South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public.

27 May 2021
10.00-12.45

Via Video Conference

Agenda

Item No.	Time	Item	Encl	Purpose	Lead
01/21	10.00	Welcome and Apologies for absence	-	-	Chair
02/21	10.02	Declarations of interest	-	-	Chair
03/21	10.02	Minutes of the previous meeting: 25 March 2021	**Y**	Decision	Chair
04/21	10.03	Matters arising (Action log)	**Y**	Decision	PL
05/21	10.05	Board Story	-		
06/21	10.15	Chairs Report	**Y**	Information	Chair
07/21	10.25	BAF Risk Report	**Y**	Assurance	PL
08/21	10.35	Chief Executive's report	**Y**	Information	PA
09/21	10.50	Integrated Performance Report Incl. Committee Reports ▪ Learning from Deaths Q Report ▪ Safeguarding Annual Report ▪ Research & Development Annual Report	**Y**	Information	PA
10/21	12.15	Operational Performance & Sustainability	**Y**	Assurance	EW
Closing					
11/21	12.40	Any other business	-	Discussion	Chair
12/21	-	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: 29 July 2021

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting, 25 March 2021

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

Present:

David Astley	(DA)	Chairman
Philip Astle	(PA)	Chief Executive
Ali Mohammed	(AM)	Executive Director of HR & OD
Bethan Haskins	(BH)	Executive Director of Nursing & Quality
David Hammond	(DH)	Executive Director of Finance & Corporate Services
Joe Garcia	(JG)	Executive Director of Operations
Laurie McMahon	(LM)	Independent Non-Executive Director
Lucy Bloem	(LB)	Senior Independent Director
Michael Whitehouse	(MW)	Independent Non-Executive Director
Subo Shanmuganathan	(SS)	Independent Non-Executive Director
Terry Parkin	(TP)	Independent Non-Executive Director / Deputy Chair
Tom Quinn	(TQ)	Independent Non-Executive Director

In attendance:

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

Chairman's introductions

DA welcomed members, those in attendance and those observing. He made special reference to SS, as it is her first meeting and to JG for whom this will be his last due to retirement.

73/20 Apologies for absence

Fionna Moore	(FM)	Executive Medical Director
Howard Goodbourn	(HG)	Independent Non-Executive Director

74/20 Declarations of conflicts of interest

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

75/20 Minutes of the meeting held in public 28.01.2021

The minutes were approved as a true and accurate record.

76/20 Action Log

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

77/20 Board Story [10.03 -10.08]
PA introduced this video of refection from the past 12 months of the pandemic, which coincides with the recent national day of remembrance. For SECAmb, it has been a sad year where we have lost 14 members of staff (not all to COVID). PA expressed deep regret and sadness, but also pride in the resilience of staff during this extremely challenging period.

PA referenced some work of note from Caroline Flack who was involved in the 'dying to work' charter, which enables staff to work who otherwise might be retired due to ill health. This made her final year so much better than otherwise it would have been.

78/20 Chair's Report [10.08 – 10.14]
DA introduced his report, reinforcing the focus of the meeting and the shifting attention to some of the more underlying issues as highlighted in the IPR, as we move into a new financial year.

DA confirmed the appointment of SS and the new placements as part of the NExT Director Scheme; Christopher and Mamta.

DA then with acknowledged this will be JG's final meeting having spent 25 years in the ambulance service. He thanked JG for his service and announced that EW has been appointed as interim Executive Director of Operations from 1 April 2021.

79/20 BAF Risk Report [10.14 – 10.16]
PL referred to the challenge of the Board in January to undertake a full review of the BAF risks to ensure they provide a longer term view. The version in the paper is the outcome of this review. It has been considered by the Audit & Risk Committee and subject to Board support, will be developed into the usual report format. PL pointed the Board to the table in the paper listing the proposed risks and reinforced the following:

- The Board used some of its development session in February to review elements of the operating model risk.
- Later today an update will be provided on the 'workforce' risk – it is part 2 due to a mix of timing and some commercial sensitivities but will come through in the usual way from the next meeting.
- The other risks are reflected in the Board committee escalation reports as listed.

The Board supported this approach and there were no questions.

80/20 Chief Executive Report [10.16 – 10.46]
PA started by welcoming SS and echoed DA's words about JG. He then highlighted aspects of his report beginning with the strategic position we find ourselves in. Things aren't moving at as much pace as recent months. The infection rate is improving, but there are a number of variants of the virus that is a concern.

At the Executive Management Board, we are trying to get things feeling more like normal while ensuring we remain nimble to respond to any change in the pandemic. We do think there will be a third wave but is likely to have less impact, due to the vaccines; this is what we are planning for. The report shows we are in REAP 3, but yesterday decided to move to REAP 2, so are stepping down some of the exceptional measures we have been taking. However, as stated we can reverse this as and when needed.

In terms of current operational performance, in the IPR we have mix of February and March data. This is showing an improving picture when compared with January. March thought is more challenging because there is more variable staff absence and demand has increased as people are doing more. We are preparing for very high demand in June as restrictions are lifted.

111 CAS has seen a change in demand profile as schools have returned. Clinical activity / assessments have been strong. 111 First is still embedding, but overall services are working well. Since my report was written, the electronic prescribing service (EPS) has now gone live; a first for us. It may sound minor but this is really significant as it is a new and difficult skill. RQ and his team have been heavily involved to ensure this is done safely.

PA also highlighted from his report the staff awards. We sought feedback and decided to do virtual awards next month to celebrate the achievements of our people. The results of the staff survey were pretty similar to last year, and given the year we have had, this is satisfactory. However, we are thinking very carefully as a continuum to do the right things to ensure we make the Trust a better place to work. We must be really considered with this so that our approach takes a long term view.

Lastly, PA expressed delight to be involved in the launch of the gender network, which EW is chairing. As set out in the paper later on the agenda, we have some areas where there is more parity, but middle managers especially in 999 operations are predominantly male.

DA thanked PA for his update and opened up to questions.

TP referred to the crew welfare vehicles in the context of the staff survey and asked if this will continue even when restrictions are relaxed. He also asked what we are planning from 1 April for staff with extended handover delays who can't find somewhere to get a drink etc. PA responded that staff welfare vehicles were put in place to respond to extreme pressure. There aren't many of them and they can be in only a few places and it is not the most efficient way of providing welfare. Instead, we need to find a permanent solution to staff welfare at every place it is needed. JG added that the key thing is to ensure staff have a meal break. Welfare vehicles were a useful addition when we couldn't get regular breaks. There are daily safety huddles with the operations team that look at pressures and concerns for the next period. This includes a review of the number of meal/rest breaks to ensure this is as high as possible. For example, March to date 0.76% of shifts were not given a break in shift time and 92% were issued at the operation desks so not out of area. 26% of secondary rest breaks were provided so focus to welfare has to be on this.

TP thanked PA and JG for this response. He acknowledged that the focus on meal breaks has clearly indicated a better position and he can see the argument for ending welfare vans in this context.

DA summarised that the Board has demonstrated its concern for staff welfare and is assured by the meal breaks being given. It also acknowledges the work of volunteers for supporting the provision of welfare vans. The Board will continue to ensure staff welfare remains a key focus.

81/20 IPR /Committee Reports (10.46 – 12.42)

PA introduced the report, reminding the Board about how it is structured and the specific areas of escalation that the relevant directors will pick up. In his overview, PA reinforced the iterative nature of the report, which will continue to evolve to ensure it remains current.

DA then asked that executive directors to start by highlighting any specific areas. He confirmed there will then be questions before asking the committee chairs to introduce their escalation reports.

<u>Operational and Financial Performance / Finance and Investment Committee</u>

JG confirmed the operational performance as set out in the report, taking the Board through the relevant pages explaining some of the detail and what the data is showing. He confirmed that February to-date was much improved compared to January, and the relation to the periods during that month where hours were above 100%. This was due to the provision of overtime, support from the military and the fire service. On C1

JG explained that this is about process and there has been much focus on this to ensure improvement. Overtime is an issue as over reliance is not sustainable. This is likely to reduce as restrictions are lifted and staff can do more. In summary, there is work to do, it is vital we maintain the provision of hours, which is the key focus of the operations team, especially as we go in to second vaccinations and likely increase in short terms sickness.

DA opened up or questions.

LM asked about performance in the context of education training and appraisal, as while provision of hours is vital, so too is this. JG reinforced that we are funded for 28% abstractions and this is not enough to ensure education training and development (ETD) for all our workforce. We need a plan to fund this. ETD is one of the things that is stopped to push hours when pressures arise. LM asked therefore if what we are saying is that our establishment is unsustainable and, if so, are we confident that we can get ETD back on track? JG expressed confidence if we find a way to fund / plan for the abstraction we need. This links also to internal efficiencies and this will all be picked up by case for change (the review of our operating model), as our current targeted dispatch model doesn't work as we don't have enough paramedics.

DA confirmed that the Board notes this must be the main risk and area of focus of the Board, acknowledging the work ongoing via 'case for change'.

LB asked about welfare and late overruns. We are about 50% and so what are we doing and how does this benchmark against others noting the nature of work means it is difficult to finish on time. JG explained that the benchmark is difficult as we don't always count the same or use the same metrics. He reinforced the need for breaks, confirming that the average over run time is about 40 mins, which is not insignificant.

While MW understood that the systemic issues re workforce and our operating model is being addressed by the case for change, this is not going to be done in the next 12 months so it is important we differentiate between longer term sustainable changes and shorter term actions. He therefore asked how we are engaging with PAPs, as most businesses will look at how it utilises other providers. And over the summer what additional numbers of clinicians are coming through and are we prepared to get them operational as quickly as possible? On PAPs, JG explained we use them to fill gaps in workforce numbers so are part of the overall number. We could use them to manage surges, but this isn't how we have done it. On workforce pipeline, JG said we have been really successful with NQPs and met our plan in the last year. We have a discussion recently at EMB about how we over subscribe candidates to cover attrition. This year for example we have an opportunity to offer places for an additional 40 NQPs.

SS asked about how we plan for attrition. JG explained that the data we have on this from previous years informs our 5-year workforce plan. We know we have a deficit of paramedics of circa 500 in our plan (this is the skill mix gap) and so our challenge is to retain more.

TQ noted that our skill mix is a risk as we rely more on NQPs. JG agreed but felt it less a risk than having non-registered staff. Currently we operate a very high percentage of qualified shifts. This links to the arrangements for clinical supervision as it is a key part for the progression of NQPs. But more NQPs is definitely a positive thing as longer term this is how we close the skill mix gap.

DA summarised that as a Board we note the ability to maintain a safe service. That said, we acknowledge the challenges going forward that will require focus and planning to ensure sustainability. It will be a difficult year ahead. We need to communicate this well internally and externally so it is clear what we are doing to mitigate risks.

DH then highlighted aspects of finance part of the IPR, including being on a revised plan for the rest of the year to deliver an ICS control total. We have a deficit and discussions are ongoing to close this. The underlying deficit reflects more the system pressures than any concern about our financial health. But we do need to run a sustainable organisation to deliver best care and welfare to staff. Looking forward, the block contract arrangement will roll over in to Q1 and almost certainly to Q2. This gives some certainty but also some risk as the block calculation has resulted in a gap which we are trying to balance with commissioners. It has been a strange year financially as we have managed at regional rather than provider level.

DA congratulated the executive for delivering our financial promises in a very challenging year.

MW introduced the FIC report. He felt this was a good meeting and commended the quality of papers. There was focus on operational performance in terms of resilience over the summer period when restrictions are lifted. Assurance was sought that the executive are focussed on this. We also looked at lessons from our response to COVID and our role in the system to alleviate pressures, e.g. improving ratios of hear and treat, see and treat, and see and convey.

Picking up what DH has just said, FIC agreed with DA a summary that we have managed finances very well over past difficult 12 months and used the money cost effectively to respond to patient need. That said, FIC is concerned about financial resilience and sustainability, an issue across the NHS not just here with the high degree of uncertainty. FIC is focussed on us as a Trust and how we use resources and being confident we get maximum value for money.

MW then summarised the other aspects of the meeting as set out in the report.

There were no questions.

DA summarised that this is as smooth a year-end as can be expected. We have some challenges in planning for next year and beyond and we all recognise the challenges with operational performance.

[comfort break 11.32 – 11.45]

<u>Quality and Patient Safety / QPS Committee</u>
RQ drew the Board's attention to page 13 demonstrating a gap in audits. He explained it is a monthly blip as Team Leaders are getting used to submitting audits to the new BI system. More positively we are recommencing our medicines unannounced audits now restrictions are easing. There was good discussion at QPS re the ambulance quality indicators (AQIs) which are not as good as they should be given our capability. There will be much focus on this in the year ahead.

BH then highlighted on page 12 the exception report on duty of candour. In January we missed the target but achieved it in February and on track for March. No root cause other than renewed focus. All were contacted but three were not within the 10 day target.

BH confirmed that safeguarding training is a temporary issue during recent pressures. However, we are re-focussing now pressures easing.

BH also mentioned complaints response timeliness. There was a significant dip in February down to operational pressures where investigations took longer. However, we are seeing this improve in recent weeks.

LB took the Board through each aspect of the QPS escalation report, summarising the key areas and the view the committee had taken. On AQIs she confirmed the really good discussion and the confidence that we will do better.

DA thanked LB for the summary and, noting she will be handing over QPS to TQ, on behalf of the Board acknowledged her excellent chairmanship of QPS over several years.

DA then opened to questions and himself asked about what we are doing to improve AQIs. RQ explained that for some time we have not been doing some of the simple things we should, mostly about recording than patient care per se. So, it is about demonstrating the actual care we provide.

LB set out the context of the spinal immobilisation guidance, the paper for which is included as an appendix to the QPS report. QPS is supportive of continuing with the guidance. RQ then added that FM is keen the Board were able to give a view on whether the current position is maintained. The new guidance on not using neck collars was meant to be rolled out and the delay is due to a technical issue, but QPS received extensive assurance about the clinical background to what we are doing, which is safe practice. Purpose therefore of the paper is to answer any further questions and seek support for continuing with the current practice.

Following some discussion, the Board supported the continuation of the current guidance and note that this is what is considered best and safe practice, albeit not in line with JRCALC.

Workforce and Wellbeing / WWC Committee

AM highlighted absence levels of staff and the current issue in welcoming back staff who have been shielding over the past year. A process is now in place to support both physical and mental health.

On recruitment, we have offered places to all 166 NQPs and are exploring the opportunity of offering to more to mitigate those that drop out.

The turnover trend continues to fall a third, over the past year. We are not expecting it to continue so we will be focussing on recruiting to all vacancies and supporting staff welfare to help it sustain and improve.

Finally, AM confirmed staff can carry forward leave over next two years given the impact of the pandemic. We have though encouraged staff to take as much leave as reasonably possible.

LM then summarised the report of WWC. Firstly, on the AAP outstanding assignments, the committee is impressed with how clinical education have responded to this issue. Although there is concern that management failure led to this happening in first place. The committee looked at HR / management processes and is more assured by the grip of some of the HR functions, although improvements still need to be made.

LM reflected on the good discussion on corporate affairs, exploring how we handle this going forward, acknowledging the gap that exists in how it is all coordinated.

The committee is working to rebalance its focus between workforce and wellbeing and develop measures to ensure we monitor the wellbeing aspects more closely. Post COVID, wellbeing is being taken forward by the executive. We also need to balance our effort to ensure we address issues of diversity.

Other areas of escalation were attrition of paramedics into other parts of the system as per the BAF risk referred to earlier and this is being picked up again in Part 2.

DA opened to questions.

LB asked about driving licenses and the date we expect this to be resolved. AM confirmed the plan is to close this and P Files by the end of March. We have agreed some actions with the remaining cases.

SS asked about clinical education metrics and lack of targets. RQ confirmed we have recruited a Consultant Paramedic to lead the clinical education review which includes setting some targets. This will link into the case for change.

Audit & Risk Committee

MW summarised the report, explaining that one of the key roles of the committee is to test the controls are working as they should be to enable effective management. We get assurance from two independent sources, Internal Audit and External Audit. Internal Audit give a view on governance and controls and work to date indicating this year will be a positive assurance opinion, which is really good. There has been sustained improvement with the management actions, although there are some long standing HR / workforce actions and we have asked these are implemented by May, at the latest. MW then outlined the findings of the two reviews considered by the committee.

DA thanked MW for bringing these matters to our attention. There were no questions.

82/20 FTSU Guardian Report [12.42 – 12.57]

BH introduced Kim Blakeburn who provided an update on areas over past year and plans for future. Kim set out the following:

- Significant increase in issues being raised through FTSU, which is positive to show people are speaking up.
- Some work to ensure better follow up and learning outcomes.
- Some areas feeling less safe in raising concerns.
- We have a solution for staff to raise concerns in writing, anonymously.
- Focus on national approach to 'Just Culture'.
- Themes / trends include
    - Recruitment procedures not being followed
    - Internal investigations, e.g. comms and reasonable timescales.
    - Training to investigate formal processes, e.g. disciplinary
    - Investigations should be undertaken by someone independent
    - Increase in detriment as defined – so is about perception.
    - Tangmere and Worthing, EOC 111, Fleet and Logistics, and Medical are areas with high numbers of concerns.
- Plans for the year will focus on 'listen up and follow up' – creating an effective guide for staff with L&OD, and a drive for learning outcomes.

DA thanked Kim for this summary and opened to questions.

TP thanked Kim for the work she does, and also thanked executive colleagues who take seriously all the issues they are made aware of. He reflected that one downside is that as Kim is so accessible much of what goes her way might not be within the scope of FTSU. For example, HR issues should be dealt through management, and perhaps this links to the identified gap in management training. The systems are not there so by default things goes through FTSU Guardian.

LM added that this is not just management development it's also about how HR expertise is used by management.

DA thanked Kim again for all she does to help support staff to speak up. He then asked that the executive to continue to work to ensure local management deal with issues as they arise.

83/20 Gender Pay Gap [12.58 – 13.05]

AM introduced this report that has been considered by WWC, reflecting that we have work to do. We need to approach actions in the right order, starting with the process we have adopted, e.g. all interview panel members trained/experienced, and have gender diverse panels. The gender quality network is an important addition to our staff networks. As we present this going forward we will start looking at comparative data to see how we compare with other parts of the NHS.

SS asked if there is a talent management strategy. AM confirmed there is none yet, but we plan to have one.

The Board formally noted the report.

84/20 Disciplinary Review Process – Amin Abdullah [13.05-13.10]

AM confirmed this paper gives background to the case, the learning and actions we are taking, explaining that there is no substitute for going through the detail of our processes. We have recommended some internal changes including:

- Timescale issues
- Investigations
- Avoid need for suspensions – review process in place now leading to 50% reduction.
- Upskilling of managers and HR professionals

TP felt that to do this properly we need people properly trained to investigate. We haven't met this training need in the past year or so and so don't have enough staff trained to ensure rapid turnaround.

DA reinforced that this falls within the remit of WWC. He encourage the executive to ensure this is rectified and given priority action.

85/20 AOB

None.

86/20 Review of meeting effectiveness

The Board reflected that key items have been covered and directors were content they were given the opportunity to contribute.

There being no further business, the Chair closed the meeting at 13.11

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
28.01.2021	67 20	111 First is an embryonic channel shift to integrated care and SECAmb should provide the system leadership. Using a Board development session, the Board should think about this and how we establish a robust evaluative framework to ensure we realise the benefits.	PL	2021/22	Board	IP	

Key

	Not yet due
	Due
	Overdue
	Closed

South East Coast Ambulance Service NHS
NHS Foundation Trust

	Item No	06-21

Name of meeting	Trust Board
Date	27.05.2021
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.

Since the last Board meeting, we took some time as part of our development programme to consider aspects of the Trust strategy and how this might be impacted by the NHS White Paper. This will require an ongoing conversation as more the of the detail emerges. We also discussed how the Board will scrutinise and support strategic performance, and at the next Board meeting in July we will start to see regular reports on this. Finally, at the session in April the Board explored one of the Trust's principal risks, related to our paramedic workforce and specifically how we can best support and respond to the approach to recruitment by Primary Care Networks. This risk features in the BAF risk report later on the agenda.

Each of the main Board committees have met recently, and the outputs of these meetings are summarised in the escalation reports, which we take as a Board as part of the integrated performance report (IPR). This month there are also three separate reports, covering safeguarding, learning from deaths and research and development.

As I mentioned to the Board in March, while we are still managing the impacts of the pandemic, our attention is quite properly turning to some of the underlying issues we need to address, some of which are highlighted in the IPR. I asked for a separate item this month on operational performance, to seek assurance that the executive is doing all it reasonably can to improve our position against the ambulance response programme (ARP) standards. ARP is proxy for patient safety/quality and so it is really important the Board continually seeks assurance on this.

There have been some recent additions to the Board as part of our succession planning. Firstly, this is Paul Brocklehurst's first Board meeting. He was appointed by the Council of Governors as Independent Non-Executive Director and started with the Trust at the beginning of May. Paul brings an extensive knowledge of technology, transformational change and general management to the Board.

This is also Emma Williams' first Board meeting as Executive Director of Operations having been recently appointed following a very robust recruitment process.

We have also made an offer to an external candidate for the newly established role of Executive

Director of Planning & Business Development, and we hope to be able to confirm the details of this appointment shortly.

Finally, on Board appointments, I am really grateful to the Council of Governors for agreeing to re-appoint me as Chair for a second three-year term, taking me to September 2024. It is a great honour to be able to lead this organisation and I will look forward to the challenges that lay ahead.

As Chair, much of my time since March has been spent in routine duties of Board governance. I remain hopeful that the majority of COVID restrictions will be eased in June, in accordance with the Government's road map and, as we have done throughout this pandemic, we will ensure adherence to the relevant guidance. Subject to this, we will be planning from July to start holding at least some Board meetings again in person. Over the past year we have learnt how to work differently, whilst remaining effective and I know the executive are using this learning to establish the future new ways of working.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	07-21

Name of meeting	Trust Board
Date	27 May 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. This is the revised version agreed by the Board in March.
Recommendations, decisions or actions sought	The Board is asked to review the report and note how the risks have been considered by the Board and its committees. It is also asked to note that, at present, the controls for the majority of the BAF risks provide limited risk mitigation, which reflects the nature of these risks. This is however expected to improve during the first two quarters of the year as more actions are taken.

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. This version was updated following the decision of the Board at its meeting in March.

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.

Board / Committee	Agenda Item	BAF Risk
Finance and Investment May	111 & 999 Operational Performance Financial Planning	2 5
Workforce and Wellbeing May	Clinical Education Improvement Plan & Internal Audit Paramedic Workforce / PCNs	3 1
Board Development Session April	Paramedic Workforce Risk ICS / NHS White Paper	1 & 4

4. Management Review & Recommendation

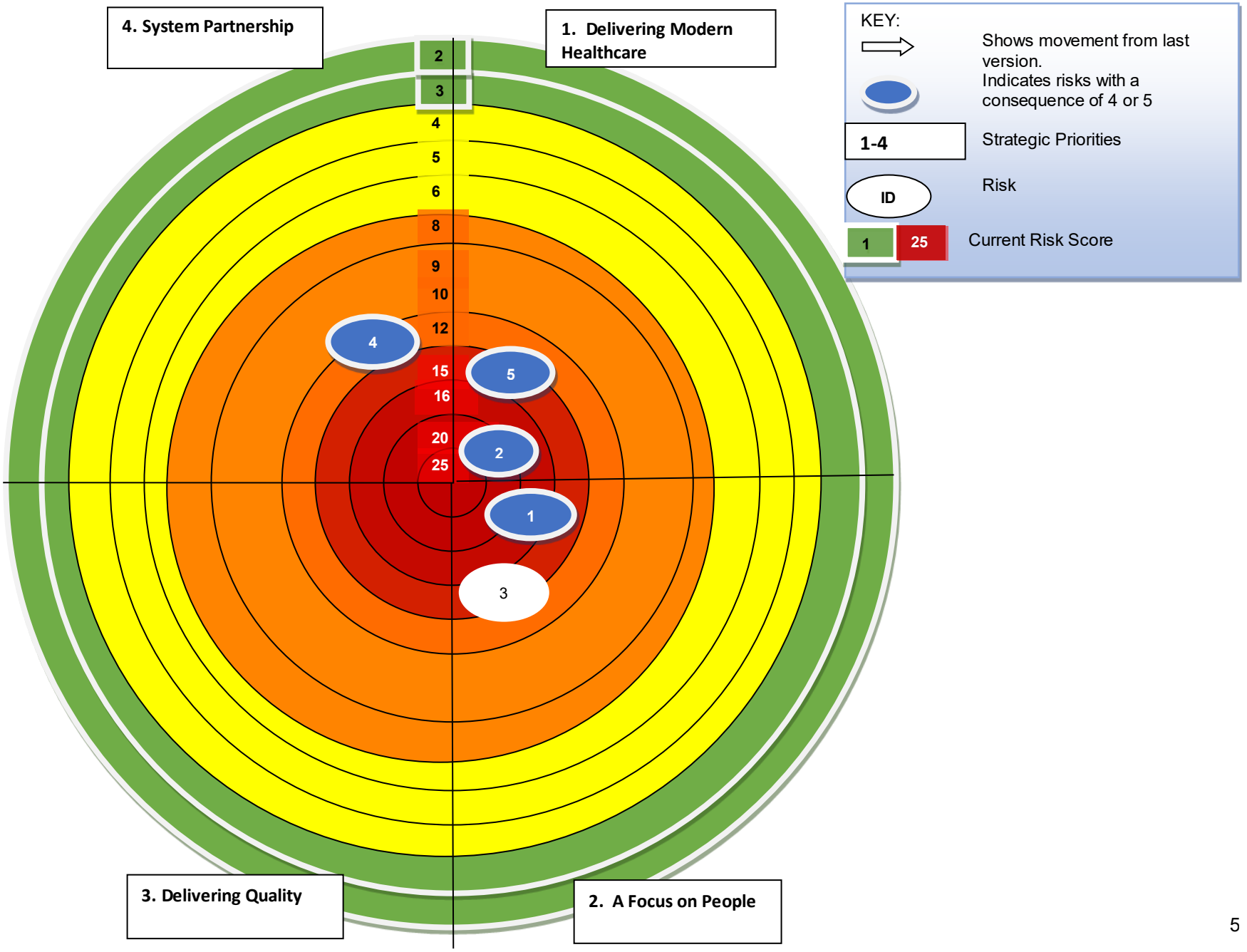
As set out in Appendix A, each risk has a nominated scrutinising forum, where the subject matter experts consider the risk, and update accordingly. Where the forum is not EMB, it will make recommendations to EMB about any changes to the risk. When applicable, EMB will recommend removal and / or an addition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

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 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 & 3	Risk ID 2 111 & 999 Performance	Risk that our operating model is not suitably designed to ensure efficient and effective management of demand and patient need.	20	20	08	March 2022	FIC / QPS
2	Risk ID 1 Workforce	Risk that we will lose a significant number of senior paramedics to primary care and other parts of health system, which will lead to the deskilling of the workforce and an inability to upskill the remaining workforce.	16	16	08	Ongoing	WWC
1 & 3	Risk ID 5 Financial Management	Risk that we are unable to develop a robust long term financial plan to deliver safe and effective services, due to uncertainty over the future with national/regional plans.	16	16	04	March 2022	FIC
2 & 3	Risk ID 3 Education Training & Development	Risk that we cannot consistently abstract staff for education training and development, due to a disparity in commissioning, resource, and operational pressures, which will lead to continued gaps in clinical and leadership development	15	15	06	Ongoing	WWC
1 & 4	Risk ID 4 System Leadership	Risk that we do not substantively engage with Integrated Care Systems and the service delivery architecture in place across the region, impacting the ability to pursue the Trust's overall strategy and supporting objectives.	16	12	04	March 2022	Board


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
4
5
2
1
3
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 2	**BAF Risk ID** 1 Workforce	**Date risk opened:**

Underlying Cause / Source of Risk:	**Accountable Director**	Chief Operating Officer
Risk that we will lose a significant number of senior paramedics to primary care and other parts of health system, which will lead to the deskilling of the workforce and an inability to upskill the remaining workforce.	**Scrutinising Forum**	EMB
	Initial Risk Score	**16** (Consequence 4 x Likelihood 4)
	Current Risk Score	**16** (Consequence 4 x Likelihood 4)
	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)
Work in partnership with six higher education institutions (HEIs) for pre-registration paramedic education programmes As at April 2021 supporting 649 Student Paramedics (557 direct entry and 92 in-service) across all elements of their degree programmes Workforce Plan - aims to reduce the shortfall in paramedics by circa 150 by March 2022

Gaps in Control

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) Shortfall of over 500 paramedics (-) Additional Roles Reimbursement Scheme could lead to a potential increased attrition of 230 paramedics by March 2024	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Working with the Regional Leads and PCN's to limit the recruitment from the Ambulance service whilst the issue is collectively addressed. Working with HEE to understand how the pipeline and supply side issues of new recruits can be addressed. The Trust working with partners to mitigate the constraints outlined in the paper around internal and external training pathways Workforce Plan - to reduce the shortfall in paramedics by circa 150 by March 2022	

Last management review	Executive Management Board	**Last committee review**	29.04.2021 Board Development Session

Priority 1 & 3	**BAF Risk ID** 2 111 & 999 Performance	**Date risk opened:**

Underlying Cause / Source of Risk:	**Accountable Director**	Chief Operating Officer
Risk that our operating model is not suitably designed to ensure efficient and effective management of demand and patient need.	**Scrutinising Forum**	Organisation Change Group
	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)
Operational Performance and Sustainability Plan – focus on key actions to improve processes / use of resources

Gaps in Control
Establishing the best care delivery model.

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) Overall performance in 111 CAS & 999 (-) Increasing demand (+) Cat 2 performance	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Operational Performance and Sustainability Plan Development of a Performance Cell Programme to review the care delivery model	

Last management review	Executive Management Board	**Last committee review**	21.05.2021 Finance and Investment Committee

Priority 2 & 3	**BAF Risk ID 3** Education Training & Development	**Date risk opened:**

Underlying Cause / Source of Risk: Risk that we cannot consistently abstract staff for education training and development, due to a disparity in commissioning, resource, and operational pressures, which will lead to continued gaps in clinical and leadership development. .	**Accountable Director**	Director of Operations
	Scrutinising Forum	Senior Management Group
	Initial Risk Score	**15** (Consequence 3 x Likelihood 5)
	Current Risk Score	**15** (Consequence 3 x Likelihood 5)
	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)
Key Skills delivery programme Management development programme

Gaps in Control
Education, Training and Development (ETD) Strategy Management plan for additional annual leave carried over from 2019/20 Insufficient funding for actual level of abstractions

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) Operational pressures (-) Additional abstraction (carry over of leave due to the pandemic)	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
ETD strategy being developed	

Last management review	Executive Management Board	**Last committee review**	11.03.2021 Workforce & Wellbeing Committee

Priority 1 & 4	**BAF Risk ID 4** System Leadership	**Date risk opened: 13.09.2018**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of Nursing & Quality
Risk that we do not substantively engage with Integrated Care Systems and the service delivery architecture in place across the region, impacting the ability to pursue the Trust's overall strategy and supporting objectives.	**Scrutinising Forum**	Strategic Partnership Board
	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)
Internal Strategic Partnership Board established Board Strategy Advisory Board Existing engagement approach

Gaps in Control
Differences across the three ICSs in our region Approach to corporate affairs

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) WWC re corporate affairs (+) Board's test of the Trust strategy against the emerging system design/approach	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Plan to ensure a more joined approach to corporate affairs Establishing the Strategic Partnership Board	

Last management review	Executive Management Board	**Last committee review**	29.04.2021 Board Development Session

Priority 1 & 3	**BAF Risk ID 5** Financial Management	Date risk opened:

Underlying Cause / Source of Risk:	**Accountable Director**	Chief Operating Officer (Director of Finance)
Risk that we are unable to develop a robust long term financial plan to deliver safe and effective services, due to uncertainty over the future with national/regional plans.	**Scrutinising Forum**	Executive Management Board
	Initial Risk Score	**16** (Consequence 4 x Likelihood 4)
	Current Risk Score	**16** (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)
Block contract in place Interim financial arrangements have been extended by NHSE to Sept 2021 2021/22 budgets set Capital Plan

Gaps in Control
Funding agreed only for the first half of 2021/22 Potential deficit could result in a cash shortfall that may affect future capital plans ICS capital limits

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

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Working with the ICS and NHSE&I	

Last management review	Executive Management Board	**Last committee review**	21.05.2021 Finance and Investment Committee

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 Financial loss £50-500K	Extended loss of essential service in more than one critical area Financial loss of £500k to £1m	Loss of multiple essential services in critical areas Financial loss of >£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	08-21

Name of meeting	Trust Board
Date	27.05.2021
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 April and May 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. In addition to the main weekly meeting, we also hold regular Executive 'huddles' to ensure that there is a frequent opportunity for issues to be raised and discussed and action taken.

4 Other issues overseen by EMB during this period include:

- Operational performance – development of a performance and sustainability plan
- Closure of the P Files project, which provides assurance that we have the ID/right to work documents for every member of staff
- Transition from the COVID BCI
- How to recognise the efforts of staff during the past year, e.g. Thank you special leave day
- Overseeing the Agile Working Programme Board – new ways of working when the restrictions on home working are lifted
- Established the Better by Design programme

5 EMB have also discussed and approved the following investment decisions:

- Simulation Ambulance
- Clinical Education Audio Visual Equipment
- Softphones in 999

6 **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.

7	I have spent days at Thameside, Coxheath EOC (twice), 111, Medway, Ashford, and Brighton. It is a pleasure to spend time with our frontline staff who are always keen to share feedback on how they have fared during the pandemic. I especially enjoyed meeting new EOC team members at Coxheath and Crawley and new 111 team members at Ashford and at Crawley.
8	On 9th April I had the privilege of standing alongside her colleagues and friends, as the team at Chertsey Make Ready Centre said goodbye to Operations Manager Sue Tugwell who very sadly passed away in March. The cortege passed through the Make Ready Centre, allowing us all to pay our respects ahead of the funeral. It was very emotional for everyone who was there but was also very respectful – a very fitting tribute.
9	On 28th April, I attended the first face to face Developing System Leadership in Kent & Medway event, together with other CEOs and senior leaders from across the system. It was an extremely interesting event, recognising the increasing importance of all parts of the NHS properly working together in areas to benefit patients and the local communities. I attended a similar event with the excellent Sussex team on 21st May.
10	**Progression of key estates projects** We are continuing to see good progress being made on our key estate developments: <u>Medway:</u> The contractors, Westridge Construction Ltd, are now on site, undertaking enabling work ahead of demolition work starting. Weekly meetings are taking place to monitor progress.
11	Agreement of the design process timescales is a priority and once confirmed, the project team will be engaging with the sub-groups for feedback. Images of the construction phase will be shared with staff, FAQs are frequently refreshed and an HR sub-group has been established to ensure staff are communicated and consulted with throughout the project. An Operational Readiness sub-group is also being set up, to plan and discuss how the 999 and 111 services will work more closely together at the new site.
12	<u>Banstead</u>: Excellent progress has been made with the old site demolished and construction of the new building started in early May. Detailed drawings/designs and specifications have been ratified at the Project Board. An HR sub-group has been established to ensure staff are communicated and consulted with throughout the project.
	B. Regional Issues

13	**Further development of 111 Clinical Assessment Service (CAS)** I am really pleased to share positive news about the next development phase of our 111 Clinical Assessment Service (CAS). We have been working closely with Cleric, our CAD provider and external bodies including our Commissioners, NHS England and NHS Digital for some time to implement an Electronic Prescribing Service (EPS) within the CAD – the first ambulance service to do so!
14	EPS is an integral part of having a fully functioning CAS, as per the NHS England Integrated Urgent Care (IUC) specification. Currently the Trust only allows General Practitioners to generate prescriptions from the CAS however, once the appropriate governance is in place, the intention remains for SECAmb to utilise Non-Medical Prescribers (NMPs) like Advanced Nurse Practitioners and other appropriately skilled independent prescribers including Pharmacists and Urgent Care Practitioners to prescribe.
15	Following a rigorous testing process, as of 6th May 2021, all KMS 111 CAS staff employed by SECAmb or our sub-contractor IC24, are working off Cleric. Having one CAD operating platform will improve our efficiency and effectiveness, leading to improved responsiveness and ultimately, better care for our patients.
16	Well done to everyone involved and we look forward to our 111 CAS continuing to make a positive difference to the wider urgent and emergency care system across our region as we move forward.
17	**Double reunion** On 10th May, we celebrated a double reunion when father and son Brian and Gary Bales from Selsey in West Sussex were reunited with and thanked some of the ambulance crews, volunteers and members of the public who came to their aid after they both required resuscitating within three years of each other.
18	Gary was visiting his parents in March of this year when he was suddenly taken unwell with chest pain and subsequently collapsed. After his parents called 999, he received initial care from a member of the Selsey Community First Responder team, before being treated by two ambulance crews and a Critical Care Paramedic. The team worked closely together before taking Gary to Queen Alexandra Hospital in Portsmouth, where he received emergency treatment and had four stents fitted.
19	Three years prior, Dad Brian had been in a similar position. He had suffered a cardiac arrest and received initial treatment from a member of the public using a Public Access Defibrillator, followed again by the local Selsey CFR team ahead of the ambulance crews arriving.
20	During the reunion, it was great to see both Brian and Gary looking so well. Their story illustrates clearly the benefits of community first responders, public access defibrillators and also the important role bystanders can play in the chain of survival, prior to the arrival of our ambulance crews.

21	**Executive Director of Operations appointment** On 30th April 2021 we formally announced the appointment of Emma Williams as our new Executive Director of Operations following an extensive recruitment and selection process.
22	Emma had been undertaking the role on an interim basis, since the retirement of Joe Garcia at the end of March but I am delighted to now see Emma substantively in this key role.
23	Emma began her career in the ambulance service in 1996 as a trainee qualified ambulance technician with London Ambulance Service. Progressing to qualify as a paramedic in 1999, she spent the next 10 years operating as a paramedic practitioner before undertaking a range of roles including service development, staff engagement and governance. In 2014 she became Head of Urgent Care at South Western Ambulance Service NHS Foundation Trust before leading a commissioning team in North East Hampshire prior to joining SECAmb in 2019.
24	Emma faced competition from a strong field of external candidates but she has the right skills for the Trust and is a great addition to the team.
	C. National Issues
25	**COVID-19 outbreak** As the pandemic progresses and we begin to see some of the national restrictions lifted, we are continuing to monitor the situation closely and take a cautious approach to returning to 'business as usual'.
26	Governance**:** The COVID Management Group (CMG), chaired by Bethan Eaton-Haskins, our Lead Director for COVID-19 continues to meet weekly, ensuring that all decisions and actions related to COVID are considered appropriately.
27	'Roadmap' through the pandemic: We are continuing to monitor the key stakes in the Government's 'road-map' for lifting the restrictions to understand the impact on our staff as well as on operational demand (see below).
28	COVID Vaccination programme: Since the commencement of our overall vaccination programme on 21st December 2020 and our in-house programme on 10th January 2021, 82% of our staff have now received both doses of the vaccine to date.
29	This has been a fantastic achievement and I would like to thank everyone who has been involved in delivering our vaccination programme. From chatting with staff, I know just how important it was to them that we took a proactive approach to vaccinations and just how much they appreciated being able to access vaccinations as early as possible.
30	We ceased providing first doses of the vaccines directly to staff on the 31st March 2021 and will cease providing second doses on 13th June 2021. However, our vaccination team are continuing to closely monitor potential national developments around 'booster' vaccine doses and will ensure that, if this becomes available, we are able to mobilise to provide this to our staff in a timely way.

31	**Ambulance Leadership Forum (ALF)** The Ambulance Leadership Forum (ALF) took place on 18th May 2021. The virtual event format allowed more staff to attend and the event offered interesting insights in the future direction of the ambulance service as well as providing an opportunity to celebrate best practice. My personal highlights were the sessions with Lord Victor Adebowale, Simon Stevens and Anton Emmanuel.
32	ALF is also an opportunity to acknowledge the wonderful achievements of ambulance staff right across the country and it gave me great pleasure to see our very own Medway Paramedic, Jenna Gibson, awarded the very prestigious honour of outstanding achievement in the role of Paramedic**.** Jenna, who has a hearing impairment, was instrumental in the raising awareness of hearing loss and in the development of our hearing-impaired badge which staff can attach to the epaulettes. Well done Jenna on your award!
	National launch of iPADs for ambulance staff
33	ALF also saw the national announcement by NHS England of investment to provide 30,000 iPADs to front-line ambulance staff to support the delivery of patient care.
34	Within SECAmb, we invested significantly four years ago to provide individual issue iPADs to all front-line staff to enhance the care they provide to patients out on the road. As a result of being an early adopter, we were asked to feature as a case study in the national launch and it was great to see Dr Fionna Moore feature in national media, describing the benefits their use has brought to staff.
35	As well as further developing the Electronic Patient Care Record (ePCR), we continue to investigate ways to further utilise the functionality that the iPADs provide, including the development of bespoke apps.
	D. Escalation to the Board
36	**Operational Performance** The demand for our 999 service has been far higher than we would expect to see at this time of the year as the lockdown restrictions are released. This increased activity is being seen nationally as well as within our local health system. Our 111 service has also seen an increased level of activity a trend also being experienced nationally by other 111 providers.
37	Looking ahead, we are particularly concerned about the potential impact from 21st June 2021 when it is anticipated that the final national COVID restrictions will be lifted. This is likely to result in a further increase in operational demand and it's important that we ensure we are planning now to maximise the availability of front-line resources to meet the demand during this period.
38	Emma Williams, our Executive Director of Operations is leading the development and delivery of an over-arching plan to improve our operational performance focussed on the next three-month period. Through our quality and safety governance framework, we also continue to closely monitor the impact of any delays on our patients.

[redacted]

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Performance Report

Trust Board
May 2021

Data up to and including April 2021

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

Contents

CQC Rating and Oversight Framework

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

*	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 presented with one new data set this month: complaints relating to privacy and respect. Targets have been added in a few places.
- 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.

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 – an exception report is provided as this is taking longer than anticipated for good reason.

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

The IPR continues to develop and each month we are improving and adding to the metrics. In this IPR these include new metrics on our 111 / Clinical Advice Service (CAS); our Freedom to Speak up work; further details of operational staff welfare in the form of meal breaks taken within the meal break window; and IT metrics on requests made to the helpdesks for the corporate and clinical systems.

The aim of the report is to show the key performance indicators and highlight to the Board through the exception reports the areas where the executive is most concerned. Directors will talk to these areas at the meeting, and this time I will specifically draw the Boards attention to; training and appraisals; sickness levels; and staff welfare both in terms of trends around bullying and harassment and meal break compliance.

I reported to the last public board meeting in March that we have downgraded our escalation level to REAP level 3. Since March we have reduced again to REAP level 2. This has in part been possible as we have continued to welcome shielding staff back into the frontline. This has also been complimented by a large reduction in the number of staff isolating due to potential or confirmed exposure to COVID.

Our vaccination programme has played a big part in this, and I am delighted to be able to report that 86% of our staff have had one vaccination and of those 92% have had two.

The focus and effort that we have put into ensuring we have as many staff as possible available, has been the key factor in being able to manage the large increases in demand that we have seen as the national lockdown continues to be released.

The current incident responses within our 999 service are running at over 10% above the levels we would normally expect at this time of year. As a result, we are not hitting our targets to the levels set, and this position is also being reflected nationally by other Ambulance services and regionally by the other provider Trusts in the South East.

Our 111 service has also seen an increased level of activity and in April was 14% above the activity levels expected. This is again a trend being experienced nationally by other 111 providers. Our CAS has continued to provide clinical advice and outcomes to patients which has meant that they have not needed to go to a hospital or other care location. This helps the entire health system to manage demand when it is particularly busy.

In order to manage these pressures which we expect to continue in to the summer months, the Operational leadership team will continue to ensure that there is appropriate focus and planning on delivery of the core services over what will be a very difficult period.

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.

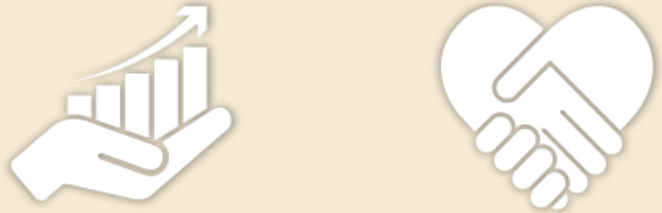
Our Priorities

- *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 (May 2021)

Key indicators at a glance for April 2021 (unless otherwise indicated)

Safe

Metric	Apr-21	PD
999 Frontline Hours Provided %	99.10%	▲
Number of Incidents Reported as SIs	7	▼
Hand Hygiene Compliance %	94.00%	▼
Violence and Aggression Incidents (Number of Victims - Staff)	65	▼
Medicines Management % of Audits Completed	95.00%	●
DBS Compliance %	100.00%	●
Number of RIDDOR Reports	10	▼

Effective

Metric	Apr-21	PD
**Cardiac ROSC Utstein %	48.50%	▲
**Stroke - Assessed F2F Diagnostic Bundle %	95.80%	▼
**Sepsis Care Bundle %	86.30%	▲
**Acute STEMI Care Bundle Outcome %	63.90%	▼
ECAL Mean Response Time	00:23:43	▲
999 Operational Abstraction Rate %	25.20%	▲
Statutory & Mandatory Training Rolling Year %	67.10%	▼

** February 2020 data

Caring

Metric	Apr-21	PD
Proportion of Complaints Relating to Crew Attitude %	31.00%	▲
End of Life Care Performance		■
Falls Performance		■
Complaints relating to privacy and respect %		■
Dementia Performance		■

Responsive

Metric	Apr-21	PD
Cat 1 Mean	00:07:32	▲
Cat 1 90th Centile	00:13:56	▲
Cat 2 Mean	00:18:54	▼
Cat 2 90th Centile	00:34:58	▼
Cat 3 90th Centile	02:58:41	▼
Cat 4 90th Centile	04:28:40	▼
999 Call Answer Mean	00:00:05	▼
111 Calls Answered in 60 Seconds %	53.40%	▼
111 Calls Abandoned - (Offered) %	7.70%	▼
111 to 999 Referrals (Answered Calls) %	8.70%	▲
Complaints Reporting Timeliness %		-

Well-Led

Metric	Apr-21	PD
Disciplinary Cases	9	▼
Collective Grievances	1	▼
Bullying & Harrassment Internal	5	▲
Annual Rolling Turnover Rate	10.80%	▼
Annual Rolling Sickness Absence	7.10%	●
Absence Relating to Mental Health %	6.70%	●
Absence Relating to MSK %	8.30%	▼
999 Frontline Late Finishes/Over-Runs %	51.90%	▲
Staff Successfully FIT-Tested %	91.30%	-

Symbol Key

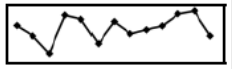
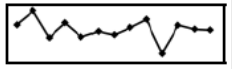
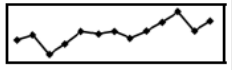
▲ Improving performance	▼ Deteriorating performance	-	Data not provided
● No change	■ Aspirational metric	PD	Performance direction

Current Operational Performance
999 Emergency Ambulance Service (as of 17/05/21)

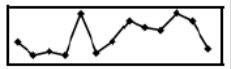
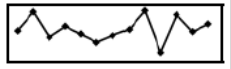
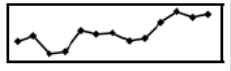
	Target		Month to Date			Quarter to Date		
Category	Mean	90th Centile	Incidents	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	2304	00:07:48	00:14:36	6275	00:07:38	00:14:07
C1T	00:19:00	00:30:00	1495	00:09:17	00:17:11	3987	00:09:19	00:17:13
C2	00:18:00	00:40:00	18913	00:19:31	00:36:40	50672	00:19:07	00:35:40
C3		02:00:00	10814	01:27:25	03:15:40	30834	01:23:09	03:04:51
C4		03:00:00	254	01:45:43	04:00:00	646	01:48:45	04:12:27
HCP 3			589	02:08:57	03:59:13	1747	02:04:37	04:00:01
HCP 4			393	02:51:59	05:34:33	1222	02:47:11	05:17:45
IFT 3			353	01:51:45	03:43:10	903	01:53:23	03:53:21
IFT 4			63	02:25:29	04:57:28	152	02:18:19	04:38:46
ST			11575	31.94%		31774	32.03%	
SC			22022	60.77%		60434	60.91%	
HT			2642	7.29%		7003	7.06%	
Count of Incidents			36239			99211		
Count of Incidents with a Response			33597			92208		
999 Mean	Call Answer Target 00:05		37127	00:05		100793	00:05	
999 90th	Call Answer Target 00:10			00:02			00:02	
Trust EOC 999 Abandoned Calls			26	0.1%		89	0.1%	
A0	EOC All Calls		40887			111398		

Current Operational Performance
999 Emergency Ambulance Service (26/04/2021 – 16/05/2021)

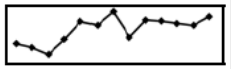
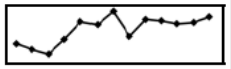
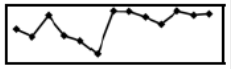
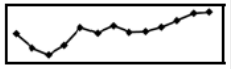
CAT 1

	26/04	03/05	10/05	Last 13 Weeks
Mean	00:07:51	00:07:52	00:07:28	
90th Centile	00:14:40	00:14:47	00:13:51	
RPI	1.56	1.55	1.55	
Count of Incidents	1022	929	977	

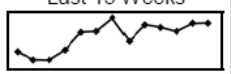
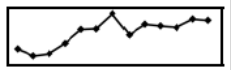
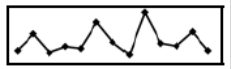
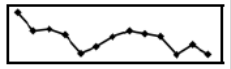
CAT 1T

	26/04	03/05	10/05	Last 13 Weeks
Mean	00:09:42	00:09:31	00:08:53	
90th Centile	00:17:28	00:17:29	00:16:31	
RPI	1.58	1.53	1.55	
Count of Incidents	642	624	633	

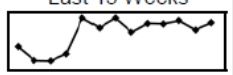
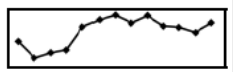
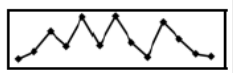
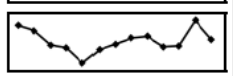
CAT 2

	26/04	03/05	10/05	Last 13 Weeks
Mean	00:19:10	00:18:59	00:19:52	
90th Centile	00:35:39	00:35:53	00:37:00	
RPI	1.07	1.07	1.07	
Count of Incidents	7736	8007	8064	

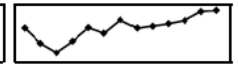
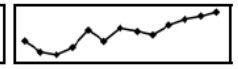
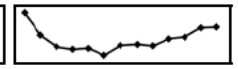
CAT 3

	26/04	03/05	10/05	Last 13 Weeks
Mean	01:20:46	01:28:07	01:28:19	
90th Centile	03:01:13	03:18:26	03:15:40	
RPI	1.06	1.06	1.06	
Count of Incidents	4500	4601	4503	

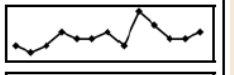
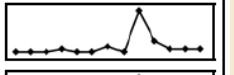
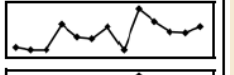
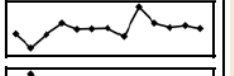
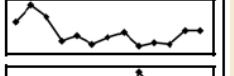
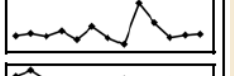
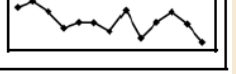
CAT 4

	26/04	03/05	10/05	Last 13 Weeks
Mean	02:05:18	01:51:47	02:02:19	
90th Centile	04:14:00	03:55:09	04:31:20	
RPI	1.05	1.03	1.02	
Count of Incidents	74	103	81	

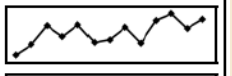
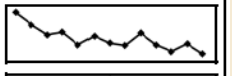
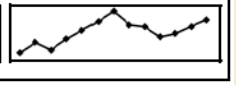
Demand/Supply

	26/04	03/05	10/05	Last 13 Weeks
999 Call Volume	15073	15514	15821	
Incidents	14868	15250	15301	
Transports	9194	9284	9393	
Staff Hours Provided Vs 67635 target	99.8%	101.9%	102.1%	

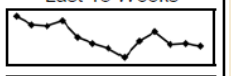
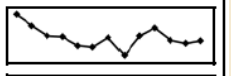
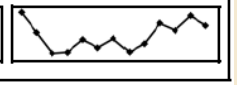
999 Call Handling

	26/04	03/05	10/05	Last 13 Weeks
Mean Call Pickup Time (Seconds)	4	4	5	
Call Pickup Time 90th Percentile (Seconds)	2	2	2	
Call Pickup Time 95th Percentile (Seconds)	23	22	29	
Call Pickup Time 99th Percentile (Seconds)	83	88	80	
Average Call Length (seconds)	370	378	378	
Abandon Rate	0.05%	0.06%	0.07%	
Staff Hours Provided Vs 4808 target	120.3%	112.9%	101.4%	

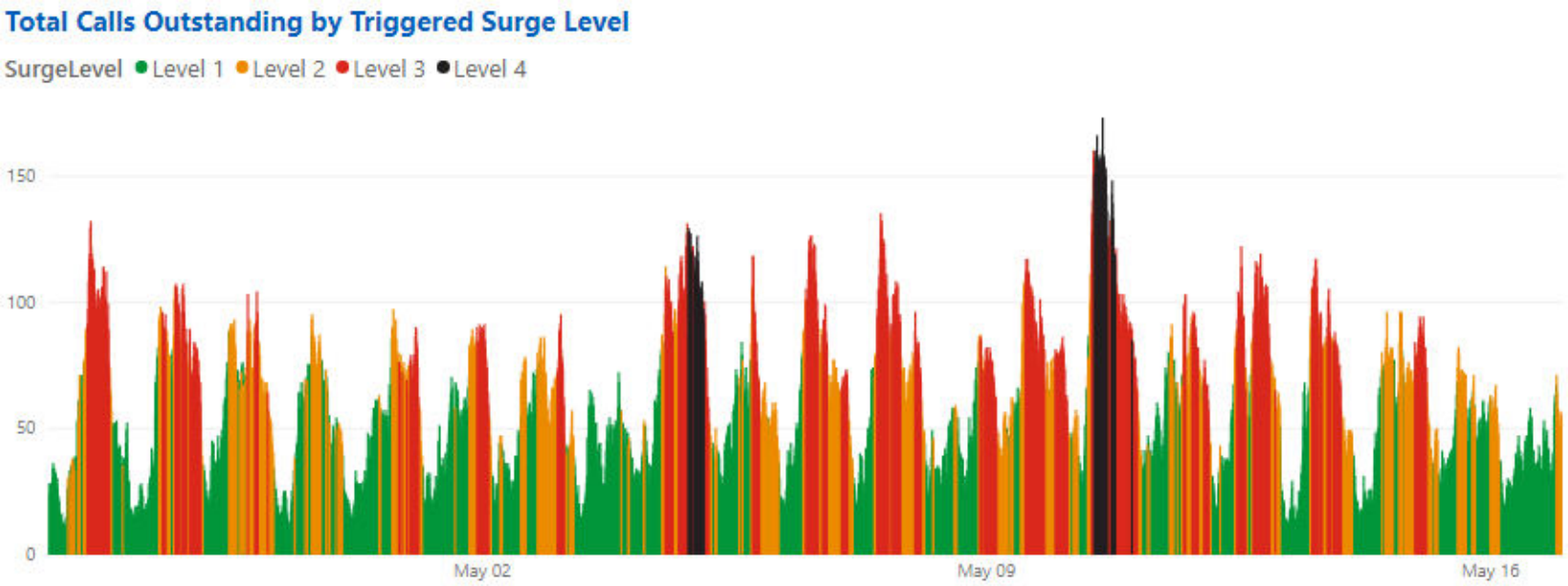
Incident Outcome

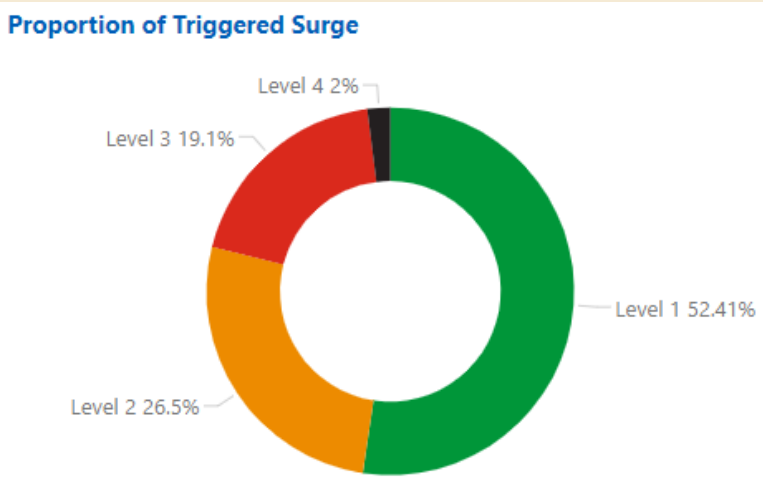
	26/04	03/05	10/05	Last 13 Weeks
See and Convey	61.8%	60.8%	61.4%	
See and Treat	31.6%	32.3%	31.4%	
Hear and Treat	6.6%	6.9%	7.2%	

Call Cycle Time

	26/04	03/05	10/05	Last 13 Weeks
Clear at Scene	01:19:35	01:19:43	01:19:22	
Clear at Hospital	01:49:18	01:49:01	01:49:14	
Hours Lost at Hospital	1068	1160	1100	

Current Operational Performance
999 Emergency Ambulance Service (26/04/2021 – 16/05/2021)





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	Flu Vaccine Compliance 2020/21	This year the Trust improved on the previous year's final totals for both frontline staff (82.3%) and total staff (74.5%). The next planning meeting will discuss the learning outcomes from this year's programme and look at how the impact of a possible Covid-19 booster will fit into a combined programme.
Safe	Patient experience data	The development of patient experience data is planned as part of the work to embed the Patient Experience Strategy. Unfortunately, this was delayed due to Covid but early work has now restarted. Over the next few months, the Patient Experience Group will lead the development of patient experience reporting from appropriate data.
Effective		Nothing new to report.
Caring	Complaints relating to privacy and dignity	There have not been any complaints received relating to privacy and dignity since May 2020.
Responsive	Community First Responder (CFR) attendances	Following a brief stand down of CFRs responding between March and June 2020 due to the Covid Pandemic, the Community Resilience Team has been concentrating its efforts on re-motivating and engaging with the volunteers who returned to responding, alongside a full recruitment and training programme for new volunteers. The success of this piece of work is clearly displayed in the numbers, where we have fewer volunteers attending more patients in a timely manner.
Well-led	IT metrics	This is the first time IT metrics have been reported in the IPR. The Trust does not currently report in the IPR the system uptime, however this will be collected from 1 May with the criteria of any total system outage. Outages caused by planned maintenance will be highlighted in the exceptions. The performance charts (later in this report) show both the number of requests to the IT Service Desk and Critical Systems Team. This month, the IT Service Desk saw a reduction in new Marval requests due to the introduction of the Self Service Password Reset Tool. This has reduced the number of calls by approximately 150.
Well-led	Freedom to Speak Up (FTSU)	This is the first time Freedom to Speak Up (FTSU) metrics have reported in the IPR. In order to capture a true picture for FTSU the numbers reported within the IPR will show all concerns open (including those raised in previous months that remain open/in progress). The numbers shown for 'closed with resolution' will evidence only those concerns closed where a learning outcome or a satisfactory response has been achieved e.g. this recognises that at times the concern raised can be a misunderstanding or lack of information and an explanation from the relevant party can close the concern with a resolution although no investigation has taken place. The numbers related to 'closed without resolution' will show the concerns that have been closed but no actions or satisfactory responses have been achieved. In these instances, those raising the concern have the option to either move on or to take a formal route. In cases where someone has raised a concern but chosen to take forward a grievance, the FTSU case will remain open until the grievance is completed. As the dataset builds, exception reporting and mitigations will be included as required.

Trust Overview:
Summary of Exceptions

Domain	ID	Exception
Safe	Section 135 (1) Response	There were three responses classified as Section 135 (1) conveyances in March – April 2021, one of which appears to be a potential incorrect classification (patient was not at home address so 135 (1) could not be applied). Two other incidents were delayed conveyances due to no resources being available to convey.
Effective	Statutory & Mandatory Training (YTD and Rolling YTD)	12.22% YTD compliance rate (April 2021); 67.07% rolling YTD compliance rate which is similar to April 2020. It should be noted classroom key skills training for A&E staff has not been run in April for the last two years, which may account for the decline in compliance during this period.
Caring	Dementia Care	During late 2020/21 the Trust developed a Dementia Strategy with key stakeholders. However, consultation was delayed due to REAP 4 and the need to focus on BAU post Covid peak.
Responsive		Nothing new to report.
Well-led	Organisational Risks Outstanding Review	During the past two months 52-59% of organisational risks have not been reviewed, some of which are extremely out of date. There are multiple reasons for this relating to leads being preoccupied with the Covid response; them not habitually accessing the risk register to take stock of their risks and accountable groups/committees not routinely requesting updates and assurance.
Well-led	Appraisals (YTD and Rolling YTD)	The Appraisal YTD completion rate has declined from 5.4% in April 2020 to 3.4% in April 2021. Completion rates are expected to improve throughout the year. In March 2021, the Appraisal Rolling YTD fell below the end of year rate of 52.24% which is likely due to a combination of recent pressures.
Well-led	Annual Rolling Sickness Absence	April sickness average reflects average % of last twelve months. The Trust is likely seeing the impact of increased hours that staff have been working over the last year. The Wellbeing Hub is predicting an increase of mental health referrals from employees over the course of the next year, as we come out of the pandemic, and is preparing for such.
Well-led	Disciplinary Cases	Increase of cases in one month after a period of falling numbers; the work continues to reduce the number of formal ER cases. A revised disciplinary policy and guidance in line with a Just and Restorative Culture will be developed in the Summer, and will be a part of Made@SECAmb, and a new ER case learning review process has begun to identify how the Trust can appreciate systemic and policy failures that have led to ER cases.
Well-led	Bullying & Harassment (internal)	An increase in cases has been identified during March and April. These are being examined to identify whether there are any common underlying issues.
Well-led	Meal Breaks taken outside window	A new metric for the IPR, this demonstrates the proportion of meal breaks that are taken outside the allocated three-hour window within a shift in which they should be taken for optimum comfort.

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
S135 (1)	Standards: *Section 135 (1) Response* Definition:	There were three responses classified as Section 135 (1) conveyances in March – April 2021, one of which appears to be a potential incorrect classification (patient was not at home address so 135 (1) could not be applied). Two other incidents were delayed conveyances due to no resources being available to convey.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Further scrutiny into the apparent incorrect classification to be taken by Mental Health Lead.	Named person: Emma Williams Executive Director of Operations Complete by date: ASAP

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
STAM	Standards: *Statutory & Mandatory Training (Rolling YTD)* Definition:	67.07% rolling YTD compliance rate and is similar to April 2020. It should be noted that classroom key skills training for A&E staff has not been run in April for the last two years, which may account for the decline in compliance during this period.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Monitor compliance rate on a monthly basis. Managers to be encouraged to ensure their staff complete their statutory and mandatory training. The L&D Team is arranging regular relationship meetings with SLTs to communicate issues and to identify barriers achieving compliance. Statutory & mandatory training compliance will be a regular agenda item to drive improvement. From October 2021 statutory and mandatory training compliance will be confirmed during colleagues' annual performance appraisal meeting.	Named person: Ali Mohammed Executive Director for HR & OD Complete by date: End of June 2021

Performance by Domain
Caring: Exception Report

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

ID	Standard	Background
Dementia	Standards: *Dementia Care* Definition:	During late 2020/21 the Trust developed a Dementia Strategy with key stakeholders. However, consultation was delayed due to REAP 4 and the need to focus on BAU post Covid peak.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: A draft of the Dementia Strategy is out for internal consultation. Dementia data will follow after approval of the strategy	Named person: Bethan Eaton-Haskins Executive Director for Nursing & Quality Complete by date: ASAP

Performance by Domain
Well-led: Exception Report

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	Standard	Background
Organisational Risks	Standards: *Organisational risks outstanding review* Definition:	During the past two months 52-59% of organisational risks have not been reviewed, some of which are extremely out of date. There are multiple reasons for this relating to leads dealing with the Covid response; them not habitually accessing the risk register to take stock of their risks and accountable groups/committees not routinely requesting updates and assurance.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The actions to mitigate are three-fold: 1) All principle risks owners have been written to and informed their risks require a review; 2) All accountable execs have been updated regarding outstanding risks sitting under them - these actions created an instant flurry of activity from many risks owners; 3) Plans are in place to gradually change the Trust's risk management process which, in the longer term will support better, more robust oversight and management of risk; all of which will be expedited with the successful recruitment of a Trust Risk Lead.	Named person: Bethan Eaton-Haskins Executive Director of Nursing & Quality Complete by date: ASAP

Performance by Domain
Well-led: Exception Report

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	Standard	Background
Appraisals	Standards: *Appraisals (YTD & Rolling YTD)* Definition:	The Appraisal YTD completion rate has declined from 5.4% in April 2020 to 3.4% in April 2021. Completion rates are expected to improve throughout the year. The Appraisal Rolling YTD has fallen below the end of year rate of 52.24% in March 2021 likely due to a combination of recent pressures.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: As pressures ease line managers are encouraged to complete appraisals. Appraisal completion rates will continue to be monitored and reported to line managers for action. The L&OD Team are designing new appraisal training for line managers to be rolled out in Q2/3. In October 2021, the current online appraisal will transition to ESR. The new ESR online appraisal form will have improved reporting functions and will work with pay progression. Line managers will need to demonstrate that they have completed their direct reports appraisals to progress to the next pay point where this is applicable. The L&D Managers will include appraisal compliance rates as a regular management information agenda item in their SLT relationship management meetings. A new Appraisal Policy is currently being drafted. The policy will clearly set out roles and responsibilities and the general principles of appraisals.	Named person: Ali Mohammed Executive Director of HR & OD Complete by date: October 2021

Performance by Domain
Well-led: Exception Report

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	Standard	Background
Sickness Absence	Standards: *Annual Rolling Sickness Absence* Definition:	April sickness average reflects average % of last twelve months. The Trust is likely seeing the impact of increased hours that staff have been working over the last year. The Wellness Hub is predicting an increase of mental health referrals from employees over the course of the next year, as we come out of the Pandemic, and is preparing for such. However, while sickness rates have increased, as yet, we are not seeing a consequential rise in referrals to the Wellness Hub even with greater publicity.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: HRBP's will work with managers to highlight the Wellbeing Hub service.	Named person: Ali Mohammed Executive Director of HR & OD Complete by date: Ongoing

Performance by Domain
Well-led: Exception Report

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	Standard	Background
Disciplinary Cases	Standards: *Disciplinary Cases* Definition:	Increase of cases in one month after a period of falling numbers; the work continues to reduce the number of formal ER cases. A revised disciplinary policy and guidance in line with a Just and Restorative Culture will be developed in the Summer, and will be a part of Made@SECAmb, and a new ER case learning review process has begun to identify how the Trust can appreciate systemic and policy failures that have led to ER cases.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The implementation of a just and restorative culture (JRC), with a revised ER policy framework, and management training will reduce the number in the long-term. Short-term, all ER cases are reviewed by the Head of HRBP, with enhanced tracking and reporting of all cases.	Named person: Ali Mohammed Executive Director of HR & OD Complete by date: In place

Performance by Domain
Well-led: Exception Report

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	Standard	Background
Bullying & Harassment	Standards: *Bullying & Harassment (Internal)* Definition:	An increase in cases has been identified during March and April. These are being examined to identify whether there are any common underlying issues.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The increase in case numbers has prompted work to be carried in partnership with the unions to reduce the numbers in the long-term and also set boundaries on professional behaviour.	Named person: Ali Mohammed Executive Director of HR & OD Complete by date: Now in progress

Performance by Domain
Well-led: Exception Report

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	Standard	Background
Meal breaks	Standards: *Meal breaks taken outside window* Definition: *Proportion of meal breaks taken outside the allocated three-hour break window*	This indicator is now included in order to give the Board a fuller sense of the application in practice of the Trust's Meal Break Policy. The Trust's Meal Break Policy states: A 30-minute unpaid meal break will be allocated during any operational shift which is longer than six hours. For shifts shorter than six hours no meal break will apply. This is in keeping with the European Working Time Regulations. Meal breaks will be taken within a three-hour window. The three-hour window will commence from the fourth hour after the shift start for shift lengths greater than eight hours. Shifts rostered of eight hours duration will commence their meal-break window from the third hour after shift start.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: For March and April the proportion of breaks taken outside the ideal three-hour window was around 50%. There has been good progress in ensuring the vast majority of frontline colleagues receive their breaks, however resourcing pressures (described elsewhere) in March and April have meant that our dispatchers have struggled to allocate half of these breaks during the window. Actions being taken to improve efficiency will have a direct impact on compliance with the meal break window.	Named person: Emma Williams Executive 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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-1	Number of Datix Incidents	834	973	905	940	861	952	1342	1470	1751	1595	1070	1149	1051					▲
QS-2	Number of Incidents Reported as SIs	5	7	9	10	5	2	4	9	8	6	7	1	7					▼
999-12	999 Frontline Hours Provided %	97.30%	99.10%	93.80%	89.30%	92.50%	91.20%	94.60%	99.40%	95.10%	96.10%	103.20%	96.90%	99.10%	100.00%		-		▲
QS-3	Duty of Candour Compliance %	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.00%	80.00%	67.00%	100.00%	75.00%	100.00%	100.00%		=		▲
QS-7	Hand Hygiene Compliance %	95.00%	95.00%	92.00%	82.00%	97.00%	93.00%	99.00%	95.00%	96.00%	94.00%	93.00%	95.00%	94.00%	95.00%		-		▼
QS-8	Safeguarding Training Completed (Children) Level 2 %	12.30%	35.60%	60.20%	67.10%	69.90%	72.70%	74.90%	74.90%	78.20%	79.40%	82.00%	90.40%	88.70%	95.00%		-		▼
QS-13	Violence and Aggression Incidents (Number of Victims - Staff)	60	67	68	69	75	66	124	74	70	53	60	60	65					▼
MM-1	Number of Medicines Incidents	112	168	111	146	103	89	162	141	125	125	142	173	152					▲
MM-3	Single Witness Signature Use CDs Omnicell	4	2	0	0	14	0	3	0	6	5	9	4	3	0		-		▲
MM-4	Single Witness Signature Use CDs Non-Omnicell	0	1	0	0	0	0	0	0	3	1	1	1	0	0		=		▲
MM-5	Number of CD Breakages	20	17	17	16	14	14	17	9	25	21	10	27	16					▲
MM-7	Medicines Management % of Audits Completed	99.00%	100.00%	99.00%	99.00%	99.00%	98.00%	98.00%	94.00%	94.00%	93.00%	88.00%	95.00%	95.00%	100.00%		-		●
WF-1	Number of Staff WTE (Excl bank and agency)	3734	3768	3784	3793	3806	3859	3888	3967	3956	3959	3968	3974	3945					▼
WF-2	Number of Staff Headcount (Exc bank and agency)	4075	4120	4141	4154	4173	4231	4271	4354	4345	4353	4358	4367	4335					▼
WF-3	Finance Establishment (WTE)	3905	3905	3905	3800	3816	3818	3880	3925	3950	3951	3956	3946	3946					●
WF-4	Vacancy Rate %	4.40%	3.50%	3.10%	0.20%	2.60%	-1.10%	-0.20%	-1.10%	-0.20%	-0.20%	-0.30%	-0.70%	0.10%					▼
QS-9	Number of RIDDOR Reports	2	8	6	11	8	7	16	5	9	9	12	8	10					▼
WF-16	DBS Compliance %			100.00%	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		=		●
M-20	Compliant NHS Pathways Audits (Clinical) %	77.00%	80.00%	84.00%	95.00%	95.00%	83.00%	96.00%	94.00%	92.00%	93.00%	90.00%	93.00%	92.00%					▼
M-21	Required NHS Pathways Audits Completed (EMA) %			82.00%	102.00%	102.00%	100.00%	100.00%	100.00%	100.00%	98.00%	49.00%	96.00%	103.00%					▲

▲ 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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	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%	82.00%	83.00%	85.00%	83.00%	100.00%		-		▼
M-23	Required NHS Pathways Audits Completed (Clinical) %						85.00%	85.00%	94.00%	100.00%	100.00%	97.00%	100.00%	102.00%					▲
QS-17	Outstanding Actions Relating to SIs, Outside of Timescales	500	448	320	288	248	172	158	127	111	126	112	117	141					▼
QS-19	Deep Clean Compliance %	77.00%	107.00%	105.00%	103.00%		92.00%	95.00%	86.50%	82.50%	72.80%		94.90%	95.00%					▲
QS-20	Health & Safety Incidents			43	42	35	42	37	35	22	35	33	31	29					▲
WF-24	Current licence details held for Operational Staff %					79.30%	88.80%	88.50%	88.10%	86.40%	89.50%	90.40%	92.40%	96.10%	100.00%		-		▲
QS-22	Manual Handling Incidents			22	46	30	26	29	26	24	29	32	22	17					▲
QS-25	Flu Vaccine Compliance (Winter 2020-21)							58.00%		78.80%		79.80%	80.10%		90.00%				-

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

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

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: **February 2021**

ID	Metric	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-11	JCT Allocation to Clear at Scene Mean	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	01:22:00	01:19:51	01:19:00	01:18:57					▲
999-11	JCT Allocation to Clear at Hospital Mean	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	01:57:24	01:51:48	01:49:29	01:49:30					▼
M-1	**Cardiac ROSC Utstein %	33.00%	43.00%	45.00%	32.00%	46.00%	45.00%	44.00%	47.70%	40.90%	40.00%	48.50%							▲
M-2	Cardiac ROSC ALL %	24.00%	22.00%	24.00%	15.00%	24.00%	29.00%	27.00%	21.50%	15.70%	16.30%	23.70%							▲
M-12	**Sepsis Care Bundle %	88.00%	84.00%	81.00%	87.00%	88.00%	87.00%	85.00%	85.40%	87.00%	84.20%	86.30%							▲
M-3	Cardiac Survival Utstein %	14.00%	24.00%	31.00%	8.00%	19.00%	23.00%	20.00%	23.80%	15.90%	25.70%	33.30%							▲
M-4	Cardiac Survival ALL %	9.00%	11.00%	9.00%	4.00%	7.00%	10.00%	12.00%	7.60%	4.20%	5.10%	9.10%							▲
M-11	Cardiac Arrest - Post ROSC %	81.00%	62.00%	74.00%	80.00%	79.00%	78.00%	72.00%	79.70%	85.50%	75.30%	61.60%							▼
M-5	**Acute STEMI Care Bundle Outcome %	71.00%	73.00%	64.00%	64.00%	68.00%	67.00%	64.00%	62.20%	65.60%	64.10%	63.90%							▼
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 %	98.00%	98.00%	97.00%	98.00%	98.00%	97.00%	98.00%	97.00%	96.60%	96.90%	95.80%							▼
M-13	Sensitivity of Cardiac Arrest Detection During Telephone Triage %						96.00%	91.00%	94.30%	93.30%	87.00%	93.40%							▲
M-14	Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %						79.00%	81.00%	75.10%	73.80%	74.30%	79.30%							▲
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%	7.50%	6.30%	5.70%	4.90%							▼

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

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

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: **February 2021**

ID	Metric	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-13	ECAL Mean Response Time	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	00:23:54	00:23:36	00:24:20	00:23:43					▲
999-12	999 Operational Abstraction Rate %			32.50%	32.50%	32.60%	38.40%	38.30%	32.70%	35.30%	36.00%	32.50%	33.30%	25.20%	28.00%		+		▲
WF-6	Statutory & Mandatory Training Rolling Year %	68.60%	70.80%	75.10%	76.10%	75.90%	75.40%	75.00%	74.30%	76.10%	75.60%	76.20%	78.70%	67.10%	100.00%		-		▼
999-17	Responses Per Incident	1.08	1.09	1.10	1.12	1.12	1.08	1.08	1.08	1.08	1.08	1.09	1.00	1.01	1.09		+		▼
999-18	Section 136 Mean Response Time			00:19:17	00:17:16	00:16:57	00:18:30	00:16:38	00:20:49	00:25:04	00:24:02	00:16:07	00:17:36	00:23:22					▼
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			00:06:04	01:43:52	03:48:17					▼
999-20	ePCR Usage			94.70%	93.80%	95.30%	93.70%	94.80%	96.10%	96.40%	96.20%	96.10%	96.70%	97.00%	95.00%		+		▲
999-24	Number of Hours Lost at Hospital Handover	2289	2046	1916	3610	4202	3958	4435	3358	5426	4583	2296	2237	2271					▼
999-25	Hours Lost at Handover as a Proportion of Provided Hours %	0.80%	0.70%	0.70%	0.20%	1.50%	1.40%	1.60%	1.20%	1.90%	1.60%	0.80%	0.80%	0.80%					●
WF-23	Recruitment: Advert to Start Date														100.00%		■	■	■
M-24	ClinEd: Course Capacity Utilisation Associate Ambulance Practitioner %									96.00%	93.00%	93.00%	93.00%	93.00%					●
M-24	ClinEd: Course Capacity Utilisation Transition to Practice %									65.00%	65.00%	65.00%	65.00%	65.00%					●
M-25	ClinEd: Students at Risk of Not Obtaining Qualification %									40.00%		39.00%	44.00%	46.00%					▼
M-26	ClinEd: Course satisfaction score																■	■	■
WF-34	Frontline Workforce Skillmix: ECSWs vs plan (Trust average)	31.10%	31.30%	31.50%	31.90%	31.40%	30.80%	30.80%	31.30%	31.40%	31.20%	31.60%	31.40%	31.40%	30.00%		-		●
WF-35	Frontline Workforce Skillmix: AAP/Techs vs plan (Trust average)	22.30%	22.10%	22.70%	22.80%	20.50%	20.20%	19.10%	18.60%	18.60%	18.90%	18.80%	19.00%	19.00%	22.00%		-		●
WF-36	Frontline Workforce Skillmix: Registered clinicians vs plan (Trust average)	46.60%	46.60%	45.80%	45.30%	48.10%	49.00%	50.10%	50.10%	50.00%	49.90%	49.60%	49.60%	49.60%	48.00%		-		●

▲ 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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-12	Complaints relating to privacy 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%	38.00%	50.00%	56.00%	31.00%					▲
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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
111-1	111 Calls Offered	89757	81333	70230	71925	85338	90438	104059	111727	115809	93018	87249	110294	119979					-
111-2	111 Calls Answered in 60 Seconds %	48.70%	87.90%	93.50%	91.20%	84.00%	60.10%	66.60%	59.60%	55.40%	62.90%	74.00%	73.10%	53.40%	95.00%		-		▼
111-3	111 Calls Abandoned - (Offered) %	18.60%	1.40%	0.60%	1.00%	2.00%	9.70%	5.40%	6.30%	8.20%	6.10%	3.00%	3.50%	7.70%	6.00%		-		▼
111-4	111 to 999 Referrals (Answered Calls) %	11.90%	13.00%	13.80%	13.60%	12.40%	11.60%	11.80%	14.10%	13.90%	14.90%	15.00%	13.40%	8.70%	13.00%		+		▲
111-4	999 Referrals	6734	8768	8443	8407	8864	7943	11110	12276	12384	11903	11064	12058	8188					▲
111-5	A&E Dispositions %	9.20%	11.60%	13.40%	13.80%	12.70%	12.10%	12.00%	13.40%	14.60%	14.70%	15.40%	15.60%	15.20%	9.00%		-		▲
111-5	A&E Dispositions	5235	7795	8161	8544	9102	8320	11350	11718	12925	11683	11349	14047	14261					▼
111-7	Clinical Contact %												48.10%	48.20%	50.00%		-		▲
111-8	Ambulance Validation %												95.40%	95.30%	85.00%		+		▼
999-10	999 Calls Answered	56319	54224	55915	62772	69541	64025	67031	62456	76806	70262	50316	60200	61386					-
999-10	Incidents	58064	60484	58653	61196	64489	61313	63644	62332	66615	65239	56470	62648	62845					-
999-1	999 Call Answer Mean	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	00:00:15	00:00:02	00:00:04	00:00:05	00:00:05		=		▼
999-1	999 Call Answer 90th Centile	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	00:00:54	00:00:01	00:00:02	00:00:02	00:00:10		+		●
999-2	Cat 1 Mean	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	00:08:25	00:07:33	00:07:37	00:07:32	00:07:00		-		▲
999-2	Cat 1 90th Centile	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	00:15:16	00:13:53	00:14:14	00:13:56	00:15:00		+		▲
999-3	Cat 1T Mean	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	00:10:17	00:09:01	00:09:02	00:09:20	00:19:00		+		▼
999-3	Cat 1T 90th Centile	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	00:18:43	00:16:36	00:16:46	00:17:13	00:30:00		+		▼
999-4	Cat 2 Mean	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	00:25:52	00:16:48	00:18:37	00:18:54	00:18:00		-		▼
999-4	Cat 2 90th Centile	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	00:51:18	00:31:09	00:34:46	00:34:58	00:40:00		+		▼
999-5	Cat 3 90th Centile	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	05:38:23	02:01:52	02:49:03	02:58:41	02:00:00		-		▼
999-6	Cat 4 90th Centile	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	08:27:07	02:44:51	03:29:30	04:28:40	03:00:00		-		▼
999-7	HCP 3 Mean	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	03:01:30	01:25:11	01:39:18	02:02:40					▼
999-7	HCP 3 90th Centile	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	06:30:54	02:55:47	03:23:05	04:00:25					▼
999-7	HCP 4 Mean	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	03:45:45	01:49:46	02:01:07	02:44:10					▼
999-7	HCP 4 90th Centile	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	07:26:58	04:10:26	04:28:16	05:11:59					▼
999-9	Hear & Treat %	6.70%	5.90%	6.30%	6.60%	7.20%	6.40%	6.20%	6.60%	8.60%	8.00%	6.00%	6.90%	6.90%	7.80%		-		●

▲ 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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-9	See & Treat %	42.40%	37.10%	34.60%	33.60%	33.80%	33.30%	33.40%	33.70%	36.30%	37.40%	35.20%	32.60%	32.10%	35.00%		-		▼
999-9	See & Convey %	50.90%	57.00%	59.10%	59.80%	59.00%	60.40%	60.40%	59.70%	55.10%	54.60%	58.80%	60.50%	61.00%	57.20%		-		▼
999-10	CFR Attendances	0	0	75	152	520	614	673	800	648	749	580	1034	1089					▲
999-10	FFR Attendances	144	180	192	171	201	171	190	224	175	205	142	316	260					▼
QS-4	Complaints Reporting Timeliness %	92.00%	86.00%	95.00%	95.00%	96.00%	83.00%	88.00%	95.00%	69.00%	95.00%	64.50%	88.00%		95.00%				-
QS-5	Number of Complaints	43	48	56	73	55	82	65	69	61	69	48	64	68					-
QS-6	Number of Compliments	169	168	191	224	177	208	167	182	140	173	191	187	208					-
QS-15	Complaints per 1000 999 Calls Answered			1.00	1.16	0.79	1.28	0.97	1.11	0.79	0.98	0.95	1.06	1.11					▼
QS-16	Compliments per 1000 999 Calls Answered			3.26	3.66	2.75	3.25	2.49	2.91	1.82	2.46	3.80	3.91	3.69					▼
QS-14	Learning from deaths: Number of Structured Judgment Reviews	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 %	3.90%	0.60%	13.70%	29.10%	38.10%	27.90%	25.90%	20.50%	75.00%	60.70%	1.30%	12.10%	15.40%					▼
C-2	Number of BCIs			2	2	3	1	2	1	7	3	2	0	0	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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-5	Appraisals YTD	5.40%	16.50%	22.90%	28.20%	31.70%	34.10%	36.70%	39.70%	41.60%	43.20%	45.70%	52.20%	3.40%	80.00%		-		
WF-40	Appraisals Rolling Year %												52.20%	48.90%					-
WF-7	Annual Rolling Turnover Rate	15.60%	14.80%	13.90%	13.40%	12.60%	11.90%	11.70%	11.10%	11.20%	10.90%	10.50%	10.30%	10.80%					▼
WF-8	Annual Rolling Sickness Absence	6.10%	6.00%	6.00%	5.90%	6.00%	6.10%	6.20%	6.30%	7.40%	7.10%	7.30%	7.10%	7.10%	5.00%		-		●
WF-9	Disciplinary Cases	6	4	9	6	4	4	3	3	2	1	1	4	9					▼
WF-10	Individual Grievances	4	4	8	7	5	10	11	8	9	8	5	8	10					▼
WF-11	Collective Grievances	1	0	1	0	0	2	0	0	0	0	1	0	1					▼
WF-12	Bullying & Harrassment Internal	2	1	2	2	5	3	3	5	1	1	1	6	5	0		-		▲
WF-13	Whistleblowing	0	0	0	0	0	0	0	0	0	0	0	0	0					●
QS-27	Freedom to Speak Up: Total Open Cases													31					-
QS-27	Freedom to Speak up: Cases Closed in Month With Resolution													0					-
QS-27	Freedom to Speak up: Cases Closed in Month Without Resolution													2					-
WF-26	Vacancy Rate for Leadership Roles %																■	■	■
WF-28	Staff Affected by Restructures %																■	■	■
WF-29	Staff Acting Up/Secondments %						3.30%	2.50%			2.70%	2.60%	3.10%	2.90%					▼
WF-37	Diversity: Disability - declared %						3.40%	3.40%	3.40%	4.00%	4.00%	4.00%	4.20%	4.20%					●
WF-38	Diversity: Disability - declined to declare %						46.30%	46.30%	47.90%	10.00%	10.00%	10.00%	7.80%	7.80%	0.00%		-		●
WF-39	Diversity: Ethnicity - BAME %						5.30%	5.30%	5.30%	5.50%	5.50%	5.50%	5.60%	5.60%					●
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%	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%	4.70%	8.10%	6.70%	6.70%					●
WF-19	Absence Relating to MSK %			4.60%	2.80%	3.60%	3.60%	4.20%	3.60%	3.10%	2.80%	8.10%	4.50%	8.30%					▼
WF-25	Number of Wellbeing Hub Referrals				112	104	112	124	98	112	95	96	115	111					▲

▲ 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	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-30	Time from referral to offered wellbeing appointment (days)							14	14	14	14	14	14	14	14		=		●
999-27	% of Meal Breaks Taken												99.20%	91.00%					▼
999-28	% of Meal Breaks Outside of Window												49.90%	51.10%					▼
999-15	999 Frontline Late Finishes/Over-Runs %			47.60%	51.10%	52.20%	50.60%	50.60%	50.10%	61.10%	59.50%	51.00%	52.40%	51.90%					▲
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	00:53:25	00:40:19	00:40:17	00:44:03					▼
999-16	Staff Successfully FIT-Tested %				93.90%	88.30%		90.50%		91.30%		91.30%		91.30%	100.00%		-		-
999-21	Provided Bank Hours %			2.90%	2.80%	2.80%	3.00%	2.80%	2.30%	5.60%	2.30%	0.30%	0.30%	0.40%					-
999-21	Provided Overtime Hours %			7.40%	7.90%	8.10%	9.30%	9.10%	10.40%	9.10%	11.50%	15.40%	14.60%	9.10%					-
999-21	Provided PAP Hours %			9.10%	6.80%	7.20%	6.50%	6.40%	6.40%	5.80%	5.90%	6.10%	6.30%	4.30%					-
999-22	999 Remaining Annual Leave FY					42.50%	44.90%	50.70%	48.00%	45.00%	33.00%	27.00%	20.00%	53.00%	91.70%		+		▼
FL-1	Vehicles Older Than Target Age %			55.00%	55.00%	55.00%	35.00%	35.00%	35.00%	35.00%	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%	11.80%	11.00%	11.30%	15.80%	0.00%		-		▼
QS-24	Organisational Risks Outstanding Review %					14.00%	10.00%	18.00%	21.00%	14.00%	59.00%	57.00%	52.00%	59.00%	0.00%		-		▼
IT-1	CAD System Uptime %																■	■	■
IT-2	Telephony System Uptime %																■	■	■
IT-3	ePCR System Uptime %																■	■	■
IT-4	Number of Calls to IT Service Desk	1076	936	974	1105	1168	1265	1310	1537	916	279	1436	1924	1324					-
IT-5	Marval IT Requests Raised - IT Service Desk	1647	1701	1697	1702	1834	1764	1607	1870	1359	1561	1559	1847	1638					-
IT-5	Marval IT Requests Raised - Critical Systems Team	411	542	549	523	451	480	668	523	480	539	694	724	728					-
IT-6	Missed Calls to IT Service Desk	276	243	162	225	294	389	433	410	201	95	460	624	586					-

▲ 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

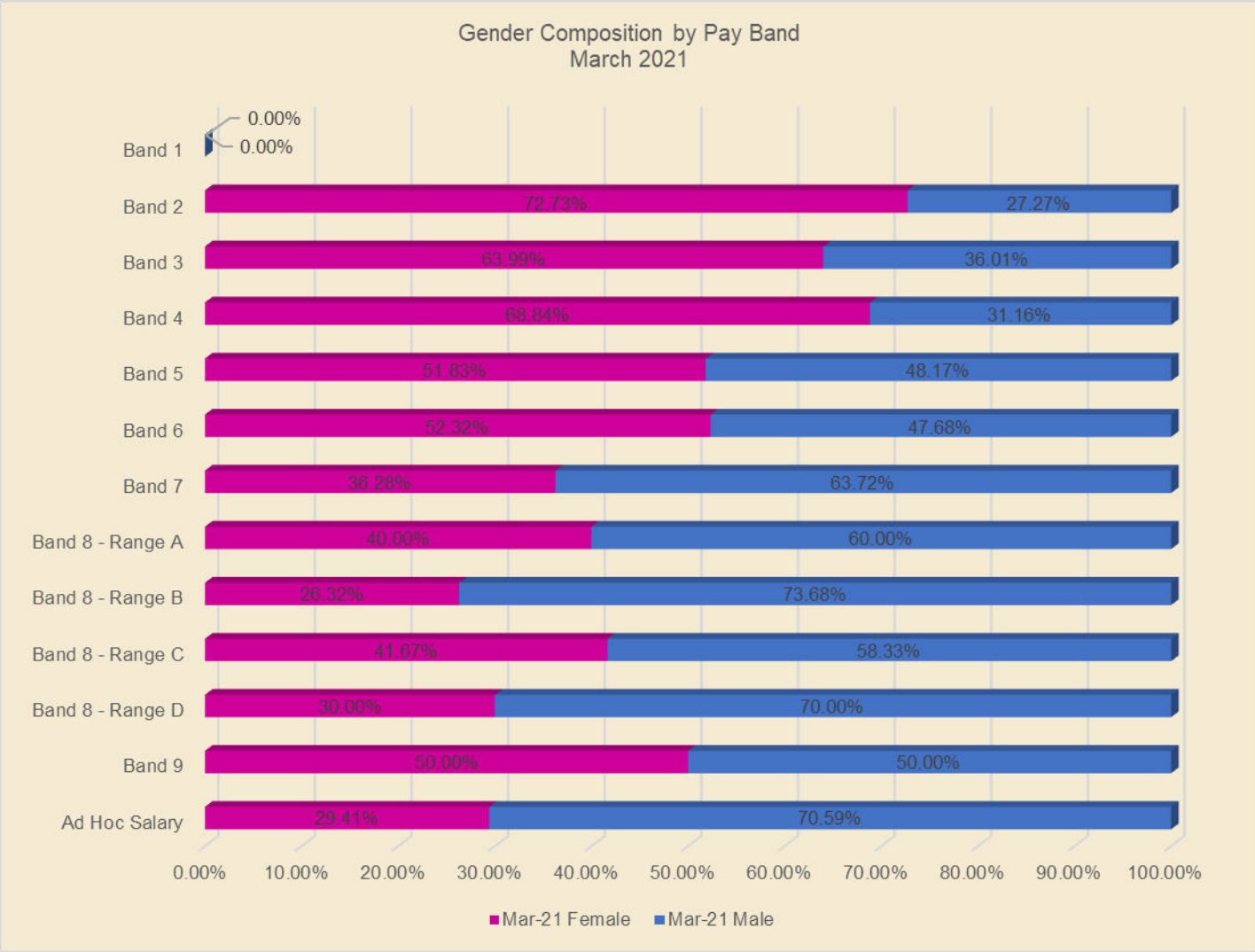
ID	Metric	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	Plan	Vs Plan	Full Year Forecast	Full Year Forecast Vs Plan
F-1	Income (£000s) Month	£21877.40	£22787.20	£22393.60	£22042.20	£22557.10	£22396.50	£22430.00	£22133.40	£23376.60	£23858.00	£26134.50	£35076.00	£23241.00	£23325.00	£-84.00		
F-9	Income (£000s) YTD	£21877.40	£44664.60	£67058.20	£89100.40	£111657.50	£134054.00	£156484.00	£178617.40	£201994.00	£225852.00	£251986.50	£287063.00	£23241.00	£23325.00	£-84.00	£275157.00	£251832.00
F-2	Operating Expenditure (£000s) Month	£21877.40	£22787.10	£22393.70	£22052.20	£22558.80	£22399.30	£23020.10	£23093.50	£24451.80	£25312.10	£24952.70	£38485.00	£23947.00	£24039.00	£-92.00		
F-10	Operating Expenditure (£000s) YTD	£21877.40	£44664.50	£67058.20	£89110.40	£111669.20	£134068.50	£157088.60	£180182.10	£204633.90	£230346.00	£255298.70	£293784.00	£23947.00	£24039.00	£-92.00	£285755.00	£261716.00
F-3	Capital Expenditure (£000s) Month	£1262.00	£254.00	£861.53	£686.74	£1195.86	£1237.16	£834.38	£2343.59	£1080.59	£4378.10	£1223.15	£4138.00	£1618.00	£918.00	£700.00		
F-14	Capital Expenditure (£000s) YTD	£1262.00	£1516.00	£2377.53	£3064.27	£4260.13	£5497.30	£6331.68	£8675.27	£9755.85	£14138.03	£15361.18	£19499.00	£1618.00	£918.00	£700.00	£25474.00	£24556.00
F-4	Cost Improvement Plan (CIP) (£000s) Month	£0.00	£0.00	£1022.00	£252.48	£147.52	£681.00	£71.00	£673.00	£8.00	£522.00	£478.00	£709.00	£0.00	£0.00	£0.00		
F-13	Cost Improvement Plans (CIPS) (£000s) YTD	£0.00	£0.00	£1022.00	£1274.48	£1422.00	£2103.00	£2174.00	£2847.00	£2855.00	£3790.00	£4268.00	£4977.00	£0.00	£0.00	£0.00	£5832.00	£5832.00
F-6	Surplus/Deficit (£000s) Month	£0.00	£0.10	£-0.10	£-10.00	£-1.70	£-2.80	£-590.10	£-960.10	£-1075.20	£-1454.10	£1181.80	£-3409.00	£-706.00	£-714.00	£8.00		
F-7	Cash Position (£000s) Month	£48150.00	£44676.00	£43742.00	£46283.00	£46647.00	£46862.00	£48231.00	£46275.00	£46819.00	£41747.00	£51441.00	£40152.00	£36526.00	£36526.00	£0.00	£36526.00	£0.00
F-8	Agency Spend (£000s) Month	£231.94	£69.41	£284.92	£210.65	£174.87	£259.01	£84.98	£81.95	£205.95	£106.34	£-80.27	£155.00	£169.00	£200.00	£-31.00		
F-16	Agency Spend (£000s) YTD	£231.94	£301.36	£586.27	£796.92	£971.79	£1230.81	£1315.79	£1398.74	£1603.68	£1710.00	£1630.00	£1784.00	£169.00	£200.00	£-31.00	£2400.00	£2200.00

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

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

Performance by Domain
Well-Led: Gender Composition by Pay Band (March 2021)

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 (April 2021)

Key indicators at a glance for April 2021

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	00:00:04	00:00:02	00:00:04	00:00:04	00:00:21	00:00:00	00:00:10	00:00:01	00:00:05	00:00:03	00:00:00	00:00:19
Calls Answered	690180	63495	65768	69244	1527	112397	31780	101039	39070	76818	76861	52181
Mean Call Answer Time	00:00:03	00:00:05	00:00:03	00:00:06	00:00:07	00:00:01	00:00:04	00:00:02	00:00:07	00:00:03	00:00:00	00:00:07

Incident Proportions (Over All Incidents)	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
All Incidents	741715	62903	78670	67409	2230	102726	36429	97949	51602	77543	95045	69209
C1 Incidents %	7.85%	6.32%	7.47%	8.53%	4.66%	6.91%	6.90%	9.67%	7.25%	10.07%	6.80%	7.87%
C2 Incidents %	51.67%	50.49%	54.64%	56.47%	41.08%	56.13%	52.91%	51.85%	42.29%	50.86%	45.98%	53.22%
C3 Incidents %	23.86%	31.76%	17.87%	19.60%	36.14%	22.00%	22.45%	17.73%	31.00%	24.32%	34.49%	18.97%
C4 Incidents %	1.09%	0.59%	0.51%	0.22%	2.11%	1.11%	1.07%	1.98%	2.15%	0.47%	2.00%	0.40%

Incident Outcomes	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Hear & Treat %	8.36%	6.93%	10.24%	9.36%	8.16%	9.73%	8.37%	9.14%	11.96%	5.80%	4.32%	9.18%
See & Convey %	54.34%	59.34%	55.47%	53.98%	58.52%	54.91%	55.06%	54.73%	50.08%	51.83%	52.44%	55.56%
See & Treat %	31.75%	32.06%	31.90%	30.87%	32.11%	30.69%	26.44%	28.07%	33.02%	38.00%	36.64%	27.08%

Response Performance	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Response Time: C1	00:12:26	00:13:56	00:12:41	00:13:14	00:17:14	00:09:20	00:11:08	00:12:44	00:11:56	00:14:24	00:11:30	00:12:51
90th Centile Response Time: C2	00:40:29	00:34:58	00:40:25	00:53:41	00:43:36	00:32:43	00:47:46	00:48:25	00:30:34	00:50:48	00:23:24	00:44:09
90th Centile Response Time: C3	02:18:23	02:58:44	02:13:59	03:15:28	02:26:02	01:48:44	02:37:03	03:13:46	02:06:29	02:43:26	01:12:36	02:12:41
90th Centile Response Time: C4	03:48:46	04:28:40	03:03:43	04:12:29	02:48:09	04:14:41	02:26:02	06:11:42	02:50:26	03:35:45	01:57:46	04:23:13
Mean Response Time: C1	00:07:00	00:07:33	00:06:49	00:07:24	00:08:43	00:05:39	00:06:29	00:07:29	00:06:24	00:07:35	00:06:35	00:07:32
Mean Response Time: C2	00:20:16	00:18:53	00:20:01	00:26:08	00:21:39	00:16:32	00:23:45	00:23:52	00:15:50	00:25:09	00:12:39	00:21:13

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

Key indicators at a glance for December 2020

Cardiac Arrest	ENG	SECAmb	EEAS	EMAS	SCAS	SWAS	WMAS	YAS
Proportion of cardiac arrests discharged alive %	5.50%	4.15%	4.74%	4.64%	8.30%	10.62%	8.81%	8.39%
Proportion of cardiac arrests discharged alive utstein %	19.10%	15.91%	19.23%	18.42%	31.03%	29.79%	20.00%	24.24%
Proportion who had ROSC on arrival at hospital %	21.46%	15.67%	21.21%	13.79%	18.88%	28.62%	25.54%	23.55%
Proportion who had ROSC on arrival at hospital utstein %	43.07%	40.91%	44.44%	35.71%	41.94%	43.75%	42.55%	51.28%

National Benchmarking
NHS 111 Service (March 2021)

Key indicators at a glance for March 2021
New National KPIs will go live at the end of May 2021

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 %	65.20%	86.33%	69.38%	82.10%	84.90%	73.04%	80.16%	85.10%	58.80%	81.67%	89.17%	55.97%	42.69%	57.42%	64.27%	56.37%	76.80%	61.94%
Abandoned Calls %	3.47%	1.65%	5.93%	2.13%	1.01%	4.26%	1.52%	3.39%	4.46%	1.39%	0.81%	4.82%	16.11%	6.45%	5.07%	4.94%	1.57%	6.36%
111 to A&E Transfer %	14.28%	12.84%	7.13%	10.85%	5.23%	6.29%	9.53%	16.45%	13.85%	13.00%	15.96%	10.02%	10.23%	11.18%	6.66%	11.28%	10.42%	13.74%
111 to 999 Transfer %	12.26%	14.45%	11.26%	12.32%	12.15%	7.66%	13.14%	11.94%	8.92%	7.04%	10.41%	11.36%	13.42%	11.41%	11.43%	11.14%	12.27%	11.00%

Appendix 1

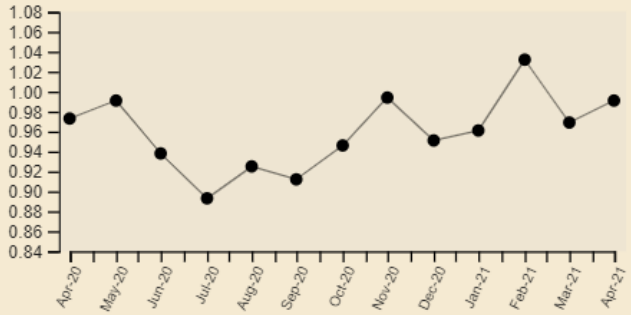
Performance Charts

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

999-12

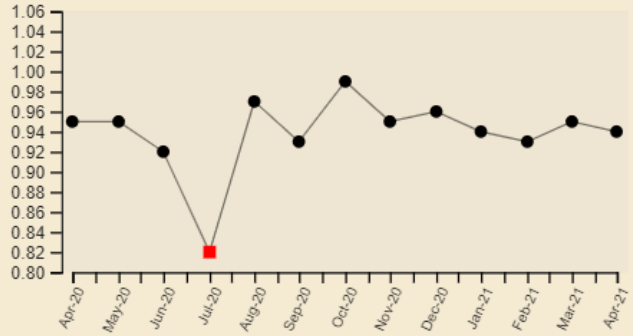
999 Frontline Hours Provided %



April 2021
99.10%
Target
100.00%

QS-7

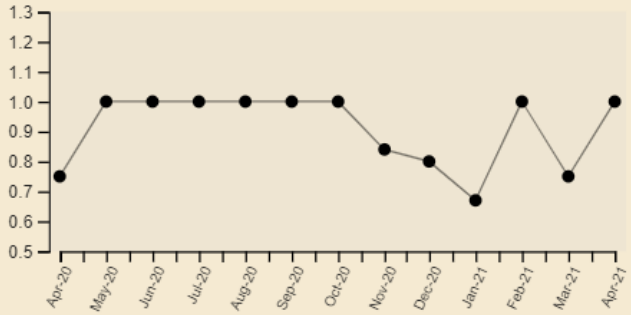
Hand Hygiene Compliance %



April 2021
94.00%
Target
95.00%

QS-3

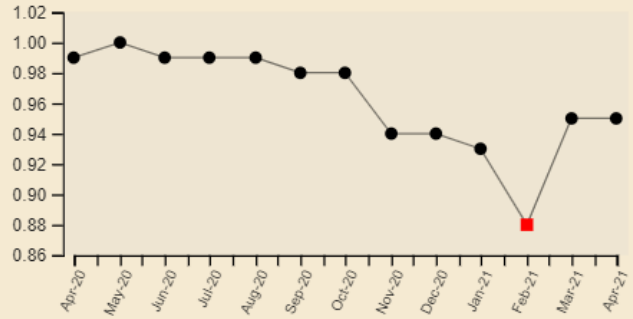
Duty of Candour Compliance %



April 2021
100.00%
Target
100.00%

MM-7

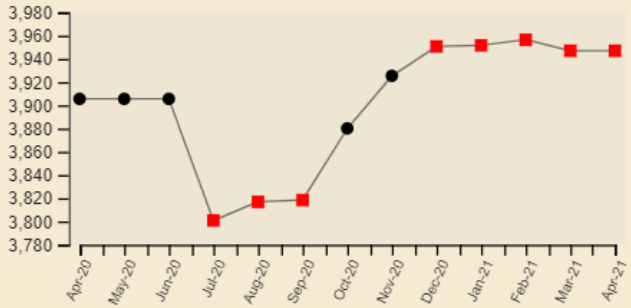
Medicines Management % of Audits Completed



April 2021
95.00%
Target
100.00%

WF-3

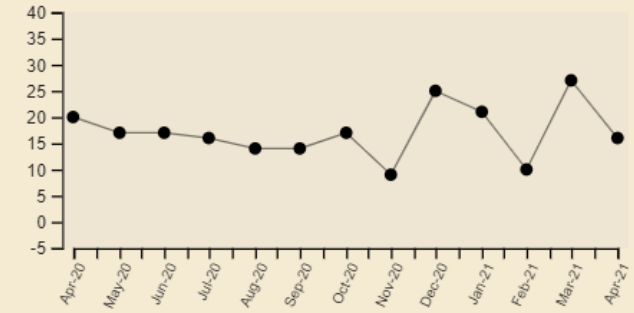
Finance Establishment (WTE)



April 2021
3946
Target
N/A

MM-5

Number of CD Breakages



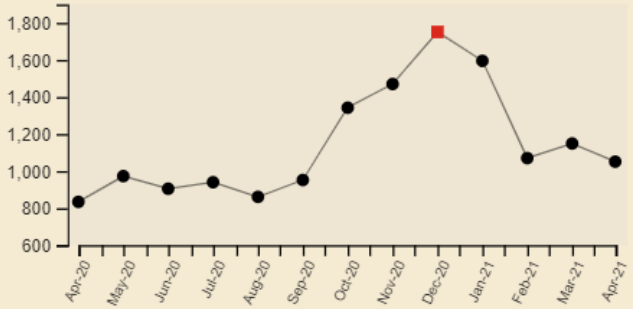
April 2021
16
Target
N/A

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

QS-1

Number of Datix Incidents



April 2021

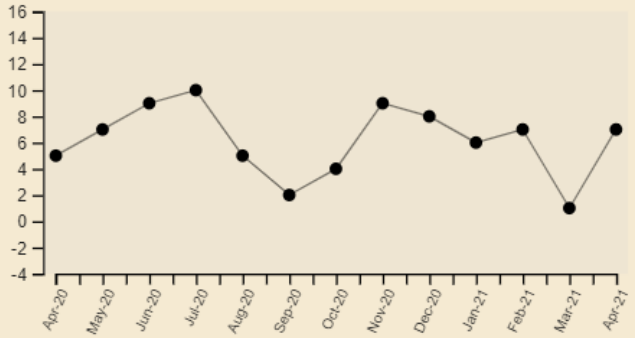
1051

Target

N/A

QS-2

Number of Incidents Reported as SIs



April 2021

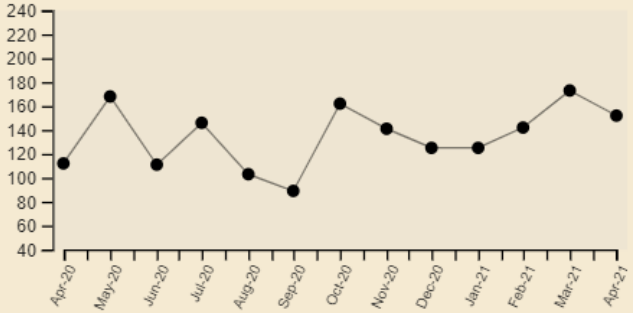
7

Target

N/A

MM-1

Number of Medicines Incidents



April 2021

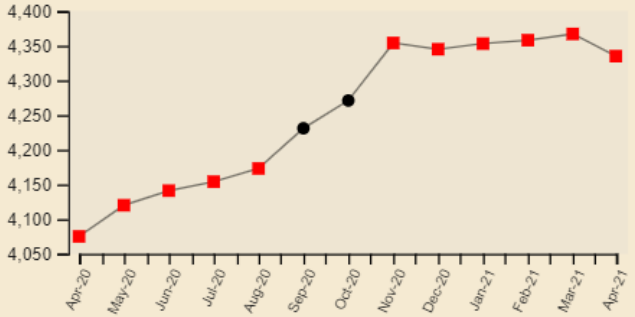
152

Target

N/A

WF-2

Number of Staff Headcount (Excl bank and agency)



April 2021

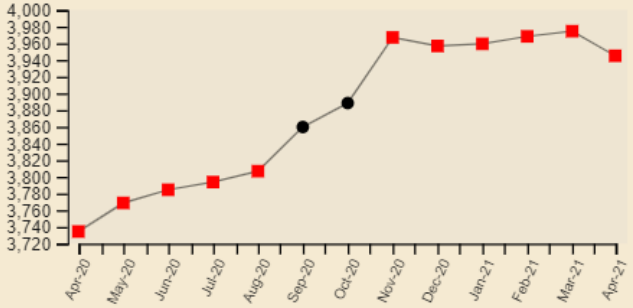
4335

Target

N/A

WF-1

Number of Staff WTE (Excl bank and agency)



April 2021

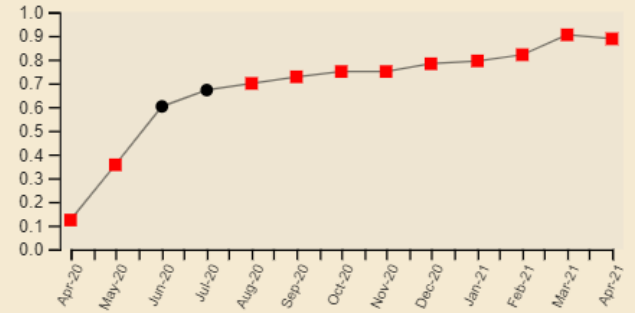
3945

Target

N/A

QS-8

Safeguarding Training Completed (Children) Level 2 %



April 2021

88.70%

Target

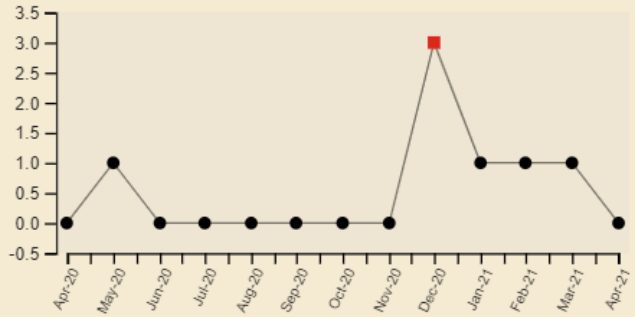
95.00%

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

MM-4

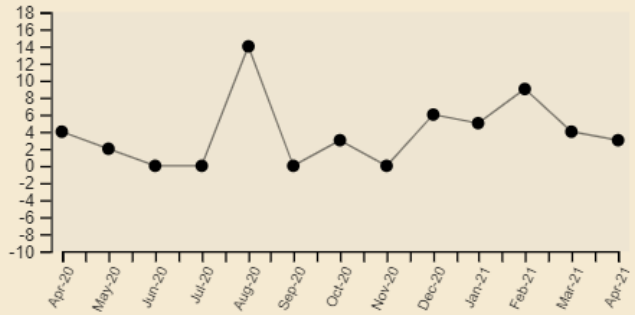
Single Witness Signature Use CDs Non-Omnicell



April 2021
0
Target
N/A

MM-3

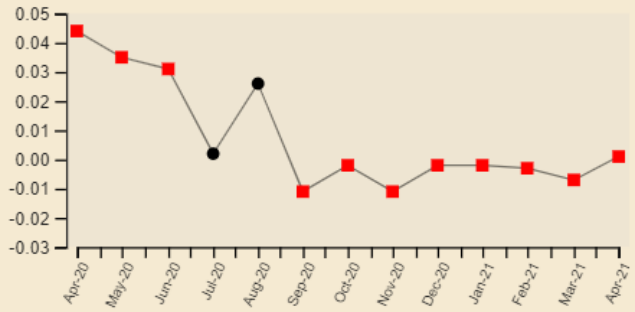
Single Witness Signature Use CDs Omnicell



April 2021
3
Target
N/A

WF-4

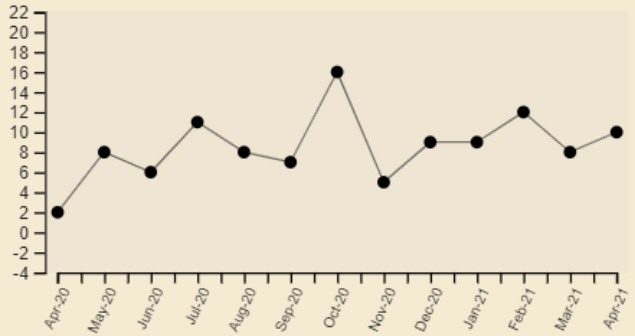
Vacancy Rate %



April 2021
0.10%
Target
N/A

QS-9

Number of RIDDOR Reports



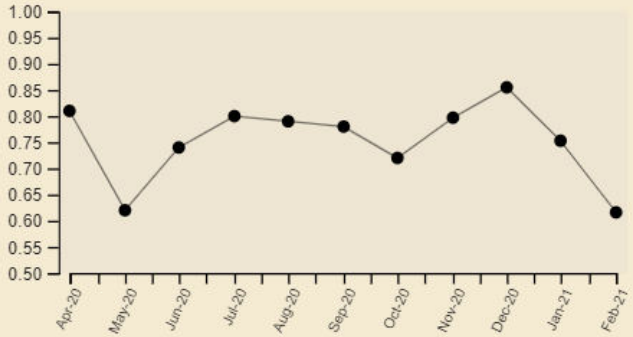
April 2021
10
Target
N/A

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-11

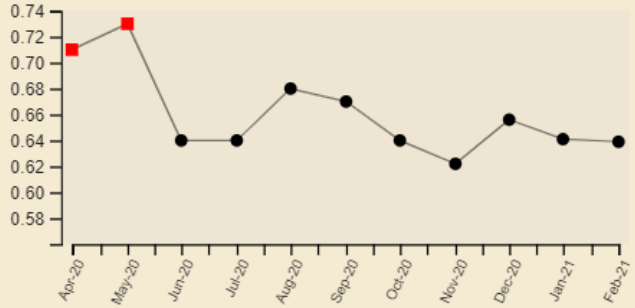
Cardiac Arrest - Post ROSC %



February 2021
61.60%
Target
N/A

M-5

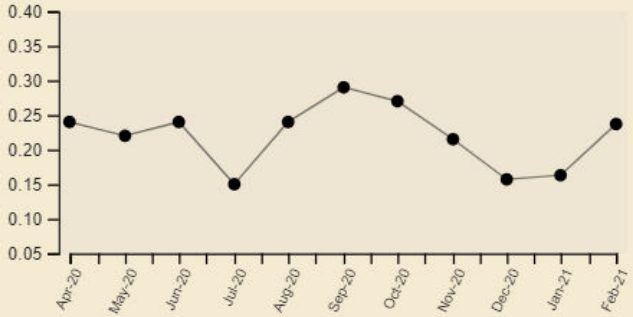
**Acute STEMI Care Bundle Outcome %



February 2021
63.90%
Target
N/A

M-2

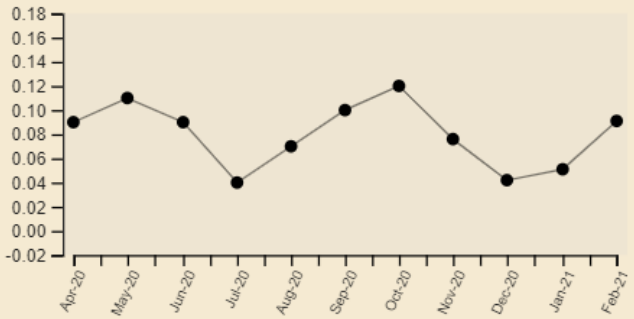
Cardiac ROSC ALL %



February 2021
23.70%
Target
N/A

M-4

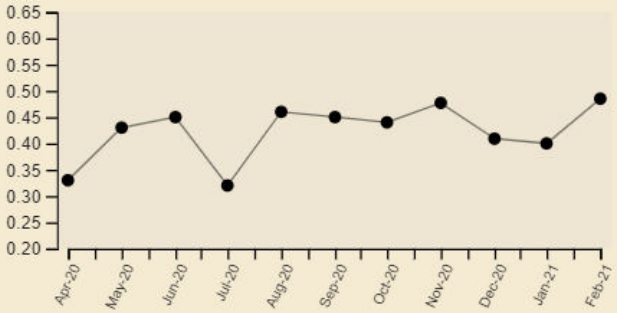
Cardiac Survival ALL %



February 2021
9.10%
Target
N/A

M-1

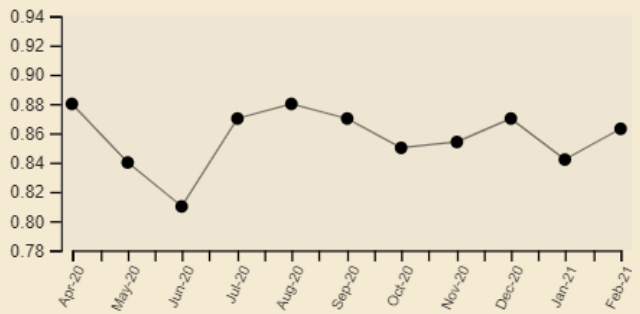
**Cardiac ROSC Utstein %



February 2021
48.50%
Target
N/A

M-12

**Sepsis Care Bundle %



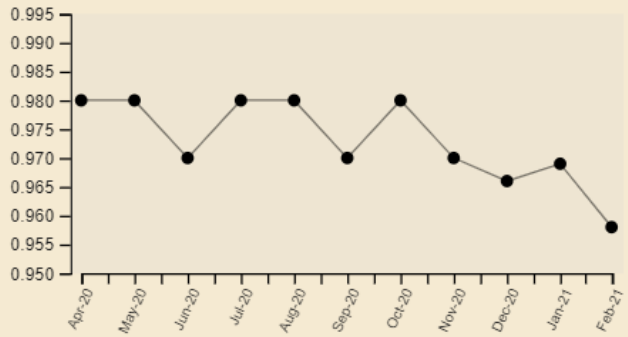
February 2021
86.30%
Target
N/A

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 %



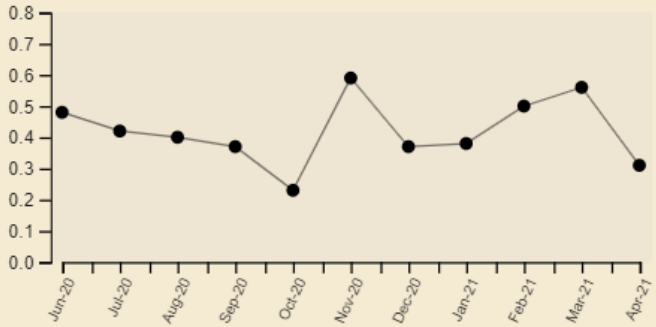
February 2021
95.80%
Target
N/A

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 %



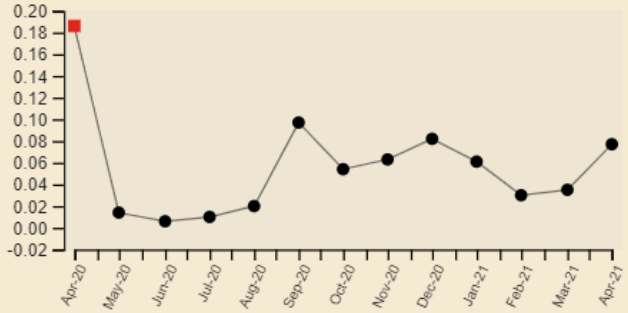
April 2021
31.00%
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

111-3

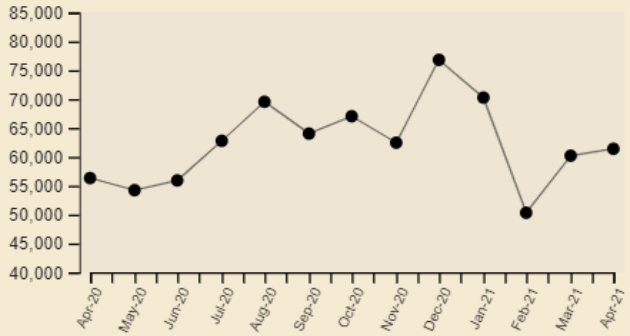
111 Calls Abandoned - (Offered) After 30 Seconds %



April 2021
7.70%
Target
6.00%

999-10

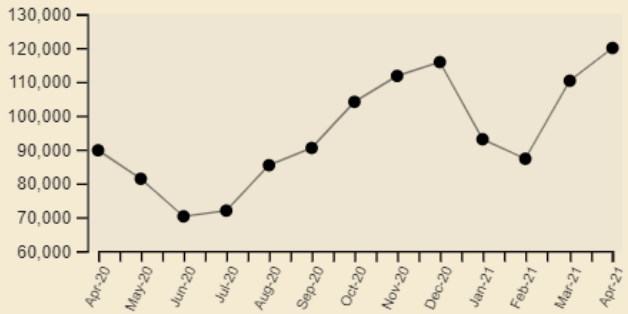
999 Calls Answered



April 2021
61386
Target
N/A

111-1

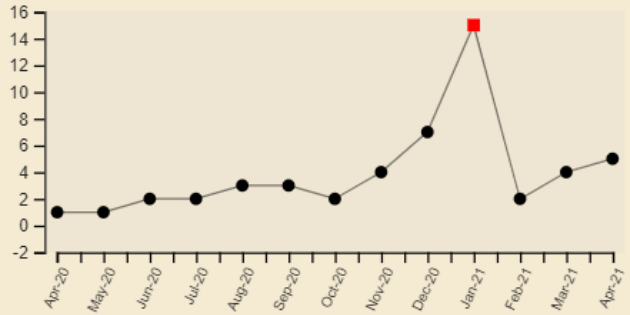
111 Calls Offered Actual



April 2021
104059
Target
N/A

999-1

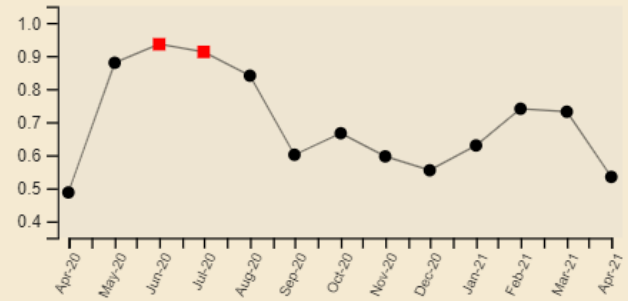
999 Call Answer Mean



April 2021
00:00:05
Target
00:00:05

111-1

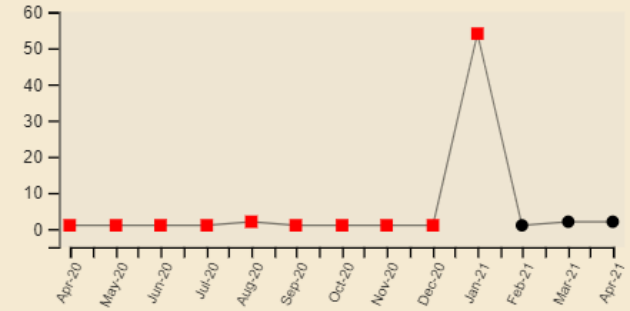
111 Calls Answered in 60 Seconds %



April 2021
53.40%
Target
95.00%

999-1

999 Call Answer 90th Centile



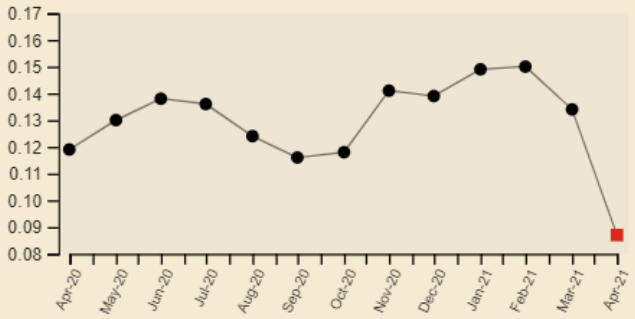
April 2021
00:00:02
Target
00:00:10

Performance by Domain
Responsive: Performance Charts

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

111-4

999 Referrals (Answered Calls) %

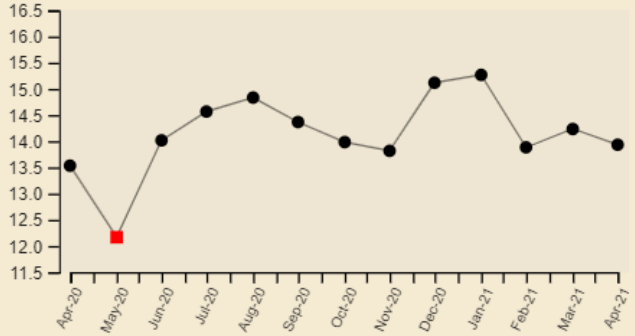


April 2021: 8.70%

Target: N/A

999-2

Cat 1 90th Centile

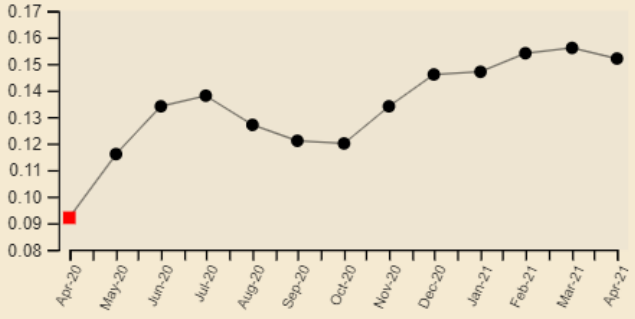


April 2021: 00:13:56

Target: 00:15:00

111-5

A&E Dispositions %

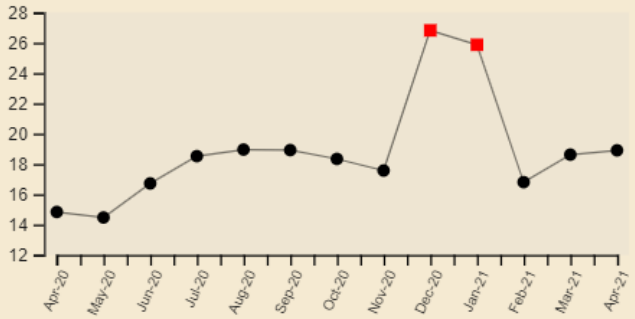


April 2021: 15.20%

Target: N/A

999-4

Cat 2 Mean

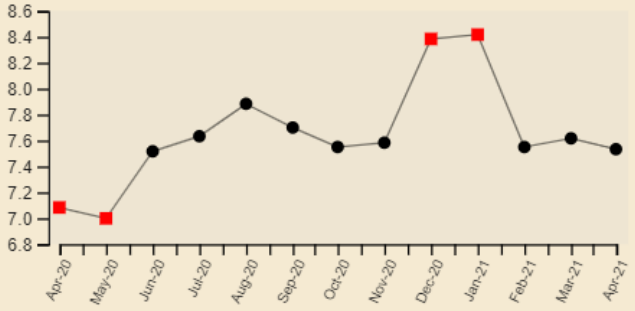


April 2021: 00:18:54

Target: 00:18:00

999-2

Cat 1 Mean

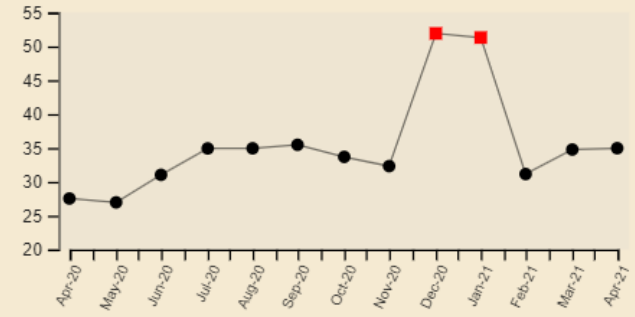


April 2021: 00:07:32

Target: 00:07:00

999-4

Cat 2 90th Centile



April 2021: 00:34:58

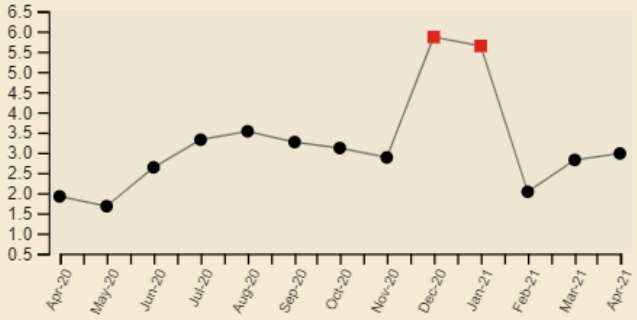
Target: 00:40:00

Performance by Domain
Responsive: Performance Charts

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

999-5

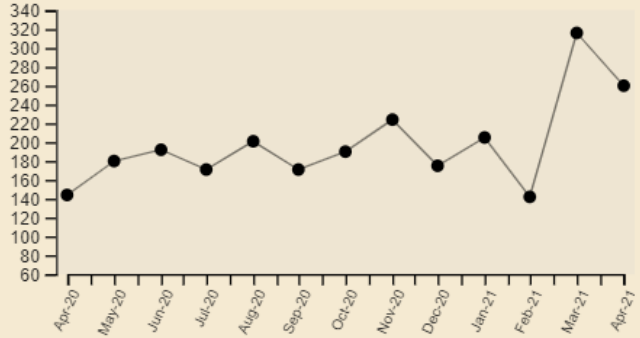
Cat 3 90th Centile



April 2021
02:58:41
Target
02:00:00

999-10

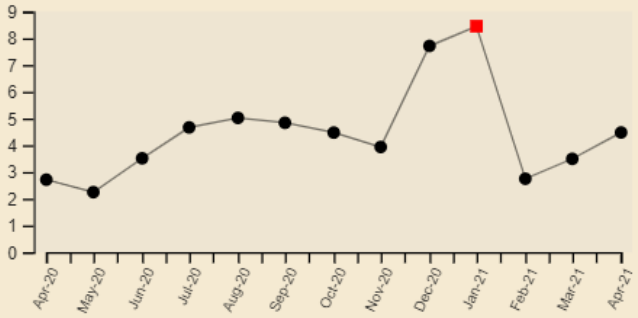
Fire First Responder Attendances



April 2021
260
Target
N/A

999-6

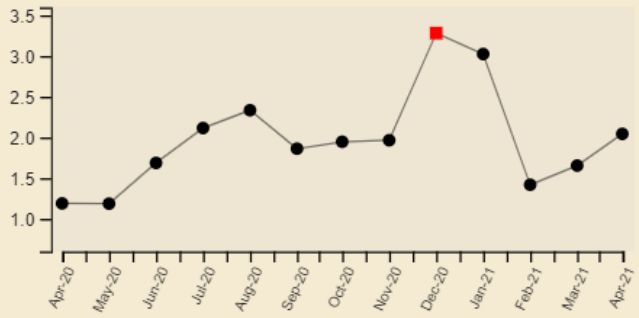
Cat 4 90th Centile



April 2021
04:28:40
Target
02:14:44

999-7

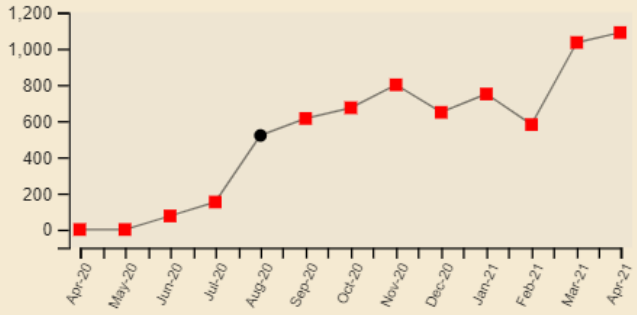
HCP 3 Mean



April 2021
02:02:40
Target
N/A

999-10

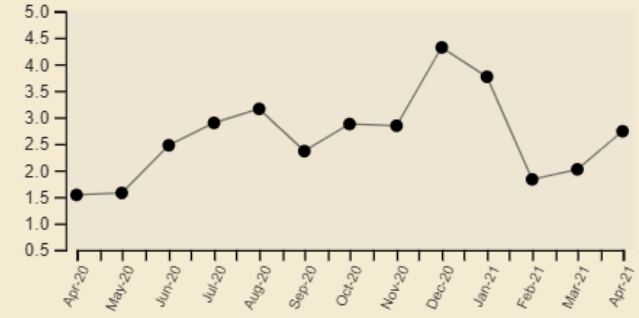
Community First Responder Attendances



April 2021
1089
Target
N/A

999-7

HCP 4 Mean



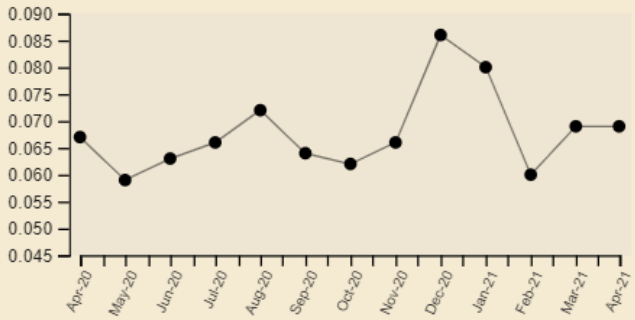
April 2021
02:44:10
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

999-9

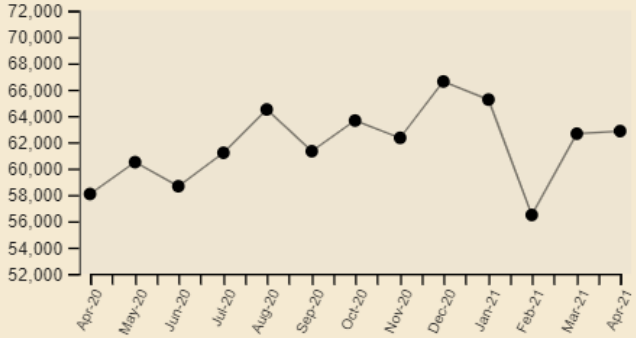
Incident Outcome Hear & Treat %



April 2021
6.90%
Target
N/A

999-10

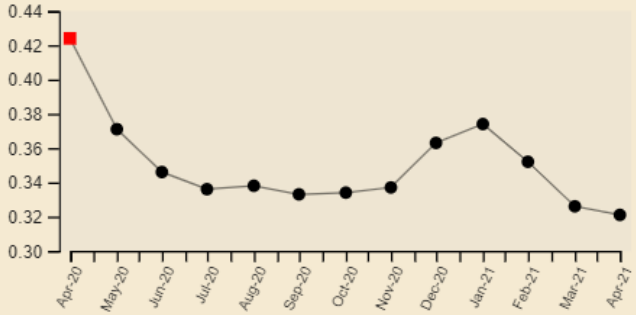
Incidents A7



April 2021
62845
Target
N/A

999-9

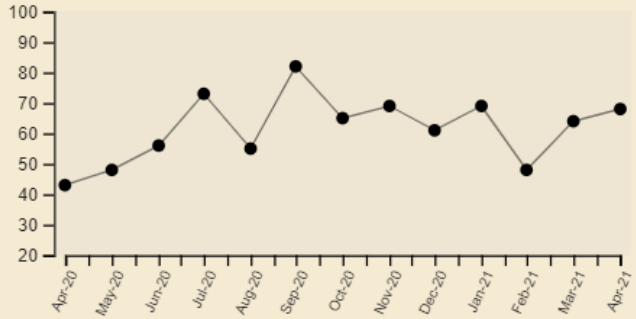
Incident Outcome See & Treat %



April 2021
32.10%
Target
N/A

QS-5

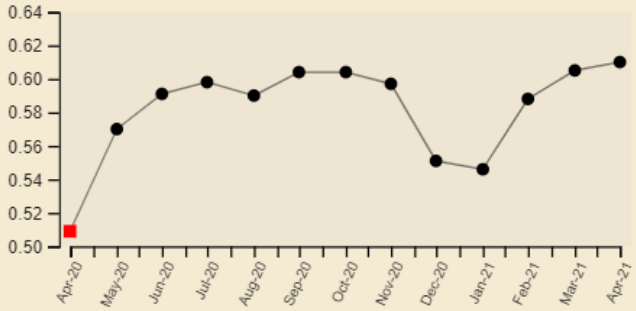
Number of Complaints



April 2021
68
Target
N/A

999-9

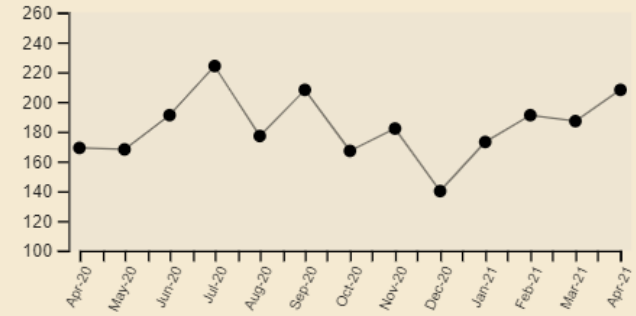
Incident Outcome See & Convey %



April 2021
61.00%
Target
N/A

QS-6

Number of Compliments



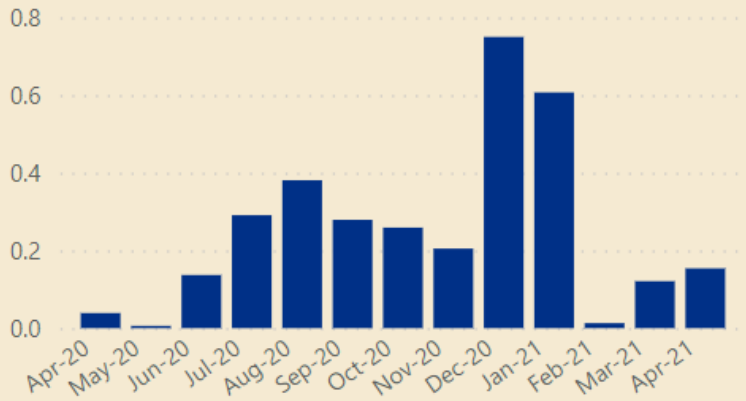
April 2021
208
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

999-14

Surge Managemnt Plan Level 3 or Higher %



April 2021
15.40%
Target
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

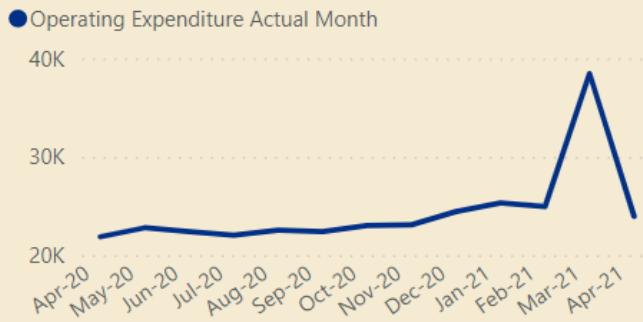
F-1

Income Actual Month

April 2021	Plan
£23241.00	£23325.00

F-2

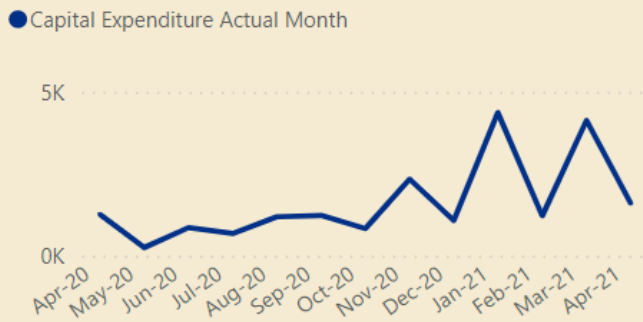
Operating Expenditure Actual Month



April 2021	Plan
£23947.00	£24039.00

F-3

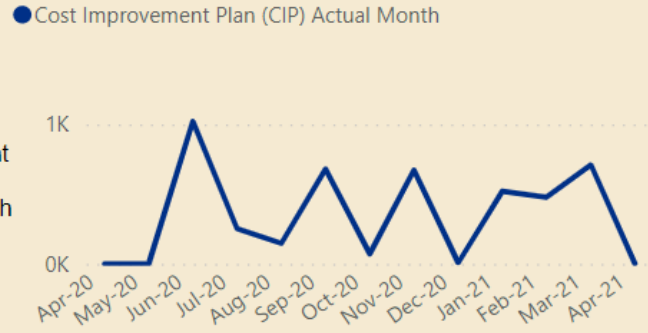
Capital Expenditure Actual Month



April 2021	Plan
£254.00	£918.00

F-4

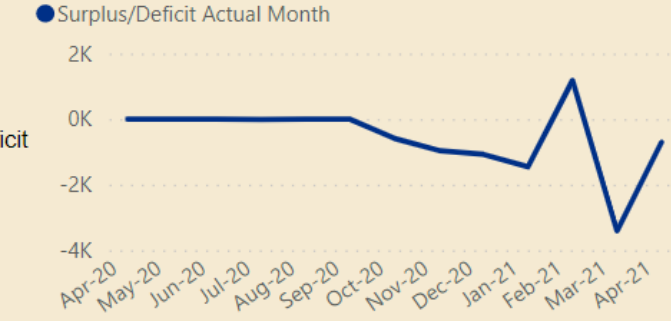
Cost Improvement Plan (CIP) Actual Month



April 2021	Plan
£0.00	£0.00

F-6

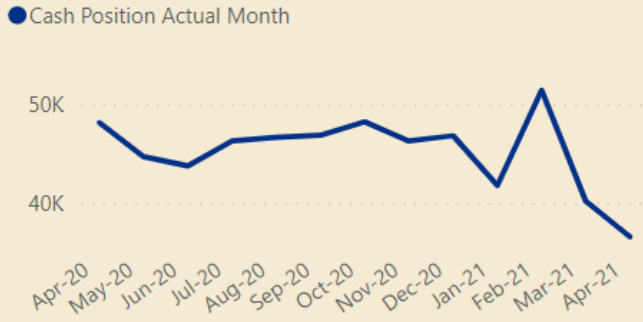
Surplus/Deficit Actual Month



April 2021	Plan
£-706.00	£-714.00

F-7

Cash Position Actual Month



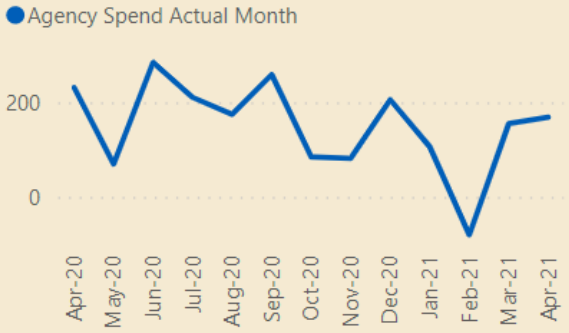
April 2021	Plan
£36526.00	£36526.00

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

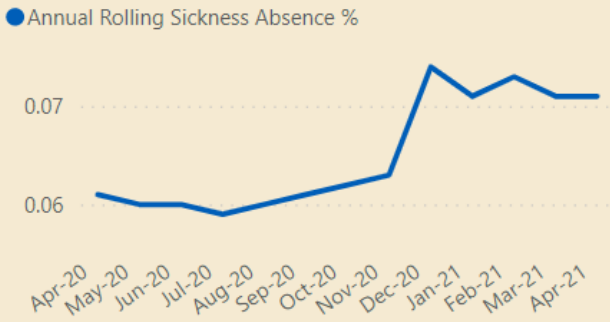
Agency Spend (£000s) Month



April 2021
£169.00
Plan
£200.00

WF-8

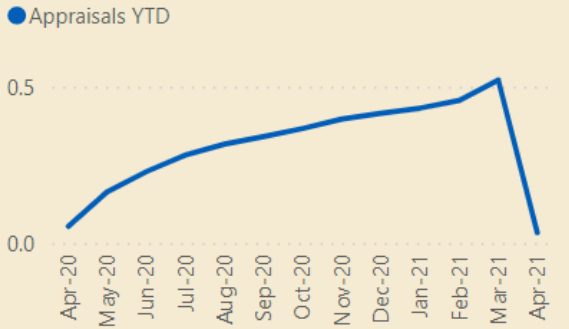
Annual Rolling Sickness Absence %



April 2021
7.10%
Target
5.00%

WF-5

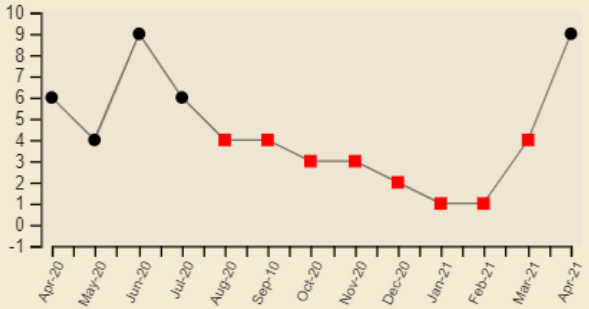
Appraisals YTD



April 2021
3.40%
Target
80.00%

WF-9

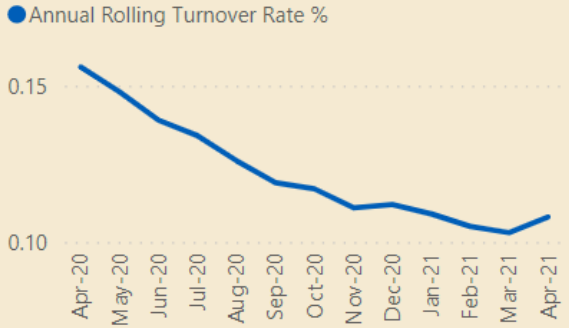
Disciplinary Cases



April 2021
9
Target
N/A

WF-7

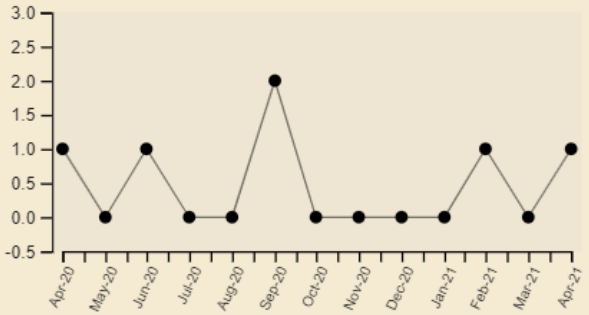
Annual Rolling Turnover Rate %



April 2021
10.80%
Target
N/A

WF-11

Collective Grievances



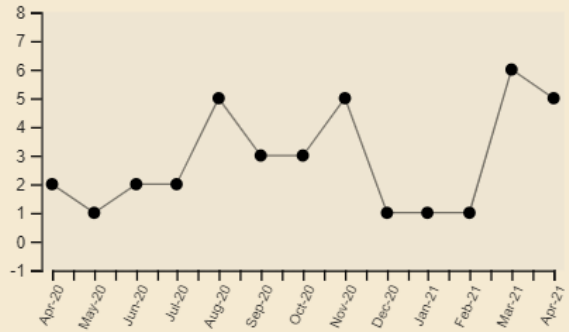
April 2021
1
Target
N/A

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

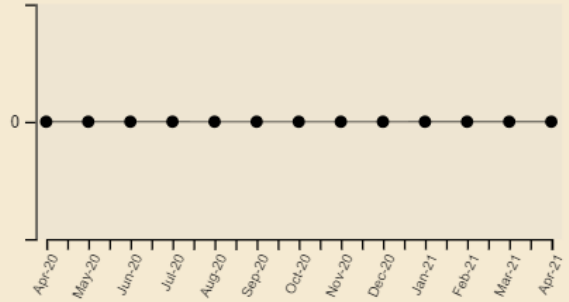
Bullying & Harrassment Internal



April 2021	Target
5	0

WF-13

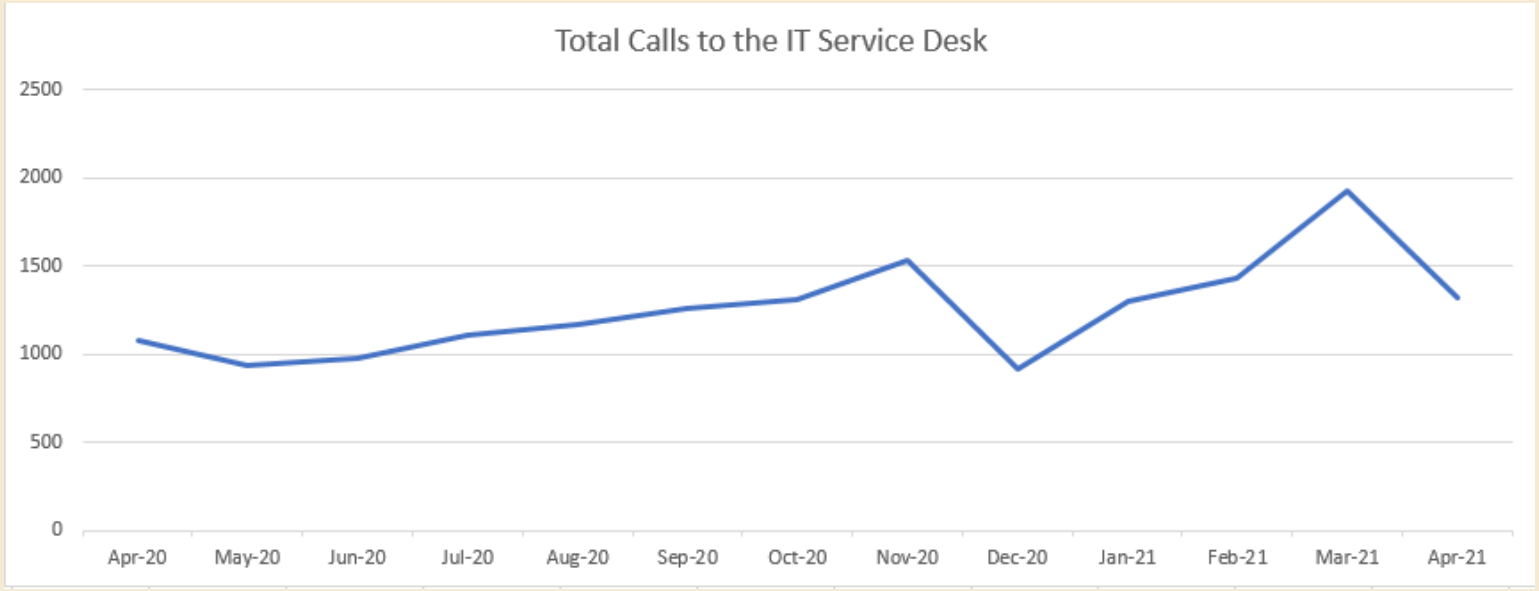
Whistleblowing

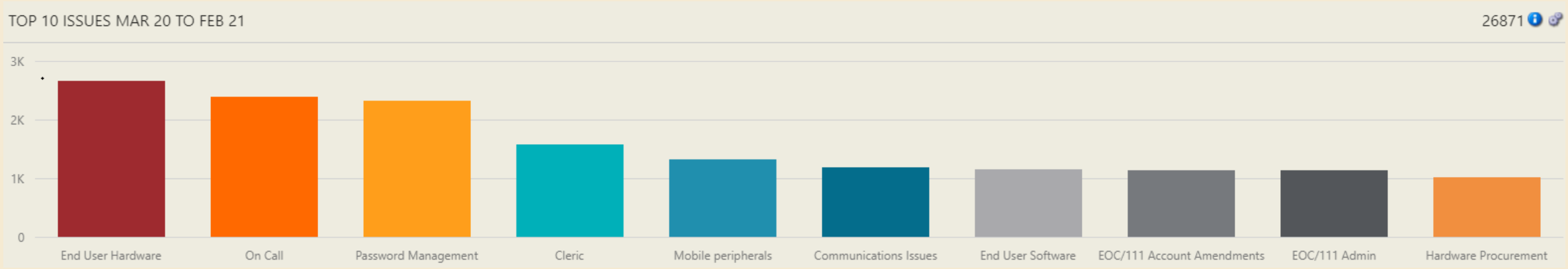


April 2021	Target
0	N/A

Performance by Domain
Well-Led: IT Performance

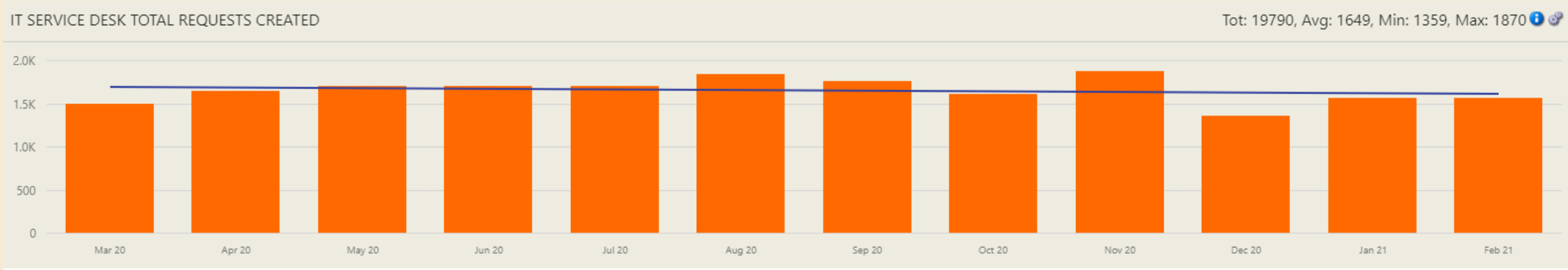
Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

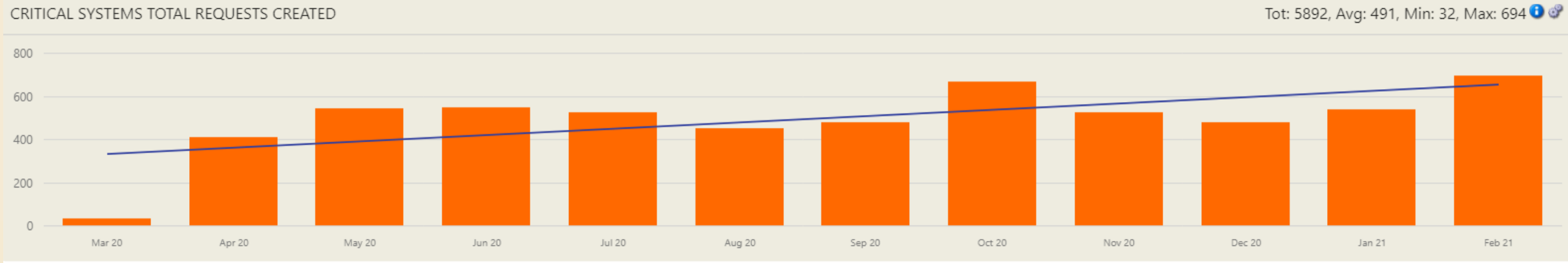




Performance by Domain
Well-Led: IT Performance

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





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 meeting	21 May 2021
Overview of key issues/areas covered at the meeting:	This was an extraordinary meeting called principally to review operational performance, and financial planning for the coming year. Two business cases were also considered that require Board approval. Due to commercial sensitivities these are included in the private part of the meeting and summarised below. **Operational Performance** **Partial Assurance** The committee acknowledged that we aren't achieving ARP consistently and that the provision of hours isn't resulting in the expected improvement in performance. The data and analysis needed to really understand this will be supported by the development of the Performance Cell; this is a much needed step in the right direction. On the positive side, performance in category 2 is better and compares well nationally. This is where we see the majority of our activity. In terms of 111 CAS, this continues to be very challenged, with increase in demand at times 20% above predictions. This is consistent with the picture across England. The committee is assured that management has in place via the operational performance and sustainability plan, a good understanding about the key actions needed to ensure better use of resources. Within this plan there is a shorter 12 week plan aimed at making more immediate improvements in both 1s and 9s. Concern was expressed by the committee about not just 'running faster', but ensuring the interventions are effective and sustainable. It is assured by the programme of work that sits alongside this plan that focusses on the delivery model and related processes (Better by Design). This will determine how we might need to do things differently rather than just continuing to try and improve what we currently do. While the committee is able to accept performance will be inconsistent over the next few months, it challenged the executive to come back with an assessment of when sustained improvement will be achieved, noting that some areas require system support. For example, the impact of lost hours due to handover delays and issues with incomplete pathways. Until management has the ability to forecast, supported by the development of the Performance Cell, the likelihood is that we won't be able to stabilise performance this calendar year, but we should be able to reduce variation. There are a number of risks here, however, not least the impact on our workforce by the need for paramedics within primary care. In summary, the committee is supportive of what the executive is doing both in the short and longer term, and it will continue to closely monitor progress. **Financial Results and Financial Planning 2021/22** The committee noted the positive outcome for 20/21 of a balanced control total, although also noted the headline result was adversely affected by an accounting valuation impairment (of land and buildings) of £6.7m.

	Time was then spent reviewing the draft plan for 2021/22. Unusually, we only have detail of the first 6 months due to the funding arrangements thereafter not being finalised. There is a planned half year deficit that the Board will need to consider, and this will be in Part 2 due to the ongoing negotiations. **Business Cases:** <u>COVID</u> This extends the previous business case and provides the worst case scenario, which will be subject to COVID pressures that arise. In all likelihood the costs will be much less than predicted especially if existing trends (abstraction) continue to improve. The committee acknowledged that the COVID costs for last year have been funded. We had committed this investment at risk, which we will be doing for the costs in this year, although verbal assurances have been given that this is within the funding available. The business case is recommended for approval. <u>Payroll</u> Committee explored the background and approach to this tender, which has been supported by group that includes the audit committee chair. We need a payroll provider and have come to the end of a long and extended contract with the current provider. We have tested the market and chosen a provider using one of existing frameworks. The scheduled 3-month transition period will clarify the division of services, and how we will manage the contract, something we haven't done very well previously. The committee recommends the business case to the Board, which is in Part 2 due to commercial sensitivities. The broader challenge to the executive is to ensure in all our investments we get better returns by driving efficiencies. The committee will continue to test this through the post implementation reviews.
Any other matters the Committee wishes to escalate to the Board	N/A

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	Thursday 20 May 2021
	This report is an overview of the May QPS meeting, based on the new Cycle of Business for 2021-22. In attendance we also welcomed Dr Subo Shanmaganathan (NED) and Mamta Gupta (NExT). Three items were agreed to be deferred to July's meeting.
Overview of key issues/areas covered at the meeting:	**Management Responses**
	Four management responses were presented: - **Medicines Tagging Trial (Formerly 'Changes to Medicines Coding System')** The Trust identified the need to consider a new procedure for medicines pouch tagging after themes from incident reporting indicated that there was a risk of crews being on scene with a patient without the necessary medications for the patient's presenting condition. A trial was held in Paddock Wood OU using the main medicines stores at the same site to remove the 'amber' category pouches, which indicated that some medicines were present but not all. The trial was deemed to be a success with positive feedback provided from within the OU. However, the Trust cannot presently fund, does not have the required infrastructure, or cannot provide the capacity needed to roll this model out Trust-wide. QPS has asked the Medical Directorate to work with Operations and consider resource requirements if the trialled Red/ Green coding system was only used on the drugs pouches used most frequently. - **Vehicle Strategy: Decision-Making Process Update (Incl. Datix Incident Analysis, and Vehicle Adjustments)** It was really good to see that SECAmb had considered and reported against all of the analysis findings to provide a solution for staff who feel unable to use the Fiat ambulances. The Committee acknowledged the reported difference in crew comfort between Mercedes and Fiat. Some staff have raised genuine concerns and as well as practical adjustments to these vehicles, there is support from occupational health. Other vehicle manufacturers are also considering the national specification. - **Impact of Clinical Audit Actions on Patient Outcomes** The Medical team is working on streamlining processes around audit actions and there is obvious progress being made. QPS has requested some ongoing monitoring through the management response route to maintain oversight, as there have been similarities identified between this workstream and the historic issue around the timeliness of Serious Incident (SI) actions. - **Public Access Defibrillators (PAD) – Management Plan** This remains a concern for QPS, as it presents risk to SECAmb financially, reputationally and operationally. The Committee was assured that PAD sites and devices is a focus for the Trust and that work is progressing however it would like to see progress ahead of the next QPS meeting in July to demonstrate good risk management.
	Areas for ***discussion*** *or* ***scrutiny***.
	• **Covid-19 Management –** The Committee was assured that sound governance, systems and controls were in place to manage the Trust's response to the Covid-19 pandemic. There had been a fantastic uptake and delivery of the vaccination programme however following national concerns around blood clots there were some younger staff who were declining a second vaccination and were therefore being referred to their GPs as per national guidance. • **111/CAS Patient Safety –** A new format for reporting meant that data and risks /

	issues / successes were much easier to read. There had been a shift in risk themes with focus now being on activity related concerns such as the impact of Covid-19, staff abstractions and the launch of phase two of NHS111 First. QPS also heard how case complexity was impacting the 111 service, as well as some patients bypassing their GP and calling 111 instead. With Emergency Departments reporting to be under the same pressure as before, there is concern over the Trust's validation rate which was as 15.5% against a target of 9%. Assurances were offered that capacity and demand were discussed frequently at regional forums. • **EOC Patient Safety –** The new report format was also used here and worked well. Good discussion was held around NHS Pathways compliance and it was agreed that all relevant compliance criteria would be reported separately in future , replacing the general statement of e.g. 'the Trust is compliant' – this will allow QPS to see actual performance against each criterion and gain further assurance that systems of control are effective. We discussed the management of patients identified for potential overdose or suicide (a new national requirement) and will continue to monitor this in-year. • **Serious Incidents –** A theme had been identified around C2 delayed response so this was due to be analysed as part of a table-top review to pick out any learning. We then had a conversation about suicide prevention and support for staff wellbeing when they have been under investigation or suspended in relation to an SI. The Committee was assured by several support processes in place, including an allocated welfare offer. The future format of SI reports was under consideration to include triangulated learning from complaints, litigations, incidents, and patient experience. It was suggested that Mamta Gupta be invited to contribute to these discussions given her professional expertise as a barrister. • **PAP Governance and Patient Safety** – Assurances were obtained around the monitoring and governance of contracted PAP providers, and the organisational structure in place to support this. However, due to the increased focus of CQC on PAPs it was agreed that FIC be asked to review the viability of our current sub-contractors. • **Clinical Outcomes: AQIs (to include Deep-Dive re: STEMI)** – An excellent piece of evidence-based work was presented to QPS by Claire Hall, Clinical Pathways Lead, that identified where SECAmb had room for improvement in relation to the STEMI care bundle results, which were typically 10% lower than other ambulance services. Now that the main issues have been identified - appropriate choice of analgesia, on-scene time and back-up requests / response times, and careful documentation - the Trust can work on a plan to make sustainable improvements.
Any other matters the Committee wishes to escalate to the Board	The Committee commended the Safeguarding Annual Report 2020-21 to Trust Board, subject to minor changes. Work has begun on the annual Quality Account 2020-21 for a draft to be presented to Board in May prior to publication by 30 June 2021. The Committee received an update on Research activity within SECAmb and was very pleased to hear about the research studies being undertaken; Julia Williams and her team had worked hard to ensure the Trust fulfils its responsibilities as an NHS provider to engage in high quality research. There was a request for the impact of previous studies on patient outcomes to be presented to QPS, and any resulting change(s) to SECAmb practice. The Trust acknowledged an unplanned CAD outage the previous evening. QPS approved

	final amendments to its Cycle of Business 2021-22. This was my first meeting as Chair, and I take the opportunity to thank Lucy Bloem for her support and guidance during the handover. It was also the last meeting for our Committee coordinator, Leane Stephens who has moved on to East Kent University Hospitals. I thank Leane for her support and expertise. The Quality & Safety Directorate are working on finding a new coordinator for the Committee ahead of our next meeting in July 2021.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	09-21

Name of meeting	Trust Board
Date	27 May 2021
Name of paper	Learning from Deaths Report – Quarter 2 – 2020/21
Responsible Executive	Dr Fionna Moore – Executive Medical Director
Author	Dr Richard Quirk – Deputy Medical Director
Synopsis	The panel have reviewed 60 random case notes of patients who have died during quarter 2. The overwhelming majority of care has been judged as good or excellent and a message has been sent out to staff to congratulate them on the on the compassionate care delivered to patients at the end of life or care after death. A small number of issues have been identified in the report and these have been followed up with individual crews. Wider learning is discussed at the Learning from Deaths group.
Recommendations, decisions or actions sought	The Board are asked to note the report, which has been considered by the Quality & Patient Safety Committee

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 because the death reviews are carried out randomly.**

Learning from Deaths Report – Quarter 2 – 2020/21

1. 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. 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.

1.3. 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. Overview of Quarter 2 (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
July	223	367	2	592
August	266	370	3	639
September	204	333	3	540

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 – July 2020	No. of patients who died – August 2020	No. of patients who died – September 2020
Under 1 year	2	6	
1-2			
2-3			
3-4			
4-5			
5-6			
6-7			
7-8			
8-9			
9-10			
10-11			
11-12			
12-13		1	1
13-14	2		
14-15			
15-16			
16-17			
17-18			
18 – 29	15	22	17
30 – 39	24	19	21
40 – 49	38	28	40
50 – 59	73	59	60
60 – 69	82	82	65
70 - 79	119	132	125
80 – 89	141	172	134
90 – 99	80	103	68
100+	3	10	6
Age unknown	12	4	2

2.3. Table 3 shows the numbers of patients who had an Advance Care Plan (ACP)/Do Not Attempt Cardiopulmonary 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 – Jul 2020	(%)	No. of patients who died – Aug 2020	(%)	No. of patients who died – Sept 2020	(%)
Advance Care Plan	1	~	0	~	1	~
Professional Decision not to Resuscitate	20	3.4	19	3	18	3.3

Do Not Attempt CPR order in place	130	22	138	21.7	112	20.8
Resuscitation attempted	204	34.6	206	32.3	183	34
Dead on arrival	232	39.3	271	42.5	224	41.6
End of Life	3	0.5	3	0.5	1	~

3. 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 if vehicle and staff dispatched)	26 (43%)	23 (38%)	3 (5%)	8 (13%)	0 (%)	-
On scene handling (Care)	41 (68%)	16 (27%)	1 (1.7%)	2 (3%)	0	-
Transfer and Handover (Including discharge and worsening care advice)	14 (23%)	3 (5%)	1 (1.7%)	0	0	42(70%)
Other Aspects of Care (quality and legibility of records)	36 (60%)	19 (32%)	1 (1.7%)	3 (5%)	1 (1.7%)	-
Overall Assessment of Care	31 (52%)	24 (40%)	2 (3%)	3 (5%)	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 11 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. The reviewers also assessed the likelihood of success of resuscitation if the crews had arrived any earlier and felt that the outcome is unlikely to have been any different. One of the cases judged as poor care was a 71-year-old with end stage Chronic Obstructive Pulmonary Disease (COPD) received a category 2 disposition for 'Panic Attacks' and the triage system didn't identify that the patient had a terminal breathing pattern. This is being followed up by the Emergency Operations Centre clinical team. The reviews did not identify any harm or a poorer outcome for these patients due to the delays identified.

3.4.2 On Scene Handling

3 cases were reviewed as adequate or poor care. The 2 patients who were judged as receiving poor care were: A 51-year-old man who had a significant cardiac history was identified as being in Ventricular Fibrillation at 2 minutes after arrival. The notes suggest that a defibrillator shock was not issued, and the patient was subsequently in Pulseless Electrical Activity which is not shockable. This case has been passed to the Consultant Paramedic for Emergency Care to understand if this is a technical issue of the shock not being recorded, or whether it was a crew decision not to shock the patient at 2 minutes.

The second patient was an 85-year-old man whose family had identified that he had collapsed an hour before making the phone call to the ambulance service. When the crew arrived, they took the families wishes for the patient not to be resuscitated into consideration and did not start resuscitation despite there being no DNACPR form in place. The patient was still warm. The reviewer felt that further investigation (by police or safeguarding) was needed to find out why the family took an hour to call for help and why the crew chose not to start resuscitation based on the family's wishes alone. This is being followed up with the individual crew.

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 child cardiac arrest where Maidstone Hospital declined to see the patient and so the crew had to convey the child to Medway Hospital. The care was judged as adequate as the patient had a longer journey to hospital, however this is not poor care delivered by SECAmb.

There are ongoing discussions with both Maidstone Hospital and Princess Royal Hospital (Haywards Heath) as both hospitals have Emergency Departments, yet both Hospitals decline to see children in cardiac arrest resulting in a longer journey time to other hospitals who will accept children.

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. The 'poor care' that was identified in two cases was related to a lack of documentation about the past medical history of the patient, the presence or absence of a DNACPR form at the scene and an error in selecting 'foetal maceration' on the drop down menu for an adult patient who had died. The case which was identified as 'very poor care' was related to a patient who was dead on arrival of the crew, however the notes recorded in the electronic patient care record seemed to be related to a previous attendance by SECAmb. There is a possibility that the CAD had recorded details from a previous attendance into the ePCR. This is being looked into by the technical team – but did not impact on the care provided at the time of the call.

3.4.5 Overall Care

The five cases identified as overall adequate or poor care was directly related to the cases already discussed in the sections 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)	8
Slight evidence of avoidability	2
Definitely not avoidable	50

3.5.2. In the 10 cases where avoidability was considered to be a possibility, one was related to the case discussed earlier in the report regarding the family taking an hour to call the ambulance. One case was related to the case discussed above where a shock was not recorded for a patient who was in ventricular fibrillation and is being investigated. The other 8 cases were related to care outside of SECAmb e.g. possible missed diagnosis by other health organisations or delays in contacting medical help early in the patient's deterioration.

4. Two cases reviewed following concerns

4.1 During this reporting period, two cases were referred to the Learning from Deaths process for a Structured Judgemental Review from the Serious Incident Group.

4.2 Case One - The review was related to a 60-year-old man who was involved in a Road Traffic Collision and went into a 'traumatic cardiac arrest'. During the triage of the call, our Emergency Medical Advisor didn't ask the bystander caller if the patient was breathing or conscious and so the call was categorised as a Category 3 call (for RTC). It was subsequently upgraded to a Category 1 call, but we took 11 minutes to arrive on scene (due to further challenges finding the address). The delay did not affect the outcome for the patient. There were other concerns raised that we did not call the fire service to remove the patient from the vehicle, however following investigation, the police service had already called the fire service.

4.3 Case Two – The review was related to an 89-year-old man who had fallen over and banged his head. He was on blood thinning medication which put him at risk of a bleed in his brain. The Emergency Medical Advisor correctly documented that he was on blood thinners, however the NHS Pathways system does not take into consideration that a patient is on blood thinners when categorising a patient. The patient was categorised as Category 3. This issue is emerging on a number of occasions and the Trust has escalated this to NHS pathways for a review. In this particular case, the delay in getting the patient to hospital to have a CT scan (which subsequently revealed a brain haemorrhage) did not affect the outcome for the patient as he was not a candidate for surgery due to other health conditions.

5. 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. The reviewers have not found evidence that these delays impacted on the outcome for the patient.

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, 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.

5.6 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.

6. 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. Actions resulting from the review of deaths from Quarter 2 - 2020/21

Action	Update/Date
Individual review of the case where defibrillator shock was not recorded for a patient in Ventricular Fibrillation	March 2021
Individual review of the case where crew did not resuscitate a patient based on family wishes.	March 2021
New subgroup of the Learning from Deaths group to be created – 'End of Life Care steering group'. Chaired by Consultant Paramedic	Spring 2021

Dr Richard Quirk
Deputy Medical Director
May 2021

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	09-21

Name of meeting	Trust Board
Date	27 May 2021
Name of paper	Safeguarding Annual Report
Responsible Executive	Bethan Eaton-Haskins Executive Director for Nursing & Quality
Author	Philip Tremewan, Nurse Consultant for Safeguarding
Synopsis	The Annual Report seeks provide assurance to patients, service users and key stakeholders that South East Coast Ambulance Service NHS Foundation Trust is discharging its Safeguarding responsibilities. The report provides evidence on how these responsibilities were discharged and highlights priority areas for Safeguarding during 2021/22.
Recommendations, decisions or actions sought	The Board is asked to consider the report, which has been reviewed by the Quality and Patient Safety Committee.

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).	**Yes/<u>No</u>**

South East Coast Ambulance Service NHS
NHS Foundation Trust

Safeguarding Annual Report 2020/21

Authors: **Philip Tremewan, Nurse Consultant for Safeguarding**

Nursing and Quality Directorate
South East Coast Ambulance Service NHS Foundation Trust
Nexus House
Gatwick Road
Crawley
West Sussex
RH10 9BG

Contents

1. Introduction

Throughout 2020/21 South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has striven to meet its statutory responsibilities in the care and protection of patients of all ages. This report demonstrates to the Trust Board and external agencies how SECAmb discharges these statutory duties and the report offers assurance that the Trust has effective systems and processes in place to safeguard patients who access our services. We continue to deliver a high-quality credible service to patients and families, whilst reflecting continually on areas for learning and improvement.

2020/21 has been dominated by the considerable challenge of the Covid-19 pandemic that have impacted on the majority of departments across the Trust including the Safeguarding Team. However the team are confident that diligent business continuity planning has ensured that vulnerable children, looked after children, young people and adults at risk have been protected and supported during these challenging times.

The existing statute which continues to underpin the work of colleagues who support healthcare practitioners delivering services to children is in line with Working Together to Safeguard Children 2015 guidance and Section 11 of the 2004 Children Act. All staff have a statutory responsibility to safeguard and protect the children and families who access our care.

The legislation which frames the work of colleagues in adults' services is influenced by the introduction of the 2015 Care Act. The introduction of The Care Act put adult safeguarding on a statutory footing for the first time in addition to embracing the principle that "the person knows best". In addition our work to safeguard adults is informed by The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards amendment in 2007.

SECAmb acknowledges that safeguarding is everyone's business and strives to support the Department of Health's six principles of Safeguarding:

- **Empowerment** – People feel safe and in control, give consent to decisions and actions about them. They should be helped to manage risk of harm either to themselves.
- **Protection** – Support and help for those adults who are vulnerable and most at risk of harm
- **Prevention** – Working on the basis that it is better to take action before harm happens
- **Proportionality** – Responding in line with the risks and the minimum necessary to protect from harm or manage risks
- **Partnership** – Working together to prevent or respond to incidents of abuse
- **Accountability** – Focusing on transparency with regard to decision making.

The Annual Report provides the readers with the following detail:

- An overview of the national and local context of safeguarding
- An overview of the areas of practice included in safeguarding within the Trust
- An update on safeguarding activity within 2020/21
- Assurance that the Trust is meeting its statutory obligations and the required national standards with regard to safeguarding

- An overview of any significant issues or risks with regard to safeguarding and the actions being taken to mitigate these
- A briefing on the challenges and work to be addressed by the safeguarding teams in 2020/21.

2. Governance and Commitment to Safeguarding

As an NHS Service provider SECAmb is required to demonstrate that they have safeguarding leadership and commitment at all levels within the organisation and that we are fully engaged in support of local accountability and assurance structures, via the Safeguarding Boards across Kent, Medway, Surrey, Sussex and NE Hampshire. Most importantly, SECAmb reinforces the principle that safeguarding is everybody's responsibility and develops a culture of continuous learning and improvement to promote the safety and welfare of adults at risk, children and young people and looked after children.

SECAmb ensures that its senior management is committed to safeguarding demonstrated at Executive and Non-Executive level at Trust Board. Safeguarding is always included in the annual cycle of business and comes within the scope of influence and scrutiny of the Quality & Patient Safety Committee. The Trust have robust governance structures and systems in place in line with Working Together to Safeguard Children 2015 and the Care Act 2014.

Evidence of SECAmb's commitment to safeguarding includes clear statements on the Trust's website demonstrating how our services safeguards the welfare of children, young people and adults. The Trust's Five-Year Strategic Plan for 2017-2022 also recognises how safeguarding and patient safety underpins its core services.

The Trust's Safeguarding function sits within the portfolio of the Nursing and Quality Directorate and is led by the Executive Director for Nursing & Quality. The work of the department is scrutinised at the Safeguarding Sub-Group (SSG) meeting jointly chaired by the Nurse Consultant for Safeguarding and Safeguarding Lead. Terms of Reference for the group highlights the required core membership and includes senior roles and individuals from a wide range of operational, educational, HR, staff partnership and commissioning colleagues.

2020/21 evidenced a continued investment by the Trust in its safeguarding function. During the year the Safeguarding Lead continued to provide strong leadership on operational safeguarding across the Trust and support the Nurse Consultant for Safeguarding and Director of Nursing & Quality in delivering high standards of care and experience to patients. At the time of writing the total skill mix of the Safeguarding Team at SECAmb is:

Job Role	Band	WTE
Nurse Consultant for Safeguarding	8b	1
Safeguarding Lead	8a	1
Safeguarding Practitioners	7	2
Safeguarding Coordinators	5	3.2

The total investment allows for greater focus on the Trust's internal and external safeguarding responsibilities. The focus includes improved representation at Safeguarding Adults Boards, Safeguarding Children's Partnerships and child death review panels across Kent, Surrey and Sussex. Additionally, during 2020-21 there had been continued investment in the Trust's approach to safeguarding training, including the introduction of Level 3 face to face training via Teams for registered clinicians across SECAmb's 999 and 111 services.

Standing agenda items at each SSG meeting provide assurances to the Trust Board and Executive Team. These include a review of the Trust's Safeguarding policies and procedures, departmental workplan, safeguarding risks and monitoring progress against safeguarding action plans following Serious Case Reviews, Domestic Homicide Reviews, Safeguarding Adults Reviews or Section 11 returns.

Regular assurance evidencing how the trust is discharging its safeguarding responsibilities is provided to the Designated Professionals at the Trust's lead CCG; this includes:

- Submission to the Surrey wide CCG Designated Safeguarding team of an annual report and 6 monthly update that provides a narrative and data against each of the standards
- Submission of exceptions reporting for any areas of non - compliance with the standards as identified
- Submission to the Surrey wide CCG Designated Safeguarding team of Section 11 audits undertaken and resultant action plans for the Surrey Safeguarding Children's Partnership
- Providing evidence at Contract Quality Review Meetings (CQRM)
- Providing evidence at other contract monitoring meetings
- Named / Lead professionals meetings/supervision with Surrey wide CCG Designated Safeguarding team and use of the Annual Assurance Framework Report
- Providing information to the Surrey wide CCG Designated Safeguarding team in the twice yearly Dashboard on safeguarding activity.
- Providing evidence at Surrey Safeguarding Adults Board, Surrey Safeguarding Children Partnership meetings and sub groups
- Participating in Surrey wide CCG Designated Safeguarding team and SSCB and SSAB audits and inspections
- Demonstrating the Trust's commitment to preventing modern slavery and human trafficking by evidencing a Modern Slavery Act statement on its public facing website

Although the Surrey Safeguarding Adults Board and Surrey Safeguarding Children Partnership remain lead Boards for SECAmb, throughout 2020/21 continued commitment have been noted in SECAmb's representation at Safeguarding Board meetings across Kent, Medway, Surrey and Sussex. The Trust has continued to invest in senior safeguarding leadership across the organisation resulting in greater capacity to contribute to the priority areas of each Board.

Safeguarding Risks
During 2020/21, a total of three safeguarding risks were formally recorded on the Trust's Risk Register. These related to:

1) **Non-compliance with Mental Capacity Act assessments**
   Safeguarding training for all clinical staff for 2019/20 has, through Key Skills and e-learning had a greater focus on the Mental Capacity Act. Additionally, developed within the electronic Patient Care Record (ePCR) is an improved section that promotes improved compliance with the expectations of the Mental Capacity Act. The ePCR requires clinicians to complete mandatory fields before progressing onto the recording of any subsequent best interest decision making.

   The July 2020 Safeguarding Sub-Group recommended to the Clinical Governance Group that actions were in place to mitigate the risk and subsequently the risk was closed.

2) **Private Ambulance Providers - Delay in making safeguarding referrals**
   There was a risk that safeguarding referrals were not being received and processed in a timely manner from PAP partners. This was as a result of;

   - PAP providers being unable to access Datix
   - Unclear processes around sending paper-based referrals to safeguarding team
   - Points of failure resulting in lost referrals.

   This may lead to a vulnerable adult or child being placed in danger through not being referred to an appropriate agency.

   To provide optimal assurance that safeguards patients and effectively manages the timely processing of paper safeguarding referrals the Trust, through an operational bulletin in June 2019 ensured the following actions are adhered to:

   - All individuals that complete paper safeguarding referrals must ensure that they have access to new orange safeguarding referral envelopes (all Private Providers and back-up mechanisms for internal Datix failure)
   - All crews must complete the front box identified as 'Crew to Complete' and hand the sealed envelope to the Duty Operational Team Leader or placed into the Patient Care Record box on station
   - All Duty Operational Team Leaders must:
     - Complete the front of the orange envelope identified as 'OTL to Complete' which identifies all required action has been taken. This identifies the process of scanning the referral to the Safeguarding Team dating the time scanned and marking whether the process followed is an internal Datix failure or not.

- Ensure that any orange Safeguarding envelopes are processed as above and PCR boxes checked for any orange envelope

The risk was monitored regularly at the Trust's Safeguarding Sub-Group and in July 2020 a recommendation was made to the Clinical Governance Group that actions were in place to mitigate the risk and subsequently the risk was closed.

3) **Capacity within the Safeguarding Team**
With a 20% year on increase in safeguarding activities, there is a risk that the Safeguarding Team will burnout unless a system is introduced to manage them in a smarter way. Subsequently, and as discussed at the July 2020 the Safeguarding Sub-Group meeting, a risk was added to the risk register on the 31st July.

Mitigating actions are in place where members of the Safeguarding Team continue to work to process and transcribe referrals to Datix and in the meantime the Safeguarding Lead will work with leaders in EOC Systems and IT to implement a Safeguarding module within the Trust's Cleric system. Implementation of this module will result in a more efficient use of time taken to process safeguarding referrals.

3. Policies, Procedures and Guidelines

As a commissioned NHS provider SECAmb needs to ensure that staff are aware of the Trust's Safeguarding policy and any relevant guidance and procedures.

The Safeguarding function assumes lead responsibility for several organisational policies, all of which have been ratified and are in date. The policies are:

- Managing Safeguarding Allegations
- Mental Capacity Act Policy – Due to be updated June 2021
- Safeguarding Policy for Children, Young People and Adults
- Safeguarding Referrals Procedure
- Seeking Consent Policy – Due to be updated June 2021.
- Child Death Procedures – Due to be updated in May 2021 however will transfer across to the Medical Directorate for overall governance responsibility
- Freedom to Speak Up: Raising Concerns Policy
- Safeguarding Supervision Policy

4. Appropriate Training, Skills and Competencies

The *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* Intercollegiate Document defines the safeguarding training expectations for all individuals working in healthcare. The document sets out five levels of training based on roles throughout the organisation.

During 2020/21 all operational staff were expected to complete a combined level 1&2 Safeguarding Children and Safeguarding Adults training modules. All registered clinicians will over the next three years will be expected to complete level 3 Safeguarding training. Since the start of the 2020/21 over 90% of staff have successfully completed the level 1&2 safeguarding courses. Contracting standards agreed with the Trust's lead commissioners require 85% training compliance over the course of the year.

Outlined in the Intercollegiate Document are the expected competencies for level 3 training. This is mandatory training that would normally be delivered through classroom-based sessions, so following a pause due to the Covid-19 pandemic, the Safeguarding Team have started to offer web based learning via Microsoft Teams.

All managers across the Trust were sent a briefing highlighting the mandatory requirement together with an FAQ paper that clarifies the content, booking mechanism and the process of assessing competence. This year, the Trust has taken the approach that achieving Level 3 competence will take a modular form, with this course building on what has been learned via the Level 2 training on Discover. This means staff are able to break up the training a little and means no one will be expected to undertake a full day of learning via Teams. Staff must have completed the Discover e-learning before joining this course.

At the time of writing total staff compliance with L3 safeguarding training was around 70%. (Total of 2058 registered clinicians) The approach taken by the safeguarding team has been to target those members of staff whose training had elapsed and to work chronologically through the cohort of staff. In doing so this will ensure that all registered staff will be able to demonstrate compliance with the expectations of the Intercollegiate Document.

Impact of Training
The impact of previous training and the online modules became evident as the pandemic and, in particular, the effects of lockdowns progressed. During the first lockdown, through April and May 2020, when 999 calls to children dropped significantly (by almost 50%, maybe due to a lack of outdoor activities, clubs, schools etc), the referral numbers for child concerns initially remained the same – therefore equating to figures that were proportionally higher – and then in May rose a further 50% in numbers.

The trends of note seen were a significant increase in child mental health concerns and exposure to parental substance misuse and mental health issues. The increase in referral numbers demonstrates a heightened awareness of vulnerabilities directly due to the pandemic, where many support networks for these vulnerable children were lost.

An example of a crew being exceptionally vigilant was during an attendance to an apparently rebellious 12-year-old who was drinking and drug taking, not attending school and on occasion, staying out all night. The crew listened carefully to information provided by a sibling which included the child meeting older youths in a park, running errands and having recently been given new trainers and a bicycle. The clinicians requested Police attendance and made a safeguarding referral as they were concerned this child was involved in County Lines activity, which was found to be the case. The child did not live in a secure and supportive family environment, so our staff became excellent advocates for that young person.

5. Effective Supervision and Reflective Practice
Safeguarding Supervision for the Trust's Safeguarding Lead and Nurse Consultant is undertaken by the relevant Designated Nurse for Safeguarding within clinical commissioning.

NHS Commissioning Safeguarding Standards highlighted that SECAmb should have a separate safeguarding and looked after children supervision policy. Throughout 2020/21

and despite the coronavirus pandemic members of the safeguarding team have continued to deliver and receive safeguarding supervision in line with commissioning expectations.

6. Effective Multi-Agency Working

2020/21 Safeguarding Referral Information

The department has continued to see increases in referral activity. During the 2020/21 a total of almost 21,000 safeguarding referrals were made to local authorities across Kent, Surrey, Sussex and Hampshire. This equates to an increase of 28 per cent compared to the previous year. All referrals continue to be reviewed by members of the Safeguarding team before forwarding to the relevant local authority.

2020/21 has seen a significant 68 per cent rise in concerns for patients' mental health including a 25 per cent rise in parental substance misuse. The Safeguarding team also recorded a 40 percent increase in increasing care needs for patients and carers. Additionally, there was a 25 per cent rise in referrals for individuals at risk of or have suffered domestic abuse (DA) compared to the same reporting period for the previous year.

Safeguarding referrals for children constitute 17% of the total number of referrals despite the under 18 population accounting for around 10 per cent of SECAmb's workload. Safeguarding training throughout 2020/21 has focused on risks to children and ensuring that the 'Voice of the Child' is heard and listened to. This suggests that our staff are able to recognise and escalate safeguarding concerns where there's an indication of a child is at risk of harm, abuse or neglect.

Developments in Partnership Working

Throughout the pandemic the Safeguarding Team have worked very closely with SECAmb's commissioners, Safeguarding Boards and NHSE/I to highlight the rise in low level safeguarding concerns and the hidden harm. Themes arising from this work recognises the impact that school closures, changes in primary and community care services, and reduction in caring support provided by families have had on vulnerable people across society. Subsequently SECAmb's figures support the theory that patients have been contacting the NHS111 and ambulance services at the point of crisis when ordinarily contact would have been made with community providers before patients concerns escalate.

During the pandemic the Safeguarding Team produced a suite of resources to support staff who may have come across cases of domestic abuse or heightened parental mental health. The poster provided appropriate links to support services across Kent, Surrey and Sussex and reminded staff to submit a safeguarding referral in the event that vulnerable adults and children were at risk as a result of a deterioration in their mental health.

Throughout the pandemic the Safeguarding Team have received a huge amount of information and safeguarding guidance from commissioners, Safeguarding Boards, local authorities and NHSE/I. An example of the resources included joint guidance from the NSPCC and Department of Education highlighting a toolkit for a helpline aimed at protecting children during the Covid-19 pandemic. Staff were encouraged to use the NSPCC helpline number in their safety netting advice to young people but should continue to make safeguarding referrals in the usual manner.

A further example highlighted the risk of far-right groups exploiting school closures and an increase in gaming during the pandemic to aid recruitment. Although for information only, the Trust would only come across cases of radicalisation as an incidental finding, however staff were reminded that gaming can provide a route for the exploitation and radicalisation of young people.

A rapid read Domestic Abuse During Covid-19 document from NHSE/I was published with a request to disseminate to all staff. This was very relevant at the time, as whilst figures tended to fluctuate the Safeguarding Team's observations highlighted there had been a significant increase in DA referrals across the Trust. It was decided that as the issue affects patients and staff, the wellbeing bulletin was a good vehicle to cascade this message out across the organisation.

In its response to the significant amount of guidance developed during Covid-19 the Safeguarding Team developed a summary paper that RAG rated the relevance of the information for the Trust and cascaded this out to clinical leaders in the operating units, EOC and 111.

Developed Guidance for Single Parents with Dependent Children
With Covid-19 and the associated shutdown of schools affecting large sections of the population, ambulance practitioners were more likely to find themselves facing situations where a child may be left home alone if a single parent needed to go to hospital. Clearly this presented a potential safeguarding concern for the child, parent and attending crew; subsequently the Safeguarding Team developed another safeguarding resource that provided guidance for staff on how these types of situations could be managed safely, sensitively and pragmatically.

The bulletin highlighted important factors to consider, for example age, duration and distance when intervening to support single parents with children. Guidance was also provided on a child's cognitive ability and competence to make decisions

Coordinated PPE Concerns in Care Homes Across KSS
During the early Covid-19 pandemic the safeguarding team at SECAmb were receiving a significant number of concerns from frontline ambulance practitioners with regard to Personal Protective Equipment and Infection Prevention and Control measures in settings such as care homes, nursing homes and domiciliary care.

Taking clinicians concerns seriously the Safeguarding Team worked closely with Clinical Commissioning Groups (CCG's) and Adult Social Care to escalate taking observations to the right people.

In order to capture this in one place, staff were asked to complete a safeguarding referral, the safeguarding team then coordinated the responses to determine the most appropriate agency to escalate PPE concerns.

By the end of September 2020 the Safeguarding Team submitted 89 referrals to commissioners and local authorities highlighting PPE and infection prevention & control issues.

Referrals to Local Fire & Rescue Services

Referrals to other agencies recognises the preventative role that Fire & Rescue (F&R) Services can play in supporting adults at risk. During 2020/21 SECAmb activity indicates that over 1700 referrals have been made to Fire & Rescue services across Kent, Surrey and Sussex. This has seen a considerable rise of 115% in referrals to F&R compared to the previous year. Although it's difficult to quantify the reasons for such a substantial increase. Embedded changes to the safeguarding referral form have incorporated greater opportunities for staff and crews to recognise and escalate fire risks for vulnerable people. Throughout the coronavirus pandemic the Safeguarding team have received a forty percent increase in referral highlighting increasing care needs for vulnerable people, many of whom are living on their own and haven't received help from close family members because of lockdown. Subsequently front-line crews have been recognising potential fire risks that would normally be identified by other family members or paid carers.

Thirdly, the safeguarding training delivered throughout the year focused on the area of self-neglect and detrimental hoarding behaviour, including the relative fire risk associated with this behaviour. The training encourages staff to consider a referral to local F&R services if the hoarding reached a pre-determined threshold.

Child Death Reviews
Members of the Safeguarding Team continue to be involved in the multi-agency Child Death Review process, which now supplies information to the National Child Mortality Database.
During 2020-2021, SECAmb has reported on a total of cases: 56 in Surrey, 51 across Sussex including Brighton & Hove and 55 in Kent & Medway.

With the introduction of the revised Child Death Review arrangements from September 2019, SECAmb's involvement has largely moved from attendance at the Child Death Overview Panels to a more proactive role within the analysis stage of the process, Practitioners attending Joint Agency Review meetings and the Child Death Review Meetings, representing or supporting the operational staff. Child Death Overview (CDR) Panels are attended at the Chair's request to provide SECAmb specific input for certain cases. During 2020/21 all CDOP meetings have taken place via Microsoft Teams, which has provided a different dimension to the meetings and enabled the Specialist Safeguarding Practitioners to play a more active role, operational staff have not been able to attend these meetings due to the limitations of Microsoft Teams however we would hope as the process becomes more streamlined then this would allow for their attendance again, however it is always insured that information is feedback to the attending crews where they have been requested to be kept up to date.

Through the CDR process, the purpose is to identify "modifiable factors" and identify learning that may help to prevent similar child deaths in the future. Some practical learning has been brought back to SECAmb and passed to operational staff through Informatics posters and informing training and CPD events. A theme which has been identified during the CDRM meetings this year has been SECambs interaction with the Police in both informing at the early stages of a child death call and giving updates if necessary while at scene. There have been a couple of occasions where the phone calls have not taken place and this has been picked up after the call and feedback to the staff involved. It is also clearly mentioned and is an exam question of the Level 3 Safeguarding training that SECAmb provide to all registrants and senior Emergency Operating Unit Staff.

As the ambulance service is often the first agency on scene of an incident and has the opportunity to report its findings in cases of child deaths, it is common that SECAmb's contribution is often unique and invaluable; informing the CDR process and that information being fed into the wider actions and recommendations for Health, Education and Social Care that result from the panel as well as to the National Children's Bureau.

Multi-Agency Safeguarding Assurance

Throughout 2020/21 SECAmb provided regular assurance about its safeguarding function to the Safeguarding Adults Boards, Safeguarding Children's Partnerships and Clinical Commissioners across Kent, Medway, Surrey, Sussex and NE Hampshire. Exception reporting and quarterly dashboard returns were submitted in line with other NHS providers to Surrey Heartlands ICS. The information was subsequently shared with all Safeguarding Boards across the region. Regular reporting included assurance on:

- SECAmb's policy developments in relation to Safeguarding Supervision
- Prevent activity
- Safeguarding training
- Referral activity
- Serious Incidents that had a safeguarding theme

Areas of challenge in SECAmb's safeguarding assurances and governance are discussed and agreed at the Safeguarding Sub-Group and through Safeguarding Supervision with Designated Professionals at the CCG.

Local Safeguarding Children Partnerships (SCP) seek assurance about organisational compliance under Section 11 of the Children Act 2004. The introduction of the Care Act 2015 placed Safeguarding Adult Boards (SABs) onto a statutory footing and each Board has been developing benchmarking assurance tools to identify good practice for safeguarding adults which broadly replicates the Section 11 requirements.

Multi-Agency Safeguarding Audits

Section 11 audits are received every two years; during 2020/21 SECAmb received a section 11 audit requests from the Kent, Surrey and Sussex SCPs. All three audits were completed and submitted during the autumn of 2020; the audit identified three key areas of development:

- Ensure that children who are privately fostered are notified to the relevant local authority
- Ensure safer recruitment processes evidence Safeguarding statements to all job adverts where there is contact with patients
- An induction process needs to ensure a safeguarding component is in place for all staff who have contact with children

Internal governance of the audit returns allow the Safeguarding Sub-Group to scrutinise the audit prior to formal submission. Any concerns regarding the audit are escalated to the Clinical Governance Group before final sign-off by the Trust's Executive Director of Nursing & Quality. Any actions from the audits are incorporated into the annual Safeguarding Workplan that's scrutinised at each Safeguarding Sub-Group meeting.

SECAmb's Contribution to wider Multi-Agency Enquiries
The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what, if anything, has happened.

The findings from the enquiry are used to decide whether abuse has taken place, whether the adult at risk needs a protection plan and whether any wider learning can reduce future risk.

The Trust were requested to contribute to 34 Section 42 enquiries throughout the 2020/21. In many of these cases the Trust was asked to provide a summary of involvement as concerns had been raised on the care delivered by other providers. Areas of learning for SECAmb are recorded and monitored at the monthly Safeguarding Sub-Group. The example below highlights the outcome of a Section 42 enquiry and the subsequent learning for the Trust in relation to the patient's mental capacity after multiple call outs to this address.

Care Act - Section 42 Enquiry - case summary
An Ambulance had been requested a number of times for a patient who had Anorexia and also the beginnings of kidney failure. The patient repeatedly refused to go to hospital, this case involved lots of professionals including the hospital and social care staff. The mental capacity assessments for this patient were documented well.

Areas of learning
It was noted that although the patient had an old Information Based Information system (IBIS) record it had not been accessed by one of the crews which would have given them information they required for this patient and her latest care, this record was also recommended to be updated by the patient main care provider so that the next time we attend this patient the crew will have as much information as possible about her current care. Mental capacity and the correct recording of all information is covered in our Level 3 training for our staff.

Under the requirement of the Children Act (1989) a Sec. 47 investigation will involve social care receiving a referral from SECAmb or another agency that results in a social worker suspecting that the child is suffering or likely to suffer significant harm. A Strategy Discussion Meeting will be held to decide whether to initiate enquiries under Section 47 of the Children Act 1989.

Strategy Discussions/Meetings will contact SECAmb to establish if the Trust have had any information in relation to the children or family as it is acknowledged that SECAmb will often have information that others will not due to the way our service is accessed. The Safeguarding Team supported 33 Section 47 enquiries during the reporting year.

A S17 is a query in relation to a Child in Need assessment under the Children's Act 1989. A child is defined as being in need either through disability or poor health and they are unlikely to achieve or maintain a reasonable life or a reasonable standard of health or

development, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority. There were no Sec. 17 investigations that SECAmb were asked to support during 2020/21.

7. Reporting Serious Incidents (SIs)

Contained within the safeguarding commissioning standards are the expectations that SECAmb will ensure that any serious incidents are reported and are investigated in line with the Serious Incident Framework. Additionally, the Trust needs to ensure that any serious incident related to safeguarding children and adults is reported to the lead commissioners. As has been highlighted elsewhere within this report regular exception reporting to the lead commissioner provides assurances on the overlap between SIs and safeguarding. A senior member of SECAmb's Safeguarding team sits as a core member of the trust's Serious Incident Group (SIG). Representation from Safeguarding is also documented in the Terms of Reference for SIG.

According to the Serious Incident Framework developed by NHS England in 2015, the purpose of SI investigations in the NHS is to identify learning to prevent recurrence. The Framework. SIs in the NHS also include 'actual or alleged abuse…acts of omission and organisational abuse where healthcare did not take appropriate action/intervention to safeguard against such abuse occurring'. This includes abuse that resulted in or was identified through a SPR, SAR, Safeguarding Adults Enquiry where delivery of NHS funded care caused or contributed towards the incident.

During 2020/21 the Trust declared 18 SIs that had a safeguarding element. 9 SIs were declared because of adults or children at risk receiving sub-optimal clinical care where neglectful care met Local Authority safeguarding thresholds. 1 SI was declared as a result of an unexpected child death and a further single SI was declared as a result of the trust failing to follow its staff welfare processes in supporting a member of staff with a confirmed covid-19 diagnosis. 7 SIs were declared as a result of incidents relating to staff conduct that met the safeguarding thresholds documented within the SECAmb's Managing Safeguarding Allegations policy. Further information on these cases will be addressed in Section 10 of this report.

Examples of safeguarding concerns investigated via the safeguarding route included:

- Patient in the back of an ambulance suffering a burn caused by the ambulance saloon heater
- A delay by a private ambulance provider (PAP) in commencing CPR due to confusion surrounding the correct level of PPE when an aerosol generating procedure (AGP) was implemented
- An allegation has been made by a patient that a member of SECAmb operational staff conducted them self in such a way as to break the level of trust that exists between a patient and attending clinician.

  There was no root cause identified as there was no proven incident. The scope of the investigation was changed to look at whether there were any themes around the ethnicity or gender of the staff member identifiable.

Learning from SI investigations with safeguarding concerns is reviewed at the Trust's Safeguarding Sub-Group where any subsequent assurance or risks are escalated to the Clinical Governance Meeting.

Example of Learning from a Serious Incident Investigations

- Trust to highlight need for due vigilance around the positioning of patients near ambulance saloon heaters via operational bulletin or during key skills training (to include PAP providers) as part of the shared learning process.
- All PAPs have been asked to confirm that they are following all the SECAmb clinical policies, procedures and instructions regarding PPE and AGPs.
- Consideration should be made for situating patients at risk of absconding from a vehicle in the "captain's seat," immediately behind the bulkhead and facing the rear exit. This should reduce the opportunities for the patient to exit a moving vehicle.

8. Engaging in SCRs/SARs/DHRs/Partnership Reviews

In line with the Local Safeguarding Children Partnerships arrangements the key guidance for Safeguarding Practice Reviews (SPRs) (formally Serious Case Reviews) is *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children* (D; for Safeguarding Adult Boards (SABs) the Care Act 2015 introduced the requirement to undertake Safeguarding Adult Reviews (SARs). Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004).

Safeguarding activity across our key partners and local authorities continues to demonstrate year on year increase in activity. During 2020/21 SECAmb were asked to contribute to 82 Serious Case Reviews, Safeguarding Children's Reviews and Domestic Homicide Reviews. This is an increase in the number for the previous year.

Throughout April 2020 – March 2021 SECAmb were asked to contribute Summaries of Involvement to commissioning Safeguarding Boards and Community Safety Partnerships to 24 SPRs/Rapid Reviews, 36 SARs and 22 DHRs across Kent & Medway, Surrey, Sussex and Hampshire. The number broken down into each local authority is:

- 1 Brighton and Hove SCR
- 1 Brighton and Hove SAR
- 1 Brighton DHR
- 1 DHR East Sussex Domestic Homicide Reviews
- 1 East Sussex SAR
- 3 SPR/Rapid Reviews Children East Sussex
- 11 DHR Surrey
- 1 SAR West Sussex
- 5 SCR West Sussex
- 4 DHR West Sussex
- 4 DHR Kent
- 6 SCR/Rapid Reviews Kent
- 29 SAR Kent
- 8 SCR/Rapid Reviews Surrey
- 3- SAR Surrey

Areas of wider learning following these reviews have been shared across the organisation using various methods, including training examples, to cascade. A particular area of achievement which demonstrated great team working was an incident that took place at a Sussex care home following an unexpected death of a resident.

The care home, on the crew's arrival, appeared to be cold with no working heating, while carrying out treatment for one patient that felt that it would be appropriate to check the temperatures of the other patients, some were found to be hypothermic. They arranged for other crews to come and check the other patients. Our Emergency Operating Centre arranged calls to the police and out of hours social care; crews continued to stay with the patients for a period of 24 hours and they take other patients to hospital where needed.

As a result of the concerns escalated by SECAmb to the police and adult social care the local Safeguarding Adults Board commissioned a multiagency Organisational Learning Review that will make recommendations to reduce future risk to vulnerable residents living in care homes.

9. Safer Recruitment and Retention of Staff

The Trust's Recruitment and Selection Policy and Procedure confirms that all job descriptions include a statement on the roles and responsibilities to safeguard and promote the welfare of children, young people and adults at risk of abuse and neglect. The safeguarding statement in all job descriptions take into account the work of all staff and volunteers throughout the organisation. All contracted services or individuals that work in regulated activity for the Trust follow safer recruitment processes.

In line with commissioning standards for safeguarding, SECAmb has a process in place to respond to positive Disclosure and Barring Service (DBS) concerns. All cases whereby a disclosure is made or a DBS check identifies previous convictions/cautions etc. will be reviewed by the DBS panel. The panel will consist of a member of the HR recruitment team, a senior operational manager and a senior safeguarding representative. The HR representative will ensure that the decisions made, and the rationale for them, are captured, shared in a timely manner and held securely. All decisions will be made by the operational and safeguarding representatives.

Assurance provided by the Trust's Recruitment Service Centre stated that at the time of writing SECAmb had seven employees (0.14% of the total) who were outstanding with DBS renewal. For the new starters in 111 / EOC – they do not have any access to patients for the first 4 weeks of employment whilst they are in training. If the DBS is not back within this timeframe hiring managers are informed and they are not able to work unsupervised for the period until it comes back. For front line Operational staff, there were no new starters who are waiting for a DBS; an enhanced DBS was obtained prior to them starting.

Despite the challenges of the last twelve months, the DBS panel has continued to meet monthly. A senior member of the Safeguarding team has continued to support the employment risk assessment process where concerns have been recorded following a DBS check, this scrutiny is provided for renewals for existing staff and new starters.

10. Managing Safeguarding Allegations Involving Members of Staff

SECAmb is required to adhere to statutory guidance in Working Together to Safeguard Children 2018, the Care Act 2014 and the Safeguarding Boards' multi-agency procedures. The Trust therefore has a duty to report any incident where a member of staff has behaved in a way that has or may have harmed a child/adult at risk, acted inappropriately towards a child/adult at risk or committed a criminal offence against or related to child/adult at risk.

The Trust's Managing Safeguarding Allegations policy and procedure sets out how SECAmb manages any allegations against employees relating to the abuse of children and adults at risk.

This policy seeks to prevent and address abuse by those who work with both children and adults at risk, particularly children and adults who may be at increased risk and may be unable to protect themselves from harm because of their care and support needs.

The policy sets out the Trust's commitment to safeguarding children and adults from abuse and neglect and gives direction to enable the Trust to deliver an appropriate response. The procedures also clarify the actions than the Trust are expected to take in the event to the relevant external agencies including the Local Authority Designated Officer (LADO) and the Care Quality Commission (CQC) if appropriate.

During 2020/21 allegations of a safeguarding nature were made against a total of 35 members of staff. 23 allegations met the threshold of the Managing Safeguarding Allegations policy. Safeguarding were consulted on the remaining twelve cases but did not require escalation via the safeguarding route.

Concerns escalated via the safeguarding route included:

- allegations of sexual harassment both inside and outside of the workplace.
- allegations of serious sexual misconduct
- perpetrating domestic abuse and allegations of controlling and coercive behaviour.

All cases had been managed in line with the Managing Safeguarding Allegations policy with evidence that risk assessments were undertaken as per the Trust's Disciplinary Policy where concerns arose about the employee's behaviour occurring outside of their employment with the Trust.

Where allegations have been made either by the patient, member of the public or member of staff, in addition to discussion with police, local authority and CCG, cases have been escalated to the Serious Incident Group for consideration in line with the Managing Safeguarding Allegations policy.

Following an escalation in increased numbers of serious safeguarding allegations made against SECAmb staff, the Safeguarding Lead and Nurse Consultant presented a paper to a dedicated sub-group of the trust's Quality and Patient Safety (QPS) Committee during the autumn of 2020. The sub-group met three times during the autumn and winter of 2020 and was set up to further explore the issues and to seek assurance that there was senior leadership oversight that provided grip and traction on these concerns. It was chaired by the Chair of QPS and consisted of the NED with responsibility for safeguarding and Executive Directors of Operations, Nursing & Quality and HR. Additionally further support

was provided by the Trust's Freedom to Speak Up Guardian who had also received whistleblowing disclosures identifying concerning behaviours.

The paper highlighted a number of key themes that were consistent across the allegations.

The themes highlighted: -

- 100% of alleged perpetrators were male.
- With the exception of two cases, where the victim's gender is not known, all the alleged victims were female.
- 33% of the cases involving sexual harm had already come to the attention of the Trust for similar allegations in the past
- 20% of cases involved patients. This could suggest that staff are better at maintaining professional boundaries with patients than their own colleagues.
- It could also suggest that fellow professionals are more likely to raise a concern when something happens to them that they do not find acceptable.
- Finally, it is possible that there is an unconscious bias to give more credence to an allegation from a professional, not a patient. In both cases involving patients, there was a history of poor mental health. This could again invoke bias, although there is no evidence that is the case.

Published in September 2020 was a CQC inspection report conducted at the East of England Ambulance Service NHS Trust. Before the inspection took place the CQC received information from a variety of sources including whistleblowers that related to safeguarding patients and staff from sexual abuse, inappropriate behaviours and harassment. Following the inspection, the CQC recorded action that the trust must take to improve; these actions included effective systems to identify potential safeguarding issues and the management of vulnerable children and adults and to set out a process to deal with allegations made against staff.

The publication of this report clearly highlighted similar areas of concerns within SECAmb. Subsequently the senior safeguarding leadership team reviewed the CQC recommendations and benchmarked SECAmb's current position.

Assurance can be provided that Safeguarding involvement in allegations of a safeguarding nature ensures wider patient safety in supporting vulnerable individuals who suffered abuse as a result of a SECAmb employee. Secondly, assurance can be provided that a senior member of the Safeguarding leadership team is consulted on cases appropriately. Thirdly, assurance can be provided that concerns are escalated to the police, LADO, CQC and commissioners in a timely way. Finally, partnership working between Safeguarding, HR and Operational Teams ensures that referrals were made to the HCPC or relevant regulatory authority where appropriate.

11. Mental Capacity Act Policy

The Mental Capacity Act 2005 (MCA) provides a legal basis for determining an individual's capacity to make decisions at the time they need to be made.

The Trust's MCA policy is for all staff working within SECAmb who are involved in the care, treatment and support of people over the age of sixteen (living in England or Wales) who are unable to make some - or all - decisions for themselves.

The policy is designed primarily for all staff who have direct patient contact, however all staff have a duty to act in accordance with the MCA.

Following the findings of the 2018/19 Clinical Audit Department MCA audit that demonstrated gaps in the Trust's MCA compliance, the Trust increased Mental Capacity Act classroom based Key Skills training over the past two years. However, as has been highlighted previously in the report, 2020/21 has seen how the global challenges of the coronavirus pandemic has had on the Trust's ability to deliver safeguarding training across the Trust.

Despite these challenges a second MCA audit was carried out by the Clinical Audit team in January 2021. However, in the follow-up audit, aspects thought to be due to paper mental capacity assessment forms not being linked to incidents, appear to be borne out in precisely the same percentages as the previous audit for paper PCR's. This is not the case with ePCR incidents which show a very steep increase in compliance from 4% to 86%. This does not rule out clinical *documentation* issues for paper PCR completion, but it does strongly evidence that ePCR is a more effective tool for this type of assessment.

The audit highlighted that compliance (59%) for completion of a best interest plan / assessment is identical to the overall compliance in the 2018/19 audit. For the 41% of patients deemed to not have capacity that did not have best interest assessment there was no documentation of the rationale for non-completion of a best interest plan. In addition, recording of a best interest plan was not improved by the accessibility of ePCR.

Recommendations have been agreed by the Quality Improvement Lead, Head of Clinical Audit, Operations Improvement Hub Manager and Nurse Consultant for Safeguarding that highlight how improvements can be made to MCA compliance. These recommendations have been approved by the Clinical Governance Group at the March 2021 meeting.

12. Review of the Priority Areas for 2020/21 and Look Forward to 2021/22

The priority areas for 2020/21 are highlighted as below and were included within this year's workplan. The workplan is scrutinised at the Trust's monthly Safeguarding Sub-Group meeting

- Reconfigure the Trust's publicly facing Safeguarding webpages
    - Due to the increased workload on the Safeguarding Team, there has been no review during 2020/21 of these pages
- Embed a safeguarding audit programme – including focus on the Trust's compliance of the Mental Capacity Act (2005)
    - The Safeguarding Team has worked in partnership with the Clinical Audit Team to develop a follow-up audit on compliance against the expectations of the Mental Capacity Act. Results of the audit demonstrate improvement on practice audited during 2018/19
- Promote the principle of establishing that the 'voice of the child' is reflected in escalating safeguarding concerns
    - The principle of the 'Voice of the Child' has been incorporated into the Trust's L3 Safeguarding Training
- Streamline the existing referral process to allow greater focus of wider national safeguarding priority areas
    - The Safeguarding Referral Form hosted on Datix has been adapted to capture information regarding homelessness, care homes and young carers

- Develop a ratified Workforce Domestic Abuse Policy
    - Ratified August 2020
- Embedding the implementation of the updated Managing Safeguarding Allegations Policy across the organisation
    - There has been close oversight from the Safeguarding Lead of all allegations made against SECAmb staff and volunteers that meet the threshold of the policy. The Quality & Patient Safety Committee have provided additional scrutiny of this area of work

Priority Areas for 2021/22

- Reconfigure the Trust's publicly facing Safeguarding webpages
- Consideration to implement Safeguarding Module on Cleric
- Consideration to include Safeguarding within the Induction Tool Kit page for new starters on the Zone
- Consideration to increase oversight in 999 and 111 of frequent calls for 0-18yr olds hear & treat patients
- Recommencing L3 face to face/virtual safeguarding training

13. Conclusion

Despite the significant challenges presented by the Covid-19 pandemic, 2020/21 saw continued developments within the safeguarding function across the Trust. Continued investment in the Safeguarding Team has allowed improved processing of safeguarding referrals submitted by practitioners across the Trust. Safeguarding is 'everybody's responsibility'; the year has demonstrated new and innovative practices that embedded safeguarding approaches within other vital functions of the Trust's business and directorates. Closer partnership working with the Trust's key stakeholders has demonstrated improved outcomes for vulnerable people across Kent, Medway, Surrey and Sussex.

The work of the Safeguarding Sub-Group continues to flourish and is responsible for scrutinising and gaining assurance of every aspect of the Trust's safeguarding function. A consistent focus on raising awareness of domestic abuse, low level parental mental health and increasing care needs for vulnerable people as a result of lockdown has seen a considerable increase in referrals to the Safeguarding Team who in turn have contributed to increases in the trust's contribution to internal and externally commissioned multi-agency reviews across Kent, Surrey & Sussex.

Learning from incidents, complaints and safeguarding reviews have allowed the team to contribute to organisational learning and the priorities for 2021/22 will ensure that, despite the best efforts of a global pandemic, protection and learning will be central to the safeguarding function.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Research and Development Department Annual Report 2020/21

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

Contents

Introduction

South East Coast Ambulance Service NHS Foundation Trust's (SECAmb) Research and Development Department continues to develop through increasing research activity within the Trust and establishing a greater presence within wider research communities. With the support of the Trust and the added financial contributions provided by the Clinical Research Network Kent, Surrey and Sussex (CRN KSS), the Research and Development Department continues to make a substantive contribution to the evidence base of our Trust's activities and those of the wider NHS.

With increasing interprofessional relationships the Research and Development Department has collaborated with Higher Education Institutions (HEIs), commercial/non-commercial organisations and other NHS Trusts, including UK based ambulance services to design, develop and implement research studies relating to a variety of healthcare issues.

Due to the nature of research and how the department is developing its overall portfolio, it is not always possible to anticipate the types of study that the Trust will be involved with over the course of a year. This report provides an overview of key activities undertaken by the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) Research and Development Department between April 2020 and the end of March 2021.

Pandemic Impact

Give the impact that COVID-19 has had globally, it is not surprising that elements of research activity have been curtailed over the past 12 months. The main changes seen within the UK included the suspension of non-COVID-19 research studies by a number of sponsors, funders, investigators and study sites. This was supported by the National Institute for Health Research Clinical Research Network (NIHR CRN) who paused the set-up of new studies and sites that did not focus on COVID-19 to enable release of clinically qualified research staff to support direct patient care delivery during this crisis.

From a SECAmb point of view this meant that the majority of studies due to commence during the year were delayed, and whilst we were able to continue to develop materials and prepare for studies to restart, we have only in the past couple of months begun to re-engage with the study teams and plan for recommencement of our suspended clinical trials.

Therefore, during this time the Research and Development Department has continued to be flexible and responsive in support of the Trust, by contributing to the work undertaken by other departments (e.g. Clinical Education, Operations) as required.

Staffing Overview

Despite only having 2.4 WTE staff the department continues to expand its involvement in both internal and external studies raising SECAmb's profile in relation to grant development and participation in research studies delivering to time and target. The department has continued to maximise its productivity and has met the varied objectives placed upon it from both the Trust and external organisations. Currently the Research and Development Department's core team consists of Professor Julia Williams (Head of Research); Craig Mortimer (Research Manager) and Peter Eaton-Williams (Research Paramedic). The department's second Research Paramedic (Jack Barrett) is currently seconded on an NIHR Clinical Doctoral Research Fellowship (fully funded through competitive application), although he continues to be involved in the Research and Development Sub-Group.

There are two main funding streams for the staff within the department. Whilst the Head of Research role is funded by SECAmb, the Research Manager and Research Paramedic positions are predominantly funded by the Clinical Research Network – Kent Sussex and Surrey (CRN KSS), again through successful competitive application for funds, and have been since 2016. These CRN KSS funding streams are recurrent providing an increased level of support to the development of research within the Trust. Currently the Head of Research role is undertaken as a 0.4WTE; the Research Manager role is undertaken as 1WTE, as is the Research Paramedic role.

In the forthcoming year, new fully funded studies are due to start within the Trust. In the grant applications full costs to cover the appointment of a number of Research Paramedics have been included, thereby increasing the future staffing within the Research and Development Department.

Finances

The departmental budget is maintained in accordance with SECAmb's current policies and procedures. All funds held by the Research and Development Department are used to both develop and promote the department and its respective work, as well as support staff in undertaking research activities. Due to the nature of research funding, all monies within the working budget have been brought in either through the support of external organisations such as the KSS CRN, or as part of varied research work streams, consultancy and successful grant applications.

The following list identifies funding that has been received by the department during the 2020/21 financial year and indicates where that funding has been used.

Funding Provider	Amount	Designation
Clinical Research Network Kent Surrey and Sussex.	£45,056.00	Facilitation of a Band 7 Research Manager (1 WTE)
Clinical Research Network Kent Surrey and Sussex.	£37,336.00	Facilitation of a Band 6 Research Paramedic (1 WTE)
Clinical Research Network Kent Surrey and Sussex.	£20,000.00	Research Capability Funding *(Used for trust wide staff development, specialist expertise and additional staff time)*
NIHR Clinical Doctoral Research Fellowship	£177,334 spread over 36 equal payments	Jack Barrett's Fellowship (salary costs, academic fees)
Yorkshire Ambulance Service NHS Trust	£400	SWAP Study – Sampling/Data Collation
University of Lincoln	£2,000	CFR Study – Data Collation
NIHR Clinical Research Network Kent Surrey and Sussex	£5,000	Study Support costs

Some amounts have been rounded off for ease of collation

Research Studies

The Research and Development Department continues to support a variety of research within the Trust. This research involves studies that are Trust initiated either as part of departmental workloads, or staff member's academic programmes (e.g. MSc or PhD); or studies that are being led by external organisations where SECAmb is a nominated research site.

Internal Studies

Some of the new studies undertaken by our staff within this past year include:

- *'Synchronised cardioversion by UK Critical Care paramedics: A case series.'* This study looked at the nature of cardioversion therapies provided by SECAmb's Critical Care paramedics.

- *'What are the experiences of Critical Care Paramedics when performing pre-hospital Scalpel Cricothyroidotomy?'* The study explores the Critical Care Paramedics' experiences of performing a front of neck access Scalpel Cricothyroidotomy in a pre-hospital setting.

- *'Are Critical Care Paramedics reaching the right patients? A retrospective study of critically ill patients.'* This study sought to measure the efficiency of the CCP tasking procedure within SECAmb.

- *'Influences on major trauma triage decisions by UK ambulance service paramedics – a qualitative study.'* This study explores how paramedics make major trauma triage decisions.

- *'Paramedics' response to physiological changes caused by pharmacological interventions during the management of acute asthma exacerbations: A qualitative study.'* A study exploring the experiences and perceptions of paramedics when managing acute asthma exacerbations with nebulised salbutamol.

External Studies

Some of the new studies undertaken by external teams that SECAmb recruited to this past year include:

- *'Community First Responders' role in the current and future rural health and care workforce.'* The study is looking at CFR provision by investigating current activity, costs of provision, and views of patients, public, CFR schemes and rural care providers.

- *'The Psychosocial, Relational and Emotional Consequences of Occupational Trauma Exposure During and Following A Pandemic: Insights from NHS Emergency Ambulance Personnel in England.'* A study seeking to understand the psychosocial and emotional impact upon ambulance personnel, working within the emergency NHS ambulance services in England during the pandemic, covid-19.

- *'Sustainable development within the NHS: An examination from a local perspective.'* This study seeks to explore the level of commitment from NHS Providers and Clinical Commissioning Groups, throughout England, to establish how far sustainability has been incorporated into strategy, what can be done to improve engagement, and whether staff attitudes impact upon organisational approaches.

- *'An Exploration of Performance Dyads' Emotional Experiences.'* The study aims to assess the prevalence and tendency for emotional contagion to exist in the emergency services dyads sampled.

Studies

Portfolio of studies including targets

The National Institute for Health Research Clinical Research Network (NIHR CRN) Portfolio of studies consists of high-quality clinical research studies that are eligible for consideration for support from the Clinical Research Network in England. As part of the CRN process, each trust in consultation with their relevant network sets an annual accrual target, based on the number and type of portfolio studies due to recruit that year.

This is then reported annually within the NIHR CRN Research Activity League Table which details the amount of research activity taking place in all NHS trusts across England. The table provides a picture of how much clinical research is happening, where, in what types of trusts, and involving how many patients. The last published league table in July 2019 saw our Trust in second place when compared with other ambulance services in England.

With the events of the last year the NIHR CRN paused the set-up of new studies and sites that did not focus on COVID-19. This was echoed by a number of sponsors, funders, investigators and study sites who also paused non-COVID-19 research studies. Despite these changes and since the May 2020 decision by the NIHR CRN to slowly begin restarting non-COVID-19 research studies we have been able to maintain a level of participation in and around several portfolio studies.

For the 2020/21 financial year SECAmb pledged to achieve 150 accruals from its portfolio studies. This was based on the number of studies we had open at the time and those likely to start within the required timeframe. We finally achieved a figure of 952 which is a 635% increase on the 'To Pledge Total.' SECAmb recruited to target in all studies it was involved in and ended the year in the green.

Accrual pledges for 2021/22 have been postponed throughout the networks due to delays as a result of COVID-19.

Completed Portfolio Studies

- COVID-19 Ambulance Response Assessment (CARA)
- Promoting staff wellbeing in UK NHS Ambulance personnel - what works and how can we do better? (SWAP)

Open Portfolio studies

- The impact of COVID-19 on paramedic led out of hospital cardiac arrest resuscitation: A Qualitative study (COMPARE).

Grant Applications

SECAmb continues to be involved in the development and design of research studies, both internally and externally. Whether based and developed within the Trust or undertaken as collaborations with other NHS or non-NHS organisations, we continue to strive to produce quality research that is recognised nationally and internationally. The following are applications that have been submitted within the last 12 months.

Internal Applications

- *'The COVID-19 Ambulance Response Assessment Study (CARA Study).* Funded by the College of Paramedics. SECAmb are the lead Trust and Sponsor. Recruitment started on 2nd April 2020.

- *'How do changes in blood glucose levels during the nebulisation of Salbutamol impact on objectively measured health outcomes in patients presenting with an exacerbation of asthma.* Unsuccessful with the NIHR in 2019 so will be resubmitted during 2021.

External Applications

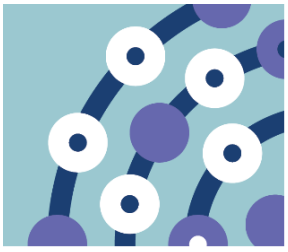
- *Randomised trial of clinical and cost effectiveness of Administration of Prehospital fascia Iliaca compartment block for emergency Pre-Hospital hip fracture care Delivery* (RAPID 2). This collaborative grant application led by Swansea University successfully obtained a NIHR grant in April 2020 for £1,784,766 between 4 NHS Ambulance Trusts and receiving hospitals. The study due to start in October 2020 has been postponed due to the pandemic with start-up anticipated for June 2021.
- *Intramuscular tranexamic acid for the treatment of symptomatic mild traumatic brain injury in older adults: a randomised, double-blind, placebo-controlled trial* (CRASH4). This collaborative grant application led by London School of Hygiene and Tropical Medicine, Clinical Trials Unit successfully obtained approximate £90,000 funding for the feasibility study from the Jon Moulton Charity Trust. Having been delayed due to the pandemic, the study is expected to start within SECAmb during May 2021.

- *Reducing time to appropriate emergency response in trauma incidents using smartphone video streaming from 999 callers: A feasibility Randomised Controlled Trial*. This study led by Surrey University has been shortlisted and provisionally approved pending some minor details. The application totals £467,981 with SECAmb being the lead NHS Trust working in collaboration with Kent, Surrey and Sussex air Ambulance with an anticipated start date of October 2021.

- *Black, Ethnic and Asian populations' Service Use Relating to Emergency services for accidents and injuries* (BE SURE): A mixed-methods study of presentation, care delivered, outcomes and stakeholder perspectives. Led by Swansea University we have submitted a grant application for £173,723. The application has been shortlisted and is in the second stage of assessment and we are awaiting the final decision.

- *Protecting First Responders with Evidence-Based Interventions* (P-FREI) Collaborating with the University of Oxford we have submitted a grant application for the sum of £265,996 to MOVEMBER. We have been shortlisted and are awaiting the decision.

Clinical Doctoral Research Fellowship



In January 2020 Research Paramedic Jack Barrett was successful in his grant application for a NIHR Clinical Doctoral Research Fellowship. The value of this prestigious award in monetary terms is £177,334 for this three-year, full time PhD programme of study. This application was developed in conjunction with his supervisors with Professor Julia Williams (Head of Research) being one of the supervisory team. Jack will be focusing on: ‘*‘Derivation and narrow validation of a clinical decision rule for paramedics to triage an older adult with a traumatic brain injury.’*

This award is significant for SECAmb as it is highly prestigious with only a handful of Paramedics having been successful in acquiring one of these Fellowships so far.

Jack will remain aligned to the Research and Development Department during this time ensuring continued engagement with ongoing practice and associated support.

Processes

In line with changes to national and local requirements the Research and Development Department constantly monitors and reviews its processes to ensure that all organisational and governance principles, and standards are being met. The department ensures that all of its activities are undertaken in accordance with the relevant policy, procedure or guidance as set out by the Trust, CRN, Health Research Authority (HRA), Care Quality Commission (CQC) and other relevant governing bodies.

Research Governance

The research governance processes within SECAmb continue to develop in accordance with national requirements. To protect and promote the interests of staff members, patients, service users and the public our review and approval processes follow and meet the standards of the HRA’s UK Policy Framework for Health and Social Care Research. As well as maintaining involvement throughout the varying SECAmb departments consideration is also given to relevant governmental and local organisation/institutions (e.g. Universities).

Research and Development Sub-Group

At the centre of the Research and Development Department is the Research and Development Sub-Group which provides a collaborative link throughout SECAmb. With representation from other Trust departments and external consultants (e.g. lay representation) the Research and Development Sub-Group continuously reviews and updates its practices and membership to better respond to and support all aspects of the Trust's research activities.

- During 2020/21 membership was updated to reflect the structural changes that have occurred within SECAmb over the past year. This is now reflected in the updated 'Terms of Reference.'

- In November 2020 it was agreed that our meetings would go bi-monthly to align with other Trust departments.

Due to the situation around the pandemic all meetings since April 2020 have been undertaken remotely. Furthermore, due to increased demand on the Trust these meetings were suspended at the end of 2020, recommencing in April 2021.

Research Governance Portal

To streamline the governance approval process within SECAmb, relevant to research, a central portal was conceived to better support staff members in their applications. Using the MARVAL* platform the Research and Development Department started development of this in 2019 with the final working system being active from February 2021.

Whilst this application does not change the overall Research and Development Sub-Group approval process, it does provide a central point of access for all staff wishing to obtain approvals to undertake research within SECAmb. It also provides staff the opportunity to suggest areas of research they feel should be looked at by SECAmb.

Once the portals for Clinical Audit and Service Evaluation have been developed by other departments the whole process will be more dynamic and allow a greater level of support and advice for staff regarding their proposed projects.

Care Quality Commission (CQC)

With the inclusion of research indicators within the CQC 'Well-led Framework' the Research and Development Department continues to ensure that all its processes are appropriate, transparent and effective. For assurance purposes the department maintains a central repository for the collation of all work/studies undertaken and continually reports on its activities to comply with national requirements.

Presence

A significant part of developing research within SECAmb is about awareness both internally and externally. As a department the best way to encourage staff members to participate in research is to speak with them and let them know what undertaking a research study entails; what they may need to do to gain relevant approvals and what opportunities to get involved are available or coming up. Within the past year our normal practice has not been possible, and with research studies and engagement being slowed nationally the decision was made within the Trust not to promote research in the usual way whilst the pandemic restrictions were in place.

All support mechanisms and online information has continued to be available, but with increased pressures on Trust staff and the majority of University students being asked not to undertake research studies at this time, the number of staff members enquiring about research and/or undertaking research has decreased significantly.

Moving into April 2021 the Trust has started to move forward with Business as Usual (BAU). This has allowed the Research and Development Department to start promoting itself again and already staff have begun to re-engage and discuss the studies they are looking to undertake.

Applied Research Collaboration (ARC)

The ARCs are local partnerships set up between various NHS providers, Higher Education Institutions, charity organisations, local authorities and Academic Health Science Networks. Covering the 15 regions of England these partnerships have been developed to help support research by maximising the ability to mobilise research findings in to practice, with the stated aims of; improving outcomes for patients and the public; improving the quality, delivery and efficiency of health and care services; and increasing the sustainability of the health and care system both locally and nationally.

SECAmb are part of the NIHR ARC KSS partnership and contracted to work with the greater network to achieve the aims put forward and work towards meeting the developing challenges that are present within healthcare research. We are developing strong links with the ARC to ensure that ambulance services and their related healthcare activities are represented in any ARC priority setting activities.

Internal Website

The internal website hosted on 'The Zone' provides a range of useful information to staff around how to get involved with research. It also provides guidance on the varying national and local approvals required to conduct research within SECAmb and the processes to follow in order to gain them. The site is continually updated and includes four main sections:

- How to undertake research – Guides and links to key areas of research study development.
- Research Activities – Past, present and future studies within SECAmb.
- Department Contacts – Team details.
- Research Participation – Studies currently recruiting within SECAmb.
- Research Governance – Research approvals required and relevant processes/support.

This has become our central resource within the Trust for staff developing within the area of research and is constantly used by line managers undertaking appraisals to signpost anyone identifying an interest in research.

External Webpage

The public facing SECAmb site contains a single Research and Development Department page that provides a simple statement around how SECAmb seeks to develop through the integration of research. The page also contains the department's email link, a copy of our Privacy Notice and our annual quarterly reports detailing our performance against set performance benchmarks.

As of the end of 2020/21 these are:

- **Initiating clinical research:** This metric requires SECAmb to report on trials set-up and first participant recruitment timelines, and any trial delays experienced.

  Currently SECAmb has no relevant trials in place, so there is a **NIL return through to Q4 2020-21.**

- **Delivering commercial contract clinical research to time and target:** This benchmark requires SECAmb to report on whether the Trust is recruiting the target number of patients to clinical trials within the time frame agreed with the Sponsor. This applies to commercially sponsored trials only.

  Currently SECAmb has no commercial clinical trials in place, so there is a **NIL return through to Q4 2020-21.**

National Ambulance Research Steering Group (NARSG) Website

NARSG is the official group representing ambulance research in the UK and is made up of representation from the ten English services along with Wales, Scotland and Northern Ireland. SECAmb has a page within its main site which is a modified version of our external webpage providing further visibility to external organisations and the main research networks. Additionally, there is also a list of recent publications from peer reviewed journals by SECAmb staff, which we are endeavouring to populate more accurately.

Social Media

The Research and Development Department continues to utilise social media to communicate with a wider audience and is active on both Twitter and Facebook. These are linked to the Trust's accounts and predominantly used to update on current studies, upcoming activities and to allow staff to communicate with the department as required.

Publications/Presentations

One of the main ways in which the Trust's name, reputation and its level of engagement with research is publicised is through the publication of research papers or conference presentations. With every research study undertaken within SECAmb, comes the potential to publish or present in some way, thereby potentially reaching an international audience. The follow papers/presentations were either undertaken by SECAmb staff or involved SECAmb as a research site. We are still developing a mechanism by which to ensure that we capture all of these outputs as we believe that currently we do not have an inclusive database of all published outputs. This goes beyond just research publications and we are working with other Departments to explore what would be the best way forward. Therefore, at this stage, it should be recognised that the following list is the minimum number of research publications that we are aware of.

Published Papers/Abstracts

- Achana, F., Petrou, S., Madan, J., Khan, K., Ji, C., Hossain, A., ... & Perkins, G. D. (2020). Cost-effectiveness of adrenaline for out-of-hospital cardiac arrest. *Critical Care*, 24(1), 1-12

- Ashman, H., Rigg, D. & Moore, F. (2020). The assessment and management of thermal burn injuries in a UK ambulance service: a clinical audit. *British Paramedic Journal*, 5(3): 52-58.

- Cotterill, L. & Halter, M. (2020). PP24 Does a paramedic practitioner self-tasking dispatch model benefit their self-sufficiency in patient management? A cross sectional study. *Emergency Medicine Journal*, 37: 11-12.

- Curtis, L., ter Avest, E., Griggs, J., Williams, J. and Lyon, R.M. (2020) The ticking clock: does actively making an enhanced care team aware of the passage of time improve pre-hospital scene time following traumatic incidents? *Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine*, 28 (31): https://doi.org/10.1186/s13049-020-00726-9

- Durham, M., Westhead, P., Griffiths, D., Lyon, R. & Lau-Walker, M. (2020). Prehospital neuromuscular blockade post OHCA: UK's first paramedic-delivered protocol. *Journal of Paramedic Practice*, 12(5): 202-207.

- Eaton-Williams, P., Mold, F. and Magnusson, C. (2020). Effective clinical feedback provision to ambulance clinicians: a literature review. *Journal of Paramedic* Practice, 12(3): 109-117.

- Eaton-Williams, P., Mold, F. and Magnusson, C. (2020). Exploring paramedic perceptions of feedback using a phenomenological approach. *British Paramedic Journal*, 5(1): 7-14.

- Eaton-Williams, P., Barrett, J., Mortimer, C., & Williams, J. (2020). A national survey of ambulance paramedics on the identification of patients with end of life care needs. *British Paramedic Journal*, 5(3): 8-14.

- Gander, B. (2020). Prehospital amputation: a scoping review. *Journal of Paramedic Practice,* 12(1): 6-13.

- Laws, S., Wang, C., & Halter, M. (2020). Knowledge, attitudes and practices of UK paramedics regarding pharmacology and the legal, management and administration aspects of medicines: a cross-sectional online quantitative survey. *British Paramedic Journal*, 5(2): 1-9.

- Whitley, G. A., Munro, S., Hemingway, P., Law, G. R., Siriwardena, A. N., Cooke, D. & Quinn, T. (2020). Mixed methods in pre-hospital research: understanding complex clinical problems. *British Paramedic Journal*, 5(3): 44-51.

- Zhang, L., Ogungbemi, A., Trippier, S., Clarke, B., Khan, U., Hall, C., Ji, Q., Clifton, A. & Cluckie, G. (2021). Hub-and-spoke model for thrombectomy service in UK NHS practice. *Clinical Medicine*, 21 (1): 26-31.

Conference Presentation

- Eaton-Williams, P. (2020). A national survey of ambulance paramedics on the identification of patients with end of life care needs. Presented at College of Paramedics National Research Conference 26th November 2020.

- Williams, J. (2020). The Covid -19 Ambulance Response Assessment: Lessons Learned. Presented at College of Paramedics National Research Conference 26th November 2020.

- McWilliam, M., Briggs, E., Ward, L., Hall, C., Webb, T., Baht, H., Gunathilgan, G., Thomas, G., Balogun, I., Abubakar, S., Vincent, B., Ramsey, A., Haider, S., Simister, R. and Hargroves, D. (2020). The Use of Face Time to Support Pre-Hospital Ambulance Practitioner Assessment of Suspected Stroke Patients, in Rural England. Presented at UK Stroke forum 8th December 2020.

Educational Events

Along with the increased involvement of staff within research comes a want/need for development opportunities. Prior to the start of the pandemic there was a plan in place to engage more with staff through our Key Skills programme and students through their university programmes. However, as expected changes occurred which meant that for the most part we were unable to achieve this. The hope is that as the next year progresses as we return to Business as Usual we will be able to assist with the development of student and staff members of all grades and better promote the work undertaken by the department and Trust staff.

Key Skills

The Research and Development Department was due to have a 60-minute slot during the taught component of the 2020/21 Key Skills sessions. Whilst this was developed and recorded. the session was removed at the last minute due to a timing issue with other sessions.

This was disappointing for the department as we have attempted to have research included in the Key Skills programme for several years. At the time of writing this report we do not know if research has been included within the 2021/22 programme or not, but we are looking at using the material in other ways for staff's continuing professional development.

Critical Care Paramedic Development

One of the areas of research that has continued throughout the past year is the support provided to the varying Critical Care Paramedic (CCP) teams. With the expectation that CCPs are research active, there is an identified need for them to gain a greater level of knowledge around literature searches, research question development, methodologies and national/local approvals.

This support has included virtual sessions and individual proposal development and approval application. The expectation is that those CCPs that have undertaken certain research elements (e.g. HRA application/approval) will then be able to support their colleagues moving forward, thereby gradually building an effective research knowledge base within the respective teams.

University Support

Usually, the Research and Development Department works with varying HEIs to support them in developing their students relevant to 'Research in Professional Practice'. This is especially important within those universities that are developing future clinicians that will work within the ambulance environment. Whilst this has changed over the past 12 months, we have still undertaken online sessions and provided materials for the University staff to use as part of their programmes of study. The expectation is that we will once again become more involved with the HEIs moving forward in the next 12 months.

Prior to the impact of the pandemic, SECAmb set up the Higher Education Institution Group to explore how we can best work together with our partner universities to increase production of grant applications and collaborate in various activities to increase both research capability and capacity amongst our staff. Along with many other areas this has since been put on hold but will restart in June 2021.

Summary

Key points for 2020/2021

- The impact of the pandemic affected research nationally and required the department to modify its approach to many of its processes and workstreams.

- The department brought in approximately £170,000 of external income during 2020/21.

- Recruitment of 952 participants to three different portfolio studies resulted in SECAmb significantly exceeding its initial CRN pledge of 150. This is 635% 'To Pledge Total'.

- The CARA-19 research study was developed and completed in collaboration with external trusts/institutions and a further 5 research studies submitted for funding.

- Clinical Doctoral Research Fellowship started by one of the department's Research Paramedics.

- The continued flexibility of the department in response to Trust requirements throughout the pandemic.

Research is essential to the advancement of both knowledge and practice, and is key to the development of healthcare provision within our Trust and the wider NHS. By establishing a discrete, but visible Research and Development Department staffed by permanent members of the organisation SECAmb has continued to establish the research capacity and capability of the Trust. This has allowed the Trust to conduct essential research which helps to optimise the contribution it makes to the development and sustainability of the provision of evidence-based health care. The role of the Research and Development Department is considered essential to the continued success and progression of the Trust in this area.

SECAMB Board

Summary Report on the Audit & Risk Committee

Date of meeting	20 May 2021
Overview of issues/areas covered at the meeting:	This was the end of year meeting focussing on the annual report and accounts. The areas covered included: ▪ Annual report and accounts and audit findings ▪ Annual head of internal audit opinion ▪ Internal audit progress report ▪ License annual self-declarations
Annual accounts and audit findings	The committee reflected on what a really difficult year this has been with the pandemic and its impact both operationally and financially. The normal contract was suspended and we moved to a block contract working to an ICS control total. The deficit position recorded in the accounts is wholly caused by a one-off non-cash impairment on the estate. Otherwise, we would be at a breakeven position. The committee asked that this is explained more clearly in the accounts. Although the work of external audit is not yet complete, they confirmed that there have been no concern in the work to-date on the financial statements. The approach to value for money (VFM) arrangements has changed significantly this year. In headline terms there have been no significant weaknesses identified. Therefore, no high priority recommendations or qualification on the VFM opinion. The new approach gives the Board much richer assurance in how this level of opinion is reached. The annual accounts are before the Board (in Part 2) and the committee asked external audit to provide an update should their work identify any significant issues in the meantime. The committee felt that the annual report is well drafted and provides a good summary of what we have done over the past year. External audit confirmed that their review identified no material inconsistencies.
Annual head of internal audit opinion	The committee is assured by the positive opinion this year, which confirms the Trust has an adequate and effective framework for risk management, governance and internal control.
Internal audit progress report	The committee received the outcome of two reviews. One relating to clinical education which was partial assurance. The other was split between financial systems and payroll – substantial and partial assurance, respectively. Concern was expressed about the payroll review and the gaps in control that were identified, relating to management practice. There are corrective actions being taken and the committee has asked for an assurance paper later in the year to confirm the management systems are working effectively. The clinical education review was an example of management having pointed internal

	audit to an identified area of concern, to help inform the corrective actions. The committee explored the supply side issues of education and training, noting that there is still work to do. Finally, and more positively, the improvement in the timely completion of management actions continues. Only two are overdue which is a great achievement, especially in the context of the pandemic.
License annual self-declarations	The committee supports the self-declarations linked to our License and these are before the Board, for approval. They will then be published on our website, as per the requirement.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Operations Directorate Update including Performance Improvement Plan

Emma Williams
Executive Director of Operations

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

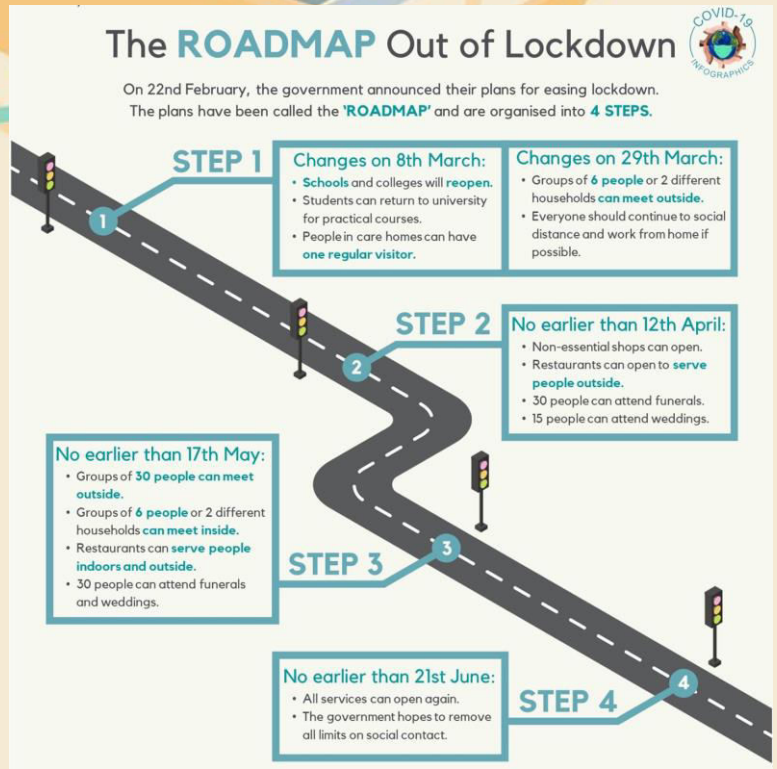
Service Delivery – Look ahead (BAU)

NHS
South East Coast Ambulance Service
NHS Foundation Trust

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

Service Delivery – Look ahead (COVID)

NHS
South East Coast Ambulance Service
NHS Foundation Trust



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

Service Delivery – Look ahead (Priorities)

NHS
South East Coast Ambulance Service
NHS Foundation Trust

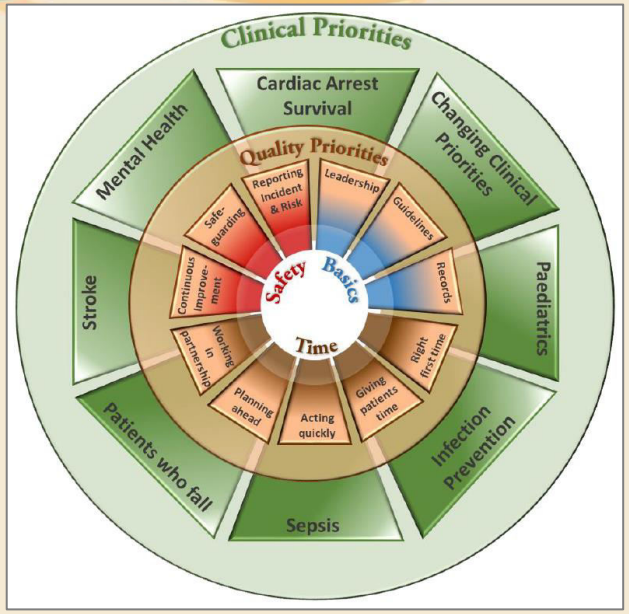
White Paper Feb 2021


Department of Health & Social Care

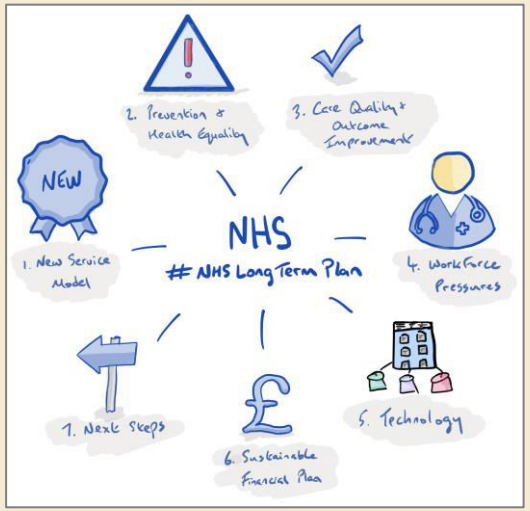
Integration and Innovation: working together to improve health and social care for all

Published 11 February 2021

The Department of Health and Social Care's legislative proposals for a Health and Care Bill

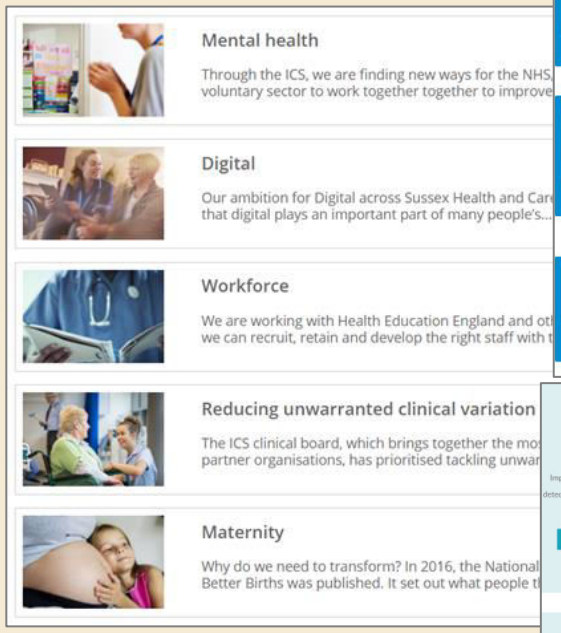


SECAmb Clinical & Quality Strategy, plus other Trust strategies

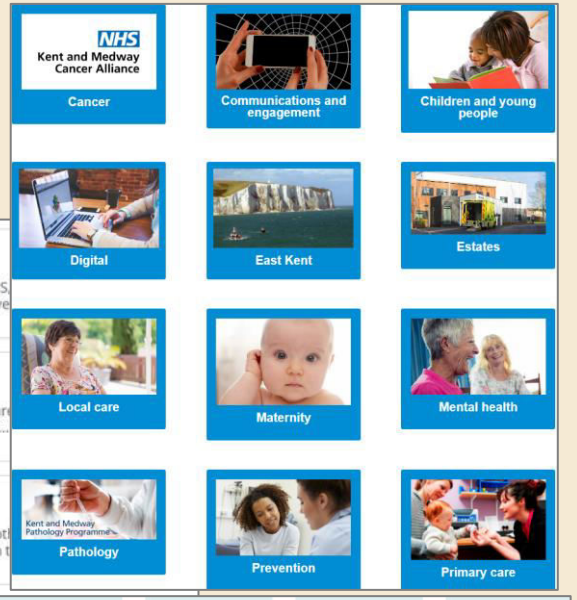


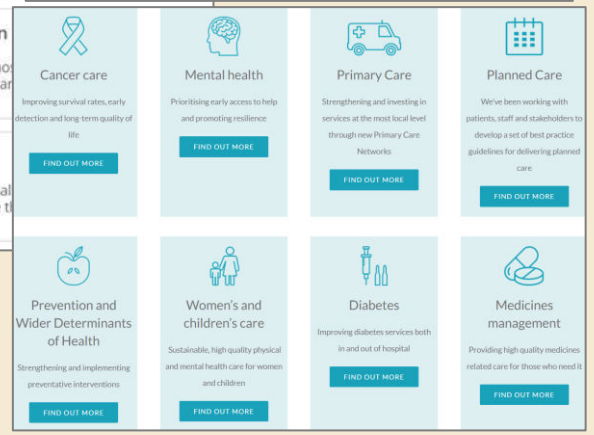
NHS Long Term Plan

Sussex ICS



Kent ICS





Surrey ICS

Service Delivery – Reflections from a DDO

South East Coast Ambulance Service NHS Foundation Trust

- Passionate, caring individuals across all areas and depts
- Motivated individuals looking to support the strategic direction of travel as well as understanding and engaging with local ICS/ICP priorities
- Solution-focused approaches to address the immediate/short-term risks/issues but examples of non-sustainability in the longer term
- Management & leadership development needed across the senior operational team and Trust at all levels
- Inconsistent engagement between departments often resulting in sub-optimal communications and after-the-fact remedial work
- Transaction single-metric data analysis with very limited forecasting capability and detail analysis to consider multi-metric analysis linked to causation rather than correlation

Performance Improvement Plan - Overview

South East Coast Ambulance Service NHS Foundation Trust

Short term (commencing now and will blend into longer term piece over the year)

- ‘Grip and focus’ on the basic
- Managing and monitoring the key metrics to improve performance
- Weekly review and oversight process by operational leadership to ensure course correction where needed
- Planning for summer pressures and continued release of lockdown

Longer term (commencing planning now and deployment from October 2021 onwards)

- ‘Better by Design’ programme which commenced in April (planning phase) and will move into an implementation phase from October
- This will focus on the structural changes required in order to deliver ARP sustainably in the future

Current performance – 999 headlines

South East Coast Ambulance Service NHS Foundation Trust

999 EOC & Field Operations

- The Trust has not delivered the Ambulance Response Programme (ARP) targets consistently since they were implemented in November 2017
- Performance non-delivery primarily due to:
  - Dispatch complexities result in challenges in efficiency and consistency
  - Variability and inconsistency in terms of the number of hours being produced across all dispatch desks
  - Abstractions still high despite reduced level of annual leave abstraction and cessation of shielding – this is still requiring higher levels of overtime to backfill
  - Contributory factors (e.g. handover time) not on track compared to target/max level
  - Data analysis has focused on single metrics with current inability to triangulate across multiple metrics to be able to demonstrate a robust action-based cause & effect
  - Inability to deliver predictive data to assist in planning for the future (near & far)

Current performance – 999 headlines

South East Coast Ambulance Service
NHS Foundation Trust

999 EOC & Field Operations

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	00:00:04	00:00:02	00:00:04	00:00:04	00:00:21	00:00:00	00:00:10	00:00:01	00:00:05	00:00:03	00:00:00	00:00:19
Calls Answered	690180	63495	65768	69244	1527	112397	31780	101039	39070	76818	76861	52181
Mean Call Answer Time	00:00:03	00:00:05	00:00:03	00:00:06	00:00:07	00:00:01	00:00:04	00:00:02	00:00:07	00:00:03	00:00:00	00:00:07

Incident Proportions (Over All Incidents)	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
All Incidents	741715	62903	78670	67409	2230	102726	36429	97949	51602	77543	95045	69209
C1 Incidents %	7.85%	6.32%	7.47%	8.53%	4.66%	6.91%	6.90%	9.67%	7.25%	10.07%	6.80%	7.87%
C2 Incidents %	51.67%	50.49%	54.64%	56.47%	41.08%	56.13%	52.91%	51.85%	42.29%	50.86%	45.98%	53.22%
C3 Incidents %	23.86%	31.76%	17.87%	19.60%	36.14%	22.00%	22.45%	17.73%	31.00%	24.32%	34.49%	18.97%
C4 Incidents %	1.09%	0.59%	0.51%	0.22%	2.11%	1.11%	1.07%	1.98%	2.15%	0.47%	2.00%	0.40%

Incident Outcomes	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Hear & Treat %	8.36%	6.93%	10.24%	9.36%	8.16%	9.73%	8.37%	9.14%	11.96%	5.80%	4.32%	9.18%
See & Convey %	54.34%	59.34%	55.47%	53.98%	58.52%	54.91%	55.06%	54.73%	50.08%	51.83%	52.44%	55.56%
See & Treat %	31.75%	32.06%	31.90%	30.87%	32.11%	30.69%	26.44%	28.07%	33.02%	38.00%	36.64%	27.08%

Response Performance	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Response Time: C1	00:12:26	00:13:56	00:12:41	00:13:14	00:17:14	00:09:20	00:11:08	00:12:44	00:11:56	00:14:24	00:11:30	00:12:51
90th Centile Response Time: C2	00:40:29	00:34:58	00:40:25	00:53:41	00:43:36	00:32:43	00:47:46	00:48:25	00:30:34	00:50:48	00:23:24	00:44:09
90th Centile Response Time: C3	02:18:23	02:58:44	02:13:59	03:15:28	02:26:02	01:48:44	02:37:03	03:13:46	02:06:29	02:43:26	01:12:36	02:12:41
90th Centile Response Time: C4	03:48:46	04:28:40	03:03:43	04:12:29	02:48:09	04:14:41	02:26:02	06:11:42	02:50:26	03:35:45	01:57:46	04:23:13
Mean Response Time: C1	00:07:00	00:07:33	00:06:49	00:07:24	00:08:43	00:05:39	00:06:29	00:07:29	00:06:24	00:07:35	00:06:35	00:07:32
Mean Response Time: C2	00:20:16	00:18:53	00:20:01	00:26:08	00:21:39	00:16:32	00:23:45	00:23:52	00:15:50	00:25:09	00:12:39	00:21:13

Current performance – 111 headlines

South East Coast Ambulance Service NHS Foundation Trust

111

- Nationally 111 services are very challenged with increasing demand – at times 15-20% above predicted
- The Electronic Prescription Service (EPS) came online on 23rd March – this enabled SECAmb and IC24 to move onto the same platform (Cleric) on 6th May which will improve efficiencies and oversight
- Workforce strategies including over-recruitment to support 111 delivery and that all new Health Advisors (111), Emergency Medical Advisors (EMAs) and Clinicians are on contracts to be able to operate across both 111 and 999 EOC service lines
- Mobilising of the new service with the addition of the implementation of '111 First' has challenged the capacity within the senior team to oversee the priorities within 999 EOC

Performance Improvement Plan

South East Coast Ambulance Service NHS Foundation Trust

Short term (looking forward 12 weeks on a rolling basis)

- Initial 12-weeks of a longer sustainability performance plan delivering an improvement in ARP performance, but noting that achievement of all targets is unlikely to be achieved
- Oversight via Senior Leadership Team
- Actions identified as tangible, deliverable and sustainable Associate Directors and Heads of Service tasked with delivering improvement
- Monitoring via 1:1s and bi-weekly Teams A with escalation to SLT/EMB (whilst in transition) weekly
- Identification of areas needing support from internal teams (e.g. BI) and external partners (e.g. Commissioning team/Acutes etc)
- Key areas of focus divided into 4 sections allocated to each ADO
  - John O'Sullivan: 999 EOC & 111
  - Ian Shaw: Overarching and support actions
  - Mark Eley: 999 Field Operations – East
  - Andy Rowe: 999 Field Operations – West

Perf. Imp. Plan – 111

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Theme	Action	Target for end of 12 weeks)	Baseline (Apr 2021)	Predicted impact	w/c 03/05/21	w/c 10/05/22	Owner
Resource hrs by function							
HA hrs	Assurance that HA staffing is positive against plan by day	90.0%	75.3%	TBC	78.4%	74.1%	JOS
	Assurance that HA staffing is consistent against plan by hour (no of hrs where staffing is 90% or less of plan)	TBC	TBC	TBC	Data to be provided	Data to be provided	JOS
Clinician hrs (incl GP and all HCPs)	Assurance that clinical staffing is positive against plan by day	90.0%	80.8%	TBC	86.7%	76.4%	JOS
	Assurance that clinical staffing is consistent against plan by hour (no of hrs where staffing is 90% or less of plan)	TBC	TBC	TBC	Data to be provided	Data to be provided	JOS
Efficiencies							
HA (excl SAs) calls per hr	Improvements in number of calls taken by hr - linked to aux time	TBC	4.64	TBC	Data to be provided	Data to be provided	JOS
Clinician calls per hr	Improvements in number of calls taken by hr - linked to aux time	TBC	TBC	TBC	Metric not available	Metric not available	JOS
CAS navigator competencies and efficiency framework	Improved competencies to reduce variation and increase efficiencies	TBC	TBC	TBC	Metric not available	Metric not available	JOS
Recruitment of call handling staff							
Recruitment of HAs	No of staff completing training programmes against plan	*85% of student completing training programme*	On average 80% completion rate per course	TBC	N/A	32 in training	JOS
Other actions							
Ambulance referral rate (KSS)	Optimal levels of referrals to 999 from 111	<10%	8.6%	TBC	9.34%	9.45%	JOS
	Level of clinical revalidation of 999 referrals	95%	95.3%	TBC	94.6%	95.9%	JOS
Ambulance referral rate (Surrey & out of area)	Optimal levels of referrals to 999 from 111	Nil	127 calls per day	TBC	139.7	132.4	JOS

Perf. Imp. Plan – 999 EOC (1)

South East Coast Ambulance Service NHS Foundation Trust

Theme	Action	Target for end of 12 weeks)	Baseline (Apr 2021)	Predicted impact	w/c 03/05/21	w/c 10/05/22	Owner
Resource hrs by function							
EMA hrs	Assurance that EMA staffing is positive against plan by day	100%	TBC	TBC	Data to be provided	Data to be provided	JOS
	Assurance that EMA staffing is consistent against plan by hour (no of hrs where staffing is 90% or less of plan)	TBC	TBC	TBC	Data to be provided	Data to be provided	JOS
Clinician hrs	Assurance that clinical staffing is positive against plan by day	100%	TBC	TBC	Data to be provided	Data to be provided	JOS
	Assurance that clinical staffing is consistent against plan by hour (no of hrs where staffing is 90% or less of plan)	TBC	TBC	TBC	Data to be provided	Data to be provided	JOS
Dispatcher hrs	Assurance that dispatcher staffing is positive against plan by day	100%	TBC	TBC	Data to be provided	Data to be provided	JOS
	Assurance that dispatcher staffing is consistent against plan by hour (no of hrs where staffing is 90% or less of plan)	TBC	TBC	TBC	Data to be provided	Data to be provided	JOS

Perf. Imp. Plan – 999 EOC (2)

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Theme	Action	Target for end of 12 weeks)	Baseline (Apr 2021)	Predicted impact	w/c 03/05/21	w/c 10/05/22	Owner
Efficiencies							
EMA calls per hr	Improvements in number of calls taken by hr - linked to aux time	TBC	TBC	TBC	Data to be provided	Data to be provided	JOS
Clinician calls per hr	Improvements in number of calls taken by hr - linked to aux time	TBC	TBC	TBC	Metric not available	Metric not available	JOS
Resources per incident (RPI)	Number of responses attending each incident with a response	1.09	1.09	Nil	1.09	1.09	JOS
Cross border activity (Resources required v utilised)	Ashford	Reduction in variation across dispatch desks	89.5%	TBC	91.8%	88.1%	JOS
	Dartford		91.0%		87.7%	89.9%	
	Medway		103.6%		101.4%	105.7%	
	Paddock Wood		106.9%		87.7%	108.4%	
	Hastings		134.7%		108.3%	132.2%	
	Polegate		90.8%		94.5%	93.4%	
	Thanet		106.9%		108.7%	106.8%	
	East Total		***103.3%***		***97.2%***	***103.5%***	
	Brighton		93.1%		91.6%	92.0%	
	Chertsey		100.5%		95.0%	93.5%	
	Gatwick		75.4%		78.9%	81.1%	
	Redhill		94.2%		95.5%	91.0%	
	Guildford		116.0%		116.7%	121.9%	
	Tangmere		101.9%		101.6%	103.6%	
	Worthing		118.2%		122.4%	113.5%	
	West Total		***99.9%***		***100.2%***	***99.5%***	
CFR utilisation	Increase CFR response hrs across all teams (hrs)	TBC	1,295 avg per 7-day	TBC	1,363	1,370	IS
	Increase utilisation of CFRs	0.25 incidents per hr	0.16 incidents per hr	TBC	0.17 per hr	0.17 per hr	JOS
Hear & treat	% of calls being completed via hear and treat - increase in total volume of calls being managed this way	10% min	6.93%	TBC	7.39%	7.24%	JOS

Perf. Imp. – 999 EOC (3)

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Other actions							
On scene time	Implement 'PETS' report @ 30 mins (sitrep)	Impelemtation	Nil	See below	N/A	N/A	JOS
	East Total (avg at scene: conveyed)	40 min	00:42:32	40.4hrs per day	00:42:24	00:42:39	JOS
	West Total (avg at scene: conveyed)	40 min	00:40:30	5.6 hrs per day	00:40:30	00:40:04	JOS
	East Total (avg at scene: non-conveyed)	80 min	01:27:28	160.1 hrs per day	01:27:41	01:27:25	JOS
	West Total (avg at scene: non-conveyed)	80 min	01:22:52	61.9 hrs per day	01:22:29	01:21:53	JOS
On-scene waiting time for GPs	Linked to 'PETS' work - no crew to wait more than 30mins for GP call-back with recommendation that PP hubs support decision-making as an initial step if required	Impelemtation	Nil	*TBC*	N/A	N/A	JOS
Appropriateness of HCP calls	Reinforce the need for only appropriate HCP calls to be accepted as per contract	*TBC*	*TBC*	*TBC*	N/A	N/A	JOS

Perf. Imp. Plan – 999 F/Ops East (1)

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Theme	Action	Target for end of 12 weeks)	Baseline (Apr 2021)	Predicted impact	w/c 03/05/21	w/c 10/05/22	Owner
Resource hours supplied by dispatch desk & hour per day							
Ashford	Maximise resource cover by DD & hour for consistency & to achieve 2.5% above plan (ff at Trust level)	2.5% above plan	5.7%	TBC	9.2%	12.1%	ME
Dartford		2.5% above plan	-8.0%	TBC	-4.0%	-3.6%	ME
Medway		2.5% above plan	6.4%	TBC	12.4%	9.1%	ME
Paddock Wood		2.5% above plan	-4.6%	TBC	-2.4%	3.6%	ME
Hastings		2.5% above plan	-20.3%	TBC	-15.5%	-20.8%	ME
Polegate		2.5% above plan	1.2%	TBC	1.0%	1.8%	ME
Thanet		2.5% above plan	-6.1%	TBC	-2.2%	-2.1%	ME
East Total		2.5% above plan	***-2.5%***	TBC	***1.0%***	***1.7%***	ME
Overtime	Maximise focus on overtime on dispatch desks which are understaffed	Implementation	9.79%	TBC	7.51%	9.01%	ME
Use of Appropriate Care Pathways and See & Treat							
Ashford	Maximise use of ACPs and clinical decision support/local leadership to improve accessing the right care at the right time via non-ED routes where appropriate	S&C of =<58%	59.0%	TBC	60.2%	62.2%	ME
Dartford		S&C of =<58%	65.9%	TBC	65.5%	64.1%	ME
Medway		S&C of =<58%	60.7%	TBC	59.0%	61.3%	ME
Paddock Wood		S&C of =<58%	65.9%	TBC	65.5%	58.2%	ME
Hastings		S&C of =<58%	61.8%	TBC	59.3%	60.8%	ME
Polegate		S&C of =<58%	58.9%	TBC	60.4%	58.2%	ME
Thanet		S&C of =<58%	57.2%	TBC	57.2%	58.5%	ME
East Total		S&C of =<58%	***61.2%***	TBC	***60.9%***	***61.8%***	ME
Hospital handover time							
Darent Valley (Kent)	Hospital handover time to meet & be sustained at the national standard	15mins max	00:15:56	TBC	00:14:37	00:15:51	ME
Kent & Cantebury (Kent)		15mins max	00:14:28	TBC	00:13:31	00:14:44	ME
Maidstone (Kent)		15mins max	00:15:20	TBC	00:15:55	00:16:20	ME
Medway Maritime (Kent)		15mins max	00:19:11	TBC	00:18:59	00:20:16	ME
QEQM (Kent)		15mins max	00:18:37	TBC	00:20:25	00:19:38	ME
Tunbridge Wells (Kent)		15mins max	00:16:11	TBC	00:16:12	00:18:49	ME
William Harvey (Kent)		15mins max	00:14:16	TBC	00:15:20	00:13:50	ME
Conquest (Sussex)		15mins max	00:16:02	TBC	00:16:06	00:15:44	ME
Eastbourne (Sussex)		15mins max	00:14:10	TBC	00:16:04	00:15:29	ME
Walk-through/audit of handover processes at each acute to ensure optimal flow to address specific issues							
Darent Valley (Kent)	Complete walk-through/audit to identify actions to improve flow	Completion	N/A	TBC	N/A	N/A	ME
Kent & Cantebury (Kent)		Completion	N/A	TBC	N/A	N/A	ME
Maidstone (Kent)		Completion	N/A	TBC	N/A	N/A	ME
Medway Maritime (Kent)		Completion	N/A	TBC	N/A	N/A	ME
QEQM (Kent)		Completion	N/A	TBC	N/A	N/A	ME
Tunbridge Wells (Kent)		Completion	N/A	TBC	N/A	N/A	ME
William Harvey (Kent)		Completion	N/A	TBC	N/A	N/A	ME
Conquest (Sussex)		Completion	N/A	TBC	N/A	N/A	ME
Eastbourne (Sussex)		Completion	N/A	TBC	N/A	N/A	ME

Perf. Imp. Plan – 999 F/Ops East (2)

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Hospital support: HALO							
HALO duties	Identify key acutes requiring HALO support on a daily/weekly basis	Completion	*TBC*	*TBC*	N/A	N/A	ME
	Identify appropriate managers from Ops/other directorates to undertake HALO duties	Completion	*TBC*	*TBC*	N/A	N/A	ME
Wrap-up times							
Ashford	Wrap-up time to meet & be sustained at the national standard	15mins max	00:17:22	*TBC*	00:16:49	00:17:09	ME
Dartford		15mins max	00:18:22	*TBC*	00:18:45	00:18:22	ME
Medway		15mins max	00:18:00	*TBC*	00:18:28	00:18:18	ME
Paddock Wood		15mins max	00:20:53	*TBC*	00:21:22	00:19:57	ME
Hastings		15mins max	00:23:15	*TBC*	00:23:26	00:24:50	ME
Polegate		15mins max	00:19:36	*TBC*	00:19:11	00:18:22	ME
Thanet		15mins max	00:15:46	*TBC*	00:15:16	00:15:33	ME
East Total		15mins max	***00:18:39***	*TBC*	***00:18:39***	***00:18:23***	ME
Late log-ons							
Ashford	Reduction in overall hrs lost per day due to late log-ons	*TBC*	158	*TBC*	204	402	ME
Dartford		*TBC*	42	*TBC*	144	103	ME
Medway		*TBC*	68	*TBC*	44	147	ME
Paddock Wood		*TBC*	163	*TBC*	61	288	ME
Hastings		*TBC*	76	*TBC*	105	123	ME
Polegate		*TBC*	84	*TBC*	139	83	ME
Thanet		*TBC*	113	*TBC*	98	51	ME
East Total		*TBC*	***704***	*TBC*	***795***	***1197***	ME
On-day Out-of-service							
Ashford	Reduction in overall hrs lost per day due to on-day out of hours reasons	*TBC*	114.7	*TBC*	154.5	98.8	ME
Dartford		*TBC*	76.3	*TBC*	85.0	78.9	ME
Medway		*TBC*	144.0	*TBC*	123.4	153.7	ME
Paddock Wood		*TBC*	122.6	*TBC*	135.0	110.3	ME
Hastings		*TBC*	50.8	*TBC*	39.7	38.8	ME
Polegate		*TBC*	81.5	*TBC*	67.8	78.3	ME
Thanet		*TBC*	70.9	*TBC*	98.5	78.1	ME
East Total		*TBC*	***660.8 avg across 7-days***	***TBC***	***703.9***	***636.9***	ME

Perf. Imp. Plan – 999 F/Ops West (1)

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Theme	Action	Target for end of 12 weeks)	Baseline (Apr 2021)	Predicted impact	w/c 03/05/21	w/c 10/05/22	Owner
Brighton	Maximise resource cover by DD & hour for consistency & to achieve 2.5% above plan (ff at Trust level)	2.5% above plan	3.2%	TBC	7.2%	3.8%	AR
Chertsey		2.5% above plan	-5.6%	TBC	-3.6%	0.8%	AR
Gatwick		2.5% above plan	5.7%	TBC	4.6%	-1.6%	AR
Redhill		2.5% above plan	-5.3%	TBC	-3.3%	-3.1%	AR
Guildford		2.5% above plan	11.2%	TBC	11.9%	13.5%	AR
Tangmere		2.5% above plan	-6.2%	TBC	6.0%	-0.3%	AR
Worthing		2.5% above plan	3.6%	TBC	9.8%	7.5%	AR
West Total		2.5% above plan	***0.8%***	TBC	***2.7%***	***2.7%***	AR
Overtime	Maximise focus on overtime on dispatch desks which are understaffed	Implementation	8.35%	TBC	7.34%	7.84%	AR
Use of Appropriate Care Pathways and See & Treat							
Brighton	Maximise use of ACPs and clinical decision support/local leadership to improve accessing the right care at the right time via non-ED routes where appropriate	S&C of =<58%	60.4%	TBC	56.3%	58.1%	AR
Chertsey		S&C of =<58%	58.8%	TBC	60.1%	59.3%	AR
Gatwick		S&C of =<58%	58.7%	TBC	57.2%	58.0%	AR
Redhill		S&C of =<58%	64.1%	TBC	63.9%	65.1%	AR
Guildford		S&C of =<58%	62.2%	TBC	61.3%	62.9%	AR
Tangmere		S&C of =<58%	60.4%	TBC	63.6%	64.4%	AR
Worthing		S&C of =<58%	60.9%	TBC	61.9%	61.4%	AR
West Total		S&C of =<58%	***61.2%***	TBC	***60.3%***	***61.1%***	AR
Hospital handover time							
East Surrey (Surrey)	Hospital handover time to meet & be sustained at the national standard	15mins max	00:18:01	TBC	00:20:07	00:18:42	AR
Epsom (Surrey)		15mins max	00:16:31	TBC	00:15:23	00:16:11	AR
Frimley Park (Surrey)		15mins max	00:17:29	TBC	00:17:17	00:17:23	AR
Royal Surrey County (Surrey)		15mins max	00:15:21	TBC	00:14:37	00:14:51	AR
St Peters (Surrey)		15mins max	00:17:09	TBC	00:17:14	00:17:26	AR
Princess Royal (Sussex)		15mins max	00:17:01	TBC	00:18:52	00:18:02	AR
Royal Sussex County (Sussex)		15mins max	00:23:16	TBC	00:28:11	00:20:38	AR
St Richards (Sussex)		15mins max	00:15:49	TBC	00:14:03	00:11:53	AR
Worthing (Sussex)		15mins max	00:13:06	TBC	00:13:01	00:13:13	AR
Walk-through/audit of handover processes at each acute to ensure optimal flow to address specific issues							
East Surrey (Surrey)	Complete walk-through/audit to identify actions to improve flow	Completion	N/A	TBC	N/A	N/A	AR
Epsom (Surrey)		Completion	N/A	TBC	N/A	N/A	AR
Frimley Park (Surrey)		Completion	N/A	TBC	N/A	N/A	AR
Royal Surrey County (Surrey)		Completion	N/A	TBC	N/A	N/A	AR
St Peters (Surrey)		Completion	N/A	TBC	N/A	N/A	AR
Princess Royal (Sussex)		Completion	N/A	TBC	N/A	N/A	AR
Royal Sussex County (Sussex)		Completion	N/A	TBC	N/A	N/A	AR
St Richards (Sussex)		Completion	N/A	TBC	N/A	N/A	AR
Worthing (Sussex)		Completion	N/A	TBC	N/A	N/A	AR

Perf. Imp. Plan – 999 F/Ops West (2)

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Theme	Action	Target for end of 12 weeks)	Baseline (Apr 2021)	Predicted impact	w/c 03/05/21	w/c 10/05/22	Owner
Wrap-up times							
Brighton	Wrap-up time to meet & be sustained at the national standard	15mins max	00:16:46	TBC	00:16:57	00:17:27	AR
Chertsey		15mins max	00:15:37	TBC	00:15:24	00:15:16	AR
Gatwick		15mins max	00:16:50	TBC	00:16:42	00:16:40	AR
Redhill		15mins max	00:17:19	TBC	00:17:45	00:17:32	AR
Guildford		15mins max	00:18:25	TBC	00:18:46	00:19:54	AR
Tangmere		15mins max	00:15:33	TBC	00:15:15	00:15:21	AR
Worthing		15mins max	00:16:46	TBC	00:16:51	00:16:25	AR
West Total		15mins max	***00:16:48***	TBC	***00:16:50***	***00:17:02***	AR
Hospital support: HALO							
HALO duties	Identify key acutes requiring HALO support on a daily/weekly basis	TBC	TBC	TBC	N/A	N/A	TBC
	Identify appropriate managers from Ops/other directorates to undertake HALO duties	TBC	TBC	TBC	N/A	N/A	TBC
Late log-ons							
Brighton	Reduction in overall hrs lost per day due to late log-ons	TBC	69	TBC	32	11	AR
Chertsey		TBC	161	TBC	427	147	AR
Gatwick		TBC	94	TBC	87	38	AR
Redhill		TBC	45	TBC	15	121	AR
Guildford		TBC	139	TBC	129	138	AR
Tangmere		TBC	81	TBC	34	79	AR
Worthing		TBC	40	TBC	79	71	AR
West Total		TBC	***629***	TBC	***803***	***605***	AR
On-day Out-of-service							
Brighton	Reduction in overall hrs lost per day due to on-day out of hours reasons	TBC	112.5	TBC	112.6	123.7	AR
Chertsey		TBC	100.1	TBC	103.8	84.7	AR
Gatwick		TBC	125.3	TBC	87.5	91.5	AR
Redhill		TBC	94.9	TBC	130.7	114.5	AR
Guildford		TBC	90.3	TBC	80.3	76.7	AR
Tangmere		TBC	55.3	TBC	58.7	69.7	AR
Worthing		TBC	48.8	TBC	57.5	68.7	AR
West Total		TBC	***627.1 avg across 7-days***	TBC	***631.1***	***629.5***	AR

Perf. Imp. Plan – 999 Additional (1)

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Theme	Action	Target for end of 12 weeks)	Baseline (Apr 2021)	Predicted impact	w/c 03/05/21	w/c 10/05/22	Owner
Resource hours supplied by dispatch desk & hour per day							
PAP resources	Engage with current providers to increase supply of resources for 12 weeks, focusing on link shifts	Increase in PAP hrs to 6.5%	4.32%	210.4 hrs per day	4.78%	4.82%	IS
Relief shifts schedulling	Review schedulling of relief and overtime shifts to maximise impact at times of greatest demand	Implementation	Nil	TBC			IS
Paramedic Practitioner Hubs							
PP hubs	Optimise staffing across each 24/7 period/week to ensure consistent cover	TBC	TBC	TBC	Data to be provided	Data to be provided	ME
	Decrease in ECAL waiting time	Reduction by 20% by end July	TBC	TBC	Data to be provided	Data to be provided	
	Increase in no of ECALs per hr (?other efficiency metric)	TBC	792 avg across 7-days	TBC	861	817	
	Increase in no of video conferencing calls as part of Ashford & Thanet trial	TBC	TBC	TBC	N/A	N/A	
Command/Performance Hub implementation							
Performance & Command hub	Implement refreshed Command Hub from 0800-2200 7-days a week	TBC	TBC	TBC	N/A	N/A	IS
	Identification of core group of operational managers to staff the hub from Field Ops, EPRR and other services	TBC	TBC	TBC	N/A	N/A	IS
	Key suite of KPIs for the hub which compliments (but doesn't cross-over/conflict with) those for EOC & field ops	TBC	TBC	TBC	N/A	N/A	IS
	Focus on live oversight of overall service performance including use of specialist resources	TBC	TBC	TBC	N/A	N/A	IS
	Daily lead on optimisation of Teams E building a new structured approach	TBC	TBC	TBC	N/A	N/A	IS
	Review of REAP & SMP in line with new national guidance due shortly via AACE	TBC	TBC	TBC	N/A	N/A	IS

Perf. Imp. Plan – 999 Additional (2)

South East Coast Ambulance Service
NHS Foundation Trust

Theme	*Action*	*Target for end of 12 weeks)*	*Baseline (Apr 2021)*	*Predicted impact*	*w/c 03/05/21*	*w/c 10/05/22*	*Owner*
Other actions							
Airwave wrap-up alerts	Move alerts to 9 & 14mins rather than 10 & 15mins	Reduction in overall wrap-up time to a max of 00:15:00	N/A	This impact is quantified elsewhere	N/A	N/A	AR
SECAmb approach to diverts	Reinorce strategic position regarding diverts to ensure that all acute trusts and Strategic Commanders are operating in a similar manner for consistency across days/hrs/geography	Implementation	*TBC*	*TBC*	N/A	N/A	EW
'Virtual OU'	Consider implementation of a 'Virtual OU' at key times across the summer according to predicted increasese in demand and/or system challenges	Options/planning	*TBC*	*TBC*	N/A	N/A	IS