

**A report and recommendations following a
review of a project undertaken by
South East Coast Ambulance Service
NHS Foundation Trust to re triage calls
transferred into their 999 service from their
NHS 111 service.**

**A report commissioned on behalf of members of the Risk Summit held on
31st March 2015 and undertaken by NHS England**

OFFICIAL

Document Title - A report and recommendations following a review of a project undertaken by South East Coast Ambulance Service NHS Foundation Trust to re triage calls transferred into their 999 service from their NHS 111 service.

A report commissioned on behalf of members of the Risk Summit held on 31st March 2015 with representation from the following organisations:

- NHS England
- Monitor
- CQC
- NHS North Kent CCG
- NHS Swale CCG
- NHS North West Surrey CCG
- NHS Surrey Downs CCG
- NHS Crawley, Horsham and Mid Sussex CCG
- NHS South East CSU
- South East Coast Ambulance NHS Foundation Trust

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Prepared by: Sarah Elliott, Regional Chief Nurse NHS England South

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1. **Purpose**

- 1.1 This report summarises the key findings, recommendations and actions following a review of a project to re-triage Red 2 and Green 2 category patients sent from the NHS 111 service to the ambulance 999 service within the South East Coast Ambulance NHS Foundation Trust (SECAMB). The project was in place between 20th December 2014 and 24th February 2015. The report summarises the findings of the NHS England (NHSE) led review, takes account of SECAMB's own investigation and commissioners' review of this. It also references the action now being taken by Monitor as the health sector regulator of the Trust.

2. **Description of SECAMB Services**

- 2.1 SECAMB serves a population of 4.5 million people across 3,600 square miles covering Kent and Medway, Surrey and Sussex and North East Hampshire. The Trust interfaces with 12 acute Trusts, 18 emergency departments and a number of specialist units. Across the ambulance and NHS 111 service, the Trust employs 3,500 staff and operates from 110 sites across Kent, Surrey and Sussex.
- 2.2 There are 3 Emergency Operating centres (EOCs) which provide the call handling for all 999 calls and where dispatches from NHS 111 calls leading to a request for an ambulance is made.
- 2.3 NHS Swale CCG is the lead commissioner of services from SECAMB and a further 21 CCGs commission some aspect of service from the Trust. CCGs have a responsibility to commission and monitor the safety and experience of people who use the services which they undertake through regular Contract Quality Review meetings.

3. **Background circumstances**

- 3.1 The pressure and demand on ambulance services across England in the winter of 2014/15 was unprecedented. SECAMB was concerned about their ability to provide safe services to their patients identified as having life threatening illness as well as those who were severely ill.
- 3.2 SECAMB had seen an increase in demand for ambulance services via the NHS 111 service which is also operated by SECAMB. The increased demand was affecting the Trust's ability to deliver the Red 2 standard for 75% dispatch of an ambulance within 8 minutes and impacted wider performance.
- 3.3 Delays at hospital were resulting in ambulance crews being unable to handover their patients to A and E departments and during December 2014 SECAMB had seen a year on year increase of 50% of such delays.

4. **Summary of what happened during the project period**

- 4.1 As detailed above, SECamb operated a project between 20th December 2014 and 24th February 2015 to re-triage the Red 2 dispositions sent from its NHS 111 service to the ambulance 999 service. There were 26,000 calls transferred from the NHS 111 service to the ambulance 999 service during this period.
- 4.2 Calls from the public to NHS 111 are taken by trained health advisors supported by health care professionals. The advisors ask a series of questions within the clinical assessment system, NHS Pathways, and then direct the caller to the most appropriate service. If an ambulance is required, then the call is passed from the NHS 111 to the 999 service. The NHS 111 service has 3 minutes (national NHS 111 operating standard) in which it may itself ask for clinical oversight of the ambulance disposition before they must transfer the call to the 999 service.
- 4.3 The project introduced by SECamb involved making a change to this national standard through a new system of enhanced clinical assessment from paramedic practitioners or clinical supervisors within the ambulance 999 service. The NHS 111 calls leaving NHS 111 and going through to the 999 Emergency Operations Centre requesting an ambulance (Red 2 calls) were put into a holding queue and relabelled Red 3. These calls were given an additional 10 minutes' clinical triage before an ambulance was dispatched. A similar process was applied to Green 2 dispositions which are less serious presentations and an additional 20 minutes was given for clinical re-triage to the 30 minute operating standard response time. These calls were relabelled Green 5.
- 4.4 In order that the calls could be partitioned into the retriage queue, a change was made to the computer system so that the system could be switched on and off, depending on the availability of a clinician in the Emergency Operations Centre to call the patient back. The call stayed in the queue until the clinician dealt with the call or manually moved the call through for ambulance dispatch.
- 4.5 The NHS 111 call handlers were not made aware of the change that had been made to the operating model and operating standards despite being employed by the same organisation as the ambulance 999 service.
- 4.6 The callers who were expecting an ambulance were called back by clinicians (re-triage) with the aim of possibly changing the care pathway and the call was then sent to the ambulance dispatchers only if it was felt that an ambulance was really needed. If a clinician was not available to call the patient back then an alarm would sound after 10 minutes so that the call would be automatically transferred for the dispatch of an ambulance in line with the original disposition from the NHS 111 service.

5. **Trust governance arrangements**

- 5.1 SECAMB was authorised by Monitor as an NHS Foundation Trust in March 2011 and since that time has operated with a green governance rating. The Trust was assessed by the CQC in 2013/14 and judged as meeting all of its standards.
- 5.2 The Red 3 project emerged out of work streams to improve SECAMBs operational performance within a Trust working group called the Operations and Strategic Development Group (OSDG). Group membership included the Chief Executive and Director for Clinical Operations as the sponsors for the project. Other OSDG group members included the Medical Director, the Director of Commercial Services, Director of Finance, Director of Clinical Operations and Director of Nursing, although on sick leave for the duration of the project.
- 5.3 The SECAMB Trust Board has a number of sub committees including a Risk Management and Clinical Governance Committee which in turn has a range of Working Groups reporting into this including Compliance, Health and Safety, Operational Performance and Clinical Quality. The OSDG for the Red 3 project did not report into any of these recognised committees.
- 5.4 A review of the Board minutes has also identified that there is no record of any discussion prior to or during the project to change the management of Red 2 dispositions from NHS 111. Furthermore, none of the committees that report to the Board through the Risk Management and Clinical Governance Committee received formal reports prior to the commencement of the project.

6. **The organisation's decision making process and ability to assure it delivers high quality services**

- 6.1 As detailed in the governance section of this summary report, the organisation has a range of sub committees which report through to the Board. The Board representatives at the Risk Summit acknowledged that whilst they had all the right decision making processes within the organisation, these had not been used in respect of the Red 3/Green 5 project.
- 6.2 Following the review and Risk Summit process, Monitor as the regulator of SECAMB has taken action requiring the Trust to review the way it handled the project and more widely into the way it makes decisions.

7. **Assurance about any other organisation's ability to deliver its role**

- 7.1 Although the review of the Red 3/Green 5 project was primarily about the decision making processes within SECAMB, this review has also enabled an assessment of the lead commissioning arrangements through Swale CCG.

- 7.2 There was some initial lack of clarity about whether the CCG had endorsed the Red 3/Green 5 project and it appears that whilst there was some discussion about different official national pilots, the CCG had not agreed to the Red 3/Green 5 project.
- 7.3 Once the CCG identified potential serious incidents occurring within the project, it took timely and decisive action. The review and Risk Summit process has enabled the CCG to review and strengthen its monitoring of quality within its contract with SECAmb.

8. **How the issues came to light**

- 8.1 On 23rd December 2014, the Head of Compliance at the Trust was contacted by a Clinical Supervisor who had concerns about the Red 3/Green 5 project. On making enquiries, the Head of Compliance was told the project was to be closed in early January 2015 and so they took this no further.
- 8.2 On 3rd February 2015, Swale CCG made contact with the Trust for more information as a serious incident had been logged labelled Red 3 and therefore not recognisable as a standard service description. Over the next 3 weeks, the CCG sought to understand the Red 3 project and the governance arrangements for this.
- 8.3 On 17th February 2015, an anonymous email was received through the SECAmb whistle blower email account raising concerns about the Red 3/Green 5 project. The issue was reported to the CCG which initiated a review of SECAmb's incident reporting system. As the CCG attempted to find out about the Red 3 project, they were advised that the review of clinical incidents and decision about whether these met the serious incident criteria was reliant on a non-clinical administrator in the Trust.
- 8.4 On 23rd February 2015, further clinical incidents came to light and the CCG requested the Trust suspend the Red 3/Green 5 project which happened on 24th February 2015.

9. **Actions taken to prevent harm to patients**

- 9.1 In order to assess if any patients had been adversely affected by the Red 3 project, the CCG conducted a detailed assessment of the Trust's incident reporting system (Datix) and complaints system. Commissioners identified 25 incidents associated with the Red 3 project and 7 of these incidents appeared to meet the serious incident criteria. The Trust itself had only identified 2 serious incidents.
- 9.2 The 7 serious incidents have been subject to the usual commissioner led serious incident panel process.
- 9.3 In addition, the Trusts serious incident investigations were further reviewed by the NHS England review team. This identified that some patients should not

have been included in the project as they appeared to fall within the exclusion criteria for the Red 3 project although the criteria in themselves were unclear.

- 9.4 Monitor is working with SECAmb to identify what needs to be done to review the impact this project could have had on patients. The Trust has agreed to carry out a forensic review, a governance review and a patient harm review as part of its undertakings with Monitor.

10. **Assessment of any ongoing risks**

- 10.1 In order to assess any ongoing risks to patients, an initial Risk Summit was convened on 31st March 2015 with a follow up on September 24th 2015.
- 10.2 The initial Risk Summit established that whilst the Trust was conducting a review of the background, introduction and subsequent operation of the Red 3 project there would be benefit in obtaining an external assessment.
- 10.3 NHS England undertook the review and reported back to the follow up Risk Summit in September 2015. This clarified that as the Red 3/Green 5 project had ceased in February 2015 there was no ongoing risk to patients from this specific project. It was clear that the Trust recognised that it had not used its governance processes adequately during the Red 3/Green 5 project and had now strengthened its clinical governance and risk management processes, including serious incident reporting and investigation.
- 10.4 It was agreed by all partners including NHS England, CCGs, Monitor and the CQC that the Trust could be taken out of the Risk Summit process and the regulator and inspector would decide if further action would be required.
- 10.5 Subsequently, Monitor has issued undertakings as it believes the Trust is in breach of its licence and the CQC will be undertaking their inspection of the Trust in quarter 2 of 2016/17.

11. **Wider learning**

- 11.1 The operational pressures on NHS 111 and 999 ambulance services are recognised and there is a national programme to drive service improvements to ensure safe, effective and efficient delivery of care to patients with urgent care needs. It is also recognised that local NHS organisations are constantly identifying opportunities to innovate and drive quality improvements for patients.
- 11.2 Nationally agreed operating standards are there to ensure patients receive consistent levels of access, response and treatment and cannot be unilaterally changed without due process and consideration within a defined national decision making framework.
- 11.3 Where it is agreed that a local quality improvement initiative can be progressed, it is essential there is clear and effective project management,

complete transparency with patients and the public, and effective monitoring systems for the early identification and prevention of harm to patients.

- 11.4 Clinical Commissioning Groups have a responsibility to use their contract and contract monitoring mechanisms to ensure providers are delivering services within agreed standards and that they have effective clinical governance systems to monitor the quality and safety of care to patients. Where there are multiple commissioners, it is particularly important there are clear lead commissioner arrangements with effective communication between commissioners.

12. **Conclusion**

- 12.1 SECAMB introduced a project that ran from 20th December 2014 until 24th February 2015 to re-triage Red 2 and Green 2 category patients sent from the NHS 111 service to the 999 service. The change involved Red 2 calls leaving the NHS 111 service being put into a holding queue and relabelled Red 3. These calls were given an additional 10 minutes for clinical re-triage before an ambulance was dispatched.
- 12.2 The project involved a change to the national operating standard and was introduced without proper governance and decision making within the Trust. Once the change had been identified and the CCG stopped the project, a detailed assessment of the Trusts incident reporting system was undertaken and serious incidents associated with the Red 3 project were subject to the usual serious incident review process.
- 12.4 In addition, a Risk Summit was held to consider the potential impact of the project. The Risk Summit decided that a review was required to fully understand the changes that had been made through the project. The review resulted in a number of recommendations which the Trust has begun to act upon and updates on this are included in Appendix 1.
- 12.5 Monitor as the health sector regulator for the Trust has subsequently agreed a section 106 undertaking with the Trust for a forensic review, governance review and a patient harm review.

13. **Recommendations and assurance of delivery**

- 13.1 The review has led to a number of recommendations for SECAMB and commissioners. The actions arising from the recommendations, progress and means of assurance are summarised in the table at Appendix 1.

SECamb - Actions following Investigation

Monitor has agreed s.106 undertakings with the Trust for the following reviews to be conducted:

- i. A forensic review to establish the circumstances surrounding, and decision making relating to the project, including board governance and accountabilities.
- ii. A governance review (Monitor expects this to be a review of corporate and clinical governance. The final scope will be agreed with the Trust following the findings of the forensic review.)
- iii. A patient harm review, considering the impact of the project on patients.

As part of its regulatory action Monitor will ensure that the Trust adopts the required improvements to enable compliance with Monitor's licence condition relating to NHS FT governance arrangements.

	Recommendation	Responsibility	Update	When
1.	SECamb's governance system is made simpler and clear and is not circumvented	SECamb	The proposed "Well Led" Review by the Trust is being reviewed in light of the forensic and governance reviews Monitor has subsequently agreed with the Trust.	
2.	Patients and carers should be present, powerful and involved at all levels of the organisation including consultation on any projects that are implemented. Their voices should be seen as an asset in monitoring the safety and quality of care	SECamb	SECamb will engage with patient networks (and other networks such as the Research Committee) to understand how they wish to be involved in reviews This will be aligned to current patient engagement event timelines	To be added to action plan at next Contract Quality Review Meetings
3.	Transparency within SECamb should be complete, timely and unequivocal	SECamb	Assessment process (together with the project register) will allow complete and transparent oversight	CCG is visiting Trust on 3/11/2015 to

			<p>The Mandate and Impact Assessment process also considers which projects impact on the services operating model, such that require commissioner engagement and agreement to proceed</p> <p>SECamb has also reviewed its approach to the freedom to speak up principles, reviewing its raising concerns policy (with an appropriate launch planned post approval) and ensuring a Freedom to Speak Up Guardian has been appointed to further support staff raising concerns in an open and honest manner</p> <p>SECamb, including actions within this plan, also ensures it follows the requirements of Duty of Candour</p>	<p>review evidence of completion</p>
<p>4.</p>	<p>Leadership within the organisation must promote a culture that supports quality and clinical governance, and this must be implemented at all levels of the organisation</p>	<p>SECamb</p>	<p>The proposed “Well Led” Review by the Trust is being reviewed in light of the forensic and governance reviews Monitor has subsequently agreed with the Trust.</p> <p>Communication and training for various staff emphasizing their responsibilities to both raise</p>	

Appendix 1

			concerns and to deal with others concerns appropriately. This includes separate actions for the Board, Senior managers and the staff generally (including ensuring raising concerns are part of SECAmb's annual mandatory key skills training)	
5.	All quality improvement projects are skilfully managed with everyone understanding their responsibilities and accountabilities	SECAmb	This is addressed through the Mandate and Impact Assessment process. This promotes and requires the project responsibilities and governance structures to be defined before a mandate to proceed with the next stage of the project is given	Mar 2016
6.	Commissioners not providers should decide what they want provided	Lead CCG	This will be formalised within contract negotiations going forward and in the meantime is regularly reviewed at Contract Monitoring meetings.	Apr 2016
7.	The CCG should identify within their contract how the Trust can approach any potential change to operating standards	Lead CCG	This will be formalised within contract negotiations going forward	Apr 2016
8.	Investigations into serious clinical incidents need to be objective and include families from the outset	SECAmb	Already implemented in procedural review	CCG is visiting Trust on 3/11/2015 to review evidence

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				of completion
9.	Improved oversight and scrutiny from the commissioners with formal reporting structures, more accurately minuted meetings with better attendance and governance adherence	Lead CCG	<p>New governance process has been signed off and is being implemented and is being further reviewed in view of disaggregation of commissioning arrangement for 999 service</p> <p>In relation to quality, the 3 lead CCGs are working collaboratively to ensure a unified approach and no duplication of work for the Trust</p> <p>In Kent and Medway, there is a combined SECamb team, so all decisions/issues have oversight by quality, commissioning and contracting. Further review of arrangements in Surrey/Sussex</p> <p>CCG clarifying for Trust threshold for raising proposals to Contract Quality Review Group. Trust has invited CCG into their internal quality meeting to gain assurance.</p> <p>A table top day planned on 6th Nov – to bottom out how CCGs ensure quality scrutiny is to appropriate level</p>	<p>Complete</p> <p>Complete</p> <p>Complete K&M</p> <p>6th Nov. 2015</p>
10.	Improved internal organisation within SECamb, improved communication between corporate/operational/clinical governance	SECamb	The proposed “Well Led” Review by the Trust is being reviewed in light of the forensic and governance	

Appendix 1

	structures must be implemented		reviews Monitor has subsequently agreed with the Trust.	
11.	Organised engagement with patients and the public for timely stakeholder involvement needs to be formalised and actioned	SECAmb	To be added to action plan next meeting	Next Contract Quality Review meeting