

South East Coast Ambulance Service NHS Foundation Trust
23rd November 2018

Ambulance Response Programme

Following the NHS England commissioned review of urgent and emergency care in 2013, it was recognised that the ambulance service response standards (England) had not been reviewed since the mid 1970's.

In 2015, NHS England commissioned Sheffield University to undertake a study into ambulance responses. The result of this study was the introduction of the Ambulance Response Programme.

The Ambulance Response Programme (ARP) is a change to the way in which ambulance services (in England) receive and respond to emergency calls. In November 2017, ARP went live at the South East Coast Ambulance Service (SECAMB).

A key element of ARP was the re categorisation of 999 call priorities whilst maintaining a clear focus on the clinical needs of patients and ensuring that the right resource is dispatched (Table 1).

Performance

The variance in performance for SECAMB across the three counties (Kent, Surrey, Sussex) is minimal, however the Trust recognises that achieving C1, C2, C3, and C4 performance measures continues to be challenging (table 2).

C1 performance achievement for ambulance services in England during August 2018 was 7 minutes and 17 seconds (mean). Only three ambulance services achieved the 7 minutes response time. SECAMB was positioned 8th out of the 10 ambulance trusts.

C2 performance for England during August was 20 minutes 42 seconds (mean), with SECAMB achieving 18 minutes 15 seconds. Three ambulance services achieved the 18-minute performance target. SECAMB was positioned 4th out of the 10 ambulance Trusts.

C3 & C4 performance (90th percentile) for SECAMB has continued to perform below the national average for the month. C3 performance nationally (England) was 2 minutes 15 seconds, with SECAMB achieving a C3 performance of 3 hours 8 minutes. C4 performance nationally (England) was 2 hours 56 minutes, with SECAMB achieving a C4 performance of 3 hours 37 minutes.

Demand and Capacity Review

During 2017- 2019, following the identification of a gap in funding, for SECAMB to deliver its existing model and achieve all performance targets, Commissioners and SECAMB jointly commissioned (with the Support of NHS England and NHS Improvement), Deloitte and ORH to undertake a review of existing and future operating models.

The approach from Deloitte and ORH was in the form of a 'Demand and Capacity' review to understand the relationship between resources, performances, and finances.

The focus of the review was on two operating models: 1) Paramedic Led Ambulance Model and 2) The Targeted Dispatch Model. Both identified a requirement to increase not only the number of front line staff but also the fleet resource.

The conclusion of this review was for the recommendation of the 'Targeted Dispatch Model', which focused on getting clinically appropriate resources to patients by using specialist paramedics in cars, paramedics on ambulances and the introduction of a lower acuity mode of ambulance to specifically support those patients that fall into category 3 & 4 calls.

Another key element of the 'Targeted Dispatch Model' is that it builds on our work with the wider system to enable and facilitate alternatives to conveyance to an Emergency Department. That is, increase 'hear and treat' and 'see and treat' or refer into jointly developed and clear care pathways to deliver continued benefit to patients and the system.

Work has already begun on the delivery of this model with staff recruitment and fleet procurement underway. A key part of the delivery is that Q1 2019/20 will see C1 performance achievement on a sustainable basis, and the introduction of the full model for all categories of performance, with sustainability fully achieved by Q4 2020/21.

As we move forward, the opportunity to collaborate on what experience and skill sets are deployed in the pre hospital and out of hospital settings of care is truly exciting.

Fleet

SECAMB has invested in a 101 new ambulances with a vehicle roll out programme during the next 12 months. July saw the first of 42 new ambulances, 'Mercedes Sprinters', being rolled out at a rate of 3 to 4 per week and will replace some of the Trust's older vehicles by October. The Trust is also in the process of trialling 16 new Fiat van conversion ambulances across the Trust.

In addition and to further support ARP, the Trust has invested in 30 second-hand Fiat ambulances, which are currently being converted to attend to the more non-life threatening calls and will carry slightly different equipment. These vehicles are being introduced in a phased approach commencing mid December 2018: full operational roll out is expected to be complete by March 2019.

During 2019/20 further investment is planned in up to a further 50 ambulances as well as a replacement programme for the Trust's rapid response cars and 4x4 vehicles.

Computer Aided Dispatch

During 2017, a new Computer Aided Dispatch (CAD) system was introduced into the Trust's Emergency Operations Centres. This replaced the existing CAD, which had been in use for the previous 10 years. The new CAD, supplied by 'Cleric', will greatly enhance the information capabilities to plan and forecast activity, as well as delivering a higher level of performance, ultimately enabling SECamb to deliver a better service to its patients.

Handover Delays

SECamb is leading on a system wide programme of work focusing on reducing ambulance hours lost at hospital sites due to handover delays. The programme is led by a Programme Director.

Some good progress has been made overall, and for the month of August 2018 the total ambulance hours lost >30 minute turnaround was 4496 hours which is equivalent to 375, 12-hour ambulance shifts for the month or 12 per day. This is a reduction when compared to the same period last year (5222) but is still of significant concern. Most hospital sites are losing fewer hours than in August last year but there are some significant outliers where hours lost are more compared to the same time last year.

A key part of the work stream has been to develop with each acute hospital, a handover action plan that aims to streamline the process of handover delays including best practice e.g. dedicated handover nurse and admin, Fit2Sit, front door streaming and direct conveyance to non ED destinations. To support the development of the plans, a number of live conveyance reviews have taken place where a representative from the ambulance service, hospital, primary care, community trust, and CCG have reviewed all decisions to convey to hospital with an aim to ensuring that all community pathways are maximised.

The results from the reviews, gives a clear indication that in the majority of cases conveyance to hospital was appropriate, and in a few cases, had an alternative pathway been available a conveyance may have been avoided. The results of the reviews to be taken forward for further discussion with system partners to see if further

work may help in maximising existing community pathways or to explore establishing new pathways.

Peer reviews looking at the handover process at individual sites have also taken place at some hospitals, where the Chief Operating Officer from another acute hospital, supported by Emergency Care Intensive Support Team (ECIST), visits another hospital and reviews the ambulance pathway through the department. The peer reviews have been received positively and have been a good way sharing best practice across hospital sites.

Finances

At the year-end (2017/18), the Trust achieved its control total of £1.0m deficit, this includes the agreed Sustainability and Transformation Funding (STF) of £1.3m. In addition, the Trust achieved a further STF (incentive plus bonus) of £1.3m and a CQUIN risk reserve of previously held by commissioners of £0.8m, resulting in a reported surplus of £1.3m.

The Trust also achieved Cost Improvements of £15.5m. This was greater than the target of £15.1m.

For 2018/19, the Cost Improvement Plan (CIP) target remains at £11.4m.

At September, £7.9m of fully validated savings have been transferred to the Delivery Tracker as at the Month 6 reporting date, of which £4.2m have been delivered against the Plan delivery of £4.1m.

Winter Planning

SECAMB has a proven methodology in its approach to winter preparedness. This is achieved through the use of historic data and current activity trends, combined with 'lesson learnt' from previous years.

An overarching Trust winter plan has been developed, supported by a tactical plan as well as local 'Operating Unit' (OU) plans. The local OU plans feed in to local system plans i.e. East Kent, West Kent, and North Kent.

The SECAMB 111 winter plan covers North and West Kent as well as Surrey and Sussex (excluding East Kent). Table 3.

As the Trust moves towards winter (November 1st to March 31st), the Senior Operations Leadership Team (SOLT) will constantly review the level of resource available against predicted demand enabling the Trust to predict, monitor and mitigate to maintain service delivery during surges in demand or reduced capacity.

In line with Trust policy, the level of annual leave abstraction will be reduced to 50% of normal levels and as in previous years, enhanced rates or incentives will be offered, if required, to ensure that priority shifts are covered.

Five-Year Strategy

The Trust has developed a strategic plan for the next 5 years, 2017-22, and is focussed on the delivery of 4 strategic themes; Our People, Our Patients, Our Partners, and Our Enablers. We are currently refreshing our strategy to take account of internal and external developments since publication in July 2017.

Our People - The Trust recognises that a supported and developed workforce, led by good leaders who can set clear expectations, as well as holding them to account will develop a positive culture and behaviours. Also ensuring that staff feel valued and cared for as well as knowing how to get support when required. Our approach, aimed at improving this to enable provision of a consistent and quality service to our patients.

Our Patients - We are continually developing our services to improve provision of consistent care that achieves quality and performance standards and ultimately benefits the patient through the delivery of an integrated clinical model that ensures that the patient get the right response first time. During September 2018, the Trust also published its Clinical and Quality strategy.

Our Partners - Our aim is to further integrate and share best practice between NHS 111 and 999 services, to deliver a clinically led process, which prioritises the patient's need at the point of call. A key driver will be to improve clinical outcomes through clear process and structures that support shared decision making not only within the Trust but also with external partners. This will reduce fragmentation of care. SECamb is involved in partnership working at a local level with NHS and blue light partners, and is a key partner in the Sustainability & Transformation Partnership for Kent & Medway. Partnership working aimed at the development of appropriate general and specialist care pathways to ensure that our patients receive the best possible care delivered by the right people in the right place

We are also working with our partners to deliver a plan that supports the integration of digital systems enabling access to patient care information to enable better clinical decision making and ultimately improving patient outcomes.

Our Enablers – The Trust is fully committed to developing key enablers that will support, maintain and deliver an effective and progressive service delivery. Some of the key enablers are:

- ICT - the development of robust informatics systems using the latest technology
- Fleet – a programme of vehicle replacement as well as new fleet
- Estates – a continued rationalisation of existing estate and the development of Make Ready Centres, strategically placed from which our frontline staff operate
- Finance – financial sustainability whilst enabling investment in programmes that ultimately provide better care to patients.



CQC Update

Following the CQC visit in May 2017 and their published report on the 29th September 2017, the result of which saw the Trust placed into special measures, SECAmb has been on an improvement trajectory. Further unannounced visits from the CQC saw their formal recognition of the progress that the Trust was making, largely achieved through a comprehensive work programme overseen by the Trust's Project Management Office (PMO).

July and August of this year saw the return of the CQC inspectors and the recently published report (8th November) of their findings sees the Trust move from 'inadequate' to 'requires improvement'.

The inspectors recognised the number of areas where the Trust has made significant progress and again rates the care given by staff to patients as good with several areas recognised as outstanding.

Some of the key areas of feedback are:

- Staff cared for patients with compassion. All staff inspectors spoke with were motivated to deliver the best care possible and feedback from patients and those close to them was positive
- The Trust promoted a positive culture that supported and valued staff. Inspectors found an improved culture across the service since the last inspection. Most staff felt the culture had improved and felt able to raise concerns to their managers
- Medicines management was robust and effective with a marked improvement since the previous inspection. Inspectors found elements of outstanding medicine management, for example, the way the Trust handled Controlled Drugs. An external review also recognised the impressive turnaround in performance
- A new Well-Being Hub, which enables staff to access support in a variety of areas. The service was widely commended by staff during the inspection.
- A significant improvement in the process for investigating complaints and the quality of the Trust's response to complaints since the previous inspection

Following the publication of the report and its findings, the Trust will be working with its PMO on a delivery plan to continue the progress and improvements required.

Table 1:

ARP Performance Categories

Category	Types of Calls	Response Standard	Likely % of Workload	Response Details
Category 1 (Life-threatening event)	<p>Previous Red 1 calls and some Red 2s including</p> <ul style="list-style-type: none"> • Cardiac Arrests • Choking • Unconscious • Continuous Fitting • Not alert after a fall or trauma • Allergic Reaction with breathing problems 	<p>7 Minute response (mean response time)</p> <p>15 Minutes 9 out of 10 times (90th Centile)</p>	Approx. 100 Incidents a day (8%)	<p>Response time measured with arrival of first emergency responder</p> <p>Will be attended by single responder and ambulance crews</p>
Category 2 (Emergency, potentially serious incident)	<p>Previous Red 2 calls and some previous G2s including</p> <ul style="list-style-type: none"> • Stroke Patients • Fainting, Not Alert • Chest Pains • RTCs • Major Burns • Sepsis 	<p>18 minute response (mean response time)</p> <p>40 minute response (90th centile)</p>	(48%)	<p>Response time measured with arrival of transporting vehicle</p> <p>(or first emergency responder if patient does not need to be conveyed)</p>
Category 3 (Urgent Problem)	<ul style="list-style-type: none"> • Falls • Fainting Now Alert • Diabetic Problems • Isolated Limb Fractures • Abdominal Pain 	<p>Maximum of 120 minutes</p> <p>(120 minutes 90th centile response time)</p>	(34%)	Response time measured with arrival of transporting vehicle
Category 4 (Less Urgent Problem)	<ul style="list-style-type: none"> • Diarrhoea • Vomiting • Non traumatic back pain 	<p>Maximum of 180 minutes</p> <p>(180 minutes 90th centile response time)</p>	(10%)	<p>May be managed through hear and treat</p> <p>Response time measured with arrival of transporting vehicle</p>

Table 2:

SECamb Performance for August and Year to Date

SEAmb Year to Date Performance						
April - August 2018	Cat 1 Mean Response Time (00:07:00)	Cat 1 90th Centile (00:15:00)	Cat 2 Mean Response Time (00:18:00)	Cat 2 90th Centile (00:40:00)	Cat 3 90th Centile (02:00:00)	Cat 4 90th Centile (03:00:00)
Kent & Medway	00:07:54	00:14:37	00:18:12	00:34:15	03:16:51	04:38:36
SECamb	00:07:44	00:14:21	00:17:45	00:33:48	03:01:20	04:27:34

SECamb August 2018 Performance						
August 2018	Cat 1 Mean Response Time (00:07:00)	Cat 1 90th Centile (00:15:00)	Cat 2 Mean Response Time (00:18:00)	Cat 2 90th Centile (00:40:00)	Cat 3 90th Centile (02:00:00)	Cat 4 90th Centile (03:00:00)
Kent	00:07:58	00:15:14	00:19:15	00:36:48	03:37:51	03:57:59
SECamb	00:07:32	00:14:15	00:18:15	00:35:06	03:08:36	03:37:01

Table 3:

Winter Plan Structure Framework

