South East Coast Ambulance Service NHS Foundation Trust

Extraordinary Trust Board Meeting to be held in public.

29 August 2019
10.00-11.15

Trust HQ, Nexus House, Crawley

Agenda

Item No.	Time	Item	Encl.	Purpose	Lead
Introduction					
42/19	10.00	Apologies for absence	-	-	Chair
43/19	10.01	Declarations of interest	-	-	Chair
44/19	10.02	Minutes of the previous meeting: 25 July 2019	**Y**	Decision	Chair
45/19	10.03	Matters arising (Action log)	**Y**	Decision	PL
Focus Items					
46/19	10.05	CQC Inspection Inspection Report Findings & Next Steps	**Y**	Information	FM
47/19	10.35	999 Performance	**Y**	Assurance	JG
48/19	10.55	Use of Salbutamol	**Y**	Decision	RQ
Closing					
49/19	11.10	Any other business	-	Discussion	Chair
50/19	-	Review of meeting effectiveness	-	Discussion	ALL
Close of meeting After the meeting is closed questions will be invited from members of the public					

Date of next Board meeting: 26 September 2019

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting,
25 July 2019

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

Present:

Lucy Bloem	(LB)	Senior Independent Director / Deputy Chair
Fionna Moore	(FM)	Acting Chief Executive
Angela Smith	(AS)	Independent Non-Executive Director
Bethan Haskins	(BH)	Executive Director of Nursing & Quality
David Hammond	(DH)	Executive Director of Finance & Corporate Services
Joe Garcia	(JG)	Executive Director of Operations
Laurie McMahon	(LM)	Independent Non-Executive Director
Michael Whitehouse	(MW)	Independent Non-Executive Director
Richard Quirk	(RQ)	Acting Medical Director
Steve Emerton	(SE)	Executive Director of Strategy & Business Development
Terry Parkin	(TP)	Independent Non-Executive Director
Tricia McGregor	(TM)	Independent Non-Executive Director

In attendance:

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

23/19 Apologies for absence

David Astley	(DA)	Chairman
Alan Rymer	(AR)	Independent Non-Executive Director
Paul Renshaw	(PR)	Director of HR

LB welcomed members and those observing and confirmed that she would be interspersing the Board committee papers with the relevant sections of the IPR.

24/19 Declarations of conflicts of interest

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

25/19 Minutes of the meeting held in public on 20 May 2019

The minutes were approved as a true and accurate record.

26/19 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.

27/19 Board story [10.06 – 10.12]

The Board story was about the Trust's maternity line. Staff were giving examples of how the service currently works to ensure improved care and outlined some of the planned improvements scheduled over the next period, including training midwives on the Manchester Triage Tool.

The Board reflected that this was one really good example of the types of things the Trust needs to do more of, in working across disciplines and in to more integrated care settings.

28/19 Chief Executive's report [10.12 – 10.18]
FM took the Board through her report, specifically noting the arrival of RQ and thanking Adrian Twinning who left in May. FM then spoke a little about the CQC inspection during June and July, and the initial feedback provided, as set out in the letter enclosed with the papers. This letter was very positive and highlighted a number of areas of good practice and also some areas of improvement. FM confirmed that the draft report has now been received for factual accuracy and the publication is scheduled for 15 August 2019.

FM also confirmed some details of the national EU exit meeting on 10 July, where a number of issues were discussed, including the specific challenges in Kent. In light of these unique challenges, mutual aid support has been pledged from the other nine ambulance trusts.

Finally, FM took time to note the outcome of the ENEI award and, on behalf of the Board congratulated the Wellbeing Hub.

There were no questions.

29/19 Delivery Plan [10.18 – 10.58]
SE confirmed that he and his executive colleagues would update by exception.

<u>STAD</u>
SE explained that some of the inputs are now starting to show positive impact on performance. The programme will move in to 999 (business as usual) delivery, facilitated by the operational restructure. The aim will be to ensure a consistent and integrated approach. The workforce trajectories still remain as per the demand and capacity review.

MW asked about recruitment of paramedics and the steps being taken to ensure a smooth recruitment process, so that new staff are looked after properly; currently MW is not assured about this and it is a key enabler of our delivery. JG responded to this challenge by firstly acknowledging that, historically, the Trust has been too selective, but now we recognise the market forces and so have changed our approach from assessment to attraction. He gave the example of the recent process for recruiting newly qualified paramedics (NQPs) where of 33 applicants 32 offers were made on the day. MW explained that his point is not so much about the recruitment process, but what happens when staff arrive; do we train and look after them well enough? SE outlined the on-boarding process and the work ongoing to optimise this and provide further clarity on the career pathway.

TP added that the workforce and wellbeing committee (WWC) has the same concern about recruitment and retention; it acknowledged the number of initiatives ongoing, but it is a complicated market and so there is not yet the confidence that we have everything in place required to ensure the Trust recruits the numbers required. The committee is also exploring retention in the context of other providers trying to attract paramedics and how it might support the executive to respond to this challenge.

<u>Sustainability</u>
DH confirmed that the Worthing ambulance station work is complete but not signed off in the agreed timeframe, hence the Red RAG-rating.

EPCR is also Red RAG-rated, due to some of the delays. Pre-live testing is now complete and the Project Board on 26 July is reviewing Go/No Go. The expectation is that this will be Amber by next Board meeting.

TP asked about Worthing and clarified that there is no financial consequence to the Trust.

Quality and Compliance

BH explained that there are now fewer projects under quality and compliance, as the improvement trajectories are being met. The Steering Group is therefore moving from to monthly meetings; initially they were weekly, then every fortnight. This will be reviewed after we receive the CQC inspection report; any Must/Should Do will be covered by the Group.

However, there is currently an extraordinary Steering Group each week to cover just the EOC clinical safety project to ensure continued grip and focus.

TM commended the huge progress with some of the projects. She referred to the EOC project, specifically the anticipated delay linked to the audit and training business case. It was clarified that the consultation required is three months, but various options are being explored to see what can be done in the meantime.

In relation to NHS pathways training for version 17, LB asked how performance will be maintained given the required abstraction. JG confirmed the training plan has accounted for abstraction, and this is the case every year.

HR Transformation

In PR's absence, BH confirmed that this programme is currently in Intensive Support and referred to appendix E of the delivery plan, which gives the related timelines. A huge amount of progress is being made in these areas. A fifth project not mentioned is personnel files, and this is also under specific review by Intensive Support; focussing on the review of existing staff files and then the processes moving forward, where there is less risk. TP confirmed that this is within the current focus of WWC.

LB asked whether the applications cited will be available through I-Pads. DH confirmed the intention is that they will be accessible from mobile devices.

EOC clinical safety Deep Dive

BH outlined some of the areas starting to show some green shoots of recovery, including;

- Dispatch Recruitment – there were 17 vacancies and 17 offers have been made with 5 in reserve.
- EMA recruitment is exceeding the trajectory. However, we are still seeing high turnover rates; some moving to other roles, but the feedback from those who are leaving the Trust is that the role is not what they expected, and so work is ongoing to ensure clearer expectations and more focus on resilience, during the recruitment process.
- Clinical recruitment is seeing significant progress through a number of different approaches;
    - Supervisor and Navigator; constant recruitment and flexibility and rotation with other providers. We now have 24.9 WTE against 41 and 13 have been recently been offered roles with 3 further interviews booked.
    - Mental Health – 9.2WTE against 12 with 4 recent offers.
    - International recruitment – offered 44 and 22 starting from 11 August, although there is a long lead in time. Support is provided from an external company to help ensure they get through the exams linked to NMC. The aim is that the 22 will be fully operational by winter.
    - Agency staff are being used including Band 5 nurses.
- Audit compliance is still not where it needs to be. This will be improved through delivery of the business case approved by the Board in June. But in the meantime this remains a risk.
- Clinical rotas – work to ensure the right staff at the right times.

TP stated that WWC is assured with the interventions in place to increase capacity. However, it is increasingly clear that more honesty is needed during the recruitment process given the numbers leaving. The committee has explored this and accepts that with greater honesty about the resilience needed, it may result in fewer staff recruited, but this is weighted against improved retention. JG agreed and reassured the Board that the leadership with the EOC have done much to more appropriately set expectations and this includes greater assessment of expectations and resilience. This will mean being more considered and selective. FM added that other things to support resilience includes offering more part time roles and the diamond pod that was introduced last year. But it is well recognised that this is a pressurised job, especially when at high demand. TP noted the complexities with this and confirmed that WWC has never been as assured with the steps management is taking.

LB suggested that we should start to talk about retention and recruitment (focus first on retention) and asked whether we have the right balance of focus. TP felt that we are getting there and confirmed that WWC will think about this, acknowledging that retention is not just a HR function.

LB summarised that with regards the EOC deep dive, there is good progress but work to be done to sustain this through ongoing innovations. On the Delivery Plan more generally, the report could be clearer in terms of focus on priorities and how we are achieving them.

30/19 BAF Risk Report [10.58 – 11.13]

PL outlined the structure of the report, reinforcing the overview of each of the BAF risks, provided by each board committee.

The Board considered the recommendations:

i. Remove BAF Risk 602 (mobilisation for 111 emergency contract) – on the basis that the target score is achieved and the service is now mobilised.

   Decision: Agreed

ii. Add BAF Risk 178 (risk of failure to achieve the planned financial target / control total) Recommended by FIC - details will be provided in the next version of the report.

   Decision: Agreed

iii. Note the increase in residual risk score for Risk 334 – Culture as recommended by WWC

   Decision: Noted and Agreed

iv. Consider whether to remove risk 522 as the risk score is now considered to be met. This is supported by the scrutiny of AUC and a paper received this month confirming all service areas now have a Business Continuity plan in place and reviewed at least once within the past 12 months.

   Decision: Agreed

v. Note that risk 529 will be updated in August following the mapping exercise being undertaken with commissioners to ensure arrangements for system assurance involving SECamb is more manageable.

   Decision: Noted

vi. In light of the feedback from the most recent QPS committee meeting (subsequently supported by FIC), BAF Risk 123 which relates to consistently meeting the ambulance response programme will be reviewed to better reflect the specific risk relating to Cat 3 performance. This is on the basis that the risk relating to this standard is currently higher than the others – so it's about being clearer.

Decision: Agreed

TP referred to the safer recruitment risk, specifically the issue of personnel files, and the likelihood that some files might never be complete and so potentially there will be a level of risk that might need to be accepted. However, going forward systems seem to be better, such as DBS records. TP wondered then whether the executive needs support from the Board to take a decision to accept that some files will be incomplete. BH thanked TP for this and confirmed that we are seeking expert opinion on level of risk. A gap analysis and level of risk will come through WWC and then to Board.

This then led to a discussion about the type of gaps that might exist and the difference between documents such as interview notes that will be more difficult to obtain, and ID / right to work, which can and should be obtained. The Board also put this in to the context that most other organisations will also have gaps in employee records, and so we are rightly highlighting this given the detailed audit carried out.

LB summarised that clarity is being sought on the gaps identified in some personnel files and assessment of risk and what can reasonably be corrected, will be undertaken. In terms of the specific BAF risk, this should be reviewed to show the different levels of control, e.g. DBS is now all but resolved.

LM asked about BAF risk 529 and asked that in the review we ensure we take account of how the system is evolving. SE agreed.

LB ended by reinforcing the importance of this report and the positive way in which is demonstrates the links between Committees and EMB.

[Break 11.13 – 11.28]

31/19 **IPR** [11.28 – 12.16]
Directors updated by exception.

Clinical Safety
RQ confirmed that there is a possible data issue which is why Cardiac Survival in April dropped to 8%.

Action
RQ to confirm why the data in the July IPR is showing cardiac survival is down 8%.

Re Good Sam, FM confirmed that this is now live and people are registered on the system. She explained that this app alerts people when an incident is nearby so they can give help; it also confirms the location of the nearest defibrillator.

Quality
BH highlighted the following:

1. Duty of candour compliance has returned to 100%

2. Poor compliance with some complaints responses, in particular those related to the EOC. This is due to long term sickness in the department, which has highlighted a single point of failure. Training has now been given to other staff to ensure this is corrected.
3. Learning from deaths – the national guidance has now been published which does for the first time include ambulance services.

TP asked about hand hygiene and apparently only ensuring compliance when it is enforced. He suggested that we shouldn't have to rely on enforcement and asked what is being done culturally and to ensure personal responsibility. JG confirmed that using a disciplinary approach does not embed learning and we recognise that this requires a change in culture, starting with all our leaders to ensure being 'patient ready'. Therefore, the focus is on reinforcing our leadership approach. In response to this the Board reflected on why we haven't got the shift in culture to-date, noting the variance between OUs.

Action
The Executive to confirm the root cause of the decline in hand hygiene and through QPS Committee set out the steps being taken to address this.

With regards violence to staff (in the H&S metrics), LB asked whether this is a focus of management. BH confirmed that there is joint working on this between the Head of Health and Safety, Locals Security Management Specialise, and the OUs. She reassured the Board of the support available to staff who are victims of violence and that any spikes are considered by the H&S committee. BH was assured that there is good governance in this area.

QPS Committee Escalation Report
LB asked TM at this point to take the QPS committee escalation report. TM took the Board through the reports from both the June and July meetings, confirming that it remains focussed on very topical issues, as reflected in discussions at this meeting and in the BAF risk report. The committee is also receiving increasingly well written and clear papers. There are two areas where the committee is not assured;

- Vehicle cleanliness – this partly due to the numbers of vehicles in use to meet demand. A further paper due later in the year will pick up some of the outstanding issues.
- Key Skills – a thorough paper was considered giving a clear rationale for the re-phasing of key skills, but the committee is not assured this will be delivery by April 2020. The plan by OU will come to the committee in September.

<u>Operations</u>
JG outlined the data in the scorecards, and explained the work undertaken in June when performance started to dip. The changes made then are starting to impact positively on ARP standards, in particular, Cat 1 2 and 3, most notably in Cat 3. These changes are also informed by learning from other ambulance services.

In terms of Cat 2 performance, nationally the Trust is middle of pack, which alludes to the challenges facing all ambulance services. We have been for a long period an outlier in Cat 3, but in recent weeks we are not 3rd bottom, when compared nationally, which shows the progress made.

Call answer performance trend is showing sustained improvement.

At request of the finance and investment committee (FIC) we are working on some trajectories to inform the committee on what we are aiming to achieve and how we plan to get there.

In terms of the 111 scorecard, JG highlighted the challenges since the new service in March, with 999 referrals above the national average. There is a plan to bring this down in next few weeks.

TP asked about hospital handovers, which fluctuate and so could we have a national comparison to put local patterns in the context.

Action
As part of the review of the IPR, national comparators will be included for hospital handover delays, to show how we compare with other parts of the country.

JG reinforced the size of the problem by explaining that if we got hospital handover to an acceptable norm it would release in the region of 1000 hours a week.

LB summarised that we are demonstrating innovative ways of doing things which is starting to show real improvement. On behalf of the Board she thanked the executive for its focus and highlighted how the executive has demonstrated good team working by sharing this challenge; rather than leaving it to just the director of operations.

The FIC report was taken at this point.

FIC Escalation Report
MW set out the extraordinary meeting from July, which focussed in three areas:

1. 999 Performance – the Trust is adopting an analytical approach to understanding why performance was not improving as expected, especially in Cat 3. The committee sought assurance on clarity of the root cause and how sustainable the remedial actions are likely to be. Also, that short term decision do not detract from the longer term. The committee was assured that we are getting to the root causes, e.g. recruitment and how we deploy resources at the right times. It was also assured on the remedial actions, but noted the consequences on finance and workforce. Going forward the committee asked the executive to provide a more detailed plan to give assurance that improvement will be sustained over the next 3-6 months. Until this plan is set out full assurance cannot be given.

2. Financial performance – the committee asked the Board to note that all the things we are doing impacts the long term financial trajectory. We are currently planning a deficit and so need to be aware as Board the decisions it has rightly taken to invest in areas that improves quality and safety does not provide assurance on where the end financial position will be. It might result in an increased deficit, for example, and so the Board needs to be mindful of this. A reforecast is being worked up in the context of medium-long term plan. Until then the committee can therefore only be partially assured.

3. CIPs – here MW set out the challenge balancing the operational and strategic; we aren't yet at sustainable/transformational which must be the aim. Currently, we have a plan for the year and are £200k behind this plan. Some schemes are yet to be agreed. Therefore only partial assurance can be given and the challenge to the executive is to move in to a sustainable and transformational zone.

The Board thanked MW for this updated and was assured by the level of scrutiny and challenge being provided by the committee.

Workforce
JG confirmed that we aim to have 35 NQPS by the end of August and a further 115 by September; 70 more (not yet fully signed up) are expected between October 2019 and January 2020.

The WWC escalation report was taken here.

WWC escalation report
TP updated that the June meeting scrutinised the HR Transformation business case, and reflected the feeling of the committee that HR is moving to where it needs to be; to provide specialist advice and support, allowing managers across the Trust to manage. This is supported by a management training plan.

In July the committee reviewed the apprenticeship levy and it was positive by the plan to made more effective use of this levy to train locally.

To summarise across both meetings, the papers were improved and overall we feel the role of HR has a renewed clarity and programmes of work underway are the right ones to ensure improvement.

Finance
There were no additional comments to the updated provided by MW and there were no questions.

32/19 Quality and Patient Safety Committee Escalation Report
Taken under the quality section of the IPR (31/19)

33/19 Incident and SI Annual Report [12.20 – 12.26 taken after item 39/19]
BH set out the structure of the report which includes the activity, challenges and successes. Also, the learning identified and where this has made a difference. We have struggled to review incidents in a timely way but the report sets out the improvement in this area and the work still to do.

TM confirmed that this report was received by the QPS committee, which noted the high level of scrutiny given to SIs, as part of the improvement work both internally and externally. It noted the new issue of CAS alerts and asked for a management response in September. Some feedback was provided to enhance the report but overall the committee was pleased to see progress. In July the committee received for the first time a really good thematic review of SIs, which demonstrated cross learning.

LB summarised that we have matured as an organisation, demonstrated by the number of SIs de-escalated; in the past we would not been in a position to challenge this. Also the thematic learning shows how it all joins up.

34/19 Use of Salbutamol
Item Deferred.

35/19 Workforce and Wellbeing Committee Escalation Report
Taken under the workforce section of the IPR (31/19)

36/19 Diversity and Inclusion Annual Report [12.26 – 12.29 – taken after item 33/19]
TP confirmed the view of WWC that this is a very well-written paper and shows compliance in every area. This is significant given the coverage and scope of the Trust. TP therefore suggested that the Board should take a good level of assurance from this.

MW referred to the gender pay gap, which is small but something we need to watch.

FM added that we do need to acknowledge that we aren't quite where we need to be re WRES. A report on this will come to the Board in September.

37/19 AUC Report [12.16 - 12.18 – taken after item 31/19]
AS noted the updated to the committee provided by the Chief Executive, and was pleased to see this focus in improving the controls environment. The committee has asked the executive to review the delivery dates arising from the management actions agreed following internal audit reviews.

The committee also spent time reviewing the IPR and suggestions were made. Principally, the focus should be on the Board, and more forward looking / actions orientated. Plus making the constraints clearer in the context of management not being able to do everything.

There were no questions.

38/19 FIC Report
Taken under the performance section of the IPR (31/19)

39/19 CFC Report [12.18 - 12.20 – taken after item 37/19]
AS updated on the focus of the committee as described in the report. The aim is to review the new governance arrangements in December 2019.

There were no Questions

40/19 Any other business
None

41/19 Review of meeting effectiveness
The Board agreed that taking the committee reports during the IPR worked well and we should continue with this.

There being no further business, the meeting closed at 12.31

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

Date _____

South East Coast Ambulance Service NHS FT Trust Board Action Log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
24.01.2019	145/18a	The executive to review the structure of the Delivery Plan report, including how to reflect the dependencies on the Trust's strategic aims, to help the Board focus on the key areas.	SE	Q3 2019/20	Board	IP	SE updated that this will be reviewed as part of strategy review as aims and objectives will be amended.
24.01.2019	145/18d	Confirm to the Board the timeline and approach to developing the CFR / Volunteer strategy.	JG	26.09.2019	Board	IP	Aim is to bring to Board via QPS in Sept
28.02.2019	161/18	Paper to the Board during Q2 updating on the work of the Trust in terms of public awareness / training, e.g. CPR.	JG	26.09.2019	Board	IP	
28.02.2019	162/18b	Details of the (hospital handover) system wide learning programme to be brought to the Board in due course.	BH	TBC	Board	IP	
28.02.2019	167/18	Paper to the Board in due course setting out the implications of the new national guidance on learning from deaths.	FM	26.09.2019	Board	IP	Update scheduled
28.03.2019	184 18a	Executive to bring through WWC a target number of grievances to be expected, and a plan to achieve that number and ensure more timely resolution of formal investigations.	PR	Q2	WWC	IP	
28.03.2019	184 18b	Paper for the Board setting out the routes available for staff to raise concerns / be heard and an assessment of their effectiveness.	PR	26.09.2019	Board	IP	
25.07.2019	31 19a	RQ to confirm why the data in the July IPR is showing cardiac survival is down 8%.	RQ	26.09.2019	Board	IP	Update to be provided at the Sept meeting
25.07.2019	31 19b	The Executive to confirm the root cause of the decline in hand hygiene and through QPS Committee set out the steps being taken to address this.	BH	26.09.2019	Board	IP	To be included in the IPR in Sept.
25.07.2019	31 19c	As part of the review of the IPR, national comparators will be included for hospital handover delays, to show how we compare with other parts of the country.	SE	26.09.2019	Board	IP	New IPR due in Sept.

Key

	Not yet due
	Due
	Overdue
	Closed

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	46-19

Name of meeting	Trust Board
Date	29th August 2019
Name of paper	CQC Inspection Report, Findings and Next Steps
Responsible Executive	Bethan Eaton-Haskins, Executive Director of Nursing and Quality
Synopsis	The Care Quality Commission (CQC) published both the trust wide inspection report and the 111 service inspection report on the 15th July 2019. The trust received an improved overall rating of good across all domains and a rating of outstanding in urgent and emergency care due to outstanding ratings in the caring and well led domains. The trust received an additional outstanding rating for the well led domain within the Emergency Operations Centre (EOC). In addition to the CQC report, NHS Improvement also confirmed that trust is to be removed from being under special measures. Within the 111 CQC report, one must do action and one should action were identified. Within the main trust report, four should do actions were identified, all in relation to EOC. The trust is required to submit an action plan detailing how it intends to address the must do action by the 14th September 2019 and is required to publish this on the trust website. It has been agreed with the CQC, that whilst not required, the trust will also submit an action plan in relation to the should do actions. The board will receive an update on progress against these at each pubic meeting. The CQC team have confirmed that they will continue to meet with key staff within the trust on a regular basis and will have a formal assurance meeting every three months with the Executive Director of Nursing and Quality.
Recommendations, decisions or actions sought	The board is asked to note the findings of the report

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	No

South East Coast Ambulance Service NHS Foundation Trust

Inspection report

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Tel: 03001230999
www.secamb.nhs.uk

Date of inspection visit: 4 June to 10 July 2019
Date of publication: This is auto-populated when the report is published

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust	Good
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Good**

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Summary of findings

Background to the trust

South East Coast Ambulance Service NHS Foundation Trust was formed in 2006 following the merger of the former ambulance trusts in Kent, Surrey and Sussex and became a foundation trust in March 2011.

The trust covers a geographical area of 3,600 square miles across Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire. This includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country.

It has a population of over 5 million people. There are 12 acute hospital trusts, four specialist and mental health trusts and 22 Clinical Commissioning Groups (CCGs) within this area.

There are almost 3,300 staff working across sites in Kent, Surrey and Sussex. Almost 90 per cent of the workforce is made up of operational staff – those caring for patients either face to face, or over the phone at the trust's emergency operations centre where they receive 999 calls.

Staff work from 110 sites across the south east coast region including Kent, Surrey, Sussex and parts of north east Hampshire and Berkshire.

The trust provides assessment and treatment advice to callers with less serious illnesses and injuries using a service known as "hear and treat". The trust also has two Hazardous Area Response Teams (HARTs) and provides NHS 111 services across parts of the region.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good  

What this trust does

The trust provides a range of services including emergency and urgent care, and handling of calls through the 999 service and the 111 service.

There are two emergency operations centres located in Crawley and Coxheath, where 999 calls are received, clinical advice provided, and emergency vehicles dispatched if needed. Calls coming into the emergency operations centres are responded to using a set form of triage which determines the response time based on a set of measures called the ambulance response programme. The four categories enable call handlers more time to assess 999 calls that are not immediately life threatening, and callers whose needs indicate when a faster response is required.

There are eight vehicle 'make ready' centres, 33 ambulance stations and 69 ambulance community response posts out of which ambulance crews may be dispatched. They may also be sent directly to callers from previous call out locations or emergency departments where they take patients to.

South East Coast Ambulance NHS Foundation trust has a crucial role in the national arrangements for emergency preparedness, resilience and response. The trust has two Hazardous Area Response Team locations, at Ashford and Gatwick. Staff working within these teams have additional training to enable them to work in hazardous environments.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Summary of findings

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. During the past year we have held regular engagement meetings with the trust and attended a range of meetings. These activities enabled us to have continued oversight of the trust activities and progress it was making on a number of quality improvement initiatives. This information was used together with other data to inform our inspection.

This inspection included the core service areas of emergency operations centres (EOC) and emergency and urgent care (E&UC). These core services had a number of areas which required improvement at the previous inspection and our inspection was designed to assess the progress made. We inspected the 111 service and undertook a well-led review. We did not expect the resilience core service, but when aggregating the overall rating, the ratings from the previous inspection in 2018 were used for this core services.

As part of our inspection we visited trust premises including offices, ambulance stations and emergency operations centres. We also observed care on ambulances and visited hospitals and other health care locations to speak with patients and staff about their experiences of the ambulance service.

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

What we found

Overall trust

Our rating of the trust improved. We rated it as good because:

- Safe, effective, caring, responsive and well led were good.
- Emergency and urgent care services were rated as outstanding overall. The service was rated as good for safe, effective, responsive and outstanding for caring and well led. This was an improvement from our last inspection.
- The emergency operations centre was rated as good overall. It was rated good for safe, effective, caring, responsive and outstanding for well led. This was an improvement from our last inspection.
- The 111 service was rated as good overall. It was rated as good for safe, caring, responsive, well led and requires improvement for effective. This was the same as the last inspection.
- In rating the trust, we took into account the current ratings of the service not inspected this time.

Are services safe?

Our rating of safe improved. We rated it as good because:

- The trust had made a number of changes following the last inspection which improved the safety of the service and were fully embedded.

Summary of findings

- Patient safety incidents were managed consistently throughout the trust. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it. The trust had improved its oversight of training data, so it had a good understanding of which staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The trust had improved the way it provided feedback about safeguarding incidents to staff.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The trust had clear systems and processes to safely prescribe, administer, record and store medicines. We found a high standard of audit and quality control processes to monitor the management and administration of medicines. We saw outstanding practice in the management of controlled drugs.
- The trust had staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction. However, staffing levels were not always fulfilled due to shortages of certain staff grades.
- The trust used monitoring results well to improve safety. Staff collected safety information and made it publicly available**.**

However,

- Staffing levels for clinical staff remained low in the emergency operations centre. This affected the service's ability to offer clinical advice to emergency medical advisors, carry out welfare checks and carry out audits. To address this, the trust implemented a number of initiatives to reduce the risk to patients. They had carried out a demand and capacity review, surge management plan, made improvements to the dispatch system and had introduced a variety of roles to reduce the impact on staff.
- The figures for safeguarding training children and vulnerable adults' level two training for emergency operations staff indicated they were below the trust target.

Are services effective?

Our rating of effective improved. We rated it as good because:

- The trust consistently provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way. This was carried out in line with best practise and had improved since the last inspection.
- The trust monitored and met some agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.

Summary of findings

- Services monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The trust made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff had completed appraisals in line with trust targets.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- There were processes to audit the quality of care being delivered according to evidence- based guidelines. However, the required number of clinical call audits was not being met.

However,

- Patients were not always able to access care and treatment from the 111 service within an appropriate timescale for their needs as performance fell below target in relation to abandoned calls and call answering times.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. From April 2018 to March 2019, the trust scored 100% recommended on six months, for the friends and family's test.
- Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. People told us staff go the extra mile and their care and support exceeds their expectations.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. People's emotional and social needs were seen as being as important as their physical needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The trust was committed to supporting its staff following traumatic experiences and events. Leaders were trained in and had specialist skills to debrief and support staff. A range of services were available for staff to be signposted to.

Are services responsive?

Our rating of responsive improved. We rated it as good because:

- The trust had developed their relationships with all system partners to contribute to an improvement in patient pathways and experiences.
- Services for patients were planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The trust had developed a wide variety of services specific to the needs of different members of the population.

Summary of findings

- The trust was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way. The trust had worked collaboratively with system partners to reduce hospital handover delays, despite the increase in numbers of patients being attended to. They had developed a wide range of initiatives to reduce conveyances to hospital and ensured patients were seen in the most appropriate environment, by the most appropriate health care professional.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. The trust had improved its response to complaints times.

Are services well-led?

Our rating of well-led improved. We rated it as good because:

- Several changes in the leadership had happened at our last inspection and some leaders that were new to the organisation had now embedded into their role. These changes had a positive impact on the organisation.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The trust collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Summary of findings

Outstanding practice

We found examples of outstanding practice in the emergency and urgent care service and in the emergency operations centre.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found six things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the areas for improvement section of this report.

What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

Emergency and urgent care:

- There were various initiatives that demonstrated outstanding service and innovative ways of working.
- The joint working with a paramedic and a therapist to attend to patients who had fallen at home and potentially did not require conveyance to hospital
- There was a designated lead to reduce handover times and delays at hospitals that had helped to reduce the number of hours lost waiting by establishing better working relationships with hospitals and services.
- At two make ready centres, a paramedic practitioner hub was available to answer calls from colleagues for clinical advice and support. This gave staff the opportunity to discuss clinical concerns with familiar colleagues and to share local knowledge.
- Ongoing work to improve services for mental health patient included a resource dispatched with a paramedic and mental health nurse to reduce the need to transfer patients to hospital emergency departments.
- The trust had a 'Longest One Waiting' vehicle (LOWVe) which was a dedicated ambulance used to attend to patients waiting a long time for a crew to respond.
- The Joint Response Unit (JRU) in Kent which was a pilot service in conjunction with Kent Police. One paramedic and one police officer man a vehicle on Friday and Saturday evenings and used to attend call outs with possible violence or mental health issues.
- Medicines management was safe, efficient and automated so that there was a robust audit trail for medicines usage and storage.
- The wellbeing hub was a trust initiative with a range of resources to provide physical and mental health support for staff.

Emergency operations centre:

- The pregnancy advice line continued to be successful. The collaboration between the midwifery service of acute trusts and the trust had been recognised and the collaboration had won two awards.

Summary of findings

Areas for improvement

Emergency operations centre:

- The trust should take action to ensure there are a sufficient number of clinical staff in each emergency operations centre at all times.
- The trust should take action to meet the national performance target relating to call answering times.
- The trust should take action to ensure all staff have completed the level two adult and children safeguarding and all relevant staff have completed level three adult and children's safeguarding.
- The trust should take action to ensure the clinical welfare calls are completed within the targeted timeframes.

111:

- The trust must ensure care and treatment is provided in a safe way to patients.
- The trust should take action to ensure patient feedback mechanisms are fully established.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

- The trust had introduced and sustained improvements in a number of areas to support staff in delivering high quality services and excellent clinical care.
- Leaders at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Board members had a variety of backgrounds and experiences which provided the balance of knowledge and experience necessary to run all elements of the board. Non-executive directors received a comprehensive induction package. Leaders worked hard to ensure they were visible across the trust, via a programme of visits and fed back to the board to discuss challenges to staff and services. Board meetings had taken place at the different make ready centres, the non-executive directors had undertaken quality assurance visits and had been reviewing staff morale, safety of the estates and looking at quality of care.
- The executive leadership team recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation. This included a board development programme, executive coaching and the provision of high-quality appraisals and career development conversation. Steps had been taken to address succession planning and this was in the process of being extended to other senior leaders.
- A restructure of management levels ensured that there were middle and senior managers with the right skills and abilities to run services to provide high quality care. Managers demonstrated behaviours which were aligned to the trust's values. The trust had taken action to address behaviours and performance that were not consistent with their values and vision. Staff reported an improvement in the level and management of poor behaviour within the organisation, such that it was no longer of concern.

Summary of findings

- The trust had a clear vision for what it wanted to achieve. The trust involved staff in the development of the strategy, which was directly linked to the vision and values of the trust. There was a clear five-year plan with objectives set out to deliver high-quality care and sustainable change, which the trust refreshed in line with changing demands of the health care economy.
- A demand and capacity plan had been drawn up after extensive consultation with commissioners and other partners in the wider health care economy to ensure that the trust would be able to meet the needs of its communities and achieve its performance targets.
- The trust and clinical commissioners agreed to implement the recommendations of the demand and capacity review which led to the services and delivery transformation plan. This involved investment in clinical staff in the emergency operations centre, additional clinical staff to increase the see and treat capacity and both staff and vehicles to meet national performance standards.
- The trust board had ownership of financial plans and performance. They restructured the finance function and introduced finance business partners to support budget holders. The trust has set out clear polices on areas of poor financial control in the past and committed to providing clear reporting on how the additional funds agreed with commissioners after the demand and capacity review were used. The finance director published a regular communication to staff updating on financial performance and asking for staff ideas on areas such as cost improvements.
- There was a clear governance structure which enabled safe, high quality care. The executive team understood the importance of underpinning improvement with clear lines of accountability and effective governance. There was a comprehensive committee structure which ensured the trust had a systematic approach to ensuring the quality and safety of its services and being assured of this. The board ensured quality and risk reviews were not undertaken in isolation.
- There were systems to identify performance issues and to manage these. The trust produced a range of performance reports to monitor performance in the full range of trust functions. The board reviewed performance reports that included data about the services and results from national audits were used to develop improvement plans relating to patient outcomes.
- A business intelligence system allowed managers to apply real time data to challenges to be able to identify solutions to areas of challenge. The trust was assured of the quality of its data. There was a combination of internal and external audits to monitor data quality and the capture of accurate information.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risk registers were used effectively to identify, mitigate and monitor risks. All members of the board were well sighted on the organisation risks and the mitigations in place to manage these.
- Managers across the trust promoted a positive culture that supported and valued staff, they told us staff were the trust's greatest strength. Staff we spoke to told us the leadership team were visible, approachable and ensured staff felt valued and cared for. Staff knew the names of the leadership team and told us they frequently saw members of the team visiting their core services and actively seeking the views and opinion of the workforce.
- We found there had been a considerable shift in the culture of the organisation with staff at all levels describing improvements and behaviour changes throughout the trust. The executive team described closer working relationships, more interaction across all levels within the organisation and a better structure for executive support. Visibility of the board was sustained, with the leadership walk round based around a structured template for engagement.

Summary of findings

- The culture of bullying and harassment no longer existed to the extent it had previously within the organisation and staff spoke of improvements and steps taken by managers at all levels to address bullying within the service. Staff felt confident to speak up if they observed behaviours which did not reflect the values of the trust.
- All staff were provided with feedback on their performance and had development opportunities. There were schemes that recognised and rewarded achievement. Staff generally felt supported, respected and valued and felt proud to work at the trust. The results of the most recent staff survey indicated that more staff felt that their work was being recognised and valued by the trust than previously.
- Senior leaders and managers engaged with staff and listened to their views. The executive team showed a genuine desire to understand what mattered to staff, because they saw this as a key aspect of good leadership, ensuring sustainability and consistency in service quality. Staff valued their approach and as a result felt very engaged, and confident their views and feedback were valued and acted upon.
- Equality and diversity was not consistently promoted within and beyond the organisation. There were no black or ethnic minority representatives at board level and no action planned to address this shortcoming. Board members recognised that they had work to do to improve diversity and equality across the trust and at board level
- The well-being hub provided staff with a single point of access to a range of resources for support around both physical and mental health. The executive team used a range of methods to communicate with staff across the whole region and staff engagement leads to make it easier for staff to get involved.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust had systems to learn from safety incidents, complaints and deaths. Staff could describe their responsibilities to report incidents and near misses using an electronic reporting system. Incidents, complaints and safeguarding's were reported, investigated and learned from and used to prevent future recurrence. However, it was not always clear how learning would be shared and embedded across the organisation.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Aug 2019	Good ↑ Aug 2019	Good ➔➔ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for ambulance services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Emergency and urgent care	Good ↑ Aug 2019	Good ↑ Aug 2019	Outstanding ↑ Aug 2019	Good ↑ Aug 2019	Outstanding ↑↑ Aug 2019	Outstanding ↑↑ Aug 2019
Emergency operations centre (EOC)	Good ↑ Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Outstanding ↑↑ Aug 2019	Good ↑ Aug 2019
Resilience	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018
111	Good →←	Requires improvement ↓	Good →←	Good →←	Good ↓	Good →←
Overall	Good ↑ Aug 2019	Good ↑ Aug 2019	Good →← Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019	Good ↑ Aug 2019

Overall ratings are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Emergency and urgent care

Outstanding ☆ ↑↑

Key facts and figures

SECAmb has over 3,300 staff working across 119 sites in Kent, Surrey and Sussex, making it one of the largest ambulance trusts in the country. The trust headquarters is in Crawley with a regional office in Coxheath, Maidstone.

The trust has qualified ambulance staff including paramedics and technicians on all front-line services. SECAmb also employs advanced practitioners such as consultant paramedics, critical care paramedics and paramedic practitioners. These are experienced paramedics who have undertaken extended training to enable them to 'assess and treat' patients and discharge them 'at scene' as appropriate. All these roles are supported by associate practitioners, emergency care support workers and community first responders.

The service has two emergency operations centres where 999 calls are received, clinical advice provided, and emergency vehicles dispatched if needed. These are located at the headquarters building and at Coxheath. In addition to the 999 service, the trust also provides the NHS 111 service across the region.

The ambulance service facilities operated by the trust included:

- Eight vehicle 'make ready' centres
- 33 ambulance stations
- 69 ambulance community response posts
- Two vehicle fleet maintenance centres

During our inspection, we visited 14 ambulance stations or make ready centres across Kent, Surrey and Sussex. At the ambulance stations we reviewed the facilities provided for staff, vehicles and stores for medical equipment and consumable items. We checked 37 ambulances in detail and reviewed 20 patient care records.

Our inspectors and specialist advisors accompanied ambulance crews during their shifts to see the care provided. In addition, we visited four hospital emergency departments where we observed interactions between ambulance crews and hospital staff. We watched ten patient handovers and spoke with 14 patients and relatives who used the service. We also spoke with three emergency department staff and two police officers to get feedback on the service provided by the ambulance trust.

As part of our inspection, we talked with 47 staff in various roles including managers, clinical team leaders, paramedics and paramedic practitioners, emergency medical technicians, associate practitioners, trainees, students and administrators.

We also reviewed trust policies and protocols along with a variety of performance targets and metrics

Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- The service was good in safe, effective, responsive, well led and was outstanding in caring. Four out of five domains had improved since our last inspection.

Emergency and urgent care

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work.Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good ↑

Our rating of safe improved. We rated it as good because:

- The trust had made a range of changes following the last inspection which improved the safety of the service.
- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it. The trust had improved its oversight of training data, so it had a good understanding of which staff had completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The trust had improved the way it provided feedback about safeguarding incidents to staff.
- The design, maintenance and use of facilities, premises, vehicles and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service had staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank and agency staff a full induction. However, staffing levels were not always fulfilled due to shortages of certain staff grades.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team, the wider service and partner organisations. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Emergency and urgent care

- The service used monitoring results well to improve safety. Staff collected safety information and made it publicly available.

Is the service effective?

Good ↑

Our rating of effective improved. We rated it as good because:

- The service consistently provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patient's subject to the Mental Health Act 1983.
- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way. This was carried out in line with best practice and had improved since the last inspection.
- The service monitored and met some agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements.
- From December 2017 to March 2019 the trust was consistently better than the England average in response to Category 1, Category 1T and Category 2 calls. However, improvements were still needed to ensure that category 3 and category 4 calls were reached within target times.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The trust had an annual audit plan which was put together with the trust's clinical governance teams, to collect, assess and priorities clinical audit topics.
- The trust's proportion of face-to-face calls without the need for transport was consistently higher than the England average from December 2017 to March 2019.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff had completed appraisals in line with trust targets.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. From April 2018 to March 2019, the trust scored 100% recommended on six months, for the friends and family's test.

Emergency and urgent care

- Feedback from people who used the service, those who were close to them and stakeholders was continually positive about the way staff treated people. People told us staff go the extra mile and their care and support exceeds their expectations.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. People's emotional and social needs were seen as being as important as their physical needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- The trust was committed to supporting its staff following traumatic experiences and events. Leaders were trained in and had specialist skills to debrief and support staff. A range of services were available for staff to be signposted to.

Is the service responsive?

Good ↑

Our rating of responsive improved. We rated it as good because:

- The trust had developed their relationships with all system partners to contribute to an improvement in patient pathways and experiences.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The trust had developed a wide variety of services specific to the needs of different members of the population.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services.
- People could access the service when they needed it, in line with national standards, and received the right care in a timely way. The trust had worked collaboratively with system partners to reduce hospital handover delays, despite the increase in numbers of patients being attended to. They had developed a wide range of initiatives to reduce conveyances to hospital and ensured patients were seen in the most appropriate environment, by the most appropriate health care professional.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. The trust had improved its response to complaints times.

Is the service well-led?

Outstanding ☆ ↑↑

Our rating of well-led improved. We rated it as outstanding because:

Emergency and urgent care

- Several changes in the leadership had happened at our last inspection and some leaders that were new to the organisation had now embedded into their role. These changes had a positive impact on the organisation. The operational leadership team attended the same leadership development programme as senior leaders to embed a consistent leadership approach, which focussed on culture. This had a positive impact on the change in culture, which was evident during inspection.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

- There were various initiatives that demonstrated outstanding service and innovative ways of working.
- The joint working project with a paramedic and a therapist attending patients who had fallen at home and potentially did not require conveyance to hospital
- There was a designated lead to reduce handover times and delays at hospitals that had helped to reduce the number of hours lost waiting by establishing better working relationships with hospitals and services.
- At two make ready centres, a paramedic practitioner hub was available to answer calls from colleagues for clinical advice and support. This gave staff the opportunity to discuss clinical concerns with familiar colleagues and to share local knowledge.
- Ongoing work to improve services for mental health patient included a resource dispatched with a paramedic and mental health nurse to reduce the need to transfer patients to hospital emergency departments.

Emergency and urgent care

- The trust had a 'Longest One Waiting' vehicle (LOWVe) which was a dedicated ambulance used to attend to patients waiting a long time for a crew to respond.
- The Joint Response Unit (JRU) in Kent which was a pilot service in conjunction with Kent Police. One paramedic and one police officer man a vehicle on Friday and Saturday evenings and used to attend call outs with possible violence or mental health issues.
- Medicines management was safe, efficient and automated so that there was a robust audit trail for medicines usage and storage.
- The wellbeing hub was a trust initiative with a range of resources to provide physical and mental health support for staff.

Emergency operations centre (EOC)

Good ↑

Key facts and figures

South East Coast Ambulance Service NHS Foundation Trust provides emergency and urgent care services to the population of South East England. The trust operates in a diverse geographical area of 3,600 square miles including densely populated urban areas, inhabited rural areas and some of the busiest parts of the motorway network in the country.

The trust has two emergency operations centres serving its region, at its headquarters in Crawley, West Sussex and in Coxheath, Kent.

The trust operates the emergency operation centre, which is a central command and control facility responsible for carrying out the triage, assessment and response of 999 calls from members of the public and other emergency services. It provides advice and dispatches ambulances and crew according to need.

The categories are as follows:

- Category one: For calls to people with immediately life-threatening and time critical injuries and illnesses. These should be responded to in an average time of seven minutes.
- Category two: Foremergency calls, including stroke patients. These should be responded to in an average time of 18 minutes.
- Category three: For urgent calls including patients treated by ambulance staff in their own home. These types of calls should be responded to before 120 minutes.
- Category four: For less urgent calls and patients who may be given advice over the telephone or referred to another service. These less urgent calls should be responded to within 180 minutes.

To manage times of high demand for the service, the trust uses a surge management plan. The plan is an escalation process ranging from level one through to level four. Level one is when the trust could meet patient call capacity. At level four, the trust has reached maximum capacity and the service becomes unable to deliver care to all patients and the service is unable to dispatch an ambulance to some patients. During times when the plan is at level three and four the service continues to monitor patient's health and triage the patient to identify if the patient's condition has deteriorated. These patients are placed within a 'clinical stack' to be triaged and are reviewed by a clinician.

The trust provides assessment and treatment advice to callers with less serious illnesses and injuries using a service known as "hear and treat". Callers receive advice on how to care for themselves and direct or refer to other services that could be of assistance, such as a pharmacist, GP, community services or social care professionals. The centre also manages requests from healthcare professionals to convey people between hospitals or from community services into hospital.

As well as reconfiguring its centres, recent improvements included the introduction of a new and more reliable Computer Aided Dispatch system and telephone system. The dispatch system was used by emergency medical advisors (EMA's) to assess and prioritise 999 calls, and dispatchers to dispatch ambulance crews as appropriate.

The service works jointly with three acute trusts staffed by midwives to provide a pregnancy advice line in the Crawley centre.

Emergency operations centre (EOC)

During our inspection we spoke with staff including call takers, dispatchers, clinicians and operational unit managers. We observed 999 calls, centre policies and a variety of performance data, including incidents, complaints and national ambulance quality indicators (AQI).

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service improved to good in safe, effective, responsive and well led, remained good for caring.
- The service had implemented a demand and capacity review model to improve and increase staffing within the centre. We found the service had actively looked at ways to increase staff and attract the right people to apply for specific centre roles.
- The service provided care and treatment based on national guidance and evidence-based practice. The trust continuously reviewed policies to reflect national guidance. We found both centre site staff were aware of current policies and there had been an improvement in how staff access and record that they have read updated or new guidance.
- The computer aided dispatch system was introduced in July 2017 prior to our previous inspection. Following recommendations given during our last inspection the trust had improved the dispatch system to provide better information in regard to the patients age, gender and condition. Clinicians told us that this new update was working well to triage and prioritise patients within the clinical stack.
- A clinical safety navigator (CSN) had been newly introduced during our last inspection of the service. The CSN role was to have full oversight of the clinical stack, prioritise and triage patients to make sure all patients received a clinical review or a welfare call within targeted timeframes. During our last inspection we found staff did not understand the role of the CSN and there were no clear guidelines for the role in place. However, we found during this inspection, the trust had a clear policy in place for the role and responsibility of the CSN. We found clinicians fully understood the role of the CSN and recognised this was an important role in managing the clinical stack under times when there were high pressures and long waits within the service.
- The Manchester Triage system was fully embedded and used by registered clinical staff. Clinicians recognised the benefits of the system as it had increased clinical hours on average of 127 per week since January 2019. Manchester triage enabled clinicians to assign a clinical priority to patients, based on presenting signs and symptoms, without assuming the underlying condition.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff were always calm when patients or callers were anxious. We observed team leaders supporting staff during difficult calls with patients.
- We found that since our previous inspection the trust had put a number of initiatives in place to manage the risks to 'no send' patients during times when surge management was active. The new surge management plan had been reviewed to improve how category three and four calls were managed more effectively.

Emergency operations centre (EOC)

- During our last inspection, we found that there was not a clear oversight of long lying patients or elderly fallers. The update to the dispatch system gave better oversight to the age of the faller and a clearer oversight of where the patient was, the environment around them and if they were supported due to the free field text on the dispatch system. Clinicians told us that this enabled them to triage a patient and to prioritise the patient to a category two.
- The time taken to review complaints had improved significantly from the previous year with complaints taking on average 17.1 days to review compared to 33 days the previously. This met the trust target of 25 days.
- The leaders within the centre service showed they had integrity, were knowledgeable, experienced and well respected by all staff we spoke with during our inspection. There were comprehensive and successful leadership strategies in place to ensure delivery and to develop the desired culture. Staff told us they knew who to approach for guidance and advice and they described the service leaders and senior staff as approachable.
- We found leaders had a clear oversight of the centre risk register and potential risks to service delivery and safety. During our last inspection, leaders were unclear as to the extent of the poor quality of the voice recordings. However, we found the leaders were clear that the voice recordings were no longer a risk. There was clear monitoring of voice recordings and a new telephony system was in place which recorded calls clearly.

However:

- The service did not have enough clinicians in post to meet the demands of the service. Staff felt there were not enough clinicians to manage the demand of the service within the centre. We observed clinical staff rotas which showed there was a lack of clinicians and the senior clinical operations manager (SCOM) recognised the concerns also.
- We reviewed clinical audits which showed us clinical welfare calls were not completed within the specified timeframe. This was likely to be due to lack of clinicians and high demand on the service.
- Staff told us that the service was often in surge management. We were told there was mostly large numbers of patients waiting within the clinical stack and we found there were not enough clinicians at times to meet the demand. This raised concerns that the service was unable to effectively manage the demand of the service and was a risk to patients. For example, the risk of deterioration to health for category three patients such as elderly fallers.

Is the service safe?

Good ↑

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Information received prior to our inspection showed the service did not meet the trust target of 95%. However, during the inspection we observed mandatory training targets and found staff were meeting the trust target. Senior managers told us there was a delay in the recording of training on the central system, which meant the figures given previously were not a true reflection of current training rates. Managers within the service kept their own record of training to gain assurance that staff were up to date.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- In the emergency operations centre non-clinical staff were just below the trust target for 95% for safeguarding level two adults and safeguarding level two children.

Emergency operations centre (EOC)

- Clinicians had completion rates of 58.5% for level two safeguarding in adult and safeguarding in children's training. However, during our inspection all staff we spoke with had completed their safeguarding training and the senior clinical operations manager told us all clinicians were up to date. We found the training figures were collated from April to March and there was a delay in the training figures being updated on the trust's electronic recording system. This meant clinicians were on target to reach the trust target of 95%.
- There was 94.23% of eligible staff had completed level three adult and children safeguarding training. This almost met the trust target of 95%.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, the service did not have enough clinicians in post to meet the demands of the service. The clinical management team had actively tried to recruit more clinicians to the centre and had put plans in place to mitigate the risk to patients by managing the demands of the service. The trust had completed a number of recruitment drives for clinicians and were keen to recruit GP's and pharmacists within the service to provide more hear and treat to patients. Mental health clinicians were recruited into the service to triage and support mental health patients and frequent callers.
- Staff could work remotely from either the Crawley and Coxheath centre to cover clinical support or if there were staff shortages in one particular area. This provided support and staff felt this worked well. The clinical management team were currently looking to employ agency staff to meet the demands of the service and to support the clinical team. Paramedics trained in the Manchester triage system were also deployed within the centre to support clinicians and review patients within the clinical stack.
- A demand and capacity review model was introduced to improve and increase staffing within the centre. The service had actively looked at ways to increase emergency medical advisors and attract the right people to apply for specific centre roles. This included increasing salary and staff banding for certain key roles as well as offering a retention package for staff who had stayed within the service for a year.
- The dispatch team were in a process of change with a 50:50 split of dispatch staff between the Coxheath and Crawley centre services. This meant that there was a current shortage of dispatch staff and the aim was to use a similar recruitment drive that was used for emergency medical advisors. The operating unit manager for dispatch had also spent some time with recruitment looking at how to reword job adverts so that the service could attract more applicants for the position.
- The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. There were procedures for emergency medical advisor staff to manage information about infection prevention to minimise the risk when patients were transported. Emergency medical advisors staff relayed information related to health associated infections through to dispatch teams and then onto ambulance crews. The risks or concerns were recorded on the computer aided dispatch system. This allowed crews to take additional precautions for their own safety, such as personal protective equipment to minimise the spread of infections
- Staff gave advice on medicines in line with national guidance. Clinicians provided medicine advice to patients when required and through hear and treat. The Joint Royal College Ambulance Liaison Committee (JRCALC) provided current guidance and this could be accessed electronically.
- At both the East and West sites there were learning boards with themes of incidents, shared learning and key messages which had emerged following review and completing a route cause analysis. Staff we spoke to knew what the current incident themes were and they felt information was fed down well via the shared learning bulletin via email or the trust intranet.

Emergency operations centre (EOC)

- The dispatch system was introduced in July 2017 prior to our previous inspection. Following recommendations given during our last inspection the trust had improved the dispatch system to provide better information in regard to the patients age, gender and condition. Clinicians told us that this new update was working well to triage and prioritise patients within the clinical stack.
- A clinical safety navigator had been introduced during our last inspection to the service. The clinical safety navigator role was to have full oversight of the clinical stack, prioritise and triage patients to make sure all patients received a clinical review or a welfare call within targeted timeframes. During our last inspection we found staff did not understand the role of the clinical safety navigator and there were no clear guidelines for the role in place. However, we found during our recent inspection, the trust put a clear policy in place in regard to the role and responsibility of the clinical safety navigator. We found clinicians fully understood the role of the clinical safety navigator and recognised this was an important role in managing the clinical stack under times when there were high pressures and long waits within the service.
- An 'at risk' marker was automatically added to the dispatch system at the time of a 999 call to notify the emergency medical advisors of a high priority or high-risk patient. Staff reported to us that the markers were a good prompt to ascertain any patient risk or concerns so that this information could be fed back to the ground staff. The markers also identified a patient's care plan through IBIS (Intelligence based information system). IBIS identified vulnerable or complex known patients or patients with a specific medical condition. This information is sent through to the dispatch teams and the ambulance crews.
- We found that since our previous inspection the trust had put a number of initiatives in place to manage the risks to no send patients during times when surge management was active.The new surge management plan had been reviewed to improve how category three and four calls were managed more effectively.
- There was a clear focus on 'no send' patients having a clinical review, and this was monitored frequently through clear timeframes by providing a clinical welfare call. Patients who were reviewed as not requiring an ambulance were assessed and closed.
- Since our last inspection the service made sure all welfare calls were made by an NHS pathways or Manchester triage system trained emergency medical advisor or clinician. This meant that during each call a patient was triaged and assess whether their condition had deteriorated.
- We found during our last inspection that there was not a clear oversight of long lying patients or elderly fallers. The update to the dispatch system gave better oversight to the age of the faller and a clearer oversight of where the patient is, the environment around them and if they are supported due to the free field text on the dispatch system. Clinicians told us that this enabled them to triage a patient and to prioritise the patient to a category two.

However:

- The service did not have enough clinicians in post to meet the demands of the service. Staff felt there were not enough clinicians to manage the demand of the service within the centre. We observed clinical staff rotas which showed there was a lack of clinicians and the senior clinical operations manager recognised the concerns also.
- We reviewed clinical audits which showed us clinical welfare calls were not completed within the specified timeframe. This was likely to be due to lack of clinicians and high demand on the service.
- Staff told us that the service was often in surge management. We were told there was mostly large numbers of patients waiting within the clinical stack and we found there were not enough clinicians at times to meet the demand. This raised concerns that the service was unable to effectively manage the demand of the service and was a risk to patients. For example, the risk of deterioration to health for category three patients such as elderly fallers.

Emergency operations centre (EOC)

Is the service effective?

Good ↑

Our rating of effective improved. We rated it as good because:

- The service consistently provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. There had been an improvement in how staff accessed and recorded that they had read updated or new guidance Staff protected the rights of patient's subject to the Mental Health Act 1983.
- The service provided care and treatment based on national guidance and evidence-based practice. The trust had introduced a new electronic system produced by The Joint Royal College Ambulance Liaison Committee (JRCALC). This was available to all staff and alerts were produced to alert a staff member when new guidance was available.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief advice in a timely way.
- The service monitored and met some agreed response times so that they could facilitate good outcomes for patients. They used the findings to make improvements. The service benchmarked data against other national ambulances with data reported monthly and performance indicators were shared trust wide. The trust took part in national audits and submitted this data to the National Ambulance Information Group (NAIG).
- We observed the trust followed guidance for patient outcomes regarding their response to the national ambulance response programme (APR). The trust collected data for patient outcomes. The outcomes for the centre included the proportion of patients re-contacting 999 within 24 hours of the original emergency call which was closed with telephone advice. National benchmarking data showed us the service had significantly improved since our last inspection.
- The service monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The Manchester Triage system was fully embedded and used by non-clinical staff. Clinicians recognised the benefits of the system as it had increased clinical hours on average of 127 per week since January 2019.
- The service monitored and had showed a trust improvement in median times to answer calls from January to March 2019 was similar to the England average of 1.1 seconds.
- From January to March 2019, the mean times at the trust for times to answer calls were more similar to the England average. In the most recent month, March 2019, the trust had a mean time to answer calls of 6.0 seconds, compared to the England average of 5.3 seconds.
- The service continued to provide a frequent caller service with the frequent caller team. We found the team since our last inspection was continuing to regularly follow up on frequent callers with good results. Between 2018 to 2019 the team had managed 34,000 frequent caller calls, they assisted the service with 1,500 hear and treat calls and non-conveyance of over 2000 patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff had completed appraisals in line with trust targets.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

Emergency operations centre (EOC)

- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. The trust had recruited two mental health locality leads as well as a nurse consultant to improve mental health training and advice and guidance to staff. During our inspection the trust had employed a mental health trained clinician. The service was in the process of recruiting mental health professionals to provide specialist advice and assessment within the centre.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Staff provided emotional support to patients, families and carers to minimise their distress. Staff were always calm when patients or callers were anxious. We observed team leaders supporting staff during difficult calls with patients.
- Staff provided continuous emotional support to unwell patients and callers by phone, when an emergency ambulance response was on its way and until the ambulance crew arrived at the scene
- Staff listened to patients and clarified information when necessary to obtain information about the patient's condition They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Staff spoke slowly and clearly to patients or callers. They repeated questions or advice to make sure the patients fully understood the questions being asked.
- The trust was committed to supporting its staff following traumatic experiences and events. Leaders were trained in and had specialist skills to debrief and support staff. A range of services were available for staff to be signposted to. Staff were given the opportunity following a difficult or distressing call to have time away to reflect or debrief.

Is the service responsive?

Good 

Our rating of responsive improved. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- It had put in a number of initiatives which enabled them to prioritise the patients with the greatest need and alter their service in a timely way to deliver that service. This included the surge management plan, regular clinical review of patients and improvements to the computer aided dispatch system.
- The service was inclusive and took account of patients' individual needs and preferences. The service made reasonable adjustments to help patients access services. The frequent caller team was fully embedded within the service and continued to deliver positive results in managing the individual needs of patients. Frequent callers were

patients aged 18 or over who made five emergency calls or more relating to individual episodes of care in a month or 12 or more emergency calls relating to individual episodes of care in three months from a private address. Each frequent caller had a management plan in place and the team completed home assessments to ascertain whether there were any social concerns in regard to the patient calls to the service.

- The trust's intelligence- based system (IBIS) enabled clinicians to review patients care plan to review complex and vulnerable patients. A 'history marking' system was in place, where a note could be placed against a patient's address on the dispatch system to include information about the patient or their condition. For example, if a patient had a language need or if it was difficult to access the patient's property.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff, including those in partner organisations. Since our last inspection we found the number of complaints received by the centre had reduced and there was a clear structure for responding to complaints. The time taken to review complaints had improved significantly from the previous year with complaints taking on average 17.1 days to review compared to 33 days the previously. This met the trust target of 25 days.

Is the service well-led?

Outstanding ☆ ↑↑

Our rating of well-led improved. We rated it as outstanding because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The leaders within the centre service showed they had integrity, they were knowledgeable, experienced and well respected by all staff we spoke with during our inspection. There were comprehensive and successful leadership strategies in place to ensure delivery and to develop the desired culture. Staff told us they knew who to approach for guidance and advice and they described the service leaders and senior staff as approachable.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. The trust had a five-year strategic plan in place which was developed through engagement with staff, patients and stakeholders. Staff were committed in providing a caring, high quality and efficient service to patients.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. During our last inspection, leaders were unclear as to the extent of the poor quality of the voice recordings were. A new telephony system was in place which recorded calls clearly and there were regular checks of this in place.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Emergency operations centre (EOC)

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. There was a positive atmosphere at both centre sites and there was a clear ethic of team working and positive working between the two sites. The culture within the centre was open and transparent and staff felt valued and empowered to speak up.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research. The inclusion hub advisory group worked with patients and service users to develop services and priorities

Outstanding practice

- The pregnancy advice line continues to be successful. The collaboration between the midwifery service of acute trusts and South East Coast Ambulance Service NHS Foundation Trust had been recognised and the collaboration has won two awards.

Areas for improvement

Action the location SHOULD take to improve

- The trust should take action to ensure there are a sufficient number of clinical staff in each centre at all times.
- The trust should take action to meet the national performance target relating to call answering times.
- The trust should take action to ensure all staff have completed the level two adult and children safeguarding and all relevant staff have completed level three adult and children's safeguarding.
- The trust should take action to ensure the clinical welfare call are completed within the targeted timeframes.

Our inspection team

Catherine Campbell, Head of Hospital Inspection and Louise Thatcher, Inspection Manager led the inspection.

The team included six inspectors, one executive reviewer and nine specialist advisers, with expertise in emergency and urgent care, emergency operations centres, safeguarding and board level positions.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Trust Board Performance Update

21st August 2019

Aspiring to be ***better today*** and even ***better tomorrow***

Business Intelligence

Overview 1

South East Coast Ambulance Service NHS Foundation Trust

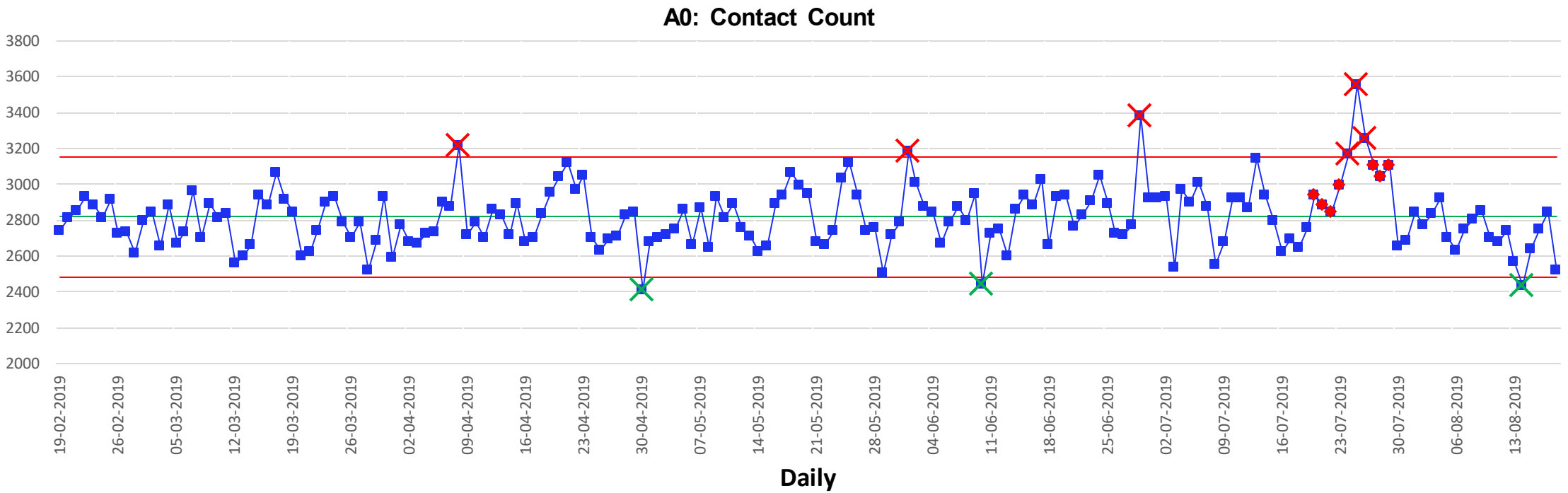
- Overall contact activity count has been increasing over the past 6 months with some significant spikes.
- Category 1 mean and 90th centile performance has been slowly improving over the same period.
- Category 2 performance did not see much improvement until the recent introduction of a Tactical Command Hub, which compliments the EOC actions by focusing on defined Operational management issues. (Grip and Focus) This is a 7 day a week activity and outside of the July heat wave has presided over significantly improved performance delivery.
- The inherent improvement to Operational grip has also seen a significant improvement in the Category 3 Performance position.
- Incentivised Overtime payments have been a further contribution to the improved position by enhancing payments for Overtime that covers the 19:00 to 07:00 period. As a result the night cover is stronger meaning the performance achieved at the start of every day is more positive, again leading to an improved outcome by the end of each day

Overview - 2

NHS
South East Coast Ambulance Service
NHS Foundation Trust

- Performance against the recovery plan metrics has been very successful and has been the primary contributor to the performance gains by improving efficiencies across the Trust.
- Resources Per Incident (RPI) is well ahead of target at 1.08 to 1.09 against a benchmark of 1.07 for the best performing peer in the sector. Each reduction of 0.01 increases the workforce by 15 WTE
- Incident (Job) Cycle Time has been reducing consistently over the last 7 weeks by almost 2 minutes which equates to an additional 36 WTE being introduced into the workforce.
- Qualified shift cover each day is in excess of 97% with 94% of shifts being covered as Double Crewed Ambulances (DCA), this has been the greatest contributor to the reduced RPI, in addition to the reduced number of Solo Response Vehicles (SRV) being deployed.
- The current abstraction for Annual Leave creates the biggest challenge on providing sufficient resource hours.

Demand


A0: Contact Count
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3400
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2400
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12-03-2019
19-03-2019
26-03-2019
02-04-2019
09-04-2019
16-04-2019
23-04-2019
30-04-2019
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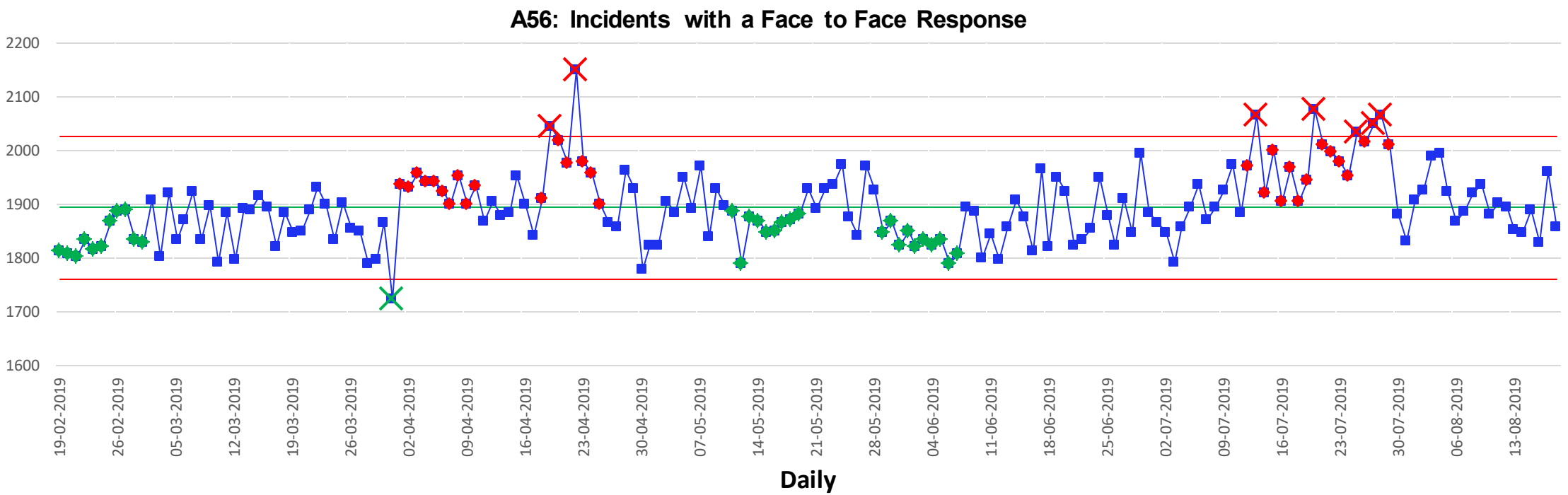
13-08-2019
Daily

Activity


A56: Incidents with a Face to Face Response
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2100
2000
1900
1800
1700
1600
19-02-2019
26-02-2019
05-03-2019
12-03-2019
19-03-2019
26-03-2019
02-04-2019
09-04-2019
16-04-2019
23-04-2019
30-04-2019
07-05-2019
14-05-2019
21-05-2019
28-05-2019
04-06-2019
11-06-2019
18-06-2019
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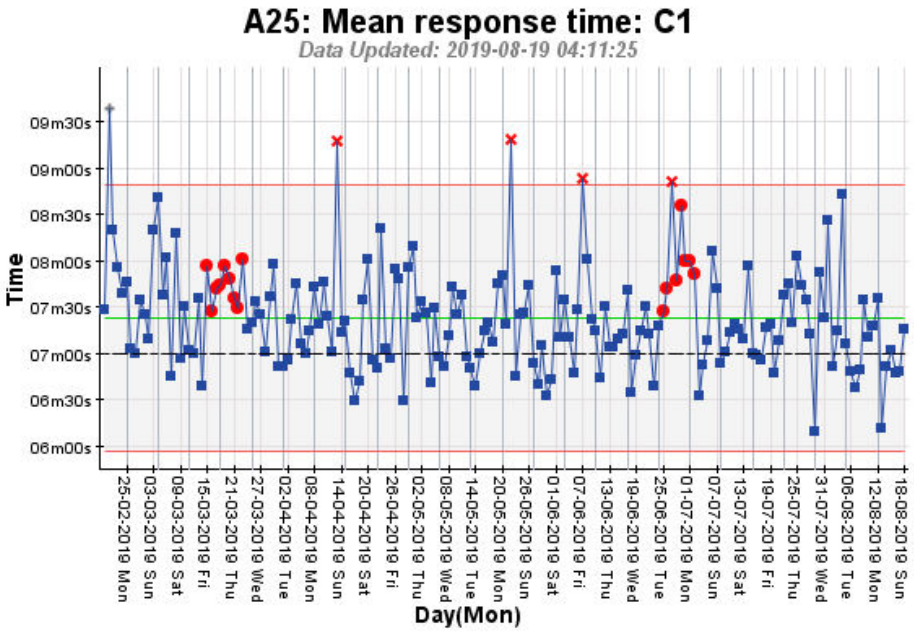
13-08-2019
Daily

Category 1


A25: Mean response time: C1
Data Updated: 2019-08-19 04:11:25
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09m00s
08m30s
08m00s
07m30s
07m00s
06m30s
06m00s
25-02-2019 Mon
03-03-2019 Sun
08-03-2019 Sat
15-03-2019 Fri
21-03-2019 Thu
27-03-2019 Wed
02-04-2019 Tue
08-04-2019 Mon
14-04-2019 Sun
20-04-2019 Sat
26-04-2019 Fri
02-05-2019 Thu
08-05-2019 Wed
14-05-2019 Tue
20-05-2019 Mon
26-05-2019 Sun
01-06-2019 Sat
07-06-2019 Fri
13-06-2019 Thu
19-06-2019 Wed
25-06-2019 Tue
01-07-2019 Mon
07-07-2019 Sun
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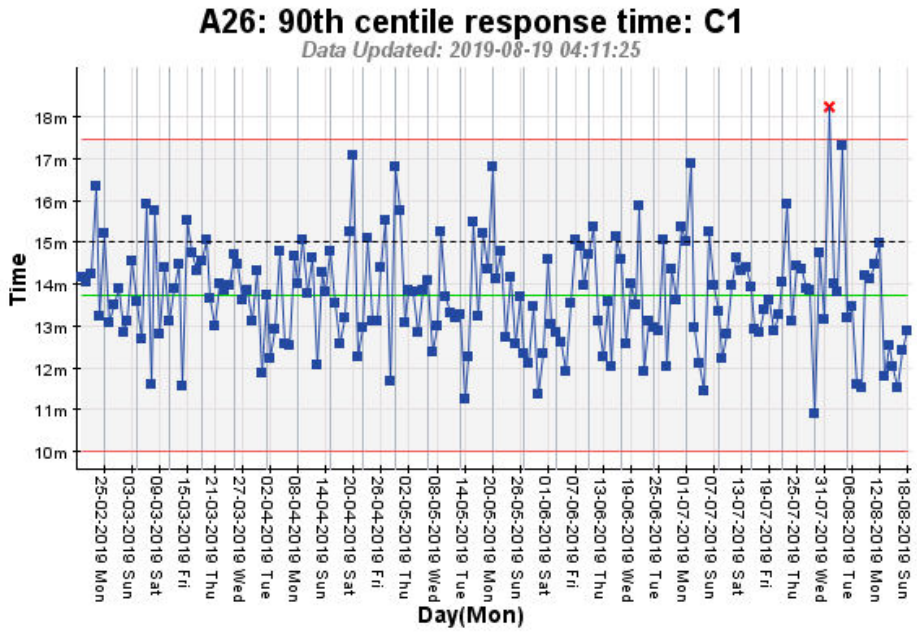
12-08-2019 Mon
18-08-2019 Sun
Day(Mon)


A26: 90th centile response time: C1
Data Updated: 2019-08-19 04:11:25
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16m
15m
14m
13m
12m
11m
10m
25-02-2019 Mon
03-03-2019 Sun
08-03-2019 Sat
15-03-2019 Fri
21-03-2019 Thu
27-03-2019 Wed
02-04-2019 Tue
08-04-2019 Mon
14-04-2019 Sun
20-04-2019 Sat
26-04-2019 Fri
02-05-2019 Thu
08-05-2019 Wed
14-05-2019 Tue
20-05-2019 Mon
26-05-2019 Sun
01-06-2019 Sat
07-06-2019 Fri
13-06-2019 Thu
19-06-2019 Wed
25-06-2019 Tue
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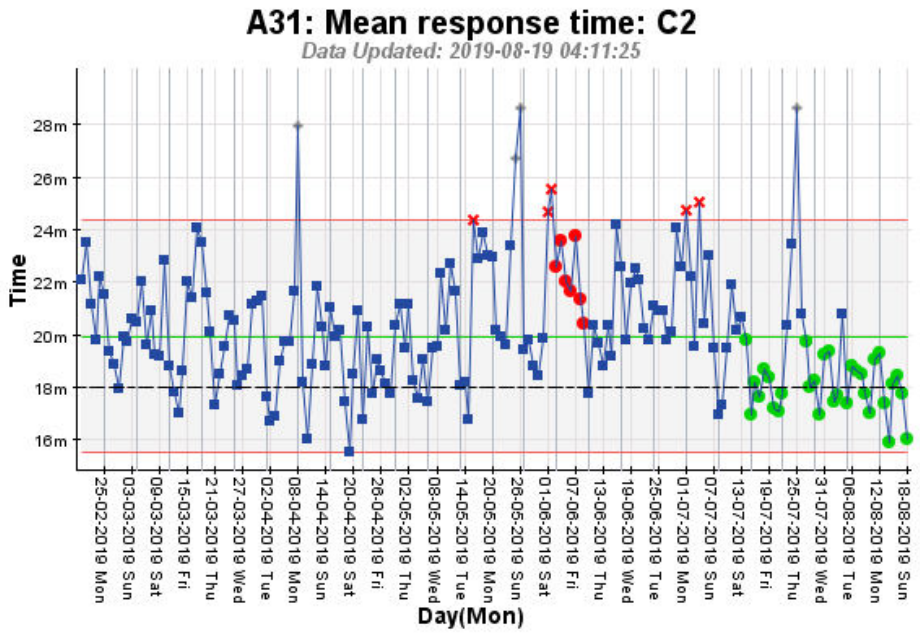
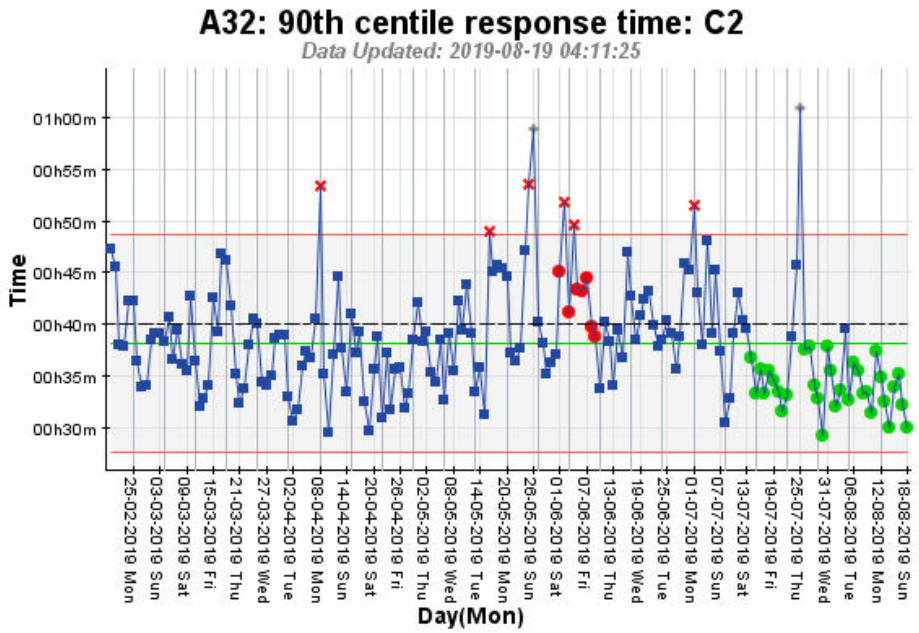
07-07-2019 Sun
13-07-2019 Sat
19-07-2019 Fri
25-07-2019 Thu
31-07-2019 Wed
06-08-2019 Tue
12-08-2019 Mon
18-08-2019 Sun
Day(Mon)

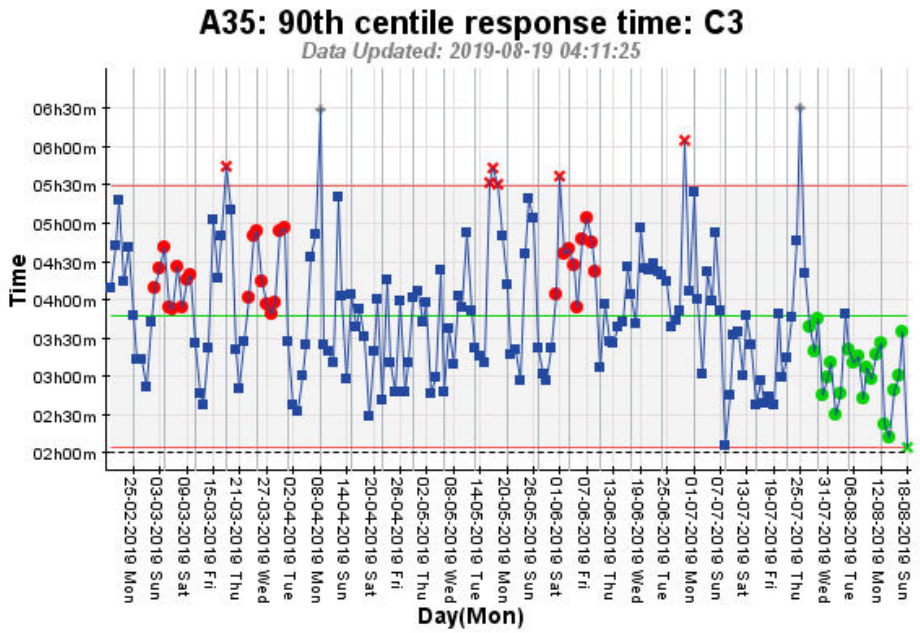
South East Coast Ambulance Service
NHS Foundation Trust

Category 2





Category 3 / 4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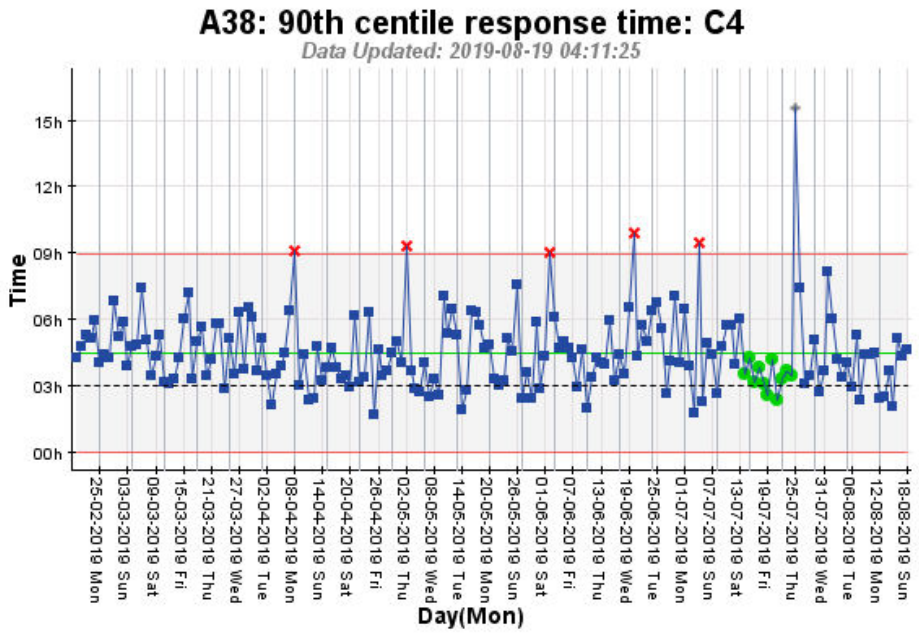
Day(Mon)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15h
12h
09h
06h
03h
00h
Day(Mon)

ARP Performance Dashboard

NHS South East Coast Ambulance Service NHS Foundation Trust

Date 05/08/2019 – 11/08/2019

Hour 0 – 23

Day Name All

EOC All

Operating Unit All

Dispatch Desk All

	Target		AQI								
Category	Mean	90th Centile	Incidents	Mean	90th Centile	95th Centile	99th Centile	Incidents %	H&T %	S&T %	S&C %
C1	00:07:00	00:15:00	839	00:07:04	00:13:33	00:16:14	00:20:58	6.52%	0.12%	36.31%	63.57%
C1T	00:19:00	00:30:00	534	00:08:56	00:17:18	00:16:04	00:20:58		0.12%	36.31%	63.57%
C2	00:18:00	00:40:00	7358	00:18:10	00:34:18	00:43:44	01:10:22	57.17%		27.73%	72.27%
C3		02:00:00	4587	01:22:16	03:11:05	04:09:15	06:11:29	35.64%	0.32%	46.14%	53.53%
C4		03:00:00	87	01:59:16	05:02:51	05:59:20	06:45:13	0.68%		45.98%	54.02%
HCP 60			19	02:12:13	03:30:01					15.79%	84.21%
HCP 120			356	02:13:03	04:10:13					7.30%	92.70%
HCP 240			60	02:56:59	05:23:33					8.33%	91.67%
ST	All Incidents		4584	32.21%							
SC	All Incidents		8806	61.88%							
HT	All Incidents		841	5.91%							
999	Mean Call Answer		14985	00:05							
999	90th Centile Call Answer			00:04							
Trust EOC 999 Abandoned Calls			76	0.5%							

ARP Performance Dashboard

NHS South East Coast Ambulance Service NHS Foundation Trust

Date 12/08/2019 – 18/08/2019

Hour 0 – 23

Day Name All

EOC All

Operating Unit All

Dispatch Desk All

	Target		AQI								
Category	Mean	90th Centile	Incidents	Mean	90th Centile	95th Centile	99th Centile	Incidents %	H&T %	S&T %	S&C %
C1	00:07:00	00:15:00	817	00:06:57	00:12:47	00:16:36	00:22:23	6.44%		38.19%	61.81%
C1T	00:19:00	00:30:00	505	00:08:37	00:16:11	00:15:36	00:22:17			38.19%	61.81%
C2	00:18:00	00:40:00	7071	00:17:34	00:32:56	00:41:52	01:07:30	55.78%	0.03%	28.51%	71.46%
C3		02:00:00	4707	01:11:29	02:45:38	03:39:51	05:32:60	37.13%	0.06%	45.48%	54.46%
C4		03:00:00	82	01:38:41	04:12:17	04:49:29	06:14:47	0.65%		45.12%	54.88%
HCP 60			14	01:18:21	02:44:02					28.57%	71.43%
HCP 120			381	01:58:48	04:09:50					5.51%	94.49%
HCP 240			48	02:59:50	05:29:51					8.33%	91.67%
ST	All Incidents		4570	32.83%							
SC	All Incidents		8615	61.89%							
HT	All Incidents		735	5.28%							
999	Mean Call Answer		14319	00:04							
999	90th Centile Call Answer			00:02							
Trust EOC 999 Abandoned Calls			83	0.6%							

Targets

NHS
South East Coast Ambulance Service
NHS Foundation Trust

W/C 5th August 2019

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
Actual	1.08	01:35:05	96.70%	61,815	4.0%	2.4%	93.6%
Target	1.12	01:32:00	100%	65,500	3.0%	0.0%	97%

W/C 12th August 2019

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
Actual	1.09	01:33:52	97.13%	61,643	3.2%	2.0%	94.7%
Target	1.12	01:32:00	100%	65,500	3.0%	0.0%	97%

Activity Dashboard

Date Range: 05/08/2019 – 11/08/2019

Operating Unit: All

Dispatch Desk: All

NHS South East Coast Ambulance Service NHS Foundation Trust

13,390	Count of Incidents with response (ST/SC)
4,584	ST
14,231	Count of Incidents
8,806	SC
2,033	Average incidents per day for selected time period
841	HT
14,231	Average incident per month for selected time period

EOC	Count of Incidents	Count of C1 Incidents	Count of C2 Incidents	Count of C3 Incidents	Count of C4 Incidents
West	7060	418	3586	2352	37
East	7171	421	3772	2235	50
Total	**14231**	**839**	**7358**	**4587**	**87**

Count of Incidents by Date

Activity Dashboard

Date Range: 12/08/2019 – 18/08/2019

Operating Unit: All

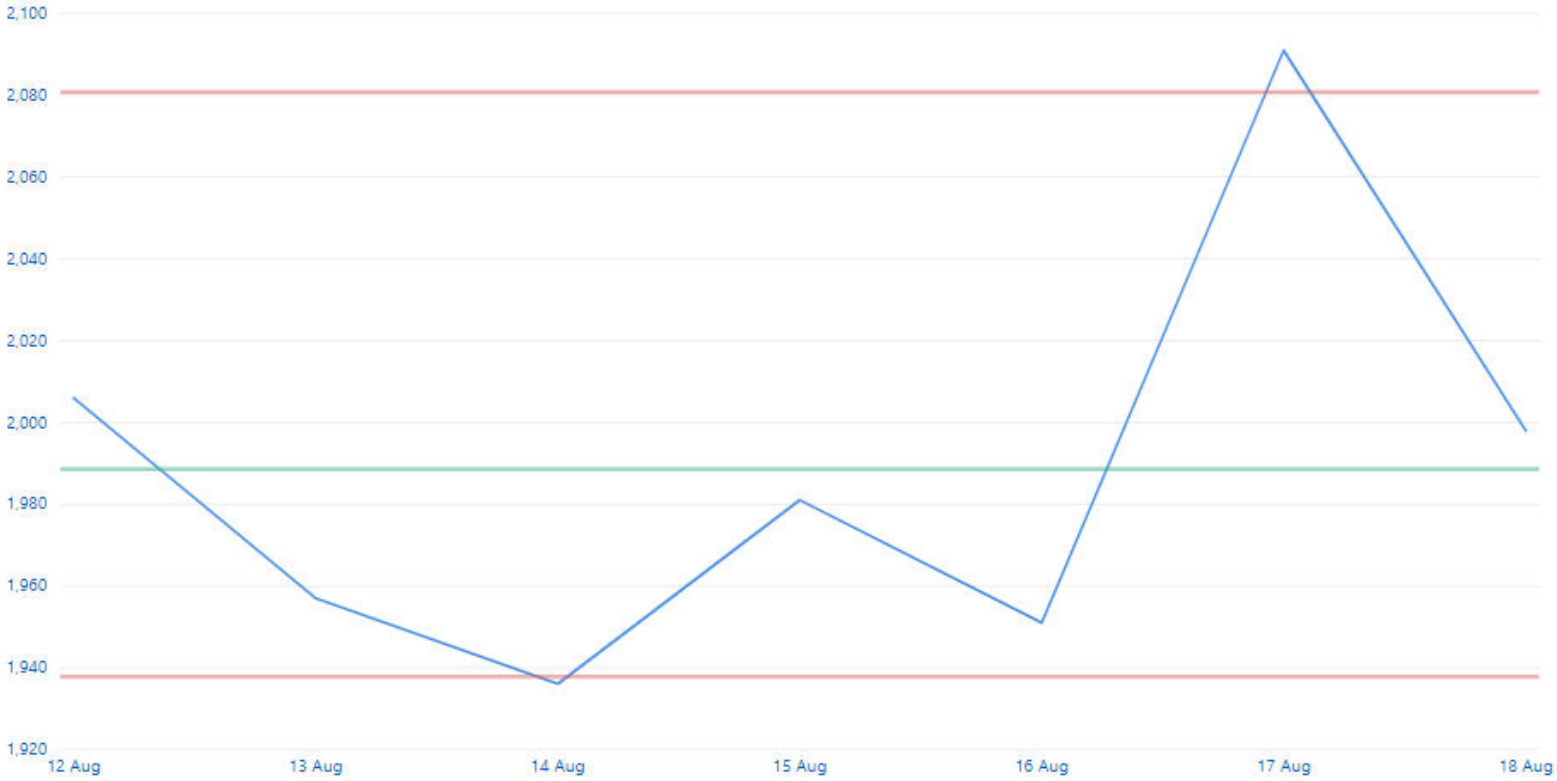
Dispatch Desk: All

NHS South East Coast Ambulance Service NHS Foundation Trust

13,186 Count of Incidents with response (ST/SC)	4,570 ST
13,921 Count of Incidents	8,616 SC
1,989 Average incidents per day for selected time period	735 HT
13,921 Average incident per month for selected time period	

EOC	Count of Incidents	Count of C1 Incidents	Count of C2 Incidents	Count of C3 Incidents	Count of C4 Incidents
West	6910	402	3403	2447	44
East	7010	415	3668	2260	38
	1		1		
Total	**13921**	**817**	**7072**	**4707**	**82**

Count of Incidents by Date



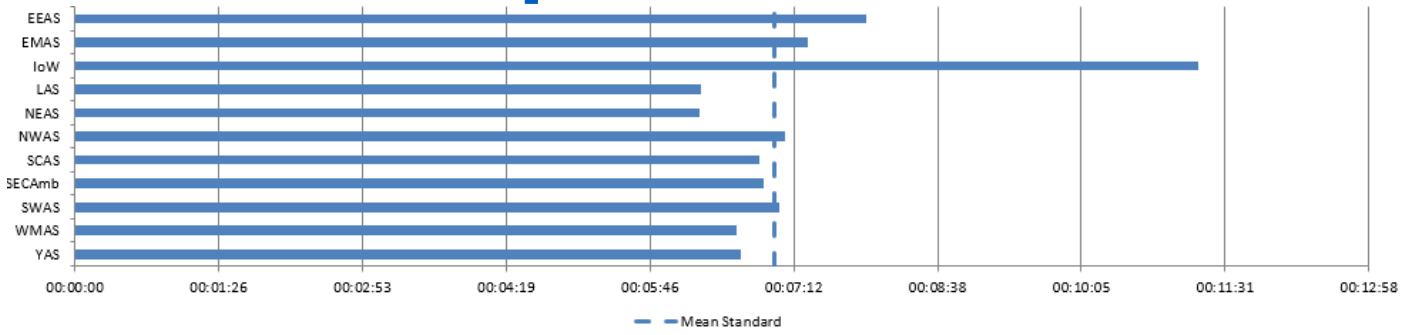
NHS
South East Coast Ambulance Service
NHS Foundation Trust

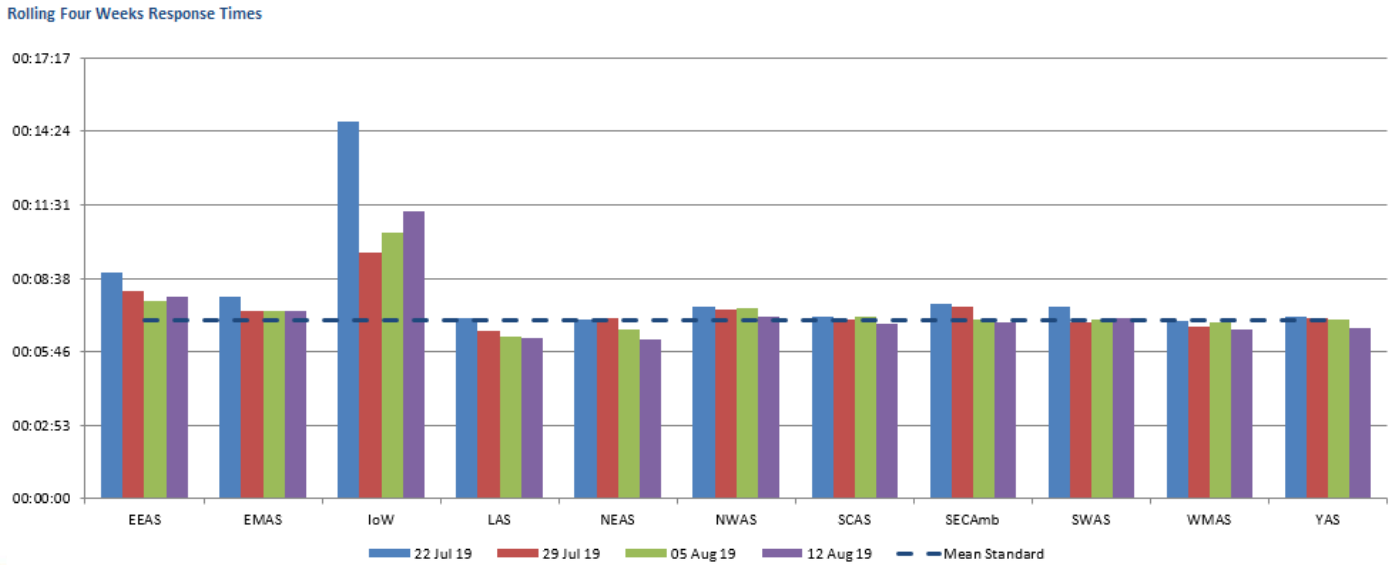
Ambulance Mean & 90th Centile Performance 21/08/19

Aspiring to be ***better today*** and even ***better tomorrow***

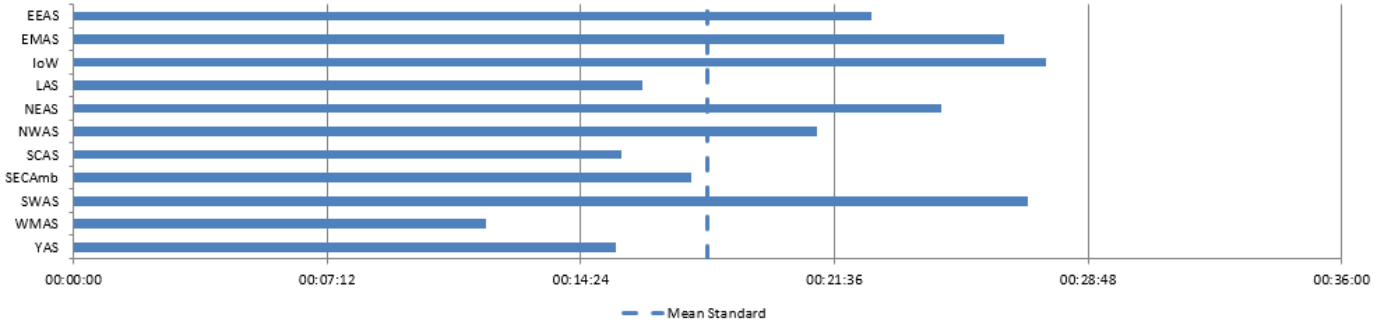
Category 1 Mean Response Times

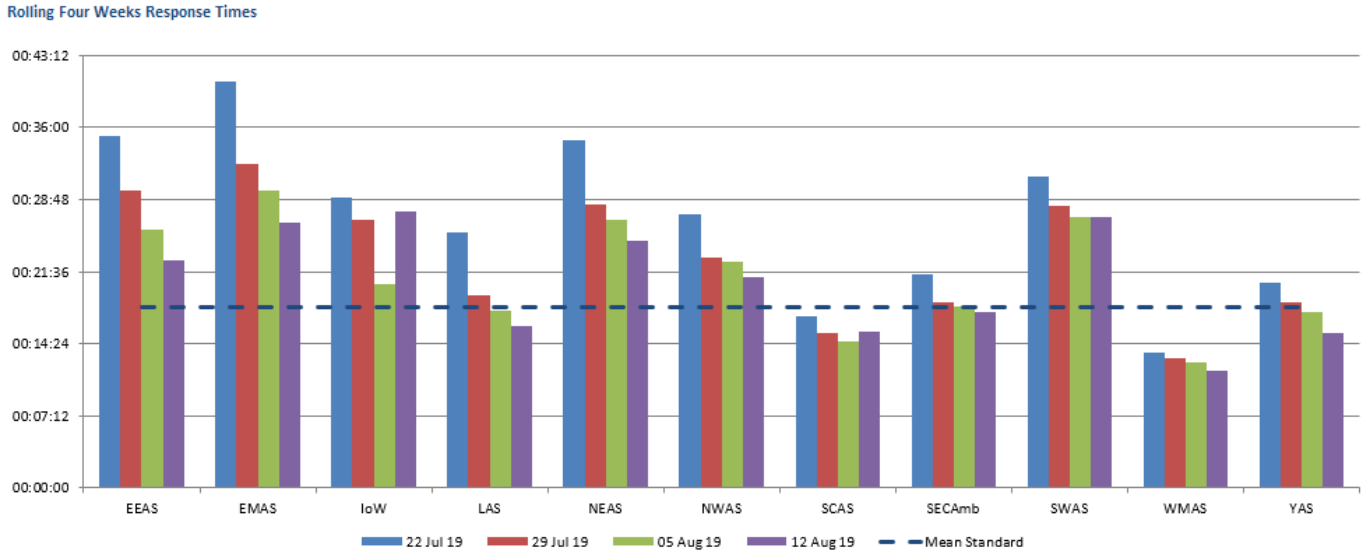
South East Coast Ambulance Service
NHS Foundation Trust



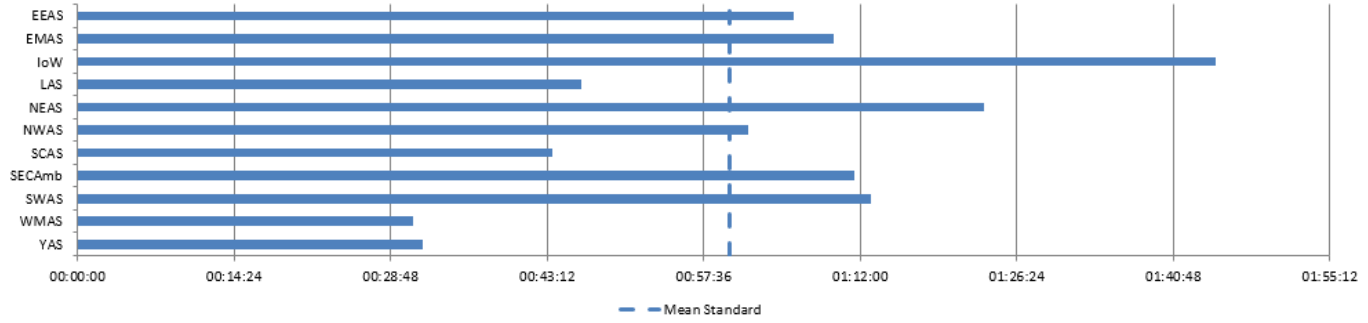


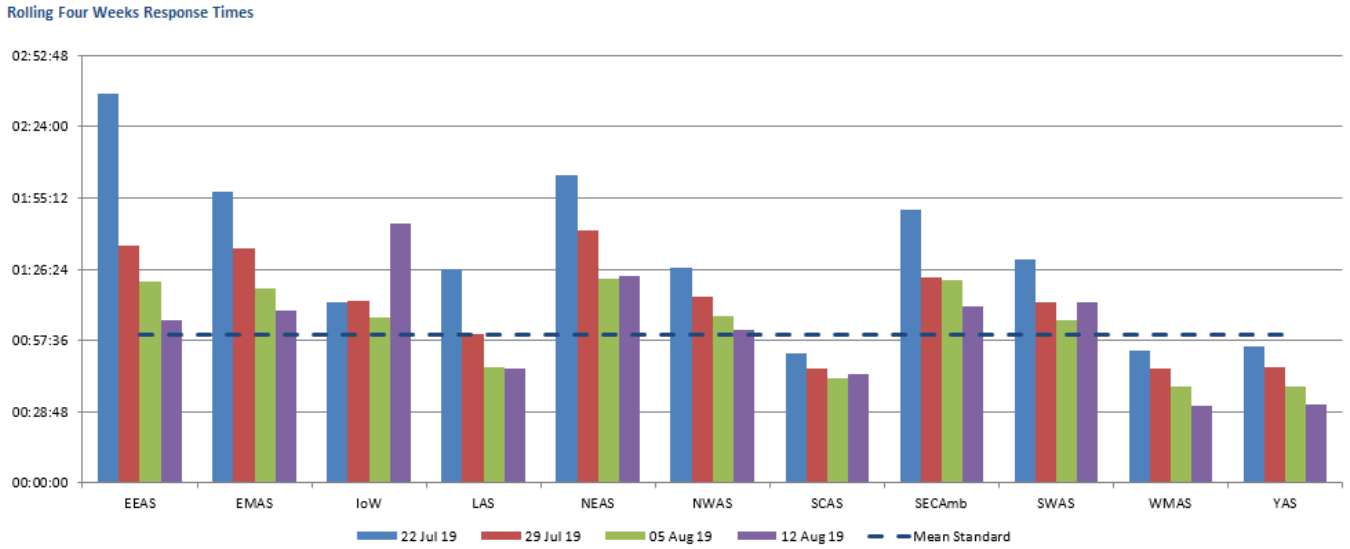
Category 2 Mean Response Times



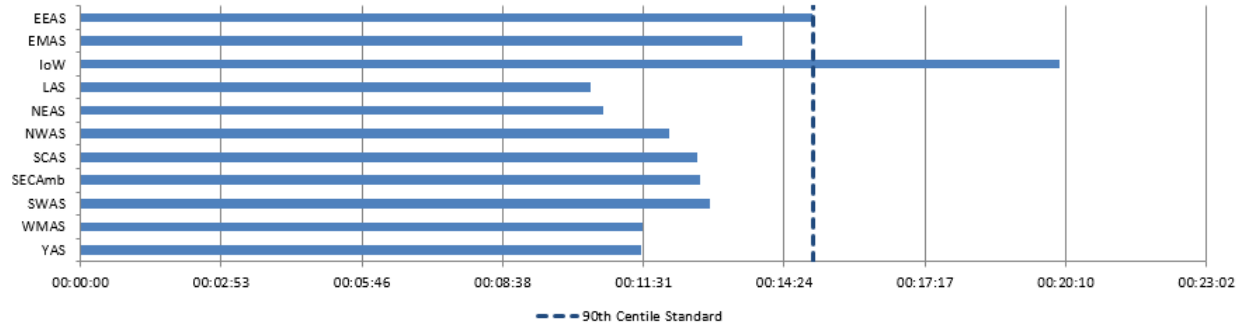


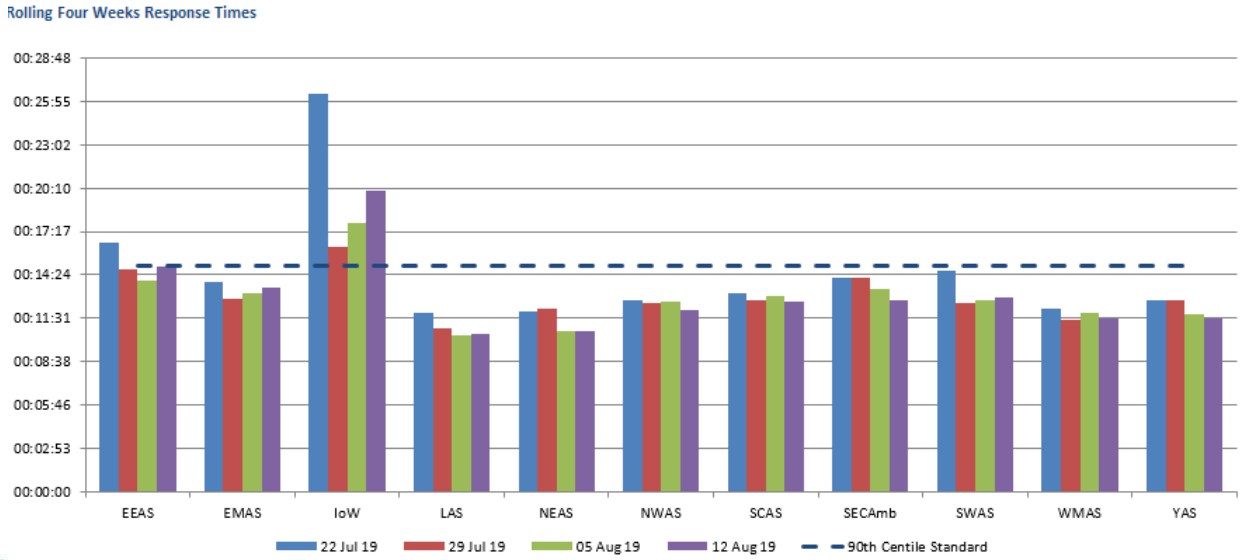
Category 3 Mean Response Times





Category 1 90th Centile Response Times





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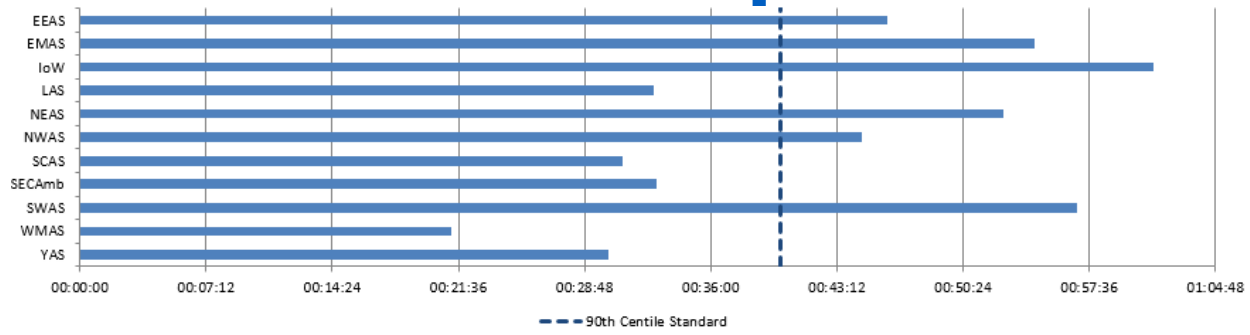
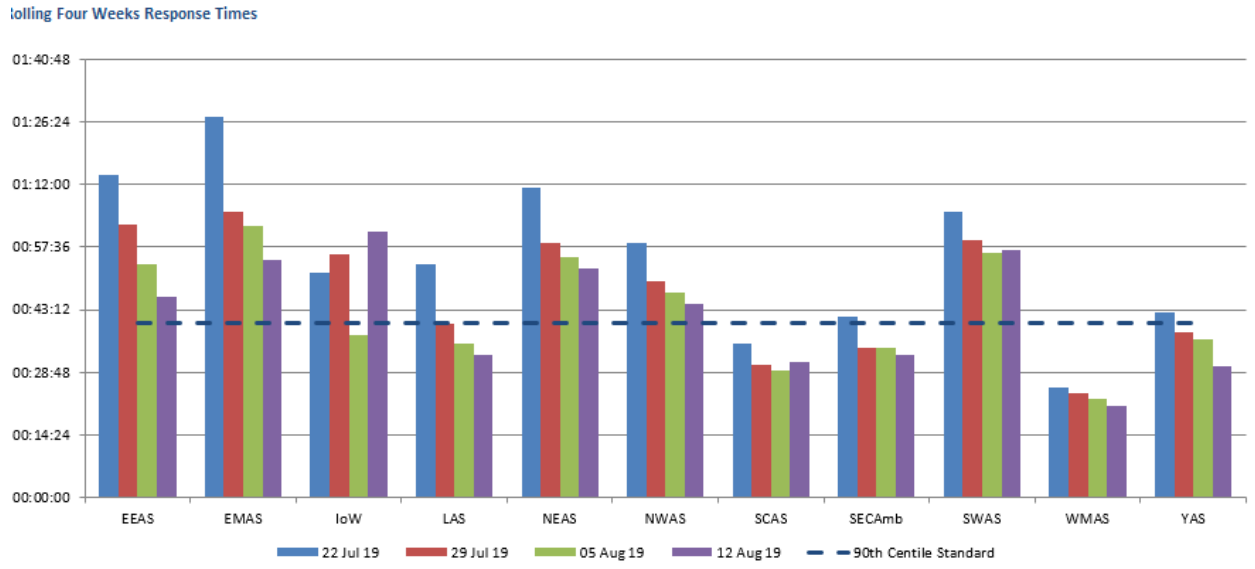
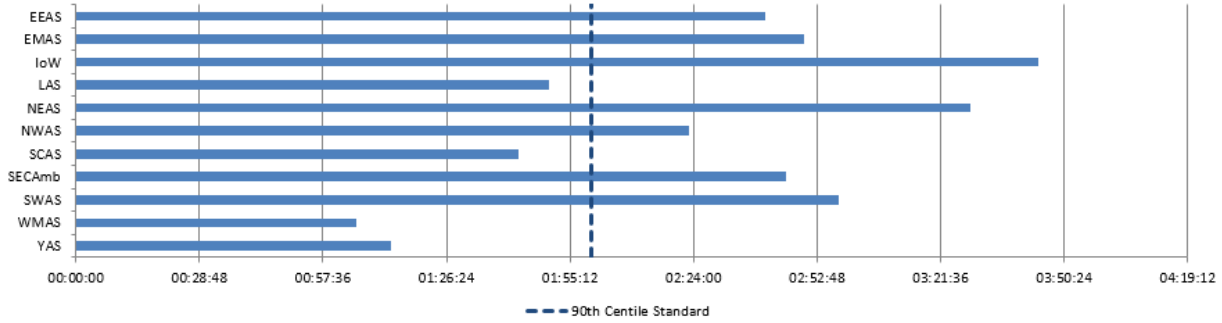
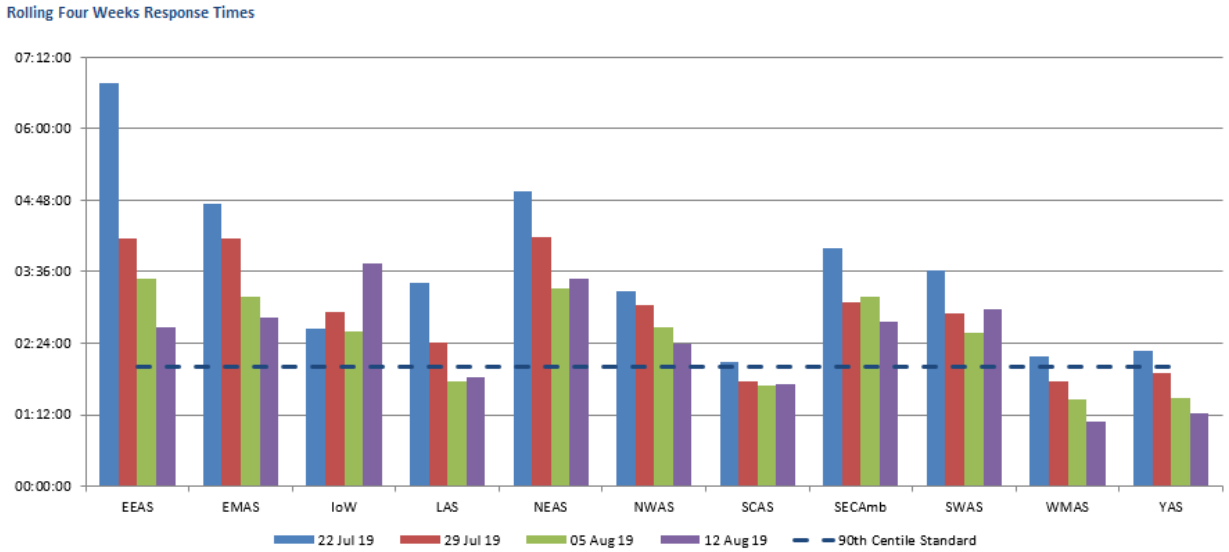




Category 3 90th Centile Response Times

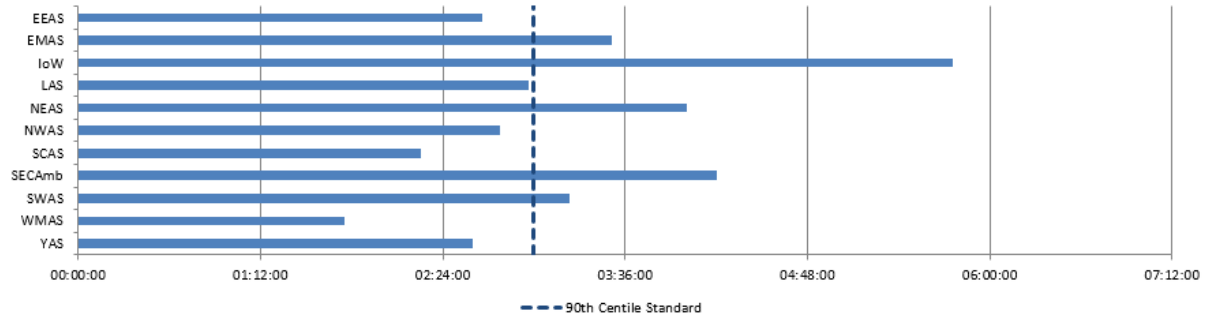
South East Coast Ambulance Service NHS Foundation Trust

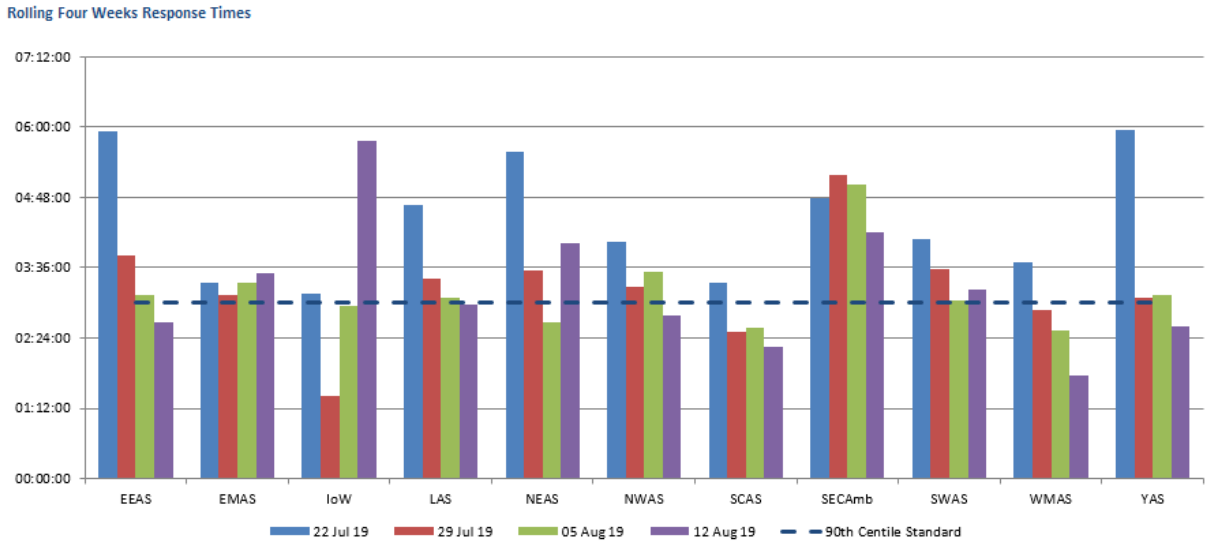




Category 4 90th Centile Response Times

South East Coast Ambulance Service NHS Foundation Trust





South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	48-19

Name of meeting	Trust Board
Date	29 August 2019
Name of paper	**Use of Non-Parenteral Prescription Only Medicine (POM) (Salbutamol) by SECAmb volunteers**
Executive sponsor	Richard Quirk, Acting Executive Medical Director
Author name and role	Stuart Banham, Interim Chief Pharmacist Michael Bradfield, Consultant Paramedic
Synopsis	The Executive were asked to review the proposal for the use of Salbutamol Nebulisers by Community First Responders (CFRs) and Co-Responders (Fire service). Specifically the Executive were asked to quantify the potential use of salbutamol nebulisers and to seek external views of the use of this medicine. An update was presented to the Quality and Patient Safety Committee on 18th July 2019. This paper provides an overview of the Trust's legal position regarding the use of non-parenteral prescription only medicines (POMs) by volunteers. This paper also highlights our current position and the changes proposed by the Director of Nursing and Quality and the Acting Medical Director. Safety is paramount and our Trust needs to ensure appropriate governance around the administration of these medicines as laid out in this paper.
Recommendations, decisions or actions sought	The Board is asked to approve the use of salbutamol nebulisers (non-parenteral POM) by our volunteers (CFRs and Co-responders) within specific parameters as recommended by the Director of Nursing and Quality and the Acting Medical Director.

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**

South East Coast Ambulance Service NHS Foundation Trust

Trust Board

Use of Non-Parenteral Prescription Only Medicine (POM) (Salbutamol) by SECAmb volunteers (Community First Responders (CFRs) and Immediate Emergency Care Responders (IECRs))

1. Introduction

1.1. The effective treatment of patients using medicines is an integral and well-established part of pre-hospital emergency care within the ambulance service.

1.2. Medicines are grouped into classifications, based on their legal status and/or product characteristics (including safety record, side effects, etc.), as follows:

1.2.1. General Sales List (GSL)

1.2.2. Pharmacy item (P)

1.2.3. Prescription Only Medicines (POM) – A medicinal product which may only be sold or supplied against the signed prescription from an appropriate prescriber or given under an alternative legal mechanism, such as a PGD, or an exemption (for example, Schedule 19 of the Human Medicines Regulations 2012).

1.3. The legal mechanisms that cover the use of medicines are complex, and the two schedules within the Human Medicines Regulations 2012 (17 and 19) only cover parenteral (e.g. intravenous) medicines for administration, and do not include non-parenteral (e.g. inhaled) medicines.

1.4. Registered Healthcare professionals may also follow prescriptions, patient group directions (PGD), and patient specific directions (PSD).

1.5. Medicines legislation is very clear regarding who can possess and administer most medicines, and specific exemptions exist to facilitate the administration of medicines to patients by both our registered healthcare professional staff and non-registrants.

1.6. The non-parenteral route discussed in this document refer to the nebulised, inhaled route delivered via an oxygen mask (salbutamol).

1.7. Historically, within the Ambulance Service a selection of non-parenteral prescription only medicines have been administered to patients by trained but not registered staff, including nebulised ipratropium bromide and salbutamol.

1.8. The Legislation which governs the administration of POM is the Human Medicines Regulations 2012. The specific Regulation is 214 (2)

1.9. Regulation 214(2) provides for the administration of a parenteral POM but is silent regarding their administration by any other route. Ambulance trusts have utilised this gap in the legislation to facilitate care by trained but non-registered staff such as Ambulance Technicians who administer the medicines in accordance with the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guideline. However, the gap in the Legislation means that there is no formal legal framework to support this practice.

1.10. NHS England's Specialist Pharmacist Service (SPS) have recently issued guidance (March 2019) on when Patient Group Directions (PGDs) should be used. The SPS have been tasked to coordinate the national PGDs for Ambulance Trusts. The new SPS guidance state that a PGD is required to administer a POM (parenteral or otherwise).

1.11. Many trusts are currently experiencing a migration of the paramedic workforce into primary care. To maintain operational efficiency it is likely that increasing numbers of vehicles will be staffed by non-Paramedic crews. In this situation trusts may find that they require trained but not registered staff to continue to administer non parenteral POMs e.g. salbutamol and ipratropium and utilise the emergency drugs list on Schedule 19 of the Human Medicines Regulations 2012 to deliver timely care to patients. If non-parenteral POMs are to be administered under PGD then non-registered staff will be unable to administer these medications under this legal framework and this will put our patients at risk. It is important to note that non-registered staff in the ambulance sector have been administering salbutamol and ipratropium safely for years.

1.12. A search of the SECAmb incident reporting system showed no report of any incident that affected patient care due to the administration of these non-parenteral POMs by any staff grade or skill mix. There have also been no serious incidents reported, complaints or Coroners' recommendations relating to poor administration of these non-parenteral POMs.

1.13. This paper provides a briefing on the specific legal, practical, and patient safety challenges relating to administration of non-parenteral medicines.

2. Non-parenteral POM Salbutamol in the Trust currently administered outside of clear legal framework.

2.1.1. Salbutamol was withdrawn from CFRs and Immediate Emergency Care Responders (IECRs) in February 2018, whilst a review was undertaken. Since this time an e-learning package

has been developed and new face to face training for our volunteers. A new Standard Operating Procedure (SOP) was approved in April 2019 for medicines pouch processes and governance. A new clinical protocol has also been developed for the administration of salbutamol for restricted indications less than that of JRCALC, so that only those patients who are confirmed as already using this medicine and have attempted to use their own prescribed inhaler may be given this in a nebulised form by CFRs.

2.1.2. The Trust has undertaken a review of the patients who CFRs and Co-responders have treated in 2018/19 to assess the level of risk associated with them administering salbutamol. CFRs/Fire Responders were allocated to a total of 10997 incidents. 1062 (9.7%) of these were categorised as breathing problems and 285 (2.6%) included COPD in the problem description. 199 (1.8%) included asthma in the problem description. These figures do not tell us how many of those with asthma would have needed a salbutamol nebuliser, but at least this provides us with a projection that in one year CFRs/Co-responders will see approximately 200 people who will need to be assessed for the use of a salbutamol nebuliser.

2.1.3. In relation to CFRs and IECRs the Director of Nursing and Quality and the Acting Medical Director approve that these volunteers administer Salbutamol as per clinical protocol. This decision is based on the benefit to patients from receiving early nebulised salbutamol during an asthma attack. This decision has been made with the awareness of Salbutamol being a prescription only medicine and that there is currently no legal framework to administer this medication by volunteers.

2.1.4. The safe use of Salbutamol has been added to the 2019/20 Clinical Audit Plan for all staff and volunteers.

3. Risks and Benefits (Clinical and Corporate)

3.1. Risks

3.2. For the most part, the risks of the Trust authorising non-parenteral POM Salbutamol use by our volunteers are reputational and legal in origin.

3.2.1. The Trust is outside of published legislation.

3.2.2. Currently there has not been a formal audit of the use of these medicines (although there have been no incidents resulting in patient harm or complaints relating to inappropriate use that have been identified).

3.2.3. Not allowing volunteers to use non-parenteral POMs, salbutamol, poses a risk to patient safety by denying them access to medicines that are shown to be safe, effective and potentially life-saving in the emergency setting and which is time-critical in some cases and should not be delayed.

3.3. **Benefits**

3.4. The legal basis for the use of non-parenteral POMs outside of a clear legal framework requires the Trust to take a decision to operate otherwise than in accordance with the law on the basis of patient benefit outweighing the legal issues.

3.4.1. The non-parenteral POM Salbutamol, used by the Trust is potentially life-saving medication which are generally thought to be safe, with a low incidence of complications.

3.4.2. Salbutamol is recommended as first-line treatment for severe / life-threatening asthma by the British Thoracic Society and forms part of the initial management of bronchospasm in the Resuscitation Council (UK) Advanced Life Support guidelines and is a key part of pre-hospital emergency care guidelines nationally.

4. **Summary**

4.1. Other Ambulance Trusts are considering the use of Salbutamol by their CFRs. West Midlands Ambulance Service NHS Trust allows specially trained CFRs in the Staffordshire region to use salbutamol as do London Ambulance Service via there enhanced first responders.

4.2. SECAmb have developed training and standard operating procedures and a new clinical protocol for our volunteers that puts in place an appropriate level of education and governance around the administration of salbutamol.

4.3. The Director of Nursing and Quality and the Acting Medical Director are satisfied that due diligence has taken place and that the benefits to patients outweighs the relatively low risks associated with allowing the use of nebulised salbutamol medication by a volunteer without a currently legal framework to support its use.

4.4. The Board are asked to approve the proposal made by the Director of Nursing and Quality and Acting Medical Director and be assured that due diligence has taken place.

Stuart Banham
Interim Chief Pharmacist

Michael Bradfield
Consultant Paramedic