

Surrey Wellbeing and Health Scrutiny Board – South East Coast Ambulance Service Update 7 July 2016

Purpose

This briefing note is to update Board members with recent information as to South East Coast Ambulance Service’s (SECAMB’s) performance, outline the findings of the recent CQC inspection and the Trust’s plan to address the issues raised. Alongside this a further update is provided as to the risks associated with patient handover delays at acute hospitals.

South East Coast Ambulance Service Performance

For 2016/17, SECAMB has agreed a performance improvement trajectory for the 3 main Ambulance Quality Indicators:

- Percentage of Red 1 calls receiving a response within 8 minutes
- Percentage of Red 2 calls receiving a response within 8 minutes
- Percentage of Red 1 & 2 calls receiving a transport-capable response within 19 minutes

The agreed improvement trajectory is shown in Figure 1 below:

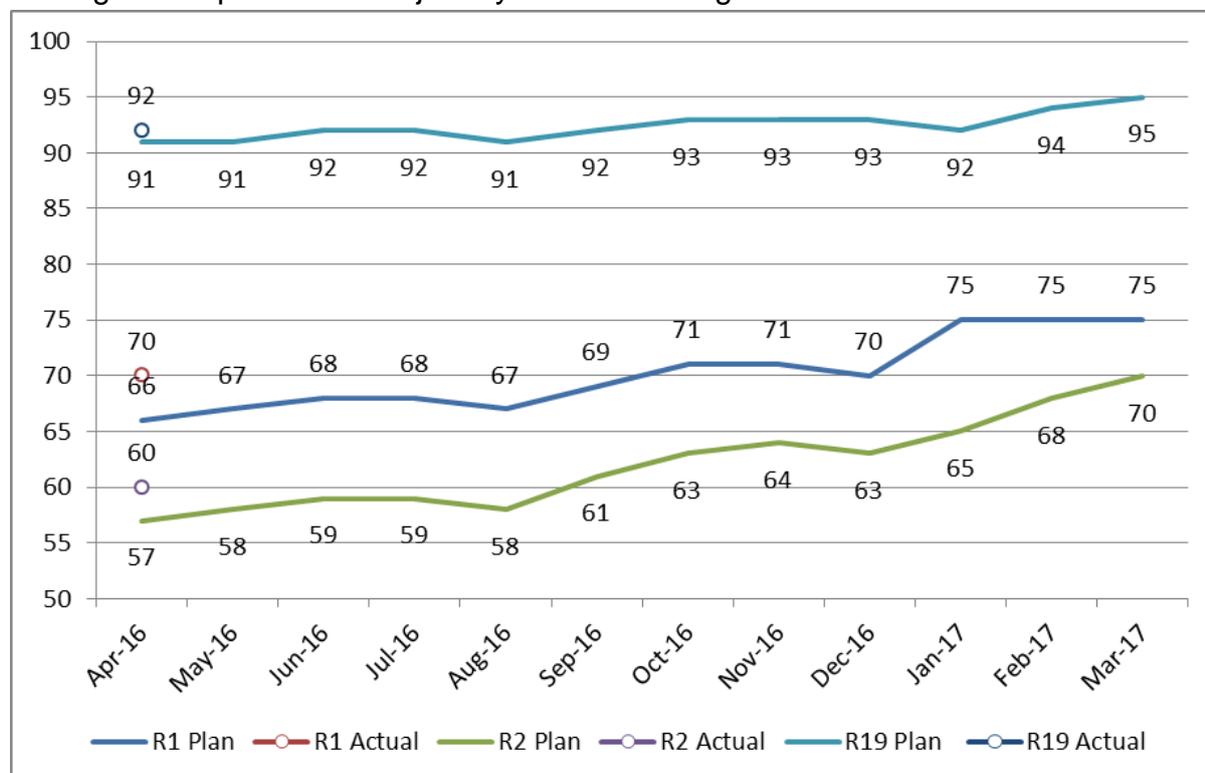


Figure 1: 999 Performance Improvement Trajectory

To date, the following performance has been achieved against the trajectory:

SECamb performance	April 2016	May 2016	Jun 2016
Red 1 trajectory	66%	67%	68%
Red 1 actual	70%	66%	Not yet available
Red 2 trajectory	57%	58%	59%
Red 2 actual	60%	57%	Not yet available
Red 19 trajectory	91%	91%	92%
Red 19 actual	92%	91%	Not yet available

Table 1 – Performance achieved year to date against improvement trajectory

SECamb met the trajectory for all three targets in April 2016, and narrowly missed targets for Red 1 and Red 2 in May 2016.

Improving Our Performance

SECamb is finalising a Trust-wide Recovery Plan, focusing on operational performance, improvements in quality, governance and culture, and delivery of major projects. This plan will be agreed with our Commissioners by June 30th 2016.

The 999 elements of this Plan will drive achievement of the trajectory outlined above through a focus on key factors within our control including:

- 1) Provision of sufficient response capacity (unit hours) to meet expected activity. This will require accurate forecasting and planning, and maintenance of appropriate staff skill mix and vehicle provision mix in each local area. Alongside this, we will minimise loss of hours due to absences and sickness.
- 2) Effective demand management through appropriate clinical management of calls transferred to 999 from NHS 111. The Trust will improve the proportion of calls resolved through 'Hear & Treat' (for example, by improving our management of frequent callers), and maximising our available capacity to meet peak demand through effective planning and escalation processes.
- 3) Delivering response time improvement by improving 999 call answer performance, and the effectiveness with which resources are dispatched.
- 4) Maximising the use of available capacity, by identifying safe and appropriate ways to reduce job cycle time and working with the wider healthcare system to minimise loss of hours due to hospital handover delays.

Alongside this, the Trust will implement a range of projects to ensure continued improvement in clinical quality and patient experience.

External Factors Affecting Performance

SECAMB's performance is also affected by a range of external factors over which we have limited influence. The most important amongst these are explained below.

Where activity levels exceed those for which SECAMB has been commissioned and funded, the level of capacity available 'per incident' is reduced and overall response time reliability will be reduced. During April and May 2016, activity exceeded our commissioned plan by 2.5% and 5.6% respectively which will have reduced the level of performance it was possible to deliver.

Delays to patient handover at hospitals further reduce the capacity available to respond to new incidents. During 2015/16, SECAMB lost over 47,000 hours to hospital delays – an increase of over 60% on the level of hours lost in 2013/14.

Unfortunately, the general trend remains one of increasing losses of resource hours to handover delays, with 4600 and 4800 hours lost in April and May 2016 respectively. Alongside the impact on response performance, these delays present a significant risk to patient experience and safety whilst awaiting handover, and the safety of patients in the wider community who will receive a slower response to their emergency needs.

The impact of handover delays and the trends over the past several years are summarised in Appendix One.

Role for Wellbeing & Scrutiny Boards

Board members are asked to:

- Recognise the severity and impact of this issue, and ensure it remains a high priority for the healthcare economy
- Invite regular updates from local Systems Resilience Groups / Urgent & Emergency Care Networks as to progress in driving improvement
- Provide constructive challenge and scrutiny to the healthcare system to ensure risk is appropriately managed

SECAMB CQC Inspection

SECAMB was inspected by the CQC during the week commencing 3rd May 2016. We have received initial feedback via letter and expect the full report in due course.

The initial feedback letter has been published on the Trust's website, and via the public Trust board meeting on 23rd June.

The inspectors gave positive feedback in a range of areas, including the quality of caring amongst our staff, with high levels compassion and awareness of patient need being demonstrated. Several of the Trust's innovations such as the IBIS system, and the roles of our Critical Care Paramedics and Community Paramedics were praised. However, the Trust received challenging feedback in a number of areas, including:

- The management of risks, incidents and complaints and how we learn from these
- Lack of clarity and accountability in some senior management roles
- Safeguarding training and responsibilities
- Infection control issues relating to hand hygiene and waste disposal
- Staff not feeling cared for, alongside issues of bullying and harassment
- Business continuity planning at Dorking Patient Transport Service locations
- Security and access issues at Lewes Emergency Operations Centre (EOC)
- Issues with the Trust's Computer Aided Dispatch System (CAD)

The Trust has taken immediate action to address the practical concerns, including:

- Resolving the access and security issues at Lewes EOC
- Communicated with staff about their responsibilities for infection control, and planned a training needs analysis to identify any further improvement needs. Key skills training is underway for patient facing staff to reinforce infection control practices
- Commenced an action plan to improve business continuity in the Patient Transport Service
- Resolved several immediate CAD issues, and ensured a program of planned maintenance and upgrades is in place to address the concerns that have been raised

Alongside this, the Trust is implementing a longer term program to improve governance and culture. This program will focus on areas including:

- Review of executive portfolios to ensure clarity of roles and responsibilities
- Redesign of committee structures and revised terms of reference to ensure clarity and coherence of decisions and management of issues
- Establishing a new Risk Practice Meeting and revised Risk Management Strategy
- Renewed focus on incident reporting and process improvement to provide assurance of resolution of issues, and implementation of lessons learned

- Improving quality and speed of response to complaints to address the current backlog
- Ensuring the basic structures and processes are in place to ensure staff are well looked after, such as guaranteed regular appraisals, and personal development plans.
- Commissioning external support for a full review of how the Trust works together, with specific training and support to address bullying and harassment issues
- Implementing a leadership development program and talent management framework

Whilst the Trust pursues these improvements, we will maintain our focus on our key goals of:

- Improving operational performance in 999, 111 and PTS
- Improving patient safety and performance against national Clinical Quality Indicators

Appendix One – Update on Hospital Handover & Turnaround Delays

Delays to patient handover give rise to significant concerns including:

- Increased risk to patient safety, quality of care and dignity whilst their access to acute hospital care and associated nursing support is delayed
- Increased risk to the wider patient community arising from the reduction in SECAmb's available capacity to respond to new 999 emergency incidents, and longer average response times as a result
- Potential 'plan wipe out' where ALL resources across a large area are at scene or at hospital, leaving no resource at all to respond to new emergencies
- Longer 'back up' times for patients and paramedics at scene awaiting a double-crewed ambulance where conveyance to hospital is required
- Unsustainable pressure on staff welfare in both ambulance and hospital services as they manage the impact of these delays
- Reduced whole system efficiency and increased costs arising from time lost to delays and any reduction in care quality that may result

Current Performance & Trends

- SECAmb lost over 47,000 hours to hospital handover and turnaround delays in 2015/16. This represents an increase of 63% in 2 years Trust-wide (with a 100% increase in Surrey).
- General trend is upwards, with around 5,000 hours being lost each month recently
- Despite productive engagement with hospitals, Systems Resilience Groups, CCGs and other partners delays are increasing at most hospitals

Factors Affecting Handover & Turnaround Delays

Each hospital and local healthcare economy has different challenges, but some common factors observed include:

- Surges in A&E demand (particularly self-presenting patients)
- Staffing capacity in A&E and whether capacity can be matched to demand (quality of operational planning)
- Lack of dedicated 'handover nurse'
- Quality of pathways for 'expected' or GP-referred patients (e.g. ability to handover straight to specialist assessment or ward rather than A&E)
- Speed and quality each hospital's response to escalation and surges in demand
- Choice of priorities and risk preferences (balancing risks in hospital against those to patients in community who have not yet presented)

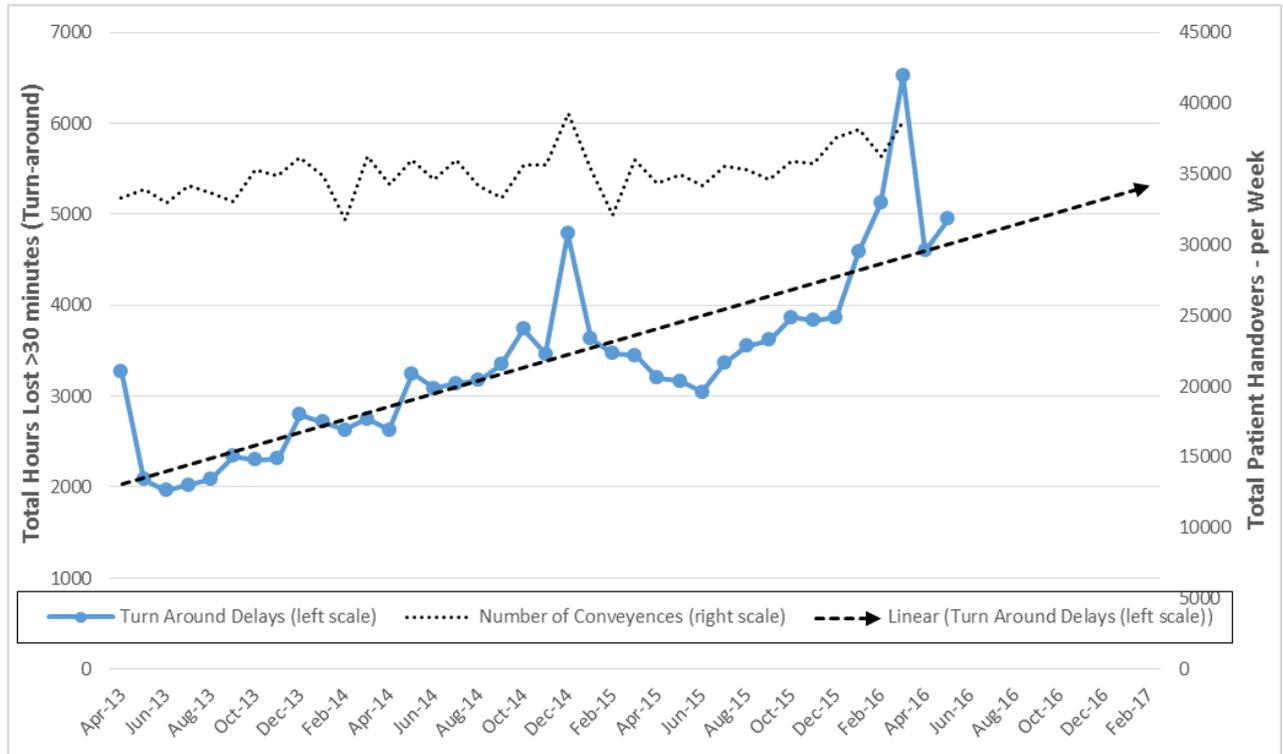
Driving Improvement

Whole system focus on the issue can reduce handover delays and improve patient safety. There is a collective need to:

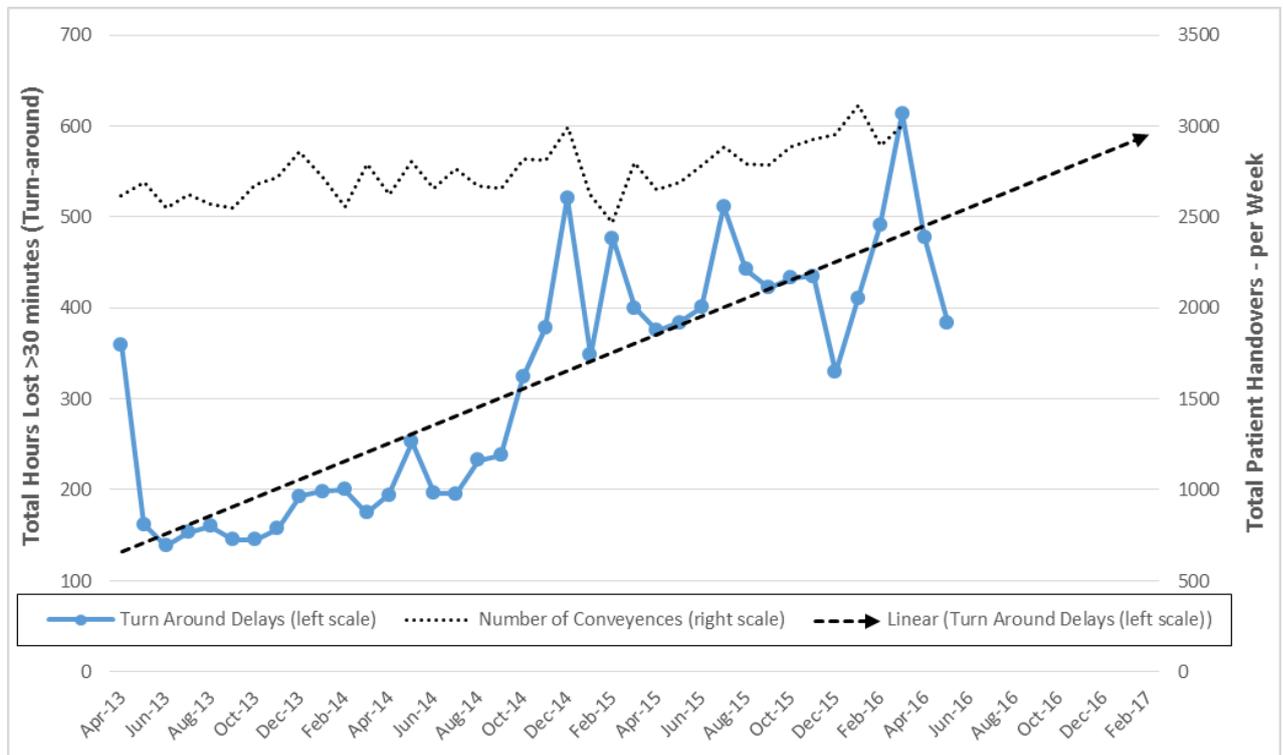
- Address factors above, particularly speed and quality of response to escalation
- Review process and quality in Emergency Departments and identify opportunities to improve (external support such as that provided by ECIP has proved useful)
- Evaluate whether current 'balance of risk' is right – when Emergency Departments are full, ambulances tend to queue up. This pushes risk on to the community and the system should consider more appropriate ways to manage that pressure.
- Ensure ambulance handover is treated with the same priority as the 4 hr A&E standard and agree clear trajectories and action plans to improve performance

Hospital Handover and Turnaround Performance

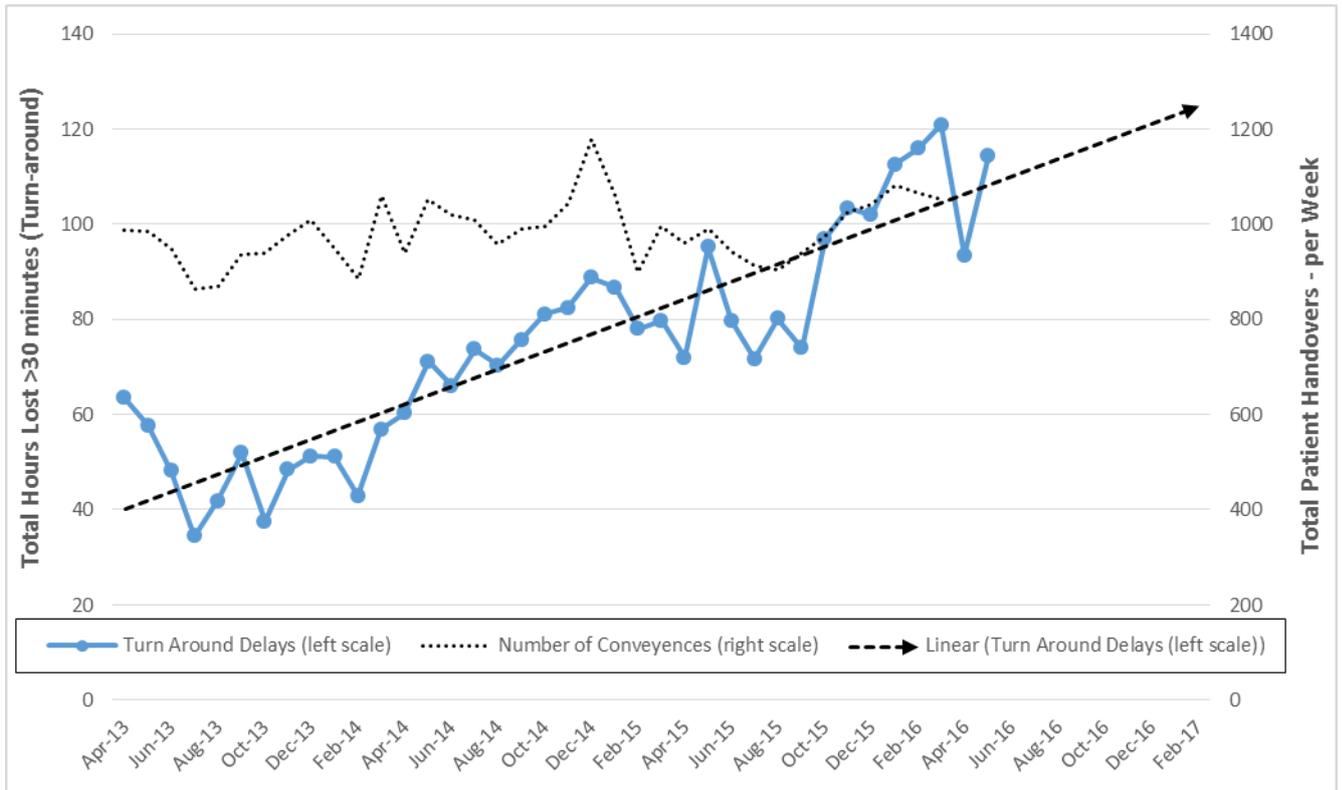
The graphs and table below show the trends in hours lost to delays at key hospital sites across Kent & Medway, Surrey & Sussex from April 2013 to June 2016:



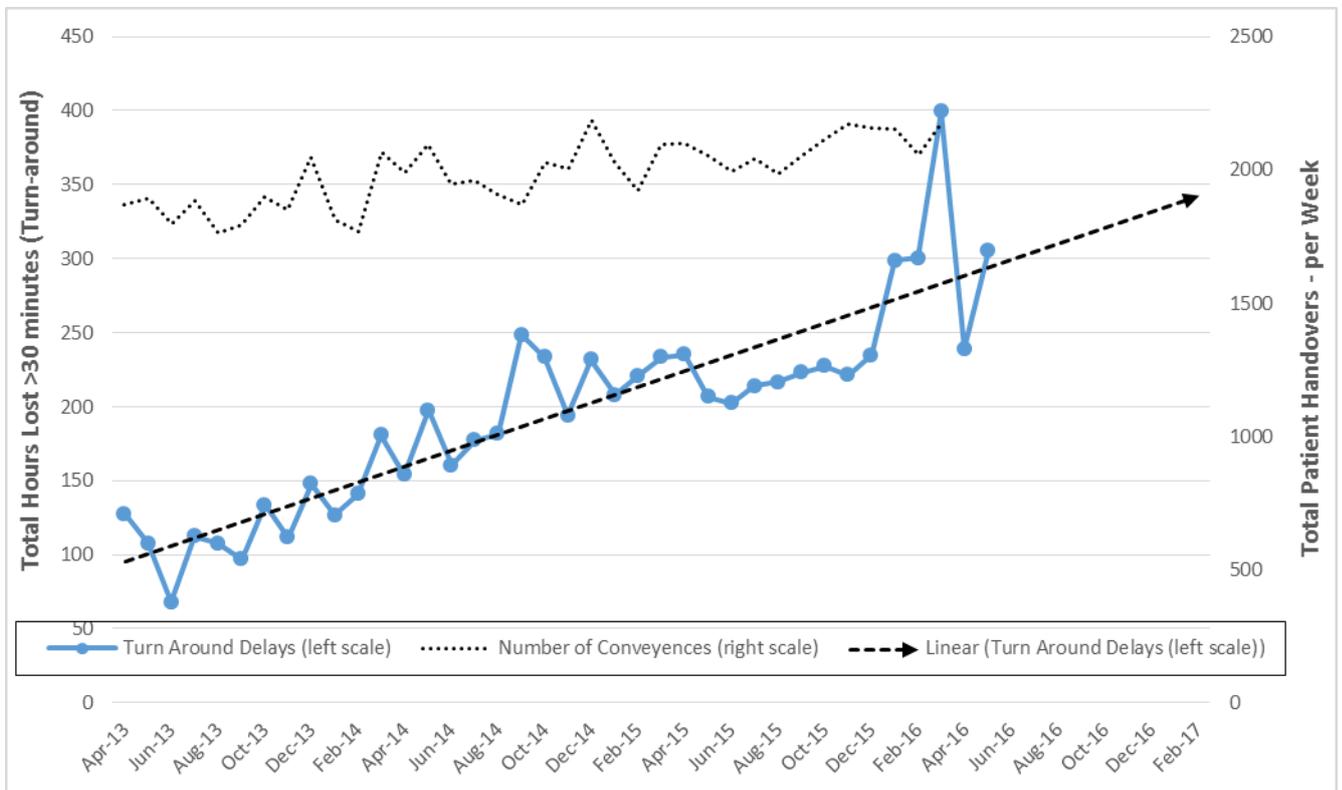
SECamb Area Overall – hours lost to delays by month



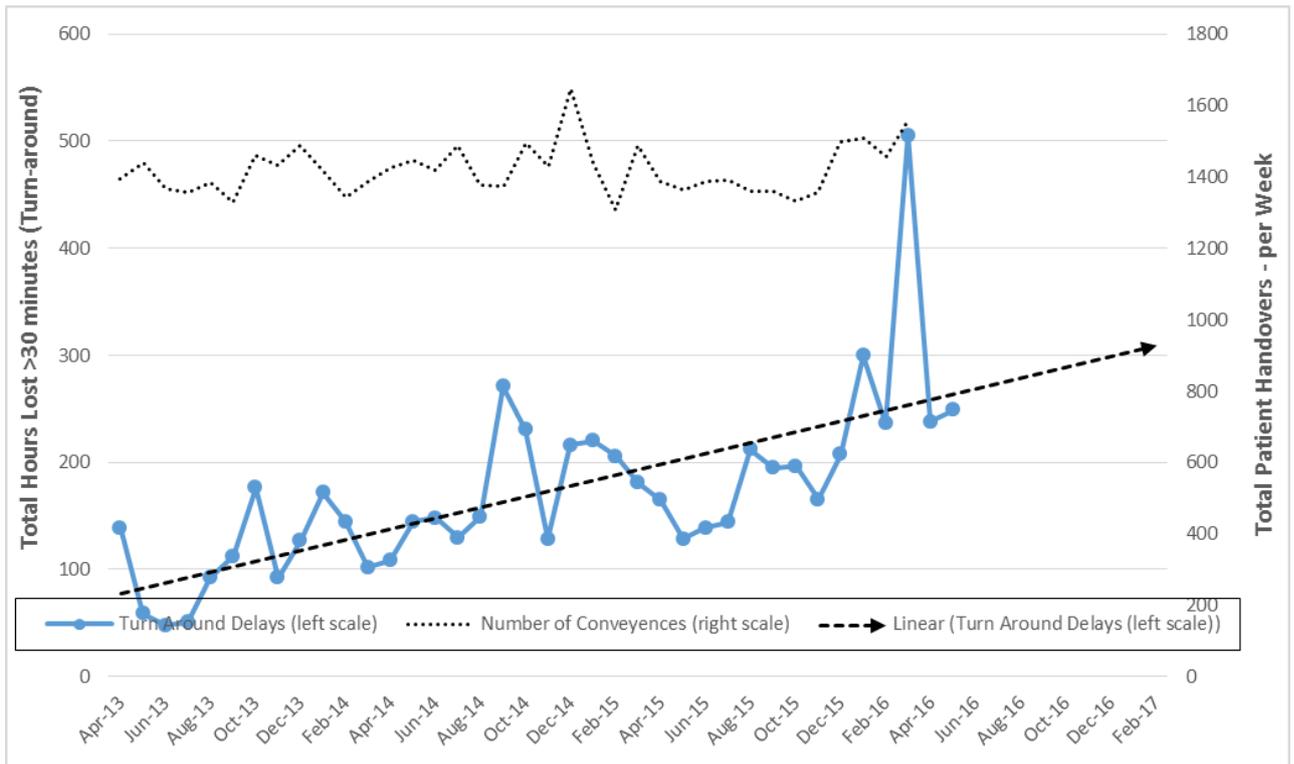
East Surrey Hospital – hours lost to delays by month



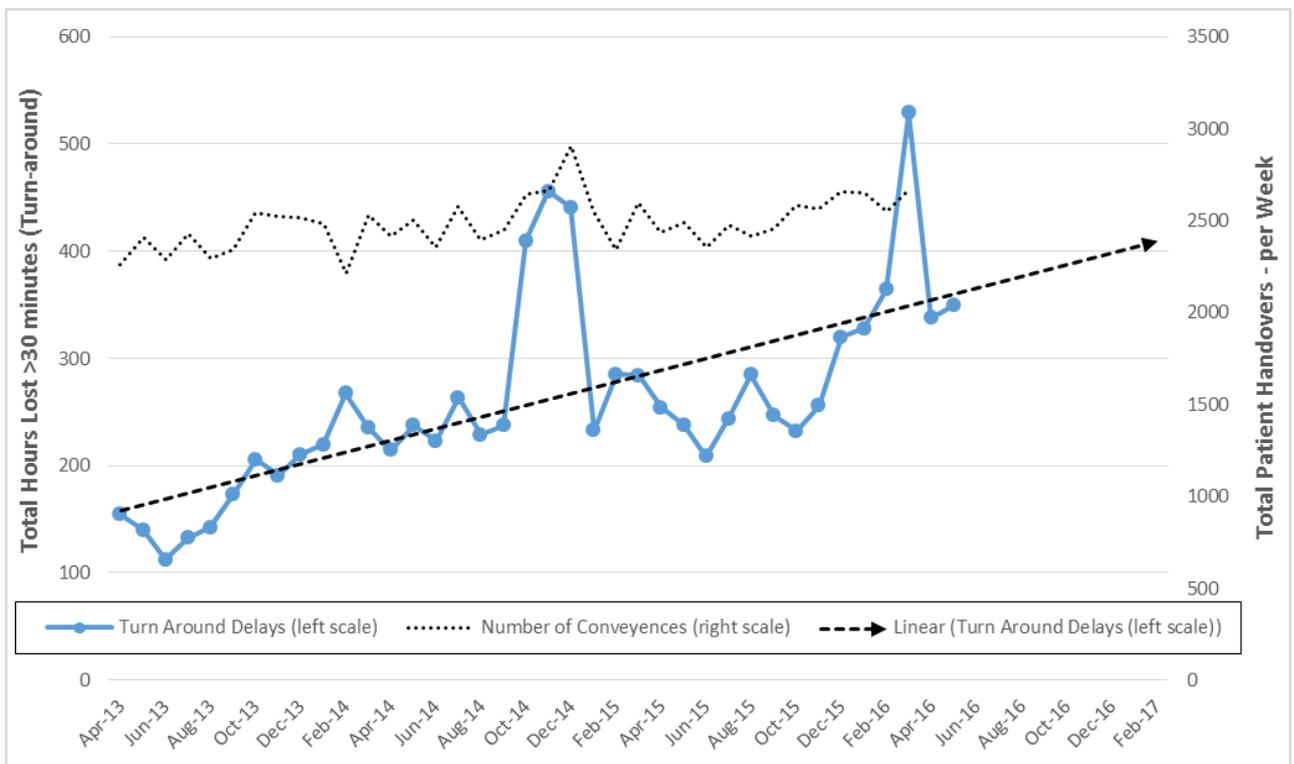
Epsom General hospital - hours lost to delays by month



Frimley Park Hospital – hours lost to delays by month



Royal Surrey County Hospital – hours lost to delays by month



St Peters Hospital, Chertsey – hours lost to delays by month

The table below shows year on year trends for the period April to March for hospitals across the SECamb area:

Area	2013-14 (to specified month)	2014-15 (to specified month)	2015-16 (to specified month)	% Growth From 2014-15 to 15-16	% Growth From 2013-14 to 15-16
SECAMB (Hours Lost)	29251	41134	47720	16%	63%
Kent Area	9247	12132	14337	18%	55%
Darent Valley Hospital	1780	2254	3245	44%	82%
Kent and Canterbury Hospital	426	651	869	34%	104%
Maidstone Hospital	376	656	627	-4%	67%
Medway Hospital	3562	3987	3185	-20%	-11%
Queen Elizabeth The Queen Mother Hospital	684	1072	1549	44%	126%
Tunbridge Wells Hosp	1103	1666	1984	19%	80%
William Harvey Hospital (Ashford)	1315	1846	2877	56%	119%
Surrey Area	7731.61	12751.98	15447.41	21%	100%
East Surrey	2187	3757	5248	40%	140%
Epsom General Hospital	585	914	1124	23%	92%
Frimley Park Hospital	1461	2439	2979	22%	104%
Royal Surrey County Hospital	1314	2132	2592	22%	97%
St Peters Hospital, Chertsey	2184	3511	3505	0%	60%
Sussex Area	12272.42	16249.45	17935.58	10%	46%
Conquest Hospital	2279	2850	3284	15%	44%
Eastbourne DGH	2279	2396	2755	15%	21%
Princess Royal	605	955	1107	16%	83%
Royal Sussex County	4635	6320	6269	-1%	35%
St Richards	972	1358	1854	37%	91%
Worthing	1502	2371	2667	12%	78%

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