SURREY

NHS South East Coast Ambulance Service NHS Foundation Trust

ADULTS AND HEALTH SELECT COMMITTEE
4 December 2019
SOUTH EAST COAST AMBULANCE SERVICE UPDATE

Purpose of report: This report updates the committee on the South East Coast Ambulance Service, with special focus on changes since the last report of 8 March, especially in the areas of performance, the recent Care Quality Commission (CQC) report, executive leadership development and other strategic operational updates, or local performance and development initiatives of interest for Surrey.

Introduction

Operational Overview of SECAmb

1. On 15 August 2019, the CQC published their most recent report on the Trust, following their inspections in June and July. This saw the Trust receive an overall rating of 'Good', with Urgent & Emergency Care rated as 'Outstanding' overall, including 'Outstanding' for Caring. Each of the CQC domain areas were rated as 'Good' individually and our NHS 111 service was also rated as 'Good'.

2. Following the recommendation made by the CQC, we were subsequently informed by NHS Improvement that they had also decided to take the Trust out of Special Measures.

3. Following the NHS England commissioned review of urgent and emergency care in 2013 and the Sheffield University study into ambulance responses in 2015, the subsequent Ambulance Response Programme[1] (ARP), went live at SECAmb on 22 November 2017. A reminder of the ARP performance categories in shown in **Annex 1**. A subsequent national update to Health Care Professionals/Inter-Facility Transfers (HCP/IFT) has been implemented in SECAmb from 4 September 2019 to bring these responses mechanisms in-line with the wider ARP programme, and to promote appropriateness of response to request. In the first month to 6 October, as anticipated and in-line with peers, this has shown to adversely impact Category 1 response times by 14 seconds, whilst increasing Category 2 performance by 19 seconds, due to IFT 2 level transfers.

4. SECAmb is commissioned to deliver to national ARP targets at a Trust-wide level only, as a CCG level adherence would have required a substantial increase in investment to meet population and geographical demographics. Since ARP implementation, SECAmb has performed close to the national average for Category 1, and significantly better than average for Category 2. Category 3 and Category 4 responses remain challenging as resources available are prioritised to the sickest calls, although responses improved in all categories versus the prior report December 2018 **(Annex 2,**

[1] https://www.england.nhs.uk/urgent-emergency-care/arp/

Table 2a, 2b) and of specific mention is the Category 3 performance, which has improved by 51 minutes versus the national average. Ongoing recruitment for frontline and EOC staff will bring about improvements.

5. The first step in our recovery is taken with performance improving at a Trust-wide level; we are progressing well but have a significant way still to go. Despite adhering to Demand & Capacity recommendations following the published report in August 2017, some areas of performance remain challenging. Workforce recruitment is going well and we are focusing upon initiatives that encourage 'home-grown', trained staff.

6. We are delighted to share the news that on 7 August 2019, it was announced that our bid to provide the NHS 111 and Clinical Assessment Service (CAS) across Sussex, Kent and Medway from April 2020 was successful. Care UK was awarded the Surrey contract from April 2019.

Executive Leadership Development

7. On 1 September 2019, Philip Astle joined the SECAmb Team as Chief Executive Officer, replacing Dr Fionna Moore, who had acted as CEO on an interim basis since the departure of Daren Mochrie 1 April 2019.

8. Prior to joining South Central Ambulance Service in 2016 as Chief Operating Officer, Philip enjoyed a successful career in the British Army including a lead role as a strategist and planner for operations in Afghanistan, and his final role as Chief Operating Officer of the Army Training and Recruiting Agency.

9. Since retiring from the Army, Philip held a number of senior operational and leadership roles in both the public and private sectors. These have included director roles in Border Force, on the London 2012 Olympics, as Chief Operating Officer of Her Majesty's Passport Office and, most recently, Vice President of Menzies Aviation plc.

10. With Dr. Fionna Moore moving back into the post of Medical Director, the executive team will shortly be complete with the recently appointed new Director of HR & Organisational Development, Ali Mohammed, joining at the end of January 2020. Ali has worked previously at a number of large NHS Trusts, including Barts and Great Ormond Street. Our interim Director Paul Renshaw will remain with the Trust until Ali joins.

11. In recent weeks, Philip has been getting to know the geography, the key players and making an assessment of SECAmb's key strengths, areas of risk and opportunities.

12. The immediate priorities he has identified are:
    - Sustaining and improving our response time performance – especially our Category 3 and 4 response times
    - Managing the impact of EU Exit on SECAmb
    - NHS 111
        - Managing the end of the interim NHS 111 contract

- Delivering the new NHS 111/CAS contract from April 2020
- HR delivery
- Recruitment and training

13. Moving forward, key focus areas identified are:
    - Building on recent success
    - Maintaining momentum of improvement and building on progress already made
    - Tackling areas where we know we need to improve
    - Pushing towards achieving an Outstanding CQC rating
    - Making SECAmb a great place to work, where staff feel supported and safe
    - Recruiting and retaining the right staff
    - Building a compassionate culture of confidence and excellence

Executive Management Board (EMB)

14. The Trust's Executive Management Board (EMB), which meets weekly, is a key part of the Trust's decision-making and governance process. As part of its weekly meeting, the EMB regularly considers quality, operational (999 and 111) and financial performance. It also regularly reviews the Trust's key strategic risks.

15. During recent weeks, the EMB has focused on a number of key issues, including:
    - Closely monitoring the Trust's response time performance and delivery of the Performance Improvement Plan
    - Overseeing the work underway to prepare for the new NHS 111/CAS contract

16. The latest meeting of the Resilience Committee took place on 28 August 2019. The key agenda item for discussion and consideration was planning for the UK's exit from the EU and the impact on SECAmb (see EU Exit paragraphs for further details).

SECAmb commissioning arrangements

17. North West Surrey CCG acts as a lead commissioner for the 999 Emergency and Urgent Care Contract with SECAmb on behalf of Kent, Surrey and Sussex CCGs (22 in total). Governance of the contract is held across several key fora including the KMSS Executive Collaborative, 999 Joint Commissioner Forum, Contract Review Meeting and Clinical Quality Review Group meetings overseen by a regional System Assurance Meeting which links with regional NHS England/Improvement representation.

Care Quality Commission Rating

18. In November 2018 the CQC, following their inspections during July and August 2018, saw SECAmb rated as 'requires improvement' in recognition of the improvements that the Trust had made through its delivery plan of continuous improvement.

19. On 15 August 2019, the CQC published their most recent report on the Trust, following their inspections in June and July. This saw the Trust receive an overall rating of

'Good', with Urgent & Emergency Care rated as 'Outstanding' overall, including 'Outstanding' for Caring.

20. Each of the CQC domain areas – safe, effective, caring, responsive and well-led, were rated as 'Good' individually and our NHS 111 service was also rated as 'Good'. It was also heartening to see many areas of good and outstanding practice within the Trust recognised by the CQC in their report.

21. Following the recommendation made by the CQC, we were subsequently informed by NHS Improvement that they had also decided to take the Trust out of Special Measures.

22. Across emergency and urgent care, several areas were highlighted as 'Outstanding', including work to reduce hospital handover times and improve services for mental health patients, with staff receiving particular praise. Inspectors also commended the introduction of Joint Response Units with police services, and the Trust's Wellbeing Hub, which provides a range of resources to assist staff with their physical and mental health.

23. Throughout the report, the CQC spoke positively about several aspects of the Trust's service including:
    - Staff treating patients with compassion and kindness, respecting their privacy and dignity and taking account of individual needs
    - A strong, visible, person-centred culture and the fact that staff were highly motivated
    - The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff
    - There were clear systems and processes to safely prescribe, administer, record and store medicines. Inspectors observed outstanding practice in the management of controlled drugs.
    - Staff were supported following traumatic experiences and events
    - Trust leaders, new to the organisation at the last inspection, had now embedded into their roles. The changes had had a positive impact on the organisation.
    - Staff told inspectors they felt respected, supported and valued. They were focused on the needs of patients receiving care.
    - The service promoted equality and diversity in daily work and provided opportunities for career development.

24. This positive report is testament to the huge amount of work that has been ongoing at SECAmb for the past couple of years and whilst the Trust is pleased that the CQC has evidenced such significant improvements, it is aware that there are areas where further work is required.

25. The Trust is working hard to improve its response times to less seriously ill and injured patients and is also committed to improving staffing levels across the region, including in its Emergency Operations Centres. Progress updates will be provided through subsequent Trust Board meetings.

NHS 111/Clinical Assessment Service

26. On 7 August 2019, it was announced that our bid to provide the NHS 111 and Clinical Assessment Service (CAS) across Sussex, Kent and Medway from April 2020 was successful.

27. The contract, worth £18.1m in 2020/21, includes being able to issue prescriptions and have access over the phone to a wider range of Healthcare Professionals such as GPs, paramedics, nurses and pharmacists, who will be able to directly book people into urgent care appointments, if they need one. We will act as lead provider with Integrated Care 24 (IC24) working in partnership with us to deliver key elements of the new service.

28. A great deal of work is currently underway as part of the pre-mobilisation phase to ensure that the new service to be provided from next year will differ significantly from 111 services provided previously by SECAmb.

Operational Restructure

29. A key piece of work that has been on-going during recent months has been Phase One of the Operational Leadership restructure. This has seen the redesign of the senior leadership team structure, with the aim of strengthening governance, increasing resilience and introducing clearer accountability.

30. Following a robust assessment and interview process, the following appointments have been made, with a number of people already in post:
    - Emma Williams joined the Trust on 30 September as the Deputy Director of Operations
    - Mark Eley (Associate Director of Operations West), Tracy Stocker (Associate Director of Operations East) and Ian Shaw (Associate Director of Resilience) have all recently joined SECAmb
    - John O'Sullivan (Associate Director for Contact Centres and Integrated Care), Chris Stamp (Head of Emergency Planning Resilience & Response) and James Pavey (Head of Production and Workforce Planning) all took on their new roles on 1 September 2019, whilst Andy Cashman is joining the Medical Directorate Leadership Team, on a temporary basis, to provide advice and support to the Clinical Education Team

31. Phase Two of the restructure, which will cover the remaining middle management layers, will commence in Spring 2020.

Operational Performance

Performance Overview

32. Our increased focus on EOC staff recruitment, retention and performance has resulted in significant improvement in our call answer times performance (**Annex 2 Table 2d**)

33. The focused work to improve our response to patients, especially to our less seriously ill and injured patients and to improve our 999 call answer performance, is continuing and is closely monitored on a daily basis by the Operational Leadership Team and by the Executive Team on a weekly basis.

34. During recent months, we have been supported in this by the NHS national performance team. As well as scrutiny of our own performance, the national team have also looked closely at regional system issues, particularly hospital handover delays.

35. As part of our improvement work, we have established an Operational Strategic Hub based alongside the EOC, which has allowed us to tightly manage day-to-day operational pressures and the delivery of our Performance Improvement Plan, including:
    - Taking a more proactive approach to planning the resources we need to match demand
    - Targeting overtime to when it is most needed
    - Ensuring we are making the most efficient use of the resources we have available, without impacting on the care we provide to patients, for example, by paying close attention to the number of vehicles we send to incidents
    - Working with our system partners to ensure we are working effectively together, including ensuring our staff can access support if needed from other healthcare professionals without significant delays

36. We are now seeing real improvements in our response time performance in all categories **(Annex 2, Table 2a and 2b),** especially in our Category 3 response which has improved by 51 minutes versus the national average. However, we still have a long way to go to hit all our performance targets consistently and we are not yet resilient enough to withstand peaks in demand, as we saw recently around the August Bank Holiday period.

37. Our ongoing focus in providing clinical expertise in our EOC to support 999 & 111 call outcomes has supported an improvement in our Hear & Treat % (H&T%) of incident outcomes. We are targeting further improvement with the introduction of new clinicians such as Mental Health nurses to support improved patient outcomes at time of 999 call, as well as supporting crews on scene for specialist clinical guidance when requested. This should result in increased H&T% and See and Treat % (S&T%) outcomes for patients. **Annex 2, Table 2c** illustrates the Trusts activity as better than the national average for S&T% by 1.6% and See and Convey percentage (S&C%) by 1.1%.

38. When comparing operational performance across Trusts, it is helpful to take a holistic view of response times (**Annex 2, Table 2a**) alongside Incident Outcomes (**Annex 2, Table 2c**). Whilst SECAmb requires further improvement in C3 & C4 response times, the Trust is 5th out of 11 Ambulance Trusts for our S&T and S&C %s, so the Trust is utilising resources effectively to keep the relevant patients in the community, either via treating more at scene and/or referring more into community pathways and conveying less to hospital emergency departments (EDs).

39. Our 111 performance is close to the national average; however, we still have areas of focus for improvement, such as a reduction in our 111 to 999 transfer rates. Please note this applies for the Sussex and Kent contract only, with other 111 providers operating in Surrey Heartlands and Frimley Health Integrated Care Systems (ICSs).

999 Performance

40. The variance in performance for SECAmb across the three counties (Kent, Surrey, Sussex) is minimal, although some individual CCGs with larger rural populations within the counties have an affected performance as expected. Since ARP implementation, SECAmb has performed close to the national average for Category 1 (C1), significantly better than average for Category 2 (C2), Category 3 (C3) and Category 4 (C4) responses remain challenging over the last performance period April 2019-September 2019 as illustrated in **Annex 2 Table 2a and 2b.** This represents an improving picture across all ARP categories versus the prior report period December 2018, with C3 reducing from 81 minutes to 32 minutes greater than the national average.

41. In September 2019, there was a particularly high level of abstractions due to key skills training and university course requirements, which resulted in reduced available resource hours provided. As an integral part of the improvement initiatives already outlined, and continuing to focus to increase response hours provided, we are placing a strong internal focus on improving efficiency metrics, particularly around incident cycle times, understanding and addressing local operating unit variation and reducing resource duplication.

42. Whilst we are working to deliver specialist response vehicles where needed to support system reconfiguration and address gaps in commissioning, the Trust must maintain a consistent approach to retain resource for commissioned 999 activity. As a result, any response models requiring incremental resource versus the current 999 response model must be evaluated on a case-by-case scenario.

43. Surrey County comprises of five clinical commissioning groups (CCGs) and two Integrated Care Systems, Surrey Heartlands and Frimley Health. **Annex 2 Table 2e** illustrates the ARP Performance Dashboard for April-September 2019 delivered by the three main dispatch desks Guildford, Chertsey and Redhill serving the County.

44. Surrey County is receiving improved response times across most ARP categories versus Trust-wide commissioned performance, achieving 90th centile for C1, C1T and C2 performance. Focus on C3 & C4 response times continues, especially where we are not hitting performance improvement targets as expected and rural areas are more challenged in this respect.

45. SECAmb is commissioned at a Trust level to deliver to ARP targets and is also working with commissioners in 2019, to further understand and address rural response times collaboratively. Baseline data has been established for quarter 1 and is subsequently provided by the County for quarter 2 and attached in **Annex 5**. In order to fully address

local rural ARP performance urgent care teams, wider systems and communities must work together to resolve issues.

46. Incident outcomes are in-line with Trust-wide performance and through development of a new Urgent Care Hub, to be set up locally across the Guildford/Chertsey Dispatch desks during this Winter, we expect to achieve further improvement. The Urgent Care Hub will provide localised 24/7 clinical support via our specialist paramedic workforce, to further improve C3 & C4 S&T% and maximise referrals to community pathways for Falls & Frailty. Referrals will be made 24/7, in spite of some restrictions to the availability of overnight responsive services. We are also working closely with our community services providers to maximise the local urgent care pathways usage.

47. The impact of this initiative will reduce unnecessary conveyance into Emergency Departments and provide improved outcomes and care for patients in the community. This initiative will be ahead of the NHS Long-Term Plan Urgent Emergency Care deliverable for the 111/CAS to enable clinical referrals and direct booking into alternate community pathways 24/7 and will further develop the case for change and community service investment over time.

Workforce Update

48. In Surrey, there has been a significant increase in staff and vehicles, which will continue into 2020/21. This extra resource, the protected targeted dispatch model and the creation of Urgent Care Hubs during Winter 2019/20, will support increasing our 'See and Treat' %, increasing referrals into community care pathways, and reduce the time to respond to lower acuity C3 & C4 incidents.

49. **Annex 3 Table 3a** illustrates the September 2019 Trust-wide against the Workforce plan, derived from the Demand and Capacity Review. Workforce recruitment is going well, and we are focusing upon initiatives that encourage 'home-grown', trained staff, whilst the Trust is still working towards recommendations from the D&C review.

50. The Trust has made good progress on its frontline recruitment plans and it is especially positive to see that we have over 120 external NQPs joining the Trust in addition to the 73 internal graduates, meaning that from January 2020, we will have these additional resources available as part of our operational delivery hours to aid our work to achieve ARP targets.

51. The challenge remains to retain our paramedic workforce, in light of the Primary Care Network (PCN) developments. We are commencing work across Integrated Care System (ICS) footprints and in partnership with PCNs to determine requirement and reach a solution to enable shared rotational workforce modelling across the system.

52. The ECSW deficit is a planned position since we intend to now focus on AAP/trainee paramedic and experienced paramedic recruitment for Q4 and into 2020/21. The Trust and Commissioners will be reviewing our frontline clinical recruitment plans during November via a workshop facilitated by Deloitte to ensure we have a strategy that gives the best opportunity to reach required performance standards.

53. We are still experiencing low retention rates within EOC and 111 and therefore we are reviewing recruitment and retention practices during November with the aim to pilot new approaches during Q4.

54. The Trust previously became aware of concerns regarding Bullying & Harassment from several sources such as staff surveys and union feedback. An independent review was commissioned by the Trust from Professor Duncan Lewis and a number of recommendations were made to improve the Trust culture.

55. As a result of the Duncan Lewis report we have:
    - Invested in a behaviour and values toolkit for all staff.
    - Invested in the Freedom to Speak Up role and ensured that advocates are available across the Trust to support staff to raise issues.
    - Embedded our values and expected behaviours into every aspect of the Trust from training to the recruitment process.
    - Invested in new ways to communicate to staff, such as the infographics produced to illustrate Staff Survey responses.

56. In addition, our new frontline leadership development programme is being launched in Q4 and is expected to cover over 200 first line managers during 2020/21. The programme is aimed at developing managerial and leadership skills.

Hospital Handover Delays

57. A dedicated Programme Director is leading a system-wide programme of work to reduce hours lost at hospital sites due to ambulance handover delays. The programme covers 12 acute hospitals over 18 sites. A steering group is in place and is chaired by the CEO of Ashford and St Peters Hospital. Membership includes NHSE/I, lead commissioners, CCGs, two acute hospital Chief Operating Officers, SECAmb and a national Emergency Care Intensive Support Team (ECIST) advisor.

58. Hours lost > 30-minute turnaround across Surrey, Sussex and Kent is illustrated in **Annex 4 Table 4a**. Across the Trust in the last financial year there was a:
    - 12,000 (17%) reduction in hours lost compared to the previous year.
    - 34% reduction in the numbers of patients who waited over 60 minutes for a handover and a 17% reduction in the numbers of patients who waited between 30 and 60 minutes for a handover.

59. This achievement was celebrated and good practice was shared at a regional event held at Gatwick in May 2019. Both Royal Surrey County Hospital and East Surrey Hospital were featured in a video produced for the event outlining how the hospitals and SECAmb had worked together collaboratively to reduce handover delays through the use of a dedicated ambulance nurse, Fit2sit and the adoption of a lean methodology to streamline processes.

60. In Surrey, there were 7,767 handover hours lost for the period April-October 2019, an average of 1,109 hours per month, which equates to 50 DCA 10 hours shifts. In comparison to Kent and Sussex for the same period, Surrey hospitals represent 23% of the total lost hours and have improved +6% vs 2018 and +29% vs 2017, illustrating the positive joint handover programme progress made jointly with Surrey hospitals.

61. Joint operational meetings (SECAmb and hospitals) supported by the CCG are in place within most hospitals. Progress against trajectories is reviewed and action plans are monitored. Most recently Ashford and St Peters have showed a marked improvement, and this is illustrated in **Annex 4 Table 4c** in the hours lost per journey comparison by hospital.

62. Although good progress has been made at some hospital sites, ambulance handover delays continue to be a problem, particularly with regards to managing surges in demand and when patient flow across hospital sites is reduced. The challenge is maintaining improvements that have been made, when faced with increasing demand. We are working together with hospitals to ensure early warning triggers are in place and associated actions are taken when ambulances start to queue. This includes hospitals now having access to live and retrospective data which enables greater visibility of conveyance trends in terms of time of arrivals, peak surges and delays.

63. Live front door conveyance reviews continue to be undertaken to ensure that available community pathways are being optimised by crews and to identify opportunities for new pathways. These include direct conveyances to non-ED destinations, for example Same Day Emergency Care departments and Medical and Surgical Assessment Units. This reduces congestion in EDs, reduces handover delays caused by crowding, and provides better patient experience.

Cardiac and Stroke Pathways

64. SECAmb's Cardiac and Stroke Ambulance Quality Indicators (AQIs) for timeliness of response are shown in **Annex 2, Table 2f**. The Trust's performance against the stroke diagnostic bundle has been above the national average most months and we continue to build on our success in improving care for STEMI (Acute ST-Elevation Myocardial Infarction) patients to bring our performance above the national average.

65. We consistently collaborate with our pPCI stakeholder partners to improve standards of care for patients, resulting in prompt and effective feedback mechanisms and quality improvement initiatives.

66. Over the last two years, we have focused on improving STEMI care during our statutory and mandatory annual training days, which has resulted in positive feedback from staff and a reduction of time on-scene for this group of time-critical patients. We will continue to actively support our staff in improving care for STEMI patients, for example, through providing ECG interpretation support via our specialist paramedics.

67. We are also working closely with our system partners involved in stroke reconfiguration in Kent, Sussex and Surrey both operationally and clinically. There is on-going work

developing a ‘gold standard’ clinical framework for pre-hospital stroke care, such as telemedicine and improved assessment training.

68. Since April 2018, the Trust has also delivered sustained improvements in the proportion of patients who have a ROSC (Return of Spontaneous Circulation) when they arrive at hospital. The Trust has also been highest performing in the country for the sepsis and post-ROSC care bundles and continues to perform well above the national average.

Clinical Education

69. On 31 July and 1 August 2019, the Trust underwent a two-day Ofsted Monitoring Visit, looking specifically at our apprenticeship training provision. This report was published by Ofsted on their website on 29 August 2019.

70. The results of this visit unfortunately showed that the Trust had made ‘insufficient progress’ in two of the three areas inspected, specifically:
    - How much progress have leaders made in ensuring that the provider is meeting all the requirements of successful apprenticeship provision?
    - What progress have leaders and managers made in ensuring that apprentices benefit from high quality training that leads to positive outcomes for apprentices?

71. These findings, together with the results of a subsequent Peer Review commissioned by the Trust, have clearly shown that we need to take immediate action to address the issues identified. It is important to emphasise, however that the quality of the teaching provided to our students, as well as the commitment of the teaching staff, has never been in doubt and was recognised as being of a very high standard, both by the Ofsted team and by our students.

72. The Trust agreed to undertake a planned, 6-week closure of our Clinical Education Department. During the closure, which began on 11 September 2019, the Executive Management Board (EMB) initiated a series of internal and external reviews in order to fully understand the issues and the rectification plans required. The temporary closure period was due to be for six weeks, but unfortunately there is still a great deal of work to be done.

73. In response, the Trust Board have implemented a Clinical Education Transformation Project. This Project is led by two executive directors, Dr Fionna Moore, Medical Director, and David Hammond, Finance Director. The project consists of two phases.
    - The initial phase addresses a number of immediate issues, including clearing a backlog of marking, ensuring all students are able to progress to the roles that they have been trained for in a seamless and timely way, and aligning the Trust’s Clinical Education function to the needs of the whole organisation. The aim is to have Phase 1 completed by the end of March 2020.
    - Phase 2 will look at the longer term and will ensure that we are structured, resourced and funded appropriately to deliver the needs of the organisation.

EU Exit

74. As a Category 1 responder, we have been working closely and responsibly for some time with the NHS and other partners to ensure we plan ahead to minimise the impact of the UK's exit from the EU. This includes the impact on the Trust and our ability to provide a responsive service to our patients. Now that EU Exit has been postponed, the Trust remains alerted and has kept a Senior Responsible Officer available Monday-Friday, 09:00-17:00 throughout the extension period. We are also undertaking a rapid review to establish lessons learned.

75. As part of our planning, we had agreed mutual aid (for front-line ambulance staff & EOC staff) from the other English Ambulance Services, to provide us with additional resource and help us mitigate against the likely impacts of increased traffic congestion. We have a dedicated team in place to ensure that staff are properly inducted into SECAmb and supported during their time with us. The level of any potential support sought will be dependent on the impact on our region and will be in-line with our everyday escalation processes which protect our service to patients.

76. We take staff welfare extremely seriously and recognise how hard our staff work every day. We are regularly briefing staff and maintaining staff welfare, and this has been a major part of our planning in recent months.

Conclusions:

77. SECAmb requests the Adults and Health Select Committee to note the:
    - Recent CQC report, the improved rating and the Trusts 2022 ambition
    - Trust's improving Operational Performance and ongoing focus areas
    - Workforce update as a result of the Demand and Capacity review and investment
    - NHS 111 contract award for Sussex and Kent
    - Handover Programme progress and continued focus on working with our Acute Trusts partners to reduce handover delays, especially in times of escalation
    - EU Exit preparation update

Recommendations:

78. To note the report provided and seek clarity where required.

79. To consider supporting SECAmb in the areas of resource retention such as:
    - Handover Delays
    - Workforce retention, especially with regards to the paramedic resource and the PCN recruitment funding from April 2020

Next steps:

80. To be identified as needed post-presentation.

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ANNEXES

Annex 1: ARP Performance Categories

Category	Types of Calls	Response Standard	Likely % of Workload	Response Details
Category 1 (Life-threatening event)	**Previous Red 1 calls and some Red 2s including** • Cardiac Arrests • Choking • Unconscious • Continuous Fitting • Not alert after a fall or trauma • Allergic Reaction with breathing problems	**7 Minute response** (mean response time) **15 Minutes 9 out of 10 times** (90th Centile)	Approx. 100 Incidents a day **(8%)**	Response time measured with arrival of first emergency responder Will be attended by single responder and ambulance crews
Category 2 (Emergency, potentially serious incident)	**Previous Red 2 calls and some previous G2s including** • Stroke Patients • Fainting, Not Alert • Chest Pains • RTCs • Major Burns • Sepsis	**18 minute response** (mean response time) **40 minute response** (90th centile)	**(48%)**	Response time measured with **arrival of transporting vehicle** (or first emergency responder if patient **does not** need to be conveyed)
Category 3 (Urgent Problem)	• Falls • Fainting Now Alert • Diabetic Problems • Isolated Limb Fractures • Abdominal Pain	**Maximum of 120 minutes** (120 minutes 90th centile response time)	**(34%)**	Response time measured with arrival of **transporting vehicle**
Category 4 (Less Urgent Problem)	• Diarrhoea • Vomiting • Non traumatic back pain	**Maximum of 180 minutes** (180 minutes 90th centile response time)	**(10%)**	May be managed through hear and treat Response time measured with arrival of **transporting vehicle**

Annex 2: Operational Performance

Table 2a: National ARP Ambulance Quality Indicators (AQIs): Cat 1 and Cat 2 Response times

September 2019

	C1	Mean
	England	00:07:15
1	North East	00:06:39
2	London	00:06:41
3	Yorkshire	00:06:58
4	West Midlands	00:07:00
5	South Western	00:07:11
6	South Central	00:07:15
7	North West	00:07:24
8	East Midlands	00:07:34
9	South East Coast	00:07:35
10	East of England	00:07:55
11	Isle of Wight	00:13:54

	C1	90th
	England	00:12:44
1	London	00:11:13
2	North East	00:11:29
3	Yorkshire	00:12:02
4	West Midlands	00:12:11
5	North West	00:12:27
6	South Central	00:13:06
7	South Western	00:13:20
8	East Midlands	00:13:36
9	South East Coast	00:13:56
10	East of England	00:14:30
11	Isle of Wight	00:20:44

	C2	Mean
	England	00:22:22
1	West Midlands	00:13:09
2	Yorkshire	00:18:26
3	London	00:18:27
4	South Central	00:18:40
5	South East Coast	00:18:51
6	North West	00:24:06
7	Isle of Wight	00:27:06
8	East of England	00:27:22
9	East Midlands	00:28:34
10	North East	00:29:49
11	South Western	00:30:04

	C2	90th
	England	00:45:41
1	West Midlands	00:24:10
2	South East Coast	00:35:49
3	London	00:37:09
4	Yorkshire	00:37:32
5	South Central	00:38:31
6	North West	00:51:32
7	East of England	00:56:32
8	Isle of Wight	00:58:02
9	East Midlands	00:58:37
10	North East	01:01:39
11	South Western	01:02:51

December 2018

	C1	Mean
	England	00:07:06
1	London	00:06:17
2	North East	00:06:29
3	West Midlands	00:06:48
4	South Western	00:06:49
5	South Central	00:06:55
6	Yorkshire	00:07:03
7	East of England	00:07:31
8	North West	00:07:41
9	South East Coast	00:07:44
10	East Midlands	00:07:45
11	Isle of Wight	00:09:40

	C1	90th
	England	00:12:24
1	London	00:10:29
2	North East	00:11:17
3	West Midlands	00:11:49
4	Yorkshire	00:12:15
5	South Western	00:12:18
6	South Central	00:12:26
7	North West	00:12:55
8	East of England	00:13:42
9	East Midlands	00:13:50
10	South East Coast	00:14:13
11	Isle of Wight	00:18:34

	C2	Mean
	England	00:22:22
1	West Midlands	00:12:29
2	South Central	00:17:13
3	Isle of Wight	00:18:22
4	South East Coast	00:20:24
5	London	00:20:39
6	Yorkshire	00:21:03
7	East of England	00:22:34
8	North West	00:24:52
9	North East	00:26:35
10	South Western	00:27:24
11	East Midlands	00:31:20

	C2	90th
	England	00:46:21
1	West Midlands	00:22:57
2	South Central	00:34:54
3	Isle of Wight	00:36:37
4	South East Coast	00:38:59
5	London	00:43:20
6	Yorkshire	00:44:17
7	East of England	00:46:13
8	North West	00:53:44
9	North East	00:54:50
10	South Western	00:58:08
11	East Midlands	01:06:31

Table 2b: National ARP Ambulance Quality Indicators (AQIs) Cat 3 and Cat 4 Response times

September 2019

	C3	Mean
	England	**01:09:03**
1	Yorkshire	00:40:18
2	West Midlands	00:47:41
3	London	00:55:56
4	South Central	00:56:48
5	North West	01:19:45
6	Isle of Wight	01:20:11
7	South Western	01:22:15
8	East Midlands	01:24:06
9	South East Coast	01:26:21
10	East of England	01:30:54
11	North East	01:42:39

	C3	90th
	England	**02:44:15**
1	Yorkshire	01:33:37
2	West Midlands	01:49:15
3	South Central	02:13:42
4	London	02:16:02
5	North West	03:07:42
6	Isle of Wight	03:09:18
7	South Western	03:14:14
8	South East Coast	03:17:42
9	East Midlands	03:29:12
10	East of England	03:49:55
11	North East	04:13:16

	C4	Mean
	England	**01:19:34**
1	Yorkshire	00:39:36
2	West Midlands	01:10:38
3	South Central	01:17:48
4	London	01:19:07
5	East Midlands	01:24:16
6	East of England	01:25:09
7	North East	01:29:53
8	South Western	01:30:33
9	North West	01:35:51
10	Isle of Wight	01:49:03
11	South East Coast	01:53:03

	C4	90th
	England	**03:03:24**
1	Yorkshire	01:28:16
2	South Central	02:46:18
3	East Midlands	02:55:35
4	West Midlands	02:55:44
5	London	03:01:50
6	North West	03:29:27
7	North East	03:31:55
8	South Western	03:34:50
9	East of England	03:38:18
10	South East Coast	04:34:31
11	Isle of Wight	04:39:26

December 2018

	C3	Mean
	England	**01:06:07**
1	West Midlands	00:36:15
2	South Central	00:54:22
3	Yorkshire	00:54:59
4	London	01:00:25
5	Isle of Wight	01:02:05
6	East of England	01:06:25
7	South Western	01:10:06
8	North West	01:11:02
9	East Midlands	01:31:53
10	North East	01:40:55
11	South East Coast	01:42:37

	C3	90th
	England	**02:36:23**
1	West Midlands	01:23:00
2	South Central	02:10:56
3	Yorkshire	02:15:22
4	Isle of Wight	02:22:50
5	London	02:27:51
6	East of England	02:38:35
7	South Western	02:43:07
8	North West	02:50:33
9	East Midlands	03:39:09
10	North East	03:53:19
11	South East Coast	03:57:30

	C4	Mean
	England	**01:24:13**
1	West Midlands	00:51:41
2	East Midlands	01:06:19
3	Yorkshire	01:08:40
4	East of England	01:15:38
5	London	01:15:44
6	South Central	01:15:47
7	North East	01:27:05
8	North West	01:38:00
9	South Western	01:40:51
10	Isle of Wight	01:45:39
11	South East Coast	02:08:29

	C4	90th
	England	**03:09:39**
1	West Midlands	02:01:16
2	Yorkshire	02:43:07
3	East Midlands	02:50:27
4	London	02:52:36
5	South Central	02:56:59
6	East of England	03:06:17
7	North West	03:24:46
8	South Western	03:40:21
9	North East	03:44:09
10	Isle of Wight	04:04:33
11	South East Coast	04:40:58

Table 2c: National ARP Ambulance Quality Indicators (AQIs): September 2019 – Incident Outcomes

	Incident Outcomes	H&T
	England	6.3%
1	Isle of Wight	8.7%
2	East Midlands	7.9%
3	South Central	7.7%
4	North West	7.1%
5	London	6.7%
6	East of England	6.3%
7	Yorkshire	6.1%
8	South Western	5.9%
9	South East Coast	5.8%
10	North East	5.4%
11	West Midlands	3.9%

	Incident Outcomes	S&T
	England	30.3%
1	South Western	35.9%
2	West Midlands	34.9%
3	South Central	33.1%
4	East of England	33.0%
5	South East Coast	31.9%
6	London	28.5%
7	North West	28.1%
8	Isle of Wight	27.2%
9	North East	25.9%
10	Yorkshire	25.0%
11	East Midlands	24.8%

	Incident Outcomes	S&C (elsewhere)
	England	5.6%
1	South East Coast	1.2%
2	Isle of Wight	1.6%
3	East of England	2.4%
4	East Midlands	4.5%
5	South Western	4.7%
6	North West	5.9%
7	South Central	6.0%
8	West Midlands	6.7%
9	London	6.7%
10	Yorkshire	9.2%
11	North East	10.3%

	Incident Outcomes	S&C (to ED)
	England	57.8%
1	South Central	53.3%
2	South Western	53.5%
3	West Midlands	54.5%
4	London	58.1%
5	East of England	58.3%
6	North East	58.3%
7	North West	58.8%
8	Yorkshire	59.8%
9	South East Coast	61.1%
10	Isle of Wight	62.5%
11	East Midlands	62.8%

SECAmb Outcomes (AQI)

	Jul-19	Aug-19	Sep-19	YTD 18/19
H&T %	5.8%	5.9%	5.9%	
S&T %	32.6%	32.6%	32.0%	
S&C to ED %	61.6%	61.5%	62.1%	
Patients Cared for in Community or own Home	24640	24455	23041	**276373**

National Performance (AQI)

	Jul-19	Aug-19	Sep-19	
H&T	6.6%	6.4%		
S&T	30.7%	30.7%		
S&C to ED	57.3%	57.3%		
S&C to Elsewhere	5.4%	5.6%		

Currently SECAmb is only able to record a small number of conveyances to non-ED destinations.

This is being addressed through changes to recording final destination currently.

Total S&C % = ED + elsewhere to enable a cross-Trust comparator.

Table 2d: National ARP Ambulance Quality Indicators (AQIs): Emergency Operations Centre – Call Answer Times (minutes)

Call Answer Times		Mean
England		10
1	East Midlands	3
2	Yorkshire	3
3	West Midlands	4
4	South East Coast	5
5	North East	6
6	Isle of Wight	8
7	East of England	9
8	South Central	10
9	North West	11
10	South Western	11
11	London	26

Call Answer Times		90th centile
England		32
1	Yorkshire	1
2	East Midlands	3
3	South East Coast	4
4	West Midlands	8
5	Isle of Wight	10
6	North East	12
7	South Central	23
8	East of England	28
9	South Western	35
10	North West	37
11	London	98

Call Answer Times		95th centile
England		60
1	East Midlands	4
2	Yorkshire	5
3	West Midlands	20
4	North East	22
5	South East Coast	32
6	Isle of Wight	39
7	East of England	55
8	South Western	57
9	South Central	61
10	North West	70
11	London	160

Call Answer Times		99th centile
England		120
1	East Midlands	44
2	West Midlands	45
3	Yorkshire	57
4	North East	58
5	South East Coast	89
6	South Western	101
7	East of England	106
8	Isle of Wight	119
9	South Central	126
10	North West	130
11	London	277

Table 2e: ARP Performance Dashboard: April-September 2019

Trust-wide

	Target		AQI					
Category	Mean	90th Centile	Incidents	Mean	90th Centile	H&T %	S&T %	S&C %
C1	00:07:00	00:15:00	21826	00:07:23	00:13:50		36.89%	63.11%
C1T	00:19:00	00:30:00	13774	00:09:28	00:17:54		36.89%	63.11%
C2	00:18:00	00:40:00	193907	00:19:48	00:37:40	0.00%	27.81%	72.19%
C3		02:00:00	117171	01:34:20	03:38:42	0.02%	46.73%	53.25%
C4		03:00:00	2876	01:59:17	04:44:02	0.10%	42.83%	57.07%

Surrey County: Guildford, Chertsey and Redhill Dispatch desks

	Target		AQI					
Category	Mean	90th Centile	Incidents	Mean	90th Centile	H&T %	S&T %	S&C %
C1	00:07:00	00:15:00	4591	00:07:37	00:13:37		35.26%	64.74%
C1T	00:19:00	00:30:00	2972	00:09:16	00:16:39		35.26%	64.74%
C2	00:18:00	00:40:00	42000	00:18:35	00:34:15		26.90%	73.10%
C3		02:00:00	28411	01:30:09	03:37:07	0.01%	46.50%	53.49%
C4		03:00:00	695	01:55:05	04:40:28	0.14%	41.46%	58.39%

Surrey County is receiving improved response times across all categories versus Trust-wide commissioned performance.

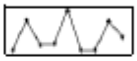
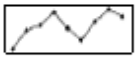
Incident outcomes are in-line with Trust-wide performance and through development of a new Urgent Care Hub set up locally across Guildford/Chertsey Dispatch desks during Winter 2019/20, we expect to achieve further improvement.

The Urgent Care Hub will provide localised clinical support which aims to further improve C3 & C4 S&T% and enable referrals to community pathways for Falls & Frailty 24/7 in spite of current restrictions to the availability of overnight responsive services. This initiative will be ahead of the NHS Long-Term Plan Urgent Emergency Care deliverable for the 111/CAS to enable clinical referrals and direct booking into alternate community pathways 24/7.

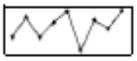
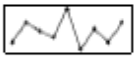
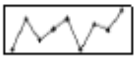
Table 2f:

SECAmb Clinical Safety Indicators – Cardiac and Stroke Response Timeliness

Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography

	May-18	Jun-18	Jul-18	12 Month's
Mean (hh:mm)	02:11	02:19	02:14	
National Average	02:09	02:11	02:07	
90th Centile (hh:mm)	03:06	03:15	03:09	
National Average	02:56	03:05	02:51	

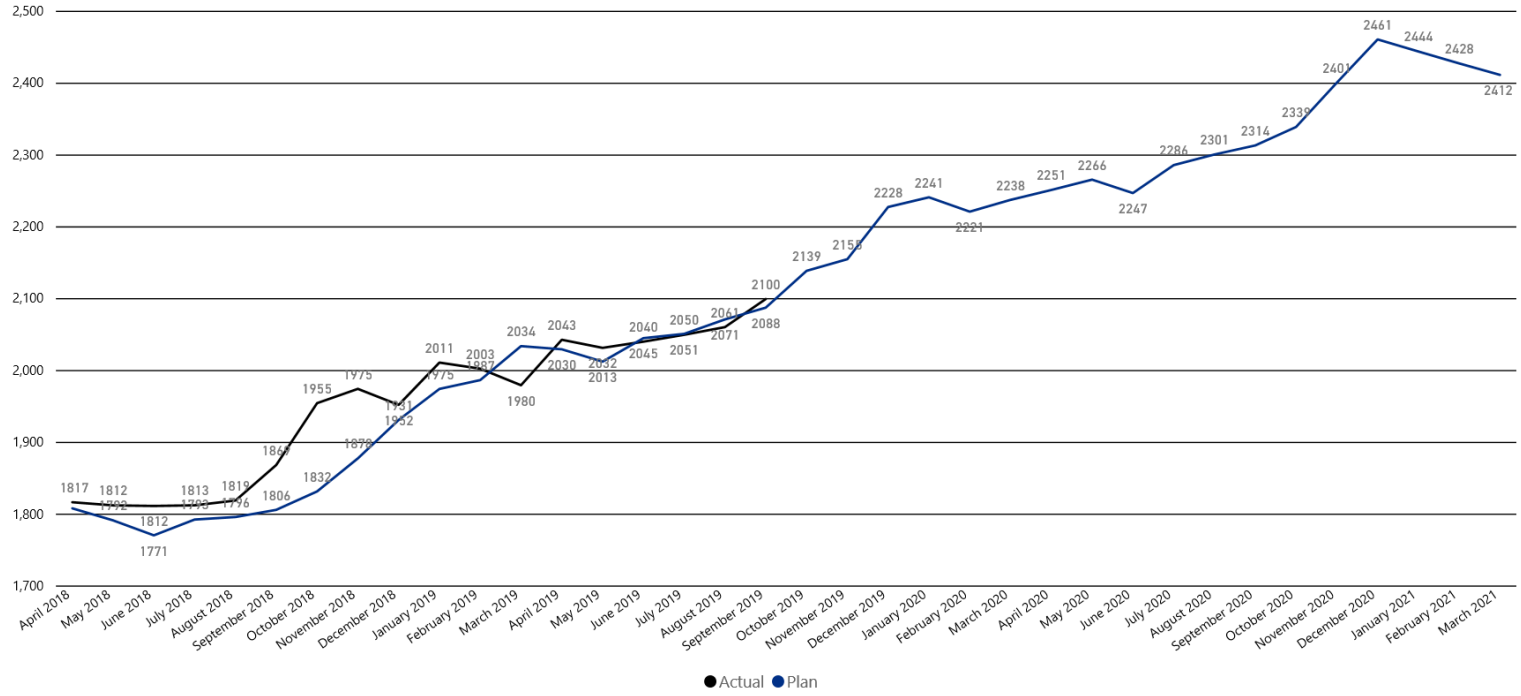
Stroke - call to hospital arrival

	May-18	Jun-18	Jul-18	12 Month's
Mean (hh:mm)	01:12	01:10	01:14	
National Average	01:18	01:13	01:15	
50th Centile (hh:mm)	01:03	01:01	01:04	
National Average	01:05	01:05	01:06	
90th Centile (hh:mm)	01:47	01:45	01:52	
National Average	01:47	01:49	01:52	

Annex 3: Workforce

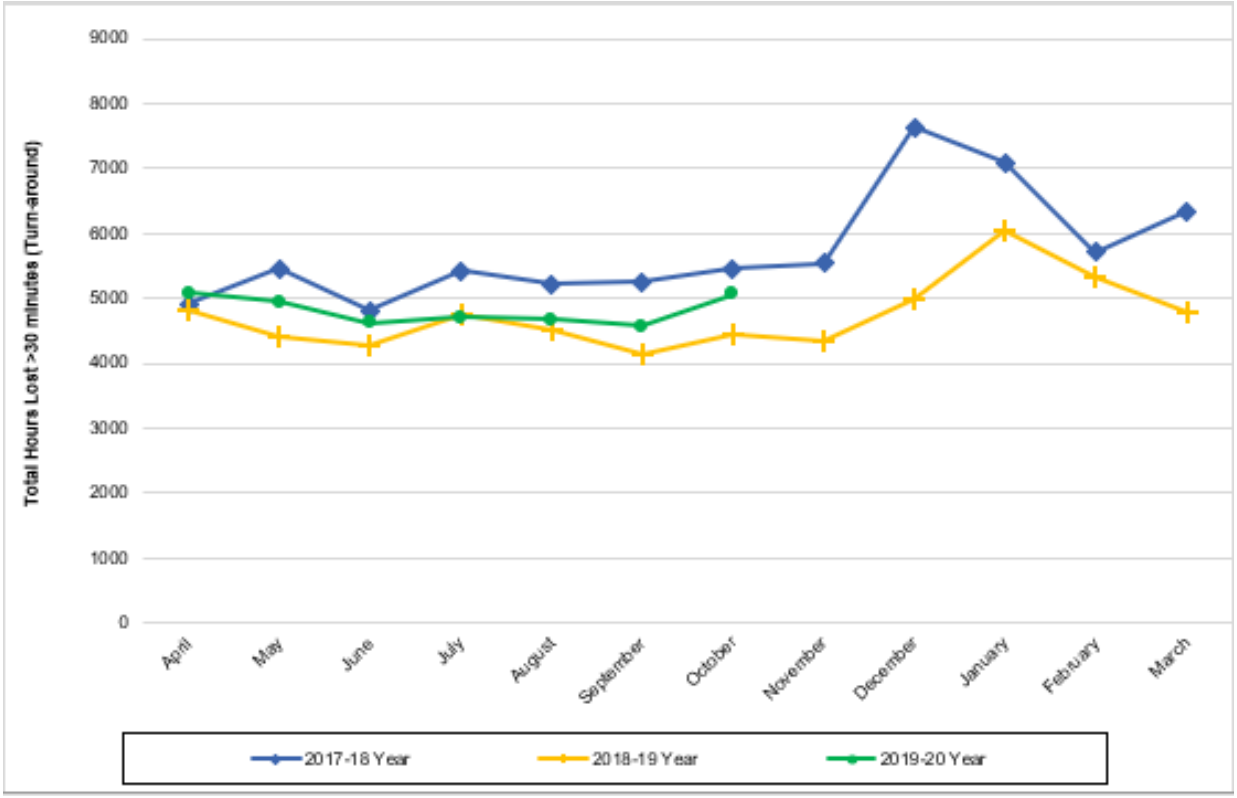
Table 3a: September 2019: Workforce Plan vs Workforce Actual: Trust-wide

Plan	Para Plan	NQPara Plan	Tech Plan	ECSW Plan	PP Plan	CCP Plan
2,087.70	578.70	297.20	424.80	705.70	35.70	45.60
Actual	**Para Actual**	**NQPara Actual**	**Tech Actual**	**ECSW Actual**	**PP Actual**	**CCP Actual**
2,099.74	569.41	312.92	491.33	631.86	44.13	50.09
Difference	**Para Difference**	**NQPara Difference**	**Tech Difference**	**ECSW Difference**	**PP Difference**	**CCP Difference**
12.04	-9.29	15.72	66.53	-73.84	8.43	4.49



Annex 4: Handover Hours lost > 30-minute turnaround

Table 4a: Hours lost > 30-minute turnaround: Surrey, Sussex and Kent (per month)



For example, 5000 hours lost per month is equivalent to 500 * 10 hours ambulance crew shifts or 250 double crewed ambulances (DCA) shifts per month.

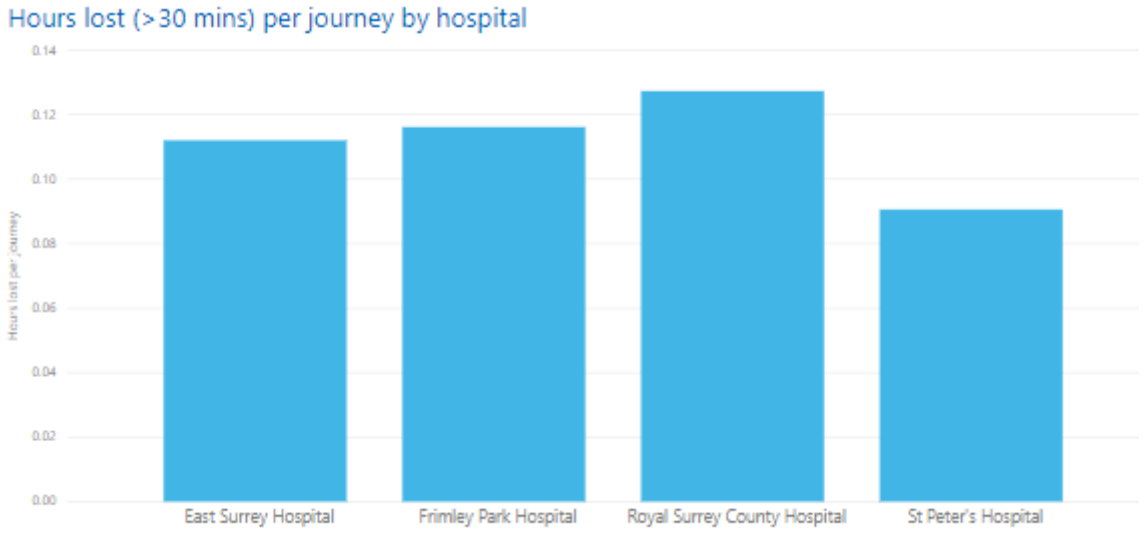
Table 4b: April – October 2019: Hours lost > 30 minutes vs 2018 and 2017 across Surrey

Area	2017-18 (to specified month)	2018-19 (to specified month)	2019-20 (to specified month)	% Growth From 2018-19 to 19-20	% Growth From 2017-18 to 19-20
SECAMB (Hours Lost)	36526	31313	33671	8%	-8%
Kent Area	13390	13058	14435	11%	8%
Surrey Area	10908	8238	7767	-6%	-29%
Sussex Area	12228	10017	11469	14%	-6%

In Surrey handover hours lost for the period April-October 2019 equates to 7,767 hours, an average of 1,109 hours per month, which equates to 50 DCA 10-hour shifts. In comparison to Kent and Sussex for the same period, Surrey hospitals represent 23% of the total lost hours and have improved 6% vs 2018 and 29% vs 2017, illustrating the joint handover programme progress made jointly with Surrey hospitals.

This work continues via monthly review of key hospital trajectories and joint Trust/Acute system handover working group meetings to establish continuous improvement initiatives regarding the handover process, particularly when systems are in escalation.

Table 4c: **April-October 2019:** Hours lost > 30 minutes per journey across Surrey



Annex 5: Reporting clinical outcomes for people living in rural area

Reporting on clinical outcomes for people living in rural areas that are categorised as Cat 1, 2, 3 or 4:

There is a perception that patients in rural areas receive a substandard service compared to those in urban areas. The analysis of differences in performance between urban and rural areas showed that this does not hold as a rule; however, living in rural areas could be a contributing factor to increased mortality rates and poorer clinical outcomes.
REF: https://www.england.nhs.uk/wp-content/uploads/2018/10/ambulance-response-programme-review.pdf

SECAmb serves an expansive area that comprises large rural communities. The Trust reports on national AQIs, for example: Stroke, STEMI and out of hospital Cardiac Arrest. However, the impact living in a rural area has on these clinical outcomes and other conditions are not fully understood.

Reporting on these outcomes will support the harm review around long waits and aligns with development of the wider SECAmb Quality Account priorities, for example: improving out of hospital cardiac arrest survival and the Clinical and Community Resilience Strategy.

In terms of patient outcome data provided back to SECAmb, only ROSC and survival from cardiac arrest are feasible to include within a year due to the reporting delays for STEMI and Stroke.

This focus will be to monitor patient outcomes to determine the necessary actions required to ensure that people in rural areas get the clinical expertise required in a timely way. This will reflect a medium-term intention to measure and to improve the way the Trust gathers intelligence on their care for people in rural communities.

Q1 – Establish current data as a priority

SECAmb have sourced and added ONS reference data to the trust data warehouse. This enables the linking of incident postcodes to ONS rurality category. There are a small number of records (<0.1%) where the postcode has not matched; this is due to the addition of postcodes after the ONS table was built in 2015. Table 1 below shows the results of this additional data, presenting the percentage of incidents and response times by rurality and category. The below table illustrates performance as indicated by ONS rurality categories for April to June 2019:

	Percentage of % of incidents					Response times (hh:mm:ss)					
AQI indicators by Rurality	Cat 1	Cat 2	Cat 3	Cat 4	Total	Cat 1 mean	Cat 1 90th centile	Cat 2 mean	Cat 2 90th centile	Cat 3 90th centile	Cat 4 90th centile
Target						*00:07:00*	*00:15:00*	*00:18:00*	*00:40:00*	*02:00:00*	*03:00:00*
Urban (less sparse surroundings)	5.5%	46.9%	28.5%	0.8%	81.6%	00:12:37	00:19:38	00:38:02	03:57:23	04:53:22	04:52:20
Town and Fringe (less sparse surroundings)	0.4%	4.7%	2.8%	0.1%	8.1%	00:18:14	00:24:33	00:43:09	04:07:11	04:49:28	04:49:28
Town and Fringe (sparse surroundings)	0.0%	0.0%	0.0%	0.0%	0.0%	00:00:00	00:32:04	00:41:43	01:03:13	00:00:00	00:00:00
Village (less sparse surroundings)	0.0%	0.0%	0.0%	0.0%	0.0%	00:11:21	00:31:26	00:47:05	06:01:21	00:00:00	03:49:23
Village (sparse surroundings)	0.3%	3.7%	2.1%	0.1%	6.2%	00:17:54	00:24:37	00:44:35	04:03:34	03:49:23	00:00:00
Hamlet (less sparse surroundings)	0.2%	2.4%	1.3%	0.1%	4.0%	00:17:59	00:23:58	00:42:32	03:55:20	05:32:49	05:39:39
Unknown	0.0%	0.0%	0.0%	0.0%	0.1%	00:12:33	00:18:54	00:35:35	02:45:28	00:00:00	00:00:00
Trust	6.5%	57.8%	34.7%	0.9%	100.0%	00:07:22	00:13:50	00:20:31	00:39:11	03:58:14	04:50:36

Q2 – Report 50% or more of incidents to be reported in-line with denominator

Table 1 below shows the results of this additional data, presenting the percentage of incidents and response times by County, rurality and category for 2019/20 Q2 (July 2019 to September 2019 inclusive).

	Falls	Percentage of % of incidents					Response times (hh:mm:ss)					
	AQI indicators by Rurality	Cat 1	Cat 2	Cat 3	Cat 4	County Total	Cat 1 mean	Cat 1 90th centile	Cat 2 mean	Cat 2 90th centile	Cat 3 90th centile	Cat 4 90th centile
	Target						*00:07:00*	*00:15:00*	*00:18:00*	*00:40:00*	*02:00:00*	*03:00:00*
Surrey	Hamlet (less sparse surroundings)	0.0%	0.0%	2.8%	0.3%	3.1%	00:00:00	00:00:00	00:00:00	00:00:00	05:37:43	01:36:28
	Town and Fringe (less sparse surroundings)	0.0%	0.0%	4.7%	1.7%	6.4%	00:00:00	00:00:00	00:00:00	00:00:00	02:22:03	02:11:13
	Urban (less sparse surroundings)	0.0%	3.6%	68.4%	14.8%	86.9%	00:00:00	00:00:00	00:45:45	00:32:21	03:58:23	04:30:41
	Village (less sparse surroundings)	0.0%	0.0%	3.4%	0.3%	3.6%	00:00:00	00:00:00	00:00:00	00:00:00	04:12:24	01:21:40