

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public.

30 September 2021
10.00-13.00

Via Video Conference

Agenda

Item No.	Time	Item	Encl	Purpose	Lead
Administration					
25/21	10.00	Welcome and Apologies for absence	-	-	Chair
26/21	10.02	Declarations of interest	-	-	Chair
27/21	10.02	Minutes of the previous meeting: 29 July 2021	Y	Decision	Chair
28/21	10.03	Matters arising (Action log)	Y	Decision	PL
Context					
29/21	10.00	Board Story	-	-	Chair
30/21	10.05	Chairs Report	Y	Information	Chair
31/21	10.10	BAF Risk Report	Y	Assurance	PL
32/21	10.15	Chief Executive's report	Y	Information	PA
Performance					
33/21	10.25	Operational Performance Improvement Plan	Y	Assurance	EW
		Winter Plan	Y	Information	EW
34/21	11.05	Integrated Performance Report Incl. Committee Reports	Y	Information	PA
Quality & Safety					
35/21	12.05	Learning from Deaths Report	Y	Assurance	FM
36/21	12.15	Freedom to Speak Up Guardian Bi-Annual Report	Y	Information	BH
Workforce					
37/21	12.30	Diversity & Inclusion Annual Report	Y	Information	AM
38/21	12.40	WRES / WDES Report	Y	Information	AM
Closing					
39/21	12.55	Any other business	-	Discussion	Chair
40/21	-	Review of meeting effectiveness	-	Discussion	ALL

After the meeting is closed questions will be invited from members of the public

Date of next Board meeting: 25 November 2021

David Astley	Chairman	Declared interests – A Director of Yoakley Care Share Ltd and Yoakley Care Trustee Ltd, a charitable company that manages almshouses and a care home. Daughter Emma is a Director at PWC Consulting which sometimes works with the public sector.
Philip Astle	Chief Executive Officer	None
Bethan Eaton-Haskins	Executive Director of Nursing & Quality	None
Emma Williams	Director of Operations	My husband, David Williams, is currently on a secondment to SECamb as Acting Head of Emergency Planning, Response & Resilience from his substantive post in Surrey Heartlands CCG. I do not line manage David - he is part of one of my wider teams, recruited through the formal standard Trust processes.
David Hammond	Deputy Chief Executive & Chief Operating Officer	None
Ali Mohammed	Executive Director of HR and L&OD	Trustee, LHA London (Housing Charity). Board member and Chair, People Committee
Fionna Moore	Executive Medical Director	Medical Director Location Medical Services, Medical Director Medicare, EMS Medical Adviser (major incidents) London Ambulance Service NHS Trust - On call 2 days/month.
David Ruiz-Celada	Executive Director of Development and Planning	None
Michael Whitehouse	Non-Executive Director/Senior Independent Director	Board member and chair of Audit Committee of Medicines and Health Care Products Regulatory Agency. Trustee and chair of Audit and Risk Committee Cruse National Bereavement Charity Member of Audit Committee of Republic of Ireland Audit Committee
Subo Shanmuganathan	Independent Non-Executive Director	None
Tom Quinn	Independent Non-Executive Director	Professor and Research Group Lead at Kingston University & St George's, University of London. Undertaking research with several ambulance services, teaching and supervision of students including paramedics undertaking Master's and PhD level research; External examiner for Paramedic Studies degree at University of Limerick, Ireland; Member of Domain Expert Group, Myocardial Ischaemia National Audit Project; Undertaking research funded by

		National Institute for Health Research, British Heart Foundation, and Gas Safety Trust; Volunteer roles with European Society of Cardiology (Board member Acute Cardiovascular Care Association, and member of Task Force on Allied Professions), Trustee/Director of British Association for Immediate Care, Trustee of Aston Defibrillator Funds, Farnham, Clinical Director, HeartStart Farnham Lions.
Laurie McMahon	Non-Executive Director	Director of the Realisation Collaborative, specialising in strategy development and organisational design. Member of the board of trustees of The Horsebridge Arts Centre, Whitstable. Member of the board of the Faversham Community Land Trust CIC. Member of the board of the Faversham Society.
Howard Goodbourn	Non-Executive Director	None
Michael Whitehouse	Non-Executive Director	Board member and chair of Audit Committee of Medicines and Health Care Products Regulatory Agency. Trustee and chair of Audit and Risk Committee Cruse National Bereavement Charity Member of Audit Committee of Republic of Ireland Audit Committee
Paul Brocklehurst	Non-Executive Director	None
Chris Gonde	NeXT Director	None
Liz Sharp	Non-Executive Director	None

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting, 29 July 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
Emma Williams	(EW)	Executive Director of Operations
Fionna Moore	(FM)	Executive Medical Director
Howard Goodbourn	(HG)	Independent Non-Executive Director
Lucy Bloem	(LB)	Senior Independent Director
Michael Whitehouse	(MW)	Independent Non-Executive Director
Paul Brocklehurst	(PB)	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:

Christopher Gonde	(CG)	Associate NED
Janine Compton	(JC)	Head of Communications
Peter Lee	(PL)	Company Secretary
Phil Astell	(PAs)	Deputy Director of Finance
John O'Sullivan	(JO)	Associate Director for Integrated Care [item 20-21 only]
Scott Thowney	(ST)	Head of Clinical Operations Integrated Care [item 20-21 only]

Chairman's introductions

DA welcomed members, those in attendance and those observing. Thanked Lucy and Terry last meeting.

13/21 Apologies for absence

David Hammond	(DH)	Chief Operating Officer and Director of Finance
Laurie McMahon	(LM)	Independent Non-Executive Director

14/21 Declarations of conflicts of interest

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

15/21 Minutes of the meeting held in public 27.05.2021

TQ asked that the final sentence under item 05-21 should read "...collaboration to improve patient care". Subject to this, the minutes were approved as a true and accurate record.

16/21 Action Log [10.02-10.04]

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

17/21 Chair's Report [10.04 – 10.08]

DA summarised the key issues from his report and reinforced that the main aim of this meeting is for the Board to seek assurance that we are doing all we can to meet demand during this challenging time. Both in terms of the Immediate steps being taken and the more strategic solutions. The Board has established a new Performance Committee to ensure the right focus.

On behalf of Board, DA paid tribute to all staff and volunteers who continue to work really hard to meet the demands on services.

18/21 BAF Risk Report [10.08 – 10.21]

PL confirmed the well-established format of this report, which the Board is now familiar with. Section 3 illustrates the extent to which there is oversight of these risk through the Board, either directly or via one of its committees. On the agenda of this meeting there is specific focus on the BAF risk related to operational performance, which is multifactorial and incorporates the impacts of both operational performance and quality and safety. PL confirmed that the executive will undertake its regular review of these risks to ensure there is robust contingency planning included in the actions.

The Board was content with the report although asked whether, in the risk about the operating model helping to ensure management of demand and patient need, there is clear enough distinction with delivering quality and safety. The executive will consider this as part of tis next review.

Infection Prevention and Control (IPC) BAF

The Board noted that this is the second version of the IPC BAF, which helps to provide assurance on the framework in place to ensure robust management of IPC. BH confirmed that there are no significant gaps in assurance identified and so felt the Board could be assured by the systems and processes we have in place. That said, BH clarified that compliance is a different question to having the framework in place and explained that we are monitoring this to ensure the gaps in compliance are closed, such as hand hygiene. BH added that there is some PPE fatigue among staff and we are in regular discussion about how to ensure we maintain proper use, especially during the pandemic.

SS asked if there are any PPE supply issues. EW confirmed that there is good stock level of all PPE.

LB referred to PPE fit testing and powered hoods and the IPR which shows a RAG rating of Red re the levels of fit testing. EW explained here that all staff have access to powered hoods which negates all bar a very small need for fit testing; we are working through who still requires it but this is a significantly smaller number due to powered hoods. EW added that staff are getting better used to the hoods and there is increasingly positive feedback.

DA confirmed that the Board does take good assurance from this and thanked BH and the procurement team.

19/21 Chief Executive Report [10.21 – 10.52]

PA started by setting the context of the current operational pressures, confirming that we are likely to be in REAP 4 and the BCI for at least a number of weeks.

In addressing a question received in advance from a governor related to the self-isolation guidance PA explained that there isn't an exemption for NHS staff, as there remain some rules that still affects the ability of staff to return to work. We have introduced a system for EOC and 111, but the problem is that most staff

who are self-isolating will need to continue to isolate even with the new guidance, due to the reason being that a household member has tested positive. Field operations is more difficult due to a requirement not to come in to contact with extremely vulnerable patients; we are working this through with AACE to see how it might be applied in the ambulance sector.

PA then updated the Board on the additional funding that has been provided in response to the challenges in the ambulance sector. We have submitted our bid for this funding to cover initiatives in Quarters 3 and 4. This will help us increase call handlers; clinical support in EOC (safety); provide more liaison support to manage handover delays; and some additional private ambulance providers (PAPs), although PAPs are having similar difficulties with staffing as we are.

More positively, PA congratulated FM on her award of the Queens Ambulance Medal. DA congratulated her too, on behalf of the Board.

Finally, PA outlined some of the things we are doing to try and get messages out to the public and he then showed a short video of some examples of our external comms. This is aimed at engaging the public and raising awareness of the current pressures and how best to use our services.

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

Acknowledging the very challenging period we are in, CG asked what concerns PA the most. PA responded that it is the time it is taking us to get to patients, hence the focus on EOC so we can ensure we respond to the most acutely unwell.

TQ asked about staff experience and what we are doing. PA explained that it is a difficult balance in REAP 4, but we are trying hard to give meal breaks, although this will not always be at their dispatch desk.

HG asked to what extent is what we are seeing a result of the success of 111 First and a transfer of demand from primary care into 111. Is for example primary care seeing a commensurate reduction? PA responded that the numbers seem to illustrate a normal level of demand in primary care, but there is no doubt more demand in 111.

MW referenced the external messaging mentioned earlier and asked if it is making any difference. PA felt that it is difficult to say with certainty as it is hard to measure direct impact. The Board supported a view that we need a concerted national campaign.

20/21 Operational Performance & Patient Safety [10.52 – 12.00]

PA introduced this presentation explaining that the plan is to talk for an hour then allow 30 mins questions. The structure of the presentation is to provide the high-level situation; the issues/risks and then spend the majority of the time to update the Board on the actions we are taking.

PA then began by setting out the high-level operational context driving the difficulty in meeting demand, e.g. increasing demand and staff abstraction (sickness, self-isolation and annual leave). The actions are aimed at keeping patients safe. He explained that the current focus is on the short term, but as an executive we are also planning the strategic work to fix the issues in the longer term that will help ensure we can sustainably achieve ARP standards. This includes things like the performance cell and reviewing our overall operating model.

The presentation was divided in to three elements:

1. Field operations

EW took the Board through the slides setting out the reasons for the current challenges that are impacting our ability to achieve ARP; the potential for harm to be experienced as a result; and the key actions being taken and their impact. EW confirmed that this has led to us declaring a BCI and moving to REAP 4 and she outlined to the Board what this means in practice in terms of taking exceptional actions.

EW set out a position where many actions are being taken, but with varying degrees of impact, which reinforces the difficulty being faced. For context, this is experienced across the country. EW explained that some of these issues aren't always in our control, for example with job cycle time the element in our control is improving but not overall due to the time lost at hospitals (handover delays).

EW made specific reference to the measures being taken to ensure patients and staff safety, some of which will be covered in more detail in the EOC part of the presentation.

In terms of the performance improvement plan the Board noted that this is in two parts, the first 12-weeks (immediate actions) and then the longer term. EW outlined the governance arrangements to monitor the delivery of the plan and an example of the plan was included in the presentation to demonstrate the detail included.

EW then handed over to ST.

2. EOC

ST took the Board through the slides again setting out the main issues and principal actions being taken in response. He reinforced the significant impact of COVID related absences and confirmed that despite the challenges we have maintained call audit, which is an important safety measure. The other safety measures were also set out as included in the final slide. ST reinforced that all these form part of the EOC optimisation plan. He then handed over to JO.

3. 111

JO took the Board through the 111 slides. Firstly, he identified the importance of the collaboration of 1s and 9s to improve resilience. He then drew the Board's attention to the service road map slide, which gives the context leading to the really significant changes to the service over the past 18 months, where we moved from a traditional 111 sign posting service to a clinical assessment service. JO asked the Board not to underestimate what a fundamental change this has been.

Like the previous presentations JO set out his presentation, first by explaining the main challenges then the actions taken in response, and their impact to-date. He also set out the position against the background of the national context whereby against a range of metrics we compare quite favourably. The Board acknowledged the real progress made in the clinical assessment part of the service.

JO reassured the Board about the focus on quality and safety, demonstrated by consistent level of audits and how we use the outputs to ensure learning and continuous improvement, in addition to the service's good management of complaints (100% compliance in terms of timeliness of response).

In terms of patient satisfaction, the Board noted the deteriorating position to reflect the surge in activity since March.

In terms of the impact on patient safety JO picked out some examples of what we are doing to improve safety and then finally some of the achievements that have been made, as shown in the final slide.

DA thanked colleagues for this really helpful presentation. Before opening up to questions there was a short break.

[Break 12.00-12.10]

DA summarised the key points from the presentation in terms of what is driving demand and then opened up to questions from the Board.

HG asked about the performance cell and while this will enable forecasting as a tool, it is still very early days and so how do we intend to manage in the interim, especially for 111 CAS where the demand is so significantly higher than originally envisaged. JO explained the work we do with the National Provider Planning Team, who like us have been surprised by the actual demand being seen. DA added that we need to plan for scenarios but also engage commissioners and NHSE as we are carrying the risk.

MW sought assurance on how we ensure demand is channelled in the right way. For example, have we got the optimisation right? He also asked about how HART might help support meet demand. EW confirmed that we are above the target for validations which helps ensure patients receive the right disposition / care pathway. In terms of HART, the discussions nationally are about how to maximise all resources, such as HART given the current pressures. There is in existing policy a breakaway clause that means HART are released quickly to respond should an incident occur. EW reflected that it is about the balance of use of all resources.

On funding, JO confirmed that NHSE has announced £23m across all 111 providers. It is not clear if this is new money but it acknowledges that the services are under-funded. He then added that on validations, we do downgrade 60% of calls validated and the other 40% gets direct booked. The integration of 1s and 9s ensures resilience across both services.

DA felt that this provides good assurance to the Board as it demonstrates we are doing well to ensure we allocate resources most effectively and efficiently.

There were then a number of questions about the next weeks and months with the executive providing assurance that there is strong system working across the region, which helps understanding of the pressures we are facing. There is also much work with system partners on handover delays, reducing diverts and inter facility transfers.

In the context of the supply-side issues, the Board accepted the very difficult balance of risk there is between ensuring that we respond promptly to patients and ensuring our people take rest and leave, especially given these challenges will continue through the winter.

There were also questions about the serious incidents we report and how we ensure learning. The Board noted that the quality and patient safety committee (QPS) receives a regular report, including details about themes and learning at each meeting. BH confirmed that unsurprisingly 'delay' is the main theme and there has been a recent change in risk profile from delayed C3s to delayed C2s.

MW asked about elderly patients and preventing falls and whether we are making the best use CFRs. FM responded that the falls project is still ongoing however it is impacted by the number of staff undertaking front line clinical duties and the Fire Service also struggling to release people to us. EW added that we are linking with ICS priorities re falls/frailty and part of any project is a requirement for the right community services being available. With regards CFRs, EW confirmed that COVID has impacted CFR teams, e.g. self-isolation, anxiety about returning etc. However, we are seeing more now returning and more joining as part of recruitment campaigns.

In relation to the improvement plan, the Board provided feedback about how this might be organised, for example to ensure greater focus on the things we can influence. It noted that the new performance committee will monitor the plan and its transition in to phase 2 (the longer-term actions).

DA summarised this discussion. He thanked PA and his team for a detailed presentation and felt that the Board can take assurance that every effort is being made to manage demand. The Board agreed. We are all concerned about the gap between supply and demand but are assured by the safety measures being taken in what is very challenging circumstances. DA thanked the workforce for all their efforts and noted caution that we can't ask staff to continue working excessively. The Board's focus must be on the strategic solutions. DA reflected that despite the Board being unable to think of anything else the executive can reasonably do differently it is really disheartening that, despite all the efforts of so many, this is having a limited impact. DA felt that this highlights the unprecedented situation we are in.

21/21 IPR /Committee Reports (13.03 – 13.40)

PA introduced the report.

Operational and Financial Performance / Finance and Investment Committee

Operations

This has already been covered by the previous item.

Finance

PAs confirmed that we have a half year plan of a £5m deficit. This is due to the interim (block contract) funding arrangements in response to the pandemic. It is therefore not related to any change in our financial performance. There is significant uncertainty for the second half of the year and the planning guidance is not expected to be issued until September. PA then outlined the current financial position as set out in the IPR.

In summary, DA confirmed that we are meeting our financial duties, but there are several risks.

FIC report

HG outlined the outputs of the most recent meeting as set out in his report. He reinforced the figures showing 50% below plan for PAPs which is a concern given where we are. The committee is following this up.

On PAP provision, PAs confirmed this relates to an allocation / realignment of budget and so we aren't 50% under.

HG accepted this but felt agency use should be higher and is currently under plan. DA asked the executive to note this.

Quality and Patient Safety / QPS Committee

FM set out the approach to harm reviews of all double breaches for C2s and triple breaches of all categories. There have been over 2000 harm reviews with a significant majority showing no harm. The moderate and serious harm identified is reviewed by the SI Group and there has been an increase in SIs declared. We are now undertaking more cluster reviews where there are trends. FM confirmed that we have seen a change in the pattern of SIs (as mentioned earlier) due to an increase in delays in C2 with life threatening conditions. In terms of actions we are reinforcing with clinicians in EOC this shift in risk profile so they focus on this group in real time. We are also maximising clinical input in the control rooms to undertake welfare calls and manage those patients waiting. There is a pilot of video conferencing for patients waiting with a delayed response and we have also introduced a new clinical decision-making tool.

DA noted that it is encouraging that we are identifying harm when it occurs.

BH then highlighted specific areas of the IPR, starting with typographical error in the data on violence and aggression (exception report); this should read 73 not 773. BH explained that on risk management we are good at talking about risk and identifying new risks but need to improve our recording of the same. Improvement in this area had been slow in part due to a lack of dedicated resource, but we have now appointed a risk manager.

QPS Committee

TQ outlined the work of the last meeting much of which has also been covered today. The committee acknowledges the impact on staff in undertaking these harm reviews and SI investigations. It is assured that there is robust management of these reviews, noting the investigations are taking longer given the refocus of staff to patient facing roles.

The committee helped to highlight a gap in assurance related to non-registered and NQPs consistently operating within their scope of practice. The committee is following this up.

There were no questions.

Workforce and Wellbeing

AM noted the workforce issues already covered at this meeting and therefore highlighted two areas. Firstly, on statutory and mandatory training, this has been impacted by the need to prioritise hours on the road. On recruitment this year, we are doing well and have over-offered using the learning from previous years where some drop out after having received an offer; we have achieved 182 from a target of 166.

The Board acknowledged the position with training and noted that the efforts to meet demand has impacted on other areas too, this being just one example. SI investigations, another.

WWC report

In LM's absence the report was taken as read. There were no questions.

Audit & Risk Committee

MW summarised the outputs of the meeting earlier in July, reinforcing the need for the Board to review the governance for Better by Design to ensure it is clear how it interacts with the wider governance framework. The Board noted that this will be picked up at the August Board development session.

Charitable Funds Committee

MW confirmed that this was a good meeting, and the committee is impressed with how money is raised. The issues to bring to the attention of the Board included:

1. Given level of funds, we endorsed the proposal to recruit a part time professional to manage the funds activities and support fund raising. The aim is that this postholder will be in place by December 2021.
2. Supported the need to review the strategy for the charity.
3. Mindful of the point made by the CFR team about the time it takes for projects proposed to be funded via Charitable Funds, we have asked for a KPI to be introduced which the committee will monitor.
4. We have £200k reserves and we will look at how we might accelerate the use of this money.

DA supported this final point, in particular.

22/21 Amendment to the Constitution [13.40-13.43]

PL confirmed that there are two amendments being proposed here. Firstly, to provide for a shorter term of office for some Governors elected in 2022, in order to better align the timing of elections. This is to remove the potential for a change of up to two thirds of Governors in one election, which creates instability. The proposed change limits this risk to a maximum of one third. The second change is to add one additional Governor position to the Lower West constituency in 2022 to ensure equal representation based on population numbers for Lower East and Lower West. PL confirmed that both changes have been approved by the Council of Governors.

The Board approved these two amendments to the Constitution.

23/21 AOB

None

24/21 Review of meeting effectiveness

There being no further business, the Chair closed the meeting at 13.43

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
27.05.2021	10 21	MW asked that we aim to get as soon as possible clarity on what the target establishment needs to be to give us the best chance of being resilient (meeting ARP standards) without putting inappropriate pressure on our people.	DH	30.09.2021	Board	IP	29.07.2021: Work progressing via the performance cell 24.09.2021: D-RC confirmed that, in terms of timeframe this is likely to be Q2 FY22/23 if we look at the implementation plan. However there is some incremental steps that can be taken in the meantime.

Key

Not yet due

Due

Overdue

Closed

		Item No	-21
Name of meeting	Trust Board		
Date	30.09.2021		
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.

Colleagues will know that we have continued to experience significant challenges in being able to consistently respond in a timely way to the needs of our patients. Although as a Board we remain deeply concerned about this, I am confident that the executive is doing all it reasonably can in extremely difficult circumstances to provide as safe a service as possible.

Through the Board and its committees we have good oversight of the immediate steps being taken forward, and on the agenda for this meeting we will hear about the current areas of focus. I acknowledge that we do not operate in isolation; we are part of a much wider healthcare system and the issues we are facing are replicated throughout the country.

We spent time at our development session in August exploring the more medium to long term plans and, as a Board, we must give equal if not more energy here as it is our role to find the strategic solutions. For example, in how we adapt our operating model to ensure we are able to provide timely and quality care more sustainably. The programme of Better by Design will help to achieve this and we will spend time at the Board meeting in October on this programme and how it links to the delivery of our strategic objectives.

This Board meeting also focusses on our duties related to diversity and inclusion. October is Black History Month and within the NHS there will be a theme for each week:

Week 1-Identity and me
 Week 2-Leadership that makes a difference
 Week 3-Understanding racial living experience and implications for staff wellbeing and health
 Week 4-NHS Race Equality Strategy

We are planning a number of things such as sharing videos of our colleagues across social media talking about their role in the Trust as well as their heritage. Asmina, who is our Equality Diversity and Inclusion Lead, is also leading a national conference.

In terms of other matters to bring to the Board's attention:

- I have commenced twice yearly meetings with each Governor constituency to discuss issues relevant to their area and to seek their feedback on how the Board and Council of Governors is performing.

- Along with other Chair's and Chief Executive's I was able to contribute to a recent meeting with the NHS Chief Executive. Whilst all NHS services are working under significant pressure there is understanding from NHS England of the extreme pressure on ambulance services currently and the unique role we play in managing patient care. There is consistent dialogue between NHS England and Hospital Trusts to deal with ambulance handover delays.
- I also participated in a meeting along with other ambulance service leaders with the Prime Ministers advisers on health service matters. They were gathering information on the challenges faced by NHS organisations and to listen to advice on how ambulance services could play an increasing role in the management of urgent and emergency care if appropriately resourced to do so.

Finally, following her appointment by the Council of Governors, I welcome to the Board of Directors Liz Sharp who joined earlier this month as one of our independent non-executive directors.

		Agenda No	31-21
Name of meeting	Trust Board		
Date	30 September 2021		
Name of paper	Board Assurance Framework Risk Report		
Author	Peter Lee, Company Secretary		
Synopsis	<p>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.</p>		
Recommendations, decisions or actions sought	<p>The Board is asked to review the report and note how the risks have been considered in the planning of its recent agendas and those of its committees.</p> <p>As confirmed at the Board meeting in July, it is also reminded that, at present, the controls for the majority of the BAF risks provide limited risk mitigation, which reflects the nature of these risks. There is however an expectation that this improves towards the latter part of the year as more actions are taken.</p>		
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. No changes are recommended in this version.

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.

Impact	Likelihood				
	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
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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 - September	Financial Planning / Month 4 Position	5
Performance - August	111 & 999 Operational Performance	2
Quality - August & September	EOC clinical Safety / Harm Review / SIs	2
	Key Skills	3
Workforce and Wellbeing May	Clinical Education Improvement Plan & Internal Audit Review	3
	Paramedic Workforce / PCNs	1
Board Development Session August	Better by Design	2 & 3

The Board agenda for September has been arranged to ensure there is specific focus on operational performance and maintaining patient safety, which is linked to a number of the BAF risks, and most directly risks 2 and 3.

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).

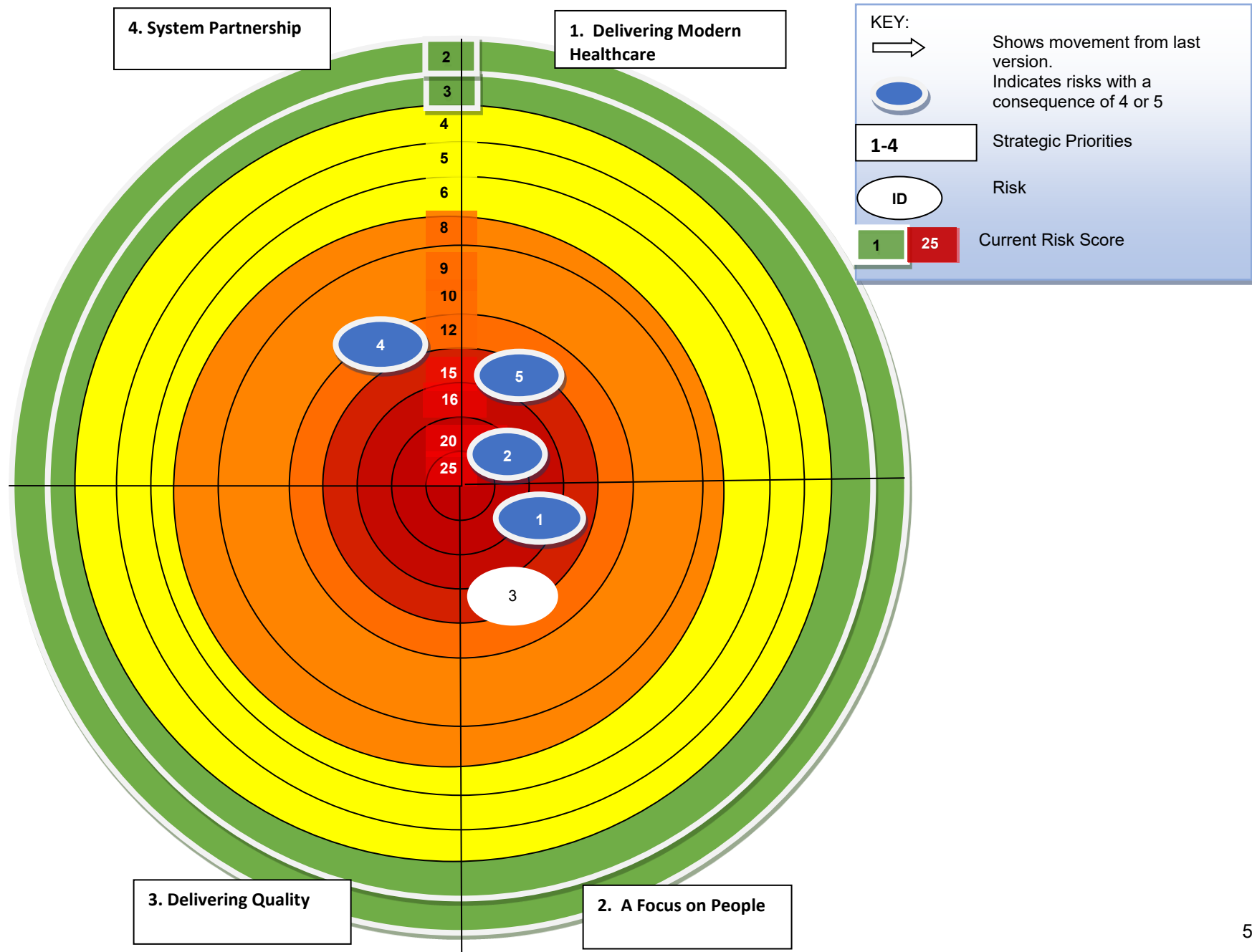
5. Conclusion

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. At its meeting earlier this month the Audit and Risk Committee concurred with this view.

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	Performance /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	March 2023	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	March 2023	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



Appendix A

Priority 2	BAF Risk ID 1 Workforce		Date risk opened:
Underlying Cause / Source of Risk: 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.		Accountable Director	Chief Operating Officer
		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 (-) Retention of paramedics			
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	28.05.2021 Workforce and Wellbeing Committee

Priority 1 & 3	BAF Risk ID 2 111 & 999 Performance		Date risk opened:
Underlying Cause / Source of Risk: Risk that our operating model is not suitably designed to ensure efficient and effective management of demand and patient need.		Accountable Director	Chief Operating Officer
		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 Better by Design – a programme to establish the most effective delivery model. Progress to date: Board engagement and vision developed; Senior leadership workshops and defined projects; procured forecasting and planning tools. Moved to REAP 4 in early July Board established a new performance committee			
Gaps in Control			
Establishing the right care delivery model.			
Sources of Assurance: Positive (+) or Negative (-)		Gaps in assurance	
(-) Performance in 111 CAS & 999 (-) High sickness rates / reduction in provision of hours (-) Increasing demand (-) REAP 4 & BCI			
Mitigating actions planned / underway		Progress against actions (including dates, notes on slippage or controls/ assurance failing.	
Operational Performance and Sustainability Plan Development of the new Performance Cell BBD Programme to review the care delivery model		The plan is in place and being monitored weekly by EMB Demand led planning (performance and predictive analytics) introduced in June Outputs of workshops developing better by design projects in all workstreams. Business Case due in October 2021.	
Last management review	Executive Management Board	Last committee review	August - 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 the actual level of activity and abstractions			
Sources of Assurance: Positive (+) or Negative (-)		Gaps in assurance	
(-) Operational pressures / REAP 4 (-) Additional abstraction (carry over of leave due to the pandemic) (+) Some Key Skills Prioritised in Q1 (-) Inability to provide hours due to sickness			
Mitigating actions planned / underway		Progress against actions (including dates, notes on slippage or controls/ assurance failing.	
Clinical Education and wider ETD strategy being developed Operational Performance Plan		Draft strategy considered by EMB in September and due to come to WWC in October.	
Last management review	Executive Management Board	Last committee review	May Workforce & Wellbeing Committee September Quality and Patient Safety Committee

Priority 1 & 4	BAF Risk ID 4 System Leadership		Date risk opened: 13.09.2018
Underlying Cause / Source of Risk: 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.		Accountable Director Director of Nursing & Quality	
		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	
(+) 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		In progress – some scenario testing to be arranged Has met twice and still in the forming phase – stakeholder map in development.	
Last management review	Executive Management Board	Last committee review	28.05.2021 Workforce and Wellbeing Committee

Priority 1 & 3	BAF Risk ID 5 Financial Management		Date risk opened:
Underlying Cause / Source of Risk: 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.		Accountable Director	Chief Operating Officer (Director of Finance)
		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		The clarity on the funding arrangements from October are not expected until September.	
Last management review	Executive Management Board	Last committee review	September 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					
Domain:	Consequence Score and Descriptor				
	1	2	3	4	5
	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	Coroners verdict of misadventure Breach of statutory legislation	Police investigation Prosecution resulting in fine >£50K	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

	statutory guidance		Issue of statutory notice		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%

		Item No	32-21
Name of meeting		Trust Board	
Date		30.09.2021	
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 August and September 2021 to date. Section 4 identifies management issues I would like to specifically highlight to the Board.		
2	Recognising the current operational pressure the Trust is under, this Report will reflect only the key issues affecting us at present.		
A. Local Issues			
3	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.		
4	As part of its weekly meeting, the EMB regularly considers quality, operations (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.		
5	The key issues for EMB during this period have been operational performance and patient safety, however, other issues overseen include: <ul style="list-style-type: none">• Our approach to delivering flu and COVID booster vaccines• Medicines Management• Feedback from Q Pulse Surveys /Planning for Annual Staff Survey• Improving workforce diversity• Strategic Delivery Plan / BBD		
6	EMB have also discussed and agreed the following investment decisions: <ul style="list-style-type: none">• Single Response Vehicle (SRV) replacement• Double Crewed Ambulance (DCA) replacement• IT restructure• Paediatric Transfer Service		

7	<p>Engagement with stakeholders and staff</p> <p>During recent weeks, I have continued my on-going programme of spending time at our Trust locations including Polegate Make Ready Centre and Ashford 111 and despite the significant operational pressures that the Trust is under at present, it has been great to have the opportunity to chat to staff, albeit often briefly due to how busy everyone is.</p>
8	<p>On 10th August, I was pleased to meet the newly-appointed Chief Executive of London Ambulance Service, Daniel Elkeles and, together with their Chair Heather Lawrence, show them the fantastic facilities at Crawley and the new Brighton Make Ready Centre.</p>
9	<p>During this period, I have especially enjoyed welcoming some of our new starters to the Trust, including those beginning Emergency Medical Advisor (EMA) courses at Coxheath and EMA and 111 call handling courses at Crawley HQ.</p>
B. Regional Issues	
10	<p>New Executive Director of Planning and Business Development</p> <p>On 15th September 2021, we were very pleased to welcome our new Executive Director of Planning and Business Development, David Ruiz-Celada, when he started with the Trust.</p>
11	<p>David's new role covers an extensive portfolio including system forecasting and planning to ensure the Operations Directorate has the right level of resources to deliver timely patient care as well as the delivery of Information Management, logistics and Fleet.</p>
12	<p>David is busy working through his induction programme and I know is enjoying meeting a wide range of staff across the organisation.</p>
13	<p>Appointment of new Independent Non-Executive Director</p> <p>On 21st September 2021, I was pleased to see us announce the appointment by the Council of Governors of Liz Sharp as a new Independent Non-Executive Director for the Trust. A registered nurse by background, Liz has more than 30-years' background in both the public and private health sectors and brings a huge wealth of knowledge in delivering and improving patient outcomes and experience.</p>
14	<p>I know that her appointment will bring additional support and challenge to the Board, in particular regarding patient experience and look forward to working closely with her over the coming months and years.</p>
15	<p>Annual Members Meeting (AMM)</p> <p>On 3rd September 2021 we held our Annual Members Meeting as a live webinar, due to the on-going pandemic restrictions ruling out a face to face event.</p>
16	<p>Despite the on-line format somewhat limiting the scale, it was good to see many dozens of people join the event live to hear a review of the last year, the challenges we have faced and also the opportunities we have as a Trust moving forward. We received many interesting and often probing questions from attendees, which provided welcome, two-way interaction.</p>
17	<p>Prison sentence for nuisance NHS 111 caller</p>

	On 13 th September 2021, I was pleased to see a Worthing man, Richard Cove, who admitted making more than a thousand nuisance calls to NHS 111 over a two-year period, receive a 16- week prison sentence suspended for 24 months at Worthing Magistrates Court.
18	It was established that between April 2019 and April 2021 the Trust's NHS 111 service received 1,263 calls from Mr Cove who provided false personal details, false telephone numbers and false ailments. Many of these calls resulted in return calls from clinicians in 111 and in some cases, 999 ambulances being dispatched.
19	As well as the financial cost – we've estimated that this caller caused expense totalling £21,869.21 – we know that just one false or malicious call puts lives at risk and diverts our resources and attention from patients in genuine need of emergency care. The impact of this individual's actions should not be under-estimated and I'm pleased that Mr Cove has been held responsible for his actions.
C. National Issues	
20	COVID-19 outbreak As the pandemic progresses, we are continuing to monitor the situation closely:
21	<u>Governance</u> : The COVID Management Group (CMG), chaired by Bethan Eaton-Haskins, our Lead Director for COVID-19, continues to meet, ensuring that all decisions and actions related to COVID are considered appropriately.
22	<u>Lifting of national restrictions</u> : CMG carefully considered the impact of the national changes made on 19 th July 2021, when the majority of COVID restrictions were lifted, especially the impact on our staff as well as on operational demand (see below).
23	It's important to note that the actions we put in place earlier on in the pandemic – working from home where possible, social distancing and IPC requirements in both clinical and non-clinical settings – remain in place at present for all NHS organisations, as instructed by Public Health England (PHE).
24	<u>Impact on staff numbers</u> : We are continuing to see the impact of the pandemic on our staffing levels in a number of different ways, including staff needing to self-isolate, staff with COVID symptoms or confirmed COVID and the on-going impact on staff of long COVID.
25	<u>COVID booster vaccine</u> : At the time of writing, we have just been given the go-ahead by NHS England/Improvement for our Autumn Vaccination Programme, which will see us deliver the flu vaccine and COVID booster vaccine to our staff via an in-house programme.
26	The programme will deliver the vaccines from clinics at Crawley HQ and Coxheath and staff will be able to opt to have either both vaccines during the same clinic visit or either vaccine individually.
27	Our programme will begin as soon as we have received supplies but is anticipated to be during the week commencing 4 th October 2021.

28	Fuel supply issues In light of the current media coverage regarding panic buying of fuel at fuel stations across the country, which has led to shortages in some areas, I wanted to provide assurance that, as a Trust, we have sufficient fuel stocks for operational delivery.
29	Although we know that there continues to be sufficient fuel in the system nationally and petrol stations are getting deliveries, we are providing guidance to our staff and supporting those who may experience significant difficulties in getting to work.
30	We will continue to work with system partners and local resilience forums in monitoring the situation.
31	Emergency Services Day On 9 th September 2021, I was extremely proud to see Medway Ambulance Technician Charlotte Speers join five-year-old Lila from Rainham, Kent, and Kent Fire and Rescue Service firefighters Marc Rustage and James Knight to meet HRH The Duke of Cambridge to mark the Emergency Services Day.
32	Lila was successfully resuscitated by the trio, who were all off-duty at the time, after she collapsed in March 2020 and was found to be unconscious and not breathing. Ahead of the ambulance crew arriving they managed to get Lila breathing again. Following further treatment and tests, it was subsequently discovered that Lila has a heart condition; she has since had surgery at Great Ormond Street Hospital and is doing very well.
33	Well done Charlie - you and your colleagues did yourself and SECamb proud!
D. Escalation to the Board	
34	Operational Performance For a number of reasons, demand for our 999 and 111 services has been higher recently than we would expect to see at this time of the year.
35	We are seeing this increased demand at a time when the resources we have available to respond to patients, both on the road and in our control centres, is being significantly impacted by the numbers of staff affected by various COVID-related issues, a busy annual leave period and high sickness levels.
36	The combination of increasing demand and pressure on our operational resources, is leading to an extremely challenged operational situation for us, where we are seeing some patients wait far longer than we would like, as well as times when our 999 call answer performance is significantly impacted. This position is replicated nationally a number of our fellow ambulance Trusts and the wider health system is also reporting significant pressure.
37	As a result of the on-going challenging situation, we remain at REAP Level 4 and with a declared Business Continuing Incident (BCI) in place. Both are reviewed regularly and are in place to ensure we are able to take all possible steps to maximise our operational

38	<p>performance as far as possible in these challenging times.</p> <p>Emma Williams, our Executive Director of Operations, continues to lead on the on-going delivery of an over-arching plan to improve our operational performance, supported by David Hammond as Chief Operating Officer. Through our quality and safety governance framework, we also continue to closely monitor the impact of any delays on our patients and ensure we are taking all steps possible to maintain safety. We have significantly stepped up the work in the Emergency Operations Centres to keep patients safe whilst they are waiting and increased our harm reviews proportionately.</p>
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SECAMB Winter Plan 2021

Version 0.4

Best placed to care, the best place to work





Version Control

Version Number	Comments
0.1	Initial Draft – Dave Williams, HoEPRR
0.2	Minor additions by S.Fisher / K. Ramnauth
0.3	BI and scoping information added by E. Williams, Exec. DO
0.4	Added elements from J. Griffiths Fleet and Logistics

SECamb Winter Plan – Introduction



- The impact of Covid – 19 and the associated impact on the health system has proved to be a significant challenge for SECamb.
- There is a recognition that, whilst there is a general public view that the Pandemic is ending, the reality for the healthcare system is very different.
- Allied with the delayed health impact caused by Covid, the acuity of patients has been seen to increase during 2021 to date.
- SECamb as a Trust covers 3 complete Integrated Care Systems (Kent, Surrey & Sussex), and covers the southern part of the Frimley ICS. This plan takes into consideration aspects of the winter plans relating to those systems.
- This is a living and evolving document, which will be developed further in line with lessons identified from exercises and events as outline later in the plan, and in collaboration with internal and external stakeholders.

Context



- The impact of the changes to Government restrictions post July 19th 2021 have led to an increase in cases of Covid-19, resulting in challenges to the health system as a whole.
- This, associated with an increasing call rate to both the 111 and 999 service have resulted in extended periods at Surge Management Plan level 4 (SMP 4) – see Appendix A.
- The ongoing absence rate has also resulted in SECamb being at an elevated level of REAP, with the longest period that the trust has ever been at REAP 4.
- The SECamb workforce, as every other element of the health service, is increasingly fragile. The availability of staff for overtime has decreased as the impact of the Pandemic continues, although now in a different guise.
- This lack of availability for overtime severely restricts SECamb's ability to cover core shift vacancies caused by short notice absence.
- The provision of Private Ambulance Provider cover for shifts has also been restricted by the same issues.
- This ongoing issue has been reflected nationally, with all 10 of the ambulance trusts moving to REAP 4, as well as Scotland and Wales.

What are we seeing locally



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- Increased call rate to both 999 and 111 services.
- Resultant extended periods of time at SMP 4.
- Impact on wider health resulting is long delays at ED, with an associated loss of hours available for service delivery.
- Increased time at BCI, due to staff absence and inability to reach patients in a timely fashion.
- Poor overall performance against ARP targets, reflecting the national picture.
- Staff continuing to utilise their annual leave (max annual leave) in an attempt to rest and recuperate.
- Despite incentivised overtime being offered, the overtime rate is consistently lower than that seen previously.
- Elevated levels of sickness absence.
- High levels of duplicate call rates.
- Increased requirement for system engagement.
- Impact on specialist resources (HART, CCP, PP) also having an operational impact on service delivery.

System Surge and Winter Planning Factors

NHS

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The impact of seasonal variations each year (winter / summer) continues to be an overarching factor when the trust plans for its response. This year there are a number of key factors that will also influence the planning process:

- **Ongoing impact of the pandemic both directly and indirectly** - impact of system wide pressure, Impact of Covid virtual wards on 999/111 service, increasing demand, ongoing impact of IPC (staff fatigue as well as absence), outbreak management, further surge preparedness.
- **Conflicting and competing demands** - multiple demands on our people in terms of response, planning and delivery. Consideration of the context of the demands from multiple ICS's.
- **Organisational Recovery and Progress** - continued use of our system principles on recovery – bedding in long term transformational change, new ways of working and pathways underpinned by strong clinical leadership.
- **Covid Booster and Seasonal Flu Vaccination programme** - details to follow however this is likely to take significantly more coordination and oversight this year.
- **Learning and building on good practice** - using the learning from the last 18 months in developing our plans for the next period.

Surge and winter demand forecasting - assumptions

NHS

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- Assuming ongoing surges of Covid –September/October/November, plus another later in the winter.
- Increased flu and viral presentations in Children & Young People and amongst the wider population from late September.
- Negative impact on staff wellbeing with potential for increasing levels of sickness absence if demand levels are sustained into the Autumn combined with circulating infections, and impact of staff fatigue.
- Ongoing impact of infection prevention control on productivity and capacity.
- Ongoing and increasing pressures across sectors of acute mental health presentations – adults and children.
- Unknown impact of long Covid in the community.
- Return of seasonal variations in demand such as the Post-Christmas spike in attendances and acuity (as usually seen pre-Covid) as a compounding factor.

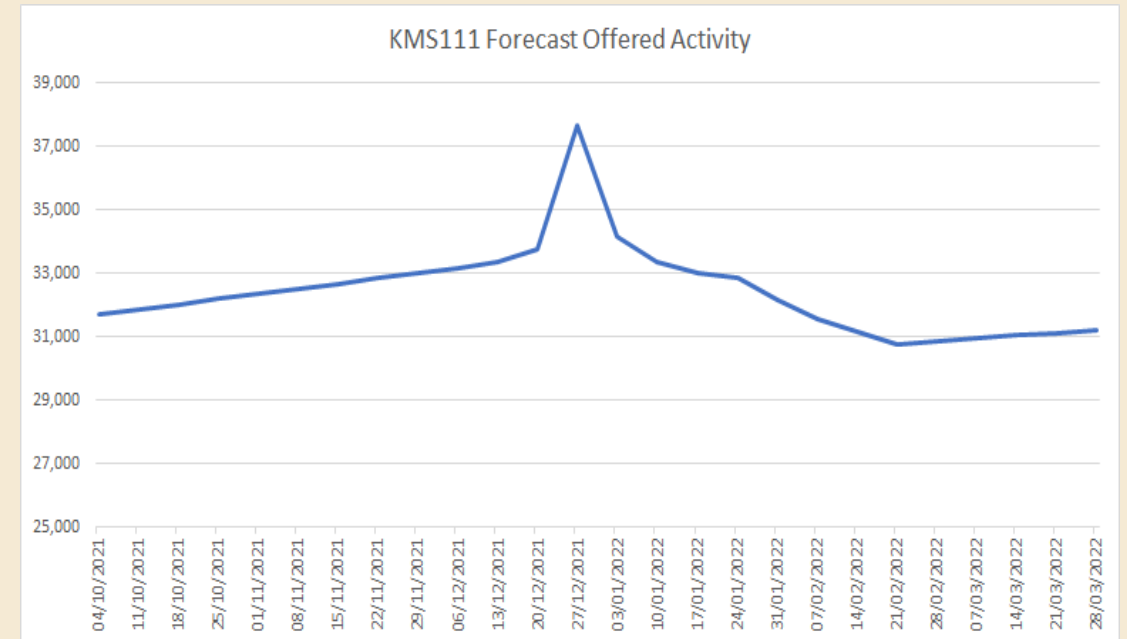
Best placed to care, the best place to work

Forecast most likely 111 scenario

- Call activity is planned with increasing granularity as the service approaches the winter period.
- The forecasts and staffing requirements are calculated at fifteen-minute intervals and utilise a complex workforce planning tool.
- The forecasts consider key metrics such as Average Handling Time (AHT), call profiles, and staff shrinkage.
- Staff planning operates on a rolling 12-week window.
- The winter of 2020-21 was adversely impacted by COVID-19 with calls fluctuating dependent on lockdown status and other NHS E commissioned service capacity. COVID-19 activity into 111 replaced the normal winter illness surge attributed to flu, URTI, LRTI etc.



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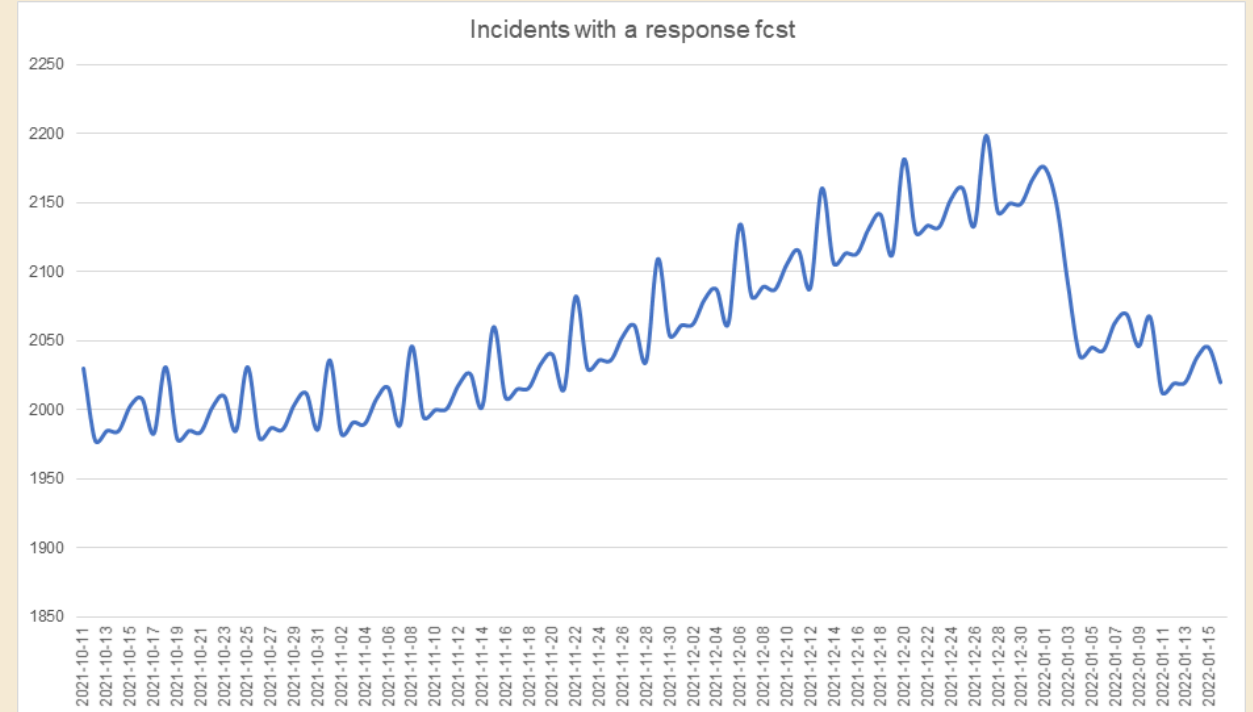
Forecast most likely 999 scenario

NHS

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- This forecast has been developed based on historic data over the past 3 years, taking into consideration seasonality in demand, key dates (e.g. Christmas & New Year), and fluctuations/trends seen during previous reference periods during the Covid pandemic.
- A group of key assumptions have been included in the calculations such as job cycle time components including hospital handover and wrap-up times.



SECAmb ICS Escalation frameworks



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- SECAmb has always worked closely with system partners to ensure the smooth flow of information, in order to effectively ensure appropriate patient care.
- In order to enhance this collaboration, SECAmb has instituted a series of escalation measures to work alongside the Surge Management Plan (SMP). These include weekly meetings, weekend reports and enhanced reporting for pressure periods.
- The Surge Management Plan is currently in the process of being enhanced and rigorously tested to ensure that it meets the national requirements. This will include an effective methodology for alerting systems of the current Surge level and capacity.
- There is an intention to enhance the current ICC capacity, ensuring that effective measures are established to escalate issues as they arise.
- The SMP is utilised by Tactical and Strategic commanders to manage the overall clinical risk to patients across the SECAmb region.
- SECAmb is currently working with SHCCG on the cascade method for appropriate escalation to the wider health system.

REAP / Regional escalation



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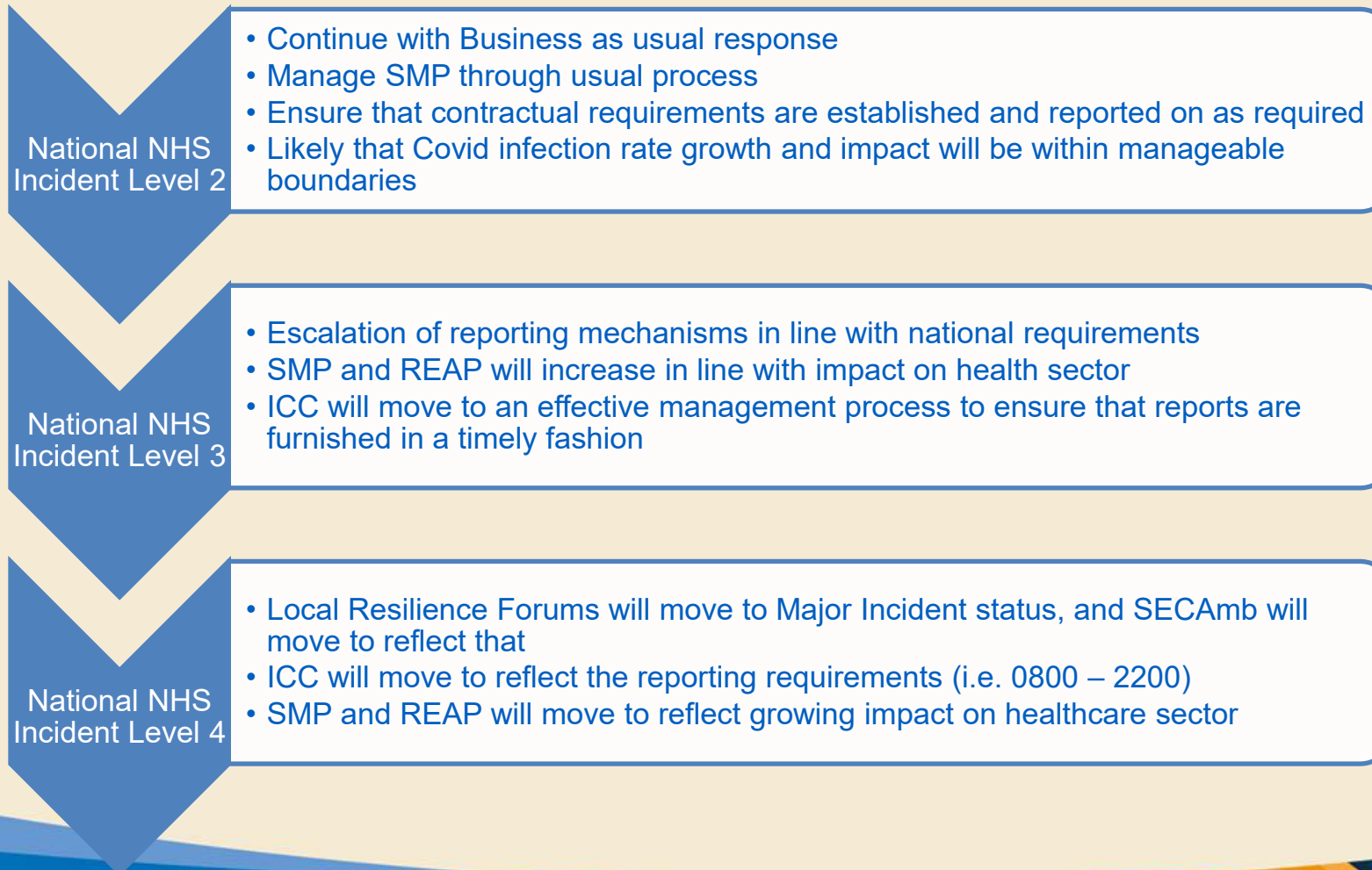


- SECamb will continue to assess the Resource Escalatory Action Plan (REAP) position on a weekly basis, and utilise the process effectively to manage escalation.
- REAP 4 actions will be reviewed for effectiveness in line with the established process.
- The daily National Ambulance Coordination Centre (NACC) report will continue, with an outline of all of the key factors impacting on service delivery.
- Any extraordinary actions (Critical Incident, Major Incident or BCI Declarations) will be escalated through the appropriate local channels as well as to the NACC.
- SECamb will continue to work with surrounding Ambulance trusts on requirements for Mutual Aid, Border Working and the impact of health systems outside of the local area.(i.e. Hospitals in HLOW, London and BOB area.)
- Regional ambulance meetings will continue, reviewing the current situation, and establishing the wider picture to allow for appropriate mutual aid requests and utilisation of resources.

Incident response levels and escalation triggers



**South East Coast
Ambulance Service**
NHS Foundation Trust



SECamb High level actions



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- **Command Structure**
 - Continue with 24/7 strategic command.
 - Enhance command resilience by training extra command members in Operations (Command Support).
 - Ensure robust command structures in place.
 - Tactical Operation Centre (TOC) established from November to oversee operational issues and escalate as required.
 - Exercise Metis – Strategic level exercise in October.
- **External Events**
 - Risk assessment carried out (RAG rating) for each day.
 - Mitigation plans in place for specialist resourcing and potential impact of high levels of absence.
 - SORT Uplift.
 - Operational plans in place with contingencies.
 - TOC to manage escalations.

SECamb High level actions



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- **Resourcing**

- Targeted Incentivised overtime.
- Annual Leave management process from December – January.
- Additional PAP.
- Use of CFR's in innovative approaches.
- Collaborative working with other Emergency Services.
- Voluntary Services agreements.
- Continued focus on job cycle time management.
- Consideration of mutual aid as required.
- Potential for MACA requests.
- Fleet and logistics to maximise staffing during peak periods
- Servicing/MOTs of vehicles will be anticipated to avoid key times

SECamb High level actions



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- **Staff Welfare**
 - Continued trust welfare hub provision.
 - Additional staff welfare vehicles to be considered.
 - Optimising breaks on shift.
 - Continued recruitment against agreed trajectories for call handling and field operational staff.
- **Capacity Management**
 - Revalidation of Cat 3 and 4 calls received by 111/999.
 - Communications plan.
 - System support via adult and paediatric transfer services.

SECamb High level actions



**South East Coast
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- **System Management**
 - Enhanced system calls.
 - Cascade exercise as part of Exercise Metis.
 - Weekly reports on SECamb status.
 - Continued concentration on hospital handovers.
- **Adverse Weather**
 - Worked with partners to ensure prioritised access to 4x4 vehicles

Assurance and monitoring



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Tactical monitoring

- Weekly Reports to the system.
- Issues of escalation reviewed at weekly system calls.

Triggers for Escalation

- Critical risk escalation as required.
- Significant variation in demand profile or additional concurrent risks raised as required (System wide calls).
- In addition, any major patient safety incidents will be highlighted.

Sign off, Check and Challenge

- Individual department plans (Operations and support directorates) to be signed off by EMB.
- EPRR team to provide expert advice and support where needed and to ensure appropriate resilience and reporting mechanisms are robust.

Appendices

REAP Level Overview



	999 <u>DEMAND</u>	OPERATIONAL RESOURCING	ABSTRACTIONS	EOC	PERFORMANCE	HOSPITAL HANDOVER	FLEET AVAILABILITY	EXTERNAL FACTORS
REAP 1 Steady State	Up to 10% above commissioned activity levels	Within 5% of commissioned resource levels to meet demand	Ops up to 5% above planned level EOC up to 5% above planned level	Call answering 90 th centile within 10 seconds	Achieving <u>all</u> <u>ARP</u> commissioned targets in C1, C2, C3, with a variance of up to 5%*	Handover delays up to 20 minutes	Within 5% of required levels	Considerations: - Extremes of weather - Industrial action - Mass gathering events/concerts - Internal system failures - External infrastructure compromise - Health system pressures and impacts/ intelligence - Infection control concerns - Supply Chain - PPE requirements
REAP 2 Moderate Pressure	Between 10% and 15% above commissioned activity levels	Between 5% and 10% of commissioned resource levels	Ops up to 10% above planned level EOC up to 10% above planned level	Call answering 90 th centile 10-20 seconds	Outside all ARP commissioned targets in C1, C2, C3 by between 5% and 10%*	Handover delays between 20 and 30 minutes OR 5% over 60 minutes	Loss of between 5% and 10% of required levels	
REAP 3 Major Pressure	Between 15% and 20% above commissioned activity levels	Between 10% and 15% of commissioned resource levels to meet demand	Ops up to 15% above planned level EOC up to 15% above planned level	Call answering 90 th centile 20-30 seconds	Outside all ARP commissioned targets in C1, C2, C3 by between by between 10% and 25%*	Handover delays between 30 and 45 minutes OR 10% over 60 minutes	Loss of between 10% and 15% of required levels	
REAP 4 Extreme Pressure	>20% above <u>commissioned</u> <u>levels</u>	>15% of commissioned resource levels to meet demand	Ops over 15% above planned level EOC over 15% above planned level	Call answering 90 th centile above 30 seconds	Outside all ARP commissioned targets in C1, C2, C3 by between on C1, C2, C3 by >25%*	Handover delays between 45 and 60 minutes OR 20% over 60 minutes	Loss <u>in excess</u> <u>of 15%</u> against required levels	

SMP (Surge Management Plan) Overview



	Triggers	Period in trigger to escalate	Period below trigger to de-escalate	Minimum implementation authority
SMP1	Business as usual - Ability for the Trust to dispatch & respond to meet patient needs as identified within the Ambulance Response Programme (ARP)	n/a	n/a	n/a
SMP2	<u>Any of the triggers below:</u> 2 x Category 1 unassigned for >7 Minutes or 8 x Category 2 unassigned for >9 Minutes or 20 x Category 3 unassigned for >60 Minutes or 20 x Category 4 unassigned for >120 Minutes or 20 x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) or A combined total of 30 from any of the above triggers	30 min	60 min	EOC Operational Commander
SMP3	<u>Any of the triggers below:</u> 5 x Category 1 unassigned for >7 Minutes or 15 x 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 35 x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) or A combined total of 45 from any of the above triggers	60 min	90 min	EOC Tactical Commander
SMP4	<u>Any of the triggers below:</u> 10 x Category 1 unassigned for >7 Minutes or 30 x 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 60 x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) or A combined total of 80 from any of the above triggers	60 min	120 min	Strategic Commander

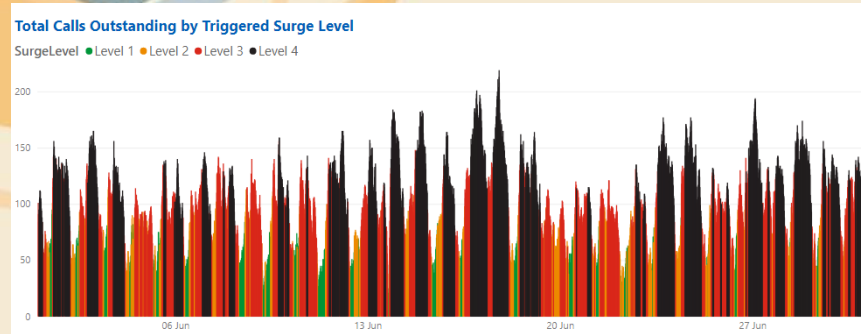
Appendix A – Historic Surge – 2021 vs 2019



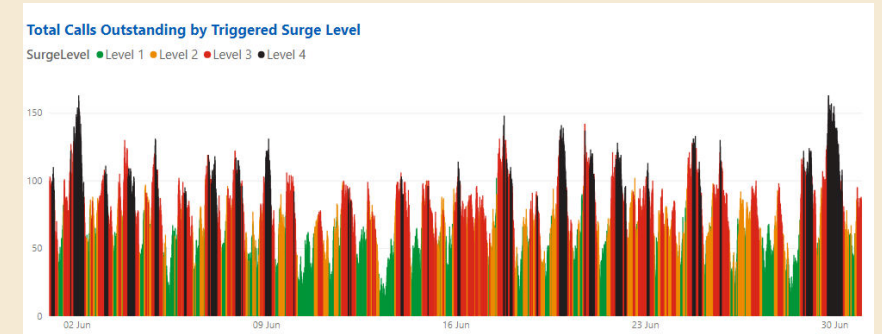
South East Coast
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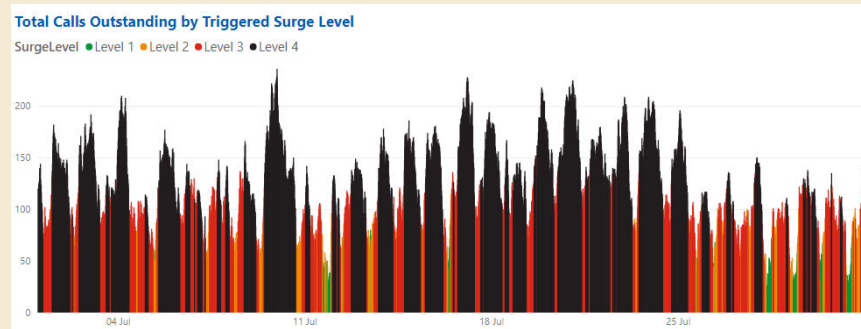
June 2021



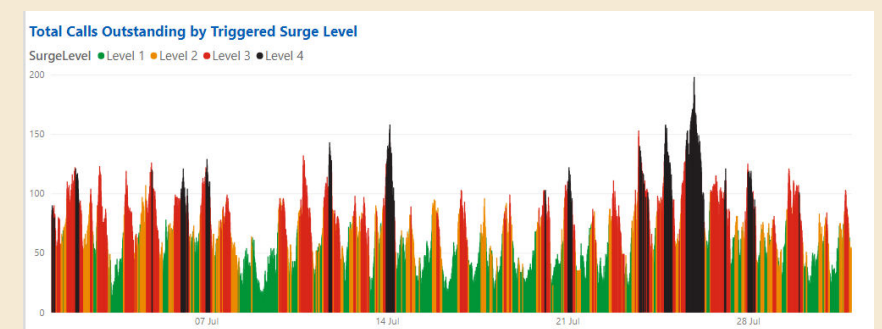
June 2019



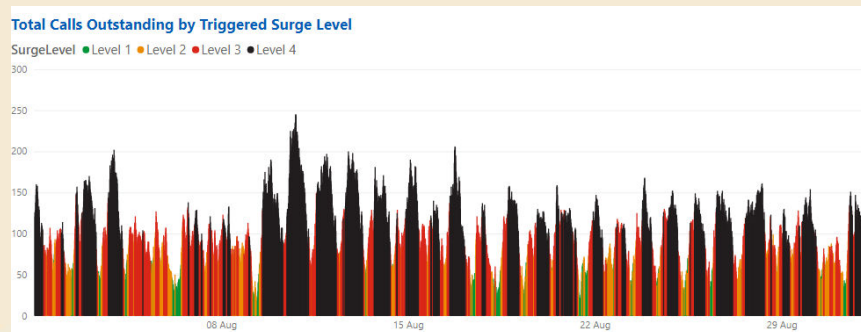
July 2021



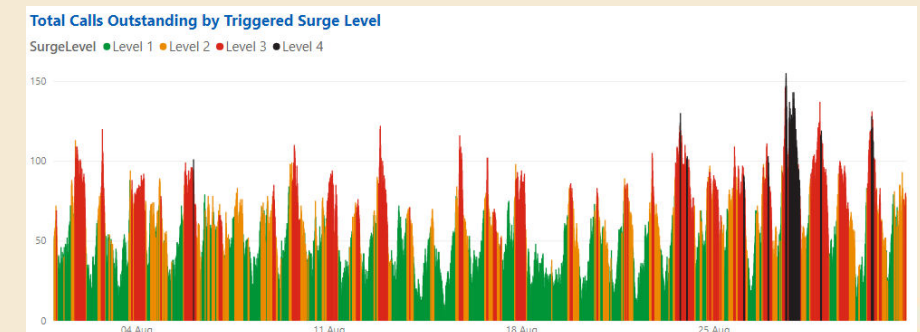
July 2019



August 2021



August 2019



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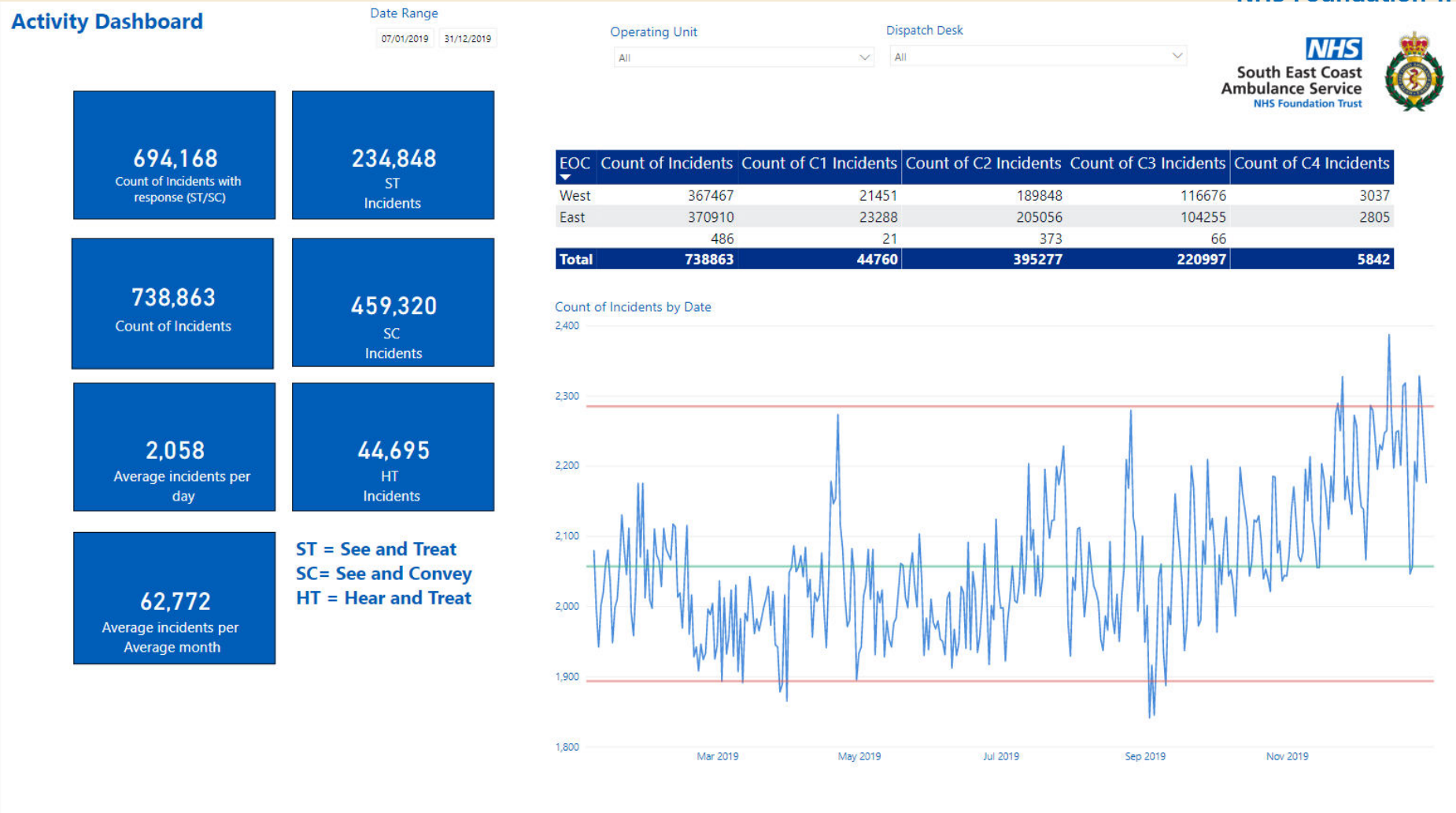


12 month Activity Dashboard 2019

NHS

**South East Coast
Ambulance Service**

NHS Foundation Trust

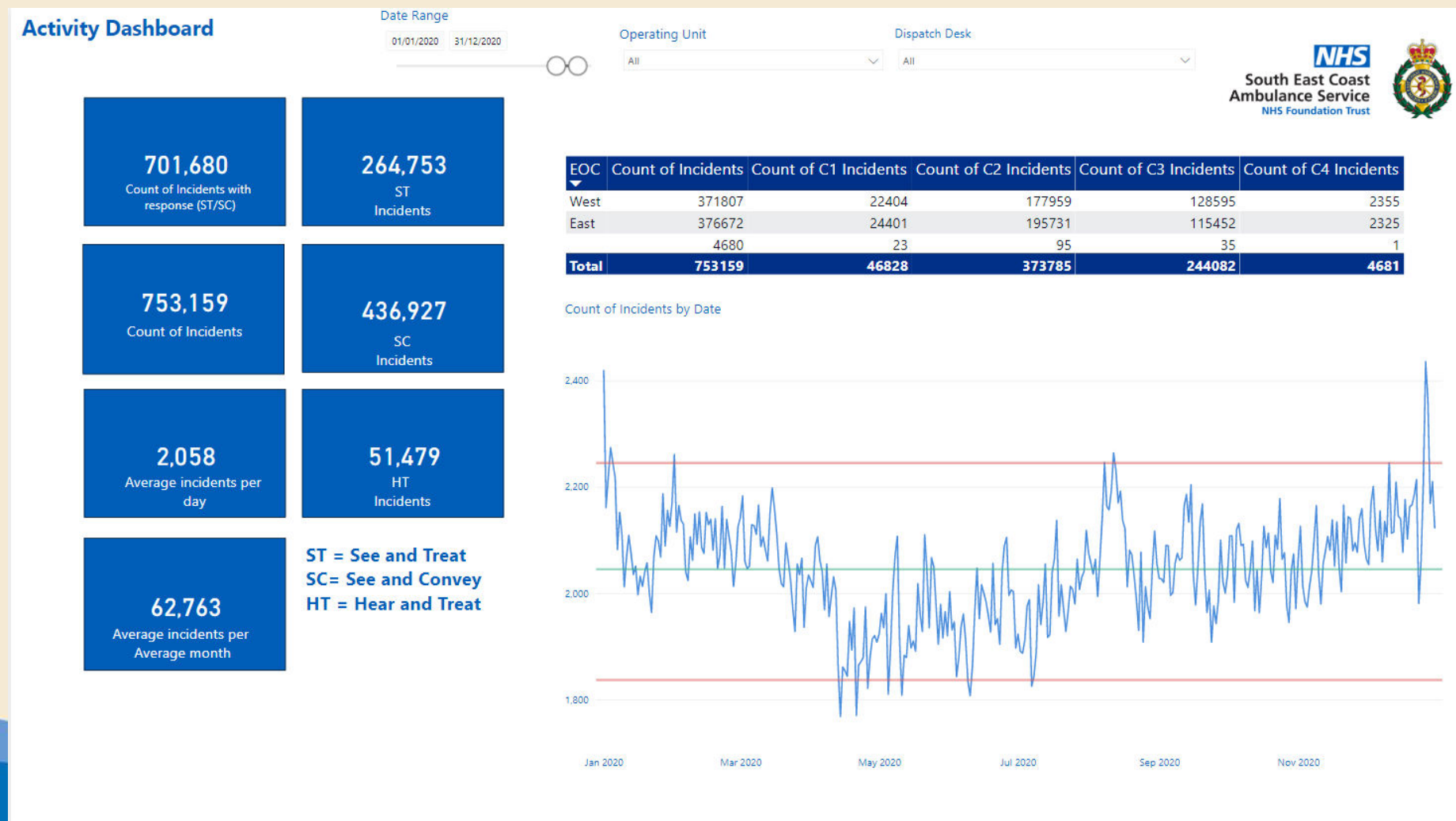


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12 month Activity Dashboard 2020

NHS

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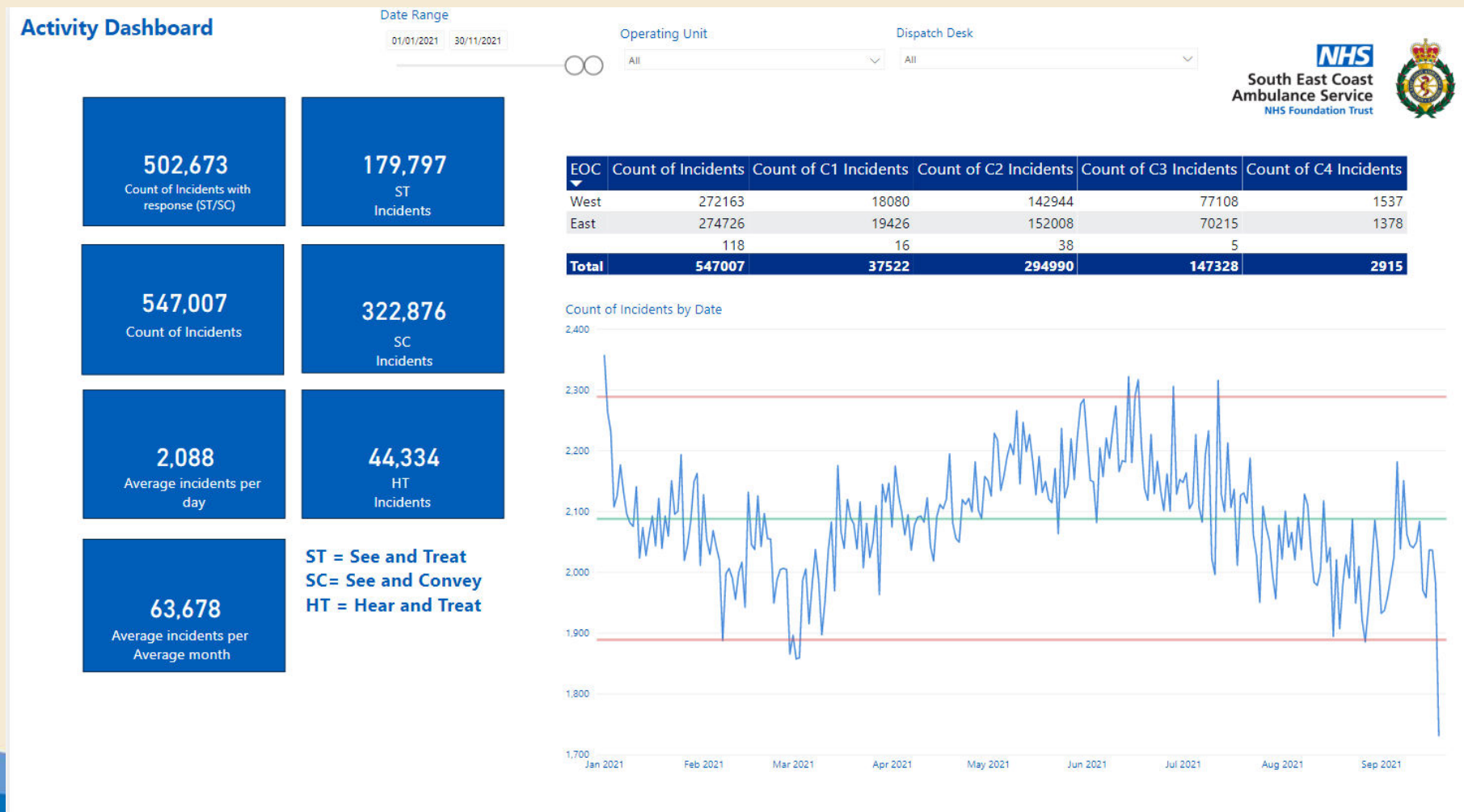


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9 month Activity Dashboard 2021

NHS

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Directorate Plans



Microsoft Word
Document

111 KMS Plan



Microsoft Word
Document

999 EOC Plan





South East Coast
Ambulance Service
NHS Foundation Trust



Integrated Performance Report

Trust Board
September 2021

Data up to and including August 2021

Best placed to care, the best place to work



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CQC Rating and Oversight Framework

NHSI Oversight Framework*	2	●
CQC Rating **	GOOD	●
Information Governance Toolkit Assessment ***	Level 2 Satisfactory	●
REAP Level ****	4	●
<p>* 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).</p>		
<p>** 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.</p>		
<p>*** 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.</p>		
<p>**** 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)</p>		

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 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.

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 each month and we are improving and adding to the metrics. The aim of the report is to provide the key performance indicators and highlight to the Board through the exception reports the areas where the executive is most concerned. These are summarised on pages 16 and 17.

The most significant issue remains operational performance and patient safety. I therefore propose that this should again be the primary focus of the Board this month. In particular, we need to consider our call answering times and the impact of delays at hospitals as system pressures mount.

There is a growing national focus on ensuring that Ambulance services are supported going into the Winter period and we will continue to play a central role in these conversations.



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.



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the best place to work***



Best placed to care, the best place to work



Trust Overview: Domain Overview Dashboard (September 2021)

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

Safe			Effective			Caring			Responsive			Well-Led		
Metric	Aug-21	PD	Metric	Aug-21	PD	Metric	Aug-21	PD	Metric	Aug-21	PD	Metric	Aug-21	PD
999 Frontline Hours Provided %	86.90%	▼	**Cardiac ROSC Utstein %	48.70%	▲	Proportion of Complaints Relating to Crew Attitude %	25.00%	▼	Cat 1 Mean	00:08:45	▲	Disciplinary Cases	1	▲
Number of Incidents Reported as SIs	5	▲	**Stroke - Assessed F2F Diagnostic Bundle %	96.80%	▲	End of Life Care Performance		■	Cat 1 90th Centile	00:16:03	▲	Collective Grievances	0	▲
Hand Hygiene Compliance %	90.00%	▼	**Sepsis Care Bundle %	84.00%	▲	Falls Performance		■	Cat 2 Mean	00:29:42	▲	Bullying & Harrassment Internal	4	▼
Violence and Aggression Incidents (Number of Victims - Staff)	99	▼	**Acute STEMI Care Bundle Outcome %	57.30%	▼	Complaints relating to privacy and respect %	0.20%	▼	Cat 2 90th Centile	00:58:53	▲	Annual Rolling Turnover Rate	13.60%	▼
Medicines Management % of Audits Completed	97.90%	▼	ECAL Mean Response Time	00:24:18	▼	Dementia Performance		■	Cat 3 90th Centile	06:17:02	▲	Annual Rolling Sickness Absence	7.90%	▼
DBS Compliance %	100.00%	●	999 Operational Abstraction Rate %	27.10%	▲				Cat 4 90th Centile	05:29:55	▲	Absence Relating to Mental Health %	8.20%	▲
Number of RIDDOR Reports	14	▲	Statutory & Mandatory Training Rolling Year %	66.60%	▼				999 Call Answer Mean	00:00:42	▲	Absence Relating to MSK %	6.10%	▼
									111 Calls Answered in 60 Seconds %	33.70%	▲	999 Frontline Late Finishes/Over-Runs %	49.20%	▲
									111 Calls Abandoned - (Offered) %	15.50%	▲			
									111 to 999 Referrals (Answered Calls) %	9.30%	●			
									Complaints Reporting Timeliness %	81.00%	▼			
			** June 2021 data											

Symbol Key

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



Current Operational Performance

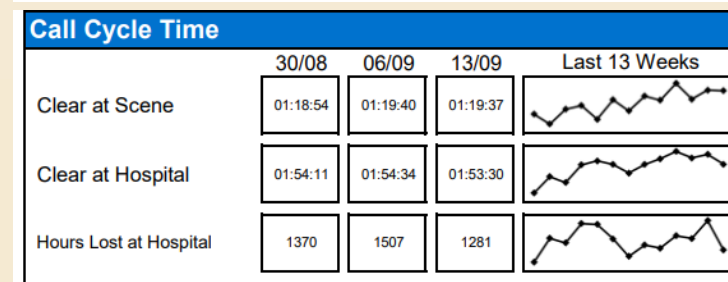
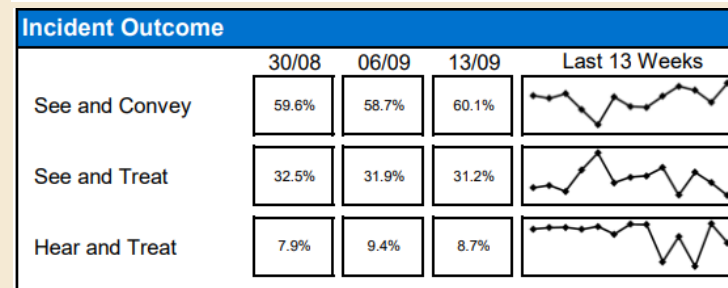
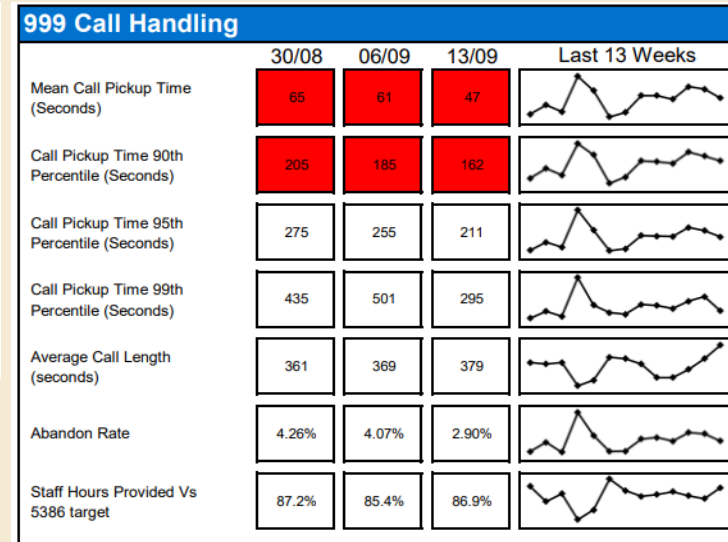
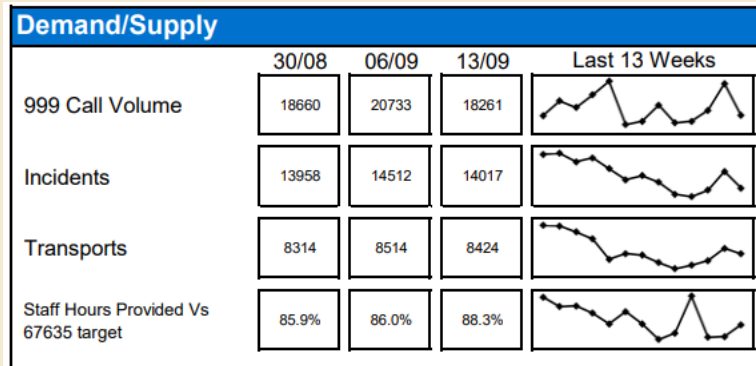
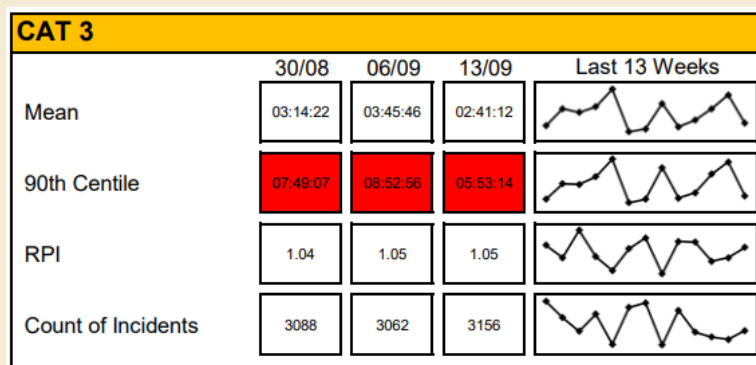
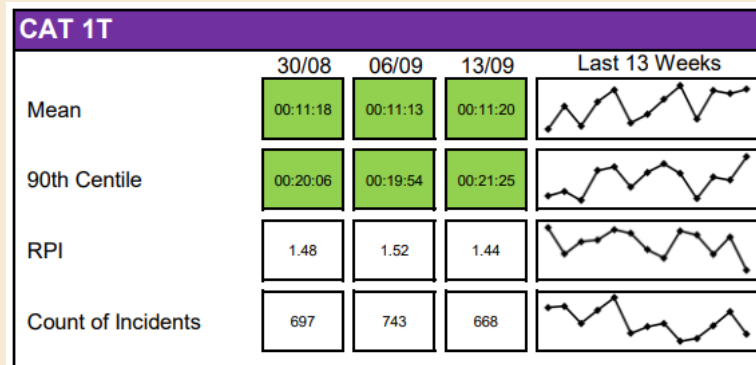
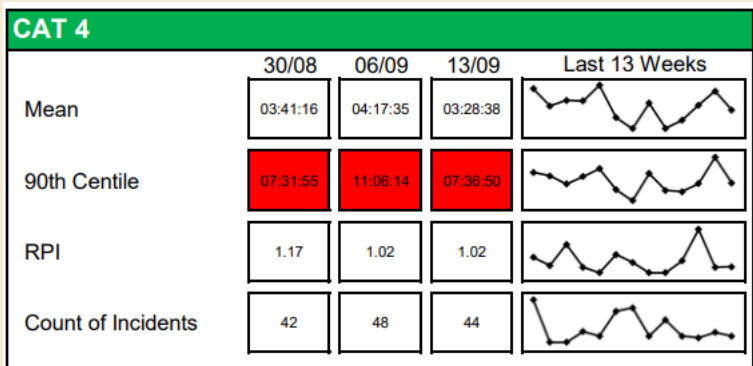
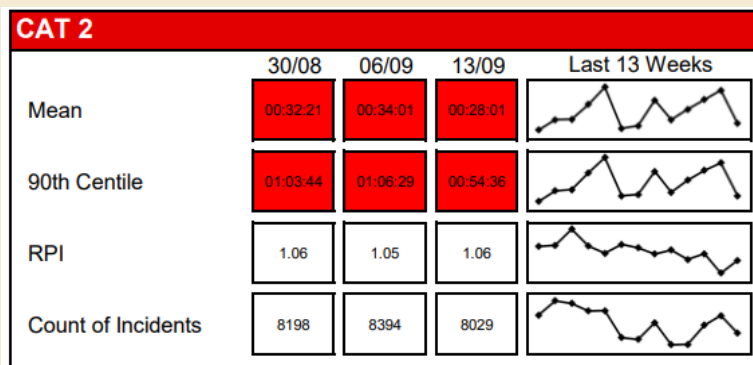
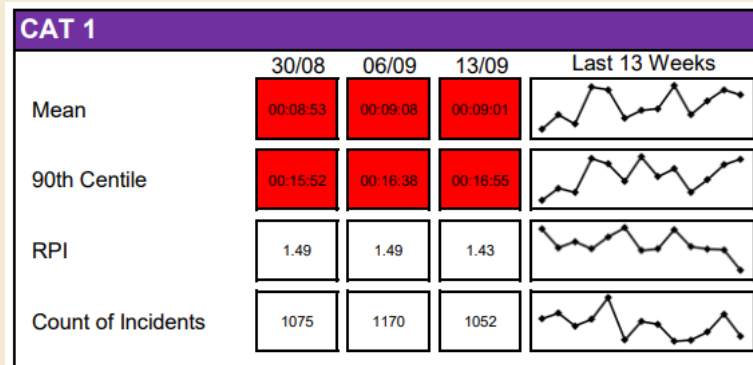
999 Emergency Ambulance Service (as of 20/09/21)

	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	3033	00:09:08	00:16:45	12840	00:08:52	00:16:19
C1T	00:19:00	00:30:00	1940	00:11:21	00:20:36	8184	00:10:59	00:20:16
C2	00:18:00	00:40:00	22550	00:31:46	01:02:23	95093	00:30:33	01:00:25
C3		02:00:00	8496	03:18:45	07:44:11	37009	03:04:01	07:00:52
C4		03:00:00	153	03:23:09	08:09:46	770	02:51:39	06:45:36
HCP 3			619	04:12:26	09:14:41	2561	03:54:53	08:48:22
HCP 4			471	05:01:39	10:29:57	1942	04:54:13	10:09:09
IFT 3			277	04:14:44	09:24:05	1176	04:02:30	09:24:11
IFT 4			58	05:51:25	13:11:20	250	04:53:32	10:19:29
ST			12496	32.06%		53408	32.03%	
SC			23107	59.29%		98049	58.80%	
HT			3369	8.64%		15305	9.18%	
Count of Incidents			38972			166762		
Count of Incidents with a Response			35603			151457		
999 Mean	Call Answer Target 00:05		53720	01:02		219601	00:49	
999 90th	Call Answer Target 00:10			03:10			02:38	
Trust EOC 999 Abandoned Calls			2272	4.1%		7697	3.4%	
A0	EOC All Calls		50114			210011		



Current Operational Performance

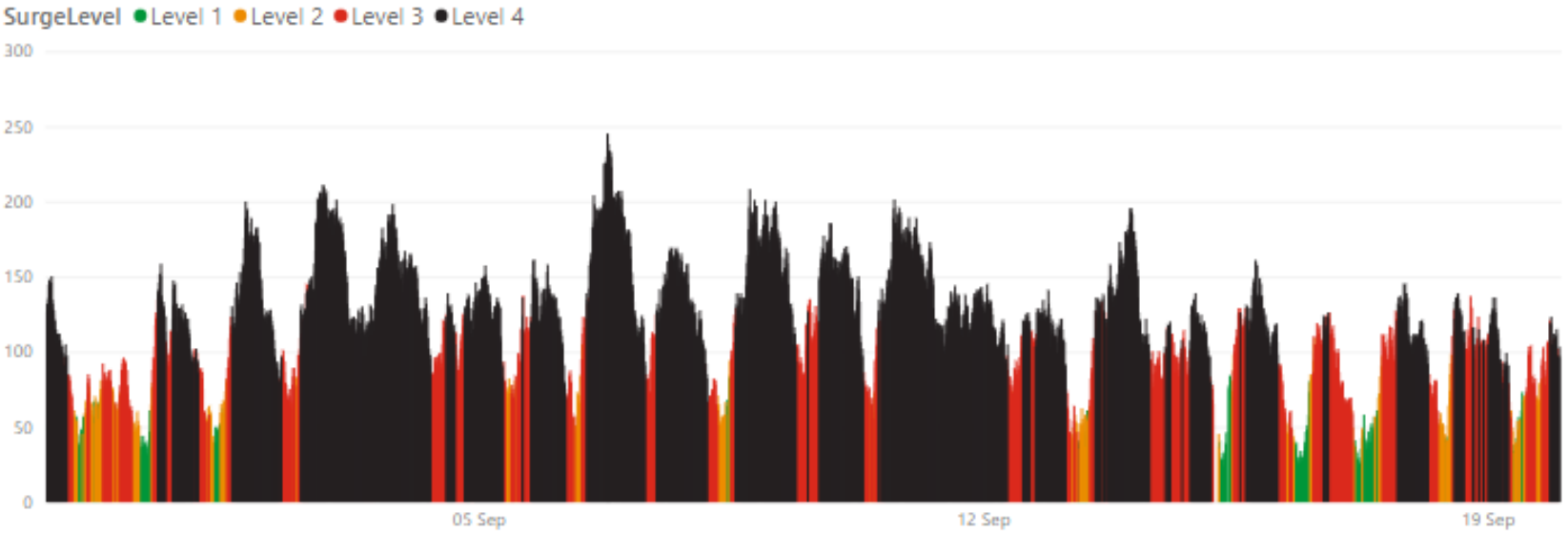
999 Emergency Ambulance Service (30/08/21– 19/09/21)



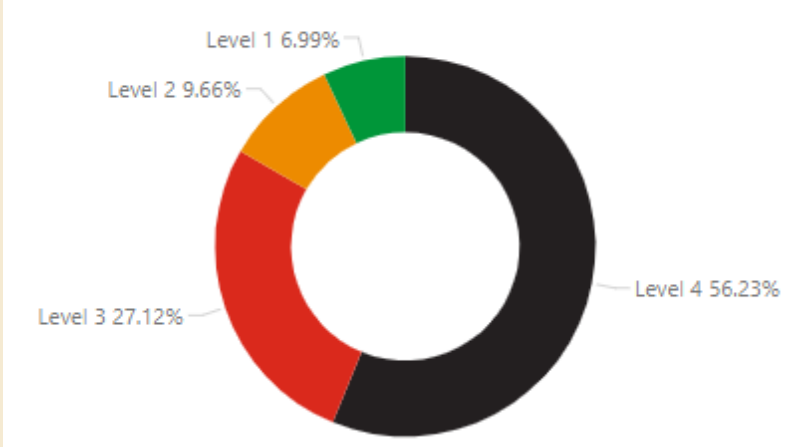
Current Operational Performance

999 Emergency Ambulance Service (30/08/21– 19/09/21)

Total Calls Outstanding by Triggered Surge Level



Proportion of Triggered Surge

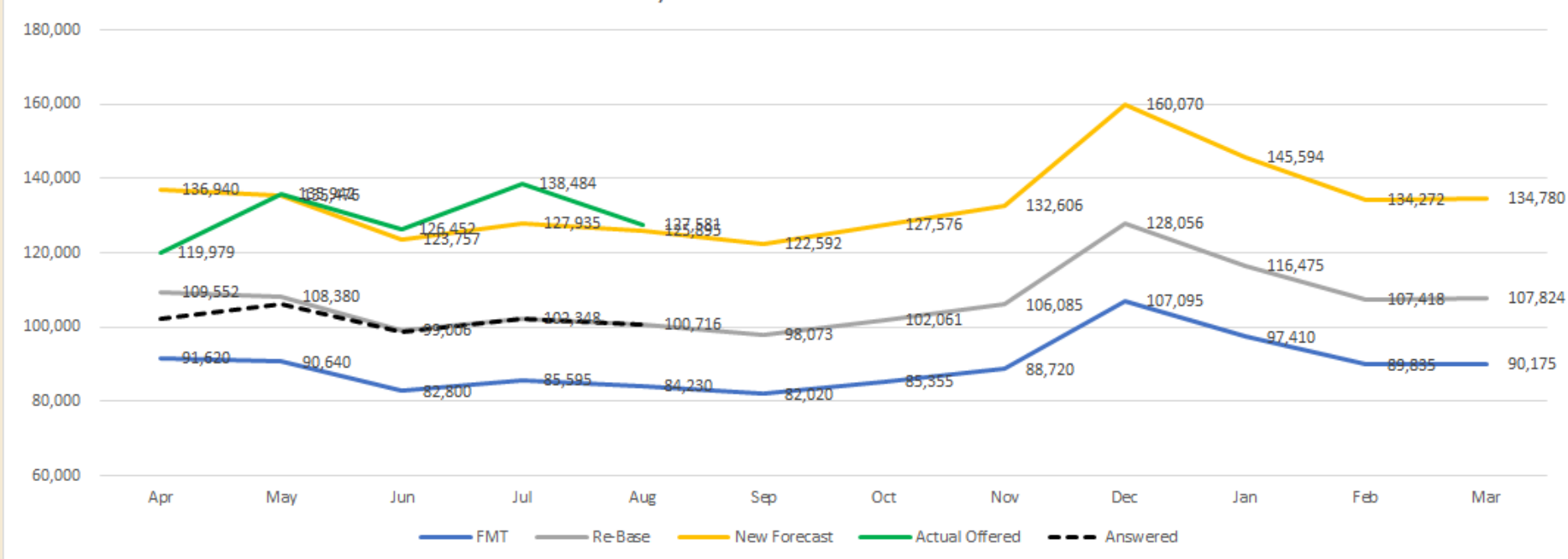


Surge Management Plan Triggers

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: <ul style="list-style-type: none">2x Category 1 unassigned for >7 Minutes or8x Category 2 unassigned for >9 Minutes or20x Category 3 unassigned for >60 Minutes or20x Category 4 unassigned for >120 Minutes or20x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) orA combined total of 30 from any of the above triggers
Level 3	Any of the triggers below: <ul style="list-style-type: none">5x Category 1 unassigned for >7 Minutes or15x Category 2 unassigned for >9 Minutes or35 x Category 3 unassigned for >60 Minutes or35 x Category 4 unassigned for >120 Minutes or35x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) orA combined total of 45 from any of the above triggers
Level 4	Any of the triggers below: <ul style="list-style-type: none">10x Category 1 unassigned for >7 Minutes or30x Category 2 unassigned for >9 Minutes or60 x Category 3 unassigned for >60 Minutes or60 x Category 4 unassigned for >120 Minutes or60x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) orA combined total of 80 from any of the above triggers

Current Operational Performance NHS 111 CAS Service – 111 Activity

Activity & Forecast vs FMT vs Re-Base



Current situation

- August offered activity estimated to be up 27% on proposed re-base and 51% on FMT.
- YTD activity up 25% on re-base and 49% on FMT.
- Expected revised yearly activity c.1.61 million.
- Answered activity and HA WTE in line with proposed 21/22 re-base.

Key

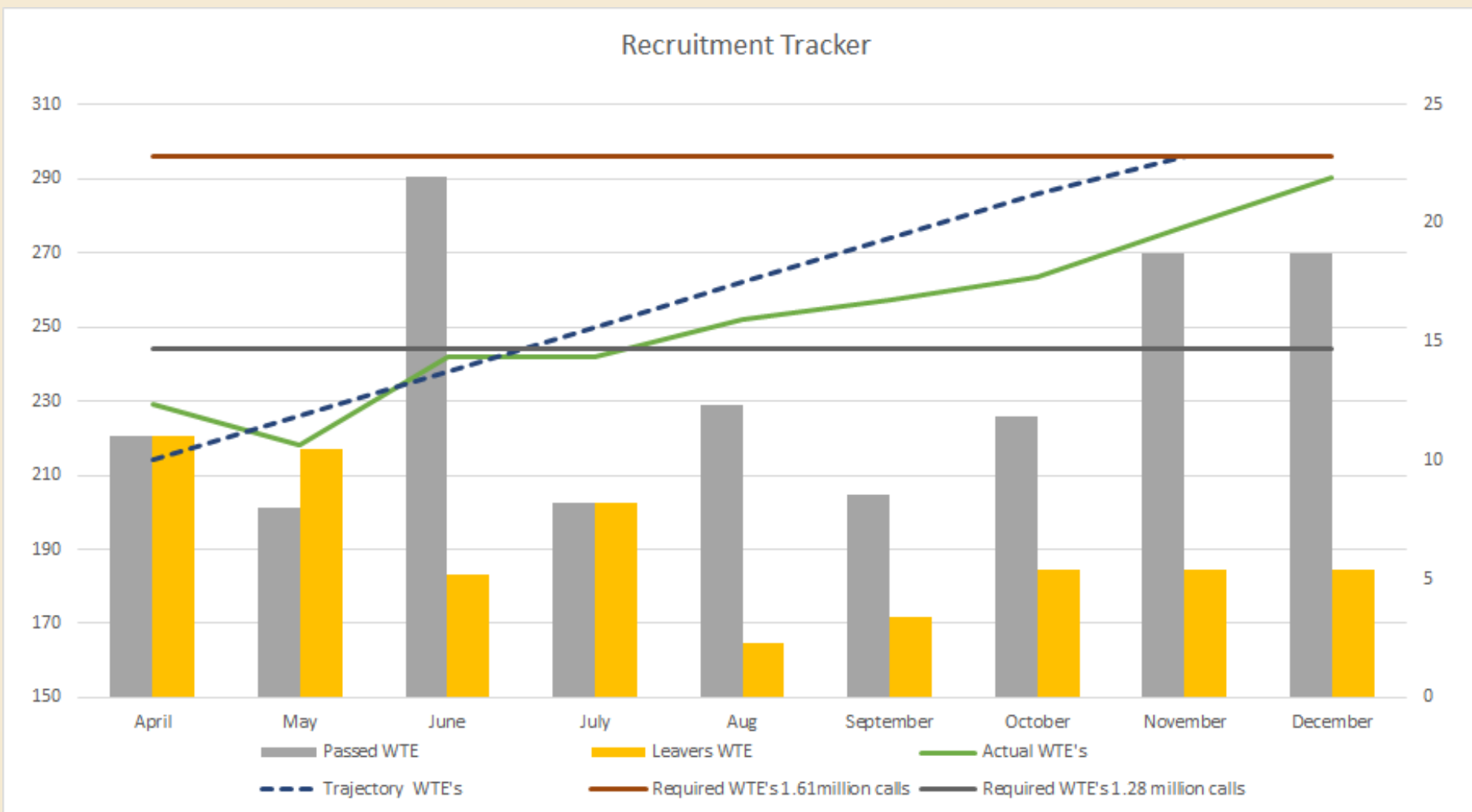
FMT – Financial Modelling Template (original demand profile)

Re-base – Demand re-profiling undertaken and verbally agreed in March 2021

Yearly Activity		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
FMT	1,075,495	91,620	90,640	82,800	85,595	84,230	82,020	85,355	88,720	107,095	97,410	89,835	90,175
Re-Base	1,285,995	109,552	108,380	99,006	102,348	100,716	98,073	102,061	106,085	128,056	116,475	107,418	107,824
New Forecast	1,607,494	136,940	135,476	123,757	127,935	125,895	122,592	127,576	132,606	160,070	145,594	134,272	134,780
Actual Offered	648,438	119,979	135,942	126,452	138,484	127,581							
Answered	510,055	102,198	106,161	98,748	102,283	100,665							



Current Operational Performance NHS 111 CAS Service – 111 Staffing



Current situation

- Current 250 WTE.
- 80% pass rate for all Pathways courses.
- WTE in line with re-based required activity.
- HA hours taking calls has not increased in line with WTE.

Causes

- No shows on Day 1 of each course recently.
- 14 HAs assisting 999.
- No dual trained EMAs supporting.
- PSC moved to support clinical queue.

Actions

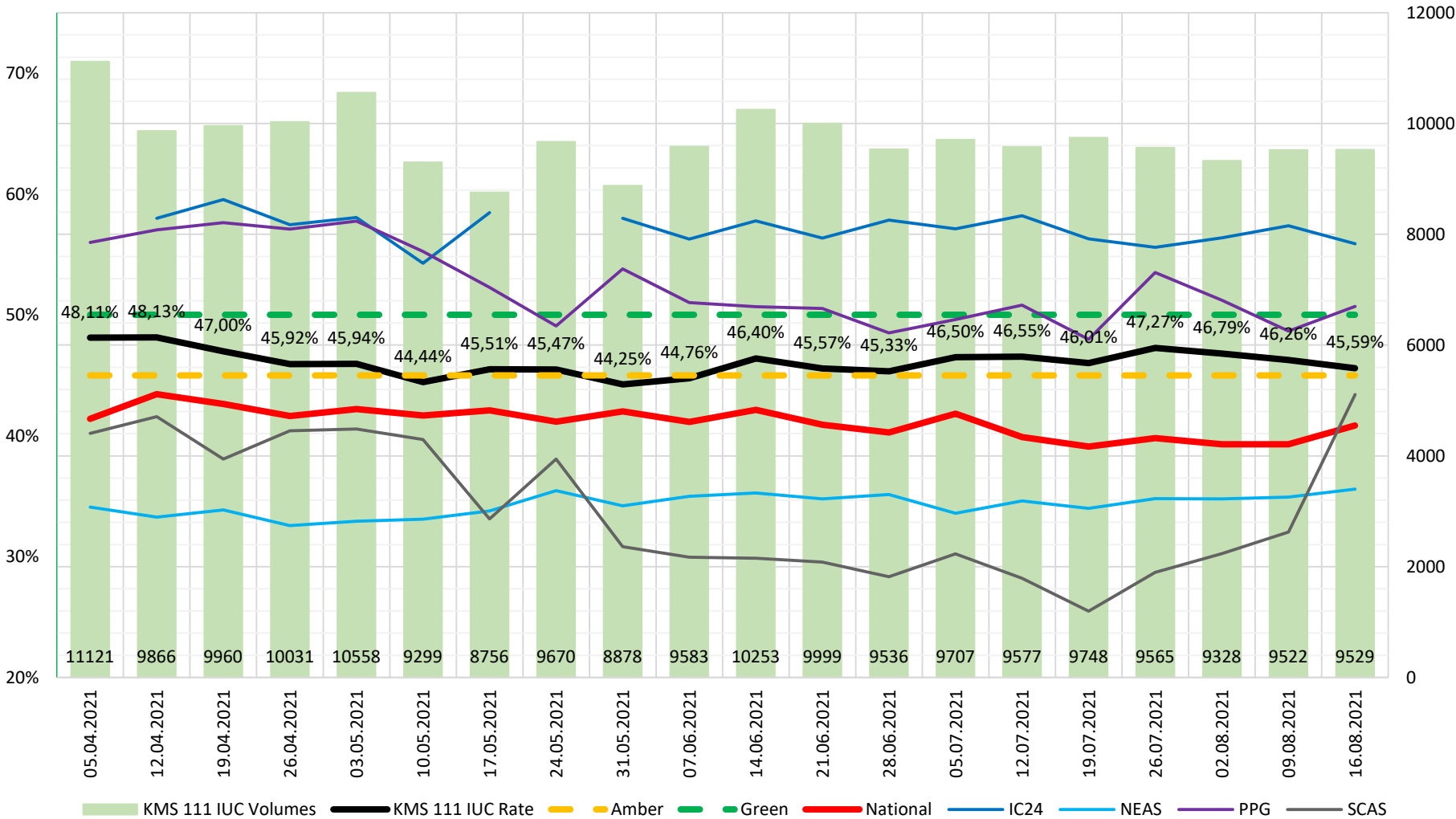
- Additional courses planned for October & November.
- Use of agency resource being explored.
- Over subscribing training courses to allow for no shows.
- Training new Pathways trainers in September.

NB future months are extrapolated from previous months' data.



Current Operational Performance
NHS 111 CAS Service - 111 CAS Activity

Clinical Contact Rate %



Current situation

- Latest week Clinical Contact Rate 45.59% (target 50%) stable.

Causes

- National performance comparatives - historical National average c.40%
- Identified key providers with 50% (or more) also deliver face to face services, increasing numerator. These are not included within KMS 111 reporting.

Actions

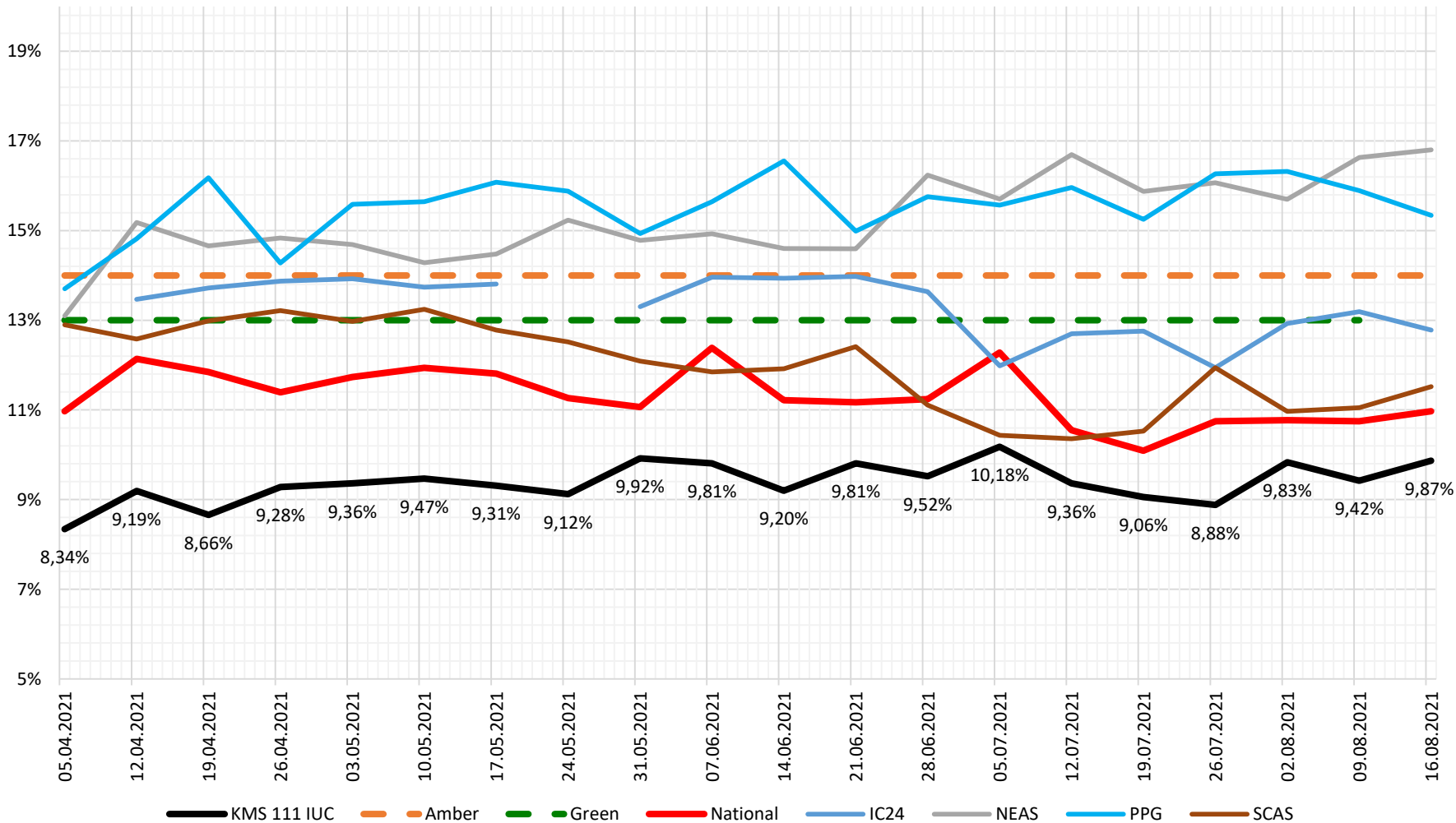
- Liaison with Commissioners weekly updating on current position and included in POP meetings.
- From 3/8 introduced ED validation through online will increase clinical contact rate.

Key

Minimum standard for KPI (45%) — Amber
KPI target – 50% — Green

Current Operational Performance
NHS 111 CAS Service – 111 Ambulance Referrals

KMS 111 IUC Ambulance rate (National where available)



Current situation

- Ambulance referral rates saw an increase from 9.42% to 9.87%

Causes

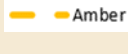
- National data for comparison identifies SECamb 111 as 6th lowest nationally.

Actions

- Ongoing clinical queue management and prioritisation of highest acuity / validation cases
- Implemented daily CAS Breach reports to focus 100% on delayed validations

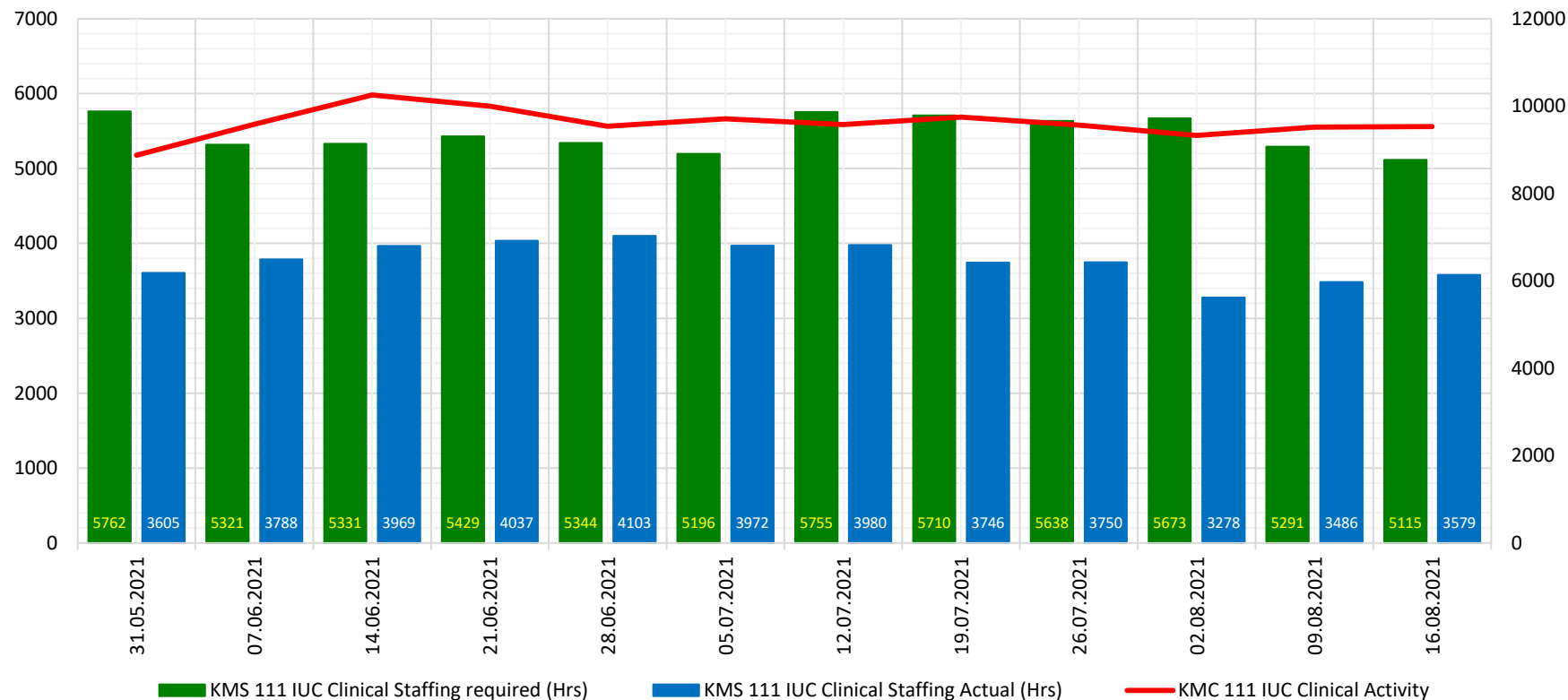
Key

Minimum standard for KPI (14%)
KPI target – 13%



Current Operational Performance NHS 111 CAS Service – CAS staffing

KMS 111 IUC CAS Clinical Staffing



Current situation

- Substantive CAS Clinical Staffing - increased July total 120.39 WTE against 134.45 WTE required against re-based activity (not current demand).
- Attrition in CAS Clinical has been minimal, when has occurred predominantly 'positive attrition' in role succession to CCN role.
- Recruitment for core Clinical Advisor role key challenge.
- Clinical staffing to meet CAS forecast activity for W/C 16/08 - 70%
- Key roles filled:
 - GP = 94% rota fill
 - Clinical Advisor = 68% rota fill
- All CCN hours filled with current 10 WTE against required 14 WTE.

KMS 111 IUC CAS Clinical Staffing	31/05/2021	07/06/2021	14/06/2021	21/06/2021	28/06/2021	05/07/2021	12/07/2021	19/07/2021	26/07/2021	02/08/2021	09/08/2021	16/08/2021
KMC 111 IUC Clinical Activity	8878	9583	10253	9999	9536	9707	9577	9748	9565	9328	9522	9529
KMS 111 IUC Clinical Staffing required (Hrs)	5762	5321	5331	5429	5344	5196	5755	5710	5638	5673	5291	5115
KMS 111 IUC Clinical Staffing Actual (Hrs)	3605	3788	3969	4037	4103	3972	3980	3746	3750	3278	3486	3579

Trust Overview: Summary of Performance Highlights

Domain	ID	Performance Highlight
Safe	Number of Datix incidents (QS-1)	The increase of 15% for July and August 2021 should be seen as positive - incidents are being logged through the Datix system and this will have a positive impact on lessons learned in regard to patient safety.
Safe	Manual handling incidents (QS-22)	The improved performance on manual handling incidents is very encouraging overall. This has fallen out of the top 5 incidents in the Trust over the last 3 months.
Effective	Clinical Education (WF34-36)	<p>There has been a gradual decline in the numbers of learners at risk as those on the AAP and ECSW programmes with Clinical Education have either been completing or withdrawing.</p> <p>There has been an increase in the course capacity utilisation for the Transition to Practice programme - the July and August 2021 cohort have been fuller than their counterparts at the same time last year.</p>
Caring		Nothing new to report.
Responsive	111 Ambulance validation and clinical contact (111-7-8)	Despite the performance pressures well-documented elsewhere, our 111 ambulance validation and clinical contact rates remain strong, indicating our contribution to protecting our ambulance hours for those who really need this type of response, and our commitment to providing clinical contact when required by 111 dispositions/triage. Ambulance validation is ahead of target while clinical contact rates have been sustained at over 45% with a target of 50%.
Responsive	999 CFR and Fire First Responders attendances (999-10)	July and August show increasing attendance by our volunteers. The Trust thanks them all for their enhanced contribution.
Well-led	% of meal breaks taken (999-27)	While we are trying to do better in terms of allocating meal breaks during colleagues' meal break windows, we have been able to sustain the provision of meal breaks on more than 98% of shifts.



Trust Overview: Summary of Exceptions

Domain	ID	Exceptions
Safe	999 Frontline hours provided % (999-12)	Whilst the Trust is at almost maximum staffing, there are very significant daily abstractions, primarily relating to annual leave and sickness (Covid and non-Covid related). Whilst mitigating actions have been taken such as increasing the PAP provision and offering incentivised overtime, this has had limited impact. On day lost hours through handover delays, out-of-service reasons etc. are also being monitored with hospital handover delays having a significant ongoing impact.
Safe	Deep clean compliance % (QS-19)	A new contract has been mobilised with Churchill Services, who due to staff abstraction pressures are finding it challenging to provide staff in some areas for make ready and deep clean.
Safe	EMA NHS Pathways audit compliance (M-22 – M-23)	Please note the July figure is lower as Live Audit was suspended mid-month due to the EOC Audit Team being released back into EOC due to REAP pressures. The breakdown of % completion is as follows: Live audit completion = 49%; Retrospective audit completion = 124%
Safe	Number of incidents reported as Sis (QS-2)	The number of SIs declared reduced significantly from July to August - of the 11 declared in July, three were cluster investigations; two of which contained two patient incidents and one containing ten patient incidents. All five of the SIs declared during August were individual SIs.
Safe	Incidents of violence and aggressing against staff (QS-13)	There was an increase in violent/aggressive incidents reported by staff during July and August.
Effective		Nothing new to report.
Caring	Proportion of complaints relating to crew attitude (QS-10)	Crew attitude complaints continue to be fairly high; this is thought to be due to the ongoing pressures following the long pandemic and the impact it is having on morale and fatigue - there is a split of those upheld and those not upheld, acknowledging that this type of complaint is often the perception of the complainant.
Responsive	111 Calls answered in 60-secs (111-2) 999 Calls answer mean / 90 th centile (999-1)	Whilst the Trust is at almost maximum staffing, there are very significant daily abstractions, primarily relating to annual leave and sickness (Covid and non-Covid related). This has resulted in poor call answering performance across both 999 and 111 services.



Trust Overview: Summary of Exceptions

Domain	ID	Exceptions
Responsive	ARP performance metrics – All (999-1 – 999-10)	Due to the ongoing challenging position regarding resource levels in all areas of the business, performance against all ARP targets is significantly below target, with August being the lowest performance this financial year. Poor performance is a regional and national situation with all NHS providers and all ambulance services facing the same challenges.
Responsive	Complaints reporting timeliness (QS-4)	The number of complaints received is increasing month on month and this is having an impact on the ability to respond to them all in a timely way; the primary complaint investigators are OTLs, all of which have been moved onto the road to respond or to assist with patient flow at hospitals due to the levels of demand.
Well-led	Policies and procedures overdue review % (C-1)	Further to previous notifications to the Board, the number and proportion of policies and procedures overdue review continues to grow, now reaching more than a third of all documents. Board members should note that risk associated with having well-developed and in use policies and procedures beyond their three year review date is minimal, however managers continue to be encouraged to review their documents, reminded that the process is extremely simple for any that are still effective or require only minimal changes, and supported to move through the review process.
Well-led	Disciplinary cases (WF-9)	Increase of cases in one month after a period of falling numbers.
Well-led	IT metrics (IT-1 – IT6)	Various new IT indicators to show the proportion of time our critical systems are functional, and to demonstrate the effectiveness of ongoing IT support to colleagues across the Trust – included to update the Board on the new metrics.
Well-led	Whistleblowing (WF-13)	Increase of whistleblowing concerns reported during July.
Well-led	Freedom to Speak Up: closed cases without resolution (QS-27)	25 long term historic cases were closed in July without resolution.
Well-led	Absence related to Mental Health (WF-18)	Absence related to mental health as a proportion of all sickness is at its highest since August 2020 and is cause for concern.



Performance by Domain

Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
999-12	<p>Standards:</p> <p><i>999 Frontline hours provided %</i></p> <p>Definition:</p> <p><i>Number of 999 frontline hours available for utilisation</i></p>	Whilst the Trust is at almost maximum staffing, there are very significant daily abstractions, primarily relating to annual leave and sickness (Covid and non-Covid related). Whilst mitigating actions have been taken such as increasing the PAP provision and offering incentivised overtime, this has had limited impact. On day lost hours through handover delays, out-of-service reasons etc. are also being monitored with hospital handover delays having a significant ongoing impact.

Action Plan	Accountable Executive
<p>Actions being taken to mitigate issues:</p> <p>Review of staffing of all teams/dispatch desk staffing - abstraction and scheduling. Need for return to robust sickness management with HR support. Forward planning relating to additional abstractions is being undertaken (e.g. for Key Skills Training).</p>	<p>Named person:</p> <p>Entire Executive Management Board (EMB)</p> <p>Executive Director of Operations will report progress back to EMB and Trust Board</p> <p>Complete by date:</p> <p>Ongoing</p>



Performance by Domain

Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-19	<div>Standards: Deep clean compliance %</div> <div>Definition: Number of deep cleans completed against plan</div>	A new contract has been mobilised with Churchill Services, who due to staff abstraction pressures are finding it challenging to provide staff in some areas for make ready and deep clean.

Action Plan	Accountable Executive
<div>Actions being taken to mitigate issues:</div> <div>Weekly meetings are being held between SECamb and Churchill, with a contract meeting scheduled for 23/9/21, to be chaired by Executive Director of Operations to look at the figures.</div>	<div>Named person:</div> <div>Executive Director of Operations</div> <div>Complete by date:</div> <div>Ongoing</div>



Performance by Domain

Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
M20-23	<div>Standards: EMA NHS Pathways audit compliance</div> <div>Definition:</div>	Please note the July figure is lower as Live Audit was suspended mid-month due to the EOC Audit Team being released back into EOC due to REAP pressures. The breakdown of % completion is as follows: Live audit completion = 49%; Retrospective audit completion = 124%

Action Plan	Accountable Executive
<div>Actions being taken to mitigate issues:</div> <div>The team continue to support EOC during REAP. Retrospective auditing continues. Live auditing planned to recommence October 2021 as the EOC Audit team are released back into role at the end of September.</div>	<div>Named person:</div> <div>Medical Director</div> <div>Complete by date:</div> <div>Ongoing</div>



Performance by Domain

Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-2	<div>Standards: <i>Number of incidents reported as Sis</i></div> <div>Definition:</div>	The number of SIs declared reduced significantly from July to August - of the 11 declared in July, three were cluster investigations; two of which contained two patient incidents and one containing ten patient incidents. All five of the SIs declared during August were individual SIs.

Action Plan	Accountable Executive
<div>Actions being taken to mitigate issues:</div> <p>The reduction is likely to be multifactorial - many cases reviewed during August that met SI criteria may have been added to clusters previously declared in July; whilst demand has not subsided the reduction could be as a result of lower levels of harm or it could be due to many cases not having cleared the Serious Incident Group (SIG) declaration process yet - the SIG has many cases that it is facing challenges in obtaining patient outcomes from acute trusts, information that is required to aid the SI decision, this leads to delays in either closing cases or declaring them. The SI Team is liaising regularly with acute trusts to obtain the information and when necessary escalating to commissioners for help with this.</p>	<div>Named person:</div> <p>Executive Director for Nursing & Quality</p> <div>Complete by date:</div> <p>Ongoing</p>

Performance by Domain

Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-13	<p>Standards: <i>Violence and aggression incidents (number of victims – staff)</i></p> <p>Definition: <i>The number of incidents of violence and aggression reported against staff</i></p>	<p>During July 2019 staff reported 66 incidents, July 2020 69 incidents reported, and in July 2021 91 incidents were reported. The incidents in July 2021 have been reviewed which showed (47) incidents had no aggravating factors reported.</p> <p>No aggravating factors means staff are not reporting if the preparator was under the influence of alcohol or drugs.</p> <p>During August 2019 staff reported 94 incidents, August 2020 75 incidents reported, and in August 2021 99 incidents were reported. The incidents in August 2021 have been reviewed which showed (44) incidents had no aggravating factors reported.</p>

Action Plan	Accountable Executive
<p>Actions being taken to mitigate issues: Staff are reporting more incidents related to violence and aggression. This can be seen as positive in the sense that reporting enables prosecution where feasible/relevant.</p> <p>Incidents reported in both months include drug and alcohol related incidents but not in significant numbers. Some incidents are mental health related. However, the majority of incidents fall under no aggravating factors.</p> <p>A Violence Reduction Support Officer has been recruited and starts work during September.</p>	<p>Named person: Executive Director for Nursing & Quality</p> <p>Complete by date: Ongoing</p>



Performance by Domain

Caring: Exception Report

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

ID	Standard	Background
QS-10	<p>Standards:</p> <p><i>Proportion of complaints relating to crew attitude %</i></p> <p>Definition:</p>	Crew attitude complaints continue to be fairly high; this is thought to be due to the ongoing pressures following the long pandemic and the impact it is having on morale and fatigue - there is a split of those upheld and those not upheld, acknowledging that this type of complaint is often the perception of the complainant.

Action Plan	Accountable Executive
<p>Actions being taken to mitigate issues:</p> <p>Discussions are due to take place with HR to consider what can be done to address concerns. In addition, progressing the clinical supervision work will support staff better and help with many issues which lead to such complaints,</p>	<p>Named person:</p> <p>Executive Director for Nursing & Quality</p> <p>Complete by date:</p> <p>Ongoing</p>

Performance by Domain

Responsive: Exception Report

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

ID	Standard	Background
QS-4	<p>Standards:</p> <p>999 Calls answer mean / 90th centile (999-1)</p> <p>111 Calls answered in 60-secs (111-2)</p> <p>Definition:</p>	<p>Whilst the Trust is at almost maximum staffing, there are very significant daily abstractions, primarily relating to annual leave and sickness (Covid and non-Covid related). This has resulted in poor call answering performance across both 999 and 111 services.</p> <p>999 EOC Abstractions:</p> <ul style="list-style-type: none"> • Abstractions spiked above 40% three-times, twice in July and once in August • Average sickness from 12/7/21 was 14.29% (+9.29% above 5.2% target) • Average annual leave from 12/7/21 was 17.39% (+1.63% above 15.7% target) <p>111 Operations Abstractions:</p> <ul style="list-style-type: none"> • Abstractions spiked above 38% four-times, three-times in July and once in August • Average sickness of HA's from 12/7/21 was 14.27% (+8.77% above 5.2% target) spiking to 17.49% • Average annual leave from 12/7/21 was 16.03% (+0.33% above 15.7% target) spiking to 19.25%

Action Plan

Actions being taken to mitigate issues:

999 EOC Actions:

- 110 absence meetings held since May of which 101 were Stage 1
- Administrative team update Return to Works (RTWs) every Monday
- EOC Managers targeting welfare calls and RTWs

111 Actions:

- Welfare calls up to date for all operational staff
- Return to Work (RTWs) completed with eight outstanding due to staff members quickly returning to sick
- Absence meetings held/booked since May:
 - 76 – Stage 1 absence meetings
 - 34 – Stage 2 absence meetings
 - 10 – Stage 3 absence meetings

Accountable Executive

Named person

Executive Director for Operations

Complete by date:

Ongoing



Performance by Domain

Responsive: Exception Report

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

ID	Standard	Background
999-1 - 999-10	<div>Standards: ARP performance metrics - All</div> <div>Definition:</div>	Due to the ongoing challenging position regarding resource levels in all areas of the business, performance against all ARP targets is significantly below target, with August being the lowest performance this financial year. Poor performance is a regional and national situation with all NHS providers and all ambulance services facing the same challenges.

Action Plan	Accountable Executive
<div>Actions being taken to mitigate issues:</div> <p>This suite of metrics is particularly linked to the resource provision within EOC and field operations. Maximising efficiencies across all areas is key, however, performance against ARP metrics will not improve significantly without a substantial increase in the resource hours provided.</p>	<div>Named person:</div> <p>Entire Executive Management Board (EMB) Executive Director of Operations will report progress back to EMB and Trust Board</p> <div>Complete by date:</div> <p>Ongoing</p>



Performance by Domain

Responsive: Exception Report

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

ID	Standard	Background
QS-4	<div>Standards: <i>Complaints reporting timeliness %</i></div> <div>Definition:</div>	The number of complaints received is increasing month on month and this is having an impact on the ability to respond to them all in a timely way; the primary complaint investigators are OTLs, all of which have been moved onto the road to respond or to assist with patient flow at hospitals due to the levels of demand.

Action Plan	Accountable Executive
<div>Actions being taken to mitigate issues:</div> <p>The Patient Experience Team is looking to undertake more complaint investigations centrally to release OU staff from the task and to ensure complaints are responded to quicker. However, when this suggestion was made to the OUMs there was a mixed response and sign up to the approach. In the interim, until the new way of working is fully engaged with the PE Team, we are asking OUs for specifically required clinical information that will enable them to respond to as many of them as possible. The response to this information is often also delayed. As approved by the EMB the response time has temporarily been extended from 25 to 35 working days to help complainant's expectations be managed from receipt of their complaints. Whilst the response time has overall been 87% and 81% for July and August the average number of days to respond was 18 and 14 respectively - the average has been kept low due to the quick responses to EOC complaints.</p>	<div>Named person:</div> <p>Executive Director for Nursing & Quality</p> <div>Complete by date:</div> <p>Ongoing</p>

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
C-1	<p>Standards:</p> <p><i>Policies and procedures overdue review</i></p> <p>Definition:</p> <p><i>Percentage of documents overdue their regular review</i></p>	Further to previous notifications to the Board, the number and proportion of policies and procedures overdue review continues to grow, now reaching more than a third of all documents. Board members should note that risk associated with having well-developed and in use policies and procedures beyond their three year review date is minimal, however managers continue to be encouraged to review their documents, reminded that the process is extremely simple for any that are still effective or require only minimal changes, and supported to move through the review process.

Action Plan	Accountable Executive
<p>Actions being taken to mitigate issues:</p> <p>The reasons are clearly around focus being directed elsewhere, staff leave/sickness, and also capacity in the team administering the system to review all documents coming through as quickly as we would like. 23 documents are currently somewhere in the development and approval process and are being moved forward, however only 7 of these are existing documents (requiring timely review) - the rest are new. The team continues to move documents through the process, but there is clearly a lack of capacity within other teams to review existing documents that are currently in use and most likely reasonably effective. Board were previously advised that the numbers overdue review would continue to grow while the Trust remains in REAP4 and under operational pressures. This analysis remains true and it may well be that the balance of risk in focussing on operational priorities is correct.</p>	<p>Named person:</p> <p>Company Secretary</p> <p>Complete by date:</p> <p>Ongoing</p>

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
IT-1-6	<p>Standards: Critical Systems uptime and Service Desk responsiveness</p> <p>Definition: Various new IT indicators to show the proportion of time our critical systems are functional, and to demonstrate the effectiveness of ongoing IT support to colleagues across the Trust</p>	<p>Critical systems maintenance: A significant update to CAD, 999/111 Telephony and ePCR was carried out in May.</p> <p>Service desk responsiveness: We are looking to improve the telephony call answer rate by encouraging users to use 'self-service' by raising all non-urgent requests through our online portal.</p>

Action Plan	Accountable Executive
<p>Actions being taken to mitigate issues: Critical systems: A one off event to carry out important network upgrades, update systems and software and carry out preventative checks. These outages are recorded in this report and add to the system down time but were scheduled and planned. Although this is a one off event to carry out these specific tasks other similar events will be planned when needed. Such activities are often batched together to minimise overall downtime and impact.</p> <p>Service desk: Without fail password resets were the number one reason for calls and requests into IT. The new Adaxes system automates passwords through a self-service portal, removing password resets from the top 10 IT Service Desk activities.</p> <p>We are currently carrying out improvements to the Marval self-service portal to encourage staff to raise all non-urgent requests through it rather than phoning to take advantage of numerous benefits in recording, tracking and updating their request 24/7. Since its launch in early 2019 Marval has expanded beyond the original IT-only tool and is now used by 12 non-IT teams. This makes raising requests through Marval commonplace for all staff and will normalise the use of online requests so staff choose this option over phoning IT.</p>	<p>Named person: Deputy Chief Executive & Chief Operating Officer</p> <p>Complete by date: Ongoing</p>

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
WF-19	<div>Standards: Disciplinary cases</div> <div>Definition: Number of disciplinary cases</div>	Increase of cases in one month after a period of falling numbers.

Action Plan	Accountable Executive
<div>Actions being taken to mitigate issues:</div> <p>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.</p> <p>Currently there are 80 ER cases and additional support is being sourced from NHS CSW CSU to process 40 of these. The remaining cases will be dealt with by the substantive in-house HR team. Progress will be monitored by the HR senior leadership team on an ongoing basis.</p>	<div>Named person:</div> <p>Executive Director for HR & Organisational Development</p> <div>Complete by date:</div> <p>Ongoing</p>

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
WF-13	<div>Standards: <i>Whistleblowing</i></div> <div>Definition: <i>Number of whistleblowing reports made</i></div>	Increase of whistleblowing concerns reported during July: 3 cases in one month while we have had none during the previous 11-month reporting period.

Action Plan	Accountable Executive
<div>Actions being taken to mitigate issues:</div> <p>The whistleblowing cases reported here are the concerns that have been reported to the Freedom to Speak Up (FTSU) Group.</p> <p>These cases were all escalated through the Non Executive Director for Freedom to Speak Up (FTSU) and have been discussed with some of the Executive Team during the monthly FTSU/Executive meetings.</p> <p>The 3 cases in July were from 3 separate individuals and were not thematically related.</p>	<div>Named person:</div> <p>Executive Director for Nursing & Quality</p> <div>Complete by date:</div> <p>Ongoing</p>

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
QS-27	<p>Standards: <i>Freedom to Speak Up: closed cases without resolution</i></p> <p>Definition:</p>	25 long term historic cases were closed in July without any resolution.

Action Plan	Accountable Executive
<p>Actions being taken to mitigate issues:</p> <p>There are a number of reasons for this number of cases closing. Some relate to staff that have now left or are imminently leaving before a reasonable outcome to their concern was reached. Some cases had actions agreed with local/senior managers, but these actions did not materialise despite chasing and escalating. A few colleagues have decided that they no longer wish to pursue this route and have put in formal grievances instead.</p> <p>A six-month report from the Freedom to Speak Up Guardian will be coming to Board in September and will explore the issues, risks and challenges in this area in more detail.</p>	<p>Named person: Executive Director for Nursing & Quality</p> <p>Complete by date: Ongoing</p>

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
WF-18	<p>Standards: <i>Absence related to Mental Health</i></p> <p>Definition:</p>	The Trust's target for overall rolling sickness absence is 5% and is at 7.71% at the end of August. Of all sickness absence, absence due to mental health issues (including stress, anxiety and depression) made up 11.46% of absences, the highest this has been as a proportion since August 2020. While the figure dropped to 8.19% of all sickness absence in August, mental health related absence remains high and of concern.

Action Plan	Accountable Executive
<p>Actions being taken to mitigate issues:</p> <p>A 19 point action plan has been developed by HR and OD to support Operations that looks at improvement actions at each point of the sickness absence pathway from notification through management of individual cases.</p> <p>The lessons and disciplines learned will be used to inform sickness absence in non-Operational directorates.</p>	<p>Named person:</p> <p>Executive Director for HR and Organisational Development</p> <p>Complete by date:</p> <p>Implementation of the action plan from week commencing September 27th 2021.</p>



Performance by Domain

Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-1	Number of Datix Incidents	881	952	1342	1470	1751	1595	1070	1149	1051	1175	1253	1493	1397					▲
QS-2	Number of Incidents Reported as SIs	5	2	4	9	8	6	7	1	7	3	6	11	5					▲
999-12	999 Frontline Hours Provided %	92.50%	91.20%	94.60%	99.40%	95.10%	96.10%	103.20%	96.90%	99.10%	99.30%	94.30%	90.10%	86.90%	100.00%		—		▼
QS-3	Duty of Candour Compliance %	100.00%	100.00%	100.00%	84.00%	80.00%	67.00%	100.00%	75.00%	100.00%	67.00%	100.00%	100.00%	100.00%	100.00%		—		●
QS-7	Hand Hygiene Compliance %	97.00%	93.00%	99.00%	95.00%	96.00%	94.00%	93.00%	95.00%	94.00%	95.00%	95.00%	92.00%	90.00%	95.00%		—		▼
QS-8	Safeguarding Training Completed (Children) Level 2 %	69.90%	72.70%	74.90%	74.90%	78.20%	79.40%	82.00%	90.40%	88.70%	87.00%	87.30%	86.00%	86.20%	95.00%		—		▲
QS-13	Violence and Aggression Incidents (Number of Victims - Staff)	75	66	124	74	70	53	60	60	65	73	87	91	99					▼
MM-1	Number of Medicines Incidents	103	89	162	141	125	125	142	173	152	171	118	156	141					▲
MM-3	Single Witness Signature Use CDs Omnicell	14	0	3	0	6	5	9	4	3	2	3	6	7	0		—		▼
MM-4	Single Witness Signature Use CDs Non-Omnicell	0	0	0	0	3	1	1	1	0	0	0	1	0	0		—		▲
MM-5	Number of CD Breakages	14	14	17	9	25	21	10	27	16	16	19	10	17					▼
MM-7	Medicines Management % of Audits Completed	99.00%	98.00%	98.00%	94.00%	94.00%	93.00%	88.00%	95.00%	95.00%	98.00%	98.70%	98.10%	97.90%	100.00%		—		▼
WF-1	Number of Staff WTE (Excl bank and agency)	3806	3859	3888	3967	3956	3959	3968	3974	3945	3952	3957	3936	3939					▲
WF-2	Number of Staff Headcount (Exc bank and agency)	4173	4231	4271	4354	4345	4353	4358	4367	4335	4342	4350	4327	4336					▲
WF-3	Finance Establishment (WTE)	3816	3818	3880	3925	3950	3951	3956	3946	3946	3946	3946	4070	4080					▼
WF-4	Vacancy Rate %	2.60%	-1.10%	-0.20%	-1.10%	-0.20%	-0.20%	-0.30%	-0.70%	0.10%	-0.20%	-0.30%	3.30%	3.00%					▲
QS-9	Number of RIDDOR Reports	8	7	16	5	9	9	12	8	10	11	14	17	14					▲
WF-16	DBS Compliance %	100.00%	100.00%	100.00%	100.00%	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) %	95.00%	83.00%	96.00%	94.00%	92.00%	93.00%	90.00%	93.00%	92.00%	92.00%	87.00%	97.00%	94.00%					▼
M-21	Required NHS Pathways Audits Completed (EMA) %	102.00%	100.00%	100.00%	100.00%	100.00%	98.00%	49.00%	96.00%	103.00%	105.00%	83.00%	53.00%	70.00%					▲



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	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
M-22	Compliant NHS Pathways Audits (EMA) %	84.00%	90.00%	100.00%	94.00%	92.00%	82.00%	83.00%	85.00%	83.00%	84.00%	84.00%	90.00%	82.00%	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%	102.00%	102.00%	102.00%	101.00%					▼
QS-17	Outstanding Actions Relating to SIs, Outside of Timescales	248	172	158	127	111	126	112	117	141	114	112	116	117					▼
QS-19	Deep Clean Compliance %		92.00%	95.00%	86.50%	82.50%	72.80%		94.90%	95.00%	85.00%	82.00%	73.00%	41.50%					▼
QS-20	Health & Safety Incidents	35	42	37	35	22	35	33	31	29	59	47	39	30					▲
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%	96.10%	96.00%	93.80%	92.60%	100.00%		-		▼
QS-22	Manual Handling Incidents	30	26	29	26	24	29	32	22	17	43	28	35	33					▲
QS-25	Flu Vaccine Compliance			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

ID	Metric	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-11	JCT Allocation to Clear at Scene Mean	01:14:37	01:15:23	01:16:39	01:18:48	01:20:18	01:22:00	01:19:51	01:19:00	01:18:57	01:14:38	01:17:12	01:16:00	01:16:34					▼
999-11	JCT Allocation to Clear at Hospital Mean	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	01:50:58	01:49:19	01:52:57	01:53:43					▼
M-1	**Cardiac ROSC Utstein %	46.00%	45.00%	44.00%	47.70%	40.90%	40.00%	48.50%	40.00%	41.00%	40.50%	48.70%							▲
M-2	Cardiac ROSC ALL %	24.00%	29.00%	27.00%	21.50%	15.70%	16.30%	23.70%	22.00%	23.00%	24.00%	28.30%							▲
M-12	**Sepsis Care Bundle %	88.00%	87.00%	85.00%	85.40%	87.00%	84.20%	86.30%	85.00%	85.00%	83.50%	84.00%			100.00%		—		▲
M-3	Cardiac Survival Utstein %	19.00%	23.00%	20.00%	23.80%	15.90%	25.70%	33.30%	18.00%	28.00%	27.30%								—
M-4	Cardiac Survival ALL %	7.00%	10.00%	12.00%	7.60%	4.20%	5.10%	9.10%	8.00%	13.70%	12.30%								—
M-11	Cardiac Arrest - Post ROSC %	79.00%	78.00%	72.00%	79.70%	85.50%	75.30%	61.60%	78.00%	81.00%	78.50%	90.30%							▲
M-5	**Acute STEMI Care Bundle Outcome %	68.00%	67.00%	64.00%	62.20%	65.60%	64.10%	63.90%	74.00%	69.00%	60.30%	57.30%							▼
M-6	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	02:27:00	02:22:00	02:15:00	02:15:00	02:30:00	02:33:00	02:14:00	02:20:00	02:20:00									—
M-7	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	02:58:00	03:02:00	03:04:00	03:02:00	03:33:00	03:26:00	03:02:00	03:15:00	03:02:00									—
M-8	Stroke - Call to Hospital Arrival Mean	01:23:00	01:24:00	01:22:00	01:30:00	01:43:00	01:46:00	01:24:00	01:27:00	01:28:00									—
M-9	Stroke - Call to Hospital Arrival 90th Centile	02:09:00	02:10:00	02:12:00	02:19:00	02:42:00	02:57:00	02:15:00	02:22:00	02:07:00									—
M-10	**Stroke - Assessed F2F Diagnostic Bundle %	98.00%	97.00%	98.00%	97.00%	96.60%	96.90%	95.80%	95.00%	96.00%	95.70%	96.80%			100.00%		—		▲
M-13	Sensitivity of Cardiac Arrest Detection During Telephone Triage %		96.00%	91.00%	94.30%	93.30%	87.00%	93.40%	82.00%	82.00%	82.20%	84.10%							▲
M-14	Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %		79.00%	81.00%	75.10%	73.80%	74.30%	79.30%	79.00%	78.00%	77.30%	80.00%							▲
M-15	Time to Commence Telephone-Guided CPR Mean																■	■	■
M-16	Proportion of Non-EMS Witnessed Cardiac Arrests with PAD Applied to Patient %		6.00%	8.00%	7.50%	6.30%	5.70%	4.90%			9.00%	4.00%							▲

** June 2021 data

- ▲ Improving performance
- ▼ Deteriorating performance
- No change
- Aspirational metric
- + Outperformed target
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Performance by Domain

Effective: Performance Dashboard

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

ID	Metric	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-13	ECAL Mean Response Time	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	00:23:31	00:22:56	00:22:57	00:24:18					▼
999-12	999 Operational Abstraction Rate %	32.60%	38.40%	38.30%	32.70%	35.30%	36.00%	32.50%	33.30%	25.20%	25.80%	31.00%	33.10%	27.10%	28.00%		+		▲
WF-6	Statutory & Mandatory Training Rolling Year %	75.90%	75.40%	75.00%	74.30%	76.10%	75.80%	76.20%	78.70%	67.10%	60.80%	63.30%	67.00%	66.60%	100.00%		-		▼
999-17	Responses Per Incident	1.12	1.08	1.08	1.08	1.08	1.08	1.09	1.00	1.01	0.99	1.01	1.09	1.09	1.09		=		●
999-18	Section 136 Mean Response Time	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	00:18:10		00:33:15	00:23:37					▲
999-19	Section 135 Mean Response Time	00:54:56	00:05:19	00:03:44	00:14:55			00:06:04	01:43:52	03:48:17	00:22:29	00:23:57							—
999-20	ePCR Usage	95.30%	93.70%	94.80%	96.10%	96.40%	96.20%	96.10%	96.70%	97.00%	91.00%	96.70%	93.10%	96.20%	95.00%		+		▲
999-24	Number of Hours Lost at Hospital Handover	4202	3958	4435	3358	5426	4583	2296	2237	2271	3249	2614	3898	3568					▲
999-25	Hours Lost at Handover as a Proportion of Provided Hours %	1.50%	1.40%	1.60%	1.20%	1.90%	1.60%	0.80%	0.80%	0.80%	1.10%	1.00%	1.40%	1.40%					●
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%	93.00%	92.00%	92.00%	92.00%					●
M-24	ClinEd: Course Capacity Utilisation Transition to Practice %					65.00%	65.00%	65.00%	65.00%	65.00%	65.00%	65.00%	75.00%	74.00%					▼
M-25	ClinEd: Students at Risk of Not Obtaining Qualification %					40.00%		39.00%	44.00%	46.00%	45.00%	39.00%	29.00%	25.00%					▲
M-26	ClinEd: Course satisfaction score																■	■	■
WF-34	Frontline Workforce Skillmix: ECSWs vs plan (Trust average)	31.40%	30.80%	30.80%	31.30%	31.40%	31.20%	31.60%	31.40%	31.40%	31.30%	31.70%	32.50%	31.60%	32.60%		-		▼
WF-35	Frontline Workforce Skillmix: AAP/Techs vs plan (Trust average)	20.50%	20.20%	19.10%	18.60%	18.60%	18.90%	18.80%	19.00%	19.00%	19.10%	18.80%	18.40%	18.00%	19.40%		-		▼
WF-36	Frontline Workforce Skillmix: Registered clinicians vs plan (Trust average)	48.10%	48.00%	50.10%	50.10%	50.00%	49.90%	49.60%	49.60%	49.80%	49.60%	49.50%	49.30%	50.40%	48.10%		-		▼

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Performance by Domain

Responsive: Performance Dashboard

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

ID	Metric	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
111-1	111 Calls Offered	85338	90438	104059	111727	115809	93018	87249	110294	119979	135942	126452	138484	127167					—
111-2	111 Calls Answered in 60 Seconds %	84.00%	80.10%	88.80%	89.80%	85.40%	82.90%	74.00%	73.10%	53.40%	38.50%	34.00%	29.10%	33.70%	95.00%		—		▲
111-3	111 Calls Abandoned - (Offered) %	2.00%	9.70%	5.40%	6.30%	8.20%	6.10%	3.00%	3.50%	7.70%	14.90%	18.00%	19.70%	15.50%	8.00%		—		▲
111-4	111 to 999 Referrals (Answered Calls) %	12.40%	11.80%	11.80%	14.10%	13.90%	14.90%	15.00%	13.40%	8.70%	9.10%	9.70%	9.30%	9.30%	13.00%		+		●
111-4	999 Referrals	8884	7943	11110	12276	12384	11903	11084	12058	8188	8901	8805	8675	8585					▲
111-5	A&E Dispositions %	12.70%	12.10%	12.00%	13.40%	14.80%	14.70%	15.40%	15.80%	15.20%	15.00%	18.00%	9.10%	8.10%	9.00%		+		▲
111-5	A&E Dispositions	9102	8320	11350	11718	12925	11683	11349	14047	14281	14571	14472	8501	7534					▲
111-7	Clinical Contact %								48.10%	48.20%	45.20%	45.00%	46.00%	46.00%	50.00%		—		●
111-8	Ambulance Validation %								95.40%	95.30%	95.10%	90.60%	95.20%	93.60%	85.00%		+		▼
999-10	999 Calls Answered	69541	64025	67031	62456	76806	70262	50316	60200	61386	77074	71529	85769	77173					—
999-10	Incidents	64489	61313	63644	62332	66615	65239	56470	62648	62845	65474	67474	65161	62343					—
999-1	999 Call Answer Mean	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	00:00:22	00:00:08	00:00:48	00:00:42	00:00:05		—		▲
999-1	999 Call Answer 90th Centile	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	00:01:19	00:00:22	00:02:34	00:02:22	00:00:10		—		▲
999-2	Cat 1 Mean	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	00:08:18	00:07:57	00:08:49	00:08:45	00:07:00		—		▲
999-2	Cat 1 90th Centile	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	00:15:08	00:14:54	00:16:19	00:16:03	00:15:00		—		▲
999-3	Cat 1T Mean	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	00:10:24	00:09:36	00:10:54	00:10:51	00:19:00		+		▲
999-3	Cat 1T 90th Centile	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	00:19:13	00:17:38	00:20:14	00:20:03	00:30:00		+		▲
999-4	Cat 2 Mean	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	00:26:11	00:21:28	00:30:37	00:29:42	00:18:00		—		▲
999-4	Cat 2 90th Centile	00:34:57	00:35:28	00:33:41	00:32:19	00:51:55	00:51:18	00:31:09	00:34:46	00:34:56	00:50:55	00:40:51	01:00:47	00:58:53	00:40:00		—		▲
999-5	Cat 3 90th Centile	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	05:40:07	03:51:24	07:21:23	06:17:02	02:00:00		—		▲
999-6	Cat 4 90th Centile	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	07:21:59	04:39:46	06:51:57	05:29:55	03:00:00		—		▲
999-7	HCP 3 Mean	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	03:25:11	02:32:00	04:06:19	03:32:39					▲
999-7	HCP 3 90th Centile	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	06:56:27	05:08:05	08:36:33	08:28:04					▲
999-7	HCP 4 Mean	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	04:22:49	03:20:43	04:56:09	04:46:11					▲
999-7	HCP 4 90th Centile	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	08:01:14	06:21:05	09:20:02	10:41:54					▼
999-9	Hear & Treat %	7.20%	6.40%	6.20%	6.60%	8.60%	8.00%	6.00%	6.90%	6.90%	9.40%	7.90%	9.60%	9.00%	10.00%		—		▼

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Performance by Domain

Responsive: Performance Dashboard

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

ID	Metric	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-9	See & Treat %	33.80%	33.30%	33.40%	33.70%	36.30%	37.40%	35.20%	32.60%	32.10%	31.30%	31.60%	32.00%	32.10%	35.00%		—		▲
999-9	See & Convey %	59.00%	60.40%	60.40%	69.70%	55.10%	54.60%	58.80%	60.50%	61.00%	59.40%	60.50%	58.40%	59.00%	57.20%		—		▼
999-10	CFR Attendances	520	614	673	800	648	749	580	1034	1089	1337	1219	1592	1354					▼
999-10	FFR Attendances	201	171	190	224	175	205	142	316	260	364	241	425	383					▼
QS-4	Complaints Reporting Timeliness %	98.00%	83.00%	88.00%	95.00%	69.00%	95.00%	64.50%	88.00%		98.00%	96.00%	87.00%	81.00%	95.00%		—		▼
QS-5	Number of Complaints	55	82	65	69	61	69	48	64	68	72	116	106	114					—
QS-6	Number of Compliments	177	208	167	182	140	173	191	187	208	159	162	171	177					—
QS-15	Complaints per 1000 999 Calls Answered	0.79	1.28	0.97	1.11	0.79	0.98	0.95	1.06	1.11	0.09	0.16	0.13	0.14					▼
QS-16	Compliments per 1000 999 Calls Answered	2.75	3.25	2.49	2.91	1.82	2.46	3.80	3.91	3.69	0.21	0.23	0.21	0.22					▲
QS-14	Learning from deaths: Number of Structured Judgment Reviews	20	20	20											20				—
QS-26	Learning from deaths: Number of SJRs showing harm																■	■	■
999-14	Time Spent in SMP 3 or Higher %	38.10%	27.90%	25.90%	20.50%	75.00%	60.70%	1.30%	12.10%	15.40%	36.10%	69.00%	83.00%	70.70%					▲
C-2	Number of BCIs	3	1	2	1	7	3	2	0	0	1	2	1	1	0		—		●

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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	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-5	Appraisals YTD	31.70%	34.10%	36.70%	39.70%	41.60%	43.20%	45.70%	52.20%	3.40%	7.00%	9.10%	10.70%	11.30%					▲
WF-40	Appraisals Rolling Year %								52.20%	48.90%	40.90%	38.80%	34.10%	31.60%	80.00%		—		▼
WF-7	Annual Rolling Turnover Rate	12.60%	11.90%	11.70%	11.10%	11.20%	10.90%	10.50%	10.30%	10.80%	11.50%	12.10%	12.90%	13.60%					▼
WF-8	Annual Rolling Sickness Absence	6.00%	6.10%	6.20%	6.30%	7.40%	7.10%	7.30%	7.10%	7.10%	7.40%	7.60%	7.70%	7.90%	5.00%		—		▼
WF-9	Disciplinary Cases	4	4	3	3	2	1	1	4	9	8	2	6	1					▲
WF-10	Individual Grievances	5	10	11	8	9	8	5	8	10	8	8	5	9					▼
WF-11	Collective Grievances	0	2	0	0	0	0	1	0	1	1	1	1	0					▲
WF-12	Bullying & Harrassment Internal	5	3	3	5	1	1	1	6	5	4	1	0	4	0		—		▼
WF-13	Whistleblowing	0	0	0	0	0	0	0	0	0	0	0	3	0					▲
QS-27	Freedom to Speak Up: Total Open Cases									31	33	36	45	20					—
QS-27	Freedom to Speak up: Open cases re possible patient safety issues										3	3	2	2					—
QS-27	Freedom to Speak up: Cases Closed in Month With Resolution									0	0	1	0	0					—
QS-27	Freedom to Speak up: Cases Closed in Month Without Resolution									2	2	1	25	0					—
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%	2.90%	2.80%	2.30%	2.20%					▼
WF-37	Diversity: Disability - declared %		3.40%	3.40%	3.40%	4.00%	4.00%	4.00%	4.20%	4.20%	4.20%	4.30%	4.30%	4.30%					●
WF-38	Diversity: Disability - declined to declare %		46.30%	46.30%	47.90%	10.00%	10.00%	10.00%	7.80%	7.80%	7.80%	7.50%	7.50%	7.50%	0.00%		—		●
WF-39	Diversity: Ethnicity - BAME %		5.30%	5.30%	5.30%	5.50%	5.50%	5.50%	5.60%	5.60%	5.60%	5.60%	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%	0.00%	0.00%	100.00%		—		●
WF-18	Absence Relating to Mental Health %	12.10%	9.90%	10.80%	7.60%	5.30%	4.70%	8.10%	6.70%	6.70%	8.40%	9.00%	11.50%	8.20%					▲
WF-19	Absence Relating to MSK %	3.60%	3.60%	4.20%	3.60%	3.10%	2.80%	8.10%	4.50%	8.30%	6.20%	5.80%	5.60%	6.10%					▼

- ▲ 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	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-25	Number of Wellbeing Hub Referrals	104	112	124	98	112	95	98	115	111	138	125	111	93					▲
WF-30	Time from referral to offered wellbeing appointment (days)			14	14	14	14	14	14	14	14	14	14	14	14		=		●
999-27	% of Meal Breaks Taken								99.20%	91.00%	98.50%	98.60%	98.30%	98.40%					▲
999-28	% of Meal Breaks Outside of Window								49.90%	51.10%	54.90%	59.40%	59.10%	58.70%					▲
999-15	999 Frontline Late Finishes/Over-Runs %	52.20%	50.60%	50.60%	50.10%	61.10%	59.50%	51.00%	52.40%	51.90%	60.20%	53.40%	50.60%	49.20%					▲
999-15	Average Late Finish/Over-Run Time	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	00:47:33	00:43:27	00:41:00	00:41:00					●
999-21	Provided Bank Hours %	2.80%	3.00%	2.80%	2.30%	5.60%	2.30%	0.30%	0.30%	0.40%	0.60%	0.70%	0.70%	1.70%					▬
999-21	Provided Overtime Hours %	8.10%	9.30%	9.10%	10.40%	9.10%	11.50%	15.40%	14.60%	9.10%	8.70%	10.40%	10.50%	9.30%					▬
999-21	Provided PAP Hours %	7.20%	6.50%	6.40%	6.40%	5.80%	5.90%	6.10%	6.30%	4.30%	4.90%	4.60%	4.60%	5.30%					▬
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%		84.00%		34.60%	58.30%		+		▬
FL-1	Vehicles Older Than Target Age %	55.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	36.00%	36.00%	0.00%		-		●
C-1	Policies & Procedures Outstanding Review %	12.60%	11.90%	13.20%	10.60%	11.80%	11.80%	11.00%	11.30%	15.80%	17.40%	29.00%	32.00%	37.00%	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%	81.00%	73.00%		40.40%	0.00%		-		▬
IT-1	CAD System Uptime %										98.900%	99.500%	100.000%	99.900%					▼
IT-2	Telephony System Uptime %										99.200%	100.000%	100.000%	100.000%					●
IT-3	ePCR System Uptime %										97.700%	100.000%	97.900%	100.000%					▲
IT-4	Number of Calls to IT Service Desk	1188	1265	1310	1537	918	279	1436	1924	1324	1442	1214	1214	1187					▲
IT-5	Marval IT Requests Raised - IT Service Desk	1834	1764	1807	1870	1359	1561	1559	1847	1638	1705	1503	1288	1168					▲
IT-5	Marval IT Requests Raised - Critical Systems Team	451	480	668	523	480	539	694	724	728	757	765	775	664					▲
IT-6	Missed Calls to IT Service Desk	294	389	433	410	201	95	460	624	586	456	378	382	447					▼

- ▲ 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	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Plan	Vs Plan	Full Year Forecast	Full Year Forecast Vs Plan
F-1	Income (£000s) Month	£22557.10	£22396.50	£22430.00	£22133.40	£23376.60	£23858.00	£26134.50	£35076.00	£23241.00	£23340.80	£23325.10	£23415.40	£23521.20	£23210.00	£311.20		
F-9	Income (£000s) YTD	£111657.50	£134054.00	£158484.00	£178817.40	£201994.00	£225852.00	£251996.50	£287063.00	£23241.00	£48582.10	£89907.20	£93332.60	£116853.80	£116283.00	£570.80	£276889.50	£160606.50
F-2	Operating Expenditure (£000s) Month	£22558.80	£22399.30	£23020.10	£23093.50	£24451.80	£25312.10	£24952.70	£38485.00	£23947.00	£24554.20	£24345.40	£24929.90	£25040.50	£24763.47	£277.03		
F-10	Operating Expenditure (£000s) YTD	£111669.20	£134068.50	£157088.60	£180182.10	£204633.90	£230346.00	£255298.70	£293784.00	£23947.00	£48503.60	£72849.00	£97787.90	£122828.40	£122466.80	£361.60	£287315.20	£164848.40
F-3	Capital Expenditure (£000s) Month	£1195.86	£1237.16	£834.38	£2343.59	£1080.59	£4378.10	£1223.15	£4138.00	£1618.00	£987.96	£983.67	£1252.68	£412.32	£1613.00	£-1200.68		
F-14	Capital Expenditure (£000s) YTD	£4260.13	£5497.30	£8331.68	£8675.27	£9755.85	£14138.03	£15361.18	£19499.00	£1618.00	£2805.91	£3589.58	£4842.26	£5254.58	£5972.00	£-717.42	£142.00	£-5830.00
F-4	Cost Improvement Plan (CIP) (£000s) Month	£147.52	£681.00	£71.00	£673.00	£8.00	£522.00	£478.00	£709.00	£0.00	£0.00	£150.00	£430.00	£250.00	£354.00	£-104.00		
F-13	Cost Improvement Plans (CIPS) (£000s) YTD	£1422.00	£2103.00	£2174.00	£2647.00	£2855.00	£3790.00	£4268.00	£4977.00	£0.00	£0.00	£150.00	£580.00	£830.00	£1061.22	£-231.22	£5515.00	£4453.78
F-6	Surplus/Deficit (£000s) Month	£-1.70	£-2.80	£-590.10	£-960.10	£-1075.20	£-1454.10	£1181.80	£-3409.00	£-706.00	£-1213.40	£-1020.30	£-1514.50	£-1519.30	£-1553.47	£34.17		
F-7	Cash Position (£000s) Month	£46647.00	£46882.00	£48231.00	£46275.00	£46819.00	£41747.00	£51441.00	£40152.00	£36526.00	£36448.00	£35923.00	£36684.00	£38289.00	£23327.52	£14961.48	£23327.52	£0.00
F-8	Agency Spend (£000s) Month	£174.87	£259.01	£84.98	£81.95	£205.95	£106.34	£-80.27	£155.00	£169.00	£250.04	£107.24	£347.61	£234.08	£282.00	£-47.92		
F-16	Agency Spend (£000s) YTD	£971.79	£1230.81	£1315.79	£1398.74	£1603.68	£1710.00	£1630.00	£1784.00	£169.00	£418.90	£526.14	£873.76	£1107.84	£1454.00	£-346.16	£2638.40	£1184.40

- ▲ Improving performance

▼ Deteriorating performance

● No change

■ Aspirational metric
- + Outperformed target

- Underperformed target

= On target

- Data not provided

Performance by Domain

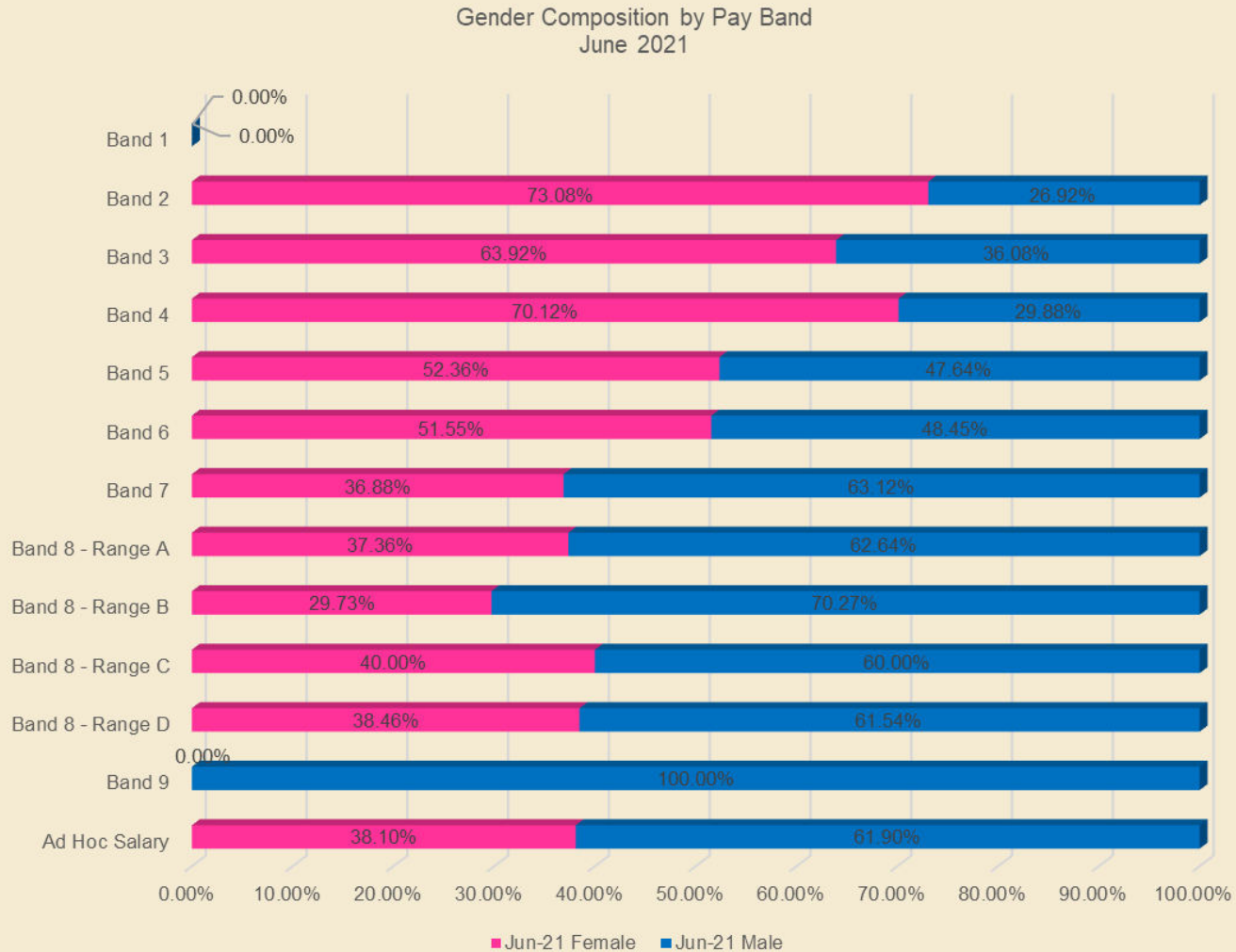
Well-Led: Finance Dashboard (August 2021)

Key Performance Indicators																	
Month							Year To Date						H1 Forecast (to September 2021)				
% PY Var	£000 Prior Year	£000 Plan	£000 Actual	£000 Variance	% Variance		£000 Plan	£000 Actual	£000 Variance	% Variance	£000 Prior Year	% PY Var	£000 Plan	£000 Forecast	£000 Variance	% Variance	
4.3%	22,557	23,208	23,521	313	1.3%	INCOME	116,281	116,854	572	0.5%	111,658	4.7%	142,143	142,948	805	0.6%	
(6.6)%	16,965	17,786	18,080	(294)	(1.7)%	PAY	88,165	88,281	(116)	(0.1)%	84,496	(4.5)%	105,942	106,368	(426)	(0.4)%	
(41.7)%	4,824	6,832	6,836	(4)	(0.1)%	NON PAY	33,574	33,975	(401)	(1.2)%	26,835	(26.6)%	40,370	40,728	(358)	(0.9)%	
(14.3)%	21,790	24,618	24,916	(298)	(1.2)%	OPERATING EXPENDITURE	121,739	122,256	(517)	(0.4)%	111,332	(9.8)%	146,312	147,096	(784)	(0.5)%	
(281.7)%	768	(1,410)	(1,395)	16	(1.1)%	OPERATING SURPLUS/(DEFICIT)	(5,457)	(5,402)	55	(1.0)%	326	(1757.5)%	(4,169)	(4,148)	21	(0.5)%	
(1879.4)%	6	146	125	21	14.4%	FINANCING COSTS	728	573	155	21.3%	338	(69.6)%	873	718	155	17.8%	
(299.7)%	761	(1,556)	(1,519)	37	2.4%	SURPLUS/(DEFICIT)	(6,185)	(5,975)	210	3.4%	(12)	(49691.7)%	(5,042)	(4,866)	176	3.5%	
0.0%	2	1	(20)	(21)	(2100.0)%	ADJUSTMENTS TO SURPLUS/(DEFICIT)	24	(140)	(164)	(7)	12	1266.7%	25	(139)	(164)	(656.0)%	
(301.7)%	763	(1,555)	(1,539)	16	1.0%	ADJUSTED SURPLUS/(DEFICIT) : CONTROL TOTAL	(6,161)	(6,115)	46	0.7%	0	(2038433.3)%	(5,017)	(5,005)	12	0.2%	
% PY Var	Incidents Prior Year	Incidents Plan	Incidents Actual	Incidents Variance	% Variance	A&E ACTIVITY	Incidents Plan	Incidents Actual	Incidents Variance	% Variance	Incidents Prior Year	% PY Var	Incidents Plan	Incidents Forecast	Incidents Variance	% Variance	
(3.5)%	64,547	65,643	62,303	(3,340)	(5.1)%	A&E ACTIVITY per Plan	332,650	323,061	(9,589)	(2.9)%	302,976	6.6%	396,811	387,673	(9,138)	(2.3)%	
✓	1	3	3		✓	USE OF RESOURCES RATING	3	3		✓	1	✗	3	3		✓	
	Prior Year	Plan	Actual	Variance			Plan	Actual	Variance		Prior Year		Plan	Forecast	Variance		
✓	148	354	250	(104)	✗	CIPS	1,061	830	(231)	✗	1,422	✗	2,871	2,871	0	✓	
✗	1,196	1,613	412	(1,201)	✗	CAPITAL	5,972	5,255	(717)	✗	4,260	✓	7,785	7,494	(291)	✓	
✗	46,647	23,328	38,289	14,961	✓	CASH POSITION	23,328	38,289	14,961	✓	46,647	✗	20,504	37,308	16,804	✓	
✗	4,391	4,659	4,368	291	✗	WTE	4,396	4,387	9	✗	4,442	✓	4,385	4,362	24	✗	
✗	1,080	1,100	854	246	✗	COVID-19 SPEND	5,500	4,650	850	✓	7,868	✗	6,600	6,600	0	✓	
% PY Var	£000 Prior Year	£000 Plan	£000 Actual	£000 Variance	% Variance	AGENCY STAFF	£000 Plan	£000 Actual	£000 Variance	% Variance	£000 Prior Year	% PY Var	£000 Plan	£000 Forecast	£000 Variance	% Variance	
(33.9)%	175	282	234	48	17.0%	PRIVATE AMBULANCE PROVIDERS (PAP)	1,454	1,108	346	23.8%	972	(14.0)%	1,731	1,329	402	23.2%	
(424.7)%	92	(1,560)	483	(2,043)	130.9%	Covid-19	850	797	53	6.2%	570	(39.9)%	3,615	1,402	2,213	61.2%	
(12.8)%	497	482	560	(79)	(16.3)%	Non Covid-19 (BAU)	2,408	1,837	571	23.7%	3,974	53.8%	2,890	2,318	572	19.8%	
(77.2)%	589	(1,079)	1,043	(2,122)	196.7%	TOTAL	3,258	2,635	623	19.1%	4,544	42.0%	6,505	3,720	2,785	42.8%	

Performance by Domain

Well-Led: Gender Composition by Pay Band (June 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 (September 2021)

Key indicators at a glance for August 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	00:01:28	00:02:19	00:01:26	00:01:17	00:00:45	00:01:46	00:00:55	00:01:34	00:01:42	00:01:39	00:00:00	00:02:05	
Calls Answered	922005	79735	93154	86011	1904	148772	40165	132702	55996	102493	110402	70671	
Mean Call Answer Time	00:00:26	00:00:42	00:00:26	00:00:22	00:00:13	00:00:28	00:00:22	00:00:29	00:00:28	00:00:31	00:00:03	00:00:38	
Incident Proportions (Over All Incidents)		ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
All Incidents	753189	62303	77655	66581	2434	108454	36455	93281	55062	79036	98394	73534	
C1 Incidents %	9.84%	7.59%	9.24%	11.68%	6.45%	8.92%	8.60%	13.49%	7.22%	12.08%	8.50%	9.47%	
C2 Incidents %	54.94%	56.54%	59.96%	59.33%	39.65%	55.10%	55.72%	55.66%	46.58%	56.38%	49.08%	55.88%	
C3 Incidents %	17.33%	23.04%	14.66%	12.76%	33.20%	16.10%	15.67%	13.55%	27.27%	17.63%	20.24%	14.73%	
C4 Incidents %	0.68%	0.41%	0.35%	0.16%	2.30%	1.21%	1.08%	0.00%	1.90%	0.23%	1.27%	0.32%	
Incident Outcomes		ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Hear & Treat %	11.58%	8.98%	9.66%	11.02%	10.76%	15.26%	11.19%	8.32%	12.29%	10.06%	15.40%	11.30%	
See & Convey %	51.41%	57.50%	54.55%	51.51%	57.93%	50.31%	52.27%	52.91%	49.02%	47.72%	47.13%	53.37%	
See & Treat %	32.04%	32.08%	32.73%	32.04%	30.73%	30.84%	26.64%	31.76%	34.21%	38.27%	31.67%	28.28%	
Response Performance		ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Response Time: C1	00:15:06	00:16:04	00:17:13	00:15:35	00:19:28	00:11:47	00:12:20	00:14:52	00:14:58	00:18:32	00:13:17	00:15:23	
90th Centile Response Time: C2	01:24:18	00:58:53	01:28:05	01:33:08	00:47:54	01:24:35	01:16:46	01:45:47	00:48:35	01:58:06	01:02:45	01:21:16	
90th Centile Response Time: C3	05:28:34	06:17:10	05:14:11	06:26:30	02:30:32	04:13:08	05:06:23	08:06:09	03:56:19	07:28:58	04:21:28	04:52:55	
90th Centile Response Time: C4	05:57:27	06:30:16	06:54:11	05:00:57	03:24:19	07:36:45	03:44:41	00:00:00	05:00:23	07:34:04	04:54:57	08:15:44	
Mean Response Time: C1	00:08:28	00:08:45	00:09:11	00:08:36	00:10:13	00:06:58	00:07:08	00:08:42	00:08:02	00:09:56	00:07:31	00:08:55	
Mean Response Time: C2	00:38:39	00:29:42	00:41:03	00:43:30	00:23:47	00:39:14	00:36:57	00:49:05	00:24:01	00:53:52	00:22:49	00:37:18	

Best placed to care, the best place to work



National Benchmarking 999 Emergency Ambulance Service Clinical Outcomes (April 2021)

Key indicators at a glance for August 2021

Cardiac Arrest ▲	ENG	SECamb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Proportion who had ROSC on arrival at hospital %	27.18%	22.91%	24.70%	22.94%	0.00%	27.79%	28.31%	29.75%	21.30%	28.74%	30.66%	32.06%
Proportion who had ROSC on arrival at hospital utstein %	50.26%	40.00%	52.50%	46.43%	0.00%	44.23%	57.69%	52.38%	42.86%	61.11%	57.58%	53.06%

NB: NHSE's most recent publication of national clinical outcomes no longer includes 'proportion of cardiac arrests discharged live' metrics.

National Benchmarking NHS 111 CAS Service (April 2021)

NB: National benchmarking data was unavailable at the time of production.





Appendix 1

Performance Charts

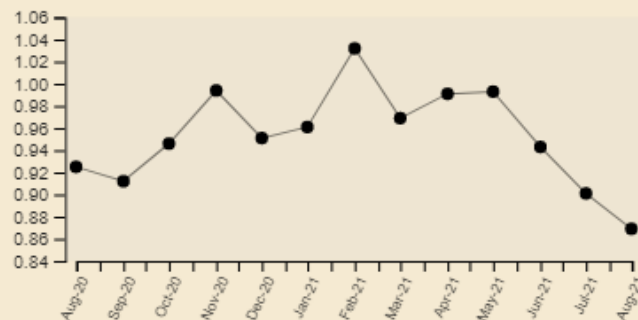
Performance by Domain

Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

999-12

999 Frontline Hours Provided %



August 2021

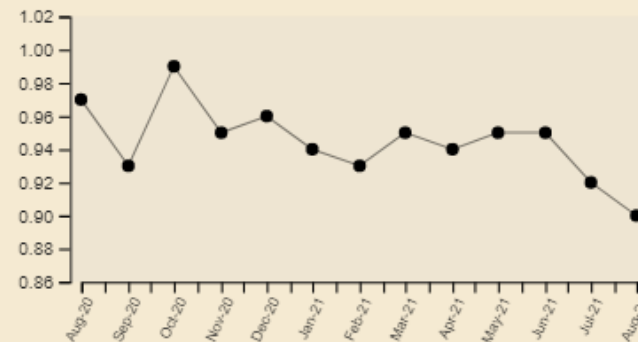
86.90%

Target

100.00%

QS-7

Hand Hygiene Compliance %



August 2021

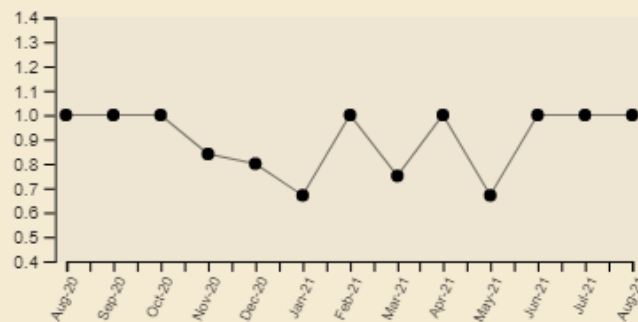
90.00%

Target

95.00%

QS-3

Duty of Candour Compliance %



August 2021

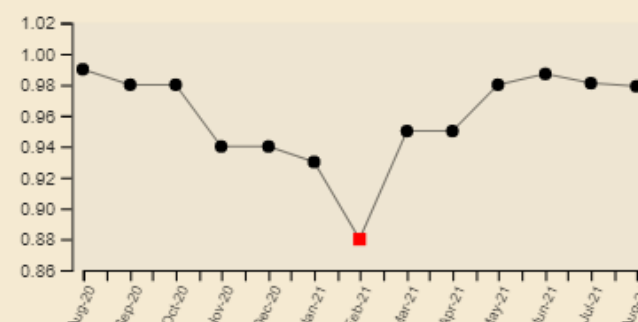
100.00%

Target

100.00%

MM-7

Medicines Management % of Audits Completed



August 2021

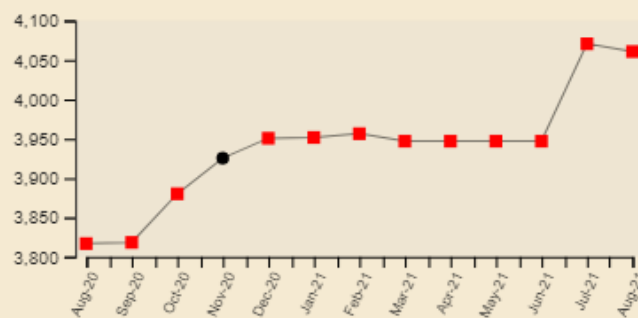
97.90%

Target

100.00%

WF-3

Finance Establishment (WTE)



August 2021

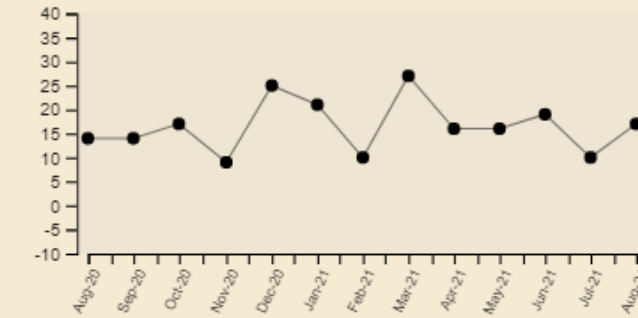
4060

Target

N/A

MM-5

Number of CD Breakages



August 2021

17

Target

N/A



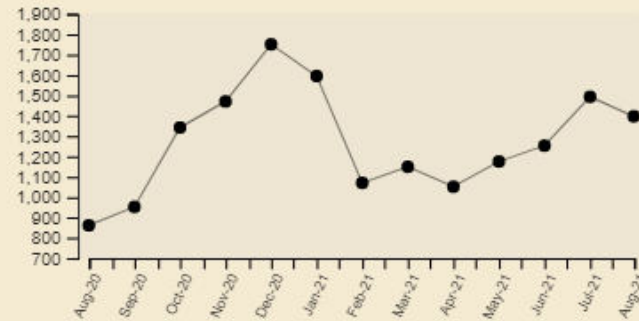
Performance by Domain

Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

QS-1

Number of Datix Incidents



August 2021

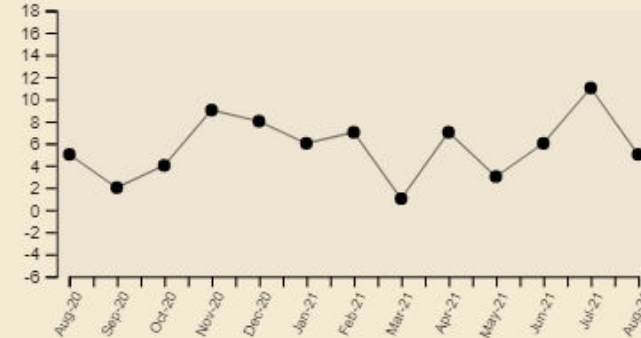
1397

Target

N/A

QS-2

Number of Incidents Reported as SIs



August 2021

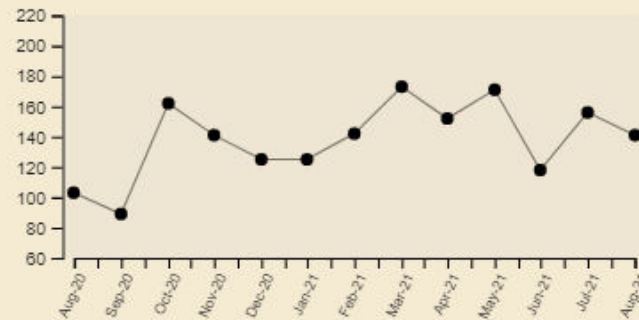
5

Target

N/A

MM-1

Number of Medicines Incidents



August 2021

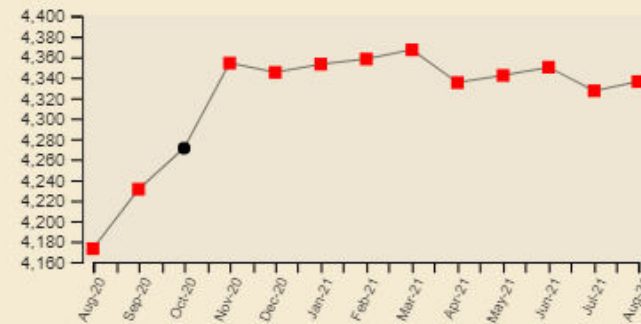
141

Target

N/A

WF-2

Number of Staff Headcount (Excl bank and agency)



August 2021

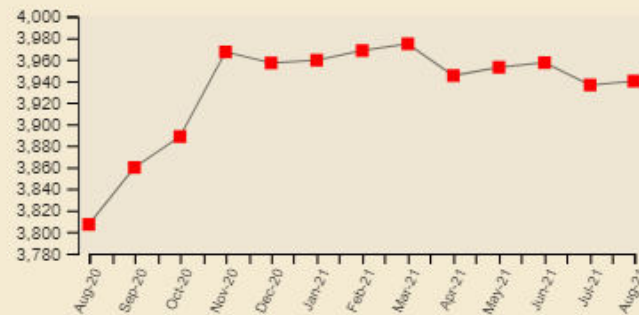
4336

Target

N/A

WF-1

Number of Staff WTE (Excl bank and agency)



August 2021

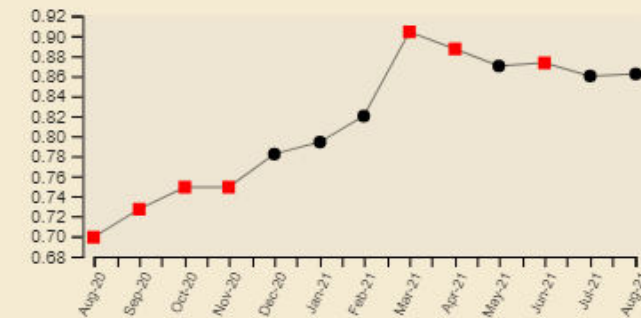
3939

Target

N/A

QS-8

Safeguarding Training Completed (Children) Level 2 %



August 2021

86.20%

Target

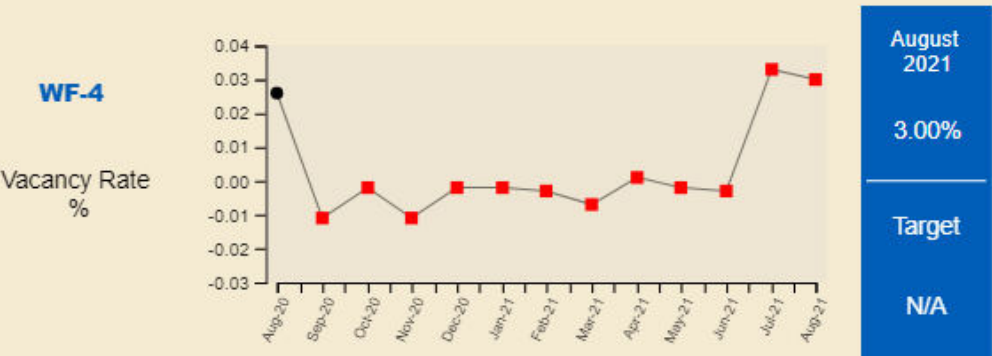
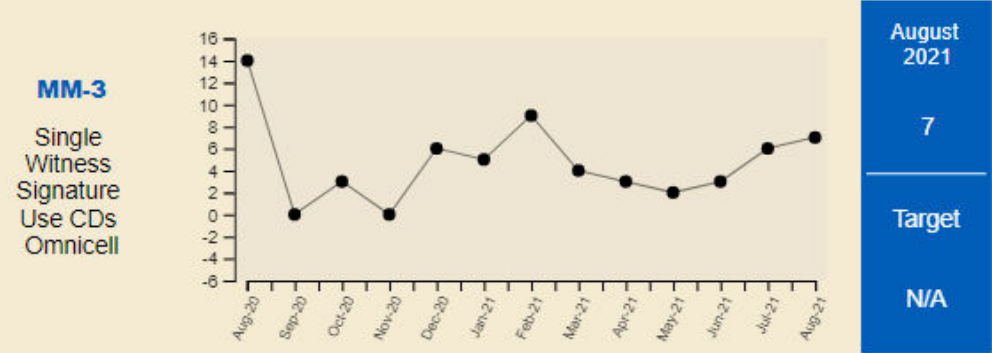
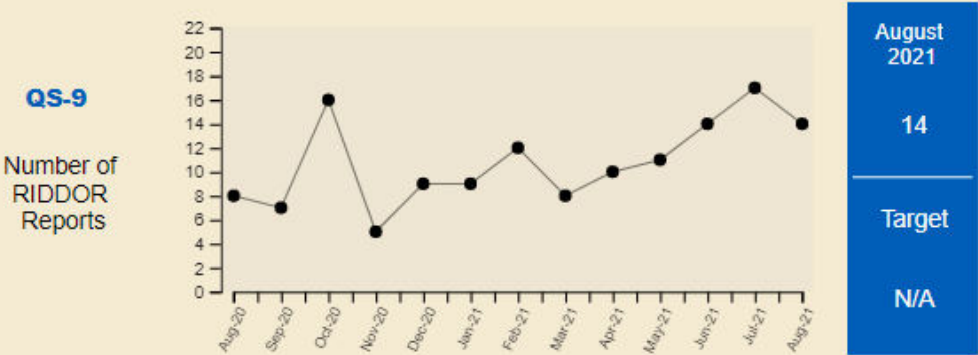
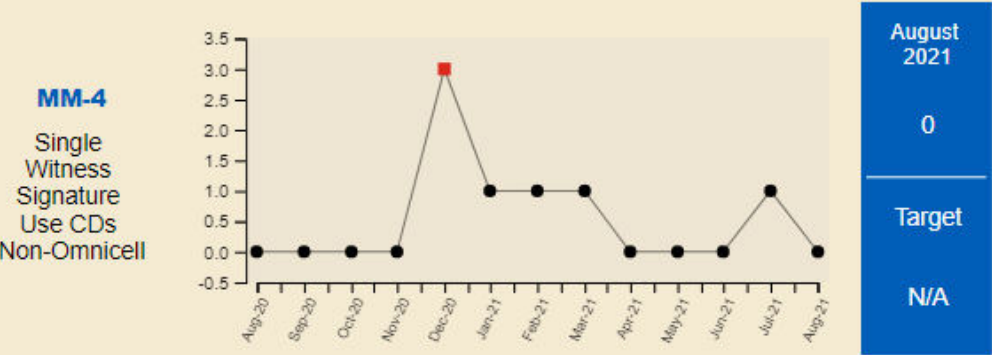
95.00%



Performance by Domain

Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

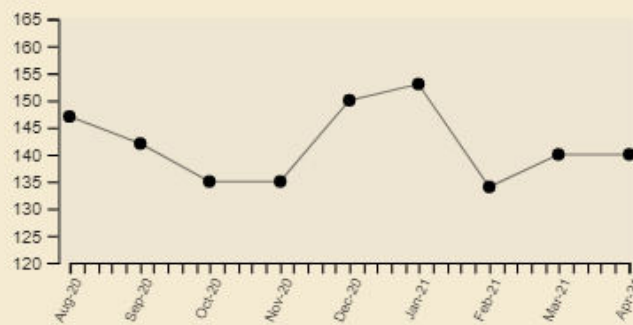


Performance by Domain

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-6
Acute
ST-Elevation
Myocardial
Infarction
(STEMI) Call
to
Angiography
Mean



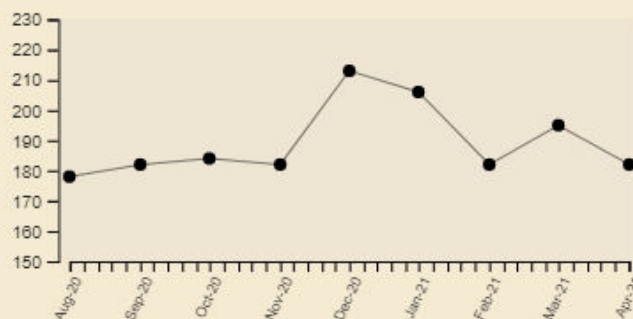
April 2021

02:20:00

Target

N/A

M-7
Acute
ST-Elevation
Myocardial
Infarction
(STEMI) Call
to
Angiography
90th Centile



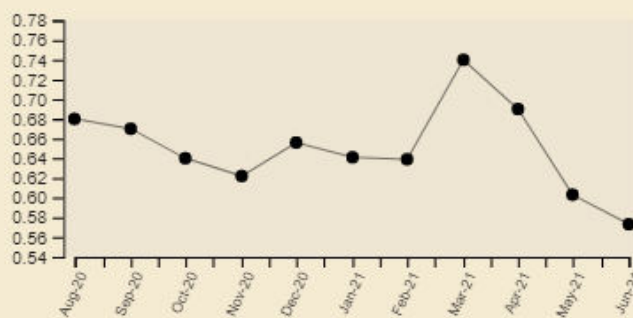
April 2021

03:02:00

Target

N/A

M-5
**Acute
STEMI Care
Bundle
Outcome %



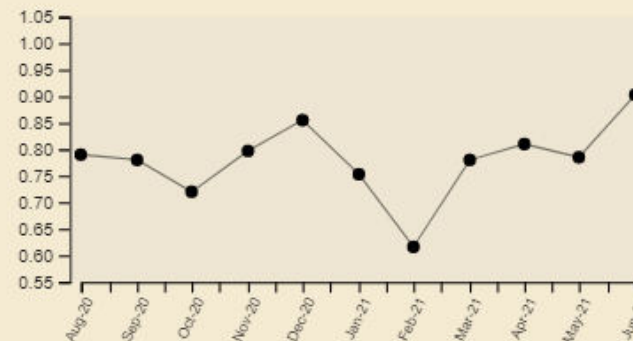
June 2021

57.30%

Target

N/A

M-11
Cardiac Arrest
- Post
ROSC %



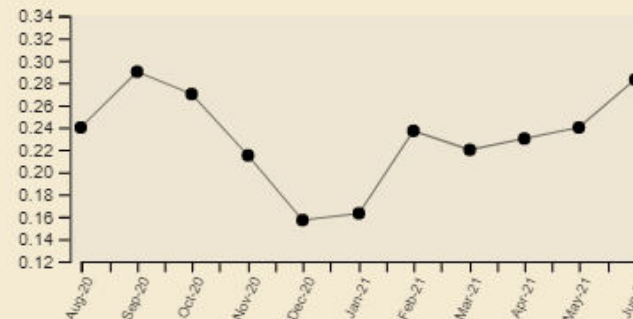
June 2021

90.30%

Target

N/A

M-2
Cardiac
ROSC ALL %



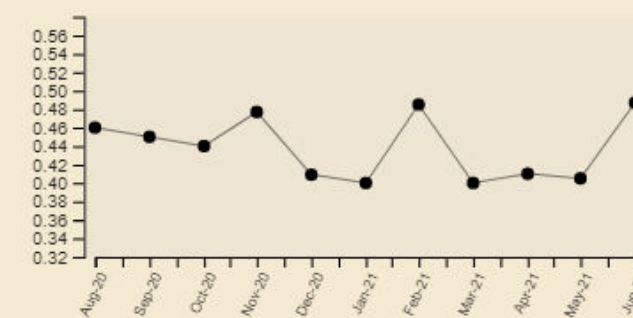
June 2021

28.30%

Target

N/A

M-1
**Cardiac
ROSC Utstein
%



June 2021

48.70%

Target

N/A



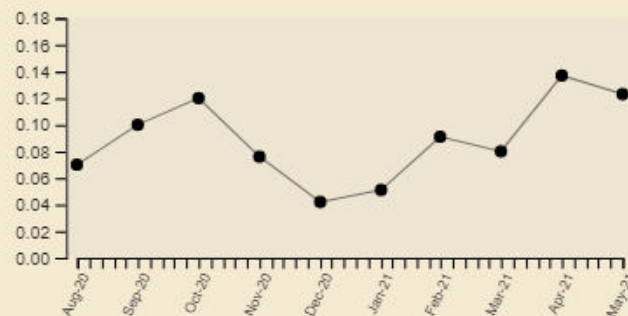
Performance by Domain

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-4

Cardiac
Survival ALL
%



May 2021

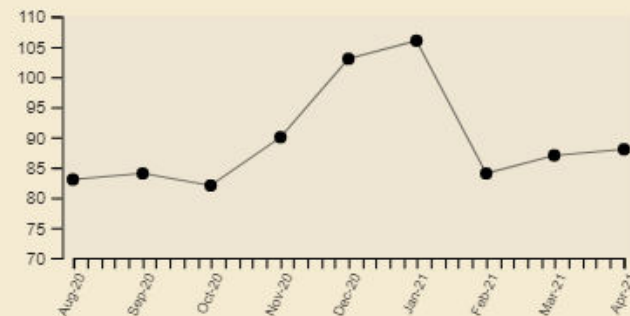
12.30%

Target

N/A

M-8

Stroke - Call
to Hospital
Arrival Mean



April 2021

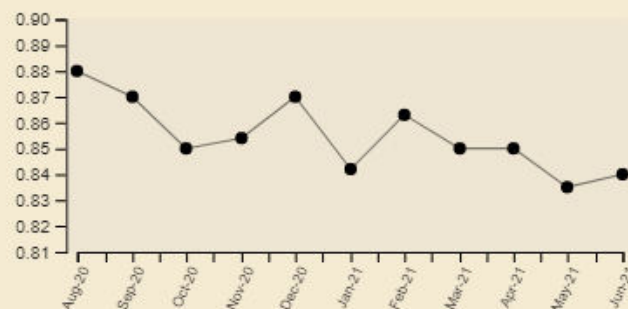
01:28:00

Target

N/A

M-12

**Sepsis Care
Bundle %



June 2021

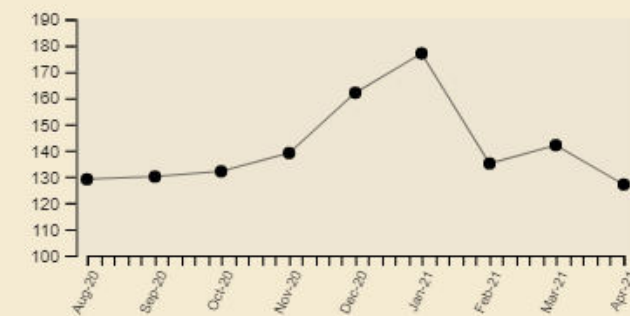
84.00%

Target

N/A

M-9

Stroke - Call
to Hospital
Arrival 90th
Centile



April 2021

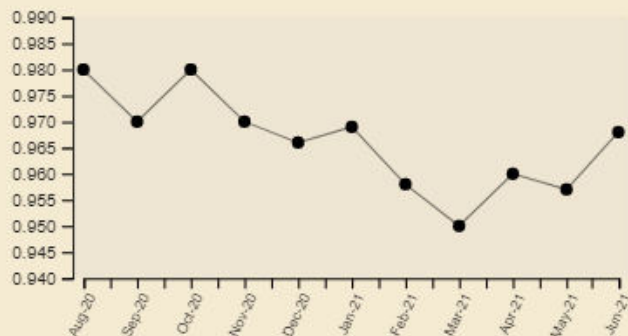
02:07:00

Target

N/A

M-10

**Stroke -
Assessed F2F
Diagnostic
Bundle %



June 2021

96.80%

Target

N/A

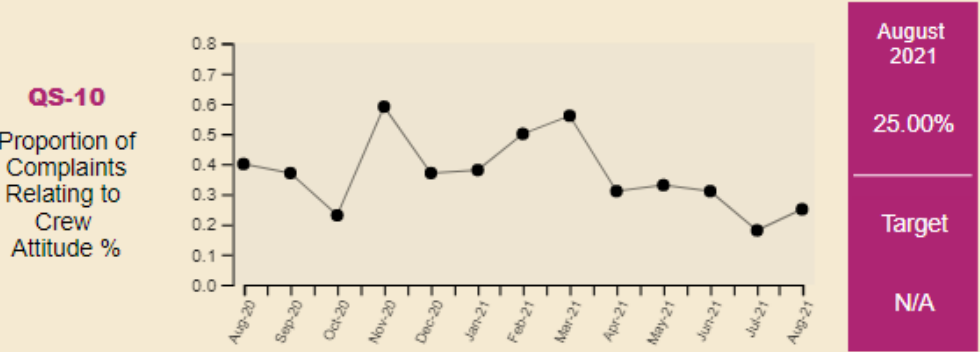
Best placed to care, the best place to work



Performance by Domain

Caring: Performance Charts

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



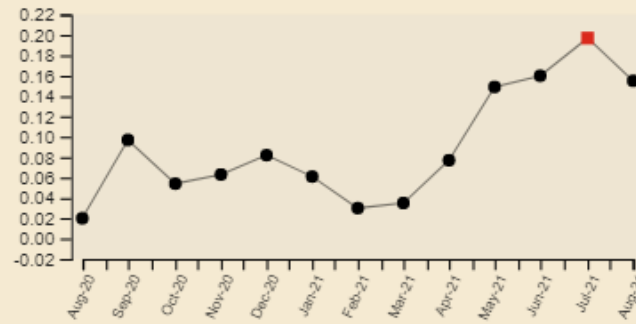
Performance by Domain

Responsive: Performance Charts

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

111-3

111 Calls
Abandoned -
(Offered)
After 30
Seconds %



August
2021

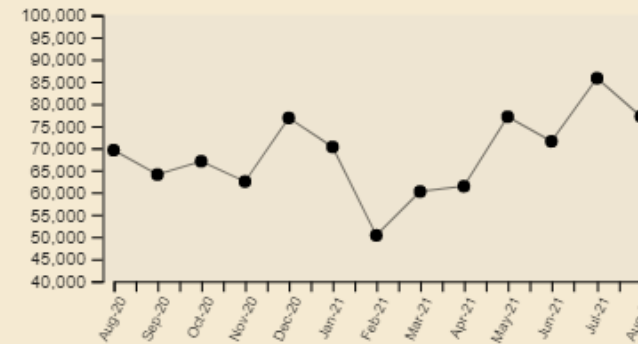
15.50%

Target

6.00%

999-10

999 Calls
Answered



August
2021

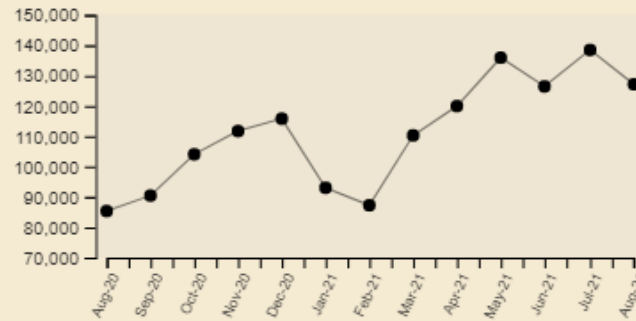
77173

Target

N/A

111-1

111 Calls
Offered
Actual



August
2021

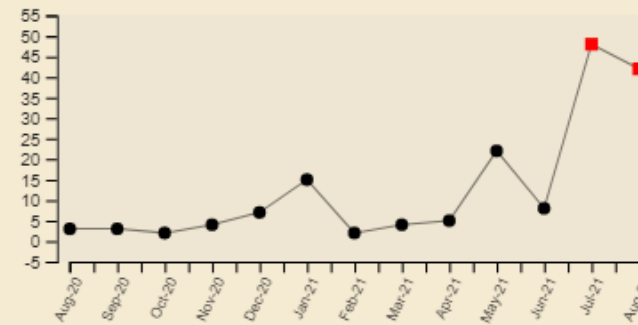
104059

Target

N/A

999-1

999 Call
Answer Mean



August
2021

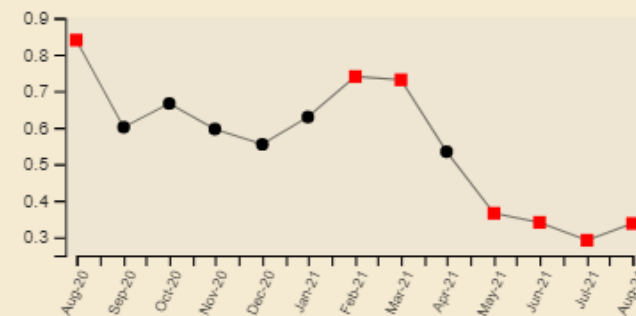
00:00:42

Target

00:00:05

111-1

111 Calls
Answered in
60 Seconds
%



August
2021

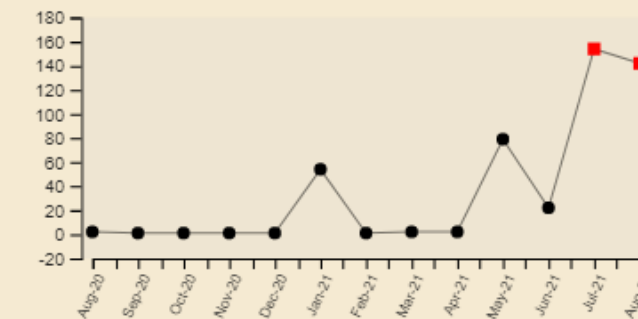
33.70%

Target

95.00%

999-1

999 Call
Answer 90th
Centile



August
2021

00:02:22

Target

00:00:10



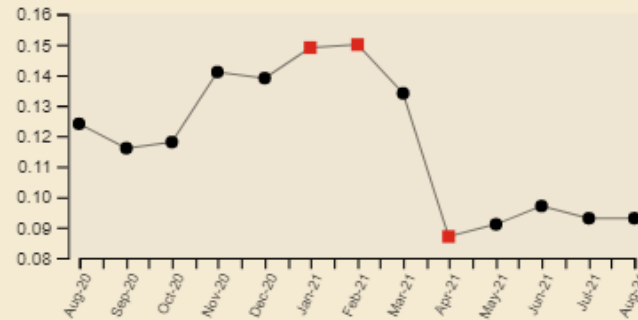
Performance by Domain

Responsive: Performance Charts

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

111-4

999 Referrals
(Answered Calls) %



August 2021

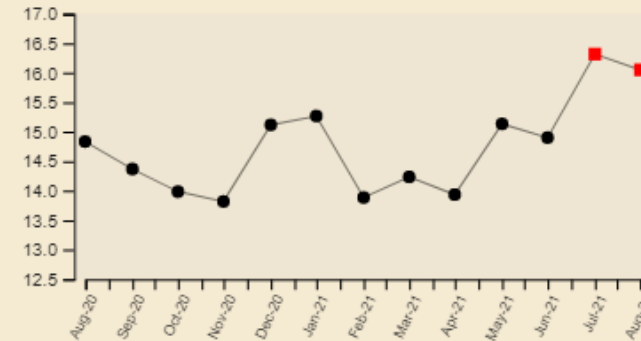
9.30%

Target

N/A

999-2

Cat 1 90th Centile



August 2021

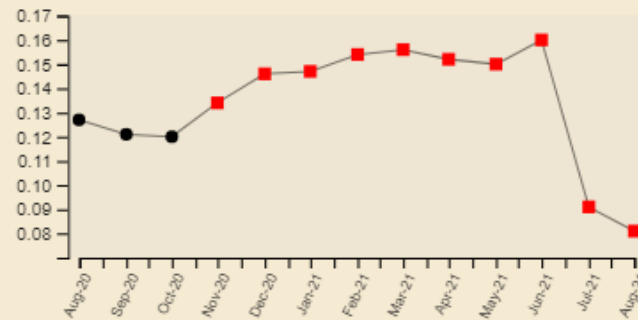
00:16:03

Target

00:15:00

111-5

A&E Dispositions %



August 2021

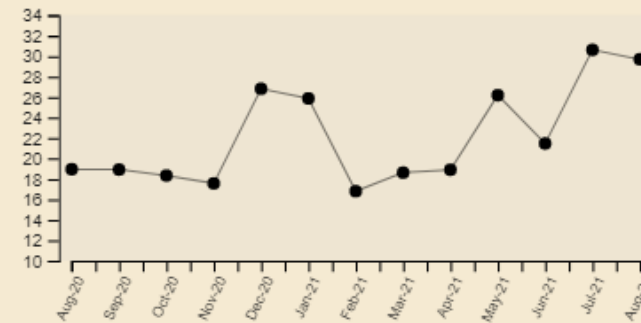
8.10%

Target

N/A

999-4

Cat 2 Mean



August 2021

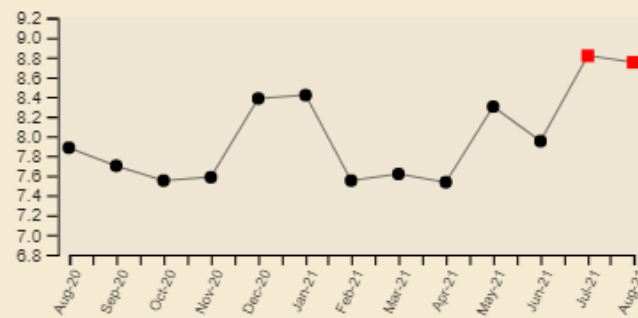
00:29:42

Target

00:18:00

999-2

Cat 1 Mean



August 2021

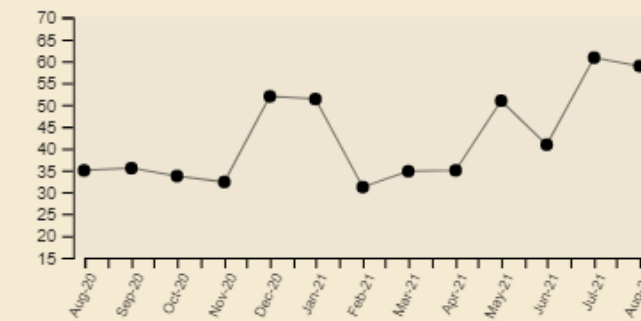
00:08:45

Target

00:07:00

999-4

Cat 2 90th Centile



August 2021

00:58:53

Target

00:40:00

Best placed to care, the best place to work



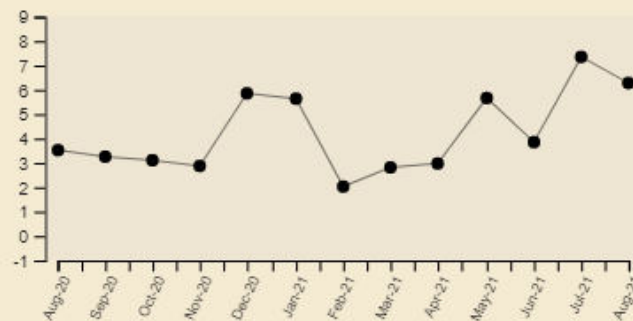
Performance by Domain

Responsive: Performance Charts

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

999-5

Cat 3 90th Centile



August 2021

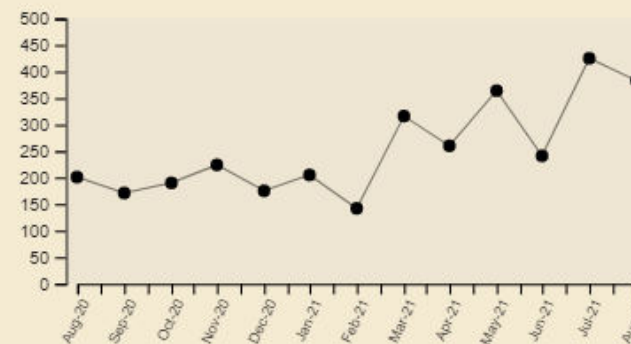
06:17:02

Target

02:00:00

999-10

Fire First Responder Attendances



August 2021

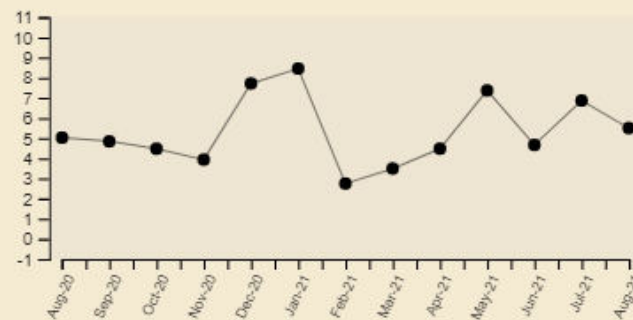
383

Target

N/A

999-6

Cat 4 90th Centile



August 2021

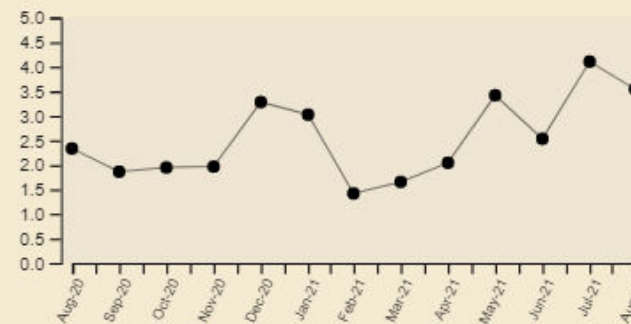
05:29:55

Target

02:44:51

999-7

HCP 3 Mean



August 2021

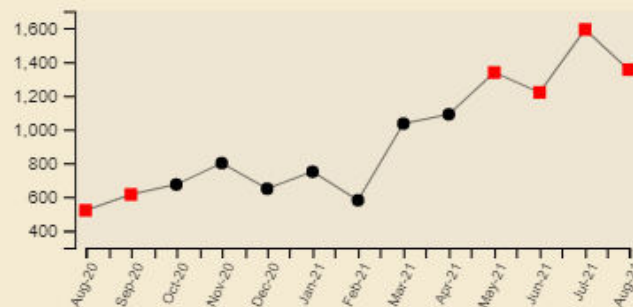
03:32:39

Target

N/A

999-10

Community First Responder Attendances



August 2021

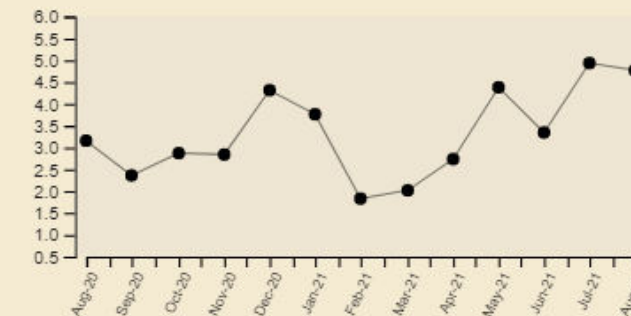
1354

Target

N/A

999-7

HCP 4 Mean



August 2021

04:46:11

Target

N/A

Best placed to care, the best place to work



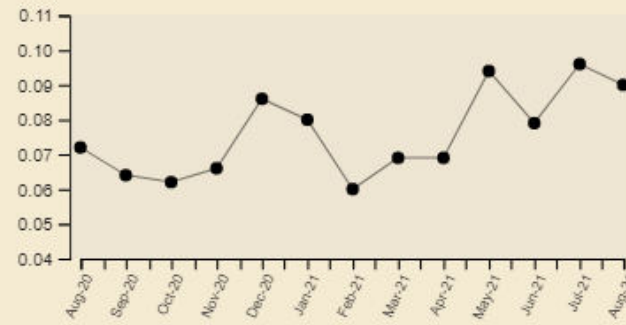
Performance by Domain

Responsive: Performance Charts

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

999-9

Incident Outcome Hear & Treat %



August 2021

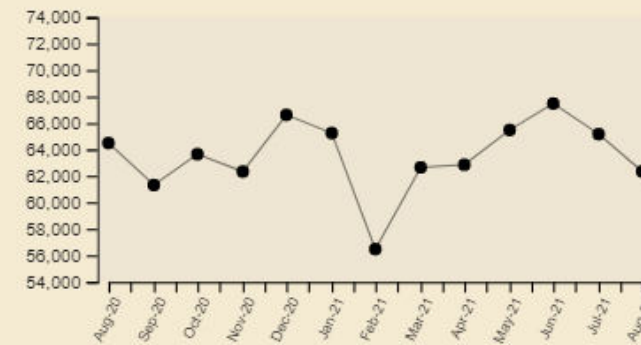
9.00%

Target

N/A

999-10

Incidents A7



August 2021

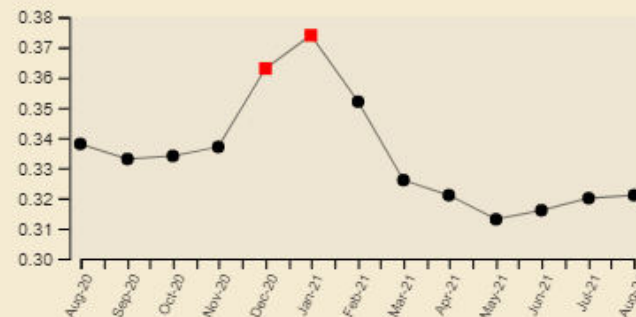
62343

Target

N/A

999-9

Incident Outcome See & Treat %



August 2021

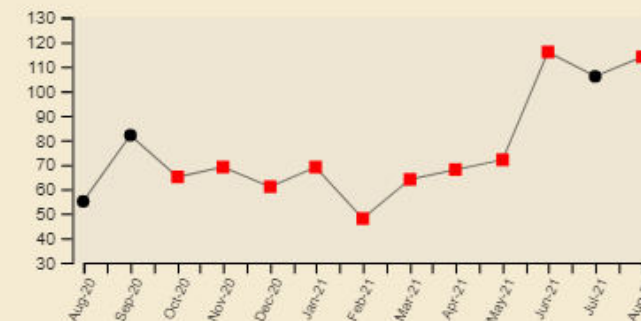
32.10%

Target

N/A

QS-5

Number of Complaints



August 2021

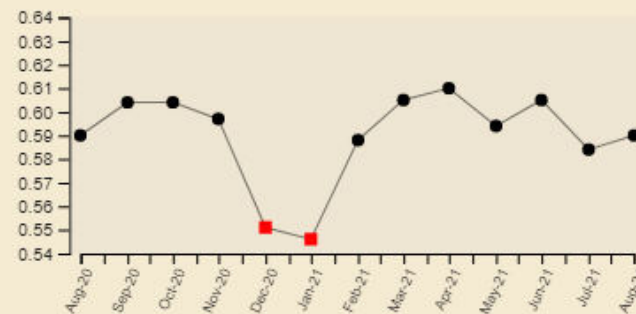
114

Target

N/A

999-9

Incident Outcome See & Convey %



August 2021

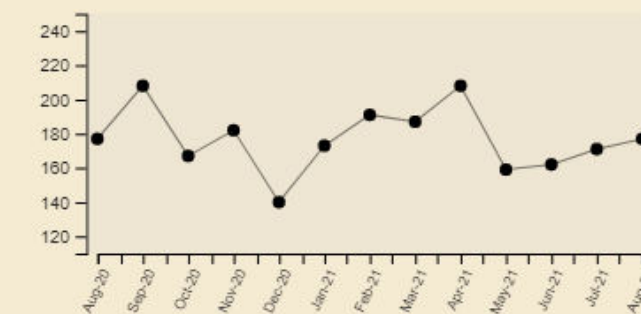
59.00%

Target

N/A

QS-6

Number of Compliments



August 2021

177

Target

N/A

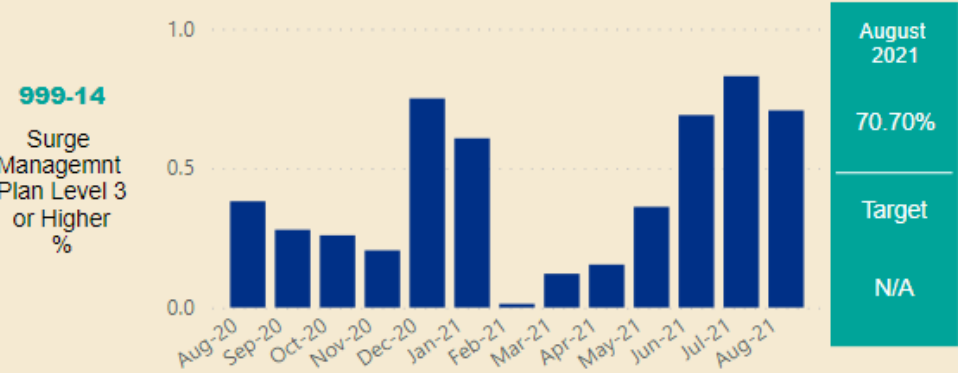
Best placed to care, the best place to work



Performance by Domain

Responsive: Performance Charts

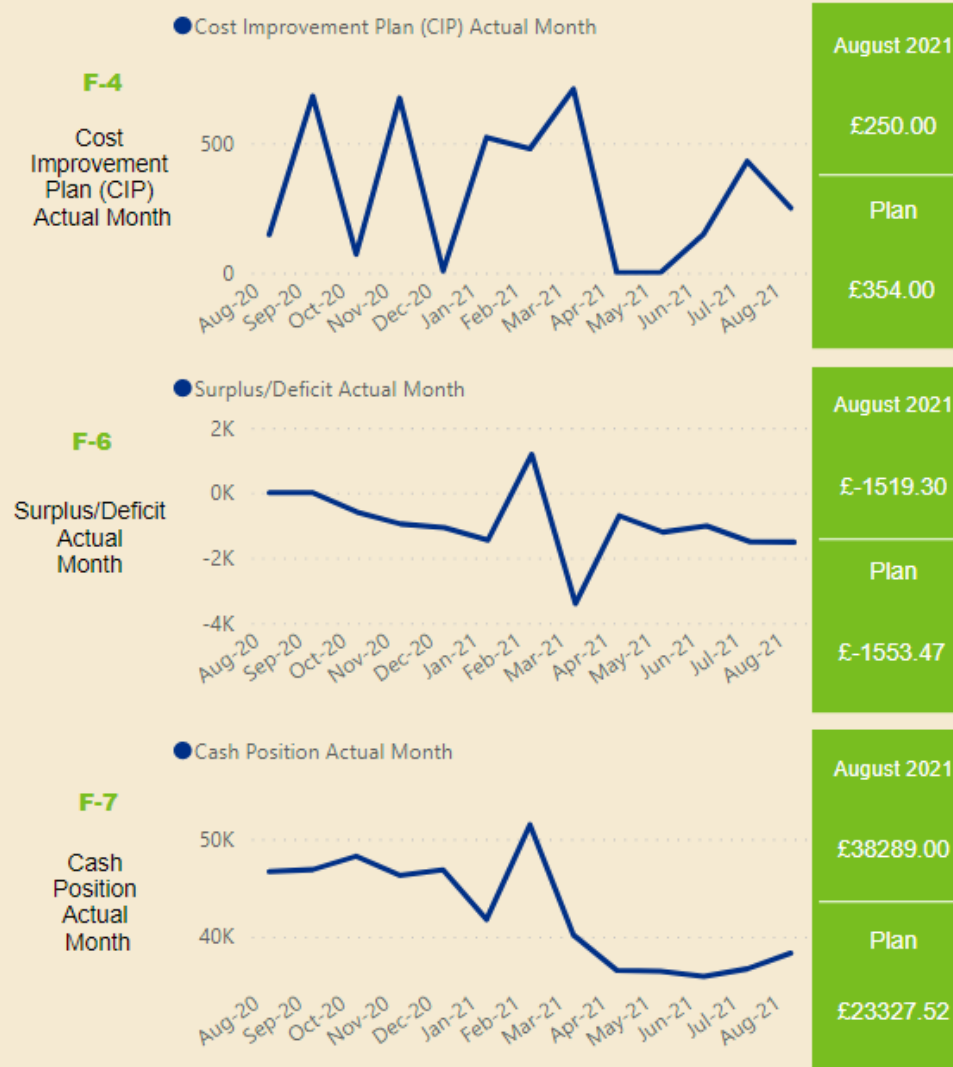
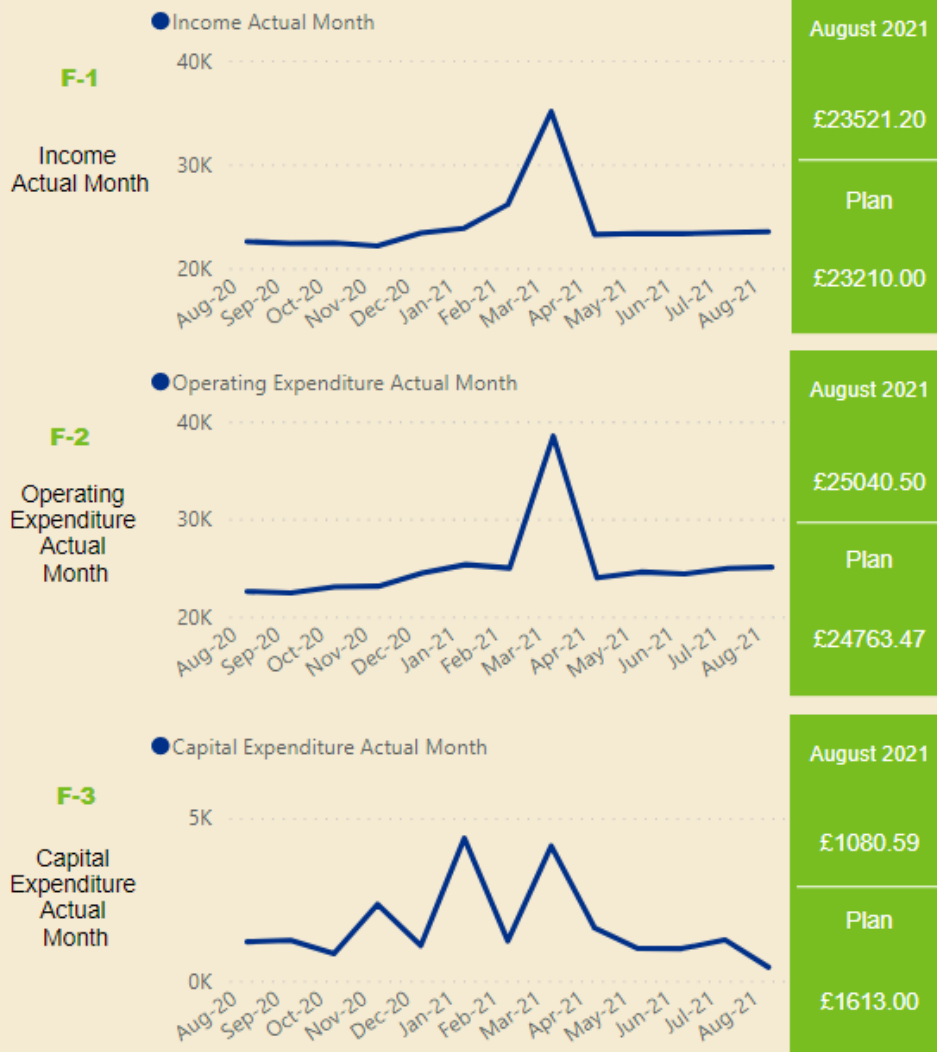
Our services are organised so that they meet our patient's needs



Performance by Domain

Well-Led: Performance Charts

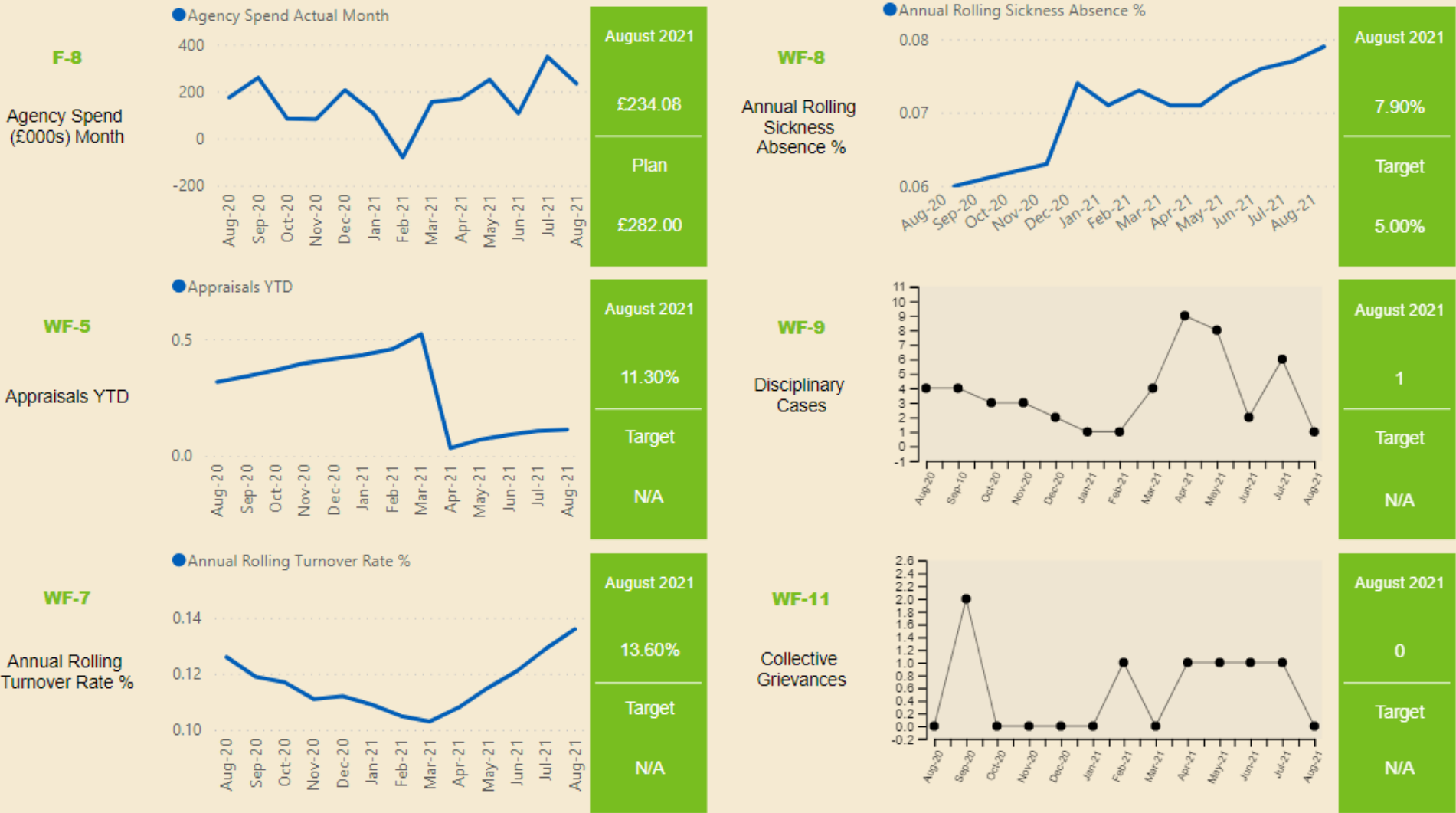
Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture



Performance by Domain

Well-Led: Performance Charts

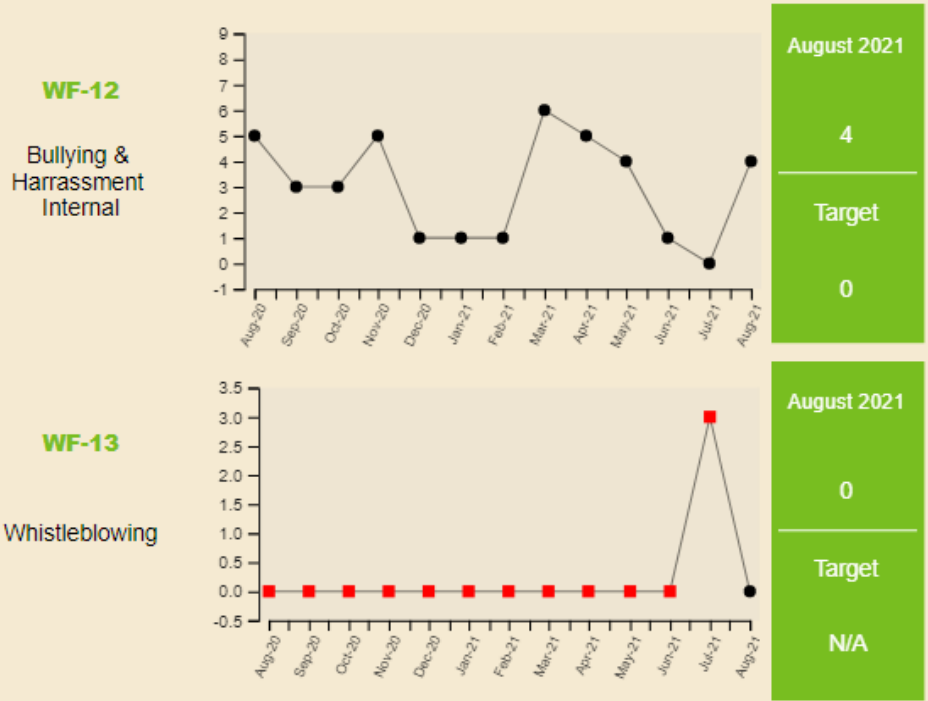
Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture



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



Appendix 2

Glossary & Metrics Library

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
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
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations

F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller





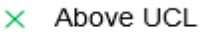
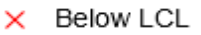

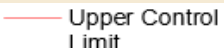
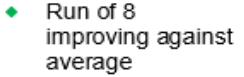
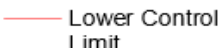
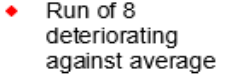
RAG	Red – Amber – Green
REAP	Resource Escalatory Plan
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations
ROSC	Return of spontaneous circulation
SCAS	South Central Ambulance Service
SI	Serious Incident
SIG	Serous Incident Group
STEMI	ST-Elevation Myocardial Infarction
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
TIA	Transient Ischaemic Attack (mini-stroke)
Transports	See AQI A53 + A54
UCL	Upper Control Limit
WTE	Whole Time Equivalent (staff members)
YTD	Year to Date

Appendix 3

Symbols & Chart Keys

Symbol Key			Ambulance Call Categories (Ambulance Response Programme)	
PD	Performance Direction		Category	
▲	Improving performance	+	Cat 1	Calls from people with life-threatening illnesses or injuries – such as cardiac arrest
▼	Deteriorating performance	-	Cat 2	Emergency calls – serious conditions such as stroke or chest pain
●	No change	=	Cat 3	Urgent calls – conditions which require treatment and transport to hospital
■	Aspirational metric	-	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	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.
				 Below LCL	
 Target	The target is either an internal or National target to be met.	 Upper Control Limit	These lines are set two standard deviations above and below the average.	 Run of 8 improving 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.
		 Lower Control Limit		 Run of 8 deteriorating against average	

SECAMB Board
Performance Committee

Date of meeting	19 August 2021
Overview of key issues/areas covered at the meeting:	<p>TOR and Cycle of Business</p> <p>Members scrutinised the TOR and cycle of business, for this new Committee which would take place bi-monthly and agreed the TOR needed to indicate some cross referencing to other Committees as some items would naturally overlap. It is envisaged the Performance Committee will become more sophisticated around understanding performance within localities and drilling into granular levels.</p> <p>Performance Management Overview</p> <p>Detailed slides were shared to provide an overview of scrutiny into the different performance components being managed. The Trust remains extremely challenged with the biggest issue continuing to be extractions. Detailed discussion took place around areas to address this, and the outcome of the previous MACA requests, which suggested these needed a clearer understanding of regional conversations and processes should this be revisited again in the future.</p> <p>SMP related to in hour on day escalations and de-escalations according to the number of calls being held, and members were assured of the dynamic actions being taken in response to this. REAP levels were continuing to be reviewed weekly, noting the actions are not as dynamic. The performance plan will be ongoing with different phases looking at different areas.</p> <p>Focus is on demand management, and members discussed the recent surge in calls, which is down to not having enough resources to answer calls, currently 28% are duplicate calls, where people are chasing. Response needs to be within the supply side, with more clinical staff in the control room triaging, although welfare calling and welfare texting is assisting in managing some public expectations.</p> <p>Members were advised of a £4.3m bid submitted by the Trust to obtain extra clinical resourcing in the call centres, and also to release Ops staff from admin back to front line.</p> <p>Members noted the plans to review rotas over the next 12 months, which in turn will align to demand profiles, and address seasonal patterns which are not always flat.</p> <p>Discussion took place around job cycle, wrap up times and CFR utilisation, noting there had been an improvement in job cycle times since January, however this is not mirrored in respect of clearance times at Hospitals which remains challenging.</p> <p>Weekly Review</p> <p>The weekly data review of performance was shared, and an overview given of how this is presented at weekly EMB meetings and with Senior Ops Managers. The data included a wide understanding of how all services are positioned, with trend patterns and breakdown of proportionality against 999, and how this links to current surge levels, workforce, wellbeing and including the totality of CFR contribution. Members welcomed the ability to be able to forecast more around structure and demand over the next 3 – 6 months.</p>

	<p>National Ambulance Quality Indictors (AQI) Position</p> <p>The monthly AQI position was shared, which showed a continued pattern of red across the Ambulance Trusts, and this continues to increase. The Trust remains strong in the C2 category, but other metrics are less strong with call answering significantly deteriorating in the last four months. Trends within SECamb appear mirrored to national trends. Detailed discussion took place around how commissioning is managed regionally, with no dedicated resource per area, and how going forward this is revisited.</p> <p>Summary</p> <p>In summary, there had been high quality debate and discussion and the Committee were assured that as much as possible is being done to address performance levels across the Trust. Whilst not expecting a massive surge on demand over the next two months, immediate focus will be on addressing the workforce issues, noting that A/L will decrease and noting various management initiatives to return staff from sickness absence, whilst also noting that COVID sickness had crept up. The levels of abstractions seen across all areas of the business remain of concern.</p> <p>Members welcomed the opportunity to scrutinise the performance data at a more localised level at the next meeting, and whether for example it is geographical or workforce related, by each location.</p> <p>Members were also keen to see the maturity of BI information evolve, and encouraged the Executive to develop this, so that each level of performance can be drilled down from the top, the performance cell will help to propel this.</p> <p>Whilst Winter Planning had historically been reviewed at FIC, the Performance Committee moving forward would cover all 'Seasonal' planning and this would be captured in the cycle of business.</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	

SECamb Board

QPS Committee Escalation Report to the Board

Date of meeting	Thursday 16 September 2021
Overview of key issues/areas covered at the meeting:	<p>Further to the review of the Board and its committees at the Board development session in August, the committee adapted its approach, ensuring a more focussed agenda that provides time for deeper review of the key issues within its purview.</p> <p>The feedback after the meeting was that this evolution in approach is a positive step forward. We will continue to make these adjustments over the next period.</p> <p>One of the changes is to include a committee dashboard, taken from the KPIs within the Integrated Performance Report. A draft version was reviewed and this will now be received at each meeting to enable the committee to ensure it is focussed on the right issues.</p> <p>Another change was the introduction of space for executive escalation, to be used as and when required. At this meeting the committee noted an emerging change in risk profile related to delays in call answer for category 1 calls. The committee is assured that the executive is taking corrective action and it will look at this more closely at the next meeting.</p> <p>The main scrutiny item included the following and the statement of assurance provided below relates to the extent to which the committee is assured by the actions that the executive can reasonably be expected to take. While the committee continues to have significant concern about the impact of delays on quality, safety, and patient (and staff) experience, it recognises the unique challenges currently facing the Trust and the wider healthcare system.</p> <p>EOC /111 Clinical Safety - Partial Assurance</p> <p>This is currently a standing agenda item although with different areas of focus. This meeting focused on how the executive is utilising clinicians in the control room(s) and the implementation of the new NHS Pathways Clinical Consultation Support (PaCCS). This is a clinical decision support solution that provides greater flexibility to support more remote assessments. The committee noted some of the limitations of roll out related to training and mentorship but really welcomes this as a different and potentially more effective way to manage demand and improve quality and patient outcomes. It has asked for a trajectory and will monitor progress.</p> <p>Harm Reviews - Assured</p> <p>This committee is impressed by the efforts being made to ensure we identify when harm occurs as a consequence of our inability to get to patients quickly.</p> <p>At the end of July, the criteria for these reviews changed to include 50% of the C2 double breaches and 10% of all triple breaches for other categories. The burden on the team undertaking these reviews was noted both in terms of time and wellbeing. As mentioned earlier, given the more recent shift in risk profile, the criteria were changed again to focus on C1 call answer delays and 10% of C2 delayed attendances. To give an idea of the scope of this, in the period to 6th August 3,149 incidents have been reviewed. The committee explored some of the outcomes and grades of harm. In the week before the meeting approximately 80 harm reviews were undertaken with one case identified as moderate harm; the others were either low or no harm. Although the trend seems to be showing fewer incidences of harm the committee were mindful of the impact of delays on patient experience and this would be a focus of future meetings.</p>

	<p>Serious Incidents – Partial Assurance</p> <p>The usual report was received summarising the serious incidents reported since the last meeting and the outcomes of the investigations that have been completed. This is extremely helpful in giving the committee a good insight into the issues and learning. The main theme continues to be delays.</p> <p>The committee is assured by the robust and well-established process for SIs but noted that the timeliness of investigation is understandably being impacted by the reallocation of resources in undertaking the harm reviews. The executive is mindful of this and provided good assurance by the mechanisms in place to ensure immediate learning is identified.</p> <p>The committee then spent some time under the new heading of Horizon Scan, to discuss two issues. Firstly, the issue of completing Key Skills which links to one of our BAF risks. The committee accepts that as we are in REAP 4 all training should be paused. However, there are consequences to this and a possibility, or even probability, that we will be in Reap 4 for much of Winter. There was therefore a good discussion about this difficult conundrum and the challenges in balancing the risks. No solutions were found, but the committee did ask that in its considerations, the executive think carefully about when the time might come that continuing to pause key skills outweighs the risk of abstraction.</p> <p>More reassuringly, the committee noted we did just over 50% of key skills last year and said then that the aim this year would be to complete the other 50%. This equates to 2677 sessions and of this number 1000 were completed in April and May.</p>
Any other matters the Committee wishes to escalate to the Board	<p>The committee received a verbal update on the work being undertaken on Public Access Defibrillators (PAD). This is a complex area that is a national issue. Phase 1 (review of Trust owned sites) is in final stages, and this is to ensure each PAD is functional. A paper will come to the committee in November which will include how the executive intends to take forward phase 2, which is about the other circa 3,500 sites that are privately owned.</p>

SECAMB Board

Finance and Investment Committee (FIC) Escalation report to the Board

Date of meeting	9 September 2021
Overview of key issues/areas covered at the meeting:	<p>This was the first meeting since the new Performance Committee was established, which has enabled greater focus on financial performance and longer-term financial planning.</p> <p>ICS Financial Position</p> <p>To put the Trust's position into context, the committee began the meeting looking at the ICS financial position, which is currently forecast to be breakeven. There is increasing focus on the outturns at ICS-level rather than by organisation. This is something the Board will need to consider over the coming months as it raises interesting issues.</p> <p>The committee explored the variance between the organisations and the potential consequences of the Trust planning a not insignificant deficit, largely due to a shortfall of the block contract that was introduced as a consequence of the pandemic. The expectation is that this gap will be closed with non-recurrent funding, like last year, but this is by no means certain. Constructive conversations with commissioners are ongoing about this and how we deal with the shortfall from 2022-23.</p> <p>In the meantime, the committee reinforced the need for the executive to ensure we continue to drive all the internal efficiencies.</p> <p>Financial Performance – Partial Assurance</p> <p>The committee is assured that we are managing our money well and are on track to meet our planned targets. However, this means a circa £10m deficit (caveat is the expectation this will be closed by commissioners as stated above) and in the context of the uncertainty for the second half of the year. At the time of the meeting there was still no confirmation from commissioners / NHSE about this.</p> <p>The funding gap in 111 CAS was explored and while discussions at that time were positive there was potential for us running a commercially let contract at financial risk. The committee asked that there is update on this at the Board meeting. This will be in Part 2 due to the commercial sensitivities.</p> <p>Finally on current performance, the committee noted the gap in our cost improvement programme. While the executive reassured the committee that there are a number of initiatives to improve efficiencies, this is a concern and something that will be monitored closely.</p> <p>Financial Planning – Not Assured</p> <p>The statement about not being assured is not a reflection on the executive management team, but rather to reflect the uncertainty that remains from the centre about funding for the second half of the year and beyond. The consequence is that we are not able to effectively plan for the long term, which is one of our BAF risks.</p>

	<p>Digital Strategy</p> <p>A first draft of the strategy was considered. There are three aspects to this, IT; Clinical Information; and Performance Information. The committee supported the approach reinforcing that this is about how we use modern technology to improve patient care / experience.</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	<p>The committee also received a helpful report on commissioned contracts and is assured that we have effective contract management in place. There was also a report for information on estates disposals and acquisitions and the committee will receive this bi-annually.</p>

SECAMB Board

Summary Report on the Audit & Risk Committee

Date of meeting	23 September 2021
Overview of issues/areas covered at the meeting:	
Internal Audit	<p>Three reviews were considered.</p> <p>Freedom to Speak Up – Partial Assurance Firstly, the committee acknowledged that a number of issues raised through FTSU probably should be dealt with via the usual line management process. This links to the ongoing discussion about the need for management training and development. There was then a detailed discussion about the benchmarking data that shows we have a higher number of complaints especially related to behaviours such as bullying and harassment. The committee asked the executive to ensure the root causes of this are established so that we can take corrective action.</p> <p>The committee also explored the risk that with so many ‘management’ issues taken through FTSU we might miss significant patient safety concerns, given that patient safety was the driver for FTSU. The conclusion was that this was likely to be a small risk and mitigated by the robust incident management processes. Nonetheless, work is needed to ensure FTSU is always used appropriately.</p> <p>The committee asked that, through the Chief Executive, a single member of the executive team takes ownership of implementing the recommendations. Currently, different directors have tasks assigned to them so we have the risk that while the sum of the parts will be implemented it might not secure the overall improvement needed.</p> <p>111 Performance & Data Quality – Reasonable Assurance The committee was assured by the outcome of this review, noting that no specific actions were recommended as the issues identified are being picked up by the existing 111 optimisation plan.</p> <p>Incidents Management – Reasonable Assurance There was also good assurance from this review, especially that our processes continued to be robust through the pandemic.</p>
Counter Fraud Assured	The committee received very good reports on progress against the annual plan, and fraud risk assessment. The committee is assured that we have a really good counter fraud culture with strong controls.
Information Governance Assured	<p>A very good annual report was received setting out the controls we have in place to manage information in a way that is safe and compliant with the law, while ensuring the sharing of information to support good patient care.</p> <p>The committee has asked for a session in the coming months to explore whether the opportunities to use information in a way that really supports the delivery of our strategy.</p>

Business Continuity Partial Assurance	<p>It is clear that there are good business continuity plans in place and with the way we have learnt to work (remotely) during the pandemic this has had the effect of mitigating some of the risks from a business continuity incident. However, the executive reported that due to recent pressures not all the plans have been tested as would usually be the case. In addition, the EPRR self-assessment that is currently being completed identifies areas of partial compliance. Management is clear about the improvements needed and the completed annual EPRR assessment will come to the Board in November.</p> <p>The committee noted our involvement in the inquiry into the bombings in Manchester and the likely recommendations arising from this relating to all ambulance services. It also noted the upcoming national COVID inquiry and asked for assurance in December that we are well prepared for this.</p> <p>It also suggested some time is given at a Board development session, to ensure the Board is up to date with its responsibilities related to business continuity and emergency planning etc.</p>
Environmental Sustainability Partial Assurance	<p>There was a good discussion about this and the committee noted the work being undertaken by the executive including in developing a Green Plan. There was an acknowledgement that this needed to be higher on the Board's agenda over the coming months.</p>
Other matters	<p>The committee received a helpful report on Estates Valuations and good assurance on the effectiveness of our policy on declaration of interests, gifts and hospitality.</p> <p>The usual review of the BAF risks was undertaken and the committee is assured these reflect the key risks too achieving the strategic objectives, and that there is good focus on their management at Board and committee level.</p>

		Item No	35-21
Name of meeting	Trust Board		
Date	30 September 21		
Name of paper	Learning from Deaths Report		
Executive Lead	Medical Director		
Author name and role	Richard Quirk, Deputy Medical Director		
Synopsis	<p>In accordance with Trust Policy and national direction, the Board receives this quarterly report, which set out the outcome of the review of the care provided to patients who sadly passed away.</p> <p>The Board will know that while these reviews relate to care provided several months ago, this is because of the time it takes to obtain the necessary data from others e.g. hospitals.</p> <p>It is therefore a balance between timeliness and using the most accurate data to inform the reviews. To date we have taken the view that it is more important to ensure accurate data.</p> <p>That said, the learning is not time dependent and immediate issues / learning is picked up through the usual incident reporting processes. These reports therefore are more of a retrospective audit/review of general care of the dying.</p> <p>As set out in the conclusion, the panel have not identified any deaths where the Trust has caused/failed to prevent harm and/or directly contributed to the death. Indeed, there are many examples of very good compassionate care.</p>		
Recommendations, decisions or actions sought	The Board is asked to consider the information provided		
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	<p>Yes / No</p> <p>If yes and approval or ratification is required, a completed EA Record must be attached.</p>		

Learning from Deaths Report – Quarter 3 – 2020/21

1.0 Introduction

1.1 When deaths occur, 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).

2.0 Overview of Quarter 3 (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
October	240	354	0	594
November	225	380	1	606
December	334	464	0	798

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 – October 2020	No. of patients who died – November 2020	No. of patients who died – December 2020
Under 1 year	2	3	4
1-2		1	1
2-3			
3-4			
4-5		1	
5-6			
6-7			
7-8			
8-9			
9-10			
10-11			
11-12			
12-13			
13-14			
14-15		1	
15-16			1
16-17			
17-18	1		2
18 – 29	12	10	15
30 – 39	22	17	22
40 – 49	38	30	32
50 – 59	43	56	62
60 – 69	103	95	95
70 - 79	129	147	206
80 – 89	154	153	203
90 – 99	74	78	121
100+	5	6	9
Age unknown	11	8	25

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

Table 3

	No. of patients who died – Oct 2020	No. of patients who died – Nov 2020	No. of patients who died – Dec 2020
Dead on arrival	242	226	311
Resuscitation	184	210	257

attempted			
Advance Care Plan/Do not attempt resus (DNACPR)	145	143	195
Professional Decision not to Resuscitate	19	22	28
End of Life	4	5	6

3.0 Review process

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

3.2 The Executive Medical Director, Deputy Medical Director, Assistant Medical Director (Critical Care), Assistant Medical Director (Urgent Care), Consultant Paramedic (Urgent Care), Associate Director of Quality and Compliance and both End of Life Care Leads 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)	36 (60%)	7 (12%)	12 (20%)	4 (7%)	0	1 (2%)
On scene handling (Care)	52 (87%)	2 (3%)	1 (2%)	1 (2%)	0	4 (7%)
Transfer and Handover (Including discharge and	15 (25%)	2 (3%)	1 (2%)	0	0	42 (70%)

worsening care advice)						
Other Aspects of Care (quality and legibility of records)	42 (70%)	14 (23%)	2 (3%)	0	0	2 (3%)
Overall Assessment of Care	45 (75%)	10 (17%)	2 (3%)	1 (2%)	0	2(3%)

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 16 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. It is noticeable from the data that the delays increased throughout the quarter with most adequate or poor care described in December 2020. This corresponds with the second peak of Covid infections and correlates with wider NSH system pressures at that time. For those incidents where the Trust has taken longer than 7 minutes to arrive on scene, the reviewers have not identified any significant 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.

3.4.2 On Scene Handling

2 cases were reviewed as adequate or poor care. The first patient was a 71 year old male who was in cardiac arrest. The crew were seeking further advice from a senior clinician when they arrived on scene instead of starting CPR straight away and then seeking advice after starting CPR. The reviewer felt that the death was therefore possibly avoidable however on balance, the reviewer felt that even if CPR was successful this patient would not have survived to be discharged from hospital.

The second patient was a 96 year old female who arrested whilst the crew were on scene. The patient had a DNACPR in place, however the crew decided to assist with respirations (and not cardiac compressions). It is not clear why they chose to assist with ventilations during this arrest or why they didn't feel it necessary to comply with the DNACPR in place. It is very unlikely that the patient would have survived, however the care of this patient at the end of their life is not clearly explained.

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 the 96 year old female described in 3.4.2 above. The reviewer felt that the crew had not documented clearly what handover they had given to the police or the rationale for calling the police.

3.4.4 Other aspects of care (including documentation)

There were two patients where the care was described as 'adequate'. The first patient was an 80 year old female where the patient had died before the crew arrived on scene. The reviewer felt that the notes were too brief and that the crew had not followed due procedure for 'Recognition of Life Extinct (ROLE)' as they had not performed an ECG on the patient as per policy.

The second case was related to the 96 year old female described in 3.4.2 above – the reviewer felt the notes were too brief and that the crew had missed the opportunity for joint decision making (with the family and senior clinicians) about the care of this patient at end of life.

3.4.5 Overall Care

he three cases identified as overall 'adequate' or 'poor care' were 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)	3
Slight evidence of avoidability	2
Definitely not avoidable	55

3.5.2. In the 5 cases where avoidability was considered to be a possibility, the reviewer found the following:-

Probably avoidable but not very likely (less than 50:50) –

- The patient had chest pains in the week before they arrested, but did not call for medical attention as they did not want to bother the NHS during Peak 2 of Covid as they knew the NHS was busy. Although this is not relevant to the care that Secamb

provided, it demonstrates that some members of the public did not seek early medical help during the Covid peaks.

- The patient was categorised as a C2 and the reviewer felt that if the patient had been categorised as C1, they may have had a greater chance of survival.
- As mentioned above, a crew arrived at a patient and sought senior advice before starting CPR. This may have made a difference to the outcome.

Slight evidence of avoidability-

- There was a long delay in getting to the patient and then a long delay to get the patient to a Primary Percutaneous Catheter Intervention Centre.
- There was long delay in getting to the patient, however there was good bystander CPR taking place.

4.0 Two cases reviewed following concerns

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

4.2 Case One - The review was related to a 41 year old man who had fallen down 15 steps with a head injury. The patient declined transfer to hospital and subsequently died of a subdural haematoma (bleed in the brain). The reviewer found failings at triage with the wrong NHS Pathway chosen for this patient and inadequate documentation of the crew around the capacity of the patient to make a decision not to go to hospital. There was inadequate documentation in the records about the crew notifying the patient of the risks of staying at home. This case is referred back to the Serious Incident Review Group as a potential serious incident as the reviewer has concluded that this death was 'probably avoidable – more than 50:50 chance'.

5.0 Learning from the random review of 60 deaths

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

5.2 In a small number of reviews there was a delay in attending the patient. It is noticeable that the number of delays increased throughout the quarter as the second peak of the Covid pandemic increased the numbers of patients seeking medical attention and more staff were off sick leading to poorer performance. The reviewers have not found evidence that these delays significantly 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.

6.0 Conclusion

The panel have not identified any deaths where Secamb have caused harm or directly contributed to the death. The panel have identified many examples of very good compassionate care. One death has been referred to the panel by the Serious Incident Review Group and the panel have found failures in triage and in management on scene. This case is now being considered as a Serious Incident.

7.0 Actions resulting from the review of deaths from Quarter 3 20/21

Action	Who?	Update/Date
Individual feedback to crews/EOC staff on the cases where the panel judges the care to be adequate or poor.	Crew member's OTL EOCM	July 2021
Review EOC processes to identify why some End of Life Care patients receive a C1 response.	EOC rep on the Learning from Deaths Group	August 2021
Review how we code patient at end of life as their data for cardiac/respiratory arrests may be included in the 'Out of Hospital Cardiac arrest' data which then impacts on our survival rates in this national data.	Clinical Audit rep on the Learning from Deaths Group	August 2021

		Item No	36-21
Name of meeting	Trust Board		
Date	30 September 21		
Name of paper	Freedom to Speak Up Guardian's Bi-Annual Report		
Author name and role	Kim Blackburn Freedom to Speak up Guardian		
Synopsis	This report updates the Board on the Freedom to Speak Up (FTSU) progress for the last 6 months. It will also provide a refresher for understanding of FTSU, information on activities and a summary of themes connected to speaking up.		
Recommendations, decisions or actions sought	The Board is asked to consider the information provided		
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).		Yes / No If yes and approval or ratification is required, a completed EA Record must be attached.	

South East Coast Ambulance Service NHS Foundation Trust

Trust Board

Freedom to Speak Up

1. Introduction

During the first six-months of 2021/22 South East Coast Ambulance Service NHS Foundation Trust (SECAMB) has striven to meet its commissioned responsibilities in the care and protection of patients. During this time the Trust has been challenged by the impact of increased demand across its 999 and 111 services that's stretched the capabilities of the organisation to continually deliver safe patient care.

This six-month Freedom to Speak Up 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 promote and embed a culture of raising concerns that directly and indirectly impact on patient safety.

This report covers Freedom to Speak Up (FTSU) updates for The Trust Board from 1st April 2021 – 31st Aug 2021. It will provide clarity on current themes for concerns raised to the FTSUG some latest updates relating to changes for FTSU at SECAMB, a monthly breakdown of for numbers of concerns raised and some actions following on from a recent RSM audit.

SECAMB ensures that its senior management is committed to FTSU demonstrated at Executive and Non-Executive level at Trust Board. The Executive lead for FTSU at SECAMB is Bethan Eaton-Haskins, Executive Director of Nursing and Quality and the Independent Non-Executive lead is **Subo Shanmuganathan**.

The pandemic has shown the importance of Freedom to Speak Up not just to ensure that patients receive the best care but also to protect the safety of workers.

Speaking up is about anything that gets in the way of doing a good job. If we think something might go wrong, it's important that we all feel able to speak up to stop potential harm. Even when things are good, but could be even better, we should feel able to say something and be confident that our suggestion will be used as an opportunity for improvement.

As well as the SECAMB values the FTSUG adheres to the values set out by the National Guardians Office of Courage, Impartiality, Empathy and Learning.

The Trust has several routes where staff can raise concerns. These include via line management, Human Resources, the Whistleblowing Hotline, Bullying & Harassment Hotline and the Freedom to Speak Up Guardian.

2. Themes

2.1.1 111/EOC

Several concerns raised to the FTSUG continue to be associated with 111/EOC. These are often related to frustrations to the way formal processes such as grievances, sickness reviews, disciplinary investigations or the way recruitment for promoted positions in the EOC are handled. SECamb have policies and procedures that define recruitment expectations and request reasonable timescales for concluding grievances and other investigations. Where an internal Investigating manager has been appointed to the investigation the increasing demand on Operations and REAP4 has limited the ability to complete investigations within reasonable timescales. See further details in point 2.1.3

Secondly, a feeling of not feeling safe to speak up seems to be a theme amongst those who have escalated their concerns to the FTSUG. On further exploration of this trend some staff feel as though, or indeed have personal experience of a sense of being targeted for capability issues following raising concerns, not being given fair opportunity to progress, being isolated or made to feel they are 'difficult or hard to manage'. Where appropriate/possible these examples of detriment have been highlighted to Senior local leadership and during the monthly FTSU and Executive meetings.

2.1.2 Workplace behaviours

The first six-months of 2021/22 has seen continued allegations of sexually inappropriate behaviours perpetrated by staff across SECamb's 999 and 111 services. These types of concerns aren't exclusive to SECamb and examples of these behaviours in other ambulance services have been well-documented in the national media. SECamb's FTSUG continues to work closely with the Trust's Safeguarding Leads where concerns of this nature have been disclosed.

Assurance sought by the FTSU Guardian confirms that SECamb has a Managing Safeguarding Allegations policy which deals with all cases that have been highlighted to them appropriately. Challenges remain in how the organisation reinforces its values and expectations of appropriate staff behaviour. and the development of a campaign focusing on workplace behaviours owned by HR which began in June but was put on temporary hold due to operational pressures.

The Workforce behaviours campaign met again in September. The focus is on establishing 6 steps to reduce these types of behaviours at SECamb. Some of these steps involve developing a policy, encouraging reporting and providing training. The 6 steps have been developed using the Equality and Human Rights Commissioners guide to preventing sexual harassment at work. This will help colleagues in ensuring clarity around the expectations of appropriate workplace behaviours, giving guidance and assurance to those that may need to report these types of behaviours and also for managers and leaders in how to support and appropriately manage any allegations that may be raised to them relating to sexualised behaviours in the workplace. The FTSUG is supporting the campaign and providing guidance relating to routes for to escalate concerns.

2.1.3 Frustrations in the management of ER cases

The NHS People Plan states the following: *It's essential we are to create a culture where patients and staff feel safe. We must all make sure our people feel valued, and confident that their insights are being used to shape learning and improvement. NHS England and NHS Improvement will work with the National Guardian's office_to*

support leaders and managers to foster a listening, speaking up culture. Board members of NHS trusts and foundation trusts already have specific responsibilities under the NHS Improvement board guidance published in July 2019. We will also promote and encourage employers to complete the free online Just and Learning Culture training and accredited learning packages to help them become fair, open and learning organisations where colleagues feel they can speak up.

Positive developments have taken place in HR over the last 2 years which include the recruitment of a new leadership team and focus on moving towards the restorative Just and Learning Culture as cited in the NHS People Plan. Accordingly, the management of formal HR processes such as employee relations cases (e.g. disciplinary and grievances cases) is now also being reviewed. A high proportion of FTSU concerns can often be aligned to frustration in this area. Examples include 12-month timeframes for grievances, waiting 6 months to get a response to an appeal request and formal grievance requests not being dealt with promptly.

The Trust has a large number of employee relations cases which can often be complex, time-consuming and sensitive to deal with. Some concerns have also been raised that local management decisions have been taken outside of the advice given by HR. There have also been management and HR capacity issues which have impacted upon the Trust's ability to progress employee relations cases.

3. FTSU Audit Summary

In May 2021 an external Audit into FTSU at SECAMB began. Four key management actions have been highlighted:

Area	Management Action	Priority
Lessons Learnt	The Trust will ensure that types of case and relevant parameters are put into place to determine when a lessons learned review may be appropriate. Where relevant, lessons learned from FTSU cases will be undertaken on a timely basis with lessons learned disseminated across the Trust. Manager responsible Executive Director of Nursing and Quality supported by HR Implementation Date 31 March 2022	Medium
Board Oversight	The Trust will ensure regular reporting at least every 6 months of Freedom to Speak Up matters to Board meetings going forward to ensure continued visibility and oversight in this area. Manager responsible: Company Secretary Implementation Date Completed	Medium
Training	The Trust will identify all staff across the Trust who require training on Freedom to Speak Up matters and ensure this training is delivered in a timely manner. Manager responsible: Executive Director of Nursing and	Medium

	Quality supported by HR Implementation Date 31 August 2022	
Benchmarking – Bullying and Harassment	The Trust will review the findings from the benchmarking exercise to help identify areas of potential concern. Depending on the results of this, an action plan should be developed to assist with driving any improvements required and this will also be linked into training requirements as detailed in Management Action 3 above. Manager responsible: HR Director Implementation Date 31 December 2021	High

The FTSUG will seek assurance through the relevant committees that the management actions are on track.

4. FTSU number comparisons

Month/Year	FTSU Concerns Raised	Month/Year	FTSU Concerns Raised	Month/Year	FTSU Concerns Raised
April 2019	4	April 2020	5	April 2021	6
May 2019	7	May 2020	12	May 2021	8
June 2019	9	June 2020	2	June 2021	5
July 2019	7	July 2020	15	July 2021	9
August 2019	5	August 20	8	August 2021	7

5. Risks and Challenges

Risk/Challenge	Action
Rise in numbers of concerns raised related to sexual harassment	Continue to work alongside and support the Workplace Behaviours Campaign and seek assurance on appropriate and reasonable outcomes on those concerns that have been raised through FTSU.
Number in FTSU concerns dropping, learning outcomes not being achieved following raising a FTSU concern resulting in additional pressure on HR	The FTSUG will ensure focus on Engagement for FTSU, gain clarity for guidance on determining what cases are appropriate for a lessons learnt review as suggested in management

	<p>action #1 from the RSM audit and ensure appropriate learning is shared across SECamb.</p> <p>Learning actions are an essential outcome for raising concerns and without these being actively promoted colleagues will see no benefit in using FTSU which will likely see increased pressure on HR through a rise in formal cases.</p>
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6. Priorities for remainder of 21/22

October marks National Speak Up month and the FTSUG is working collaboratively with colleagues both at SECamb and FTSU colleagues at SCAS to promote Speaking Up.

The restrictions brought about by the Covid Pandemic meant that there was very little opportunity for FTSU engagement activities. This year the FTSUG will be:

- Completing some observer shifts across Surrey, Sussex and Kent
- Collaborating with our inclusion lead for Black History Month and providing updates on FTSU to the ENABLE network.
- Spending some time on the Speak Up-ulance provided by SCAS which worked so successfully previously.
- Launching a new online form accessed via The Zone as another route to raise concerns.
- Sharing a frequently asked Question's article on The Zone and promoting this through SECamb colleague exclusive social media sites
- Writing a Bulletin article reminding colleagues about the importance of raising concerns and encouraging managers to seek guidance when needed in supporting those that raise concerns directly to them.
- Working with the Comms team to share updates and events during October Speak Up month.
- Supporting the Workplace Behaviours campaign and striving to look for the continued improvement in our workplace culture.
- Promoting and assisting in establishing a speaking up Culture.

The National Guardians Office (NGO) have suggested a focus on Speak Up – Listen Up and Follow Up which the FTSUG discussed during the March 21 Board meeting. It's anticipated that the NGO recommendation will be discussed at Trust Board Development Day attended by the FTSUG and a representative from the NGO.

7. Conclusion

Along with the rest of the Organisation, FTSU at SECamb has had a challenging 6 months. Operational pressures have understandably had an impact on all areas of Trust. The FTSU focus will be on ensuring successful outcomes from the RSM management actions and a focus on promoting positive workplace behaviours.

The NGO have asked that NHS colleagues make and submit their Speak Up pledge using a link on the NGO website. The FTSUG at SECAMB has submitted the following pledge:

To encourage my colleagues to speak up and to provide a safe space for them to feel able to do so without fear of detriment. To promote a culture where making mistakes is used as an opportunity to improve and making those improvements is a priority.



		Agenda No	37-21
Name of meeting	Trust Board		
Date	30 September 2021		
Name of paper	Diversity and Inclusion Annual Report 2020/21		
Responsible Executive	Ali Mohammed, Executive Director of HR and L&OD		
Author	Asmina Islam Chowdhury, Programme Manager Equality, Diversity and Inclusion		
Synopsis	<p>This paper provides a summary of inclusion activity over 2020-21, and a summary of our workforce and patient equality data to enable us to meet our specific duty as a public sector organisation under Section 153 of the Equality Act 2010.</p> <p>The specific duty requires NHS organisations to publish equality information to demonstrate compliance at least annually.</p> <p>This report does not seek to make recommendations. Where data has been provided to inform this report, colleagues were advised that this data should be utilised to identify areas of good practice, inequity or areas of for improvement.</p>		
Recommendations, decisions or actions sought	For information.		
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		

Diversity and Inclusion Report 2020-21

Introduction

South East Coast Ambulance Service NHS Foundation Trust operates across a geographical area of 3,600 square miles, covering Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire. This diverse geographical area includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country.

Around 88% per cent of our workforce is made up of operational employees – those caring for patients either face to face, or over the phone receiving 999 or 111 calls.

This report provides an overview of our progress and achievements during 2020-21. This period was one in which we delivered our services and supported our colleagues impacted by an unprecedented global pandemic, which served to highlight the level of health inequalities that continue to exist in our society where global issues shone a light on inequity and the importance of developing an inclusive culture.

Our commitment to equality and diversity

We believe in fairness and equity, and value diversity in our role both as a provider of services and as an employer.

We aim to provide accessible services that respect the needs of each individual and exclude no-one and are committed to eliminating discrimination based on the Equality Act 2010, which identifies the following nine protected characteristics:

Disability	Gender Reassignment	Marriage and Civil Partnership
Sex	Religion and Belief	Age
Race	Sexual Orientation	Pregnancy and Maternity

We recognise that discrimination can be direct or indirect and takes place within organisations and at a personal level. Such discrimination is unacceptable and unlawful: we have a zero-tolerance approach towards behaviour that amounts to harassment or the exclusion of any individual. We will create an environment where everyone is listened to, respected and well supported.

We expect all SECAMB employees, volunteers, students and apprentices to fulfil their responsibilities and to challenge behaviour or practice that excludes or is offensive to our patients, their families and carers, suppliers or colleagues. SECAMB will develop a healthcare workforce that is diverse, non-discriminatory and appropriately skilled to deliver modern healthcare services to all.

Equality Objectives

As a public organisation, SECAMB is required to prepare and publish one or more equality objectives in order to meet the requirements of the Public Sector Equality Duty (PSED).

In 2017, SECAMB moved to adopt a single equality objective based on the recommendation of our patient and public stakeholder group, the Inclusion Hub Advisory Group (IHAG). This was to allow for a more focussed approach to delivering continuous progress against the objective.

‘The Trust will improve the diversity of the workforce to make it more representative of the population we serve’.

The equality objective is in place for four years, and is supported by one-year specific, measurable, achievable, realistic and timely (SMART) action plans. The objective and action plan are reviewed and monitored by our Inclusion Working Group. The Trust reviews the workforce diversity via the Inclusion Working Group (IWG) and HR Working Group on a quarterly basis. The IWG will be reviewing recommendations on our equality objective for the next four years at its next meeting and these will be published to the Trust public website once agreed.

Our current workforce diversity is addressed later in this report. However, as a Trust we have increased our workforce by 25% since 31 March 2017. There have been positive increases in gender diversity of the organisation overall, and the year on year increase in women indicates that we are moving towards a more female workforce as seen in the NHS overall (77% women make up the NHS workforce), but in the same period have had only a small increase in the representation of women at Board level.

Overall, the Trust also saw the following:

- A 2.1% increase in Black, Asian and Minority Ethnic (BAME) colleagues in the Trust and an improvement in the number of colleagues choosing to share their ethnicity data with us.
- A small increase in the number of colleagues with disability in the Trust, but a significant increase of over 13% of people choosing to share their disability status with the Trust.
- A 2% increase in LGB representation within the Trust and increase of over 7% of people choosing to share their sexual orientation data with us.
- A 10% increase in colleagues declaring as belonging to a minority faith group or being an Atheist. However, unlike other areas of diversity monitoring there has been an overall decrease in the number of colleagues choosing to declare their religion or belief.

Data of the workforce changes provided above can be found in appendix one.

Whilst we have made some progress towards increasing the diversity of our workforce over the past four years further progress is required in order to become

more representative of the communities we serve, and this will be considered as part of the review of our equality objective.

The Public Sector Equality Duty

The Public Sector Equality Duty, section 149 of the Equality Act, encourages us to engage with the diverse communities affected by our activities, to ensure that policies and services are appropriate and accessible to all, and meet the different needs of the communities and people we serve.

The Public Sector Equality Duty consists of a General Duty with three main aims. It requires us to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means that we must consider these three aims as part of our decision-making processes:

- how we act as an employer
- how we develop, evaluate and review policy
- how we design, deliver and evaluate services
- and how we commission and buy services.

We have specific duties requiring us as a public sector organisation to:

- Publish relevant, proportionate equality information to demonstrate our compliance, which must include:
 - Information relating to employees who share protected characteristics
 - Information relating to people who are affected by our policies and practices, who share protected characteristics
- Prepare and publish equality objectives at least every four years starting from 6 April 2012
- Publish our annual Gender Pay Gap Data.

This report and the information contained within it provides evidence of compliance with our Public Sector Equality Duties for 2020-21.

Meeting our Duties

SECAMB is committed to developing and implementing integrated employee, patient, public and stakeholder engagement as part of our core functions. To achieve this, we aim to demonstrate a real commitment to put the patient at the heart of everything we do.

As a service provider, we are committed to providing a service which is accessible to everyone and prevents unfair or unlawful discrimination on the grounds of age, disability, sex, gender identity, race, sexual orientation, or religion, faith or belief. We are working to promote good relations between different individuals and groups.

As an employer, we will ensure our employees work in an environment which respects and includes everyone and is free from discrimination, harassment and unequal treatment. We are keen to attract employees from diverse backgrounds that are representative of the population we serve and seek to raise our profile as a potential employer, especially where we are under-represented.

Our equality commitments are embedded in our strategic objectives and governed through several committees including an Inclusion Working Group, HR Working Group and the Workforce and Wellbeing Committee.

We have an Inclusion Strategy and an Equality, Diversity and Inclusion policy, which set out our commitment and working practices.

We meet our legal duties in relation to the Public Sector Equality Duty and Gender Pay Gap Audit and our mandated requirements for the Equality Delivery System 2, Workforce Race Equality Standard and Workforce Disability Equality Standard.

We are members of the Employers Network for Equality and Inclusion and received their Gold award in 2020 for their Talent Inclusion & Diversity Evaluation benchmark. SECAMB was the only ambulance trust in a record 98 entries from organisations from across 26 sectors. A total of 51 achieved an award with SECAMB among 13 achieving the highly coveted gold award. Other gold winners included IBM UK Ltd, the Ministry of Justice and fellow NHS organisation, North East London NHS Foundation Trust.

In 2020-21, we were also one of NHS Employers' Diversity and Inclusion partners, a programme which supports the sharing of good practice between organisations. We are committed to the Job Centre Disability Confident scheme and had our Disability Confident Employer status renewed in 2020.

We have a robust process to ensure strategies, policies, procedures and major service changes are regularly assessed for impact on equality issues and our Inclusion Hub Advisory Group and staff networks help us to understand the needs and views of a range of diverse people and communities.



How we engage with our employees

Inclusion Working Group

The IWG meets every quarter. The group is chaired by Chief Executive Officer, Philip Astle as the Executive Director with overall responsibility for this workstream and also attended by the Executive Director of HR and OD. The group comprises of senior managers from across all directorates within the Trust to ensure equality and diversity work is embedded across the Trust at a senior level. Full membership also includes union partners, IHAG representation and members from our staff equality networks.

The purpose of the group is to steer the inclusion, equality and diversity agenda in relation to both employees and patients. It provides support, advice, assurance and governance to employees who are responsible for Inclusion, Equality and Diversity. It reports to the HR Working Group and Workforce Wellbeing Committee (WWC) and so has a direct reporting line to the Board.

Its responsibilities include meeting the Trust requirements in relation to equality, diversity and human rights legislation and codes of practice as set out by the NHS, Department of Health and the Equality and Human Rights Commission.

The IWG is committed to promoting, recognising and valuing the diverse nature of our communities, stakeholders and colleagues, and removing or minimising inequalities of access and discrimination, to enable the Trust to meet the needs of patients. The group is also responsible for implementation of the Equality Delivery System and Inclusion Strategy and oversees the development and monitoring of associated action plans.

Our Staff Equality Networks

The Trust has a number of staff equality networks covering LGBT+, cultural diversity and faith, disability and carers, Diversity Champions which includes a sub-group of our Gypsy and Traveller Community team, and our recently launched Gender Equality Network.

During the last financial year, our colleagues faced enormous pressures to deliver care to their patients whilst also learning to live in a COVID19 world. The national lockdowns, remote working and necessary levels of reduced physical and social interaction, coupled with disproportionate impact of COVID19 on some communities meant that despite staff equality networks not being able to undertake their usual activities, they increased their visibility and stepped up to provide support to their colleagues as well as act as a conduit for the voices of minority groups within the Trust.



Inspire – Cultural Diversity and Faith Network

Inspire (previously Aspire) was launched in October 2017. At the start of the 2020 financial year all non-essential

meetings were paused as a result of the increased pressure on the organisation and the need to maintain social distancing.

In mid-April the Programme Manager for Equality Diversity and Inclusion became concerned about the increased levels of stress and anxiety that colleagues may be feeling in response to the discussions in the media that COVID was having a disproportionate impact on BAME communities from COVID. Following approval via the COVID Management Group (CMG), the Programme Manager sought the assistance of the network Chair, Jayne Phoenix Associate Director (Bank), and Deputy Chair, Ariel Mammana, Operational Team Leader, to provide culturally sensitive wellbeing support early on for BAME colleagues. , All self-declared BAME colleagues in the Trust were contacted by one of the above to “check in”, undertake a welfare conversation and provided signposting to the Trust Wellbeing Hub where required. This was also extended to colleagues classed as clinically vulnerable who were shielding, and these calls were undertaken by the Programme Manager with the support of an Enable network member. The Inspire network also recommended the use of risk assessments to the organisation prior to it being mandated so that we had a better understanding of how we can best protect at risk groups.

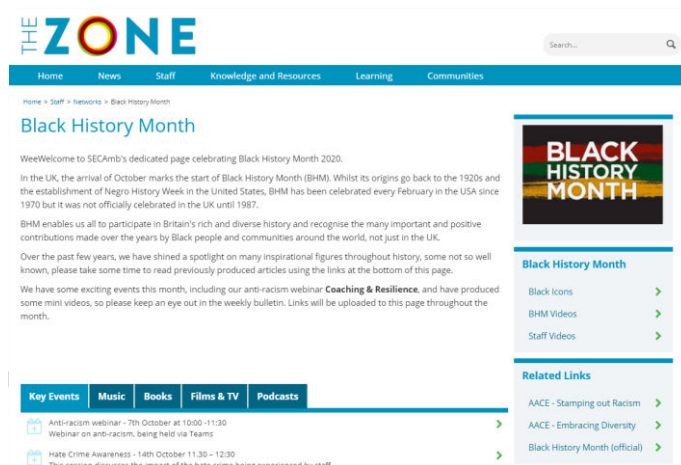
The team wrote to all colleagues who had self-identified their ethnicity as belonging to BAME community and clinically vulnerable colleagues individually to explain our approach and reasoning and 1:1 calls were commenced following this.

Following this we set up weekly follow up calls to those colleagues who were particularly isolated and in need of additional support. In addition, a number of referrals into our Wellbeing Hub and specialist wellbeing services were completed. We also provided bespoke support for people based on individual need.

As a result, the network commenced a programme of weekly listening events for BAME and shielding colleagues, which ran from May 2020 to April 2021. Network membership increased by over 140%. The Executive Director of HR took on the role of Executive Sponsor and the Board Chair the Non-executive sponsor role.

May 2020 also saw the murder of George Floyd by a policeman in the USA, and the impact of this was felt globally, including within our network. It was this conversation in the network which led to the response from the [National Ambulance BME Forum](#) on behalf of BAME colleagues in the sector, asking our organisations to do more and the Association of Ambulance Chief Executives (AACE) committing to an antiracism workstream. Our conversations also identified a need for and BAME therapists to provide specialist support to colleagues referred to our Wellbeing Hub who would better understand their lived experience and these were sourced. The Network Chair and Programme Manager also delivered a number of antiracism sessions to help increase awareness and understanding that it is no longer sufficient to not be racist, but there is also a need for us all to actively demonstrate our support and take a stand – to be actively antiracist.

Antiracism and employee wellbeing was also the focus of the network’s Black History Month



celebrations. The network developed a microsite as a resource tool for colleagues with support from the Communications Team, facilitated weekly events including a safe space employee resilience and coaching session with specialist coach and psychotherapist, as well as a session on hate crime awareness including the importance of recognising the additional impact of abusive behaviours that are aimed at a person's identity and how we can support colleagues better.

Colleagues have shared the following about how the network has impacted them over the past 12 months:

"At a time of great uncertainty and disconnection having suddenly left the workplace the Inspire network was an invaluable resource to me personally. It gave me support and provided the opportunity to be connected to my colleagues and the workplace at a time of isolation. It offered a platform to discuss often commonly shared concerns (disproportionate Covid deaths, BLM, Faith issues) as well as world and national events, which helped me make sense of them, educate myself further and remind me I was not alone."

Amanda Jagger, Inspire member, 2021

I don't think I would have made it through this last terrible year without the support of SECAMB and especially the Inspire Network.

The weekly meetings were a lifeline with a cathartic feeling because we felt "seen" and didn't have to suppress our "colourfulness". I am so proud to be part of the phenomenal Inspire Network and grateful that it exists.

Sairah Merchant, Inspire member, 2021

The Programme Manager and the Network Chair are also the SECAMB representatives on the National Ambulance BME Forum, of which Jayne Phoenix is Deputy Chair. The events of 2020 and COVID19 has also increased the visibility of staff networks and in particular BAME networks in the NHS and the Programme Manager, Inspire Chair and Deputy continue to provide representation for the Trust across BAME workforce groups for Surrey Heartlands Integrated Care System (ICS).



Enable, the Disability and Carers Network

The Enable network relaunched in June 2018 and is chaired by the Programme Manager.

COVID19 has had a significant impact on the role that Enable played in supporting colleagues due to the increased risk for those with disabilities including a number of long-term health conditions, and the requirement to shield which impacted a significant number of our colleagues. The welfare calls for BAME colleagues were also extended to shielding colleagues whether it was due to existing health conditions or pregnancy. Similarly support to access wellbeing services and specialist support or signpost to alternative duties where this had not been picked up by a local manager was undertaken.

Colleagues spoke of their feelings of isolation, fear, and the impact of shielding on their mental health. Weekly listening meetings were also set up for this group of colleagues who shared their lived experiences to help inform the development of the risk assessment guidance and return to work support for when shielding was paused and later, ended. It was a member of the Enable network who came up with the idea of sharing the lived experience of colleagues for the fantastic video created for the [2020 Annual members meeting](#).

A colleague shared the message below to express their gratitude for the work that Enable did to support them during shielding:

I wanted to thank you all for your amazing support, especially over the shielding period. As you will remember me not being able to work became quite distressing. You both helped me find alternative duties and I can honestly say, that during my time with them I have not felt like a burden because of my disability and felt appreciated for the skills I have.

Words cannot express how grateful I am to you both and keep up the excellent work you do supporting us folk with medical conditions.

Anon, Enable network member, 2021

Colleagues shared their lived experience across a number of areas to help influence workstreams including during Carers Week, promotion of the Hidden Disabilities' sunflower lanyard scheme (currently in use by over 80 colleagues), help inform the development of the Neurodiversity Charter (launched in December 2020 in partnership with GMB union), and one of the biggest successes thus far for the group - the hearing impairment workstream.

The need for mask wearing as a result of COVID19 exacerbated difficulties colleagues with hearing impairments experienced with communication by removing their ability to lip read. The network has a sizeable hearing impairment subgroup made up of colleagues who supported the development and launch of the hearing impairment badge scheme in December 2020 during Disability History Month. The scheme supports awareness and good practice in communication especially in the operational environment. The idea first came from Jenna Gibson, a Paramedic from Thameside who in this [video](#) shares why the badge is so important to her. With 1 in 6 adults affected by hearing impairment, this could translate to a sizeable portion of our workforce. Between its launch in December 2020 and April 2021, 60 colleagues signed up to the badge scheme.



Hearing Impairment Badges Scheme

Hearing loss is surprisingly common throughout the Trust; there will almost certainly be people you work alongside who you may not realise are Deaf or have hearing loss.

Communication can be difficult if someone doesn't know that the person they are talking to has hearing loss or impairment. This can be made more difficult with current PPE requirements. Whilst many colleagues have learnt to adapt so they have the best chance of being able to understand what people are saying, this is not always easy, especially in a noisy and stressful working environment.

These badges are worn on your epaulettes or lanyards, depending on your role and provide a visual way of making others aware of the need to be more mindful of communication style. They can be worn in conjunction with the Hidden Disabilities sunflower lanyard, which the network also provides.

To request Hearing Impairment badges and/or a Hidden disabilities sunflower lanyard, please email enable@secamb.nhs.uk with your full address (either your station address, or home if you prefer).

Enable

Jenna Gibson, Paramedic, Thameside

The subgroup has more recently identified helmets which are compatible with bone anchored hearing aids due to known incompatibility with the standard issue helmet.

This was previously an issue for the ambulance sector as a whole, and the team have shared their work to help the development of the AACE inclusive uniform workstream nationally.

Having launched the reasonable adjustments passports in March 2020, promoting the passport with colleagues was an important focus for the network over the past year and these have been received with great positivity by colleagues. The passport also supported those colleagues who were unable to remove their facial hair due to faith or disability during the pandemic to help identify alternatives.

Our work on reasonable adjustments also saw the allocation of a central reasonable adjustments budget within the Trust in January 2021 which has meant reasonable adjustments which come with a cost can be facilitated more easily, with spend monitored and tracked to support organisational learning and support. The central budget is widely recognised as gold standard practice in terms of reasonable adjustments, provided by only 13% of NHS organisations.

Over the last financial year, the network has more than doubled in size to over 50 members with another 30 colleagues in the hearing impairment subgroup and a newly formed carers subgroup. Moving forwards the network now has a new Chair in Amy Hoey, Estates Technical Manager, and will be seeking to confirm its Executive and non-Executive sponsors early in 2021/22.

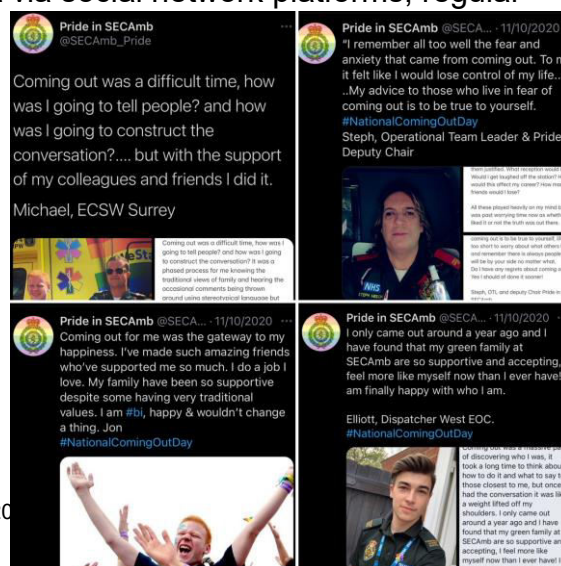


Pride in SECamb

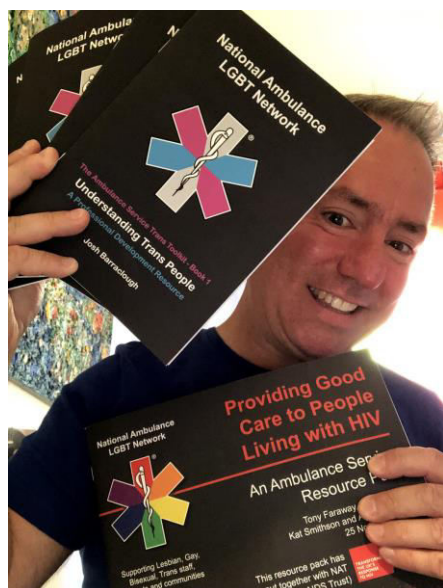
Our LGBT network group is our longest standing and most established staff equality network within the Trust. Members receive regular updates and can engage with the network through a number of mechanisms, including Facebook, Twitter, and email as well as in person and by phone. Twitter, Facebook and intranet pages continue to regularly keep wider employees up to date.

Pride in SECamb like many LGBT+ networks struggled during the pandemic, as their traditional engagement events were unable to go ahead. However, in the first quarter of last year the network took the lead from the Inspire and Enable and set up their “Pride in TEA-Camb” weekly drop in for network members who were experiencing isolation during the lockdown. With the cancellation of all physical Pride events the network built engagement via social network platforms, regular newsletters, and virtual social events. The network took part in the NHS Virtual Pride event as well as Virtual Brighton and Hove Pride.

Their National Coming Out Day social media campaign received 15,000 impressions online over the course of a few hours and more than 700 engagements from colleagues on our SECamb Community Facebook page.



However, more significantly it was quoted as the reason why a new colleague to the Trust felt safe to come out as being their authentic self in SECamb.



The lack of physical events also provided the opportunity for network members to focus on education, and both network Chair Tony Faraway, Senior Union Officer, and Deputy Chair, Steph Meech Operational Team Leader have been involved in the development and delivery of two CPD courses as part of National Ambulance LGBT Network which were launched at the end of July for all ambulance colleagues. The courses focus on Trans Awareness and HIV awareness.

Our network chairs have also been invited to deliver the sessions for other NHS partners including the Care Quality Commission who wrote to share their feedback:

“Just wanted to say thank you for the highly informative session you delivered to our ambulance team around trans awareness on Monday. The feedback was excellent with colleagues saying the session was informative, inspiring, excellent, touching and helpful amongst other things!”

Care Quality Commission, Hospitals Directorate 2021

The network membership has continued to grow with over 230 members, making it the largest of our staff equality networks.



GEN, our Gender Equality Network was launched on International Women's Day after the launch planned for March 2020 was cancelled due to the emerging pandemic. Whilst this was a virtual launch, it was the largest network

launch to date with over 80 colleagues from across all areas and levels of the organisation tuning in as we heard from two external guest speakers. We also heard from Mark Eley, Associate Director of Operations who shared his past experiences and work to address gender inequality within his areas of responsibility in the police force and Tony Faraway, Chair of Pride in SECamb who discussed the essential role played by our staff equality networks.

GEN aims to promote gender equality opportunities for all, by supporting the interests of our colleagues in several areas, including:

- Equal pay and addressing gender pay gaps
- Health, wellbeing, and gender issues
- Supporting Women into leadership roles.
- Increasing access to flexible working

The network is chaired by Emma Williams, Director of Operations and the network is currently finalising their Terms of Reference and developing workplans for the next couple of years.



The Diversity Champions network is well established within the Trust. The network has met subject to operational pressures throughout the pandemic albeit for shortened sessions. The network meetings consist of a CPD session followed by a meeting to discuss network business. The meetings

also provide an opportunity for champions to receive updates regarding current work streams and a forum to discuss items of mutual interest and/ or concern.

CPD training over the last 12 months has included hearing and disability awareness and Antiracism training.

Staff Engagement Advisory Group (SEAG)

The Trust has established a network of Staff Engagement Representatives across the organisation and has endeavoured to encourage diversity within this group. Their main role is to act as representatives for their local areas and ensure that all colleagues have a voice. Discussions and feedback on Trust-wide and local initiatives are encouraged amongst the reps, to ensure the sharing of best practice, and to encourage problem solving. Staff Engagement Reps collectively form the Staff Engagement Advisory Group (SEAG).

The Organisation Development and Engagement Leads who manage the network have identified that an increase in membership is required to be truly inclusive and representative of the diversity of our workforce across SECAMB.

The SEAG is made up of Staff Engagement Reps and a cross-section of governors and other key stakeholders. The group discuss a wide range of issues impacting on colleagues and patient care. It is part of the Trust's commitment to engage and involve employees in Trust developments and plans.



The purpose of the SEAG is to:

- Provide a forum for effective communication and consultation with employees on appropriate matters.

- Enable the Staff-Elected Governors to understand the views of a cross-section of employees from across the Trust, and vice versa.
- Provide a forum for discussion, critical review and analysis aimed at improving the service for patients, employees and/or other stakeholders.

During the COVID period the SEAG has been meeting monthly. This was with the intention of capturing more frequent feedback during the COVID period to feed into the COVID Recovery Learning and Improvement Group, and members have been involved in providing feedback on the following workstreams:

- Reward & Recognition programmes
- Leadership Development
- Wellbeing Strategy Review
- Agile Working.

At present, meetings are paused and will be resuming quarterly meetings in July 2021.

Friends & Family (F&FT) Test

NHS England placed the Friends & Family Test on hold until further notice (due to COVID-19) and the Trust was not required to provide any reporting during this time.

The F&FT has now been absorbed into the People Pulse survey and will be known as the Quarterly Staff Survey going ahead. This will consist of the nine Staff Engagement Questions that form the Staff Survey, the F&FT questions plus any additional questions NHS England/Improvement decide each quarter.



The Quarterly Staff survey is launching from July 2021 and will run for one month each quarter across the whole Trust with the exception of quarter three when the full NHS Staff Survey will be run.

NHS Staff Survey

The annual NHS staff survey was electronically sent to all employees. 2572 completed questionnaires were returned. This equates to a 63% response rate for 2020/21, which is an increase of 7% on the previous year, and higher than the ambulance trust average (56%).

This year the 'Personal Development' section was removed and instead a specific COVID19 section added to reflect the previous year. This included six new questions relating to staff experience of working through the COVID19 pandemic. Four of these questions cover: whether employees had worked on a COVID19 specific ward or area at any time, whether they had been redeployed due to the COVID19 pandemic at any time, whether they had been required to work remotely/from home due to the COVID19 pandemic, and whether they had been shielding.

The [full results for the 2020/21](#) survey are published nationally and are available to all colleagues. Results and free text comments are due to be released in the week commencing 7 July 2021.

The Trust's score of 8.1 for Equality, Diversity and Inclusion has dropped slightly from 8.3 in the previous year.

The amalgamated equality, diversity and inclusion score is made up of 5 questions:

- Q14 - Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
- Q15a - In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives or other members of the public?
- Q15b - In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues?
- Q26b - Has your employer made adequate adjustment(s) to enable you to carry out your work.

	2018		2019		2020	
	No.	%	No.	%	No.	%
(5h) Satisfied with opportunities for flexible working	648	37%	864	41%	1,124	43.8%
(13a) Had not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public in the last 12 months	890	51%	1,086	52%	1,300	50.8%
(13b) Had not experienced harassment, bullying or abuse at work from a manager in the last 12 months	1,327	76%	1,673	81%	2,053	80.3%
(13c) Had not experienced harassment, bullying or abuse at work from other work colleagues in the last 12 months	1,361	79%	1,635	80%	2,038	80.4%
(13d) Last experience of harassment / bullying / abuse reported	373	39%	464	40%	585	42%

(14) The organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, sex, religion, sexual orientation, disability or age	792	65%	915	65%	1080	63%
(15a) Had personally experienced discrimination from patients / service users, their relatives or other members of the public in the last 12 months	221	13%	247	12%	387	15%
(15b) had not personally experienced discrimination from manager / team leader or other colleagues in the last 12 months	1,484	86%	1,826	88%	2,235	87.6%
(15c) (Of those who had experienced discrimination in the last 12 months) Had experienced discrimination on the grounds of:						
Ethnic background	60	16%	66	16%	112	19%
Gender	141	37%	160	38%	286	48%
Religion	11	3%	11	3%	24	4%
Sexual Orientation	46	12%	55	13%	79	13%
Disability	32	8%	50	12%	74	12%
Age	129	34%	150	36%	229	39%
Other Reason (s)	92	24%	89	21%	107	18%
(18c) Would recommend as a place to work	787	46%	1008	48%	1,312	51%

Since the release of the results, some areas of the Trust have been working on improvement plans for their local areas, and the Executive and Senior Leadership Teams are currently still planning the overall Trust plan for our results.

External Engagement

External engagement forms a significant part of our Inclusion Strategy and includes activities with the Inclusion Hub Advisory Group (IHAG), Governors, members of the public and the Foundation Trust Public Membership. Due to the pandemic and associated national and regional lockdowns our ability to undertake external engagement this last year has been severely restricted and has had to be undertaken entirely in the virtual environment.

Membership

As a Foundation Trust (FT), we are committed to recruiting and engaging with as representative a public membership as possible.

We ask members to complete an 'About You' diversity monitoring form on becoming a member and are therefore able to report on our membership by the following protected characteristics: age, race, sex, gender reassignment, sexual orientation and disability.



This data is used to plan membership targeted recruitment priorities for the year and is reviewed at the Council of Governors' Membership Development Committee (MDC).

This year's figures are compared to the previous three years to enable understanding of progress or otherwise. It should be noted that some of the reporting uses terminology/ranges set by our regulator, NHS Improvement (NHSI).

Where 'Index' figures are included, these show how close to the census data 2011 proportions our membership figures are.

Membership totals:

Public constituency	Number of members	% increase/decrease on previous year
31 March 2019	10,033	1.3%
31 March 2020	10,080	0.46%
31 March 2021	9,837	2.41%
Staff constituency		
31 March 2019	3,567	7.5%
31 March 2020	4,005	12.2%
31 March 2021	4,367	9%

The Trust's MDC has recommended that the Trust ensure it recruits members to maintain a stable public membership. The focus is on achieving the most representative membership possible rather than increase the number of members ad infinitum, the rationale being that this is a big enough membership to achieve diversity and representation, while remaining manageable in terms of our ability (financial and other resources) to effectively communicate with them.

However, the global pandemic has significantly affected our ability to recruit and engage members through our traditional methods, so we have a natural dip in the figures. We continue to welcome members signing up via our website and had a noticeable boost in sign-ups after social media campaigns in 2020 focussing on the public's increased interest and support of the NHS at the time. It was a moment to remind people how they could be more involved with their local NHS ambulance service. Online member events were trialled for members to meet with Governors. Our Annual Members Meeting also took place online. This was recorded and shared

on the Trust's social media platforms and reported on in the member newsletter (hard copy and electronic).

Demographics of our public members

	2019 No.	% 2019	% increase/decrease	2020 No.	% 2020	% increase/decrease	2021 No.	% 2021	% increase/decrease
Patients	924	9%	13%	863	8.5%	6.6%	795	8%	7.8%
Carers	373	3.7%	2.75%	373	3.7%	-	363	3.6%	2.6%
Volunteers	279	2.7%	1.06	281	2.7%	0.7%	272	2.7%	3.2%

The MDC usually plans membership recruitment and engagement in February each year and analyses gaps in order to select target audiences for recruitment in 2020/21. This has been somewhat curtailed by the pandemic, but we are hopeful to pursue some in person events in the latter part of 2021 (guidance permitting).

Ethnicity:

We ask our members to provide more specific information about their ethnicity than is required by our regulator, NHSI, since their categories are too broad to enable targeted membership recruitment. However, we can only report against these broad categories since our database is set up to report according to the requirements of the regulator.

Race:	2019 No.	2019 Index*	2020 No.	2020 Index*	2021	2021 Index*
White	8,434	89	8,108	132	8,071	131
Mixed	104	50	81	35	74	30
Asian	224	50	230	55	235	24
Black	104	10	92	13	99	13
Other	196**	20	204	21	15	10

Index* < 100 is under-represented, and > 100 is over-represented

We remain unrepresentative of the communities we serve based on ethnicity, but we are committed to developing representation within our membership. The pandemic has highlighted the need for all Trusts to better understand the health inequalities within our communities and we will continue working towards becoming more ethnically diverse in both our public and staff membership. This will help us to increase our engagement with seldom heard communities and understand their needs better.

Sex:

Sex:	2019 No.	2019 Index*	2020 No.	2020 Index*	2021 No.	2021 Index*
Male	3,937	80	3,948	79	3,840	78
Female	5,363	105	5,406	106	5,282	107

Index* < 100 is under-represented, and > 100 is over-represented

There remain a higher proportion of women than men among the membership. This is the case with many membership organisations, where women are traditionally the 'joiners' on behalf of their families or partners.

Gender identity:

Our membership form asks whether members have always fully identified with the gender they were registered as at birth. The table below shows those who answered 'no' to this question. In 2017 and 2019, we attended TransPride in Brighton to specifically recruit more members.

Have you always fully identified with the gender you were registered as at birth?	2019 No. of members	% increase/decrease	2020 No. of members	% increase/decrease	2021 No. of members	% increase/decrease
	66	15%	78	16.6%	76	2.5%

Census figures for the South East Coast area's transgender population are not available to us and estimating the likely proportion of the population is difficult. However, it is believed that around 1% of the UK population experience some degree of gender non-conformity. We will continue to work to make the Trust and membership more accessible to people who are gender non-conforming.

Sexual orientation:

Sexual Orientation:	2019 No. of members	% of members	2020 No. of members	% of members	2021 No. of members	% of members
Bisexual	85	0.86%	97	0.96%	95	0.96%
Gay Man	81	0.82%	88	0.87%	89	0.90%
Gay Woman/Lesbian	75	0.76%	79	0.78%	81	0.82%
Heterosexual/Straight	2,662	27%	2,780	27.5%	2,737	27.8%
Other	33	0.33%	40	0.39%	40	0.40%
Prefer not to say	257	2.6%	258	2.55%	253	2.61%

The Office for National Statistics found an estimated 1.4 million people (approximately 2% of the population) aged 16 and over in the UK identified as lesbian, gay or bisexual (LGB) in 2019 - a statistically significant increase from 1.2 million in 2018. It is likely that this figure may be higher in our patch as we serve the population of Brighton & Hove where between 11-15% of all adults identify as gay, lesbian or bisexual. We will continue to encourage representation from the LGBT+ communities we serve within our membership.

Disability:

	2019 No.	2019 % of membership	2020 No.	2020 % of membership	2021 No.	2021 % of membership
Disability:	1,073	10%	1051	10.4%	970	9.8%

It is disappointing but not surprising that we have seen a drop in the proportion of members declaring a disability as we have not been able to get out into the community in person to carry out membership recruitment. The disabled community has also been noticeably impacted by the pandemic and this is sadly somewhat reflected in the reduction in numbers. People with disabilities have been differentially affected by COVID-19 because of the increased risk of poor outcomes from the disease itself, reduced access to routine health care and rehabilitation, and the adverse social impacts of efforts to mitigate the pandemic.

The MDC will seek to address representation by attending disability positive public events when allowed as per government guidance.

20% of the population are thought to have a disability. Source: [Family Resources Survey \(2019 to 20\)](#)

Age:

The Trust does not have dates of birth for all our members and hence is under-represented, however the spread of representation is typical of FTs and other membership organisations, as those who are older are more interested in volunteering and able to find the time. In addition, our regulator, NHSI, does not allow members under the age of 16 to vote or stand for election so there are limited reasons for younger people to get involved.

Age analysis:	2019 No.	2019 Index*	2020 No.	2020 Index*	2021 No.	2021 Index*
10-16	13	1	6	0	6	0
17-21	113	20	96	17	84	16
22-29	529	57	496	44	455	42
40-49	1,101	82	1,125	81	1,080	80
50-59	981	69	1,048	82	1,101	88
60-74	1,300	78	1,325	102	1,308	102
75+	638	67	688	98	727	105

*Index: <100 is under-represented, and >100 is over-represented

Inclusion Hub Advisory Group (IHAG)

To provide the best possible patient care, we know it is essential to understand the needs of the communities we serve, and to ensure their involvement in developing services to meet those needs.



A core part of implementing the Inclusion Strategy was setting up and working alongside a diverse group of key stakeholders. The IHAG was established in 2012 to meet these criteria.

The IHAG advise the Trust on effective engagement and involvement relevant to service design during both development and delivery of our services. Its diverse membership (both by protected characteristic and geography) provides us with insight at the start of planning and throughout development where relevant, which helps us get more things right first time, more often. The IHAG is also able to raise issues with us, and representatives from IHAG sit on the Trust's Inclusion Working Group (IWG) alongside senior managers, so that the IHAG's advice can be effectively incorporated into Trust activities.

Image from pre COVID

The pandemic has meant that our traditional way of engaging with our IHAG members has had to change and this has increased challenges in accessibility for some members. However, we recognised the importance of continuing to ensure we had patient / public feedback in our work wherever possible and throughout 2020/21 a proportion of members met virtually on a quarterly basis.

Key achievements of the IHAG during 2020/21 include:	
Participated in focus groups during the process to recruit Non-executive Directors, ensuring the public/patient perspective were considered.	Took part in engagement sessions to feedback on the development of the Trust Quality Improvement Strategy and embedding of the Patient and Carers Experience strategy.
Regular participation in Quality Assurance meetings to help develop a model for identifying good practice across the Trust and opportunities for improvement.	Provided feedback on the development of a Trust wide engagement Toolkit designed as a practical guide to help workstream leads deliver effective and meaningful engagement activities.
Participated in a number of SECAMB working groups and subgroups and reported back on the outcomes. E.g. History Marking subgroup, Clinical Risk and Learning Group, Falls Working Group and Inclusion Working Group.	Provided feedback on appropriate public messaging for the development of our new Estates programmes.

Working with our partners

National Ambulance LGBT Network

Pride in SECamb work closely with and as part of the National Ambulance LGBT Network and have delivered national projects and undertaken widespread colleague and patient / public engagement as part of the network in the past. In 2020/21 our representatives on the national network have continued to support development of resources and provide training to other Trusts within our sector. Most notably, Tony Faraway, Pride in SECamb Chair, has collaborated on a number of the 15 minute reads which are published regularly by the network to raise awareness and build engagement around LGBT issues



Further information on the national network is available via <https://www.ambulancelgbt.org/>

National Ambulance BME Forum

SECamb has been closely involved in the reinvigoration of the National Ambulance BME Forum (NABMEF) and in 2019 hosted the second national conference. Our nominated representatives are actively engaged with the network and with global events highlighting inequalities in health and experience for BAME people. The NABMEF and our representatives have played a lead role in planning and facilitating a number of conversations around Race, inclusive leadership and difficult conversations in partnership with AACE over the last 12 months as part of the commitment to antiracism within the ambulance sector.

Due to COVID19, the national events planned by both networks for 2020 and 2021 have postponed until 2021 and the NABMEF are currently exploring a virtual conference for 2021.

Some of the other organisations we have worked with in the last 12 months include the following;

Brighton and Hove Speak Out	Mary Frances Trust
Brighton Housing Trust	Maidstone and Tunbridge Wells NHS Trust
East Sussex Fire and Rescue Service	National Ambulance Diversity & Inclusion Forum (AACE)
Employers Network for Equality and Inclusion	NHS Employers
Kent Community Health Trust	Stockwell Training
Kent Police	Surrey and Downs Diversity Network
Kent Fire and Rescue	Surrey Police
KSS Inclusion Network	Surrey Minority and Ethnic Forum

Accessibility

The Equality Act 2010 means that SECAMB, like other NHS trusts, is required to meet the enhanced duty to deliver reasonable adjustments.

Reasonable adjustments are the changes that can be made to remove 'substantial disadvantage' that could be faced by people with disabilities in accessing services, information or facilities, or a colleague just being able to do their job to the best of their ability. Reasonable adjustments are changes that may need to be made to the way we work and provide our services, so that people with disabilities are not disadvantaged.

Employees

Of our workforce, 85% are employed within the operational directorate, with the majority of these roles being in front line emergency ambulance (A&E) work, or our non-emergency (111) and emergency (999) call centres. SECAMB also has a large number of employees employed within support service functions. Examples of the work undertaken by employees within the support service functions include Human Resources (HR), Finance, Fleet, and Information Technology.

We provide support and guidance to managers and colleagues during recruitment and throughout employment to ensure colleagues with, or who develop, a disability are appropriately supported. We recognise that colleagues may already have one or more disabilities when they join the Trust or, at a point during their career, some may experience life changing incidents or illnesses. When this is the case, their manager works closely with the individual concerned, HR, our Inclusion and Wellbeing Team, our Occupational Health provider and other relevant professionals and advisors as required, to make recommended reasonable adjustments. The nature of the reasonable adjustment is dependent on the specific support needs of the employee concerned.

Adjustments may be temporary or longer term, and the purpose may be to assist the colleague to remain in work or to return to work following a period of absence. The range of adjustments is wide and variable and tailored to meet the needs of the individual but may, for example, include the following:

- change in number of hours worked or working patterns
- provision of specialist equipment
- relocation or alternative employment
- change to duties or removal of some duties
- shadowing or buddying for confidence to be regained
- refresher training or appropriate training courses

The launch of the Reasonable Adjustments passport has provided further support as well as a framework for these important conversations, and identify support required. Following on from this work the Trust has now established a central reasonable adjustments budget, a move which is regarded a progressive and gold standard in supporting workplace disabilities. SECAMB is the first Ambulance Trust to implement this.

Under everyday circumstances managers seek the support of subject matter experts including our Wellbeing Team, Occupational Health provider and HR to ensure comprehensive return to work programmes are considered for employees who have been absent from work through illness or injury. During the pandemic, additional consideration had to be given to how we protect all our people, especially our most at risk colleagues whilst still providing a service to our patients. Both our COVID risk assessment and return to work from shielding processes were developed by a multi-disciplinary team to ensure colleagues were supported and their wellbeing prioritised. In addition, COVID specific alternative duties pathways were set up to support colleagues who were unable to undertake their substantive roles due to increased level of risk posed by COVID19 so that they could continue to support the organisation during this period of unprecedented demand in a meaningful way. Our risk assessment return to work and alternative duties pathways were shared as good practice with our ICS partners to help inform the development of processes in other Trusts.

Patients

When we are looking at reasonable adjustments for our patients, we have a duty to anticipate the needs of those with disabilities. This means we must think about the barriers that people might face in trying to access and use our services and buildings, particularly those which are open to the public, both now and in the future.

We have worked with communities to ensure our services are accessible. We have worked with people with a variety of disabilities, including those with specific communication needs to support us designing our vehicles, producing easy read leaflets, developing equality training, developing a communications support guide and accessible information.

Communications

Within SECAMB, we aim to communicate effectively with all our public and patients, providing information in a range of different formats where needed.



Easy read



Large print



BSL



Braille



**Email or
SMS text**



**Other
communication
support**

Communications area/mechanism	Details
Website	Provide a “one stop” enquiries email address. More than 1,000 queries are received per annum
	Provide detailed information about how our services are provided and relevant contact details for specific requests
	The website is designed to meet accessibility criteria to World Wide Web Consortium (W3C) standards. W3C is an international community that develops open standards to ensure the long-term growth of the Web Standards and uses an in-built accessibility checker that must be satisfied to enable the publishing of new content.
	All content on the website is reviewed regularly to ensure timeliness and accessibility
Social media	Corporate social media accounts in use on Twitter, Facebook, Instagram & Linked-in
	All are used (in different ways) to provide updates on Trust issues and easy mechanisms for queries & feedback
	Significant numbers of followers – 24,000 (Twitter), Facebook (18,000), 9,000 (Instagram) 6,000 (Linked-in)
	Used to provide updates on Trust issues and provides a mechanism for queries
	All platforms are utilised to promote key achievements and facts, and demonstrate our E&D principles to our followers e.g., Diwali; Gypsy & Traveller week; Pride, etc.
Corporate documents	All corporate documents e.g., annual report, quality account, etc. are available in different formats on request
	All corporate documents include examples of how we are working hard with all our communities
	We work hard to ensure documents are understandable and avoid jargon
	All corporate documents are available on our website or in hard copy on request
	Audio recording of both Board & Council of Governor meetings made available via website
Media relations	More than 50 press releases are issued per annum, including information on patient choice, service changes, health information
	An average of 10 to 20 media queries are responded to per day, including responses to specific local queries
	Media campaigns are undertaken around Equality & Diversity week, Pride etc.

Corporate events	Specific needs are catered for at corporate events, e.g., wheelchair accessible, hearing loops, speech to text reporting and specific dietary needs
	A wide range of guests are invited to the Annual Members Meeting/Open Day to learn more about SECAMB
	Specific groups are invited to take part in the Annual Members Meeting/Open Day
	Employee support & take part in wide range of events e.g., Pride
Other	Requests for visits to specific groups/communities are facilitated where possible (dependent on operational constraints)

IT Systems

Where colleagues may experience disadvantage, we have a duty to consider reasonable adjustments, in relation to both new and existing disabilities. Managers work with individuals to consider what reasonable adjustments can be made.

Over the last 12 months, the IT department has undertaken the following:

- Installed Dragon voice recognition software for documentation creation.
- Provided DyslexieFont and Read&Write literacy software which makes the web, documents and files more accessible. Both products support people with dyslexia and other learning difficulties, or anyone whose first language isn't English.
- Provided laptops and tablets with a larger display to meet individual user requirements.
- Worked with Access to Work to provide assistance with software and hardware requirements for operational and corporate employees.
- Provided Bluetooth enabled mobile phones to users with hearing difficulties, enabling them to connect the phone to a Bluetooth enabled hearing loop.
- Provided smart phones to users who have experienced issues with repetitive strain injury which gives them a larger keyboard on which they can type.
- Several orders have been placed through the Procurement team with a Trust approved ergonomic equipment supplier for ergonomic mice and keyboards, footrests and laptop risers.

In addition to this, the IT team are also looking at further increasing accessibility of our electronic Patient Care Record (ePCR) and supported colleagues to trial the beta version of the system to provide feedback on its accessibility.

Our buildings

Our Estates department are committed to ensuring that Trust premises and facilities take account of the diverse needs of our employees, which in turn facilitates them in providing care to our population.

During 2020-2021 there were no additional accessibility works carried out by the Estates department.

However, we continue to ensure that our processes around designing new capital projects ensure that employee wellbeing and inclusion are considered throughout. The Estates department continues to work closely with the Inclusion and Wellbeing team in the design of new Make Ready Centres at Banstead and Medway, so that building user needs can be captured during the design stage.

Several Estates related policies have been under review during this period and the Estates department have liaised with the Inclusion and Wellbeing team, and the Inclusion Working Group representatives, when undertaking equality analyses as part of this process. When assessing the potential effect of activities and policies on people with protected characteristics, the Estates department have undertaken research when benchmarking and seeking out best practice. In doing so we continue to ensure that our revised policies do not unfairly disadvantage colleagues and patients with protected characteristics.

The Estates department have facilitated the provision of gender-neutral toilet facilities at a building used for training, and at a refurbished Make Ready Centre.

This year, with Government restrictions requiring working from home, the team have been facilitating the provision of suitable furniture, to facilitate this. This work has been co-ordinated by the Estates department and Procurement team, and in consultation with individual colleagues and their managers, ensuring that reasonable adjustments are considered where required.

The diversity of the Estates department has broadened during this period, following recent recruitment. In addition to this, a member of the Estates department now sits on the Inclusion Working Group and has also taken up the post of Chair for the Enable, Disability & Carers staff network.



Design for the new Banstead Make Ready Centre at the site of our old headquarters.

Workforce Race Equality Standard

The WRES was introduced by the NHS Equality and Diversity Council (EDC) for all NHS Trusts and Clinical Commissioning Groups (CCGs) in April 2015 as a mandatory requirement embedded within NHS contracts from 2015. It requires NHS organisations to demonstrate progress against nine indicators specifically focused on Race equality, to ensure effective collection, analysis and use of workforce data to address the under-representation of Black Minority Ethnic (BME) employees across the NHS. The report highlights a clear link between workforce diversity of NHS organisations and better patient access, experience, care and outcomes.

We met our mandated requirements outlined in the Workforce Race Equality Standard (WRES) and continue to work towards delivering progress against WRES metrics.

We proactively engaged with NHS England's WRES department and other NHS partners to learn from good practice and explore how we can improve. More work has been undertaken in 2020/21 to progress equality for BAME people. This included:

- Working closely with our Corporate Governance and Recruitment team to support greater Board diversity by strengthening equality and diversity processes for the recruitment of Executive and Non-Executive Board members.
- Working with the HR Workforce and Learning and OD teams to improve interview training and secure a mandate from our Executive Directors that all interview panel members must now have undertaken appropriate training.
- Secured funding for delivery of a locally commissioned cohort of the NHS leadership academy Stepping Up program as part of our planned positive action schemes.
- Reviewed and developed a refreshed exit interview process to which will provide us with data to inform future workstreams and improve the experience of colleagues leaving the organisation.

2019/20 WRES data showed the greatest increase in our BAME workforce since the implementation of the WRES, from 144 people on 31 March 2019 to 201 people on 31 March 2020. This increase (13.9%) is higher than the overall growth rate of the organisation (6.92%) and BAME colleagues at this point made up 5% of all Trust employees.

Our WRES return in 2020 showed that BME people continue to experience difficulty moving from shortlisting to the appointment stage in comparison to their White counterparts and also in the rate of BME employees being taken through the formal disciplinary process in comparison to their White colleagues. However, whilst more needs to be done to reduce inequity, consistent year on year improvements have been achieved in these areas. Actions to address this are ongoing as part of the 2020/21 Integrated Equality Action Plan which is monitored by the IWG and will be reviewed following the 2020/21 WRES submission.

The NHS People Plan has a strong focus on inclusion and creating a sense of “belonging in the NHS” and as part of this has also committed to supporting the work to reduce the ethnicity gap in both disciplines specifically.

As part of our WRES and system working commitment the Trust has also signed up to and offered placements to two individuals as part of the NExT Director scheme. This is a scheme led by NHS England and Improvement to support senior people from groups that are under-represented on trust boards to develop the skills and expertise necessary to take that final step into the NHS board room.

The placements are for a maximum of 12 months during which they will be given access as to Board and committee meetings and members to support their development. At the same time the Trust benefits from the diversity of thought they also bring to our organisation.

Supporting this scheme is one of the ways to help meet our strategic objective to develop, inspire and support an increasingly diverse workforce.

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) was commissioned by the Equality and Diversity Council (EDC). It has been mandated through the NHS Standard Contracts with all NHS Trusts required to annually submit their data to NHS England and Improvement by 1st August since 2019.

The WDES was introduced in response to the Government pledge to increase the number of disabled people in employment by one million in recognition of the data and research, which shows that 83% of disabled people acquire impairments/conditions in adulthood, (i.e., they are already in employment). Despite this people with disabilities have an employment rate 30.1% lower than non-disabled people. The ‘social model of disability’ recognises that it is the societal barriers that people face which is the disability, rather than an individual’s long-term condition or impairment. Providing an environment which is supportive of disability promotes positive cultural change for existing employees and contributes to a more inclusive environment for disabled people working in the NHS.

The Trust has met its mandated requirements as outlined in the Workforce Disability Equality Standard (WDES). Following the reporting in 2020 we now have two years of comparative data which has been used to help identify where our efforts should be focussed. Actions designed to help deliver progress are monitored as part of the Integrated Equality Action Plan.

Key findings from the 2020 submission note the disparity in disability declaration via the Electronic Staff Record (ESR, 3.5%) and the anonymised NHS staff survey (27%). This is also likely to be impacted by the slight variations on wording, with national ESR systems asking whether colleagues “consider themselves to have a disability” as opposed whether they “do you have a disability or long term health condition” as asked in the NHS staff survey. The data highlighted a significant number of colleagues registering as undeclared on our ESR systems.

The figures demonstrated that in all cases, those with a disability are more likely to experience harassment, bullying or abuse than non-disabled colleagues. However, results also showed improvements in that they were more likely than non-disabled colleagues to report the behaviours at 40.8% to 39.6%, and this was an improvement from the previous year. The report noted that less than 60% of employees responded positively to the question of whether their Trust had made adequate adjustments.

Overall whilst the WDES data showed that there is still more to be done to ensure an equitable level of experience between colleagues who have a disability and those who don't, in 2020 we reported improvements against all metrics for colleagues with a disability when compared to the benchmark data from the previous year.

The actions this year have focussed on increasing declaration rates by colleagues, and specifically reducing the number of those who choose to not declare. This work has been led by the HR Workforce team, and work to implement access to work experience for people with disabilities is also ongoing.

Gender Pay Gap

We continue to meet our legislative requirements to publish our Gender Pay Gap audit since it was introduced three years ago. .

SECamb continues to have a gender pay gap. The table below shows the difference in the mean and median hourly rates, and the pay gap as a percentage for 2018 to 2020. There is an increase in the mean hourly rate resulting in an increase of SECamb's gender pay gap. However, there is a slight decrease in the mean (average) hourly rate of pay, but it is unknown whether this change is statistically significant overall.

	31st March 2018		31st March 2019		31st March 2020	
Gender	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Male	£13.80	£13.28	£14.52	£13.71	£15.78	£14.85
Female	£12.52	£11.60	£13.22	£11.96	£14.37	£13.17
Difference	£1.29	£1.68	£1.30	£1.75	£1.42	£1.68
Pay Gap %	9.00%	12.62%	8.95%	12.77%	8.99%	11.30%

Gender Pay Gap for 2018 to 2020

The figures below show a ranking of our employees from highest to lowest paid, dividing this into quartiles and providing a percentage breakdown for males and females in each of these. The highest variances for the quartiles continue to be in the upper pay quartile, where there is a 19.6% difference for a second consecutive

year. However, the increase in the number of employees in upper quartile is equitable and did not contribute to any increases in disparity, therefore maintaining the status quo from 2019. The percentage of males in the upper quartile continues to represent 31% of all males in the overall workforce, in comparison to 19.2% of all females in the organisation.

Quartile	2018				2019				2020			
	Female	Male	Female %	Male %	Female	Male	Female %	Male %	Female	Male	Female %	Male %
1- Lower pay quartile	477	369	56.38	43.62	512	374	57.79	42.21	595	410	59.20	40.80
2- Lower middle pay quartile	432	411	51.25	48.75	551	400	57.94	42.06	594	412	59.05	40.95
3 - Upper middle pay	390	459	45.94	54.06	443	493	47.33	52.67	510	496	50.70	49.30
4 - Upper pay	312	533	36.92	63.08	386	574	40.21	59.79	405	602	40.22	59.78
Total	1611	1772	47.00	53.00	1892	1841	51.00	49.00	2104	1920	52.28	47.71

Gender pay Gap by quartile, 2018 to 2020

Despite the continuing increase of females at lower pay bands, the equitable increase in men and women in the upper pay (quartile 4) quartile and increase of females in the upper middle (quartile 3) have prevented any further increase to our current gender pay gap as of 31 March 2021.

Overall, there was a 0.04% increase in SECAMB mean gender pay gap which is not considered to be significant, and a 1.47% improvement in our median pay gap. The latest workforce data shows positive improvements towards greater equity in some of the higher pay bands. However, comparative data across the sector, shows that SECAMB has a higher proportion of females in the workforce than in other Trusts. Whilst this is positive and more reflective of the NHS workforce overall, the disproportionately higher concentration in the lower quartiles will result in an overall higher gender pay gap for the Trust, therefore work to reduce this must be ongoing.

Action to date includes:

- Implemented Agenda for Change and developed a robust job evaluation process for all jobs.
- Development and launch of menopause guidance in recognition of the potential negative impact on career progression this has.
- Increased the frequency of diversity reports by demographics to the Inclusion Working Group and to the Board via the Integrated Performance Reports, on a quarterly basis for scrutiny and discussion.
- Developed and implemented processes and training to ensure that all interviews are undertaken by trained panel members.
- Launched of the Gender Equality Network who will act as a critical friend and help inform future workstreams to increase the representation of women in leadership.
- Previously received organisational commitment to ensure gender diverse interview panels for all roles at band 8 and above. This has now been

extended to mandate gender diversity as a minimum for all recruitment at band 7 and above and gender diversity to be strongly encouraged as the minimum level of diversity for any recruitment activity.

- Commenced delivery of a first cohort of the Springboard Women's development programme.

EDS2

SECAMB made a commitment to implement the Equality Delivery System (EDS) from April 2012, migrating from the existing single equality scheme. We are committed to using the NHS EDS framework to help determine our Equality Objectives and help us meet the requirements of the Public Sector Equality Duty. The NHS launched EDS2 in November 2013 and together with our communities of interest we undertook the grading process in February 2014 and carried out a further grading exercise in March 2015. Details of the grading and outcomes are published on our website. EDS2 is designed to support NHS commissioners and providers to deliver better health care outcomes for patients, communities and better working environments for colleagues that are personal, fair, and diverse.

The 2019 Equality Delivery System 2 (EDS2) grading review took place on 21 March 2019 in consultation with both internal and external stakeholders. The planned review for March 2020 was unable to go ahead as we continue to await the release of Equality Delivery System 3 (EDS3) which was due in Autumn 2019. A review will be commenced once the guidance is published. The Trust remains compliant with mandated requirements.

Equality Analysis

The Equality Analysis (EA) process is a tool aimed at improving the quality of our services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups. It involves anticipating the consequences of the Trust's policies, functions and services on different communities and making sure that any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised. They must be evidence based, inclusive and consultative.

Disability Deaf, or hearing impaired, blind, or visually impaired, speech impaired, physical disability (including mobility issues), memory loss, dementia, learning disability, mental ill health etc.	Gender reassignment Related to a person who intends to, or who is undergoing or has undergone a process to change social gender role. How do we care for transgender / transsexual individuals?	Pregnancy and maternity (breastfeeding) Do we make sure the treatment of women positively takes pregnancy, maternity and breastfeeding into account, if at all possible?
Age Could age be a barrier to accessing/receiving services? This can be for older persons or younger persons/children	Sexual Orientation Do our services take a person's sexual orientation into account in what we do, say, and the information we give?	Marriage and Civil Partnership* Do our services take into account the need to involve civil partners?
Race Related to a person's genetics and place of birth, language, culture, etc.	Religion and Belief Related to a person's customs and beliefs – including non-belief	Sex Assuring all genders have equal opportunity and pay equality
* * = For marriage and civil partnership (including same sex marriage), only the first aim of the duty applies in relation to employment.		

The **protected characteristics** and some areas to consider in relation to them are outlined in the table above.

As a Trust we can access a number of groups and individuals for EA consultation, including the Inclusion Hub Advisory Group (IHAG), as well as a subgroup of the IHAG which was established to provide electronic or 'virtual' consultation as part of the EA process. This group, the Equality Analysis Reference Group, are volunteers who represent a diverse range of stakeholders and their work improves the quality of our services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups. EA involves anticipating the consequences of the Trust's policies, functions and services on different communities and making sure that any negative consequences are eliminated or minimised, whilst opportunities for promoting equality are maximised.

The EA process is currently being reviewed in collaboration with partner organisations in our lead ICS, Surrey Heartlands. This will help to ensure that all organisations in our region work learn from what works well in each organisation to develop a best practice process as a minimum standard.

Confidence in our suppliers

The NHS standard terms & conditions reflect the current Equality & Diversity (E&D) legislation; this is reflected in all our new contracts as they are subject to the new national terms & conditions. Our policy states our commitment to diversity and inclusion within all its procurement activity and has Board approval.

Our Pre-Qualification Questionnaire (PQQ) is regularly reviewed and includes diversity and inclusion requirements from our suppliers on new contracts. Identifying that our suppliers have Equality & Diversity policies in place is now part of the PQQ assessment process, as shown below. In addition, the process also identifies

whether the supplier has Health & Safety, Carbon Management and Green policies in place.

Requirements Section		Equality & Diversity Policy	
HeadingsLine	Question / Note to Suppliers	Description / Note Details	Mandatory
Yes/no	Equity & Diversity	Do you have a current Equality & Diversity Policy?	Y
Attachment	Equality & Diversity	If YES, please attach a copy to this PQQ saved as [Company Name] Equality & Diversity Policy.	Y
Text	Equality & Diversity No	If NO, are you planning to have your own equality and diversity policy and if so how soon will it be available?	Y

All suppliers are offered the opportunity to participate in diversity and inclusion training and events. This is done via a standard notification on all our purchase orders advising suppliers of our commitment to diversity and inclusion and offering them the opportunity of support and a contact address should they wish to participate in any of the processes, training and/or workshops.

Delivering the best possible service to our population

To help us plan how we deliver services to meet the needs of our population and reduce health inequalities, we use the latest available information from sources such as Census data, Office of National Statistics, Joint Strategic Needs Assessments and the Public Health Observatory to ensure we understand and respond to the make up the population within the South East Coast Area. This information is updated annually and is available to support all those involved in the planning and delivery of our services.

We serve a population of over 4.8 million residents which equates to almost 7% of the UK.

This analysis uses the 2017 mid-year Office of National Statistics estimates, and therefore the data is presented by CCG. It should be noted that NHS England wants all CCGs to merge into their ICS boundaries by April 2022, as part of proposed changes to legislation. This work has already commenced across the area we serve.

COVID-19 has intensified social and health inequalities. The pandemic has had a disproportionate impact on people from BAME communities; on older people; on men; on those with obesity; and on those with a disability or long-term condition. The ICS's have a responsibility to reduce health inequalities which the Trust as a key partner will support as these workstreams develop.

ICS / CCG as at 31 st March 2021	Former CCGs	Population
Kent and Medway CCG (designated ICS status on 1 st April 2021)	Ashford	129,281
	Thanet	141,819
	Canterbury and Coastal	213,598
	South Coastal Kent	211,462
	West Kent	490,426
	Dartford, Gravesham and Swanley	264,478
	Swale	117,559
	Medway	277,855
Surrey Heartlands Integrated Care system	North West Surrey	348,734
	Guildford and Waverly	209,413
	Surrey Downs	292,579
	East Surrey	186,016
Sussex Health and Care Partnership	Brighton and Hove	290,395
	Crawley	112,448
	Horsham and Mid Sussex	238,955
	Coastal Western Sussex	507,449

	High Weald Lewes and Havens	174,475
	Hastings and Rother	188,511
	Eastbourne, Hailsham and Seaford	191,604
Frimley CCG	North East Hampshire and Farnham CCG	211,590
	Surrey Heath	96,474
TOTAL		4,813,737

The South East continues to be one of the healthiest regions in England, but in common with elsewhere in the country, faces many challenges to current and future health needs. Patients and the public contact the ambulance services in the United Kingdom with a much wider variety of care needs than in the past, and our colleagues must be able to recognise and meet these needs, either alone or as part of a multi-professional, multi-location team.

Population needs vary by county, ICS/CCG, and within each CCG. The following table provides a summary of the key issues distilled from the Joint Strategic Needs Assessments (JSNA) profiles for each of the former 21 CCGs in our area. The key features were chosen as being most insightful for understanding the overall health needs of the populations served. It should be noted that our areas have a mixture of urban and rural areas. (Excludes North East Hampshire as we only cover part of the area).

Locality & Population	Health Needs	Age Profile, Life Expectancy and Deprivation	Population Growth	Ethnicity
Regional	<p>Mortality and morbidity rates are lower than England averages, with listed exceptions.</p> <p>They replicate the highest cases of mortality in England: cancer, circulatory disease and respiratory disease - exceptions are listed.</p>	<p>The area's age profile is mainly above the England average for those aged over 65 and 85 years.</p> <p>The areas are generally affluent, but with areas of significant deprivation.</p>	All areas are growing rapidly, with differing levels within counties.	All areas have lower ethnic diversity than the England (20.2%) and South East (SE) (14.8%) averages, excepting those listed.
Kent and Medway Population circa 1.84m	<p>Priority areas:</p> <ul style="list-style-type: none"> • Stroke • Cancer • Diabetes • Obesity • CVD/CHD • COPD • Mental illness 	<p>Dartford, Gravesham and Swanley are on a par for those aged 65 and over, and lower for those aged 85 and over. Medway has a significantly younger</p>	<p>Medway, Dartford, and Maidstone areas are expected to grow by 90,000 people (5%) over the next</p>	<p>Dartford, Gravesham and Swanley are on par to the England average, Medway is on par with the SE average.</p>

	<ul style="list-style-type: none"> Long term conditions <p>Particular needs for Gypsy, Roma and traveller communities and for prison populations.</p>	<p>population.</p> <p>Thanet has significant deprivation. Above average mortality in Swale and Thanet.</p>	<p>5 years due to housing plans; 20,000 of these people are in the new town in Ebbsfleet.</p> <p>Growth will be 4 times greater with over 65s.</p>	
<p>Surrey</p> <p>Population circa 1.16m</p>	<p>Priority areas: As per Kent plus</p> <ul style="list-style-type: none"> Musculoskeletal Women's & children's Urgent & emergency care Older people/frailty Long term conditions Respiratory 	<p>All areas have an age profile on a par to, or above the England average for those aged over 65, and 4 of them for those aged over 85 years. Surrey is the second least deprived area in England but with a few deprived wards.</p>	<p>Over the next 10 years, the number of people aged 85+ will go up by 36% and by 2025 more than 20% of the population will be aged 65+.</p>	<p>North West Surrey is slightly above the England average.</p> <p>3 of the former CCGs are above or on a par with the SE average.</p>
<p>Sussex</p> <p>Population circa 1.67m</p>	<p>Priority areas: As per Kent plus</p> <ul style="list-style-type: none"> Maternity & Children's Armed forces Urgent & emergency care Older people/frailty 	<p>5 of 7 CCGs have an age profile above the England average for those aged over 65 and 85 years. Brighton and Crawley have significantly younger populations.</p>	<p>Information to follow</p>	<p>Crawley is on par to the England average.</p>

Local Health Population Needs

Age

The area we currently work with has a predominantly ageing demographic with 16 out of the 21 former CCGs having populations older than the England average for people aged over 65 years, and 15 having populations older than the England average for people aged over 85 years. An ageing population increases the level of morbidity including frailty, those with long-term conditions and multiple conditions, and therefore dependency on services. This includes increasing loss of hearing and sight and therefore may impact on overall utilisation of services.

Ethnicity

Ethnicity is an important consideration because ethnicity has an impact on the disease prevalence, access to services and delivery of information. Certain ethnic groups have a higher prevalence for certain diagnoses and may need differing approaches to encourage access and improved outcomes from the health care system. For example, for people originating from Bangladesh, India, and Pakistan

and those with an African Caribbean background, the risk of cardiovascular disease is higher than for the rest of the UK population. Type 2 diabetes is also recognised as a higher risk for this group.

In addition, there is a need to consider where we are operating in any area that has a higher population who do not have English as a first language and how we deal with that in emergency situations. There is also a need to be aware of religious and cultural needs, specifically in circumstances such as end of life care.

This section has been updated to include North East Hants and Farnham CCG, but also to include the specific diagnoses that certain ethnic groups have a predisposition to.

The 2011 Census estimated the area served generally has a lower ethnic diversity than the England average of 20.2 %, and South East England (SEE) at 14.8%, except North West Surrey, which is higher, and Crawley, and Dartford and Gravesham that are on a par. Surrey Downs is higher than the SEE, and four CCGs listed below are on a par with or close to SEE. These results fit with SEE at 14.8%. which has a lower than England average.

- North West Surrey 20.7% (above England)
- Crawley 20.1% (=England)
- Dartford, Gravesham and Swanley (=England)
- Surrey Downs 15.9% (above SEE)
- Surrey Heath 14.5%
- Medway 14.5%
- Guildford and Waverley 14.1%
- East Surrey 13.7%

We also need to be aware that areas with low ethnicity may have hidden needs that require consideration.

In Kent and Medway, the last Census gave a combined resident population of 1,727,665 of which 198,453 (12%) were from a BAME group, lower than in the rest of the SEE (14.8%)

The 2017, population estimates published by the [ONS estimate](#) an increase of 1% in the BAME population in 2017. The largest BAME population was still in Gravesham (25%), and Dartford (19%), Medway (15%), Canterbury (12%) and Maidstone (12%). The largest BAME groups were Asian and Mixed. The majority of BAME population were young, with the 0-19-year old group having the largest percentage, and the 20-39-year olds the second largest.

Within Sussex, Crawley has the more diverse population, with higher levels of deprivation compared to the rest of the county. West Sussex has a young BAME population compared to the general population with the largest proportion being of working age (24-45 years). The Black and Asian communities both have a large concentration of their residents at working age and higher than average number of children of school and pre-school age.

East Sussex has the lowest BAME population in Sussex with 4.3% of the East Sussex population from BAME communities. In Brighton and Hove, 8.3% of the

population do not have English as their main/first language and three out of five migrants are from countries outside of the EU area. A 2015 report shows that Brighton has a young mixed BAME background whilst White Irish and White British residents have an older profile. There are larger proportions of 20-44-year olds and a peak of Black/Black British residents aged 20 to 24 years.

For Surrey, 83.5% of the population reported their ethnic group as White British” in the 2011 Census. A further 6.9% of the population belonged to other white ethnic groups; “Irish, “Gypsy or Irish Traveller” and “Other White” . The next largest ethnic group was “Indian” with 20,200 people (1.8% of the population) followed by Pakistani (1.0%).

Woking is the most diverse local authority in Surrey with 16.4% of its population from non-white ethnic groups. More people in Surrey (6.9%) were recorded in Other White Other ethnic groups than in England (5.7%).

Deprivation

The areas covered are diverse, comprising of rural and urban areas, areas that are comparatively well off, and areas of deprivation. In total, overall health outcomes are better than national averages.

Within Sussex, Crawley has the more diverse population, with higher levels of deprivation compared to the rest of the county. Other areas of deprivation are Worthing, Bognor Regis, and Littlehampton. Eastbourne, Hastings & St Leonards-on-Sea which has high levels of deprivation. These areas also have the highest proportion of BAME people where English is an additional language. In Kent, areas of notable deprivation include Thanet, Swale and Medway.

In each of these there are challenging health needs, and health outcomes reflect this, as do the patterns of demands for services.

As a Foundation Trust, we can determine and respond to the local needs of our population and to do so, we will continue to embrace, develop and utilise clinical information, both to plan high quality service delivery, and to develop and support our workforce.

The people we care for

Patient clinical record data

In the financial year of 2020-21 the Trust continued to develop an electronic Patient Clinical Records (ePCR) system. This is in addition to a scanning system for all paper Patient Clinical Report (PCR) forms. There are fields on both forms to collect information pertaining to age, sex, and ethnicity, however data for ethnicity is not routinely validated on paper records. Disability is recorded as free text where relevant.

When a 999 call is received, the call is triaged based on the patient's condition using a nationally approved triaging system.

Having electronic patient clinical records means that the Trust can more accurately report on the characteristics of patients presenting to SECamb. Codes documented on paper patient records are collated using character recognition software and this software is then validated by our Health Records team. As such, the data provided below is divided between paper and electronic records. It is recognised that this may not account for all cases but will provide a strong indication of the proportion of representation within each category.

ePCR Gender 2019/20	Proportion	Paper PCR
Male	45.68%	44.66%
Female	53.33%	51.9
Identifies as another term	0.01%	n/a
Not Specified (or Prefer Not to Say)	0.01%	0.91%
Not Known	0.98%	2.82%

Patient gender identities presenting to SECamb via ePCR and papers PCR 1 April 2020 – 31 March 2021

ePCR Ethnicity	Proportion	Population Comparator
White	76.85%	81.46%
Mixed	0.29%	0.93%
Asian	1.89%	4.76%
Black	0.85%	1.10%
Other	0.47%	4.05%
Not stated	19.65%	-
BAME total	3.50%	10.69%

Patient ethnicity presenting to SECamb via ePCR 1 April 2020 – 31 March 2021

Ethnicity is not stated in 19.65% of attendances, this may account for relatively low recording in other categories. Data suggests that poor recording of ethnicity data on PCRs may be for the following reasons:

a) The collection and recording of this data are recognised to be a challenge for crews when in an emergency, as the clinical condition of the patient (conscious/unconscious) may not facilitate the attainment of this data.

b) Colleagues have suggested that they feel that the ethnicity is clinically irrelevant, as they will treat the patient based on their clinical condition regardless of this information.

c) Colleagues may feel uncomfortable asking the patient their ethnicity as they are worried how this question may be perceived by the patient.

Training on how to collect ethnicity data continues. The Trust expects to see further improvements in the completion of these fields as a result of this.

The ethnicity categories used on the Trust's ePCR are in line with the NHS Data Dictionary and UK census. Due to differences between the data set on the patient records when compared to the Trust demographic data, it is difficult to provide a direct comparison to the ethnicity demographic data for the South East Coast region.

ePCR Age Group	Proportion	Paper PCR Age Group	Proportion
20 and under	7.08%	20 and under	8.95%
21-25	3.71%	21-25	3.28%
26-30	3.71%	26-30	3.99%
31-35	3.85%	31-35	4.10%
36-40	3.91%	36-40	4.18%
41-45	3.85%	41-45	3.89%
46-50	4.41%	46-50	4.59%
51-55	5.21%	51-55	3.32%
56-60	5.49%	56-60	5.19%
61-65	5.29%	61-65	5.10%
66-70	5.45%	66-70	5.13%
71 and above	48.04%	71 and above	42.4%

Patient age demographic presenting to SECAMB via ePCR and papers PCR 1 April 2020 – 31 March 2021

It is noted that a greater proportion of patients are from the 20 and under group (8.95%) and the 71 and above (42.4%) age brackets. This can be attributed to the wide brackets and the anatomical and physiological differences present in these age groups that leave individuals predisposed to a greater incidence of disease. The South East Coast demographic data also shows that over 20% of the population are over 65 years of age and over 2.7% of the population are over 85. Both figures are above the England average.

Patient Experience

Our Patient Experience Team, which includes our Patient Advice and Liaison Service (PALS), is mindful of the need to ensure that everyone can access their

service. Details of how to contact our team are on our website. The team frequently communicates with callers who, for various reasons, find difficulty in communicating clearly and the team's well developed communication skills enables them to ensure that everyone receives the time and attention they require to provide their feedback.

As with other trusts, SECAMB is undergoing similar demographic changes to the rest of the country with a growing and aging population with ethnicity and health diversities. We have specific local area differences and challenges such as a large student population and areas with concentrations of retirees as well as significant variations in population densities.

During the past two years we noted an increase in complaints for patients experiencing mental ill health. To ensure we always manage these contacts with the appropriate care and consideration, mental health training was provided to the Patient Experience Team by our Mental Health Nurse Consultant.

SECAMB provides information in different formats such as:

- Alternative language options, including a translation service.
- British Sign Language and a text message service for people with hearing difficulties.
- Large print options for people with sight or visual impairments.

We previously identified that we need to do more to collect further data in relation to the protected characteristics within our patient feedback. This will ensure that we hear from our diverse population and understand the care we provide, so as not to disadvantage key groups; an online form has been designed and details are provided with all complaint responses and with compliment acknowledgements. This has been available since 1 April 2021. It was felt that an online survey is a good starting point for obtaining feedback as over 90% of our contact is now via this route.

In addition, work has begun to review how we analyse trends arising from our patient feedback aligned with incidents, serious incidents, and our emerging learning from deaths work, to ensure that patients with protected characteristics are not disadvantaged by our services.

Due to the nature of our service, and the short period of time we spend with our patients, SECAMB, as with other ambulance trusts, struggles to obtain meaningful feedback for the patient's Friends and Family Testing (FFT). Due to this acknowledgement, the requirement for patients' FFT changed from April 2020, and we opted to concentrate on improving the care that we provide to our patients with dementia. This project resulted in a Dementia Strategy which is currently out for consultation. Our project for 2021/2022 will be improving our Patient Experience reporting and how we use data to improve the service we provide.

The Trust developed a new Patient and Family/Carer Strategy in 2019 / 2020 with engagement from our patients, NHS colleagues and Healthwatch. The new strategy was signed off by the Trust Board in May 2020 and the actions to implement it are being progressed by the Patient Experience Group.

Occasionally we identify safeguarding concerns arising from either individual concerns or analysis of trends. Our internal safeguarding team are notified of any concerns and when appropriate referrals are made to local authorities with patient / parental consent in line with safeguarding procedures.

In addition, the team have started to collect feedback on our services from service users of mental health services. Currently we have focussed on feedback from our relationship with HealthWatch who have better access to mental health service users. However, the Trust Board has recently approved our Patient and Carer Experience Strategy which will gradually focus on specific groups of patients/carers as we implement our five-year plan. The strategy was co-developed with key partners including our patients, carers and families. Our strategy takes a Trust wide view on patient and carer experience, and over the next five years we will actively seek feedback, analyse it, and use it to improve care for all our patients.

Measuring patient experience in our 111 service

The 111 Patient Survey is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and employees helps us identify what is working well, what can and should be improved, and what will be used to help set priorities for delivering a better service for patients.

The 111 opening message states: "We sometimes contact patients for views on our service at a later date. If you would prefer, we do not contact you, please let us know." Callers who indicate a wish to opt out will notify the call handler who record this on the system.

All calls to 111 are eligible to receive the survey unless caller is on landline phone or:

- Removed through request from caller.
- The call requires an ambulance or is about an expected death.

Details of the patients who are eligible for the patient satisfaction survey are collected by our Performance Information Team and are referred through a survey company to arrange weekly text message campaigns. The campaigns are capped to 500 transmissions per week, containing a random selection from eligible calls.

The KMS 111 survey began collecting data from 10 September 2020. From 10 September 2020 to 24 March 2021 a total of 456,964 calls were answered in 111 and 14,546 text messages were transmitted. From those transmissions, a total of 1,339 surveys were completed by service users.

To meet the needs of our patients, the families and their carers, accessibility of the survey was considered in the development phase and includes:

- A language selection screen to allow users to select an alternative language. The survey has been translated into the six languages which had the highest rate of selection on Language Line (our telephone interpretation service) based on the 2019/20 data - Polish, Spanish, Romanian, Bulgarian, Arabic and Mandarin

- Options to increase text size in the survey itself without loss of quality or function
- High contrast settings to improve access for older people, people with disabilities or with neurodivergent conditions.

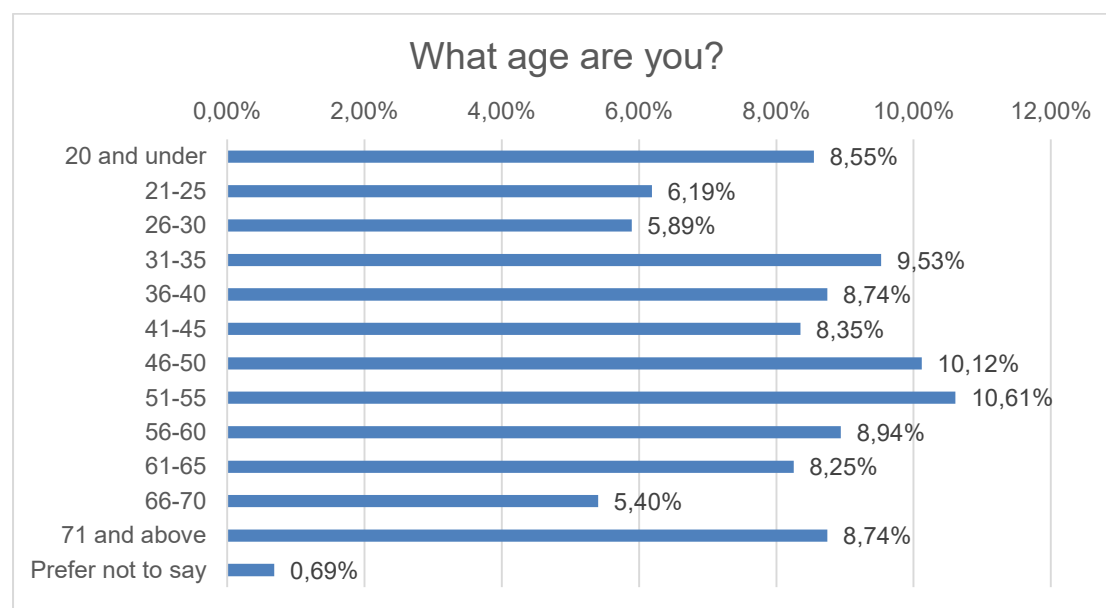
What our survey told us

Of the completed surveys, 994 respondents answered the question “which of the following describes your gender identity?”. A table of the number of respondents to each option, other than those who did not answer, are below:

Which of the following describes your gender identity?	Count	Percentage
Female	625	62.88%
Male	360	36.22%
Prefer not to say	7	0.70%
I identify as another term	2	0.20%

Gender identity, 111 patient survey September 2020-31 March 2021

1,018 respondents answered the question “What age are you?” The graph below shows the age diversity of respondents, excluding those who did not answer, are below:



Age distribution, 111 patient survey September 2020-31 March 2021

The ethnicity data from our survey, indicates that 6.87% of 1,018 respondents were from minority ethnic groups.

What is your ethnic group?	Count	Percentage
White	937	92.04%
Asian/ Asian British	23	2.26%
Mixed/ Multiple ethnic groups	21	2.06%
Black/ African/ Caribbean/ Black British	20	1.96%

Prefer not to say	11	1.08%
Any other ethnic group	6	0.59%

Ethnicity, 111 patient survey September 2020-31 March 2021

From the completed surveys, 1,031 respondents agreed to answer the question “Do you have a disability?” 16.29% of people responded positively.

Do you have a disability?	Count	Percentage
No	834	80.89%
Yes	168	16.29%
Prefer not to say	29	2.81%

Patient satisfaction and demographics

All respondents are asked the question “Overall, how was your experience of our service?” with options ranging from very good to very poor and don’t know provided. 1,336 respondents answered this question. For the purposes of comparison, these results have been combined in the table below, to indicate that the overall experience of the 111 service was reported as positive for 80.6% of respondents:

Overall, how was your experience of our service?	Count	Percentage
Positive (Very good, Good)	1079	80.8%
Neutral (Neither good nor poor, don't know)	83	6.2%
Negative (Poor, Very poor)	174	13.0%

Patient satisfaction and gender identity

Of these respondents, 802 responded to the question regarding gender identity. Of these respondents, the proportion that reported an overall positive experience with the service are as follows:

Which of the following describes your gender identity?	Positive Count	Total Count	Percentage
Female	515	625	82.4%
Male	284	360	78.9%
Prefer not to say	2	7	28.6%
I identify as another term	1	2	50.0%
Total respondents to question	802	994	80.7%

Whilst the numbers are small, these results indicate that a deeper dive into the surveys from patients who preferred not to reveal their gender identity or identified as a term other than male or female, would be beneficial, as their experiences of the service appeared to be more negative than the proportion of respondents overall.

Patient satisfaction and age

823 respondents responded to the question “what age are you?” Of these respondents, the proportion that reported an overall positive experience with the service are as follows:

What age are you?	Positive	Total	Percentage
20 and under	60	87	69.0%
21-25	50	63	79.4%
26-30	42	60	70.0%
31-35	77	97	79.4%
36-40	70	89	78.7%
41-45	66	85	77.6%
46-50	86	103	83.5%
51-55	90	108	83.3%
56-60	76	91	83.5%
61-65	81	84	96.4%
66-70	49	55	89.1%
71 and above	73	89	82.0%
Prefer not to say	3	7	42.9%
Total	823	1018	80.8%

This data indicates a proportionately less positive response amongst respondents aged 20 and under, or who prefer not to say.

Patient satisfaction and ethnicity

A total of 823 respondents responded to the question “What is your ethnic group?”. Of these respondents, the proportion that reported an overall positive experience with the service are as follows:

What is your ethnic group?	Positive	Total	Percent
White	755	937	80.6%
Asian/ Asian British	20	23	87.0%
Mixed/ Multiple ethnic groups	17	21	81.0%
Black/ African/ Caribbean/ Black British	17	20	85.0%
Prefer not to say	8	11	72.7%
Any other ethnic group	6	6	100.0%
Total	823	1018	80.8%

This data indicates that responses from minority ethnic groups were more positive than that responses from those who self-identified as White. The lowest levels of satisfaction were amongst respondents who preferred not to disclose their ethnicity.

Patient satisfaction and disability

A total of 1,031 respondents responded to the question “Do you have a disability – physical, mental, learning disability and/or impairment?”. Of these respondents, the

proportion that reported an overall positive experience with the service are as follows:

Do you have a disability – physical, mental, learning disability and/or impairment?	Positive	Total	Percent
Yes	125	168	74.4%
No	688	834	82.5%
Prefer not to say	22	29	75.9%
Total	835	1031	81.0%

This data indicates a proportionately less positive response amongst respondents who reported a disability or preferred not to say.

Whilst the patient survey is still in its early days, these results are beginning to provide an indication of areas to target for improvement.

Translation and interpretation

The Trust will always do its utmost to ensure that those who use our services are able to be fully involved in discussions about their treatment or any concerns they may have, and is happy to provide interpreters or advocates where needed

When a member of the public makes a 999 call and there is a language difficulty due to English not being the patient's first language, the colleagues in our Emergency Operations Centres (EOC) and 111 call centres have access to interpreting services via LanguageLine.

LanguageLine is also available to front line operational colleagues via the EOC and in addition, all vehicles should have a copy of the Multilingual emergency phrasebook produced by the NHS Confederation.

999 services

During 1 April 2020 – 31 March 2021 a total of 753,630 calls were received in 999 services run by SECAMB. LanguageLine was used in a total of 2,687 of these calls (0.33% of total answered 999 calls). 63 languages were accessed during this time, up from 54 the previous year.

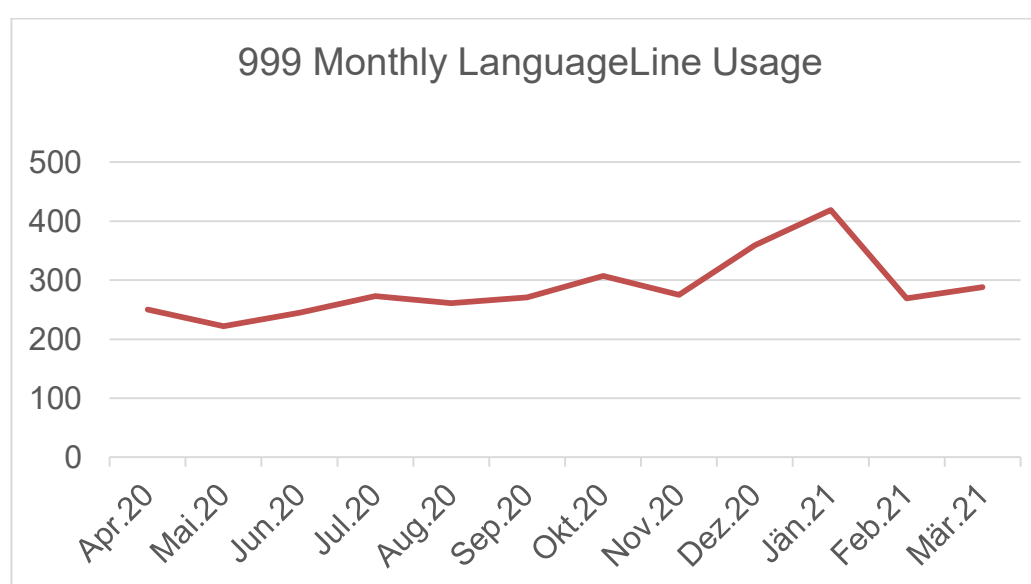
The table below shows the top 10 languages accessed by percentage and against the Top 10 main "other" languages in England and Wales from the 2011 Census. Only three of the top ten languages in the 2011 Census were seen in the 2020/21 list of top ten languages with an increased representation of European languages identified.

Main "Other languages" in England and Wales, 2011 Census	2019/2020			2020/2021		
	Language	Count	Percentage	Language	Count	Percentage
Polish	Romanian	410	15.30%	Romanian	499	14.54%
Punjabi	Polish	390	14.50%	Polish	464	13.52%
Urdu	Russian	205	7.60%	Arabic	304	8.86%
Bengali (with Sylheti and Chatgaya)	Arabic	190	7.10%	Russian	247	7.19%
Gujarati	Bulgarian	107	4.00%	Nepali	226	6.58%
Arabic	Nepali	103	3.80%	Bulgarian	212	6.18%
French	Slovak	96	3.60%	Portuguese	124	3.61%
All other Chinese (1)	Lithuanian	95	3.50%	Punjabi	117	3.41%
Portuguese	Hindi	92	3.40%	Slovak	112	3.26%
Spanish	Punjabi	85	3.20%	Lithuanian	107	3.12%

Top ten languages accessed in 999 services in 2019/20 and 2020/21

1. 'All Other Chinese' is an aggregate of Chinese languages and excludes those that wrote in Mandarin Chinese and Cantonese Chinese.

The trend analysis for LanguageLine use in 999 call centres reflects a slow but increasing level of use, which is likely to be representative of the increasing diversity of the population we serve. It also demonstrates that European language access has significantly increased since 2011, this is reflective of the changing profile of our communities.



Monthly LanguageLine, April 2020 – March 2021

111 services

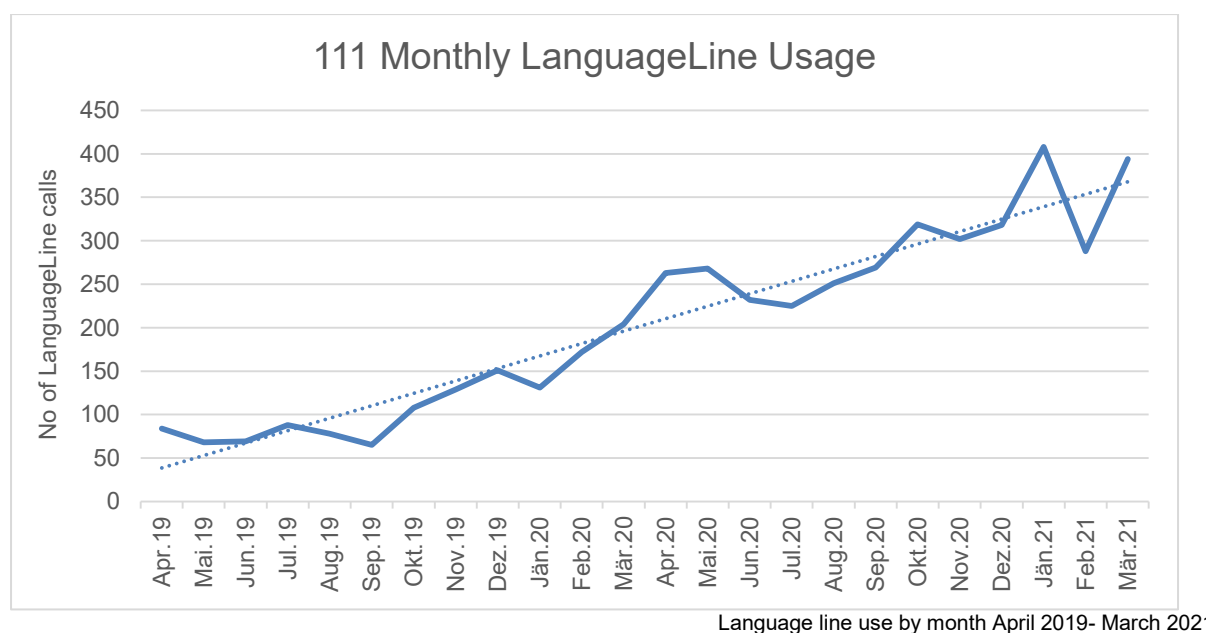
During 1 April 2020 – 31 March 2021 a total of 738,726 calls were answered in 111 services run by the Trust. LanguageLine was used in a total of 3531 of these calls (0.48% of total answered 111 calls). A greater range of languages were accessed than via our 999 service with 71 languages accessed overall during this time. A breakdown of the top ten languages accessed by 111 users is given below against comparators for both the previous year and the 2011 Census. The data also shows a small level of variation in between the top languages access via 111 and 999.

111	2019/2020			2020/2021		
Main "Other languages" in England and Wales, 2011 Census	Language	Count	Percentage	Language	Count	Percentage
Polish	Polish	184	13.70%	Arabic	393	11.13%
Punjabi	Arabic	101	7.50%	Romanian	371	10.51%
Urdu	Spanish	99	7.30%	Polish	301	8.52%
Bengali (with Sylheti and Chatgaya)	Romanian	90	6.70%	Spanish	191	5.41%
Gujarati	Mandarin	74	5.50%	Bulgarian	186	5.27%
Arabic	Bulgarian	68	5.00%	Russian	180	5.10%
French	Punjabi	66	4.90%	Punjabi	144	4.08%
All other Chinese (1)	Russian	58	4.30%	Portuguese	140	3.96%
Portuguese	Bengali	50	3.70%	Bengali	128	3.63%
Spanish	Italian	42	3.10%	Slovak	117	3.31%

Top ten languages accessed in 999 services in 2019/20 and 2020/21

1. 'All Other Chinese' is an aggregate of Chinese languages and excludes those that wrote in Mandarin Chinese and Cantonese Chinese.

The trend analysis for LanguageLine in the 111 environment shows an increasing level of use of interpreters. The data does not tell us whether all sections of the communities we serve are accessing our service. However, it does indicate an increasing level of diversity in our patch, and that messaging to use 111 as an alternative route to access healthcare advice is reaching communities where English is not a first language.



Interpreters are provided as required when meeting with complainants who have language needs and the Patient Experience Team also have access to LanguageLine as required.

Workforce Equality Data

Our Employees

SECAMB aims to deliver a fair and equitable service for our workforce through:

- Clear policies that are applied consistently throughout the Trust
- Fair and equitable salary provision under the Agenda for Change framework
- Career progression and opportunities for our workforce
- Promoting equality and diversity in all areas of the Trust.

A significant data cleansing exercise has been underway for diversity information in the past year, and the greatest area of improvement is the quality of the disability information stored. Further cleansing is in progress now to ensure that all information given at application is still stored for the employee.

ESR Self Service enables employees to view, and more importantly amend their personal diversity information including, religious belief, sexual orientation, and disability information. The impact of an incomplete picture in terms of the makeup of the workforce may influence the accuracy of information and decisions around how the Trust manages equality within the organisation. The current data available is considered sufficient to make informed decisions, however it is accepted that the situation could be improved in the future with better engagement in completing equality monitoring. This is a continuing piece of work and colleagues will be encouraged to view the information held for them by banners on ESR Self Service, items in bulletins and customised approaches to different employee groups.

Workforce Equality Overview

Sex	Mar-20		Mar-21	
	Headcount	%	Headcount	%
Female	2,152	53.7%	2,394	54.8%
Male	1,853	46.3%	1,973	45.2%
Total	4005	100%	4367	100%

Workforce by Sex, March 2020 - March 2021

The last 12 months show a continuation in the growth of the female workforce that we started to see four years ago. With the increase over the last 12 months, the organisation now has 10% more women than men, and a 2% increase in the organisation overall.

Ethnic Origin	Mar-20		Mar-21	
	Headcount	%	Headcount	%
White	3,712	92.7%	4,026	92.2%
BAME	195	4.9%	246	5.6%
Unknown/Null	98	2.5%	95	2.2%

Workforce by ethnicity, March 2020 and March 2021

The last 12 months continued to see a steady growth in diversity by ethnicity. However, despite an increase in BAME headcount the Trust continues to be under representative of the Black, Asian and Minority Ethnic (BAME) population.

Age Band	Mar-20	% Total Workforce	Mar-21	% Total Workforce
<=20 Years	71	1.8%	43	1.0%
21-25	526	13.1%	610	14.0%
26-30	714	17.8%	763	17.5%
31-35	565	14.1%	645	14.8%
36-40	424	10.6%	465	10.6%
41-45	471	11.8%	486	11.1%
46-50	490	12.2%	526	12.0%
51-55	379	9.5%	416	9.5%
56-60	247	6.2%	268	6.1%
61-65	96	2.4%	114	2.6%
66-70	17	0.4%	25	0.6%
>=71 Years	5	0.1%	6	0.1%
Total	3,768	100.00%	4,005	100.00%

Workforce by age, March 2020 - March 2021

The largest age group within the Trust continues to be the 26-30 cohort, closely followed by those aged 31-35 and 21-25. This may be reflective of the number of direct entry students that the Trust is recruiting as we seek to increase our

Disability	Mar-20		Mar-21	
	Headcount	%	Headcount	%
No	2,247	56.1%	3,845	88.0%
Yes	143	3.6%	182	4.2%
Not declared / Unspecified	1,611	40.2%	337	7.7%
Prefer not to answer	4	0.1%	3	0.1%
Total	4,005	100.00%	4,367	100%

operational workforce, as well as those who are joining the Trust as a second career.

Workforce by disability, March 2020 - March 2021

The Trust disability declaration has increased over the last 12 months, by 0.6% which whilst not large, is the largest increase we've seen in a number of years. More significant however is the drop in colleagues choosing not to declare which was addressed as part of a data cleanse exercise from 40.2% to 7.7%.

It should be noted that the % declaration rate within our Trust is slightly higher than the NHS average of 3%. However, this differs significantly from the 27% of Trust employees who declared having physical or mental health conditions, disabilities or illnesses that are expected to last for 12 months or more in the 2020 NHS staff survey.

Some of the disparity between declared disability and staff survey results may also be a result of staff not classing themselves as being disabled, particularly when consideration is given to the social model of disability. The NHS staff survey questions ask about disability in its wider sense, in comparison to ESR. specifically considering long-term illnesses and mental ill health which again people may not personally class as a disability.

Sexual Orientation	Mar-20		Mar-21	
	Headcount	%	Headcount	%
Bisexual	68	1.7%	82	1.9%
Gay or Lesbian	184	4.6%	213	4.9%
Heterosexual or Straight	3,187	79.6%	3,512	80.4%
Other sexual orientation not listed	2	0.0%	5	0.1%
Undecided	6	0.1%	7	0.2%
Not stated (person asked but declined to provide a response)	558	13.9%	548	12.5%
Total	4,005	100%	4367	100%

Workforce by Sexual orientation, March 2020 - March 2021

Our data shows that we continue to see increasing numbers of colleagues feeling safe to declare their sexual orientation at the Trust, as well as an increasing LGB representation, which now sits at 6.9% against a population estimate of 2%. This further supports the work that we have been doing to promote the Trust as an LGBT employer of choice.

Religious belief	Mar-20		Mar-21	
	Headcount	%	Headcount	%
Atheism	938	23.42%	1,085	24.85%
Buddhism	19	0.47%	25	0.57%
Christianity	1,575	39.33%	1,703	39.00%
Hinduism	21	0.52%	24	0.55%
Islam	17	0.42%	27	0.62%
Jainism	0	0.00%	2	0.05%
Judaism	5	0.12%	4	0.09%
Other	502	12.53%	557	12.75%
Sikhism	5	0.12%	8	0.18%
Unspecified / Null	923	23.05%	932	21.34%
Total	4,005	100%	4,367	100%

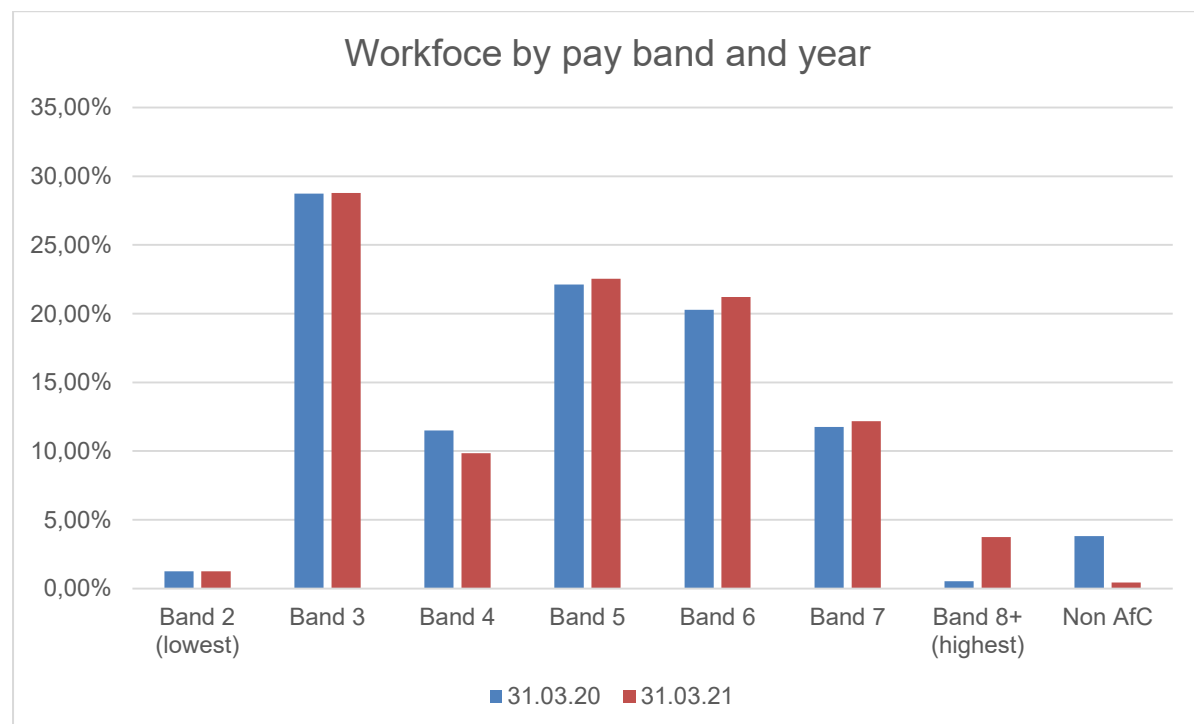
Workforce by Religion and belief, March 2020 - March 2021

Declaration by religion and belief including non-belief remains steady with small increases by both individual belief and the number of colleagues sharing this information with us.

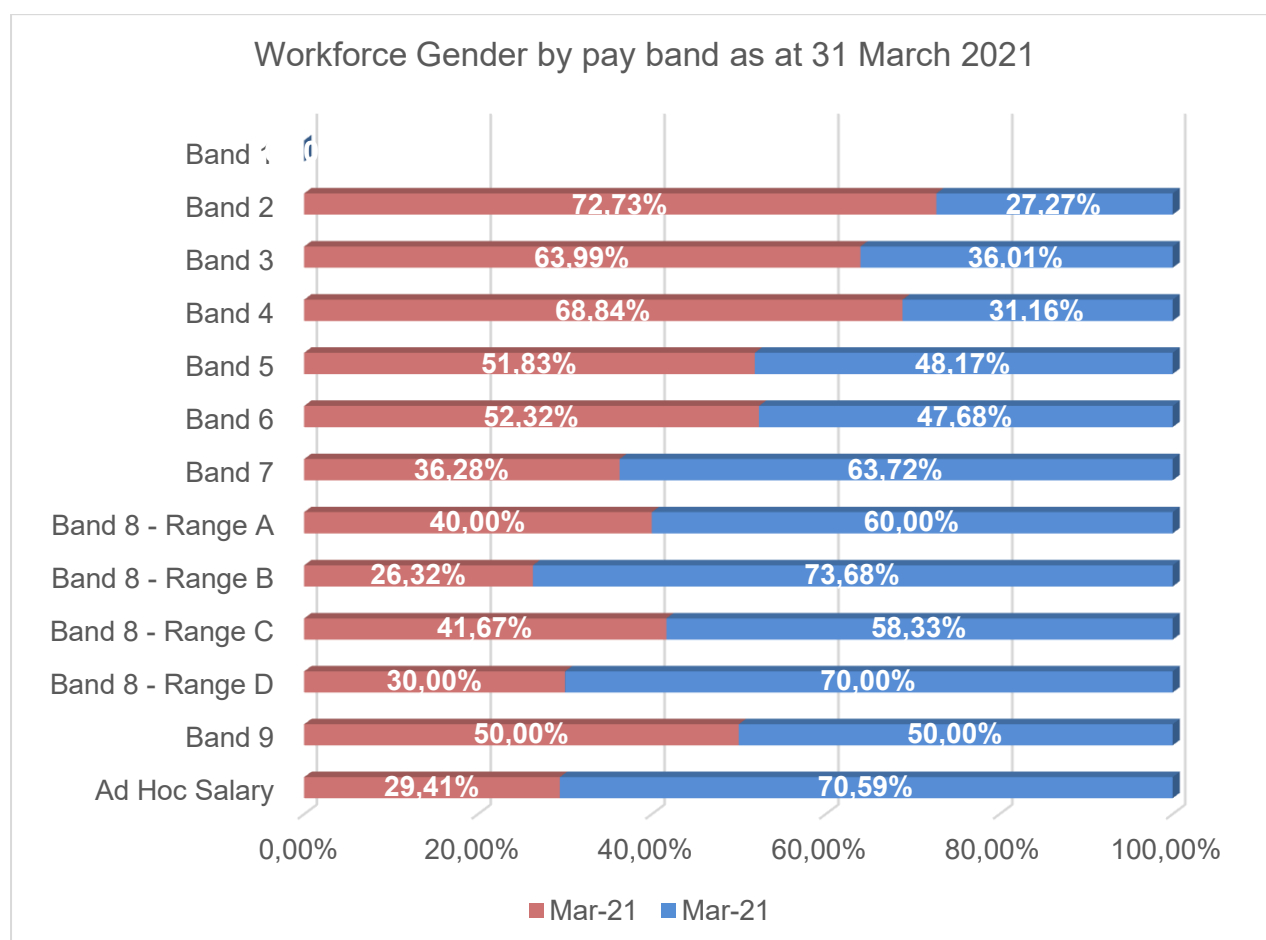
Pay equality

The Trust uses the Agenda for Change terms and conditions handbook and pay framework, which includes a robust and objective job evaluation process that involves an HR Practitioner and Union representative. This approach helps ensure that employees are paid equitably in accordance with published NHS terms and conditions. Requests for job evaluation can be made via the Staffing Review Group, and where employees are dissatisfied with the end decision, the grievance process can be used.

To ensure equality of pay, all new appointments not starting at the lowest point in the pay band are referred to the Director of Human Resources (HR) for consideration and sign off. Any variation to commencement on the base point of the pay band is determined purely on objective criteria such as qualifications or previous seniority levels.



Breakdown of employees by AfC pay band and year



Most of our colleagues are in roles at pay bands 3, 5 and 6, with the highest percentage of employees at Band 3 (29%).

The gender split also clearly shows the higher number of females in pay bands 2, 3 and 4, which are a likely result of the availability of part time shift work in the call centre environment as well as the previous drive to recruit Emergency Care Support Workers (ECSWs). However, at band 7 and above, although the overall numbers are smaller, females are disproportionately underrepresented, making up just 36% of the workforce at this level. Work to understand the barriers (real and perceived) is underway, alongside positive action measures including our Springboard Women's Leadership programme to support colleagues to develop.

Over the last 12 months, there have been small decreases in in our workforce across all age groups except the 41-50 age category which has seen a small increase. As a Trust we have a young workforce with 31% of our colleagues aged between 21 – 30, of which 11.93% are at band 3 followed by 7.60% at Band 5. These figures are indicative of new employees coming into the Trust, mainly on ECSW and Student Paramedic grades. There were decreases in the percentage makeup of the workforce for five out of eight pay bands for those aged 41 -50, and at every pay band for those aged 51 - 60. The NHS People Plan sets out a need to address the growing trend for early retirement and maximise participation, recommending the need for career conversations This should be to discuss any adjustments needed to their role and their future career intentions. It should also include signposting to

financial advice. The refreshed appraisal process is due to go live in October 2021 and is an opportunity to support this area of work.

4.2% of our colleagues have declared that they consider themselves to have a disability, with the greatest proportion of these colleagues being in bands 3, 5 and 6 respectively. This highlights the importance of ensuring managers in our operational teams and call centres can access advice to put into place appropriate reasonable adjustments. The HR team are in the progress of having additional disability awareness training to empower them to better support managers locally.

The largest number of employees overall are White at 92.19% and the highest groupings of employees are in pay bands 3, 5 and 6 which fits the overall workforce profile. BAME Employees make up 5.63% of the workforce and are spread across pay bands 2 to 8, again in line with the whole workforce profile, as shown in the table below. This indicates that whilst we are under representative of the ethnic diversity of the communities we serve, the distribution of BAME colleagues is representative of our overall workforce distribution.

	BAME		White		Not Stated		Total	
Pay Band	H/count	% by pay band	H/count	% by pay band	H/count	% by pay band	H/count	Workforce by pay band
Band 2 (lowest)	7	2.85%	48	1.19%		0.00%	55	1.26%
Band 3	58	23.58%	1180	29.31%	19	20.00%	1257	28.78%
Band 4	21	8.54%	403	10.01%	6	6.32%	430	9.85%
Band 5	43	17.48%	917	22.78%	24	25.26%	984	22.53%
Band 6	63	25.61%	844	20.96%	19	20.00%	926	21.20%
Band 7	39	15.85%	475	11.80%	18	18.95%	532	12.18%
Band 8+ (highest)	14	5.69%	142	3.53%	8	8.42%	164	3.76%
Non AfC	*	0.41%	17	0.42%	*	1.05%	19	0.44%
Total	246	100.00%	4026	100.00%	95	100.00%	4367	100.00%

Workforce distribution by ethnicity, 31 March 2021

* Indicates value below 5

In terms of sexual orientation, 4.88% gay and lesbian employees are in Bands 2 to 8. The Trust has 1.88% of employees have been identified as bisexual.

12.55% employees across all pay bands preferred not to say, which shows a decrease on the previous year. The highest rates of non-declaration are in pay bands 5 and 6 at 5% and 3.4% respectively.

Flexible working

COVID19 has accelerated the need for organisations to work in a more agile way and adoption of the technology to facilitate this. It has increased awareness of “where” and “how” we work and of work as an activity that we undertake rather than a place we go as seen in the traditional office-based model. Since the start of the pandemic, support services have all been working from home under Government stay at home guidance and remote working has also been put in place for some of

our 111 control room colleagues which has supported those with long term health conditions.

The Trust also established a COVID Recovery and Learning Implementation Group to identify what worked well during the pandemic and could be taken forward and agile working is one of these workstreams.

However, it is important to recognise that agile working and flexible working are two distinct models, of which both are required to maximise both efficiency and employee experience.

The NHS People Plan has laid out that Trusts should be offering the following:

- Flexibility by default. Employers should be open to all clinical and non-clinical permanent roles being flexible.
- Normalisation of conversations about flexible working with flexible working to be discussed in inductions and appraisals.
- Offer flexibility from day one.
- Role modelling from the top: Board members must give flexible working their focus and support. NHS England and NHS Improvement are also adding a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.
- Support to develop E-rostering where this is not already in place.

The Trust has an established Flexible Working Policy where colleagues can request flexible working. Requests are considered by both their manager and HR on a case-by-case basis.

Flexible working options:

There are currently 227 employees in the Trust on an agreed annualised hours arrangement, of which 162 of these are female. This compared with last year's figures represents an increase of 0.04% for the total number of people on annualised hours and a decrease of 0.46% female employees on annualised hours.

The highest number of employees who moved to part time contracts within the Trust are within the 26-30-year old age bracket, closely followed by 31-35-year olds, and 21-25-year olds. This may be as a result of proactive work particularly within 111 to reach groups to become more attractive to those that may be classed as harder to reach employment groups such as single parents, those with disabilities, colleagues with faith-based commitments and those who rely on public transport.

The following arrangements are also available and used frequently at local level:

- Other Flexible working patterns (e.g., 4-day week/9-day fortnight)
- Zero hours (or bank) contracts providing greater flexibility.
- Career breaks – there are currently 5 colleagues on a career break.
- Job sharing
- Sharing Rota lines, participation in planning Rota cover and swapping shifts through GRS (Rostering system)

- Phased return following long term sickness. (Sickness Policy refers) e.g., phased return over an eight-week period.

Diversity in recruitment

We utilise a platform known as NHS Trac, an applicant tracking system that allows us to manage our recruitment workstreams. Applicants are requested to complete the equal opportunities form as part of the online application form and this allows the us to monitor diversity of the candidates who are applying, being shortlisted and are successful in gaining employment or promotion with the Trust. The diversity data is only available to HR colleagues and cannot be accessed by the panel or if successful, the future line manager.

As a Trust we have implemented a minimum requirement for two short-listers per vacancy on Trac and these are checked by the recruitment team to ensure they are appropriate. The resourcing team is currently developing processes for a third independent short-lister to ensure that all suitable applicants are considered against the criteria.

On 2019-20 we set an ambition to achieve 100% trained panels. With the support of our Executive Management Team, we were able to get organisational commitment to this and all panel members must now be fully trained. Training is logged on NHS Trac and panel make up is audited monthly to ensure adherence and identify areas where support may be required. Our aim for the coming year is to improve diversity on our interview panels and work is already underway to make improvements to this.

A monthly recruitment report is produced, including the breakdown of successful applicants by gender, disability and ethnicity. This enables us to track the monthly trends of applicant characteristics and ensure that all candidates with reasonable adjustments have been included in the recruitment process.

The Trust is committed to the Disability Confident scheme and has achieved level two, Disability Confident Employer status. Disabled applicants who choose to take advantage of this scheme are guaranteed an interview if they meet the essential requirements for the role. NHS Trac highlights those who have declared a disability and all those who meet the essential role criteria are offered a guaranteed interview.



The Resourcing Team are acutely aware of the need to make reasonable adjustments during the recruitment process as necessary. The Reasonable Adjustments passport is also being used as a tool to assist both new recruits into the organisation, as well as those moving to a new role. The Recruitment team are due to undertake specialist training around reasonable adjustments and inclusive recruitment to enable us to better support applicants with disabilities. The training will also enable us to challenge poor practice and encourage applicants to be considered based on their experience.

We are also exploring the possibility of offering work experience in the Trust and will allocate a percentage of places each year to those with a disability. Each area of the Trust has a dedicated resourcing advisor who is available to candidates for support, guidance and assistance as required.

During this reporting period, we appointed 843 people. Most new joiners fell into pay bands 3 – 5 as a result of the volume of employee recruited to support the COVID19 Pandemic. The majority of recruitment was for call handlers in the 999 and 111 environment as well as front line roles including Emergency Care Support Worker and Associate Ambulance Practitioners.

Recruitment by gender 2020-21	Application	Application % of total	Shortlisted	% of total Shortlisted	Appointed	% of total appointed
Male	3,742	39%	1,680	42%	361	43%
Female	5,716	60%	2,327	57%	470	56%
Undisclosed	61	1%	41	1%	12	1%
Total	9,519	100%	4,048	100%	843	100%

Application to appointment by gender. April 2020- March 2021

Recruitment by gender	% Applications received		% Shortlisted		% Appointed	
	2019-20	2020-21	2019-20	2020-21	2019-20	2020-21
Male	33.09%	39%	31.40%	42%	35.25%	43%
Female	66.60%	60%	68.27%	57%	64.21%	56%
Undisclosed	0.31%	1%	0.33%	1%	0.54%	1%

Two-year comparison of application to appointment by gender.

The tables above show the gender of applicants in 2020/21 and the percentages shortlisted and appointed overall. There is a decrease in the split between male and female appointments from 35% male and 64% female in 2019/20 to 43% male and 56% female appointments across the service overall in in this reporting period. In this period there was a 6% drop in applications from women. This could be attributed to the impact of the COVID19 pandemic which had a disproportionate impact on the careers of women as women are more likely to have caring responsibilities and take on the role of primary parental care as well.

In spite of this, there is a continued increase in the number of applications from, and appointments of, females for the third year running.

Recruitment by disability	Application	% of application received	Shortlisted	% of those shortlisted	Appointed	% of those appointed
Yes	666	7%	366	9%	45	5%
No	8,737	92%	3,631	90%	785	93%
Undisclosed	116	1%	51	1%	13	2%
Total	9,519	100%	4,048	100%	843	100%

Application to appointment by disability. April 2019- March 2020

The recruitment data shows that the appointment of people with disabilities has decreased since 2019/20 with their making up 5% (down from 6%) of all appointments. This is despite an increase in the number of candidates with disabilities being shortlisted. More work is required to understand and address the reasons for the discrepancy.

Recruitment by ethnicity	Application	% of applications received	Shortlisted	% of those Shortlisted	Appointed	% of those appointed
WHITE - British	6847	72.6%	1829	70.4%	690	63.4%
WHITE - Irish	103	1.1%	32	1.2%	9	0.8%
WHITE - Any other white background	476	5.0%	153	5.9%	30	2.8%
ASIAN - ASIAN BRITISH – Indian	297	3.1%	127	4.9%	18	1.7%
ASIAN - ASIAN BRITISH - Pakistani	127	1.3%	35	1.3%	6	0.6%
ASIAN - ASIAN BRITISH - Bangladeshi	42	0.4%	14	0.5%	3	0.3%
ASIAN - ASIAN BRITISH - Any other Asian	107	1.1%	44	1.7%	4	0.4%
MIXED - White and Black Caribbean	59	0.6%	14	0.5%	6	0.6%
MIXED - White and Black African	32	0.3%	12	0.5%	1	0.1%
MIXED - White and Asian	76	0.8%	33	1.3%	4	0.4%
MIXED - Any other mixed background	88	0.9%	30	1.2%	5	0.5%
BLACK or BLACK BRITISH Caribbean	80	0.8%	24	0.9%	6	0.6%
BLACK or BLACK BRITISH African	372	3.9%	133	5.1%	6	0.6%
BLACK or BLACK BRITISH - any other Black background	28	0.3%	9	0.3%	8	0.7%
OTHER ETHNIC GROUP - Chinese	13	0.1%	3	0.1%	0	0.0%
OTHER ETHNIC GROUP	80	0.8%	47	1.8%	5	0.5%
Undisclosed	602	6.4%	60	2.3%	288	26.4%
Totals	9429	100.00%	2599	100.0%	1089	100.0%

Application to appointment by ethnicity. April 2020- March 2021

The table above provides a full breakdown of application to appointment statistics by ethnic category. For consistency with our mandatory reporting requirements, we

have also combined this into an amalgamated table below, which groups all white categories, visible BAME categories and all undisclosed categories.

Recruitment by ethnicity	Application	% of applications received	Shortlisted	% of those Shortlisted	Appointed	% of those appointed
White	7426	78.8%	2014	77.5%	729	66.9%
BAME	1401	14.9%	525	20.2%	72	6.6%
Undisclosed	602	6.4%	60	2.3%	288	26.4%

Application to appointment by ethnicity. April 2020- March 2021 as per WRES categories

The Trust appointed 31% fewer people in 2020/21 in comparison to 2019/20, despite growing overall. This may also be linked to the lower attrition levels at the height of the pandemic.

The Trust remains unrepresentative of the local population in terms of ethnicity. Work to increase representation is part of the Integrated Equality Action Plan. The pandemic has put a hold on many face to face initiatives, however, work to restart these as restrictions lift is in progress and will include consideration of how alternative methods of engagement utilising technology can also be developed

The recruitment data shows that we appointed 67% of candidates from a White background compared to 90% in 2019/20. Of these, 95% were from a White British background. However, the rate of ethnicity non-disclosure in the application process increased significantly from 1% in 2019/20 to 26% in 2020/21. This is likely to account for the significant difference in figures.

Overall, the rate of candidates appointed from a BAME background has dropped for a second consecutive year to 6.6% from 8% the previous reporting period. The data suggests that BAME people continue to experience difficulty moving from shortlisting to the appointment stage with 13% of BAME candidates shortlisted being appointed in comparison to 36% of White candidates.

Interview training for panel members is now an essential recruitment requirement to try to reduce panel bias. In addition, all panels for 8a and above positions are required to have BAME representation. A wider review of recruitment processes including assessment centre design is also underway.

A development tracker for movement between bands is being finalised. This will include diversity data which will help to support progression in under-represented areas and will show a full picture from application through to development.

Recruitment by age	Shortlisted		Appointed		change since 2019/20
	Headcount	%	Headcount	%	
Under 18	13	0.1%	0	0.0%	0.0%
18 - 19	235	2.5%	10	1.2%	-0.8%
20 - 24	1,679	17.6%	88	10.4%	-8.6%
25 - 29	1,874	19.7%	163	19.3%	0.3%

30 - 34	1,495	15.7%	153	18.1%	2.1%
35 - 39	1,023	10.7%	86	10.2%	1.2%
40 - 44	920	9.7%	89	10.5%	1.5%
45 - 49	839	8.8%	84	10.0%	1.0%
50 - 54	729	7.7%	81	9.6%	1.6%
55 - 59	428	4.5%	45	5.3%	0.3%
60 - 64	216	2.3%	31	3.7%	0.7%
65 - 69	48	0.5%	9	1.1%	0.1%
Age 70+	20	0.2%	5	0.6%	0.6%
Undisclosed	0	0.0%	0	0.0%	0.0%
Total	9,519	100.0%	844	100.0%	0.0%

Application to appointment by age. April 2019-March 2020

In 2020/21 the Trust employed 25-29 and 30-35-year olds more frequently than other age groups and this made up 37% of new recruits. There was also a significant change in the recruitment of younger people to the organisation and this may also be in part due to the pandemic which allowed us to recruit people who had been employed in other sectors such as travel and aviation which had been impacted because of COVID19. The Trust will need to consider what we put in place to retain these recruits as restrictions ease and these sectors reopen and begin to recruit.

Recruitment by Religion / Belief	Application		Appointed	
	Headcount	%	Headcount	%
Atheism	2,528	27.7%	177	29.9%
Buddhism	42	0.5%	4	0.7%
Christianity	3,739	41.0%	246	41.6%
Hinduism	183	2.0%	10	1.7%
Islam	272	3.0%	9	1.5%
Other	1,209	13.3%	79	13.3%
Jainism	2	0.0%	1	0.2%
Judaism	17	0.2%	0	0.0%
Sikhism	27	0.3%	4	0.7%
Undisclosed	1,096	12.0%	62	10.5%

Application to appointment by religion/belief. April 2020- March 2021

There is little change in the reporting of religious belief for new employees since the previous year and an increase in the number of people choosing to disclose this information. Although small numbers, the data suggests for a second consecutive year that there may be a need to monitor the outcomes for some minority faith groups to identify whether there is any inequity/bias or reasons why certain groups are not appointed or may not wish to declare their religion/belief. Other considerations could be to ensure our uniform policies are inclusive of people's religious/faith needs.

Recruitment by Sexual Orientation	Application		Appointed	
	Headcount	%	Headcount	%
Lesbian	193	2.12%	14	2.35%
Gay	404	4.43%	30	5.04%
Bisexual	274	3.01%	19	3.19%
Heterosexual	7,859	86.19%	499	83.87%
Other	32	0.35%	3	0.50%
Undecided	34	0.37%	0	0.00%
Undisclosed	322	3.53%	30	5.04%

Application to appointment by religion/belief. April 2020- March 2021

Appointments for applicants identifying as LGB have increased and there appears to be no issue of inequity in recruitment by sexual orientation.

Promotions

Opportunities for promotion are advertised via the national NHS jobs website and are open to all employees, and all vacancies are advertised via the Trust wide weekly jobs bulletin. The process of assessment and selection is managed via the centralised Resourcing Team. The Recruitment & Selection Policy describes how the Trust manages recruitment and ensures that employees are appointed on merit, and that the process is fair and equitable.

There were 346 promotions via NHS Trac for the period 1 April 2019 – 31 March 2020, with more colleagues being promoted from band 5 to band 6 are higher than other Agenda for Change pay bands, at a total of 130, of which 72 were Female and 58 were Male. This is attributed to the volume of clinical employees progressing from Newly Qualified Paramedic to experienced Paramedics over the past year

This year, in a turnaround from 2019/20 figures, saw more Females successfully gaining promotion compared to their Male counterparts with 53% females being promoted versus 47% Males, and more females than males were also successful in securing promotions of more than one pay band.

Appraisals

A total of 2,173 colleagues (52.24%) received an appraisal in 2020/21 against a target of 90%, which was a significant drop for a second consecutive year (completion rate of 71.74%, 2,740 employees in 2019-20). The overall headcount differs to the data in the rest of this report as for the purpose of reporting new starters in quarter four (January - March 2021), those on maternity leave and career breaks are excluded. However, in the tables below we have included these figures to support identification of any trends overall.

Appraisal completion	Headcount		Percentage	
	Completed	Not Completed	Completed	Not Completed
2020/21	2,173	1,986	52.24%	47.76%
2019/20	2,740	1,079	71.74%	28.26%

Appraisal completion by year

The data below demonstrates proportionate representation from under-represented groups in those being appraised. We recognise that there are challenges with the completion of appraisals due to the operational and field-based nature of the workforce, however there is largely little inequity in the completion of appraisals other than colleagues under the age of 20 and Muslim colleagues who received disproportionately low number of appraisals in contrast to other groups. It should be noted that the lowest level of appraisal completion is for employees at band 8 and above at 35.5%.

Gender	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
Male	1,008	46.39%	1,973	45.18%
Female	1,165	53.61%	2,394	54.82%
Total	2,173	100.00%	4,367	100.00%

Appraisal Data by Gender – 1st April 2020 – 31st March 2021

Age	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
20 or below	12	0.55%	43	27.91%
21 to 30	729	33.55%	1,373	53.10%
31 to 40	545	25.08%	1,110	49.10%
41 to 50	479	22.04%	1,012	47.33%
51 to 60	350	16.11%	684	51.17%
61 to 70	57	2.62%	139	41.01%
Over 70	1	0.05%	6	16.67%
Total	2,173	100.00%	4,367	49.76%

Appraisal Data by Age – 1 April 2020 – 31 March 2021

The data shows that colleagues under the age of 20 were less likely to receive an appraisal in the last financial year.

Disability	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
No	1,920	88.36%	3,845	49.93%
Yes	94	4.33%	182	51.65%
Prefer not to say	159	7.32%	337	47.18%
Total	2,173	100.00%	4,364	49.79%

Appraisal Data by Disability – 1 April 2020 – 31 March 2021

Pay band	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
2	23	1.06%	55	41.82%
3	665	30.60%	1,257	52.90%
4	201	9.25%	430	46.74%
5	503	23.15%	984	51.12%
6	516	23.75%	926	55.72%
7	200	9.20%	532	37.59%
8 & above	65	2.99%	183	35.52%
Total	2,173	100.00%	4,367	49.76%

Appraisal Data by Pay Band – 1 April 2020 – 31 March 2021

The majority of employees who received an appraisal were in Band 3, followed by band 5 and 6 which is in line with these being the two largest employee groups in the Trust. A lower proportion of colleagues at pay band 8 and above received an appraisal in contrast to other pay bands in the Trust.

Ethnicity	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
White	2,007	92.36%	4,026	49.85%
BAME	116	5.34%	246	47.15%
Not stated/null	50	2.30%	95	52.63%
Total	2,173	100.00%	4,367	49.76%

Appraisal Data by Race – 1 April 2020 – 31 March 2021

Religion / Belief	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
Atheism	565	26.00%	1,085	52.07%
Buddhism	11	0.51%	25	44.00%
Christianity	820	37.74%	1,703	48.15%
Hinduism	10	0.46%	24	41.67%
Islam	7	0.32%	27	25.93%
Judaism	2	0.09%	4	50.00%
Other	289	13.30%	559	51.70%
Sikhism	4	0.18%	8	50.00%
Prefer not to say	465	21.40%	932	49.89%
Total	2,173	100.00%	4,367	49.76%

Appraisal Data by Religion and Belief – 1 April 2020 – 31 March 2021

Muslim colleagues appear to have received fewer appraisals than any other employee group by religion/belief.

Sexual Orientation	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
Bisexual	35	1.61%	82	42.68%
Gay or Lesbian	105	4.83%	213	49.30%
Heterosexual	1,756	80.81%	3,512	50.00%
Other	0	0.00%	5	0.00%
Prefer not to say	277	12.75%	555	49.91%
Total	2,173	100.00%	4,367	49.76%

Appraisal Data by Sexual Orientation – 1 April 2020 – 31 March 2021

The following actions are planned for delivery in 2022/21 and are anticipated to support an improvement in appraisal completions:

1. A new Appraisal Policy will be introduced in the financial year 2021/2022 to ensure that all employees are aware of the Trust's expectations regarding appraisals. The policy will afford the opportunity for all employees to receive feedback on their performance, job role clarity, a career conversation, and to identify their personal development needs.
2. New appraisal training will be launched to ensure that appraisers are skilled, competent, and confident to conduct an effective appraisal conversation.

3. The current online appraisal system is due to be decommissioned, enabling the Trust to utilise ESR to record performance appraisals and career conversations, improving accessibility to appraisals, recording and reporting appraisals. This will be rolled out using a phased approach.

Leavers

Turnover has been recognised as a significant challenge for both SECAMB and the wider NHS. SECAMB joined Cohort 6 (Ambulance Trusts) of the NHS England and Improvement Retention Programme. The NHSE Retention Programme is an initiative to share learning from trusts all over the country and look at how we could improve retention in the NHS by 1% overall.

A detailed review of our retention strategy was undertaken in 2020, and an ambitious target to reduce turnover by 30% across the organisation set. As a Trust we have achieved the overall 30% reduction. It is not yet clear how much of this is attributed to the Pandemic, and how much is attributed to the various initiatives introduced via the retention strategy. Furthermore, it is not yet clear how the reduction in turnover has translated through the different demographics. This piece of work will take place in 2021/22.

The highest percentage of leavers, at 33.6% are those in age bracket 21-30. This is in line with the data from the same period the previous year, and it is representative of our employee age profiles. Work/Life Balance is the most common reason for leaving for this age demographic, according to our exit interview data.

Whilst we work in a 24/7 profession, there is still work we can and are doing to address work/life balance, including the development of a refreshed Flexible Working Policy and the establishment of a New Ways of Working Group.

It was noted that there is a drop in leavers who are BAME (7.8%) compared to last year's figure of 9.2%, which on the surface is very positive. However, this only represents a 15.7% reduction year on year compared to the aforementioned 30% target which is seen across the rest of the Trust. BAME employees represent 5.6% of the SECAMB workforce, making the rate of BAME leavers higher than those joining the organisation.

There is nothing immediately identifiable within current exit interview data to help us understand the variance, apart from the fact that our exit interview data suggests that those who left the Trust were less likely to have been in full time roles. On its own this tells us very little, however when read in conjunction with other data, such as reasons for leaving, lack of career opportunities features significantly more often in the top three reasons for leaving amongst BAME employees. This suggests that there is more to do with regards to recruitment to permanent roles and career development for our BAME colleagues.

Our new face to face exit interview process, where all employees will be given the opportunity of select from a range of key personnel to conduct their exit interview (Inclusion Team, Freedom to Speak Up Guardian, Line Manager's Manager, Staff equality network Chair / Deputy Chair), has yet to be fully embedded across the

Trust, but it is hoped that this new approach will give us far more meaningful data for leavers and the opportunity to identify actions to reduce turnover.

Leavers by religion and belief appear to be consistent with the overall organisational headcount.

8.4% of leavers identified as either bisexual, lesbian, or gay. This is inconsistent with the overall headcount using the same parameters, which is currently 6.8%. Again, lack of career progression features prominently in the top three reasons for leaving. Only 22% of leavers who identified as lesbian, gay or bisexual in the exit interview responded positively to the question relating to satisfaction with use of skills. This compares to 34% positive for the whole Trust.

Analysis of leavers by pay band show the highest percentage of employee turnover is pay band 3 (47.8%). This represents a 9.6% improvement against the previous year. Band 3 makes up 28% of our workforce.

The Trust also saw a ratio of 38% of male leavers to 62% female leavers. The gender ratio of the overall workforce is 47% male and 54% female. Whilst as a Trust we have increased our female to male ratio we continue to lose an increasing number of female employees. Work/Life Balance and Health and Wellbeing are cited significantly more often within the top three reasons cited for leaving by female employees when compared to male colleagues.

Work/Life Balance is cited as a reason for leaving by 44% of female colleagues compared to 36.5% of male colleagues. Health and Wellbeing as a reason for leaving is 41.4% compared to 28.3% for females to males respectively. The third top reason for leaving for female colleagues is the Work Environment at 34.5% compared to 30% for male colleagues.

Whilst overall as a Trust we have seen a significant decline in leavers, as a percentage of our workforce, some of which will undoubtedly be off the back of the 45 initiatives from within the Retention Strategy, there is still more to do to both maintain and improve further. We also need to ensure we have initiatives that meet the specific needs of female, BAME, and gay/bisexual/lesbian employees.

Training and Education

Core elements of the diversity and inclusion agenda feature in all Organisational Development (OD) programmes, including management and leadership activities.

In 2019/20 the Trust refreshed its Diversity and Inclusion mandatory training. Equality & Diversity training completion figures are based on those who have completed the course from its launch on 1 April 2019 until 31 May 2020. The course is required to be completed by all colleagues either every three years or upon joining SECamb. The current compliance is **79%** or **3,383** employees as of 31 May 2021. It is worth noting that although more employees completed the Equality & Diversity (E&D) eLearning in 2020/21 than 2019/20, the completion percentage is lower due to headcount increase.

All new starters are expected to complete the E&D training within the first month of starting the course is available to new starters to complete on Discover, the Trust's online learning platform, in the New Starter area. The New Starter Checklist includes a section relating to completing Statutory & Mandatory training online via SECAMB.

Training compliance is reported monthly to directors, managers, and subject matter leads. Senior Managers and Heads of Department are responsible for ensuring their employees attend/undertake all statutory and mandatory training as required by the Trust or their roles within the organisation. They are also responsible for investigating any non-attendance/non-completion of their employees.

The delivery of the first line managers' development programme was paused in February 2020 due to the COVID19 pandemic. This is due to be relaunched with a new inclusive leadership module which has been developed with Employers Network for Equality and Inclusion in October 2021.

Clinical Education

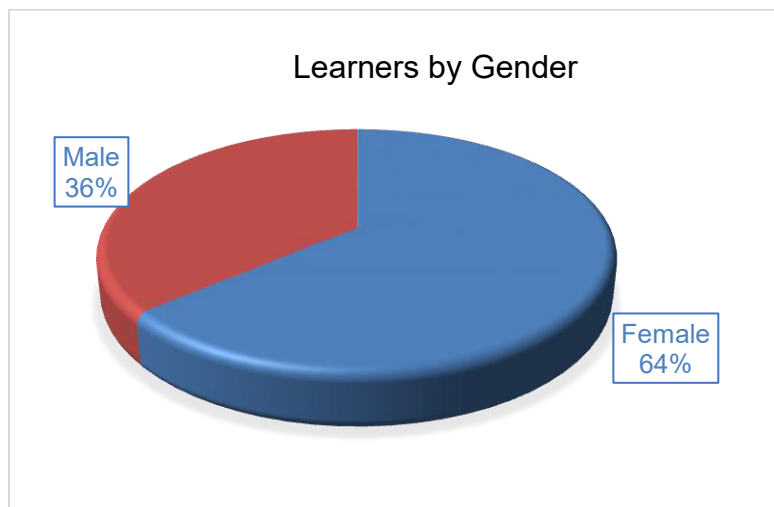
Our Clinical Education department are responsible for the development and delivery of a range of educational programs for both new and established colleagues. This is provided whilst learners are actively on programs of study in a classroom environment through to learners in practice undertaking 'on the job' training. The department also ensures the delivery of post registration preceptorship programs for Newly Qualified Paramedics. In addition, they manage placement provision for undergraduate Student Paramedics or colleagues embarking on Specialist Paramedic training programs affiliated to our partner Higher Education Institutes (HEIs).

Working in collaboration with the Inclusion Team, the department has ensured that all programs of study include sessions related to equality and diversity, this is also weaved into wider training activity with case examples used in teaching, the department has also undertaken a review of the training resources, for example, ensuring diversity is reflected in the mannikins that are available. As a department, the Clinical Education team have a responsibility to act as role models to learners, exemplifying the behaviours that reflect the Trusts values and to instil these in their teaching.

Since early 2020, new colleagues embarking upon a career with the Trust as either an Emergency Care Support Worker or Associate Ambulance Practitioner have done so through an apprenticeship program delivered by Crawley College, rated as outstanding by Ofsted and a member of the Chichester College Group. Similarly, in early 2021, the Trust launched a new Level 6 Degree Apprenticeship with Cumbria University. The data collected and presented in this report does not include these externally provided programs of study.

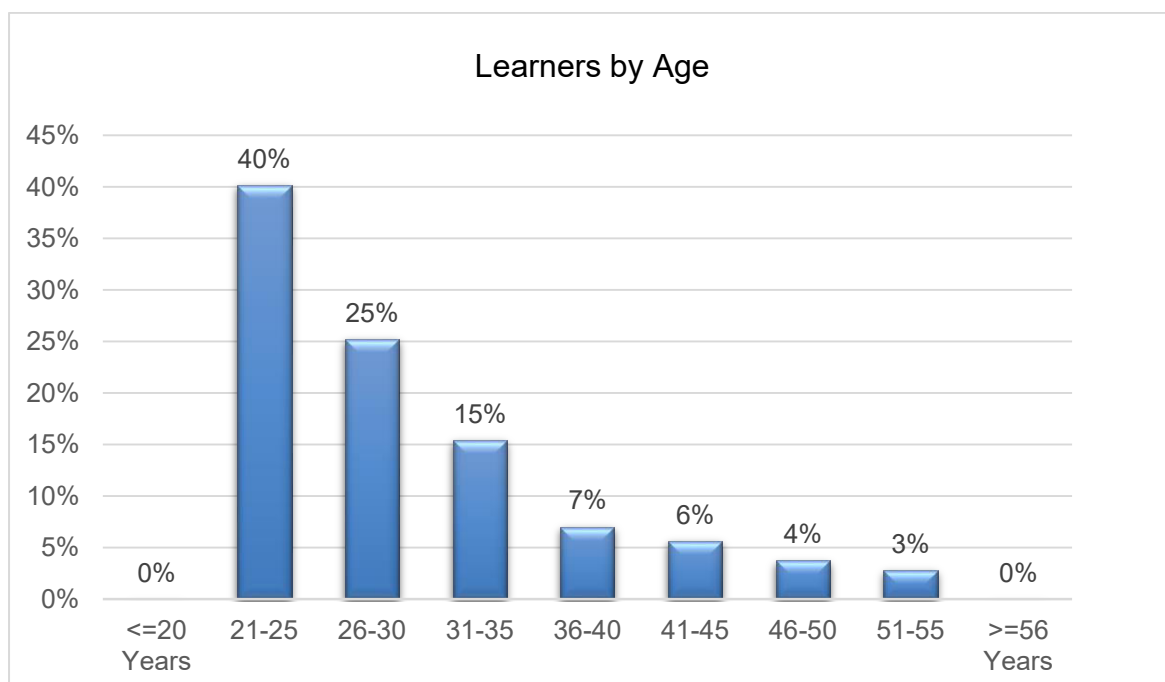
When interrogating the data, only 2% of learners were from BAME backgrounds and whilst unrepresentative of the workforce overall, we should be mindful of the large cohort not included in this data along with the lower ethnic diversity within operational roles. We have seen a slight increase in female colleagues embarking on

programs of study, a 4% increase in the previous year. This appears reflective of HEI demographics across the south east.

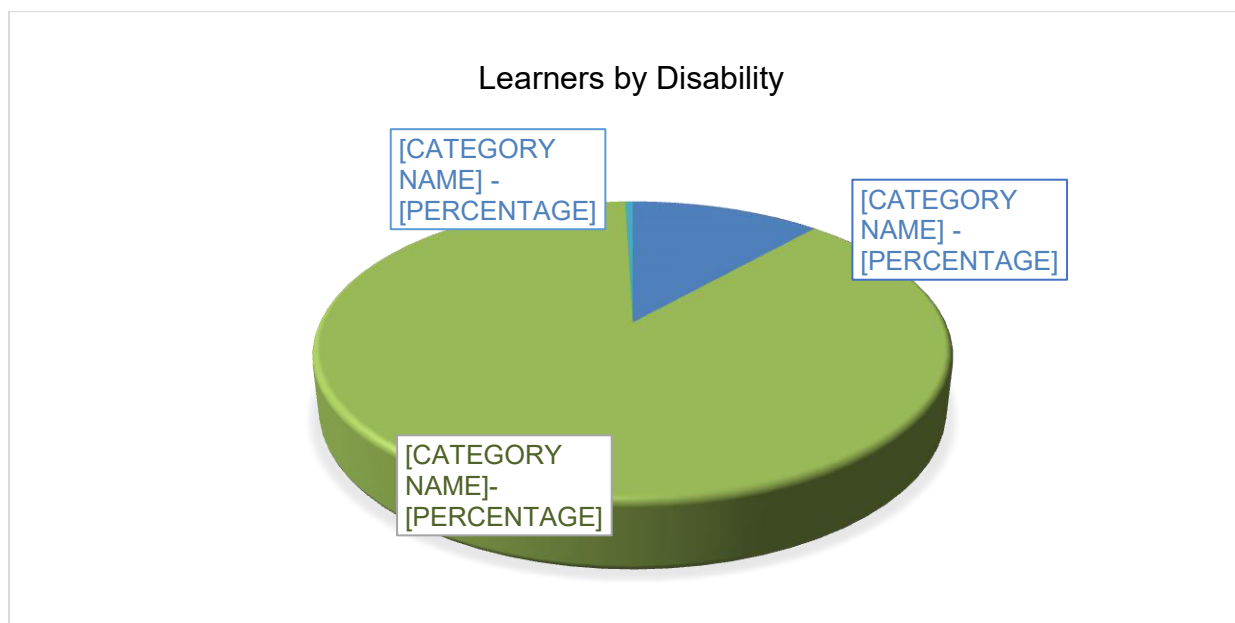


Clinical Education learners by gender, March 2020 - April 2021

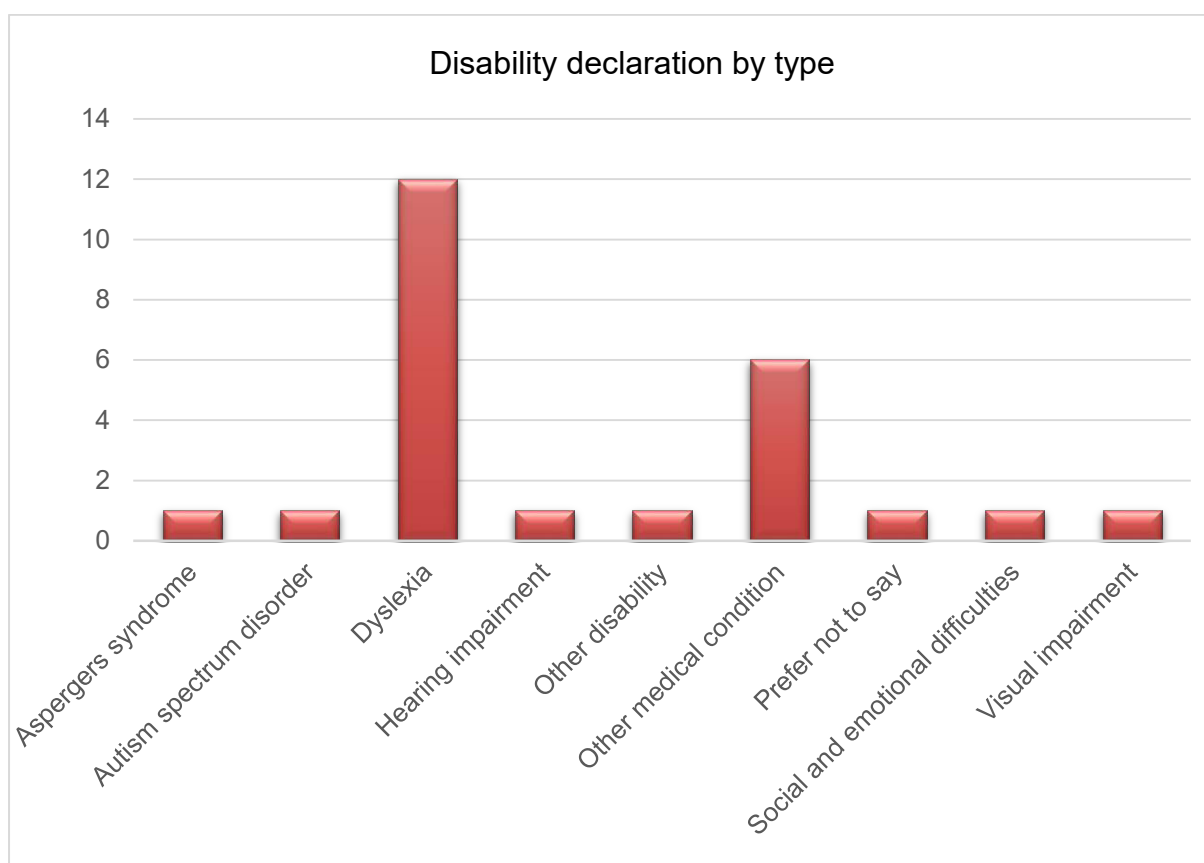
Over 50% of the learners undertaking programs of study within Clinical Education department (noting that ECSW, AAP and L6 Degree Apprenticeship programs are not included in the available data) are under the age of 30, 19% higher than the workforce as a whole. This is accounted for by the nature that the vast majority of learners undertaking the Transition to Practice program are graduates embarking upon their first employment following graduation as a Paramedic.



Clinical Education learners by age, March 2020 - April 2021



Clinical Education learners by disability, March 2020 - April 2021



Clinical Education learners by disability type, March 2020 - April 2021

The range of colleagues identifying and declaring as having a disability mirrors the pattern of previous year and is above the rate of disability declaration on ESR. The denominator is relatively small and so greater scrutiny and understanding of equity in accessing programs cannot be concluded. The department have processes in place to ensure that appropriate and tailored support is provided to learners identifying with

additional needs or reasonable adjustments in line with personalised and documented plans.

Throughout the COVID19 pandemic, there has been a need to review and modify our approach to education provision. One of the significant challenges has been that of delivering education and training activity virtually. This has been a significant challenge and potentially has had an impact upon equity in access and delivery of adjustments tailored to individual needs. This is due to the limitations of available technology. With all delivery, feedback has been obtained and where appropriate acted upon.

Learning from and acting upon feedback is the cornerstone of innovation and development within the department. A full review of training programs is being undertaken to ensure that they are fit for the future and promote equality, diversity and inclusion.

Disciplinary, Grievances and Bullying and Harassment

During this reporting period the National Social Partnership Forum (NSPF) issued a statement on industrial relations during the pandemic covering the period 1 April 2020 to 30 September 2020. The statement advised a pause to disciplinary matters, grievances and other procedures (e.g., sickness and capability triggers) except where the employee requested proceeding as it would otherwise cause additional anxiety, or where they are very serious or urgent.

Where an issue is less serious or not urgent the NSPF advised that pragmatic outcomes, with agreement of the employee, and after consultation with union representatives, should always be considered. Where outcomes could not be agreed in this way then processes would resume at a future date, without detriment or criticism of either side.

Disciplinary Cases

Throughout the course of the time period identified for reporting purposes (1 April 2020 – 31 March 2021) the Trust saw 89 employees subject to the disciplinary process.

16 of the 89 cases remain open after 31 March 2021, five of which are recorded as bullying and harassment.

Of the 73 closed cases for 2020-21, 11 cases were bullying and harassment disciplinary cases.

Reporting period	Managed Informally	Investigation found no Case to Answer	Formal Disciplinary Outcome	Other
2020 – 2021	10	20	39	4 resignations
2019 – 2020	15	18	16	3 resignations

Closed disciplinary cases by outcome and year

The number of disciplinary cases significantly increased by 53% in the 2020-21 financial year (up from 58 the previous year). Additionally, 27% of closed cases had no case to answer and the HR employee relations team acknowledge that this needs to be addressed. Work has commenced to introduce a “Just and Restorative” culture to support organisational behaviour change as well as introduce a triage process, which is anticipated to support a reduction in the number of cases that proceed to formal investigation.

A just culture accepts nobody’s account as “true” or “right” and the other’s as “wrong”. Instead, it accepts the value of multiple perspectives, and uses them to encourage both accountability and learning. Restorative Just Culture aims to repair trust and relationships damaged after an incident.

We have set up a Task & Finish Group to introduce a Civility and Respect workstream and this group has been asked to develop a framework aligned to our Trust values that fosters and supports civility in practice. This is looking to be completed by March 2022. Our union colleagues are engaged in this work and are working with us in the meantime to identify and support colleagues through early intervention, thereby reducing the number of formal disciplinarys.

Year	Disciplinary by ethnicity	Headcount	%
2020-21	White (British/Any other White background)	61	83.6%
	BAME	8	8.2%
	Not Stated/Undisclosed	4	4.1%
	Total	73	100.00%
2019-20	White (British/Any other White background)	51	87.9%
	BAME	2	3.4%
	Not Stated/Undisclosed	4	6.9%
	Total	58	100.00%

Disciplinary data by ethnicity – 1 April 2019 – 31 March 2021

Year	Ethnicity	Informal	Proportion of total cases	Formal – no case to answer	Proportion of total cases
2020-21	White (British/Any other White background)	10	16.39% (10/61)	13	21.31% (13/61)
	BAME	0	0	6	75% (6/8)
	Not Stated/Undisclosed	0	0	1	25% (1/4)

Disciplinary by ethnicity and outcome – 1 April 2020 – 31 March 2021

Our BAME colleagues are over-represented in the disciplinary process when compared to the workforce population profile, with the number of disciplinary cases against BAME colleagues doubling against the same period the previous year. Additionally, 75% of cases had no case answer in comparison to 21% of cases against White colleagues.

Inequity in our formal disciplinary processes has been highlighted by WRES data over the last couple of years, and there are specific actions within the integrated Equality Action plan which target this area, however these have been delayed and are now due for completion by July 2021.

Year	Disciplinary by gender	Headcount	%
2020-21	Female	25	34.2%
	Male	48	65.8%
	Total Cases	73	100%
2019-20	Female	19	32.7%
	Male	39	67.2%
	Total Cases	58	100%

Disciplinary data by gender – 1 April 2019 – 31 March 2021

Year	Gender	Informal	Proportion of total cases	Formal – no case to answer	Proportion of total cases
2020-21	Female	8	32% (8/25)	11	44% (11/25)
	Male	2	4.17%	9	18.75% (9/48)

Disciplinary by gender and outcome – 1 April 2020 – 31 March 2021

The gender figures indicate a level of consistency in the gender split of disciplinaries over the last two years, however there is a disproportionate spread of males going through the disciplinary process when considered against our workforce profile. Female colleagues more likely to be taken through the informal process and have no case to answer as an outcome.

Year	Disciplinary by sexual orientation	Headcount	%
2020-21	Gay or Lesbian	6	8.22%
	Heterosexual or Straight	55	75.34%
	Bisexual	2	2.74%
	Not Disclosed	10	13.70%
	Total	73	100.00%
2019-20	Gay or Lesbian	6	10.34%
	Heterosexual or Straight	40	68.97%

	Bisexual	0	0%
	Not Disclosed	12	20.69%
	Total	58	100.00%

Disciplinary data by sexual orientation – 1 April 2019 – 31 March 2021

Year	Gender	Informal	Proportion of total cases	Formal – no case to answer	Proportion of total cases no case to answer
2020-21	Gay or Lesbian	1	16.67% (1/6)	0	0% (0/6)
	Heterosexual or Straight	8	15% (8/55)	14	25% (14/55)
	Bisexual	1	50% (1/2)	0	0% (0/2)
	Not Disclosed	0	0 (0/10)	2	20% (2/10)

Disciplinary by sexual orientation and outcome – 1 April 2020 – 31 March 2021

Data shows for the second year running that gay/lesbian and bisexual colleagues are overrepresented in disciplinary cases.

Year	Disciplinary by disability	Headcount	%
2020-21	Yes	3	4.1%
	No	59	80.1%
	Undisclosed	11	15.1%
	Total	73	100.00%

Disciplinary by disability – 1 April 2020 – 31 March 2021

Colleagues choosing not to declare are overrepresented in the disciplinary processes, but disability declaration and the number of Colleagues going through disciplinary is consistent. There was no comparable data available by disability for 2019-20

Our data shows there are several areas where inequity may be present in our disciplinary processes, with data indicating that colleagues from minority groups are overrepresented in disciplinarys.

It is anticipated that the measures which are being developed to address the inequity highlighted by the WRES will also reduce inequity across all characteristics, as it is evidenced that making improvements for the group with the worst outcomes will result in improvements for all. Additionally, a review of our disciplinary processes was undertaken in January 2021 following the publication of the Verita report into the death of Amin Abdullah at Imperial Healthcare NHS Trust. The report made a

number of recommendations to improve consistency in our processes which will be addressed as part of our policy review in line with Just and Restorative culture.

Grievances

During the period, there were 141 grievances raised by colleagues in the Trust, up from 117 the previous year. This is partly attributed to the impact of COVID19 and the operational pressures that the Trust have been experiencing. The operational demand has required our managers to focus on service delivery, and the organisation saw a reduction in communication between frontline colleagues and managers, leaving them feeling unsupported.

Grievance by ethnicity	2019-20		2020-21	
	Headcount	%	Headcount	%
White - all categories	90	77%	108	77%
BAME	3	3%	7	5%
Not Stated	9	8%	7	5%
Collective	15	13%	19	13%
Total	117	100%	141	100%

Grievance data by ethnicity – 1 April 2019 – 31 March 2021

Grievance by gender	2019-20		2020-21	
	Headcount	%	Headcount	%
Female	47	40%	57	40%
Male	55	47%	65	46%
Collective	15	13%	19	13%
Total	117	100%	141	100%

Grievance data by gender – 1 April 2019 – 31 March 2021

There has been little change in the distribution of who is raising grievances on the basis of gender. The top four reasons for reasons given by female colleagues are bullying and harassment, pay, poor/unfair treatment, and failure to follow policy. These are also the four top reasons given for collective grievances and the first three are the same for male colleagues with the fourth reason being cited as restructures.

Grievance by sexual orientation	2019-20		2020-21	
	Headcount	%	Headcount	%
Gay or Lesbian	8	7%	7	5%
Heterosexual or Straight	74	63%	86	61%
Not Stated	20	17%	29	21%
Collective	15	13%	19	13%
Total	117	100%	141	100%

Grievance data by sexual orientation – 1 April 2019 – 31 March 2021

Bullying and Harassment

Of the 141 grievances raised, 42 cited Bullying and Harassment. Increases in bullying and harassment cases have been seen for two consecutive years, and this is an increase of 68% on 2019-2020. 6 of these cases were brought as collective group grievances.

The ethnicity breakdown of colleagues who have raised B&H complaints was 32 White British/other (76%), 2 Undeclared (5%) and 2 BAME (5%).

Of the gender breakdown, 20 (48%) were male, 16 (38%) were female and 1 from a collective group.

The breakdown of sexual orientation was 25 (60%) heterosexual, 2 (5%) gay or Lesbian and 9 (21%) undeclared.

The bullying and harassment data does not indicate any specific areas of concern.

Our Community First Responders

The Community Resilience Department has responsibility for Community First Responders and Chaplains. Community First Responders are volunteer members of their community who are trained to respond to emergency calls in conjunction with SECamb. As they respond in the local areas where they live and work, they are able to attend the scene of an emergency within a few minutes, and often before the emergency services arrive. They are able to offer lifesaving first aid, further increasing the patient's chances of survival.

Chaplains, who are also volunteers, provide non-denominational pastoral support to colleagues and provide 24.7 access to support through an on-call system.



The department is committed to ensuring that all volunteers receive equally favourable treatment regardless of age, disability, sexual orientation, religion and belief, pregnancy, marriage and civil partnership, race and sex.

The department works closely with the Resourcing Team when recruiting new volunteers. The selection process includes blind shortlisting of application forms, interview, references, Disclosure & Barring Service checks, occupational health, and vehicle and identity checks.

For the reporting year 2020/21, the trust had 358 active Community First Responders. Data obtained for Community First Responders has been collated from the Electronic Staff Record. Chaplains do not have an Electronic Staff Record (only contact details are held by the department) and therefore diversity information is not available.

Age

The highest proportion of CFRs (51, 14.25%) fall into the 51-55 bracket. 60.62% of CFRs are 46 and over. This is comparable to 2019/20 data. Just 10.08% are 30 and under, with the smallest number (3, 0.84%) being under 21 years of age. This is a further decrease on the previous year. The department will continue to consider how to engage with young people to encourage greater representation within this group.

The Community Resilience Strategy, launched in Summer 2020, will see the department engage with university groups where other UK ambulance services have developed successful volunteering schemes.

CFRs by Age	Headcount	%
Under 21	3	0.8
21-25	9	2.5
26-30	27	7.5
31-35	34	9.5
36-40	33	9.2
41-45	35	9.8
46-50	43	12.0
51-55	51	14.3
56-60	47	13.1
61-65	36	10.1
66-70	25	7.0
Over 71	15	4.2

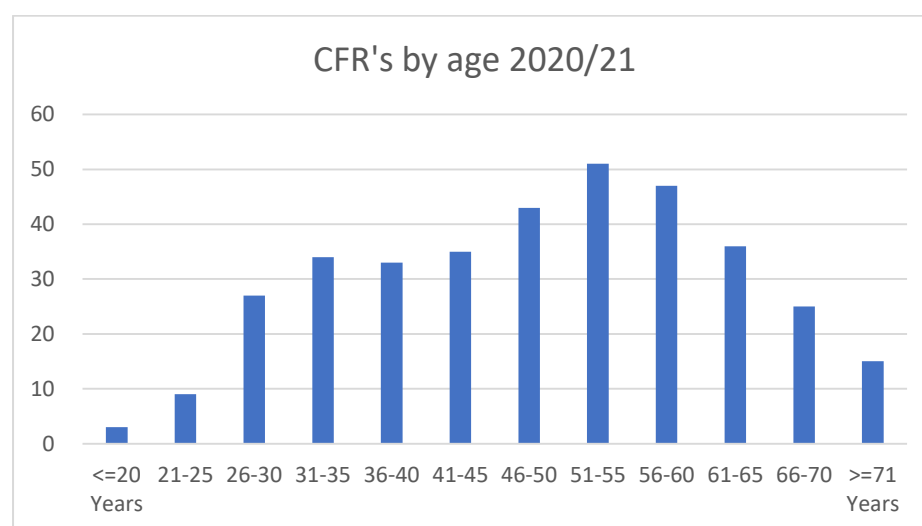
CFRs by age – 1 April 2020 – 31 March 2021

15 (4.19%) of Community First Responders are 71 or over. There is no upper age limit for Community First Responders, however they must maintain a good level of fitness so that they can carry their equipment and are able to carry out good quality CPR. The fitness to practice of all CFRs is assessed yearly within their annual basic life support assessments.

In March 2020, the coronavirus outbreak saw CFRs aged 70 and over, as well as those with severe chronic health conditions, stood down from operational response due to the increased risks to their health. Following a very successful vaccination programme and the reduction of infection rates mean that many of these volunteers have returned to responding. The department continues to utilise some volunteers in several administrative/co-ordination roles, and others in non-clinical roles providing welfare to colleagues or supporting with non-clinical support functions such as the COVID Co-ordination Centre, the vaccination tent, and logistic and administrative roles.

Throughout the pandemic the department has been providing welfare support to any CFR requiring it, through regular telephone calls. The Trust has approved the introduction of a new Community Support Volunteer role which will allow the Trust to formally recognise and support those volunteers who are no longer able to respond in a clinical capacity. This will see volunteers provide administrative and secretarial support to their local CFR team, as well as being available to provide support to the Trust's central support functions, particularly during times of high operational need. It is anticipated that this new role will provide a natural step for those volunteers who wish to retire from operational response but still wish to remain with the Trust in a non-clinical capacity. This will help the Trust to retain existing volunteers who may otherwise choose to leave.

At present 252 of our CFR's are active responders with 106 undertaking a refresher course to update and support them in returning following the pandemic. A number of older volunteers have expressed concern regarding what their volunteer role may look like in the future, whilst others have also told us that they are anxious about returning to frontline duties.



CFRs by age – 1 April 2020 – 31 March 2021

Disability (and Carers)

In 2020/21, 7 of 358 Community First Responders (2.0%) recorded as having a disability. This is consistent with 2019/20.

No information on carers is gathered for Community First Responders.

Ethnicity

80% of Community First Responders identified as White British, and 89% of CFRs were from an all-White background, up from 85% in the previous year. Overall declaration rates have improved with non-disclosure now at 9.5%, down from 14%.

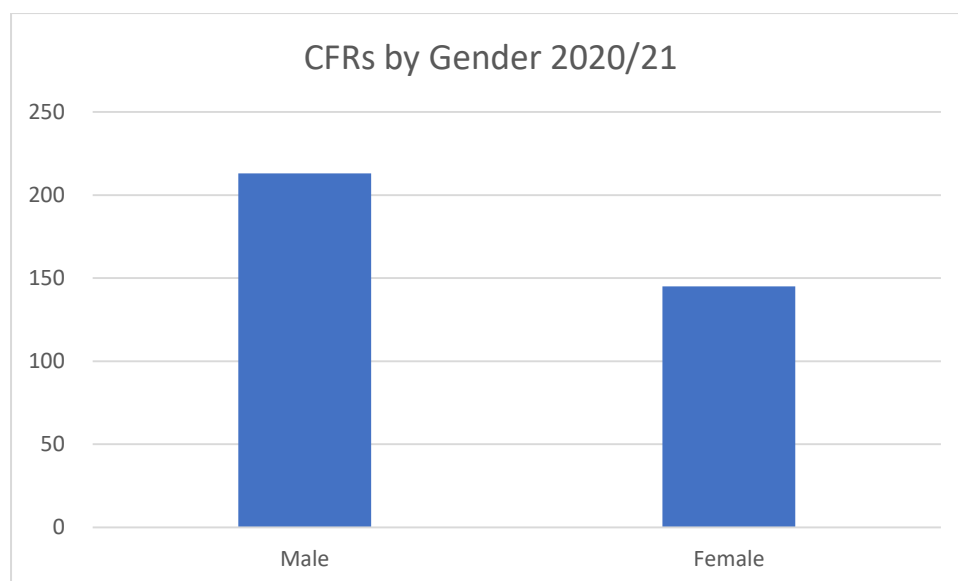
The ethnicity of CFRs has remained consistent with previous years. As part of the Community Resilience Strategy the department aims to increase BAME representation through targeted engagement with diverse communities.

CFRs by ethnicity	2019-20		2020-201	
	Headcount	%	Headcount	%
White	347	84.80%	306	89.21%
BAME	3	0.70%	3	0.87%
Not stated	59	14.40%	34	9.91%

CFRs by ethnicity – 1 April 2019 – 31 March 2021

Gender

The Trust continues to see a greater number of males (60%) than females (40%) volunteering as Community First Responders, with no change in distribution on the 2019-20 figures.



CFRs by gender – 1 April 2019 – 31 March 2020

Gender reassignment or in transition

No information on gender reassignment has been collected since 2014.

Pregnancy and Maternity

Community First Responders have access to the same the Trust Occupational Health provider, Optima, as colleagues, and similar procedures are followed when pregnant. For their own health and safety reasons they are unable to respond during pregnancy, but once they are ready to return, they are referred to the Trust's occupational health provider before returning to the role.

At the date of this report there are four Community First Responders taking a leave of absence from responding due to pregnancy.

Religion and belief

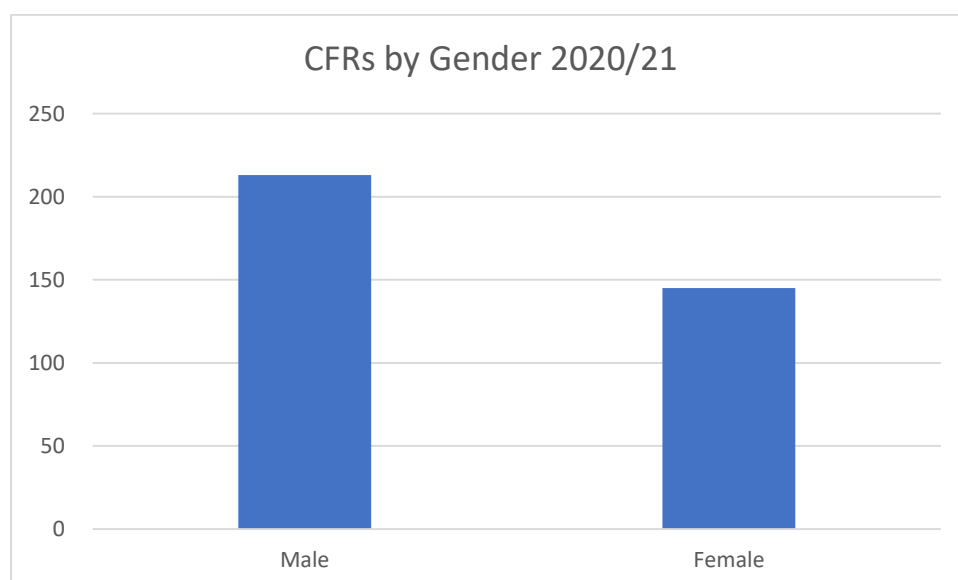
The majority of Community First Responders (54.47%) are Christian. A significant number (16.48%) are Atheist, with 4.47% stating *other*.

CFR by religion/belief	Headcount	%
Atheism	59	16.5%
Buddhism	2	0.6%
Christianity	195	54.5%
Judaism	2	0.6%
Sikhism	0	0.00
Other	16	4.5%
Do not wish to disclose	72	20.1%
Unspecified	12	3.4%

CFRs by religion/belief – 1 April 2020 – 31 March 2021

Gender

The Trust continues to see a greater number of males (60%) than females (40%) volunteering as Community First Responders, with no change in distribution on the 2019-20 figures.



CFRs by gender – 1 April 2019 – 31 March 2020

Sexual Orientation

The sexual orientation of CFRs is displayed in the chart below. We continue to see a year-on-year growth in LGB representation within the CFR's (from 1.4% in 2018 to 2.3% in 2019 and 3.35% in 2020/21). This is broadly representative of the population we serve.

CFR by Sexual Orientation	Headcount	%
Bisexual	4	1.1%
Gay or Lesbian	12	3.4%
Heterosexual or Straight	299	83.5%
Undecided	1	0.3%
Unspecified	12	3.4%
Declined to Answer	30	8.4%

CFRs by sexual orientation – 1 April 2020 – 31 March 2021

Supporting our Colleagues

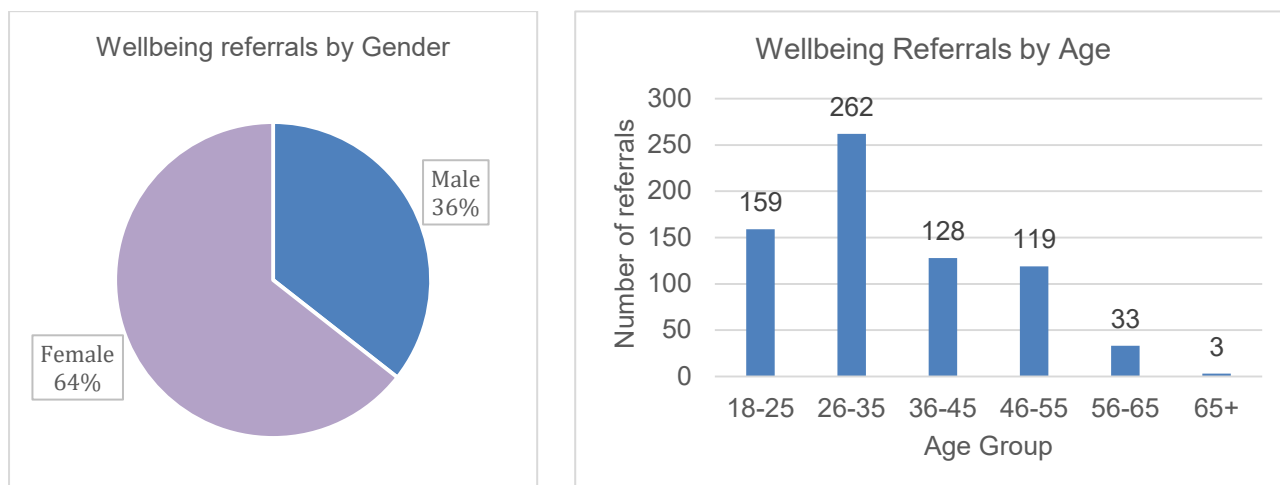
The Wellbeing Hub is an in-house support service for our colleagues. The Hub provides quick and easy access to an array of support with just one email or phone call. This support includes mental and emotional wellbeing, Trauma Risk Management (TRiM), as well as physiotherapy referrals. The wellbeing team assess and refer or signpost colleagues to the most appropriate service for their needs. Additionally, managers and peers who may be concerned about a colleague can contact the Wellbeing Hub for support and advice.

Mental health / wellbeing referrals

Between April 2020 and March 2021, 704 mental health referrals were processed by the wellbeing hub. Data relating to reasons for referral are not statistically relevant due to a change in process mid-2020. Due to vacancies within the Mental Health team and need to provide timely support to colleagues during a time of unprecedented demand and pressure, a new pathway was established to reduce any potential negative impact on colleagues. The Hub adapted its existing wellbeing practitioner pathway, resulting in fast-track access to a psychological assessment for those referred into the Hub with related mental health issues. The usual two-week wait time for assessment was reduced to 24 hours in these instances, ensuring colleagues received fast and effective support especially during a time of increased pressure as a result of COVID19. The pathway was opened up to allow bank colleagues, students and CFRs access to wellbeing pathways, when ordinarily they could only access for SECAMB related issues.

This process involved a large number of new assessments being undertaken by an external provider which resulted in a reduced ability to collect some types of data. Following successful recruitment to the team, the process is once again being fully managed in house, with the emphasis on data collection restored.

More females continue to access wellbeing support compared to males: 64% to 36% as in 2019-20, with the most common age group being 26-35 (37%), followed by 18-25 (23%).



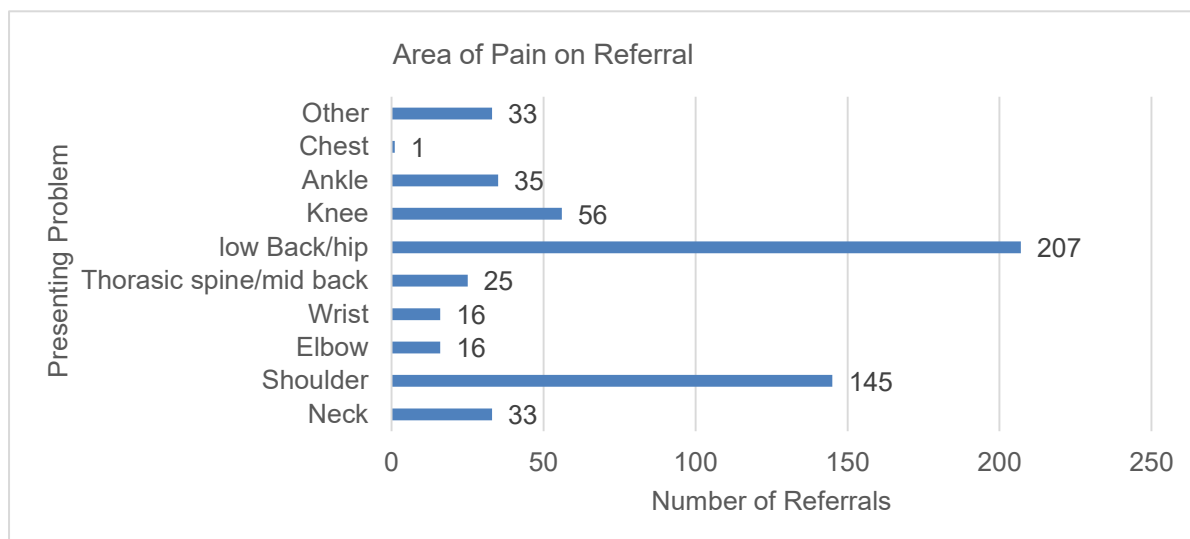
Wellbeing referrals by age and gender – 1 April 2020 – 31 March 2021

Physiotherapy referrals

COVID19 meant that during a number of months our Physiotherapy team were unable to provide face to face treatment due to restrictions. During the initial lock down, when all face to face physio services ceased, the Hub developed a virtual physio service which allowed colleagues to be assessed virtually so that advice and exercises could be given. Our Physiotherapists then provided follow ups with colleagues to assess progress, issue more exercises if needed, or discharge. There was no cap on the number of virtual sessions provided for an individual. Additionally, to support physical fitness, our Physiotherapists started providing regular live stretch sessions. These were advertised Trust wide and were well attended.

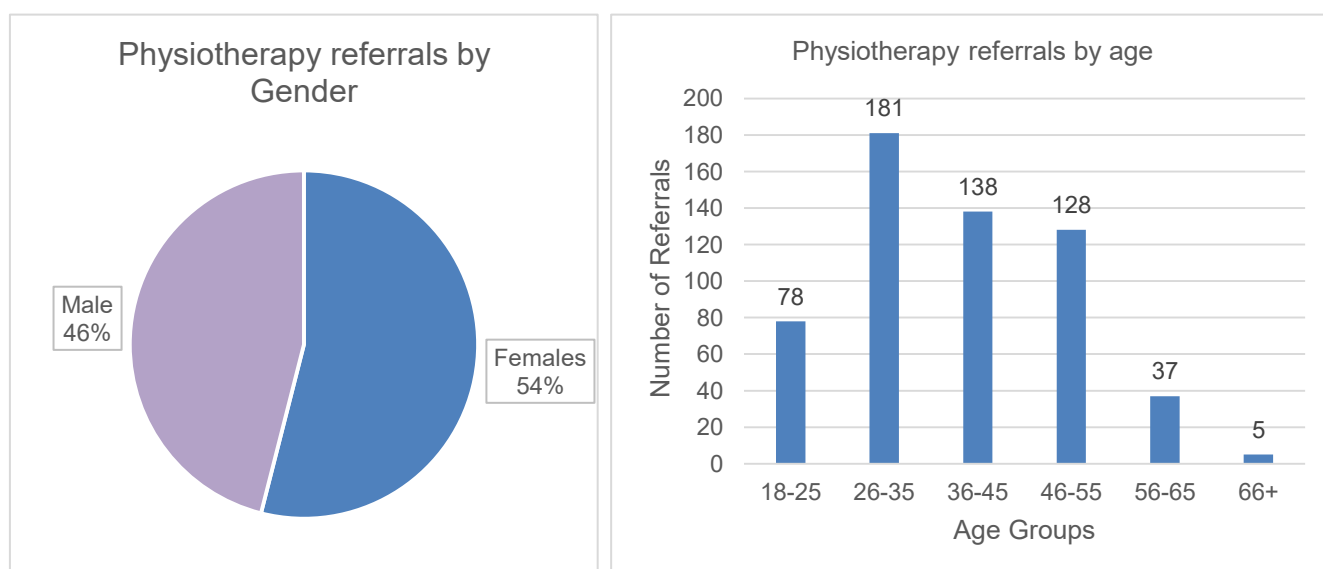
As soon as they were able, in line with National and SECAMB guidance, the Hub resumed delivery of hands-on physio to support our colleagues across the Trust. To ensure we could deliver fast treatment to all, we launched a project with the aim of recruiting an increased number of external suppliers to ensure those unable to travel to one of our treatment rooms were not disadvantaged. .

Between April 2020 and March 2021, the wellbeing hub processed 567 Physiotherapy referrals. The most common presenting problem was Low back/hip (37%), followed by Shoulder (26%).



Physiotherapy referrals by area of pain – 1 April 2020 – 31 March 2021

Access to physiotherapy was more evenly spread by gender, consistent with the workforce profile, and consistent with data from the previous year in comparison to access to wellbeing/mental health referrals. This may indicate that there is yet more to be done to break down perceived stigma in speaking about or accessing mental health support for our male colleagues. The most common age group to access physiotherapy were 26-35 (32%), followed by 36-45 (25%).



Physiotherapy referrals by age and gender – 1 April 2020 – 31 March 2021

Occupational Health

The Wellbeing Hub also manages the Occupational Health (OH) contract for the Trust.

In the time period April 2020 – March 2021, the three main routes by which colleagues typically come into contact with OH services are:

- Following an offer of employment for medical clearance to start work
- Absence Management referral by a manager
- By recall into Occupational Health for immunisation or blood test

Colleagues are invited to attend appointments that are scheduled at pre-arranged clinics across the Kent, Surrey and Sussex areas. All clinics take place at SECAMB properties using dedicated assigned Occupational Health rooms, and accessible facilities are available at the majority of sites. All appointment letters offer colleagues the opportunity to contact Optima Health by phone, email or post should their appointment not be convenient, or should they require any assistance when they attend the site.

Wellbeing Hub support during COVID19

To provide additional support for the mental health of colleagues, the Hub launched COVID related wellbeing bulletins early on which included information on a wide range of matters including home schooling sites, exercise sites, and mental health apps. These were developed alongside generalised wellbeing bulletins, promoting health and wellbeing initiatives.

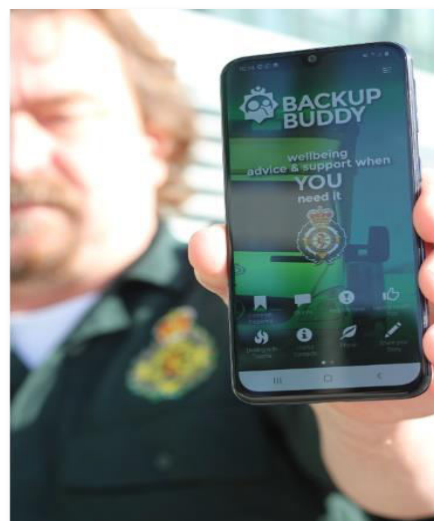
The team have developed an extensive directory of services which signposts colleagues to a range of external services for matters such as domestic abuse, legal issues, mental and physical health, crisis and many more. These are regularly advertised in bulletins. Alongside this, the Hub developed a [Covid Wellbeing page](#), found on the health and wellbeing pages on the intranet. This page provides information on anxiety & stress, depression, mindfulness, sleep and lots of recommended mental health apps including Headspace, which were made available to all NHS employees for free. Further to this, the site has a section on information for managers which also provides guidance on how to support colleagues working from home and newly developed bereavement resources.

With the loss of access to gyms and reduction in physical activity for many, exercise videos were commissioned to encourage all colleagues to remain active and well. The exercise videos are available on the health and wellbeing pages on the intranet and include five stretch videos focusing on yoga and Pilates and three Zumba videos.

At the start of the pandemic, there was a rush of employees who had to shield and could no longer work on the front line. These individuals were all sent home and were looking to help in some way. The COVID Reassignment (CR) pathway was developed to supplement existing pathways to support colleagues unable to undertake their substantive roles to access alternative duties. This meant that areas in the Trust who needed support such as the Test and Trace team, could receive support from colleagues who had been re-trained to support in those areas. The CR pathway has since merged with alternative duties and is now known as Pathway 3.

Keeping colleagues in work had not only organisational benefits but allowed colleagues who were shielding to feel useful and valued, maintained structure and routine and enabled people to remain social. All of these have profound impacts on employee mental health.

The Hub team also developed and launched the Back Up Buddy App to support wellbeing on the go. Back Up Buddy is an app that colleagues and their families can download to their phones or iPads enabling them to always have access to wellbeing information. The app is tailored to SECamb and has information on mental health issues such as eating disorders, anger, alcohol misuse, anxiety, PTSD, self-harm and many more. It also has employee stories about their own experience with mental health, designed to tackle stigma and encourage people to get help. It has a number of useful contacts and handy tips.



Trust Chaplains

SECamb was the first ambulance service to recognise the importance of a Chaplaincy service in the overall welfare for employee and volunteers.

The Trust currently has 29 active Chaplains. The goal continues to be to have at least one Trust Chaplain assigned to each of the Trust's premises.

We have Two Senior Chaplains who look after the East and West of the Trust's area who with the support of their deputies provide 24-hour cover for all employees, volunteers and their families via an on-call rota.

The Senior Chaplains and deputies are notified by the Emergency Operations Centre when employees or volunteers have attended a difficult incident. Much of the Chaplains interaction with our frontline workforce takes place whilst visiting stations and Make Ready Centres, at hospitals or on observing shifts with crews. They provide support, and although they have been formally appointed into the role, they maintain independence and guarantee 100% confidentiality.

During the COVID pandemic, Chaplains assisted on staff welfare vehicles which were deployed to all major receiving hospitals where they met and chatted with frontline crews to provide support whilst providing a drink and a snack. This was much appreciated by the colleagues.

Chaplains are not currently assigned a profile on Electronic Staff Record (ESR), and therefore the department holds limited diversity information.

The majority of Trust Chaplains represent Christian denominations, however the service offered is specifically non-denominational unless requested by colleagues or volunteers. No information is collected from Trust Chaplains regarding disability, gender reassignment, pregnancy or maternity, or sexual orientation.

Recruitment of Chaplains is undertaken in line with the Trust's Recruitment and Selection Policy. Recruitment comprises application form and interview, and pre-appointment screening includes Disclosure and Barring Service checks including identity, references and confirmation of ordination or equivalent. All Chaplains are DBS checked and this process is repeated every 3 years.

The service has grown organically with strong ties to the Church of England where the first and subsequent Chaplains were recruited from. The Trust remains conscious that the Chaplains who provide support should be representative of the employee and volunteer population they serve. Work is underway to more formally measure and evaluate the service provided by the chaplains. This analysis will enable us to identify gaps in service provision where recruitment may be necessary.

Prepared by: Asmina Islam Chowdhury, Programme Manager Equality Diversity and Inclusion

Appendix one

Equality objective. Workforce comparison from 31 March 2017 to 31 March 2021

Gender	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Female	1666	48%	2394	55%	7.2%
Male	1833	52%	1973	45%	-7.2%
Total	3499	100.00%	4367	100.00%	

Gender Band 8a+	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Female	25	35%	65	36%	1.2%
Male	47	65%	116	64%	-1.2%
Total	72	100.00%	181	100.00%	

Gender Board members	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Female	4	29%	5	33%	4.8%
Male	10	71%	10	67%	-4.8%
Total	14	100.00%	15	100.00%	

It should be noted that the NHS ESR systems does not allow for gender to be recorded as anything other than male and female and discussions to update this are ongoing at a national level.

Ethnicity	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
White	3224	92.14%	4026	92.19%	0.1%
BME	123	3.52%	246	5.63%	2.1%
Unknown / Null	152	4.34%	95	2.18%	-2.2%
Total	3499	100.00%	4367	100%	

Disability	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Yes	121	3.5%	182	4.2%	0.7%
No	2643	75.5%	3,845	88.0%	12.5%
Unknown / Null	735	21.0%	340	7.8%	-13.2%
Total	3499	100.0%	4367	100.0%	

Sexual orientation	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Bisexual	36	1.0%	82	1.9%	1%
Gay / Lesbian	126	3.6%	213	4.9%	1%
Heterosexual	2646	75.6%	3512	80.4%	5%
Unknown / Null	691	19.7%	555	12.7%	-7%
Other sexual orientation not listed	-	-	5	0.1%	0%
Total	3499	100.0%	4367	100.0%	

Religion & belief	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Atheism	619	18%	1,085	25%	7%
Buddhism	13	0%	25	1%	1%
Christianity	1366	39%	1,703	39%	0%
Hinduism	5	0%	24	1%	1%
Islam	11	0%	27	1%	1%
Judaism	7	0%	4	0%	0%
Other	471	13%	559	13%	0%
Sikhism	1	0%	8	0%	0%
Unknown /Null	1006	13%	932	21%	8%
Total	3499	100%	4,367	100%	

		Item No	38-21
Name of meeting	Trust Board		
Date	30 September 2021		
Name of paper	Diversity and Inclusion – Workforce Race and Disability Equality Standard Report		
Executive sponsor	Ali Mohammed, Director of Human Resources and Organisation Development		
Author name and role	Asmina Islam Chowdhury, Programme Manager Equality, Diversity and Inclusion		
Synopsis	This paper provides the Board with information about the Trust's Workforce Race Equality Standard (WRES) and Workforce Disability Standard submissions for 2021. It also details the actions agreed by the Executive to deliver improvement over the coming twelve months.		
Purpose	For Information		

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) 2020 Submission

1. Introduction

- 1.1. This report provides the outcomes of the 2021 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submitted to NHS England in advance of the 31st August 2021 deadline. Full results are provided in Appendix one.
- 1.2. The report also sets out the proposed action plan to deliver progress against both the WDES and WRES over the next 12 months.
- 1.3. The Inclusion Working Group (IWG) monitor the overarching action plan (Appendix two), which is updated each year to maintain and deliver progress against the metrics.

2. Background

2.1. Workforce Race Equality Standard (WRES)

- 2.1.1. The WRES was introduced by the NHS Equality and Diversity Council (EDC) for all NHS Trusts and Clinical Commissioning Groups in April 2015. This was in response to 'The Snowy White Peaks' a report by Roger Kline which provided compelling evidence that barriers, including poor data, are deeply rooted within the culture of the NHS. The report highlights a clear link between workforce diversity of NHS organisations and better patient access, experience, care and outcomes.
- 2.1.2. The WRES has formed part of the standard NHS Contract since 1 April 2015. From April 2016 it was also included as part of the CQC inspection standards, and lack of progress against the WRES was highlighted within our 2019 CQC report.

The nine WRES metrics cover:

- Four workforce metrics – data provided showing comparison of the experience of Black and Ethnic Minority (BME) employees and candidates
- Four NHS Staff Survey findings – Key Findings 18, 19, 27 and question 23b; all specifically focus on the experience of employees from an Equality and Diversity perspective.
- A metric aimed at achieving a Board that is broadly representative of the population served.

- 2.2. It should be noted that for the term BME is used by the national WRES team and therefore this terminology is used throughout this report.

2.3. The Workforce Disability Equality Standard (WDES)

- 2.3.1. The WDES was commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It was mandated through the NHS Standard Contract in 2019/20.
- 2.3.2. Ten evidenced based metrics, (Appendix one) not dissimilar to the WRES, enable NHS organisations to compare the experiences of disabled and non-disabled staff. This information is to be used to develop local action plans designed to enable demonstrable progress against the indicators of disability equality.

The WDES ten metrics cover:

- Three workforce metrics of which metric one (workforce composition) and metric two (recruitment) replicate the WRES metrics, whereas metric three looks at the likelihood of disabled staff being taken through the formal capability process in comparison to non-disabled staff.
- Six NHS Staff Survey findings
 - A metric aimed at comparing the workforce composition against Board representation by
 - voting membership of the Board
 - Executive membership of the Board

2.4. Both WRES and WDES are designed to ensure effective collection, analysis and use of workforce data to address the under-representation and experience of Black Minority Ethnic (BME) and disabled staff across the NHS. Research suggests the experience of minority staff and the extent to which they are valued by their organisations is a very good indicator of both the climate of respect and care for all within NHS trusts, as well as of how well patients are likely to feel cared for.

3. WRES Key findings 2021

3.1. The key findings of the results are provided below:

3.1.1. There has been an increase in the BME workforce from 202 people on 31st March 2020 to 244 people on 31st March 2021. This increase (21.3%) is higher than the overall growth of the organisation (8.7%). BME staff now make up 5.6% of all Trust staff (which equates to a 0.6% increase in the previous year). Non-declaration of ethnicity also continues to decrease, with 2.1% colleagues choosing not to declare this information with the Trust.

9.3% staff in non-clinical roles are from a BME background in comparison to 3.4% within clinical. These figures have seen minimal change on the previous year's data but includes a 1% drop in the percentage of BME colleagues in non-clinical roles since 2016 despite a 60% increase in colleagues in non-clinical roles. Non-clinical includes colleagues working in our contact 999 and 111 contact centres.

The area served generally has a lower ethnic diversity than the England average of 20.2 %, and South East England (SEE) at 14.8%, except North West Surrey, which is higher, and Crawley, and Dartford and Gravesham that are on a par. Surrey Downs is higher than the SEE, and 4 CCGs listed below are on a par with or close to SEE. These results fit with SEE at 14.8%. which has a lower than England average.

- North West Surrey 20.7% (above England)
- Crawley 20.1% (=England)
- Dartford, Gravesham and Swanley (=England)
- Surrey Downs 15.9% (above SEE)
- Surrey Heath 14.5%
- Medway 14.5%
- Guildford and Waverley 14.1%
- East Surrey 13.7%

	Non-Clinical 2021			Clinical 2021		
	White	BME	Unknown / Null	White	BME	Unknown / Null
Total HC by ethnicity	1416	150	33	2611	95	59
Percentage by ethnicity	88.6%	9.4%	2.1%	94.4%	3.4%	2.1%
Total Clinical HC	1599			2765		
	Non-Clinical 2020			Clinical 2020		
	White	BME	Unknown / Null	White	BME	Unknown / Null
Total HC by ethnicity	866	103	33	2854	98	63
Percentage by ethnicity	86.4%	10.3%	3.3%	94.5%	3.3%	2.2%
Total Clinical HC	1002			3024		

Table one: Ethnicity breakdown as at 31 March 2020 and 31 March 2021 by clinical and non-clinical workforce.

The table above shows the workforce as at 31st March 2020 and 2021. Whilst there is an overall change in headcount, they show little movement over the last 12 months towards our aim to increase ethnic diversity of our workforce as part of becoming more representative of the communities we serve.

There is a need address retention issues, with BME staff making up 7.8%% of all leavers in the last financial year though this is an improvement on the previous year. Lack of career opportunities features significantly more often in the top three reasons for leaving amongst BAME employees than other employee groups. Appendix four provides a breakdown of Trust leavers by OU and directorate, and also shows that BME staff remain more likely to leave (1.4 times more likely) the organisation than their White counterparts.

3.1.2. Metric two of the WRES measures the likelihood of BME candidates from shortlisting being appointed in comparison to their White counterparts. This figure continues to show that BME candidates are less likely to be appointed from shortlisting than their White counterparts in SECamb, and in 2020-21 showed a significant decrease in progress that had previously been made to reduce this disparity. In 2020/21 BME staff were 2.6 times less likely to be appointed. This is an increase from the previous year where they were 1.31 times less likely to be appointed.

Employee recruitment by race	2019-20						2020-21					
	Application		Shortlisted		Appointed		Application		Shortlisted		Appointed	
	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%
White	7675	82.6%	3697	87.8%	1005	90.2%	7426	78.8%	2014	77.5%	729	88.7%
BME	1455	15.5%	461	11.0%	95	8.4%	1401	14.9%	525	20.2%	72	8.8%
Undisclosed	145	1.5%	52	1.2%	11	0.9%	602	6.4%	60	2.3%	21	2.6%
Total	9275	99.6%	4210	100.0%	1111	99.5%	9429	100.0%	2599	100.0%	822	100.0%

Table two: Employee recruitment by ethnicity breakdown for 2019-20 and 2020-21

The table above shows the number of applicants at each stage of the recruitment process. Whilst the number of applications from BME candidates remains the same, there is a significant increase in the number of candidates from underrepresented groups being shortlisted. However, this increase is not reflected in the appointments being made. The HR working Group reviews equity in recruitment on a monthly

basis, and this reflects the issues that have been highlighted by the monthly data showing discrepancies in specific areas of the organisation in relation to ethnicity, disability, and gender. Targeted interventions are required to address this.

At the start of the pandemic the Trust also advertised our vacancies directly to travel companies in the Crawley area, including with Virgin and British Airways, and was successful in recruiting a number of their employees. These colleagues brought new skills to the organisation and have added great value. However, we should be mindful that the organisations themselves may not have been reflective of the diversity of the communities within which they operate and therefore this recruitment will also have had an unintentional impact on our overall diversity. In addition to this, our standard interview processes were also paused at the start of the pandemic whilst new ways of working were established.

In July 2020, the IWG noted that 60% of interviews in the Trust continued to be conducted by colleagues who have not received interview/ assessment centre training. With the support of the Executive Management Board, the HR directorate have been able to put in place actions to address this with a completion date of January 2021 to increase the numbers of trained staff who can support the interview process. Whilst interview skills training and an awareness of the impact of unconscious bias is important, it is well documented that this alone will not reduce inequity in recruitment. NHS England and Improvement have asked all Trusts to adopt six specific actions focussed on supporting progress against metrics one and two over the next two years.

3.1.3. The 2020/21 figures show a significant increase in the likelihood that BME colleagues are more likely to be taken through the formal disciplinary process in comparison to White colleagues. Our present data shows BME colleagues are 2.7 times more likely to be taken through the formal disciplinary process than our White colleagues. This is up from BME colleagues having been less likely to be taken through the formal disciplinary process the previous year.

Although, the numbers are small, the figures are calculated as a ratio and therefore comparable with data for employees who have declared ethnicity as White. There should be some caution due to the small numbers involved which mean that small changes can impact the data greatly. However, we should be mindful that our organisational data also shows that cases against BME colleagues are twice as likely to have no case to answer, and these made up 45% of all cases against BME colleagues in 2020/21 in comparison to 18% of all cases against White colleagues.

	Likelihood of White staff entering the formal disciplinary process	Likelihood of BME staff entering the formal disciplinary process	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff
SECamb 2021	1.37%	3.67%	2.7
SECamb 2020	1.42%	0.99%	0.7

Table three: Relative likelihood for BME staff entering the formal disciplinary process compared to white staff

The NHS England report [A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce](#) notes that although nationally there have been year on year improvements against the WRES metrics generally, only ambulance trusts continue to see deterioration against this metric.

- 3.1.4. The 2020/21 data shows an improvement in relation to BME colleagues undertaking non-mandatory training and CPD in comparison with White colleagues. In the 2019/20 reporting period, BME colleagues were 1.37 times less likely to access non-mandatory training and this has improved to 1.09 times less likely and is moving towards equity with White colleagues.

SECamb reports against all non-mandatory training and Continuing Professional Development (CPD) recorded on Online Learning Management (OLM) system.

- 3.1.5. Of the four staff survey related metrics, all showed a decline in BME colleagues experience, despite improvements against three metrics having been reported the previous year. Two of the four metrics also showed worsening experience for White colleagues although to a lesser extent. The 2020 staff survey saw an increased completion rate by BME staff with a 68% completion rate from BME staff in comparison to a 63% completion rate for the Trust overall. This is a 20% increase on completion by BME colleagues from the year before.

It should be noted that the months preceding the 2020 NHS staff survey saw discussions on racial inequity highlighted on a global stage. This period in time saw the disproportionate impact of COVID19 on BME communities as a result of systemic inequalities within society, the murder of George Floyd, and the rise of the Black Lives Matter movement all bringing into focus how much work there is still to do to achieve race equality and how much discomfort there continues to be around this topic.

- 3.1.6. Metric five, the 2020 staff survey saw a worsening experience in all colleagues experiencing harassment, bullying and abuse from members of the public / patients. For White colleagues 1.7% increase on the previous year and a 5.3% increase for BME colleagues.

This third consecutive increase fits with national reports of increased levels of hate crime towards BME people in England and Wales. In 2020, 47.4% of BME colleagues reported experiencing harassment, bullying and abuse from members of the public / patients, up from 42.1% the previous year. For White colleagues this figure was 50.8% in 2020 up from 48.1 in 2020.

Ambulance trusts observed the highest rates of harassment, bullying or abuse from patients, relatives or the public, for both BME (44.3%) and White (43.5%) staff.

- 3.1.7. The latest staff survey figures show that for metric six, there were improvements for White colleagues, whilst BE colleagues reported increased levels of harassment, bullying or abuse from other colleagues in the last 12 months. In 2020, 33.6% of BME colleagues and 29% White colleagues reported these behaviours in the last 12 months. This was a 6% increase on the previous year for BME colleagues.

- 3.1.8. Metric seven noted decreases in both BME and White colleagues believing the Trust provides equal opportunities for career progression. This figure worsened from 55.2% to 49.4% in the 2020 staff survey for BME colleagues. A greater proportion of White colleagues continue to believe that the Trust provides equal opportunities for progression or promotion, but this has also decreased from 66% to 62.8%.

Nationally, the 2020 data shows this metric (BME 69.2%, White 87.3%) has declined since 2019 (83.9%) and is around 2 percentage points lower than in 2016 (85.5%) Following two years of steady improvement, the score for ambulance trusts fell to 72% this year (2019: 72.8%) and this remains the lowest benchmarking group on this

measure. Our own figures continue to be well below the sector averages for both BME (62.8%) and White (77.3%) colleagues.

3.1.9. In metric eight, BME colleagues reported a second consecutive increase in having personally experienced discrimination from a manager / team leader or other colleagues in this reporting period. This was up from 15.8% in the 2019 staff survey to 21.8% for BME staff in 2020. White colleagues reported at 11.5% for the second consecutive year.

3.1.10. The Trust reported an improvement in Board diversity for this reporting period, and we continue to have 100% declaration of ethnicity at Board level. Board diversity is moving towards that of the community we serve, however we should be mindful that the numbers are small and therefore will fluctuate with any changes.

3.2. The NHS Long term plan has set out a clear commitment to the WRES, and the work towards racial equity and creating a culture of belonging is further strengthened in the NHS People Plan. Every NHS organisation has been asked to set a target to achieve 19% Black, Asian and Minority ethnic (BAME) representation across each pay band and its overall workforce by 2025 and are asked to ensure that senior teams more closely represent the diversity of the communities they serve.

3.3. There is [evidence](#) that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves.

4. WDES Key findings 2021

4.1. The key findings of the Trust's WDES results are provided below;

4.1.1. Metric one looks at the number of staff by disability, non-disability and no disability declaration as recorded on the Electronic Staff Record (ESR)

The Trust has an overall 4.3% disability declaration on ESR which is split by 5.4% of the non-clinical workforce and 3.7% of the Clinical workforce). All of these figures are above the against an NHS averages where 3.6% of the non-clinical and 2.9% of the clinical workforce (excluding medical and dental staff) had declared a disability through the NHS Electronic Staff Record.

The clustered data as shown in table four highlights that there is increased disability declaration in almost every cluster across both clinical and non-clinical pay bands. The figures in Red show where there had been a negative change from the previous reporting period. However, we should remain mindful that this is in contrast to a Trust declaration of 28% (714 responses) on the 2020 NHS staff survey.

The most significant change under metric one is the reduction in colleagues choosing not to declare down from 37.1% in 2020 to 8.3% in this reporting period. This has been the result of an intensive data cleanse process undertaken by our Workforce Information Team and will now allow us to apply targeted communications to increase awareness of why declaration is important. Reasons for non-declaration are numerous, including lack of understanding for disclosure; an individual's perception of their disability, access to systems to update, lack of trust / fear that declarations would be accessed inappropriately. As per the wider national picture in England, Unknown/Null declarations increased with seniority in SECamb.

		Clinical 2020								Clinical 2021							
		Disabled		Non - disabled		Unknown/Null		Overall		Disabled		Non - disabled		Unknown/Null		Overall	
		H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%
1	Cluster 1 (Bands 1 - 4)	43	3.4%	639	51.0%	571	45.6%	1253	45.3%	28	3.2%	822	93.8%	26	3.0%	876	31.7%
	Cluster 2 (Band 5 - 7)	56	3.3%	1122	65.5%	534	31.2%	1712	61.9%	72	3.9%	1566	85.2%	199	10.8%	1837	66.4%
	Cluster 3 (Bands 8a - 8b)	2	4.3%	32	69.6%	12	26.1%	46	1.7%	3	7.0%	37	86.0%	3	7.0%	43	1.6%
	Cluster 4 (Bands 8c - 9 & VSM)	0	0.0%	1	25.0%	3	75.0%	4	0.1%	0	0.0%	10	90.9%	1	9.1%	11	0.4%
	Cluster 5 (Medical & Dental Staff, Consultants)	0	0.0%	0	0.0%	0	0%	0	0.0%	0	0.0%	0	0.0%	0	0%	0	0.0%
	Clinical totals	101	3.3%	1794	59.5%	1120	37.1%	3015	100%	103	3.7%	2435	88.0%	229	8.3%	2767	100%
		Non-clinical 2020								Non-clinical 2021							
		Disabled		Non - disabled		Unknown/Null		Overall		Disabled		Non - disabled		Unknown/Null		Overall	
		H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%
	Cluster 1 (Bands 1 - 4)	19	4.5%	157	37.2%	246	58.3%	422	26.4%	47	5.5%	771	89.9%	40	4.7%	858	53.7%
	Cluster 2 (Band 5 - 7)	16	3.5%	246	53.8%	195	42.7%	457	28.6%	30	4.9%	532	87.2%	48	7.9%	610	38.1%
	Cluster 3 (Bands 8a - 8b)	5	6.0%	37	44.0%	42	50.0%	84	5.3%	5	5.7%	67	76.1%	16	18.2%	88	5.5%
	Cluster 4 (Bands 8c - 9 & VSM)	1	2.6%	18	46.2%	20	51.3%	39	2.4%	4	9.3%	36	83.7%	3	7.0%	43	2.7%
	Non-clinical totals	41	4.1%	458	45.7%	503	50.2%	1002	100.0%	86	5.4%	1406	87.9%	107	6.7%	1599	100.0%
	Totals	142	3.5%	2252	56.1%	1623	40.4%	4017	100%	189	4.3%	3841	88.0%	336	7.7%	4366	100%

Table four: WDES metric 1, workforce data

4.1.2. Metric two of the WDES measures the likelihood of disabled candidates from shortlisting being appointed in comparison to their non-disabled counterparts in replication of the WRES metric

Our latest figures place this figure at 1.76 indicating the highest level of disparity for our candidates with a disability since the WDES was implemented two years ago, in 2019. This figure is significantly higher than both the national and sector average for metric 2 (1.23).

In both 2019 and 2020, the Trust reported parity between those with a disability and those without.

The Trust operates a disability confident scheme which guarantees an interview for candidates declaring a disability who meet the essential criteria.

The table below (table five) shows the percentage of applicants successfully progressing through each stage of the recruitment process and consistency in this against disability declaration can be seen in the 2019/20 data, against a 4% variation from shortlisting to interview in the latest reporting period. This indicates that there is more to be done to address inequity at this stage. As mentioned earlier in this report, this data is being monitored on a monthly basis by the HR Working Group with targeted interventions being considered for specific business areas.

Candidate disability	1st April 2019 - 31st March 2020					
	Application	Application % of Total	Shortlisted	% of those Shortlisted	Appointed	% of those appointed
Yes	607	6.54%	295	7%	76	7%
No	8499	91.62%	3825	91%	1007	91%
Undisclosed	170	1.83%	90	2%	29	3%

Total	9276	100.00%	4210	100%	1112	100%
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Candidate disability	1st April 2020 - 31st March 2021					
	Application	Application % of Total	Shortlisted	% of those Shortlisted	Appointed	% of those appointed
Yes	666	7%	366	9%	45	5%
No	8737	92%	3631	90%	785	93%
Undisclosed	116	1%	51	1%	13	2%
Total	9519	100%	4048	100%	843	100%

Table five: WDES metric 2, Recruitment data

- 4.1.3. Metric three measures the number of staff taken through the formal capability process based upon a rolling two-year average. Data analysis ahead of reporting showed an average of six formal capability cases in the last two years, only one declared a disability and four declared no disability. As a result, the Trust has reported a figure of 0.5 against this metric. Due to the small numbers involved and the overall low level of disability declaration on ESR, this places the relative likelihood for colleagues with a disability being taken through the capability process (not including ill health capability) at 2.9 times more likely than a non-disabled colleague.
- 4.1.4. Metrics four to nine use data taken from the NHS staff survey results. This year 714 (28%) of respondents declared a disability or long term condition, and 1,840 (72%) of respondents stated they did not have a disability. Our ESR declaration rates show 8% of staff choose not to provide any data against this question, whereas only 18 respondents skipped the anonymised disability declaration on the staff survey.
- 4.1.5. Metric four, looks at the percentage of staff experiencing harassment, bullying or abuse from; patients/service users, their relatives or other members of the public; managers; from other colleagues in the last 12 months.

In all cases, the data shows that disabled staff are more likely to experience harassment, bullying or abuse, and that this was most likely to come from patients/service users, their relatives or members of the public. However, all bar one of the results were an improvement on data from the previous year for colleagues with a disability and results also showed that disabled staff were more likely than non-disabled staff to report the behaviours experienced at 45.1% to 40.7%. This was also reflected in the [WDES annual report](#) (published March 2020) which showed that both disabled and non-disabled staff at ambulance trusts reported the highest rates of harassment, bullying or abuse from patients/service users, relatives or other members of the public (52.7% for disabled staff compared to 47.01% for non-disabled staff).

Non-disabled colleagues whilst having a better experience overall than our disabled colleagues reported a worsening experience to the previous year in three out of four of the questions with an average 1.4% percentage change across each

		Disabled		Non - disabled	
		H/C	%	H/C	%
4	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	712	56.60%	1829	48.4%
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	708	26.80%	1831	16.6%
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	705	25.80%	1812	17.5%
	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	439	45.10%	944	40.7%

Table six: WDES metric 4, Workforce experience of harassment, bullying or abuse as taken from 2020 staff survey.

4.1.6. Metric five, the 2020 staff survey showed that fewer disabled colleagues than non-disabled colleagues believe that the Trust provides equal opportunities for career progression with an increasing difference of 13% overall. This figure was down by around 3 percentage points for both groups to 52.9% for disabled colleagues and 65.4% for non-disabled colleagues.

4.1.7. The latest staff survey figures for metric six show that whilst disabled colleagues continue to feel more pressure from their manager to come to work, despite not feeling well enough to perform their duties, there are improvements for both groups in this metric for a second consecutive year, although it is unlikely the change for non-disabled colleagues is statistically significant (30.2%, change of 0.1%). 36% of disabled colleagues said they felt pressure to come to work when not feeling well enough (down from 39% the previous year).

Although we cannot put this down to any single intervention, the increased focus on wellbeing and the pandemic may in part have helped with this, particularly in relation to colleagues who may have been symptomatic. However, there is an improvement in this area for both disabled and non-disabled staff from the 2018 staff survey results.

4.1.8. Metric seven shows a 3% decrease across both groups (22.6% for disabled staff vs 31.5% for non-disabled staff) who report they are satisfied with the extent to which their organisation values their work.

Again, some of this will be subjective and may be linked to the COVID19 pandemic and impact on colleagues who were required to shield. Anecdotally, our Enable staff network heard that some colleagues felt undervalued by the organisation and that the impact on them was not understood by colleagues across the organisation.

4.1.9. Metric eight looks at the percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. The question is taken from the NHS staff survey and differs from the Equality Act 2010 wording which

requires employers to provide reasonable adjustments. 64.2% of staff who declared a disability in the survey responded positively and stated the Trust had made adequate adjustments. This metric also recorded an improvement for the second consecutive year from 58.6% in 2018 and 64.2%. This is a positive indicator of work we have undertaken to develop, launch and promote our reasonable adjustments passport and identify a centralised budget to support colleagues.

4.1.10. Metric nine is split into two parts and looks at the overall engagement score from the NHS staff survey for disabled and non-disabled staff. As per the other survey scores, the score for disabled staff was lower than the score for non-disabled staff at 5.7 and 6.2. The second part of the metric (9b) asks “Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?”. The Trust is able to respond positively to this question having relaunched the Enable network in 2018.

4.1.11. Metric 10 reported a reduction in disability reporting within the Board, with lower levels of reporting within Non-Executive Director's. 13% of Board members overall declared a disability, across both Executive and Non-Executive members. The numbers are small and will be significantly impacted by any single change at Board level.

5. Race disparity audit

5.1. In May 2021, the NHS England and Improvement (NHSE&I) WRES team also developed the Workforce Race Disparity Audit to identify disparities in the likelihood of accessing progression based on data submitted as part of WRES metric 1. NHS Trusts have been advised to use the data to help identify areas of highest need when identifying actions as part of the WRES cycle.

5.2. To calculate the figures, colleagues are placed into lower (1-5), middle (6-7) and upper (8a – VSM) groupings based on Agenda for change pay bands and ethnicity. The probability of White staff being promoted from lower bands to Bands 8 and 9 and VSM is compared to the probability of BME staff being promoted from lower bands to Bands 8, 9 and VSM. These are known as the progression ratios

5.3. The disparity ratio is then the comparison between the progression ratios for White and BME colleagues. These calculations have been made for our Trust as at 31st March 2020 and 31st March 2021 and are provided for the Trust overall and by clinical and non-clinical workforce. The data and a supporting narrative are provided in Appendix five.

6. National Recruitment overhaul and partnership working.

6.1. Due to a lack of progress against WRES metrics one and two, and to support Trusts to achieve the ambition of 19% ethnic diversity at every pay band and within the Trust overall, NHSE&I have developed six actions focussed at overhauling recruitment and talent management practices.

6.2. The actions are to be implemented within every Trust over the next two years (2021/22 and 2022/23). The advice from our lead commissioners is that these actions be included within our Integrated Equality Action Plan. A copy of the actions can be found in appendix six.

6.3. In addition to the implementation of the national actions, all Trusts under Surrey Heartlands Integrated Care System are also asked to contribute to the development of a regional campaign to deliver improvements against WRES metric 5/ WDES metric 4 - percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months. This action should also be captured within the Integrated Equality Action Plan.

7. Next steps

7.1. As in previous years the action plan for WRES, WDES will be combined and integrated with the action plan for the Trust Equality Objective ('The Trust will improve the diversity of the workforce to make it more representative of the population we serve'). The Integrated equality action plan will also consider commitments made to reduce inequity identified in our Gender Pay audit.

7.2. Following the Board meeting we will publish the WDES and WDES data and the related action plan on the Trust website.

Report prepared by : Asmina Islam Chowdhury, Programme Manager Equality, Diversity and Inclusion

Appendix One, Workforce Race Equality Standard 2016-2020

NB. Metric 2 - 4 Red indicates disparity between the experience of White staff and BME colleagues

		2015	2016	2017	2018	2019	2020	2021
Metric 1	Overall workforce headcount	3527	3262	3483	3337	3757	4017	4366
	Overall % visible BME	2.30%	3.03%	3.59%	3.84%	3.80%	5.00%	5.59%
	Non-Clinical BME %	N/a	1.33%	5.39%	6.22%	6.02%	10.29%	9.32%
	Clinical BME %	N/a	1.47%	2.46%	2.65%	2.17%	3.31%	3.43%
	BME headcount	82	99	125	128	144	201	244
Metric 2 - Relative likelihood of white candidates being appointed from shortlisting compared to BAME A figure above "1" would indicate that white candidates are more likely than BME candidates to be appointed from shortlisting.		1.8	3.84	1.26	1.57	1.54	1.31	2.64
Metric 3 - Relative likelihood of BAME staff entering formal disciplinary process compared to white staff A figure above "1" would indicate that BME staff members are more likely than white staff to enter the formal disciplinary process.		0.65	1.08	0.82	1.6	2.27	1.25	2.69
Metric 4 - Relative likelihood of white staff accessing non-mandatory training and CPD compared to BAME A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.		1.32	1.23	1.36	0.84	1.14	1.37	1.09

Metric 5 - KF 25. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.		BME		52.0%	39.4%	58.8%	30.8%	34.0%	42.1%	47.4%
		WHITE					51.0%	49.3%	48.1%	50.8%
Metric 6 - KF 26. Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months.		BME		30.8%	27.3%	44.1%	32.7%	35.6%	26.3%	32.6%
		WHITE					42.1%	35.0%	30.0%	29.3%
Metric 7 - KF 21. Percentage of BME staff believing that Trust provides equal opportunities for career progression or promotion.		BME		50.0%	66.7%	48.0%	61.3%	47.0%	55.2%	49.4%
		WHITE					60.2%	65.7%	66.0%	62.8%
Metric 8 - Percentage of BME staff who have personally experienced discrimination at work in the last 12 months from Manager / team leader or other colleagues		BME		32.0%	15.6%	27.3%	13.0%	23.0%	15.8%	21.8%
		WHITE					15.8%	13.2%	11.5%	11.5%
Metric 9 - Board representation	White			-	69.2%	100.0%	100.0%	93.3%	83.3%	
	BME			-	0.0%	0.0%	0.0%	6.7%	16.7%	
	NULL			-	30.8%	0.0%	0.0%	0.0%	0.0%	

WRES 2020 - metric 1

Please note, due to small numbers, data for consultants and any pay band where the numbers are below 5 have been replaced with an asterisk.

	Non-Clinical 2021				Non-Clinical 2021 %			Clinical 2021				Clinical 2021 %		
	WHITE	BME	Not Stated/ Not Given	Totals	WHITE	BME	Not Stated/ Not Given	WHITE	BME	Not Stated/ Not Given	Totals	WHITE	BME	Not Stated/ Not Given
Under Band 1	0	0	0	0	0.0%	0.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 1	0	0	0	0	0.0%	0.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 2	50	6	0	56	89.3%	10.7%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 3	469	40	9	518	90.5%	7.7%	1.7%	708	18	9	735	96.3%	2.4%	1.2%
Band 4	262	18	*	284	92.3%	6.3%	1.4%	137	*	*	141	97.2%	2.1%	0.7%
Band 5	204	18	7	229	89.1%	7.9%	3.1%	714	25	17	756	94.4%	3.3%	2.2%
Band 6	170	36	*	209	81.3%	17.2%	1.4%	678	25	17	720	94.2%	3.5%	2.4%
Band 7	153	16	*	172	89.0%	9.3%	1.7%	324	23	14	361	89.8%	6.4%	3.9%
Band 8A	47	10	*	61	77.0%	16.4%	6.6%	30	*	0	31	96.8%	3.2%	0.0%
Band 8B	22	*	*	27	81.5%	7.4%	11.1%	12	0	0	12	100.0%	0.0%	0.0%
Band 8C	17	*	0	18	94.4%	5.6%	0.0%	6	0	*	7	85.7%	0.0%	14.3%
Band 8D	9	*	0	10	90.0%	10.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Band 9	*	0	0	*	100.0%	0.0%	0.0%	0	0	0	0	0.0%	0.0%	0.0%
Senior Medical Manager	0	0	0	0	0.0%	0.0%	0.0%	*	0	0	*	100.0%	0.0%	0.0%
VSM	11	*	0	13	84.6%	15.4%	0.0%	*	0	0	*	100.0%	0.0%	0.0%
Of which medical and Dental								0	0	0	0			
of which senior medical manager								0	*	0	*			
non-consultant career grade								0	0	0	0			
trainee grade								0	0	0	0			
Other								0	0	0	0			
Total	1416	150	33					2611	95	59				
Percentage	88.56%	9.38%	2.06%					94.43%	3.44%	2.13%				

Workforce Disability Equality Standard 2021

NB. Red indicates figure which has worsened from the previous 12 months.

1		Clinical 2020								Clinical 2021							
		Disabled		Non - disabled		Unknown/Null		Overall		Disabled		Non - disabled		Unknown/Null		Overall	
		H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%
	Cluster 1 (Bands 1 - 4)	43	3.4%	639	51.0%	571	45.6%	1253	45.3%	28	3.2%	822	93.8%	26	3.0%	876	31.7%
	Cluster 2 (Band 5 - 7)	56	3.3%	1122	65.5%	534	31.2%	1712	61.9%	72	3.9%	1566	85.2%	199	10.8%	1837	66.4%
	Cluster 3 (Bands 8a - 8b)	*	4.3%	32	69.6%	12	26.1%	46	1.7%	*	7.0%	37	86.0%	*	7.0%	43	1.6%
	Cluster 4 (Bands 8c - 9 & VSM)	0	0.0%	*	25.0%	*	75.0%	*	0.1%	0	0.0%	10	90.9%	*	9.1%	11	0.4%
	Cluster 5 (Medical & Dental Staff, Consultants)	0	0.0%	0	0.0%	0	0%	0	0.0%	0	0.0%	0	0.0%	0	0%	0	0.0%
	Clinical totals	101	3.3%	1794	59.5%	1120	37.1%	3015	100%	103	3.7%	2435	88.0%	229	8.3%	2767	100%
		Non-clinical 2020								Non-clinical 2021							
		Disabled		Non - disabled		Unknown/Null		Overall		Disabled		Non - disabled		Unknown/Null		Overall	
		H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%	H/C	%
	Cluster 1 (Bands 1 - 4)	19	4.5%	157	37.2%	246	58.3%	422	26.4%	47	5.5%	771	89.9%	40	4.7%	858	53.7%
	Cluster 2 (Band 5 - 7)	16	3.5%	246	53.8%	195	42.7%	457	28.6%	30	4.9%	532	87.2%	48	7.9%	610	38.1%
	Cluster 3 (Bands 8a - 8b)	5	6.0%	37	44.0%	42	50.0%	84	5.3%	5	5.7%	67	76.1%	16	18.2%	88	5.5%
	Cluster 4 (Bands 8c - 9 & VSM)	*	2.6%	18	46.2%	20	51.3%	39	2.4%	*	9.3%	36	83.7%	*	7.0%	43	2.7%
	Non-clinical totals	41	4.1%	458	45.7%	503	50.2%	1002	100.0%	86	5.4%	1406	87.9%	107	6.7%	1599	100.0%
	Totals	142	3.5%	2252	56.1%	1623	40.4%	4017	100%	189	4.3%	3841	88.0%	336	7.7%	4366	100%

Please note, due to small numbers, data for any pay band where the numbers are below 5 have been replaced with an asterisk.

		2020				2021			
2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.	1.02				1.76			
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	0				2.9			
		Disabled		Non - disabled		Disabled		Non - disabled	
		H/C	%	H/C	%	H/C	%	H/C	%
4	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	556	52.50%	1509	46.10%	712	56.60%	1829	48.40%
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	557	30.70%	1502	15.40%	708	26.80%	1831	16.60%
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	548	28.10%	1474	16.80%	705	25.80%	1812	17.50%
	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	342	40.10%	737	39.60%	439	45.10%	944	40.70%
5	% of staff believing that the Trust provides equal opportunities for career progression or promotion.	390	56.20%	1001	68.70%	490	52.90%	1224	65.40%
6	% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	463	39.70%	897	30.30%	510	36.30%	921	30.20%

7	% staff saying that they are satisfied with the extent to which their organisation values their work.	564	27.80%	1500	34.10%	711	22.60%	1833	31.60%
8	% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	354	62.70%			439	64.20%		
9a	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	564	5.8	1512	6.4	714	5.7	1840	6.2
9b	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)	Yes				Yes			
10		Disabled	Non - disabled	Unknown/Null	Overall	Disabled	Non - disabled	Unknown/Null	
	Voting Board members	13%	87%	0%		14%	71%	14%	
	Executive Board members	14%	86%	0%		17%	83%	0%	
	Non-Executive Board members	13%	50%	38%		13%	63%	25%	
	Difference (Total Board - Overall workforce)	9%	31%	-40%		10%	-17%	7%	
	Difference (Voting Board membership - Overall Workforce)	9%	31%	-40%		10%	-17%	7%	
	Difference (Executive membership - Overall Workforce)	10%	30%	-40%		12%	-5%	-8%	

Appendix Two. Integrated equality action plan 2021-22

Equality objective 2017-2021 - “The Trust will improve the diversity of the workforce to make it more representative of the population we serve”

This action plan combines actions to deliver improvements against the Trust equality objective, WRES, WDES and Gender Pay Gap Audit.

Action 2020/21	Aim	Responsible Board member	Proposed Lead	Linked to metric	Due
<p>1. National action: Ensure Executives and Senior managers own the agenda, as part of culture changes in organisations, with improvements in BAME representation (and other under-represented groups) as part of objectives and appraisal by:</p> <p>a) Setting specific KPIs and targets linked to recruitment for all Executive Board members and members of Senior Managers. KPIs and targets must be time limited, specific and linked to incentives or sanctions within appraisals.</p> <p>b) Increase the diversity of the Board across both the Executive and Non-Executive team with an aim to increase both gender and ethnic diversity.</p> <p>c) Review effectiveness of current Executive and Non-Executive recruitment processes, ensuring processes are aligned and where good practice is identified, adopted.</p> <p>d) Implement a biannual audit of the Trust exit interview process. Identifying trends and themes to inform future</p>	<p>To achieve a workforce and Board diversity which is representative of the population we serve and make progress against workforce diversity targets for race, disability and gender.</p> <p>Current status: Workforce diversity</p> <ul style="list-style-type: none"> • BME 5.6% aim. NHSE target 19%. • Disability ESR 4.6%, Staff survey 28%. • Gender at band 7 and above. Female representation at 37%, male at 63%. Target 50:50 by 2026 <p>Board ethnic diversity as at March 2021</p> <ul style="list-style-type: none"> • 16.7% (2/16) BME. Aim is 19% • Board gender diversity as at Sept 2020 - 19% (3/16) female. Aim is 50/50 • Disability 14% aim 20% <p>To ensure consistency in processes and adoption of good practice.</p> <p>To identify potential training needs, trends and learning to maximise staff retention.</p>	Chief Executive and Trust Chair	Company Secretary and Executive Director of HR &OD	WRES metric 1 and 9, WDES metric 1 and 10 Gender pay audit Equality delivery system 3.1	June 2022

<p>workstream with a focus on underrepresented groups.</p> <p>e) Setting of diversity targets with Higher Education Institutions as a commissioning organisation to encourage increased ethnic diversity of the Paramedic pipeline</p>	<p>Influence a long term improvement in the diversity of the paramedic pipeline with partner HEI's.</p>				
<p>2. National action: Introduce a system of 'comply or explain'* to ensure fairness during interviews:</p> <p>a. Commitment to ethnically diverse interview panels for all interviews, utilising support from external partners, at band 8 and above or the inclusion of an inclusive recruitment specialists to support the interview.</p> <p>b. Trial use of exception reports for all unsuccessful BAME, disability confident guaranteed interview scheme, and female candidates for roles at Band 7 and above. This will need to be supported with the development of appropriate policies, procedures, templates and comms.</p> <p>c. Ongoing review of learning from exception reporting at IWG/HRWG – sharing of key themes and trends.</p> <p>d. Develop appropriate audit processes and annual review cycle.</p> <p>e. Provide access to resources to support colleagues seeking career progression in preparing for assessment and interview processes.</p> <p>* This system includes requirements for diverse interview panels, and the presence of</p>	<p>Reduce current levels of inequity from shortlisting to appointment for candidates BAME communities, people with disabilities, and for women applying for posts at band 7 and above.</p> <p>Gather intelligence to support the development of positive action interventions. BAME staff 2.6 time less likely to be appointed. 50% of BAME staff believe the Trust provides equal opportunities for career progression or promotion in comparison to 63% White staff. People with disabilities 1.8 times less likely to be appointed. 56% of staff with disabilities believe the Trust provides equal opportunities for career progression or promotion in comparison to 69% non-disabled staff. Women 2.3 times less likely to be appointed.</p>	<p>Executive Director of HR &OD</p>	<p>2a -d: Head of HR Services</p> <p>2e: Head of Learning and OD</p>	<p>WRES metric 1,2 and 7, WDES metric 1, 2 and 5 Gender pay audit Equality delivery system 3.1</p>	<p>July 2022</p>

an equality representative who has authority to stop the selection process, if it was deemed unfair.					
<p>3. National action: Organise talent panels to:</p> <p>a. Create a 'database' of BAME and Female colleagues who are eligible for promotion (i.e., individuals who are either 'ready now' or 'nearly ready' to take on a more senior role) and development opportunities such as Stretch and Acting Up assignment.</p> <p>b. Agree positive action approaches to filling roles for under-represented groups</p> <p>c. Set transparent minimum criteria for candidate selection into talent pools</p> <p>d. Determine the development needs of colleagues in the talent pool who are deemed to be 'nearly ready' and meet those needs (either locally or at system level).</p> <p>e. Implement a transparent and fair process for offering and approving rotational posts, stretch assignments, and acting up, secondment and shadowing opportunities for those in the talent pool.</p>	<p>To develop a more representative leadership, reduce attrition on the basis of career progression and improve perceptions regarding equality of access to career progression and promotion.</p> <p>Women currently make up 37% of all posts at band 7 and above.</p> <p>Race disparity ratios show that BAME staff are 3 times less likely than White colleagues to progress in clinical roles.</p> <p>Exit interview data shows that BAME staff are more likely to cite career progression as a reason for leaving and have a disproportionate level of attrition.</p>	Executive Director of HR &OD	Head of Learning & OD	WRES metric 1,2 and 7, WDES metric 1, 2 and 5 Gender pay audit Equality delivery system 3.1	Sept 2022
<p>4. National action: Enhance EDI support available to ensure that for Bands 8a roles and above, hiring managers include requirement for candidates to demonstrate EDI work / legacy during interviews by;</p> <p>a. implement use of the EDI question bank for all interviews at band 8a and above.</p>		Executive Director of HR &OD	Head of HR Services		March 2022
5. National Action: Overhaul interview processes to incorporate.	Collab with workforce and L&OD need to clarify the aim	Executive Director of HR & OD	Head of Learning &		July 2022

<ul style="list-style-type: none"> a) Training on good practice with instructions to hiring managers to ensure fair and inclusive practices are used. b) Ensure adoption of values based shortlisting and interview approach (rollout due to commence from Nov 2021) c) Consider skills-based assessment such as using scenarios 			OD		
<p>6. National action: Adopt resources, guides and tools to help leaders and individuals have productive conversations about race and disability awareness</p> <ul style="list-style-type: none"> a. Review of Disciplinary and capability policy due by 31st March 2022 – should consider learning from implementation of MDT process (in progress) b. Launch of Fundamentals inclusive leadership course. Leaders should be able to articulate and demonstrate (through decisive and visible action in response to incidents) a zero-tolerance approach to bullying, harassment and discrimination c. Develop a post induction survey for all new joiners at 13 weeks to understand staff experience and liaise with managers to implement required interventions. Summary report to be shared with Inclusion working group and SMG biannually. 	<ul style="list-style-type: none"> a. To achieve an equitable application of disciplinary and capability policies for colleagues from BAME backgrounds and those with disabilities b. Reduce the numbers of colleagues being taken through formal processes with no case to answer <p>Data shows that BAME colleagues are 2.7 time more likely to be taken through the formal disciplinary process and are twice as likely to have no case to answer. Disabled colleagues are 3 times more likely to be taken through the formal capability process</p> <ul style="list-style-type: none"> c. To identify themes and trends which will enable tailored support and interventions to be implemented and improve staff experience and retention 	Executive Director of HR & OD	<p>Action 6a: Deputy Director of HR</p> <p>Action 6b – 6c: Head of Learning & OD</p>		April 2022
<p>7. Develop and implement a work experience programme to increase access for people with disabilities into</p>	To implement a process to enable to young people with disabilities to take up work placements within SECamb and help us	Executive Director of HR & OD	Head of HR Services	WDES metric 2 and 5 Equality delivery system 3.1 and 3.6	Plan for delivery to be in place by Sept 21

these programmes. Evaluate the pilot to inform a wider rollout.	progress towards being a Disability Confident level (3) employer. 4.5 % of staff currently declare a disability. 7% staff choose not to declare.				June 2021 (extended from Dec 2019)
8. The Trust will support the delivery of the following positive action programmes as previously agreed; <ul style="list-style-type: none"> • BAME Mentoring programme • Springboard Women's Leadership programme • NHS Leadership Academy Stepping Up Programme Pilots will be evaluated to inform the adoption of programmes into annual cycles.	To create a level playing field and more equitable outcomes to support development of those belonging to underrepresented groups within SECamb	Executive Director of HR & OD	Programme Manager EDI	WRES 1, 2,4,8 and Gender Pay Gap	Course delivery by April 2022
9. To develop and implement a Flexible Working Charter and a new role for a Senior Flexible Working Champion.	Promoting SECamb as an inclusive employer of choice, improve job satisfaction, retention, wellbeing, and employee engagement.	Executive Director of HR & OD	Deputy Director of HR and OD and Deputy Director of Operations	Gender Pay Gap, Equality delivery system 3.2, 3.5 and 3.6	
10. Review / develop of policies that support women in the workplace, with support for managers, including Menopause and Breastfeeding at work.	Improve our standing as an employer of choice and reduce attrition rates and barriers (perceived and actual) for those looking to progress their career.	Executive Director of HR & OD	Head of Inclusion and Wellbeing	Gender pay gap	August 2022

Current status of 2020/21 actions

Action	Aim	Lead	Linked to metric	Due	Current status
1. Increase the diversity of the Board across both the Executive and Non-Executive team with an aim to increase both gender and ethnic diversity.	To achieve a Board representative of the communities we serve, with a particular focus gender and ethnicity. Board ethnic diversity as at September 2020 6.9% (1/16) BME. Aim is 19% Board gender diversity as at Sept 2020 - 19% (3/16) female. Aim is 50/50	Chief Executive Officer and Trust Chair	WRES metric 1 and 9, WDES metric 1 and 10 Equality delivery system 3.1	July 2021 (extended from August 2020)	Partially achieved and adopted with 2021/22 action plan.
2. Develop and implement an Associate Non-Executive Director programme.	To develop a pool of Black, Asian and Minority Ethnic Associate NED's that will benefit both SECamb and our wider region. At present, only 4.6% of posts at 8a and above are held by BAME staff.	Company Secretary	WRES metric 1 and 9 Equality delivery system 3.1	July 2021	Action complete and closed 07/06/21
3. Work with NHS partners in an area of high ethnic diversity to deliver a multi-agency careers and recruitment event.	To increase recruitment from underrepresented BME communities by engaging with NHS partners to deliver a collaborative recruitment open day. At present, only 5% of our total workforce is from a BME background	Operating Unit Manager/ Head of Workforce	WRES Metric 1 and 2, WDES metric 1 and 2, Equality delivery system 3.1	August 2021 (extended from August 2020)	Propose closure of action on this plan and feed back to ICS as a recommendation based on their role as leads in regional partnership working.
4. Identify and mitigate barriers to having work experience placements within SECamb.	To implement a process to enable to young people with disabilities to take up work placements within SECamb and help us progress towards being a Disability Confident level (3) employer. 3.5% of staff currently declare a disability. 40.4% staff choose not to declare.	Head of Workforce	WRES Metric 2, WDES metric 2 Equality delivery system 3.1 and 3.6	Sept 21 (extended from Dec 2019)	Partially achieved and revised action to be adopted within 2021/22 action plan.

5. Develop a model of community engagement with under-represented community groups	To increase engagement with BME and other underrepresented groups, develop community relationships and diversify our talent pool.	Head of Workforce	WRES Metric 1 and 2, WDES metric 1 and 2, Equality delivery system 3.1	Plan for delivery to be in place by Sept 21	Action outstanding. Recommendation that this action is paused for 2021/22 and revisited in 2022/23.
6. Establish a multi-disciplinary panel to review cases ahead of progressing to a formal disciplinary/ capability investigation.	Ensure an equitable application of disciplinary and capability policies. Staff from a BME background are 1.25 times more likely to be taken through a formal disciplinary process than their White colleagues	DDHR / Head of Employee Relations	WRES Metric 3, WDES metric 3 Equality delivery system 3.4	End July 2021 (extended from 31 st August 2020)	Action to be carried forward to completion and learning evaluated to inform action 6 within 2021/22 action plan.
7. Launch, communicate and regularly audit the new Trust wide exit interview process which will ensure all staff receive a telephone / face to face exit interview.	To identify potential training needs, trends and learning to maximise staff retention.	HR Special Projects	WRES metric 1 WDES metrics 1, 7, 8 and 9a, Equality delivery system 3.6	Extension to May 2021 (extended from end Q4 2019)	Action to be carried forward to completion and reports on exit data to be brought to IWG and HRWG on biannual basis.
8. Devise and deliver an awareness campaign that demonstrates the value of workforce diversity monitoring across the Trust.	Increase diversity declaration rates on ESR across the Trust to better understand and meet the needs of our workforce.	Head of Workforce	WRES Metric 1, WDES metric 1 Equality delivery system 3.6	August 2021 (revised and extended from 31st March 2019)	Action to be carried forward to completion and then built into BAU.
9. The Trust will support the delivery of the following positive action programmes as previously agreed; <ul style="list-style-type: none"> Reverse mentoring Springboard Women's Leadership programme NHS Leadership Academy Stepping Up Programme 	To create a level playing field and more equitable outcomes to support development of those belonging to underrepresented groups within SECAMB	Inclusion Manager	WRES 1, 2,4,8 and Gender Pay Gap	April 2022 NB. Stepping up does not have a virtual delivery format at	Partially achieved and adopted with 2021/22 action plan.

				present.	
10. Design and implement a process to ensure diversity within interview panels and assessment centres.	To provide a better candidate experience, decrease the impact of unconscious bias and pro- group favouritism in the hiring process and imbalance between certain groups.	Head of Workforce	WRES metric 1, 2 and 8, Gender pay audit, WDES metric 2	January 2021 August 2021	Action to be carried forward to completion and built into BAU
11. Develop an inclusive Comms strategy which has a clear plan to promote inclusiveness and create a culture of diversity	Promoting SECamb as an accessible and inclusive employer of choice and service provider, thereby attracting a more diverse pool of candidates, promoting a positive workplace culture and better patient experience.	Head of Comms.	WRES metric 1, 2, 6,7,8 and 9, Gender pay gap	March 2021 Extension agreed for September 2021	Action outstanding. Propose closure and addition to IWG action log to ensure D&I is considered within strategy
12. To develop and implement a Flexible Working Charter and a new role for a Senior Flexible Working Champion.	Promoting SECamb as an inclusive employer of choice, improve job satisfaction, retention, wellbeing, and employee engagement.	Head of HR BP's	Gender Pay Gap, Equality delivery system 3.2, 3.5 and 3.6	February 2021 Extension agreed to August 2021.	Action outstanding and to be adopted as part of 2021/22 action plan.

Appendix three. BME and disabled staff by Directorate and Operating Unit 2020-21

Ethnicity by Directorate (D/ate)	BME		Not Stated/Not Given		White		Grand Total	
	H/C	% of D/ate	H/C	% of D/ate	H/C	% of D/ate	H/C	% of Trust
278 EP3 Chief Executive Office	3	7.14%	1	2.38%	38	90.48%	42	0.96%
278 EP3 Director of Finance & Corporate Services	18	20.69%	3	3.45%	66	75.86%	87	1.99%
278 EP3 Director of Human Resources	13	18.06%		0.00%	59	81.94%	72	1.65%
278 EP3 Director of Operations	200	5.12%	78	1.99%	3632	92.89%	3910	89.56%
278 EP3 Director of Quality & Safety	4	6.90%	1	1.72%	53	91.38%	58	1.33%
278 EP3 Director of Strategy & Business Development	3	21.43%		0.00%	11	78.57%	14	0.32%
278 EP3 Medical Director	4	2.19%	9	4.92%	170	92.90%	183	4.19%
Grand Total	245	5.61%	92	2.11%	4029	92.28%	4366	100.00%

Ethnicity by Operating Unit (OU)	BME		Not Stated		White		Grand Total	
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% of OUs
278 EP6 111 Urgent Care	51	12.26%	7	1.68%	358	86.06%	416	11.91%
278 EP6 EOC East	13	6.44%	4	1.98%	185	91.58%	202	5.78%
278 EP6 EOC West	12	4.58%	1	0.38%	249	95.04%	262	7.50%
278 EP6 OU – Admin & Management – East	2	1.57%	5	3.94%	120	94.49%	127	3.64%
278 EP6 OU – Admin & Management – West	5	3.97%	3	2.38%	118	93.65%	126	3.61%
278 EP6 OU – Ashford	4	2.13%	2	1.06%	182	96.81%	188	5.38%
278 EP6 OU – Brighton	4	1.68%	6	2.52%	228	95.80%	238	6.82%
278 EP6 OU – Chertsey	12	6.49%	2	1.08%	171	92.43%	185	5.30%
278 EP6 OU – Dartford & Medway	9	2.82%	5	1.57%	305	95.61%	319	9.14%
278 EP6 OU – Gatwick & Redhill	13	3.78%	5	1.45%	326	94.77%	344	9.85%
278 EP6 OU – Guildford	5	2.86%		0.00%	170	97.14%	175	5.01%
278 EP6 OU – Paddock Wood	2	1.00%	5	2.50%	193	96.50%	200	5.73%
278 EP6 OU – Polegate & Hastings	9	3.49%	10	3.88%	239	92.64%	258	7.39%
278 EP6 OU – Tangmere & Worthing	4	1.62%	8	3.24%	235	95.14%	247	7.07%
278 EP6 OU – Thanet	7	3.41%	1	0.49%	197	96.10%	205	5.87%
Grand Total	152	4.35%	64	1.83%	3276	93.81%	3492	100.00%

Disability by Directorate (D/ate)	No		Not Declared/Unknown		Yes		Grand Total	
	H/C	% of D/ate	H/C	% of D/ate	H/C	% of D/ate	H/C	% of Trust
278 EP3 Chief Executive Office	32	76.19%	5	11.90%	5	11.90%	42	0.96%
278 EP3 Director of Finance & Corporate Services	77	88.51%	6	6.90%	4	4.60%	87	1.99%
278 EP3 Director of Human Resources	62	86.11%	5	6.94%	5	6.94%	72	1.65%
278 EP3 Director of Operations	3449	88.21%	298	7.62%	163	4.17%	3910	89.56%
278 EP3 Director of Quality & Safety	53	91.38%	2	3.45%	3	5.17%	58	1.33%
278 EP3 Director of Strategy & Business Development	11	78.57%	3	21.43%		0.00%	14	0.32%
278 EP3 Medical Director	157	85.79%	17	9.29%	9	4.92%	183	4.19%
Grand Total	3841	87.98%	336	7.70%	189	4.33%	4366	100.00%

Disability by Operating Unit (OU)	No		Not Declared/Unknown		Yes		Grand Total	
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% of OUs
278 EP6 111 Urgent Care	365	10.45%	23	0.66%	28	0.80%	416	11.91%
278 EP6 EOC East	185	5.30%	6	0.17%	11	0.32%	202	5.78%
278 EP6 EOC West	234	6.70%	16	0.46%	12	0.34%	262	7.50%
278 EP6 OU – Admin & Management – East	103	2.95%	19	0.54%	5	0.14%	127	3.64%
278 EP6 OU – Admin & Management – West	105	3.01%	19	0.54%	2	0.06%	126	3.61%
278 EP6 OU – Ashford	173	4.95%	10	0.29%	5	0.14%	188	5.38%
278 EP6 OU – Brighton	214	6.13%	13	0.37%	11	0.32%	238	6.82%
278 EP6 OU – Chertsey	162	4.64%	15	0.43%	8	0.23%	185	5.30%
278 EP6 OU – Dartford & Medway	284	8.13%	22	0.63%	13	0.37%	319	9.14%
278 EP6 OU – Gatwick & Redhill	311	8.91%	25	0.72%	8	0.23%	344	9.85%
278 EP6 OU – Guildford	164	4.70%	8	0.23%	3	0.09%	175	5.01%
278 EP6 OU – Paddock Wood	182	5.21%	8	0.23%	10	0.29%	200	5.73%
278 EP6 OU – Polegate & Hastings	224	6.41%	22	0.63%	12	0.34%	258	7.39%
278 EP6 OU – Tangmere & Worthing	215	6.16%	24	0.69%	8	0.23%	247	7.07%
278 EP6 OU – Thanet	178	5.10%	17	0.49%	10	0.29%	205	5.87%
Grand Total	3099	88.75%	247	7.07%	146	4.18%	3492	100.00%

Appendix four: BME and disabled leavers by Directorate and Operating Unit

Leavers Ethnicity by Directorate (D/ate)	BME		Not Stated/Not Given		White		Grand Total		Likelihood of BME staff leaving over White Staff
	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of Trust	
278 EP3 Chief Executive Office	0	0.00%	0	0.00%	6	100.00%	6	1.30%	0.0
278 EP3 Director of Finance & Corporate Services	2	33.33%	0	0.00%	4	66.67%	6	1.30%	1.8
278 EP3 Director of Human Resources	2	22.22%	1	11.11%	6	66.67%	9	1.96%	1.5
278 EP3 Director of Operations	30	7.28%	10	2.43%	372	90.29%	412	89.57%	1.5
278 EP3 Director of Quality & Safety	0	0.00%	0	0.00%	4	100.00%	4	0.87%	0.0
278 EP3 Director of Strategy & Business Development	1	100.00%	0	0.00%	0	0.00%	1	0.22%	#DIV/0!
278 EP3 Medical Director	1	4.55%	0	0.00%	21	95.45%	22	4.78%	2.0
Grand Total	36	7.83%	11	2.39%	413	89.78%	460	100.00%	1.4

Leavers Ethnicity by Operating Unit (OU)	BME		Not Stated/Not Given		White		Grand Total	
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% of OUs
278 EP6 111 Urgent Care	17	15.32%	4	3.60%	90	81.08%	111	29.68%
278 EP6 EOC East	4	13.33%	1	3.33%	25	83.33%	30	8.02%
278 EP6 EOC West	2	2.99%	1	1.49%	64	95.52%	67	17.91%
278 EP6 OU - Admin & Management - East	0	0.00%	0	0.00%	3	100.00%	3	0.80%
278 EP6 OU - Admin & Management - West	0	0.00%	1	10.00%	9	90.00%	10	2.67%
278 EP6 OU - Ashford	0	0.00%	0	0.00%	9	100.00%	9	2.41%
278 EP6 OU - Brighton	1	7.69%	0	0.00%	12	92.31%	13	3.48%
278 EP6 OU - Chertsey	1	4.76%	0	0.00%	20	95.24%	21	5.61%
278 EP6 OU - Dartford & Medway	0	0.00%	0	0.00%	27	100.00%	27	7.22%
278 EP6 OU - Gatwick & Redhill	0	0.00%	0	0.00%	17	100.00%	17	4.55%
278 EP6 OU - Guildford	0	0.00%	0	0.00%	10	100.00%	10	2.67%
278 EP6 OU - Paddock Wood	1	7.14%	0	0.00%	13	92.86%	14	3.74%
278 EP6 OU - Polegate & Hastings	0	0.00%	1	6.25%	15	93.75%	16	4.28%
278 EP6 OU - Tangmere & Worthing	0	0.00%	0	0.00%	12	100.00%	12	3.21%
278 EP6 OU - Thanet	0	0.00%	0	0.00%	14	100.00%	14	3.74%
Grand Total	26	6.95%	8	2.14%	340	90.91%	374	100.00%

Leavers by disability and directorate (D/ate)	No		Not Declared		Yes		Grand Total		Likelihood of disabled staff leaving over non-disabled
	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of Trust	
278 EP3 Chief Executive Office	4	66.67%	2	33.33%		0.00%	6	1.30%	0
278 EP3 Director of Finance & Corporate Services	3	50.00%	3	50.00%		0.00%	6	1.30%	0.0
278 EP3 Director of Human Resources	4	44.44%	5	55.56%		0.00%	9	1.96%	0.0
278 EP3 Director of Operations	264	64.08%	124	30.10%	24	5.83%	412	89.57%	1.9
278 EP3 Director of Quality & Safety	2	50.00%	2	50.00%		0.00%	4	0.87%	0.0
278 EP3 Director of Strategy & Business Development	1	100.00%		0.00%		0.00%	1	0.22%	#DIV/0!
278 EP3 Medical Director	15	68.18%	6	27.27%	1	4.55%	22	4.78%	1.2
Grand Total	293	63.70%	142	30.87%	25	5.43%	460	100.00%	1.7

Leavers by ethnicity and Operating Unit (OU)	No		Not Declared		Yes		Grand Total	
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% leavers by OU
278 EP6 111 Urgent Care	60	54.05%	45	40.54%	6	5.41%	111	29.68%
278 EP6 EOC East	14	46.67%	12	40.00%	4	13.33%	30	8.02%
278 EP6 EOC West	43	64.18%	21	31.34%	3	4.48%	67	17.91%
278 EP6 OU - Admin & Management - East	3	100.00%	0	0.00%	0	0.00%	3	0.80%
278 EP6 OU - Admin & Management - West	6	60.00%	4	40.00%	0	0.00%	10	2.67%
278 EP6 OU - Ashford	6	66.67%	2	22.22%	1	11.11%	9	2.41%
278 EP6 OU - Brighton	8	61.54%	2	15.38%	3	23.08%	13	3.48%
278 EP6 OU - Chertsey	12	57.14%	7	33.33%	2	9.52%	21	5.61%
278 EP6 OU - Dartford & Medway	25	92.59%	2	7.41%	0	0.00%	27	7.22%
278 EP6 OU - Gatwick & Redhill	12	70.59%	5	29.41%	0	0.00%	17	4.55%
278 EP6 OU - Guildford	9	90.00%	0	0.00%	1	10.00%	10	2.67%
278 EP6 OU - Paddock Wood	11	78.57%	2	14.29%	1	7.14%	14	3.74%
278 EP6 OU - Polegate & Hastings	12	75.00%	3	18.75%	1	6.25%	16	4.28%
278 EP6 OU - Tangmere & Worthing	9	75.00%	2	16.67%	1	8.33%	12	3.21%
278 EP6 OU - Thanet	7	50.00%	6	42.86%	1	7.14%	14	3.74%
Grand Total	237	63.37%	113	30.21%	24	6.42%	374	100.00%

The “relative likelihood” is calculated as follows:

Descriptor	White	BME
Number of staff in workforce	4027	245
Number of staff leaving	413	36

- Likelihood of White staff leaving the organisation $(413/4027) = 0.103$
 - Likelihood of BME staff leaving the organisation $(36/245) = 0.147$
 - The relative likelihood of BME staff leaving the organisation compared to White staff is therefore $0.147/0.103 = \mathbf{1.43}$ times greater.
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Appendix five: SECamb Race disparity audit 2020 and 2021

Overall Trust	Lower bands: 1-5 Middle bands 6-7 Upper bands: 8a - VSM	31st March 2020		31st March 2021		Supporting notes
		White	BME	White	BME	The progression ratio at an organisational level overall shows that BME staff are more likely to progress than their White counterparts. This data shows that 1 in 15 (progression ratio, lower to upper White) White staff can expect to progress through the organisation in 2021 compared to approximately 1 in 9 (progression ratio, lower to upper BME) BME staff.
	Progression ratio -Lower to middle	2.05	1.44	1.93	1.27	
	Progression ratio - Middle to upper	7.45	9.88	7.80	6.73	
	Progression ratio-lower to upper	15.24	14.25	15.08	8.53	
	Disparity ratio - lower to middle	0.71		0.66		The race disparity ratio for the overall organisation is lower than one across all three categories. This highlights no additional areas for focus as a Trust overall.
	Disparity ratio - middle to upper	1.33		0.86		
	Disparity ratio - lower to upper	0.93		0.57		
	Clinical		White	BME	White	BME
Progression ratio -Lower to middle		2.07	1.58	1.98	1.48	For 2021, the clinical progression ratio shows 1 White colleague in a clinical post at Band 8 for every 32 White colleagues in clinical posts at the lower bands (Progression ratio, Lower to Upper White 2021). This is in comparison to 1 BME colleague in a clinical post at band 8 and above for every 71 BME colleagues in clinical posts the lower bands.
Progression ratio - Middle to upper		18.63	#DIV/0!	16.15	48.00	
Progression ratio-lower to upper		38.61	#DIV/0!	32.02	71.00	
Disparity ratio - lower to middle		0.76		0.75		The race disparity ratio is highest for middle pay bands to upper pay bands in 2021. This shows BME staff are three times less likely to be in middle clinical bands compared to the lower bands. This will be impacted due to the lack of diversity within the Allied Health Professional registrant bandings which begin at pay band 5. Targeted intervention to support BME colleagues at lower bands to become registrants or long term work to increase the ethnic diversity of those coming through the university pathway will be required to reduce this.
Disparity ratio - middle to upper		#DIV/0!		2.97		
Disparity ratio - lower to upper		#DIV/0!		2.22		
Non - Clinical		White	BME	White	BME	The progression ratio for non-clinical staff in 2021 shows improvement (decrease) across all three levels against the same data for 2020. In addition to this we can see with small increases in the progression ratio for White staff at the same levels.
	Progression ratio - Lower to middle	1.95	1.32	1.78	1.08	
	Progression ratio - Middle to upper	2.38	5.13	2.96	3.79	

	Progression ratio- lower to upper	4.64	6.75	5.26	4.07	The disparity figures are below 1 for both the lower to middle and lower to upper indicators, both of which are outside the tolerance of 0.8 -1.2. However, there is a small disparity just outside the tolerance zone of 1.2 for middle pay bands to upper pay bands. All disparity figures have reduced from 2020 data in favour of BME staff. Planned positive action measures (Stepping up Leadership Course) will be targeted at this cohort and it is hoped will reduce this disparity further.
	Disparity ratio - lower to middle	0.68		0.61		
	Disparity ratio - middle to upper	2.15		1.28		
	Disparity ratio - lower to upper	1.46		0.77		

Appendix six: NHSE &I - six national actions to overhaul recruitment

