HEALTH OVERVIEW AND SCRUTINY COMMITTEE

6 MARCH 2025

SOUTH EAST COAST AMBULANCE SERVICE NHS FT UPDATE

Report from: Matt Webb, Deputy Director, Strategy & Transformation (SECAmb)

Author: Ray Savage, Strategic Partnerships Manager (SECAmb)

Executive Summary

During 2024 and since the last update to the HOSC (June 2024), the Trust has continued to focus on improving operational performance and meeting the NHS England (NHSE) Recovery Support Programme. The Trust has also completed the development of its long-term clinically led strategy, with the aim of delivering high-quality, equitable, and efficient care within a sustainable financial model.

2025-26, the Trust will concentrate on implementing its new strategy which also includes enhancing the experience of our people. The Trust will continue to work collaboratively with its system partners in the delivery of Urgent and Emergency Care, along with a focus on improving response times and patient outcomes.

The recently published NHS England '2025/26 priorities and planning guidance', reiterates the continued monitoring of ambulance service category 2 response times with the national target of 30 minutes (mean) for 2025/26.

The recent agreement on collaboration with South Central Ambulance Service NHS Foundation Trust (SCAS) will see the Trust working collaboratively across several key areas.

1. Performance 999 & 111

1.1. The Trust's Board continues to closely monitor operational performance. The Christmas and New Year period, as anticipated, saw increased pressures not only for the Trust but for system partners.

1.2. **Response Times**

1.2.1. Category 2 (C2) Performance

1.2.1.1. C2 activity accounts for circa 64% of Trust activity

1.2.1.2. C2 response times (mean) have fluctuated during 2024, however, the Trust achieved a C2 mean of 26:26 (January 2025), compared to the NHS England mean 35:40. During 2024 and into 2025, the Trust has at times, been a higher performer than its peers and in recent months has ranked 2nd in the NHS England league tables. (Appendix A).

1.2.1.3. Positively, at the end of quarter 3 the Trust was delivering a C2 mean of 29 minutes and 5 seconds. This is in line with the 30-minute agreed target with commissioners and NHS England.

1.2.2. Categories 1, 3, and 4

1.2.2.1. Although these categories did not meet national targets, the past six months saw performance for C3 & C4 frequently within NHS England's mean times. C1 performance has seen the Trust mid table when benchmarked against its peers.

1.2.2.2. The NHSE ‘mean’ time is the average attainment across the 10 ambulance services in England. (Appendix B).

1.3. **Factors Improving Response Times**

1.3.1. Continued focus on optimising resources through abstraction management and targeted overtime to provide additional hours, including efforts on managing abstractions, specifically sickness and training schedules. (Appendix C).

1.3.2. A reduction in staff turnover has resulted in more stable staffing.

1.3.3. The Trust, while managing abstractions for training continues to deliver against its training plan.

1.3.4. Adhering to NHS England’s protocol for Category 3 and 4 incidents to be placed into a clinical queue for validation by a senior clinician has resulted in the Trust steadily increasing its Hear and Treat (H&T) rates.

1.3.5. The Trust’s Business Intelligence Team continually monitor H&T to better understand some of the fluctuations in attainment. (Appendix D).

1.3.6. Operational managers continue to work with their respective emergency department leads to reduce ambulance handover times, and locally manage crew wrap up times.

1.4. **Emergency Call Answering**

1.4.1. Call answer times continues to improve with the Trust achieving the national target of 5 seconds since December 2024.

1.4.2. Improvement in both staffing levels, staff retention, and call handling times have contributed this achievement. (Appendix E).

1.4.3. The Trust’s BI team are continuing monitoring and evaluating call answering times and the relationship between call handling times, staffing levels, and the ‘mean’ call answer time. (Appendix E).

1.4.4. The Trust’s combined Emergency Operations Centre (EOC) in Gillingham, Kent, which opened during the Summer of 2023, combined with the existing West EOC (Crawley) has provided stability and a robustness for both 999 and 111 call answering. The EOC in Gillingham has enabled the Trust to be a local key employer, offering career opportunities to the local population and thereby supporting recruitment and retention across the Trust’s 2 EOCs, when traditionally, Crawley has presented the Trust with challenges in maintaining workforce levels due to local employment competition.

1.5. **111 Service Performance**

1.5.1. Following a challenging period (November 2023 – April 2024), calls to 111 initially decreased throughout the summer of 2024 then increased from October 2024. (Appendix F).

1.5.2. In contrast to the reduction in calls offered, call answering significantly improved from poor levels during 2023. However during April 2024, and while still below the 95% calls answered in 60 seconds, greater staff availability and increased productivity contributed to this improvement. (Appendix F).

1.5.2.1. This achievement was also bolstered by the quality improvement projects focused on attrition and increasing staff wellbeing – a direct link to the results of the staff surveys.

1.5.3. This period also achieved a significant reduction in the call abandonment rate with an attainment rate of 4.4% against a target of 5% during December 2024. (Appendix F).

1.5.4. The service has improved its calls answered within 60 seconds. (Appendix F).

1.5.5. The Trust has been supported by an established 3rd party 111 provider which is due to end during February 2025.

1.5.5.1. In anticipation of this, the 111 senior operational team have been driving efficiencies to mitigate this loss and while there has been a slight increase in calls offered, this is in line with expectations.

1.5.5.2. These efficiencies formed a part of the 111-efficiency project team who endeavoured to embrace staff ideas to seek positive change on call handling targets, technology initiatives to support efficiency e.g. Visual ivr – a process which seeks to speed up the call process by having patients who are waiting more than 60 seconds, fill in the demographics. This initiative alone reduced call handling time by 37 seconds.

1.5.6. The Trust continues to deliver exceptional Direct Appointment Booking (DAB), supported by consistently good emergency department validation as per the NHSE 111 First criteria. This has enabled the 111 service to protect the wider health care economy and facilitate patient flow to the appropriate downstream services. (Appendix G).

2. Handover

2.1. Engagement with Acute Trust Partners

2.1.1. The Trust continues to work with acute Trust partners and the NHS Sussex Integrated Care Board, across Sussex to manage ambulance handover delays and improve crew turnaround times.

2.1.2. Delays to ambulance handover have been indicative of the pressures the hospitals have been experiencing with patient 'flow' during the winter periods of 2023/24 and 2024/25. (Appendix H & I).

2.1.3. The Trust's operational mangers continue to improve the time taken from a patient handover to being response ready. (Appendix H & I).

2.2. Key Hospitals for East Sussex

2.2.1. Conquest Hospital

2.2.2. Eastbourne District General Hospital

2.2.3. Royal Sussex County Hospital

2.2.4. Tunbridge Wells Hospital

2.3. University Hospitals Sussex Update

2.3.1. University Hospitals Sussex NHS FT presented to the HOSC in December 2024 on the programme of work at the Royal Sussex County Hospital (RSCH) to improve ambulance patient handover, patient experience, and patient flow. They highlighted that when the 'flow' of patients through the hospital does not keep pace with those arriving in the Emergency Department it becomes a key factor in ambulance handover delays.

2.3.2. Key changes implemented are:

2.3.2.1. Surgical Assessment Unit – Opened in October 2024 and is being expanded with an increase in 12 trolly spaces and 12 chairs.

2.3.2.2. Continuous Flow Model – Moving patients from ED onto wards independently of discharges.

2.3.2.3. SECAmb Unscheduled Care Navigational Hub - multi-disciplinary teams reducing transport to the ED, increasing direct access to Same Day Emergency Care (SDEC) specialities, and referrals directly into community pathways.

2.3.3. Despite the ongoing challenges at the RSCH, there have been improvements in the average patient handover time. (Appendix I).

3. Urgent and Emergency Care – Unscheduled Care Navigation Hubs

3.1. New Models of Working

3.1.1. During 2023, the Trust began piloting multidisciplinary Integrated Urgent Care hubs in West and East Kent, staffed by ambulance Advanced Paramedic Practitioners, clinicians from Urgent Community Response (UCR), acute, mental health, and primary care services.

3.1.2. These hubs provide a real time clinical assessment and a coordinated clinical response to patients who having dialled 999 and initially placed in the 'clinical stack' as a category 3 and category 4 incident.

3.1.3. It is acknowledged that early clinical input through a call back to the patient by a paramedic, in some cases supported by partner clinicians, can result in a 'non-dispatch' of an ambulance with clinical advice being given or direct referral into other services. In addition, ambulance crews by the patient side can contact or be contacted by the hub for a clinical conversation and collaborative decision making regarding the best plan for the patient.

3.2. Early Results

3.2.1. Both pilots have shown evidence of reduced conveyance to emergency departments, improved patient outcomes, and enhanced collaboration among health providers. This has given an assurance amongst system partners and NHS Kent and Medway that this way of working is delivering outcomes that benefit our people, partners, and patients.

3.3. Expansion

3.3.1. In quarter 2 2024 and in preparation for winter the Trust committed to establishing a further 5 hubs across Kent, Surrey, and Sussex.

3.3.2. The introduction of the multi-disciplinary Unscheduled Care Navigation Hubs (UCNH) is key to ensuring the trust delivers on its five-year clinically led strategy.

3.3.3. The additional UCHNs would also support the respective systems resilience during winter 2024/25 by ensuring the Trusts highly skilled clinicians, supported by specialist clinicians from across the local healthcare system ensure callers to 999 are receiving the most appropriate response either through: clinical advice, direct referral into community services, direct access into speciality wards in the hospitals i.e. Same Day Emergency Care (SDEC), and only conveyance to emergency departments when appropriate.

3.4. Sussex

3.4.1. Working with the Sussex Integrated Care Board's (ICB) Urgent and Emergency Care team, acute, community, and mental health partners, 2 Unscheduled Care

Navigation Hubs were developed and mobilised through the summer months and implemented during November 2024.

3.4.1.1. Polegate – based in the Trust's Polegate Make Ready Centre and working collaboratively with East Sussex Health Care NHS Trust, a team comprising of acute and community clinicians started working alongside the Trust's paramedics and advanced paramedic practitioners to deliver clinical input to category 3 and category 4 incidents (3.1.3)

3.4.1.2. Brighton – based in the Trust's Falmer Make Ready Centre, clinical colleagues from the Royal Sussex County Hospital (RSCH) and Sussex Community NHS FT (SCFT) joined the existing SECAmb team (paramedics and advanced paramedic practitioners) to support clinical advice to patients where a physical response was not required or to enable a direct referral into both General Virtual Ward and Urgent Community Response, as well as direct access to the Same Day Emergency Care specialities at both the RSCH and Princess Royal Hospital.

3.4.1.3. A more recent development in the UCNHs has been the establishment of direct access to the Blue Light Line and Rapid Response Teams from the Sussex Partnership NHS FT to enable 'live' discussions for appropriate mental health incidents in the clinical stack.

3.4.1.4. Moving forward the Trust will continue to work alongside our healthcare partners and ICBs to ensure that the UCNHs develop sustainably and that we are able to clearly measure the positive impact they are having.

3.4.1.5. Discussion is at an early stage for a further UCNH covering the population of West Sussex.

3.5. Evaluation

3.5.1. The Trust is holding an evaluation workshop in early April, bringing together key partners to quantitively and qualitatively review outputs of the UCNH.

3.5.2. Early evidence has shown an increase in referral numbers into community services across both East Sussex and Brighton & Hove, as well as a reduction in transports to ED at the RSCH.

4. Community Provider Access to Category 3 & 4 Incidents

4.1. Portal Access Initiative

4.1.1. The Trust, in collaboration with commissioners, and building on the success of the initially set up touchpoint calls, established portal access enabling the community trusts Urgent Community Response Teams to directly access the clinical stack of category 3 and 4 incidents through a secure web browser to view and self-refer incidents throughout their operational hours.

4.1.2. Whilst a predecessor to the UCNHs, portal access along with UCNHs, increases the opportunity to get the right response first time for a patient and has the potential to avoid an ambulance dispatch. Both ways of working will require evaluating. Early learning it that there is a place for both to work alongside each other and as the UCNHs mature there may be an opportunity to combine the two.

5. Improvement Journey (NHSE Recovery Support Program)

5.1. Programme Overview

5.1.1. The Trust's Improvement Journey Programme began in 2022 following Care Quality Commission reports published in July and October. The CQC rated the Trust as 'inadequate' in Well-Led.

5.1.2. Following the findings, the Trust has made significant progress on the majority of its NHS England's Recovery Support Programme (RSP) exit criteria including:

5.1.2.1. **Develop a long-term Strategy and vision**

5.1.2.1.1. The Trust's vision: To transform patient care by delivering prompt, standardised emergency responses while enhancing care navigation with seamless, accessible virtual services for non-emergency patients.

5.1.2.1.2. The Trust has developed a clinically led strategy that clearly outlines the Trust's vision for the next five years. (Section 6).

5.1.2.2. **Board development and cultural improvement**

5.1.2.2.1. The Trust has strengthened its Board and executive leadership with recent appointments being made to include:

5.1.2.2.1.1. Chief Paramedic Officer

5.1.2.2.1.2. This appointment enforces the Trust's commitment to being a clinically led organisation. (Section 6).

5.1.2.2.2. Regarding culture, during the past few years the Trust committed to improving its openness, transparency and accountability. These key themes have been at the heart of all the Trust's activities.

5.1.2.2.3. Investment in leadership development has seen training courses being run for all levels of managers, giving them the confidence and skills to lead teams of staff with maturity and integrity.

5.1.2.2.4. There has also been a focus on wellbeing and professional development.

5.1.2.2.4.1. The Trust's wellbeing team offer a wide range of support to staff from informal, formal and professional.

5.1.2.2.5. The Trust has taken a zero tolerance towards poor behaviours that could be deemed inappropriate, harmful or sexist/sexual.

5.1.2.2.6. The Freedom to Speak Up (FTSU) programme has enabled staff to voice these concerns to a team who are trained to support them and further escalate where appropriate for any behaviours or treatment, to staff that has caused them concern, upset or distress.

5.1.2.2.7. Board development days have been taking place when the Trust's senior leadership team have been invited to work alongside the Trust's Executive to share learning.

5.1.2.2.8. Regarding the 2024 NHS Staff Survey, at the end of the survey period, we are pleased to announce that we achieved our best ever response rate of 67%, with 550 more colleagues completing the survey than last year.

5.1.2.3. **Sustainability**

5.1.2.4. The Trust has successfully delivered on its financial plans during the past 2 years and currently is in line to achieve its agreed financial deficit plan for 2024/25.

5.1.3. The Board Assurance Framework (BAF) was revised to reflect the Trust's strategy, ensuring Board oversight on the delivery of the Trust's strategic priorities to include 'in year planning commitments, compliance, and providing the Board with clarity on progress against organisational objectives, and highlighting risks to their achievement. The BAF forms a part of the Trust's cycle of assurance.

5.1.4. Meetings of the Board are framed by the BAF, against three strategic aims:

5.1.4.1. We deliver high quality patient care

5.1.4.2. Our people enjoy working at the Trust

5.1.4.3. We are a sustainable partner as a part of an integrated NHS

5.1.5. The Trust continues to work closely with NHS England's South East regional team and NHS Surrey Heartlands Integrated Care Board, its lead commissioner, to monitor progress against the RSP exit criteria. Regular reviews have been held between the Trust and NHS England's South East regional team to assess the Trust's readiness for exit. In December 2024, a final review was conducted, and a recommendation for exit was submitted. A meeting was held, and a supporting paper was provided. However, the final decision on the Trust's exit from the RSP is still pending. In the meantime, the Trust continues to participate in assurance meetings and checks to ensure all requirements are met.

6. Clinically Led Strategy 2024 - 2029

6.1. Overview

6.1.1. In early 2023, the Trust embarked on developing a long-term strategy aimed at delivering high-quality, equitable, and efficient care within a sustainable financial framework. This strategy also prioritises enhancing the experience of our people, supporting our partners, and committing to environmental stewardship.

6.2. Guiding Principles

6.2.1. Clinical Leadership and Patient-Centred Approach: The strategy has been co-designed with our patients, people, and partners, and grounded in evidence and practical implementation and is fully aligned to the Trust's vision.

6.2.2. Doing nothing was not an option either for RSP exit or meeting future activity demand largely predicated on the existing service model being insufficient to address the current and future challenges of increasing complex demand.

6.2.3. The existing service model is unsustainable due to the significant workforce uplift required to meet future demand including increased associated resourcing e.g. ambulances, and support functions.

6.2.4. Also maintaining the status quo would undoubtedly impact staff well-being and patient outcomes.

6.2.5. Radical change is therefore essential for futureproofing the Trust.

6.2.6. The clinically led strategy will be underpinned by the Trust Values

6.2.6.1. Integrity

6.2.6.2. Kindness

6.2.6.3. Courage

6.2.7. The strategy will also be the framework within which the Trust could deliver its overarching strategic aims:

6.2.7.1. Delivering High Quality Care

6.2.7.2. People Enjoy Working at the Trust

6.2.7.3. The Trust is a sustainable partner

6.3. **Strategy Programme Phases**

6.3.1. The strategy development programme fell into three phases.

6.3.1.1. Phase 1: Diagnose & Forecast

6.3.1.2. Phase 2: Generate Options & Prioritise

6.3.1.3. Phase 3: Deliver & Evolve

6.3.2. During these phases the Trust worked to understand the current environment, anticipated challenges, stakeholder perspectives, population health, aging, complexity of health conditions primarily with an ageing population, along with future funding for the NHS and in particular the ambulance sector.

6.3.3. The strategic direction during these phases was leaning towards how the Trust can differentiate its response to best meet patients needs.

6.3.4. There was always going to be a requirement to maintain a physical ambulance response for emergency patients, however for non-emergency patients a virtual response could be appropriate.

6.3.5. Three strategic options were formulated and evaluated involving over 2,000 staff, 400 volunteers, 350 members of the public and 20 sessions with systems partners:

6.3.5.1.1. Core Ambulance – Consistent ambulance emergency ambulance response for the most critical patients only.

6.3.5.1.2. Care Navigation – a focus on delivering a consistent emergency ambulance response for the most critical patients while assuming a lead role in care navigation through virtual consultation.

6.3.5.1.3. Integrated Community UEC Healthcare Partner – consistent ambulance response, care navigation, and partnered services / community-based urgent care.

6.3.6. The three options were presented to the Trust Board during August 2024.

6.3.6.1. Key factors in the decision making included:

6.3.6.1.1. Population growth, aging, and increased complexity of health needs will lead to a 15% growth in demand during the next 5 years requiring the Trust to recruit a significant number of additional front-line staff.

6.3.6.1.2. Nationally, the NHS is facing significant operational, financial, and workforce challenges, including the ambulance sector.

6.3.6.1.3. Ambulance services are under pressure to achieve their Ambulance Response Programme (ARP) response times.

6.3.7. Considering all the factors and following a robust evaluation criterion Care Navigation was the preferred strategic direction.

6.4. **Preferred Strategic Direction (Care Navigation)**

6.4.1.1. Care navigation is predicated on (Appendix J):

6.4.1.1.1. **Timely care for emergency patients** – Resources will be refocused to provide a better and faster response to our emergency patients.

6.4.1.1.2. **Virtual care for non-emergency patients** – Patient needs are assessed by a senior clinician remotely. This clinical assessment will enable patients to be cared for directly or referred to the most appropriate care provider.

6.4.1.2. **Connecting other patients with the right care if they don't need us** – If, once assessed, the patient's needs do not require a SECAmb response, they will be signposted to an appropriate agency or service.

6.4.1.3. Currently the Trust sends an ambulance response to 86% of its patients who call 999.

6.4.1.4. Telephone clinical assessment (Hear & Treat) is 14%.

6.4.1.5. When assessed at scene not all patients are transported to hospital.

6.4.1.6. Under 'Care Navigation', greater clinical input will happen, prior to an ambulance dispatch in the 'virtual' sense resulting in a significant increase in 'virtual response'.

6.4.1.7. This achievement will ensure that the sickest patients will receive a quicker ambulance response.

6.4.1.8. Care navigation addresses diverse patient needs with tailored end-to-end care.

6.4.1.9. Promotes effective collaboration with health and care partners, positioning the Trust as a system leader in UEC.

6.4.1.10. Empowers staff with the necessary skills, support, and career opportunities.

6.4.1.11. Builds on existing strengths for a radical yet achievable service model change.

6.5. **Regional Divisional Operating Model**

6.5.1. The Trust has recently been out to advert to recruit three Divisional Directors for Kent, Surrey & North East Hampshire (Frimley), and Sussex.

6.5.2. Currently the Trust operates in an East and West structure with two Associate Directors of Operations covering North East Hampshire/Surrey/West Sussex, and Kent/East Sussex. The move to the new structure will improve system focus with operational boundaries reflecting that of the respective Integrated Care Boards.

6.5.3. Reflecting this new model, the Trust has appointed three Divisional Quality Leads, who alongside the existing Strategic Partnerships Managers, will strengthen 'system focus'.

7. South Central Ambulance Service Collaboration

7.1. Following a joint Board meeting in November 2024 between the Trust and South Central Ambulance Service NHS FT (SCAS), a public announcement was made in December on the official collaboration between the two organisations.

7.2. This partnership is founded on the principles of joint working, mutual respect, and a spirit of openness and transparency. Both parties commit to fostering a cooperative

environment that promotes innovation, efficiency, and shared success to ultimately deliver the best care possible to patients.

7.3. Both Boards endorsed the appointment of a joint strategic lead to work across both Boards to develop a ‘Case for Change’ and a ‘Joint Roadmap’ that explores various options and from for collaboration and makes recommendations to the Boards.

7.4. Both services will retain their independence while formally working together collaboratively.

8. Southern Ambulance Service Collaboration

8.1. Both the Trust and SCAS are a part of the wider Southern Ambulance Collaboration (SASC) which also includes: South West Ambulance Service, East Of England Ambulance Service, and London Ambulance Service.

8.2. The SASC was established in May 2024 to enable the five services to identify best practice, create an opportunity for shared learning, the opportunity for shared procurement, training and education, and staff well-being.

8.3. All partner Trusts believe that the collaboration will provide the much-needed platform to work together more closely to collectively address some of the key challenges being faced by the ambulance sector including:

8.3.1. Patient demand

8.3.2. Constrained financial environment

8.3.3. Recruitment and retention

8.4. The collaboration will also allow member Trusts to choose to work together on initiatives that best meet their needs.

9. Recommendations

9.1. **The committee is requested to:**

9.1.1. Note the update provided.

9.1.2. Provide comments and feedback on the contents of the report.

Lead Officer Contact

Ray Savage, Strategic Partnerships Manager (SECAmb)

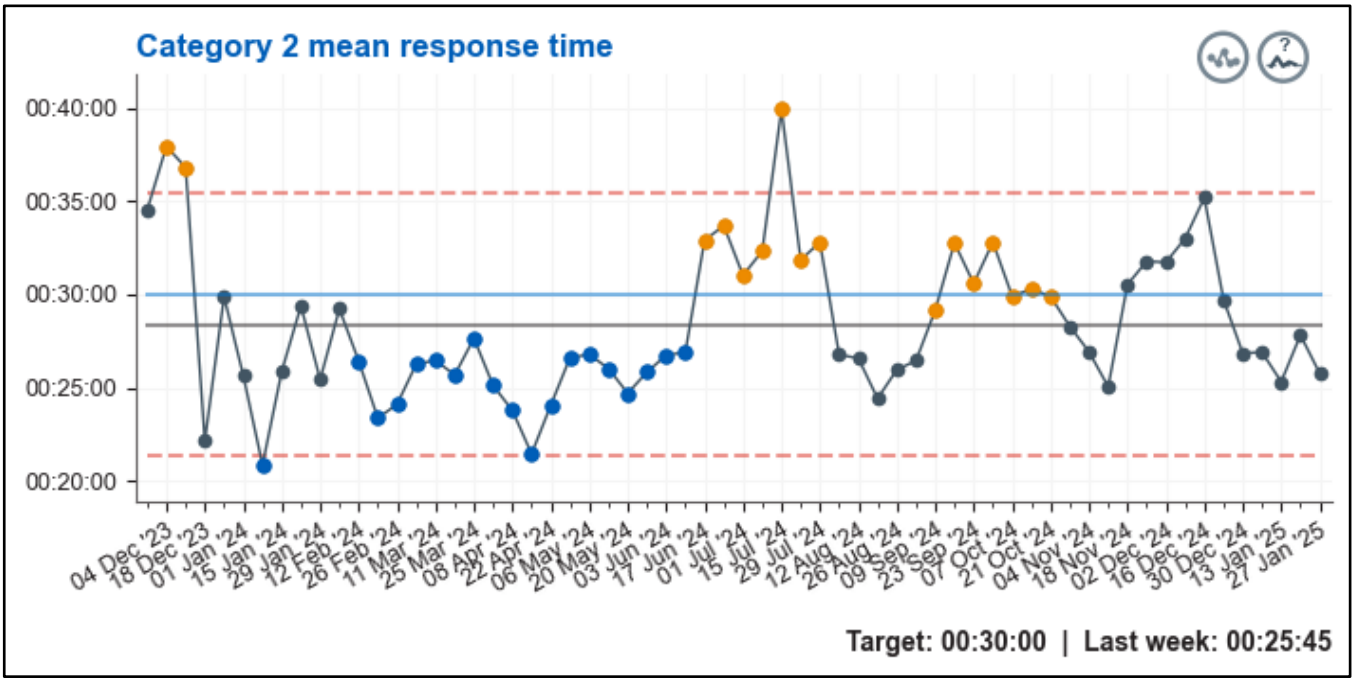
Background papers

None

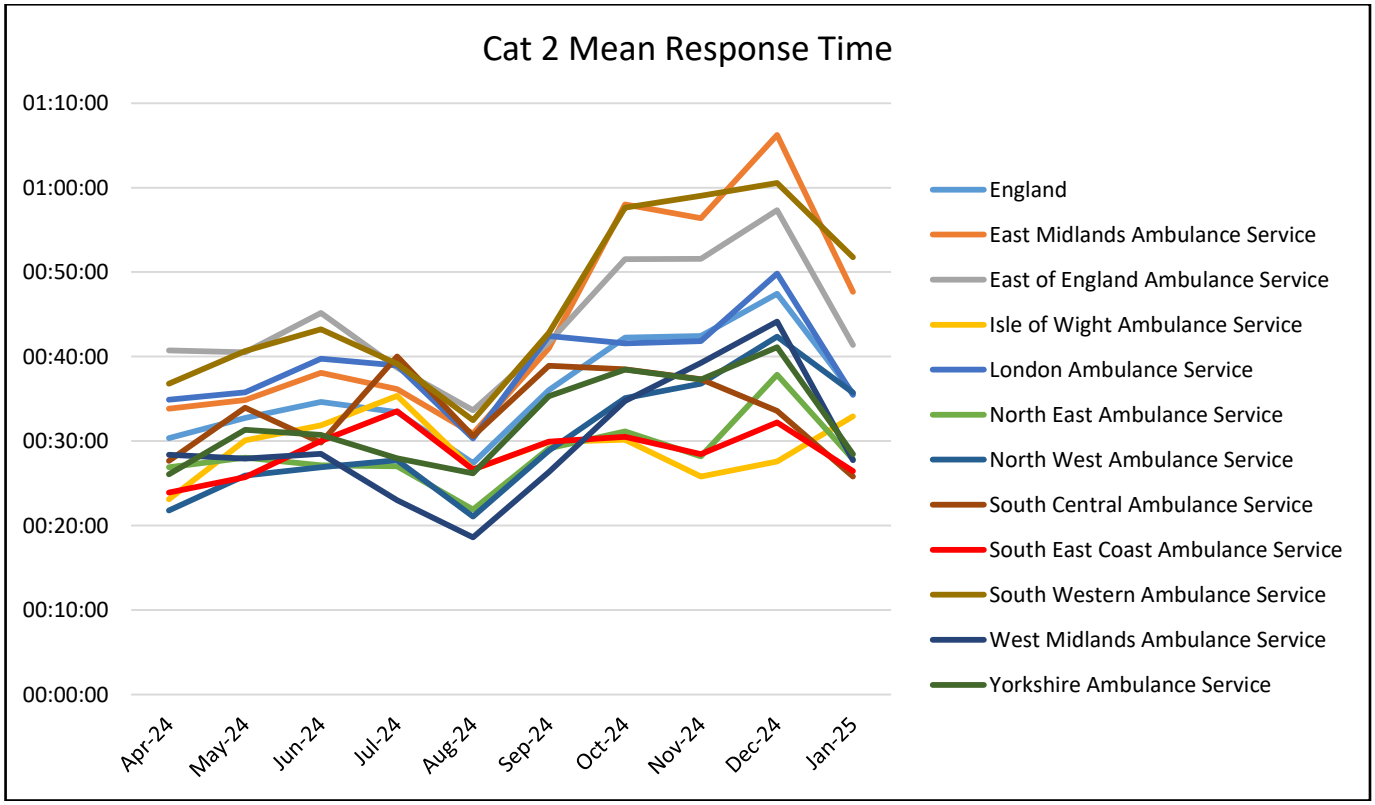
Appendices

Appendix A

Category 2 Response Times (Mean) - SECAmb

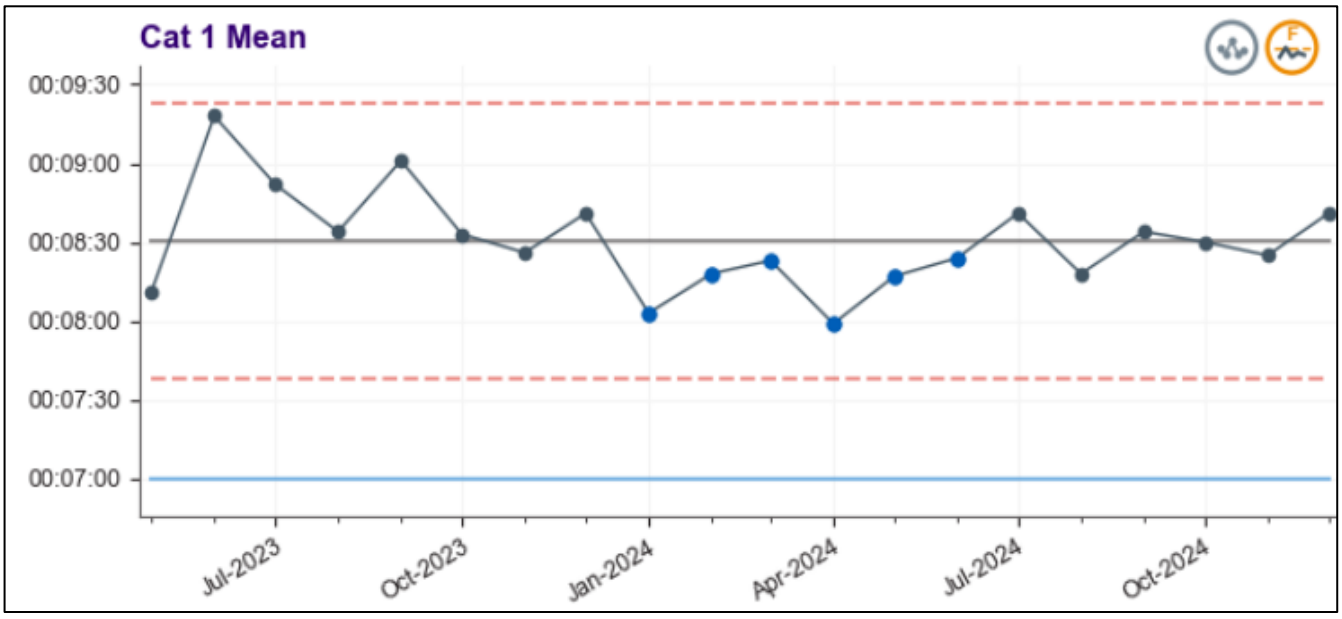


Category 2 Response Times (Mean) - England

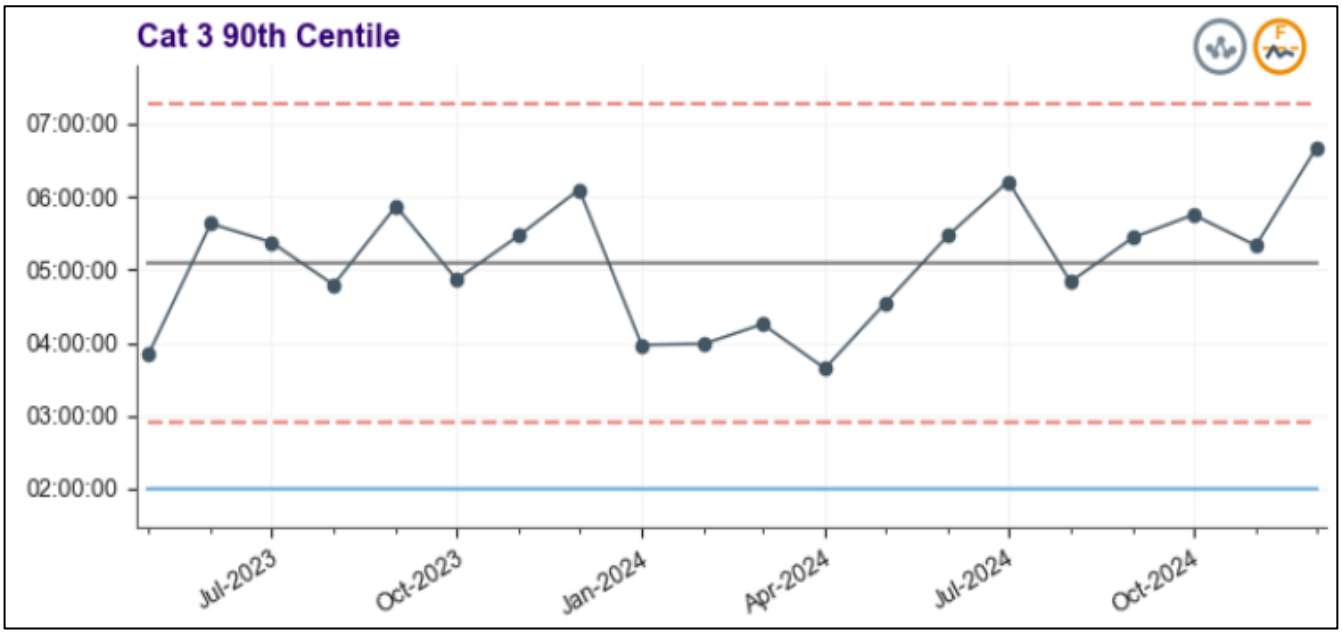


Appendix B

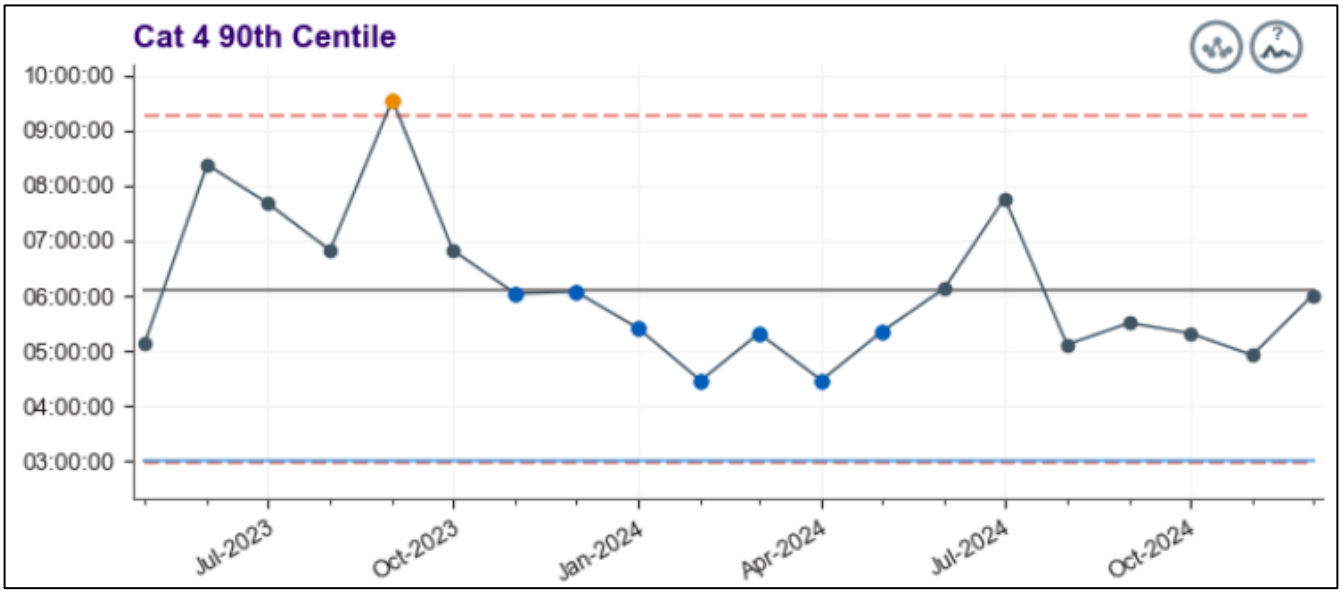
Category 1 Performance – Mean



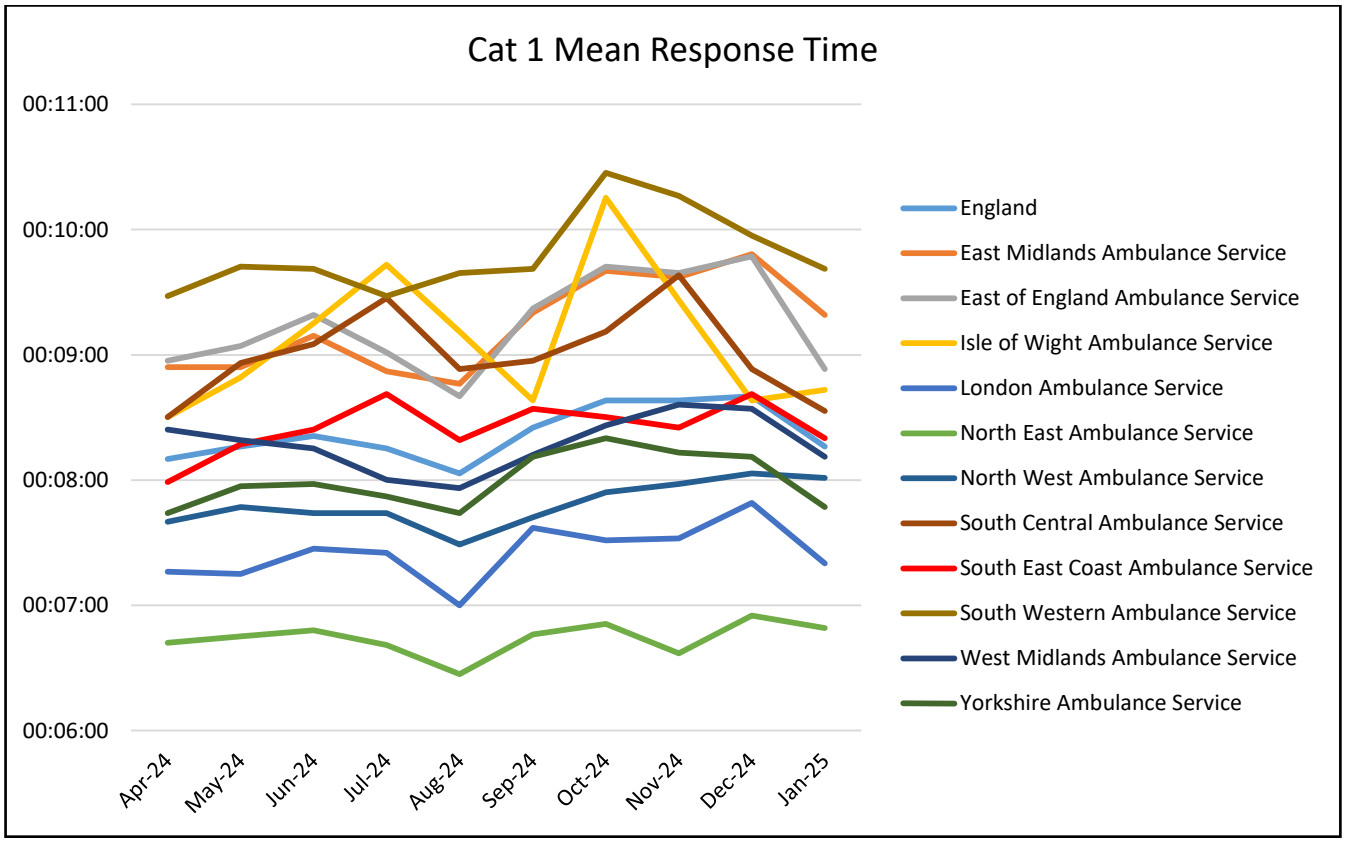
Category 3 Performance – 9oth Percentile



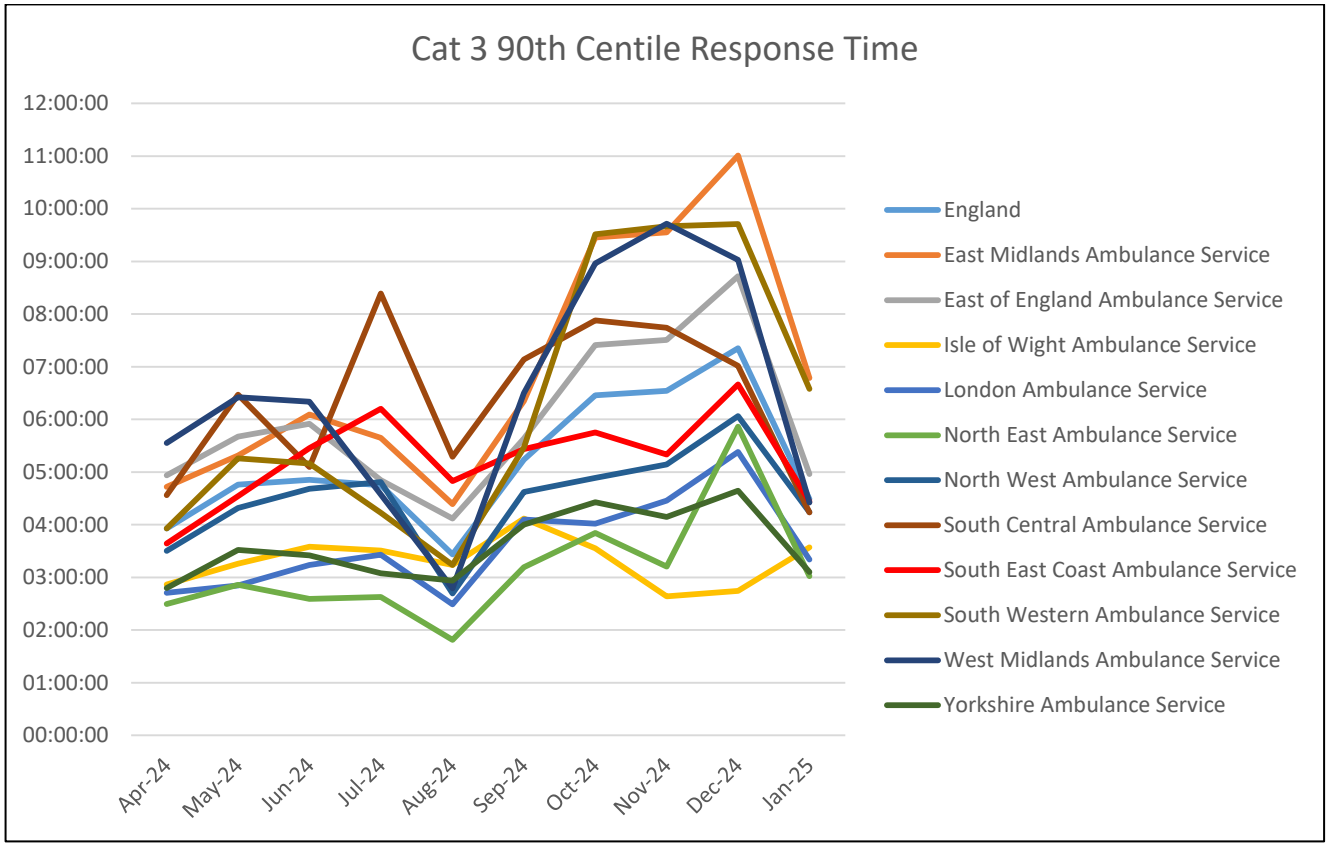
Category 4 Performance – 90th Percentile



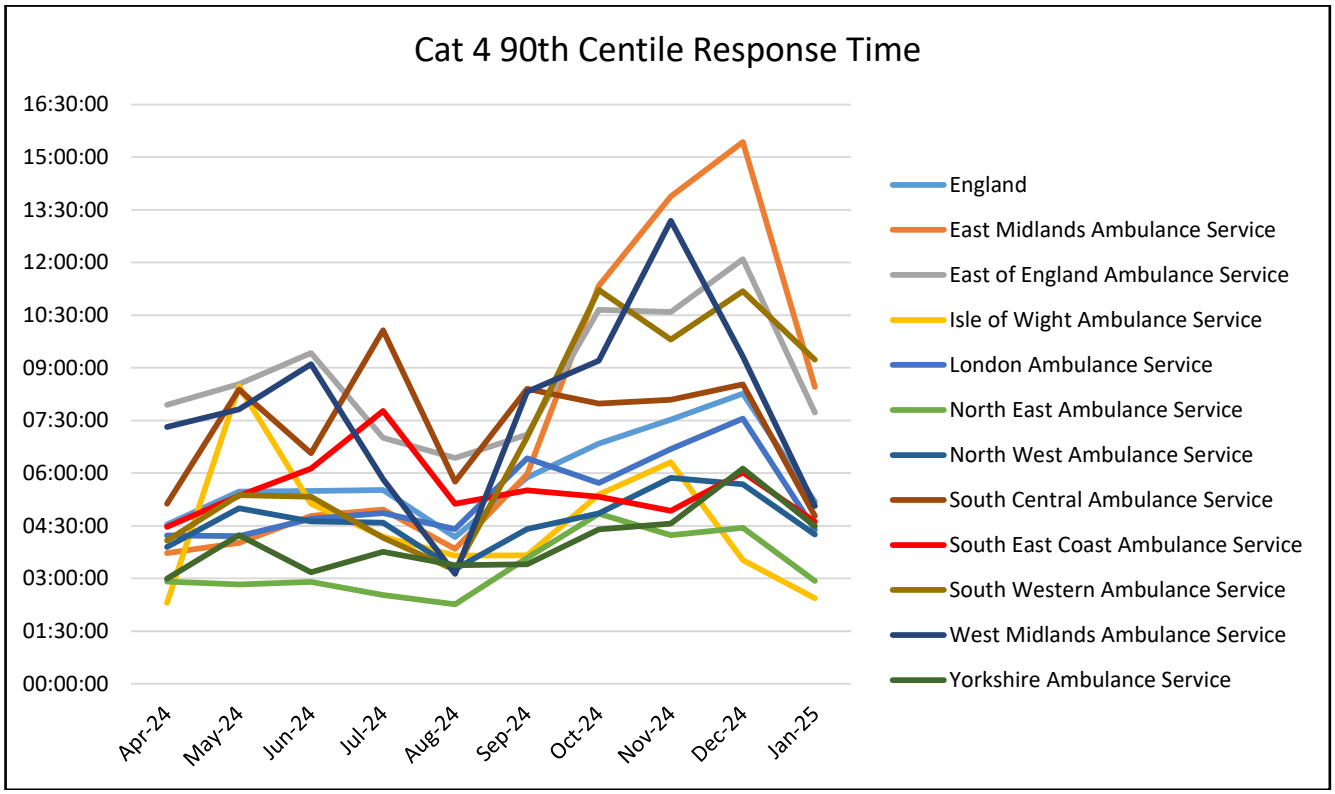
Category 1 Response Times (Mean) - England



Category 3 Response Times (90th Centile) - England

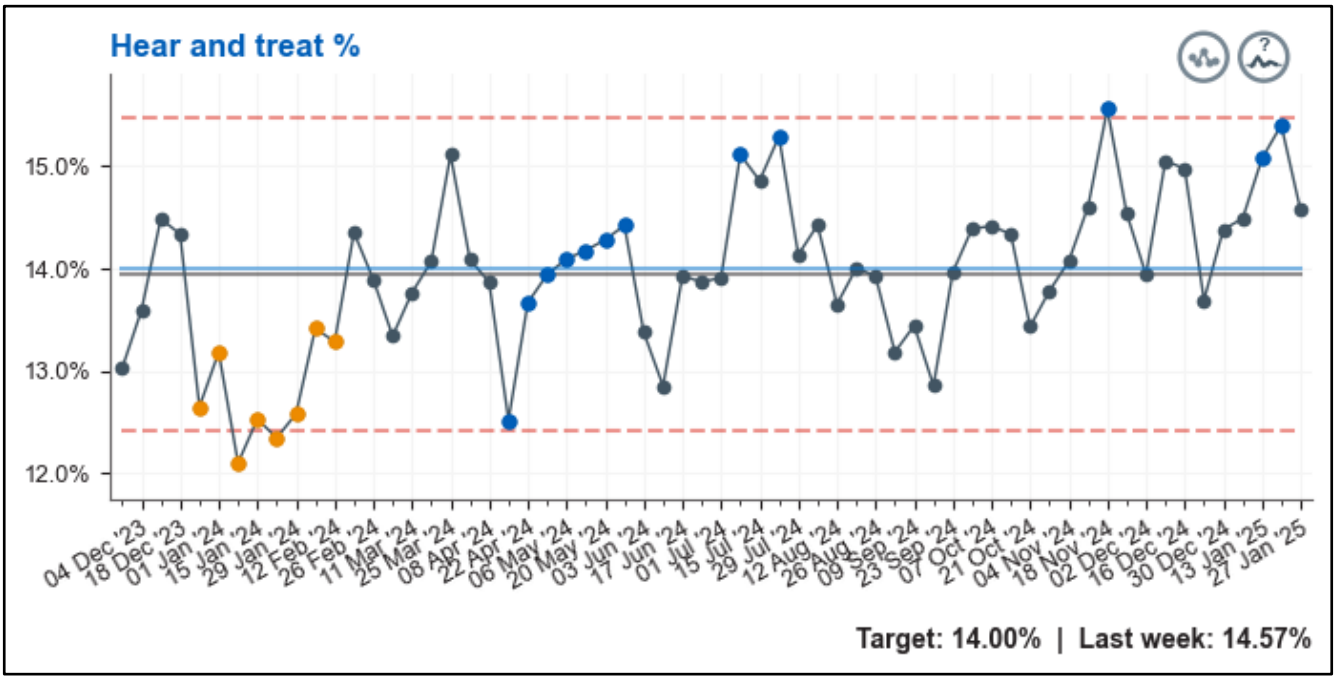


Category 4 Response Times (90th Centile) – England

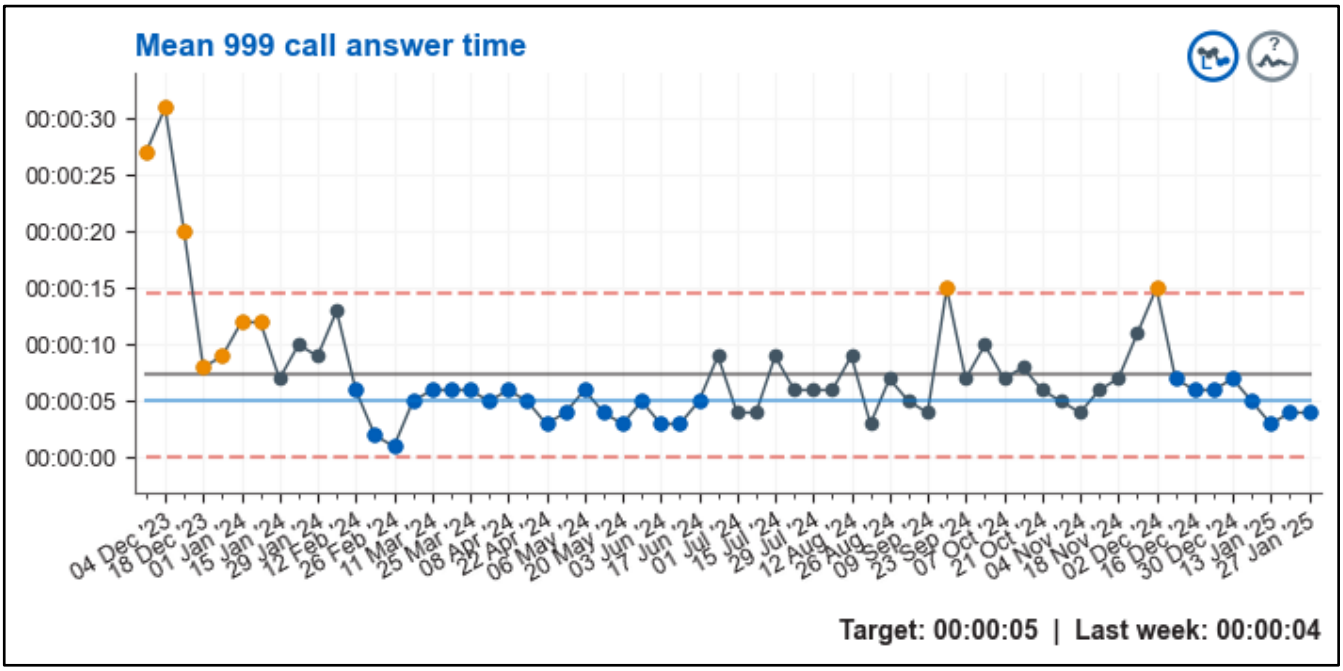


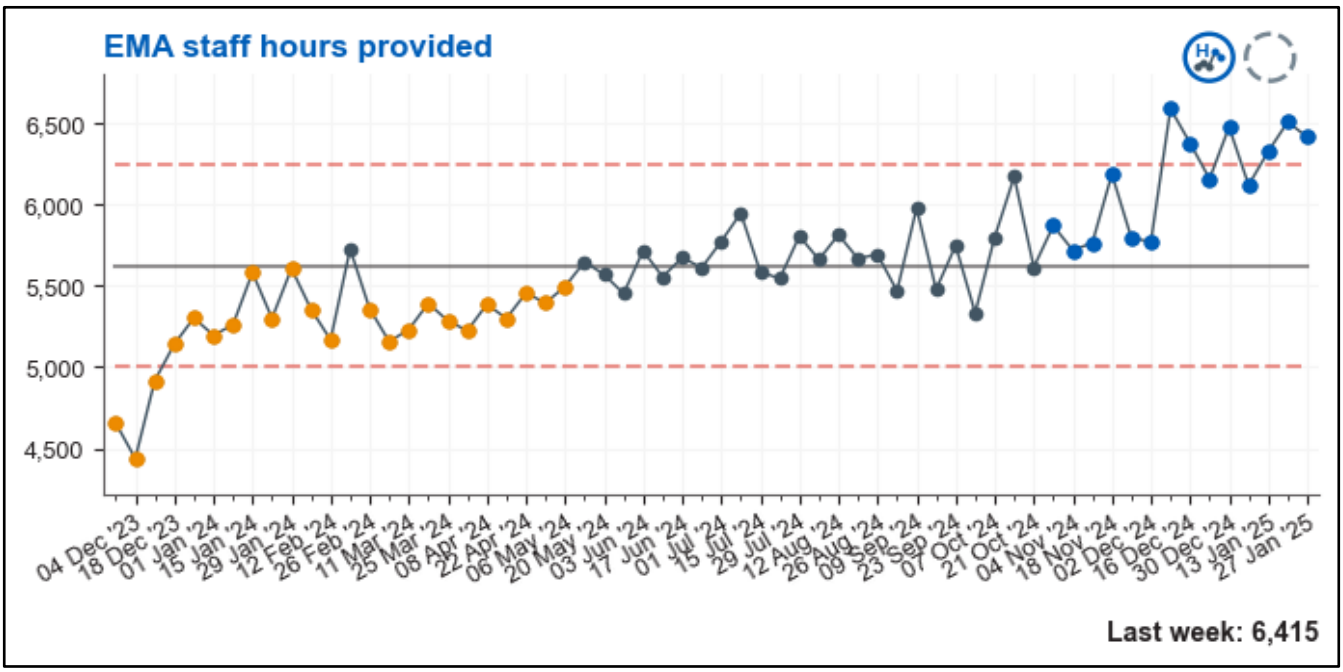
Appendix C – 999 Frontline Hours Provided

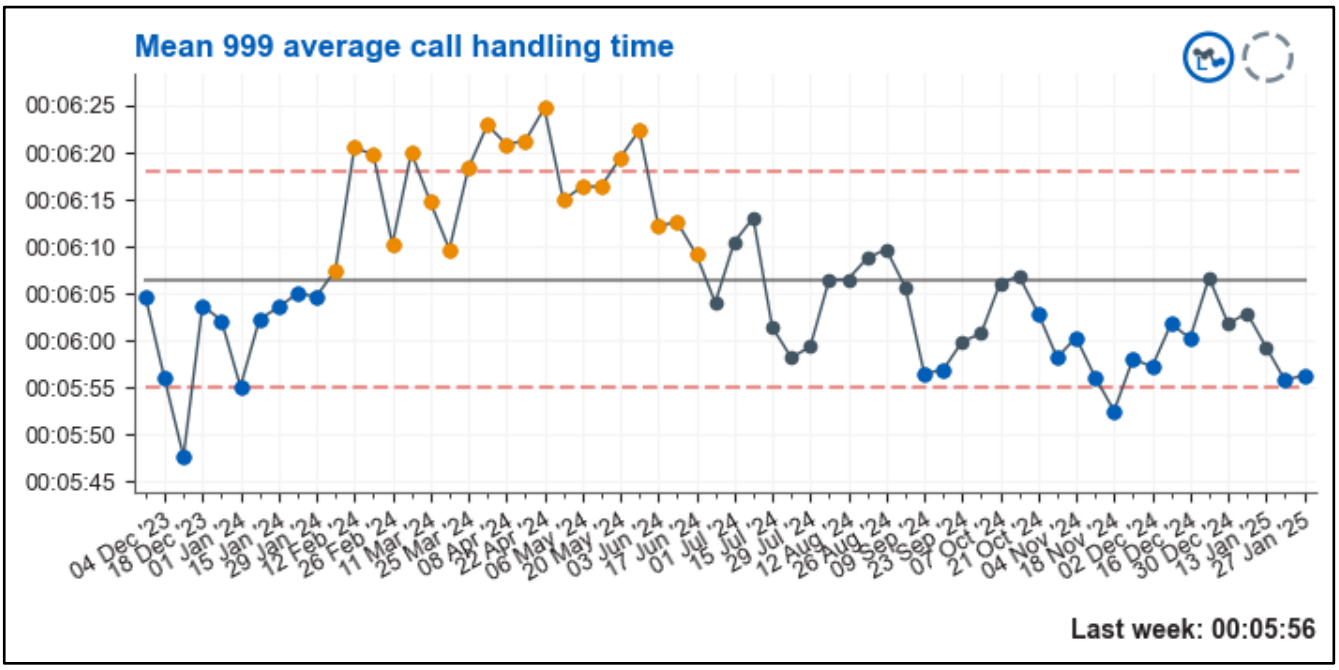
Appendix D – Hear and Treat



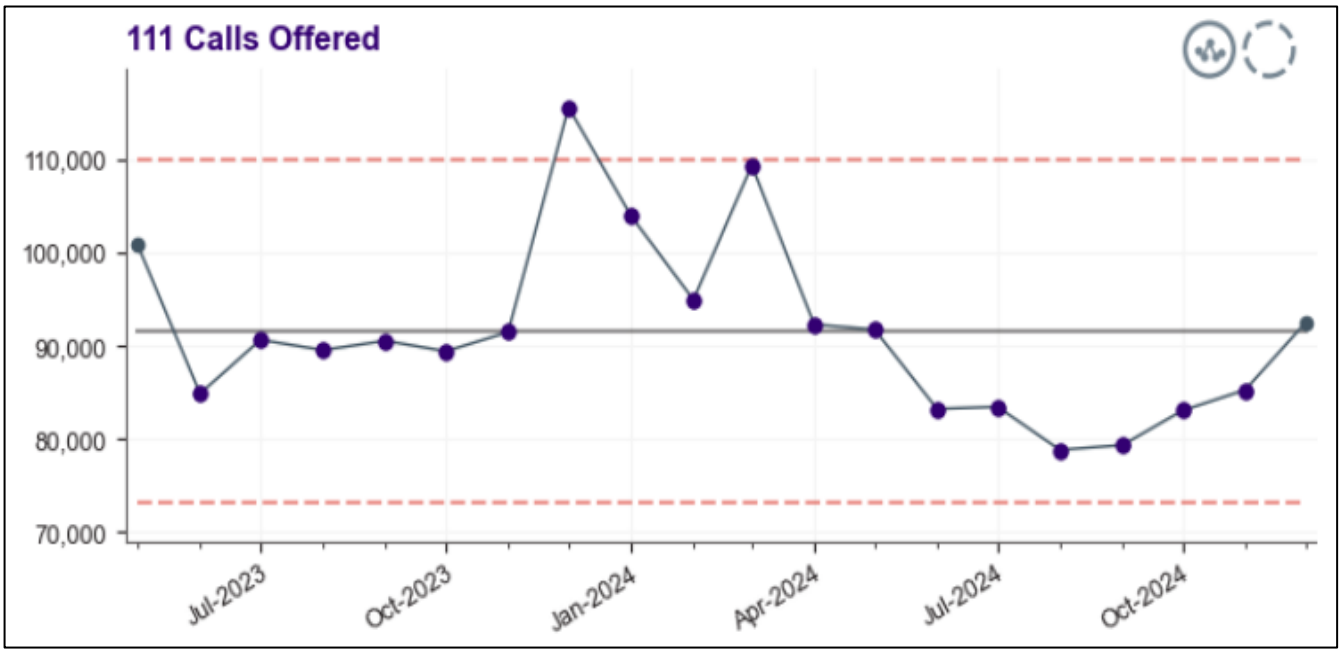
Appendix E – 999 Call Answering - Mean



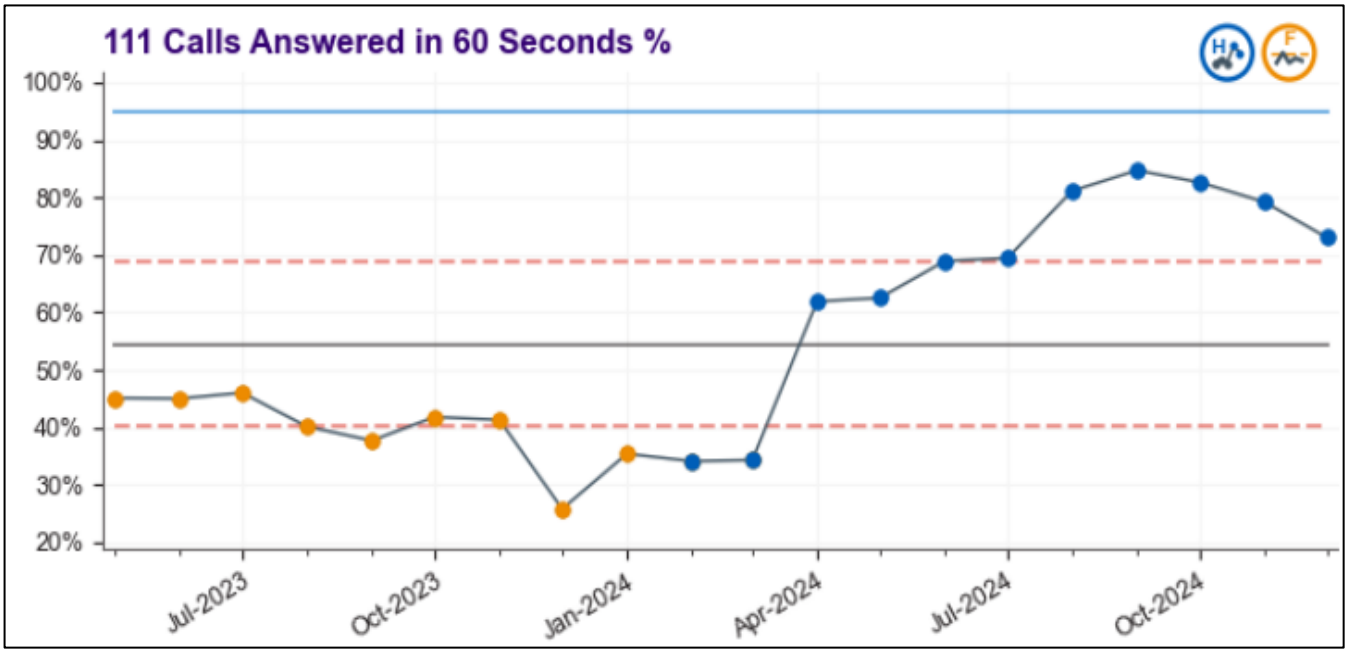




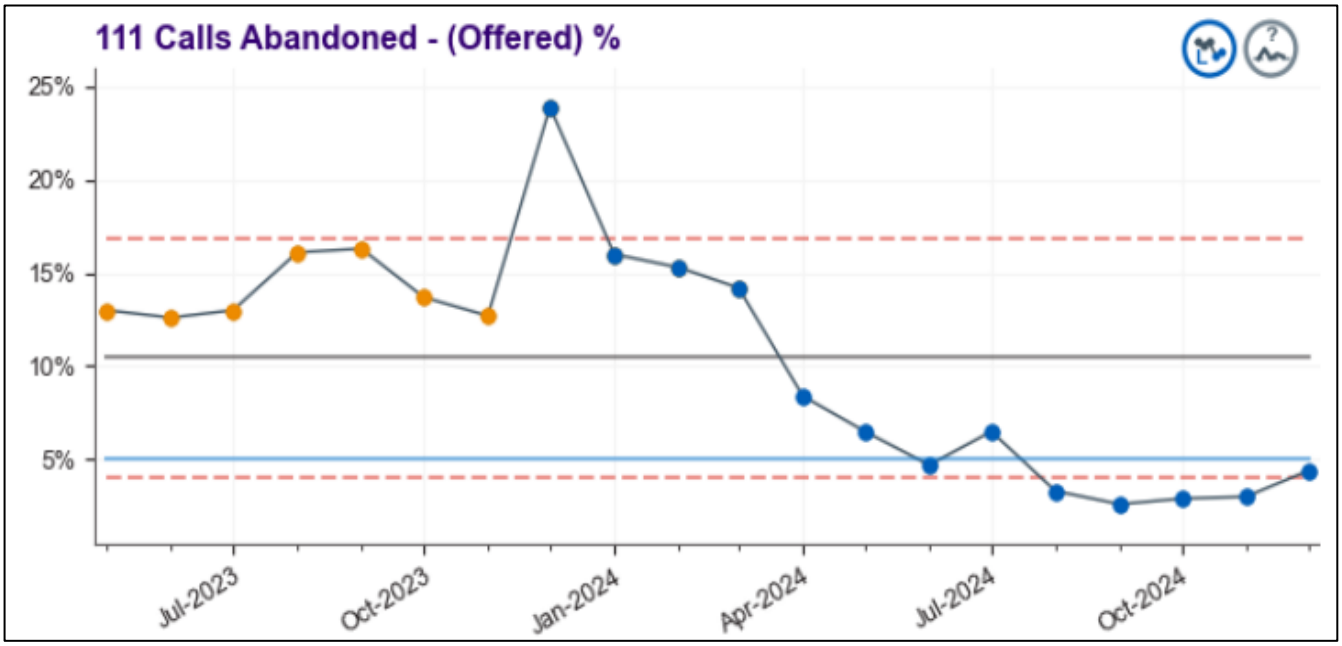
Appendix F – 111 Calls Offered



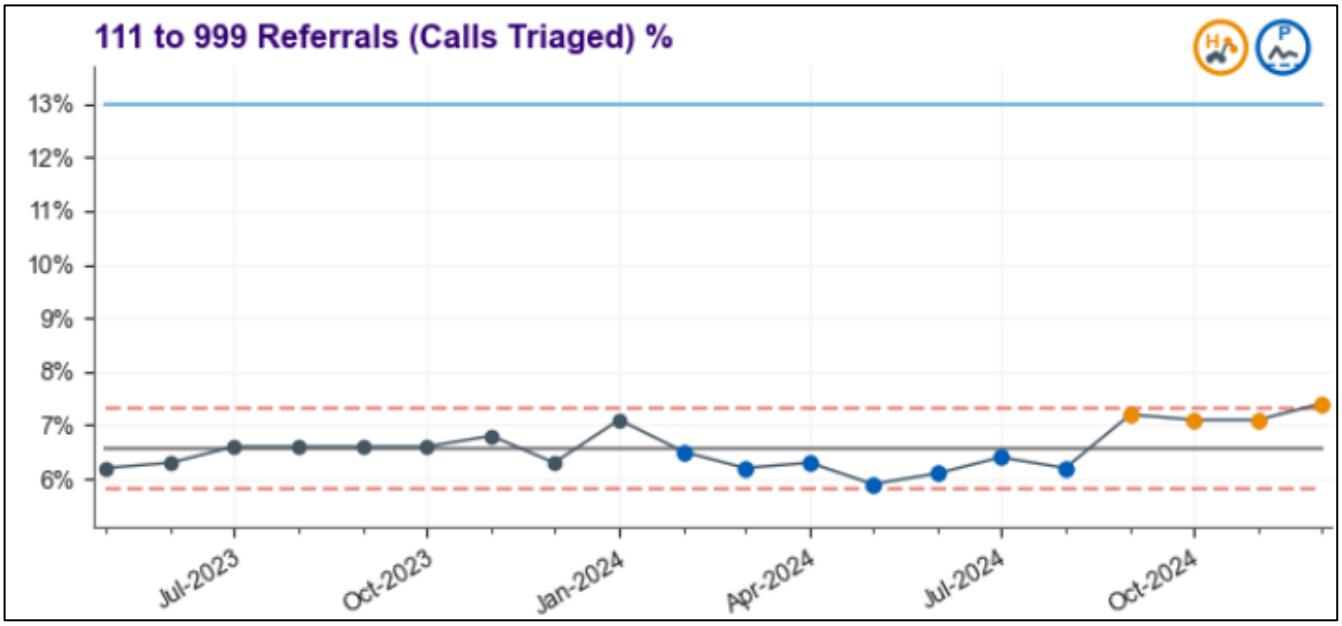
111 Calls Answered in 60 Seconds



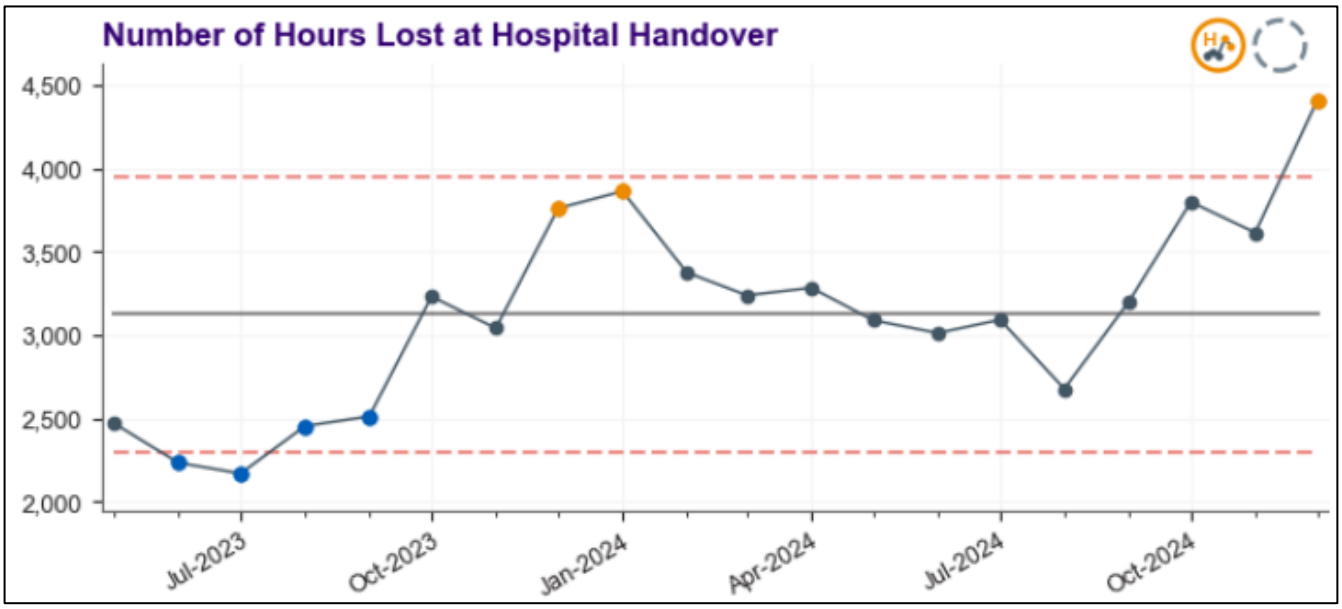
111 Calls Abandoned

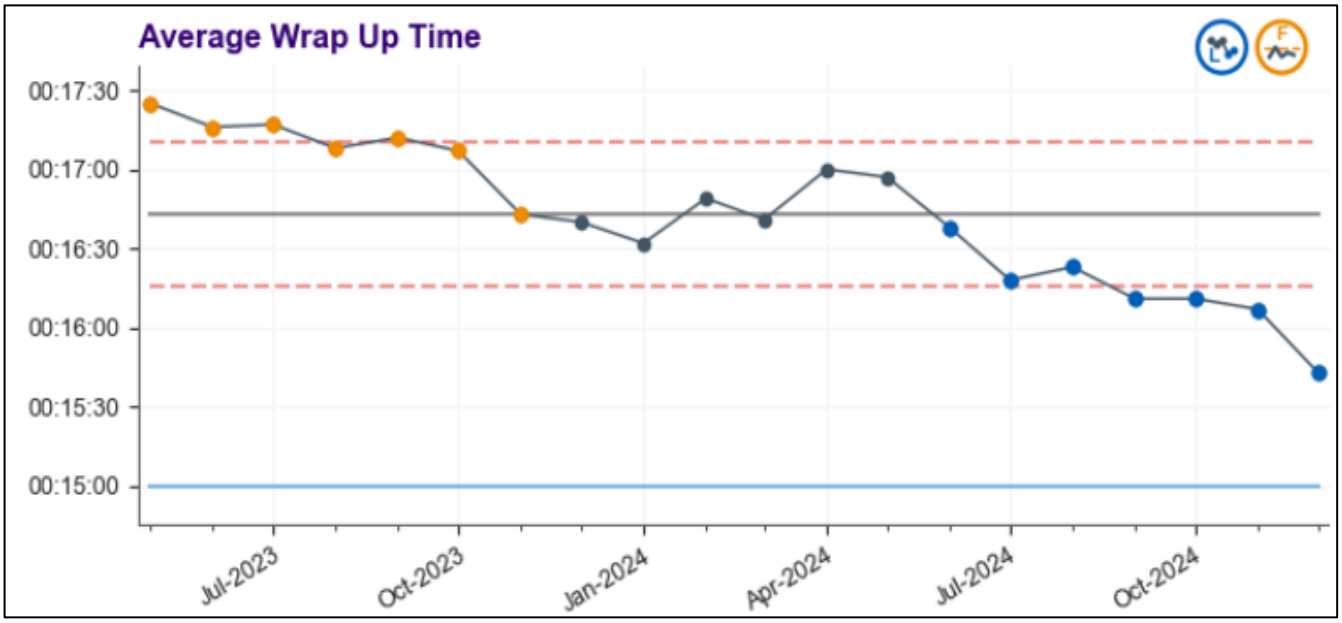


Appendix G – 111 to 999 Referrals



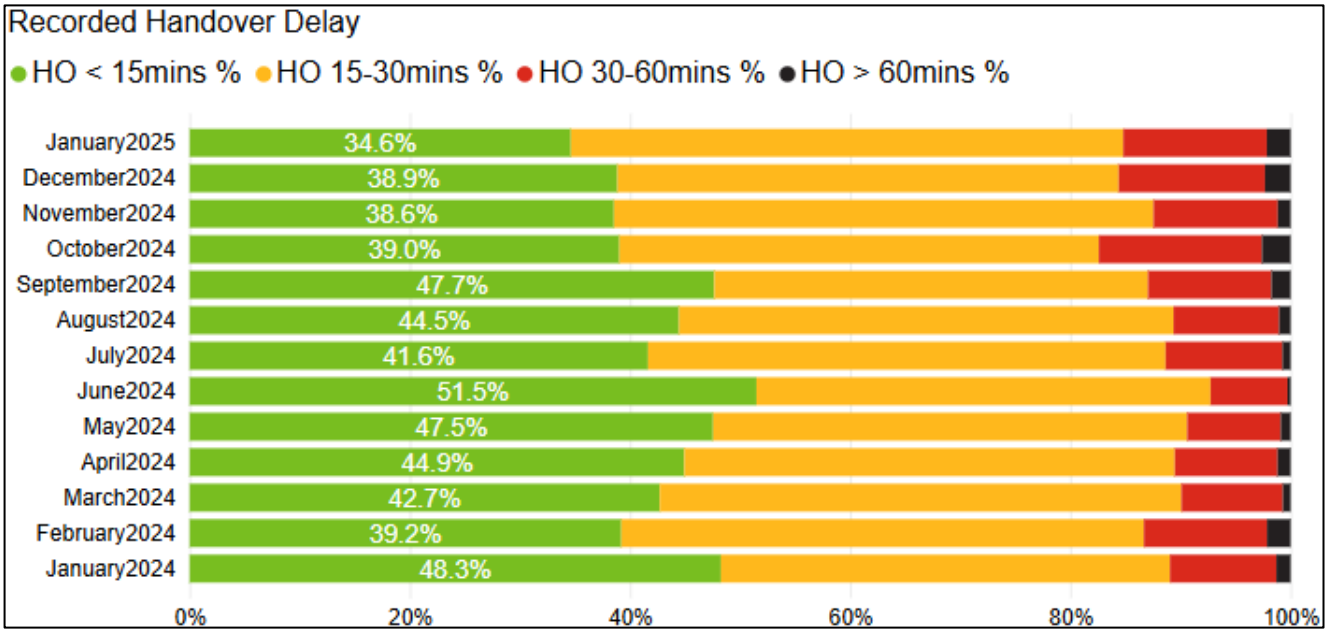
Appendix H – Number of Hours Lost at Hospital Handover (Trust wide)



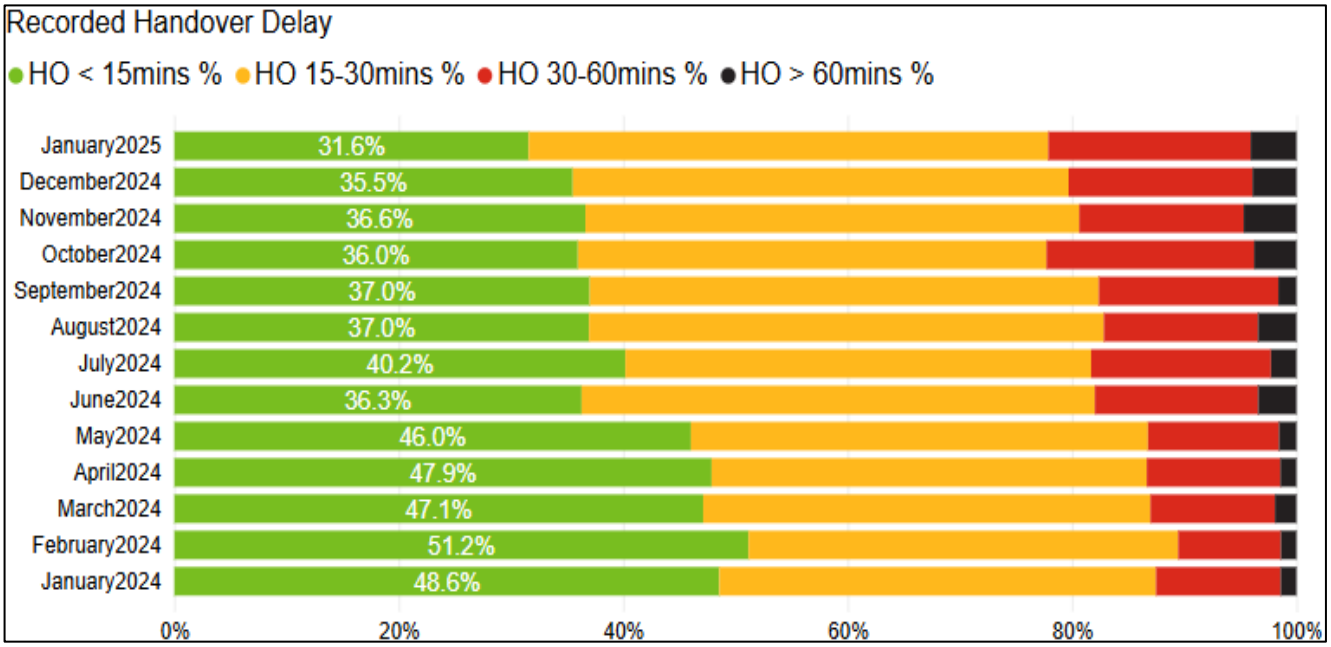


Appendix I – Hospital Handover Delays – January 2024 to January 2025

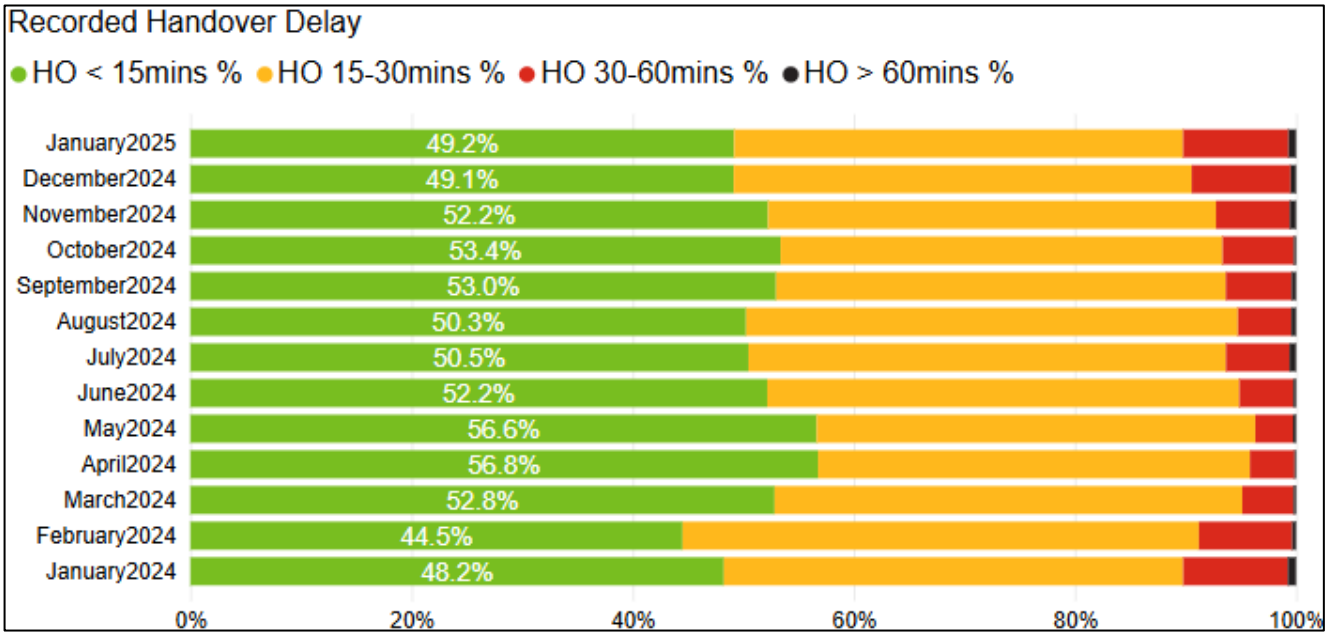
Conquest Hospital



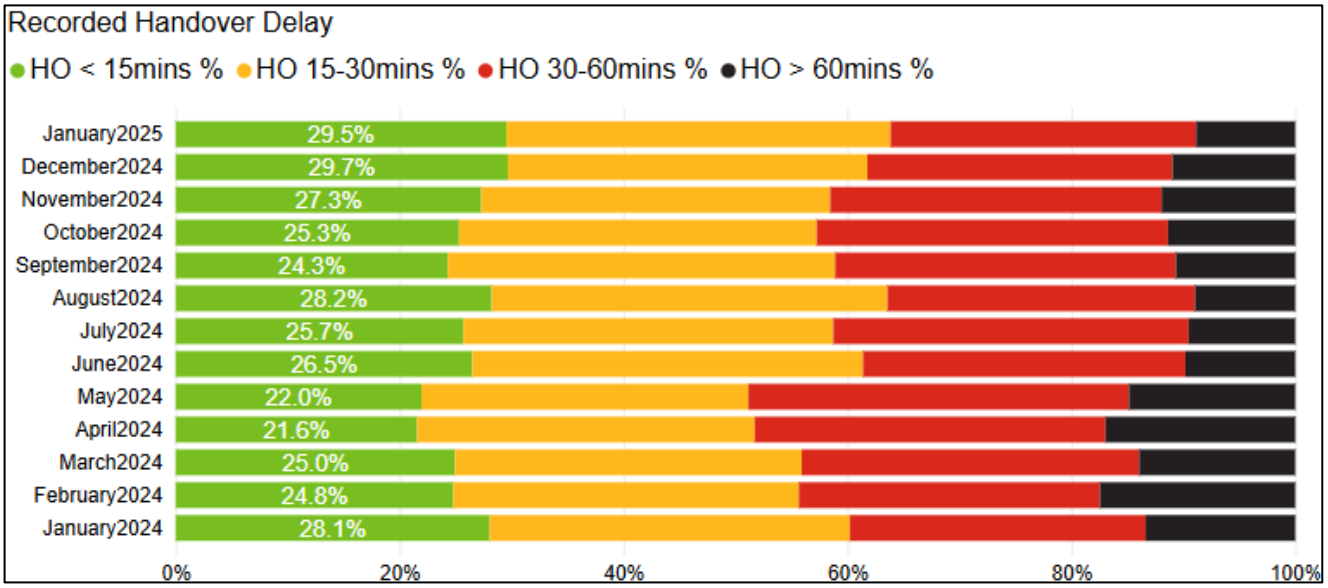
Eastbourne District General Hospital

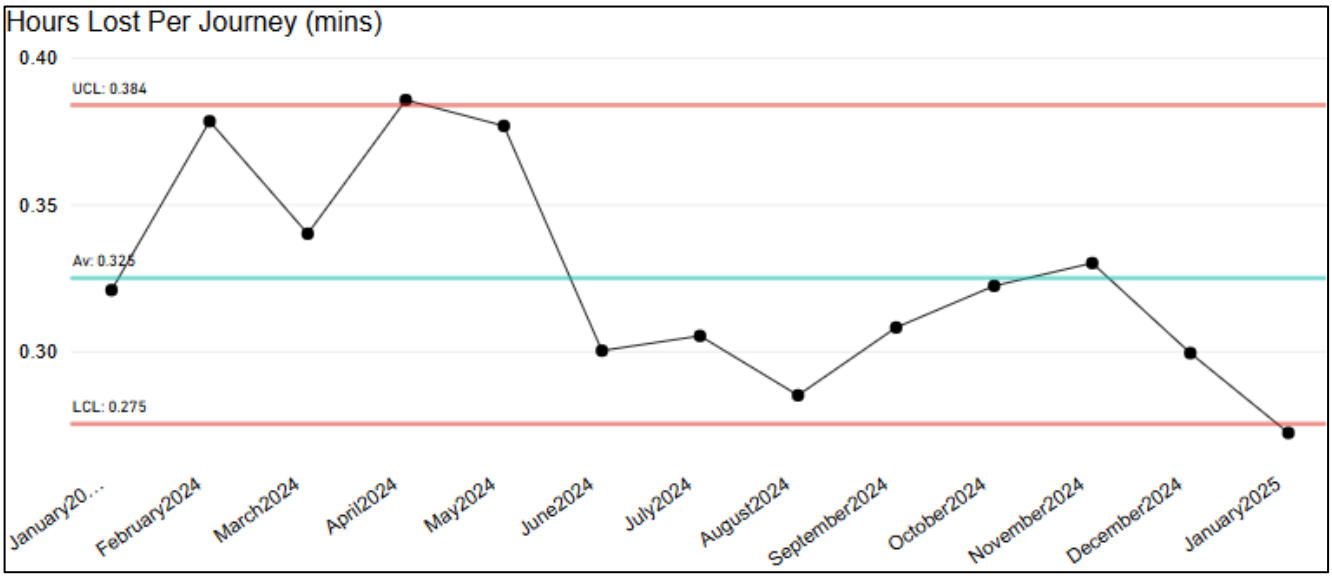


Tunbridge Wells Hospital

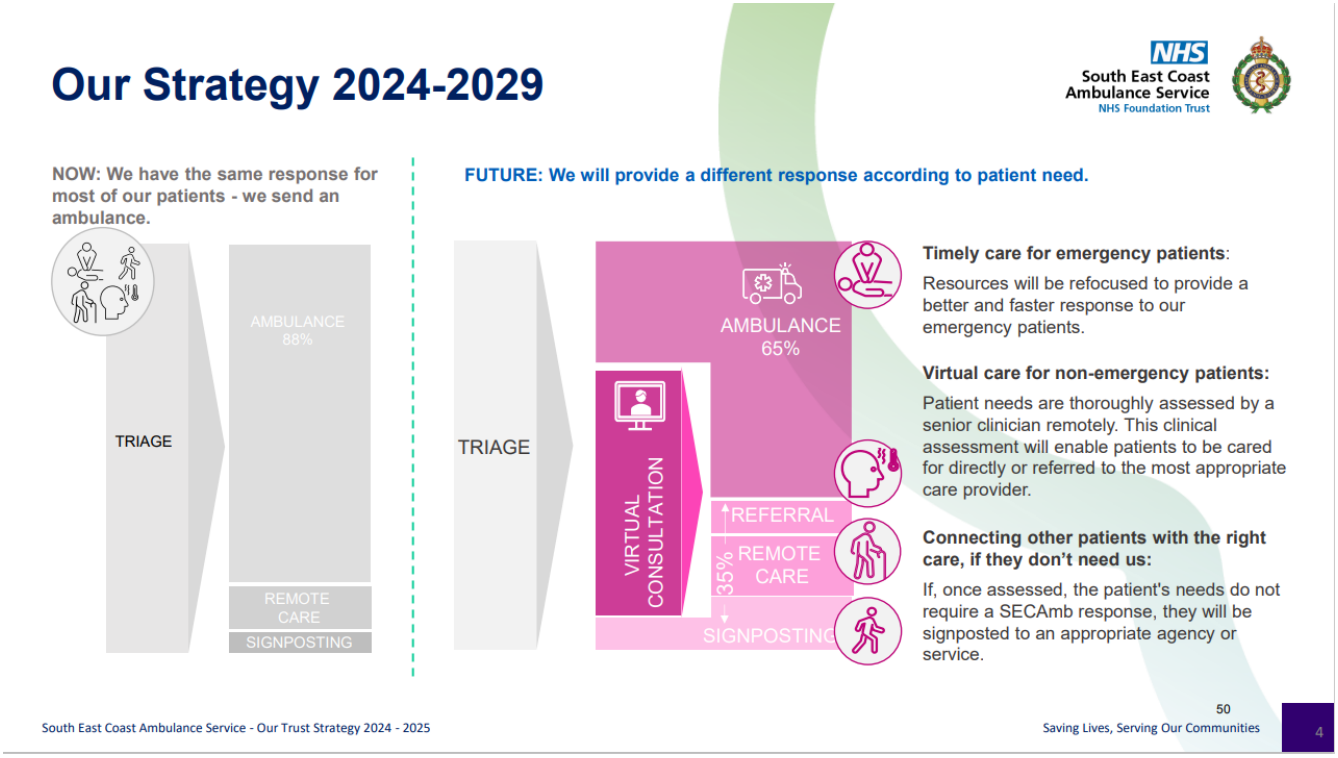


Royal Sussex County Hospital





Appendix J – Strategy 2024 - 2029



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