

**HEALTH**  
**OVERVIEW AND SCRUTINY COMMITTEE**  
**5TH MARCH 2020**

**SOUTH EAST COAST AMBULANCE SERVICE UPDATE**

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**Summary**

*This report updates the committee on the South East Coast Ambulance Service FT, with a focus on key developments since the committee was last updated in July 2019. These key areas include: CQC reporting, award of the NHS 111 CAS contract, performance and performance recovery, and key senior appointments.*

**1. Background**

- 1.1. The Trust (SECAmb) during the past few years has been inspected by the Care Quality Commission (CQC). Initially in 2017 the published report recommended that the Trust be placed into 'special measures'. Subsequent inspections (2018 & 2019) acknowledged the progress made in addressing the concerns noted resulting the recommendation that the Trust can come out of 'special measures' and a rating of 'good' overall was recorded.
- 1.2. The Trust has appointed a substantive Chief Executive Officer and Director of Human Resources & Organisational Development. A restructure within the Operational Directorate saw a number of senior appointments, adding strength and resilience to this directorate.
- 1.3. Following a competitive tendering process the Trust was awarded the NHS 111 Clinical Assessment Service contract for Kent and Sussex, commencing April 2020. While the contract has been awarded to SECAmb, the Trust will be working in partnership with IC24 in the delivery of the new service from April for the next 5 years.
- 1.4. Following the Demand and Capacity review during 2017 -19, the identification of a funding gap resulted in additional investment into the Trust and a programme of delivery involving the recruitment of additional front-line staff and the procurement of additional ambulances.
- 1.5. Improvements have been made in both 999 and 111 performance with a gradual reduction in 111 to 999 calls and improvements made for both in call

answering. The Trust has one of the better C2 performance achievements when compared with other ambulance services in England.

## **2. CQC**

- 2.1. In 2017, the Trust was placed into special measures resulting in an improvement trajectory being designed. The following year, 2018, the CQC revisited the Trust and in their November's published report they acknowledged that significant improvements had been made which the HOSC was updated on in July 2019.
- 2.2. It was following the CQC visits of 2019 and the published report in August that the Trust was formally rated as 'Good' overall and its Urgent and Emergency Care service rated as 'Outstanding' overall, including 'Outstanding for Caring'. This also saw the Trust exit special measures. Appendix 1.
- 2.3. Acting Chief Executive Dr Fionna Moore said: "This positive report is testament to the huge amount of work that has been ongoing at SECamb for the past couple of years. I am delighted, but not surprised, that staff have been recognised for the fantastic care they provide to patients and pleased that the big improvements we have made as a Trust during the past couple of years have been acknowledged."
- 2.4. Each of the CQC domain areas – safe, effective, caring, responsive and well-led, were rated as 'Good' individually. The Trust's 111 service was also rated as 'Good'. It was equally heartening to see many areas of good and outstanding practice within the Trust, recognised by the CQC in their report.
- 2.5. Throughout the report the CQC spoke positively about aspects of the service provided by the Trust, including:
  - 2.5.1. Staff treating patients with compassion and kindness, respecting their privacy and dignity and taking account of individual needs
  - 2.5.2. A strong visible person-centred culture and that staff were highly motivated
  - 2.5.3. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff
  - 2.5.4. There were clear systems and processes to safely prescribe, administer, record and store medicines. Inspectors observed outstanding practice in the management of controlled drugs
  - 2.5.5. Staff were supported following traumatic experiences and events
  - 2.5.6. Trust leaders, new to the organisation at the last inspection, had now embedded into their roles. The changes had had a positive impact on the organisation

2.5.7. Staff told inspectors they felt respected, supported and valued. They were focused on the needs of patients receiving care

2.5.8. The service promoted equality and diversity in daily work and provided opportunities for career development

2.5.9. Whilst the Trust recognises that there are areas where more work needs to be it welcomed the recognition of the significant amount of work that had been undertaken since 2017 and is committed to focusing on improvements going forward.

### **3. Executive Leadership Development**

3.1. On 1<sup>st</sup> September 2019, Philip Astle joined the Trust as Chief Executive Officer (CEO), replacing Dr Fiona Moore who acted into the CEO role following the departure of Darren Mochrie in April 2019. Fiona returned to her substantive role as the Trust's medical Director.

3.2. Prior to joining South Central Ambulance Service in 2016 as Chief Operating Officer, Philip enjoyed a successful career in the British Army including a lead role as a strategist and planner for operations in Afghanistan and his final role as Chief Operating Officer of the Army Training and Recruiting Agency.

3.3. Ali Mohammed has recently been appointed (January 2020) as the Trust's substantive Director of HR & Organisational Development. Ali is a successful NHS HR leader and has worked previously at a number of large Trusts, including Barts and Great Ormond Street. He replaces interim Director Paul Renshaw.

### **4. Operational Restructure**

4.1. As a part of the ongoing Operational Leadership review, the following appointments have recently been made:

4.1.1. Emma Williams joined the Trust in September 2019 as the Deputy Director of Operations, reporting directly to Joe Garcia – Executive Director of Operations.

4.1.2. Mark Eley and Tracy Stocker have both been appointed as Associate Directors of Operations covering the East and West, Operational areas (Tracy covering East and Mark covering the West) reporting into Emma Williams.

4.1.3. Ian Shaw appointed as the Associate Director of Resilience and John O' Sullivan appointed as the Associate Director for Contact Centres and Integrated Care reporting into Joe Garcia.

## **5. 111 Clinical Assessment Service**

- 5.1. It was announced in August 2019 by NHS Commissioners in Kent, Medway and Sussex that the Trust had been awarded a contract to provide the new NHS 111 Clinical Assessment Service (CAS) for 5 years from April 2020.
- 5.2. Work had already been progressing within the Trust to provide clinical support for patients in both the 999 and 111 operations centres.
- 5.3. A key part of the new 111 service contract is the development of the Clinical Assessment Service which will enable patients to have access to a wider range of health care professionals, such as GP's, Paramedics, Nurses and Pharmacists.
- 5.4. Access to a broader range of clinical support will be provided either through clinicians based in the contact/operational centres as well as virtually.
- 5.5. Whilst the contract has been awarded to SECAmb, the Trust will be working in partnership with Integrated Care 24 (IC24) to deliver the new 111 CAS across Kent & Medway as well as Sussex.
- 5.6. A significant benefit of the Trust being awarded the 111 CAS contract is the continued relationship between the 999 and 111 service and the opportunity, working with IC24 to further develop a seamless service provision of urgent and emergency care across Kent, Medway, and Sussex, to patients through the continued development of the workforce as well as an integrated telephony system.

## **6. Workforce**

- 6.1. The Trust has continued to make progress in the recruitment of staff and is on track to deliver the targeted increase of those working in frontline roles by 605 WTE from 1808 to 2413 by March 2021.
- 6.2. Whilst this is good progress, the Trust faces a challenge to its continuous recruitment of the paramedic workforce in light of the developing Primary Care Networks (PCN) which has already started to impact on SECAmb.
- 6.3. Shift Patterns – a review of all front-line staffing rotas was carried out, with new rotas introduced during 2019 to align staffing levels to demand profiles.
- 6.4. During 2019, the Trust also took delivery of 117 new ambulances to support the increasing front-line staffing numbers.
- 6.5. SECAmb utilise approved Private Ambulance Providers across the Trust, to ensure resilience and meet demand profiles.

## **7. Performance Overview**

- 7.1. The continued recruitment programme in the Emergency Operations Centres has resulted in an overall improvement in call answer time for 999 calls with the Trust performing at a mean response to call answering of '2' seconds (January 2020) and a 99th percentile of '17' seconds. Appendix 2
- 7.2. Performance for the Trust continues to remain challenged particularly in achieving its C1 mean response time of seven minutes and thirty-six seconds, and 90th percentile of thirteen minutes and fifty-nine seconds (January 2020). The Ambulance Response Programme (ARP) target is seven minutes for 'mean' and 15 minutes for the 90th percentile. Appendix 3
- 7.3. C2 performance has improved throughout the year with the Trust achieving a mean response time of eighteen minutes and six seconds along with a 90th percentile of thirty-four minutes and ten seconds. The 'mean' and 90th percentile targets are 'eighteen' and 'forty' minutes respectively. Appendix 4
- 7.4. For C3 and C4, the Trust remains challenged and is performing below the national ARP targets. Appendix 4 & 5
- 7.5. Out of total activity (999 calls and ambulance responses), 37.1% were either telephone triaged or treated at scene, with 62.9% being conveyed either to a hospital ED or an alternative destination.
- 7.6. Performance across Kent and Medway for C1 is marginally better than the Trust's 'mean' at seven minutes and thirty-two seconds, however C2 performance is slightly worse at eighteen minutes and twenty one seconds. Appendix 6
- 7.7. The recent BBC investigation into C2 ambulance service response times highlighted the challenge that services in England are facing with increasing demand. SECamb were reported as having one of the best C2 response times. Appendix 7
- 7.8. Performance in the Trust's 111 service continues at a sustained level of 77% - 81% August 2019 to December 2019 (calls answered within sixty seconds).
- 7.9. For the same period improvements have been made in the call abandonment rate resulting in 3% for December 2019. Previous months had reached 3.8% (October 2019).
- 7.10. December 2019 saw the anticipated seasonal increase of calls (92,173) compared to November 2019 (78,017).
- 7.11. Work continues in validating non-emergency (C3 and C4) interim dispositions resulting in 92% of these calls being validated of which over two-thirds received a downgraded disposition.

- 7.12. Ambulance referrals continues to fall with 15.1% recorded for December 2019, a reduction from 16.9% in October 2019.
- 7.13. Referrals to an emergency department also continued to fall to 9.5% (December 2019) from 10.2% (October 2019).
- 7.14. Work continues in the development of the CAS and its support to the wider system with 36.3% 'Consult and Complete' for December (calls transferred to a clinician with no further action required).

## **8. Hospital Handover Delays**

- 8.1. A programme of work began in 2017 with the overall aim of reducing hours lost due to handover delays. A dedicated Programme Director is leading this system wide programme.
- 8.2. The programme covers 18 sites (12 acute hospitals) across Kent & Medway, Surrey and Sussex.
- 8.3. An Ambulance Handover Task and Finish Steering Group is in place and is chaired by an Acute Trust Chief Executive. Membership also includes representatives from NHSE and NHSI, lead commissioners, CCG's, two acute hospital Chief Operating Officers, SECamb and an Emergency Care Intensive Support Team (ECIST) advisor.
- 8.4. Some of the key developments have been:
  - 8.4.1. Direct access for ambulance crews to non-emergency department areas e.g. Same Day Emergency Care (SDEC) and Ambulatory Care (AMU), as well as Surgical Assessment Units.
  - 8.4.2. Dedicated handover nursing staff
  - 8.4.3. Front door streaming
  - 8.4.4. Automated daily reports on the previous day's handover delay performance
  - 8.4.5. Detailed monthly reports are provided to all acute Trusts and SECamb Operating Units, giving granular detail on handover and crew to clear performance for individual hospitals.
  - 8.4.6. Access to SECamb's live Power BI dashboard, to inform key hospital staff of ambulances on route, ambulances waiting to handover, as well as live performance information and activity trends and predicted numbers of conveyance
- 8.5. Comparing January 2020 with the same period for 2019 for ambulance conveyances, Sussex hospitals showed a 2.9% increase (12,478 to 12,835),

Surrey hospitals a 3.6% increase (10,533 to 10,916), and Kent hospitals a 3.3% increase (16,050 to 16,579).

- 8.6. The Trust showed a 7% decrease in hours lost due to ambulance turnaround across the three counties.
- 8.7. While Kent hospitals had a collective decrease of 10% hours lost (2,482 to 2224) both Maidstone and Medway hospitals showed an increase of 34% and 8% respectively.
- 8.8. SECamb, have monthly liaison meetings with all the Kent and Medway hospitals to review the hours lost, procedures pertaining to handover, as well as agreeing key actions to reduce ambulance handover delays, review community pathways, and ambulance crew turnaround. Appendix 8
- 8.9. A 'joint live conveyance review' programme is being carried out at all hospitals where a team consisting of SECamb, community and ED staff as well as primary care representation, interview ambulance crews after their handover of a patient, following an agreed set of questions, to identify if an opportunity to have left the patient in the community existed, or existed but access was restrictive, or whether support was sought from other services e.g. patients GP etc.

## **9. Clinical Education**

- 9.1. On 31 July and 1 August 2019, the Trust underwent a two-day Ofsted Monitoring Visit, looking specifically at our apprenticeship training provision. This report was published by Ofsted on their website on 29 August 2019.
- 9.2. The results of this visit unfortunately showed that the Trust had made 'insufficient progress' in two of the three areas inspected, specifically:
  - 9.2.1. How much progress have leaders made in ensuring that the provider is meeting all the requirements of a successful apprenticeship provision?
  - 9.2.2. What progress have leaders and managers made in ensuring that apprentices benefit from high quality training that leads to positive outcomes for apprentices?
- 9.3. These findings, together with the results of a subsequent Peer Review commissioned by the Trust, have clearly shown that we need to take immediate action to address the issues identified. It is important to emphasise, however that the quality of the teaching provided to our students, as well as the commitment of the teaching staff has never been in doubt and was recognised as being of a very high standard, both by the Ofsted team and by our students.
- 9.4. The Trust agreed to undertake a planned, 6-week closure of our Clinical Education Department. During the closure, which began on 11 September 2019, the Executive Management Board (EMB) initiated a series of internal and

external reviews in order to fully understand the issues and the rectification plans required. The temporary closure period was due to be for six weeks but unfortunately, there is still a great deal of work to be done.

9.5. In response, the Trust Board have implemented a Clinical Education Transformation Project. This Project is led by two executive directors, Dr Fionna Moore, Medical Director and David Hammond, Finance Director. The project consists of two phases.

9.5.1. The initial phase (phase 1) addresses a number of immediate issues, including clearing a backlog of marking, ensuring all students are able to progress to the roles that they have been trained for in a seamless and timely way, and aligning the Trust's Clinical Education function to the needs of the whole organisation.

9.5.2. Phase 2 will look at the longer term and will ensure that we are structured, resourced and funded appropriately to deliver the needs of the organisation.

9.6. Progress updates have been shared with our Lead Commissioner for dissemination across the system.

## **10. Electronic Patient Clinical Report (ePCR) and Service Finder**

10.1. During 2019 the Trust rolled out the electronic version of the patient clinical record (ePCR). Previously crews were required to complete an A3 form that captured relevant patients details from which a copy was given to the hospital at the point of patient handover.

10.2. ePCR is accessed via an iPad.

10.3. The version of ePCR that the Trust is using has been developed by the Trust's Computer Aided Dispatch (CAD) supplier, Cleric, enabling ePCR to fully integrate with the CAD.

10.4. With the introduction of the 'Service Finder' app, ambulance crews can now search when on scene with a patient, for available supportive community services that can respond to the patients' needs e.g. community falls teams; instances where a conveyance to Emergency Department is not required

## **11. Make Ready Centre**

11.1. The concept of the Make Ready Centres (MRC) was initially identified in the Carter Review as the most efficient system for vehicle processing and SECamb opened its first MRC in 2012 at Paddock Wood.

11.2. Across Kent and Medway, SECamb operates from 3 main Make Ready Centres: Paddock Wood, Ashford and Thanet. As well as a several ambulance stations and a number of ambulance community response posts (ACRP). The



ACRP's give the Emergency Operations Centre the opportunity to strategically place ambulances in locations to enable quicker response times.

## **12. Finance**

12.1. The Trust recorded a deficit in September of £0.5m. This was as planned.

12.2. Cost improvements of £0.5m were delivered in the month, £0.5m lower than planned. The full year target is £8.6m.

12.3. The Trust's Use of Resources Risk Rating (UoRR) for August is 3, in line with plan.

12.4. The Trust faces significant financial risks in 2019/20, the main ones being:

12.4.1. Achievement of contractual income if activity demand and performance trajectories are not met.

12.4.2. Ability to meet the demanding resourcing plans for both 999 and 111, with potential premium costs to ensure delivery of performance trajectories.

12.4.3. Delivery of cost improvements that are essential to ensure financial balance.

12.5. The Finance Team continues to work with budget holders and service leads to mitigate risks as far as possible.

12.6. Provider Sustainability Funding (PSF) of £1.8m is planned to be received this financial year, which is contingent on the Trust achieving its control total. The first and second quarter (£0.6m) has been achieved.

12.7. The financial position is closely monitored through the Finance & Investment Committee, a subcommittee of the Board.

## **13. Recommendations**

13.1. The Committee is asked to note and comment on the update provided.

### **Lead officer contact**

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