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

Ms J Andrews  
HM Assistant Coroner for West Sussex  
Centenary House  
Crawley  
RH10 8BF

18 January 2018

Dear Madam

### **Response to Regulation 28 report**

I confirm receipt of the Regulation 28 report issued by you on 27 November 2017, arising from the Inquest into the death of Barbara Howard.

I have instigated an investigation into the matters raised in the report, and I respond as follows:

#### **Issue one – deficit of paramedics**

There is a national shortage of paramedics, with a deficit of new entrants to the profession. All ten ambulance services in the UK have vacancies which they are struggling to fill. Secamb's problem is compounded by a withdrawal of funding from Health Education England for paramedic training, a change by the Home Office to the visa sponsorship scheme limiting our ability to recruit internationally, due to a significant increase in visa costs to employers, and our being in a high cost of living area but not qualifying for any weighting (apart from a small part of our area within Surrey).

Despite these challenges, we are taking measures to try to improve our recruitment of crew. The introduction of the Ambulance Response Programme (ARP) in November 2017 has led discussions surrounding a different skill mix requirement in our crews and this is being monitored at our workforce and business planning meetings, the first of which was in January 2018; this group will continue to meet over the next few months, using latest data to map out what our requirements are against call volume, call categorisation and vacancy rates. This is constantly evolving. We have also planned, for later this month, a meeting between our resourcing team and our Operating Unit Managers to work towards a new strategy to address our resourcing deficit. We are exploring the possibility of recruiting IHCD qualified paramedics – those who do not have a degree but qualified following an “on the job” training route. This is



a new measure as we had been restricting our recruitment to degree qualified paramedics. We are also increasing our Band 4/Technician workforce to meet demand.

The Chichester and Worthing area currently has 14 vacancies, of which seven will be filled by qualifying students in March/April 2018, leaving seven truly outstanding vacancies. We have a live advert for newly qualified paramedics and have an assessment day planned for 3 February 2018.

### **Issue two – deficit of clinicians**

The Trust has had a problem attracting and retaining clinicians to work in our Emergency Operations Centres (EOCs) for a number of years. The problem has been compounded by a re-grading decision made by NHS England, whereby clinicians working in the EOCs are now the same pay band as paramedics on the road. As a result, some clinicians working in EOC have chosen to go back onto the road as there is a perception amongst paramedics that working in EOC is more stressful, due to it being harder to make clinical assessments over the telephone and because they have multiple demands at any one time.

We have recruited 26 clinicians during 2017 but we have lost 20.

To address this issue, Secamb have created a project plan to address our EOC issues, including the implementation of radical changes to the recruitment and retention of the EOC clinicians. This plan is currently with the Director of Operations for sign-off and will then be presented to the Trust's Executive for approval, after which it will be implemented. I attach a summary of the plan. Our initiatives also include:

- a. The creation of a new role – "Support Call Taker". This is a non-clinical role designed to alleviate the pressure on EOC clinicians. The Support Call Takers will work in the EOC carrying out welfare call backs. This means that where we are not able to dispatch an ambulance resource within the target time, the SCT will call the patient or the caller to ensure that the patient has not got any worse and to offer advice on such matters as keeping warm, staying hydrated and taking prescribed medication. The SCT will have the power to escalate to a clinician any patient about whom there are clinical concerns. We are recruiting and training for this role now.
- b. A change to the way we forecast volumes of calls, together with a rota review, to try better to align clinician capacity with demand.
- c. A change to the way we deal with situations where actual demand for our resources on any shift exceeds forecast demand and therefore exceeds available resources. For a number of years, we have had in place a Demand Management Plan to cope with this situation. This is no longer appropriate, since the introduction of the Ambulance Response Programme ("ARP"). ARP is a national program instigated by NHS England to address the inappropriate categorisation of 999 ambulance calls and dispatch of resources to them. ARP has introduced a new set of nationally prescribed categorisations and response times. I attach a chart summarising the new system. The objective is to match the resource requirements. Secamb introduced ARP on 22 November 2017. The Demand Management Plan does not match ARP, so we have created a replacement, called the Surge Management Plan, which will come into operation imminently. This Plan imposes time parameters on the welfare process and

provides for an outstanding call to be allocated or escalated to ensure the most appropriate resource is provided.

- d. Our fleet is being remodelled in order to provide the most appropriate resources to meet demand. We currently have a mix of approximately 70% Double Crewed Ambulances (a "traditional" ambulance that can transport a patient to hospital) and 30% Single Response Vehicles (an ambulance car, crewed by just one paramedic and not designed for transporting patients to hospital). We are moving to 90% Double Crewed Ambulances and 10% Single Response Vehicles. This will take around two years to roll out.

We are considering further radical changes such as home working, and shared rotational working with GPs; these possibilities are under discussion at the moment and will be subject to viability assessments before a decision can be made as to whether to implement them.

### **Issue three – low call audit rate**

We are aware of the current shortfall in compliance with NHS Pathways audit requirements, this has been identified as a "CQC must do" and appears on the Trusts corporate risk register. A structured plan has been created and is in progress to rectify this. The plan involves:

- The provision of dedicated and time protected staffing resources to undertake the audits;
- The introduction of new reporting and recording systems to monitor performance;
- The introduction of new technology based solutions to allow for a more streamlined process; and
- More training for staff to support the audit function.

Please find attached a summary of the plan.

I am very sorry that we were not able to attend to Mrs Howard more quickly and for the deficiencies in our resources and systems that were identified during your investigation. I hope that it is clear from all that I set out above that I am acutely aware of the areas of our practice that need improvement and that I am actively taking steps to have them resolved as soon as possible. If I can assist you further, please do not hesitate to contact me.

Yours sincerely



Daren Mochrie

Chief Executive  
South East Coast Ambulance Service NHS Foundation Trust.