

**HEALTH AND ADULT SOCIAL CARE  
OVERVIEW AND SCRUTINY COMMITTEE  
21 AUGUST 2018**

**SOUTH EAST COAST AMBULANCE SERVICE UPDATE**

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**Summary**

This report updates the committee on progress being made by South East Coast Ambulance Service (SECAmb) to improve its CQC rating through its Delivery Plan in line with CQC expectations, as well as the organisational developments that have taken place since the Committee was last updated.

**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 21.2 (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 29 September 2017, the CQC published their findings following their inspection of the South East Coast Ambulance Service (SECAmb) which saw an overall rating of 'inadequate' for the 999 service and an overall 'good' for the 111 service, however the Trust was recognised as outstanding for caring.
- 2.2 Following this rating, SECAmb implemented a delivery plan with a clear focus on the key areas for improvement as indicated by the CQC.
- 2.3 SECAmb has also continued to recruit to its Executive Team and has recently completed all appointments:
  - 2.3.1 Bethan Haskins, has been appointed to the role of Executive Director of Nursing and Quality and started on the 1 April 2018.

- 2.3.2 Dr Fiona Moore, has been appointed as the Trusts Substantive Executive Medical Director, following an interim period of the past 14 months.
- 2.3.3 Following the departure of the Trusts Chairperson, Richard Foster, in April 2018, the interview process for a replacement has now started with a view to finding a successor during August 2018. Meanwhile Graham Colbert the Vice Chair is acting as Chairperson.

### **3. CQC Update**

- 3.1 As reported to the Committee on 18 January 2018, SECamb continues to make improvements against the key areas of concern raised by the CQC during their visit in May 2017 and published in their report of 29 September 2017. In January, we reported improvements in two key areas; medicines management and 999-call recording. These findings led to the conditions that were in place being lifted.
- 3.2 In response to the findings of the CQC SECamb:
  - 3.2.1 Developed an action plan containing 11 key work streams and continues to make improvements in a number of areas (Tables 1 and 2).
  - 3.2.2 Each work stream was assigned a Project Lead and an Executive Lead.
  - 3.2.3 Monitoring of progress was incorporated into the Trust's Delivery Plan.
  - 3.2.4 The subcommittee structure was redesigned to enable the Board to operate as a Unitary Board.
  - 3.2.5 The risk management strategy was updated to clarify the reporting arrangements for risks depending on their severity and likelihood.
- 3.3 The recent unannounced inspection, (18-20 July) focused on 'core services'.
- 3.4 The next CQC visit will take place 22 – 23 August 2018, which will focus on 'well led'.

**Table 1**

## The eleven key areas and what success will look like:

### 1. Incident Management

We will be able to identify all incidents on a single system and complete robust investigations to a good standard and within appropriate timescales. This will enable learning to be shared, ultimately improving patient safety.

### 2. Safeguarding

We will ensure that we have a robust safeguarding culture, embedded throughout the organisation, that ensures the safety of our patients and our staff. We will ensure that all staff are trained to the right level and a process is in place to ensure it remains this way.

### 3. Risk Management

We will be able to identify all risks onto a single system, which will function efficiently and will allow effective management of risks at all levels and learning. We will have the capability to ensure that those risks are mitigated where possible and that there is appropriate governance and scrutiny.

### 4. Clinical Records & Clinical Audit

We will ensure that all patient records are completed accurately and are fit for purpose, kept confidential and stored securely. We will have adequate resources available to undertake regular audits and robust monitoring of the services provided.

### 5. Staff Engagement

We will engage better with our staff by recruiting local staff champions, increasing the visibility of the Executive Team and by making better use of the Staff Survey results to drive local improvements.

### 6. Complaints

We will deal with complaints in a timely manner, to the satisfaction of the complainant, by utilising robust systems to manage, investigate, respond and learn from complaints.

### 7. Emergency Operations Centre (EOC)

We will ensure that there are sufficient numbers of clinicians working in our EOCs and that all staff follow new and up to date Operating Procedures. We will ensure that patients receive a consistent service, regardless of where or when their call is answered.

### 8. Performance Targets & Ambulance Quality Indicators (AQIs)

Through working with our local NHS partners, we will ensure we have the right resources in place to allow us to provide the most responsive service possible to our patients with improved clinical outcomes.

### 9. Medicines Management

We will store and utilise our medicines safely and securely, ensuring our staff are responsible for their own professional practice and ensuring we deliver safe care to our patients.

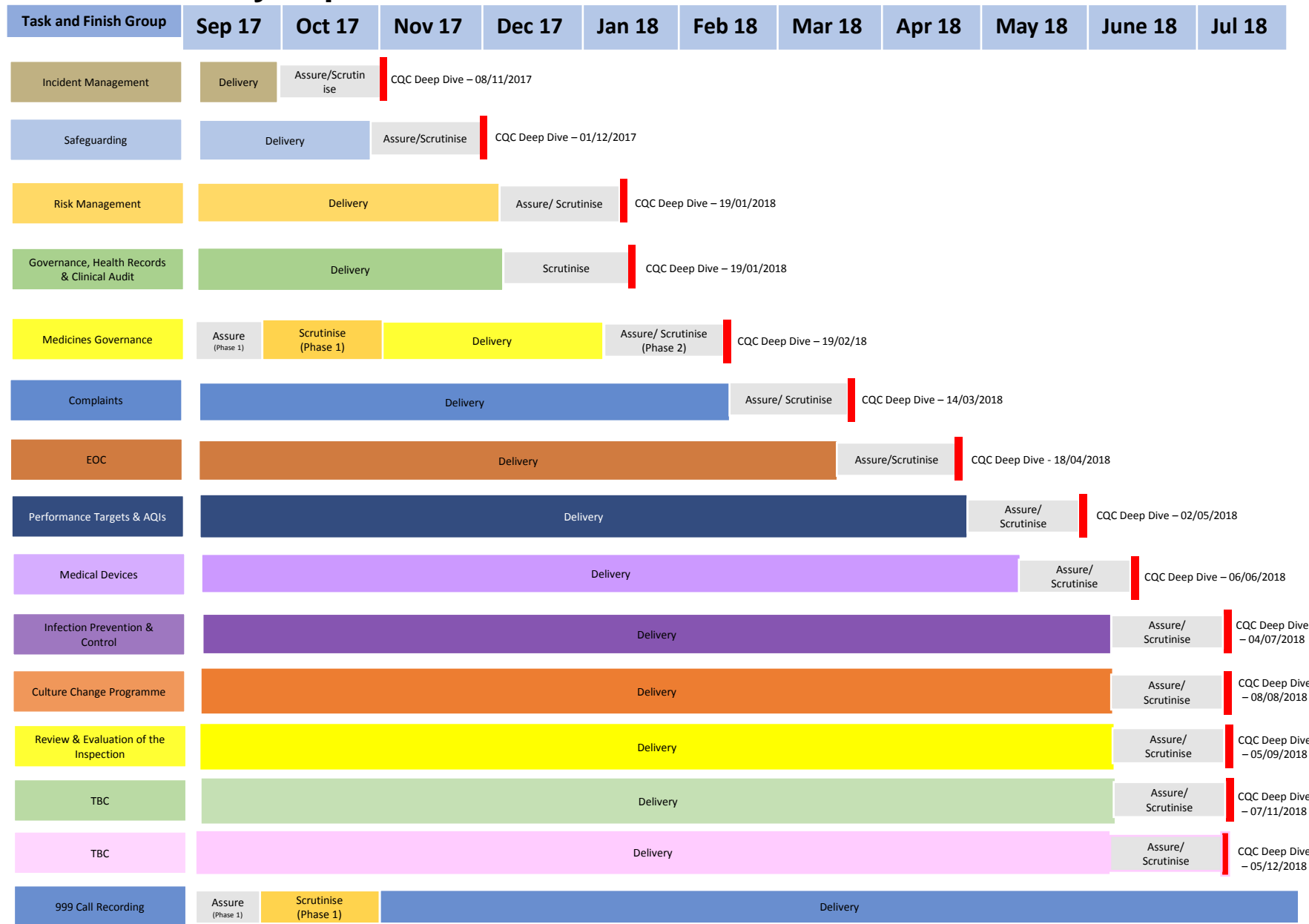
### 10. 999 Call Recording

The voice recording system will record all 999 calls and there will no longer be any instances where calls are missing from the system or not accessible by staff when needed.

### 11. Infection Prevention and Control (IPC)

We will embed IPC into every day practice and improving standards of environmental cleanliness, hand hygiene and uniform compliance. We will ensure our vehicles are clean therefore reducing the risk of infection to patients.

# Table 2: Quality Improvement



Business as usual

**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.

## **4. Bullying and Harassment**

- 4.1 When SECamb commissioned Professor Duncan Lewes to research the culture at SECamb, his subsequent report (presented at the October HASC) confirmed the concerns that the Trust already had, along with those identified in the CQC report of 29 September 2017.
- 4.2 In response to the concerns raised, SECamb has embarked on a programme of staff engagement along with a drive to stamp out any bullying, harassment or discrimination and promote a culture of trust, openness, and positive engagement.
- 4.3 In the autumn of 2017, SECamb launched its Culture Change Improvement Plan.
  - 4.3.1 Staff focus groups were held across all areas of the Trust.
  - 4.3.2 The 'Community Facebook Group' was launched. This is a closed group for staff and volunteers only, and now has c1800 members.
  - 4.3.3 Launched the leadership coaching and 360<sup>0</sup> feedback programme as well as the cultural change workshops. So far, 100% of the Executive team and 90% of Senior Management Team have been involved.
  - 4.3.4 On the 2 January 2018, 'The Wellbeing Hub' was established. To date there have been 1259 staff interactions with the Hub and 509 referrals for further support, as well as 48 TRiM assessments.
  - 4.3.5 In 2016/17, staff raised the concern that only 57% had received an appraisal. During 2017/18, this increased to 92.95%.
  - 4.3.6 There has been clear and consistent messaging from the Chief Executive and the Trust Board on a 'Zero' tolerance towards any bullying and harassment towards any member of staff.
  - 4.3.7 Where there was evidence, the Trust has commenced 17 new disciplinary cases for alleged bullying and harassment.

## **5. Staff Survey**

- 5.1 The 2017/18 NHS Staff Survey results for SECamb whilst seeing improved feedback in some areas the results overall were disappointing with a 44% response rate.
- 5.2 However the survey did indicate improvements in the following areas;
  - 5.2.1 Staff experiencing physical violence from colleagues.
  - 5.2.2 Quality in the non-mandatory training, learning or development.
  - 5.2.3 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public.

5.2.4 Quality of appraisals

5.2.5 Staff confidence in reporting unsafe practice.

5.3 In addition to the National NHS Staff Survey, during 2017 SECamb introduced its own quarterly staff survey.

5.3.1 The Pulse Survey is a survey for staff, which helps the Staff Engagement Team monitor staff opinion and collect feedback. This is in addition to the annual NHS Staff Survey. The quarter 4 results (January – March 2018) results indicated that staff were responding to this opportunity to give feedback via this means.

5.3.2 45% of staff were satisfied with how Human Resources handled reports of Bullying and Harassment.

5.3.3 47% of staff were satisfied how their line manager handled reports of Bullying and Harassment.

5.3.4 81% of staff would recommend SECamb to friends and family for care.

## **6. Ambulance Response Programme (ARP)**

6.1 On 22 November, SECamb went live with the Ambulance Response Programme.

6.2 The ARP is a nationally driven initiative aimed at improving the way the ambulance service responds to the most critically ill patients and will see a change in the way 999 calls are triaged (where a patient's condition and treatment needed are determined).

6.3 SECamb's National Position for the month of June 2018. Table 3.

6.3.1 C1 (calls from people with life-threatening illnesses or injuries) performance is just outside the national average where C2 (emergency calls) is middle of the table. C3 (urgent calls) & C4 (less urgent calls) responses remain challenging and the Trusts sits in the position of 10 out of 11 for both categories of performance.

**Table 3**

<b>C1</b>		<b>Mean</b>
<b>England</b>		<b>00:07:37</b>
1	North East	00:06:04
2	South Central	00:06:53
3	West Midlands	00:06:59
4	East Midlands	00:07:14
5	London	00:07:17
6	Yorkshire	00:07:38
7	South Western	00:07:39
8	South East Coast	00:07:41
9	North West	00:08:18
10	East of England	00:08:42
11	Isle of Wight2	00:10:36

<b>C1</b>		<b>90th</b>
<b>England</b>		<b>00:13:19</b>
1	North East	00:10:17
2	London	00:11:46
3	West Midlands	00:12:03
4	South Central	00:12:39
5	Yorkshire	00:12:55
6	East Midlands	00:12:56
7	North West	00:14:11
8	South East Coast	00:14:22
9	South Western	00:14:23
10	East of England	00:15:40
11	Isle of Wight2	00:18:34

<b>C2</b>		<b>Mean</b>
<b>England</b>		<b>00:21:38</b>
1	West Midlands	00:12:27
2	Isle of Wight2	00:14:03
3	South Central	00:15:12
4	North East	00:17:39
5	South East Coast	00:17:39
6	London	00:20:01
7	Yorkshire	00:21:30
8	North West	00:23:29
9	East of England	00:26:14
10	South Western	00:26:41
11	East Midlands	00:31:10

<b>C2</b>		<b>90th</b>
<b>England</b>		<b>00:44:35</b>
1	West Midlands	00:22:22
2	South Central	00:30:02
3	South East Coast	00:33:14
4	Isle of Wight2	00:35:50
5	North East	00:36:13
6	London	00:40:52
7	Yorkshire	00:45:08
8	North West	00:51:42
9	East of England	00:53:06
10	South Western	00:56:24
11	East Midlands	01:05:49

<b>C3</b>		<b>Mean</b>
<b>England</b>		<b>01:00:15</b>
1	Isle of Wight2	00:33:44
2	West Midlands	00:35:01
3	South Central	00:47:17
4	Yorkshire	00:56:58
5	North East	01:00:07
6	London	01:00:52
7	North West	01:02:30
8	East Midlands	01:10:21
9	South Western	01:15:58
10	South East Coast	01:16:37
11	East of England	01:24:05

<b>C3</b>		<b>90th</b>
<b>England</b>		<b>02:20:01</b>
1	West Midlands	01:17:02
2	Isle of Wight2	01:21:12
3	South Central	01:40:08
4	Yorkshire	02:12:53
5	North East	02:17:47
6	London	02:22:52
7	North West	02:27:41
8	East Midlands	02:51:47
9	South East Coast	02:55:30
10	South Western	02:58:38
11	East of England	03:25:19

C4		Mean
England		01:28:44
1	West Midlands	00:55:06
2	North East	01:01:01
3	East Midlands	01:06:03
4	Yorkshire	01:09:40
5	London	01:13:20
6	South Central	01:14:50
7	Isle of Wight2	01:26:57
8	North West	01:31:39
9	East of England	01:42:18
10	South East Coast	02:01:01
11	South Western	02:52:22

C4		90th
England		03:15:38
1	West Midlands	02:08:26
2	East Midlands	02:14:04
3	North East	02:16:35
4	London	02:28:36
5	Yorkshire	02:43:11
6	South Central	02:49:27
7	North West	03:03:11
8	Isle of Wight2	03:33:08
9	East of England	04:02:53
10	South East Coast	04:58:23
11	South Western	05:50:15

## 7. Medway Performance

7.1 C1 & C2 performance for Medway patients continues to be above the Kent and SECamb performance levels. Table 4

7.1.1 C3 & C4 performance is not being met, not only in Medway but also across the SECamb geographical area. Table 4.

7.1.2 The Trust is also committed to developing a Make Ready Centre in Medway.

**Table 4**

Apr - Jun 2018 @ 05/07/2018	CCG	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 Mean Response Time	Cat 3 90th Centile (02:00:00)	Cat 4 Mean Response Time	Cat 4 90th Centile (03:00:00)
NHS Ashford CCG	Kent	00:07:27	00:15:05	00:15:17	00:29:16	01:06:15	02:34:55	01:40:15	03:35:25
NHS Canterbury and Coastal CCG	Kent	00:08:20	00:15:35	00:18:45	00:33:27	01:10:12	02:40:22	01:43:44	04:07:09
NHS Dartford, Gravesham and Swanley CCG	Kent	00:07:14	00:12:03	00:16:08	00:30:34	01:04:35	02:30:16	01:44:02	04:05:24
NHS Medway CCG	Kent	00:06:10	00:10:23	00:14:36	00:27:19	01:21:37	03:09:59	02:23:21	05:43:29
NHS South Kent Coast CCG	Kent	00:09:17	00:17:09	00:18:58	00:33:35	01:12:12	02:43:48	01:58:14	04:39:06
NHS Swale CCG	Kent	00:08:20	00:14:25	00:23:42	00:42:13	01:41:18	03:44:06	02:21:32	04:49:15
NHS Thanet CCG	Kent	00:05:28	00:09:00	00:12:23	00:25:28	00:53:14	02:16:53	01:28:25	04:11:44
NHS West Kent CCG	Kent	00:08:45	00:16:12	00:18:22	00:33:01	01:27:58	03:14:12	02:23:46	05:18:07
Kent & Medway STP	KM STP	00:07:40	00:14:02	00:17:13	00:32:07	01:15:04	02:56:07	02:00:57	04:47:57
<b>SECamb commissioned Totals</b>	<b>SECamb</b>	<b>00:07:34</b>	<b>00:14:05</b>	<b>00:16:57</b>	<b>00:32:00</b>	<b>01:11:53</b>	<b>02:47:23</b>	<b>01:54:49</b>	<b>04:34:06</b>

## 8. Demand and Capacity Review

8.1 Commissioners and SECamb have identified a gap in funding, to deliver its existing model and achieve all performance targets. The identification of this 'gap' is supported by NHSE and as a consequence of this, a joint review into the existing and potential future operating models was jointly commissioned by Commissioners and SECamb, and supported by Deloitte and ORH.



- 8.2 The focus of the review is on two operating models: 1) Paramedic Led Ambulance Model and 2) The Targeted Dispatch Model. Both models have identified a requirement to increase not only the number of front line staff but also the fleet resource. Both models have been defined through a clinical sub group consisting of Commissioners and SECamb colleagues.
- 8.3 Initial findings have been made available to both SECamb and Commissioners, and have resulted in the selection of the 'targeted dispatch model' with a requirement to conduct a more detailed analysis together with an evaluation of a trajectory for delivering compliance with ARP standards. An update slide deck is included to convey the detail to associate commissioners in the past weeks. The work has not stopped here insofar that the next steps will involve an in depth analysis of delivery profile taking into account the constraints faced by the system and SECamb.
- 8.4 This is important insofar that the targeted dispatch model builds on our work with you and 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. 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.
- 8.5 This is a strategic opportunity to create the right mix of vehicles and staff to improve our response to our most seriously ill/injured patients and those of lower priority.
- 8.6 The investment in the Trust's ambulance fleet will see the arrival of 16 new Fiat van conversions, 85 new Mercedes box bodies and 30 second-hand Fiat conversions from the West Midlands Ambulance Service.
- 8.7 The final report has recently been completed and has been circulated, in draft format to stakeholders for final comment. The report will then be put through the organisation's governance and approval processes.

## **9. Strategy**

- 9.1 The Trust has developed a strategic plan for the next 5 years and is focussed on the delivery of 4 strategic themes; Our People, Our Patients, Our Partners, and Our Enablers. Table 5. We are currently refreshing our strategy to take account of internal and external developments since publication in July 2017.
- 9.2 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 is aimed at improving this to enable provision of a consistent and quality service to our patients.
- 9.3 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.

- 9.4 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.
- 9.5 Our Enablers - 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 is 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
- 9.6 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.
- 9.7 The Trust is developing its existing and new estate.

**Table 5**



## **10. Finances**

- 10.1 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 £1.3 m. In addition, the Trust received a further STF (incentive plus bonus) of £1.4m and CQUIN risk reserve previously held by commissioners of £0.8m, resulting in a reported surplus of £1.3m.
- 10.2 The Trust achieved Cost Improvements of £15.5m, which was greater than the target of £15.1m.
- 10.3 This financial year, 2018/19, sees the Trust achieve its planned deficit of £0.6m for the month of May. Cumulative year to date performance is marginally better than plan by £0.1m.
- 10.4 The Trust is forecasting delivery of its control total for the year of £0.8m deficit.
- 10.5 The Trust achieved a Cost Improvements of £0.3m, which was £0.1m lower than plan. The target for the full year is £11.4m.
- 10.6 Risks to this plan include the delivery of its CIP targets, outcome of the Demand and Capacity review, delivery of performance targets, being able to come out of CQC special measures, recruitment difficulties and any unfunded local pay pressures. Engagement with its partners is ongoing in order to mitigate as many of these as possible.

## **11. Risk management**

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

## **12. Legal and Financial Implications**

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

## **13. Recommendations**

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

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### **Appendices**

None.

### **Background papers**

None.