South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public.

28 January 2021
10.00-12.30

Via Video Conference

Agenda

Item No.	Time	Item	Encl	Purpose	Lead
60/20	10.00	Welcome and Apologies for absence	-	-	Chair
61/20	10.02	Declarations of interest	-	-	Chair
62/20	10.02	Minutes of the previous meeting: 26 November 2020	**Y**	Decision	Chair
63/20	10.03	Matters arising (Action log)	**Y**	Decision	PL
64/20	10.05	Board Story	-		
65/20	10.15	Chairs Report	**Y**	Information	Chair
66/20	10.25	BAF Risk Report	**Y**	Decision	PL
67/20	10.40	Chief Executive's report	**Y**	Information	PA
68/20	11.00	Integrated Performance Report Incl. Committee Reports	**Y**	Information	PA
69/20	12.00	Learning from Deaths Report Q1	**Y**	Assurance	FM
70/20	12.15	Ockendon Report	**Y**	Assurance	FM
Closing					
71/20	12.20	Any other business	-	Discussion	Chair
72/20	-	Review of meeting effectiveness	-	Discussion	ALL
Close of meeting After the meeting is closed questions will be invited from members of the public					

Date of next Board meeting: 25 March 2021

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting, 26 November 2020

Via Video Conference
Minutes of the meeting, which was held in public.

Present:

David Astley	(DA)	Chairman
Philip Astle	(PA)	Chief Executive
Alan Rymer	(AR)	Independent Non-Executive Director
Ali Mohammed	(AM)	Executive Director of HR & OD
Bethan Haskins	(BH)	Executive Director of Nursing & Quality [left at 11.42]
David Hammond	(DH)	Executive Director of Finance & Corporate Services
Fionna Moore	(FM)	Executive Medical Director
Howard Goodbourn	(HG)	Independent Non-Executive Director
Laurie McMahon	(LM)	Independent Non-Executive Director
Lucy Bloem	(LB)	Senior Independent Director / Deputy Chair
Michael Whitehouse	(MW)	Independent Non-Executive Director
Terry Parkin	(TP)	Independent Non-Executive Director

In attendance:

Emma Williams	(EW)	Deputy Director of Operations
Janine Compton	(JC)	Head of Communications
Peter Lee	(PL)	Company Secretary

Chairman's introductions

DA welcomed members, including TQ to his first meeting, and those in attendance.

49/20 Apologies for absence

Joe Garcia	(JG)	Executive Director of Operations

50/20 Declarations of conflicts of interest

The Trust maintains a register of directors' interests. No additional declarations were made in relation to agenda items.

51/20 Minutes of the meeting held in public 24.09.2020

The minutes were approved as a true and accurate record.

52/20 Action Log

The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.

53/20 Board Story [10.04 -10.12]

This features a Thameside Paramedic, Jenna Gibson, who has hearing loss and who has worked with Enable, one of our staff networks, to improve communication within the Trust for those colleagues with hearing impairment. The Board was especially pleased this has been shared during UK Disability History Month and thanked Jenna for sharing her story.

After watching the video, the Board reflected how why simple procedures outlined are so important. FM was privileged to spend time with Jenna to discuss the huge impact she can have on others with a disability. This reinforces power of storytelling and AM acknowledged how our staff networks can really contribute to inspire others.

54/20 Chair's Report / BAF Risk Report [10.12 – 10.28]
DA outlined focus of the meeting and some of the outputs from various engagements since the last meeting. He reinforced the need for understanding over next few weeks and months, given the significant challenges and pressure this will put us all under. We need understanding from our public and from each other. DA thanked the executive, wider leadership and every member of staff for their efforts.

DA confirmed that on 22 October we received confirmation from NHS England / Improvement that they will be issuing us with a compliance certificate, closing all of the Trusts Enforcement Undertakings and removing the additional licence conditions. These were from 2015 and 2016. Although somewhat a legacy issue, this is further reinforcement of the improvements the Trust has made.

DA then asked PL to take the Board through the BAF Risk report. PL noted that the Board is now very familiar with the structure of this report and reinforced how this helps inform the agenda of the Board. This is demonstrated by the focus today on the steps being taken to ensure 999 performance, and the actions to manage the winter period in light of the impacts of COVID and EU Transition, which combined cover the top four BAF risks, as set out in the dashboard.

PL explained the Board committees use the BAF risks in a similar way. For example, the extraordinary WWC meeting was called to receive assurance on the clinical education BAF risk.

In section 4 of the report, there are some changes proposed by the Executive Management Board, which PL asked the Board to approve. They were:

- Risk 178 is to be removed from the BAF report and closed in the Risk Register, as it is not applicable this year given the way the Trust is commissioned. Instead, a new risk related to the financial planning for 2021 and beyond will be included in the next version of the report.

- Risk 495 is no longer considered a *current* BAF risk so will be removed and managed via the Risk Register.

- And finally, inclusion of Risk 587 related to the potential impact of the UK's exit from the European Union.

The Board approved these changes.

MW referenced the financial planning risk that is to be added and asked that this includes how we are considering both the financial position and medium term plan. DH responded that, internally, we are working on next year and the 5 year plan. Externally, we are having similar conversations, but are still awaiting the national planning guidance.

55/20 Chief Executive Report [10.28 – 10.48]
PA highlighted the following from his written report:

- COVID – since the last Board briefing meeting the situation has moved on, specifically the spread of COVID to our region, Kent in particular who are experiencing some of the highest infection rate. The impact of this in our services is significant and the hospitals in Kent are under real pressure. We are

doing far more diverts than we should be which takes longer and there are very long delays at hospitals. This impacts both patients and staff. Despite this we are maintaining relatively good performance and we are working collaboratively with the system.

In terms of the impact of COVID on staff, we are seeing increasingly more staff abstractions. Currently there are circa 30 confirmed COVID, and one colleague is seriously ill following complications and is now in ITU. Self-isolation is also increasing. All staff now have home testing (lateral flow), which they are being asked to do twice a week for 12 weeks. We have plans for the vaccine following the licensing decision.

- More positively, flu vaccinations is ahead of trajectory. Staff survey completion is better than ever before which is impressive in the current climate. Ofsted visited recently and confirmed improvements, which is testament to the clinical education team. Brighton MRC is on plan to be ready next month. There has been good engagement during black history month, led really effectively by the inclusion team. And the 111 CAS service launched last month, and we have received several accolades for how we delivered this during the pandemic. So, some really good things have happened.

PA then highlighted the escalations to be picked up under the IPR, including 999 performance and EU transition.

DA thanked PA for this update and for providing a good balance between the challenges and the successes. He then opened up for questions.

EW reiterated the issue in Kent and Medway, in particular, singling out Will Bellamy and his team for extoling the virtues of the Trust in managing these challenges in such a positive way.

TP referenced the coverage this week about the trials in France (re EU transition) and asked whether there was any shared learning from this. EW confirmed nothing new; it is about risk sharing. TP came back to asked for confirmation that the arrangements we have in place were adequate as part of this trial. EW confirmed they were and explained that our command structure stood up well to the challenges.

MW noted the reports in the media regarding the public concern about the safety of the COVID vaccines and wondered whether we think this will adversely impact take up. He reiterated the assurance from the Medicines and Healthcare Products Regulatory Agency that they will only license a vaccine if it is safe. FM supported this and added that flu vaccination rates are higher than ever before.

56/20 IPR /Committee Reports (10.48 – 12.11)

PA introduced the report, reminding the Board on how it is structured and the specific areas of escalation that the relevant directors will pick up.

<u>Finance and Performance / FIC</u>

DH highlighted that financial performance remains on plan, with no formal concerns or escalation. From M7 financial reporting has changed, with control totals delegated to the region, e.g. Surrey Heartlands ICS. This seems to be working well. We needed to submit a plan to the ICS and while it is a deficit plan, it is dynamic and so the current gaps we will aim to close through ICS allocation, in the context that the region plans balance.

On operational performance EW explained that it was not in a strong place over the summer and the subsequent 999 improvement plan, focussing on hours, has seen a positive impact. We are only 1% under hours November to-date. Lots of actions helped to achieve this, in addition to increased grip and focus. Nationally, we remain in the top quartile for call answer; and other metrics are much stronger than before.

For example, C2 is strongest and this is where we see more patients. Abstractions is an issue as set out by PA earlier. The improvement plan helps to balance this. We are in the process of refreshing the plan in light if issues such as vaccinations.

HG then provided his report from the last meeting of the finance and investment committee, which covers both financial and operational performance. He started by confirming that the key focus of the committee has been on operational performance. It acknowledges the overall improvement, although concerns remain about timeliness of C3 and C4. Despite the improved hours, the committee is not assured that this gives us the resilience we need so it pressed the executive on what is being done more structurally to ensure resilience in longer term, noting the current improvement plan is focussed on the short term. The committee will continue to challenge on the more strategic aspects of performance.

In relation to the financial plan for the remainder of the year, HG reinforced the risk that the planned deficit might be not be covered by the ICS allocation.

DA opened up to questions on this aspect of the IPR / FIC report.

LB referenced heart & treat and noting that we now have strong clinical capacity in the EOC asked why we are so low especially compared with our peers. LB felt this is a real opportunity. EW confirmed that with her leadership team she is working hard to improve hear & treat and explained that a significant aspect of this relates to the accountability of the people leading this during each shift. There is a specific project group established to drive this and EW acknowledged that this is one of the mitigations to the risks arising from EU transition.

AR asked about assaults on staff and the stark increase in verbal abuse, specifically whether we are clear of the reasons for this and what we are doing in response, including the current position with body worn cameras. On the latter, DH confirmed there is a national project, which has been slowed down by COVID. But we are linked in and will bring back update in due course. With regards EOC there are no new trends. DA asked that we come back to this under the quality part of the IPR.

MW asked a number of questions about the 111 CAS service, both related to the immediate running of the service and the longer term plan to ensure sustained change. On the longer term plan, EW confirmed we have started conversations, some of which impacts on the shorter term actions, so they both link. She acknowledged there is limited head space given the current challenges but will consciously protect some time to ensure we don't lose sight, not just at executive-level but the middle management team too. In terms of 111 to 999 conversions we have a good system of revalidation and specific processes are in place to challenge this daily. It has crept up over the past few weeks, but EW gave assurance there is good focus on this issue. DH added that the integrated 111 and 999 workforce helps, as demonstrated by the challenges earlier this week in Kent, where we helped to manage queues in both systems. More generally, the CAS is working well. However, we are working a slightly inefficient system through the electronic prescribing system, which results in longer handling times and more touch points for patients than is ideal. The Next step is Cleric to take this on but need accreditation by NHSD first. We think we have done all we need to and continue to work with NHD get IT across the line as soon as possible.

<u>Quality and Patient Safety / QPS Committee</u>
FM first pointed first to page 29 where we give figures for NHSP audit compliance. This is the first time we have been compliant for several months. Also, the ECAL response times on page 31 shows where the PP hubs take calls from crews to give advice in management of patients. Time to complete calls is decreasing and we monitor this daily. There are over 100 each day and this is an important aspect of patient safety.

BH picked up the earlier discussion about violence and aggression to staff. The increase in incidents is consistent with what is happening nationally within ambulance and other emergency services. BH referenced Operation Cavell and the progress in each of the counties. This is about working with Police to increase prosecutions. We also have an internal group looking at mitigation and how we support staff affected. The large proportion in the past month relate to control room staff and some bespoke work has been undertaken with the wellbeing and mental health teams, including training such as de-escalation.

In terms of actions from Sis, BH outlined the positive progress where we have closed many historical actions. The more recent actions are closed in a much timely way.

BH confirmed the slight deterioration in complaints timescales and explained some of the reasons for this, including some complaints staff being moved to support test and trace. There are plans to rectify this and so there is nothing inherent.

LB then updated the Board on the issues covered by the quality and patient safety committee, as set out in her report. The committee is specifically pleased with the improvement in welfare call compliance, which is a significant step. An extraordinary joint committee meeting of QPS and FIC is planned in early December to seek assurance on the planning for the Christmas period.

DA opened up to questions on this aspect of the IPR / QPS report.

HG noted that on page 6 of the IPR there is lots of green arrows on 'responsive' but lots of red on 'effective'. FM explained that some of the metrics relate to a very small number of patients and there are big variations month to month. Stroke is down only very slightly to 97% compliance which is good. Sepsis also slightly down but well above national average. STEMI slipped this month, but we are now in a position to share results with individual OUs.

AR noted how positive it is to see data in the IPR re skill mix, which shows 50% of front line staff are qualified paramedics. But the demand and capacity review set a target of 67% and so as suggestion AR asked whether the IPR could include the target we are ultimately aiming to achieve. Also, within this question is, do we have concerns about numbers of PPs? EW confirmed that PPs are a core function and as FM explained earlier, they provide vital support to clinical decision making. The longer term question is about having enough PPs for what we need. We are currently reviewing this and to be assured we do still have a pipeline of PPs and a group of circa 20 which will progress over next two years.

Action
Due to their role in quality and safety, QPS committee to seek assurance on the pipeline for specialist paramedics (PPs and CCPs).

TQ referred to the STEMI bundle and asked if there is anything not frequently recorded. FM confirmed that the recording of two pain scores to show we treat pain is often missed. It is however very binary as any score more than 0 will be treated.

LB asked if there is any theme to account for the increase in numbers of complaints. BH confirmed that in September the top four themes are consistent - staff attitude, pathways of care; timeliness / delay; inappropriate treatment.

[Break at 11.42- 11.51]

[BH left the meeting]

Workforce and Wellbeing / WWC Committee

AM reflected that people issues has been a theme throughout this meeting. The IPR confirms the workforce position overall being quite good. However, we are hugely impacted by staff out of the workplace. Turnover rates slowing is a trend across the public sector and we are doing all we can to support health and wellbeing of staff in the current climate. Disability monitoring flags a difference between the numbers confirmed when joining compared to when in post, so we are looking into this. Also, re pay gap, there is some improvement and we will continue to focus on this to ensure this continues. AM confirmed that the requirement to report gender pay gap has been suspended, but we will continue to report it given its importance.

AM also referred to staff survey response; we are at 61% which is the best ever response and a potential indicator of staff engagement, especially in such times. This year includes COVID related questions, so we are eagerly awaiting the feedback.

HR/management process improvements continue to receive focus. Good progress on E Timesheets, which will save time and effort of many staff. And at same time we are going through a payroll tender, which will make a big difference.

LM then highlighted the key issues from the recent meetings of the workforce and wellbeing committee, which included the extra meeting to cover the BAF risk regarding clinical education. LM reflected that the time was used well for really good discussion. The committee is keen to understand how we integrate clinical education into the broader education training and development (ETD) and how EDT is then integrated with operations. The Board will have a discussion about this in Part 2. In terms of employee relations, the committee noted the historical culture of reverting to formal process rather than engagement and resolution. This links to the discussion about training. The committee will oversee the refined processes to get to the target 80% reduction in ER cases.

There were no questions.

57/20 Winter Planning / EU Transition [12.05 – 12.39]

DH started by sharing the approach to winter as a whole and then the specific areas of focus, e.g. COVID, EU Transition, and the normal winter pressures exacerbated by the pandemic. The governance to support this is primarily through ORMG which oversees planning and delivery. It meets three times a week seeking assurance through the week and provides RAG rating and escalation weekly to EMB. All bar EU transition has been covered earlier in this agenda. DH then took the Board through the EU transition presentation.

The highlight report has been updated since this version and DH confirmed the programme is now RAG-rated Green. The plans have been shared with regional and national partners. While we have good plans, we will go into this period with high and extreme risks. We are building plans to respond to the reasonable worst case scenario. However, some decisions taken regionally aren't as quick as last time and we have raised this. The difference this time is that the health system is dealing with a pandemic at same time and so some external plans aren't yet documented so we haven't been able to align with our own.

DA thanked DH for this update and opened up to questions.

MW commended the work of the Trust and the clarity of our approach. He asked whether we are confident that if we needed to, we would escalate nationally. He also reinforced the importance we are really transparent with the costs as it has the potential to knock us off target and possibly impact our longer term sustainability. DH responded by explaining that we have met with national leads who acknowledge this is a national issue, however they do expect a regional response. In terms of cost, we are using normal governance through the business case process. We have put in a bid into the ICS for costs up to 31 March

2021 and are expecting confirmation soon. This more or less covers the planned costs. Any additional mutual aid will require a business case which we have prepared. The issue outstanding is the system response.

PA added that all our plans are based on a series of assumptions and these are changing day by day, e.g. tier announcement today. Mutual aid is unlikely to materialise.

FM confirmed that regarding primary care, there is a front line clinical cell meeting weekly covering the national picture focussing on the impact of COVID on primary care. It has had to change the way it works significantly since COVID, e.g. moved to virtual consultations. 15% now is face to face.

DA asked if we can be assured that, in event of traffic grid lock, primary care is alerted rather than all being referred to 111, for example. In other words, do we have a system response not just a SECAmb response? FM felt there is some assurance they are sighted through the EU transition risks. And also, we have some GPs in our 111 CAS so are better prepared than last time. EW agreed and confirmed our plans look at resilience of all community services.

LB would have preferred to have seen what the system is doing. DH reiterated that we cannot give assurance the system is in a place where there will be a joined up response. We aren't saying there isn't, but rather we haven't yet seen it.

On the demand side LM asked how we can influence how the public use our services. DH explained that the EU elements will be done at regional level, our response to our public will fall within usual protocols., e.g. comms about how public should use us.

Learning from wave 1, TQ reinforced the need to ensure all comms (national and local) must recognise the balance to ensure we are clear if people do need us, we are here.

DA summarised that the Board supports the plan and efforts of staff. We hope it won't be needed as agreements are made by Government. But in the event of a no-deal we are assured we have made all the plans we can. But less assured by the system response.

58/20 AOB
None

59/20 Review of meeting effectiveness
Content with agenda and discussion we have had. Good balance between support and scrutiny.

There being no further business, the Chair closed the meeting at 12.40

Signed as a true and accurate record by the Chair: _____

Date _____

South East Coast Ambulance Service NHS FT Trust Board Action Log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
30.07.2020	28 20	QPS to seek assurance that actions taken as a result of clinical audit findings are taken promptly	FM	Q3	QPS	C	Added to QPS action log and an update is scheduled for January 2021 - see January's QPS escalation report agenda item 68-20
24.09.2020	44 20	DA asked that the Board schedules some time to discuss the tangible progress being made against our WRES plan.	PL	Q4	Board	IP	This has been added to the agenda of WWC in March
26.11.2020	56 20	Due to their role in quality and safety, QPS committee to seek assurance on the pipeline for specialist paramedics (PPs and	FM	2021/22	QPS	IP	

Key

	Not yet due
	Due
	Overdue
	Closed

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	65-20

Name of meeting	Trust Board
Date	28.01.2021
Name of paper	Chair's Report
Report Author	David Astley, Chairman

The enduring purpose of SECAmb is to *respond to the immediate needs of our patients and to improve the health of the communities we serve*. Our strategy and everything we do is aimed at helping to achieve this purpose.

My report this month outlines the main focus of the meeting and outlines some the work of the Board and its committees since November's meeting.

Each of our four main Board committee have met during December and January and the outputs of these meeting are set out in the escalation reports.

The main focus over the past few weeks has of course been on our response to the unique challenges caused by the COVID pandemic and the risks arising from EU transition. In the end, a deal was struck with the EU and so the majority of the key risks for SECAmb did not materialise. Nevertheless, right up to 31 December 2020 there was a need to ensure detailed planning so that we were in a position to respond to the reasonable worst case scenarios. I would like to thank the executive and every other member of staff who was involved in such well thought through planning.

Philip will talk more about how he and his executive team has continued to manage the impacts of COVID but, on behalf of the Board, both the finance and investment and quality and patient safety committees have provided oversight to ensure we are responding effectively to the very challenging performance and quality/safety issues. This included an extraordinary joint committee meeting in December, to seek assurance in the lead up to the Christmas period. As I mentioned last time, we have also held Board briefing meetings.

One of the aims of this Board meeting therefore will be to seek ongoing assurance on the effective management of these challenges. This will be predominantly centred around the IPR. The committee Chairs will then provide their escalation reports with the executive responding to the Board on any identified gaps in assurance.

The BAF risks are used to help shape the agenda of the Board and its committees. Our company secretary helps to collate the report and he will outline the current principal risks to achieving our strategic aims. As requested by the Board in November, this will include a specific review of the management of the pandemic risk.

Finally, I wanted to formally update the Board on the progress our Board succession plan. Firstly, the Council of Governors is in the final stages of appointing a new Independent Non-Executive Director. This is an individual with a people/education background, and I hope to be in a position to make an announcement shortly. In addition, the Council of Governors has also started the search for an Independent Non-Executive Director with and IT/digital background.

We have also engaged with the NExT Director scheme, which is led by NHSE/I to support senior people from groups who are currently under-represented on trust boards with the skills and expertise necessary to take that final step into the NHS board room. The placements are for between 6-12 months. Supporting this scheme is one of the ways to help meet our strategic objective to develop, inspire and support an increasingly diverse workforce. With the Senior Independent Director and a Staff Governor, I recently met with two interesting and quite different individuals both with a 'quality' background and have decided to offer placements to both. We are just going through the usual checks with the aim to start them from early/mid-February 2021.

This will be the last Board meeting for Al Rymer, who has been a member of the Board since 2015, and for the past couple of years the Chair of the Appointments and Remuneration Committee. I would like to take this opportunity to thank Al for all that he has done for SECAmb over the past six years. His commitment, skills and diligence have greatly benefited the Trust and he will be missed. On behalf of the Board I wish him well for the future.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	66-20

Name of meeting	Trust Board
Date	28.01.2021
Name of paper	Board Assurance Framework Risk Report
Author	Peter Lee, Company Secretary
Synopsis	The BAF Risk Report includes the principal risks to meeting the Trust's strategic priorities and sets out the controls, assurances, and actions. It is used by the Board and its committees to inform the areas it needs to focus, when setting agendas.
Recommendations, decisions or actions sought	The Board is asked to review the report and confirm it is satisfied that it is sufficiently focussed on the most relevant risk areas, and its level of assurance with the control and actions in place to mitigate the risks.

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	**No**

Board Assurance Framework (BAF) Risk Report

1. Introduction

The BAF risk report is regularly considered by the Executive to ensure the risks reflect the current position. Specific risks are also scrutinised by the relevant Board committee.

Should the Executive consider it necessary to add or remove a risk, it will make a recommendation to the Trust Board, directly or via the relevant Board committee, for decision. Some amendments are proposed as set out in section 4.

2. Structure of the BAF Risk Report

This report helps to focus the Executive and Board of Directors on the principal risks to achieving the Trust's strategic priorities and to seek assurance that adequate controls are in place to manage the risks appropriately.

Appendix A describes the controls, actions, and assurances against each risk. These are the fields within Datix; the database used by the Trust to record all risks.

The **Risk Radar** provides an illustration of the risk score (with controls) against each strategic priority. This also confirms where there has been movement in score since the previous report.

The risks are quantified in accordance with the 5x5 matrix in Figure 1 below. The guide used to assess the likelihood and impact is found at Appendix C.

	Likelihood				
Impact	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

Low	Moderate	High	Extreme

Figure 1

3. Board Committee Review

Each BAF Risk is aligned to a committee of the Board, with the relevant risks being considered at each meeting. In addition, the Audit & Risk Committee takes an overview of all BAF risks. Based on its most recent meeting(s), the table below illustrates how the focus of each Board committee reflects the BAF risks.

Committee	Agenda Item	BAF Risk
Finance and Investment	111 & 999 Operational Performance	123 966
Quality and Patient Safety	EOC clinical safety	579
Workforce and Wellbeing	Education Training & Development	1300 111
Audit & Risk Committee	EU Transition COVID Management	587 1249

4. Management Review & Recommendation

As set out in Appendix A, each risk has a nominated scrutinising forum, where the subject matter experts consider the risk, and update accordingly. Where the forum is not EMB, it will make recommendations to EMB about any changes to the risk. When applicable, EMB will recommend removal and / or an addition of a BAF risk(s). The following changes are proposed:

a) Removal of Risk 587 *There is a risk that the Trust's ability to provide effective services is significantly affected by the UK's exit from the European Union*. The main risks did not materialise due to the UK Government agreeing a deal with the EU.

b) Increase in scores for Risks 1249 (COVID) and 123 (ARP).

c) Note the plan as part of the education training and development strategy (see WWC escalation report) to broaden Risk 1300, which relates to just clinical education.

d) Note the plan to include in the next version a risk related to financial planning / longer term sustainability.

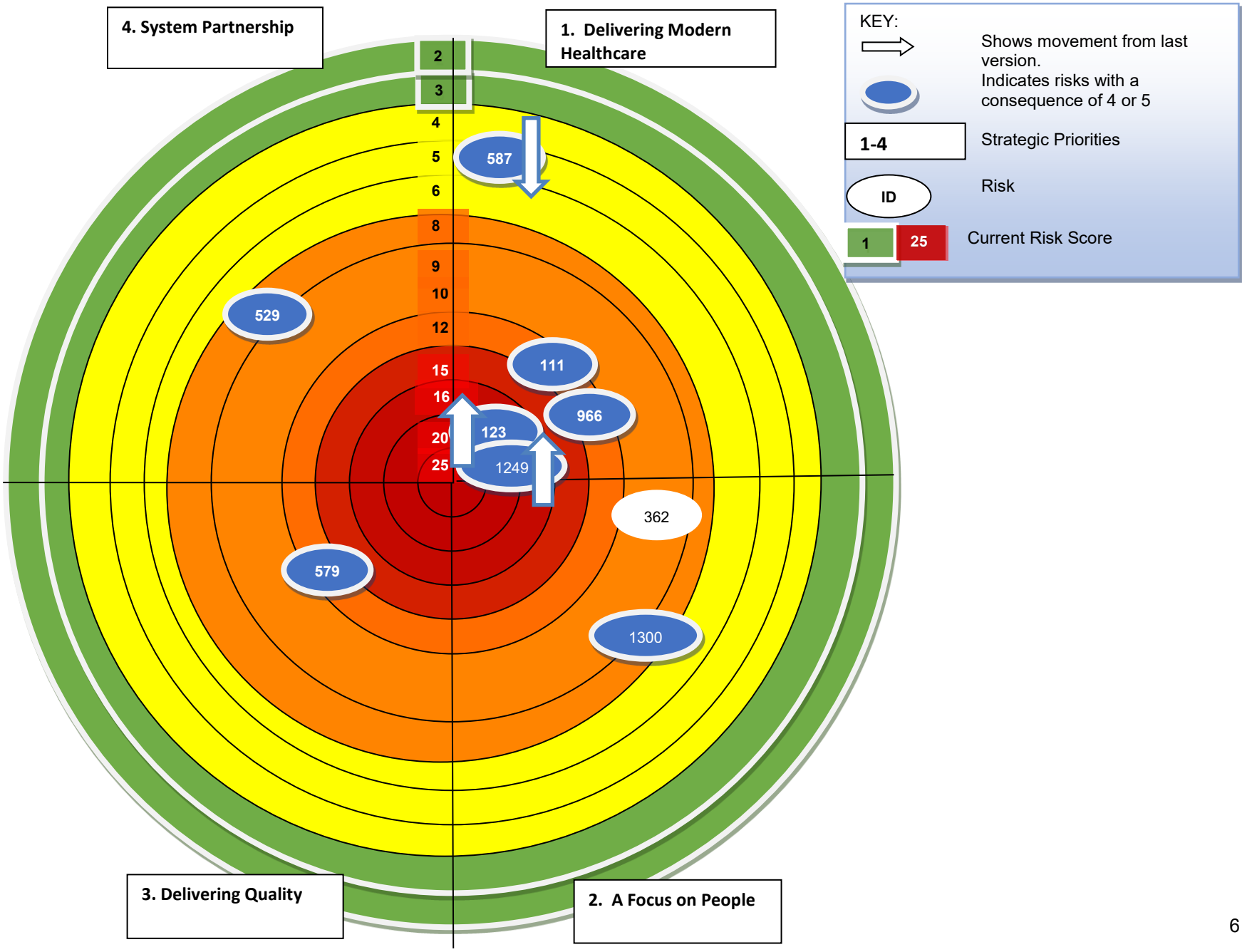
5. Conclusion

The Executive believes that the BAF risk report is sufficiently focussed on the right high-risk areas that affect the Trust's ability to meet its strategic goals. The Executive acknowledges the recent challenge from the Board and will continue to refine the report, so that is clearly sets out the most current controls, actions and sources of assurance it relies on. The BAF risk report will continue to be used by the Board and its committees, to ensure a risk-based approach is taken to seeking assurance that the risks are being robustly managed.

Dashboard

Link to Priorities	Risk ID / Theme	BAF Dashboard	Initial Score	Current Score	Target Score	Target Date	Board Oversight
1	Risk ID 123 ARP	Risk that the Trust does not consistently achieve ARP standards as a result of insufficient resources, which may lead to patient harm. Currently, the principal risk relates to Cat 3 patients.	20	20 ↑	08	Ongoing	FIC
1	Risk ID 1249 COVID 19	There is a risk that in the event of an outbreak of COVID-19 in the United Kingdom, the Trust will experience severe disruption to key elements of its service. There would be both immediate and longer-term negative impacts on Trust activity such as; • Reduction in the provision of workforce • Access to sufficient medical consumables equipment (particularly PPE) • Consequent inability to achieve national performance targets	20	20 ↑	10	April 2021	AUC
1	Risk ID 111 Workforce	Risk that the Trust will not deliver the planned operational workforce as a result of inability to recruit and retain sufficient staff This may lead to poor patient (and staff) outcomes and experience, and not meeting national performance targets.	2	15	10	Ongoing	WWC
3	Risk ID 579 Care & Treatment	Risk that patients waiting for a response are not appropriately prioritised, as a result of lack of clinical resource; suboptimal IT systems; and an inability to respond to demand, which may lead to patient harm.	20	12	04	April 2021	QPS
1	Risk ID 966 111 Service	Risk that the Trust does not achieve operational standards for 111 as a result of increased pressure on the service, which may lead to patient harm.	16	12	04	TBC	FIC

2	Risk ID 362 Safer Recruitment	Risk that the Trust is not able to always provide evidence of the relevant employment checks, as a result of inadequate internal controls / record keeping, which may lead to sanctions and reputational damage.		15	09	06	March 2021	WWC
2	Risk ID 1300 Clinical Ed	Risk that we will not train and develop sufficient staff to meet the needs of our patients as a result of a historically poorly functioning Clinical Education service		20	08	04	December 2020	WWC
4	Risk ID 529 System Leadership	Risk that the Trust is unable to substantively engage with Integrated Care Services and the service delivery architecture in place across region, as a result of capacity. This may lead to the inability to pursue the Trust's overall strategy and supporting objectives.		12	08	04	TBC	Board
~~1~~	~~Risk ID 587 EU Transition~~	~~There is a risk that the Trust's ability to provide effective services is significantly affected by the UK's exit from the European Union~~		~~20~~	~~05~~	~~05~~	~~31.12.2020~~	~~AUC~~


4. System Partnership
1. Delivering Modern Healthcare
3. Delivering Quality
2. A Focus on People
2
3
4
5
6
8
9
10
12
15
16
20
25
587
529
111
966
123
1249
362
579
1300
KEY:
Shows movement from last version.
Indicates risks with a consequence of 4 or 5
1-4
Strategic Priorities
ID
Risk
1
25
Current Risk Score

Appendix A

Priority 1	**BAF Risk ID 123** ARP – national standards	**Date risk opened:** **13.04.2017**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of Operations
Risk that the Trust does not consistently achieve ARP standards as a result of insufficient resources, which may lead to patient harm. The principal risk relates to Cat 3 patients.	**Scrutinising Forum**	ORMG
	Initial Risk Score	**20** (Consequence 4 x Likelihood 5)
	Current Risk Score	**20** (Consequence 4 x Likelihood 5)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**08** (Consequence 4 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)
Incentivising shifts / overtime 999 Improvement Plan – focus on hours Work with system to manage handover delays Surge Management Plan REAP 4 incl. call for all RCMs/Clinical staff in non-patient facing roles to book shifts

Gaps in Control
Abstraction rates linked to COVID, e.g. sickness / self-isolation / vaccination Hospital Handover delays – lost hours

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) Current Performance (-) Lost hours from handover delays (-) Call answer performance (-/+) Hours	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
1. Handover Programme 2. 999 Improvement Plan 3. Consideration of request for military aid	1. On-going 2. Plan focussed on increasing hours 3. Request made / decision to deploy due w/c 25 January.

Last management review	Executive Management Board	**Last committee review**	14.01.2021 Finance and Investment Committee

Priority 1	BAF Risk ID 587 EU Transition	Date risk opened: 27.09.2018

Underlying Cause / Source of Risk:		
There is a risk that the Trust's ability to provide effective services is significantly affected by the UK's exit from the European Union	**Accountable Director**	Director of Operations
	Scrutinising Forum	ORMG
	Initial Risk Score	**20** (Consequence 5 x Likelihood 4)
	Current Risk Score	**05** (Consequence 5 x Likelihood 1)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**05** (Consequence 5 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)
Engagement at LHRP, LRF, horizon scanning meetings Gov.UK documentation in place ORMG Group (internal) established to support Trust EU SRO appointed and in place EU programme board established with related workstreams.

Gaps in Control
Outcome of the EU transition plan and impact on congestion especially near ports.

Sources of Assurance: Positive (+) or Negative (-)	Gaps in assurance
(- /+) Current Performance (+) Trust Board November 2020	

Mitigating actions planned / underway	Progress against actions (including dates, notes on slippage or controls/ assurance failing.
Continue with engagement at arranged meetings (internal and external) All Departments to update and circulate their Business Continuity Plans to be stored on CLIO/SharePoint Workstream development and delivery	

Last management review	Executive Management Board	Last committee review	

Priority 1	BAF Risk ID 1249 COVID-19	Date risk opened: 28.03.2020

Underlying Cause / Source of Risk:		
There is a risk that in the event of an outbreak of COVID-19 in the United Kingdom, the Trust will experience severe disruption to key elements of its service. There would be both immediate and longer-term negative impacts on Trust activity such as; • Reduction in the provision of workforce • Access to sufficient medical consumables equipment (particularly PPE) • Consequent inability to achieve national performance targets	**Accountable Director**	Director of Nursing & Quality
	Scrutinising Forum	ORMG
	Initial Risk Score	**20** (Consequence 5 x Likelihood 4)
	Current Risk Score	**20** (Consequence 5 x Likelihood 4)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**10** (Consequence 5 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)	
• Internal governance is being managed through the Organisational Response Management Group (ORMG), which meets 3 scheduled times a week, with extraordinary meetings as and when required. This group acts as a single point of decision making and reports to the Executive Management Board. The Trust remains in a BCI. Extraordinary Trust Committee meetings (QPS / FIC) are convened as necessary throughout the covid event. • Relevant national and regional guidance continues to be adopted for SECAmb before being implemented. There is continued regular liaison with NACC, NARU, NDOG, NASMED, PHE, NHSE/I, SCGs and TCGs. • An internal Covid Management Team has been established. A Test & Trace Cell has also been created to manage staff absence related to the event. An on-call roster in place with Executive, Nursing & Quality, Medical, Strategic and Communications staff. • Pathway 3 has been created by the Wellbeing Hub to identify and allocate staff who are shielding to alternative work responsibilities. Corporate staff have been enabled to work from home where their roles permit. This includes provision of IT equipment. In June 2020 risk assessments were first introduced. These were made available to BAME staff, clinically vulnerable staff and the remaining staff population was also invited to take the risk assessment	• Communications are robust and far-reaching. Messaging continues to be shared using the pre-existing Weekly Trust Bulletin, Chief Executive's weekly message and operational and clinical instructions. Alongside this, a strategic briefing call takes place from Sunday – Wednesday inclusive and on Fridays (the Organisational Response Briefing / 16:00 call), and this is supplemented with a Trust-wide webinar which is scheduled each Thursday. • The Zone has a section dedicated to the latest information on the covid-19 virus. Content includes action cards, frontline, 999 and 111 guidance, notes from the daily calls, general guidance for all staff, PPE, risk assessments and testing information. CLIO is being used to log all activities related to COVID-19, including any learning from this event. • Staff have been able to access PCR swab tests and antibody testing. In November 2020 lateral flow testing was introduced for patient facing staff, staff in EOC and 111, non-patient facing business critical staff, contractors, and volunteers. • Vaccinations started in December with over half the workforce having received the first dose. • Provision of PPE / Hoods • •

Gaps in Control
COVID-related abstraction

Sources of Assurance: Positive (+) or Negative (-)	Gaps in assurance
Performance / handover delays (-) Abstraction (-) Vaccinations (+)	

Mitigating actions planned / underway			Progress against actions (including dates, notes on slippage or controls/ assurance failing.
The Test & Trace cell are continuing to manage staff absence due to covid-related reasons. Daily stock take of PPE System working to mitigate impact of handover delays Also see risk 123			
Last management review	Executive Management Board	**Last committee review**	03.12.2020 Audit & Risk Committee

Priority 1	**BAF Risk ID 111** Workforce – planned workforce	**Date risk opened:** **14.04.2016**

Underlying Cause / Source of Risk: Risk that the Trust will not deliver the planned operational workforce as a result of inability to recruit and retain sufficient staff. This may lead to poor patient (and staff) outcomes and experience, and not meeting national performance targets.	**Accountable Director**	Director of HR & OD
	Scrutinising Forum	HR Working Group
	Initial Risk Score	**25** (Consequence 5 x Likelihood 5)
	Current Risk Score	**15** (Consequence 5 x Likelihood 3)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**10** (Consequence 5 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)	
Resourcing improvement plan (IP) delivered Improved EMA recruitment in to the EOC– Manchester Triage (enabler to increase clinical capacity within EOC) PP Rotational Pilot complete	Different approach to student paramedics ensuring higher number of job offers Increase in bank staff Retention Strategy Reduced time to hire

Gaps in Control
Inability to recruit experienced paramedics in sufficient numbers

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) sickness rates above the 5.2% target. (+) Turnover improved (-) skill mix (+) leavers reduced (+) NQP and AAP pipeline numbers in line with plan (-) October 2020 Workforce Planning Internal Audit – Partial Assurance (-) Internal Audit November 2020 – partial assurance	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Maximise Bank to Substantive recruitment opportunities, and creative deployment arrangements Increase internal AAP training for existing ECSWs in 2021/22 Actions arising from the Internal Audit Report – October 2020	

Last management review	Executive Management Board	**Last committee review**	21.01.2021 Workforce & Wellbeing Committee

Priority 3	**BAF Risk ID 579** [link to BAF Risks 123, 111, 269] Care & Treatment – clinical management of calls waiting	**Date risk opened: 13.09.2018**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of Nursing & Quality
Risk that patients waiting for a response are not appropriately prioritised, as a result of lack of clinical resource; suboptimal IT systems; and an inability to respond to demand, which may lead to patient harm.	**Scrutinising Forum**	Executive Management Board
	Initial Risk Score	**20** (Consequence 4 x Likelihood 5)
	Current Risk Score	**12** (Consequence 4 x Likelihood 3)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**04** (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)
CAD upgrade provides better visibility of the types of calls requiring triage. Specific EOC improvement plan completed Implementation of Clinical Support Worker to support patient welfare calling Clinical recruitment – target of 76 exceeded Agency pathways clinicians introduced. Revised EOC/111 governance group
Gaps in Control
Pathways & Clinician Audits / Live feedback

Sources of Assurance: Positive (+) or Negative (-)		**Gaps in assurance**
(+) CQC – assured re improvements (+) clinical support (+) ARP performance, esp. Cat 3-4	(+) compliance with welfare calls / application of SMP as reported to QPS in November. (+) staff retention	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Review of welfare call policy implemented January 2021	

Last management review	Executive Management Board	**Last committee review**	15.01.2021 Quality & Patient Safety Committee

Priority 1	BAF Risk ID 966 111 (current) –operational standards	Date risk opened: 25.05.2018

Underlying Cause / Source of Risk:		
Risk that the Trust does not consistently achieve operational standards for 111 as a result of increased pressure on the service, which may lead to adverse patient experience and / or harm.	**Accountable Director**	Director of Operations
	Scrutinising Forum	Teams A/B (111)
	Initial Risk Score	**16** (Consequence 4 x Likelihood 4)
	Current Risk Score	**12** (Consequence 4 x Likelihood 3)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**04** (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)	
Enhanced recruitment of Health Advisors Regular review of performance data to monitor service improvement Review of training / mentoring process to ensure optimum performance of new staff Reduce overall call handling time by increasing coaching Learn best practice from other cleric users Effectively manage unplanned absence	Improve adherence through use of Real Time Analyst tools Strengthen the role of Senior Health Advisor through migration to HATL role Increase numbers of HATLs from 10 to 12 Explore closer working with EOC colleagues to implement satellite working Blend 999 and 111 calls to a larger workforce gaining benefits of economies of scale Over Recruitment taking place Service Development Improvement Plan Complete Implementation of extended 111 CAS service

Gaps in Control
EPS interim solution

Sources of Assurance: Positive (+) or Negative (-)	Gaps in assurance
(-) (+) clinical performance not meeting national standards but compares well to national average (-) number of referrals to 999 (+) Impact of the additional Service Advisors and the use of Patient Safety callers (+) Maintenance of full NHS Pathways compliance with regards to audit	

Mitigating actions planned / underway	Progress against actions (including dates, notes on slippage or controls/ assurance failing.
Review of the EPS interim solution	

Last management review	Executive Management Board	Last committee review	14.01.2021 Finance and Investment Committee

Priority 2	**BAF Risk ID 362** Safe Recruitment – evidencing employment checks	**Date risk opened: 26.03.2018**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of HR & OD
Risk that the Trust is not able to always provide evidence of the relevant employment checks, as a result of inadequate internal controls / record keeping, which may lead to sanctions and reputational damage.	**Scrutinising Forum**	HR Working Group
	Inherent Risk Score	**15** (Consequence 3 x Likelihood 5)
	Current Risk Score	**09** (Consequence 3 x Likelihood 3)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**06** (Consequence 3 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)
Project established to review the various issues relating to personnel files DBS checks (renewals/no initial) are being regularly monitored. DBS policy has been reviewed Trac ensures candidate files are not approved unless they fulfil the NHS pre-employment check standards. ORMG oversight of the P Files Project New electronic system for uploading documents that staff can use from home has helped the Trust made systematic progress with c.950 records – a significant reduction over the last quarter of 2020 (only 17 records remain in corporate teams as at 20 Feb 2021)
Gaps in Control
Completion of the P Files project

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) Internal Audit Reports – pre-employment checks (2017/18); DBS Checks (2018/19); Staff Records (2018/19) (-) Number of files incomplete (+) complete files for recent starters. (+) All staff have an initial DBS check in place	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
1. Revised P Files Project	1. Commenced 6 July and due to be completed by March 2021

Last management review	Executive Management Board	**Last committee review**	21.01.2021 Workforce & Wellbeing Committee

Priority 2	**BAF Risk ID** 1300 Clinical Education	**Date risk opened: 11/02/2020**

Underlying Cause / Source of Risk:	**Accountable Director**	Executive Medical Director
Risk that we will not meet the educational; requirements of staff to meet the needs of our patients as a result of a historically poorly functioning Clinical Education service due to:- • Insufficient leadership • Lack of clearly defined clinical education strategy • Insufficient numbers of qualified education staff • Inadequate facilities	**Scrutinising Forum**	Transforming Clinical Education Programme Board
	Initial Risk Score	**20** (Consequence 4 x Likelihood 5)
	Current Risk Score	**08** (Consequence 4 x Likelihood 2)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**04** (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)
Leadership - . Recruitment to Consultant Paramedic, Clinical Education completed with post holder commencing 1st February 2021 Clinical Education Strategy - outline draft developed of CE enabling strategy. Discussions underway, led by Medical and HR, re wider Trust Education Strategy development Capacity - department currently recruited to establishment Facilities - Banstead CE facility now closed with provision moved to Haywards Health college. Additional assurance of CE governance and function supported by Ofsted Monitoring visit (Dec 20) which identified and reported improvements across all three areas inspected.

Gaps in Control
Clinical Education strategy

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(+) FutureQuals interim re-audit (+) Ofsted initial audit findings (October) (-) Current issues relating to the inadequate completion of students' portfolios (+ / -) WWC 12.10.2020	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
New Consultant Paramedic, Clinical Education commencing in post 1st February 2020 - to resume CE Strategy development as a priority	

Last management review	Executive Management Board	**Last committee review**	21.01.2021 Workforce & Wellbeing Committee

Priority 4	BAF Risk ID 529 System Leadership – influencing the healthcare system	Date risk opened: 25.05.2018

Underlying Cause / Source of Risk:		
Risk that the Trust is unable to substantively engage with Integrated Care Services and the service delivery architecture in place across region, as a result of capacity. This may lead to the inability to pursue the Trust's overall strategy and supporting objectives.	**Accountable Director**	Director of Nursing & Quality
	Scrutinising Forum	Executive Management Board
	Initial Risk Score	**12** (Consequence 4 x Likelihood 3)
	Current Risk Score	**08** (Consequence 4 x Likelihood 2)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**04** (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)
Members of the relevant Boards Identified Trust personnel attend core work-stream and pathway development meetings within local systems. Reciprocate sharing and agreement of overall strategic planning with ICSs in terms of clinical case for change and to support work of Trust services. Re-focussed System Assurance Meeting where the Trust and its partners consider development risks and issues in the context of urgent and emergency care.

Gaps in Control
Cannot always attend core work-stream and pathway development meetings within local systems.

Sources of Assurance: Positive (+) or Negative (-)	Gaps in assurance

Mitigating actions planned / underway	Progress against actions (including dates, notes on slippage or controls/ assurance failing.
Strategic Delivery Plan – system leadership and engagement Creation of a formal Partnership Board with representation from all Every ICS to have a designated Executive to consistently attend ICS board meetings Every ICP to have a designated Deputy/Associate Director to attend ICP boards. All A&E delivery board or Urgent & Emergency Care boards – Relevant Strategy and Partnership Manager and OUM to attend consistently	

Last management review	Executive Management Board	Last committee review	October Board Development Session

Appendix B
Strategic Priorities

1	2	3	4
Delivering Modern Healthcare for our patients	**A Focus on People**	**Delivering Quality**	**System Partnership**
A continued focus on our core services of 999 & 111 Clinical Assessment Service	Everyone is listened to, respected and well supported	We Listen, Learn and improve	We contribute to sustainable and collective solutions and provide leadership in developing integrated solutions in Urgent and Emergency Care

Appendix C

Table of Consequences					
	Consequence Score and Descriptor				
	1	2	3	4	5
Domain:	Negligible	Minor	Moderate	Major	Catastrophic
Injury or harm Physical or Psychological	Minimal injury requiring no / minimal intervention or treatment No Time off work required	Minor injury or illness requiring intervention Requiring time off work < 4 days Increase in length of care by 1-3	Moderate injury requiring intervention Requiring time off work of 4-14 days Increase in length of care by 4-14 days RIDDOR / agency reportable incident	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days	Incident leading to fatality Multiple permanent injuries or irreversible health effects
Quality of Patient Experience / Outcome	Unsatisfactory patient experience not directly related to the delivery of clinical care	Readily resolvable unsatisfactory patient experience directly related to clinical care.	Mismanagement of patient care with short term affects <7 days	Mismanagement of care with long term affects >7 days	Totally unsatisfactory patient outcome or experience including never events.
Statutory	Coroners verdict of natural causes, accidental death or open No or minimal impact of statutory guidance	Coroners verdict of misadventure Breech of statutory legislation	Police investigation Prosecution resulting in fine >£50K Issue of statutory notice	Coroners verdict of neglect/system neglect Prosecution resulting in a fine >£500K	Coroners verdict of unlawful killing Criminal prosecution or imprisonment of a Director/Executive (Inc. Corporate Manslaughter)
Business / Finance & Service Continuity	Minor loss of non-critical service Financial loss of <£10K	Service loss in a number of non-critical areas <6 hours Financial loss £10-50K	Service loss of any critical area Service loss of non- critical areas >6 hours	Extended loss of essential service in more than one critical area	Loss of multiple essential services in critical areas Financial loss of >£1m

			Financial loss £50-500K	Financial loss of £500k to £1m	
Potential for patient complaint or Litigation / Claim	Unlikely to cause complaint, litigation or claim	Complaint possible Litigation unlikely Claim(s) <£10k	Complaint expected Litigation possible but not certain Claim(s) £10-100k	Multiple complaints / Ombudsmen inquiry Litigation expected Claim(s) £100-£1m	High profile complaint(s) with national interest Multiple claims or high value single claim .£1m
Staffing and Competence	Short-term low staffing level that temporarily reduces patient care/service quality <1day Concerns about skill mix / competency	On-going low staffing level that reduces patient care/service quality Minor error(s) due to levels of competency (individual or team)	On-going problems with levels of staffing that result in late delivery of key objective/service Moderate error(s) due to levels of competency (individual or team)	Uncertain delivery of key objectives / service due to lack of staff Major error(s) due to levels of competency (individual or team)	Non-delivery of key objectives / service due to lack/loss of staff Critical error(s) due to levels of competency (individual or team)
Reputation or Adverse publicity	Rumours/loss of moral within the Trust Local media 1 day e.g. inside pages or limited report	Local media <7 days' coverage e.g. front page, headline Regulator concern	National Media <3 days' coverage Regulator action	National media >3 days' coverage Local MP concern Questions in the House	Full public enquiry Public investigation by regulator
Compliance Inspection / Audit	Non-significant / temporary lapses in compliance / targets	Minor non-compliance with standards / targets Minor recommendations from report	Significant non-compliance with standards/targets Challenging report	Low rating Enforcement action Critical report	Loss of accreditation / registration Prosecution Severely critical report

Description	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost Certain**
Frequency (How often might it / does it occur)	This will probably never happen/recur Not expected to occur for years	Do not expect it to happen/recur but it is possible it may do so Expected to occur at least annually	Might happen or recur occasionally Expected to occur at least monthly	Will probably happen/recur, but it is not a persisting issue/circumstances Expected to occur at least weekly	Will undoubtedly happen/recur, possibly frequently Expected to occur at least daily
Probability	Less than 10%	11 – 30%	31 – 70 %	71 - 90%	> 90%

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	67-20

Name of meeting	Trust Board
Date	28.01.2021
Name of paper	Chief Executive's Report

1 This report provides a summary of the Trust's key activities and the local, regional and national issues of note in relation to the Trust during December 2020 and January 2021 to date. Section 4 identifies management issues I would like to specifically highlight to the Board.

A. Local Issues

2 **Executive Management Board**
The Trust's Executive Management Board (EMB), which meets weekly, is a key part of the Trust's decision-making and governance processes.

3 As part of its weekly meeting, the EMB regularly considers quality, operational (999 and 111) and financial performance. It also regularly reviews the Trust's top strategic risks.

4 As the pandemic continues, EMB is continuing to focus and monitor the impact of COVID-19 on the Trust. In addition to the main weekly meeting, we hold short daily Executive 'huddles' to ensure that there is a frequent opportunity for issues to be raised and discussed and action taken. Specific COVID-related issues discussed recently have included: the roll out of the introduction of the Tier system and the subsequent move to a national lockdown and preparations for and the commencement of vaccines for staff.

5 Other issues overseen by EMB during this period include:

- Operational activity in terms of both performance and quality/patient safety
- EU Transition planning
- New ways of working via the Programme Board
- Financial performance and planning
- Workforce planning for 2021/22

6 EMB have also taken decisions specifically on a number of issues including:

- The go live of e-timesheets
- Establishing an internal Partnership Board to oversee our system partnerships
- A pilot to evaluate the use of video consultation in our PP Hubs

7	**Engagement with stakeholders and staff** During recent weeks, I have continued my on-going programme of spending time at our Trust locations, taking all appropriate precautions.
8	Further to the update I gave in my last report to the Board, on 3rd December 2020 I was very pleased to officially sign the charter, with the GMB, to support greater awareness and support for Neurodiversity in the workplace. As part of our commitment to the charter, we are pulling together a multi-disciplinary team, including our other SECAmb trade unions, to produce a strategy to ensure we are best placed to support our Neurodivergent colleagues.
9	On Christmas Day, I spent time visiting operational colleagues at our Surrey Ambulance sites as well as catching up with crews at Frimley Park Hospital. I also spent time on New Year's Eve with our NHS 111 colleagues at Ashford and was privileged to see in the New Year at Coxheath EOC.
10	I spent time with colleagues at both Dartford and Medway. Despite the significant operational challenges that we have seen during this period, I was impressed with the good humour, commitment and patient focus shown by all the staff I spoke to.
11	**Progression of key estates developments** During recent weeks, we have continued to see good progress being made on our key estate developments.
12	Brighton Make Ready Centre: The Trust's ninth Make Ready Centre, opened on 30th November 2020 and there has been extremely positive early feedback from staff. The Project Board which has overseen the project was formally closed on 13th January 2021 and all lessons learnt from this development are being incorporated into the on-going Banstead and Medway project plans.
13	Medway: The business case has been approved by the Trust Board and the Department of Health for the combined Medway MRC & East EOC/111 Contact Centre (only the second such co-located 999/111 site in the country). The preferred contractor has been selected and works are due to start this summer - it is anticipated that the building will be completed in Quarter 2 2022/23. Staff communications and engagement is well established for both the 999 & 111 teams, with a similar group for operational staff to be set up shortly.
14	Sheppey: The redevelopment of Sheppey Ambulance Station has been completed and work will be starting shortly to redevelop Strood ACRP.
15	Banstead: Decommissioning of the old site is now complete and hoardings have been erected in preparation for the demolition works to commence. It is anticipated that the building will be completed in Quarter 1 2022/23. Staff communications and engagement is well established with the communications group meeting on a regular basis. The extension of the lease on Epsom Ambulance Station has recently been agreed and further work is underway to review the re-provisions of ACRPs and reporting bases to cover the Redhill Dispatch Desk.

B. Regional Issues

16 **Flu vaccination programme for staff**
As shared previously, our flu vaccination programme began at the start of October 2020, with an ambitious target of having all of our staff vaccinated. Due to the way our vaccines were delivered this year, we focused our campaign firstly on patient-facing staff, followed by EOC, 111 and CFRs in late October. We then began offering support staff the flu vaccine from early November.

17 As of 20th January 2021, 68% of all Trust have received the flu vaccine, although this figure increases to 79% for front-line staff only. We have inevitably seen a reduction in the number of corporate staff vaccinated this year, due to the vast majority working from home due to the COVID pandemic.

18 Our flu vaccination programme will continue until the end of February 2021 and we are continuing to work hard to encourage as many staff as possible to have their vaccine before then. We are particularly focussing on areas of lower take-up, including utilising a mobile flu vaccination team where needed.

C. National Issues

COVID-19 outbreak

19 As the pandemic continues to develop, I remain extremely proud of the way that our staff, regardless of role, have remained completely focussed on delivering the best service possible, despite the challenging regional and national environment.

20 Governance**:** The Operational Response Management Group (ORMG) continues to meet regularly during the week and at weekends, ensuring that all decisions and actions related to COVID are considered appropriately. ORMG is Chaired by Bethan Eaton-Haskins, our Lead Director for COVID-19 and given the inter-dependencies, also oversees workstreams covering 999 performance, EU Transition planning (up until the end of the year) and our flu vaccination programme.

21 Test & Trace: In line with the national model, our internal COVID Test and Trace Cell is continuing to undertake the contact tracing of SECAmb employees, collation of information on Covid-19 positive staff and communication with line managers to establish contacts of the Covid-19 positive staff member. The Test and Trace Cell are also responsible for the declaration and investigation of any internal outbreaks, involving two staff members or more.

22 Impact on staffing: As we have seen some areas within our region, especially Kent, experiencing high numbers of COVID cases within their communities during this period, we have inevitably seen this have a significant negative impact on our staffing numbers. Despite the precautions being taken, we have seen increasing numbers of staff off with confirmed COVID, as well as considerable numbers in self-isolation. This has placed significant pressures on our resourcing levels at times.

	Sadly, we have also seen a number of staff members become very ill with COVID and tragically, to date, three colleagues have passed away as a result.
23	National Lockdown/Tier system: Following the national move to a third lockdown period on 6th January 2021, we have worked hard to understand the implications of this on our staff, especially those who are considered clinically vulnerable or clinically extremely vulnerable. As a result of the return to national lockdown in December, we have seen a number of our most vulnerable staff required to 'shield' once again.
24	Crew Welfare Vehicles: Given the significant operational pressures we are facing, December saw the return of the Crew Welfare Vehicles at hospitals across our region. Crewed by our CFRs, Welfare Vehicles are operating each day between 11am and 11pm, 7 days a week, providing hot drinks and snacks for staff. They aim to visit each hospital site during their shifts but can also be deployed by the Operational Hubs to where they are needed most.
25	Availability of Personal Protective Equipment (PPE): We have sufficient availability of the full range of PPE across the Trust, including coveralls and the various different FFP3 face masks that our staff are fit tested against. We are now supplied with coveralls via the National Supply Disruption Reporting Service (NSDR), although we are working to identify an additional supplier to assist with the supply of some sizes.
26	Although we have always had sufficient availably, at times recently we have had reduced forward stock of FFP3 masks. We have managed to secure an additional 13,000 masks through mutual aid from partners across the South East and London. In addition, the expedited rollout of the powered hoods, which is currently taking place, should reduce the usage rates of FFP3s.
27	COVID Vaccination programme: On 21st December 2020 we began our staff vaccination programme, when we were able to allocate vaccine slots provided by one of our system partners at Caterham to our most vulnerable staff. Since then, thanks to the support of some of our system partners, our staff have been able to access vaccine slots at a number of hospital sites, in line with the national prioritisation.
28	I would particularly like to thank our colleagues at Maidstone & Tunbridge Wells Trust and Brighton & Sussex University Hospitals Trust, who have both provided a significant number of vaccine slots for our staff during the past month.
30	On 10th January 2021, following a great deal of preparatory work, we began to vaccinate our own staff directly with the AstraZeneca Oxford vaccine from a vaccination centre established at our Headquarters. After initially prioritising patient-facing and EOC/111 staff, as of 18th January this is now available to all staff and volunteers.
31	I am very proud that, as of 21st January, we have been able to provide c. 3,500 of our staff and volunteers with the first dose of the vaccine. We will continue to offer vaccination slots at our mobile vaccination centre and via partners sites over coming weeks.

32	**111 First** From 1st December 2020, all Integrated Care Systems in England were required to go live with their 'NHS111 First' programmes. Devised to improve outcomes and experiences of urgent care, while keeping patients safe and managing social distancing, patients are now being asked to call NHS111 first before going to an Emergency Department (A&E).
33	Within our area, after going through our Health Advisors and Clinical Assessment Service (CAS), patients can now obtain a booked time slot at the Emergency Department, or whichever endpoint is deemed most appropriate for their needs.
34	This has required an enormous amount of work for our Kent & Medway, Surrey and Sussex partners to undertake - during a pandemic and at the onset of winter – as well as our own 111 delivery team. I'd like to extend my thanks to all concerned for their part in this latest 111 transformation.
35	**EU Transition Planning** During the past months, we had established a governance structure to support our planning for the EU Transition, including an over-arching Programme Board with a number of supporting workstreams covering command and control, the operational model, scheduling, production, fleet and logistics, EOC & 111 and a corporate workstream. This then reported into ORMG, then through the EMB to the Trust Board.
36	Following the national agreement of a trade deal on 24th December, on 12th January 2021 we closed down our EU Transition project. Whilst much of the programme did not need to be enacted, the plans that we had created put us in a great position to deal with the many other challenges we are facing during this period.
37	I would like to thank all of those involved in ensuring that we were one of the best prepared organisations for EU Transition and recognising that this was all done whilst dealing with the significant pressures we have been dealing with since March – it was a team effort from all areas of the Trust.
38	**Recognition in New Year's Honours List** On 30th December 2020 we were extremely proud to share that three members of staff had been recognised in the New Year's Honours list, when Director of Operations, Joe Garcia, Director of Quality and Nursing, Bethan Eaton-Haskins and Ambulance Technician, Peter Glover, all received MBEs for their service and commitment over many years. Joe and Bethan received their MBEs in particular for their leadership during the pandemic, while Peter was recognised for his service to the NHS, community resuscitation and services to the wider community.
39	Their inclusion is testament to the dedication and commitment they have shown to serving their communities and helping others over many years. It is also particularly fitting that in this year, when the ambulance service has been at the forefront of responding to the pandemic, we have three members of staff on the list.

D. Escalation to the Board

40 **999 Operational Performance**
Response time performance has remained extremely challenged during December and January, although our performance is not out of line with many of our colleagues nationally. We have rarely met either the Category 1 or Category 2 standards during this period and our performance against the Category 3 and 4 standards continues to also be challenged. Since Christmas we have been seeing unacceptably long waits to calls in Categories 3 and 4.

41 Although our 999 performance has been impacted, at times, by the numbers of front-line staff away from the workplace due to COVID, the main impact on performance has been due to the large numbers of COVID cases in parts of our region, especially Kent. This obviously has an impact in its own right, for example on our call volume but also causes a significant impact on the regional NHS system. This has resulted in periods where we have seen lengthy handover delays at some of our hospitals. We are continuing to work with the wider NHS system to address this issue but it remains challenging.

42 Our 999 call answer performance has also been less strong during this period, caused predominantly by challenges with our resourcing levels in the EOCs. The EOC Leadership Team are utilising all options to mitigate against this where possible, including utilising dual-trained 999/111 staff where appropriate.

43 The delivery of the 999 Performance Improvement Plan and the impact of the actions being taken is closely monitored by the Operational Response Management Group and by the Executive Management Board. Through the Plan, there continues to be close focus on maximising the resources available on the road and in our EOCs to respond to patients, including planning ahead as far as possible and practicable.

44 To help us to increase our resourcing, we are working with a range of external partners to determine how they can potentially assist us. We have been working with our fire service partners across Kent, Surrey, East Sussex and West Sussex to provide training to a cohort of their firefighters, to enable them to step up to drive ambulances if required. We are also continuing to investigate the possibility of operational support from the armed forces although nothing has been formally agreed at present.

45 During this time of significant operational pressures, we are also working hard to ensure we are closely monitoring the impact of any delays on our patients through our quality and safety governance framework.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Performance Report

Trust Board
January 2021

Data up to and including December 2020

Best placed to *care*, the *best* place to *work*

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CQC Rating and Oversight Framework

NHSI Oversight Framework*	2	●
CQC Rating **	GOOD	●
Information Governance Toolkit Assessment ***	Level 2 Satisfactory	●
REAP Level ****	4	▼

*	NHSI segments Trusts (1-4) according to the level of support each Trust needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability, with level 4 requiring the most support (Trusts in special measures).
**	Our rating following the most recent CQC inspection. These can help patients to compare services and make choices about care. There are four ratings that are given to health and social care services: outstanding, good, requires improvement and inadequate. **GOOD:** We are performing well and meeting CQC expectations.
***	The Information Governance Toolkit is a system which allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit Assessments. Levels range from 0 to 3; 3 being the highest.
****	Resourcing Escalatory Action Plan (REAP) is a framework designed to maintain an effective and safe operational and clinical response for patients and is the highest escalation alert level for ambulance trusts. Level 3: Major pressure (September 2020)

Symbol Key

▲ Improving performance	▼ Deteriorating performance	-	Data not provided
● No change	■ Aspirational metric	PD	Performance direction

How to use this report

Format & Reporting Aspirations

- The aim is to present a holistic overview of Trust performance, under CQC domains, which brings together the most helpful indicators to allow the Board to better understand performance across the totality of the Trust.
- There is more to do, but in building this new IPR within the Trust's Business Intelligence Power BI Platform, we have put in place the foundations for much-improved performance management across the Trust using accessible data that can be drilled down into as required, and datasets selected and exported according to the user's needs.
- We are now reporting a month in arrears, where this is possible.

Performance Dashboards

- The Board is only presented with three new data sets this month – this has been a period of consolidation around stabilising the platform used to create the report.
- The Board will note that some newer data sets do not have historic data provided, however the data sets will grow in coming months to give a better sense of trends etc.
- As an indication of the types of metrics we will seek to report on in the coming months, 'aspirational' metrics are included (with no data attached). Where there is no data this does not mean the Trust does not monitor these areas of performance, merely that those metrics are not routinely presented to the Board and work is still to be done to provide them in this format.
- The vision for the IPR is that it is dynamically generated, with RAG ratings and performance direction automatically populated, giving us the ability to maintain a core set of metrics but also to select those most relevant for the Board in order to tell our story more fully.
- More work is to be done to include all targets and to distinguish internal targets from national ones.

Performance Charts

- In the future, we intend to include trend lines on charts, where it will help the viewer understand the data better, and where possible targets too. We also aspire to include forecasting and performance versus forecast wherever possible.
- **Please note** that the SPC charts are no longer functioning as a licence has lapsed, according to the BI Team. The Team are working on replacing this functionality.

A Focus on CQC Domains

- Our suite of 'aspirational' metrics includes numerous across all domains, and when populated will provide a far more rounded snapshot of performance to the Board.
- Work is ongoing in the Quality and Nursing Directorate to develop indicators which will enable us to flesh out the Caring domain – this work has been paused as those involved are helping to coordinate the provision of COVID vaccines.

Reporting Performance Highlights & Exceptions

- Rather than provide commentary against all metrics, which was often repetitive or uninformative, we are keen to focus the Board's attention on what is going well, and what requires improvement.
- In order to sharpen this focus, exception reporting has not been provided for every instance of performance deterioration – rather only where the deterioration is sustained or outside acceptable tolerances.

Chief Executive Overview

I am pleased with the way this still relatively new version of the IPR is developing. There have been some additions since November - as indicated in the summary section on page 3 - and further improvements are being planned. Its aim is to show the key performance indicators and highlight to the Board through the exception reports where the executive is most concerned. Directors will talk to these areas at the meeting, and this month I will only specifically draw the Board's attention to one area – **999 operational performance**.

When we talk about operational performance and meeting (ARP) targets this is a proxy for quality and safety. Like all ambulance trusts and, in fact, the whole NHS, we have really struggled to achieve the performance levels we would ordinarily expect to achieve or at the very least get much closer to. This is however, in the context of extra-ordinary circumstances. Very shortly after the last Board meeting, the whole health system started to be significantly impacted by the second wave of COVID-19. Initially, this was most prominent in the East, but then, through Christmas and into January, it spread throughout the region. We have, for example, experienced never before seen delays in being able to handover patients at emergency departments, due to the impacts on patient flow caused by COVID. Regularly, the daily total delays have exceeded the hours we would previously have lost in a whole week. Our response to this has been to work with system partners, providing leadership to ensure that together we find solutions, e.g. dynamic transfers.

The challenges were such that we moved into REAP 4 and have been at this level now for several weeks. In addition, and for the first time, we have felt the need to request military aid to the civil authorities. At the time of writing we have not made the decision to deploy the military but are making the necessary arrangements so that this is in place should the need arise. This in itself illustrates the unique challenges we are facing.

As the situation is so dynamic, I will provide a verbal update to the Board on the most current position.

Philip Astle
Chief Executive

Trust Overview:
Strategy, Values & Ambition

Our Purpose

As a regional provider of urgent and emergency care, our prime purpose is to respond to the immediate needs of our patients and to improve the health of the communities we serve – using all the intellectual and physical resources at our disposal.

Our Strategy

SECAmb will provide high quality, safe services that are right for patients, improve population health and provide excellent long-term value for money by working with Integrated Care Systems and Partnerships and Primary Care Networks to deliver extended urgent and emergency care pathways.

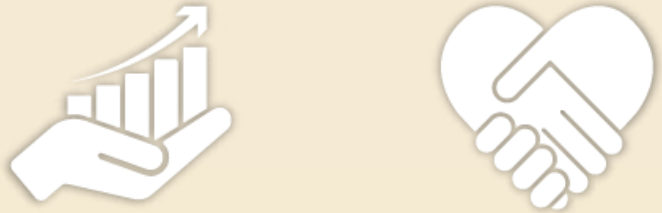
Our Priorities

- *Delivering modern healthcare for our patients* – a continued focus on our core services of 999 and 111 CAS;
- *A focus on people* – they are listened to, respected and well supported;
- *Delivering quality* – we listen, learn and improve;
- *System partnership* – we contribute to sustainable and collective solutions and provide leadership in developing integrated solutions in Urgent & Emergency Care

Our Values

Our values of *Demonstrating Compassion and Respect*, *Acting with Integrity*, *Assuming Responsibility*, *Striving for Continuous Improvement* and *Taking Pride* will underpin what we do today and in the future.

***Best** placed to **care**,*
*the **best** place to **work***



Trust Overview:
Domain Overview Dashboard (January 2021)

Key indicators at a glance for December 2020 (unless otherwise indicated)

Safe

Metric	Dec-20	PD
999 Frontline Hours Provided %	95.10%	▼
Number of Incidents Reported as SIs	8	▲
Hand Hygiene Compliance %	96.00%	▲
Violence and Aggression Incidents (Number of Victims - Staff)	70	▲
Medicines Management % of Audits Completed	94.00%	●
DBS Compliance %	100.00%	●
Number of RIDDOR Reports	9	▼

Effective

Metric	Dec-20	PD
**Cardiac ROSC Utstein %	46.00%	▲
**Stroke - Assessed F2F Diagnostic Bundle %	97.00%	▼
**Sepsis Care Bundle %	85.00%	●
**Acute STEMI Care Bundle Outcome %	50.00%	▼
ECAL Mean Response Time	00:24:23	▼
999 Operational Abstraction Rate %	35.30%	▼
Statutory & Mandatory Training Rolling 3 Years %	76.10%	▲

**Latest data is November 2020.

Caring

Metric	Dec-20	PD
Proportion of Complaints Relating to Crew Attitude %	37.00%	▲
End of Life Care Performance		■
Falls Performance		■
Proportion of Complaints Relating to Dignity and Respect %		■
Dementia Performance		■

Responsive

Metric	Dec-20	PD
Cat 1 Mean	00:08:23	▼
Cat 1 90th Centile	00:15:07	▼
Cat 2 Mean	00:26:49	▼
Cat 2 90th Centile	00:51:55	▼
Cat 3 90th Centile	05:51:35	▼
Cat 4 90th Centile	07:42:55	▼
999 Call Answer Mean	00:00:07	▼
111 Calls Answered in 60 Seconds %	55.40%	▼
111 Calls Abandoned - (Offered) %	8.20%	▼
111 to 999 Referrals (Answered Calls) %	13.90%	▲
Complaints Reporting Timeliness %	69.00%	▼

Well-Led

Metric	Dec-20	PD
Cost Improvement Plan (CIP) (£000s) Month	£8.00	▼
Surplus/Deficit (£000s) Month	£-1075.20	▼
Disciplinary Cases	2	▲
Collective Grievances	0	●
Bullying & Harrassment Internal	1	▲
Annual Rolling Turnover Rate	11.20%	▼
Annual Rolling Sickness Absence	7.40%	▼
Absence Relating to Mental Health %	5.30%	▲
Absence Relating to MSK %	3.10%	▲
999 Frontline Late Finishes/Over-Runs %	61.10%	▼
Staff Successfully FIT-Tested %	91.30%	–

Symbol Key

▲	Improving performance	▼	Deteriorating performance
●	No change	■	Aspirational metric
–	Data not provided	PD	Performance direction

Current Operational Performance
999 Emergency Ambulance Service (as of 18/01/2021)

	Target		Month to Date			Quarter to Date		
Category	Mean	90th Centile	Incidents	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	2481	00:08:40	00:15:36	2481	00:08:40	00:15:36
C1T	00:19:00	00:30:00	1387	00:10:30	00:19:01	1387	00:10:30	00:19:01
C2	00:18:00	00:40:00	21977	00:29:44	00:58:46	21977	00:29:44	00:58:46
C3		02:00:00	7823	03:14:23	07:12:58	7823	03:14:23	07:12:58
C4		03:00:00	102	03:27:50	07:23:18	102	03:27:50	07:23:18
HCP 3			406	03:55:40	08:36:25	406	03:55:40	08:36:25
HCP 4			317	04:35:36	09:28:02	317	04:35:36	09:28:02
IFT 3			137	04:02:03	09:20:14	137	04:02:03	09:20:14
IFT 4			67	03:35:00	07:34:09	67	03:35:00	07:34:09
ST			13910	38.13%		13910	38.13%	
SC			19355	53.05%		19355	53.05%	
HT			3220	8.83%		3220	8.83%	
Count of Incidents			36485			36485		
Count of Incidents with a Response			33265			33265		
999 Mean	Call Answer Target 00:05		42775	00:22		42775	00:22	
999 90th	Call Answer Target 00:10			01:23			01:23	
Trust EOC 999 Abandoned Calls			320	0.7%		320	0.7%	
A0	EOC All Calls		50787			50787		

Current Operational Performance
999 Emergency Ambulance Service (28/12/2020 – 17/01/2021)

CAT 1

	28/12	04/01	11/01	Last 13 Weeks
Mean	00:08:30	00:09:09	00:08:18	
90th Centile	00:15:40	00:15:58	00:15:29	
RPI	1.56	1.54	1.58	
Count of Incidents	1022	1040	997	

CAT 1T

	28/12	04/01	11/01	Last 13 Weeks
Mean	00:10:31	00:11:02	00:09:59	
90th Centile	00:18:57	00:19:53	00:18:43	
RPI	1.55	1.53	1.56	
Count of Incidents	578	600	539	

CAT 2

	28/12	04/01	11/01	Last 13 Weeks
Mean	00:29:34	00:32:41	00:25:41	
90th Centile	00:58:28	01:06:11	00:49:28	
RPI	1.05	1.05	1.05	
Count of Incidents	9498	9081	8396	

CAT 3

	28/12	04/01	11/01	Last 13 Weeks
Mean	03:11:50	03:34:52	02:39:02	
90th Centile	07:34:38	07:41:14	05:45:58	
RPI	1.06	1.05	1.07	
Count of Incidents	3315	2887	3462	

CAT 4

	28/12	04/01	11/01	Last 13 Weeks
Mean	03:47:47	03:32:41	02:44:37	
90th Centile	07:56:15	07:11:11	06:28:20	
RPI	1.04	1.19	1.02	
Count of Incidents	46	32	48	

Demand/Supply

	28/12	04/01	11/01	Last 13 Weeks
999 Call Volume	17473	18596	15942	
Incidents	15703	14768	14413	
Transports	8278	7803	7770	
Staff Hours Provided Vs 67635 target	98.5%	92.2%	92.9%	

999 Call Handling

	28/12	04/01	11/01	Last 13 Weeks
Mean Call Pickup Time (Seconds)	13	28	17	
Call Pickup Time 90th Percentile (Seconds)	45	100	61	
Call Pickup Time 95th Percentile (Seconds)	82	138	116	
Call Pickup Time 99th Percentile (Seconds)	158	203	226	
Average Call Length (seconds)	389	378	391	
Abandon Rate	0.31%	0.90%	0.69%	
Staff Hours Provided Vs 4783 target	110.7%	106.5%	112.9%	

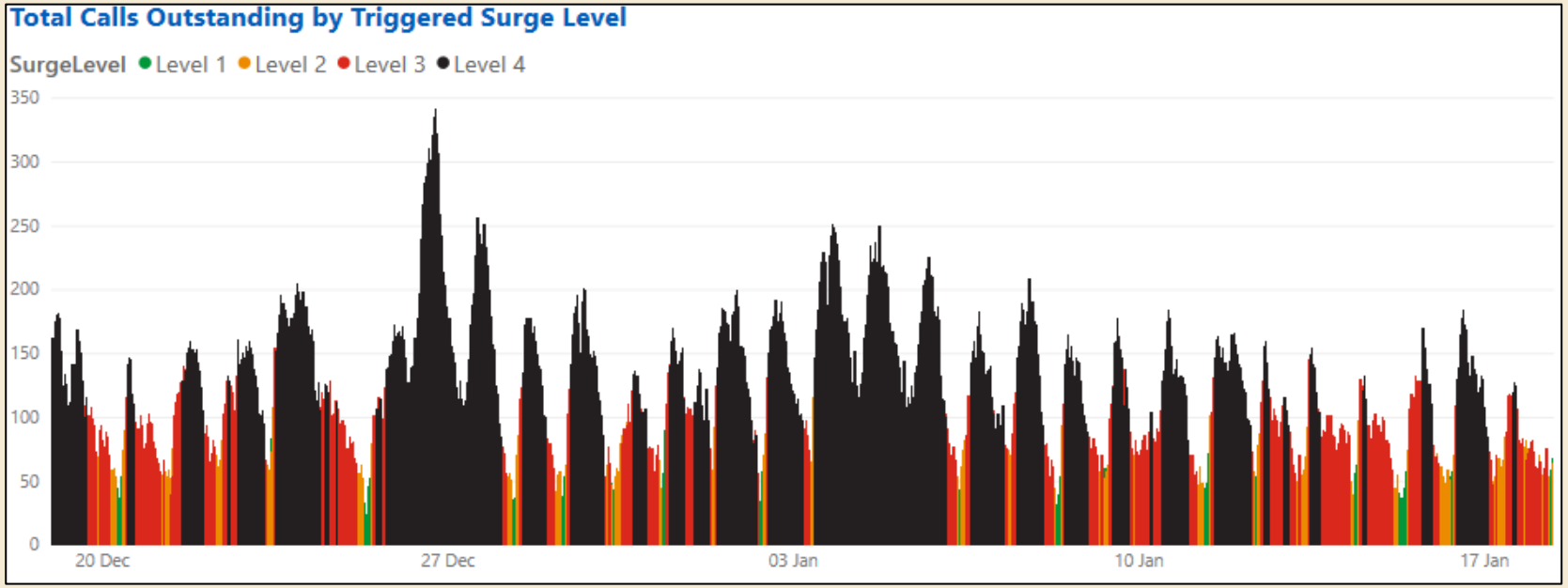
Incident Outcome

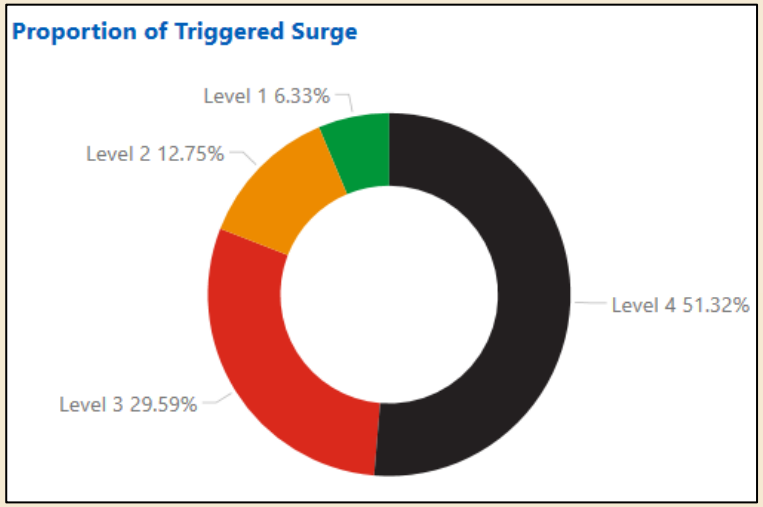
	28/12	04/01	11/01	Last 13 Weeks
See and Convey	52.7%	52.9%	53.8%	
See and Treat	38.4%	37.7%	38.4%	
Hear and Treat	8.9%	9.4%	7.8%	

Call Cycle Time

	28/12	04/01	11/01	Last 13 Weeks
Clear at Scene	01:23:17	01:21:32	01:22:00	
Clear at Hospital	02:01:16	02:01:56	01:56:24	
Hours Lost at Hospital	2276	2093	1509	

Current Operational Performance
999 Emergency Ambulance Service (19/12/2020 – 18/01/2021)





Surge Management Plan Triggers	
Level 1	Business as Usual (BAU) Ability to dispatch and respond to meet patient needs as identified within Ambulance Response Programme (ARP) metrics
Level 2	**Any of the triggers below:** • 2x Category 1 unassigned for >7 Minutes **or** • 8x Category 2 unassigned for >9 Minutes **or** • 20x Category 3 unassigned for >60 Minutes **or** • 20x Category 4 unassigned for >120 Minutes **or** • 20x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 30 from any of the above triggers**
Level 3	**Any of the triggers below:** • 5x Category 1 unassigned for >7 Minutes **or** • 15x Category 2 unassigned for >9 Minutes **or** • 35 x Category 3 unassigned for >60 Minutes **or** • 35 x Category 4 unassigned for >120 Minutes **or** • 35x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 45 from any of the above triggers**
Level 4	**Any of the triggers below:** • 10x Category 1 unassigned for >7 Minutes **or** • 30x Category 2 unassigned for >9 Minutes **or** • 60 x Category 3 unassigned for >60 Minutes **or** • 60 x Category 4 unassigned for >120 Minutes **or** • 60x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 80 from any of the above triggers**

Trust Overview:
Summary of Performance Highlights

Domain	ID	Performance Highlight
Safe		Nothing new to report
Effective		Nothing new to report
Caring		Nothing new to report
Responsive		Nothing new to report
Well-led	Diversity monitoring	A data cleanse of ESR disability declarations was undertaken in Q3 due to a reporting error identified by our Workforce Team. It is believed the error resulted in the overreporting of staff choosing not to declare themselves as having or not having adisability. The issue has been escalated to the ESR National Team as this is not just a SECAmb issue. As anticipated this has significantly reduced the number of staff who were showing as choosing not to provide either a positive or negative disability declaration (47.92% reducing to 10.01%). This will enable SECAmb to undertake more targeted interventions to understand why these colleagues do not wish to provide a declaration. Q3 data also showed small improvements in race, disability and gender representation.

Trust Overview: Summary of Exceptions

Domain	ID	Exception
Safe	999 frontline hours	There has been a deterioration in hours from the high in November, directly linked to our operational abstraction rate, due to sickness and self-isolation.
Safe	Incidents (Datix)	The number of incidents being reported has significantly increased over the past several months due to increased pressure on the service and wider system.
Safe	RIDDOR incidents	During November, the Trust reported 5 RIDDOR incidents to the HSE with all incidents reported on time. During December, 9 RIDDOR incidents were reported to the HSE with 6 incidents reported on time. The 3 late RIDDOR notifications were due to local management not uploading the incidents on time via the Trust incident database. No additional exception report is provided as pressures on the frontline are well-covered under performance exception reporting.
Safe	S136 response	There has been a gradual decline in response times during November and December. This is reflective of our performance overall under Cat 2 and not specific to this metric. This is likely to be a result of current pressures i.e. Winter, Covid-19 and a return to normal parameters is expected over the next few months. This is a function of performance issues described elsewhere and no additional exception report is provided.
Effective	Clinical Education	This is the first month we are reporting ClinEd data to the Board and an exception report is provided to explain the data.
Effective	STEMI	Delivery of the STEMI bundle has deteriorated in November and the team are undertaking investigations to understand whether this is a real performance issue or a data issue.
Effective	999 operational abstraction rate	There has been an increase in December, linked to 999 frontline hours. One exception report is provided under the Safe domain for this metric and frontline hours, to avoid duplication.
Effective	Ambulance handovers	There has been a significant increase in hours lost due to handover delays at hospitals in December, particularly in Kent. The incidence of Covid-19 has risen particularly in Medway and Swale resulting in an increase in hospital admissions and increasing length of stay, impacting on capacity and patient flow. This has had a direct impact on ambulance handovers. Mitigations included under 999 performance exception reporting.
Responsive	111 CAS operational performance	Numerous pressures being seen due to increased activity, change in profile of activity and staff sickness. The Clinical Assessment Service has been holding up reasonably well in terms of protecting the wider system, however 111 service level has fallen and call abandonment rate has increased.
Responsive	999 operational performance	Performance across all categories showed significant deterioration due to available resources not matching demand, particularly for Cat3 and Cat4 calls as we focused on responding to our sickest patients.

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
999 staffing	Standards: 999 frontline hours provided (%) 999 operational abstraction rate (%) NB. Effective domain but combined here as linked Definition: % of frontline hours provided versus plan % of operational staff abstracted versus full scheduled	Deterioration of hours provided from the high in November - this is directly linked with the operational abstraction rate (see below). This reduction in hours is primarily due to the increase in lost hours from sickness (particularly Covid-related) and self-isolation. These losses were mitigated to a small amount by the reduction in the level of annual leave allowed over the Christmas/New Year period. Increase in the operational abstraction rate has been seen in December. This increase in abstraction is primarily due to the increase in lost hours from sickness (particularly Covid-related) and self-isolation, as noted above.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Incentivisation of DCA shifts continues. Optimisation of annualised hours contracts is monitored closely. Key skills and training delivery finished in mid-December so these abstractions were reduced. Planned reduction in annual leave allowance over the Christmas & New Year period. Planning for future training abstractions - this to be reduced to minimum levels to primarily support continued recruitment and induction of new staff.	Named person: Joe Garcia (Director of Operations) Complete by date: Ongoing

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
Incidents	Standard: Number of Datix incidents Definition: The number of incidents reported via the Trust's incident reporting system, Datix	The number of incidents being reported has significantly increased over the past several months due to increased pressure on the service and wider system. Since October 2020 much higher increases are noted which are as a result of the new Clinical Assessment Service (CAS) going live which has generated concerns from external stakeholders, and increased reports of Covid-19 related issues and handover delays.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: An increase in incident reporting is generally positive and provides opportunities for learning - the priority is to monitor the levels of harm ensuring the Trust is maintaining a low number of moderate+ harm incidents. Levels of harm have increased primarily due to handover delays and the impact these have on the wider service, however all incidents relating to potential harm at the point of delayed handover are shared with the appropriate Acute Trust so they can complete harm reviews.	Named person: Bethan Eaton-Haskins (Director of Nursing) Complete by date: Ongoing

Performance by Domain
Effective: Exception Report

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Standard	Background
Clinical Education	Standards: Course capacity utilisation - Transition to Practice (TtP) % of learners at risk Definitions: Course capacity utilisation TtP - % of available places filled % of learners at risk – % of learners either failing to or at risk of completing their course by the expected date	We selected course capacity utilisation as an indicator of whether we are making the most of the places available to the Trust to train our people. Course capacity utilisation is dependent on HR's recruitment and available planned capacity is based on our workforce plan. The percentage of learners at risk metric gives the Board as close to a real-time indicator of how people are doing while on the course as is possible at present. We will add a student satisfaction metric to the IPR once established to provide another indicator to the Board. For those on programmes with ClinEd, our system calculates, based on the course length, how much of the learner's portfolio should be completed at the date we run the report. We then compare how much they have completed to how much they should have completed and if the difference is greater than 40% then they are considered at risk. For those studying with a college, the college provides ClinEd with the at risk score, also based on a risk assessment.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Course utilisation for TtP is at 65% which means that we haven't managed to fill all the available spaces on the course. A number of candidates apply to all 10 services and may well accept a post elsewhere, some did not pass their degree programmes or had issues in completion due to Covid restrictions. Others did not gain a C1 licence due to Covid and some didn't accept our offer due to location. Of the learners the Trust have on ECSW, AAP and NQP programmes, 40% are at risk. This varies depending on the course: all AAPs and ECSWs on the programme with ClinEd are at risk whereas NQPs on the TtP programme and the AAPs with Chichester college group have much lower levels of learners at risk. ClinEd is working with Operational Management to provide support and guidance to enable the learners at risk to complete their remaining work within an agreed timescale (although due to current operational pressures, the deadlines are expected to be extended). Chichester college have identified the learners with them who are at risk (none have gone beyond their expected completion date as yet) and have put plans in place to support these learners in conjunction with their line managers. For the TtP programme, the Trust has not historically held NQPs accountable who haven't completed their preceptorship within the two year time period however work has been ongoing to identify, track and work with those at risk to bring them to a timely completion.	Named person: Ali Mohammed (Director of HR) Fionna Moore (Medical Director) Complete by date: Ongoing

Performance by Domain
Effective: Exception Report

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Standard	Background
STEMI	Standard: Acute ST-Elevation Myocardial Infarction (STEMI) Care Bundle % Definition: The proportion of patients meeting the Trust's STEMI criteria that receive a full STEMI care bundle (as recorded on Patient Clinical Record).	The Clinical Audit Team are currently reviewing the STEMI data for November 2020 to establish factors contributing to the reduction in performance to 49.7%.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: It appears, at this stage, that the selection criteria used by the software to identify incidents for inclusion may have been changed. This would result in incorrect incidents being included in the sample thus affecting apparent performance. Whilst this is being queried with the developer, the 175 incidents are being re-audited to establish whether or not a STEMI was diagnosed by the attending clinicians. We will report back as soon as we can confirm to confirm the November figures and further explain the reason surrounding this issue.	Named person: Fionna Moore (Medical Director) Complete by date: Being urgently undertaken

Performance by Domain
Responsive: Exception Report

Our services are organised so that they meet our patient's needs

ID	Standard	Background
111 - Multiple	Standard: KMS 111 Integrated Urgent Care Definition: Various elements of 111 performance are covered here	Calls offered activity increased from 112K to 115K due to: • Seasonal impact • New COVID variant • Full rollout of national NHS England 111 First programme • Occasional closure of National Covid Clinical Assessment Service (CCAS) at particularly busy times • Multiple downstream providers struggling with demand and their responsiveness Levels of staff sickness and self-isolation linked to COVID have also impacted on performance Service level fell from 59.58% to 55.35% Abandonment rate increased from 6.26% to 8.24%, still amber versus contractual KPIs

Action Plan	Accountable Executive
Actions being taken to mitigate issues: • Multi-site resilience and adherence to Infection Prevention Control (IPC) guidance • Dialogue with NHS England for National Contingency support on a regular basis • Agile working within NHS Provider/Trust governance framework • Individual performance management and high visibility of Senior Leadership Team on-site every day • Multiple staff incentives to prioritise key times	Named person: Joe Garcia (Operations Director) Complete by date: Ongoing

Clinical Assessment Service (CAS):
- Significant increase in direct clinical contact (critical NHS England Integrated Urgent Care metric) from 47.72% to 51.38% (national/contractual target of 50%)
- Ambulance validation remains high (88% of all C3 / C4), enabling AMB rate to fall to 13.94%
- Emergency Department validation tripled in Dec (up to 3,529 cases) with downgrades remaining consistently high
- Direct Appointment Booking to alternative services increased rapidly, easing pressure on other services in high demand
- Significant system collaboration, working with other services/providers to manage risk and to develop alternative patient pathways i.e. Primary Care streaming
- CAS is successful in protecting the wider system especially for 999 and the Acutes across KMS, despite intensive clinical activity

Performance by Domain
Responsive: Exception Report

Our services are organised so that they meet our patient's needs

ID	Standard	Background
999 Performance - Multiple	Standard: Cat1 mean, Cat2 mean, Cat3 90th centile, Cat4 90th centile Definition: Performance against our 999 Ambulance Response Programme targets	Performance across all categories showed significant deterioration across all categories - particularly the Cat3 & Cat4. The fundamental cause of this position relates to the balance of resource availability to demand seen. Whilst the overall demand for the month of December has increased (incidents with a response being 2.2% up on that seen the year previously), this is matched by a significant decrease in resource availability to meet this demand. It is worth noting that during the month of December, 43.15% the Trust were at SMP4.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: At all times the Trust is being overseen by a Strategic Commander supported by a full Tactical team and an Executive on-call. On 26/12/20 a decision was made to move the Trust to REAP level 4 and this moved the organisation onto a different footing. At all times, the focus for the Trust has been on patient safety, from the start of every call through the entire journey through to each patient discharge, whether competing the case through hear and treat or post on-scene patient contact, including conveyance to definitive care.	Named person: Joe Garcia (Director of Operations) Complete by date: Ongoing

Performance by Domain
Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-1	Number of Datix Incidents	1042	1019	1043	1028	834	973	905	940	861	952	1342	1470	1751					▼
QS-2	Number of Incidents Reported as SIs	12	7	9	2	5	7	9	10	5	2	4	9	8					▲
999-12	999 Frontline Hours Provided %	92.70%	94.80%	90.70%	87.50%	97.30%	99.10%	93.80%	89.30%	92.50%	91.20%	94.60%	99.40%	95.10%	100.00%		-		▼
QS-3	Duty of Candour Compliance %	91.00%	100.00%	90.00%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.00%	80.00%	100.00%		-		▼
QS-7	Hand Hygiene Compliance %	92.00%	90.00%	93.00%	92.00%	95.00%	95.00%	92.00%	82.00%	97.00%	93.00%	99.00%	95.00%	96.00%	95.00%		+		▲
QS-8	Safeguarding Training Completed (Children) Level 2 %	66.30%	69.80%	72.30%	86.90%	12.30%	35.60%	60.20%	67.10%	69.90%	72.70%	74.90%	74.90%	78.20%	95.00%		-		▲
QS-13	Violence and Aggression Incidents (Number of Victims - Staff)	4	10	3	5	60	67	68	69	75	66	124	74	70					▲
MM-1	Number of Medicines Incidents	139	149	165	135	112	168	111	146	103	89	162	141	125					▲
MM-3	Single Witness Signature Use CDs Omnicell	4	6	4	5	4	2	0	0	14	0	3	0	6	0		-		▼
MM-4	Single Witness Signature Use CDs Non-Omnicell	3	3	3	4	0	1	0	0	0	0	0	0	3	0		-		▼
MM-5	Number of CD Breakages	19	21	21	11	20	17	17	16	14	14	17	9	25					▼
MM-7	Medicines Management % of Audits Completed	99.00%	99.00%	99.00%	99.00%	99.00%	100.00%	99.00%	99.00%	99.00%	98.00%	98.00%	94.00%	94.00%	100.00%		-		●
WF-1	Number of Staff WTE (Excl bank and agency)	3689	3685	3667	3667	3734	3768	3784	3793	3806	3859	3888	3967	3956					▼
WF-2	Number of Staff Headcount (Exc bank and agency)	4016	4020	4001	4005	4075	4120	4141	4154	4173	4231	4271	4354	4345					▼
WF-3	Finance Establishment (WTE)	3940	3920	3924	3905	3905	3905	3905	3800	3816	3818	3880	3925	3950					▲
WF-4	Vacancy Rate %	6.40%	6.00%	6.50%	6.10%	4.40%	3.50%	3.10%	0.20%	2.60%	-1.10%	-0.20%	-1.10%	-0.20%					▼
QS-9	Number of RIDDOR Reports	4	2	6	12	2	8	6	11	8	7	16	5	9					▼
WF-16	DBS Compliance %							100.00%	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		=		●
M-20	Compliant NHS Pathways Audits (Clinical) %	83.00%	79.00%	80.00%	74.00%	77.00%	80.00%	84.00%	95.00%	95.00%	83.00%	96.00%	94.00%	92.00%					▼
M-21	Required NHS Pathways Audits Completed (EMA) %							82.00%	102.00%	102.00%	100.00%	100.00%	100.00%	100.00%					●

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
M-22	Compliant NHS Pathways Audits (EMA) %							84.00%	84.00%	84.00%	90.00%	100.00%	94.00%	92.00%	100.00%		-		▼
M-23	Required NHS Pathways Audits Completed (Clinical) %										85.00%	85.00%	94.00%	100.00%					▲
QS-17	Outstanding Actions Relating to SIs, Outside of Timescales %									97.20%	87.30%	87.20%	81.00%	86.00%	0.00%		-		▼
QS-19	Deep Clean Compliance %					77.00%	107.00%	105.00%	103.00%		92.00%	95.00%							=
QS-20	Health & Safety Incidents							43	42	35	42	37	35	22					▲
WF-24	Current licence details held for Operational Staff %									79.30%	88.80%	88.50%	88.10%	86.40%	100.00%		-		▼
QS-22	Manual Handling Incidents							22	46	30	26	29	26	24					▲
QS-25	Flu Vaccine Compliance (Winter 2020-21)											58.00%		78.80%	90.00%		-		=

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Performance by Domain
Effective: Performance Dashboard

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

**Latest data is November 2020

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-11	JCT Allocation to Clear at Scene Mean	01:14:23	01:15:07	01:15:55	01:19:00	01:22:33	01:19:55	01:19:20	01:16:03	01:14:37	01:15:23	01:16:39	01:18:48	01:20:16					▼
999-11	JCT Allocation to Clear at Hospital Mean	01:50:13	01:50:34	01:50:08	01:51:21	01:50:08	01:47:51	01:46:43	01:46:34	01:47:37	01:47:30	01:49:01	01:51:39	01:57:53					▼
M-1	**Cardiac ROSC Utstein %	50.00%	55.00%	22.00%	42.00%	33.00%	43.00%	45.00%	32.00%	46.00%	45.00%	44.00%	46.00%						▲
M-2	Cardiac ROSC ALL %	23.00%	28.00%	25.00%	18.00%	24.00%	22.00%	24.00%	15.00%	24.00%	29.00%	27.00%	20.00%						▼
M-12	**Sepsis Care Bundle %	87.00%	87.00%	87.00%	87.00%	88.00%	84.00%	81.00%	87.00%	88.00%	87.00%	85.00%	85.00%						●
M-3	Cardiac Survival Utstein %	29.00%	33.00%	9.00%	31.00%	14.00%	24.00%	31.00%	8.00%	19.00%	23.00%	20.00%							-
M-4	Cardiac Survival ALL %	8.00%	10.00%	7.00%	7.00%	9.00%	11.00%	9.00%	4.00%	7.00%	10.00%	12.00%							-
M-11	Cardiac Arrest - Post ROSC %	75.00%	80.00%	77.00%	78.00%	81.00%	62.00%	74.00%	80.00%	79.00%	78.00%	72.00%	74.00%						▲
M-5	**Acute STEMI Care Bundle Outcome %	65.00%	71.00%	69.00%	73.00%	71.00%	73.00%	64.00%	64.00%	68.00%	67.00%	64.00%	50.00%						▼
M-6	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean																		-
M-7	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile																		-
M-8	Stroke - Call to Hospital Arrival Mean																		-
M-9	Stroke - Call to Hospital Arrival 90th Centile																		-
M-10	**Stroke - Assessed F2F Diagnostic Bundle %	96.00%	97.00%	99.00%	97.00%	98.00%	98.00%	97.00%	98.00%	98.00%	97.00%	98.00%	97.00%						▼
M-13	Sensitivity of Cardiac Arrest Detection During Telephone Triage %										96.00%	91.00%	94.00%						▲
M-14	Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %										79.00%	81.00%	75.00%						▼
M-15	Time to Commence Telephone-Guided CPR Mean																■	■	■
M-16	Proportion of Non-EMS Witnessed Cardiac Arrests with PAD Applied to Patient %										6.00%	8.00%	7.00%						▼

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

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Performance by Domain
Effective: Performance Dashboard

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

**Latest data is November 2020

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-13	ECAL Mean Response Time	00:25:55	00:27:03	00:27:49	00:26:21	00:23:15	00:23:51	00:24:00	00:25:49	00:23:34	00:24:10	00:23:41	00:24:03	00:24:23					▼
999-12	999 Operational Abstraction Rate %							32.50%	32.50%	32.60%	38.40%	38.30%	32.70%	35.30%	28.00%		-		▼
WF-6	Statutory & Mandatory Training Rolling 3 Years %	70.60%	73.60%	76.60%	83.70%	68.60%	70.80%	75.10%	76.10%	75.90%	75.40%	75.00%	74.30%	76.10%	100.00%		-		▲
999-17	Responses Per Incident	1.10	1.11	1.10	1.08	1.08	1.09	1.10	1.12	1.12	1.08	1.08	1.08	1.08	1.09		+		●
999-18	Section 136 Mean Response Time							00:19:17	00:17:16	00:16:57	00:16:30	00:16:38	00:20:49	00:25:04					▼
999-19	Section 135 Mean Response Time							00:22:07	04:44:00	00:54:56	00:05:19	00:03:44	00:14:55	N/A					-
999-20	ePCR Usage							94.70%	93.80%	95.30%	93.70%	94.80%	96.10%	96.40%	95.00%		+		▲
999-24	Number of Hours Lost at Hospital Handover	4428	4268	3753	3192	2289	2046	1916	3610	4202	3958	4435	3358	5426					▼
999-25	Hours Lost at Handover as a Proportion of Provided Hours %	1.50%	1.40%	1.40%	1.10%	0.80%	0.70%	0.70%	0.20%	1.50%	1.40%	1.60%	1.20%	1.90%					▼
WF-23	Recruitment: Advert to Start Date														100.00%		■	■	■
M-24	ClinEd: Course Capacity Utilisation Associate Ambulance Practitioner %													96.00%					-
M-24	ClinEd: Course Capacity Utilisation Transitiion to Practice %													65.00%					-
M-25	ClinEd: Students at Risk of Not Obtaining Qualification %													40.00%					-
M-26	ClinEd: Course satisfaction score																■	■	■
WF-34	Frontline Workforce Skillmix: ECSWs vs plan (Trust average)	30.80%	30.90%	31.00%	31.10%	31.10%	31.30%	31.50%	31.90%	31.40%	30.80%	30.50%	31.30%	31.50%	28.60%		-		▼
WF-35	Frontline Workforce Skillmix: AAP/Techs vs plan (Trust average)	22.10%	22.10%	22.10%	22.00%	22.30%	22.10%	22.70%	22.80%	20.50%	20.20%	20.00%	18.70%	18.50%	23.10%		-		▼
WF-36	Frontline Workforce Skillmix: Registered clinicians vs plan (Trust average)	47.10%	47.10%	46.80%	46.90%	46.60%	46.60%	45.80%	45.30%	48.10%	49.00%	49.40%	50.00%	50.00%	48.30%		-		●

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Caring: Performance Dashboard

Our staff involve and treat our patients with compassion, kindness, dignity and respect

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-12	Proportion of Complaints Relating to Dignity and Respect %																■	■	■
QS-10	Proportion of Complaints Relating to Crew Attitude %							48.00%	42.00%	40.00%	37.00%	23.00%	59.00%	37.00%					▲
M-17	Dementia Performance																■	■	■
M-18	End of Life Care Performance																■	■	■
M-19	Falls Performance																■	■	■
111-6	111 SMS Feedback																■	■	■
QS-11	Patient Experience																■	■	■

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Responsive: Performance Dashboard

Our services are organised so that they meet our patient's needs

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
111-1	111 Calls Offered	92173	75904	85080	162194	89757	81333	70230	71925	85338	90438	104059	111727	115809					=
111-2	111 Calls Answered in 60 Seconds %	78.20%	86.30%	61.50%	16.50%	48.70%	87.90%	93.50%	91.20%	84.00%	60.10%	66.60%	59.60%	55.40%	95.00%		-		▼
111-3	111 Calls Abandoned - (Offered) %	3.00%	1.90%	8.00%	50.20%	18.60%	1.40%	0.60%	1.00%	2.00%	9.70%	5.40%	6.30%	8.20%	6.00%		-		▼
111-4	111 to 999 Referrals (Answered Calls) %	15.10%	14.50%	12.70%	9.80%	11.90%	13.00%	13.80%	13.60%	12.40%	11.60%	11.80%	14.10%	13.90%					▲
111-4	999 Referrals	10672	8726	7960	5443	6734	8768	8443	8407	8864	7943	11110	12276	12384					▼
111-5	A&E Dispositions %	9.50%	10.70%	9.70%	6.00%	9.20%	11.60%	13.40%	13.80%	12.70%	12.10%	12.00%	13.40%	14.60%					▼
111-5	A&E Dispositions	6676	6443	6047	3316	5235	7795	8161	8544	9102	8320	11350	11718	12925					▼
999-10	999 Calls Answered	73898	65125	63620	77690	56319	54224	55915	62772	69541	64025	67031	62456	76806					=
999-10	Incidents	68798	65363	61110	64209	58064	60484	58653	61196	64489	61313	63644	62332	66615					=
999-1	999 Call Answer Mean	00:00:03	00:00:02	00:00:02	00:00:07	00:00:01	00:00:01	00:00:02	00:00:02	00:00:03	00:00:03	00:00:02	00:00:04	00:00:07	00:00:05		-		▼
999-1	999 Call Answer 90th Centile	00:00:01	00:00:01	00:00:01	00:00:12	00:00:01	00:00:01	00:00:01	00:00:01	00:00:02	00:00:01	00:00:01	00:00:01	00:00:01	00:00:10		+		●
999-2	Cat 1 Mean	00:07:55	00:07:36	00:07:43	00:07:52	00:07:05	00:07:00	00:07:31	00:07:38	00:07:53	00:07:42	00:07:33	00:07:35	00:08:23	00:07:00		-		▼
999-2	Cat 1 90th Centile	00:14:46	00:13:59	00:14:30	00:14:55	00:13:32	00:12:10	00:14:01	00:14:34	00:14:50	00:14:22	00:13:59	00:13:49	00:15:07	00:15:00		-		▼
999-3	Cat 1T Mean	00:09:49	00:09:22	00:09:26	00:09:25	00:08:28	00:07:59	00:08:59	00:09:18	00:09:43	00:09:20	00:09:20	00:09:06	00:10:16	00:19:00		+		▼
999-3	Cat 1T 90th Centile	00:18:19	00:17:14	00:17:44	00:17:32	00:15:38	00:14:31	00:16:40	00:17:51	00:17:38	00:17:40	00:17:41	00:16:48	00:18:48	00:30:00		+		▼
999-4	Cat 2 Mean	00:21:42	00:18:06	00:19:15	00:21:26	00:14:50	00:14:28	00:16:43	00:18:31	00:18:57	00:18:55	00:18:20	00:17:34	00:26:49	00:18:00		-		▼
999-4	Cat 2 90th Centile	00:41:32	00:34:10	00:36:29	00:41:02	00:27:32	00:26:58	00:31:02	00:34:56	00:34:57	00:35:28	00:33:41	00:32:19	00:51:55	00:40:00		-		▼
999-5	Cat 3 90th Centile	04:11:54	02:50:33	03:25:09	04:00:52	01:54:57	01:40:20	02:38:05	03:19:04	03:31:37	03:15:36	03:06:47	02:52:45	05:51:35	02:00:00		-		▼
999-6	Cat 4 90th Centile	05:21:05	03:33:38	04:46:32	04:56:30	02:42:46	02:14:44	03:30:44	04:40:05	05:01:24	04:50:26	04:28:26	03:56:04	07:42:55	03:00:00		-		▼
999-7	HCP 3 Mean	02:25:37	01:50:21	02:00:42	02:18:26	01:11:25	01:11:14	01:41:16	02:06:57	02:20:06	01:51:46	01:56:51	01:57:59	03:16:55					▼
999-7	HCP 3 90th Centile	05:34:57	03:53:48	04:09:57	04:59:29	02:43:28	02:40:50	03:39:26	04:20:06	05:01:43	04:10:32	03:52:35	03:52:54	06:45:20					▼
999-7	HCP 4 Mean	02:59:04	02:32:29	02:49:16	03:08:44	01:32:09	01:34:23	02:28:17	02:53:34	03:09:26	02:21:41	02:52:18	02:50:22	04:18:54					▼
999-7	HCP 4 90th Centile	05:43:16	05:44:15	05:44:04	07:17:56	03:50:42	04:00:58	05:23:41	06:15:50	06:29:29	05:33:15	05:23:36	05:19:06	07:46:24					▼
999-9	Hear & Treat %	6.70%	5.60%	6.50%	8.40%	6.70%	5.90%	6.30%	6.60%	7.20%	6.40%	6.20%	6.60%	8.60%	7.80%		+		▲
999-9	See & Treat %	31.70%	31.50%	31.80%	37.10%	42.40%	37.10%	34.60%	33.60%	33.80%	33.30%	33.40%	33.70%	36.30%	35.00%		+		▲
999-9	See & Convey %	61.60%	62.90%	61.70%	54.40%	50.90%	57.00%	59.10%	59.80%	59.00%	60.40%	60.40%	59.70%	55.10%	57.20%		+		▲

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Responsive: Performance Dashboard

Our services are organised so that they meet our patient's needs

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-10	CFR Attendances	1321	1185	1051	785	0	0	75	152	520	614	673	800	648					▼
999-10	FFR Attendances	398	427	261	243	144	180	192	171	201	171	190	224	175					▼
QS-4	Complaints Reporting Timeliness %	73.00%	72.00%	78.00%	90.00%	92.00%	86.00%	95.00%	95.00%	96.00%	83.00%	88.00%	95.00%	69.00%	95.00%		-		▼
QS-5	Number of Complaints	68	79	66	56	43	48	56	73	55	82	65	69	61					-
QS-6	Number of Compliments	148	213	187	197	169	168	191	224	177	208	167	182	140					-
QS-15	Complaints per 1000 999 Calls Answered							1.00	1.16	0.79	1.28	0.97	1.11	0.79					▲
QS-16	Compliments per 1000 999 Calls Answered							3.26	3.66	2.75	3.25	2.49	2.91	1.82					▼
QS-14	Learning from deaths: Number of Structured Judgment Reviews		20	20	20	20	20	20	20	20	20	20			20				-
QS-26	Learning from deaths: Number of SJRs showing harm																■	■	■
999-14	Time Spent in SMP 3 or Higher %	49.90%	15.00%	31.70%	43.90%	3.90%	0.60%	13.70%	29.10%	38.10%	27.90%	25.90%	20.50%	75.00%					▼
C-2	Number of BCIs							2	2	3	1	2	1	7	0		-		▼

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Well-Led: Performance Dashboard

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Plan	Vs Plan	Full Year Forecast	Full Year Forecast Vs Plan
F-1	Income (£000s) Month	£22455.50	£21049.40	£19410.00	£23188.60	£21877.40	£22787.20	£22394.00	£22042.20	£22557.10	£22396.50	£22430.00	£22133.40	£23376.60	£21813.50	£1563.10		
F-9	Income (£000s) YTD					£21877.40	£44664.60	£67058.20	£89100.40	£111657.50	£134054.00	£156484.00	£178617.40	£201994.00	£196181.90	£5812.10	£270893.00	£-1338.00
F-2	Operating Expenditure (£000s) Month	£20877.00	£20227.40	£19428.00	£22280.80	£21877.40	£22787.20	£22394.00	£22052.20	£22558.80	£22399.30	£23020.10	£23093.50	£24851.80	£21813.50	£3038.30		
F-10	Operating Expenditure (£000s) YTD					£21877.40	£44664.50	£67058.20	£89110.40	£111669.20	£134068.50	£157088.60	£180182.10	£205033.90	£196181.80	£8852.10	£277352.70	£1338.00
F-3	Capital Expenditure (£000s) Month	£1022.00	£851.01	£1012.00	£1859.99	£1262.00	£254.00	£862.00	£687.00	£1195.86	£1237.16	£834.38	£2343.59	£1080.59	£898.68	£181.91		
F-14	Capital Expenditure (£000s) YTD					£1262.00	£1516.00	£2377.53	£3064.27	£4260.13	£5497.30	£6331.68	£8675.27	£9755.85	£11501.77	£-1745.92	£18471.02	£-39.00
F-4	Cost Improvement Plan (CIP) (£000s) Month	£627.15	£574.85	£700.00	£776.00	£0.00	£0.00	£1022.00	£252.48	£147.52	£681.00	£71.00	£673.00	£18.00	£508.00	£-490.00		
F-13	Cost Improvement Plans (CIPS) (£000s) YTD					£0.00	£0.00	£1022.00	£1274.48	£1422.00	£2103.00	£2174.00	£2847.00	£2865.00	£3990.00	£-1125.00	£5515.00	£0
F-6	Surplus/Deficit (£000s) Month	£1578.50	£822.00	£-18.00	£907.80	£0.00	£0.10	£-0.10	£-10.00	£-2.00	£-2.80	£-590.10	£-960.10	£-1475.20	£0.00	£-1475.20	£-6459.70	£0
F-7	Cash Position (£000s) Month	£26136.00	£25758.00	£26577.00	£28326.00	£48150.00	£44676.00	£43742.00	£46283.00	£46647.00	£46862.00	£48231.00	£46275.00	£46819.00	£45597.00	£1222.00	£25504.00	£4394.00
F-8	Agency Spend (£000s) Month	£431.82	£356.12	£-145.00	£145.97	£231.94	£69.41	£285.00	£211.00	£175.00	£259.01	£84.98	£81.95	£205.95	£344.00	£-138.05		
F-16	Agency Spend (£000s) YTD					£231.94	£301.36	£586.27	£796.92	£971.79	£1230.81	£1315.79	£1398.74	£1603.68	£3303.00	£-1699.32	£3009.60	£1289.00

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Well-Led: Performance Dashboard

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-5	Objectives & Career Conversation	49.60%	56.20%	61.30%	71.70%	5.40%	16.50%	22.90%	28.20%	31.70%	34.10%	36.70%	39.70%	41.60%	80.00%		-		▲
WF-7	Annual Rolling Turnover Rate	14.90%	15.60%	15.90%	15.80%	15.60%	14.80%	13.90%	13.40%	12.60%	11.90%	11.70%	11.10%	11.20%					▼
WF-8	Annual Rolling Sickness Absence	6.00%	5.70%	5.70%	5.80%	6.10%	6.00%	6.00%	5.90%	6.00%	6.10%	6.20%	6.30%	7.40%	5.00%		-		▼
WF-9	Disciplinary Cases	8	6	5	2	6	4	9	6	4	4	3	3	2					▲
WF-10	Individual Grievances	7	8	8	6	4	4	8	7	5	10	11	8	9					▼
WF-11	Collective Grievances	0	1	2	1	1	0	1	0	0	2	0	0	0					●
WF-12	Bullying & Harrassment Internal	4	2	1	2	2	1	2	2	5	3	3	5	1	0		-		▲
WF-13	Whistleblowing	0	0	0	0	0	0	0	0	0	0	0	0	0					●
WF-26	Vacancy Rate for Leadership Roles %																■	■	■
WF-28	Staff Affected by Restructures %																■	■	■
WF-29	Staff Acting Up/Secondments %										3.30%	2.50%							-
WF-37	Diversity: Disability - declared %										3.40%	3.40%	3.40%	4.00%					▲
WF-38	Diversity: Disability - declined to declare %										46.30%	46.30%	47.90%	10.00%	0.00%		-		▲
WF-39	Diversity: Ethnicity - BAME %										5.30%	5.30%	5.30%	5.50%					▲
WF-27	First Line Managers who have had Leadership Training (Fundamentals) %							0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%		-		●
WF-18	Absence Relating to Mental Health %							12.10%	12.00%	12.10%	9.90%	10.80%	7.60%	5.30%					▲
WF-19	Absence Relating to MSK %							4.60%	2.80%	3.60%	3.60%	4.20%	3.60%	3.10%					▲
WF-25	Number of Wellbeing Hub Referrals								112	104	112	124	98	112					-
WF-30	Time from referral to offered wellbeing appointment (days)											14	14	14					-
999-15	999 Frontline Late Finishes/Over-Runs %							47.60%	51.10%	52.20%	50.60%	50.60%	50.10%	61.10%					▼
999-15	Average Late Finish/Over-Run Time							00:45:44	00:45:44	00:43:40	00:47:24	00:40:46	00:44:20	00:54:50					▼
999-16	Staff Successfully FIT-Tested %								93.90%	88.30%		90.50%		91.30%	100.00%		-		-
999-21	Provided Bank Hours %							2.90%	2.80%	2.80%	3.00%	2.80%	2.30%	5.60%					-

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Well-Led: Performance Dashboard

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

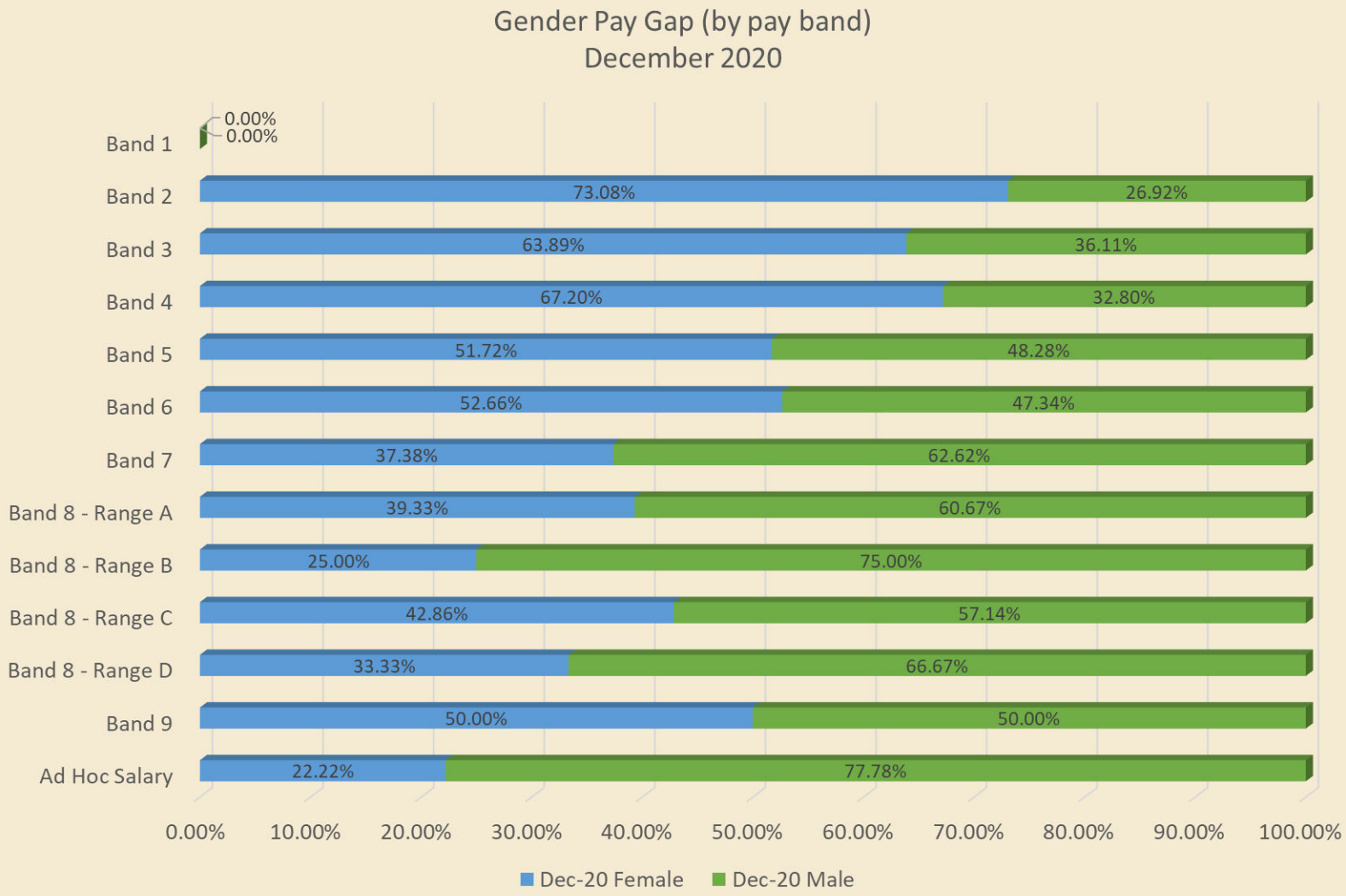
ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-21	Provided Overtime Hours %							7.40%	7.90%	8.10%	9.30%	9.10%	10.40%	9.10%					-
999-21	Provided PAP Hours %							9.10%	6.80%	7.20%	6.50%	6.40%	6.40%	5.80%					-
999-22	999 Remaining Annual Leave FY									42.50%	44.90%	50.70%	48.00%	45.00%	33.30%		-		▲
FL-1	Vehicles Older Than Target Age %							55.00%	55.00%	55.00%	35.00%	35.00%	35.00%	35.00%	0.00%		-		●
C-1	Policies & Procedures Outstanding Review %								11.90%	12.60%	11.90%	13.20%	10.60%	11.80%	0.00%		-		▼
QS-24	Organisational Risks Outstanding Review %									14.00%	10.00%	18.00%	21.00%	14.00%	0.00%		-		▲

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Well-Led: Gender Pay Gap by Pay Band – December 2020

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture



National Benchmarking
999 Emergency Ambulance Service (December 2020)

Key indicators at a glance for December 2020

Primary Triage Software	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
	NHS Pathways	NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	AMPDS

999 Call Answer	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Call Answer Time	00:00:32	00:00:14	00:00:05	00:00:04	00:00:15	00:02:13	00:00:14	00:00:01	00:00:07	00:00:03	00:00:00	00:00:20
Calls Answered	760820	76806	72799	69855	1635	151863	31661	99802	44722	77649	83102	50926
Mean Call Answer Time	00:00:11	00:00:07	00:00:04	00:00:04	00:00:06	00:00:38	00:00:07	00:00:02	00:00:09	00:00:04	00:00:00	00:00:08

Incident Proportions (Over All Incidents)	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
All Incidents	766487	66619	82784	68731	2349	114174	36096	99059	55175	76216	96769	68515
C1 Incidents %	7.97%	6.50%	7.84%	8.97%	6.30%	7.31%	7.15%	8.55%	6.87%	11.01%	7.39%	7.67%
C2 Incidents %	53.34%	56.72%	56.45%	57.33%	44.83%	57.70%	56.58%	51.77%	44.24%	51.81%	46.44%	54.64%
C3 Incidents %	22.14%	24.70%	17.38%	18.67%	32.44%	17.41%	19.00%	19.27%	30.95%	22.94%	32.86%	19.08%
C4 Incidents %	1.07%	0.42%	0.38%	0.21%	1.45%	0.88%	1.19%	2.67%	1.89%	0.52%	1.72%	0.33%

Incident Outcomes	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Hear & Treat %	8.95%	8.61%	10.97%	9.56%	7.24%	12.53%	8.85%	9.17%	10.15%	5.22%	4.95%	8.93%
See & Convey %	51.88%	53.66%	52.07%	51.75%	57.98%	49.70%	54.29%	54.25%	48.90%	51.40%	50.01%	54.35%
See & Treat %	34.25%	36.27%	34.60%	33.10%	34.10%	34.30%	28.78%	29.70%	35.95%	39.17%	38.87%	29.08%

Response Performance	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Response Time: C1	00:13:18	00:15:07	00:13:31	00:13:15	00:15:30	00:12:24	00:11:32	00:12:44	00:12:16	00:15:15	00:12:07	00:13:54
90th Centile Response Time: C2	00:59:37	00:51:55	00:56:15	00:54:40	00:42:36	01:48:03	01:05:34	00:55:49	00:37:47	00:55:19	00:28:01	00:50:47
90th Centile Response Time: C3	03:14:55	05:51:35	03:32:40	03:14:50	03:23:08	04:12:09	04:18:28	03:02:47	02:23:34	03:09:41	01:50:30	02:34:31
90th Centile Response Time: C4	04:33:56	07:42:55	03:56:00	03:04:24	04:15:10	06:34:32	03:14:51	05:54:57	03:09:56	03:56:55	02:25:19	03:45:37
Mean Response Time: C1	00:07:33	00:08:23	00:07:18	00:07:25	00:08:38	00:07:30	00:06:35	00:07:36	00:06:37	00:08:16	00:06:57	00:08:03
Mean Response Time: C2	00:27:51	00:26:49	00:26:36	00:26:42	00:21:56	00:44:45	00:32:04	00:26:29	00:19:02	00:27:02	00:14:46	00:24:03

National Benchmarking
999 Emergency Ambulance Service Clinical Outcomes (December 2020)

Key indicators at a glance for December 2020

Cardiac Arrest	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Proportion of cardiac arrests discharged alive %	10.16%	6.60%	11.02%	6.05%	0.00%	7.42%		9.39%	13.59%	13.62%	11.07%	13.48%
Proportion of cardiac arrests discharged alive utstein %	28.93%	18.60%	45.71%	25.00%	0.00%	26.19%		30.77%	28.95%	36.59%	26.92%	24.32%
Proportion who had ROSC on arrival at hospital %	29.41%	24.42%	25.58%	19.72%	0.00%	36.15%	37.32%	30.47%	27.49%	33.20%	26.87%	33.33%
Proportion who had ROSC on arrival at hospital utstein %	52.98%	47.73%	64.86%	41.38%	0.00%	57.41%	64.71%	55.56%	52.50%	52.38%	43.40%	52.50%

National Benchmarking
NHS 111 Service (December 2020)

Key indicators at a glance for December 2020

Metric	SECAmb	Care UK	Devon Doctors	DHC	DHU	HUC	IC24	IOW	Kernow Health	LAS	LCW	Medvivo	NEAS	NWAS	SCAS	Vocare	WMAS	YAS
Calls Answered in 60 secs %	46.84%	83.91%	77.83%	56.60%	89.35%	77.17%	74.63%	79.12%	63.94%	59.83%	76.80%	61.06%	56.09%	64.77%	51.63%	61.33%	75.03%	92.76%
Abandoned Calls %	8.24%	3.00%	6.05%	9.08%	0.18%	3.44%	2.43%	5.37%	5.54%	5.84%	3.41%	6.13%	9.50%	5.29%	10.90%	6.07%	2.36%	0.34%
111 to A&E Transfer %	13.16%	9.96%	6.69%	10.05%	5.00%	3.89%	7.22%	13.68%	9.98%	11.73%	12.18%	8.56%	10.35%	10.30%	6.04%	8.56%	8.52%	13.06%
111 to 999 Transfer %	12.64%	14.13%	12.21%	13.42%	12.38%	7.68%	13.89%	12.16%	8.44%	9.26%	11.41%	11.35%	14.87%	11.99%	11.16%	11.30%	11.93%	11.19%

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Appendix 1

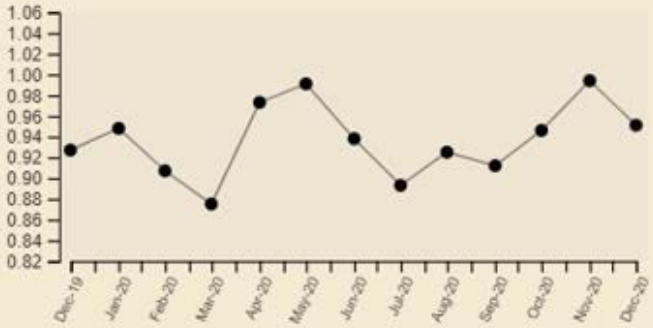
Performance Charts

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

999-12

999 Frontline Hours Provided %

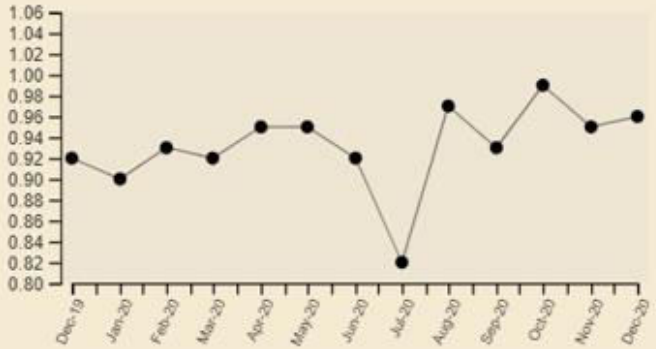


December 2020: 95.10%

Target: 100.00%

QS-7

Hand Hygiene Compliance %

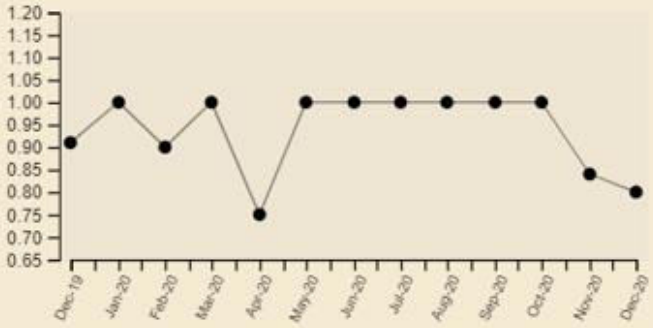


December 2020: 96.00%

Target: 95.00%

QS-3

Duty of Candour Compliance %

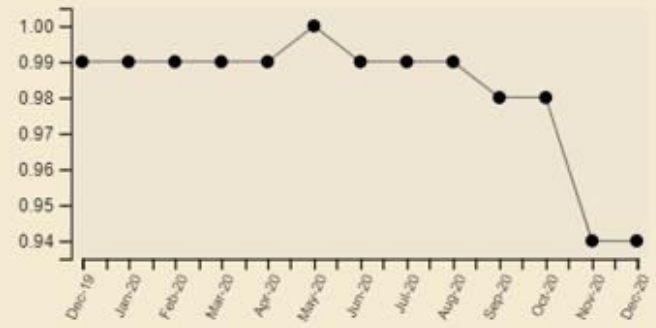


December 2020: 80.00%

Target: 100.00%

MM-7

Medicines Management % of Audits Completed

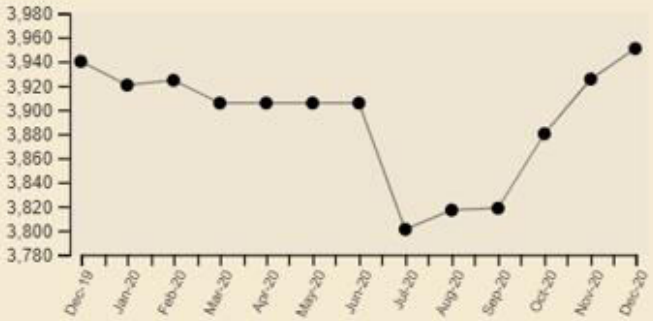


December 2020: 94.00%

Target: 100.00%

WF-3

Finance Establishment (WTE)

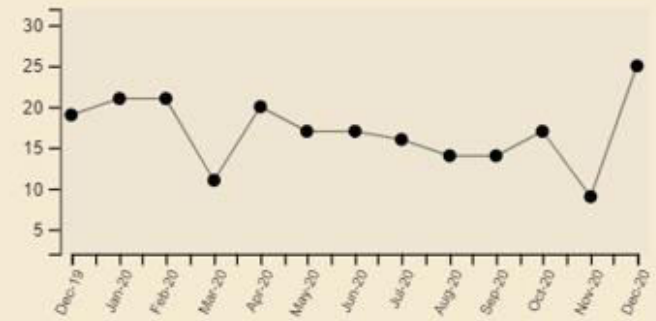


December 2020: 3950

Target: N/A

MM-5

Number of CD Breakages



December 2020: 25

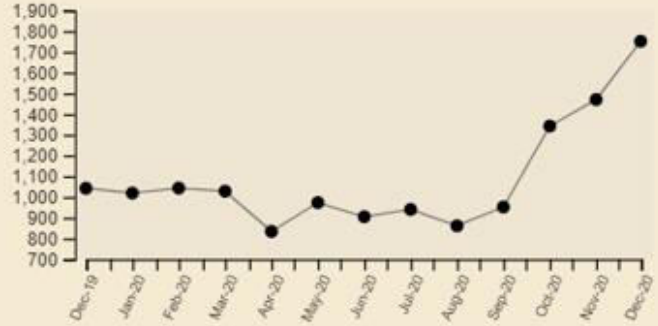
Target: N/A

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

QS-1

Number of Datix Incidents

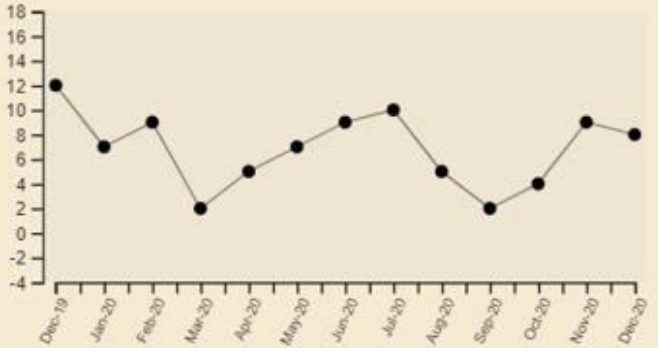


December 2020: 1751

Target: N/A

QS-2

Number of Incidents Reported as SIs

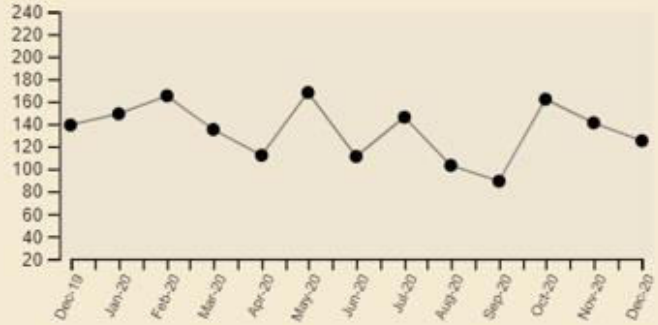


December 2020: 8

Target: N/A

MM-1

Number of Medicines Incidents

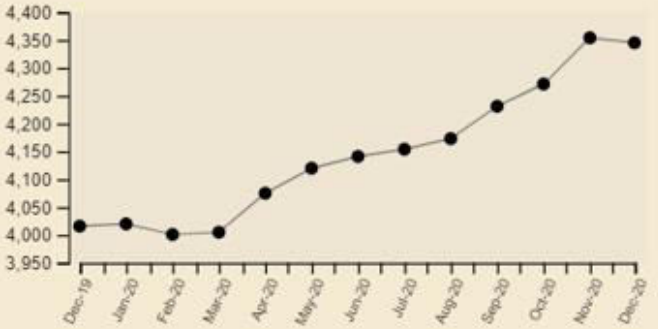


December 2020: 125

Target: N/A

WF-2

Number of Staff Headcount (Excl bank and agency)

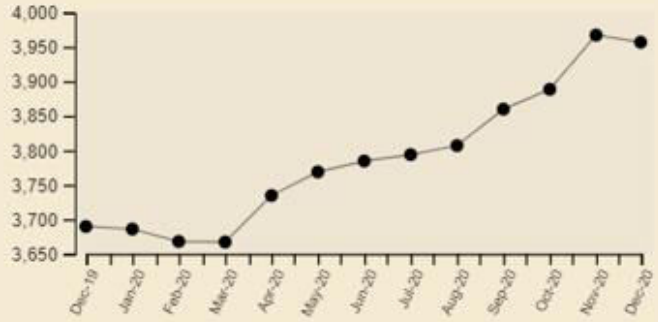


December 2020: 4345

Target: N/A

WF-1

Number of Staff WTE (Excl bank and agency)

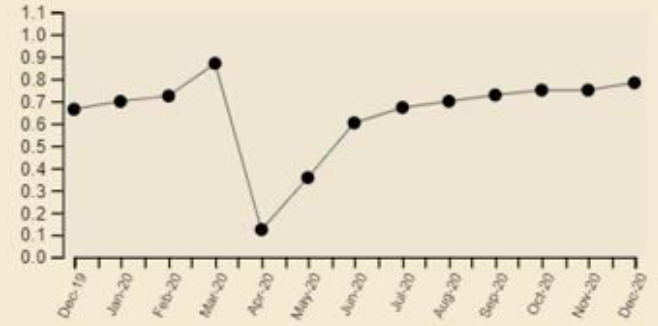


December 2020: 3956

Target: N/A

QS-8

Safeguarding Training Completed (Children) Level 2 %



December 2020: 78.20%

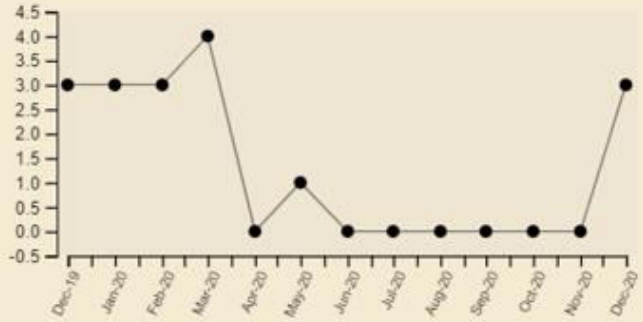
Target: 95.00%

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

MM-4

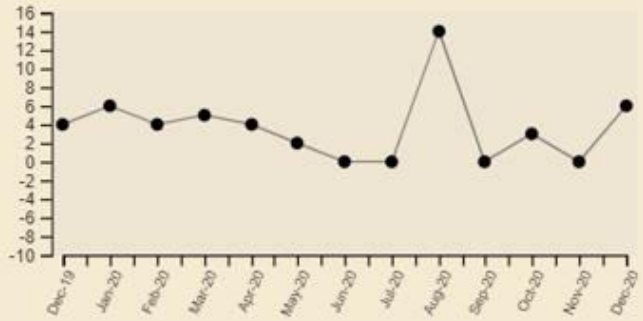
Single Witness Signature Use CDs Non-Omnicell



December 2020	Target
3	N/A

MM-3

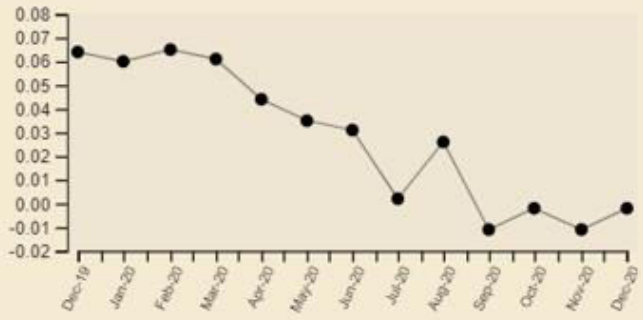
Single Witness Signature Use CDs Omnicell



December 2020	Target
6	N/A

WF-4

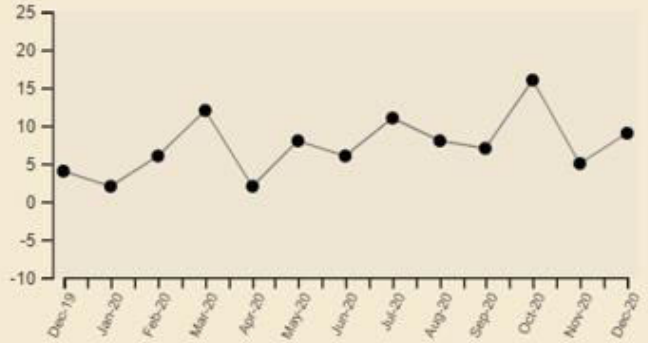
Vacancy Rate %



December 2020	Target
-0.20%	N/A

QS-9

Number of RIDDOR Reports



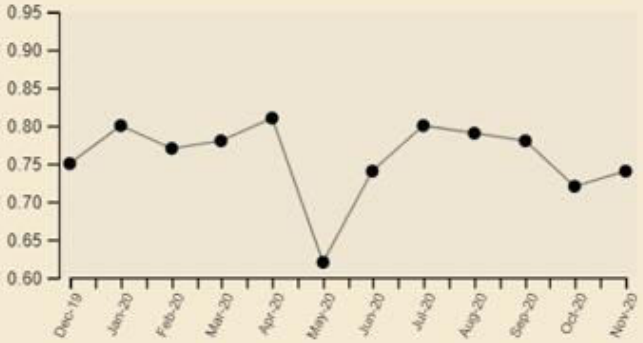
December 2020	Target
9	N/A

Performance by Domain
Effective: Performance Charts

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

M-11

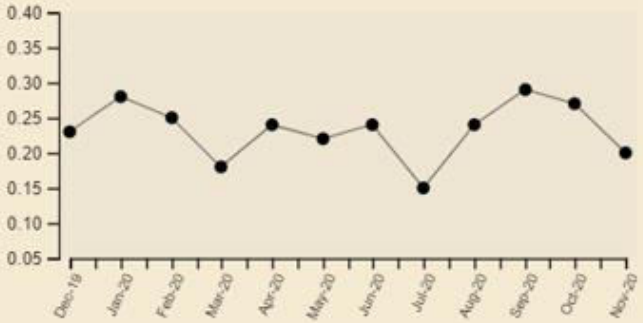
Cardiac Arrest - Post ROSC %



November 2020: 74.00%
Target: N/A

M-2

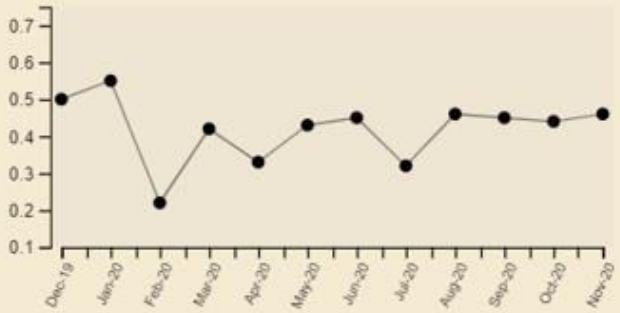
Cardiac ROSC ALL %



November 2020: 20.00%
Target: N/A

M-1

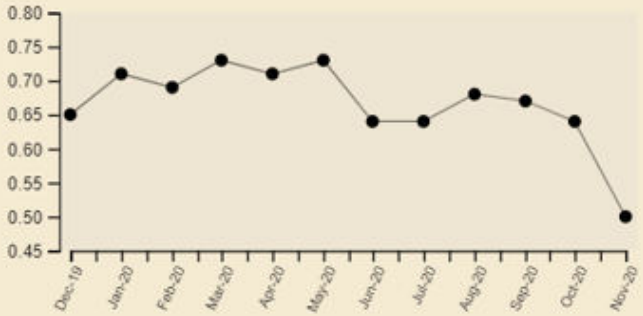
**Cardiac ROSC Utstein %



November 2020: 46.00%
Target: N/A

M-5

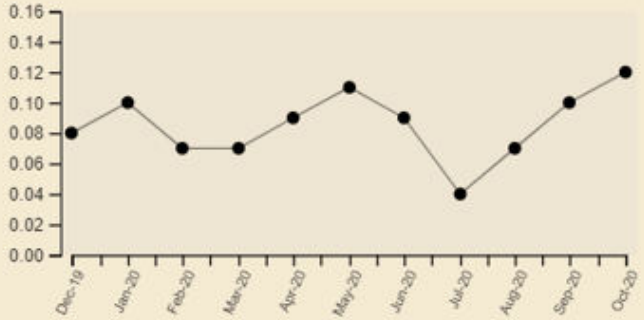
**Acute STEMI Care Bundle Outcome %



November 2020: 50.00%
Target: N/A

M-4

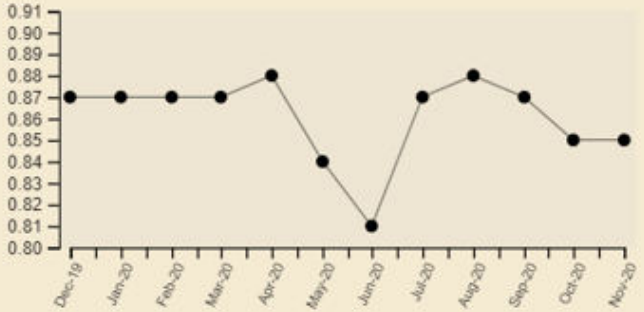
Cardiac Survival ALL %



October 2020: (Blank)
Target: N/A

M-12

**Sepsis Care Bundle %



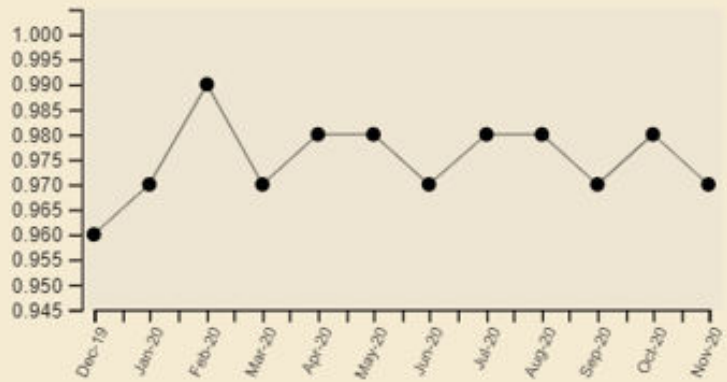
November 2020: 85.00%
Target: N/A

Performance by Domain
Effective: Performance Charts

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

M-10

**Stroke - Assessed F2F Diagnostic Bundle %



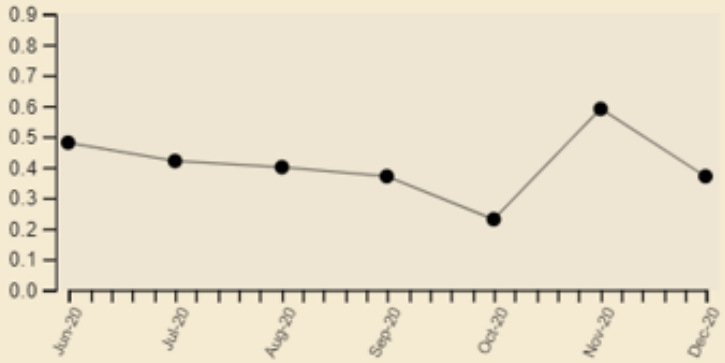
November 2020
97.00%
Target
N/A

Performance by Domain
Caring: Performance Charts

Our staff involve and treat our patients with compassion, kindness, dignity and respect

QS-10

Proportion of Complaints Relating to Crew Attitude %



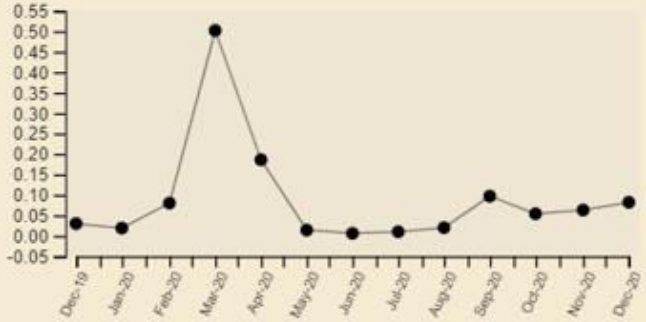
December 2020
37.00%
Target
N/A

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

111-3

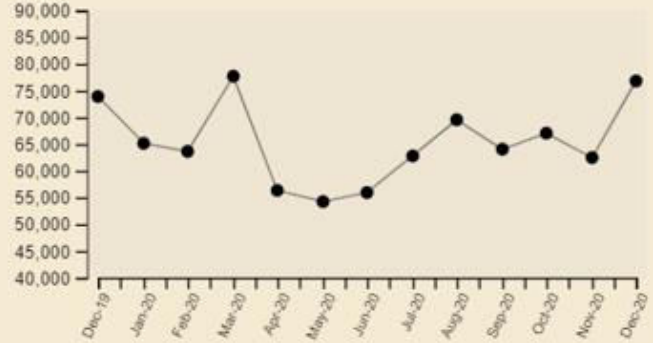
111 Calls Abandoned - (Offered) After 30 Seconds %



December 2020
8.20%
Target
6.00%

999-10

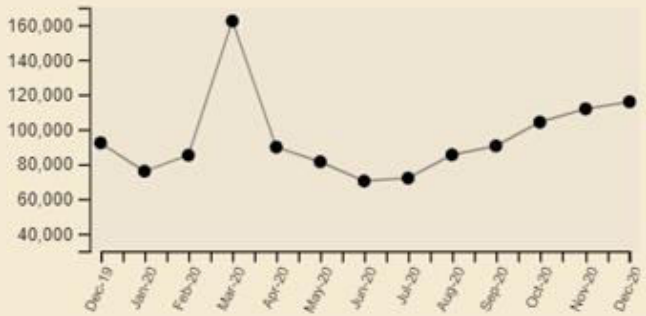
999 Calls Answered



December 2020
76806
Target
N/A

111-1

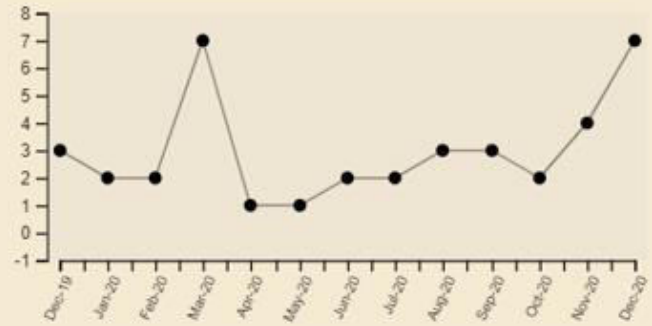
111 Calls Offered Actual



December 2020
104059
Target
N/A

999-1

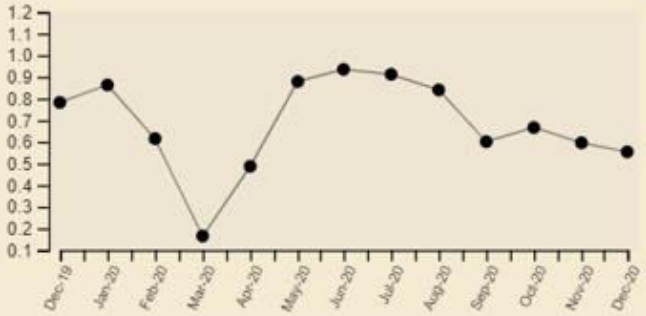
999 Call Answer Mean



December 2020
00:00:07
Target
00:00:05

111-1

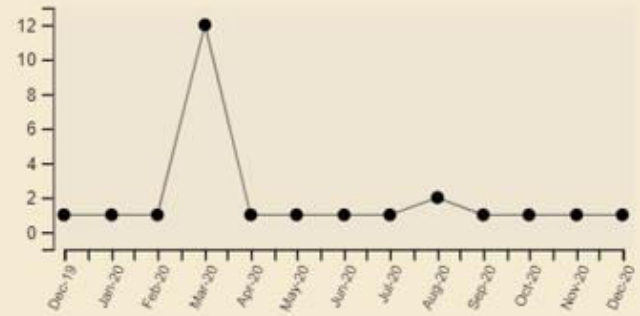
111 Calls Answered in 60 Seconds %



December 2020
55.40%
Target
95.00%

999-1

999 Call Answer 90th Centile



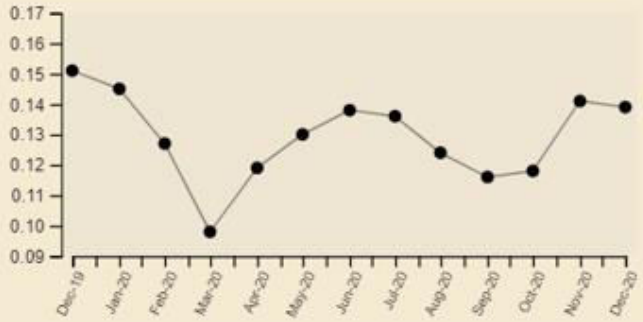
December 2020
00:00:01
Target
00:00:10

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

111-4

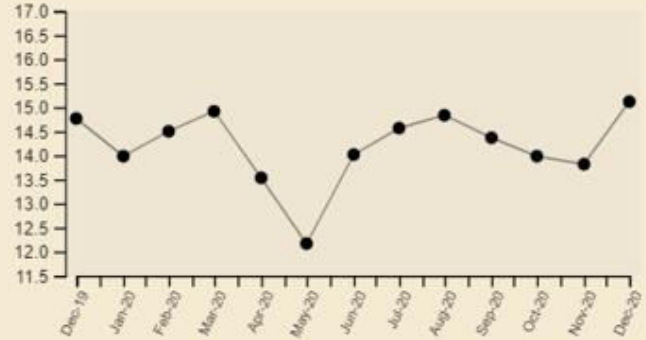
999 Referrals (Answered Calls) %



December 2020	Target
13.90%	N/A

999-2

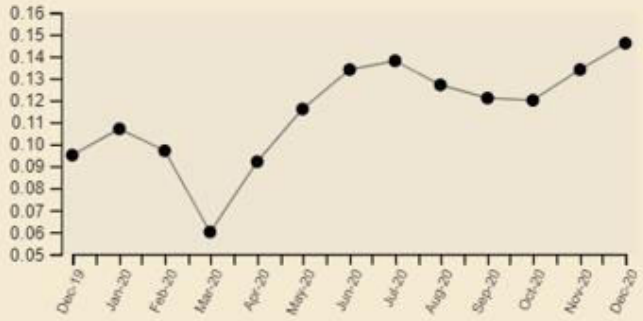
Cat 1 90th Centile



December 2020	Target
00:15:07	00:15:00

111-5

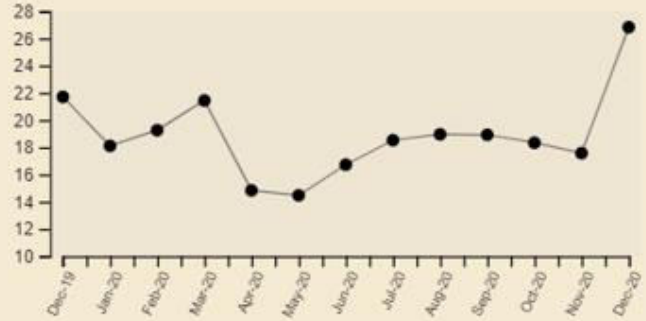
A&E Dispositions %



December 2020	Target
14.60%	N/A

999-4

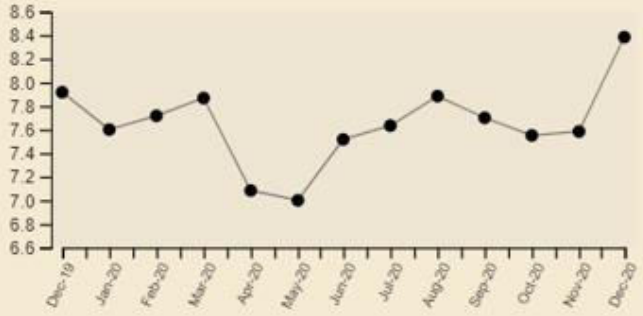
Cat 2 Mean



December 2020	Target
00:26:49	00:18:00

999-2

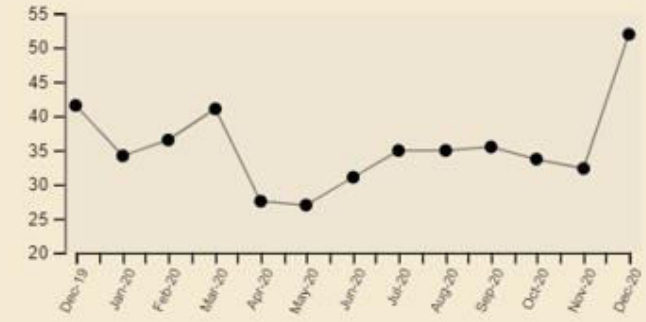
Cat 1 Mean



December 2020	Target
00:08:23	00:07:00

999-4

Cat 2 90th Centile



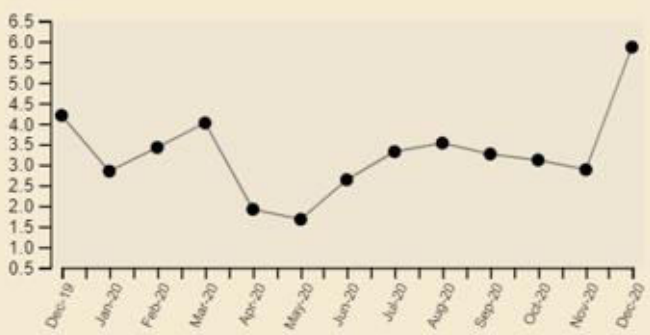
December 2020	Target
00:51:55	00:40:00

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

999-5

Cat 3 90th Centile

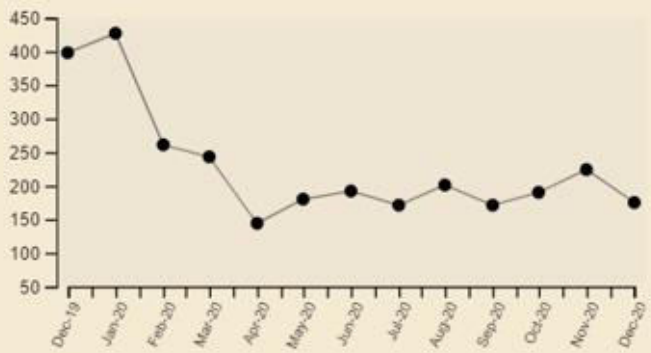


December 2020
05:51:35

Target
02:00:00

999-10

Fire First Responder Attendances

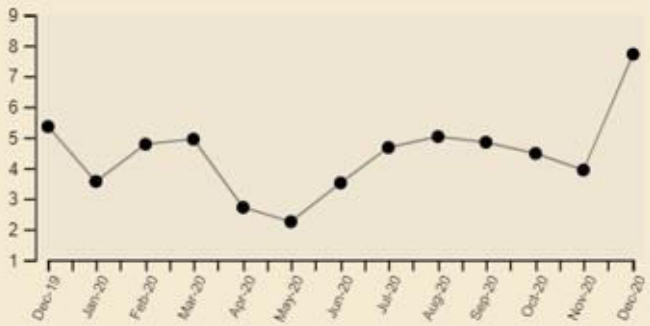


December 2020
175

Target
N/A

999-6

Cat 4 90th Centile

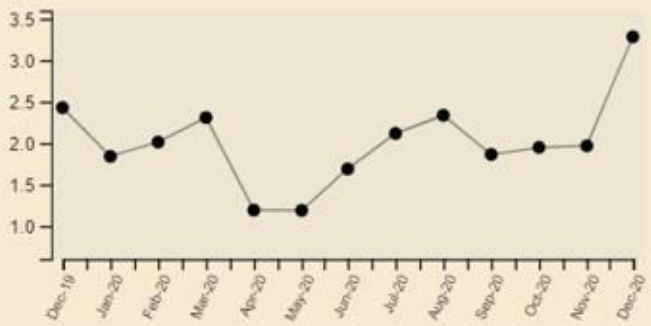


December 2020
07:42:55

Target
02:14:44

999-7

HCP 3 Mean

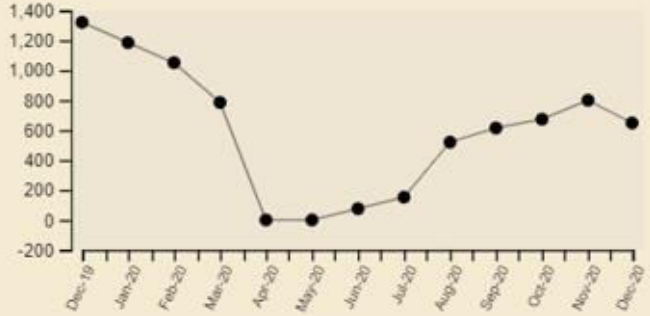


December 2020
03:16:55

Target
N/A

999-10

Community First Responder Attendances

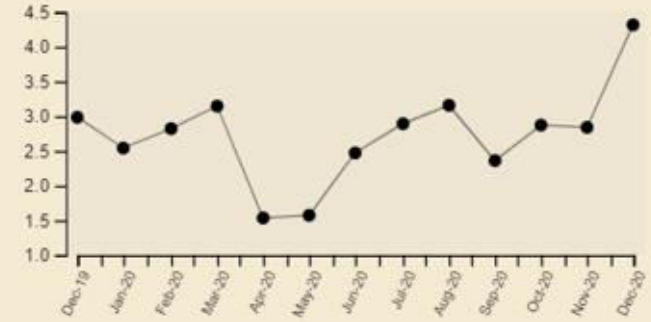


December 2020
648

Target
N/A

999-7

HCP 4 Mean



December 2020
04:18:54

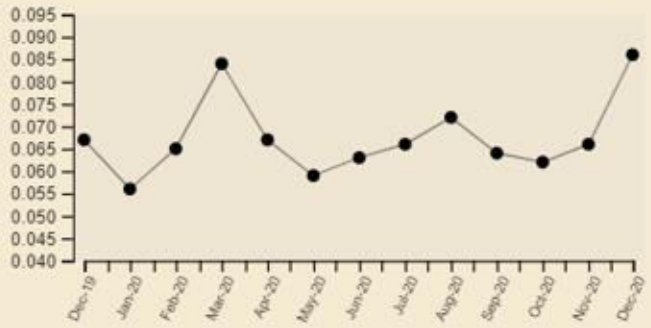
Target
N/A

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

999-9

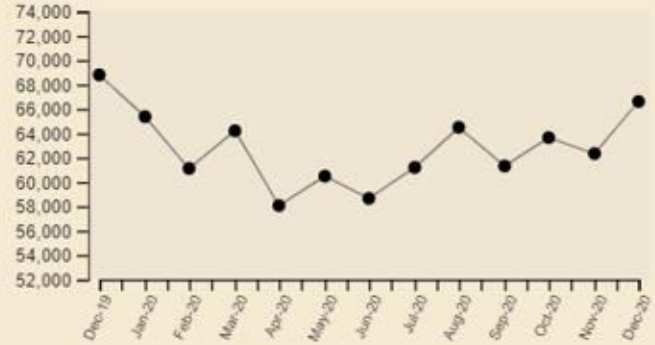
Incident Outcome Hear & Treat %



December 2020
8.60%
Target
N/A

999-10

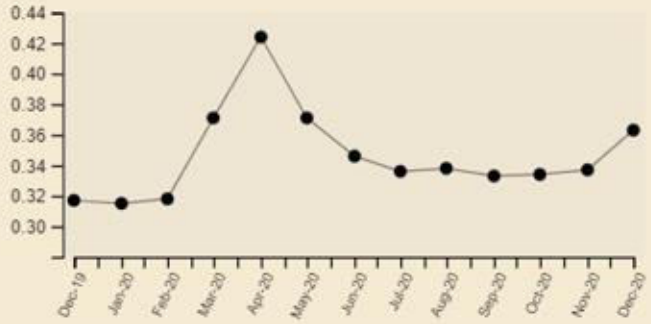
Incidents A7



December 2020
66615
Target
N/A

999-9

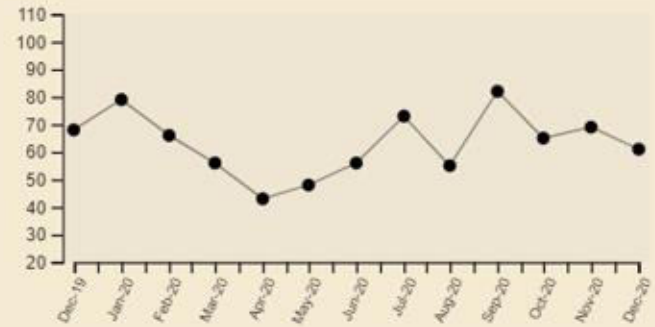
Incident Outcome See & Treat %



December 2020
36.30%
Target
N/A

QS-5

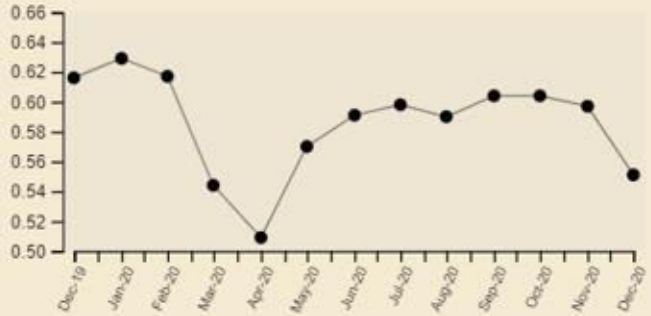
Number of Complaints



December 2020
61
Target
N/A

999-9

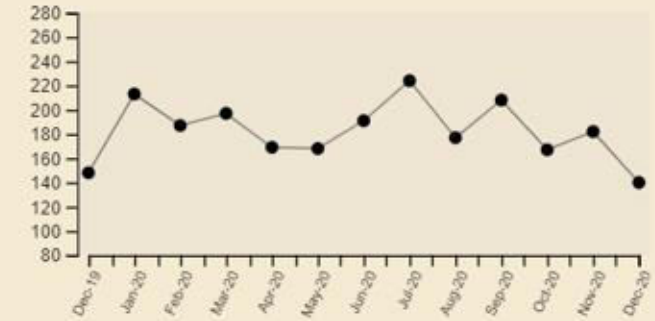
Incident Outcome See & Convey %



December 2020
55.10%
Target
N/A

QS-6

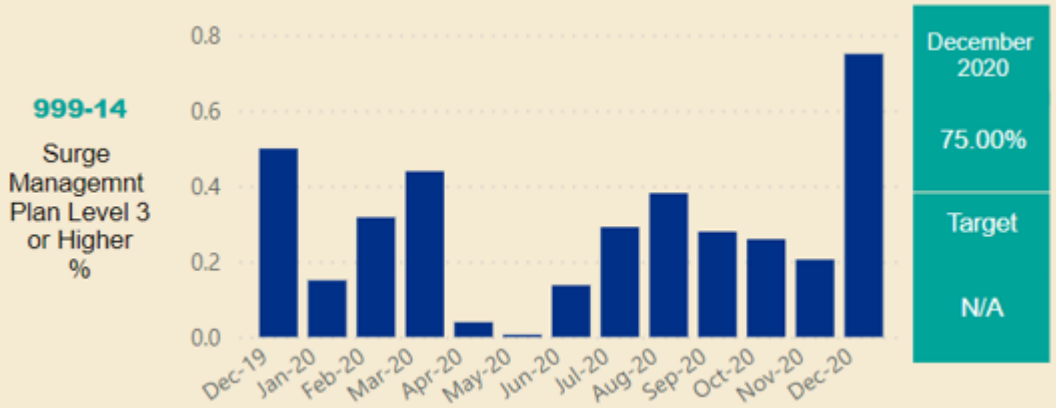
Number of Compliments



December 2020
140
Target
N/A

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

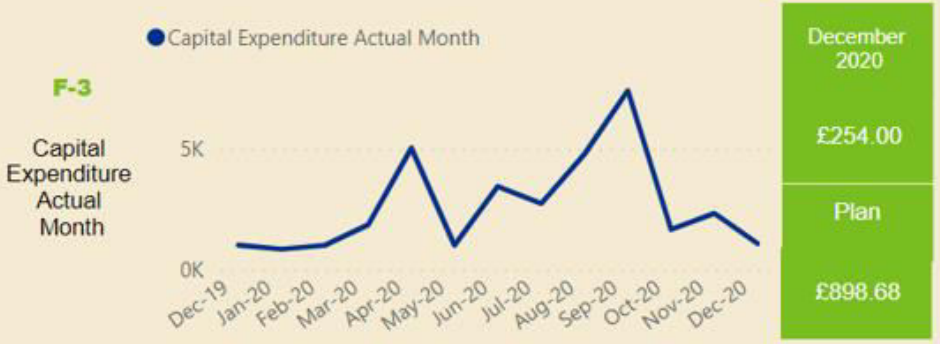


Performance by Domain
Well-Led: Performance Charts

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

December 2020	Plan
£23376.60	£21813.50

December 2020	Plan
£24851.80	£21813.50



December 2020	Plan
£254.00	£898.68

December 2020	Plan
£18.00	£508.00

December 2020	Plan
£-1475.20	£0.00

December 2020	Plan
£46819.00	£45597.00

Performance by Domain
Well-Led: Performance Charts

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

F-8

Agency Spend (£000s) Month

December 2020	Plan
£205.95	£344.00

WF-8

Annual Rolling Sickness Absence %

December 2020	Target
7.40%	5.00%

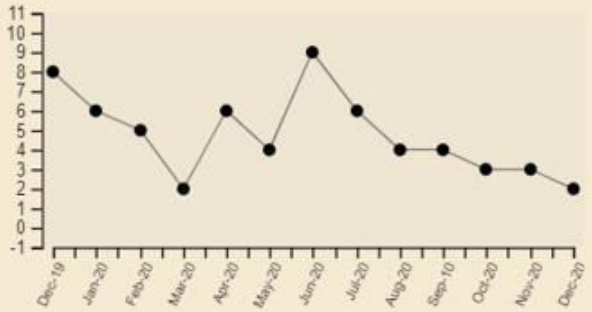
WF-5

Objectives & Career Conversations

December 2020	Target
41.60%	80.00%

WF-9

Disciplinary Cases



December 2020	Target
2	N/A

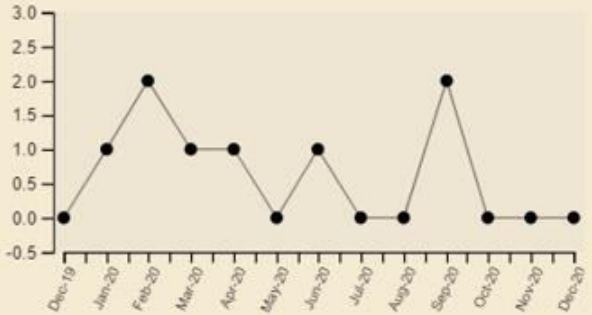
WF-7

Annual Rolling Turnover Rate %

December 2020	Target
11.20%	N/A

WF-11

Collective Grievances



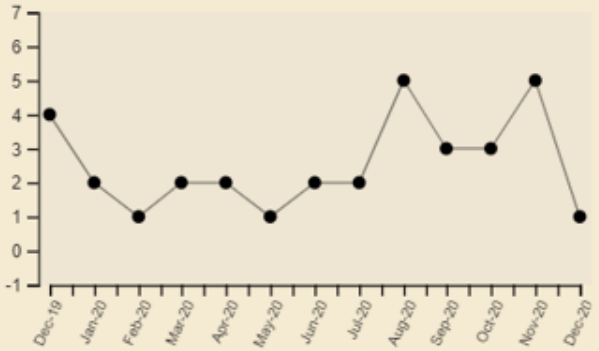
December 2020	Target
0	N/A

Performance by Domain
Well-Led: Performance Charts

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

WF-12

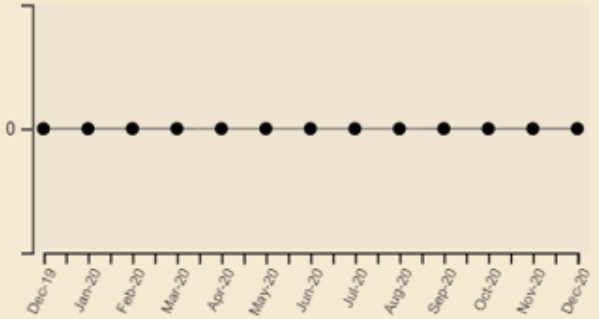
Bullying & Harrassment Internal



December 2020	Target
1	0

WF-13

Whistleblowing



December 2020	Target
0	N/A

Appendix 2

Glossary

A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ED	Emergency Department
F2F	Face to Face
FFR	Fire First Responder
HCP	Healthcare Professional
ICS	Integrated Care System
Incidents	AQI (A7)
JCT	Job Cycle Time
MSK	Musculoskeletal conditions
NHSE/I	NHS England/Improvement
OmniceII	Secure storage facility for medicines
PAD	Public Access Defibrillator
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations
ROSC	Return of spontaneous circulation
SI	Serious Incident
STEMI	ST-Elevation Myocardial Infarction
Transports	AQI (A53 + A54)
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
TIA	Transient Ischaemic Attack (mini-stroke)
WTE	Whole Time Equivalent (staff members)

Appendix 3

Symbol Key

PD	Performance Direction		
▲	Improving performance	+	Outperformed target
▼	Deteriorating performance	-	Underperformed target
●	No change	=	On target
■	Aspirational metric	-	Data not provided

Ambulance Call Categories (Ambulance Response Programme)

Category	
Cat 1	Calls from people with life-threatening illnesses or injuries – such as cardiac arrest
Cat 2	Emergency calls – serious conditions such as stroke or chest pain
Cat 3	Urgent calls – conditions which require treatment and transport to hospital
Cat 4	Less urgent calls – stable cases which require transport to hospital or a clinic

Chart Key

Data Point	This represents the value being measured on the chart.	AVG	This line represents the average of all values within the chart.	Above UCL Below LCL	When a value point falls above or below the control limits, it is seen as a point of statistical significance and should be investigated for a root cause.
Target	The target is either an internal or National target to be met.	Upper Control Limit Lower Control Limit	These lines are set two standard deviations above and below the average.	Run of 8 improving against average Run of 8 deteriorating against average	These points will show on a chart when the value is above or below the average for 8 consecutive points. This is seen as statistically significant and an area that should be reviewed.

SECAMB Board

Finance and Investment Committee Escalation report to the Board

Date of meetings	14 January 2021
	In December there was a joint meeting of this committee and the Quality & Patient Safety Committee, to seek assurance on the planning in place for the Christmas period. Please refer to the QPS report. The meeting in January included consideration of a proposal to make a request for military aid to the civil authorities. All Board members were invited to attend for this item given the implications. The paper setting out the proposal confirmed that we are close to reaching a position where our resources become very constrained, largely due to COVID related staff absence. It did not set out how this aid would be operationalised, but the committee noted that a task and finish group was established to develop the plans. In terms of the quality and patient safety implications, board members asked particularly in relation C1 patients that the task and finish ensures specific consideration to whether the military can provide minimum clinical support, such as chest compressions, and also the consequences of not being able to drive on blue lights. It also asked more broadly about how we ensure clarity on how we monitor the impact of this so that outcomes are as good as they can be, in these unique circumstances. It was noted that we would receive military aid (drivers) in cohorts of approximately 18. The executive was also challenged to ensure we use this aid effectively and, in the event it is required, that we have done all we can to ensure every member of staff who can provide front line support, does so. On this point the director of operations provided reassurance that all staff capable of responding have been asked directly to book shifts. It was also noted that following a request, there is a two week lead in time, therefore there are two decision points; to make the request and then to deploy. This distinction was important as the decision being asked of the Board, to make the request, is in lieu of the quality impact assessment, operational instruction, and a business case. It was agreed that the executive would make the final decision to deploy, which would follow a recommendation from ORMG. On behalf of the Trust Board, the Chairman then confirmed that the Board agreed that this seemed to be the right thing to do, in all the circumstances. It therefore supported the request, which will be made by 16 January, acknowledging the detail will be worked up before the decision to deploy is made.
Overview of key issues/areas covered at the meeting:	At this meeting the committee considered several ***Scrutiny Items*** *(where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas),* including;

Operational Performance & Sustainability Plan
The committee reviewed the plan and the key metrics that are being monitored and the underlying actions. There are some issues still to resolve to automate the data, which the BI team are helping to finalise.
While it was helpful to see the areas of focus, the committee explored whether these are achievable during the current crisis. It concluded that this was a plan more for 'normal' circumstances and supported the work of the executive to take different measures to respond to the challenges caused by the pandemic, which are unique and require cross system working.

It is difficult to provide a level of assurance in the traditional way, as the levels of performance in the current circumstances give just a part of the picture. The committee is assured that the executive is doing all that is reasonably possible at this time and, specifically, that we are working across the system to develop creative solutions.

111 / CAS Mobilisation - Project Closure/BAU Transition Assured
The programme is now closed and one of the outstanding issues, e-prescribing, is being picked up by a Task & Finish Group. There is still some work to do, but there is greater confidence now as some of the testing is now underway, supported by NHS Digital. Once this is complete a 'go live' plan will be overseen by the Quality & Patient Safety Committee.

The committee challenged the executive on the ongoing governance, given this is effectively still a new service and so there is a need to provide evidence and assurance to the public that we are delivering a good service. The committee will continue to monitor progress and given the success to-date, there was a suggestion to showcase this service at the annual general / members meeting.

Finance Department Assured
The committee reviewed the structure of the finance department to seek assurance that it is set up and working effectively. This included;

- Team Structure
- Key Functions
- Current Priorities
- Main Challenges
- Future Direction

Good assurance was received that the department is supporting the organisation effectively. There was a discussion about contracts being an area to be further developed to ensure we get more from contracts through better contract management.

Patient Level Costings (formerly Reference Costs) Assured
The committee received and approved the Patient Level Information and Costing System (PLICS) submission for the financial year 2019/20. This is the first submission year for SECAmb.

While this is a helpful tool for benchmarking against others to test the extent to which

	we are efficient, the committee noted caution as we need to ensure we are all working to a common methodology. Having better clarity on our cost base helps us to stand up to scrutiny. It will also help us establish whether all our corporate costs are in the right place and to be clearer on how we define corporate costs. Subject to these caveats this will give us the opportunity to compare like for like. This is a complex area and the committee thanked Graham Petts in particular for working so hard on this over the past 18 months. There were four items under ***monitoring performance***. **Commissioning Contracts – Update Report** **Financial Planning Update – remainder of 2020/21** The committee was updated on the Trust's NHS commissioned contracts and services and the ongoing discussions with providers and commissioners. It was noted that the the framework for this year will roll in to Q1 next year and there are ongoing discussions about the consequences of this, in particular with regards the deficit. **Update on 111/CAS & 999 Operational Performance** Following on from the earlier discussion, the committee reviewed the current performance information, and the contributing factors. The impact of the patient flow issues on hospital handover delays is really significant. The committee acknowledged there is no easy solutions and supported the steps management is taking in conjunction with system partners. The importance of safe hear and treat was explored and the balance there is in deploying clinical staff between patients suitable for hear and treat and those requiring welfare calls while waiting for an ambulance. The impacts on clinical safety are being overseen by the quality and patient safety committee. Vaccinations provides some light at the end of the tunnel and the committee acknowledged the great work being done at SECAmb to ensure staff receive the vaccine. The committee explored the expected impact of this in relation to staff abstraction. This is unclear, but perhaps not in any significant way until March/April; much later potentially for the 55 self-isolating staff who are assessed as extremely clinically vulnerable. **Month 8 Financial Performance (incl. CIP's & COVID spend)** There was a detailed review of the M8 finance pack which shows an in-month £1m deficit (100k better than plan). There was discussion about the different elements that make up the projected deficit, with varying degrees of confidence on which will likely be funded. Discussions with commissioners are ongoing. Despite the challenges the committee is assured by the financial grip and control management has demonstrated. In light of the pandemic, the committee is not too concerned by gap in the cost improvement programme; year-to-date we are 18.2% below plan. There was however some concern about COVID spend. We were in a really strong position

	mid-year, but because the earlier COVID-related business cases only covered a shorter period, due to the uncertainty then about how long it would last, there are some business cases that require extending. Without these we are at risk of committing to expenditure that has not been approved. The committee asked the executive management board to urgently rectify this.
Any other matters the Committee wishes to escalate to the Board	Committee also reviewed the BAF risks. As noted earlier, the committee will be monitoring the delivery of the 111 CAS service more closely over the coming year. It also asked the executive to review whether we are doing enough to look to future to ensure we identify and mitigate the risks to our resilience, which picks up the discussion the committee also had on the case for change. **Case for Change** A discussion paper was received outlining a need to review the way in which the Trust delivers it operational response, to help ensure that it is sustainable and able to consistently deliver the best patient care and achieve statutory targets. The Board has discussed the need for this over the past year, and despite being in the middle of a pandemic, this is becoming increasingly urgent and will place us in a much better position to respond to future crises. The committee noted the wide stakeholder engagement this will need to ensure that our thinking aligns with expectations of the internal and external system. This will be set up as a specific programme that will take circa 6 months of planning; a full time programme director will be required. Philip reinforced with the committee that this will be the most important area of focus over the next two years. The Board will have time for a fuller discussion on this at its development session in February.

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	Monday 14 December 2020
	This was an extraordinary meeting of the QPS to focus on staff and patient safety priorities for the Winter period. It was jointly chaired by Lucy Bloem, Chair of QPS, and Howard Goodburn, Chair of FIC.
Overview of key issues/areas covered at the meeting:	There were five areas for ***discussion or scrutiny*** however, discussions ran over-time resulting in a review of DNACPR/ReSPECT being carried over to January's QPS meeting.
	Covid Response Management The Committee was assured to hear of the governance processes in place aligned to National/NHS guidelines for all Covid related ways of working and decision making. The Test & Trace (T&T) Cell was overseeing both methods of Covid-19 testing (PCR, LFD) and reporting case numbers into the Trust on a daily basis. Resourcing of the Cell fluctuates due to most people working in the Cell being on alternative duties, however there were no significant concerns to report. The Trust plan is to set up an in-house vaccination centre and administer the Oxford AstraZeneca vaccine. Vaccines would be administered also at hospital hubs and assurance was provided that all necessary mitigations were in place at these sites to ensure the clinical safety of staff. A priority list of staff to receive the vaccine was being developed based on the already completed individual risk assessments using JCVI guidelines. A business case for costs and funding would be developed by the Executive when the time and need arose. We heard about the control measures in place to manage outbreaks and clusters of Covid-19. QPS also received assurance from the Logistics Manager of the stock management system in place for Covid-19 PPE. Current stock levels were sufficient to last until March 2021, with mutual aid also being available from Surrey and Borders. QPS received confirmation that no staff were going to patients without having passed a FIT test or having a powered hood (which had just commenced roll-out). Any issues relating to PPE were reported through Datix, which added to the assurance received regarding PPE practices. There has been a lot of work, time and commitment put into planning, preparing and managing all work processes to ensure the safety of staff and our patients, and a number of staff involved in this work were praised by the Committee and thanked for their contributions. **999 Performance and Delivery** There are a number of operational plans currently in place which include the Surge Management Plan (SMP), Dispatch Safety Model (DSM) and Temporary Dynamic Conveyance (TDC) Model (that has been agreed in Kent). The Deputy Director of Operations provided assurance that all models work alongside each other and the Resource Escalation Action Plan (REAP), and system partners are also aware of all models. QPS asked that a review of the models in terms of clinical safety and effectiveness is brought back to a subsequent meeting. It was recognised that the SECAmb plan for the difficult period ahead had tried to anticipate issues but given the challenge it does require engagement from the wider system. Executives and senior leaders expressed that the Trust would like to gain sight of system level contingency plans and QIAs, and for there to be consistency throughout the system. However, these pieces of work were either still under development, subject to change or had not progressed to any stage of a plan.

	This was concerning for the Committee, so it was agreed to escalate the severity and reality of the lack of engagement, particularly of Kent system issues, to NHS leaders. QPS then received a preliminary report into patient harm resulting from hospital handover delays with lessons learned being prepared for sharing with system partners. This was to enable work to begin on sustainable improvements. It was good to see the impact presented in this way as it highlighted risks and issues that would also be beneficial for awareness and understanding of delays on the ambulance service and its patients by the wider system. The Committee discussed the Trust's current position regarding Welfare Call Backs and agreed that this area will be a significant challenge over the forthcoming period. However, QPS was assured that there were clear processes and staffing strategies in place for managing EOC services. The Director of Nursing offered to follow up the updated Welfare Call Procedure that was in the governance process of approval. **Financials** It was agreed that an update would be provided to Trust Board instead of QPS. **DNACPR/ReSPECT** This update / review was deferred to the January QPS meeting; however, the Medical Director was able to provide assurances that forms were being completed correctly. This will be discussed further in January.
Any other matters the Committee wishes to escalate to the Board	There were no other matters for discussion or escalation to Board, only to note that there are some very difficult times ahead so support for one another is essential. Again, the Committee received a high-quality set of meeting papers.

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	Friday 15 January 2021
	The committee was attended by the Chairman and several additional attendees to present specific agenda items.
Overview of key issues/areas covered at the meeting:	There were four planned ***Management Responses*** presented to this meeting; 1. Timeliness of Clinical Audit Actions; this was a request from the Trust Board in July 2020 and although the response clearly highlighted the process of identifying and managing clinical audit actions, the timelines were omitted. An update will be presented to QPS in March. 2. Safety of Discharge Plan; the main discussion point was around non-registered clinicians discharging a patient without clinical input. As national benchmarking was not available, the Trust would look to introduce a rolling audit to benchmark against itself and monitor year-on-year progress. There was an action for timelines to be added to this audit plan along with grade/role of staff member making discharge decisions at the next audit. 3. CCP Governance; the Committee was assured on the usage and monitoring of CCP controlled drugs. 4. PP Non-Medical Prescribing, and PP Medicines Governance; The Committee supported the initiative of non-medical prescribing for specialist paramedics in the first instance as this would bring patient and system benefit but referred this back to Executives to discuss where this would fall amongst Trust priorities re: resources and cost.
	The meeting considered nine ***Scrutiny Items*** *(where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas),* including; **Clinical Outcomes: End of Life Care (EoLC)** **Assured** The Committee received an excellent update from Jim Walmsley, CCP and EoLC Lead (East). The introduction of Just in Case (JiC) medicines had proved to be a huge benefit to patients, having been used 614 times with the majority of patients then being discharged safely at home; 15 patients had been conveyed to hospital and 22 conveyed to a hospice. There had been 0 adverse incidents and reduced conveyances particularly at that time. Good assurance was provided that, although this is a difficult presentation for some crews, there was a good level of awareness of EoLC services throughout the Trust with good provision of support and reflection. Work has been done to develop training for this area and the committee asked if this would be mandatory in 2021/22. The Chairman requested EoLC provision as a 'patient story' for the Trust Board, and consideration was being given to also presenting to Ambulance Leadership Forum (ALF). **111 / CAS Clinical Model (Incl. Clinical Effectiveness)** **Assured** The Committee was assured that whilst the system has been under severe pressure that the systems and processes are in place. It recognised the value of the 111/CAS model on the wider system and was informed that 89.5% of Category 3 (C3) & Category 4 (C4) calls had been validated, exceeding the national target of 85%. The Trust had also completed approximately 4000 ED validations which was an increase.

	The Committee heard how additional pressures from the wider system were impacting the capacity of 111 so discussions were held to consider how this could be shared with system partners and commissioners to identify where any extra funding might be required. For example, to see whether there was any correlation between the number of calls being received for primary care from areas within the SECAmb patch that had the lowest reported GP numbers. Welfare texts were an innovative practice introduced to support the management of the virtual clinical queue. The Committee requested an update on the transition plan between Electronic Prescribing System (ePS) for the next full meeting in March. Discussion as also held on the need for a scorecard for Board and wider system on a subset of the 141 datasets collected. **Staff Safety Inc. PPE Partially Assured** **Personal Protective Equipment (PPE)** The Committee received assurance that the Trust had a good and constant supply of PPE to maintain the safety of staff and patients. However, two types of FFP3 face mask were becoming difficult to obtain but assurances were given that this would be mitigated by the roll-out of powered hoods. The powered hood roll-out was overseen by the Programme Management Office (PMO), and with Medway having been the first OU to receive the powered hoods it was awaiting lessons learned from this one location prior to roll-out across the Trust. The Chief Executive made the Committee aware of a national union complaint regarding the need for frontline crews to wear Level 3 (L3) PPE so the Committee would remain sighted on this. QPS heard that staff absence had increased dramatically due COVID and that this was an unprecedented time. Referrals had increased for Mental Health support and physical therapy due to revised working environments and work patterns. Support services are being tailored to meet specific needs of Black and Minor Ethnic (BAME), Clinically Extremely Vulnerable (CEV) and shielding groups. Services had also been extended to support Bank staff and students. The main risk identified with monitoring staff wellbeing was reported to be the sheer volume of staff to monitor to know what's happening with every individual to ensure they felt cared for. **EOC Clinical Safety Assured** (within the limitations of Trust abilities) **Welfare Call Compliance** The updated Welfare Call Policy went live on 06 January 2021 with a shortened review period so that any adjustments could be made ahead of the 2021-22 financial year. Key changes include the flexibility for clinicians to determine the timeframe between call backs and the roles of people making the initial call. Welfare calls would also be subject to audit. Welfare calls were reported to be manageable during periods of stability but the level of demand being placed on EOC services meant we were unable to achieve internal targets. Welfare texts had been introduced to help manage the clinical queue and this had resulted in some patients standing down our crews and making their own way to hospital.

Surge Management Plan (SMP) and Clinical Harm Review
SMP is being updated to reflect the current needs of the service and to ensure the necessary tools remain in place for maintaining patient safety. In the meantime, reviews of the system had deemed patients were safe and the Trust was optimising its resources.

SECAmb is requesting to be included in the C3/C4 longest wait pilot, led by the Association of Ambulance Chief Executives (AACE).

There was a discussion around 'no sends' and it was noted that some exploratory work is underway to establish if the procedure has been followed appropriately and consistently.

The Committee received news of a new Covid Demand Patient Safety Plan that was currently going through the internal governance system.

Impact of EU Transition on Patient Harm levels Assured
There had been zero cases to consider; the Trust had not had to not activate any of its plans.

Covid-19 Vaccine Update Assured
The SECAmb staff vaccine programme went live on Sunday 10 January.

SECAmb had followed all national guidance and the Joint Committee on Vaccination and Immunisation (JCVI) priority list, and all national directives (PGD guidance). Overall between the SECAmb centre and hospital hubs a total of 2834 staff had been vaccinated at the time; this was equally distributed across the Trust.

Some staff had reported side effects of flu-like symptoms and sickness this was most prevalent in fit and well women and in response to the Oxford AstraZenca vaccination. There had been no reported side effects from the Pfizer vaccine.

The SECAmb vaccination programme is being delivered by the Nursing & Quality and Medical Directorates, so no resources are being taken from frontline services. Once SECAmb staff are vaccinated other partner organisations would be able to access the SECAmb vaccination hub and had already been approached by London Ambulance Service (LAS).

Executives were working up plans for recording and agreeing arrangements for any staff that refuse / decline the vaccine.

Complaints Management: effectiveness of systems and controls Assured
The committee were pleased to see a timely feedback process in place for compliments received to be passed to staff. The paper identified issues during the year meaning that targets had not always been met and how this has been rectified through an improvement with resilience in the workforce.

Serious Incident (SI) Report Partially assured
The aim of this report is to provide Board visibility and oversight of all Trust SIs. The Committee asked for a revised format to be presented to QPS in March that would clearly identify the action, age of the action and the owner etc.

Learning from Deaths Q1 Report Commended to the Board
Deaths had increased for the reported period May-Jun up to 800 per month, against an average of 500-600 per month. However, 98% of care had been good or excellent. Reviews of these cases had led to learning in relation to patients with learning disabilities, patients who die shortly after hospital admission and completion of documentation.

	There were two items for review under ***Monitoring Performance***. These were: • Progress against Clinical Audit Plan - the report was commended to the Board. • 'Progress against Cardiac Arrest Annual Plan' - this was deferred to the March QPS meeting
	Governance and Risk Management: **Quality Impact Appraisals (QIA) – Quarterly Update** The review and approval processes were becoming more visible to the Committee which provided assurance to QPS of the evolution of the QIA systems and controls. **Bi-Annual Review of High/Extreme Risks** Risk 1301 regarding critical IT systems was escalated to FIC for review. Risk 1382 relating to public access defibrillators was added to the QPS Cycle of Business. A deep-dive review would be presented to QPS in March relating to IPC on vehicles.
Any other matters the Committee wishes to escalate to the Board	There was one item under AOB: 1. Update on Operational Models (SMP, DSM, TDC) and their alignment to REAP JG provided an update on the Temporary Dynamic Conveyance (TDC) model that was in place in Kent and being considered for roll-out across Surrey and Sussex. The Committee requested lessons learned from usage of TDC in Kent and the impact on patient safety at the next meeting. The committee agreed it would meet every two weeks until the March meeting given the issues and challenges the Trust is facing.
Effectiveness	The Chair noted a good meeting that addressed facts and issues.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	69-20

Name of meeting	Trust Board
Date	Thursday 28 January 2021
Name of paper	Learning from Deaths Report – Q1 2020 - 21
Responsible Executive	Dr Fionna Moore, Medical Director
Author	Dr Richard Quirk, Deputy Medical Director
Synopsis	The Q1 report sets out the review of 60 randomly chosen health records of patients who have died in our care. The reviews have identified that the majority of health records that were reviewed demonstrated good care of our patients and relatives. The report also identifies the very few areas where the Trust could improve the care of patients at the time of death.
Recommendations, decisions or actions sought	Having been reviewed at the Quality and Patient Safety Committee, the Trust Board is asked to receive assurance that the Trust is complying with our duty to undertake random reviews of the care that patients receive and that the Trust will identify ways to improve care.

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	**No**

Learning from Deaths Report – Quarter 1 – 2020/21

1.0 Introduction

1.1 When deaths occur in our care, it is important that we review the care to understand if there is anything that we could have done differently before the death, during the death or following the death. This review of care should then improve future care. If carers, relatives, staff or other organisations raise concerns to Secamb, about the care of a patient at the time of their death, they will be fully involved in any review of the death.

1.2 NHS Improvement/England mandated that Ambulance NHS Trusts must start reporting learning from deaths in their care from Quarter 4 of 2019/20. The first mandated board report, reporting on the Quarter 4 period, was presented to the July 2020 Trust Board.

1.3 Secamb Trust Board approved the Learning from Deaths Policy in November 2019. This policy sets out the national standards of randomly reviewing the care of 20 patients per month (from across the 10 Operating Units) and must include deaths during a C1/C2 delayed response, deaths during a C3/4 delayed response, deaths following hand over of the patient to another provider and deaths where the initial decision was to leave the patient at home and then they subsequently died.

1.4 There are additional statutory requirements to provide information to the Child Death Overview Panel for all children who die, a requirement to report deaths of people with Learning Disabilities to LeDeR (Learning Disabilities Mortality Reviews), a requirement to report all deaths of people with serious mental health conditions to their mental health trust and a requirement to report all maternity deaths to the Healthcare Safety Investigations Branch (HSIB).

2.0 Overview of Quarter 1 (20/21) mortality data

2.1 Table 1 shows the total number of deaths per month broken down into sex. Where the sex of the patient has not been recorded or staff have been unable to identify the sex, this is categorised as 'unknown sex'.

Table 1

Month (2020)	Female Deaths	Male Deaths	Unknown Sex	Total Deaths
January	277	377	7	661
February	265	369	4	638
March	285	413	9	707
April	341	466	11	818
May	265	347	5	617
June	214	325	13	552

2.2 Table 2 shows the breakdown of the number of people who died in each age bracket:-

Table 2

Age Range (Yrs)	No. of patients who died – April 2020	No. of patients who died – May 2020	No. of patients who died – June 2020
Under 1 year	3	4	3
1-2	1		1
2-3			1
3-4			
4-5			
5-6			
6-7			1
7-8			
8-9			
9-10			
10-11			
11-12			
12-13			
13-14			
14-15			
15-16		1	
16-17			1
17-18		2	
18 – 29	16	13	17
30 – 39	22	15	15
40 – 49	32	31	21
50 – 59	82	56	64
60 – 69	110	82	71
70 - 79	165	135	115
80 – 89	238	161	141
90 – 99	144	105	86
100+	8	5	
Age unknown	2	6	7

2.3 Table 3 shows the numbers of patients who had an Advance Care Plan (ACP)/Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms in place, those who were 'dead on arrival' and those on whom we attempted resuscitation:-

Table 3

Care Plan in place	**No. of patients who died – Apr 2020**	**(%)**	**No. of patients who died – May 2020**	**(%)**	**No. of patients who died – Jun 2020**	**(%)**
Advance Care Plan	3	0.4	1	0.2	1	0.18
Professional Decision not to Resuscitate	35	4.3	25	4	32	5.8
Do Not Attempt CPR order in place	240	29	165	26.7	132	23.9
Resuscitation attempted	206	22	160	25.9	179	32.4
Dead on arrival	326	40	264	42.7	207	37.5
End of Life	6	1.2	2	0.3	1	0.18

3.0 Review process

3.1 In accordance with the Trust's Learning from Deaths policy, 20 random cases have been selected to be reviewed per month (60 reviews per quarter). The 20 cases were from across the 10 Operating Units. The Structured Judgemental Review (SJR) is the nationally approved review process and SJRs were carried out on the 60 cases.

3.2 The Executive Medical Director, Deputy Medical Director, Assistant Medical Director (Critical Care) and the Assistant Medical Director (Urgent Care) undertook the reviews.

3.3 Table 4 shows the outcomes of the Structured Judgemental Reviews of the 60 randomly selected deaths in Quarter 1 20/21.

Table 4

	Excellent Care	**Good Care**	**Adequate Care (good enough)**	**Poor Care**	**Very Poor Care**	**N/A**
Initial Management and/or Pre-scene (initial call handling, categorisation; response time, appropriateness	35 (58%)	18(30%)	4 (6.7%)	2 (3.3%)	1 (1.7%)	-

if vehicle and staff dispatched)						
On scene handling (Care)	43 (72%)	16 (27%)	1 (1.7%)	0	0	-
Transfer and Handover (Including discharge and worsening care advice)	32 (53%)	4 (6.7%)	1 (1.7%)	0	0	23(38%)
Other Aspects of Care (quality and legibility of records)	35 (58%)	17 (28%)	5 (8.3%)	2(3.3%)	0	1 (1.7%)
Overall Assessment of Care	30 (50%)	29 (48%)	0	1 (1.7%)	0	-

3.4 Learning from each phase of care

Most judgemental reviews undertaken identified good or outstanding care. Of particular note is the level of compassionate care provided to families and carers. There is some identified learning from each phase of the care as detailed below:-

3.4.1 Initial Management

In the few cases where care was seen to be 'adequate' or 'poor', there was a delay in reaching the scene. The majority of calls are classed as Category 1 and should receive a response within 7 minutes. The delays were due to a range of reasons including road closures, diverts, long journey time for the nearest resource, rural locations and travelling in rush hour. For those incidents where the Trust has taken longer than 7 minutes to arrive on scene, the reviewers have not identified any harm caused to those patients as they were either already dead or were receiving adequate bystander CPR/defibrillation. In two of the reviews the judgement was 'poor care', but this was related to the carer or relative being unable to perform CPR from advice on the telephone due to their age and frailty. The one incident of 'very poor care' has been investigated (due to very long time to attend the scene) and found to be an error in recording the travel time in the documentation. The reviews did not identify any harm or a poorer outcome for these patients due to the delay.

3.4.2 On Scene Handling

The one case that has been judged as 'adequate' was related to reports that children had been seen climbing out of the window of the house where the patient had died (seen by neighbours) but our crews had not completed a 'safeguarding referral form'.

3.4.3 Transfer and Hand over

Transfer and Hand over judgements are not relevant in every review as the crew may not convey/transfer a patient who has died/dying. There was one case where 'adequate care' was identified and this was related to a long on scene time following a return of spontaneous circulation after the crews resuscitation attempt. The medical records do not satisfactorily explain why it took so long to transfer the patient to hospital for further support and this has been followed up with the crew.

3.4.4 Other aspects of care (including documentation)

The most common issue identified during the reviews was the inadequate documentation about how decisions were reached during and after resuscitation attempts. Whilst no harm or serious concerns have been identified, some records are challenging to identify the rationale for a crew ceasing the resuscitation attempt. Specifically the cases identified as 'adequate care' were related to a lack of detailed documentation in the records about the resuscitation attempt by the crew. During these reviews it was challenging to identify how crews made decisions about resuscitation progress and cessation. The 'poor care' that was identified was related to a lack of documentation about support and input for the family at scene.

3.4.5 Overall Care

The single case identified as overall poor care was directly related to poor record keeping around the resuscitation attempt and care for the family as discussed in 3.4.4. above.

3.5 Avoidability

For each Structured Judgemental Review a decision is made on whether the death could have been avoidable. If the death could have been avoided, a Serious Incident is declared and then investigated.

3.5.1. Table 6 shows the outcome for the avoidability of death reviews undertaken.

Table 5

	No of reviews
Definitely Avoidable	0
Strong possibility of avoidability	0
Probably avoidable (more than 50:50)	0
Probably avoidable but not very likely (less than 50:50)	1
Slight evidence of avoidability	3
Definitely not avoidable	56

3.5.2. In the 1 review where the panel judged the death to be 'probably avoidable but not very likely (less than 50:50)' – the patient had been seen earlier in the day by a crew and was not conveyed to hospital. This patient had a DNACPR in place but there may have been a very small chance that the initial crew may have identified a reversible cause to their

symptoms and a very small chance of survival if they had conveyed earlier. The 3 cases where the avoidability was graded as 'slight evidence of avoidability' were specifically related to the following: The first case was related to a delay to get to the scene (10 minutes) in a patient found unconscious in public with an unwitnessed arrest. It is unlikely that getting to scene any sooner would have changed the outcome for the patient in this case. The other two cases were related to the patient having been seen earlier in the day by another crew and it is unclear if the management had been any different when the patient was first seen, they may not have deteriorated later.

4.0 One case reviewed following concerns

4.1 During this reporting period, one case was referred to the Learning from Deaths process for a Structured Judgemental Review from the Serious Incident Group.

4.2 The review was related to a 48 year old lady who had called an ambulance complaining of Diarrhoea and Vomiting. The patient had learning disabilities. The crew assessed the patient and advised the patient to stay at home and take additional oral fluids. The crew was made up of non-registered clinicians and Secamb policy states that non-registered clinicians should discuss the care of their patients with a clinician if they are not going to convey their patient. In this case the crew did not discuss the care with a clinician before leaving the patient at home. The medical records for this attendance are sparce. Secamb later received a call to the same patient who had died. Having reviewed the records of the initial crew attendance, there is no evidence to suggest that the patient should have been conveyed to hospital, however the crew did not follow policy in seeking clinical advice before leaving the patient at home. As this patient had a learning disability we made a referral (in June 2020) to the Learning Disability Mortality Review (LeDer) programme for an independent review of the care of this patient. We have not yet received any feedback on this review.

5.0 Learning from the random review of 60 deaths

5.1 In the majority of the 60 reviews undertaken, the care of the patient was good or better. In most cases, our policies were correctly followed, thorough history taking was completed, examinations were robustly recorded and the outcomes for the patient were clearly documented.

5.2 In a small number of reviews there was a delay in attending the patient. It has been assessed that there is only a very small chance that this would have changed the outcome for these patients.

5.3 Crew members are making sensible and compassionate judgements when talking to relatives and carers about resuscitation attempts and are clearly documenting these conversations.

5.4 Support from Operational Team Leaders (OTLs) and Critical Care Paramedics (CCPs) in the management of complex arrests is clearly documented and it is evident that everything that could be done to save life is being attempted.

5.5 As in the previous quarterly report, for those patients where the crew decided not to attempt resuscitation, but there was no advance care plan or DNACPR, there is a need to have clearer guidance on how and when crews can make these decisions. This is not because the crews are currently making the wrong decisions, but more to protect staff, should their decision get challenged at a later time.

5.6 As in the previous quarterly report, from the way that we collect the data on deaths, we need a clearer process to identify those patients who have a mental health condition or learning disability. All these patients who have died should be referred to the LeDeR programme for review or those with mental health conditions we should notify their mental health Trust, but we currently don't have an automatic recognition system in the software to advise us of these deaths.

5.7 Consistent with other ambulance trusts, we do not have a system to identify patients who have died within 24-48 hours of admission to hospital to be able to review their pre-hospital care. NHS Improvement are looking into ways of identifying these patients.

5.8 In the majority of reviews undertaken, the death was categorised as 'unexpected' and the Police were automatically called. This, in some cases, leads to the unnecessary use of Police resources and unnecessary lengthening of on-scene time whilst waiting for the Police to arrive. It is not clear why the term 'unexpected' death has been used in a number of the cases reviewed.

6.0 Conclusion

The panel have not identified any deaths where Secamb have caused harm or directly contributed to the death. The panel have identified many examples of very good compassionate care.

7.0 Actions resulting from the review of deaths from Quarter 1 20/21

Action	**Update/Date**
Learning from Deaths Group to oversee a review of procedure and policy to support crews when they make a decision not to start resuscitation.	**PARTIALLY COMPLETE** (Discussion with coroner (Kent) about flow charts and contact made with Police to review processes). Next Learning from Deaths meeting – December 2020.
Learning from Deaths Group to oversee a review of the definitions and procedures associated with 'unexpected' and 'expected deaths' particularly with reference to Police involvement.	**WORK ONGOING –** LfD workplan 2020/21 – Working with Matt England, Blue Light Collaborative – work due to be completed summer 2021.

Learning from Deaths Group to lead a Trust webinar – education and feedback to colleagues about the need to clearly document the resuscitation process and the rationale for ceasing resuscitation.	**Thursday afternoon Trust Webinar - January 2021**
Clinical Audit Group are taking forward the action on auditing the non-conveyance decisions of crews and the need to education on Trust policy to seek registered clinician oversight of any decision not to convey by 'non-registered' crews.	**Clinical Audit Group – work underway November 2020**

Dr Richard Quirk
Deputy Medical Director
December 2020

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	70-20

Name of meeting	Trust Board
Date	28.01.2021
Name of paper	Ockendon Report response paper
Executive Lead	Medical Director
Author	Dawn Kerslake, Consultant Midwife
Synopsis	The Ockendon Report into the Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust was published on 11 December 2020. This paper includes SECAmb's specific response to the 7 Immediate and Essential Actions to bring lasting improvements to maternity care. It is presented to the Board to inform the areas that require our focus and the actions taken.
Recommendations, decisions or actions sought	For assurance.

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	**No**

Ockendon Report Immediate and Essential Actions

1. Introduction

The Ockendon report has left deep and lasting trauma to families who lost their loved ones. The paper further demonstrates the variation in experience and outcomes for women and their families across all healthcare settings.

The 7 immediate and essential actions proposed must deliver lasting improvements in maternity care. This is an opportunity to raise the profile of ambulances services in maternity care.

The ambulance service assists birth every day and therefore we play a pivotal role in ensuring that women and families are supported under our care. Whilst we are not a commissioned service of maternity services, we are a commissioned provider of urgent and emergency services responsible to respond to women during their pregnancy or birth, who may require our assistance (including homebirths and the 3 free-standing birth centres within the geographical patch).
The relationship between the South East Coast Ambulance Service and the 3 Local Maternity Systems is critical to ensuring unified care for women, their families, and the maternity staff in each acute trust.

1) Enhanced Safety

a) A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly - ***N/A to ambulance service.***

b) All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB - ***SECAmb propose sharing maternity SIs at the LMS and at Trust board. Ongoing collaboration with acute trusts and HSIB will continue***.

2) Listening to Women and their Families

a) Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services – ***The National MVP lead has been contacted (18/12/20) to discuss the possibility of a meeting in Jan 2021. Consideration for one ambulance representative midwife to lead on this and on behalf of all ambulance trusts. Mindful that only 3 of the ambulance trusts have named midwives.***

b) In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly ***- SECAmb to discuss at next board meeting with a view to inviting a Non Executive Director to take on this role.***

3) Staff Training and working together

a) Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week***. N/A to ambulance service***

b) The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented, In the meantime we are seeking assurance that an MDT training schedule is in place. An understanding of who makes up the MDT needs to be outlined. ***– An understanding of what constitutes the MDT would be useful. Are ambulance crews included in this? Crews are usually expected to attend maternity training in their own time. This year SECAmb have focussed their key skills training on maternity for half a day so that by March 2021 all staff in the organisation will have been trained by the consultant midwife. There is also a need to educate midwives regarding the workings of the ambulance service to prevent unnecessary cat 1 calls and what the roles and responsibilities are for each professional attending a woman in the community. A significant number of midwives have never been in an ambulance or control room. The Trust's consultant midwife sees an opportunity to work with acute trusts to learn together.***

c) Confirmation that funding allocated for maternity staff training is ringfenced and any CNST Maternity Incentive Scheme (MIS) refund is used exclusively for improving maternity safety. ***We are not commissioned for maternity care therefore N/A***

4) Managing complex pregnancy

a) All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place. ***N/A to ambulance service.***

b) Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres. ***N/A to ambulance service.***

5) Risk Assessment throughout pregnancy

a) A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance. - ***Consideration for Computer Aided Dispatch (CAD) markers for women giving birth against advice or with complicated geography so that ambulance crews can be forewarned and have advance consideration for difficult to reach areas. This aids the planning in advance to ensure robust systems and processes are put in place to cater for these women and families.***

6) Monitoring Fetal Wellbeing

a) Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines. ***N/A to ambulance service.***

7) Informed Consent

a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website ***- Improve the trust website to assist women in understanding how, why and when to call 999 for an emergency ambulance and who else they can contact for assistance outside of an emergency. SECAmb now employs midwives in the 111 service and as part of Surrey Heartlands triage service. Women will be signposted to these professionals via the website.***

Workforce - the report is clear that safe delivery of maternity services is dependent on a Multidisciplinary Team approach. ***– Additional maternity placements for paramedics are essential for them to receive the exposure necessary to perform their role well. This is somewhat limited currently.***

SECAmb is committed to providing safe, effective and compassionate care to women and their families. We welcome the findings of this report to develop and improve our service to ensure excellence for all.