



South East Coast Ambulance Service NHS
Foundation Trust
Nexus House
Gatwick Road
Crawley
RH10 9BG

Date 18th September 2018

Email: foi@secamb.nhs.uk

Email:

Dear,

I am writing in response to your enquiry under the Freedom of Information Act 2000 (FOIA) reference FOI/18/08/27.

You requested the following information, please also see our response below:

1. Across the South East, the SECAMB operational area. Which areas are on, or have been on purple / black surge in the last 3 months. Can you provide full details please.

From the 1st of June 2018 until the 31st of August 2018 we entered surge purple or black 159 times. We are unable to list the areas that were at a surge level but the Trust recorded Surge Escalation Warning Trigger (SEWT) levels on the dates and times listed below:

Date / Time	Surge Level
02/06/2018 14:50:00	Purple
03/06/2018 00:40:00	Purple
03/06/2018 01:50:00	Black
03/06/2018 04:00:00	Purple
03/06/2018 16:45:00	Purple
03/06/2018 23:05:00	Purple
04/06/2018 01:50:00	Black
04/06/2018 03:50:00	Purple
04/06/2018 23:56:00	Purple
06/06/2018 00:22:00	Purple
06/06/2018 14:30:00	Purple
08/06/2018 21:30:00	Purple
09/06/2018 21:45:00	Purple
09/06/2018 20:00:00	Purple
09/06/2018 21:21:00	Purple
10/06/2018 02:20:00	Black
10/06/2018 04:35:00	Purple

11/06/2018 00:50:00	Purple
14/06/2018 15:34:00	Purple
15/06/2018 22:07:00	Purple
15/06/2018 22:59:00	Purple
15/06/2018 23:30:00	Black
16/06/2018 01:56:00	Purple
18/06/2018 00:35:00	Purple
21/06/2018 00:50:00	Purple
21/06/2018 23:50:00	Purple
22/06/2018 22:00:00	Purple
22/06/2018 23:30:00	Black
22/06/2018 04:43:00	Purple
24/06/2018 19:00:00	Purple
24/06/2018 23:00:00	Black
25/06/2018 01:40:00	Purple
25/06/2018 14:00:00	Purple
28/06/2018 00:30:00	Purple
28/06/2018 17:40:00	Purple
29/06/2018 14:12:00	Purple
29/06/2018 17:34:00	Black
30/06/2018 05:00:00	Purple
30/06/2018 14:00:00	Purple
30/06/2018 21:00:00	Purple
30/06/2018 22:34:00	Purple
30/06/2018 23:00:00	Black
01/07/2018 02:56:00	Purple
01/07/2018 05:43:00	Purple
01/07/2018 14:10:00	Black
01/07/2018 14:39:00	Purple
01/07/2018 15:27:00	Purple
01/07/2018 15:58:00	Purple
02/07/2018 04:00:00	Purple
02/07/2018 12:04:00	Purple
02/07/2018 14:46:00	Purple
02/07/2018 15:28:00	Purple
02/07/2018 15:50:00	Purple
02/07/2018 16:16:00	Purple
02/07/2018 17:23:00	Purple
03/07/2018 23:40:00	Purple
04/07/2018 20:10:00	Purple
06/07/2018 13:22:00	Purple
07/07/2018 02:00:00	Black
07/07/2018 08:40:00	Purple
07/07/2018 21:15:00	Black
08/07/2018 09:40:00	Purple

08/07/2018 22:00:00	Black
09/07/2018 06:15:00	Purple
09/07/2018 14:00:00	Purple
09/07/2018 19:15:00	Black
10/07/2018 06:30:00	Purple
10/07/2018 17:45:00	Purple
11/07/2018 17:10:00	Purple
12/07/2018 19:15:00	Purple
13/07/2018 14:00:00	Purple
14/07/2018 18:56:00	Purple
14/07/2018 11:10:00	Purple
16/07/2018 13:35:00	Purple
16/07/2018 14:47:00	Black
16/07/2018 16:48:00	Purple
17/07/2018 18:45:00	Purple
18/07/2018 18:05:00	Purple
18/07/2018 20:30:00	Black
19/07/2018 05:05:00	Purple
19/07/2018 18:45:00	Purple
19/07/2018 19:45:00	Black
20/07/2018 04:42:00	Purple
20/07/2018 14:50:00	Purple
21/07/2018 13:00:00	Purple
21/07/2018 21:37:00	Purple
21/07/2018 01:06:00	Black
22/07/2018 06:00:00	Black
22/07/2018 07:00:00	Purple
22/07/2018 13:00:00	Purple
22/07/2018 20:00:00	Purple
23/07/2018 17:05:00	Purple
23/07/2018 23:15:00	Purple
24/07/2018 22:00:00	Purple
25/07/2018 13:30:00	Purple
26/07/2018 18:00:00	Purple
26/07/2018 19:30:00	Purple
26/07/2018 21:30:00	Purple
26/07/2018 13:40:00	Purple
26/07/2018 00:00:00	Purple
26/07/2018 18:30:00	Purple
26/07/2018 19:00:00	Purple
26/07/2018 20:57:00	Black
26/07/2018 22:00:00	Black
26/07/2018 22:30:00	Black
27/07/2018 01:00:00	Black
27/07/2018 03:30:00	Black

27/07/2018 05:00:00	Black
27/07/2018 06:39:00	Purple
27/07/2018 13:30:00	Purple
27/07/2018 16:00:00	Black
27/07/2018 19:30:00	Black
28/07/2018 04:15:00	Purple
28/07/2018 15:36:00	Purple
28/07/2018 20:35:00	Purple
29/07/2018 01:07:00	Purple
29/07/2018 13:35:00	Purple
29/07/2018 18:30:00	Purple
30/07/2018 12:08:00	Purple
30/07/2018 20:15:00	Black
30/07/2018 22:00:00	Purple
01/08/2018 23:59:00	Purple
04/08/2018 20:30:00	Purple
05/08/2018 12:06:00	Purple
05/08/2018 12:27:00	Black
06/08/2018 15:50:00	Purple
06/08/2018 20:30:00	Purple
06/08/2018 23:00:00	Black
07/08/2018 04:00:00	Purple
07/08/2018 18:50:00	Purple
07/08/2018 22:50:00	Black
08/08/2018 23:38:00	Purple
09/08/2018 00:30:00	Black
09/08/2018 17:45:00	Purple
12/08/2018 01:20:00	Purple
12/08/2018 21:00:00	Purple
12/08/2018 23:00:00	Black
13/08/2018 01:00:00	Black
13/08/2018 03:00:00	Black
13/08/2018 17:01:00	Purple
13/08/2018 18:45:00	Black
13/08/2018 19:20:00	Purple
14/08/2018 22:35:00	Purple
17/08/2018 14:50:00	Purple
17/08/2018 17:05:00	Black
17/08/2018 23:30:00	Purple
18/08/2018 13:10:00	Purple
18/08/2018 22:45:00	Purple
19/08/2018 19:15:00	Purple
19/08/2018 21:24:00	Black
20/08/2018 03:00:00	Purple
20/08/2018 15:55:00	Purple

22/08/2018 00:05:00	Purple
22/08/2018 22:14:00	Purple
25/08/2018 23:20:00	Purple
28/08/2018 18:00:00	Purple
28/08/2018 20:00:00	Black
29/08/2018 21:55:00	Purple
31/08/2018 23:00:00	Purple

2. On August 13th, 2018, I gather there were 7 night crews active. 5 of these crews were out of the Thanet area. Can you outline the area that the two other crews were covering and explain if two crews for the area is 'usual' and viable.

In the Thanet dispatch desk area, we aim to have a minimum of 9 Ambulances throughout a whole night shift. On the night shift of 13th into 14th August 2018 we had 7 Ambulances and a Single Response Vehicle covering this area.

At 02:30hrs, 5 of the 7 ambulances working out of Thanet were out of the dispatch desk area.

While our Ambulances were out of the area due to conveying patients with specific conditions such as heart attacks and trauma to specific hospitals for specialist treatment, there were ambulances from other areas answering calls in Thanet. This is managed with a system status plan within our Emergency Operations Centre and identifies priority areas that require cover.

The Thanet dispatch desk covers Thanet, Faversham, Whitstable, Herne Bay, Canterbury, Deal, Sandwich and all the rural areas in between. This is where the two remaining crews worked and any that came over to assist while our crews were out of area.

Once Ambulances leave their own area they can potentially answer emergency calls out of area as they would then be the closest resource available, as would Ambulances that are out of their area working in our dispatch desk.

3. During that night did anyone wait for an ambulance longer than they should have? If a crew was mobilised as C1 or C2 did those crews arrive on time?

On 13th into 14th August 2018 from 19:00 hrs to 08:00 hours we had 96 emergency calls in the Thanet dispatch desk area. One was a C1 call which is our most life threatening call and we met this response target within 7 minutes. There were 34 C2s of which we missed 7 with the longest wait at 49 minutes. The remaining emergency calls were made up of C3, C4 and Health care professional calls.

During this period, our Ambulances were delayed at hospital with 9 out of 22 of patients arriving at QEQM not being received by the hospital within 15 minutes of arriving at hospital.

9 patients during this time were taken to other hospitals out of area due to specific needs.

Please note that a major incident was declared during the day on Monday 13th August 2018 due to a coach that overturned on the M25 which potentially had a knock on effect of being able to deal with non-life threatening emergency calls.

4. Can you comment further on the staffing of ambulances. Is a paramedic always on an ambulance? If not why not?

There is not always a Paramedic on every ambulance or single response vehicle.

We have several different clinical grades of staff however we endeavour to have a Paramedic on an Ambulance where possible. At present, the ratio of Paramedics doesn't always allow for every ambulance to have a Paramedic on board and this is not always required. Currently we have a vacancy rate of 18% in the Thanet area and we are working hard to recruit and train new clinical staff of all grades. We are due to have 7 new staff join us in September 2018 and this is a rolling programme with a new course starting then also. On occasions short notice sickness can have an impact on operational cover.

Paramedic clinical skills are not required to treat and transport the majority of situations we attend.

In the cases where a Paramedic is not on an ambulance our other clinical grades are able to recognise when further clinical skills would be of benefit and can request paramedic support or telephone advice. Quite often this is identified within our Emergency Operations Centre at the time of call and a paramedic can be dispatched based on the information provided.

Paramedics can also request clinical support from Specialist Paramedics, GPs, and allied healthcare professionals as well as doctor support for complex situations via HEMS.

On the night in question, there were Paramedics on 5 of the 7 ambulances that were on duty for the whole night. The other 2 crews had Technician grade staff on board that are qualified to respond to emergencies.

There were also 10 late crews that finished their shifts between the hours of 22:00hrs and 02:00hrs and 1 response car that finished at 22:00hrs. Every one of these resources had a Paramedic on board.

In addition to the above:

- There was a Paramedic Practitioner available until 02:00hrs for telephone shared decision making and guidance. This person can also respond if required.
- There was an Operational Team Leader- (Paramedic) available until 02:00hrs available to respond if required.
- An Operational Commander (paramedic) was on duty all night and available to respond to C1 calls.
- We had a Critical Care Paramedic available on a response car all night.

5. With regard to non NHS and PAS crewed ambulances and on board equipment. How well equipped are the PAS ambulances? How often are they stock checked? Do they all carry viable shock equipment all the time? How many reports have been received over the last 12 months from staff about poor faulty or missing equipment?

All private ambulance providers must equip their vehicles to the same load list as Trust A&E vehicles to be compliant with the contractual framework. This includes full heart monitoring and viable shock equipment at all times, and ensures continuity of standards regardless of resource utilisation. Equipment checks are part of the primary checks made at the start of every shift to ensure that all vehicles are fully roadworthy and compliant before any utilisation.

There have been no reported incidents in the last 12 months relating to poor, faulty or missing equipment from private ambulance providers.

6. I'm receiving regular reports of long and unacceptable delays from people injured and waiting for ambulances. What steps are being taking to reduce waits?

Like most ambulance services we are receiving higher volumes of calls.

We are currently working with our commissioners to undertake a demand and capacity review of our call volumes, taking into account wider NHS and social care system changes and the operating model currently being delivered to identify how we deliver services differently in the future. This will include how we can reduce hand over delays at hospital and identify more alternative care pathways for suitable patients as an alternative to emergency department attendance which will help us provide a more responsive service in the future. In the meantime, we are doing all we can to put additional call handlers and ambulances on shift to manage this demand.

With regards specifically to hospital delays, there is a programme of work across SECamb's area which is focusing on the system-wide issue of hospital handover delays. There is a strong national drive to reduce such delays and we have set an aim to have no hospital handover delays of more than 30 minutes by September. Through the programme, we have already started to see good progress being made at the hospitals we convey patients. So far, this financial year we have seen an overall 11 per cent decrease in hours lost compared to the same period last year. This is the equivalent of 1.5 12-hour shifts per day that have been available as a result of this improvement. This is really good news for patients, both in hospitals and in the community; however, it is important that partners continue to focus on reducing handover delays across all our hospitals in order to improve the safety and experience of patients. Working together with our hospital partners in order to achieve a joint goal will ensure a more effective approach to tackling this long-standing problem.

I hope you find this information of some assistance.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Information Governance Lead via the following email address:

FOI@secamb.nhs.uk

Yours sincerely

Freedom of Information Coordinator
South East Coast Ambulance Service NHS Foundation Trust