



## **Dorset Clinical Commissioning Group**

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Dear Mr Cox

### **Regulation 28 letter following the death of William Watson**

Thank you for your letter dated 19<sup>th</sup> July 2018 regarding the death of Mr William George Irvin Watson. I am writing to you as the co-ordinating commissioner for the South Western Ambulance Service NHS Foundation Trust (SWASFT) contract for emergency ambulance services, on behalf of the 10 CCGs in order to address the matters of concern.

The specific details regarding this case regarding the High Dependency Transport and the Non-emergency transfers will be addressed directly by Kernow CCG as the commissioner of those services, therefore our response will focus on providing you with further details regarding the Emergency Ambulance transport contract that we collaboratively commission.

During the Autumn of 2017 all ambulance trusts across the country implemented the Ambulance Response Programme (ARP), which has fundamentally changed the way in which ambulance response times, categorisation of calls and dispatching of vehicles are managed and monitored. In order to understand the full impact of ARP, SWASFT commissioned a piece of modelling work.

The modelled resource gap to achieving the ARP standards currently states 241.7 whole Time Equivalent (WTE) or 15,147 vehicle hours per month, based upon 2017/18 contract activity level and the current resourcing and operational model. If this were to be addressed through a like-for-like operational model, there would need to be a recurrent revenue investment of £12m with associated capital cost of £4m.

In accordance to your letter and the matters of concern raised, I will now respond to each of your questions in turn:

### **How is the current financial shortfall to be remedied and by when?**

Following a round-table meeting held in February 2018 which was attended by SWASFT, Dorset CCG as Coordinating Commissioner, NHS England and NHS Improvement; a number of specific actions were addressed which has now led to the following developments.

- 1) A Joint Plan has been co-produced with commissioners and SWASFT which has a number of components in order to address the gap in performance. To summarise:
  - a. SWASFT Performance Improvement Plan – set of actions owned at both executive and operational levels;
  - b. STP (Sustainability Transformation Plan) Action Plan – Commissioner owned actions by all ten CCGs and regionally accountable to local STP and A&E/Urgent and Emergency Care (UEC) delivery boards;
  - c. The Transition Plan - covering transformation and funding.

As well as increasing resources, modernising the service model and identifying additional funding, one of the aims of the Joint Plan is to reduce the overall demand into the ambulance service, to ensure the right patients are receiving the right care in the right place and achieving the best outcomes. This may mean being treated in an alternative setting to the ambulance service. This will ensure the resource is available for those who need it, when they need it.

The STP action plan responds to opportunity areas, identified by SWASFT, which require STP system partners to collaborate in order to support improved performance against ARP. All actions have been developed based upon local pilots and national evidence. The projected impact assumes and requires all actions are implemented across the entire SWASFT operational area.

- 2) A financial framework has been developed on the basis of the £12m funding gap as part of developing the Joint Plan and has been agreed by all 10 CCGs across the South West in August 2018. The framework sets out a 2.3% investment over 3 years, however recognising that for 2018/19 a maximum of only £1.774m can be made available, this requires a higher level of resource to be found for 2019/20 to balance the 2 years.
- 3) A fleet capital bid for £6.72m submitted by SWASFT to the Ambulance STP Capital Scheme Funding has been successful. This will provide an additional 63 vehicles and will be fully operational by 1 February 2019. In order for SWASFT to meet the treasury rules and to achieve the operational deadline, £1.32m would need to be forthcoming. The agreed financial framework now ensures that this non-recurrent vehicle set up cost will be made available as part of the £1.774m investment during 2018/19.

The Financial Framework sets out a total overall investment of £13.8m by commissioners to support achievement of the ARP standards.

**By what date do you expect the minimum acceptable performance standards to be met?**

SWASFT have provided commissioners with a draft business case which sets out how the investment in the Trust's A&E contract would be utilised to improve and deliver ARP performance standards.

Based on the original analysis and recruitment profile, the trust would deliver the following ARP performance standards by the end of September 2020:

- Category 1 Mean and 90th Percentile
- Category 1 Transport Mean and 90th Percentile
- Category 3 Mean and 90th Percentile
- Category 4 Mean and 90th Percentile

Category 2 Mean and 90th Percentile would be achieved in June 2021 when the paramedic recruitment is complete.


The above timeline has been established on the basis of the performance model which was undertaken at a point in time in September 2017/18. We have agreed with SWASFT that this analysis will need to be revisited in quarter 2 of 2018/19 and this will be jointly commissioned by the Trust and the CCGs.


It is anticipated that the revised output will lead to adjustments to the proposal contained within the business case.

I trust this provides you with the detail requested and further assurance that significant work and developments have taken place. We continue to work collaboratively with the ambulance trust in order to address the gap in performance and ultimately improve response times for all patients.

Yours sincerely,



  
Deputy Director of Urgent and Emergency Care Dorset CCG  
Co-ordinating Ambulance Commissioner  
South West of England

 Urgent and Emergency Care Executive Lead for Cornwall  
and the Isles of Scilly