Health & Adult Social Care Scrutiny Committee

06 March 2024

South East Coast Ambulance Service Update

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Summary

This report provides an update on Trust performance across its 999 and 111 service, a further update on the Trust's continuing improvement journey as the Trust makes progression to exit NHS England's Recovery Support Programme following the published Care Quality Commission reports in July and October 2022 since the previous updates to the Health & Adult Social Care Scrutiny Committee (HASC) in November 2022 and March 2023.

Also, an outline of the recent Trust strategy development programme which following a wide range of engagement from the Trust's people, partners, and patients, now describes the strategic direction and operating model for the Trust over the next 5 years and beyond.

1. Performance 999 & 111

1.1. Nationally, ambulance services have remained in a challenged position throughout 2023, which has transitioned into 2024. The Trust has operated, at times, at its highest levels of escalation, both for on-day surge (Surge Management Plan (SMP)) and sustained escalation (Resource Escalatory Action Plan (REAP)). This has also been the situation for ambulance services nationally.

1.2. Despite these pressures and following the national focus by NHS England on category 2 ambulance response times, the Trust's category 2 mean performance remains positive and on track to hit the 30 minutes mean target for the year, 2023-24. **Appendix A**

1.3. Category 1, 3 and 4 ambulance response times have frequently been within the NHS England's mean times. **Appendix A**

1.4. Overall, the Trust has improved its response times when compared to August/September 2023 and the Trust's positioning when benchmarked against ambulance services across England, however, it has to be acknowledged that Trust response times are below the national Ambulance Response Programme targets (except category 2 mean).

1.5. Stable front line staffing has also been a contributing factor with a continued increase in the number of whole time equivalent (WTE) staff being employed enabling an increase in the offer of frontline hours provided. **Appendix B**

1.6. The Trust continues its engagement work with local acute Trust partners in West Sussex (St Richards and Worthing Hospitals) in managing ambulance handover

delays and the turnaround of ambulance crews minimising hours lost and enabling them to be available more quickly to respond to patients in the community. The Trust also engages at the strategic level with the Integrated Care Board to encourage a 'system' approach to improving 'flow' through the hospital and into community services. Overall, hours lost at hospital due to handover are notably below the levels seen during 2022. **Appendix C**

1.7. The Trust is also continuing with NHS England's protocol to place all category 3 and 4 incidents into the 'clinical queue', giving Trust clinicians working in both the Emergency Operations Centre and the local Operating Unit Hubs, who have undertaken training on the NHS Digital Pathways Clinical Consultation Support system (PaCCS) the opportunity to validate incidents and determine if an ambulance response is required. This is achieved via clinical telephone advice given, or referral into an appropriate alternative pathway. By taking this approach the Trust has increased its Hear and Treat (H&T) to between 12 and 13% for the past 6 months from a position of below 10% in the earlier part of the year. This is important, as it is getting patients the right support for their clinical presentation and avoids sending an ambulance when it is not appropriate. **Appendix D**

1.8. Emergency call answering has also been a significant challenge to the Trust. For September 2023 the call answer time was 47 seconds against a target of 5 seconds. Focused recruitment and retention, along with the move into the brand new combined Emergency Operations Centre, Ambulance Make Ready Centre and NHS 111 call centre in Gillingham, Kent, has seen an improvement of 37 seconds in January 2024 compared to September 2023 with calls being answered in 10 seconds. While recruitment and retention has been a key factor, this combined with a focus on abstraction and absence management. It is recognised that despite the successful recruitment in Kent, maintaining workforce at the Trust's 'West' Emergency Operations Centre in Crawley, recruitment is more challenging due to Gatwick airport and the service industries that support it. The improvement in call answering is positive especially when '999 calls offered' have been increasing throughout 2023. **Appendix E**

1.9. The Trust's 111 service has mixed performance with call answering and call abandonment rate proving to be a challenge while ambulance disposition validation and direct referral into other services remain positive.

1.10. Calls into 111 (calls offered) has remained consistent throughout June to November 2023 with the expected seasonal uplift in December 2023 however, the service has fallen outside of the targeted 95% of calls answered in 60 seconds. Call volume combined with Health Advisor (those who answer the calls) vacancies has also been reflected in the call abandonment rate which has been above the 5% target. It's to be noted that current levels of funding are a contributing factor in the funded Health Advisor establishment with a gap of c20% in WTEs required to answer the activity. **Appendix F**

1.11. The service does however continue to be effective in protecting the wider integrated urgent and emergency care system through high levels of clinical contact resulting in a reduction of ambulance dispositions (ambulances being sent) and high levels of Direct Access Booking, resulting in high numbers of referrals being made into alternative pathways, both protecting Emergency Departments. These actions have consistently exceeded NHS England's national average, with the service often being recognised as having the lowest number of ED referrals and highest ambulance validation percentage. **Appendix G**

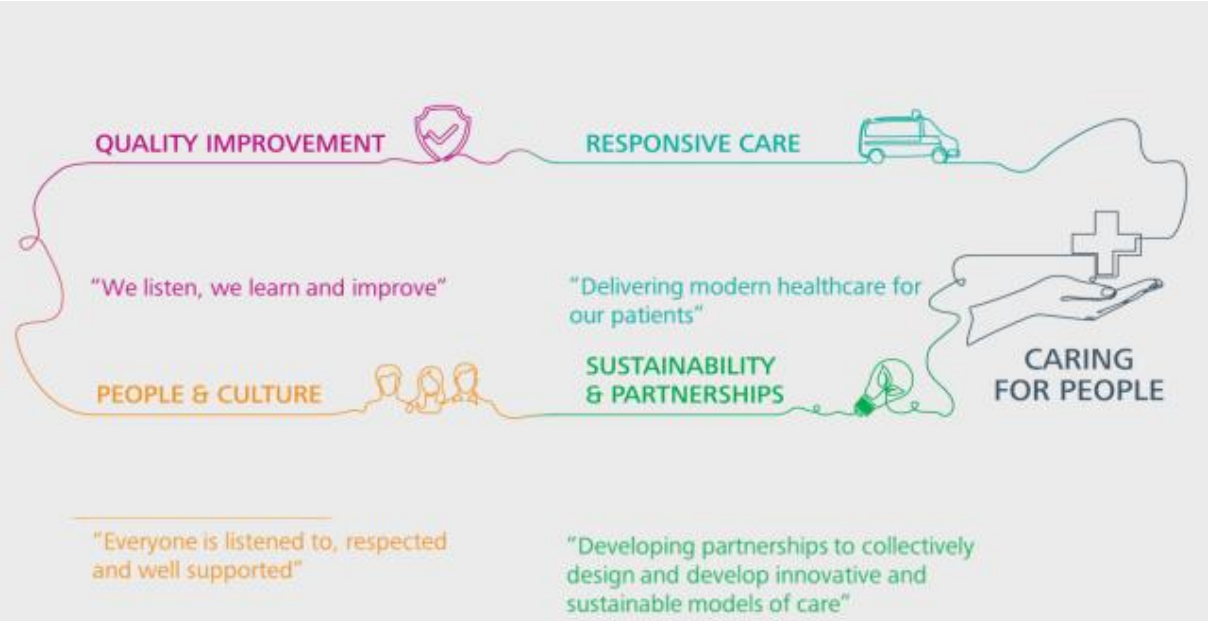
1.12. The move into the new combined Emergency Operations Centre, Ambulance Maker Ready Centre and 111 Contact Centre has improved recruitment for Health Advisors, bringing sustainability to the 111 workforce. During the past few months, over 40 new Health Advisors have completed their NHS Pathways training and are now in the process of being trained in the 'live' environment.

1.13. The Trust was also able to secure additional support for call answering from NHS England through an established 3rd party for the first 6 months of 2023-24 on a 24/7 basis. The additional support provided 10% of call activity and the trust has submitted a bid for a continuation of this support for the first 6 months of 2024.

2. Improvement Journey – CQC Update

2.1. Building upon the updates provided to HASC in November 2022 and March 2023, the Trust has maintained its commitment to improvement in response to the CQC reports issued in July and October 2022.

2.2. Transitioning from and initial 'sprint' to a more sustainable 'marathon' approach, January to March 2023 marked a pivotal period in our improvement journey. This phase remained rooted in the four core strategic pillars:



2.3. Each strategic pillar has been assigned an executive lead tasked with ensuring compliance with Section 29A warning notices, ultimately aiming for the Trust's exit from the NHS England's Recovery Support Programme (RSP).

2.4. **January to March 2023:**

- Introduction of a change model and adoption of Quality Improvement methodologies.
- Ongoing assurance of compliance.
- Formulation and development of a future strategy.
- Focus on the delivery of the 'Must-do' and 'Should-do' criteria while aiming for RSP exit and embedding sustainable change.

- Engagement with Trust directorates and departments to devise localised improvement plans.

2.5. **April 2023:**

- Agreement on strategic objectives for the upcoming year, building upon 2022/23 achievements.
- Development of Improvement Journey plans by directorates and key departments, aligned with the four-core strategic pillars.
- Transition towards an empowerment model focused on delivering benefits to patients and staff.
- Continued emphasis on Quality Improvement methodologies.

2.6. **November & December 2023 and January 2024**:

2.7. During this stage, a comprehensive diagnosis was conducted to assess the Trust's current state, including:

- Identification of operational challenges.
- Assessment of evolving population health needs and anticipated changes in the healthcare landscape.
- Insights from patient surveys and internal engagement sessions.
- Internal engagement and involvement through site visits, focus groups, drop-in sessions, and an online portal for feedback.
- Collaboration with over 40 system partners, including trust commissioners.

2.8. The emergence of the Trust's strategy and the preferred option become evident during this period and is covered in section 3.

2.9. Throughout 2023-24 the Trust has prioritised coordinated leadership visits to all areas of the Trust, facilitating engagement with staff at various levels. Additionally, initiatives such as the retention plan, an investment of £40k into supporting frontline staff through the Trauma Risk Management (TRiM) system, and the roll out of body worn cameras with the aim of enhancing staff wellbeing and safety.

2.10. Under the People and Culture strategic pillar, initiatives like the 'Building a Kinder SECAmb' and management training programs underscore the Trust's commitment to fostering a respectful and supportive workplace culture.

2.11. Over 70% of first line managers have completed the Fundamentals course, demonstrating a strong commitment to enhancing management capabilities across the organisation.

2.12. For the continuing RSP, the Trust has not yet been re-inspected but is on track for an planned exit in May 2024.

3. Strategy Development

3.1. As identified through the Improvement Journey and the Recovery Support Programme, the Trust had to develop a new strategy due to the existing strategy having expired, not reflecting the current and future emerging population health needs, and the anticipated changes in the health and care landscape. The need for

a new strategy was endorsed by what staff were saying especially through the NHS Staff Survey.

3.2. In September 2023, the Trust established outlying principles for the development of a Trust wide strategy to clearly describe the direction of travel for the next 5 years and beyond.

3.3. Following a procurement process the Trust appointed Moorhouse Consulting Ltd to support the development of the strategy.

3.4. Moorhouse, working with the Trust's executive team established a 3 phased approach:

- Phase 1 – The Case for Change (diagnose)
- Phase 2 – Options Evaluation (develop options)
- Phase 3 - Outcomes and Objectives (deliver and evolve)

3.5. **Phase 1 – The Case for Change**

3.6. Identifying the changing patient needs, workforce challenges, and recognition that the current operational model is no longer 'fit for purpose'.

- **Engagement with our people, partners, communities, and volunteers:**
  - Actively engaged with over 300 internal colleagues.
  - Involved over 40 partner organisations and Integrated Care Board partners.
  - Listened to over 300 patients and public living within the Trust's operational area.
  - Invited over 200 of our volunteers to share their ideas for the future.

- **Population needs are changing:**
  - Population growth – increase of c15% over the next 5 years.
  - Ageing – 12% increase in those over 65 years within the next 5 years.
  - Complexity – 67% of our patients have two or more complex conditions.
  - Deprivation – c30% of our activity comes form 20% of our most deprived communities.
  - Anticipate an additional 111,000 additional 999 calls by 2029 (15% increase) on top of an existing 894,156 (2022-23) call volume.

- **Challenges in the wider NHS:**
  - System pressures – Health and Social care is challenged, nationally, regionally, and locally.
  - Funding – demand has exceeded available resourcing.
  - Integration – requirement for all system partners to work in a more joined up way.
  - Role – Ambulance service role requires defining.

- **Impact**
  - Patient needs – patients presenting with social, urgent or unmet care needs.
  - Severity – only 13% of patients require critical or emergency care.
  - Response – we send the same response to all patients despite different needs.

- Skills – patients are presenting with increasingly complex needs.

- **Mismatch**
  - If the Trust does nothing than our response times will double by 2029, increasing the amount of avoidable harm to our patients by providing an unsustainable and unacceptable service to patients, staff, and our partners, therefore 'do nothing' is not an option.

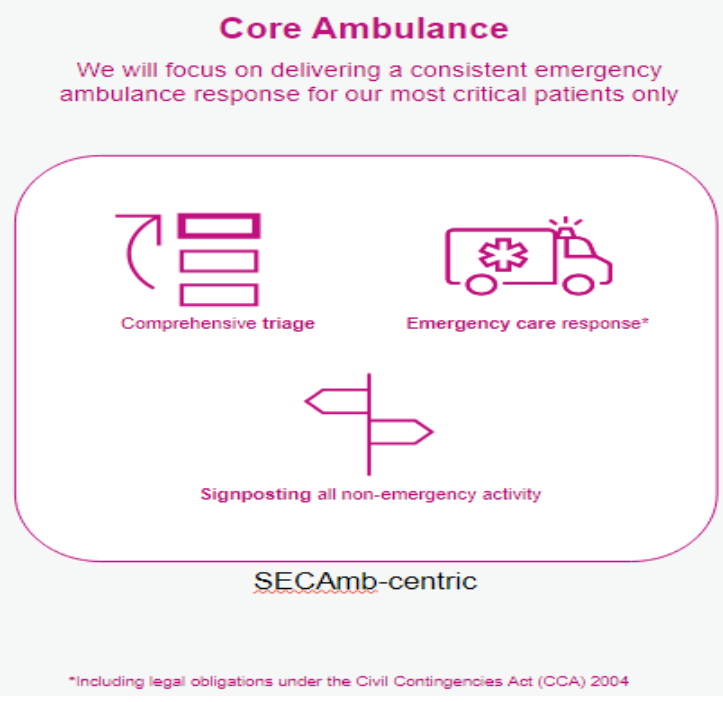
3.7. **Phase 2 - Develop Options**

3.8. Option 1 – Identifies 2 clear patient presenting cohorts:

- Group A – patients who present to 999 with emergency and critical conditions and requires a timely and clinically focused response.

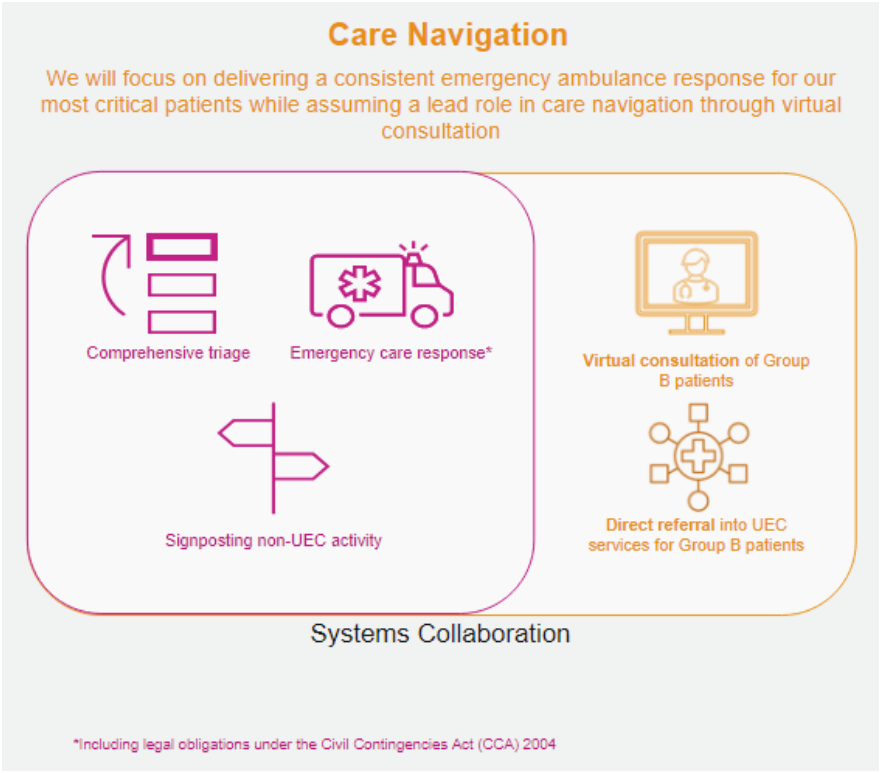
- Group B – patients who are classed as urgent but **not** in a life threatening or emergency and can be signposted to alternative services.

3.9. The Trust currently signposts 45% of existing activity into alternative services under the current operational model. If option 1 was the preferred option, this would increase to c87% of activity being signposted to alternative services and the 13% critical/emergency incidents would start receiving a better response. Illustrated below. The signposting into alternative services under this option would require minimal input by the Trust and places a greater emphasis on system partners to have capacity to support this category of patient, whereby the patient would be seeking care from another part of the healthcare system.



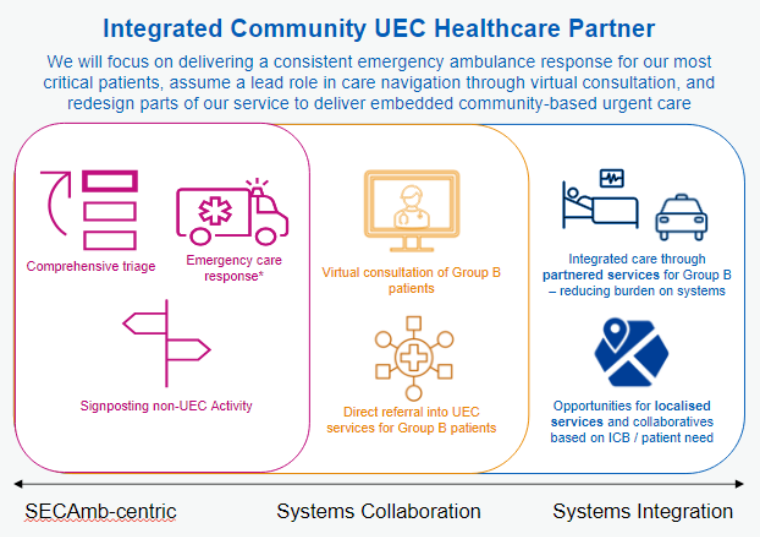
3.10. Option 2 – Building on option 1 in identifying 2 clear cohorts of patient groups i.e., those that require an immediate physical response (group A) and those that are appropriate for a virtual response (group B) but with an emphasis on the Trust assuming a lead role in care navigation through virtual consultation for those patients that are in cohort B.

3.11. The Trust will take responsibility for gaining a fuller understanding of the patients' needs and for those that require an immediate ambulance response (group A) the Trust in this option will aim to send the right resource (skill mix) to meet the presenting needs. For patients in group B, the Trust using its clinical expertise will ensure that patient needs are thoroughly assessed and have a referral into the most appropriate care. The Trust take the responsibility for supporting the patient in navigating the often-complex health and social care systems.



3.12. Option 3 – An expansion on option 2 where the Trust will also deliver additional Urgent and Emergency Care (UEC) services for our patients through the partnering with health providers to support the delivery of care closer to home and providing a seamless patient experience.

3.13. This option requires a high level of system and in particular Trust maturity to be an integrated community Urgent and Emergency Care (UEC) health care partner.



3.14. These options were presented to the Trust Board during February 2024, for discussion and assessment. The conclusion of the Board session was that the Trust is to progress with option 2. This decision also aligns with the preferred option voted for by the Trust's patients, people, and partners. It is acknowledged this is the more realistic delivery model for the next 5 years.

3.15. When weighing up the three options, these key factors were considered in the final decision making and option 2 voted as the preferred option due to:

- **It aligns to the diverse needs of the patients we serve today**: All patients who dial 999, either for emergency or urgent needs, will receive an end-to-end service by Trust staff. Care will be tailored to meet the needs of patients.
- **It fosters a closer working relationship with our partners within the system:** Aim is to be a system leader, working closely with health and care partners to bridge the gap between Urgent and Emergency Care and other health services, ensuring everyone gets the right response at the right time.
- **It means Trust staff can be more empowered at work**: They will have the right skills, support, and tools to care for patients and creates an environment of career progression.
- **It's ambitious but still achievable**: It builds on the current organisational strengths but is still radically different to how the Trust currently operates.

3.16. **Phase 3 - Outcomes and Objectives**

3.17. This stage is progressing option 2 and developing the detail around delivery of the strategy. This will involve developing measurable outcomes, key objectives, and accountability for delivery for the strategy over the next 5 years.

3.18. **Desired Outcomes:**

- **Delivering a high quality of patient care by:**
  - The delivery outstanding, rapid clinical care to our most critical patients.
  - Delivering tailored and personalised patient care for our non-critical patients, ensuring they are seamlessly connected to the most appropriate care pathway.

- **Delivering sustainable services as part of an integrated NHS by:**
  - Being a system leader and trusted assessor, to bridge the gap between UEC and other health services, ensuring everyone gets the right response at the right time.
  - Innovating for healthier communities and tackle health inequalities through sharing data and insights with system partners.
  - Investing in our NHS people, and emerging technologies, to develop a financially sustainable model.

- **Our people enjoy working at the Trust:**
  - Empower our people at work because they have the right skills, support, and tools to care for their patients.
  - Provide an inclusive, compassionate, and transparent leadership model.
  - Offer varied career pathways and opportunities for progression to foster and retain talent.
  - Value our volunteers as an integral part of our delivery model.

3.19. It is however acknowledged that as the Trust begins its planning for 2024/25 it can be expected that this will be a difficult planning round not just for the Trust but also for the wider NHS. The forthcoming NHS England Planning Guidance will support this.

4. Integrated Care Hubs in Kent

4.1. The Trust is currently piloting New Models of Working in the form of multi-Disciplinary Integrated Urgent Care hubs.

4.2. The West Kent Clinical Coordination Hub and the Ashford Clinical Integrated Care Hub aim to deliver a multi-Disciplinary team (MDT) approach to patients presenting to the ambulance service via 999.

4.3. The hubs are supported by ambulance Advanced Paramedic Practitioners, and clinicians from across the health care system including urgent community response, acute trust doctors, mental health, and primary care.

4.4. The Ashford hub, based at the Ashford Ambulance Make Ready Centre, has a primary focus on 999 calls coming into the Trust with the MDT monitoring this activity via large screens set up in the hub so they can immediately start assessing the nature of the call and provide a coordinated clinical response.

4.5. The West Kent hub, based in Maidstone and located on the premises of Kent Community Health NHS Trust FT, proactively contacts ambulance crews at the patients' side to discuss the patients' presentations and along with the crews' patient assessment, provides a coordinated clinical response to identify the most appropriate referral pathway if transportation to an emergency department is not appropriate.

4.6. Both these pilots have early evidence of a reduction in conveyance to an emergency department, improved patient outcomes and experience, and demonstrate the benefit of health providers working in a collaborative and coordinated way.

4.7. The Trust will undertake a full evaluation of the initial success being demonstrated by both hubs, their sustainability, and their alignment to both the Trust's recently agreed strategic direction and the ICBs strategy and Joint Froward Plan.

5. Community Provider Access to Category 3&4 Incidents

5.1. Working with commissioners, NHS England, and community provider partners in the establishment of daily 'touchpoint' calls where the community providers have had the opportunity, at a set time each day, to view the Trust's clinical stack of category 3 & 4 incidents via a Microsoft 'Teams' call and discuss incidents that are potentially suitable for a direct referral into either an Urgent Community Response team or a Virtual Ward. Whilst proving successful, the limitation in this approach is the 30-minute window that community providers across Sussex, Surrey, Kent, and Northeast Hampshire, to view incidents is not sufficient to maximise the potential this opportunity offers.

5.2. Therefore, building on the success of the touchpoint calls, the Trust has recently launched an exciting initiative by allowing 'Portal' access, allowing the community trusts to have direct access to the clinical stack of category 3 & 4 incidents. Accessed through a web browser the Urgent Community Response team can now view incidents throughout their operational hours and self-refer appropriate incidents.

5.3. Sussex have been the first to live with portal access followed by Kent, Surrey, and Northeast Hampshire.

6. Emergency Responders

6.1. The Trust has also been running a pilot of two Emergency Responder (ER) schemes in Ashford (Kent) and Tangmere.

6.2. Each scheme will consist of 12 Community Frist Responders, who have undertaken Blue Light driver training and additional clinical training and will respond in a specially marked and equipped Trust vehicle, utilizing lights and sirens to reach patients.

6.3. This concept is aimed at reaching some of the Trust's 'hard to reach' more rural areas and being able to provide a safe and effective initial response to life threatening emergencies, and where extended care may be required prior to the arrival of ambulance clinicians.

7. Partner Universities

7.1. The Trust is primary placement provider for a number of universities in the Southeast to support the Practice Education of student paramedics as they undertake their programs to become the next generation of clinicians within the Trust.

7.2 Many of these students undertake parttime work to supplement their income alongside their studies. The Trust, to support the students is offering contracts to enable them to work operationally as an Emergency Care Support Worker once they have completed the appropriate training.

7.3 Not only does this support the students with an income but also creates a learning environment whilst they complete their degree.

8. Make Ready Centre and Combined 111 and 999 Operations Centre - Medway

8.1. In September 2023 the Trust formally opened its purpose built, four-story, combined Make Ready Centre in Gillingham, Kent.

8.2. Not only will this exciting venture provide a new base from which our front-line operational staff will report into but also a vehicle preparation and maintenance area, as well housing the relocating NHS 111 Integrated Urgent Care Control Centre & Clinical Assessment Service (NHS 111 IUC CAS) from its current location in Ashford as well as the Trust's 999 Emergency Operations Centre (EOC) currently based in Coxheath.

8.3. SECAmb's Make Ready system, which is already in place across much of its region, is a vehicle preparation system which sees specialist teams of staff employed to clean, restock, and maintain the Trust's fleet.

8.4. The Make Ready Centre will also have on its two upper floors, an open plan office with training, rest, and wellbeing facilities.

8.5. These changes will vastly improve the working environment for our 999 EOC and NHS 111 IUC CAS colleagues but will also align with the Trust's West EOC in West Sussex, which in 2017 saw the control room services from Banstead in Surrey and Lewes in Sussex, relocated into the brand-new Nexus House on Gatwick Road, Crawley.

8.6. The approach of having combined 111 and 999 services collocated, makes the Trust only the second ambulance service in England to do this and by bringing both services together under the one roof will enable an improved resilience and support for each service as well as delivering further benefits for both staff and patients by operating in a more coherent and collaborative way. This move also realises the ambitions outlined in the Trust's 5-year strategic plan in the delivery of new and integrated urgent and emergency care services across the region.

9. Electric Vehicles

9.1. The Trust was successful in receiving funding from NHS England to trial electric vehicles. This trial is a part of NHS England's Pathfinder project will see the Trust take delivery of three Mercedes-Benz e-Vito vehicles.

9.2. This project is in addition to the work that the Trust is undertaking in developing a range of 'zero' emission double crewed ambulance prototypes as the Trust, aligned with NHS England, moves towards 'Net Zero'.

10. Governance

10.1 To support how the Trust is aligned to the Integrated Care Boards (ICB) governance structure, alignment was made to ensure that the Trust is appropriately represented when interacting with the ICB at all levels.

10.2 The Trust has monthly a System Assurance Meeting (SAM), Chief Executive meeting at Supra – Integrated Care System (regional) level meetings. At system level the Strategic Commissioning Group, Integrated Care System Collaborative for Clinical Quality, and 999 Contract Review Meeting, meetings are a key part of system level engagement. Internally the Trust has it Executive Management Board, and Trust Quality Governance Group.

10.3 These meeting from a structured governance framework to ensure oversight and escalation at the appropriate level.

11. Patient Safety Incident Response Framework

11.1 During January 2024, the Trust launched NHS England's Patient Safety Incident Response Framework (PSIRF).

11.2 This framework will replace the current Serious Incident Framework and will allow the Trust to develop effective responses and change how the Trust responds to patient safety incidents with the key aim of improving learning and patient safety.

11.3 The PSIRF team will be headed by a newly created senior position within the Trust: The Deputy Director for Patient Safety and Culture.

12. Trust Volunteers Conference

12.1 In November 2023 the Trust held its first ever Volunteers Conference, attended by over 200 of the Trust's volunteers.

12.2 The conference recognised and celebrated the contribution of all the Trust's 400 volunteers, who give support in a range of roles including Community Frist Responders, Chaplains, Welfare Volunteers and Governors.

12.3 The conference was a success with the opportunity to explore the benefit and vital role that volunteers bring to both patient care and their staff colleagues.

12.4 There was also the opportunity to explore how the Trust can expand the role of volunteers as the Trust has now agreed its strategic direction.

13. Recommendations

13.1 The committee is asked to note and comment on the update provided.

Lead Officer Contact

Ray Savage, Strategic Partnerships Manager (SECAmb)

Appendices

Appendix A – 999 Performance
Appendix B – 999 Frontline Hours Provided
Appendix C – Number of hours Lost at Hospital Handover
Appendix D – Hear and Treat %

Appendix E – 999 Calls Offered
Appendix F – 111 Calls Offered / 111 Calls Answered in 60 seconds % / 111 Calls Abandoned (offered %)
Appendix G - 111 Accident and Emergency Dispositions %, and 111 to 999 Referrals

Background papers - none