South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public.

25 January 2018
10.00-13.00

Crawley HQ

Agenda

Item No.	Time	Item	Encl.	Purpose	Lead
Introduction					
153/17	10.01	Apologies for absence	-	-	RF
154/17	10.02	Declarations of interest	-	-	RF
155/17	10.03	Minutes of the previous meeting: 11 January 2018	Y	Decision	RF
156/17	10.05	Matters arising (Action log)	Y	Decision	RF
157/17	10.10	Patient story	-	Set the tone	
158/17	10.15	Chair's Report			
159/17	10.20	Chief Executive's report	Y	Information	DM
Trust strategy					
160/17	10.30	Delivery Plan	Y	Assurance	DM
161/17	11.00	Culture Update	Y	Assurance	SG
Quality & Safety					
162/17	11.20	Patient & Staff Safety Leadership Walk Rounds	Y	Decision	SL
Ten minute Break					
Monitoring performance					
163/17	11.40	Ambulance Hospital Handover Delay Task & Finish Group	Y	Information	JG
164/17	11.55	Integrated Performance Report	Y	Information	SE
Governance					
165/17	12.35	General Data Protection Regulation	Y	Information	SL
Holding to account					
166/17	12.45	Escalation report; Quality & Patient Safety Committee	Y	Information	LB
167/17	12.50	Escalation report; Finance & Investment Committee	Y	Information	GC
168/17	12.55	Any other business	-	Discussion	RF
169/17	-	Review of meeting effectiveness	-	Discussion	ALL
Close of meeting					

Date of next Board meeting: 23 February 2018
After the close of the meeting, questions will be invited from members of the public

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting,
11 January 2018

Crawley HQ
Minutes of the meeting, which was held in public.

Present:

Richard Foster	(RF)	Chairman
Daren Mochrie	(DM)	Chief Executive
Angela Smith	(AS)	Independent Non-Executive Director
David Hammond	(DH)	Executive Director of Finance & Corporate Services
Fionna Moore	(FM)	Executive Medical Director
Graham Colbert	(GC)	Independent Non-Executive Director & Deputy Chair
Joe Garcia	(JG)	Executive Director of Operations
Lucy Bloem	(LB)	Independent Non-Executive Director
Steve Emerton	(SE)	Executive Director of Strategy & Business Development
Steve Graham	(SG)	Interim Director of Human Resources
Steve Lennox	(SL)	Executive Director of Nursing & Quality
Tim Howe	(TH)	Independent Non-Executive Director
Tricia McGregor	(TM)	Independent Non-Executive Director
Terry Parkin	(TP)	Independent Non-Executive Director

In attendance:

Peter Lee	(PL)	Trust Secretary
Janine Compton	(JC)	Head of Communications

RF welcomed Board members, including SE and TM for whom this is their first Board meeting, in addition to those observing. RF apologised to all for starting late (14.27)

139/17 Apologies for absence

Alan Rymer (AR) Independent Non-Executive Director

140/17 Declarations of conflicts of interest

The Trust maintains a register of directors' interests. No additional declarations were made in relation to agenda items.

141/17 Minutes of the meeting held in public in November 2017

The minutes were approved as a true and accurate record.

142/17 Matters arising (action log)

The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.

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143/17 **Patient story** [14.29 – 14.42]
JC explained that this is a negative story from family members about their experiences with a crew who attended their mother/grandmother.

The Board reflected on this powerful story and agreed that the interactions of the crew did not demonstrate the levels of care or compassion any person could reasonably expect. It was clearly a very traumatic experience for the family.

The Board noted from the video that the crew had received training and reflective practice as a consequence of this complaint, and this led to a discussion about how the Trust ensures that staff see the videos filmed for the Board, as part of the training they receive.

144/17 **Chief Executive's report** [14.42 – 14.49]
DM talked through the issues listed in his report, including:

- Executive recruitment – SE is now in post with Ed Griffin HR Director due to start in March. DM thanked SG for all the work he has done over the past 18 months, and Jon Amos for his contribution over the same period.
- Operational Performance – the Trust transitioned to ARP on 22 November, which went well. JG will update later on the agenda.
- Handover delays continue to be challenging.
- Work with commissioners ongoing to help ensure appropriate funding for 2018 and beyond.

GC asked about Christmas planning and DM confirmed that the planning and preparation was excellent. There were some pressure points, but overall the preparation helped to sustain performance. The biggest challenge related to hospital handover delays, and this seemed to the case across the country. Despite this, there was good work with acute colleagues to manage as best as possible.

JG added that there was a significant amount of planning and we resourced as best we could. For example, we had 40 more DCAs over the New Year compared to the same period last year.

DM thanked staff and volunteers for all their efforts to manage demand, and confirmed that we will bring a paper to the Quality and Patient Safety Committee to review the impact of our Demand Management Plan and how this was managed and any lessons we could learn.

Action:
QPS Committee to review the use and impact of the Demand Management Plan over the Christmas and New Year period.

145/17 **Delivery Plan** [14.49 – 15.13]
DM reminded the Board that delivery plan links to strategy and has distinct projects/work-streams;

1. Service Transformation
   JG referred to the key projects and reinforced that we have one of lowest conveyance rates. This helps to demonstrate the effectiveness of our investment in specialist paramedics.

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2. Sustainability
   DH confirmed the resilience work prior to Christmas with the EOC in Coxheath. We are continuing to realise the benefits of i-pads and with ePCR the software is being updated and will be rolled out as a trial to Thanet shortly. DH added that on finance we continue to deliver the cost improvement plan in line with plan

3. Compliance
   SL confirmed that incident management is on track, but with serious incidents, the CCGs are unhappy with the length of time we are taking to complete some investigations. More positively however, they do acknowledge that the quality of the investigations has improved. We have 35 open investigations and we are progressing each one.

   Duty of Candour compliance is lower than the data within the Integrated Performance Report due to the data being drawn at different times.

   Governance is recorded as Amber but SL felt it should be Red due to the lack of data to provide assurance. That said, he was confident that the data would be included next week. Complaints response rates is lower than we would hope, but there are fewer outstanding overall due to specific focus on the backlog.

   SL also corrected IPC, which is showing Green but should be Red. The Quality and Patient Safety Committee has good visibility of the issues in this area and is overseeing the corrective action to improve our approach.

4. Culture
   SG confirmed that the mandate is now signed off. Milestones for the last month are complete. The values and behaviours proposal is due to be considered by the executive ahead of the Board in January.

5. Strategy
   SE began by confirming his overall responsibility to ensure this plan more clearly links to the Integrated Performance Report. He explained the progress made and risks to achievement. Our enabling strategies will support the overall strategy and delivery plan.

DRAFT

Questions:
Notwithstanding the corrections made, LB expressed concern that the Board is receiving a report with incorrect RAG-ratings. She went on to express concern with the lack of progress in some areas, for example with serious incidents. We need to get these completed so the learning can be shared as quickly as possible.

SL was disappointed LB did not think we have made progress with serious incidents as he felt we have made good progress. We have significantly reduced the backlog and we do consider each incident very carefully as they are reported to ensure any learning is shared, before the investigation is complete. The Board reflected on this and did not dispute this but agreed the paper should describe this more clearly.

With regards call answering, LB was concerned about the lack of call audits, and the gap in assurance this leaves. JG confirmed that all audits relating to incidents / complaints are completed. It is the routine audits where we struggle to complete due to a combination of the current system and capacity, as the call audit team also do training, which often takes priority.

There was a discussion about the RAG rating, which relates to progress against the specific improvement plans, rather than a judgment of where we currently stand. The Board asked that management ensure going forward that the narrative better describes the progress to date and the areas of vulnerability, and risks.

On culture, RF asked that each month the Board should assure itself that we are doing all we should be doing on implementing the findings of Duncan Lewis. In addition, and more generally, we need to find ways of assuring ourselves that staff feel we are moving in the right direction.

146/17 Ambulance Response Programme (ARP) [15.13 – 15.40]

This paper summarises our transition to ARP Phase 2 following the move to ARP from 22 November 2017. It gives an overview of the rationale, approach and learning. It also includes (redacted) comparison with other Trusts, and this highlights relative improvement in performance for Cat 1 and Cat 2. However, there remains concern about us still not getting to a significant number of patients quickly enough (in Cat 3 and Cat 4). Although early days, performance does appear to be relatively consistent.

From a patient perspective, TM asked about any impact following the transition on 22 November 2017. JG explained that the challenge would be distinguishing from any incidents / serious incidents any that relate directly to ARP. SL agreed and felt it was too early to say; complaints have certainly reduced, but there are more PALS enquiries about increased waiting times for the less-acute patients in Cat 3 and Cat 4. This is to large extent about education of the new standards, and we refer complainants to the national guidance.

GC asked about progress with hospital handover delays. DM outlined the huge amount of planning with A&E delivery boards and wider system to reduce delays. We have brought someone in to the Trust as part of the Task & Finish Group. JG added that the last few weeks have been very challenging with considerable pressure because of increased delays. However, the collaboration with acute trusts has been positive, and this includes regular conference calls. Some areas are worse than others and the task and finish group is looking at the reasons for this and the learning.

This led to a discussion about the region in the context of funding and resource challenges. In this context the Board explored whether performance against Cat 1 could be a good proxy for what individual trusts could control, and Cat 3/4 a proxy for the ability of the wider system. In other words, should Cat 3/4 be a target for the system, as a proxy for system performance, rather for the Trust.

On call handler retention and recruitment, JG explained the work we are doing to try to encourage more people to join the service and work to diversify, by having Band 2 call handlers. This helps to demonstrate that we are looking creatively at how to manage this issue. The Board discussed the longer term strategy now we are in Crawley, and noted that the Workforce and Wellbeing Committee is looking at this; for example, it has asked HR to go to other trusts in the area to learn from how they attract and retain staff.

AS raised a concern the Audit Committee became aware relating to EOC staff who are subject to abuse from other health professionals. The committee felt that, if true, we must address this. DM reflected the historic lack of investment in EOC, which we need to address as part of our strategy. JG agreed, and this is part of our conversation with commissioners.

Action: WWC to establish the extent of the issue picked up by the Audit Committee, relating to EOC staff being abused by other professionals.

DRAFT

147/17 **IPR** [15.40 – 16.15]

DM introduced the report and confirmed the work the executive is doing to improve the report and linking it to the delivery plan, in order to better describe the story and progress being made. In addition to ensuring it includes the right data.

Clinical Safety

FM expressed disappointment with this data from July, which reflects the poor Red 1 and Red 2 performance during that period. More positively, we now have a new head of clinical audit and we are now seeing improved data as set out in page 7 of the report. We are also more assured by the work we are doing to follow up with GPs, in addition to hospitals, to improve the quality of information. Survival figures are so small in number the variance in percentages is inevitable; the trends are therefore more important.

Quality

Incidents increasing which is positive. DOC compliance is 75%, and complaints decreased as explained earlier.

Performance

This is last time we see the old standards. The trends within the scorecard showing some upward trajectories, including with Red 1 and Red 2. Handover delays we discussed earlier.

The 111 service has been challenged over last few months, with a call routing issue that is now resolved. They worked extremely hard over Christmas, with 9000 calls Boxing Day when usually they would receive half that number. This was linked to issues within out of hours; GP ring back was at times between 6-8 hours and so some patients decided to ring an ambulance instead.

The Board explored how management approaches these issues with out of hours. DM explained we are a key partner in Kent (East in particular) to help work and support this part of the system.

The combined clinical KPI in November was 9% higher than anywhere else and integration between 999 and 111 is very good; during busy periods, they worked doubly hard to minimise ambulance referrals. The Board discussed what was known about any variance with 111 services with those run by non-ambulance trusts.

Management was asked to explain why call cycle time is no longer a CIP scheme. This related to it not having a cash-releasing benefit, due to the efforts to improve hours/performance, but we continue to help ensure improved efficiency and this is part of the demand and capacity review, as time at scene is linked to levels of conveyance.

Workforce

SG outlined the data as per the scorecard. In the additional information section, it breaks down vacancy as requested previously by the Board. This shows where there is a vacancy, and which posts are covered on an interim basis.

Action:

The Board asked for a table within the additional information section in the IPR, breaking down stat/man training by directorate.

TH asked about the 31 WTE (interim staff) in the finance directorate and DH explained this relates to the restructure in his directorate. He assured the Board that staff are working well and there is stability within those interim staff. The aim is conclude the restructure by the end of the year.

DRAFT

AS asked about turnover rates as they are high across each directorate.

Action:
The Board to receive a paper in February on the high turnover rates across each directorate to understand the cause and the action taken to improve this.

Finance
DH confirmed that we are on track across all metrics. Operations is matching hours with income, and improving the timing of this, to match peaks. Month 9 will come to the Board on 25th January, but this appears to be on plan too.

The Board then asked some specific detailed questions for clarity, which were addressed. DH then summarised, by expressing his confidence in how we forecast, but warning that we are not yet through the winter period and additional winter money is less than previous years. However, overall, and all other things being equal, the expectation is that we will achieve our control total.

AS made a general comment about the narrative within the IPR, which she felt focussed too much on the facts. What would help the Board would be to have more description about the views and opinions of management. SE agreed and reinforced the work he is leading to ensure this happens.

To summarise the IPR, RF reflected that the Board exists in part to assure itself that we are doing right things in the right way. Therefore, we rely on reports and data provided by management and when this is incomplete, the Board cannot assure itself. Acknowledging the commitment of the executive to improve reporting, should this not happen then RF will raise concerns specifically with individual directors.

148/17 **WWC escalation report** [16.15 – 16.16]
The Board noted this report. There were no questions.

149/17 **QPS escalation report** [16.16 – 16.28]
The Board noted the areas where the committee could not be assured, some of which relates to a lack of data/evidence.

RF asked LB and SL whether they think we are doing the right things. LB said we are, but there are some areas where we need a different approach, for example with infection prevention and control and complaints management. SL added that we have better grip in many areas, even though they are not all fixed, giving medical equipment as an example where we have new suite of information now for first time and almost 100% compliance.

The Board discussed the need for better data to be able to evidence progress. LB explained that in the quality report, which the committee considers, hand hygiene shows a number of areas of low compliance, and management has taken immediate corrective action. This is positive. Some issues though are more intractable, such as complaints.

The Board agreed that management does get there in the end, but sometimes too slowly. There was discussion about the link to local operational leadership, using hand hygiene and complaints to illustrate the point, as there is some significant variance across the Trust. In response to this JG

DRAFT

outlined the new mechanism for feedback to teams and holding them to account, via the area governance reviews.

In summary, RF asked the question; what is key to making quicker progress? What the Board is hearing is that, as per the external governance review findings, local managers need to better understand the issues and be supported to make the improvements, and then held to account. There is where we need to put our efforts.

150/17 Audit Committee escalation report [16.28 – 16.34]
AS confirmed that the committee agreed to extended internal audit's contract for a year. The committee is concerned that internal audit is finding too many examples of poor practice. Ideally, where they exist these issues should be identified by management, and therefore should internal audit then find them plans should already been in place to fix them.

The strategic risks identified three themes as per the report.

In terms of policy management, the proposal is set out and other board committees will review and feedback through the audit committee.

Finally, the committee has set out a need to review how we report to the Board with its recommendation in the paper. The Board was content with this proposal.

151/17 Any other business [16.34]
None

152/17 Review of meeting effectiveness
Good discussion; positive about the desire to improve; lack of the "so what "and clarity of actions arising from the issues raised.

Questions from observers

There being no further business, the meeting closed at 16.40

Signed as a true and accurate record by the Chair: ___________________________

Date ___________________________

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South East Coast Ambulance Service NHS FT action log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
29.06.2017	45 17 1	Ipad business case to be reviewed by Finance and Investment Committee in October 2017.	DH	18.01.2018	FIC	C	Added to FIC meeting agenda on 18 January 2018
26.10.2017	111 17 2	The Board to agree the 2018/19 IPR in February	Board	23.02.2017	Board	IP	On agenda for February - in the meantime the IRP is being reviewed on behalf of the Board by the Audit Committee.
29.11.2017	128 17 3	SL to explore how to obtain external verification of our safeguarding processes	SL	23.02.2017	Board	IP	
29.11.2017	130 17 4	Interim demand and capacity report to be considered by the finance and investment committee in January 2018.	DH	18.01.2018	FIC	IP	
29.11.2017	132 17 5	QPS committee to explore the link between performance and patient outcomes	PL	TBC	QPS	IP	
29.11.2017	132 17 6	Finance Committee to review the finance report(s) to establish how they can include a forward view on the Trust's cash position, to help ensure more informed investment decisions.	DH	TBC	FIC	IP	
11.01.2018	144 17 7	QPS Committee to review the use and impact of the Demand Management Plan over the Christmas and New Year period	JG	20.02.2018	QPS	IP	Added to QPS Agenda for Feb.
11.01.2018	146 17 8	WWC to establish the extent of the issue picked up by the Audit Committee, relating to EOC staff being abused by other professionals.	JG	20.02.2018	WWC	IP	Added to WWC Agenda for Feb
11.01.2018	117 17 9	The Board asked for a table within the additional information section in the IPR, breaking down stat/man training by directorate.	SG	25.01.2018	Board	C	Included within the IPR for January.
11.01.2018	117 17 10	The Board to receive a paper in February on the high turnover rates across each directorate to understand the cause and the action taken to improve this.	SG	23.02.2018	Board	IP	Added to Feb Agenda

Key

Key
Not yet due
Due
Overdue
Closed

South East Coast Ambulance Service NHS
NHS Foundation Trust

		Item No	158/17
Name of meeting	Board Meeting		
Date	25 January 2018		
Name of paper	Chair's Report		
Author name and role	Richard Foster, Chair		
Synopsis	This is the first formal report from the Chair and provides an overview of the work and engagement undertaken over the past few weeks. The Trust Board will receive such a report at every meeting going forward, and this will include an update from the intervening period.		
Recommendations, decisions or actions sought	The Board is asked to note this report.		
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).		**No** If yes and approval or ratification is required, a completed EA Record must be attached.	

South East Coast Ambulance Service NHS Foundation Trust

Trust Board

Chair's Report

1. Executive Director Recruitment

The Appointment & Remuneration Committee concluded the recruitment process for the Executive Director of Nursing & Quality during January. It was a comprehensive search and I would like to thank Sue Doheny, Chief Nurse NHSI / NSHE South, for her support with our selection. We have an excellent candidate and, subject to the usual clearances, we hope to be in a position to announce their appointment shortly.

As with each executive director post, this is a critical appointment and will help build on the excellent work to-date, led by Steve Lennox who is covering this vacancy on an interim basis.

The Independent Non-Executive Directors and Chief Executive have worked hard over the past 9 months on recruitment, to help ensure we have a stable executive team. This latest appointment follows the appointment of Steve Emerton, who started in January, and Ed Griffin, Executive Director of HR, who is due to start in March.

I am confident that these appointments strengthen the Board and will support our sustained improvement in patient care, in addition to restoring confidence in our stakeholders.

2. Trust Board Development

I have started to engage with colleagues about a Trust Board development programme and will be working with Board members over the next period to help establish the areas we as a Board should focus on. In the meantime, we have scheduled a Board strategy workshop in March where we will be considering the various challenges and opportunities that lay ahead. My March report will confirm the outputs from this workshop.

3. Board Visibility

In order to support Board members we are introducing a process that will allow improved visibility with focus on patient and staff safety at all levels of the Trust. The 'patient and staff safety leadership walk rounds' paper later in the agenda sets out a proposal, which the Board is asked to consider.

I visited Chertsey MRC on Christmas Eve and the EOC in Crawley on Christmas Day.

4. Engagement – internal

During the last quarter, I held a number of meetings with Governors from each constituency. This helped me to better understand the issues they and the members they represent are focussed on.

Just prior to Christmas, I attended a joint Council / Inclusion Hub Advisory Group workshop, which explored the Ambulance Response Programme. This was an effective workshop and afterwards we shared a festive lunch to thank Governors and IHAG members for their hard work in support of the Trust during the year.

I meet regularly with the Non-Executive Directors to discuss a range of issues and cross cutting themes emerging from the Board's committees, as well as Board development and how the non-executive can support the executive going forward. At our next meeting, we plan to discuss, inter alia, the imminent Board strategy day, Board development and how as a Board we ensure we are in charge of our own agenda.

We have end of year appraisals scheduled between now and April and I will provide a summary of these to the Council of Governors in due course.

As part of her induction, I recently spent some time with Tricia McGregor, who is our most recently appointed Non-Executive Director. Tricia has a clinical background and is a welcomed addition to the Board.

5. Engagement - external

In December, we had our usual meetings with our regulators and partners. I attend these meetings with the Executive and more recently, Non-Executive Directors have been invited. These are always constructively challenging meetings where the Trust's Delivery Plan is scrutinised. It is an opportunity for the Trust to set out the progress it is making, and to ask for support in areas that require it.

A task and finish group has been established to improve the position with ambulance hospital handover delays and later in the agenda an update is provided for the Board.

The January meetings were cancelled due to winter pressures, and so are planning for the next one on 16 February.

6. Coming Up

Daren and I are meeting six upper-tier local authority leaders on 1 February where we will be among other things updating them on the progress against key areas in our Delivery Plan.

Over the next couple of weeks, I also have a number of other commitments, including a general meeting of the Council of Governors, a meeting of the Council's Nomination and Remuneration Committee, and a meeting to progress the Board development programme I mentioned earlier. In addition, I will be spending time in the EOC.

Richard Foster, Chair

South East Coast Ambulance Service **NHS**
NHS Foundation Trust

		Item No	
Name of meeting	Trust Board		
Date			
Name of paper	Chief Executive's Report		
Executive sponsor	Chief Executive		
Author name and role	Daren Mochrie		
Synopsis (up to 120 words)	The Chief Executive's Report provides an overview of the key local, regional and national issues involving and impacting on the Trust and the wider ambulance sector.		
Recommendations, decisions or actions sought	The Board is asked to note the content of the Report.		
Why must **this** meeting deal with **this** item? (max 15 words)	To receive a briefing on key issues, as noted above.		
Which strategic objective does this paper link to?	2. Culture		
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).		Yes / **No**	

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT TO THE TRUST BOARD

Covering December 2017

1. Introduction

1.1 This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the Trust during December 2017.

2. Local issues

2.1 Recruitment to the Executive Team

2.1.1 Following the recent recruitment and interview process for the Director of Nursing & Quality, I am pleased to confirm that we have now made an offer to an excellent candidate. I will be able to confirm further details and start date shortly.

2.2 999 performance over the Christmas/New Year period

2.2.1 Led by our Operational Management Team, staff from many areas of the Trust put a great deal of planning into preparing for the Christmas/New Year period, with the aim of providing as responsive a service as possible to our patients during this busy time.

2.2.2 The approach we took in our planning for the Christmas and New Year period was based on our normal demand planning methodology but with additional focus on specific expected activity patterns. Underpinning our planning assumptions was a substantial drive, in the weeks leading up to the festive period, to maximise field operational and control room staffing - filling all available shifts and making this a priority for the leadership team at all levels.

2.2.3 This year we also ensured that, in addition to the support provided by senior clinical and operational managers during this period (which was available 24/7 at a tactical, strategic and executive level), during periods of specific escalation we also introduced two-hourly conference calls involving all on-call managers, as well as representatives from each operational area and control room. This level of senior oversight and management allowed rapid escalation and de-escalation as needed, as well the opportunity to identify emerging issues and take action to address.

2.2.4 As anticipated, SECAmb experienced sustained and significant pressure across the festive period. There were several days when this additional workload was particularly severe, notably 26th December, 27th December, 1st January and 2nd January. As a consequence of this pressure, we escalated through our Demand Management Plan (DMP), up to level 6 on occasion and declared a Business Continuity Incident on Boxing Day.

2.2.5 However, it is also worth emphasising that Christmas Eve, Christmas Day, New Year's Eve and overnight into New Year's Day were managed well in terms of our responsiveness to the more seriously ill patients, although our response to lower acuity patients was challenged.

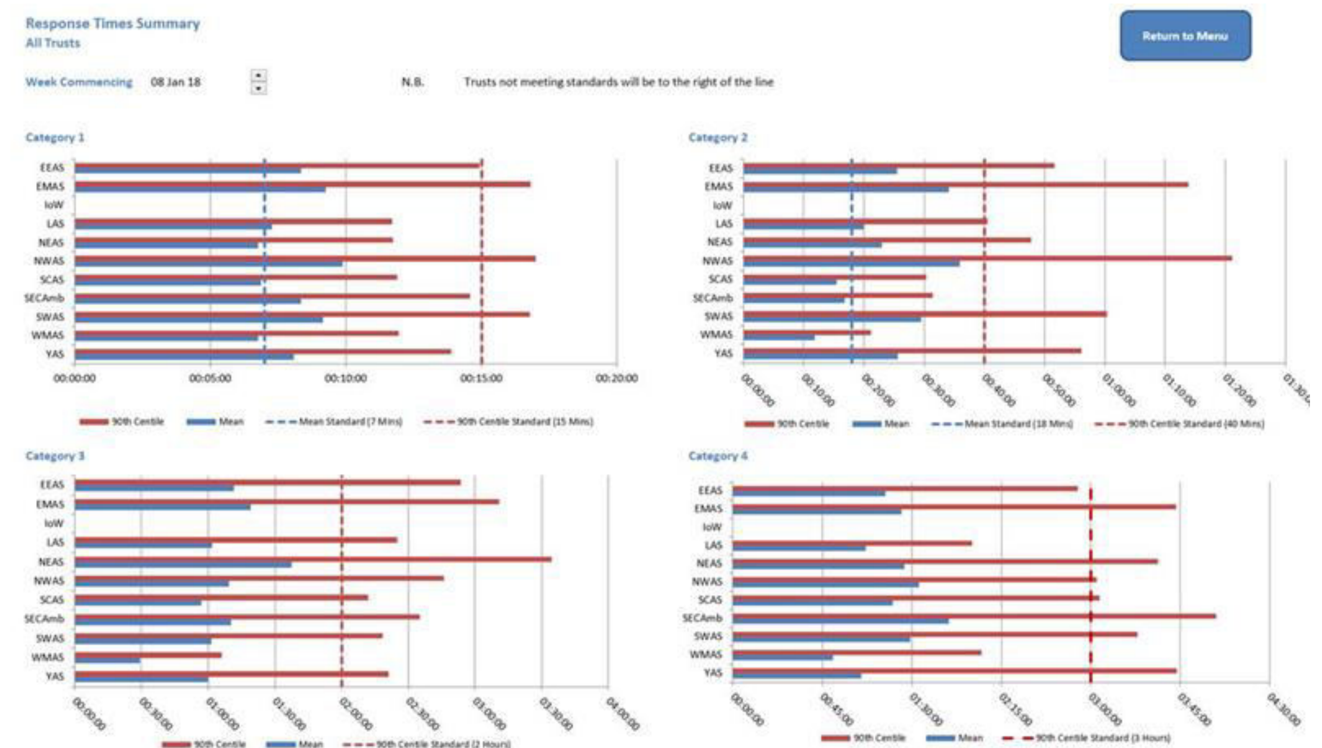
2.2.6 Handover delays at hospitals were also a substantial challenge for SECAmb during this period, not only in terms of lost hours but also because of the amount of management time and additional SECAmb clinicians sent to hospital sites. We lost in excess of 3,200 operational ambulance hours to handover delays over 30 minutes during this period – an increase of 18% over the same period last year. It is also worth noting we transported approximately 5% fewer patients to hospital than the same period last year.

2.2.7 I would like to thank all of our staff and volunteers for their significant efforts and commitment to patient care during this extremely busy period. Despite the high levels of demand and pressures in the system, our staff worked extremely hard and with good humour to ensure we provided as responsive a service as possible to our patients.

2.3 Performance against Ambulance Response Programme (ARP) standards

2.3.1 December 2017 saw the first month of all English ambulance services reporting against the new Ambulance Response Programme (ARP) response standards. As a reminder, SECAmb moved to ARP on 22nd November 2017.

2.3.2 More details on our performance during December 2017 can be found in the IPR. However, it is worth noting our performance for December in comparison with other Trusts, as below:



2.4 Launch of Wellbeing Hub

2.4.1 In early January, we saw the launch of the Trust's new Wellbeing Hub. The Hub, part of the Trust's Wellbeing Strategy which was launched last year, brings together a range of previously separate services under one umbrella, meaning an array of support is available via just one email or phone call.

2.4.2 The Hub includes access to mental and emotional wellbeing support, physical health including physiotherapy referrals and Trauma Risk Management (TRiM) – a system that provides access to speak and meet with colleagues who have undergone specialist training in the management of people who have experienced traumatic incidents. The confidential service can also provide access to support for other matters including relationships, finances, drugs and alcohol, sleep, nutrition and fitness and access to the dedicated team of Trust chaplains. It will also co-ordinate a wide range of workshops, specialist training and events to meet the needs of all our staff and volunteers.

2.4.3 I'm really proud that the new Wellbeing Hub is now operational, as it brings together a number of areas which, taken together, all impact on the wellbeing of staff but which previously had not always been very accessible, in a single place. Staff wellbeing is an integral part of our strategy and I see this launch as a real step forward in demonstrating our commitment to make things better for all staff and volunteers.

2.5 Engagement with local stakeholders

2.5.1 During December 2017, I have continued to meet with a range of key internal and external stakeholders. I met with Caroline Lucas MP for Hove on 8th December 2017 and had a meeting with our regional Chief Constables and Police & Crime Commissioners on 14th December 2017. I also met with Sam Allen, Chief Executive of Sussex Partnership NHS Foundation Trust to discuss how we can collaborate more closely to improve the care provided to mental health patients.

2.5.2 Internally, I continued my programme of station visits, with visits to Tangmere Make Ready Centre and Littlehampton, Worthing and Shoreham Ambulance Stations on 11th December 2017. I also undertook an operational shift out of Godalming Ambulance Station on 19th December 2017. The programme of station visits will continue in January with visits to Caterham, Godstone, Dartford and Thameside planned.

2.5.3 On New Year's Eve I spent time with staff in both of our EOCs, at Ashford 111 and in the A&E Department at the William Harvey Hospital Ashford.

3. Regional issues

3.1 Flu

3.1.1 As reported in local and national media, hospital admissions and GP visits for influenza have seen a sharp rise going into 2018, especially in the South East region.

3.1.2 We are continuing to work hard to encourage as many of our staff as possible to have their flu jabs. As at 12th January 2018, just under 63% of our staff have received their flu jabs so far.

4. National issues

4.1 During December, as part of the Association of Ambulance Chief Executives (AACE), we participated in close national working with NHS Improvement and NHS England, to ensure we were as prepared as possible for winter.

4.2 This work will continue through coming weeks, including look-backs over Christmas and the New Year, to influence winter planning for next year.

5. Recommendation

5.1 The Board is asked to note the contents of this Report.

Daren Mochrie QAM, Chief Executive

16th January 2018

South East Coast Ambulance Service NHS
NHS Foundation Trust

		Item No	161/17
Name of meeting	Trust Board		
Date	25 January 2018		
Name of paper	**Culture and OD progress review**		
Executive sponsor	Steve Graham, Interim Director of HR and OD		
Author name and role	Steve Graham, Interim Director of HR and OD		
Synopsis	This paper presents the Trust board with an update on progress in the culture and OD work streams. Progress has been made in all areas of the plan which is currently on track with its milestones. The paper summarises the next steps relating to the further activity in the work streams.		
Recommendations, decisions or actions sought	The Trust Board is asked to note the content of the paper		
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).		**No** If yes and approval or ratification is required, a completed EA Record must be attached.	

South East Coast Ambulance Service NHS Foundation Trust

Trust Board

Culture and OD Work stream progress

1. Introduction and Purpose

1.1 The Trust's Five-year Strategy and current Delivery Plan aim to respond to a number of organisational challenges facing SECAmb. Many of these challenges are historical, and effectively addressing their root causes is recognised as being a critical success factor.

1.2 Principal root causes the lead to the development of cultural problems include the following: lack of accountability, performance management and assurance; poor change management practices; lack of support, openness and honesty; acceptance of poor practices and behaviours, including bullying and harassment; inconsistent people management practices; poor communication between senior leadership and the wider workforce; poor awareness and understanding of the Trust's vision; strategic objectives, core values and behaviours.

1.3 In summary, these shortcomings reflected a lack of effective senior leadership focus.

1.4 In October 2017 the Trust Board received a paper which described the activities included with the programme of work focused on effecting culture change within SECAmb. This programme aims to assist in addressing organisational issues relating to culture and internal safeguarding. The culture change work draws on the four strategic themes within the Strategic Plan (i.e. people; patients; enablers; and partners) and centres on the one to two-year strategic priority areas, which include staff engagement and support.

1.5 The activity in this area is tracked via an extensive action plan and is overseen by the Culture and OD Steering Group chaired by the Director of Nursing and Quality.

1.6 This paper will update the Board on progress in those areas and the planned next steps in the programe

2. Progress updates

2.1 The Objectives and supporting actions detailed within the action plan aim to make substantial improvements to SECAmb's culture, working environment, and people management and leadership, through the involvement, engagement and recognition of staff, across all levels and all roles.

2.2 This work stream reflects the broader span of OD activity led by the HR Directorate. The combined delivery of the Objectives and actions will make a substantial contribution to enhancing the working lives of SECAmb's multi-disciplinary staff, increasing productivity and performance, and improving the quality of care provided to patients and Service users.

2.3 The activity is split into three main objectives (Staff Engagement, Culture and Enabling Infrastructure) and the paper will consider each in turn.

Staff Engagement

3.1 The objective in relation to Staff Engagement has five separate milestones to delivering improved staff engagement across the Trust.

3.1.1 Raising staff awareness of the Trusts Five year strategy.
Under this milestone a variety of communication methods have been used to inform staff of the Trust strategy, these include face to face meetings, on-site briefings, online briefing and the use of the staff engagement forum and staff side.
This milestone is reported in progress and on track for delivery by the end of March 2018.

3.2.2 Increased staff understanding of the process for reporting, recording and managing Bullying and Harassment
Under this milestone there are a number of themes relating to the recommendations of the Duncan Lewis report and to revise existing policy accordingly.
This milestone is in progress with a completion date of the end of March 2018.

3.2.3 Staff participating in objective conversations and/or appraisals
This milestone sets a target to increase the number of staff with an appraisal or objective setting conversation to 80% and recorded on the Actus system.
This milestone is ahead of its trajectory for completion by end of March 2018

3.2.4 New communication strategy defining how staff will be kept informed of important changes – such as clinical practice
This milestone has a number of themes designed to improve the method by which staff are informed of key changes to practice and policy.
All themes are on track to deliver by the end of March 2018.

3.2.5 All staff briefed on the key outcomes of the 2017 NHS Staff Survey
It is anticipated we will receive the national results of the survey in February and they will be published nationally on 8th March 2018.
The actions in this milestone are designed ensure briefings are ready to be released to staff between 8th March and 31st March 2018.

Culture Change

3.2 This Culture Change objective has three separate milestones designed to deliver the Phase 1 activity in relation to revising the Trust Core Values and Behaviours and designing a Behavioural Performance framework.

3.2.1 A planned approach to effecting Culture Change within SECAmb will be established.
This milestone is completed.

3.2.2 SECAmb's core values and behaviours will be revised and agreed with full involvement of staff
This revision has taken place and is in draft for board approval. Staff were involved via the focus groups, survey monkey and culture conversation. This milestone is on track for completion.

3.2.3 In support of the revised values and behaviours a programme of behavioural skill developments and interventions will be developed.
This milestone is on track for delivery.

Enabling Infrastructure

3.3 The Enabling Infrastructure activities are designed to support the implementation and sustainability of the Trust's Culture Change approach. There are covered in for key areas below

3.3.1 Staff Well Being
The Trust has invested in the establishment of a Well Being hub to provide immediate support for the physical and mental well being of our staff and volunteers.
The impact of the hub will be monitored on a regular basis and activity reported to the executive team and Trust Board.

3.3.2 Clinical Education
The Trust will continue to review our clinical education offerings to ensure we develop and implement career pathways and educational interventions that support effective clinician decision making and practice. This will be done by considering best practice within and without the ambulance sector.

3.3.3 Effective Leadership and Management
We will develop leadership and management competencies and behaviours at all levels that and utilise them in all our selection and assessment processes and development programmes

3.3.4 Policy development
It is essential that our policies and implementation of our policies reflect the changing culture and work has been done to review our policies in this light.
We will revise and amend policies accordingly to ensure they meet our needs and support the culture.

4. Next Steps

4.1 The programme and action plan continue through 2018/19 as we move into an implementation and delivery phase.

4.2 Some of the key next steps in the programme include:

- The development and delivery of participative modular interventions that explain to staff, at all levels, the Trust's behavioural expectations.
- The incorporation of the organisation's values and behaviours in other aspects of staff resourcing activity, including recruitment and selection; training and development; and appraisal.
- The engagement of staff in the development and implementation of the staff survey response.
- The incorporation of the Trust behaviours into a 360 feedback mechanism.
- Revision of policies to support and sustain the Culture Change programme.

4.3 Evaluation of the impact and effectiveness of all the activity and intervention is essential and this will be done through a number of ways including:

- A programme of pulse surveys
- Feedback from engagement groups and the Barometer group
- Quality Assurance Visit feedback
- Key workforce metrics

5. Recommendation

5.1 The Trust Board is asked to note the contents of the paper

Steve Graham
Interim Director of HR and OD

South East Coast Ambulance Service NHS
NHS Foundation Trust

	Item No	162/17
Name of meeting	Board Meeting	
Date	25 January 2018	
Name of paper	Patient & Staff Safety Leadership Walk Rounds	
Executive Lead	Steve Lennox, Executive Director of Nursing & Quality	
Author name and role	Giles Adams, Head of Compliance	
Synopsis	The purpose of this paper is to describe a process that will allow visibility and focus on patient and staff safety at all levels of the Trust. Patient safety is our number one priority and by following the Care Quality Commission (CQC) well-led framework we will ensure Patient safety is at the heart of everything we do across the Trust. While focusing on patient safety we also have a clear obligation to ensure that we safeguard all of our people while working for or in our Trust. Safety walk rounds are a way of bringing together Non-Executive Directors, the Chief Executive, Executive Directors, Senior Managers and front line staff to discuss patient and staff safety and agree system changes to reduce risk. This paper sets out a process for this, including a suggested attendance list and in the appendices, a number of simple forms to allow a consistent way of recording findings and actions which will allow greater governance. By adopting this approach, the Trust will be able to demonstrate our collective and visible commitment to patient and staff safety and evidence shared learning.	
Recommendations, decisions or actions sought	The Board is asked to discuss and confirm its support for the approach proposed.	
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	**No**	

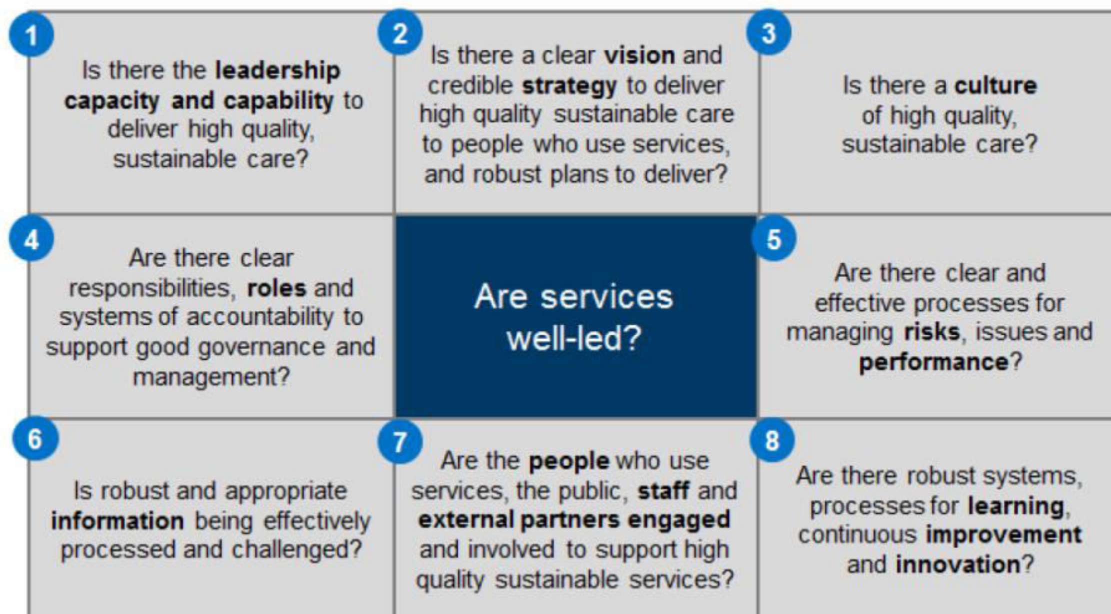
Patient and Staff Safety Leadership Walk Rounds.

A guide to staff, 2018-2020.

INTRODUCTION

Patient safety is our number one priority and by following the Care Quality Commission (CQC) well-led framework which is structured around eight KLOEs (see Figure 1) each with its own characteristics and the CQC's Safe five KLOEs we will ensure Patient safety is at the heart of everything we do across the Trust.

Figure 1: Well-led framework KLOEs



While focusing on patient safety we also have a clear obligation to ensure that we safeguard all of our people while working for our Trust or located on our premises, including vehicles, by reducing risks which are a reasonably foreseeable cause of harm to a level that is "as low as is reasonably practicable". This is regulated by the Health and Safety Executive.

As part of our systems to reduce harm and improve safety we propose to undertake a programme of patient and staff safety leadership walk rounds (Safety Walk Rounds) throughout the Trust, which are designed to work in conjunction with and further enhance our Quality Assurance Visits (QAV). The 2018 - 2020 round of Safety Walk Rounds are guided by these guidance notes which are designed to provide practical support. Our work in patient and staff safety is part of the Trusts Safety Programme

and is instrumental in improving patient and staff experience and safety. Our safety walk rounds are designed to enable improvements in the way in which teams work together, in an open culture, where the safety of patients and ourselves is all of our responsibility.

Safety walk rounds are a way of bringing together the Chief Executive, Executive Directors, Non-Executive Directors including the Chairperson, Senior Managers and front line staff to discuss patient and staff safety and to agree system changes required to improve safety. They are also a way of demonstrating our collective and visible commitment by listening to and supporting staff.

This document is based on both the Institute for Healthcare Improvement (IHI) and Patient Safety First Campaign patient safety material and builds on our experience of conducting these walk rounds over the last few years.

The format for safety walk rounds is described and a set of example questions are provided to discuss patient safety issues with staff.

BACKGROUND

The focus on patient and staff safety and leadership during these walk rounds is aimed at creating a culture of safety, learning and openness in discussing concerns arising from the experience of staff in delivering clinical care. Other topics relating to general staff engagement are useful to discuss as part of the visit, but this guidance proposes a specific focus on patient and staff safety as a core element of the visit.

Executive and NED visits to Operational sites have always proven to be popular with staff but logistically challenging for the Trust and sometimes lacking in purpose other than the valuable engagement opportunity.

To this end, an ongoing programme of safety walk rounds, with documented outcomes is recommended.

AIMS OF PATIENT SAFETY WALK ROUNDS

- Reinforce our key clinical priority that the Trust integrates patient and staff safety into the daily working routine
- Create a safety culture in all areas and across all disciplines by maintaining the patient as the focus and raising staff awareness to recognise their contribution to improve patient safety
- Address and overcome barriers to patient and staff safety
- Implement evidence based interventions that have been shown to reduce adverse events
- Link to and provide evidence that services are Well led

WHERE

Within the ten Operating Units, Emergency Operations Centres and 111 Centres any of the following sites may be utilized as a meeting area in agreement:

Ambulance Stations & Make Ready Sites
Emergency Operations Centres
111 Centre
Hazardous Area Response Team Bases
Trust Headquarters
Clinical Education

1. PREPARATION

1.1 WHO WILL CONDUCT THE PATIENT SAFETY WALK ROUNDS?

The leadership team for each visit will consist of a selection of leaders from Non-Executive Directors, the Chief Executive, Chairperson, Executive Directors and Senior Operational and / or Quality / Clinical / Education Managers.

All Non-Executive Directors, the Chief Executive, Executive Directors and Senior Managers will participate in annual programme of walk rounds. At least one Executive Director will attend each safety visit.

The leadership team will meet with the Operational Staff, Operational Team Leaders, Operations Manager(s) and Operating Unit Manager(s) appropriate to the Operating Unit or Specialist Service. Where EOC, 111, HART and Education and Training are located in the Operating Unit area visited, appropriate operational and managerial representation will attend. Representation from the local NHS, patient representatives, SECAmb Governors and other appropriate stakeholders may be invited to attend but it is requested that they attend in the second hour to facilitate internal discussion prior to collaborative discussions with partner agencies.

1.2 SCHEDULE OF WALK ROUNDS

A programme of walk rounds will be planned in advance. The date, time and location of walk rounds will be organised by the Corporate Executive Assistant (EA) team, Walk rounds will last approximately 90-120 minutes, dependent on the number of stakeholders present.

Due to the logistical challenges involved in arranging the walk rounds, it is requested that these dates are retained in diaries as a key priority. Should attendees no longer be able to attend a scheduled visit, they must let the Corporate EA team know who your replacement will be on the visit to ensure the information for the walk rounds is kept up to date.

1.3 IDENTIFY THE SITE LEAD

Under the direction of the Regional Operations Manager for the sub-Regional area to be visited, a site lead will be identified. The Corporate EA team will liaise with the Regional Operations Manager’s appointed person to agree the location, time and detail for the visit and any arrangements for walk rounds to local facilities, if necessary.

1.4 COMMUNICATIONS

To maximise our opportunities to interact and discuss patient safety with as many

members of the local team as possible, all staff need to know about the walk rounds in advance and what the aim is. The Regional Operations Manager's appointed person working with the local team will include information in team briefings, station notices and social media. The area visited will have the opportunity to demonstrate their patient safety activity during the walk round. This is about local ownership. The purpose of the captured conversations is to share with those involved and work collectively on any follow-up actions we can take to improve safety

1.5 CONFIRMATION

Ten days prior to the visit, the Regional Operations Manager's appointed person should return the pre visit checklist **(Appendix 2)** to be sent to the Corporate EA team – TBA

Prior to the visit, two key strategic priority messages will be highlighted by the Area/ Department for the visiting team to discuss with staff. This will aid our key strategic messages so that staff are sighted on progress thus far whilst affording them the opportunity to input their thoughts, feelings and recommendations. These two key messages will be submitted 10 days prior to the visit (**Appendix 2**).

Any safety concerns or good practice highlighted in the most recent Quality Assurance Visit (QAV) will also be shared with the team to allow triangulation of findings and further assurance. The team conducting the visit should therefore also make themselves familiar with the CQC Well Led and Safe key lines of enquiry, as opportunities may arise for this to be introduced during discussion.

Seven days prior to the visit, the Corporate EA team will confirm the visit and send an information brief to the Safety Walk Round team conducting the visit.

2. THE PATIENT SAFETY VISIT

2.1 FORMAT

Each team should allocate a member of the local team as a scribe who is responsible for recording discussions during the walk rounds on the template provided. **(Appendix 4**)

2.1 INTRODUCTION AND SCENE SETTING

The team should explain the purpose of the visit, which is summarised below:

(This does not need to necessarily be read out verbatim).

Patient and staff safety is our priority as such we must always be on the lookout for opportunities to improve outcomes for patients and prevent harm. The safety walk rounds are designed to create the conditions to have open conversations about patient and staff safety. We believe that by doing so we can create an open 'just culture' to make our work environment safer for us and all of our patients. By being open and collective in our efforts we will focus on the systems that need improvement. The focus of our discussion is learning and improvement. The framework of questions we have put together are general, to help us all think of areas that may apply (consider medical errors, miscommunication between individuals, distractions, inefficiencies, protocols not followed etc). We also wish to share with you some of our key priority area updates and welcome your feedback (**Appendix 3**).

2.2 QUESTIONS (for example)

Can we start by sharing an example of patient safety improvement locally that was a challenge and has now been addressed?

Patient safety is our number 1 priority. How might the next patient be harmed within our service?

What is the most likely way that one of our people may be harmed?

What gets in the way of you improving patient safety changes that you want to provide?

Are there areas that concern you about patients' safety that are not being addressed locally?

Have there been any near misses that almost caused patient or staff harm?

Have there been any local incidents lately that you can think of where a patient was harmed?

Have there been any local incidents where a member of your team has come to harm?

What happened as a result of these events and can you share how you have taken action to avoid in the future?

What specific intervention from the Board and Senior Management would make the work you do safer for patients?

What is working well/ what is not working well?

How have you shared your learning through the Trust and wider NHS?

2.3 CLOSING COMMENTS

At the end of the visit, the Patient Safety visit team will summarise the visit and give any feedback. Three actions should be agreed to be progressed as (**Appendix 5**):

1. Local Level Action (with named responsible lead)
2. Operating Unit Level Action (with named responsible lead)
3. Regional and Trust Level Action (with named responsible lead)

3. FOLLOW UP

a. ACTIONS

The team will review the session and within 10 days send their completed notes with agreed actions to: -

1. Head of Compliance
2. Regional Operations Manager of Region
3. Corporate EA team:

The Head of Compliance will retain the information on to a database and should assess the report for any issues requiring urgent attention. Authorised by the Regional Operations Manager, the responsible leads should provide a report to the Head of Compliance on the progress and outcome of the actions on a regular basis after receipt

of the report.

3.1 TRACKING AND MONITORING

This Clinical Governance Group, Central Health and Safety Working Group and Quality & Patient Safety Committee, will be presented with a progress update. Regions are also encouraged to display this information in local Station and Regional Management Team meetings and Quality Improvement hubs and discuss at the area governance meetings to ensure shared learning.

3.2 FEEDBACK

The Head of Compliance will liaise with the relevant Regional Operations Manager, regional Health and Safety groups and the Clinical Group as actions are completed or updated. The Medical Director will provide reports to relevant Committees and Board as part of the normal reporting process.

3.3 MEASURES OF SUCCESS

The Head of Compliance will evaluate the effects on patient safety, the improvement cycle, the environment, staff/patient attitudes, success in completing actions and triangulation with QAV findings etc and will provide a report for the relevant Committee, and the Board, at the end of each cycle of walk rounds.

APPENDIX 1

Notification of Patient Safety Leadership Walk Round

Dear Regional Operations Manager(s),

Patient and staff safety is our priority as such we must always be on the lookout for opportunities to improve outcomes and prevent harm. The patient and staff safety walk rounds are designed to create the conditions to have open conversations about patient and staff safety. We believe that by doing so we can create an open 'just culture' to make our work environment safer for our people and all of our patients. By being open and collective in our efforts we will focus on the systems that need improvement. The focus of our discussion is learning and improvement.

On the DD/MM/YYYY, we would like to conduct a Patient and Staff Safety Leadership Walk Round in the Operating Unit area of LOCATION. We would therefore like to invite the Operating Unit Management team along with operational staff <AND OTHERS IF APPLICABLE> from that area to LOCATION.

Focusing on patient and staff safety and leadership during these walk rounds is aimed at creating a culture of safety and openness in discussing concerns arising from the experience of staff in delivering clinical care. We would like you to demonstrate your patient and staff safety activity for this area, what challenges you have faced, how you have overcome them and what assistance do you need from us?

Other topics relating to general staff engagement are useful to discuss as part of the visit, but this guidance proposes a specific focus on patient safety as a core element of the visit. We would therefore like to invite two key messages that staff would like the visiting team to discuss.

I would appreciate it if you could please notify xxx (appendix 2) which venue within the area would be suitable and an attendance list of Operating Unit Managers attending (including Operational Team Leaders). Operational staff are very important but a list of names prior to the visit is not necessary for this group.

Best Wishes,

Daren Mochrie, CEO

Richard Foster, Chair

Fiona Moore, Medical Director

Steve Lennox, Director of Nursing and Quality

Giles Adams, Head of Compliance

Appendix 2

To be completed by Corporate EA team.	
Operating Unit Area	
Regional Manager	
Appointed person	
Date of Visit	
Address	
Visiting Team	

To be completed by Regional Operations Manager appointed person.	
Named Site Lead	
Discussed with SOLT ? **All staff made aware ?**	YES / NO YES / NO
HART/EOC/111/ Education & Training/ Operations all attending? **(If in the visiting area only)**	YES / NO / Not Applicable
Operational Staff Notified ? **By what method(s)?**	YES / NO
Two Key Messages you want visiting team to update you on?	1. 2.
Please list confirmed Managers and	

Operational Team Leaders Attending	
Please estimate the number of operational staff have said may attend	

APPENDIX 3

KEY MESSAGES THAT EACH AREA WISHES TO KNOW ABOUT FROM THE VISITING TEAM

Key Message 1:
Key Message 2:
Any Additional Notes Provided:

Who is providing the key message from the visiting team?

APPENDIX 4

Date	Notes	Page of

Example:

Can we start by sharing an example of patient safety improvement locally that was a

challenge and has now been addressed?

Please share an example of a staff safety improvement locally that has been addressed?

In our area, we can demonstrate that ……

During the conversation, the group noticed that the local patient safety group have

Undertaken a significant piece of work. This piece of work brings benefit because of…

Name of person recording notes from visit:

Date	Notes	Page of

APPPENDIX 5

<table>
<tr><td colspan="2">Date: ____/____/____</td><td>Location:</td><td>Number attended:</td><td colspan="2">Regional Operations Manager:</td></tr>
<tr><td colspan="3">Safety Team:</td><td>Scribe:</td><td colspan="2">Local Lead:</td></tr>
<tr><td colspan="6">WHAT ONE PATIENT SAFETY ACTION WILL YOU CARRY OUT?</td></tr>
<tr><td></td><td colspan="2">Action</td><td>Action Owner(s)</td><td>How will we know an improvement has been made?</td><td>When do we aim to achieve this?</td></tr>
<tr><td>Locally</td><td colspan="2"></td><td></td><td></td><td></td></tr>
<tr><td>Operating Unit</td><td colspan="2"></td><td></td><td></td><td></td></tr>
<tr><td>Regional or Trust</td><td colspan="2"></td><td></td><td></td><td></td></tr>
<tr><td colspan="6">Additional points to address:</td></tr>
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APPENDIX 6

<table>
<tr><td colspan="2">Date: ____/____/____</td><td>Location:</td><td>Number attended:</td><td colspan="2">Regional Operations Manager:</td></tr>
<tr><td colspan="3">Safety Team:</td><td>Scribe:</td><td colspan="2">Local Lead:</td></tr>
<tr><td colspan="6">WHAT ONE STAFF SAFETY ACTION WILL YOU CARRY OUT?</td></tr>
<tr><td></td><td colspan="2">Action</td><td>Action Owner(s)</td><td>How will we know an improvement has been made?</td><td>When do we aim to achieve this?</td></tr>
<tr><td>Locally</td><td colspan="2"></td><td></td><td></td><td></td></tr>
<tr><td>Operating Unit</td><td colspan="2"></td><td></td><td></td><td></td></tr>
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<tr><td colspan="6">Additional points to address:</td></tr>
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South East Coast Ambulance Service NHS
NHS Foundation Trust

		Item No	163/17
Name of meeting	Trust Board		
Date	25 January 2018		
Name of paper	Ambulance Hospital Handover Delays		
Executive sponsor	Joe Garcia, Director of Operations		
Author name and role	Gillian Wieck, Programme Director - Handover		
Synopsis	There are significant ambulance handover delays at hospital sites. This has an impact on both patient safety and experience. The delays also mean that SECAmb are unable to respond to public 999 calls. To address this system-wide issue SECAmb have appointed a dedicated Programme Director for six months to provide additional leadership and focus. A system-wide Task and Finish group is in place together with two (East and West) operational groups who are responsible for delivering the changes needed to ensure improvement. Two initial targets have been set for March 2018 1. No handover delays >60 minutes 2. Crew to clear time should not be >15 minutes 85% of the time.		
Recommendations, decisions or actions sought	For information.		
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).		**No** If yes and approval or ratification is required, a completed EA Record must be attached.	

South East Coast Ambulance Service NHS Foundation Trust

Trust Board

Ambulance Handover Delays

1. Introduction

This report provides background to, and an update on, the Ambulance Handover Delays Programme.

2. Background

2.1. All ambulance handovers at acute hospitals should happen within 15 minutes of arrival. There are currently significant delays in handovers at most of the hospital sites where SECAmb transports patients. Some patients are experiencing delays of up to and over 60 minutes. This has a direct impact on both patient safety and experience.

2.2. For SECAmb, handover delays have a big impact on the ability to respond to calls in the community. In December, which was a very challenging month, delays at hospitals meant that each day up to the equivalent of 22 double crewed emergency ambulances were not available to respond to 999 emergency calls; there is also an additional impact on patient safety caused by handover delays in the community (when SECAmb access services in the community to avoid a conveyance to hospital). Handover delays, both in the hospital and in the community, contribute to SECAmb being unable to respond to public 999 calls some of which are potentially viable cardiac arrests, major trauma incidents and other types of calls which are waiting much longer for an ambulance response.

2.3. Ambulance handover delays are an issue across the NHS and there is national focus on the need to reduce handover delays. Handover delays are a sentinel indicator for both winter monitoring and on an on-going basis. Reducing handover delays is a recognised national "must do".

2.4. Ambulance handover delays can be a symptom of system-wide issues, a mismatch of capacity and demand and inadequacy of patient flow. Handover delays are a recognised system-wide responsibility. There is therefore a need for organisations to co-operate and work together to ensure effective solutions.

3. Ambulance Handover Delays Programme

3.1. To support the system-wide work required, SECAmb has appointed a programme director for six months to provide dedicated leadership and support.

3.2. A Task and Finish Steering Group chaired by Paula Head, CEO at Royal Surrey County Hospital NHS Foundation Trust, has been established and its scope is to provide a focused and consistent approach for an overall and sustained improvement in delays across SECAmb's footprint. The steering group is key in influencing how changes can be made and identifying drivers and enablers. The following principles and priorities for the steering group are:

- Ensure implementation and maintenance of robust processes and procedures at individual hospital sites to manage effectively ambulance handovers.
- Ensure best practice within Emergency Departments and SECAmb to support flow including "Fit2Sit" and sophisticated streaming for example conveyance direct to specific units/wards.
- Ensure alternative existing pathways to conveyance (other than acute sites) are used effectively (where they are in place) and identifying new alternative pathways.

3.3. The steering group has agreed a data set to measure and monitor performance:

- Lost hours at hospital sites due to handover delays
- Over 30 minute delays
- Over 60 minute delays
- Handover screen compliance
- Tail end hours – (impact on delays reaching community patients)

3.4. The steering group has two operational sub-groups reporting into it. They are responsible for delivering the required system-wide operational changes needed for improvement. The groups cover the East and West geographical areas of SECAmb's footprint. A Chief Operating Officer from an identified acute hospital chairs each group, and membership includes the Programme Director, CCG representatives, the COOs from each acute trust, a representative from a community trust and senior SECAmb account and operational managers.

3.5. Two initial targets have been set for March 2018:

- No ambulance handover delays >60 minutes
- Crew to clear time should not be >15 minutes 85% of the time.

3.5.1 To achieve no handover delays >60 minutes, individual plans will be in place for each hospital site. The plans include reviewing and streamlining the patient handover process and implementing best

practice wherever possible e.g. streaming to ambulatory care, having a designated handover nurse etc.

3.5.2 Early triggers for escalation when the system is under increased pressure will also be included in the plans. An early, consistent and joined up response to those triggers will ensure that appropriate actions are taken proactively in order to avoid handover delays when there are additional pressures.

3.5.3 The Operational Unit Managers in SECAmb are drawing up plans that will ensure the ambulance crews are able to clear efficiently at each site and are therefore available for the next task in timely way. When there is a need for longer than 15 minutes for the crew to clear, a mechanism will be in place for crews to request “delayed available”.

3.6. The next priority for the operational groups is to implement a joined up Fit2Sit approach which improves both patient safety and patient flow. Fit2Sit aims to reduce the numbers of patients waiting unnecessarily on a hospital trolley by reducing the number of patients presumed immobile due to an acute or chronic condition. The approach ensures that ambulance and hospital staff are aware of frailty and the damage caused by deconditioning. It also however supports front door streaming options, and reduces the level of triage at EDs. It can reduce length of stays by improved pathways and therefore improves general hospital flow, which in turn reduces ambulance handover delays.

END