



Adults and Health Select Committee

9 November 2017

Update on the South East Coast Ambulance Service (SECAMB) Regional Health Scrutiny Sub-Group.

Purpose of report:

To provide an update on scrutiny that has been undertaken into the performance of South East Coast Ambulance Service (SECAMB) as conducted by a Regional HOSC Sub-Group.. Given the recent publication of the Care Quality Commission's (CQC) findings following an inspection of SECAMB coupled with the release of Professor Lewis' report into bullying and harassment at the Trust it is timely for the Select Committee to receive an update on the work of the Sub-Group.

Introduction:

South East Coast Ambulance Service Foundation Trust (SECAMB)

1. South East Coast Ambulance Service NHS Foundation Trust (SECAMB) provides ambulance services across a 3,600 mile area encompassing Kent, Surrey and Sussex. The operational area of the Trust is geographically diverse contrasting densely populated urban areas such as Brighton and Medway with large swathes of sparsely populated rural areas. To provide this service over such a wide and disparate area the Trust employs approximately 3,300 staff working across 110 sites. Within SECAMB's locality there are 22 Clinical Commissioning Groups (CCGs), 12 Acute Trusts and seven top tier local authorities. North West Surrey CCG commission the contract for SECAMB to operate across the entirety of this area.
2. SECAMB was inspected by the Care Quality Commission (CQC) the findings of which were published in September 2016 and rated the Trust as 'Inadequate' highlighting particular concerns around leadership and safety. As a result of this inspection NHS Improvement placed SECAMB in special measures. This report is published on the CQC's website and can be found at the following link:
http://www.cqc.org.uk/sites/default/files/new_reports/AAAF5030.pdf
3. Interim leadership arrangements were in place at SECAMB between May 2016 and March 2017 when a new Chief Executive, Daren Mochrie, and Chairman, Richard Foster were installed at the Trust. This was closely followed by SECAMB relocating its central operations to a new purpose-built headquarters located in Crawley.
4. In April 2017, SECAMB commissioned a report from Professor Duncan Lewis to provide an independent assessment of concerns about a culture of bullying and harassment at the Trust. Professor Lewis concluded that bully and harassment were widespread and the results of his investigation were published in July 2017. The Professor Lewis report can be accessed at the following link:
http://www.secamb.nhs.uk/about_us/news/2017/bullying_harassment_report.aspx

5. SECAMB was re-inspected by the CQC in May 2017 the findings of which were published on 5 October. Inspectors found the Trust to be 'Inadequate' once again citing leadership and safety as particular areas of concern. As part of the inspection report, SECAMB was given 17 'must-dos' by the CQC, i.e. 17 areas where specific action was required. It is anticipated that the Trust will remain in special measures following the outcomes of this inspection. The findings of the CQC's most recent inspection into SECAMB can be found at the following link:
http://www.cqc.org.uk/sites/default/files/new_reports/AAAG5730.pdf

SECAMB Regional HOSC Sub-Group.

6. In response to the CQC's 2016 report into SECAMB, the South East Regional Health Overview & Scrutiny Committee (HOSC) Chairman's Sub-Group established a Task Group to conduct ongoing scrutiny of the Trust. The Terms of Reference for this Task Group were approved on 18 November 2016 and then reaffirmed after County Council elections in May following the transfer of Surrey County Council's (SCC) HOSC function to the Adults & Health Select Committee. The Terms of Reference for the SECAMB Regional HOSC Sub-Group require it to:
 - a. monitor the development and progress of the NHS Improvement Plan for South-East Coast Ambulance (SECAMB) Trust;
 - b. take into account the voice of local people (which may include consideration of feedback from local Healthwatch organisations) and seek to ensure that the needs of local people are integral to the improvements being designed and delivered by the Trust; and
 - c. report back publicly to the relevant health scrutiny committees on a regular basis.
7. The Sub-Group includes representation from six of the seven top tier local authority areas which constitute SECAMB's area of operations: Brighton & Hove City Council, East Sussex County Council, Kent County Council, Medway Council, Surrey County Council and West Sussex County Council. The benefits of conducting collective scrutiny of the Trust's performance are defined within the Sub-Groups Terms of Reference as:
 - a. reducing duplication through collaborative working
 - b. scrutinising its delivery against the improvement plan
 - c. contributing to the Quality Account for the Trust
8. This Council is represented on the Sub-Group by Ms Sinead Mooney and Mr David Mansfield who attend quarterly meetings along with Members from the five other local authorities to collectively scrutinise the Trust's performance and review delivery against its improvement plan. The Sub-Group has met four times since it was first established in November 2016.
9. The Sub-Group has requested updates and additional information on a wide array of areas relating to SECAMB's performance and service delivery. These range from implementation of the Trust's Quality and Improvement Plan arising from the outcome of successive CQC inspections to work force recruitment and retention as well as the surge management plans and insights into the role of health partners in enabling SECAMB to meet national targets on call response times. This update focuses on three key areas that the Sub-Group has focused on since it was established in 2016.

Scrutiny SECAMB's CQC Inspection Rating
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10. Given the outcome of SECAMB's two most recent CQC inspections, scrutiny of the Trust's improvement plan has been a primary area of focus for the Sub-Group since it was established and an update has been provided on the implementation of SECAMB's Quality and Improvement Plan at the request of Members at each of the Sub-Group meetings to date. The CQC's inspection report published on 5 October 2017 determined that SECAMB had not made sufficient progress in implementing the Quality and Improvement Plan it had developed following the previous inspection. Specifically, the report identified 17 'must dos', 17 areas where action was required to improve performance. In addition, SECAMB was issued with two 'notice of proposals', areas of practice which require immediate action to address. These were in relation to medicines management and 999 call recording although it should be noted that the CQC has since withdrawn the notice of proposal issued on the former following an unannounced inspection in September 2017 which recorded good practice in relation to how the Trust handles and stores medicines.
11. At its most recent on 15 October 2017, the Sub-Group requested a presentation from the Chief Executive detailing the CQC's findings and outlining measures SECAMB was implementing to address concerns raised within the report. Following enquiries from Members regarding the notice of proposal on 999 call recording, the Sub-Group was informed that SECAMB's existing telephony platform occasionally caused static making recordings of some calls difficult to understand. The Trust had employed a member of staff to resolve these issues which has already significantly improved 999 call recording. A paper is also being brought forward to the Trust's governing body seeking approval to replace the existing telephony platform which will further improve 999 call recording. The new telephony platform is being financed through additional funding given to the Trust on account of it being in special measures. It is advised, however, that factors external to SECAMB make successfully recording 100% of calls unrealistic.
12. The Sub-Group also asked for information on efforts to address the 17 'must-do's' set by the CQC. Eleven task and finish groups have been established and are chaired by a member of the executive leadership team to monitor comprehensive action plans in relation to these 'must dos'. The Chief Executive's presentation focused on an example of some of the 'must-do's', which included:
- **Incident Reporting** – Ambulance services are required to record serious incidents as a means of learning lessons and improving patient safety. SECAMB records approximately 400 incidents a month with around one a week deemed to be a serious incident. The CQC highlighted concerns around SECAMB's incident reporting which produced a significant backlog in processing incident forms. Since the inspection this backlog has been reduced to 500 incidents and efforts to understand what caused this backlog has led to improvements in processing incidents. As part of this the Trust is working with partner agencies to understand how they handle incidents referred to them by SECAMB as this represents one of the main obstacles to progressing actions arising from these incidents. The Chief Executive stated that he wished to make SECAMB a 'learning organisation', minimising mistakes and learning from those that did occur.
 - **Safeguarding** – National guidance requires clinicians in emergency operations centres (EOCs) and emergency and urgent care (EUC) at ambulance trusts to have Level 3 safeguarding training. The CQC report found that not all staff had completed this training. The Chief Executive informed the Sub-Groups that plans were in place for all staff to complete level 3 safeguarding training.
 - **Staffing in EOC** – Inspectors found that there were, at times, insufficient staffing relating to clinicians in the EOC including insufficient numbers of clinical supervisors

at the individual sites to ensure patient safety. Measures have been implemented to ensure staffing in the control centre was more multidisciplinary. The implementation of a new command and control system will also institute improved management of incidents by staff at the EOC. The national Ambulance Response Programme (ARP) is also being implemented at the Trust from 22 November which resets national targets for Ambulance responses and will facilitate more effective targeting of resources towards patient need.

- **Improved ACQI – Heart Attack** – A strategy would be implemented across the Trust in relation to improving clinical outcomes for particularly ill patients. This will be supported by a new health informatics system which will be in place by March 2018 and will provide more meaningful data that will help to drive performance. Members were informed that the Trust had 70 Critical Care Consultant Paramedics who were targeted to patients who had particular acuity through a critical care hub located within the control centre. A consultant paramedic specialising in responding to patients in cardiac arrest has also been employed by the Trust to drive forward a strategy on improving ACQIs for those experiencing a heart attack with the objective being to embed it within the organisation.
13. The Chief Executive of SECamb stressed that the Trust had been in a particularly challenging position prior to the CQC inspection in May 2017 on account of juggling various priorities. This included relocating to new headquarters, implementing a new command and control system and attempting to introduce improvements from the previous inspection. This was compounded by uncertainty in the Trust's leadership structure which has now been resolved by the introduction of a permanent Chief Executive and Chairman. He emphasised that having more stability will enable the Trust to focus on embedding improvements identified by the CQC although he also stated that it was important to focus on the performance of the Trust as a whole to ensure that other areas don't deteriorate while responding to concerns raised by the CQC. As such, various work streams have been developed to take the organisation forward which are being wrapped around the 11 task and finish groups to ensure delivery.
 14. Members are aware that performance reporting by SECamb shows a continued decline in call response times against nationally targets although these were not available for scrutiny at the Sub-Groups meeting on 15 October. The Sub-Group will ensure close monitoring of performance against targets as set out in the ARP which SECamb is adopting as of 22 November. The Chief Executive highlighted the impact that handover delays at A&E departments which mean that paramedics wait for extended periods of time at hospitals handing over patients instead of being available to respond to another call. Indeed within SECamb's operational area there are hospitals in the top 10 nationally for handover delays. This is something that needs to be addressed by the system as a whole as something which can lead to significant improvements in ambulance response times. Members have asked to receive monthly handover delay statistics to identify hotspot areas to enable HOSCs to question local health partners on handover delays if required.
 15. SECamb has not yet been informed about whether it will remain in special measures but it is anticipated that NHS Improvement will follow the CQC's recommendation that the Trust stays in special measures.

Scrutiny of Efforts to Tackle Bullying and Harassment at SECamb
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16. The SECamb Regional HOSC Sub-Group has also had extensive discussions in relation to the findings of the Professor Lewis report which describes a culture of bullying and harassment at the Trust. The Chief Executive has acknowledged that

Professor Lewis' findings were disappointing but had decided to make the report publicly available to show that they did not wish to hide anything.

17. The Trust has already employed an additional member of staff with an Organisational Development background to lead improvements in culture across SECamb and to drive out bullying and harassment. The Board would receive a further report at the end of the month regarding the strategy moving forward and continued efforts to strengthen staff engagement. A 200% increase in the response rate for the staff Friends and Family test and feedback from Trade Unions suggest that measures to improve staff engagement are already delivering results. The Chief Executive also recognises the importance of the senior management Team leading by example in building a culture of respect across the organisation.

Cardiac Survival to Discharge

18. The Sub-Group has identified concerns around SECamb's cardiac survival to discharge rates which are significantly below the national average and has subsequently requested updates on measures being implemented by the Trust in order to improve these. Cardiac survival to discharge rate is the percentage of people who are taken to hospital by paramedics while in cardiac arrest and survive. Cardiac Survival to Discharge does not simply take into account whether a patient is alive when they arrive at hospital but includes the entirety of the care pathway to the point that they are discharged from hospital.
19. SECamb has employed a consultant paramedic to ascertain how outcomes for those patients treated for cardiac arrest can be improved and has brought forward a number of recommendations on how the Trust can improve its performance in this area. This included public education on cardiac arrest to encourage 999 calls to be placed more swiftly, better information on resuscitation and promoting access to defibrillators. Work was also underway to ensure that calls are triaged correctly so that the appropriate resources can be despatched to the patient.
20. Data on Cardiac Survival to Discharge was being reviewed by the Board on a monthly basis to assess performance in this area. Members requested further detail on how SECamb collected data regarding Cardiac Survival to Discharge and were told that this relies on hospitals informing the Trust whether patients experiencing cardiac arrest brought in by paramedics had survived. Officers from SECamb stated that data collection was hampered by some hospitals who were not always forthcoming with this data.
21. The current Cardiac Survival to Discharge rate for SECamb in 2016/17 was 22.2% but the aspiration is to raise this to between 30-40%. This will, however, require a collective effort from public sector organisations across the South East. The Fire and Rescue Services could play a particularly important role in improving Cardiac Survival to Discharge Rates in the region as fire officers can often be first on the scene at specific incidents.

Conclusions:

22. The outcome of two CQC inspections and the publication of the Professor Lewis report demonstrate that some significant changes are required at SECamb in order to achieve the standard of service delivery expected of it and recent figures showing continued decline in ambulance response times are a further cause for concern.

Scrutiny of the measures that SECamb are now putting in place to address concerns outlined in the CQC's inspection report do, however, demonstrate that SECamb recognises these concerns and, more importantly, how to address them. Measures introduced by the Trust have already delivered tangible improvements in performance such as in relation to medicines management and 999 call recording while the introduction of task and finish groups to monitor the progress of specific actions plans demonstrates a commitment to delivery on its Quality and Improvement Plan.

23. The Sub-Group also feels that a period of stability at SECamb will enable Trust leaders to focus on enhancing its performance as installing a settled and consistent leadership team, completing the move to a new Headquarters and implementing a new command and control system have all now been completed. Members have also been encouraged by the introduction of specific workstreams which will enable SECamb to take a holistic approach to improving performance rather than simply focusing on the areas outlined in the CQC's Report. The Sub-Group has found further encouragement in the Trust's 111 service which was rated 'Good' by the CQC at its most recent inspection.
24. There are factors beyond SECamb's control which have a direct impact on its performance and capacity to respond to calls in accordance with Government targets. Specifically, delays in paramedics being able to hand patients over to hospital staff as well as a lack of clarity on care pathways for those who don't need to be taken to A&E. NHS Improvement has, however, gained pledges from partner agencies to review processes and procedures to ensure that they support SECamb including in relation to handover delays at hospitals and the Sub-Group will monitor the progress of these pledges at future meetings.

Recommendations:

It is recommended that the Adults & Health Select Committee:

- i. notes scrutiny that the Regional HOSC Sub-Group is undertaking of South East Coast Ambulance Service NHS Foundation Trust; and
- ii. requests that it receives a further update from the SECamb Regional HOSC Sub-Group in 12 months' time; and
- iii. suggest aspects of SECamb's performance and delivery that the Sub-Group should be scrutinising.

Next steps:

The Sub-Group is meeting again in January next year and will continue to review implementation of the Trust's Quality and Improvement Plan as well as performance against the new Ambulance Response Programme targets.

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Sources/background papers: none

Glossary of acronyms:

ACQI – Ambulatory Care Quality Indicator

ARP – Ambulance Response Programme

CCG – Clinical Commissioning Group

CQC – Care Quality Commission

EOC – Emergency Operations Centre

EUC – Emergency & Urgent Care

HOSC – Health Overview and Scrutiny Committee

SCC – Surrey County Council

SECAmb – South East Coast Ambulance Service Foundation Trust

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