

South-East Coast Ambulance (SECAMB) Regional Scrutiny Sub-group 20 March 2017

Present:

Cllr Mike Angell (Kent); Cllr Colin Belsey (East Sussex); Cllr Dee Simson (Brighton & Hove); Cllr Bryan Turner (West Sussex); Cllr Dr James Walsh (West Sussex); Cllr David Wildey (Medway); Claire Lee (Officer, East Sussex); Jon Pitt (Officer, Medway)

Notes: Jon Pitt (Officer, Medway)

SECAMB representatives: Emma Wadey, Chief Nurse and Director of Quality and Safety; Jon Amos, Acting Director of Strategy and Business Development

Agenda Items

- 1. Apologies for absence:** Cllr Bill Chapman (Surrey); Cllr. Bob Gardner (Surrey); Cllr Ruth O’Keeffe (East Sussex); Councillor David Royle (Medway); Lizzy Adam (Officer, Kent); Helena Cox (Officer, West Sussex); Giles Rossington (Officer, Brighton and Hove); Andy Spragg (Officer, Surrey).
- 2. Overview of Progress on Quality and Improvement Plan:**
 - 2.1 The Sub-Group was informed that a new Chairman, Richard Foster, would be joining SECAMB on 31 March and that Acting Chief Executive, Geraint Davies had stepped down. David Hammond, the Director of Finance, was currently acting Chief Executive, with Daren Mochrie having been appointed as the new permanent Chief Executive from 3 April. The aim was for a new substantive Board to be appointed by September. This would play a key role in demonstrating that the organisation was well led.
 - 2.2 SECAMB would commence a move to its new regional headquarters in Crawley in the first week of May. This would be a phased move over approximately eight weeks. NHS 111 operations would remain based in Ashford and Dorking. A presence would also be maintained at the current SECAMB headquarters in Banstead for the time being, with it being anticipated that these premises would eventually be sold. The Emergency Operations Centre in Coxheath would also be retained pending a review of the eastern control room.
 - 2.3 Progress was being made on the delivery of SECAMB’s two year Improvement Plan. A public update would be released on 29 March which would be circulated to the Sub-Group.
 - 2.4 The Sub-group asked what the effect had been of the previous inspection findings and the improvement journey on staff. The SECAMB representatives

considered that staff morale was improving but that SECamb was at a relatively early point on its improvement journey compared to, for example, Medway Foundation Trust.

3. Improving performance and clinical outcomes

- 3.1 The Integrated Performance dashboard was presented to the SECamb Board each month. This provided the Board with an overview of the key performance indicators and included a balanced scorecard.
- 3.2 The Sub-group asked about staff turnover at the SECamb call centre. It was acknowledged that turnover was high compared to other industries. In order to address this the recruitment and interview processes had been revised. There were now up to six individual elements to the recruitment process rather than a single interview. The aim of this was to give potential recruits a better understanding of the job. New staff also experienced the control room sooner than they had previously. There was now a waiting list for some roles due to an increase in applications and staff retention was improving. Spending on agency staff, which had been a significant concern, was also decreasing.
- 3.3 In response to a Sub-group question regarding whether it would be possible to employ staff who exclusively worked night shifts, JA advised that there were currently two twelve hour shifts per day. National guidance did not encourage having employing an exclusive night shift and it was noted that working during the day required a slightly different skillset compared to night. EW said that there were a decreasing number of staff wishing to work full time and that staff now tended to look to move to various employers within the health economy rather than staying with a single employer for their career.
- 3.4 The Sub-group asked about the different levels of practitioner within SECamb. The Sub-group was advised that approximately 40% of the workforce were paramedics. A number of these were advanced paramedics who were able to administer certain medication. There were around 160 telephone triage staff who were responsible for ensuring that the most appropriate response was provided to the patient.
- 3.5 Following concerns raised with regard to performance against target response times for Red 2 response and Red 19 Transport, the Sub-group was advised that improving the call response time was a priority. There had already been improvement with Red 2 response being a focus as part of national level work. It was considered that the current target of under eight minutes for Red 2 response may need to be relaxed, with the focus being on ensuring that the appropriate response was sent to a call. There would also be a focus on improving Red 1 response times. The process associated with answering calls had been altered to enable those requiring Red 1 response to be identified more quickly. National changes following the response time pilot are likely to be introduced across all Trusts from October.

- 3.6 There had been an increase in hospital handover delays, although the figures for February 2017 had shown a slight improvement. Work was being undertaken with hospitals to address the issue following national guidance which clearly indicated that the issue is the responsibility of the hospital. This included the piloting of an advanced nursing team in Guildford which had had a positive impact
- 3.7 The Sub-group asked whether any ambulances were based at hospitals and how they were geographically located to enable them to best respond to calls. The SECamb representatives advised that ambulances were not based at hospitals with there being a plan in place to determine how ambulances were located across the service area.
- 3.8 In relation to out of hospital treatment, the Sub-group was informed that the aim was to, where possible, prevent patients from being admitted to hospital. SECamb had one of the lowest patient conveyancing rates of any ambulance service in the country. If SECamb were to transport an average number of patients to hospital this would be between 30,000 and 40,000 additional patients. It was noted that the closure of GP practices had an impact on the number of patients attending hospital. The impact of longer jobs for ambulance crews as a result of increasingly providing out of hospital care is being discussed with STPs.
- 3.9 The Sub-group questioned what the impact would be of specialised services, such as stroke treatment, being offered at fewer hospitals in the future. The SECamb representatives said that there was a need to look at the whole care pathways, but that handover time of patients at hospital might be reduced through the provision of more specialist services. Any impacts on demand would be discussed with commissioners.
- 3.10 The possibility of utilising smartphones to improve access to services was discussed, including enabling patients to triage themselves to the most appropriate services. It was considered likely that such provision was several years away.
- 3.11 The Sub-group raised concerns that current monthly performance for undertaking of staff appraisals and the delivery of mandatory compliance training were both significantly below target. It had been difficult for there to be sufficient time for staff to undertake training but this situation was improving and it was anticipated that the training target would be met in the current year. Operational unit restructuring, including staff reapplying for roles, was an underlying reason for the staff appraisal target not being met. 50% of the time of relevant staff would be allocated to management in the future which would help to ensure that appraisals were delivered on time in the future and that these were meaningful.

4. Surge Management Plan

- 4.1 JA advised that the Surge Management Plan was in the early stages of development. The Plan would facilitate the pro-active management of

resources to ensure that ambulances were always available for high priority cases. It was noted that until the most recent 18 month period, there had not previously been a period where there had not been enough resource available to meet demand.

- 4.2 It was proposed that the Plan would be presented to a future meeting of the Sub-Group.

5. Quality Account

- 5.1 The Sub-group was advised that EW was leading on submission of the Quality Account. This would look back at what had been achieved in the previous year. The focus would be on governance and incident reporting. It was anticipated that a draft would be completed by the end of the week after the Sub-group meeting.
- 5.2 The health scrutiny committees of each of the local authorities within SECAMB's area of operation would be asked to respond to the Quality Account. This was expected to be sometime during April. The exact date would be confirmed.

6. CQC re-inspection (May 2017)

- 6.1 The Care Quality Commission (CQC) had advised that it would be undertaking a full inspection of SECAMB from 15 to 18 May 2017. Confirmation of this was being sought from the CQC as it had only requested the provision of information in relation to emergency operations. As a result of the improvement work undertaken, SECAMB had identified a number of concerns in addition to those previously identified by the CQC. There were a number of issues in relation to medicine. It was recognised that governance arrangements required significant strengthening. The CQC was entitled to carry out a spot inspection. It was considered that the fact that it not yet done so, demonstrated that it had confidence in the improvements being made.
- 6.2 There would be limited scope for individual ratings to improve from requires improvement to good as a result of the May inspection as this would require evidence that improvements were being sustained over time. SECAMB was confident that the inspection would demonstrate improvement but it was not anticipated that the organisation would exit special measures as a result.
- 6.3 The CQC had invited local authorities to submit relevant information to it ahead of the inspection. It was agreed that the Sub-group members would make a joint information submission, subject to each council being able to make their own contribution as part of this.

7. Date and focus of next meeting

- 7.1 It was agreed that the next meeting of the Sub-group should take place in late June or early July 2017 at the new SECAMB headquarters in Crawley.

- 7.2 It was proposed that the next meeting would include results of the CQC inspection being undertaken in May as well as updates on the Quality and Improvement Plan, Performance and the Surge Management Plan.