HEALTH OVERVIEW AND SCRUTINY COMMITTEE

07 JULY 2022

SOUTH EAST COAST AMBULANCE NHSFT UPDATE

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Executive Summary

Since updating the HOSC in September 2021, the NHS has continued to be challenged across all sectors, including NHS Ambulance Services. Regarding ambulance services, these challenges have and are frequently being reported in the media with ambulance response times, workforce, job cycle time (time on spent with a patient) and handover delays making the headlines.

From July 2021 until January 2022, the Trust had been operating at the highest levels of escalation as well as in a Business Continuity Incident (BCI) due to being unable to achieve key response time performance indicators across both its 999 and NHS111 services. It was only in January 2022 that the Trust was able to reduce its Resource Escalatory Action Plan (REAP) from level 4 to level 3 and stand down the BCI after having operated at these levels for many months. REAP is used to manage overall demand and resourcing across all Trust areas and is reviewed on a weekly basis.

The Trust continues to apply its Surge Management Plan and fluctuates dynamically by minute/hour across each 24hr period. This mechanism enables dynamic decision making to mitigate clinical risk, particularly when demand outstrips resources either within a period of time and/or geographical areas. It is reported as between level 1 (lowest) and 4 (highest).

The Trust was not the only service to have faced these unprecedented challenges as all NHS ambulance services, for periods, were operating at REAP level 4, which collectively, had not been experienced by the ambulance sector before. However, and despite these challenges, the Trust has been to achieve some good levels of performance in its 999 service when compared to national data and outperform national outcomes benchmarking for its NHS 111 IUC service.

In April, the Trust set out its 2022-23 priorities. These have been developed in response to the ongoing challenges the ambulance sector is facing, the results of the staff survey, and the high-level feedback given by the Care Quality Commission following their inspection of the Trust's domain 'well led'.

Chairman, David Astley, has recently announced the appointment of Siobhan Melia as the Trust's new Interim Chief Executive, following the resignation of Philip Astle in May. Siobhan, currently the Chief Executive of the Sussex Community NHS Foundation Trust will take up her new role on the 12th July 2022. Dr Fionna Moore, currently the acting Chief Executive will return to her Executive Medical Director role.

1. 999 Performance

1.1. Throughout 2021 and into 2022 so far, the Trust has struggled to achieve its Ambulance Quality Indicators (AQI), for both its emergency operations centre (EOC) call answering times and ambulance response times as set out in the Ambulance Response Programme (ARP) which all NHS ambulance services are benchmarked. This is not isolated to this Trust, but the performance challenges of the past two years have been experienced by all ambulance services across England and the wider UK.

1.2. As indicated in the summary, the Trust had been operating at the highest levels of escalation throughout 2021 and into 2022, often reflecting the escalation status of the health systems that the Trust operates within with these systems declaring Operational Pressures Escalation Levels 4 (OPEL).

1.3. In May 2022, the Trust achieved: Category 1 (C1) 'mean' time of 00:08:29 (England mean 00:08:36) and was positioned 5th out of the 11 Trusts across England. C1 90th percentile was 00:15:32 (England 90th percentile 00:15:15) and was positioned 7th out of the 11 Trusts. Category 2 (C2) 'mean' was 00:28:41 (England 00:39:58) and 90th percentile was 00:57:40 (England 01:25:52). For both the mean and the 90th percentile C2 the Trust was 3rd out of the 11 Trusts. C3 'mean' was 02:04:01 (England 02:09:32) and 90th percentile was 04:42:40 (England 05:22:06). C4 'mean' was 02:53:04 (England 02:47:57) and 90th percentile 06:44:12 (England 06:59:32). Compared with other Trusts this was 7th and 6th respectively. 999 call answering for May was 14 seconds against an England 'mean' of 19. Appendix A

1.4. During past six months (December 2021-May 2022) the Trust, whilst not achieving overall AQIs, has generally performed either in line or slightly better than the 'mean' results for ambulance services across England. This is particularly notable across C2 performance where the Trust has regularly been 2nd or 3rd as a direct comparison between the 11 English ambulance services (including the Isle of Wight) for both the 'mean' and '90th percentile' performance. The Trust's position for C1, C3, and C4 performance (mean), has been more challenging with C1 'mean' being 5th for the past three months (March, April, May).

1.5. Category 2 ambulance responses account for over 60% of all responses for the Trust and are categorised as 'emergencies' with an 18-minute 'mean' response time target. Category 1 responses, account for less than 10% of response activity with a 7 minute 'mean' response time target. These are the most serious and classed as 'life threatening'. C3 responses are circa 30% and are an area of focus for the Trust, along with C4 responses, however C4 activity is a very small percentage of all responses. C3 and C4 responses are categorised as 'urgent' and 'less urgent' respectively.

1.6. 999 call answering has improved over the past six months with May's 999 calls being answered in 14 seconds (mean). This is against a target of 5 seconds (mean) with the Trust achieving a slightly better performance than the England average (mean).

1.7. Despite improvements being noted during March 2022, the Trust, fully recognises that some patients are having to wait too long to receive an ambulance response.

1.8. As highlighted earlier, there are a range of factors which continue to contribute to the poor performance across all metrics.

1.9. One additional area of concern is a change in activity profile and acuity of calls being received. The Ambulance Response Programme (ARP) which was introduced in 2018, was predicated on the more serious of categories, C1 and C2, representing approximately between 55-60% of all ambulance responses. However, since October 2021, this combined activity has exceeded 70%, therefore creating a resourcing gap. This has resulted in the trust requiring a greater level of response per incident than the Trust's business is based on.

1.10. Staff absenteeism either directly or indirectly related to COVID-19, has often seen the Trust operating below its required resourcing levels. March saw over 300 staff absent as a result of COVID-19. In addition, levels of non-Covid sickness have been very high, with the most significant proportion being attributed to stress/anxiety/depression.

1.11. In response to this particular challenge, the Trust, has continued to offer incentivised shifts when responding to either predicted rota shortfalls or unexpected peaks in activity. Staff are paid a one-off amount in addition to overtime payable for a qualifying shift.

1.12. The Trust is running an ongoing recruitment programme for front line staff, including the opportunity for staff to progress towards their paramedic qualification.

1.13. 999 call answering has been on an improvement trajectory and May's 14 seconds (mean) is a significant improvement compared to August 2021 when the 'mean' was 42 seconds.

1.14. Winter monies funding, specifically aimed at recruiting Emergency Medical Advisors (EMA) to answer 999 calls and increasing the support from private Ambulance Providers enabled the Trust to increase its core staffing levels. The Trust received approximately £4.7m of the £55m that the government made available.

1.15. While actual call volumes into 999 have remained consistent, a contributing factor to call performance has been an unintended consequence of 'callers' re dialling 999 for an update on the ambulance arrival time. This has invariably placed an additional strain on the staff answering 999 calls and inflated the number of actual incidents requiring an ambulance.

1.16. Another key focus of the trust is to improve its clinical support to crews on scene who can access specialist paramedics either in the Emergency Operations Centres, NHS 111 Clinical Assessment Service (CAS) or Paramedic Practitioners in the Hub. Hubs are based within the local ambulance depots (Make Ready Centres). This gives the crew an opportunity to clinically discuss the presenting condition of a patient and agree the best course of action. This additional clinical support can also triage lower acuity 999 and 111 calls prior to an ambulance dispatch and where appropriate stand down an ambulance response: 'Hear and Treat' (H&T).

1.17. At this current time, the Trust is in the final stages of negotiation for the 2022-23 contract which will confirm overall staffing numbers for all parts of the 999 service. It is expected that whilst this settlement will increase numbers which will in turn improve performance, sustained delivery of all APR performance targets is not expected to be achieved this financial year.

1.18. Negotiations for the financial envelope for the 111 contract continue.

1.19. Further information regarding the Trust's improvement journey is covered in section 4: Trust Priorities 2022-23

2. NHS111 Integrated Urgent Care Performance

2.1. From the outset of the pandemic, NHS 111 services saw a significant increase in call volumes. For the Trust, this high level of activity in NHS 111 has continued and has presented the service across Kent & Medway and Sussex with ongoing operational challenges in trying to match resourcing to these new higher levels of activity, activity that is higher than was originally forecast or commissioned.

2.2. Ongoing dialogue is taking place between the Trust, Kent & Medway and Sussex commissioners, and NHS England regarding the identified funding gap. The gap between calls offered and commissioned levels of activity are quite stark with a December 2021 through to February 2022 when the level of calls offered was in line with or slightly below commissioned levels. Appendix B

2.3. Despite these challenges, performance for May has shown an improvement over April for both call answering and call abandonment, which are two of the key performance measures and often there is a correlation between call volumes and these measures.

2.4. Calls answered in 60 seconds is up from 32.0% in April to 40.3% in May. The call abandonment rate is down from 17% in April to 14% in May. Other key indicators are the average speed to answer, which is down from 401 seconds to 321 seconds when comparing April to May and the average handling time for calls has also reduced over the past two months with a reduction in of 15 seconds from 630 seconds to 615 seconds.

2.5. NHS 111 First or Direct Access Booking (DAB), continues to see the Trust converting unheralded activity into heralded activity and has continued to achieve the highest numbers of DAB amongst NHS 111 providers. May saw approximately 23,000 direct appointments being made across Kent & Medway and Sussex. Appendix C

2.6. Calls transferred to the Clinical Assessment (CAS) for further clinical input continues to be a strong performance achieving higher than national performance. Clinical contact within the CAS is a key element in ensuring that patients are being signposted to the right service. Appendix D

2.7. The Trust continues to regularly validate up to 95% of all category 3 & 4 ambulance dispositions, maintaining a lower transfer rate than the national average. Appendix E

2.8. NHS 111 is supporting the managing of the pressures being experienced by acute hospitals by signposting patients to alternative services and maintaining a lower percentage of emergency department referrals than the national average. Appendix F

3. Single Virtual Contact Centre (SVCC)

3.1. Currently calls to NHS 111 are directed to the local contact centre, which across England is delivered by a range of providers. The Trust currently provides 111 services for Kent & Medway and Sussex.

3.2. At times when 111 services are facing extreme pressure calls can be answered by another provider under 'national contingency'. This is to alleviate the immediate pressure an individual provider is facing and enable calls to be answered more quickly and reduce the 'abandoned calls rate'.

3.3. In October 2021, the draft 'Integrated Care Commissioning Framework' was published with the aim of ensuring the future sustainability of Integrated Urgent Care and a key part of this framework is the development of the 'Single Virtual Contact Centre', requiring that "call handling is delivered on a regional footprint, and contractual arrangement should reflect that providers need to work together to deliver call handling at this scale. A lead ICS (or lead CCG) must ensure these arrangements are in place."

3.4. The benefits of this are:

- Improved call answering availability across each region
- Alignment of CAS services (Clinical Assessment Service)

3.5. The transition to the SVCC is scheduled to 'go live' during 2022-23 Q2, however it will be dependent on the following:

- Finical package to ensure consistency of call answering capacity across providers
- Alignment of policies and procedures
- Commonality of appointment booking interoperability
- Consistent Directory of Service (DoS) profiling of CAS services to prevent unbalanced clinical demand

3.6. Integrated Urgent Care (UEC) providers are in consultation with NHS England to finalise the deployment timings.

4. Trust Priorities 2022-23

4.1. The results from the 2021 staff survey and the recent publication of the findings from the Care Quality Commission (CQC) inspection on the domain of 'well led' during February 2022, highlighted a number of key areas that the Trust has to immediately focus on.

4.2. Following the inspection and in response to the preliminary high-level feedback given by the CQC, the Trust's Board, Executive, and Senior Management team began working together to provide a clear framework for the Trust's priorities in 2022-23.

4.3. The Trust's Board was updated on these priorities during the Board meeting on the 26th of May and the Executive produced a video for all staff setting out these priorities.

4.4. At the time of writing the CQC report has only just been published but work has already begun on much of what has been highlighted in the report.

4.5. The key themes of the report were spoken about in a video address to all staff on the day of the report's publication.

4.6. This framework is the first seep in the trust's improvement journey and has a focus on 4 key areas. Appendix G

- Culture and People
- Quality Improvement
- Leadership and Engagement
- Responsive Care

4.7. These 4 key areas will provide the Trust with the vehicle for delivering against the CQC deliverables and will give all staff the opportunity to have their say, through different forums.

4.8. In addition to the framework the Trust has developed a focused delivery plan. This will be the mechanism that the Trust will hold itself to account against for the delivery of the core components (4.6).

4.9. Whilst the CQC has identified several areas that require priority attention by the Trust, it is also important to recognise that their findings on patient care was positive with staff were recognised as being kind, compassionate and supportive.

4.10. The Trust's NHS 111 service was also recognised as 'good' and retains this rating.

5. Handover Delays

5.1. Handover delays are a significant concern not only to this Trust but all ambulance services nationally.

5.2. There have been frequent references in the media to ambulances queuing outside accident and emergency departments, with some ambulance crews waiting considerably long times to handover their patients to the departments staff.

5.3. The NHS Long Term Plan sets out as one of its priorities, a reduction in ambulance handover delays. The aim is to have a 'zero' tolerance towards any greater than 60-minute handover delays and a focus on returning to the national standard of all patient handover within 15 minutes.

5.4. Each month, at the National Ambulance Handover meeting – chaired by Anthony Marsh (CEO of West Midlands Association of Ambulance Service/Chair of the Association of Ambulance Chief Executives (AACE)), supported by NHS England/Improvement, and commissioners, the areas that have the greatest challenges with patient handovers are discussed. ECIT also give feedback to the hospitals they have visited and supported.

5.5. In November 2021, AACE published a report titled "Delayed hospital handovers: Impact assessment of patient harm", having collated hospital handover data from all 10 ambulance services, including this, Trust.

5.6. While the report focuses on a single day in January 2021 and the overarching conclusion that 8 out of 10 patients who have to wait greater than 60 minutes are at risk of harm and the study highlighting that 53% did experience some level of harm.

5.7. The Trust, as a whole, has lost 31,524 hours due to handover delays from January 2022 to end of May 2022. 12,423 of these are attributable to Kent and Medway.

5.8. Handover delays by increment, highlight the challenge for acute trusts to reach the 'zero' 60 minutes and all handovers completed within 15 minutes. Appendix H for the Trust as a whole and Appendix I for Kent and Medway.

6. Executive Update

6.1. In September 2021, David Ruiz-Celada joined the Trust as its Executive Director of Planning and Business Development. Also, following the resignation of Bethan Eaton-Haskins, Executive Director of Nursing and Quality the Trust appointed Robert Nicholls as her successor with Rob started in February 2022.

6.2. More recently following a period of illness Philip Astle the Trust's Chief Executive Officer (CEO), resigned and Dr Fionna Moore was asked to act as interim CEO. More recently, the Trust has announced the appointment of Siobhan Melia. Siobhan will join the Trust in July as the Interim Chief Executive from her current CEO position at the Sussex Community Trust NHS FT. Dr Fionna Moore will return to her substantive role as executive Medical Director.

7. Community Infrastructure Levy (CIL)

7.2 Regarding the Community Infrastructure Levy (CIL), the Trust's commissioners will work with the Integrated Care Systems and Integrated Care Boards, who will have the responsibility to ensure that 'Population Health Management' is understood, and that appropriate planning and mitigations are made for potentially increases in demand on local services, including the ambulance service and NHS 111.

7.3 The Trust will in turn work with its lead commissioner when it comes to the CIL, to ensure that risks identified are understood and mitigated for.

8. Electric Vehicles

8.1. The Trust has been successful in receiving some funding from NHS england to start a trial of some electric vehicles. The Trust is initially looking at Mercedes eVitos. This is in addition to the work that the Trust is undertaking in developing a range of zero emission double-crewed ambulances prototypes. The work being undertaken is in line with how the NHS is moving to a 'Net Zero' NHS outlined in its published strategy of October 2020.

9. Combined Ambulance Make Ready Centre, 999 Emergency Operations Centre and 111 Operations Centre

9.1. Work is continuing to progress on the building of the new and exciting joint 999 Emergency Operations Centre and 111 Operations Centre in Gillingham. This new unit

will incorporate the Make Ready Centre for ambulance operations in the Medway area and house the relocation of the 111 Operations Centre from Ashford and 999 Emergency Operations Centre (EOC) from Coxheath.

9.2. January 2023 should see the first operational staff working from the new building, followed in February by NHS 111. A date is yet to be finalised for the relocation of the EOC staff currently based in Coxheath.

9.3. This co-location further enhances the integration of and aids the development of synergies between both the 999 and 111 services, which is a key part of the Trust's Strategic Plan to deliver new integrated services over a wider area. In addition, having both of these services housed in the same building will facilitate the sharing of best practice especially as both are using the same computer system, Cleric, and NHS Pathways as the triage tool. This is a key feature for both services as it allows the continued training and development of staff to undertake both 999 and 111 calls.

9.4. This development will have additional capacity to accommodate a higher number of staff servicing both the 999 and the NHS 111 contracts.

9.5. The Trust has also recently opened its new Make Ready Centre at Falmer (Brighton) and completed a complete rebuild of its estate at Banstead. Both these new openings are a key part of the Trust's estate strategy to significantly improve facilities for staff, including training facilities for Clinical Professional Development (CPD) and the efficiencies of having vehicles maintained and stocked by teams of support staff.

10. Recommendations

10.1. The committee is asked to note and comment on the update provided.

Lead Officer Contact

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Background papers

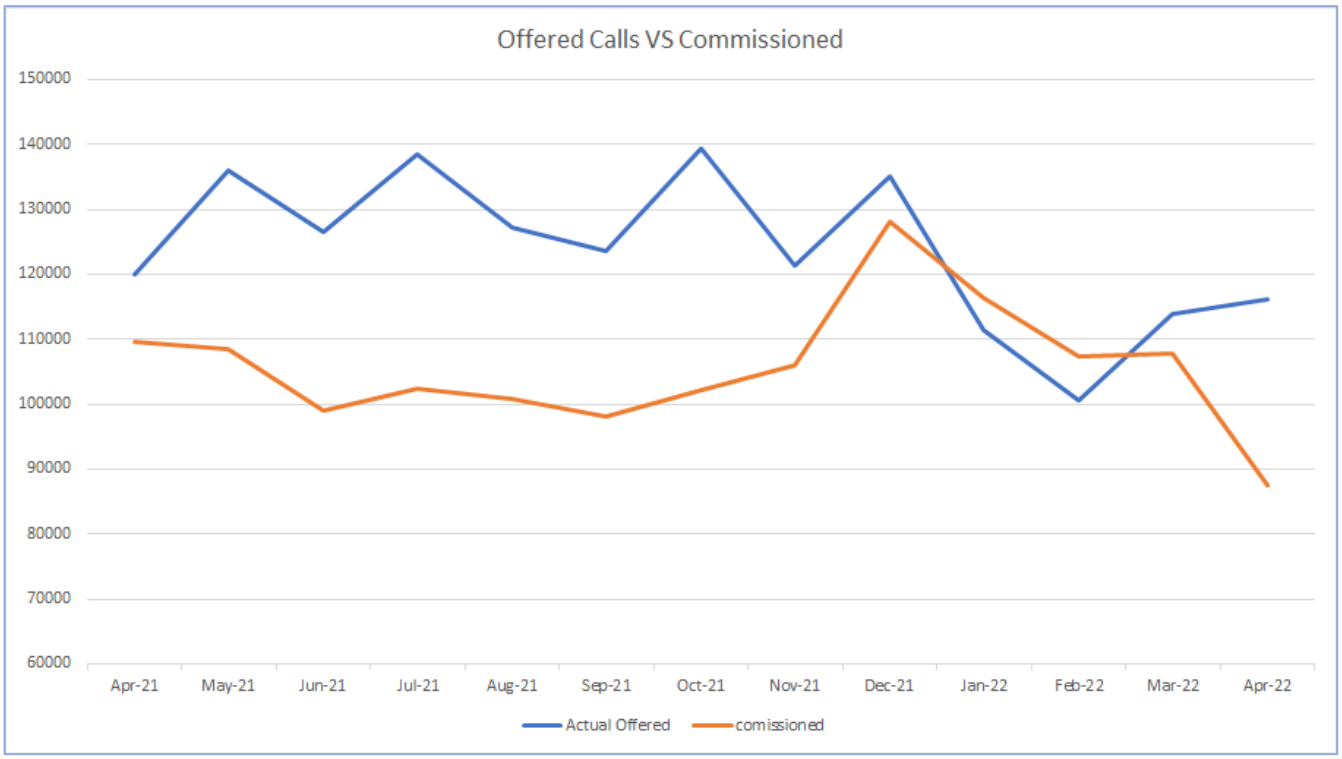
None

Appendices

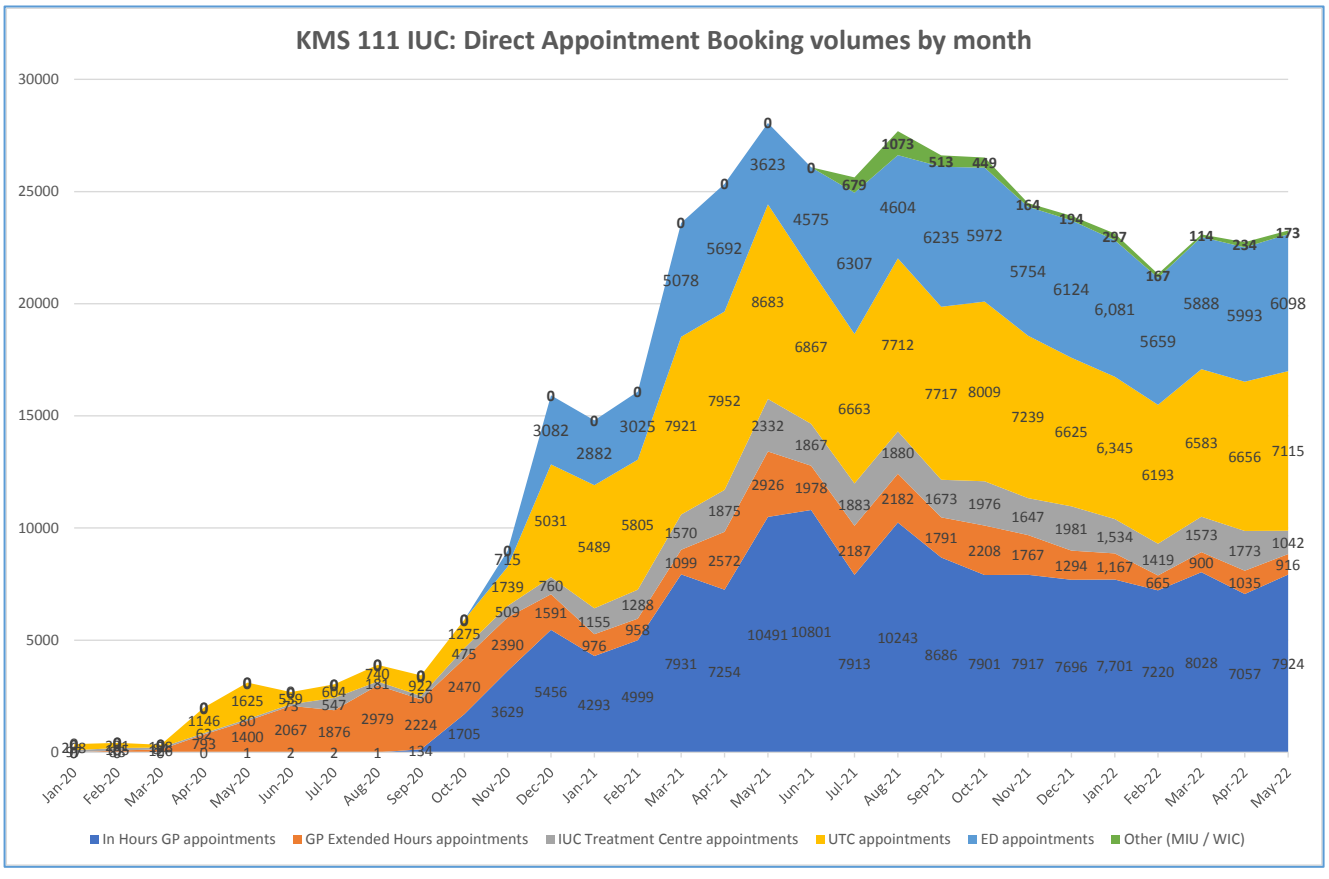
Appendix A – Ambulance Quality Indicators May 2022

Ambulance Quality Indictors												
	Dec-21		Jan-22		Feb-22		Mar-22		Apr-22		May-22	
Category 1	Mean	90th	Mean	90th	Mean	90th	Mean	90th	Mean	90th	Mean	90th
England	00:09:13	00:16:12	00:08:31	00:15:05	00:08:51	00:15:43	00:09:35	00:16:50	00:09:02	00:16:07	00:08:36	00:15:15
SECAmb	00:08:42	00:16:03	00:08:44	00:15:57	00:08:43	00:15:47	00:09:34	00:16:48	00:08:32	00:15:48	00:08:29	00:15:52
Position	4th	5th	8th	8th	6th	6th	5th	5th	5th	5th	5th	7th
Category 2	Mean	90th	Mean	90th	Mean	90th	Mean	90th	Mean	90th	Mean	90th
England	00:53:21	01:59:12	00:38:04	01:23:35	00:42:07	01:31:54	01:01:03	02:17:10	00:51:22	01:56:34	00:39:58	01:25:52
SECAmb	00:34:17	01:10:43	00:28:21	00:56:54	00:32:16	01:06:24	00:39:43	01:22:37	00:33:12	01:08:30	00:28:41	00:57:40
Position	3rd	3rd	3rd	3rd	5th	5th	3rd	3rd	2nd	2nd	3rd	3rd
Category 3	Mean	90th	Mean	90th	Mean	90th	Mean	90th	Mean	90th	Mean	90th
England	02:51:08	07:11:44	01:56:52	04:47:18	02:16:13	05:30:21	03:28:13	08:36:33	02:38:41	06:41:39	02:09:32	05:22:06
SECAmb	02:46:46	06:21:13	02:01:32	04:34:40	02:28:05	05:34:59	03:26:07	08:06:24	02:28:49	05:33:53	02:04:01	04:42:40
Position	5th	5th	6th	6th	8th	7th	6th	6th	6th	5th	5th	5th
Category 4	Mean	90th	Mean	90th	Mean	90th	Mean	90th	Mean	90th	Mean	90th
England	03:27:58	08:05:16	02:34:48	05:52:28	03:01:28	06:52:23	04:07:42	09:56:03	03:08:03	07:41:17	02:47:57	06:59:32
SECAmb	04:01:27	09:42:15	02:46:29	06:21:52	03:23:21	07:49:44	04:23:45	09:48:01	03:33:31	08:22:07	02:53:04	06:44:12
Position	10th	10th	7th	8th	8th	8th	7th	6th	8th	6th	7th	6th
*Call Answer	Mean	90th	Mean	90th	Mean	90th	Mean	90th	Mean	90th	Mean	90th
England	45	138	19	59	22	68	42	120	28	93	19	65
SECAmb	25	86	12	38	16	61	36	123	19	72	14	49
Position	4th	4th	4th	5th	8th	8th	8th	8th	6th	6th	5th	7th
All times are shown as: HH:MM:SS												
*Call Answering is shown in total seconds												

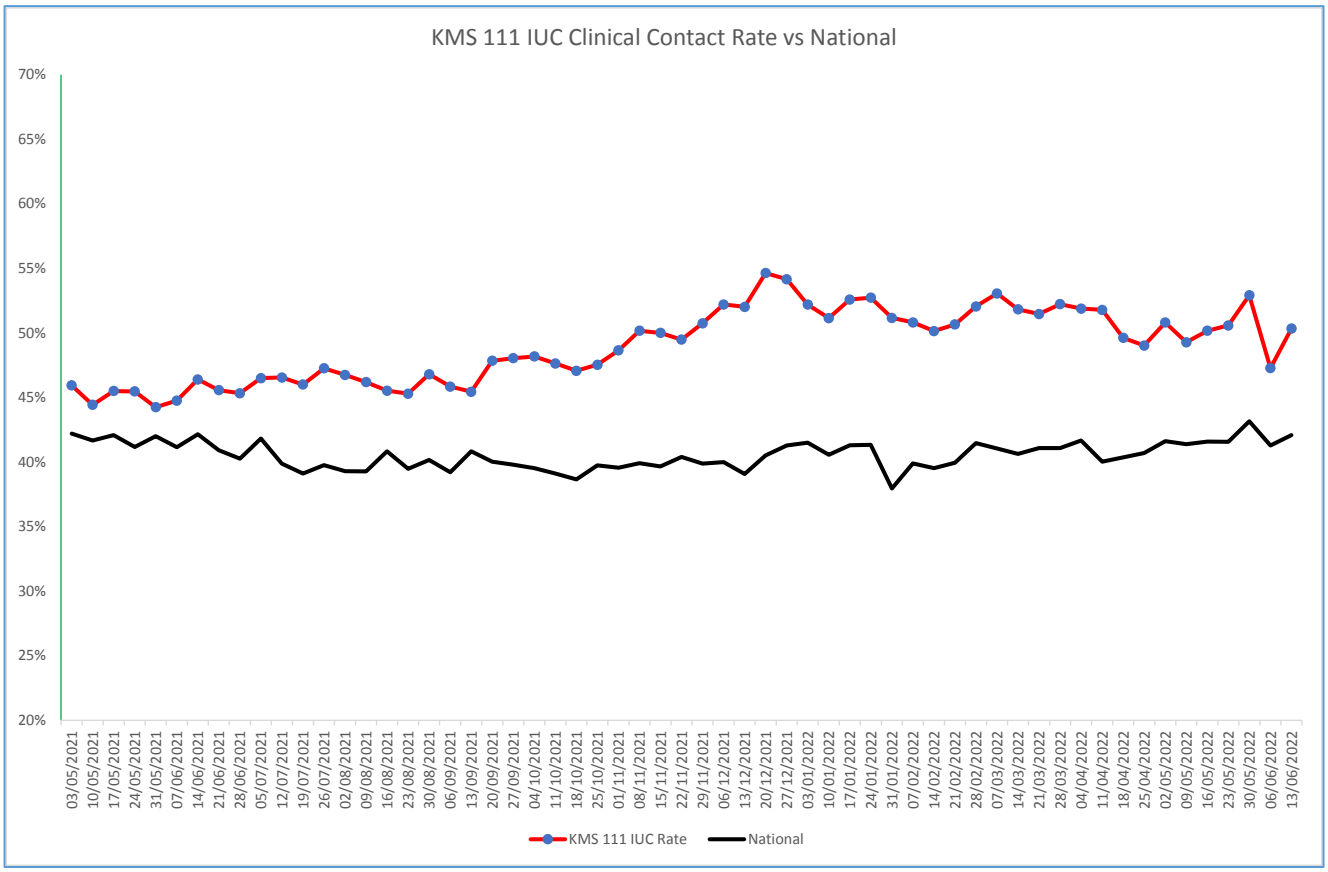
Appendix B – Calls Offered



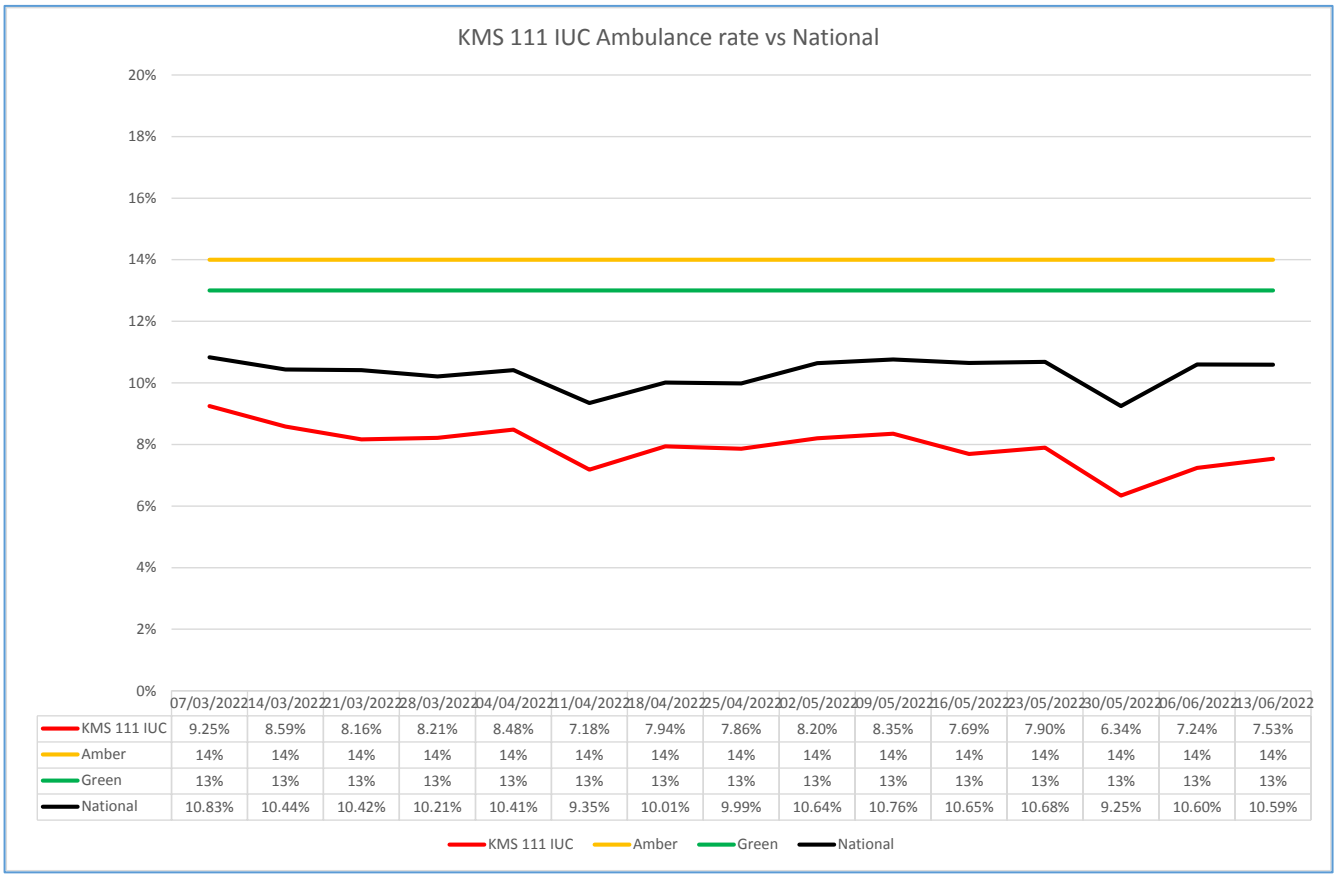
Appendix C – Direct Access Bookings



Appendix D – Clinical Contact Rate

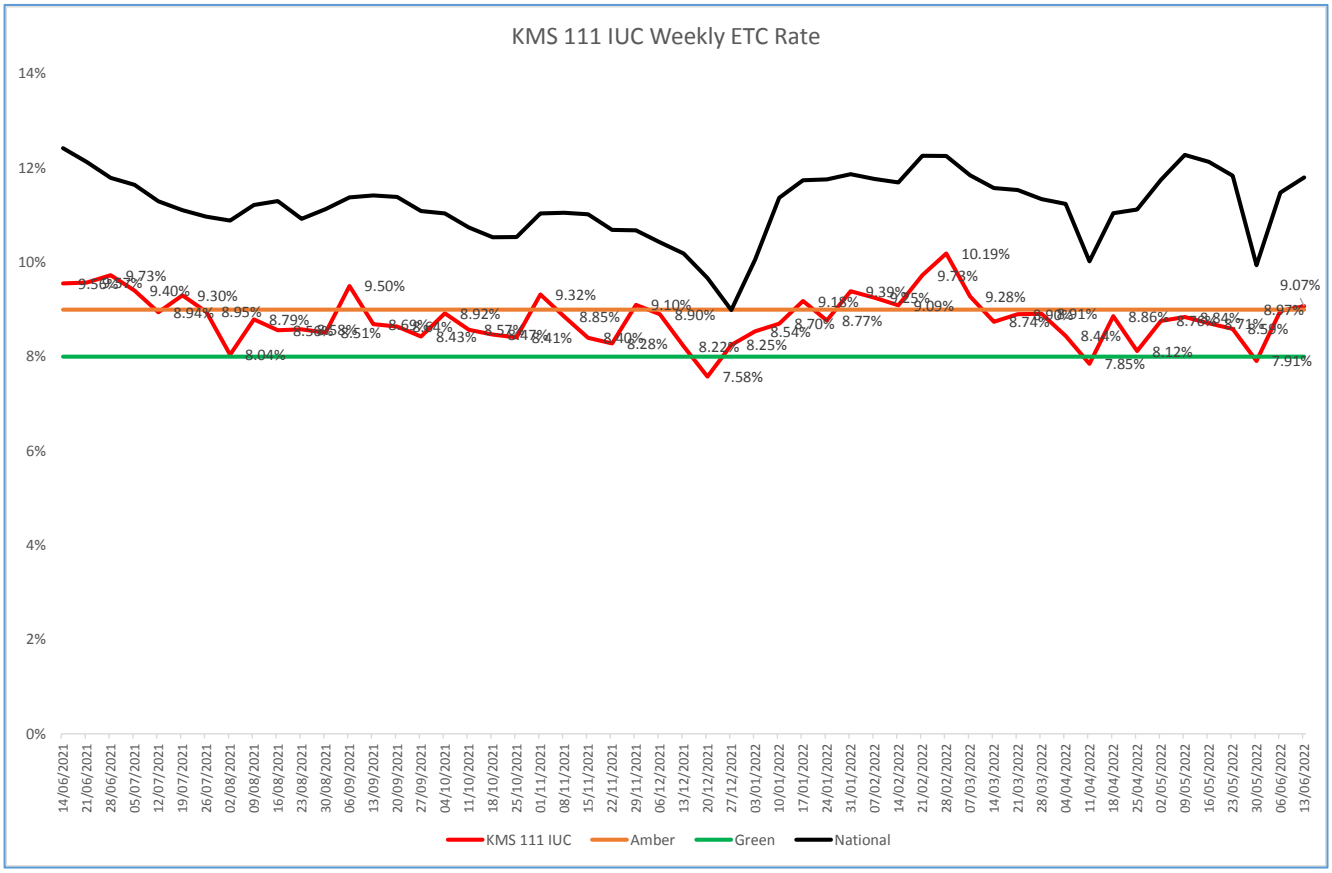


Appendix E – 111 to 999 Ambulance Rate

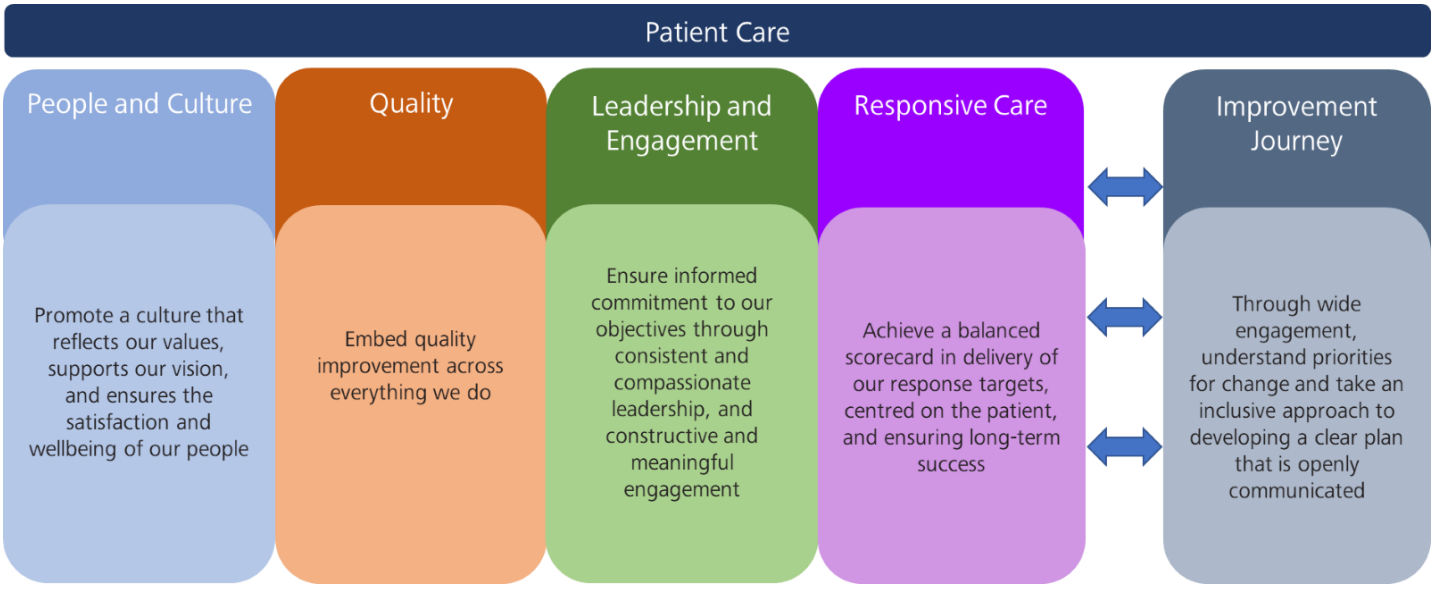


	07/03/2022	14/03/2022	21/03/2022	28/03/2022	04/04/2022	11/04/2022	18/04/2022	25/04/2022	02/05/2022	09/05/2022	16/05/2022	23/05/2022	30/05/2022	06/06/2022	13/06/2022
KMS 111 IUC	9.25%	8.59%	8.16%	8.21%	8.48%	7.18%	7.94%	7.86%	8.20%	8.35%	7.69%	7.90%	6.34%	7.24%	7.53%
Amber	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%	14%
Green	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%	13%
National	10.83%	10.44%	10.42%	10.21%	10.41%	9.35%	10.01%	9.99%	10.64%	10.76%	10.65%	10.68%	9.25%	10.60%	10.59%

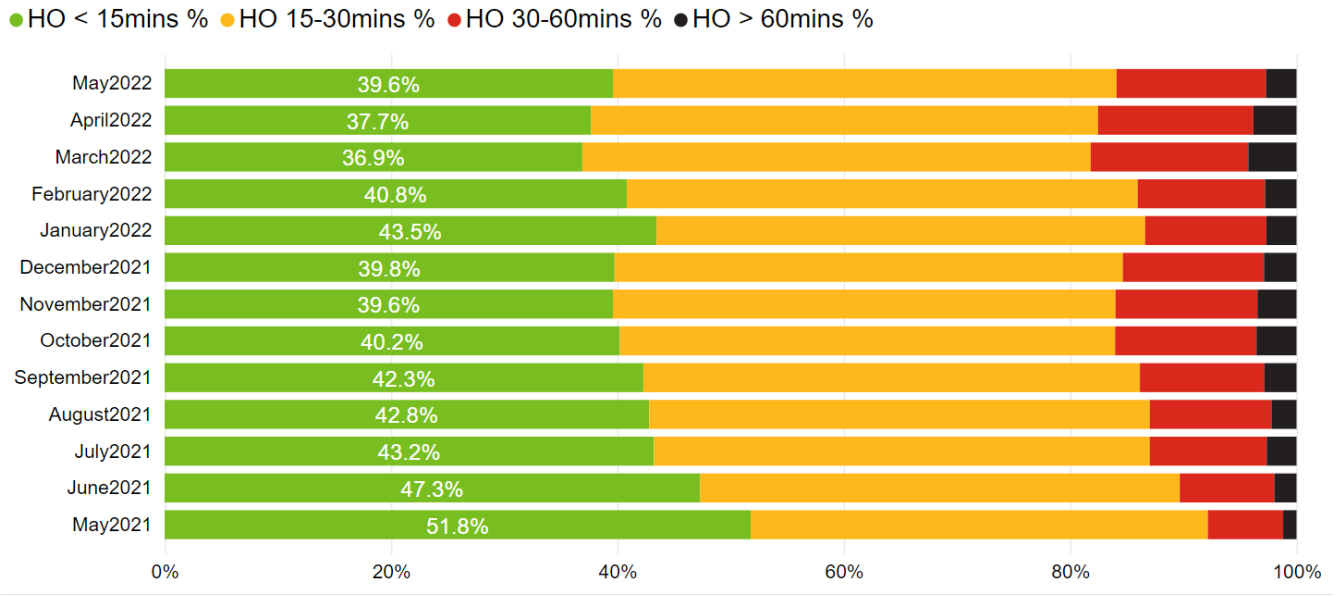
Appendix F – Emergency Treatment Centre Rates



Appendix G – Trust Priorities 2022-23



Appendix H – Trust Handover Delays



Appendix I – Kent and Medway Handover Delays