at the outcome of the latest inspection and the next steps from that point. If remaining in special measures the Trust will take advantage of the additional support this brings.
- CQC's process for sharing its findings will be as before – a formal report and Quality Summit probably in early September. HOSC Chairs will be invited.
- The roll out of ipads to staff has been done incrementally to ensure staff are trained and they are used properly. Their primary use is for the clinical record and this is the initial focus.
- SECAMB uses 5 or 6 private contractors to provide additional capacity at times of peak demand via an agreed framework, not ad hoc arrangements. The Trust monitors their performance and has been reviewing how appropriate assurance of standards is obtained. CQC also regulates private contractors but at a different

level to NHS Trusts and the Commission is currently looking at how they regulate these providers.

**Action: HOSCs to be informed when Prof. Lewis's report is available.**

#### **4. Quality Improvement Plan (QIP) progress**

4.1 Jon Amos, Interim Director of Strategy & Business Development, advised that SECAMB is starting to incorporate initial feedback from the recent CQC re-inspection into the QIP and will fully update it when the formal report is received. The key areas of challenge had already been highlighted and discussed in item 3 above.

4.2 The following additional points were made in response to questions:

- The additional time allocated to complete some actions reflects a balance between fixing immediate issues raised by CQC and then tackling wider issues which subsequently emerge. New issues have been added to the QIP as they are picked up by the Trust's governance systems and it is positive that these are being picked up internally.
- The medicines management issues are not related to significant concerns about the use of drugs. CQC are highlighting how the Trust can improve safe and consistent management, storage and efficient use of drugs. This is challenging for SECAMB as drugs are held in many diverse locations. The Trust now has a medicines optimisation plan, which includes ensuring legal requirements are met in relation to controlled drugs.
- The most challenging and long term actions are around meeting performance targets because this is partly linked to demand outstripping resource and some targets being outdated. In addition, embedding cultural change and sustainable change to management of medicines and SIs will take time.

#### **5. Performance**

5.1 Jon Amos introduced the paper which provided data for the period to the end of May 2017 and which would also be considered by the Trust Board this week.

5.2 The following headlines were highlighted from each section of the report:

##### **Finance and workforce**

- SECAMB has moved from 4 to 3 on financial rating which is linked to a reduction in use of agency staff and ensuring there are the right skills in place internally. The move to Crawley may be helping with recruitment of entry level roles, some of which now have a waiting list. But some specialist roles remain difficult to recruit. The increased vacancy rate reflects a recent increase in establishment as new permanent roles have been created.
- A new on line appraisal and 121 system will be rolled out to all staff by autumn 2017 – this will help to ensure they are recorded rather than relying on people uploading paper versions. I pads can be used as part of this and the new team leader role will include time to do appropriate supervision on shift with staff. It will also roll out to volunteers in the next 18 months. The Trust is also changing how training is recorded to a rolling basis rather than starting from scratch each year.

## **Operational performance**

- Performance reflects the improvement trajectory agreed with commissioners and regulators. This trajectory has a slight dip in Q2 reflecting the introduction of the new CAD which will have a short term negative impact but long term gains.
- Activity is up on last year but not as much as expected.
- Ongoing challenges around hospital turnaround. Good progress has been made with some Trusts which has demonstrated the benefit of strong focus – SECAMB will be sharing this work more widely. The impact of handover delays has been estimated at 7-8% effect on performance.
- There was a dip in May on the call pick up target, driven by committing time to training on the new CAD – each member of staff needs a week's training in a short period of time. Expect this to pick up quickly as new system comes in.
- 111 - slight dip in call answer performance in May – also reflected nationally, which may reflect bank holiday weekends but there was good planning for these. An increase in late evening calls may be related to Ramadan and the Trust will be looking to reflect this in future plans.

## **Clinical effectiveness**

- ROSC performance is good but this does not seem to be translating into people surviving to hospital discharge. This may be a data issue which is being investigated with commissioners – there have been changes to the way data is obtained and it has required manual follow up for patients who have survived as there is no consistent recording across Trusts. There may also be variation in outcomes between acute hospitals. Some areas are starting to develop specialist centres for cardiac services and when the data is clearer SECAMB will discuss with clinical networks.
- Stroke – performance is slightly less timely on getting people to hospital but SECAMB is increasingly taking people longer distances to specialist centres.
- Clinical outcome data lag will reduce as electronic record comes in.

## **Action: group to receive follow-up information on the investigation into cardiac survival to discharge data.**

## **Quality and safety**

- The increase in the number of incidents is positive due to increased reporting.
- Complaints are significantly down – this is linked to the transfer of PTS in Surrey to SCAS.
- Timeliness of response to complaints has improved significantly – almost at target. The process is much improved.
- Safeguarding referrals – some changes are linked to PTS changes.
- Level 3 safeguarding training is slightly behind plan – there is a process in place to improve but this does impact on front line resource – an extra day has been allocated for training this year.
- The complaints category 'concerns about staff' is often related to staff attitude. Trusts do a lot of work around how best to communicate in stressful situations, but there can be alcohol involved or a mismatch between expectations and reality e.g. Trusts don't always dispatch an ambulance and need to explain how this approach is better for people.

- Clinical audit is mostly internally led by the medical department (separate from front line), but is checked by the external audit firm.

## **Finance**

- Challenging year: £15m (7% of turnover) is needed in efficiencies to put additional resources where needed. SECAMB is further behind acute trusts on making efficiencies so there may be some easier savings still to achieve. The Trust is working with regulators and commissioners to assist on areas like handover delays and performance trajectories and ensuring efficiencies can be made safely.
- Savings targets are set by regulators and the Trust will make the case as needed to regulators for flexibility in return for improvements.
- The Trust has a 2 year contract with commissioners to April 2019 but is discussing amendments to this.

## **6. Surge management plan**

6.1 Jon Amos advised that review and revision of the draft plan continues and that trials were undertaken during recent hot weather. The aim is to prioritise limited resources appropriately during peaks and making this more of a routine procedure as needed. It represents a significant change to past ways of working.

6.2 Jon confirmed that the plan will go to the Board once finalised and can be brought to the HOSCs group at the same time.

**Action: Surge Management Plan to be brought to future HOSCs Sub-Group meeting when available.**

## **7. Strategy**

7.1 Jon Amos explained that the paper would be considered at a part 2 Board meeting this week but is also being shared with stakeholders for any general feedback. It sets out the general direction for the Trust but there will be a further detailed delivery plan to add an additional layer e.g. as the national ambulance response programme is finalised and other information becomes available.

7.2 Jon clarified that there would not be a formal consultation on the strategy but that it had drawn on a lot of work with CCGs and patient groups. It does not represent a major change of direction, more a reassertion and communication of the Trust's existing direction of travel.

7.3 It was noted that SECAMB covers 4 STP areas which is challenging, but is less complex than the 22 CCGs areas also covered by the Trust.

**Action: any comments on the draft strategy to be sent to Jon Amos, particularly in relation to any local issues.**

## **8. Next meeting**

8.1 It was agreed to arrange a further meeting in early October to coincide with the release of the CQC report. This would be the primary focus of the meeting, along with updated QIP and performance report. A tour of the building will also be included.