

# **South-East Coast Ambulance Regional Scrutiny Sub-group 20 December 2016**

## **Present:**

Cllr Colin Belsey (East Sussex); Bryan Turner (West Sussex); Dr James Walsh (West Sussex); Mike Angell (Kent); Bill Chapman (Surrey); Dee Simson (Brighton & Hove); Claire Lee (Officer, East Sussex)

**Notes:** Andrew Spragg (Officer, Surrey)

**SECAMB representative:** Jon Amos, Interim Director of Strategy

**Apologies:** Bob Gardner (Surrey); Councillor David Wildey (Medway); Councillor David Royle (Medway); Cllr Ruth O'Keeffe (East Sussex); Dr Mike Eddy (Kent)

## **Key points raised during the discussion:**

1. The Sub-group was informed that CQC would conduct an initial review in around April 2017 to establish progress against the “must do” actions identified in the September 2016 inspection report. The Trust expected good progress against these. The CQC would then conduct a further visit in around September 2017, and this would lead to a decision as to whether the Trust remained in special measures.

## Strategy Refresh

2. The sub-group was given an update on the Trust's strategy refresh. It was noted that the existing strategy had been agreed over two years ago, and that the external environment had changed substantially in terms of blue-light collaboration, as well as the development of the Sustainability and Transformation Plans (STPs).
3. The sub-group raised queries as to the strategy's mention of growth and expansion. It was explained that this was built into the latter part of the strategy and would be a consideration in 3-5 years. JA highlighted that the Surrey Patient Transport Service contract would be coming to an end in March 2017, and that 111 services were seeing a number of developments. There was a question for the Trust about whether it pursued broader opportunities or sought to better align itself to its core activities.

4. The sub-group commented that there was a need to produce a patient centred strategy, JA acknowledged this a key component of the refreshed purpose and vision. It was outlined that the core strategy was dependent on a number of components, and JA highlighted workforce in particular as being integral to delivery. The sub-group was supportive of the focus on continuous improvement rather than broad innovation.
5. The sub-group was informed that the 999 control room had been bolstered with an additional support group of 15 clinicians. It was anticipated a second cohort would be recruited in the new year. JA highlighted that East Midlands Ambulance Trust were managing to resolve 15% of calls over the phone, comparatively SECAMB were managing 10%.
6. The sub-group discussed the three pilots in England regarding ambulance response standards and categorisation of calls. The changes proposed would see an increase in the number of calls rated immediately life-threatening (currently Red 1), seeing a change from 4% to 8% of all calls received. The next category would be rated as urgent and would see a longer response target introduced. It was noted that similar response standards were already in use in Scotland and Wales.
7. The sub-group was informed that the time-based target currently saw multiple resources dispatched to the same call, while the proposed extra time would enable the Trust to make an effort to ensure the right skill set was attending an incident. The national pilots were under review, and an announcement was expected in spring 2017 as to the outcome.
8. The sub-group discussed the role of technology in making productivity gains, and how systems could be developed to support first tier assessment in the 111 and 999 services, as well as improving hospital handover. It was also highlighted that the current commissioning arrangements paid per activity. There was one tariff for both see and treat, and see and convey. It was explained that the handover time taken to see and convey a patient to hospital incentivised SECAMB to see and treat at home.
9. JA highlighted that SECAMB was in the process of mapping out the referral pathways across Sussex, and would be conducting similar exercises in Kent and Surrey in the new year.
10. The sub-group was informed that SECAMB covered four Sustainability and Transformation Plans (STPs), and there were a number of questions arising as to how SECAMB aligned across the STPs. It was noted that the STPs were considered positive steps by the Trust, though it had created additional pressures in terms of the time taken to plan across the whole system.

11. It was noted that there were opportunities to work collaboratively, and share data across the system to improve patient outcomes. JA noted that the 111 service was good at capturing a level of granular detail in terms of contact data. It was also noted that SECamb was undertaking work to look at how information was shared with primary care regarding patients with diabetes.
12. The sub-group was informed that there were technological barriers linked to information sharing across GPs and the wider health sector from SECamb. Members asked whether the NHS had given a national view on inter-operability standards. JA confirmed that some work was being undertaken to develop these standards by NHS Digital, though it was highlighted that there was an additional layer of complexity in the fact that there were 10-12 digital footprints covering the south east. The sub-group was informed that many services ended up procuring the same systems, and that the national procurement framework was intended to encourage inter-operability between different software. It was noted, however, that different services had different requirements from the technology they procured, and that the current absence of a centralised solution meant that systems were being developed to suit operational needs.

### Recovery plan

1. The sub-group was informed that the process to appoint a new Chief Executive was underway, though it was highlighted that the regulator expected the “must do” actions identified by CQC to have made significant progress by March 2017. The sub-group was informed that this would mean that any new appointment would be looking to address these short-term priorities before making any changes to the long-term strategy for the Trust.
2. JA highlighted that the plan would look at the operational model for the service as a means of addressing some of the identified concerns. This would see SECamb adopting a business unit approach. It was noted that a new compliance and audit framework would enable the Trust to look at outcomes at the regional and business unit level.
3. The sub-group questioned how risk was monitored. It was confirmed that there was a new Trust Board assurance framework in place that ensured that the eight highest priority risks to the Trust were being reported to the Board regularly. In addition the Audit Committee also received the risk register.
4. JA highlighted that discussions were ongoing with commissioners about the achievability of the CQC “must-do” to meet national performance targets. The sub-group was informed that this could only be achievable with a significant increase in funding, and that difficulties in recruiting was also a barrier to

achieving this. It was noted that the Trust estimated it would require 400 extra staff to meet the targets.

5. The sub-group discussed funding. The Trust estimated it would spend £5 million on handover delays this year, and this was a 150% increase on last year. JA commented that the previous week had seen the most time lost in handover delays in the last four years.
6. The sub-group questioned how the “must-dos” and “should-dos” were prioritised, and JA demonstrated how these were mapped against an action plan.
7. JA informed the sub-group that 999 call answer times were showing a significant improvement. This was primarily about improvements in recruitment and retention of front-line call handlers.
8. The sub-group was informed that turnover had been at 100% over a year, though this was now showing signs of significant improvement. JA attributed these improvements to changes in the recruitment process, with additional competency tests, improved training and induction for new staff. It was noted that call centre environments often had high staff turnover (20-25%) due to the nature of the work. The sub-group asked whether it could be attributable to the workplace culture. JA expressed the view that it was not explicitly linked to the concerns about workplace culture identified through the CQC inspection. He reflected that the turnover rates had placed call centre staff under considerable pressure, and that this had a further detrimental impact on retention.
9. The sub-group discussed infection prevention and medicine management. It was noted that there was a need to have the correct policies and processes in place in order to set the right expectations of staff. JA highlighted that there was a need for the Trust to understand where poor practice was prevalent in geographical terms, in order to then address these concerns properly.
10. The sub-group was provided with information regarding the programme management structure, and how this aligned to five core recovery programmes. The sub-group raised questions about governance, and it was highlighted that individual non-executive directors were aligned to each of the five programmes.
11. The sub-group noted that there were a number of monitoring and oversight meetings, and commented that the impact this would have on delivery had previously been raised as a concern. JA commented that there was still a significant need to engage with partners in a way that added value, and that this would be subject to continuing review.

12. The sub-group discussed the challenge of raising performance while also trying to address cultural issues within the Trust. It was noted that there was a lot of work focussed on improving retention and improving communication to staff. JA highlighted that the number of whistle blowing and harassment incidents was showing signs of improvement.
13. The sub-group was informed that the Trust met regularly with CQC to explore progress, though there was a continued challenge in defining the specific expectations regarding progress following the inspection. It was noted that there were a number of actions that were dependent on the operational restructure into business units, which was planned in July 2017.

### Winter Planning

1. The sub-group was informed that the winter planning for SECAmb was based on historic data regarding demand, and that these plans were able to flex according to additional demand. It was highlighted that there was a reliance on the whole health system maintaining equilibrium through winter, and that this would be where the pressures would emerge.
2. JA commented that data sharing between services had been good, highlighting that 40,000 care plans from primary care services had been shared with the Trust.
3. It was highlighted that changes in temperature caused the largest increases in demand, particularly in relation to those with respiratory complaints, stroke sufferers and cardiac issues. A question was raised as to whether NHS campaigns encouraging residents to access non-emergency services over the festive season had impacted on demand, JA expressed the view that there was no significant evidence to suggest that these campaigns had.
4. The sub-group discussed how SECAmb had identified 400 individuals that accounted for 4.5% of its current activity. There was also work underway to support facilities that made frequent calls to the Trust, such as school and nursing homes. This data was being explored in order to improve outcomes and reduce demand pressures.

### Next steps

- JA to circulate winter plans
- The sub-group to meet in late February or early March 2017.
- SECAmb to share papers a week in advance of the next meeting.
- The next agenda to cover a review of progress, before focussing specifically on the work taken to address performance and improve clinical outcomes – JA to invite appropriate colleagues to attend.

