

## **SECAMB Regional HOSC Sub-Group Meeting – Monday 19 March 2018**

### **Members in attendance**

Bryan Turner, West Sussex County Council

### **Officers in attendance**

Lizzy Adam, Kent County Council

Andrew Baird, Surrey County Council

Helena Cox, West Sussex County Council

Steve Emerton, Executive Director for  
Strategy and Business Development,  
SECAMB

Nuala Friedman, Brighton and Hove City  
Council

Claire Lee, East Sussex County Council

Daren Mochrie, Chief Executive, SECAMB

### **Apologies for Absence**

Apologies were received from Cllr Ken Norman (Brighton & Hove City Council), Cllr Colin Belsey (East Sussex County Council), Cllr Ruth O’Keeffe (East Sussex County Council), Cllr Sue Chandler (Kent County Council), Cllr Mike Angell (Kent County Council), Cllr Wendy Purdy (Medway Council), Cllr David Royle (Medway Council), Cllr Sinead Mooney (Surrey County Council), Cllr David Mansfield (Surrey County Council), Dr James Walsh (West Sussex County Council)

### **SECAMB Update**

1. The Chief Executive of South East Coast Ambulance Service (SECAMB), Daren Mochrie, introduced Members to Steve Emerton who had assumed the role of Executive Director for Strategy and Business Development in January 2018. Mr Turner also heard that a new HR Director had also been appointed and that they had started in this role at the beginning of March. Mr Mochrie highlighted that he had instigated a revamp of SECAMB’s Senior Leadership following his appointment as Chief Executive in May 2017 but that a full and stable top team was now in place.

### **Performance and Clinical Outcomes**

1. Discussions took place regarding the introduction of the Ambulance Response Programme (ARP) which had revised national standards for Ambulance Services to

respond to the different types of incidents that they are called out to. SECamb was the last Ambulance Service in England to move from the previous standards framework to the new ARP. Mr Turner heard that the new targets placed an emphasis on ensuring that the most appropriate resource was despatched to patients to meet their needs which required more detailed triaging over the phone. Mr Mochrie assured those present that the new set of questions adopted by the Trust to facilitate this would not result in delays dispatching ambulances to those in need of urgent attention as the questions had been specifically designed to identify those who required an ambulance immediately.

2. Mr Turner heard that the ARP had divided calls into four categories depending on the severity of patients' symptoms. Each of the categories had a specific target attached to it against which the performance of SECamb would be measured. Mr Mochrie stated that all Ambulance Trusts in England were having difficulty in delivering against the new standards outlined within the ARP framework due to the way in which resources and fleets were configured. The previous targets assessed Trusts against their ability to get a first responder on scene whereas the ARP placed a premium on getting the appropriate resource for the emergency.
3. Discussions turned to SECamb's See & Treat and Hear & Treat models in respect of dealing with those assessed as Category 3 or 4 calls. Those present at the meeting enquired as to whether the Trust monitored the number of callbacks received from patients who had been treated under one of these models to provide a better understanding of the extent to which they were effective. The Executive Director of Strategy and Business Development highlighted that individuals seeking to follow up advice once their condition had been treated was not an issue unique to SECamb but that it did present some challenges to the Emergency Operations Centre (EOC) as it can result in call handlers being tied up talking to people who have already been seen by a paramedic. Mr Emerton advised Members that he didn't have information to hand on the number of callbacks from patients who had already received advice from staff over the phone or who had been discharged by paramedics at the scene but that he would find this information and report back to the Sub-Group.
4. Mr Mochrie addressed concerns raised regarding SECamb's response to Category 3 calls. Specifically, Members referenced anecdotal evidence regarding delays in responding to falls meaning that, in some cases, elderly people were having to wait for several hours for a paramedic to arrive and assist them in getting back up. Officers acknowledged that there were challenges for the Trust in achieving mandated response times for Categories 3 and 4. In order to mitigate these challenges, SECamb was holding a meeting with its commissioners to explore avenues for improving the speed with which it responds to Category 3 & 4 calls. Mr Mochrie cited evidence that fall buttons distributed by social care providers are defaulting directly to the Ambulance Service instead of alerting social care staff. He suggested that this was not a good use of paramedics' time when it can be dealt with just as effectively by community services. Indeed a number of residential/ nursing homes have adopted a 'No Lift' policy which inevitably resulted in delays in elderly people being picked up. This can have a detrimental impact on those who have taken a fall as it can lead to them climbing the acuity scale which increases the potential that they will need to be taken to a hospital. This issue was being considered by SECamb as part of its Demand and Capacity Review.

5. Clarity was sought from Members regarding a woman in labour being placed in Category 3 of the ARP framework and whether this had posed any problems for the Trust given the challenges it had meeting target response times in this Category. Mr Emerton stated that how Ambulance Trusts respond to a woman in labour is a high priority matter and something that SECAMB ensures it remains alert to. He informed Mr Turner that no complaints or concerns had been raised that he was aware of but would check. Members were further advised of the importance of ensuring that the Trust was the right size and had the correct resources to cover the Trust's geographical area. Evidence from other emergency services demonstrated that once SECAMB had achieved this, delivering on the ARP framework response times would follow.
6. Those present at the meeting inquired about how SECAMB reduced instances of multiple vehicles attending a single incident so as to avoid duplication of work and ensure paramedics were deployed appropriately. Mr Mochrie gave assurances that multiple vehicles were only dispatched to incidents where it was necessary such as emergencies when there was more than one individual that required care.
7. Members asked to see a breakdown of call response time by the local authority and Mr Mochrie confirmed that he would circulate this to Sub-Group Members following the meeting.
8. Mr Mochrie advised Members that SECAMB was finding it challenging to employ call handlers which had an impact on call pick-up times. Members heard that employing call handlers was a difficulty for Ambulance Trusts in England and is a challenge in the context of high employment in Crawley. That being said a more attractive and incentivised offer is being developed to build recruitment numbers and retention. Mr Turner asked whether any specific steps had been taken to employ people with disabilities to staff the EOC. Officers indicated that they were unaware as to whether specific steps had been taken to advertise vacancies to those with disabilities and so would consider it in more detail.
9. Attention was drawn to the review of Stroke Services that was being undertaken within the Kent and Medway area. Specifically, it was stated that proposals put forward by commissioners would create a shortage of provision within the East Thanet area and officers were asked if they were confident that SECAMB could convey patients in East Thanet to a Hyper Acute Stroke Unit (HASU) within the timeframe for treatment. Mr Mochrie confirmed that SECAMB had been engaged in discussions around the proposals for the location stroke services in Kent and had undertaken modelling in line with these to understand what resources would be necessary to meet the 60-minute target for patients across the entirety of the Kent and Medway area. Mr Mochrie stressed that so long as SECAMB is engaged in discussions early around the provision of acute services then it can flex its operational capacity to respond to the new model such as had happened during the recent review of Stroke provision which had taken place in West Sussex. Mr Turner was further informed that it was much better for patients who had experienced a stroke to be conveyed to a specialist centre where they would receive the best treatment to limit the long terms impact on those who suffer a stroke. Much of the concern from residents around the location of HASUs in Kent and Medway had been centred on the amount of time it would take patients' families to visit them in hospital rather than on improving outcomes for those who had suffered a stroke.

10. Officers were asked whether data was available on how SECamb was delivering against stroke response times across its patch since joining the ARP response framework. Mr Emerton stated that performance and clinical outcome data is available and reported to the Trust Board on a monthly basis. Data relating to outcomes is not current / contemporary given the need for Benchmarking to take place on a National basis with other Ambulance Trusts.

### **CQC Progress & Delivery Plan Update**

1. Mr Mochrie stated that he expected the Care Quality Commission (CQC) to re-inspect SECamb in summer 2018 but highlighted that the regulator had undertaken an ongoing engagement with the Trust conducting deep dives into specific areas of concern that had been identified by inspectors. This included issues such as medicines management which had been flagged as a problem by the CQC Inspection Report. The CEX stated that the Trust was achieving pace, grip and purpose in meetings the Delivery Plan agreed following the CQC Inspection in May 2017.
2. Further clarity was sought on how actions outlined in the Delivery Plan were being taken forward. Those present at the meeting heard that there was a range of workstreams designed to deliver sustained improvement in the performance of the Trust with a specific focus on the quality and compliance issues which had been highlighted in the Inspection Report. Mr Emerton advised that he would share the detail that sits underneath the Delivery Plan to provide Mr Turner with clarity on the specific steps being taken to achieve sustained improvement. He also drew attention to work that was being conducted by officers to move workstreams from a project setting into business as usual for the Service once the objectives of these specific projects had been achieved.

### **Surge Management Plan Update**

1. The Executive Director of Strategy and Business Development stated that he would share the latest iteration of the Surge Management Plan with the Sub-Group for reference. He informed Members that the Operational Delivery Team had been devising a Surge Management Policy for the Trust with a view to bringing the surge management response forward. Experience had shown that the earlier a surge management response was introduced the easier it was for Ambulance Services to step down from this state. The Policy was being developed in conjunction with stakeholders and commissioners while Acute Trusts were also being contacted to inform them of the introduction of the new Surge Management Plan being adopted. Officers stressed the Plan had been subject to a great deal of scrutiny by partners across the healthcare system within SECamb's footprint prior to its introduction on 21 March 2018. The Committee also heard that the introduction of a new Surge Management Policy also held the opportunity for learning across the system specifically around the conditions that create additional demand for the Ambulance Service. Mr Emerton also highlighted the potential for considering a coordinated community response to cover the Service when it has been necessary to introduce the Surge Management Plan.

2. Mr Turner heard about intelligent conveyancing, whereby patients are transported to the location that will provide them with the best care for their condition although it was highlighted that this is contingent on there being a degree of capacity within the system.
3. Discussions turned to the impact of delays in handing patients over from the care of SECAmb paramedics to hospital staff which can be hugely disruptive in enabling SECAmb to deliver against mandated response times. In some cases, ambulance crews have to wait at hospitals for several hours before they can hand over a patient meaning there are fewer ambulances able to respond to emergencies. Mr Mochrie also emphasised the impact that long handover delays had on staff. In some cases, it meant that ambulance crews were being forced to work overtime while the impact of having fewer ambulances available to respond to incidents resulted in other crews not being able to take scheduled breaks all of which had a detrimental impact on morale. Members were informed that it was vital for hospitals to redesign their pathways to ensure that ambulance handovers are done more quickly. Members enquired about handovers at Brighton and Sussex University Hospitals NHS Trust (BSUH). Mr Turner was advised that a new pathway for handing over patients had been introduced by BSUH which had reduced the length of time it took to transfer patients from the care of paramedics to the care of the clinical staff at these hospitals. Members asked to receive a breakdown of figures on handover times by hospital. Officers confirmed that they were happy to supply this information with the caveat that the data they could provide would only be a snapshot of a specific point in time rather than providing indicative information on how individual acute trusts were performing.

### **Quality Account**

1. Mr Turner received an update from the Executive Director of Strategy and Business Development on progress being made in compiling SECAmb's Quality Account for 2018/19 which included providing an outline of the specific aspects and areas that would be covered by the Account.
2. Members asked whether the Trust had addressed the problems with its complaints had been improved. Officers confirmed that the backlog of complaints had been dramatically reduced although advised that work was required to understand what the Trust then did with those complaints, how it identified themes and then embedded learning arising from this. The Trust also actively sought compliments from patients which provided an opportunity to convey good news to the Trust Board.
3. Mr Emerton stated that a significant improvement had been achieved in safeguarding referrals originating from ambulance crews. This would be further reinforced through the implementation of a quality improvement methodology which instituted a learning culture in respect of safeguarding referrals and other matters of quality.

### **Demand & Capacity Review Update**

1. Officers provided an update on work being undertaken to determine the optimum operational model for SECAmb to deliver against the targets framework contained within the ARP. Members heard that the Trust had engaged the services of a company called ORH who worked with emergency services organisations globally to assist them in modelling the type and level of resource required to deliver against projected demand. SECAmb was looking at two specific models of delivery, a paramedic-led model and a mixed-economy model, each of which would require

different levels and types of resource to deliver. The Trust was working in conjunction with Commissioners and ORH to provide clarity on what resources would be required in order to deliver these separate configurations. These findings would be used in discussion with commissioners about how the Trust manages clinical risk, deploys its assets appropriately and whether current resources are enough to meet ongoing and future demand. Mr Emerton provided further detail on specific considerations upon which SECamb was basing discussions with commissioners which included looking at the number of crewed ambulances that were required at different times of the day in order to deliver on ARP targets. The Committee heard that the Demand and Capacity Review should not assume that future improvement in hospital handovers as it could not be guaranteed that this would happen. Based on the modelling conducted there is a significant resource (personnel and vehicles and associated cost) required to deliver on ARP targets.

2. Clarity was sought from officers on when they anticipated SECamb would be performing in line with the ARP targets. Mr Turner was informed that the Trust aimed to be compliant with these by 2021 although NHS Improvement had indicated that they would like SECamb to be delivering in line with the ARP earlier than that. Officers were advised that SECamb not delivering against national performance targets for three years would be a difficult message for politicians and the public to hear and suggested that some consideration be given around how this was explained. Mr Emerton highlighted the need to manage residual risk given that on an improving trajectory there would still be a period when ARP targets would not be fully met. .

### **Culture & Organisational Development**

1. Mr Mochrie informed stated that the results of an annual national survey of Ambulance Trust staff had recently been published. He acknowledged that the results of the survey did not compare favourably with those of other Ambulance Trusts in England and that there was a significant amount still to do in order to improve staff morale. The response rate was, however, higher than the previous years' survey which was viewed positively.
2. Mr Turner was advised of a number of steps being undertaken by the Trust in order to improve morale among staff. This included improving the visibility of the Senior Management Team, introducing new HR policies as well as health and wellbeing hubs. A new HR Director had recently started which would allow more rapid transformation of the culture within SECamb.
3. Concern was expressed concern regarding a purported increase in physical violence between members of staff and suggested that this shouldn't be happening at all let alone increasing. Mr Mochrie indicated that he had not heard of any instances of staff being violent towards colleagues and suggested that this metric might have been mislabelled and stated that he would confirm this with relevant officers and let the Sub-Group know.

### **Any other Business**

1. Discussions turned to the need for a Regional HOSC Sub-Group to monitor the performance of SECAMB given that Members were finding it difficult to attend meetings. It was proposed that the Sub-Group be disbanded and that individual HOSCs conduct their own scrutiny of the Trust. Mr Mochrie stated that it might be a challenge for him to attend every HOSC and asked whether it would be possible to delegate responsibility for attending these meetings to a member of the Executive Team in instances where he was unable to make it. Mr Turner confirmed that he was content with this arrangement but suggested that locality representatives also attend to provide the specific picture for performance within the relevant local authority area. It was agreed that the Sub-Group would create a schedule to share with officers regarding when SECAMB would be asked to attend specific select committee meetings.

### **Actions**

- i. The Sub-Group to receive data on the number of call backs received by SECAMB from patients who had already been given advice from staff over the phone or who had been discharged by paramedics at the scene.
- ii. The Sub-Group to be sent the detail that sits underneath the Delivery Plan to provide clarity on the specific steps being taken to achieve sustained improvement.
- iii. SECAMB officers to share the latest iteration of the Surge Management Plan with the Sub-Group.
- iv. Members to receive a breakdown of handover times by hospital within the area covered by SECAMB.
- v. The Sub-Group to receive clarity on the metric which suggested that instances of staff being violent towards colleagues was on the rise had been mislabelled.
- vi. It was agreed that the Sub-Group would create a schedule to share with officers regarding when SECAMB would be asked to attend specific select committee meetings.