

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

17 OCTOBER 2017

SOUTH EAST COAST AMBULANCE SERVICE UPDATE

Report from: Daren Mochrie, Chief Executive, SECAMB

Author: Ray Savage, Customer Account Manager, SECAMB

Summary

This report updates the Committee on progress being made by the South East Coast Ambulance Service following its CQC rating of 'inadequate', key actions undertaken by the Trust in its Unified Recovery Plan, and the findings of the Professor Duncan Lewes report into the culture of Bullying and Harassment at the Trust.

1. Budget and Policy Framework

- 1.1 Under the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway.
- 1.2 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 22.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area, including NHS Scrutiny.

2. Background

- 2.1 On the 29 September 2016, the CQC published their findings following their inspection of the South East Coast Ambulance Service (SECAMB), which saw an overall rating of 'inadequate'. England's Chief Inspector of Hospitals recommended that SECAMB be placed into special measures.
- 2.2 As a consequence of the original rating, the CQC revisited SECAMB between the 15 to 18 May 2017. The findings following this visit were published on 5 October 2017 (Appendix 1).
- 2.3 SECAMB established a Unified Recovery Plan (URP) and set up a Project Management Office (PMO) to address the key concerns indicated in the CQC report.

2.4 One of the additional areas highlighted in the CQC report was around bullying and harassment, which collaborated with the findings of the NHS staff survey in 2015, where staff indicated experiencing discrimination at work.

3. CQC Update

3.1 The recently published report recognises progress has been made in some areas but raised concerns that this progress has not been as rapid or widespread as it might have been. The CQC has, however, recognised that cultural change, which is at the core of much of the needed improvement, does take time and has recognised in the report positive feedback from staff that the culture has begun to change. Our last quarterly Staff Friends and Family survey saw a 200% increase in participation compared to the previous quarter, an early sign that engagement is also beginning to improve.

3.2 Since publication of the report the Trust has continued to make improvements. The CQC undertook an unannounced inspection on the 29 September specifically to review medicines governance, one of their biggest areas of concern in May. As a result of the inspection and evidence provided, the CQC will be removing the requirements notice in relation to medicines governance.

3.3 The report also recognises the significant improvement made in the 111 service and that staff across the Trust have been rated as 'good' for caring.

3.4 Despite the above, the report does highlight that the Trust continues to fall short in the quality and safety of some of its services.

3.5 The Trust's updated improvement plan focuses on the 10 key areas that the CQC have identified as requiring urgent improvement (Table 3).

4. Unified Recovery Plan

4.1 The Unified Recovery Plan (URP) had 8 key improvement objectives:

4.2 5 core Programmes

- Governance
- Culture
- Performance
- Clinical Outcomes
- Financial Sustainability

4.3 3 Key Enablers

- Introduction of the Electronic Patient Clinical Record (ePCR)
- Delivery of the new Trust Head Quarters and Emergency Operations Centre (EOC) in Crawley
- Operating Unit Leadership Redesign

4.4 Progress has been made across a number of the key objectives:

- Roll out of EPCR
 - EPCR embedded in the majority of Acute Trusts across Surrey, Sussex and Kent
- Trust new Head Quarters, in Crawley are now established with the Surrey and Sussex EOC's fully integrated
- Completion of the Operating Unit redesign with a move away from the existing 3 counties structure to one that strategically reflects how the EOC's receive calls and dispatches ambulances i.e. East and West
 - East:
 - Surrey
 - East and Central Sussex
 - West
 - East Sussex
 - Kent
- Performance
 - Performance remains challenging across Kent
 - Medway second best performing CCG in Kent (Table 1):
- Demand and Capacity Review
 - In response to the levels of performance being achieved, CCG's, with SECAMB, commissioned an independent demand and capacity review. The key aim of this review was to give:
 - A greater understanding into the current levels of performance being achieved
 - CCG funding
 - Identification of additional efficiencies

Table 1

Aug-17	Red1 <8min perf	Red2 <8min perf	R <19min Perf
NHS Ashford CCG	42.9%	44.8%	83.7%
NHS Canterbury and Coastal CCG	48.2%	40.1%	83.3%
NHS Dartford, Gravesham and Swanley CCG	51.3%	46.8%	91.0%
NHS Medway CCG	73.3%	62.6%	96.6%
NHS South Kent Coast CCG	45.2%	40.0%	82.8%
NHS Swale CCG	60.6%	48.1%	87.6%
NHS Thanet CCG	78.1%	72.5%	97.2%
NHS West Kent CCG	53.4%	40.1%	84.1%
Totals	59.3%	46.5%	87.1%

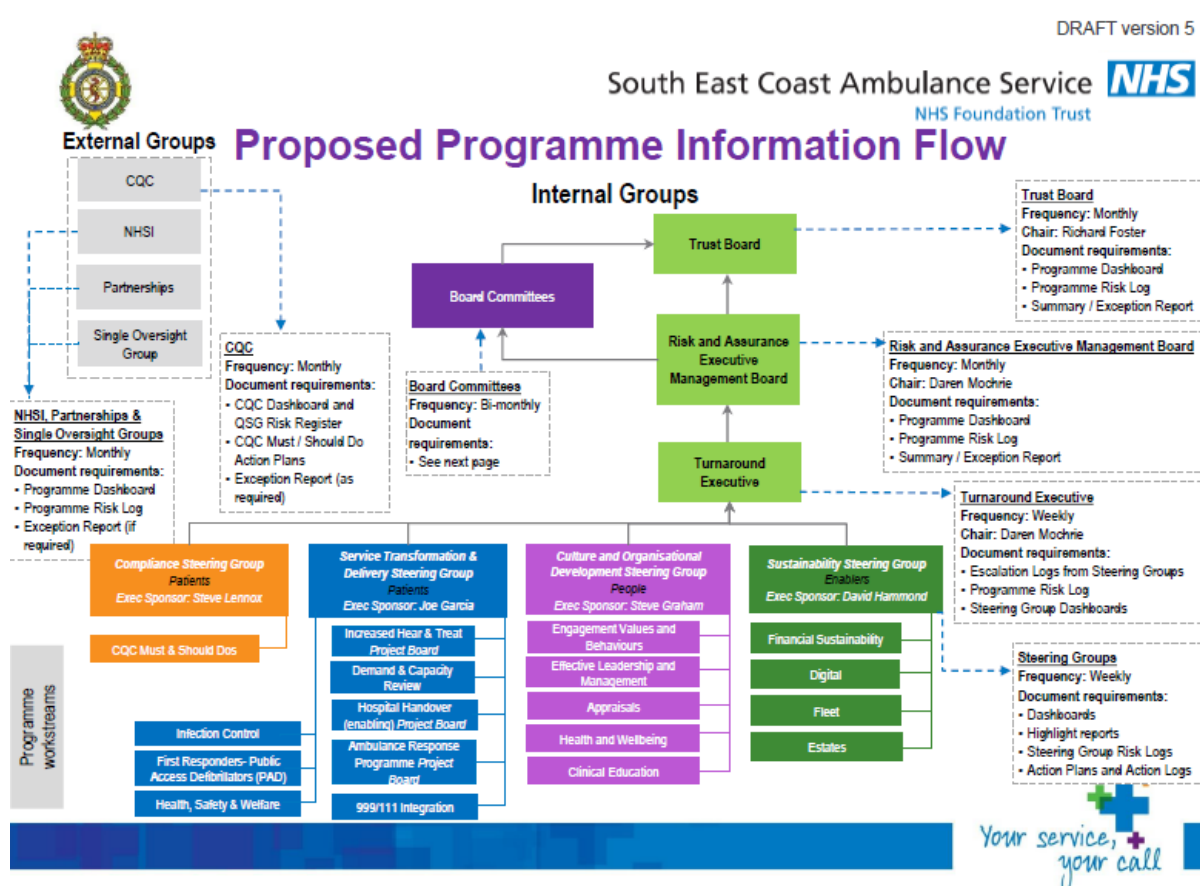
4.5 The Trust's Cost Improvement Programme (CIP) is aiming to deliver £15.1m during the financial year 2017-18. CIP schemes to the value of £14.7m have so far been identified and fully scoped, leaving a £0.4m gap against the £15.1m target. In the year to date, the Trust reports a targeting of CIP

schemes to a total value of £19m in order to compensate for schemes which may not deliver their full year value.

5. SECamb CQC Delivery Plan

- 5.1 The URP has now been superseded by the SECamb CQC Delivery Plan which takes on the responsibility for delivering the Trust out of 'special measures' and sustained achievement for the future.
- 5.2 This structured approach to 'information flow' will ensure robust governance and delivery of the plan.
- 5.3 Within the plan there are four key groups, each with an executive sponsor and cover all the key areas of the trusts recovery and sustainability (Table 2).

Table 2



- 5.4 Within the delivery plan, ten task and finish groups have been established, each with clear timelines for delivery (Table 3).
- 5.5 The specific focus of the delivery plan/ten task and finish groups is aligned to the key areas highlighted in the CQC report 2016.

Table 3

CQC Task and Finish Groups

Task and Finish Groups	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18			
Incident Management	DELIVER	ASSURE	SCRUTINISE	CQC Deep Dive						Business As Usual		
Safeguarding	DELIVER		ASSURE	SCRUTINISE	CQC Deep Dive							
Risk Management	DELIVER			ASSURE	SCRUTINISE	CQC Deep Dive						
Clinical Records & Clinical Audit	DELIVER			ASSURE	SCRUTINISE	CQC Deep Dive						
Staff Engagement – Patients & Staff	DELIVER				ASSURE	SCRUTINISE	CQC Deep Dive					
Complaints	DELIVER					ASSURE	SCRUTINISE	CQC Deep Dive				
EOC	DELIVER						ASSURE	SCRUTINISE	CQC Deep Dive			
Performance Targets & AQIs	DELIVER								ASSURE		SCRUTINISE	CQC Deep Dive
Medicines Management	ASSURE PHASE 1	SCRUTINISE PHASE 1	DELIVER					ASSURE	SCRUTINISE			
999 Call Recording	ASSURE PHASE 1	SCRUTINISE PHASE 1	DELIVER					ASSURE	SCRUTINISE			

NOTE:

After the scrutiny phase, the project will move into Sustainability (BAU), with quarterly station visits. Aim is to do every station every quarter. Results feed into Area Governance Meetings and Executive Committee.

If assurance is not provided, project will go back to delivery stage.

6. Bullying and Harassment

6.1 In January 2017 the Trust commissioned Professor Lewes to undertake an in-depth analysis of the problem of bullying and harassment (B&H) at SECamb as highlighted in the CQC report September 2016 and the 2016 NHS staff survey.

6.2 On the 4th August the report by Professor Lewes was published, following a four-month study into the culture at the Trust. The study comprised a combination of focus groups, over 150 hours of one-to-one interviews, along with a staff survey which received a response rate of over 50% of Trust employees (c2000 staff responded).

6.3 The Lewes report is attached as Appendix 1.

6.4 Following the publication of the report, the Trust has been holding ‘Staff Focus Groups’ across all the locations that the Trust covers. The key purpose of the groups is to give staff the opportunity to discuss the issues and behaviours identified in the report with the Trust’s Directors and help identify solutions.

6.5 Following the focus sessions, feedback given is being collated and the development of an action plan.

6.6 However, we are also in the process of implementing the following actions:

- Investment in management training and development
- Responsibility for culture improvement and increased staff engagement devolved to local levels
 - Zero tolerance towards to any aspect of B&H

- Review of policies and processes
- Increased focus on staff welfare and well being
 - Establishment of a wellbeing hub

7. Risk Management

7.1 There are no specific risk implications for Medway Council arising directly from this report.

8. Legal and Financial Implications

8.1 There are no specific financial or legal implications for Medway Council arising directly from the report.

9. Recommendations

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

Lead Officer Contact:

Ray Savage, Customer Account Manager, SECAMB
E-mail: ray.savage@secamb.nhs.uk

Appendices

Appendix 1- CQC Inspection Findings, October 2017

Appendix 2- Professor Lewis report into bullying and harassment at SECAMB, July 2017

Background papers

None.