South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public.

25 November 2021
10.00-13.00

Via Video Conference

Agenda

Item No.	Time	Item	Encl	Purpose	Lead
Administration					
41/21	10.00	Welcome and Apologies for absence	-	-	Chair
42/21	10.02	Declarations of interest	-	-	Chair
43/21	10.02	Minutes of the previous meeting: 30 September 2021	**Y**	Decision	Chair
44/21	10.03	Matters arising (Action log)	**Y**	Decision	PL
Context					
45/21	10.05	Board Story	-	-	Chair
46/21	10.15	Chairs Report	**Y**	Information	Chair
47/21	10.25	Chief Executive's report	**Y**	Information	PA
Quality & Performance					
48/21	10.45	Integrated Performance Report Incl. Committee Reports	**Y**	Information	PA
49/21	12.00	Hospital Handovers: Harm Review	**Y**	Discussion	BH
50/21	12.25	Accountable Officer for Controlled Drugs Annual Report	**Y**	Assurance	FM
Quality & Performance					
51/21	12.35	2021/22 H2 Financial Plan	**Y**	Decision	DH
52/21	12.50	Charitable Funds Update	**Y**	Information	DH
Closing					
53/21	13.00	Any other business	-	Discussion	Chair
54/21	-	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: 27 January 2022

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting, 30 September 2021

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

Present:

David Astley	(DA)	Chairman
Philip Astle	(PA)	Chief Executive
Ali Mohammed	(AM)	Executive Director of HR & OD
Bethan Haskins	(BH)	Executive Director of Nursing & Quality
David Hammond	(DH)	Chief Operating Officer and Director of Finance
David Ruiz-Celada	(DR)	Executive Director of Planning & Business Development
Emma Williams	(EW)	Executive Director of Operations
Fionna Moore	(FM)	Executive Medical Director
Howard Goodbourn	(HG)	Independent Non-Executive Director
Laurie McMahon	(LM)	Independent Non-Executive Director
Liz Sharp	(LS)	Independent Non-Executive Director
Michael Whitehouse	(MW)	Senior Independent Director / Deputy Chair
Subo Shanmuganathan	(SS)	Independent Non-Executive Director
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

Chairman's introductions

DA welcomed members, those in attendance and those observing. He gave a special welcome to DR and LS for which this is their first Board meeting.

25/21 Apologies for absence

Paul Brocklehurst	(PB)	Independent Non-Executive Director

26/21 Declarations of conflicts of interest

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

27/21 Minutes of the meeting held in public 29.07.2021

The minutes were approved as a true and accurate record.

28/21 Action Log [10.02-10.03]

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

29/21 Board Story [10.03 – 10.15]

The video is about the Autumn vaccination programme, COVID and Flu. BH confirmed we have been awaiting permission to announce the programme, which was received today. Will be going live from

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Monday. BH acknowledged the hard work from the pharmacy and covid management teams to get this ready. We are only one of two ambulance services able to deliver this in house. The video was then played outlining the programme and how it will work.

DA thanked all concerned for taking these steps to help keep staff and patients safe.

CG asked about what additional measures we are taking to support hesitant group, to increase uptake. BH responded that we have a comms plan and 92% staff are eligible to have the vaccine. We will monitor data closely to see who is accepting it so we can target specific groups. JC added that the comms plan builds on the learning from first vaccine programme. We will also be using staff networks.

DA again thanked the staff involved for getting this prepared.

30/21 Chair's Report [10.15 – 10.20]
DA summarised the key issues from his report to set the context for this meeting. He felt that the papers demonstrate the significant challenges in meeting the needs of all our patients, but he is assured that the executive and wider management team are doing all they reasonably can. There is good oversight by the Board and its committees and DA reinforced the need for the Board to ensure it continues to plan for the future too.

In reference to his external meetings, DA confirmed that despite the challenges, he has never heard such positive feedback about the ambulance service and our role within the urgent and emergency care system.

31/21 BAF Risk Report [10.20 – 10.24]
PL outlined for the format of the report which the Board is now familiar with. He explained that in some ways section 3 is the most important section, as it illustrates the extent to which there is oversight of the BAF risks through the Board, either directly or via one of its committees. The report therefore is aimed at providing assurance to the Board that the principal risks are firstly identified and then that they are being managed. The majority are covered on today's agenda.

MW noted the time horizon for each risk, many go in to 2023, which he felt is too far ahead. PL explained that the mitigating actions will continue to be taken to improve the controls, but at this point the timeframe is when the executive believe we can reasonably expect to achieve the target risk score. However, these timeframes will continue to be challenged. The Board agreed this provides a good summary of the key risks.

32/21 Chief Executive Report [10.24 – 10.47]
PA started by welcoming DR commenting on how quickly he has settled in, and also LS. He then summarised some of the issues set out in his report. In terms of national context, he explained that all ambulance services in the UK are in REAP 4, for first time ever. Two of our ICSs are in OPEL 4. This demonstrates how the whole system is experiencing similar pressures. In terms of SECamb, the basic issue is the imbalance between supply and demand and, in particular, the impact of increased abstraction of staff. But there are some green shoots, for example, the forward look for hours is better compared with this time last month, due in part to sickness and COVID abstractions reducing. Call answer performance is very challenged and we are doing lots of immediate work to improve this.

PA that assured the Board that although the executive has been focussed on these challenges, it has also been looking to the future and will be using Better by Design as a vehicle to deliver the strategic objectives. The evolving thinking on how we implement this will be discussed in part 2.

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In terms of staff, PA was pleased to see that a prison sentence was issued to an individual following their abuse of a member of our staff. He was also delighted that we could hold the staff awards, with the slight revision to reduce numbers and improve safety. The first one is next week.

PA also assured the Board that despite fuel supply issues, we have robust plans in place to ensure resilience for front line operations and he has no concern about our ability to run a normal service. There are some issues with staff getting to work but these are relatively minor.

DA thanked PA for this summary and opened to questions.

HG referred to the prison sentence and asked how we identified the caller and whether there is anything we can do to improve the speed with which we identify callers like this to avoid such disruption. PA explained that we do have a frequent caller team for this purpose but reinforced that most calls are genuine and we use this team to ensure they get the right support in collaboration with other services. In terms of inappropriate calls like in this example, PA confirmed that we don't often experience this and they are harder to spot. JC added that this came to light due to complaints from members of the public and this person gave their name and address so ambulances were attending homes, sometimes forcing entry. Not only were they using different personas they were also calling from different numbers.

LM asked about the surge in demand for our services and whether system partners are helping to manage demand through comms or ensuring availability of alternative pathways / services. PA explained that there was initially a theory that other parts of the system were not being effective (leading to more calls to our 111 and 999 services) but this proved not to be the case as all parts of the system are seeing more patients than before. This led to a discussion about nationally-led comms and the extent to which the centre are willing to be open about current pressures. The Board acknowledged the careful balance needed with comms and ensuring the right timing.

33/21 Operational Performance Improvement Plan [10.47 – 11.38]

With PA already having provided some of the context, EW added that in addition to all ambulance trusts being in REAP4, each one also missed every ARP target in August, highlighting the pressure across the board. EW acknowledged the work we must continue to do, especially with call answer.

To provide further context, EW confirmed that at the start of this year we were averaging 53% of C2 calls, in recent weeks this has been around 62%; this demonstrates not just higher demand but higher acuity. Hospitals are also seeing higher acuity. In response to this REAP 4 has specific actions which we are taking. On-day we use the surge management plan to deal with in moment demand. We have recently seen a small reduction in the highest levels of surge, so some green shoots. Abstraction is high and very challenging, specifically we have high sickness.

EW then tabled some slides related to the improvement plan and took the Board through these, explaining that we are moving from phase 1 to phase 2 of the plan, which includes how we are using the additional funding (for C3 and C4 calls), which focusses on the EOC; call handling and increasing hear and treat to ensure better prioritisation so we get to the most unwell in a more timely way.

DA opened up to questions.

MW acknowledged the hard work. In relation to the increase in acuity he asked for assurance that we can respond to this in terms of the clinical skills needed for these patients. Secondly, he asked for assurance that we have the resources to increase paramedics, and over the next six months what are the numbers and how quickly will they operationally ready? EW responded that we do have a well-trained workforce and a significant proportion of paramedics, so gave assurance that we are able to meet the needs of all patients in

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this sense. For example when someone is critically unwell there is often much going on so it is also about having the right numbers, e.g. back up. Critical Care Paramedics provide good support in person and on the telephone providing advice. EW explained that the main challenge is not the skills of the workforce, but numbers of paramedics, but we are recruiting at pace. 30 NQPs have just finished their familiarisation last week and we have good relations with universities who have increased intake. MW suggested that we get a paper showing the supply pipeline over next 6 months then longer term, e.g. 12-24 months. This will be considered at the Performance Committee.

SS asked about the extra funding and increasing capacity in EOC. EW explained that the £4.3m is for 999 only and we have programme to step up training. The first cohort is next week and recruitment is on track as per the trajectory in the IPR.

EW then summarised the **Winter Plan** to assure the Board we have robust plan in place. This is annual requirement of all NHS providers and it was developed in conjunction with our four ICSs and took into consideration their plans. This is the first iteration and EW reinforced that it is a live document, updated on and ongoing basis. The first part of the plan sets the context and impact locally, then the national planning – NHSE issue a planning document and this year provided five key lines of enquiry as referenced in the plan. The plan also sets out how we escalate internally and regionally and the final part sets out the high-level actions we will be taking. This plan has been shared with partners and led by the EPRR team.

DA thanked EW for the summary and opened up to questions.

HG referred to the MACA and asked what the criteria is to trigger a request. He also asked, given possibility of a further COVID surge whether we are preparing for a request so when it might be needed it can be enacted swiftly. EW responded that we have made two requests this year and there is good learning and we now have much stronger links. We can and are thinking about this ahead of time but the challenge will be in forecasting. We are also having positive conversations with Fire Service.

PA added that we can't train in advance of the request as the army get sent to different places, and so if we trained before it might not be those individuals that are available when the request is made.

DA noted that it is for the executive to make the call and the Board has offered its support for when it is deemed appropriate; patient and staff safety is paramount.

SS asked how we might forward planning for next winter net year better with the skills that DR and his team will bring. PA explained that this is why we created this role to ensure planning for the whole year, ensuring better allocation of resources, but this isn't something that can happen overnight. For example, EW referenced NQPS earlier, they came into the Trust three years ago. DR added that our standard planning needs work to better respond to seasonal variance. For example, we plan for Thursdays but there are different needs in different months.

CG referred to the forecast assumptions related to staff annual leave and sickness and asked whether we have enough resilience to meet the winter challenges. EW explained that we never hit 100% of annual leave, it is usually in the high 80s. Also, the carryover is over two years and so this will help. It is how we support staff to take this leave so more about the planning. EW added that our policy enables us to restrict leave e.g. over Christmas and other peak times, so we have good processes in place.

DA summarised that the Board acknowledges the challenges there will be over the winter but is assured there are robust plans in place.

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34/21 IPR /Committee Reports (11.38 – 12.45)

PA introduced the IPR report, making the point that we do get good feedback on the IPR and try to respond to suggestions. He encouraged this to continue so we always iterate and improve.

Operational Performance / Performance Committee

Operations

Having already covered performance in the previous item EW briefly highlighted the ambulance validation pilot and the exception report related to 111 C3/4 validation. EW explained that we are consistently good at this, ensuring patients receive the right outcomes. She also recognised the efforts of CFRs in response to C1 calls, reinforcing that every second counts. On meal breaks EW confirmed that the vast majority now get meal breaks.

DR updated the Board on the work to improve forecasting to ensure better allocation of our finite resources. He explained that the pattern of demand is shifting to the mornings / different times of day. An exercise is ongoing to update this and through October we will adapt some rosters to better meet this new demand pattern. However, there is still a shortage in overall hours, this is about allocating what we have more efficiently.

DA reflected that the Board is encouraged to see a more scientific approach to how we allocate resources and reinforced that this must be done in conjunction with staff. He then opened up to questions.

MW noted just how dire the position is with call answer performance, highlighted further when you compare against the national benchmarking. He expressed deep concern and noting the focus of the executive mentioned earlier, stated that this must improve. EW agreed this currently one of the biggest challenges. She provided some reassurance that we have seen improvement in recent days as abstraction gets better and we get more people in, as stated earlier. She added that we are also working nationally and have buddy sites to get support during periods of very high demand, although these haven't helped recently as everyone is finding it difficult to answer calls quickly. BT is also reporting they are struggling to manage demand.

DA summarised by reinforcing the concern about performance, especially in call answer, and noting that this will kept under close review by the Performance Committee.

Performance Committee

HG outlined the outputs of this first meeting, as set out in the report, much of which we have covered today. He reflected that there was good quality of debate and discussion.

DA thanked HG and reinforced the focus on performance by the Board.

Quality and Patient Safety / QPS Committee

FM started by highlighting the AQIs; there are improved figures for survival of out of hospital cardiac arrest, but numbers are small. There is also improved compliance re stroke and sepsis but more work needed on STEMI. Lastly, FM referred to the EMA pathway audit compliance, explaining that the lower figures in July wase due to staff supporting call handling; the balance of risk was in support of call answer. However, retrospective audits continue and live audits will restart in October, as a key safety tool.

BH did not refer to FTSU given the subsequent agenda item. She did highlighted by exception complaints management explaining some of the reasons why we are taking longer to respond to some complaints, e.g. increase in numbers (in large part due to ambulance delays) and the patient experience team investigating some to reduce the demand on the frontline staff while in REAP 4. The second element is the increase in proportion of complaints related to staff attitude. BH confirmed that this trend is being seen across the

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sector. There are two workstreams in place; acceptable behaviour at work being led by AM and clinical supervision.

DA reflected how difficult it must be for staff attending patients after long delays to find quite understandably some unhappy members of the public. He reaffirmed the need to ensure staff are supported.

MW referred to training and asked for assurance that by delaying /pausing training we aren't building up issues for future, e.g. lack of training leading to suboptimal clinical quality. He also referred to the patients in C3 and C4 and asked for assurance about the steps we are taking to mitigate poor patient experience. BH responded firstly on patient experience, which was discussed at the recent Quality and Patient Safety Committee. She explained that while little harm has been identified in C3 C4 there is significant patient experience issues related to long delays. There is no easy solution to this when we simply can't respond in a timely way. On key skills, BH felt it is a balance of risk between getting to patients versus learning / training. FM added that she cannot give assurance in the way MW has requested. She explained that we did as much as we reasonably could to delivery key skills last year and hoped to complete this year what was outstanding, but it has been really difficult to justify re starting given the further abstraction and impact on patient safety this will result in. It is however, constantly on our radar at EMB.

SS noted that 20% are not passing pathways courses and asked what we are doing to improve this. FM confirmed that we have recognised attrition during training for EMAs is high and so have been over recruiting to ensure the number completing training is good. We recognise this is an area where people come in thinking it is what they want but when they realise more it isn't for everyone. EW added that we try to make it clearer sooner and reminded the Board that some courses we don't lose anyone.

DA reflected that staff look forward to key skills and so we need to take measured risks to deliver some if not all. Perhaps the most important elements. He asked that the executive be as flexible as possible in their approach to this difficult issue.

QPS Committee
TQ outlined the work of the last meeting and how the committee has moved to a more focussed agenda following feedback at the board session in August. TQ confirmed the level of assurances obtained and the follow up actions agreed.

DA clarified with TQ that we are hearing openness and honesty from management about the challenges being faced to ensure quality and safety. He commended the efforts being taken by staff and noted that despite this we aren't always meeting demands of patients and so need to continue to manage this risk as best we can, using harm reviews and other sources to inform decision making.

PA also recorded his thanks for the efforts of staff who are working in very difficult circumstances.

[Break 12.15-12.24]

<u>Workforce and Wellbeing</u>
AM noted the workforce issues already covered earlier in this meeting and therefore highlighted the following issues. Firstly, the major issues related to sickness that EW has covered is highlighted on page 32 of the IPR. This shows double the normal level and a higher proportion of stress and anxiety caused by sustained work pressures. We have developed a focussed action plan to address sickness levels, while retaining the support of staff. The workforce and wellbeing committee will have a focus on the impacts of this plan.

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CG asked about what we are doing in the areas of mental wellbeing, explaining that some trust employ mental health first aiders. AM responded that we have a range of mental health support internally and 'after incident' type support is also in place.

Finance /FIC

DH reminded the Board about how the block contract, introduced during the pandemic, was calculated. This way of calculating led to a £10m deficit plan. This was explored at the time in detail by the Board, and DH reinforced that financial performance and governance is strong. We are still waiting for formal guidance for the second half of the year, which starts tomorrow. This highlights the issue for the whole NHS. We continue to plan for the rest of the year and now we have performance cell up and running our future planning for Q4 and beyond will use outputs from this. DH felt the system is unlikely to prioritise ambulance services given the financial constraints so we need to be as efficient as possible in our use of resources. We are still working through with commissioners the financial gap in 111. An update in part 2 will be provided on this given the commercial sensitivity. The hope though is that this will be resolved in the next couple of weeks.

DA thanked DH and the team for their financial stewardship in what is unusual circumstances. He summarised that we are meeting our targets and awaiting clarity of funding for the remainder of the year.

FIC

HG summarised the areas covered at the most recent meeting reinforcing the concern about the deficit and this not being a sustainable position to continue with in to 2022/23.

DA referred to the work to be undertaken under Better by Design in how we ensure demand on our services matches what we can supply. We can't continue to carry the deficit so we need to work this through with commissioners.

Audit & Risk Committee

MW summarised the outputs of the meeting last week, which he felt was a good meeting. Three areas where we were partially assured. Firstly on the Internal Audit review in to FTSU. The main issue here is being an outlier in terms of issues relating to behaviour. Possibly an issue with culture and a perception of what FTSU is about. The committee is pleased with the responses. Other issue is environmental sustainability and we need to bring this work together more coherently. The final area is business continuity. MW explained the committee is not overly concerned but some things have not happened due to COVID, understandably.

There were no questions.

35/21 Learning from Deaths Report [12.45-12.50]

FM introduced this report, confirming that it is the usual format. It highlights from Q3 of last year an increase in the number of deaths to reflect the period (Winter and second wave of COVID). There were 20 structured reviews each month and the broad finding is that there was good or outstanding care in the majority of cases. In terms of treatment on scene, two cases flagged issues not impacting survival but nonetheless learning has been taken forward. Other learning is about the assessment of capacity, which has been taken up with the individual crews concerned.

DA noted the good assurance this provides with the quality of care provided. He clarified that there are no significant concerns being highlighted to the Board. FM confirmed there are not.

36/21 FTSU Guardian's Bi-Annual Report [12.50-13.12]

BH introduced Kim Blakeburn, FTSU Guardian, who joined the meeting to talk to her report. Kim started by reinforcing the issues that can properly be raised via FTSU and the opportunities these provide to learn.

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Creating a clearer route to ensure follow up will help and the National Guardian's Office (NGO) is leading some work on this and the Index which shows ambulance services generally are not doing well.

Kim explained that October is FTSU month and we would like to make some pledges. She asked the Board to write a pledge to communicate to the NGO. DA confirmed the Board's support of the initiative to make a pledge. He then opened up to questions.

CG asked Kim which issue is she most concerned about and what support is needed. Kim responded that it is work placed behaviours and sexual harassment. She expressed come assurance by the new campaign led by HR that helps to provide some focus on this, and also the process of managing allegations by the Safeguarding Team, which ensures correct learning. Kim added that work is also needed on how we establish lessons learned. This is the key next step. Once we have this established it will have a positive effect on staff.

AM stated that the things Kim mentions, he is equally concerned about and it is about ensuring a safe environment. DA added that we must be united in support for appropriate and speedy management action when staff act inappropriately, and our tolerance must be very low.

SS is the NED lead for FTSU and confirmed that she and Kim speak regularly. The restorative and just culture HR are leading is timely. However, she is not fully assured currently and agreed we need to be better and capturing learning. This will be picked up in further detail and both WWC and QPS. On sexual misconduct, SS felt there is lots of good work and implementation will be key.

MW asked that we don't just look at symptoms but have a more integrated response. Everyone must understand the values of the trust and he felt these need to be more prominent. He also felt we need more focus on upstream issues, reflecting that Kim is dealing with the consequences and this is too late. He challenged the executive and the Board to show leadership to drive a change in culture. The Board supported this.

TQ then led a discussion about the origins of FTSU being primarily about patient safety and the fact that nothing in the report from the Guardian appears to include concerns about patient safety. The Board explored the extent to which it can be assured that we have culture where if there are real concerns about patient safety they are appearing through this process. Kim felt that this all comes back to establishing learning at an earlier point. She confirmed that there is nothing significant through FTSU re patient safety, so in that sense it is reassuring. Kim noted too that we are good at learning from patient safety incidents/harm reviews etc. so this might be a factor.

DA thanked Kim for her ongoing work and for her report. He confirmed that the Board takes these matters very seriously. There is still some work to do in the overall culture and leadership behaviours and with individual responsibilities to meet trust values. He felt that management development is key which the executive is picking up. He ended by asking that we all live the values and have zero tolerance for poor behaviour.

37/21 Diversity & Inclusion Annual Report [13.12-13.29]

AM introduced this report, thanking Asmina for preparing it. There is lots of detail and so drew out for the Board what he considered the key themes including:

- Our duty in law to set out equality data annually. This covers the last financial year.
- The general duty to eliminate discrimination.
- Staff networks – despite a difficult year AM commended the work of the staff networks to support the Trust through the pandemic.

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- We are the first Trust to receive a gold award for diversity and inclusion and we launched a gender equality network in the midst of the pandemic.
- A restorative and just culture will be fundamental to how we improve culture. Part of this is a review of our disciplinary processes.

SS reflected the poor picture the report gives in relation to BAME staff, for example there was an increase of just 0.7% and BAME staff continue to be more likely to leave. Also they are much more likely to go through a disciplinary process when compared to white staff. SS felt the Board needs to acknowledge that we have a problem here and asked that we set hard targets. AM responded that only two weeks ago EMB agreed some targets. For example, currently BAME staff at the Trust is 5.6% and the NHS target is 19%. Our local population is 14% and this is the target we have agreed, to be achieved by 2026. AM explained outlined the modelling that led us to this target. PA added that when you look at numbers and pace of rotation to get to the NHS target of 19% over half of the staff we recruit would need to have been BAME, which is not realistic. He felt the targets we have set are still really hard to achieve and will require new approaches. PA also expressed disappointment with the disciplinary numbers SS referred to, as previous years showed a much better trend and we haven't yet been able to establish why last year went backwards.

CG also expressed concern by the data not really changing in terms of recruitment of BAME people. He felt that reports like this won't attract BAME people to join the Trust. AM agreed and this is why we have lots of work to do with proper analysis and targeted actions. We have good analysis on recruitment; key number is 1 in 6 being BAME, and if we can replicate this across all recruitment then we will meet the target much sooner than 2026. AM added that we have introduced interview training and are ensuring where possible diverse panels.

MW felt that this is totally unacceptable and reflects badly on the Trust. He is grateful for what AM has done but expressed much surprise that we haven't had recruitment training prior to last year. MW also asked if we have a recruitment strategy and is it welcoming? The Board reflected on this constructive challenge and asked that WWC look at this in more detail. DA will also ensure this has a higher profile at Board throughout the year.

In summary, DA noted there has been some progress, but far more still to do. He commends the work and contribution of staff networks but the challenge to the Board is that we all need to take action to ensure we are a more diverse and inclusive organisation.

38/21 WRES / WDES Report [13.29-13.35]
AM introduced this report expressing disappointment with where we are with this. The data makes difficult reading but also focuses on what we need to prioritise. Some of the concerns have been expressed during the previous item. AM added that there is year on year improvement on access to 'reasonable adjustments' and the enable network supports this.

The Board noted that in addition to the targets we are committed to getting to ensure gender equality in roles of Band 7 and above. What we see is high proportion of female staff in junior grades then this decreases significantly above Band 7.

There were no additional questions.

39/21 AOB
None

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40/21 Review of meeting effectiveness

The Board noted that the meeting over ran but general sense that it was good meeting covering important issues.

There being no further business, the Chair closed the meeting at 13.35

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

Date _____

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South East Coast Ambulance Service NHS FT Trust Board Act

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP, R)
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	C

Key

	Not yet due
	Due
	Overdue
	Closed

ion Log

Comments / Update
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. 30.09.2021 The focus of the newly forming Performance Cell working closely with the planning and scheduling team, as discussed at Performance Committee is to implement up to date demand-led forecasts by OU level by which they will plan, which replaces a 3-year old forecast that was being used to date. The main difference is that the new demand profiles now better represent the true daily profile, with a peak in demand in the mornings, and provide more effective target hours that include end of shift arrangements and meal breaks. Mainly due to abstractions – the plan cannot be met, and individual OUs have had the new tools rolled out which enable them to best fit existing rotas to the new plan. However the original rotas where designed for the obsolete forecasts, therefore a review is underway for new rotas that will better support supplying shifts to the morning peak. This is the first step towards being able to fulfil demand-led planning requirements, and consideration to how we manage seasonal variations through the year and effective workforce planning into 22/23 and long term planning will follow. In parallel - work continues with HR to ensure recruitment is aligned to meet our establishment working with colleges and university partners

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	46-21

Name of meeting	Trust Board
Date	25.11.2021
Name of paper	Chair's Report
Report Author	David Astley, Chairman

In the past few months the focus of the Board has quite properly been on how we are responding to the significant challenges in being able to consistently respond in a timely way to the needs of our patients. I recognise these challenges will likely continue through the winter and there is currently much publicity about the demand across the whole NHS.

At this meeting we will receive reports on current 'performance' (I use this term as a proxy for quality and patient safety), but the Board will also be exploring how the executive is planning in the longer term.

I acknowledge the continued efforts of our staff, wherever they work, in helping to provide the best possible care to patients. It has been a really challenging period and the Board Story this month will reflect the recent experiences of some of our staff. While it is true that we are all ultimately here to respond to patient need, it is of equal importance that we ensure we meet the needs of staff. This meeting will therefore also focus on the steps to maintain staff wellbeing.

At the Board development meeting in October, we spent time to expand on and explore further some of the issues arising from the Board meeting in September, relating to staff welfare and wellbeing, specifically what more needs to happen to provide the environment where everyone fees that SECamb is the best place to work. We used the various sources of feedback, such as staff and pulse surveys; concerns raised via Freedom to Speak Up; and other data such as found within the Integrated Performance Report and had a really frank conversation about how it is feeling for staff. This conversation is ongoing and I will confirm at the next meeting the positive action we intend to take as a result, particularly in light of the NHS People Promise.

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

- Hospital Handover Delays – the recently published review of harm is on the agenda, and Philip also refers to it in his report. However, I wanted to mention the work both Philip and I have done behind the scenes with our peers, to ensure this report has the right balance. As a Board we have been aware of this longstanding and complex issue. While it is positive that NHS England has reinforced the need to stop making ambulances queue outside hospitals, we know this is a wider system issue that has no easy fix.
- Philip and I have met with the Southeast MPs, including the Chair of the Health Select Committee, to brief them on our current challenges and they seemed supportive of the actions we are taking.
- I attended an excellent NHS Confederation Chairs meeting concerning the Sustainability Agenda. One of the speakers was from the Kaiser Permanente Health System in California who explained their organisation wide approach. Our Green Plan is due to come to the Board

in January 2022 and we will be setting our approach then.

- Last week Philip and I were pleased to welcome Sir Andrew Morris, Interim Chair of the NHS Management Board, on a visit to Nexus House. We briefed Sir Andrew on the current pressure on ambulance services and the significant impact on patient care and what we were doing to mitigate some of the risk. He visited the Crawley 111 Call Centre and EOC. In turn, Sir Andrew briefed on emerging initiatives at a national level to bring about some improvement to the urgent and emergency care pathway. He acknowledged that the coming winter presented a particular challenge and he thanked SECAmb and all its staff and volunteers for their efforts in the most challenging of circumstances.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	47-21

Name of meeting	Trust Board
Date	19.11.2021
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 October and November 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:

- Sickness Management
- Progress with the capital developments at Banstead & Medway
- Development of non-medical prescribing in 111 CAS
- Our on-going workforce pipeline
- Work underway to improve staff experience

6 Decisions have also been taken by EMB on:

- The delivery of Key Skills Training
- The national H2 Financial Plan

7 EMB have also agreed the following investment decisions:

- Automating Driving License Checks

	• Investment of national funding received to support staff wellbeing
8	**Engagement with stakeholders and staff** During November the Chair and I have met virtually with small groups of our regional MPs. These meetings have been useful opportunities to provide them with an update on the challenges we are facing currently, including the on-going impact of the COVID pandemic, as well as for them to provide feedback on our services on behalf of their constituents.
9	On 19th October 2021, I attended the Chaplains' Plenary Meeting to meet with the majority of our Trust Chaplains. It was a good opportunity to spend time with them discussing their role, as well as to thank them for the on-going support they provide to our staff.
10	On 18th November 2021, the Chair and I met with Sir Andrew Morris, previously the Chief Executive of Frimley Health NHS Foundation Trust and now a senior Non-Executive Director. We had a very useful exchange of ideas about how to improve things for the Ambulance sector. These ideas were backed up by the opinions of staff as we visited various teams in Crawley.
11	**Launch of new Wellbeing Volunteers team** On 16th November 2021, I was delighted to attend the launch for our new team of Wellbeing Volunteers. More than 50 volunteers have been recruited so far, including CFRs, staff and members of the public, to support us in providing welfare vehicles and trolleys to our staff.
12	The team are now up and running and are aiming to provide five welfare vehicles based at Brighton, Chertsey, Polegate, Sittingbourne and Thanet which will visit local hospital sites in the region with hot drinks and treats for staff. They will also provide welfare trollies in our EOCs and 111 centres at Crawley, Coxheath and Ashford.
13	It was a real pleasure to meet the team– their enthusiasm and willingness to support us during these challenging times was overwhelming – and I'm equally pleased that we now have welfare vehicles and trollies back out supporting our staff.
14	**Staff Award Ceremonies** During October, I was extremely proud to host our three Staff Award Ceremonies, together with the Chair and present Chief Executive's Commendations to a number of extremely worthy winners who had all truly gone 'above and beyond'.
15	At each event, we were joined by either the Lord Lieutenant or Deputy Lieutenant who presented Medals for Long Service & Good Conduct on behalf of HM The Queen to eligible frontline staff and the Chair presented a number of staff and volunteers with long service awards marking 20, 30 and 40 years' service.
16	To allow the events to proceed safely, we held each as a combined in-person and virtual event; this allowed more than 300 guests to participate across the three events and there was a great atmosphere between those guests who were 'in the room' and those who had joined on-line.

17	Although it was disappointing that we weren't able to all be able to be together in person, they were all great evenings and it was fantastic, particularly after the challenges of the past 18 months, to be able to celebrate the long service and outstanding achievements of so many colleagues.
	B. Regional Issues
18	**New Executive Director of Quality and Nursing** Following Bethan Eaton Haskins' decision to stand down from her role at Christmas, I am pleased to share that following a rigorous recruitment and interview process, we have a preferred candidate to take on the role of Executive Director of Quality and Nursing.
19	At the time of writing, I am not able to give any further details but look forward to making an announcement in the very near future.
20	**Poppy Ambulances** I am pleased that, once again, we have shown our support for the Royal British Legion's Poppy Appeal as a Trust, by featuring a special design on the side of some of our ambulances.
21	Vehicles across our fleet carried poppy stickers with an additional 12 ambulances, spread across the region, carrying a larger remembrance design on their sides.
22	As an organisation, we have strong links with the armed forces with many staff having had previous careers in the forces or continuing to serve as reservists and I am glad that our Poppy-wrapped ambulances once again served as a visual sign of our remembrance.
23	**Critical Incident** At 8.30am on 17th November 2021, a Critical Incident was declared by the on-duty Strategic Commander following a significant IT issue which affected a number of our systems, including the Computer Aided Dispatch (CAD) and our telephony systems.
24	As a result, local and national contingency plans were put into place as work was underway to identify the issues and undertake the work necessary to bring all systems back online. This happened during the evening and the Critical Incident was stood down at 11.30pm.
25	I would like to thank our staff who responded magnificently to what was an extremely challenging day, as well as our fellow ambulance trusts and local NHS partners who were extremely supportive.
26	We have now begun the technical, resilience and patient safety reviews into the incident and will ensure that any learning arising from these is acted upon moving forwards.
	C. National Issues
27	**COVID-19 outbreak** As the pandemic progresses, we are continuing to monitor the situation closely: Governance**:** 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.

Impact on staff numbers: 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
28 COVID symptoms or confirmed COVID and the on-going impact on staff of long COVID.

COVID booster vaccine: On 4th October 2021, we went live with our Autumn Vaccination Programme, which allows us to deliver the flu vaccine and COVID booster vaccine to our
29 staff via an in-house programme. We are one of the only ambulance Trusts in the country to go through the rigorous process to allow us to deliver this in-house.

The programme delivers the vaccines from clinics at Crawley HQ and Coxheath and staff can opt to have either both vaccines during the same clinic visit or either vaccine individually. In
30 phase two of the Programme, we will also be providing the flu vaccine at local sites, to increase accessibility for staff.

To date, 53% of staff have had their COVID booster and 32% of staff have had their flu vaccination. We will continue to work hard to encourage as many staff as possible to have
31 their vaccinations.

Following the Government's announcement on 10th November 2021 that COVID vaccines will become mandatory for frontline NHS staff from April 2022, we're awaiting further
32 information about how this will work in practice. Once we have further details, we will put in place a supportive process and work with those staff who may have concerns.

AACE report on hospital handover delays published

33 On 15th November 2021, the Association of Ambulance Chief Executives (AACE) published a report titled *Delayed hospital handovers: Impact assessment of patient harm.*

The report looks in some detail at the impact on ambulance staff and patients of delayed hospital handover. It uses specific data from 4th January 2021 and examples provided by all
34 ten English ambulance services; in terms of context, 4th January was one of the most challenging days we have seen during the pandemic, when many of our local hospitals were under extreme pressure.

We all know that it is vital that patients are handed over to the care of hospital teams efficiently, both for the safety of these patients and for those awaiting an ambulance
35 response in the community.

We will continue to work closely with our hospital colleagues, as they face increased demand, to monitor levels of activity at A&E and to ensure patients are seen as quickly as
36 possible.

We know that there aren't quick or easy solutions to the issues of bed capacity in hospitals but we also know from good progress made by some hospitals in our region, that

37	improvements can be made, even within the constraints that exist.
	NHS Staff Survey
38	The NHS Staff Survey launched this year on 22nd September 2021 and closes on 26th November 2021.
39	The Survey has been re-designed nationally this year to measure the progress being made by Trusts in delivering the NHS People Promise – the promise all staff must make to work together to improve the experience of working in the NHS.
40	We have worked hard this year to encourage as many staff as possible to complete the survey, as it is more important than ever that we hear their views following the challenges of the past 18 months.
41	At the time of writing, 2,472 staff have completed the survey – a Trust-wide response rate of 58% and we will continue to work hard until the survey closes to encourage as many responses as possible.
	D. Escalation to the Board
42	**Operational Performance** Demand for our 999 and 111 services remains higher than we would expect to see at this time of the year for a variety of reasons.
43	This increased demand is occurring at a time when our staff are extremely fatigued and the resources we have available to respond to patients, both on the road and in our control centres, is significantly impacted by the numbers of staff affected by various COVID-related issues and high sickness levels.
44	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 a long time for a response. Although we have seen some improvement in recent weeks as new staff come on-line, I am also concerned that there are times when our 999 call answer performance is significantly impacted.
45	As was evident from the national ambulance response time data published recently for October 2021, all ambulance services nationally remain under considerable pressure as is the wider NHS system. This has generated significant national media coverage in recent weeks.
46	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 that we are able to take all possible steps to maximise our operational performance as far as possible in these challenging times.
47	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.
[redacted]	

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Performance Report

Trust Board
November 2021

Data up to and including October 2021

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

Contents

CQC Rating and Oversight Framework

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

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

Symbol Key

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

How to use this report

Format & Reporting Aspirations

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

Performance Dashboards

- The Board 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 as we improve and add to the metrics. The aim of the report is to provide the key performance data and indicators which highlight to the Board, through the exception reports, the areas where the executive is most concerned. These are summarised on pages 14 and 15.

Operational performance and patient safety remain significant issues. We have seen some small improvement and we have certainly fared better than some other Ambulance services this month. Whilst this is welcome our time based performance is still far from that to which we aspire; the pressure on our performance is reflected across all sectors of the regional and national health economy.

Alongside providing services to patients we continue to also focus on how we can improve the welfare of our staff as the pandemic goes into its second winter. This IPR includes over twenty metrics which we use to measure this important area. This should be a primary focus of the Board as we review this document.

Philip Astle
Chief Executive

Trust Overview:
Strategy, Values & Ambition

Our Purpose

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

Our Strategy

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

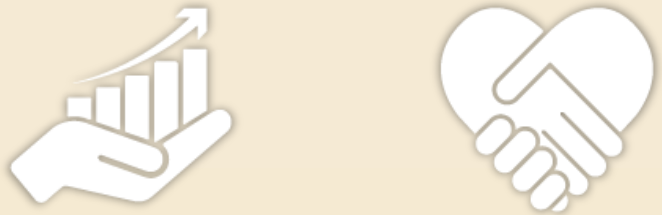
Our Priorities

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

Our Values

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

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



Trust Overview:
Domain Overview Dashboard (November 2021)

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

Safe

Metric	Oct-21	PD
999 Frontline Hours Provided %	89.50%	▲
Number of Incidents Reported as SIs	7	▼
Hand Hygiene Compliance %	86.00%	▼
Violence and Aggression Incidents (Number of Victims - Staff)	110	▼
Medicines Management % of Audits Completed	91.90%	▼
DBS Compliance %	100.00%	●
Number of RIDDOR Reports	14	▼

Effective

Metric	Oct-21	PD
**Cardiac ROSC Utstein %	48.70%	▼
**Stroke - Assessed F2F Diagnostic Bundle %	97.10%	▲
**Sepsis Care Bundle %	86.20%	▲
**Acute STEMI Care Bundle Outcome %	62.70%	▲
ECAL Mean Response Time	00:24:22	▼
999 Operational Abstraction Rate %	32.90%	▲
Statutory & Mandatory Training Rolling Year %	66.30%	▲

** August 2021 data

Caring

Metric	Oct-21	PD
Proportion of Complaints Relating to Crew Attitude %	30.00%	▼
End of Life Care Performance		■
Falls Performance		■
Complaints relating to privacy and respect %	0.00%	●
Dementia Performance		■

Responsive

Metric	Oct-21	PD
Cat 1 Mean	00:09:08	▼
Cat 1 90th Centile	00:16:19	▲
Cat 2 Mean	00:34:55	▼
Cat 2 90th Centile	01:10:47	▼
Cat 3 90th Centile	08:06:05	▼
Cat 4 90th Centile	09:53:30	▼
999 Call Answer Mean	00:00:44	▲
111 Calls Answered in 60 Seconds %	16.30%	▼
111 Calls Abandoned - (Offered) %	30.20%	▼
111 to 999 Referrals (Answered Calls) %	8.90%	▲
Complaints Reporting Timeliness %	71.00%	▼

Well-Led

Metric	Oct-21	PD
Disciplinary Cases	1	▲
Collective Grievances	0	▲
Bullying & Harrassment Internal	3	●
Annual Rolling Turnover Rate	14.50%	▼
Annual Rolling Sickness Absence	8.30%	▼
Absence Relating to Mental Health %	5.90%	▲
Absence Relating to MSK %	5.70%	▼
999 Frontline Late Finishes/Over-Runs %	53.30%	▼

Symbol Key

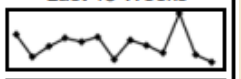
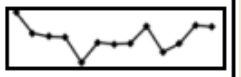
▲ Improving performance	▼ Deteriorating performance	–	Data not provided
● No change	■ Aspirational metric	PD	Performance direction

Current Operational Performance
999 Emergency Ambulance Service (as of 15/11/21)

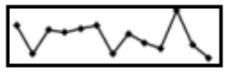
	Target		Month to Date			Quarter to Date		
Category	Mean	90th Centile	Incidents	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	2339	00:08:30	00:15:38	7349	00:08:56	00:16:08
C1T	00:19:00	00:30:00	1505	00:10:39	00:19:28	4747	00:11:04	00:20:04
C2	00:18:00	00:40:00	16714	00:33:12	01:08:53	53414	00:34:24	01:10:09
C3		02:00:00	6928	02:44:31	06:17:47	20710	03:11:05	07:35:44
C4		03:00:00	158	03:57:55	09:43:56	448	03:52:08	09:50:31
HCP 3			453	03:28:19	07:49:09	1356	04:01:40	09:32:26
HCP 4			400	03:51:39	08:19:26	1159	04:51:29	11:12:54
IFT 3			237	03:37:41	08:07:18	667	04:12:42	09:29:10
IFT 4			45	04:57:32	11:24:48	154	05:21:02	12:45:07
ST			9406	31.16%		29139	30.74%	
SC			17850	59.13%		56034	59.11%	
HT			2930	9.71%		9629	10.16%	
Count of Incidents			30186			94802		
Count of Incidents with a Response			27256			85173		
999 Mean	Call Answer Target 00:05		38876	00:28		128215	00:41	
999 90th	Call Answer Target 00:10			01:47			02:25	
Trust EOC 999 Abandoned Calls			593	1.5%		3228	2.5%	
A0	EOC All Calls		37220			118711		

Current Operational Performance
999 Emergency Ambulance Service (25/10/21 – 14/11/21)

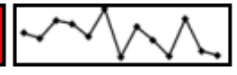
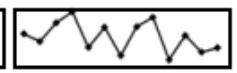
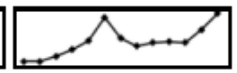
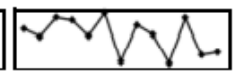
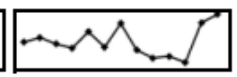
CAT 1

	25/10	01/11	08/11	Last 13 Weeks
Mean	00:09:52	00:08:38	00:08:25	
90th Centile	00:16:48	00:16:08	00:15:19	
RPI	1.47	1.51	1.51	
Count of Incidents	1161	1101	1161	

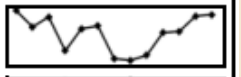
CAT 1T

	25/10	01/11	08/11	Last 13 Weeks
Mean	00:11:55	00:10:49	00:10:24	
90th Centile	00:22:00	00:19:54	00:18:57	
RPI	1.45	1.50	1.50	
Count of Incidents	773	704	753	

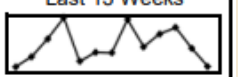
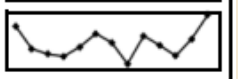
999 Call Handling

	25/10	01/11	08/11	Last 13 Weeks
Mean Call Pickup Time (Seconds)	67	31	26	
Call Pickup Time 90th Percentile (Seconds)	209	119	97	
Call Pickup Time 95th Percentile (Seconds)	259	179	162	
Call Pickup Time 99th Percentile (Seconds)	364	267	292	
Average Call Length (seconds)	377	392	411	
Abandon Rate	4.24%	1.44%	1.65%	
Staff Hours Provided Vs 5477 target	79.3%	96.2%	99.9%	

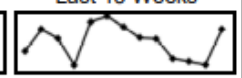
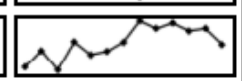
CAT 2

	25/10	01/11	08/11	Last 13 Weeks
Mean	00:41:15	00:34:32	00:32:07	
90th Centile	01:24:58	01:11:12	01:06:42	
RPI	1.05	1.06	1.06	
Count of Incidents	8196	8086	8027	

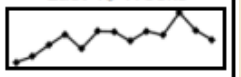
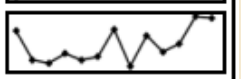
CAT 3

	25/10	01/11	08/11	Last 13 Weeks
Mean	03:31:13	03:00:32	02:33:37	
90th Centile	08:27:05	07:17:48	05:41:54	
RPI	1.05	1.05	1.05	
Count of Incidents	3068	3237	3485	

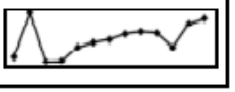
Incident Outcome

	25/10	01/11	08/11	Last 13 Weeks
See and Convey	58.8%	58.7%	59.9%	
See and Treat	31.2%	31.2%	30.9%	
Hear and Treat	9.9%	10.1%	9.3%	

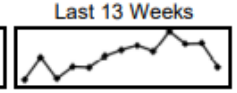
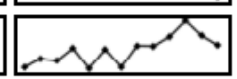
CAT 4

	25/10	01/11	08/11	Last 13 Weeks
Mean	05:33:32	04:31:52	03:58:54	
90th Centile	10:36:05	10:59:47	08:17:14	
RPI	1.07	1.07	1.04	
Count of Incidents	54	71	70	

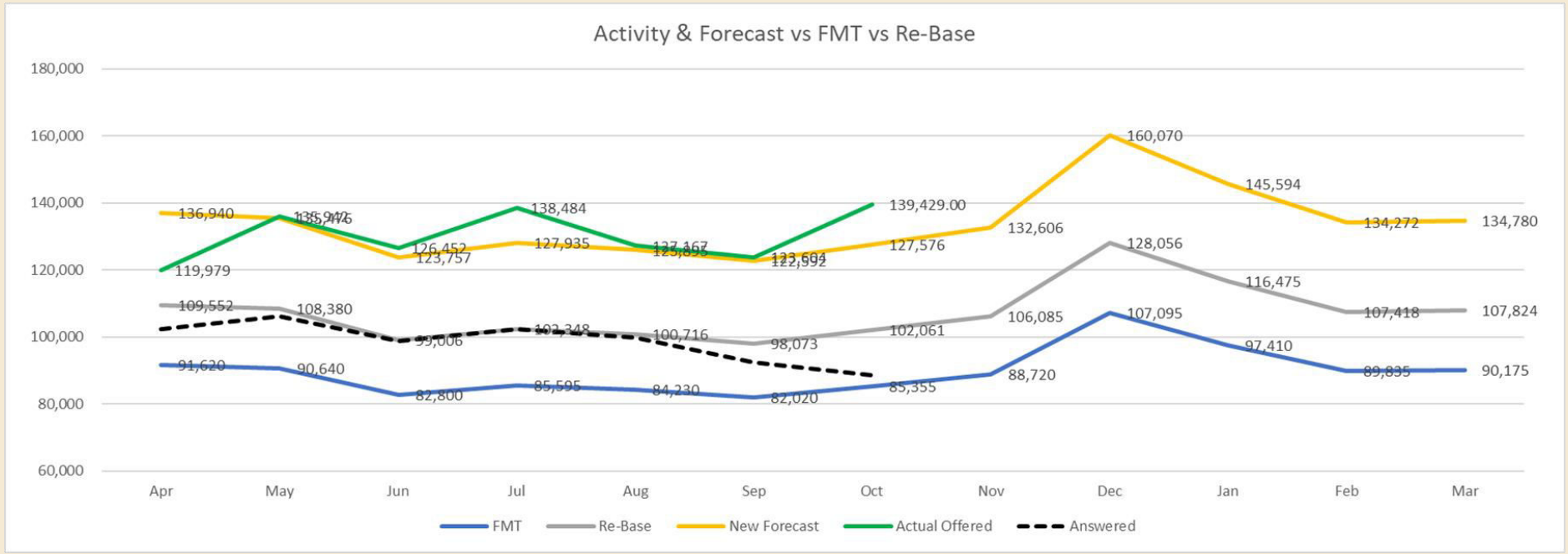
Demand/Supply

	25/10	01/11	08/11	Last 13 Weeks
999 Call Volume	20255	18926	18436	
Incidents	14330	14474	14629	
Transports	8427	8505	8754	
Staff Hours Provided Vs 67636 target	88.2%	91.9%	92.7%	

Call Cycle Time

	25/10	01/11	08/11	Last 13 Weeks
Clear at Scene	01:21:09	01:21:11	01:19:38	
Clear at Hospital	01:57:49	01:57:03	01:53:14	
Hours Lost at Hospital	1806	1643	1540	

Current Operational Performance
NHS 111 CAS Service – 111 Activity



Yearly Activity		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
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	911,057	119,979	135,942	126,452	138,484	127,167	123,604	139,429.00					
Answered	689,821	102198	106161	98748	102283	99,720	92,271	88,440.00					

Current situation

- October offered activity up 37% on proposed re-base and 63% on FMT.
- YTD activity up 27% on re-base and 51% on FMT.
- Expected revised yearly activity c.1.61 million (c.1.54m if churn removed)
- Answered activity and HA WTE in line with proposed 21/22 re-base.
- 34 HA's dual trained to take 999 calls

Key

- FMT – Financial Modelling Template (original demand profile)
- Re-base – Demand re-profiling undertaken and verbally agreed with commissioners in March 2021

Health Advisors

Current situation

- Current 236 WTE HAs (Health Advisors) – in line with re-based requirements
- 80% pass rate for all NHS Pathways courses.
- HA hours taking calls has not increased in line with WTE.

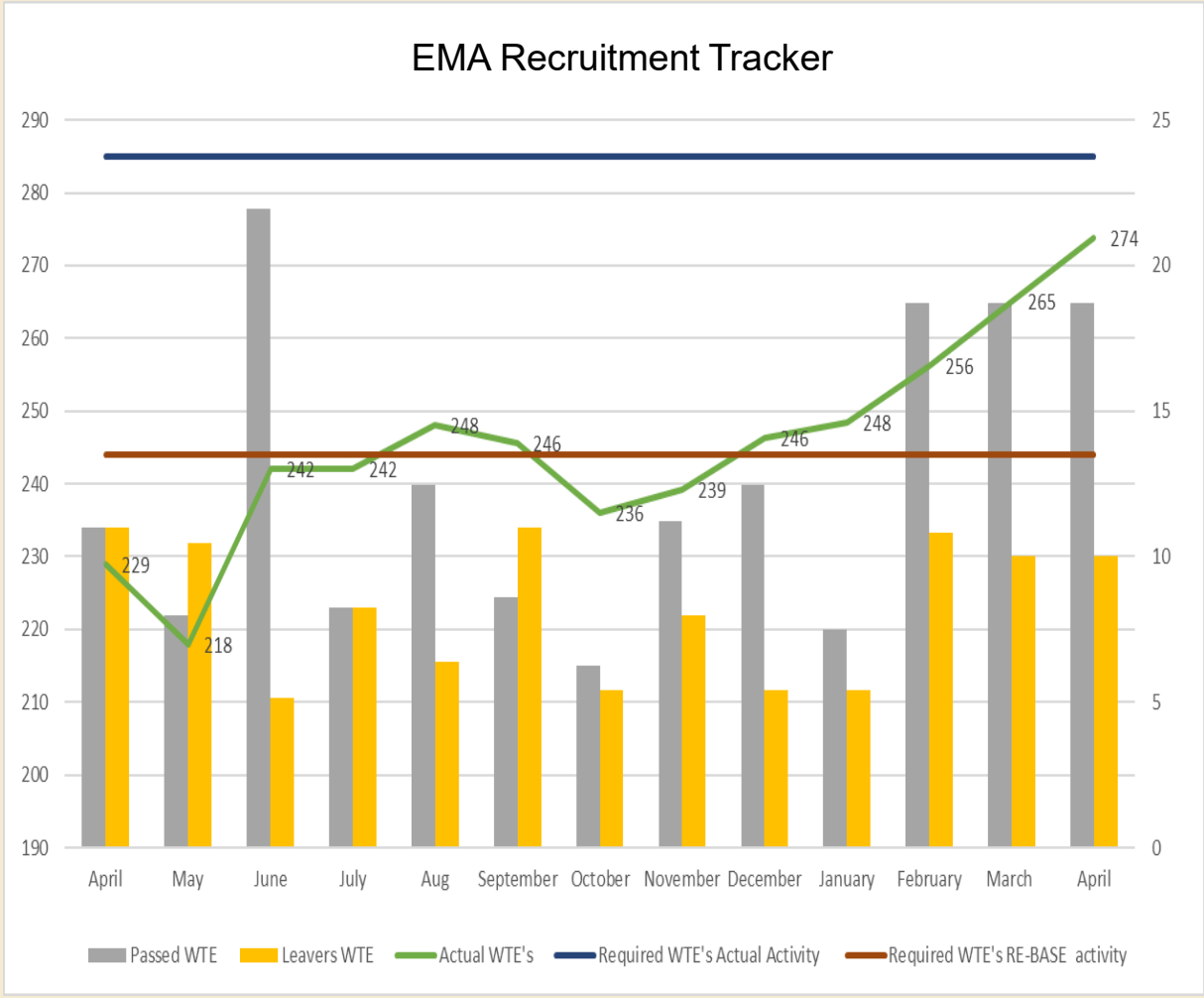
Causes

- ”No shows” on Day 1 of each course recently.
- 34 HAs assisting 999.but no dual trained EMAs supporting 111.
- PSCs (Patient Safety Callers) moved to support clinical queue.

Actions

- Additional courses planned through to March ‘22
- Use of agency resource being explored.
- Over subscribing training courses to allow for no shows.
- Training new NHS Pathways trainers in September.

NB future months are extrapolated from previous months’ data.



Clinicians

Current situation

- Substantive CAS Clinical Staffing - increased July to 89.5% of total requirement against re-based activity.
- Attrition in CAS Clinical continues to be minimal, when it has occurred, predominantly ‘positive attrition’ in role succession to CCN role.
- Recruitment for core Clinical Advisor role key challenge and are using agency on boarding for winter pressures
- Clinical staffing to meet CAS forecast activity for W/C 08/11 - 71%
- Key roles filled:
  - GP = 99% rota fill
  - Clinical Advisor = 65% rota fill
- All CCN hours filled with current 10 WTE against required 14 WTE.

Amb. referral rate

Current situation

- Ambulance referral rates saw an increase from 9.15% to 9.07%
- Revalidation rate has averaged in excess of 95% consistently for the 10 weeks to end Oct

Causes

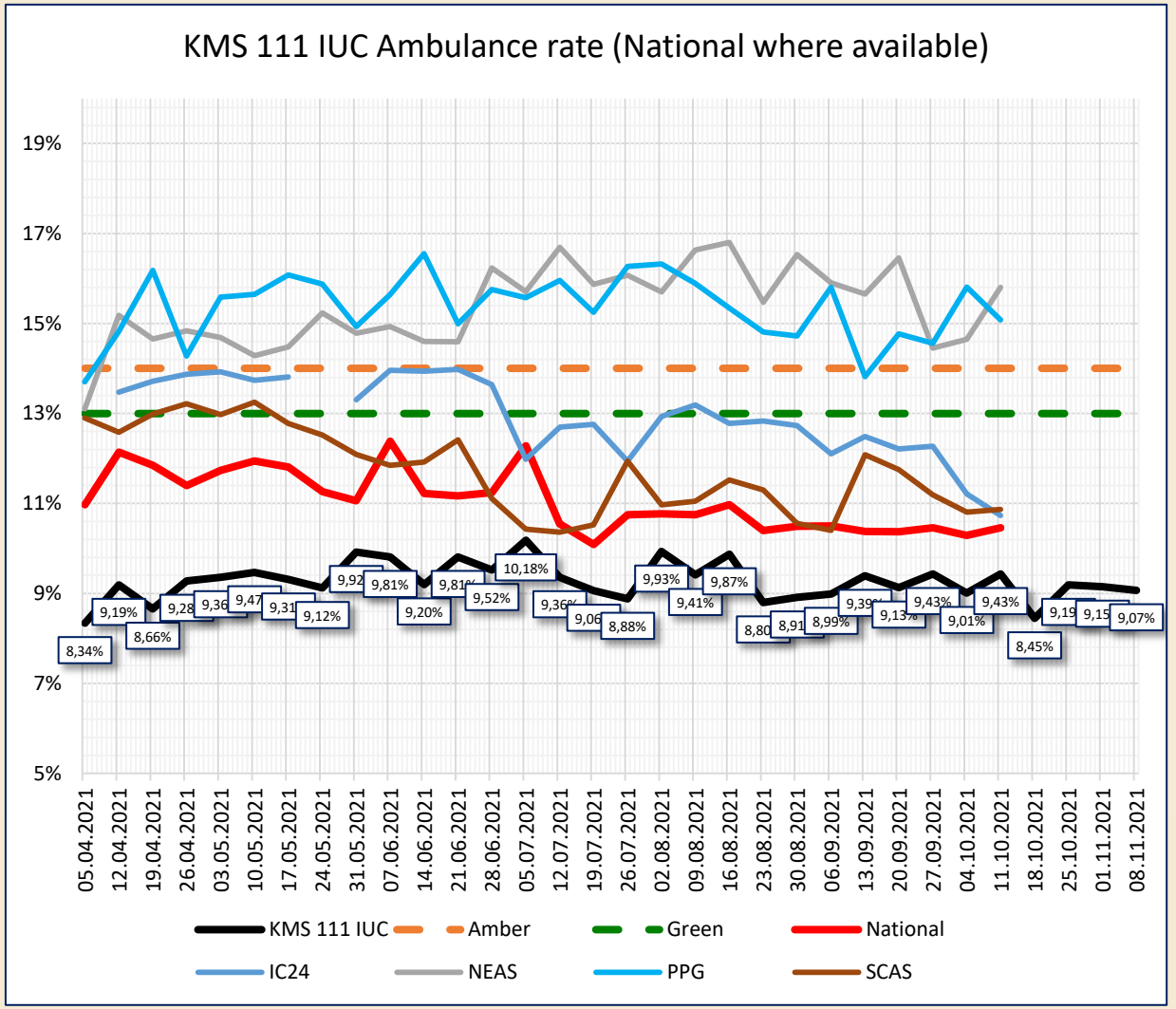
- National data for comparison has not been received weekly national since w/c 11/10

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%



Clinical contact rate

Current situation

- Latest week Clinical Contact Rate 48.93% (target 50%) stable and above the national position of 40.04%

Causes

- National performance comparatives - historical NHS E National Average c.40% but have not received weekly national since w/c 27/09
- Identified key providers with 50% (or more) also deliver face to face services, increasing metric numerator. These are not included within KMS 111 reporting.

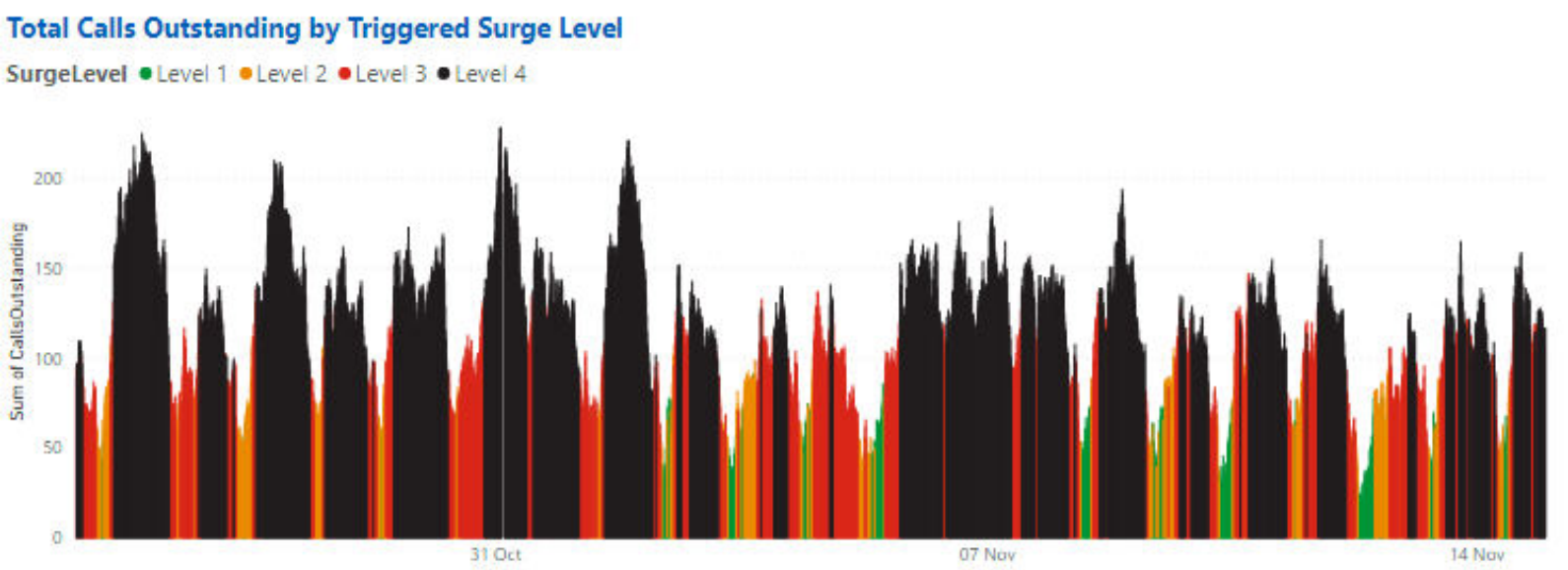
Actions

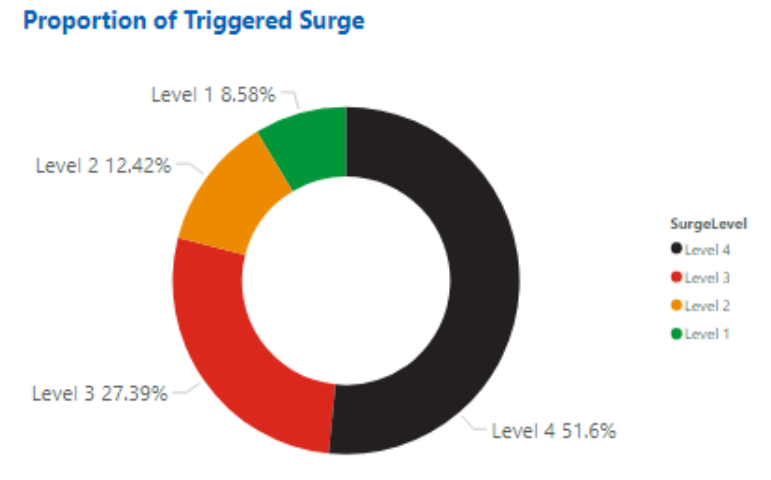
- Liaison with commissioners weekly, updating on current position and included in POP meetings.
- From 03/08/21 introduced ED validation through online which is increasing clinical contact rate.
- Implementation of automated Clinical Productivity management changes due in Nov 2021

Key

Minimum standard for KPI (45%)
KPI target – 50%

Current Operational Performance
999 Emergency Ambulance Service (25/10/21 – 14/11/21)





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

Trust Overview:
Summary of Performance Highlights

Domain	ID	Highlights
Safe		Nothing new to report.
Effective		Nothing new to report.
Caring		Nothing new to report.
Responsive	Hear & Treat (999-9)	Hear & Treat in the EOC has steadily increased and improved since Q1 as a result of a concerted focus on improving this AQI, thereby mitigating the risk of the Trust having long dispatch queues, with insufficient resource to dispatch. The foundation of this improvement is centred around the implementation of the NHS E 999 CAT 3 & 4 validation pilot, which facilitated a step change in the Trust's Hear and Treat performance. The Trust plans to build upon this success and further improve its Hear and Treat in H2 of the financial year.
Well-led		Nothing new to report.

Trust Overview:
Summary of Exceptions

Domain	ID	Exceptions
Safe	Hand hygiene compliance (QS-7)	In September and October, the Trust dropped below the lower limit for hand hygiene compliance. One of the areas that has been highlighted via the observational audits is staff not carrying hand gel with them at all times, so unable to perform hand hygiene at the point of patient care.
Safe	Duty of Candour compliance (QS-3)	Compliance with Duty of Candour has dropped during the past two months, which is mainly due to the challenge in securing investigating managers in a timely way and the SI Team's attention being primarily given to undertaking daily harm reviews.
Safe	Flu Vaccine compliance (QS-25)	The Trust's joint COVID-19 booster and flu vaccination programme started on the 4 October 2021, which is slightly later than the normal flu programme.
Safe	Controlled drug breakages and single witness signatures (MM-3 & MM-5)	There was an increase in breakages in October and in single witnessed signatures authorising removal of controlled drugs from Omnicell storage in September. Reasons for both are being investigated by the Medicines Team.
Safe	999 Frontline hours provided (999-12)	The availability of staff continues to be negatively influenced by covid-related absence, higher levels of leave being taken, and increases in sickness absence. In addition there has been reduced take up of overtime and some instability in delivery of PAP delivery for the same reasons.
Effective	Statutory & Mandatory Training YTD and annual rolling (%); Appraisals YTD and annual rolling (%) (WF-20, WF-6, WF-5, & WF-40)	As the Board is aware, completion of training and appraisals have been a victim of the Trust's activity and REAP level over the last year.
Caring		Nothing new to report.
Responsive	999 Operational Performance (999-1 to 999-9)	Sustained deterioration in performance against all ARP metrics. This is primarily as a result of reduced resource hours within the Emergency Operations Centres and Field Operations due to high abstraction rates as described in the previous exception report relating to resource hours.

Trust Overview:
Summary of Exceptions

Domain	ID	Exceptions
Responsive	Time spent in SMP 3 or higher % (999-14)	Due to the ongoing imbalance between demand and resourcing, the Trust is spending significant amounts of time in escalated surge levels. During the month of October, the Trust was in SMP1 for only 3.88% of the month with in excess of 60% of the time in SMP4.
Responsive	111 Call Answer & Abandonment Rate (111-2 & 111-3)	The 111 call-answering performance has gradually deteriorated throughout the financial year, resulting in a high rate of abandoned calls and a decreasing average speed to answer 111 calls.
Well-led	Annual Rolling Sickness (WF-8)	The current high levels of sickness absence are being addressed by a 23 point action plan shared between Operations and HR and OD that looks at interventions along the entire sickness absence pathway.
Well-led	Time from referral to being offered a wellbeing appointment (days) (WF-30)	Referral numbers were exceptionally high in September at a time when there was high annual leave affecting team capacity. This has resulted in a backlog.

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-7	Standards: Hand Hygiene Compliance % Definition:	In September and October, the Trust dropped below the lower limit for hand hygiene compliance. One of the areas that has been highlighted via the observational audits is staff not carrying hand gel with them at all times, so unable to perform hand hygiene at the point of patient care.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The Head of IPC will ask the IPC Sub Group to consider a change to policy and add in that all patient facing staff have to carry hand gel with them at all times.	Named person: Executive Director for Nursing & Quality Complete by date: IPC Sub Group is scheduled for 9/11/21 for initial discussion on a change to policy

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-3	Standards: Duty of Candour Compliance % Definition:	Compliance with Duty of Candour (DoC) has dropped during the past two months, which is mainly due to the challenge in securing investigating managers in a timely way and the SI Team's attention being primarily given to undertaking daily harm reviews. Whilst the reported compliance seems low at 50% and 80% respectively for September and October the denominator is low to begin with leaving the impact seemingly worse. For context - September four cases required DoC and two missed the deadline, one of which has since been completed and the other is outstanding an update from the investigator. October five cases required DoC and one missed the deadline, an update is still being chased from the investigator.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Whilst DoC is monitored weekly by the Serious Incident Group (SIG) the recent challenges had not been escalated; again this is as a result of attentions being diverted to the daily harm reviews. The SIG will continue to closely monitor compliance and where potential delays arise will agree who from within the group will undertake the DoC for each case. This should work to prevent future missed deadlines.	Named person: Executive Director for Nursing & Quality Complete by date: Ongoing monitoring

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-25	Standards: Flu Vaccine Compliance % Definition:	The Trusts joint COVID-19 booster and flu vaccination programme started on the 4 October 2021, which is slightly later than the normal flu programme.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The uptake for the flu vaccine is less than the COVID-19 booster and plans are being developed to provide some mobile clinics across the Trust so that staff can access the flu vaccine locally.	Named person: Executive Director for Nursing & Quality Complete by date: March 2022

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
MM-3 & MM-5	Standards: Single Witness Signature Use CDs Omnicell and Number of CD Breakages Definition: Number of times controlled drugs are extracted from Omnicell storage with only one authorising signature; Number of times a controlled drug vessel is reported to have been broken (wastage)	The Medicines Governance Group regularly reviews this data and undertakes further investigation into issues as they arise. The Datix reports for breakages is discussed two months following the recognition of an issue that requires investigation, to allow time for Operational Team Leaders to investigate the rationale for the anomalies. There is no further information to provide an evidenced update to the Board as yet regarding the increase in breakages in October (though see further info below). Should the trend continue a further report will come to the Board. In relation to single witness signatures, the Medicines Team are aware that Critical Care Paramedics are singly signing out drugs at Burgess Hill – this has been discussed with the Critical Care Paramedic for CCPs but the Team hasn't yet identified a solution.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: From previous investigations and deep dives, we know that any batch issues leading to breakages are very difficult to address as crews do not report batch numbers on Datix. This can be due to time restraints completing the Datix or not knowing that this information is needed, or because the vial is smashed and they do not know the batch number without handling broken glass. There are more detailed reports available that have been presented to the Medicines Governance Group, which escalates to Clinical Governance Group and reports through to the Quality and Patient Safety Committee of the Board.	Named person: Medical Director Complete by date: February 2022

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
999-12	Standards: 999 Frontline Hours Provided % Definition:	The availability of staff continues to be negatively influenced by covid-related absence, higher levels of leave being taken, and increases in sickness absence. In addition there has been reduced take up of overtime and some instability in delivery of PAP delivery for the same reasons.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Hours provided within frontline operations continue to be reviewed weekly at regional Teams B meetings. A review takes place of planned hours for the current week projected to week 5. Shortfalls are highlighted and remedial actions identified. The review includes staff abstractions against [1] maximum annual leave allowances, [2] short notice leave (requested within 28 days), [3] sickness absence and absence management measures, and [4] training and skills assurance, which are confirmed or cancelled with redeployment to operational duties if required. Overtime and incentives continue to be offered where appropriate. Daily monitoring of covid-related sickness absence including reactions to booster vaccines.	Named person: Executive Director for Operations Complete by date: Ongoing

Performance by Domain
Effective: Exception Report

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

ID	Standard	Background
WF-20 & WF-6 WF-5 & WF-40	Standards: Statutory & Mandatory Training YTD and annual rolling (%); Appraisals YTD and annual rolling (%) Definition: As above	As the Board is aware, completion of training and appraisals have been a victim of the Trust's activity and REAP level over the last year.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: We know that low levels of completion are not sustainable for a well led nor rewarding employee experience. A plan for sustainable delivery of Stat & Man and development training is being developed by Clinical Education and Learning and Development & Organisational Development to bring forward to the Senior Management Group and Executive Management Board. A new appraisal policy and set of forms was agreed at the Joint Partnership Forum in November and will be rolled out from November onwards. It will start in HR and OD and onward through corporate services, with any necessary refinements before moving in to Operations. The intention is to complete the roll-out over 6 to 12 months depending on system pressures.	Named person: Executive Director for HR & Organisational Development Complete by date: Training plan – to WWC in December Appraisals Policy for approval 11/11/21 and roll out to follow

Performance by Domain
Responsive: Exception Report

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

ID	Standard	Background
999-1 to 999-9	Standards: 999 Operational Performance (All metrics) Definition:	Sustained deterioration in performance against all ARP metrics. This is primarily as a result of reduced resource hours within the Emergency Operations Centres and Field Operations due to high abstraction rates as described in the previous exception report relating to resource hours.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Continued recruitment of Emergency Medical Advisors (EMAs) supported by additional winter monies. • Development of a tool to support risk stratification in the C2 queue during high demand to quantify the risk in the C2 stack and make sound clinical judgement on prioritisation of care – building on learning from other ambulance services who have implement this already. • Falls programme – looking at utilising CFRs to respond to falls where the patient is still on the floor/ground. If successful this should assist in reducing long lying waits and may reduce conveyance with early intervention.	Named person Executive Director of 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
999-14	Standards: Time spent in SMP 3 or higher % Definition:	Due to the ongoing imbalance between demand and resourcing, the Trust is spending significant amounts of time in escalated surge levels. During the month of October, the Trust was in SMP1 for only 3.88% of the month with in excess of 60% of the time in SMP4.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Performance, activity and demand continues to be closely monitored with weekly performance reviews shared with the Executive Management Board.	Named person Executive Director of 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
111-2 & 111-3	Standards: 111 Call Answer & Abandonment Rate Definition:	The 111 call-answering performance has gradually deteriorated throughout the financial year, resulting in a high rate of abandoned calls and a decreasing average speed to answer 111 calls.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The root cause for this is two-fold: 1. Current demand (calls offered) is tracking consistently at more than 25% above the re-base activity agreed for 2021/22 with commissioners in March 2021. 2. There is an ongoing funding inequality resulting in a significant funding deficit for the 111 service. Although current staffing levels reflect those agreed as part of the re-base, significant additional recruitment is required to bridge the staffing shortfall to address the current performance shortfall. It is important to note that the additional 111 activity levels are being seen nationally, with a comparable adverse impact on all 111 providers in terms of their call handling performance	Named person Executive Director of Operations Complete by date: Ongoing

Performance by Domain
Well-led: Exception Report

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

ID	Standard	Background
WF-8	Standards: Annual Rolling Sickness Absence (%) Definition: As above	Annual rolling sickness absence has been trending higher since October 2020, rising from 6.20% then to 8.14% in September 2021.

Action Plan

Actions being taken to mitigate issues:

The current level of sickness absence is being addressed by a 23 point action plan shared between Operations and HR and OD that looks at interventions along the entire sickness absence pathway, from notification, through return to work, welfare, case management within Policy and Procedure, OH referrals and data reporting.

Critical to managing sickness absence are return to work interviews that are consistent in application and quality and support and coaching to managers by the HR Business Partnering. Work is ongoing with Planning on the forms in GRS for RTW interviews and coaching of managers and OTL's in their application.

The Operations Directorate is the focus as all other directorate sickness absence is at or within the Trust target of 5%, and they employ ~80% of the Trust workforce. The action plan supports the Field Operations and Contact Centres to address system wide and specific issues for each 'sector'.

Accountable Executive

Named person:
Executive Director for HR & Organisational Development

Complete by date:
Ongoing

Performance by Domain
Well-led: Exception Report

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

ID	Standard	Background
WF-30	Standard: Time from Referral to Offered Wellbeing Appointment (days) Definition: Covering all wellbeing referrals, the number of days from referral to being offered an appointment.	Increase in time for first offered appointment relates only to wellbeing referrals - physio is still under 2 weeks. Wellbeing referrals number were exceptionally high in September, paired with annual leave in the team, has resulted in backlog of referrals and therefore an increase in wait times.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Where possible, service users are being signposted to external resilience hub, Sussex Staff in Mind (SSIM). SSIM offer assessment and intervention such as fast track access to Improving Access to Psychological Therapies (IAPT services) for those with GPs registered within Sussex. This is hoped to reduce impact on internal Practitioner wait times. Furthermore, NHS England/Improvement have offered NHS Trusts financial grants for wellbeing services. The bid will propose two new practitioners for high demand areas for 16 months. If approved, this will further reduce impact on internal wait times.	Named person: Executive Director for HR & Organisational Development Complete by date: Ongoing monitoring

Performance by Domain
Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-1	Number of Datix Incidents	1342	1470	1751	1595	1070	1149	1051	1175	1253	1493	1397	1278	1459					▼
QS-2	Number of Incidents Reported as SIs	4	9	8	6	7	1	7	3	6	11	5	3	7					▼
999-12	999 Frontline Hours Provided %	94.60%	99.40%	95.10%	96.10%	103.20%	96.90%	99.10%	99.30%	94.30%	90.10%	86.90%	88.00%	89.50%	100.00%		-		▲
QS-3	Duty of Candour Compliance %	100.00%	84.00%	80.00%	67.00%	100.00%	75.00%	100.00%	67.00%	100.00%	100.00%	100.00%	50.00%	80.00%	100.00%		-		▲
QS-7	Hand Hygiene Compliance %	99.00%	95.00%	96.00%	94.00%	93.00%	95.00%	94.00%	95.00%	95.00%	92.00%	90.00%	88.00%	86.00%	95.00%		-		▼
QS-8	Safeguarding Training Completed (Children) Level 2 %	74.90%	74.90%	78.20%	79.40%	82.00%	90.40%	88.70%	87.00%	87.30%	86.00%	86.20%	84.20%	84.50%	95.00%		-		▲
QS-13	Violence and Aggression Incidents (Number of Victims - Staff)	124	74	70	53	60	60	65	73	87	91	99	90	110					▼
MM-1	Number of Medicines Incidents	162	141	125	125	142	173	152	171	118	156	141	157	165					▼
MM-3	Single Witness Signature Use CDs Omnicell	3	0	6	5	9	4	3	2	3	6	7	14	5	0		-		▲
MM-4	Single Witness Signature Use CDs Non-Omnicell	0	0	3	1	1	1	0	0	0	1	0	0	1	0		-		▼
MM-5	Number of CD Breakages	17	9	25	21	10	27	16	16	19	10	17	9	29					▼
MM-7	Medicines Management % of Audits Completed	98.00%	94.00%	94.00%	93.00%	88.00%	95.00%	95.00%	98.40%	98.70%	98.10%	97.90%	94.10%	91.90%	100.00%		-		▼
WF-1	Number of Staff WTE (Excl bank and agency)	3888	3967	3956	3959	3968	3974	3945	3952	3957	3936	3939	3949	3965					▲
WF-2	Number of Staff Headcount (Exc bank and agency)	4271	4354	4345	4353	4358	4367	4335	4342	4350	4327	4336	4344	4365					▲
WF-3	Finance Establishment (WTE)	3880	3925	3950	3951	3956	3946	3946	3946	3946	4070	4060	4040	4033					▼
WF-4	Vacancy Rate %	-0.20%	-1.10%	-0.20%	-0.20%	-0.30%	-0.70%	0.10%	-0.10%	-0.20%	3.30%	3.00%	2.20%	1.70%					▲
QS-9	Number of RIDDOR Reports	16	5	9	9	12	8	10	11	14	17	14	12	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) %	96.00%	94.00%	92.00%	93.00%	90.00%	93.00%	92.00%	92.00%	87.00%	97.00%	94.00%	95.00%	96.00%					▲
M-21	Required NHS Pathways Audits Completed (EMA) %	100.00%	100.00%	100.00%	98.00%	49.00%	96.00%	103.00%	105.00%	83.00%	53.00%	70.00%	78.00%	102.00%					▲

▲ 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	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
M-22	Compliant NHS Pathways Audits (EMA) %	100.00%	94.00%	92.00%	82.00%	83.00%	85.00%	83.00%	84.00%	84.00%	90.00%	82.00%	84.00%	84.00%	100.00%		-		●
M-23	Required NHS Pathways Audits Completed (Clinical) %	85.00%	94.00%	100.00%	100.00%	97.00%	100.00%	102.00%	102.00%	102.00%	102.00%	101.00%	76.00%	99.00%					▲
QS-17	Outstanding Actions Relating to SIs, Outside of Timescales	158	127	111	126	112	117	141	114	112	116	117	118	123					▼
QS-19	Deep Clean Compliance %	95.00%	86.50%	82.50%	72.80%		94.90%	95.00%	85.00%	82.00%	73.00%	41.50%	69.00%	64.00%					▼
QS-20	Health & Safety Incidents	37	35	22	35	33	31	29	59	47	39	30	41	32					▲
WF-24	Current licence details held for Operational Staff %	88.50%	88.10%	86.40%	89.50%	90.40%	92.40%	96.10%	96.10%	96.00%	93.80%	92.60%	91.10%	91.50%	100.00%		-		▲
QS-22	Manual Handling Incidents	29	26	24	29	32	22	17	43	28	35	33	36	29					▲
QS-25	Flu Vaccine Compliance	58.00%		78.80%		79.80%	80.10%							24.00%	90.00%		-		-

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Performance by Domain
Effective: Performance Dashboard

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

** August 2021 data

ID	Metric	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-11	JCT Allocation to Clear at Scene Mean	01:16:39	01:18:48	01:20:16	01:22:00	01:19:51	01:19:00	01:18:57	01:14:38	01:17:12	01:16:00	01:16:34	01:16:44	01:17:56					▼
999-11	JCT Allocation to Clear at Hospital Mean	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	01:54:04	01:55:44					▼
M-1	**Cardiac ROSC Utstein %	44.00%	47.70%	40.90%	40.00%	48.50%	40.00%	41.00%	40.00%	40.80%	54.20%	48.70%							▼
M-2	Cardiac ROSC ALL %	27.00%	21.50%	15.70%	16.30%	23.70%	22.00%	23.00%	22.30%	22.70%	31.00%	24.80%							▼
M-12	**Sepsis Care Bundle %	85.00%	85.40%	87.00%	84.20%	86.30%	85.00%	85.00%	84.60%	84.90%	81.30%	86.20%			100.00%		-		▲
M-3	Cardiac Survival Utstein %	20.00%	23.80%	15.90%	25.70%	33.30%	18.00%	28.00%	17.60%		31.30%								-
M-4	Cardiac Survival ALL %	12.00%	7.60%	4.20%	5.10%	9.10%	8.00%	13.70%	8.40%		14.00%								-
M-11	Cardiac Arrest - Post ROSC %	72.00%	79.70%	85.50%	75.30%	61.60%	78.00%	81.00%	78.10%	81.40%	75.80%	68.00%							▼
M-5	**Acute STEMI Care Bundle Outcome %	64.00%	62.20%	65.60%	64.10%	63.90%	74.00%	69.00%	73.50%	68.50%	60.60%	62.70%							▲
M-6	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	02:15:00	02:15:00	02:30:00	02:33:00	02:14:00	02:20:00	02:20:00	02:19:00										-
M-7	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	03:04:00	03:02:00	03:33:00	03:26:00	03:02:00	03:15:00	03:02:00	03:17:00										-
M-8	Stroke - Call to Hospital Arrival Mean	01:22:00	01:30:00	01:43:00	01:46:00	01:24:00	01:27:00	01:28:00	01:26:00										-
M-9	Stroke - Call to Hospital Arrival 90th Centile	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%	96.60%	96.90%	95.80%	95.00%	96.00%	95.30%	95.50%	94.10%	97.10%			100.00%		-		▲
M-13	Sensitivity of Cardiac Arrest Detection During Telephone Triage %	91.00%	94.30%	93.30%	87.00%	93.40%	82.00%	82.00%	81.60%	81.60%	91.20%	95.50%							▲
M-14	Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %	81.00%	75.10%	73.80%	74.30%	79.30%	79.00%	78.00%	78.50%	77.50%	79.40%	80.30%							▲
M-15	Time to Commence Telephone-Guided CPR Mean																■	■	■
M-16	Proportion of Non-EMS Witnessed Cardiac Arrests with PAD Applied to Patient %	8.00%	7.50%	6.30%	5.70%	4.90%			8.90%	4.00%	12.10%	6.40%							▼

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● No change
■ Aspirational metric

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Performance by Domain
Effective: Performance Dashboard

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

** August 2021 data

ID	Metric	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-13	ECAL Mean Response Time	00:23:41	00:24:03	00:24:23	00:23:54	00:23:38	00:24:20	00:23:43	00:23:31	00:22:56	00:22:57	00:24:18	00:24:03	00:24:22					▼
999-12	999 Operational Abstraction Rate %	38.30%	32.70%	35.30%	36.00%	32.50%	33.30%	25.20%	25.80%	31.00%	33.10%	27.10%	34.70%	32.90%	28.00%		-		▲
WF-6	Statutory & Mandatory Training Rolling Year %	75.00%	74.30%	76.10%	75.60%	76.20%	78.70%	67.10%	60.70%	63.30%	67.00%	66.60%	65.90%	66.30%	100.00%		-		▲
999-17	Responses Per Incident	1.08	1.08	1.08	1.08	1.09	1.00	1.01	0.99	1.01	1.09	1.09	1.08	1.09	1.09		+		▼
999-18	Section 136 Mean Response Time	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	00:33:17	00:29:58					▲
999-19	Section 135 Mean Response Time	00:03:44	00:14:55			00:06:04	01:43:52	03:48:17	00:22:29	00:23:57			00:35:04						-
999-20	ePCR Usage	94.80%	96.10%	96.40%	96.20%	96.10%	96.70%	97.00%	91.00%	95.70%	93.10%	96.20%	96.70%	96.70%	95.00%		+		●
999-24	Number of Hours Lost at Hospital Handover	4435	3358	5426	4583	2296	2237	2271	3249	2614	3898	3568	3838	4547					▼
999-25	Hours Lost at Handover as a Proportion of Provided Hours %	1.60%	1.20%	1.90%	1.60%	0.80%	0.80%	0.80%	1.00%	0.90%	1.40%	1.40%	1.50%	1.60%					▼
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%	92.00%	91.00%					▼
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%	75.00%	73.00%					▼
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%	23.00%	19.00%					▲
M-26	ClinEd: Course satisfaction score																■	■	■
WF-34	Frontline Workforce Skillmix: ECSWs vs plan (Trust average)	30.80%	31.30%	31.40%	31.20%	31.60%	31.40%	31.40%	31.30%	31.60%	32.50%	31.60%	30.30%	29.40%	29.70%		-		▼
WF-35	Frontline Workforce Skillmix: AAP/Techs vs plan (Trust average)	19.10%	18.60%	18.60%	18.90%	18.80%	19.00%	19.00%	19.00%	18.80%	18.40%	18.00%	17.80%	17.50%	19.30%		-		▼
WF-36	Frontline Workforce Skillmix: Registered clinicians vs plan (Trust average)	50.10%	50.10%	50.00%	49.90%	49.60%	49.60%	49.60%	49.60%	49.50%	49.30%	50.40%	51.90%	53.10%	51.00%		-		▼

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Performance by Domain
Caring: Performance Dashboard

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

ID	Metric	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-12	Complaints relating to privacy and respect %								0.00%	0.00%	0.00%	0.20%	0.00%	0.00%					●
QS-10	Proportion of Complaints Relating to Crew Attitude %	23.00%	59.00%	37.00%	38.00%	50.00%	56.00%	31.00%	33.00%	31.00%	18.00%	25.00%	19.00%	30.00%					▼
M-17	Dementia Performance																■	■	■
M-18	End of Life Care Performance																■	■	■
M-19	Falls Performance																■	■	■
111-6	111 SMS Feedback																■	■	■
QS-11	Patient Experience																■	■	■

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Performance by Domain
Responsive: Performance Dashboard

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

ID	Metric	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
111-1	111 Calls Offered	104059	111727	115809	93018	87249	110294	119979	135942	126452	138484	127167	123604	139429					=
111-2	111 Calls Answered in 60 Seconds %	66.60%	59.60%	55.40%	62.90%	74.00%	73.10%	53.40%	36.50%	33.90%	29.10%	33.70%	27.10%	16.30%	95.00%		-		▼
111-3	111 Calls Abandoned - (Offered) %	5.40%	6.30%	8.20%	6.10%	3.00%	3.50%	7.70%	14.80%	15.90%	19.70%	15.50%	19.00%	30.20%	6.00%		-		▼
111-4	111 to 999 Referrals (Answered Calls) %	11.80%	14.10%	13.90%	14.90%	15.00%	13.40%	8.70%	9.10%	9.70%	9.30%	9.30%	9.10%	8.90%	13.00%		+		▲
111-4	999 Referrals	11110	12276	12384	11903	11064	12058	8188	8901	8805	8675	8585	7961	7648					▲
111-5	A&E Dispositions %	12.00%	13.40%	14.60%	14.70%	15.40%	15.60%	15.20%	14.90%	16.00%	9.10%	8.10%	8.90%	8.30%	9.00%		+		▲
111-5	A&E Dispositions	11350	11718	12925	11683	11349	14047	14261	14571	14472	8501	7534	7790	7153					▲
111-7	Clinical Contact %						48.10%	48.20%	45.20%	44.90%	46.00%	46.00%	46.20%	48.00%	50.00%		-		▲
111-8	Ambulance Validation %						95.40%	95.30%	95.10%	90.60%	95.20%	93.60%	95.90%	95.60%	85.00%		+		▼
999-10	999 Calls Answered	67031	62456	76806	70262	50316	60200	61386	77074	71529	85769	77173	81649	86089					=
999-10	Incidents	63644	62332	66615	65239	56470	62648	62845	65474	67474	65161	62343	60808	64510					=
999-1	999 Call Answer Mean	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	00:00:58	00:00:44	00:00:05		-		▲
999-1	999 Call Answer 90th Centile	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	00:03:03	00:02:29	00:00:10		-		▲
999-2	Cat 1 Mean	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	00:09:00	00:09:08	00:07:00		-		▼
999-2	Cat 1 90th Centile	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	00:16:25	00:16:19	00:15:00		-		▲
999-3	Cat 1T Mean	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	00:11:07	00:11:15	00:19:00		+		▼
999-3	Cat 1T 90th Centile	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	00:20:19	00:20:21	00:30:00		+		▼
999-4	Cat 2 Mean	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	00:30:58	00:34:55	00:18:00		-		▼
999-4	Cat 2 90th Centile	00:33:41	00:32:19	00:51:55	00:51:18	00:31:09	00:34:46	00:34:58	00:50:55	00:40:51	01:00:47	00:58:53	01:00:37	01:10:47	00:40:00		-		▼
999-5	Cat 3 90th Centile	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	07:12:42	08:06:05	02:00:00		-		▼
999-6	Cat 4 90th Centile	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	08:43:12	09:53:30	03:00:00		-		▼
999-7	HCP 3 Mean	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	03:46:37	04:18:12					▼
999-7	HCP 3 90th Centile	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	08:37:59	10:01:35					▼
999-7	HCP 4 Mean	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	04:47:22	05:23:02					▼
999-7	HCP 4 90th Centile	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	10:28:52	12:48:15					▼
999-9	Hear & Treat %	6.20%	6.60%	8.60%	8.00%	6.00%	6.90%	6.90%	9.30%	7.90%	9.60%	9.00%	8.80%	10.30%	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	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-9	See & Treat %	33.40%	33.70%	36.30%	37.40%	35.20%	32.60%	32.10%	31.20%	31.60%	32.00%	32.10%	31.30%	30.50%	35.00%		-		▼
999-9	See & Convey %	60.40%	59.70%	55.10%	54.60%	58.80%	60.50%	61.00%	59.40%	60.50%	58.40%	59.00%	59.80%	59.10%	55.00%		-		▲
999-10	CFR Attendances	673	800	648	749	580	1034	1089	1337	1219	1592	1354	1290	1467					▲
999-10	FFR Attendances	190	224	175	205	142	316	260	364	241	425	383	339	353					▲
QS-4	Complaints Reporting Timeliness %	88.00%	95.00%	69.00%	95.00%	64.50%	88.00%		98.00%	96.00%	87.00%	81.00%	90.00%	71.00%	95.00%		-		▼
QS-5	Number of Complaints	65	69	61	69	48	64	68	72	116	106	114	85	91					-
QS-6	Number of Compliments	167	182	140	173	191	187	208	159	162	171	177	110	175					-
QS-15	Complaints per 1000 999 Calls Answered	0.97	1.11	0.79	0.98	0.95	1.06	1.11	0.09	0.16	0.13	0.14	0.96	1.28					▼
QS-16	Compliments per 1000 999 Calls Answered	2.49	2.91	1.82	2.46	3.80	3.91	3.69	0.21	0.23	0.21	0.22	0.97	1.88					▲
QS-14	Learning from deaths: Number of Structured Judgment Reviews	20	20	20	20	20	20								20				-
QS-26	Learning from deaths: Number of SJRs showing harm	0	0	0	0	0	0								0				-
999-14	Time Spent in SMP 3 or Higher %	25.90%	20.50%	75.00%	60.70%	1.30%	12.10%	15.40%	36.00%	68.90%	83.00%	70.70%	82.50%	86.20%					▼
C-2	Number of BCIs	2	1	7	3	2	0	0	1	2	1	1	1	1	0		-		●

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

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

Performance by Domain
Well-Led: Performance Dashboard

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ID	Metric	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-5	Appraisals YTD	36.70%	39.70%	41.60%	43.20%	45.70%	52.20%	3.40%	7.00%	9.10%	10.70%	11.30%	12.50%	13.90%					▲
WF-40	Appraisals Rolling Year %						52.20%	48.90%	40.80%	36.80%	34.10%	31.60%	30.30%	28.70%	80.00%		-		▼
WF-7	Annual Rolling Turnover Rate	11.70%	11.10%	11.20%	10.90%	10.50%	10.30%	10.80%	11.40%	12.10%	12.90%	13.60%	13.90%	14.50%					▼
WF-8	Annual Rolling Sickness Absence	6.20%	6.30%	7.40%	7.10%	7.30%	7.10%	7.10%	7.30%	7.50%	7.70%	7.90%	8.10%	8.30%	5.00%		-		▼
WF-9	Disciplinary Cases	3	3	2	1	1	4	9	8	2	6	1	4	1					▲
WF-10	Individual Grievances	11	8	9	8	5	8	10	8	8	5	9	8	10					▼
WF-11	Collective Grievances	0	0	0	0	1	0	1	1	1	1	0	2	0					▲
WF-12	Bullying & Harrassment Internal	3	5	1	1	1	6	5	4	1	0	4	3	3	0		-		●
WF-13	Whistleblowing	0	0	0	0	0	0	0	0	0	3	0	0	0					●
QS-27	Freedom to Speak Up: Total Open Cases							31	33	36	45	20	7	28					-
QS-27	Freedom to Speak up: Open cases re possible patient safety issues								3	3	2	2		4					-
QS-27	Freedom to Speak up: Cases Closed in Month With Resolution							0	0	1	0	0	4	1					-
QS-27	Freedom to Speak up: Cases Closed in Month Without Resolution							2	2	1	25	0	12	1					-
WF-26	Vacancy Rate for Leadership Roles %																■	■	■
WF-28	Staff Affected by Restructures %																■	■	■
WF-29	Staff Acting Up/Secondments %	2.50%			2.70%	2.60%	3.10%	2.90%	2.90%	2.70%	2.30%	2.20%	2.50%	2.50%					●
WF-37	Diversity: Disability - declared %	3.40%	3.40%	4.00%	4.00%	4.00%	4.20%	4.20%	4.20%	4.30%	4.30%	4.30%	4.80%	4.80%					●
WF-38	Diversity: Disability - declined to declare %	46.30%	47.90%	10.00%	10.00%	10.00%	7.80%	7.80%	7.80%	7.50%	7.50%	7.50%	7.00%	7.00%	0.00%		-		●
WF-39	Diversity: Ethnicity - BAME %	5.30%	5.30%	5.50%	5.50%	5.50%	5.60%	5.60%	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 %	10.80%	7.60%	5.30%	4.70%	8.10%	6.70%	6.70%	8.40%	8.90%	11.50%	8.20%	9.80%	5.90%					▲
WF-19	Absence Relating to MSK %	4.20%	3.60%	3.10%	2.80%	8.10%	4.50%	8.30%	6.20%	5.70%	5.60%	6.10%	5.60%	5.70%					▼

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▼ Deteriorating performance
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■ Aspirational metric

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Performance by Domain
Well-Led: Performance Dashboard

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ID	Metric	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-25	Number of Wellbeing Hub Referrals	124	98	112	95	96	115	111	138	125	111	93	142	79					▲
WF-30	Time from referral to offered wellbeing appointment (days)	14	14	14	14	14	14	14	14	14	14	14	21	28	14		-		▼
999-27	% of Meal Breaks Taken						99.20%	91.00%	98.40%	98.60%	98.30%	98.40%	98.40%	98.00%					▼
999-28	% of Meal Breaks Outside of Window						49.90%	51.10%	54.80%	59.30%	59.10%	58.70%	58.80%	60.70%					▼
999-15	999 Frontline Late Finishes/Over-Runs %	50.60%	50.10%	61.10%	59.50%	51.00%	52.40%	51.90%	60.20%	53.40%	50.60%	49.20%	51.90%	53.30%					▼
999-15	Average Late Finish/Over-Run Time	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	00:41:00	00:41:59					▼
999-21	Provided Bank Hours %	2.80%	2.30%	5.60%	2.30%	0.30%	0.30%	0.40%	0.60%	0.60%	0.70%	1.70%	0.00%	0.90%					=
999-21	Provided Overtime Hours %	9.10%	10.40%	9.10%	11.50%	15.40%	14.60%	9.10%	8.60%	10.40%	10.50%	9.30%	11.40%	12.00%					=
999-21	Provided PAP Hours %	6.40%	6.40%	5.80%	5.90%	6.10%	6.30%	4.30%	4.80%	4.50%	4.60%	5.30%	6.80%	6.90%					=
999-22	999 Remaining Annual Leave FY	50.70%	48.00%	45.00%	33.00%	27.00%	20.00%	53.00%		84.00%		34.60%	62.50%	55.70%	41.70%		-		▲
FL-1	Vehicles Older Than Target Age %	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	36.00%	36.00%	36.00%	36.00%	0.00%		-		●
C-1	Policies & Procedures Outstanding Review %	13.20%	10.60%	11.80%	11.80%	11.00%	11.30%	15.80%	17.40%	29.00%	32.00%	37.00%	36.50%	37.20%	0.00%		-		▼
QS-24	Organisational Risks Outstanding Review %	18.00%	21.00%	14.00%	59.00%	57.00%	52.00%	59.00%	81.00%	73.00%		40.40%	48.00%	43.00%	0.00%		-		▲
IT-1	CAD System Uptime %								98.900%	85.960%	100.000%	99.900%	100.000%	100.000%					●
IT-2	Telephony System Uptime %								85.690%	100.000%	100.000%	100.000%	100.000%	100.000%					●
IT-3	ePCR System Uptime %								84.390%	100.000%	97.900%	100.000%	100.000%	100.000%					●
IT-4	Number of Calls to IT Service Desk	1310	1537	916	279	1436	1924	1324	1442	1214	1214	1187	1372	1090					▲
IT-5	Marval IT Requests Raised - IT Service Desk	1607	1870	1359	1561	1559	1847	1638	1705	1503	1288	1168	1477	1414					▲
IT-5	Marval IT Requests Raised - Critical Systems Team	668	523	480	539	694	724	728	757	765	775	664	611	592					▲
IT-6	Missed Calls to IT Service Desk	433	410	201	95	460	624	586	456	378	382	447	441	377					▲

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

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Performance by Domain
Well-Led: Finance Dashboard (October 2021)

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ID	Metric	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Plan	Vs Plan	Full Year Forecast	Full Year Forecast Vs Plan
F-1	Income (£000s) Month	£22430.00	£22133.40	£23376.60	£23858.00	£26134.50	£35076.00	£23241.00	£23340.80	£23325.10	£23415.40	£23521.20	£29157.60	£23450.50	£22170.00	£1280.50		
F-9	Income (£000s) YTD	£156484.00	£178617.40	£201994.00	£225852.00	£251986.50	£287063.00	£23241.00	£46582.10	£69907.20	£93332.60	£116853.80	£146011.40	£169461.90	£164313.00	£5148.90	£297125.10	£132812.10
F-2	Operating Expenditure (£000s) Month	£23020.10	£23093.50	£24451.80	£25312.10	£24952.70	£38485.00	£23947.00	£24554.20	£24345.40	£24929.90	£25040.50	£27981.60	£24300.60	£23104.68	£1195.92		
F-10	Operating Expenditure (£000s) YTD	£157088.60	£180182.10	£204633.90	£230346.00	£255298.70	£293784.00	£23947.00	£48503.60	£72849.00	£97787.90	£122828.40	£150810.00	£175110.60	£170288.83	£4821.77	£306496.30	£136207.47
F-3	Capital Expenditure (£000s) Month	£834.38	£2343.59	£1080.59	£4378.10	£1223.15	£4138.00	£1618.00	£987.96	£983.67	£1252.68	£412.32	£655.48	£395.11	£2112.00	£-1716.89		
F-14	Capital Expenditure (£000s) YTD	£6331.68	£8675.27	£9755.85	£14138.03	£15361.18	£19499.00	£1618.00	£2605.91	£3589.58	£4842.26	£5254.58	£5910.07	£6305.18	£9897.00	£-3591.82	£25487.92	£15590.92
F-4	Cost Improvement Plan (CIP) (£000s) Month	£71.00	£673.00	£8.00	£522.00	£478.00	£709.00	£0.00	£0.00	£150.00	£430.00	£250.00	£238.00	£161.00	£493.00	£-332.00		
F-13	Cost Improvement Plans (CIPS) (£000s) YTD	£2174.00	£2847.00	£2855.00	£3790.00	£4268.00	£4977.00	£0.00	£0.00	£150.00	£580.00	£830.00	£1068.00	£1229.00	£3364.00	£-2135.00	£5872.00	£2508.00
F-6	Surplus/Deficit (£000s) Month	£-590.10	£-960.10	£-1075.20	£-1454.10	£1181.80	£-3409.00	£-706.00	£-1213.40	£-1020.30	£-1514.50	£-1519.30	£1176.00	£-850.10	£-934.68	£84.58		
F-7	Cash Position (£000s) Month	£48231.00	£46275.00	£46819.00	£41747.00	£51441.00	£40152.00	£36526.00	£36448.00	£35923.00	£36684.00	£38289.00	£40507.00	£46592.00	£19757.52	£26834.48	£19757.52	£0.00
F-8	Agency Spend (£000s) Month	£84.98	£81.95	£205.95	£106.34	£-80.27	£155.00	£169.00	£250.04	£107.24	£347.61	£234.08	£168.06	£154.98	£273.00	£-118.02		
F-16	Agency Spend (£000s) YTD	£1315.79	£1398.74	£1603.68	£1710.00	£1630.00	£1784.00	£169.00	£418.90	£526.14	£873.76	£1107.84	£1275.89	£1430.87	£2004.00	£-573.13	£2638.40	£634.40

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■ Aspirational metric

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Performance by Domain
Well-Led: Performance Dashboard

Key Performance Indicators

Month							Year To Date						Full Year					
% 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	£000 Prior Year	% PY Var
4.5%	22,430	22,169	23,451	1,282	5.8%	**INCOME**	164,313	169,462	5,149	3.1%	156,484	8.3%	275,157	297,125	21,968	8.0%	287,063	3.5%
(1.1)%	16,297	16,776	16,471	305	1.8%	PAY	122,718	129,591	(6,873)	(5.6)%	117,626	(10.2)%	205,855	226,073	(20,218)	(9.8)%	203,049	(11.3)%
82.4%	44,195	6,183	7,783	(1,600)	(25.9%)	NON PAY	46,554	44,785	1,769	3.8%	38,803	(15.4)%	78,156	78,964	(808)	(1.0)%	90,533	12.8%
59.9%	60,492	22,959	24,254	(1,295)	(5.6)%	**OPERATING EXPENDITURE**	169,272	174,376	(5,104)	(3.0)%	156,430	(11.5)%	284,010	305,037	(21,026)	(7.4)%	293,581	(3.9)%
(97.9)%	(38,062)	(790)	(803)	(13)	1.6%	**OPERATING SURPLUS/(DEFICIT)**	(4,959)	(4,914)	45	(0.9)%	55	(9116.3)%	(8,853)	(7,911)	942	(10.6)%	(6,519)	21.4%
68.5%	149	146	47	99	67.7%	FINANCING COSTS	1,019	735	284	27.9%	659	(11.5)%	1,745	1,460	285	16.3%	203	(619.1)%
97.8%	(38,211)	(936)	(850)	86	9.2%	**SURPLUS/(DEFICIT)**	(5,978)	(5,649)	329	5.5%	(605)	(833.7)%	(10,598)	(9,371)	1,227	11.6%	(6,722)	(39.4)%
0.0%	2	1	(98)	(99)	(9900.0)%	ADJUSTMENTS TO SURPLUS/(DEFICIT)	26	(266)	(292)	(11)	14	1966.9%	31	(261)	(292)	(941.9)%	57	557.9%
97.5%	*(38,212)*	*(935)*	*(948)*	*(13)*	*(1.4)%*	*ADJUSTED SURPLUS/ (DEFICIT) : CONTROL TOTAL*	*(5,952)*	*(5,915)*	*37*	**0.6%**	*(590)*	*(901.9)%*	*(10,567)*	*(9,632)*	*935*	**8.8%**	*(77)*	*(12474.7)%*
% 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	Incidents Prior Year	% PY Var
1.2%	63,743	66,587	64,489	(2,098)	(3.2%)	A&E ACTIVITY per Plan	463,398	448,452	(14,946)	(3.2%)	428,239	4.7%	806,987	761,194	(45,793)	(5.7%)	741,767	2.6%
✓	3	3	3		✓	**USE OF RESOURCES RATING**	3	3		✓	2	✗	3	3		✓	1	✓
	Prior Year	Plan	Actual	Variance			Plan	Actual	Variance		Prior Year		Plan	Forecast	Variance		Prior Year	
✓	71	493	161	(332)	✗	**CIPS**	3,364	1,229	(2,135)	✗	2,174	✗	5,872	5,872	0	✓	4,977	✓
✗	834	2,112	395	(1,717)	✗	**CAPITAL**	9,897	6,305	(3,592)	✗	6,332	✓	25,491	25,488	(3)	✓	19,499	✓
✓	48,231	19,758	46,592	26,834	✓	**CASH POSITION**	19,758	46,592	26,834	✓	48,231	✓	24,360	45,334	20,974	✓	40,152	✓
✗	4,371	4,407	4,337	70	✗	**WTE**	4,386	4,381	5	✗	4,444	✓	4,350	4,347	3	✗	4,452	✗
✓	1,058	35	982	(947)	✓	**COVID-19 SPEND**	6,635	6,824	(189)	✗	10,027	✗	7,095	14,229	(7,134)	✓	19,556	✗
% 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	£000 Prior Year	% PY Var
(82.4)%	85	273	155	118	43.2%	**AGENCY STAFF**	2,004	1,431	573	28.6%	1,316	(8.7)%	3,298	2,638	660	20.0%	1,784	(47.9)%
						PRIVATE AMBULANCE PROVIDERS (PAP)												
(473.5)%	148	0	849	(849)	0.0%	Covid-19	1,020	1,163	(143)	(14.1)%	1,347	13.6%	1,020	2,013	(993)	(97.4)%	2,451	17.9%
(160.9)%	475	591	1,239	(649)	(109.8)%	Non Covid-19 (BAU)	3,481	2,517	964	27.7%	4,434	43.2%	2,890	5,094	(2,204)	(76.3)%	6,281	18.9%
(235.1)%	623	591	2,088	(1,498)	(253.5)%	**TOTAL**	4,501	3,680	821	18.2%	5,781	36.3%	3,910	7,107	(3,197)	(81.8)%	8,732	18.6%

▲ Improving performance
▼ Deteriorating performance
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■ Aspirational metric

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

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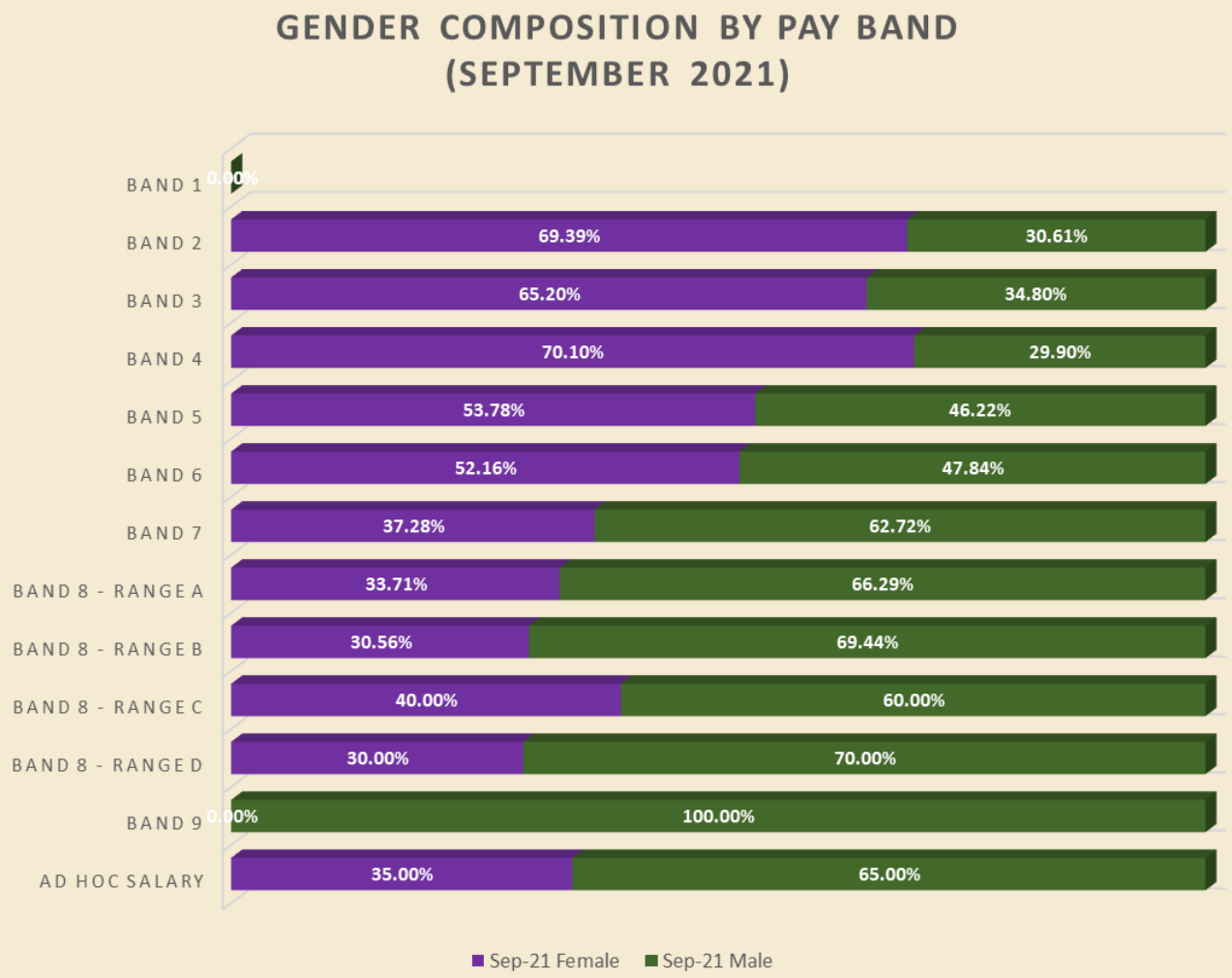


National Benchmarking
999 Emergency Ambulance Service (October 2021)

Key indicators at a glance for October 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	00:02:37	00:02:38	00:02:39	00:01:50	00:01:35	00:01:36	00:02:50	00:01:45	00:03:19	00:05:07	00:00:19	00:06:45
Calls Answered	1012143	89087	101377	93765	2179	158184	46649	141567	64712	111104	128039	75480
Mean Call Answer Time	00:00:56	00:00:47	00:00:53	00:00:32	00:00:30	00:00:25	00:01:06	00:00:34	00:01:07	00:02:13	00:00:06	00:02:46

Incident Proportions (Over All Incidents)	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
All Incidents	747472	64490	74283	67230	2585	109450	36428	92879	57062	74837	97610	70618
C1 Incidents %	10.99%	7.77%	11.43%	12.88%	6.62%	9.96%	9.58%	15.60%	7.09%	12.05%	10.56%	10.71%
C2 Incidents %	56.53%	56.90%	60.12%	60.91%	46.11%	55.25%	56.59%	55.05%	48.92%	60.47%	53.61%	58.57%
C3 Incidents %	14.81%	21.35%	13.11%	11.00%	26.54%	13.88%	13.02%	12.31%	24.92%	14.03%	13.88%	13.37%
C4 Incidents %	0.51%	0.35%	0.38%	0.14%	2.01%	1.01%	1.04%	0.00%	1.41%	0.13%	0.62%	0.21%

Incident Outcomes	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Hear & Treat %	12.31%	10.39%	9.87%	10.80%	12.38%	16.34%	13.26%	8.85%	13.73%	10.65%	17.51%	9.31%
See & Convey %	51.36%	57.65%	54.28%	50.99%	56.09%	50.35%	51.99%	52.53%	48.28%	47.40%	47.08%	55.08%
See & Treat %	31.52%	30.56%	32.89%	32.88%	30.91%	29.73%	25.74%	31.74%	33.61%	38.24%	29.92%	28.57%

Response Performance	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Response Time: C1	00:16:23	00:16:18	00:19:19	00:17:01	00:17:39	00:12:00	00:12:54	00:15:33	00:16:31	00:21:12	00:14:26	00:18:44
90th Centile Response Time: C2	01:56:13	01:10:46	02:00:02	02:07:06	01:06:11	01:47:09	01:35:36	02:28:44	01:13:15	03:04:58	01:46:25	01:32:33
90th Centile Response Time: C3	07:47:15	08:06:11	07:34:54	09:43:04	03:54:13	05:10:16	07:01:33	10:27:54	05:04:29	10:33:45	09:57:02	05:33:17
90th Centile Response Time: C4	08:01:16	10:28:49	09:04:33	06:06:09	04:46:27	08:07:47	04:21:48	00:00:00	06:29:48	13:29:55	10:28:05	07:52:54
Mean Response Time: C1	00:09:20	00:09:08	00:10:37	00:09:29	00:09:55	00:07:02	00:07:14	00:09:14	00:09:11	00:11:48	00:08:12	00:11:04
Mean Response Time: C2	00:53:54	00:34:56	00:56:01	00:59:05	00:32:07	00:49:57	00:48:17	01:07:42	00:35:38	01:24:25	00:46:34	00:43:40

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

Key indicators at a glance for June 2021

Cardiac Arrest	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Proportion who had ROSC on arrival at hospital %	25.67%	28.27%	26.35%	28.14%	33.33%	25.84%	26.47%	26.56%	22.95%	22.81%	21.84%	27.67%
Proportion who had ROSC on arrival at hospital utstein %	46.00%	48.65%	41.86%	48.78%		44.44%	54.55%	58.06%	39.29%	38.18%	43.48%	48.15%

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

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Appendix 1

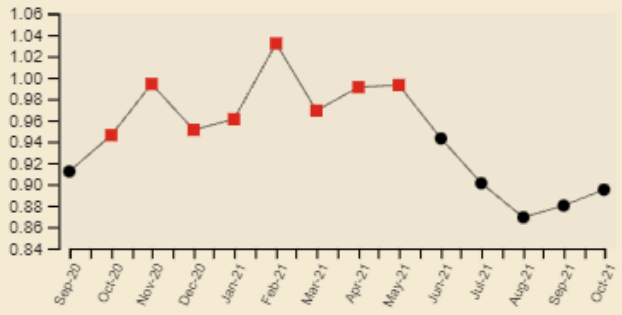
Performance Charts

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

999-12

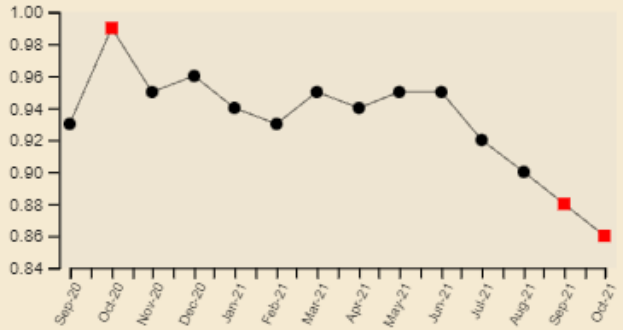
999 Frontline Hours Provided %



October 2021
89.50%
Target
100.00%

QS-7

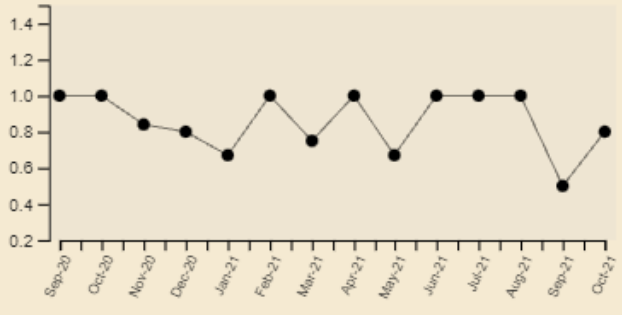
Hand Hygiene Compliance %



October 2021
86.00%
Target
95.00%

QS-3

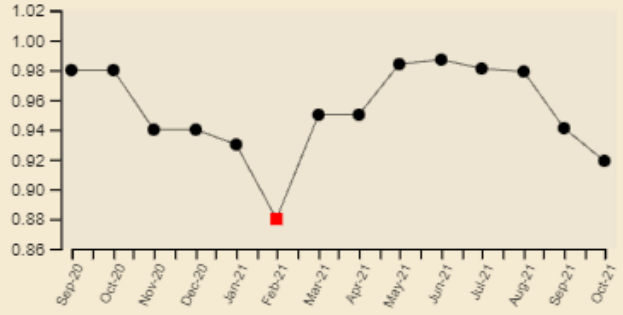
Duty of Candour Compliance %



October 2021
80.00%
Target
100.00%

MM-7

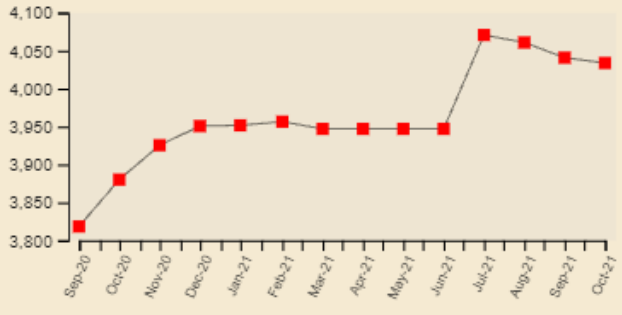
Medicines Management % of Audits Completed



October 2021
91.90%
Target
100.00%

WF-3

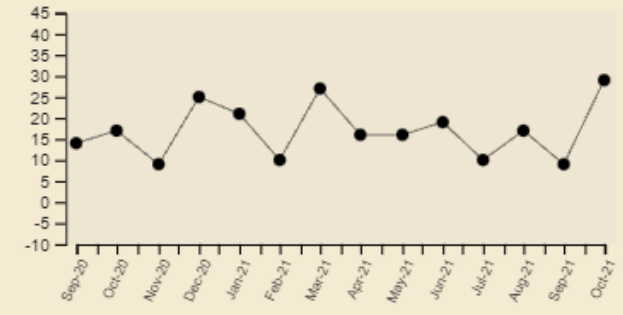
Finance Establishment (WTE)



October 2021
4033
Target
N/A

MM-5

Number of CD Breakages



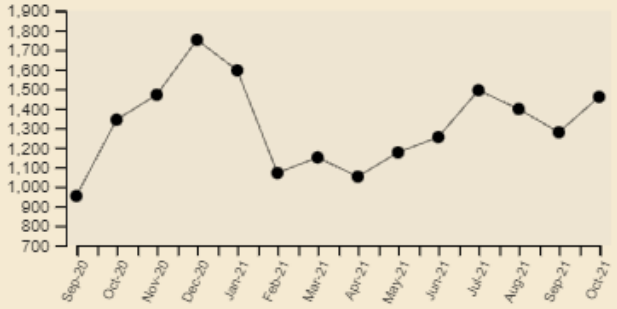
October 2021
29
Target
N/A

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

QS-1

Number of Datix Incidents

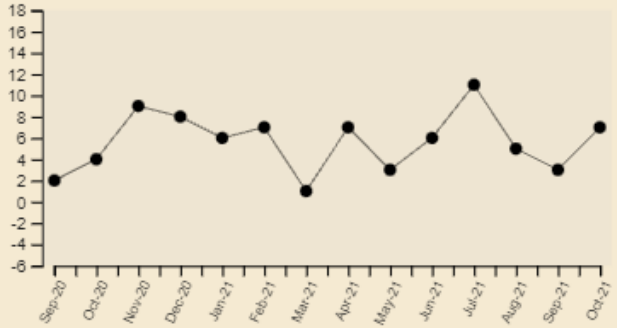


October 2021: 1459

Target: N/A

QS-2

Number of Incidents Reported as SIs

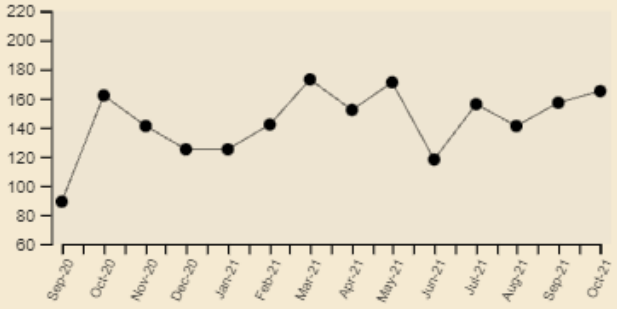


October 2021: 7

Target: N/A

MM-1

Number of Medicines Incidents

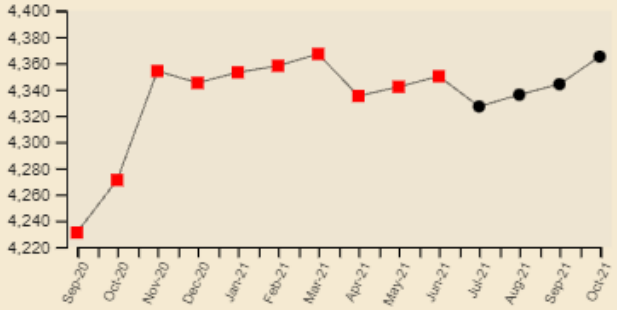


October 2021: 165

Target: N/A

WF-2

Number of Staff Headcount (Excl bank and agency)

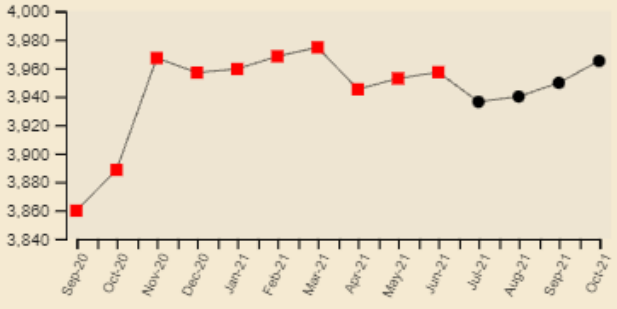


October 2021: 4365

Target: N/A

WF-1

Number of Staff WTE (Excl bank and agency)

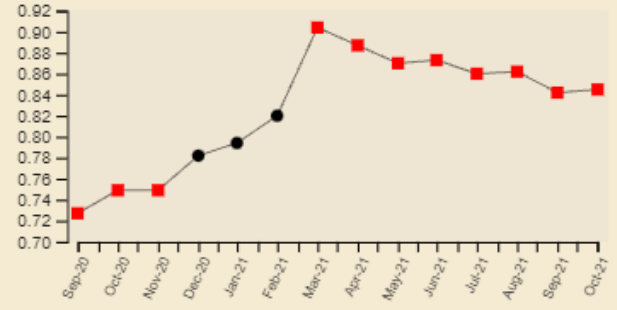


October 2021: 3965

Target: N/A

QS-8

Safeguarding Training Completed (Children) Level 2 %



October 2021: 84.50%

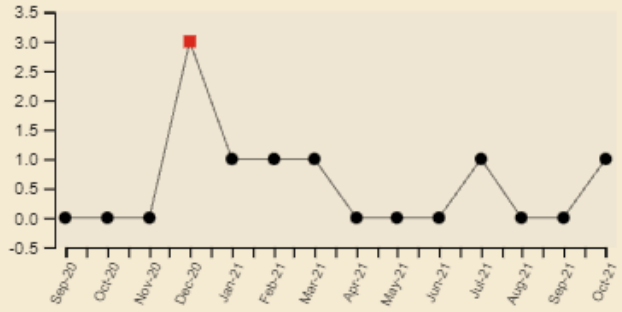
Target: 95.00%

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

MM-4

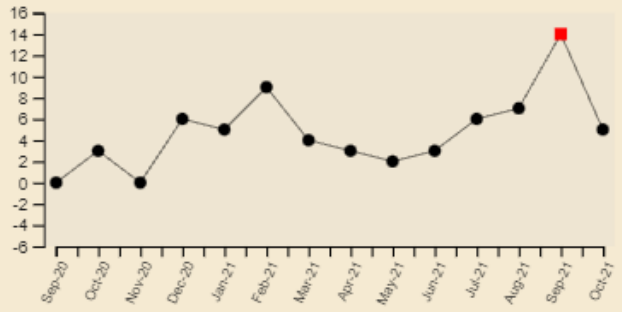
Single Witness Signature Use CDs Non-Omnicell



October 2021
1
Target
N/A

MM-3

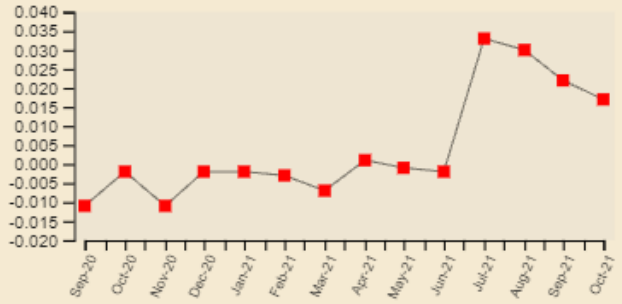
Single Witness Signature Use CDs Omnicell



October 2021
5
Target
N/A

WF-4

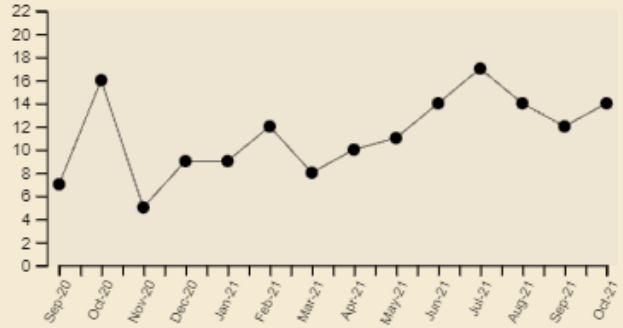
Vacancy Rate %



October 2021
1.70%
Target
N/A

QS-9

Number of RIDDOR Reports

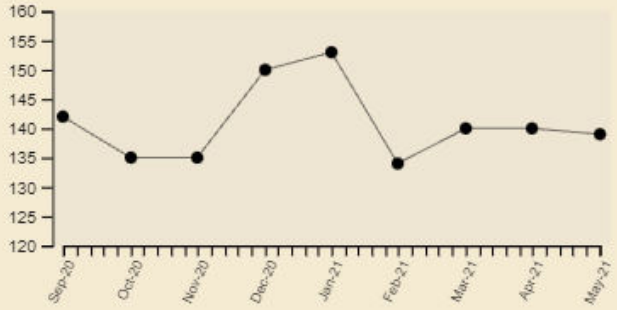


October 2021
14
Target
N/A

Performance by Domain
Effective: Performance Charts

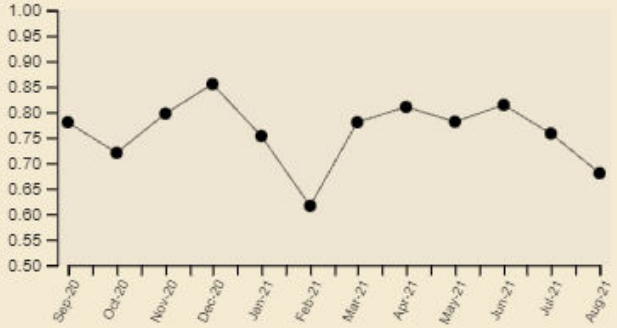
Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

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



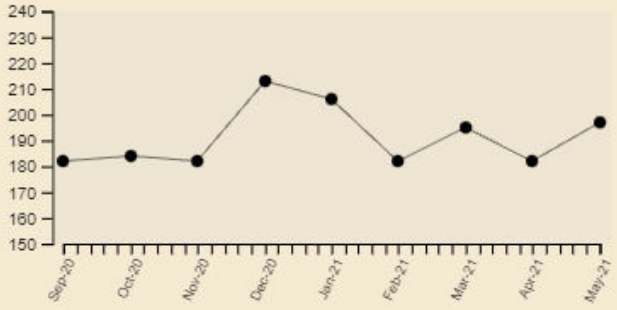
May 2021
02:19:00
Target
N/A

M-11
Cardiac Arrest - Post ROSC %



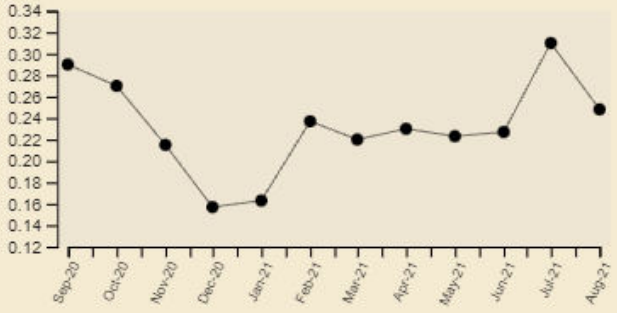
August 2021
68.00%
Target
N/A

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



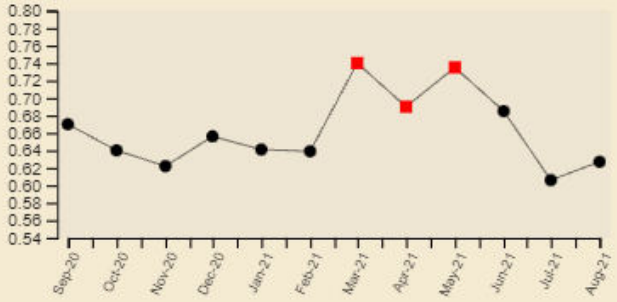
May 2021
03:17:00
Target
N/A

M-2
Cardiac ROSC ALL %



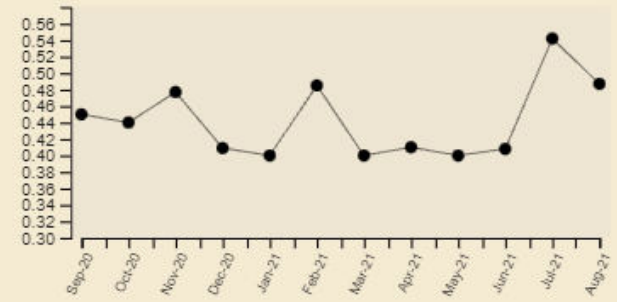
August 2021
24.80%
Target
N/A

M-5
**Acute STEMI Care Bundle Outcome %



August 2021
62.70%
Target
N/A

M-1
**Cardiac ROSC Utstein %



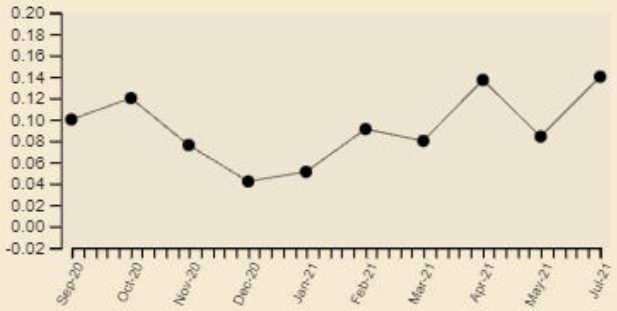
August 2021
48.70%
Target
N/A

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 %



July 2021

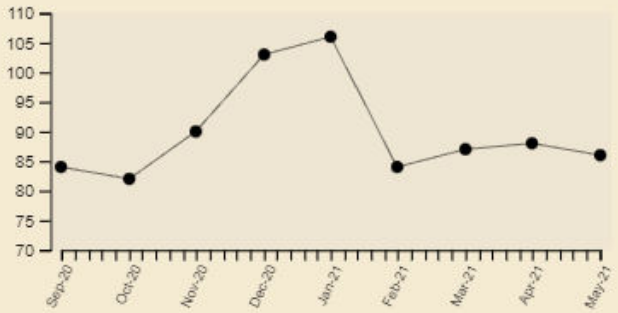
14.00%

Target

N/A

M-8

Stroke - Call to Hospital Arrival Mean



May 2021

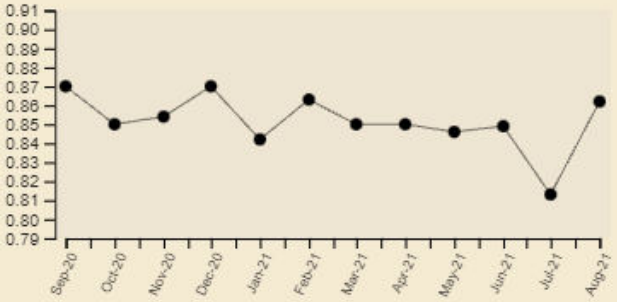
01:26:00

Target

N/A

M-12

**Sepsis Care Bundle %



August 2021

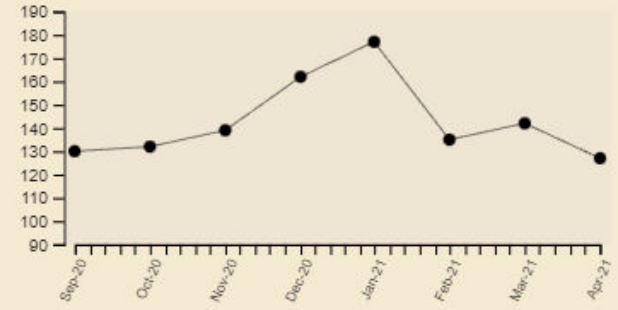
86.20%

Target

N/A

M-9

Stroke - Call to Hospital Arrival 90th Centile



April 2021

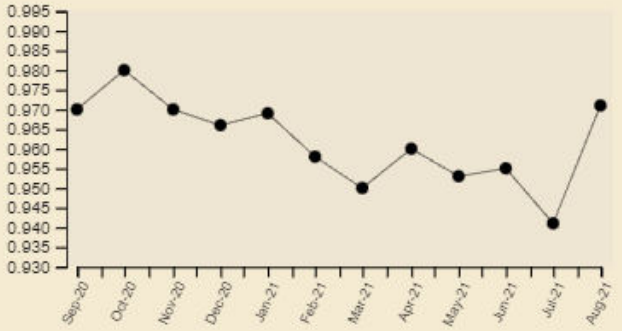
02:07:00

Target

N/A

M-10

**Stroke - Assessed F2F Diagnostic Bundle %



August 2021

97.10%

Target

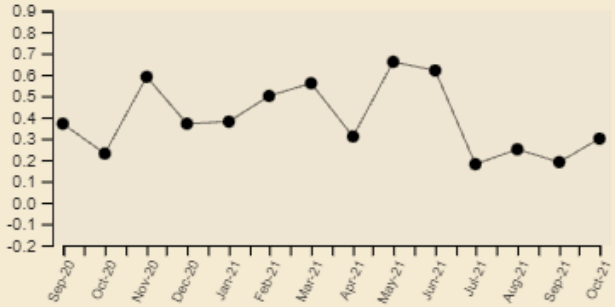
N/A

Performance by Domain
Caring: Performance Charts

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

QS-10

Proportion of Complaints Relating to Crew Attitude %



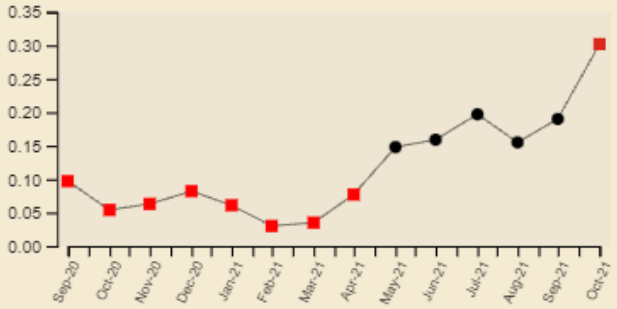
October 2021
30.00%
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

111-3

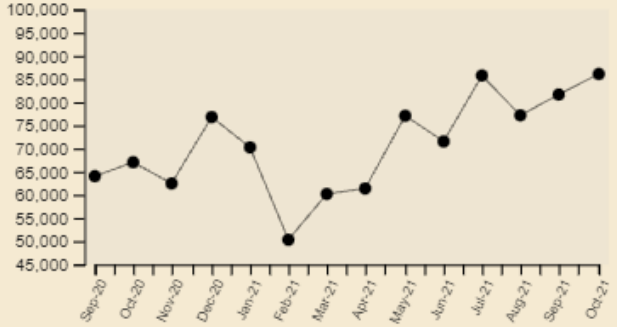
111 Calls Abandoned - (Offered) After 30 Seconds %



October 2021: 30.20%
Target: 6.00%

999-10

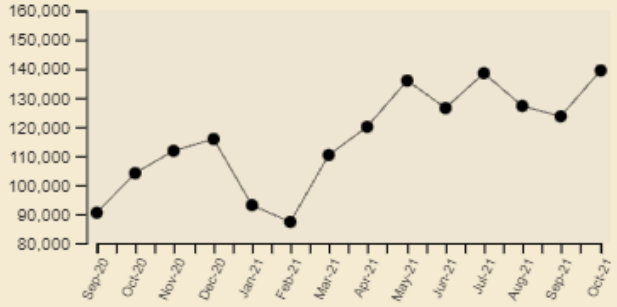
999 Calls Answered



October 2021: 86089
Target: N/A

111-1

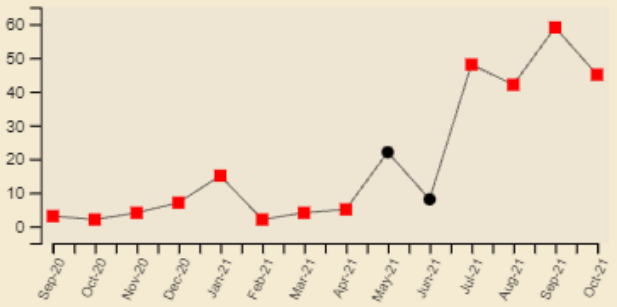
111 Calls Offered Actual



October 2021: 104059
Target: N/A

999-1

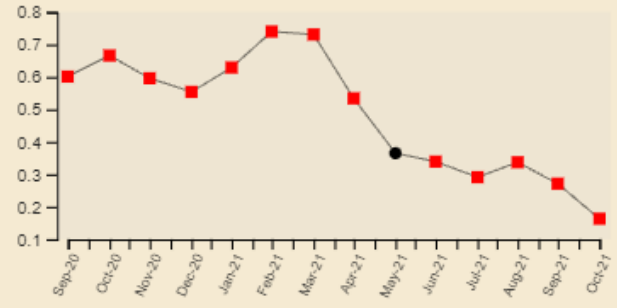
999 Call Answer Mean



October 2021: 00:00:44
Target: 00:00:05

111-1

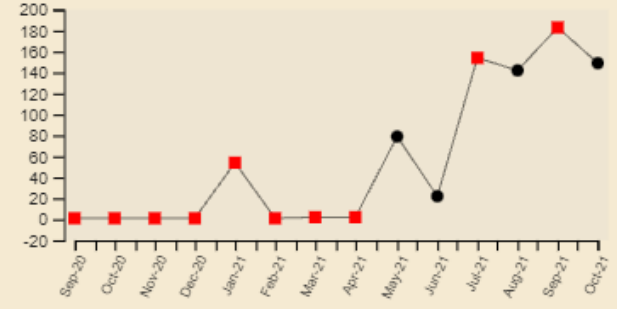
111 Calls Answered in 60 Seconds %



October 2021: 16.30%
Target: 95.00%

999-1

999 Call Answer 90th Centile



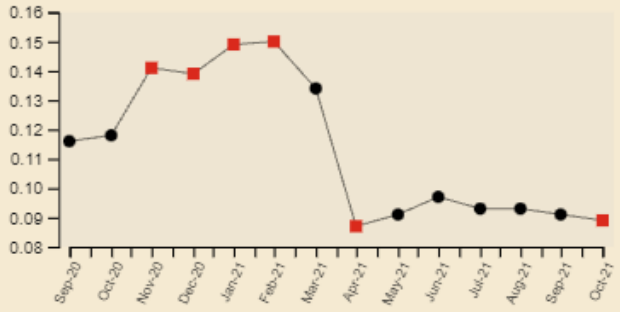
October 2021: 00:02:29
Target: 00:00:10

Performance by Domain
Responsive: Performance Charts

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

111-4

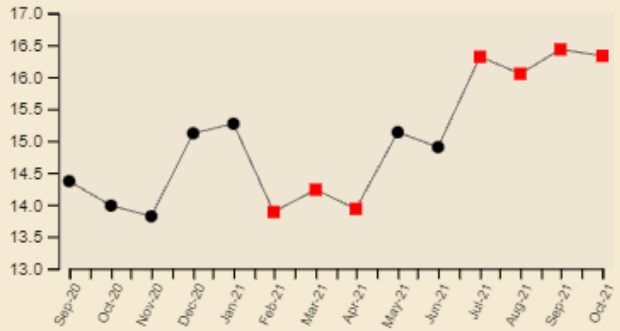
999 Referrals (Answered Calls) %



October 2021
8.90%
Target
N/A

999-2

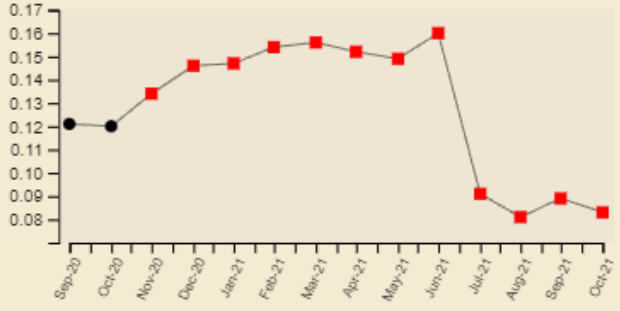
Cat 1 90th Centile



October 2021
00:16:19
Target
00:15:00

111-5

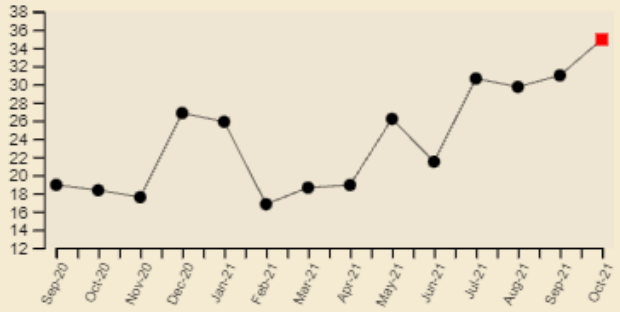
A&E Dispositions %



October 2021
8.30%
Target
N/A

999-4

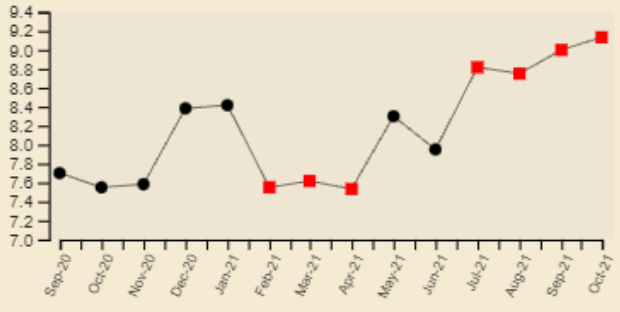
Cat 2 Mean



October 2021
00:34:55
Target
00:18:00

999-2

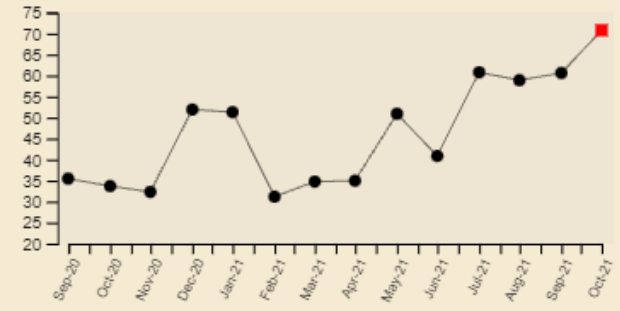
Cat 1 Mean



October 2021
00:09:08
Target
00:07:00

999-4

Cat 2 90th Centile



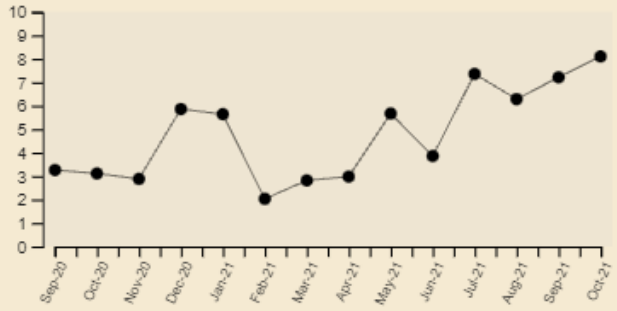
October 2021
01:10:47
Target
00:40:00

Performance by Domain
Responsive: Performance Charts

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

999-5

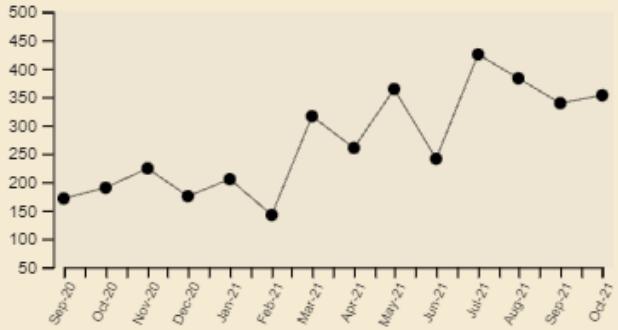
Cat 3 90th Centile



October 2021
08:06:05
Target
02:00:00

999-10

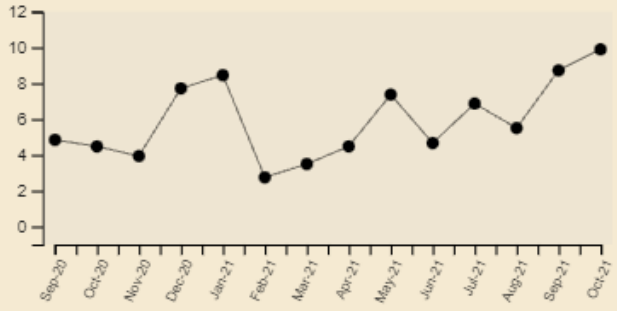
Fire First Responder Attendances



October 2021
353
Target
N/A

999-6

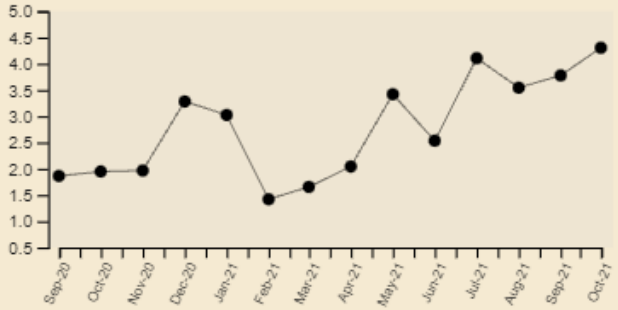
Cat 4 90th Centile



October 2021
09:53:30
Target
02:44:51

999-7

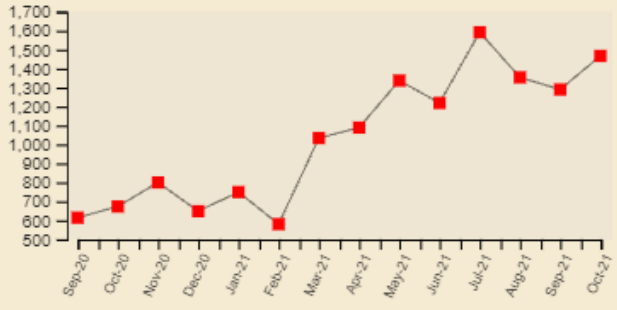
HCP 3 Mean



October 2021
04:18:12
Target
N/A

999-10

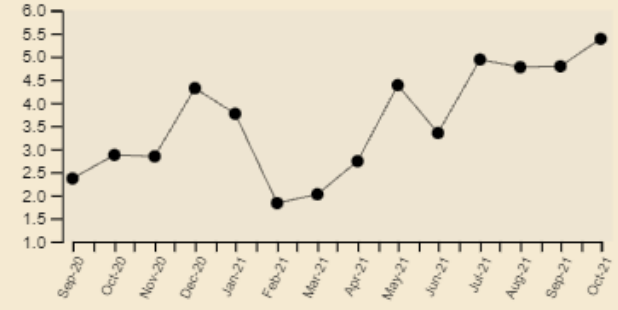
Community First Responder Attendances



October 2021
1467
Target
N/A

999-7

HCP 4 Mean



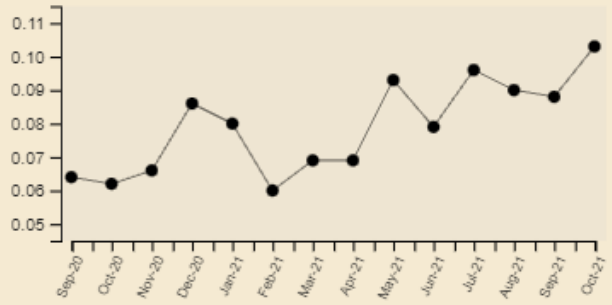
October 2021
05:23:02
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

999-9

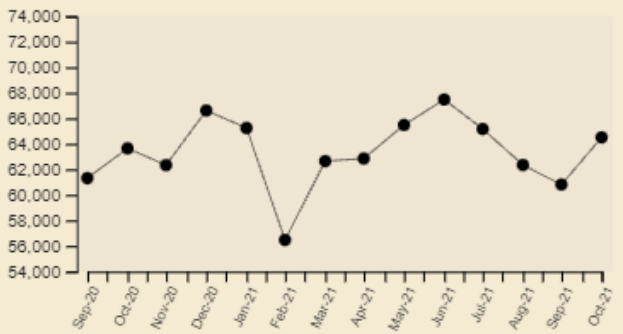
Incident Outcome Hear & Treat %



October 2021
10.30%
Target
N/A

999-10

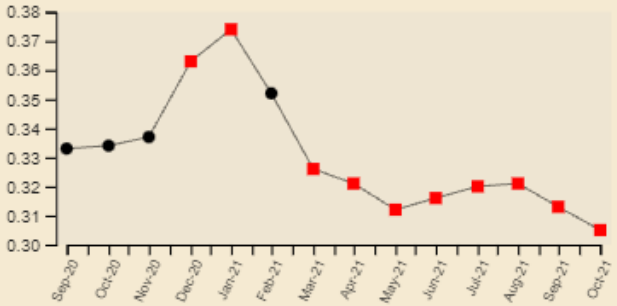
Incidents A7



October 2021
64510
Target
N/A

999-9

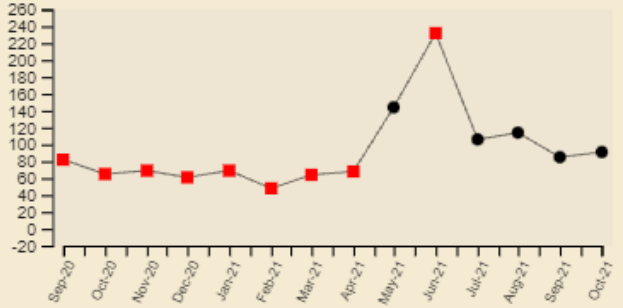
Incident Outcome See & Treat %



October 2021
30.50%
Target
N/A

QS-5

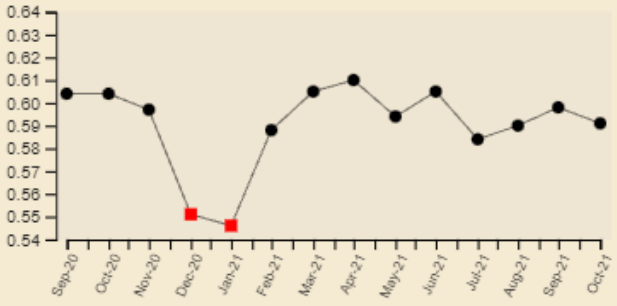
Number of Complaints



October 2021
91
Target
N/A

999-9

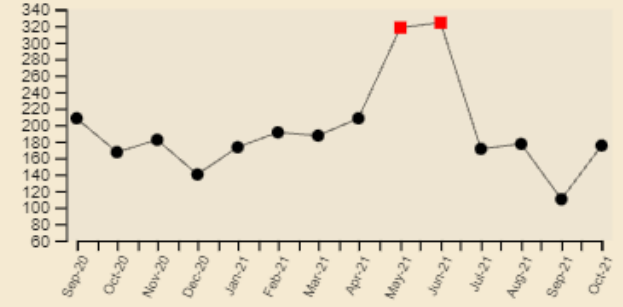
Incident Outcome See & Convey %



October 2021
59.10%
Target
N/A

QS-6

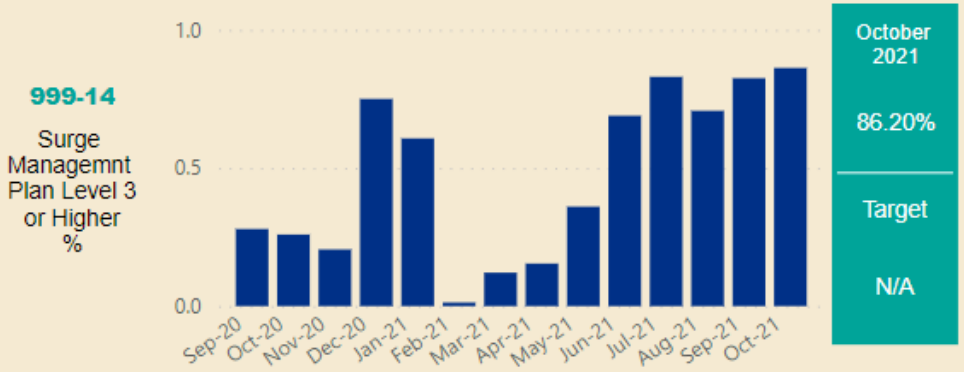
Number of Compliments



October 2021
175
Target
N/A

Performance by Domain
Responsive: Performance Charts

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



Performance by Domain
Well-Led: Performance Charts

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

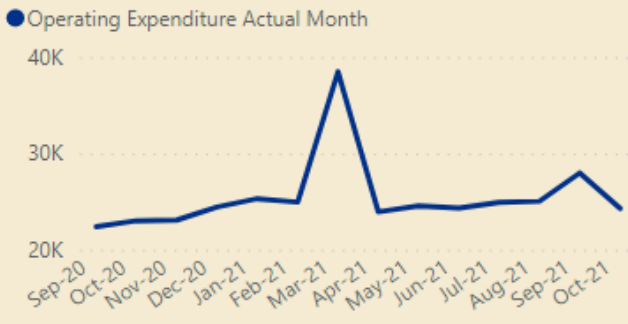
F-1

Income Actual Month

October 2021	Plan
£23450.50	£22170.00

F-2

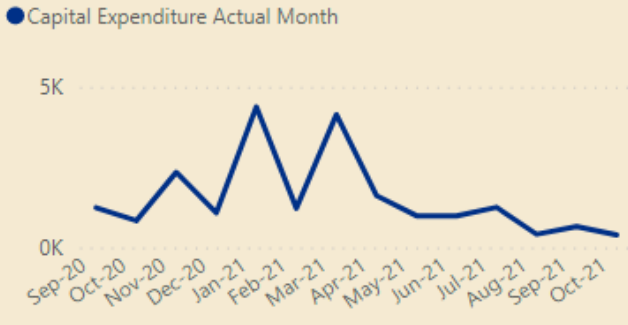
Operating Expenditure Actual Month



October 2021	Plan
£24300.60	£23104.68

F-3

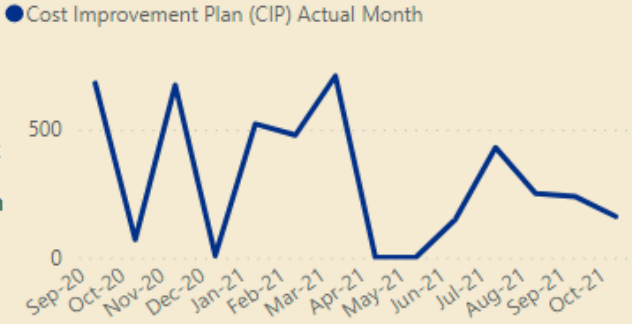
Capital Expenditure Actual Month



October 2021	Plan
£1080.59	£2112.00

F-4

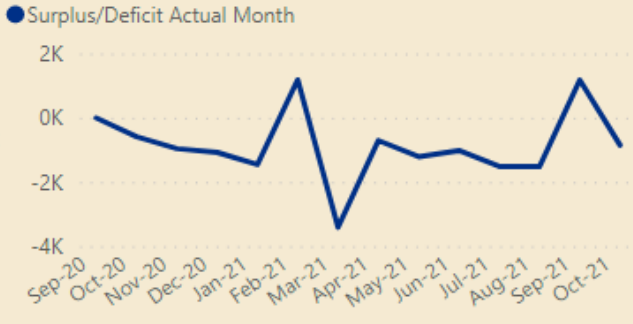
Cost Improvement Plan (CIP) Actual Month



October 2021	Plan
£161.00	£493.00

F-6

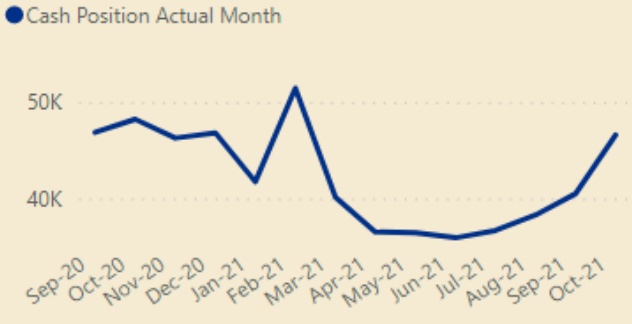
Surplus/Deficit Actual Month



October 2021	Plan
£-850.10	£-934.68

F-7

Cash Position Actual Month



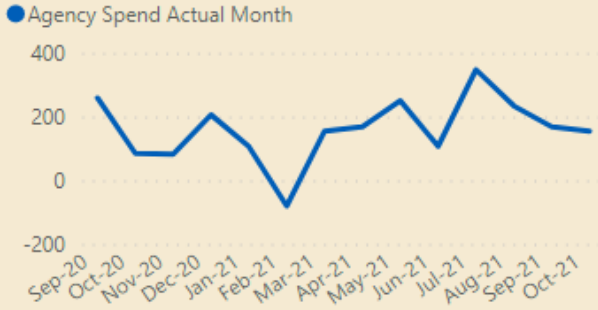
October 2021	Plan
£46592.00	£19757.52

Performance by Domain
Well-Led: Performance Charts

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

F-8

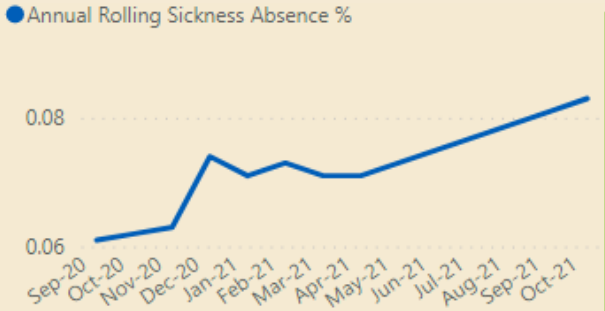
Agency Spend (£000s) Month



October 2021
£154.98
Plan
£273.00

WF-8

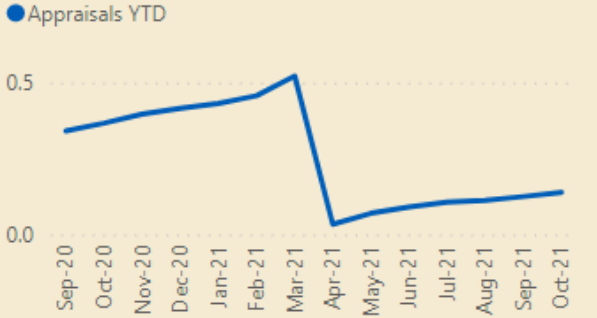
Annual Rolling Sickness Absence %



October 2021
8.30%
Target
5.00%

WF-5

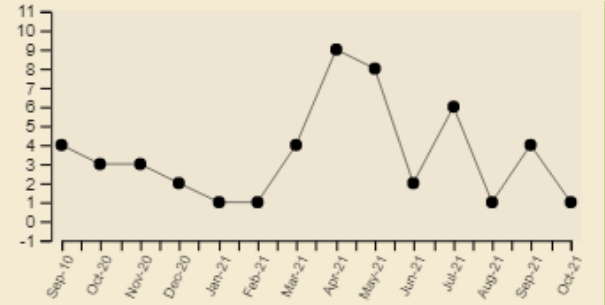
Appraisals YTD



October 2021
13.90%
Target
N/A

WF-9

Disciplinary Cases



October 2021
1
Target
N/A

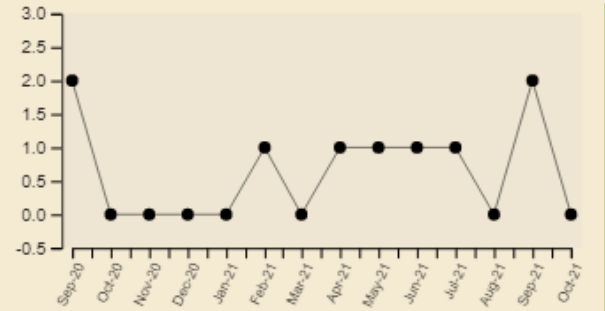
WF-7

Annual Rolling Turnover Rate %

October 2021
14.50%
Target
N/A

WF-11

Collective Grievances



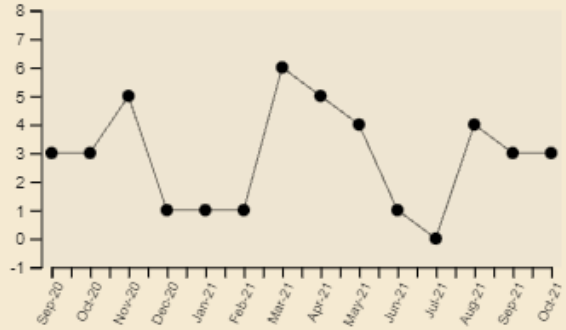
October 2021
0
Target
N/A

Performance by Domain
Well-Led: Performance Charts

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

WF-12

Bullying & Harrassment Internal



October 2021

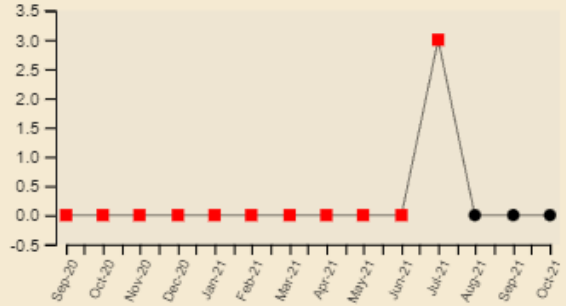
3

Target

0

WF-13

Whistleblowing



October 2021

0

Target

N/A

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

Appendix 2
Glossary & Metrics Library

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

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

Ambulance Call Categories (Ambulance Response Programme)

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

Chart Key

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

SECAMB Board

Performance Committee Escalation Report to the Board

Date of meeting	16 November 2021
Overview of key issues/areas covered at the meeting:	**Management Governance and Assurance Arrangements Assured** The committee reviewed the new performance assurance framework that the executive is putting into place. The aim of the Performance Assurance Meetings is to ensure a more consistent understanding of the key issues among senior management, based on the improvement plan and the look forward trajectory. The committee was particularly supportive of the focus on both glancing backwards for assurance against the plans and looking forward to assure we are preparing ourselves as well as possible to meet future demand. The committee will receive a summary of the trends identified through these assurance meetings, highlighting: ▪ Key areas of progress achieved ▪ Key areas where progress has stalled, and why ▪ Look forward projections at key risks within a 12-week outlook ▪ Escalation as appropriate to the Board The committee acknowledged how this approach will also help to distinguish between management and structural issues. **Integrated Planning Assured** The executive has responded to recent challenge from the Board about the need for a plan that looks forward, specifically on having a strong and consistent baseline plan as well as scenarios around this baseline for constraints such as finance. The committee received a presentation outlining a proposal for how we implement an integrated planning process starting in 2022/23, with the view to utilising this as a precursor to the 2-5 year strategic planning and operating model design that will then be undertaken as part of supporting Better by Design. Some of the tools required to fully embed this process are being delivered over the next six months, in line with the Performance Cell Business Case the Board recently approved. The committee noted that this process has started and will enable a blueprint for the approach to integrated planning, which will be overlayed with more accurate and sophisticated tools as they become available. The objective of the proposal considered by the committee is to achieve a first draft of the plan before Christmas with the final plan coming to the Trust Board at its meeting in January 2022. Overall, the committee is assured with the progress being made. While this will become more mature over time it is a good set of tools to ensure more informed decision making. It also helps us better understand our cost base. The committee reinforced with the executive the need to ensure that we bring internal and external stakeholders with us. **12-week look ahead incl. Christmas Not Assured** A helpful paper was received providing a look forward over the next 12 weeks, identifying the key areas of risk to service delivery, using projections and

	assumptions. Firstly, the committee is assured that management is considering the mid-term horizon risks so that it can more effectively mitigate the risks, and therefore reduce the impact on patient safety. The identified risks include a high level of projected abstractions, including sickness (significant reduction in hours), and a higher than usual activity in January. The mitigating action include targeted incentivisation of shifts and maximising availability and use of Private Ambulance Providers (PAPs). On the latter, the more recent increase in PAP provision was noted. Although the committee is assured by the process of planning for the different scenarios, it is not assured that the actions will close the forecasted gaps significantly enough, particularly in the provision of hours to meet demand. This is not a criticism of management but a reflection of the very difficult challenges that currently exist. The committee acknowledged the national and local communications aimed at ensuring people only use services when they are really needed. **Current Performance Not Assured** On 111 CAS, the committee acknowledged the difference between assessing performance against what we are commissioned, and what additional demand is being seen through 'Think 111 First'. As the Board will note from the IPR, performance levels in 111 continue to challenging. As does performance in 999, although there are small improvements in some areas, including in call answer performance which has been an area of significant concern in recent months. Our position against ARP in comparison to our peers has also improved, but this is more a reflection of how all ambulance services are struggling. Against this background, the committee explored staff welfare, and noted that there is a high percentage (circa 98%) getting meal breaks, but not always within the expected window. Shift overruns are high. Hospital handover delays are increasing in both the East and West. There is much work ongoing with the most challenged hospitals and the committee noted how this requiring complex dynamic management. The committee also asked about the triggers for MACA, noting that this comes at a very high cost, and in any event is not a silver bullet, and so other options are more viable currently, such as incentives/over time/PAPs etc. However, assurance was provided that no reasonable option is being completely discounted.
Any other matters the Committee wishes to escalate to the Board	The committee acknowledges how hard everyone is working in really difficult circumstances. It will continue to support and challenge the executive to do what is reasonably possible to ensure performance levels are maintained through the next period, which will likely be as difficult as recent months, if not more so.

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	Thursday 18 November 2021
Overview of key issues/areas covered at the meeting:	In review of the **committee dashboard**, which is taken from the KPIs within the Integrated Performance Report, concern was raised about compliance with duty of candour and hand hygiene. The committee has asked for separate papers on the corrective action being taken which will come to the next meeting in January. Under **executive escalation**, an update was provided on the recent issue with the CAD that led to the Critical Incident. It is too early to identify if there was any harm as a result, and this will be a consideration as part of the well-established harm review process. The incident met the criteria for an SI and the committee will receive the outcome of this in due course. The committee also received an update on the flu and COVID Booster vaccination programmes. Acknowledging some of the reasons, such as locations of the vaccination centres, it was surprised and concerned to learn that take up is not higher – 31.2% Flu and 50.9% Booster. There were four Management Responses: **Impact of Clinical Audit Actions** **Partial Assurance** It was reassuring to hear that the 2021/22 plan is now back on track and that there are just 48 open actions on the tracker, which is a significant improvement from earlier in the year. The Committee had previously asked for a report on the impact of clinical audit actions on patient outcomes. It noted that being able to report against this is challenging as the team do not always have patient outcome data available for analysis. However, a comparison of the 2020/21 clinical audits with previous audit findings has enabled the identification of any notable changes with compliance. The assumption is that the higher the compliance, the more likely that patients will have a better outcome. Of the seven audits, four were RAG-rated Green showing improvement. Three were Amber, which shows some compliance levels have worsened or shown minimal improvement, suggesting not all audit actions have had a successful positive impact. The committee clarified that all actions have owners and timeframes, with clear governance in place to track progress. Overall, it had better assurance with the *impact* of clinical audits. **Birthing Centre Transfers** **Assured** This arose from previous concern about C1 calls from birthing units not actually requiring a C1 response. The executive has since taken positive action to ensure a more appropriate use of our services, which has seen a significant reduction in C1 calls. **Public Access Defibs (PAD)** **Assured** The committee received assurance that Phase 1 of the project is complete which has ensured all Trust-owned PAD sites are now rescue ready. Further assurance was received confirming there have been no incidents related to PADs not working when needed. The committee noted the process in place to maintain our PAD sites, and the decision that will be needed longer term, e.g., replacement programme. For those PADs owned by others, some progress is being made on the British Heart Foundation Circuit.

Key Skills Assured

As reported to the Board in September, the committee noted that we competed just over 50% of key skills in 2020/21 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. The committee supported the decision of the executive in taking a risk-based approach to the delivery of key skills for the remainder of this year, noting that the assessment of risk confirmed there have been no patient safety incidents directly related the omission of training. The plan agreed is to provide a single day for the 881 staff that has not received key skills training in the past 18 months; if possible, it will then be opened up to more. This will start from 15 November. In addition, statutory and mandatory training will continue for everyone; Practice Placement Education training will continue for all appropriate staff in order to ensure sufficient mentoring capacity for staff in training; Safeguarding level 3 training will only be delivered for individuals as identified/required; and management training will go ahead for non-operational/corporate staff.

The main scrutiny items were as follows:

EOC Patient Safety – Mental Health Partial Assurance

A verbal update was provided relating the provision of clinical support for patients with potential overdose or suicidal. A national directive was provided to update Cleric and this was delayed by about three months. The paper that will follow will set out the reasons and impact. In the meantime, the committee is assured that this has now been done and is effectively the automated solution that upgrades potential suicidal patients from a category 3 to a category 2.

111 Electronic Prescribing Assured

A verbal update was provided following on from the meeting in May when the committee reviewed the roll out plan for the electronic prescribing service (EPS) in the 111 clinical assessment service (CAS). Assurance was received that there have been no adverse incidents from prescribing. Currently only GPs use the EPS, but most CAS have non-medical prescribers (NMP). The next phase therefore is to develop a NMP policy and the aim to start this shortly. This will be last element before we become a fully functioning CAS.

The committee was assured by the way EPS has been implemented and is supportive of the next phase for NMP. It reinforced the scope of practice requirements to ensure NMP is always within scope. Positive assurance was also received by confirmation that no clinician working in the CAS does so without a clinical decision tool.

Harm Reviews – Embedding the Learning Assured

Firstly, in light of the harm review report from AACE that has been recently published, the committee reflected on the oversight it has had for a number of years now on harm reviews, including those related to hospital handover delays.

This meeting's focus was on how we embed the learning from this now well-established process. A really informative paper was considered providing analysis relating to the operating units / areas most impacted, the criteria used for the reviews and the initial levels of harm being identified. The paper also provided intelligence relating to the wider impact on patient and staff experience and gave examples of how findings have been utilised to inform broader conversations across the Trust to aid decision-making.

The committee agreed that the findings from the harm reviews have been invaluable and provided enormous intelligence. They have aided conversations amongst senior management and influenced decisions, such as the Trust's REAP level and they have led to actions to manage the safety of the clinical queues in the EOC.

The committee noted that from the thousands of harm reviews completed very few

	identify harm, but much more adversely impact patient experience, which is also very important. The **Accountable Officer for Controlled Drugs Annual Report** was received. Unfortunately, the medical director, who is the accountable officer, was unable to attend the meeting and so will speak to this report at the Board meeting on 25 November. While the committee accepted the broad assurance provided by the report, it noted the need for continual improvement and also more consistent compliance with processes. The meeting concluded with two items under the forward look section. Firstly, the committee discussed the soon to be published new **Working Safely Guidance.** Few changes are expected and the executive plan to use this as an opportunity to reinforce the measures we need to continue to take. There was also a discussion about **Respirator Hoods – Fit Testing** in the context of national guidance that is expected to require all providers to have a secondary option for RPE. It is unclear whether this will be extended to ambulance providers, but if so, there will be implications for fit testing and the investment the Board made in 2020 for powered hoods, on the basis that fit testing would not be needed.
Any other matters the Committee wishes to escalate to the Board	Two assurance papers were not received as scheduled, although helpful verbal updates were provided. The papers will follow in January. Otherwise, the papers received were of good quality that aided effective and succinct discussion.

South East Coast Ambulance Service NHS Foundation Trust

SECAmb Board

WWC Escalation Report to the Board

Date of meeting	**14 October 2021**
Overview of issues/areas covered at the meeting:	This meeting was attended by the Chair and Chief Executive. **Executive Escalation** At each Board committee, this standing agenda item has been added to provide for the executive to escalate or raise any specific issues the committee ought to be aware of. The director of operations used this opportunity to outline the steps being taken to ensure a more holistic approach to staff training and development. A Task & Finish Group has been set up and the Learning and OD team are reviewing every role in Trust to establish the training needs over a 1–3-year cycle, taking account of abstraction. This will allow us to take a risk-based approach to what can be achieved. The first phase of this work is due to be reviewed by the committee in December. There were then a number of scrutiny items. **HR Process Performance Update/IA Actions update Assured** E-Expenses – This project is coming to a close. The committee noted that despite some concerns from unions related to insurance and financial detriment to individuals, no issues have been flagged. This project has been well implemented. P-Files – The committee noted the quarterly audit of 100 random files has been set up, with any issues being reported to the Executive Management Board (EMB). No issues identified to-date. Driving Licences – The numbers outstanding within operations fluctuates due to turnover and expiry of licences; at the time there were 243 outstanding. The committee explored the risk and the probability that these would have been checked and just not recorded on GRS. It therefore agreed with the executive that the risk is low. Longer term, however, it would be more efficient to have in place automated checks to mitigate the heavy admin burden. The committee noted that a related business case was being developed. Payroll Provider – The new provider is now in place. A pre-retirement seminar and a 1 to 1 consultation day is also planned. The committee was assured to hear about the early positive feedback about the new provider. The committee explored hot spots; where specific areas are being highlighted across a range of indicators, such as sickness, driving license, ER issues etc. The executive

explained that we need better analytics, because while there are some clusters, other areas have cluster events, where the issues are different (nuanced) despite the symptoms appearing similar. The deeper analysis will help to identify the action needed to support these areas, e.g. OD /action learning, focussed on teams and functions. The committee acknowledged this is work in progress.

Sickness Management – Action Plan **Partial Assurance**

The Trust has a target of 5% sickness absence with abstraction from field operations and the contact centres calculated on this basis. The sickness absence management pathway starts with notification of sickness, through welfare and support, to management of absence that exceeds triggers set out in the policy. The rolling twelve-month sickness is significantly above this target, and in-month (August) within operations the target was exceeded by 100%. The main reasons excluding Covid is 'anxiety/stress/depression'.

The committee supported the challenge set by EMB to bring the current levels at or below the Trust target. A 20-point action plan has been developed to support managers and its aim is to make improvements in the short-term and also bring long-term sustainable improvements in the sickness absence management pathway, while ensuring that staff are provided with the level of welfare and support needed.

The committee will continue to monitor progress against the plan.

Improving Workforce Diversity **Partial Assurance**

The committee followed up the discussion at the Board meeting in September where there was constructive challenge about whether we are ambitious enough with the targets being set. It noted that the six national actions to improve recruitment, talent management, and retention have been built into the plan, but we have also widened these to cover our three areas of focus, ethnicity, gender, and disability.

One of the challenges from the Board was about having a recruitment strategy, to set out how we are going to make improvements in this area, including interview training. The committee was pleased to see this covered in the six-point plan. However, it noted that one of the main challenges of the plan is to find space to have conversations about race and how we integrate this into our wider learning; exploring with other organisations how best to take this forward productively.

The committee explored some of underlying issues possibly requiring a more targeted response. It supported the need for targets that are achievable but pressed the executive to ensure we get there and as quickly as possible. For example, does every executive director have an objective / target and are they held to account through appraisal? This is something that is being considered.

Appraisal update Not Assured
A really helpful paper was received about the implementation of the ESR appraisal system and the link to pay progression. The committee reviewed the suggested approach and sought assurance on the quality and moderation process for making judgments on ratings linked to pay progression. It also wanted further assurance that we have a robust plan to support the completion of appraisals. The executive confirmed that in the context of the current performance challenges assurance could not be provided that all appraisals will be completed this year.

Employee Relations Partial Assurance
The committee considered the current position where the open caseload of ER cases is currently 54. This is much lower compared to recent months. The majority relate to two EOCs and there is only one case related to performance/capability, which is surprising. It seems to be that these are dealt with more under a disciplinary process, which the executive is picking up to inform how it structures the strategy to this. The committee agreed that this is symptomatic of the broader discussion during the meeting about how we manage our people.

The final section of the meeting was the Forward Look / Horizon Scan.

Draft Clinical Education Strategy
The committee welcomed sight of the early draft of the strategy, noting the overall aim to align to the HEI quality framework. The committee reinforced the need for this strategy to break down silos to ensure clinical education in fully integrated with other directorates / functions in the delivery of services and is responsive to organisational need. It challenged the extent to which this fits within wider education training and development (ETD) of the Trust and the risk of having clinical education standing alone with its own strategy. Other feedback from the committee included being clear on accountabilities, and how this fits in the wider strategy of the Trust, given what this does with clinicians is hugely important to deliver the strategy.

The executive was able to provide some assurance on the wider ETD point that a governance group will bring learning and OD and clinical education together. This is under active discussion between the medical and HR directors to establish a clear oversight framework.

The committee was supportive and acknowledging there is much to do asked the executive how the immediate priorities will be determined. Noting that first priority is to establish the structure of clinical education, as otherwise it can't deliver the support our learners need, the priorities will be agreed in due course by EMB, via the delivery plan. The committee will review the next version of the strategy and the draft delivery plan at its next meeting.

Any other matters the Committee wishes to escalate to the Board	The committee is concerned by the concerns coming through **Freedom to Speak Up (FTSU)** related to workforce / employee relations. Following the Board discussion about this, the committee has asked for some analysis of the issues and some assurance on the extent to which management is working effectively, including any hot spots. This will be picked up at the meeting in December. At the December meeting there will be focus on **ETD Abstraction (BAF Risk)** and specifically how we plan more effectively for the betterment of the Trust.

SECAMB Board

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

Date of meeting	11 November 2021
Overview of key issues/areas covered at the meeting:	**Financial Performance – Partial Assurance** The committee reviewed the month 6 position where the planned £1.1m surplus in month and £5m deficit for the first 6 months was met. There was also positive news about the commissioners providing the funding for 111 to reflect the current in-year demand, driven mainly by '111 First'. The committee is assured this will meet all the costs currently being incurred to ensure a breakeven position. There is however some uncertainty about the longer-term position from 2022/23. Despite the funding gap between the original bid and current demand having been closed, the committee noted that activity continues to increase with this predicted to continue. The challenge is being able to accurately forecast this demand and how it will be profiled. There are ongoing discussions with commissioners and NHS England about the impact of this on funding, which links into the national direction for the promotion of 111. The committee suggests there is some time planned in the New Year for a Board discussion about the strategic positioning of the 111 CAS service. The 'Flowers' settlement (legal case affecting all ambulance services) has been funded but there is an ongoing £2.6m p.a. cost pressure for this as there will be no ongoing funding. We are challenging this decision as a sector. The cost improvement plan (CIP) is significantly below target at month 6. The executive outlined a plan to take a new approach to cost improvement, to shift the overall culture from 2022 /23. In the meantime, the risk of this shortfall to the final position is not considered to be significant with some of the gap offset by Underspends in other areas (that would in previous years have been badged as CIPs). The main risk to the underlying financial position is the uncertainty about non-recurrent funding sources. The committee explored the allocation of resources related to staff welfare, especially in the context of the ongoing pressures. Some areas are not easy to directly quantify, such as the additional hours provided to help mitigate long shift overruns and meal breaks etc. Assurance was received that there are no funding constraints, despite the deficit position. The committee encouraged the executive to review how we communicate some of what we are doing to raise awareness. Year to date there is an underspend on Private Ambulance Providers (PAPs) which the committee challenged. It noted that PAPs are experiencing the same issues as we are in terms of delivering hours. That said, in month the provision has significantly increased, and the committee reinforced the need to look strategically at how we use PAPs given the assumptions we will be applying in our operating model going forward. It will schedule some time on this in early 2022.

Financial Planning 2021/22 – **Partial Assurance**
The Board is aware of the unique position this year due to the pandemic where nationally funding for services was only confirmed for the first 6 months. The uncertainty this creates is one of our BAF risks. The committee reviewed the revised plan for the second half of 2021/22 (also on the Board agenda), which needs to be submitted on 25 November, and the headlines are as follows:

- In May 2021 we submitted a £5.0m deficit plan for H1 with an indicative full-year deficit of £10.6m
- Current high-level planning for H2 indicates a deficit of £9.6m for the full year
- The ICS will be required to break even and it is not yet known what the expectation will be from individual trusts
- The intelligence is that other trusts are also projecting deficits; the host CCG will have reserves that can be allocated to individual trusts as full or partial offset
- If initial submissions indicate an overall system deficit, there will be discussions at CEO/CFO level to consider how the gap can be closed

The committee explored the difference between the hours we are paying for and the hours we are actually able to provide to meet demand. The gap being abstraction, which must be reduced. Our inherent assumptions about the short to medium term indicates much risk and this is why the review of our operating model is so crucial, to ensure we are more resilient.

Update on Capital Programme Plan **Partial Assurance**
The slippage to the plan, including with the Medway development was noted. The committee expressed concern about the risk of this in relation to the central 'wave 4' funding, as the final £9.4m is due this year and therefore some might be lost. The committee will continue to monitor this and at its next meeting has asked for an assurance paper on the steps being taken to deliver the plan on time.

Additional Winter Monies – Update on spend/delivery **Partial Assurance**
Additional funding has been agreed centrally for all English ambulance services and allocated proportionally to the Trust according to current budget value in relation to other Trusts. The intention for this money is to build capacity and tangibly improve performance during Q3 and Q4 2021/22. The total value for the additional monies for SECAmb is £4.3m. The committee reviewed the five programmes as per the original plan:

1. Additional EMA recruitment	On plan and trajectory for call answer is improving.
2. Additional EOC Clinician recruitment	Issues with attracting clinicians that has led to a review of the plan
3. Increased use of PAPs	Increased provision at month 6, but risks given the issues PAPs are also facing.
4. Increased use of HALOs to support hospital handover times, particularly at the	On track

most challenged hospitals	
5. Implementation of the use of taxis to convey appropriate patients	Plan in development.

NHS Greener Update
A verbal update was provided on our compliance with the NHS Greener Plan. The committee supported the approach being taken by the executive to ensure this becomes a greater priority. For example, there is a plan to provide some Board training and awareness and a Green Impact Assessment is being introduced in the same way quality and equality impact assessments inform decisions. A gap analysis will come to the Board in January 2022.

Any other matters the Committee wishes to escalate to the Board

The committee received an update on the **Medway Travel Plan**, given some concerns about the parking there. The executive set out the steps being taken to establish the extent to which parking will be a significant issue and some of the possible solutions. This discussion reinforced the need for a Trust wide sustainable travel plan, which is being picked up under NHS Greener.

There was also a good update that provided assurance on how we are managing our **Commissioning Contracts** and a separate paper for information on the new National Ambulance **Vehicle Conversion Framework.**

Finally, there was a detailed review of the current **Fleet Activity** and the ongoing work towards department KPIs. The updated Fleet management system has vastly reduced paperwork generated by the vehicle maintenance technicians; they are all now able to update maintenance records as they carry out their work via touchscreen tablets or PCs. This provides for more timely information to support more efficient processes.

Looking ahead, and linked to NHS Greener, one of the key objectives will be how we introduce more environmentally friendly vehicles onto the Fleet such as Electric Vehicles, Hybrids and vehicles that run on Hydrogen. We are on a waiting list to trial the new electric Fiat Ducato and in the process of trialling an electric Mercedes Sprinter van.

The committee took much assurance from all of this activity and challenged the executive to have greater clarity on the total cost of (fleet) ownership. More work is needed on this to help inform the unit cost of running fleet dept.

ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Bringing together skills, expertise and shared knowledge in UK ambulance services

Delayed hospital handovers: Impact assessment of patient harm

NOVEMBER 2021

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1.0 Executive Summary

The nationally defined target for hospitals included in the NHS Standard Contract states: *"All handovers between ambulance and A+E must take place within 15 minutes with none waiting more than 30 minutes"*. Since April 2018, an average of 190,000 handovers have missed this target every month (accounting for around half of all handovers). In September 2021 over 208,000 exceeded the 15 minutes target.

This report by the Association of Ambulance Chief Executives (AACE), uniquely focuses on a structured clinical review, undertaken to assess the potential harm that patients experience as a result of extended delays in their handover between ambulance and hospital clinicians. We have done this as an exploratory exercise, and to provide learning for all Integrated Care Systems (ICSs) so that providers can work together to reduce the patient safety risks inherent in handover delays.

In publishing the findings from this review, we do so to reflect the impact of the pressures on urgent and emergency care systems across the country and how this is affecting patients. We recognise that many things are changing for the better in the way healthcare is delivered and much has been learned from the significant and rapid collaboration between providers to problem solve during the Covid-19 pandemic. But on top of the need to catch up with elective work, demands on all services across the NHS are increasing, as are delays in handover of patients at emergency departments (ED) which are also increasing in duration.

All parts of the system have a part to play in how we manage demand pressures and mitigate the risks to patient safety. This report is not a finger-pointing exercise, and no one sector or provider holds the blame in an ever-fluctuating environment. This is, however, a clarion call for NHS England and Improvement, and all ICSs, to work with providers so that handover delays do not occur and do not result in harm and poor patient experience.

A fundamental principle for the NHS is that no patient should come to harm whilst in the care of an NHS body. Hospital handover delays are a known risk to patients, whether for those waiting outside in the ambulance for admission to the ED, those patients on an ambulance trolley in a hospital corridor, or for patients waiting for an ambulance response in the community, which may be delayed due to resources being held up outside hospitals. Such delays result not only in poor patient experience, and impact negatively on ambulance staff, but they also have a potentially adverse effect on the patient's condition and outcome.

Despite ongoing efforts over the years by hospital and ambulance trusts to mitigate this risk and avoid harm to patients, handover delays remain a significant problem. Whilst there have been noticeable improvements in some areas in respect to handover processes, logistical arrangements in EDs and patient flow into and out of hospitals, the challenge of handover delays persists in some places on a daily basis, and we continue to see a rise in both the number of patients affected and the length of these delays. We are, however, also clear that the problem can be solved and should not be seen as intractable. Even in recent months we have seen some hospitals where there have been persistent difficulties with handover delays, turn the situation around and maintain that improvement despite the current pressures on the Urgent and Emergency Care (UEC) system. More needs to be done to share what works and spread learning and best practice across systems.

The risks of harm being caused by belated access to definitive care are often very clear, such as delay to reperfusion of a blocked coronary artery. However, there are many other forms of harm that can be experienced by these delays such as emotional harm, cumulative harm, and harm from having to lay on a stretcher, for an extended period of time, that is not designed for frail and vulnerable skin. We know that some patients have sadly died whilst waiting outside EDs, or shortly after eventual admission to ED following a wait. Others have died while waiting for an ambulance response in the community. Regardless of whether a death may have been an inevitable outcome, this is not the level of care or experience we would wish for anyone in their last moments. Any form or level of harm is not acceptable, and we need to shine a light on the patient experience of these delays.

The key finding of our clinical review which looked at samples of handover delays of over an hour that occurred across the country on 4th January 2021, is that the proportion of patients identified as potentially having experienced harm is significant. Over 8 out of 10 of those whose handover was delayed beyond 60 minutes were assessed as likely to have experienced some level of harm, with just under 1 in 10 being classified as potentially experiencing severe harm. The extensive presence of the possibility of harm identified within this sample is deeply concerning. The number of delays experienced on 4th January 21 is typical of most days, and it is therefore legitimate to extrapolate this data to give an indication of the overall harm being experienced in any given month or across the year. Extrapolated data shows that the likely frequency and levels of harm being experienced during handover delays is extremely concerning and presents a position that is totally unacceptable to all involved in patient care. It is therefore imperative that action is taken to eliminate these delays once and for all.

In view of the harm that delays in handover can cause to patients, we seek to emphasise that **there is *still* not enough being done to adequately address this risk.** We need tangible steps be taken at national, regional and ICS level, to implement *rapid* system improvement, particularly for those hospitals where delayed handovers are occurring consistently. By rapid we mean in addition to the current improvement initiatives underway and the routine monitoring of related action plans.

This is a challenge for whole systems, in many places requiring a change in mindset and a wider awareness of the risks and responsibilities involved. Innovative and collective thinking is required, with more focus on out-of-hospital care provision and care pathways availability (especially out-of-hours), including other services that can take the pressure off EDs eg Same Day Emergency Care Services (SDEC). Systems must ensure that patients have access to care in the right place, and only patients who need to receive emergency treatment are referred to ED. Equally, an increase in availability and access to social care is vital in assisting patient flow into and out of hospital. In light of the evidence pointing to patient harm highlighted by this review, we are calling on system leaders to join us in sending a clear message that delays in taking handover from ambulance clinicians must not happen.

Focus on handover delays is continuing at national level in the review of the UEC Standards. There needs to be caution in setting these new metrics so that there are no unintended consequences for patients arising from incentives to meet individual measures eg for EDs to 'hold' patients in ambulances in order to preserve the binary scores of other measures relating to ED waiting times. **In monitoring handover delays this standard needs to ensure that it does not hide excess wait times** - ie it would be possible for a hospital to achieve 90% compliance with the 15 minutes standard but have multiple waits of over an hour.

Following on from the clinical review we have undertaken, we would like to see a consistent **methodology adopted by ICSs, to measure potential and actual harm arising from handover delays and long waits in the community,** to keep the focus on patients and their experience whilst in UEC - including capturing actual outcomes. This is an important learning exercise that, in the longer term, could help identify where improvements need to be prioritised for the benefit of patients across systems.

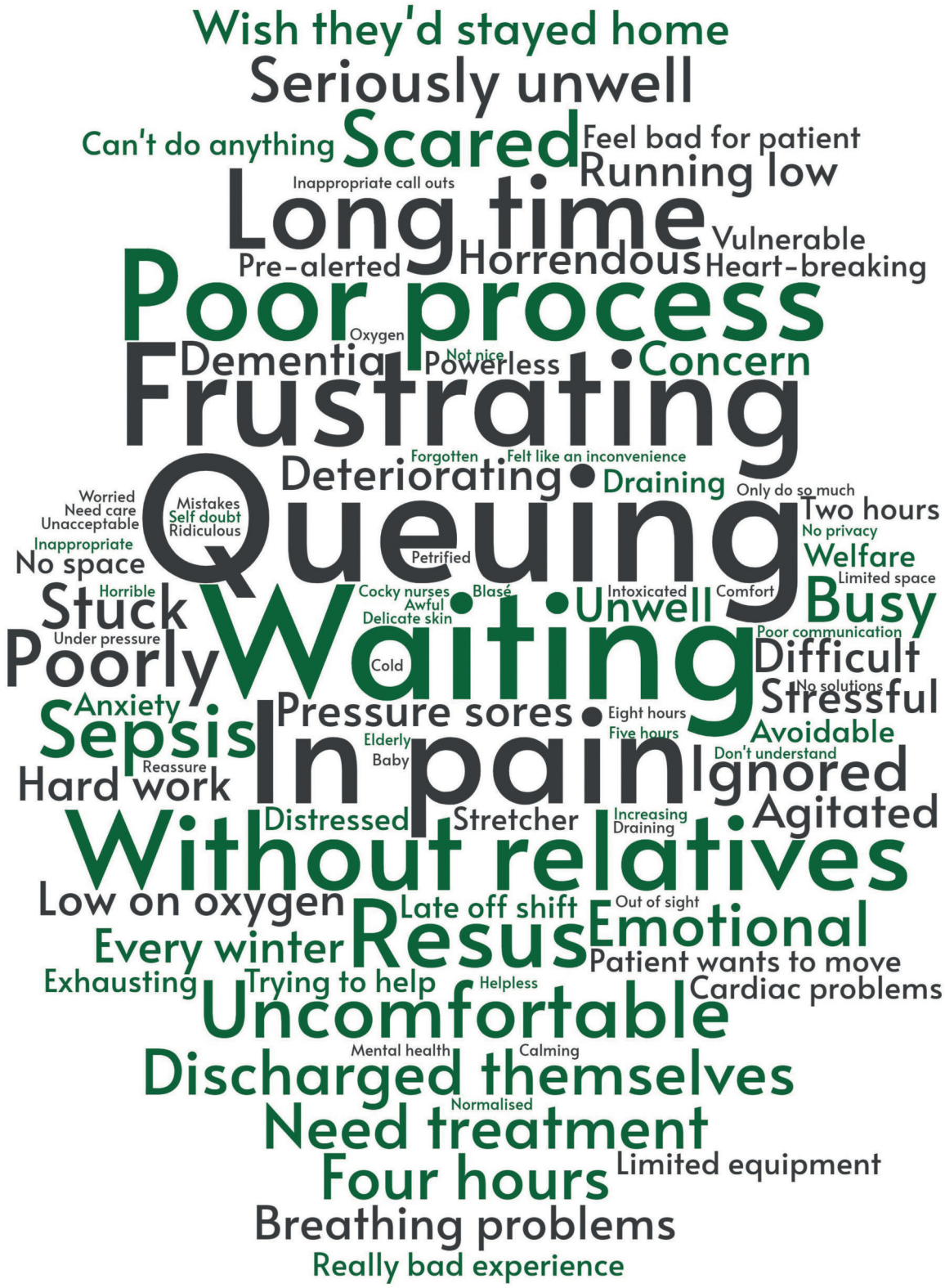
Given that multiple patients are likely experiencing preventable severe harm, **all handover delays over 60 minutes must be viewed as completely unacceptable**. Firm and immediate action needs to be taken at national, regional and ICS level to eliminate these delays once and for all and ensure that they do not reoccur going forward.

We are recommending to the Health Services Investigation Bureau (HSIB) that handover delays, and serious incidents that arise for patients waiting for a response due to ambulance resources being held up outside EDs, are subject to an **independent thematic review;** the aim being to share focussed learning of what works in addressing these challenges to ensure improvements can be more widely implemented.

We are calling on the **CQC to include hospital handover delays in their inspections of local health systems** to ensure that any risks are clearly identified to ICSs in order to ensure that the significant patient safety concerns we have raised are robustly addressed with a meaningful and well-led whole system approach.

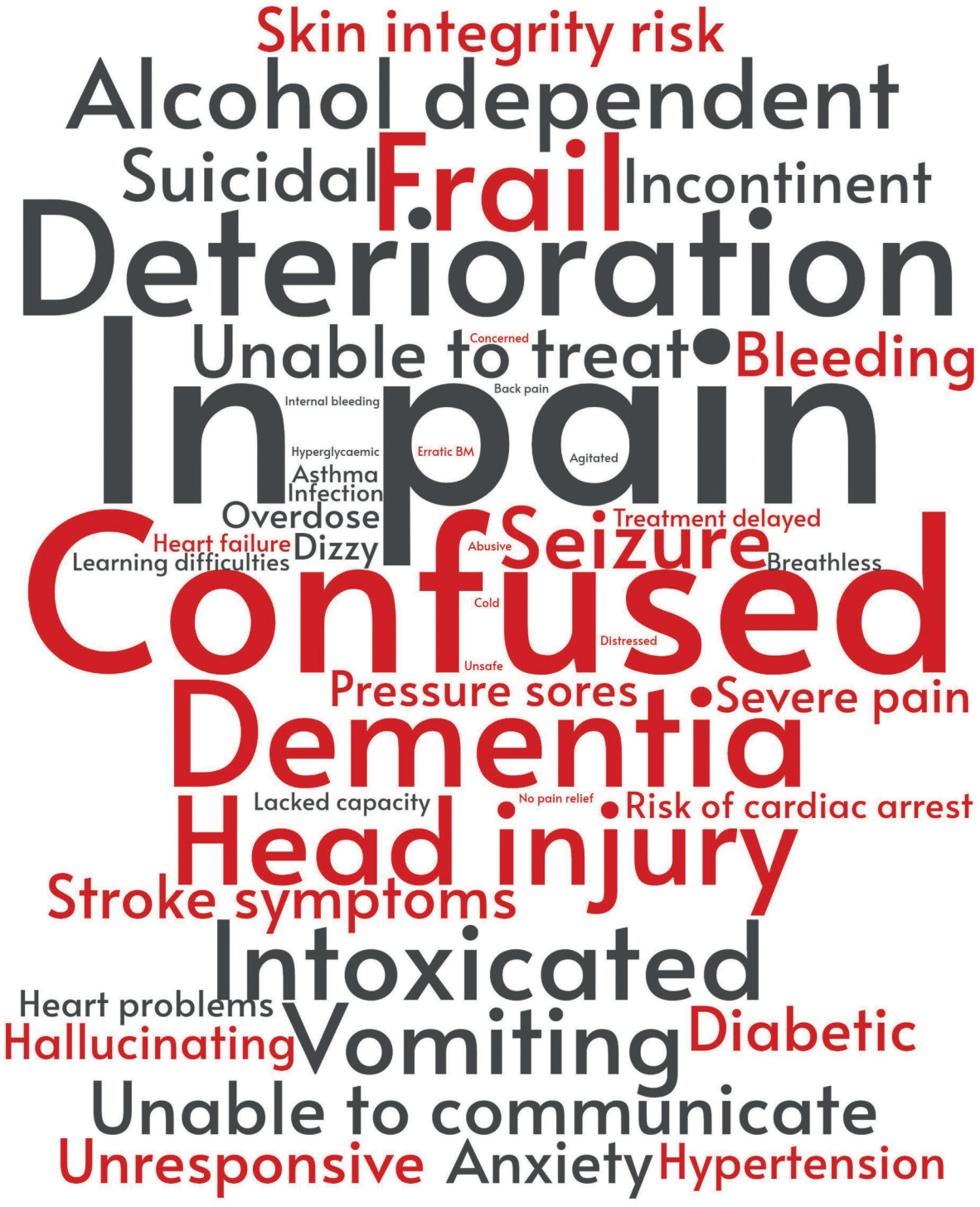
All ambulance services across the UK remain absolutely committed to working with their partners in implementing changes that prevent harm to patients, improve patient care and ensure that ultimately the handover standard of 15 minutes can be consistently met.

The Impact of Handover Delays on Ambulance Clinicians



Words and phrases derived from staff interviews:
size of word relates to number of mentions within interviews

The Patient Experience from Handover Delays



Words and phrases derived from 470 case reviews:
size of word relates to number of mentions within case reviews

2.0 Background

One of the most significant ongoing challenges faced by hospital and ambulance trusts has been to achieve the handover of patients at hospital within the agreed standard of 15 minutes[1].

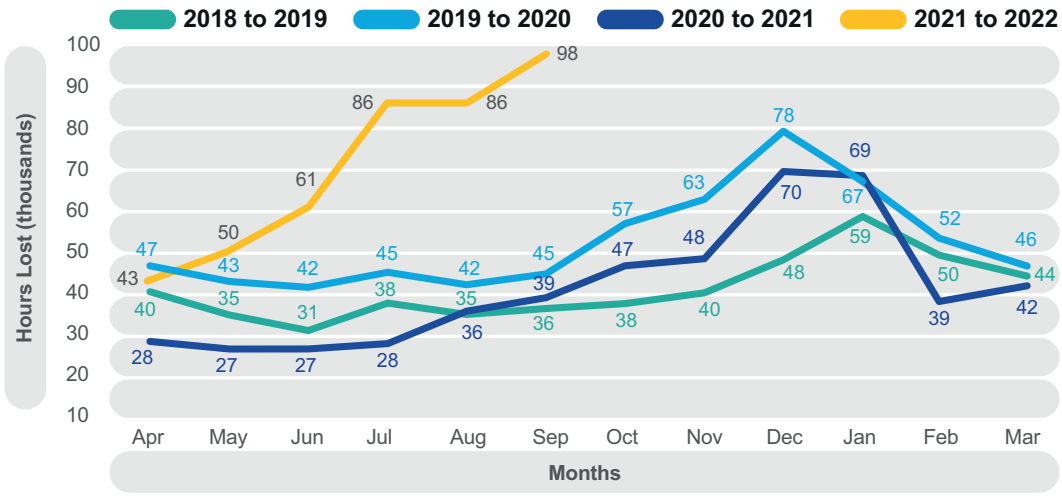
During the past 18 months while responding to the coronavirus pandemic this challenge has been exacerbated by the impact of multiple factors. Handover delays reduced dramatically across the country early on in the pandemic (January - April 2020) due to necessary changes in healthcare arrangements to protect NHS capacity, as well as public fear and behaviour, however, the numbers quickly rose back up again as winter approached. We now have a situation where each month there are over 200,000 patients experiencing handover delays, with up to 25,000 of these delays being more than four times longer than the expected standard of 15 minutes. In the 12 months to September more than 185,000 patients experienced a delay in handover at ED of longer than an hour. This has not been helped by surges in demand, essential infection prevention and control measures required within EDs, and resourcing challenges due to sickness absence of healthcare workers.

As the second wave hit and with the onset of winter 2020, handover delays escalated such that large numbers of patients were being held in ambulances outside hospital EDs for unprecedented lengths of time - some cases waiting more than 10 hours. The Royal College of Emergency Medicine and College of Paramedics released a joint statement in January 2021 highlighting the problems associated with delayed handovers[2]. It is especially worrying when we have handover **delays in cases where the ED has been pre-alerted by the ambulance crew** of the pending arrival of a patient who needs immediate handover to definitive care e.g. for a patient whose condition is rapidly deteriorating, or who has a certain life-threatening condition.

But delays in hospital handover had been a **significant concern long before the pandemic arrived** - highlighted in the Zero Tolerance report produced by AACE with the NHS Confederation in 2012[3]. Every hour lost to handover delay represents a patient that could have been attended to, following their call to 999 (see Figure 1a).

Figure 1a.

Hours lost for handovers over 15 minutes, 2018 to 2021 ('000)



738,000
Hours lost for delays over 15 mins in the 12 months to Sept 2021

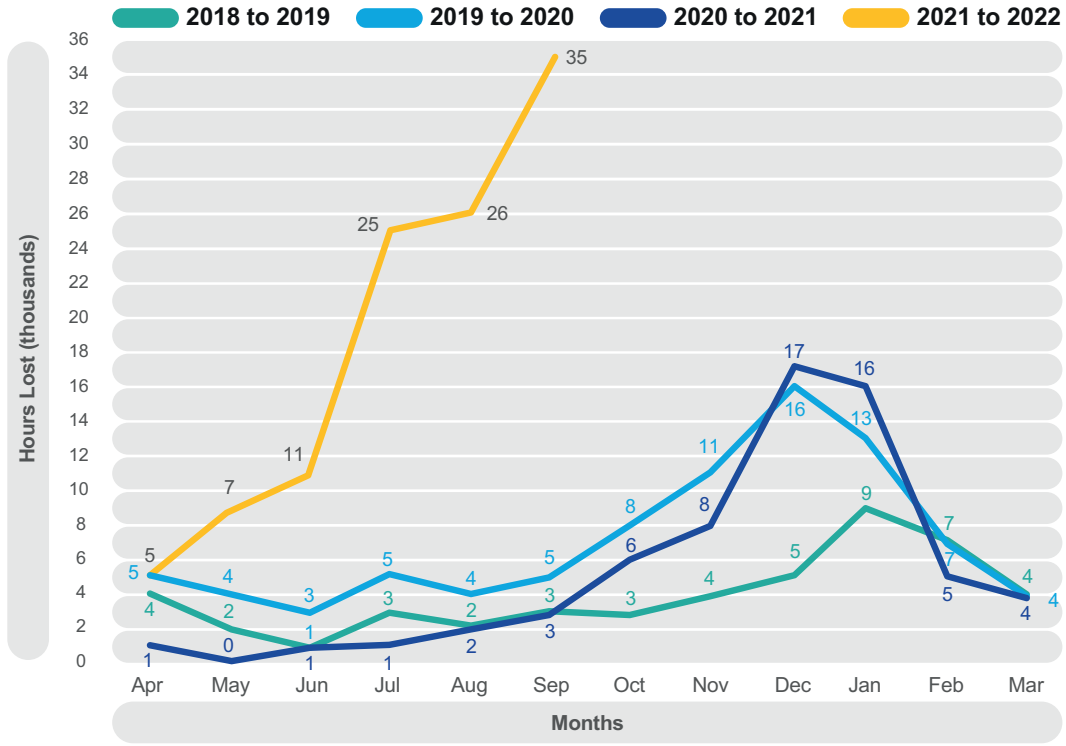
2,042,000
Hours lost for delays over 15 mins between April 2018 & Sept 2021

Source: Ambulance trusts operations handover reporting data

[1]*NHS England » NHS Standard Contract Particulars – Full Length*
[2]*RCEM_College_Paramedics_Joint-Statement_Handover_Delays_Mar_2021-3_3710e8c1d.pdf (cloudinary.com)*
[3]*Zero tolerance: Making ambulance handover delays a thing of the past - aace.org.uk*

Figure 1b.

Hours lost for handovers over 60 minutes, 2018 to 2021 ('000)



8,000
Monthly average number of patients delayed > 60 mins
12 months to September 2019

8,100
Monthly average number of patients delayed > 60 mins
12 months to September 2020

15,500
Monthly average number of patients delayed > 60 mins
12 months to September 2021

Source: Ambulance trusts operations handover reporting data

Despite our 2012 report, lengthy delays in handover continue to cause **concern for patient safety - both in respect of those patients waiting to receive care in the ED, and for the patients who may have life-threatening conditions waiting in the community for an ambulance to arrive.** An expedient handover and turnaround time for the ambulance crew (within 15 minutes after handover) are important to ensure that the patient reaches definitive care promptly, and the ambulance can be prepared and ready to attend waiting emergency calls in the community, within 30 minutes from arrival at the ED.

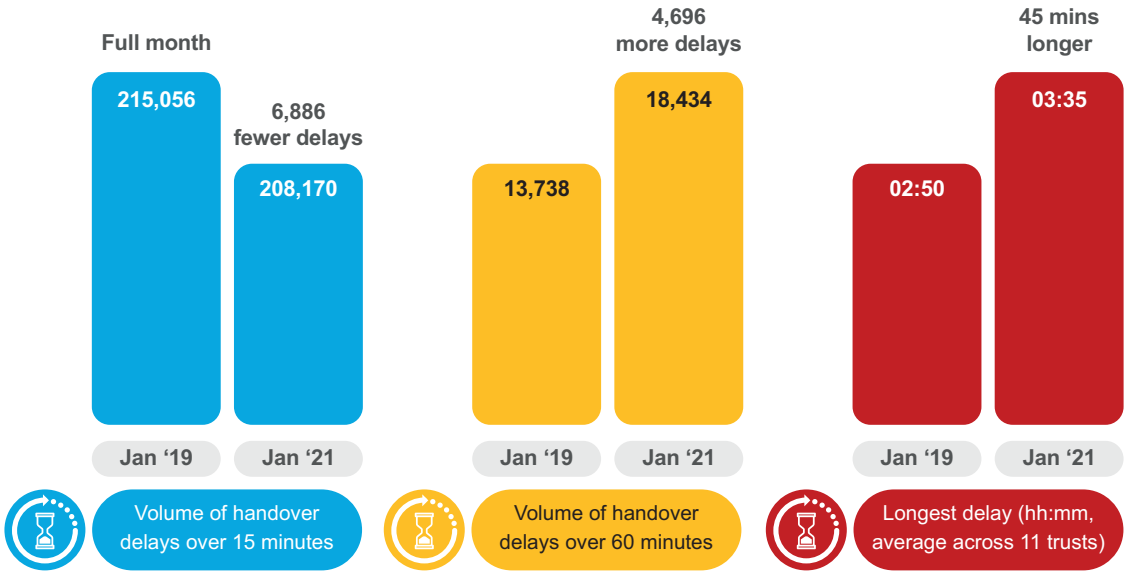
Ambulance clinicians are not trained to care for patients for extended lengths of time, and the ambulance environment and equipment are not designed for long-term care. No healthcare professional can deny that treating patients for extended periods of time in the back of an ambulance is inappropriate. And no one can deny that patients having to wait lengthy periods for an ambulance to arrive after calling 999 is not safe practice or a positive patient experience. **Such instances do not represent the high level of quality care all those who work in the NHS would wish to provide for their patients.**

For several years now, amidst increasing demand on health systems, individual hospitals have been endeavouring to ensure timely and effective patient flow into and out of their EDs. The problem of handover delays, however, continues to persist in many hospitals across the country. All hospitals will experience 'bad days' in terms of matching capacity to surges in demand, but it is frustrating, and not good for patients, that **for some hospitals every day is a 'bad day'.**

Whilst the number of delayed handovers in 2020/21 has for most months been slightly less than in 2019/20, the numbers of patients waiting longer than 1 hour have increased by more than 4,500 (see Figure 2). In January 2019 the longest delay was just over 8 hours, and in January 2021 it was 9 hours 20 mins. **Our review demonstrates that an increase in longer waits means an increase in the risk of harm to patients.**

Figure 2.

Although the volume of all delays decreased, delays over 60 minutes have increased, as have the longest delay times.



Source: Ambulance trusts operations handover reporting data

Efforts continue at national and regional levels to monitor hospital handover delays and the factors that influence this, and to identify where trusts can learn from effective improvements and ensure solutions are implemented. In many hospitals the improvements in practice are noticeable and reductions in delays have been significant, but they have not yet been eliminated.

So far, no attempt has been made to assess the impact of handover delays on patient safety, harm, and experience. Recognised deterioration and missed opportunities for early intervention with obvious impacts on outcome have resulted in recording of cases as Serious Incidents (SIs), and subsequent investigation may identify patient harm; but to-date no actual attempt to measure and collect evidence of harm on a national scale has been conducted.

There remains some confusion and conflict in terms of ownership of SIs relating to handover delays, and which provider (hospital or ambulance) is responsible for reporting and investigating. This is not so much a problem when events take an obvious untoward turn during a handover delay but is more so when there is no recognition of the poor patient experience or potential harm caused as a result. Ambulance services rarely have access to patient outcomes which makes it

harder to identify when a SI may have arisen. Roll out of the Ambulance Data Set (ADS) and improvements in an integrated system approach to metrics such as handover targets should, in time, make this easier. However, the aim should always be to remove the risk of these delays so that subsequent SIs do not occur.

Whilst instances of severe harm are obviously most concerning, every case of harm, even low-level harm (for example lack of basic welfare needs such as toileting, access to food and drink, and warmth) is unacceptable. These factors can still contribute to poor clinical outcomes and may have long lasting, detrimental psychological effects on the patient and their experience of care.

We are also aware of the impact of hospital handover delays on the health and wellbeing of our staff. Anecdotal feedback from ambulance clinicians has often highlighted the adverse impact handover delays and the poor patient experience can have on them as frontline workers, particularly when their patient is extremely unwell or distressed and they are unable to do any more for them. Experienced staff have been reduced to tears, and this, again, is not what anyone wishes for their patients or workforce. This has been an additional adverse factor over the past year, on top of the unprecedented pressures of working in a pandemic. Not only is it distressing and frustrating for staff who are unable to get their patient the treatment they need in a timely manner, they can end up with delayed meal breaks and/or working sometimes several additional hours after a 12 hour shift. This inevitably impacts significantly on their own safety, health and well being. Interviews have been conducted in some trusts to gain feedback from staff on their experiences of handover delays. Formally assessing the levels of harm experienced by ambulance staff was not however included as part of this study, but we envisage including this aspect in more detail in future reviews.

The AACE has worked with all ambulance trusts to coordinate the clinical review that informs this report, to assess potential levels of harm experienced by a sample of patients who were subject to a delay in their handover in January 2021, and specifically to highlight the patient perspective of handover delays.

3.0 Structured Clinical Review

AACE initiated an impact assessment through a structured clinical review process, to support discussions at a national level and to encourage the development of a consistent process for ICSs in assessing levels of harm to patients as a result of delays in handovers at ED. Every case is of course different and to measure the impact in terms of 'harm caused' within the clinical review conducted, was to some extent subjective especially as, for the majority of cases, the actual outcome for the patient is not known to the ambulance service.

The harm assessment methodology we have used for this review was developed as an iterative process involving a number of ambulance trust leads including nurses, paramedics, risk, medical and quality leads. All UK ambulance chief executives have supported this work, along with approval of the methodology by the National Ambulance Service Medical Directors (NASMeD) and ambulance Quality Improvement, Governance & Risk Directors (QIGARD), many of whom are nursing directors.

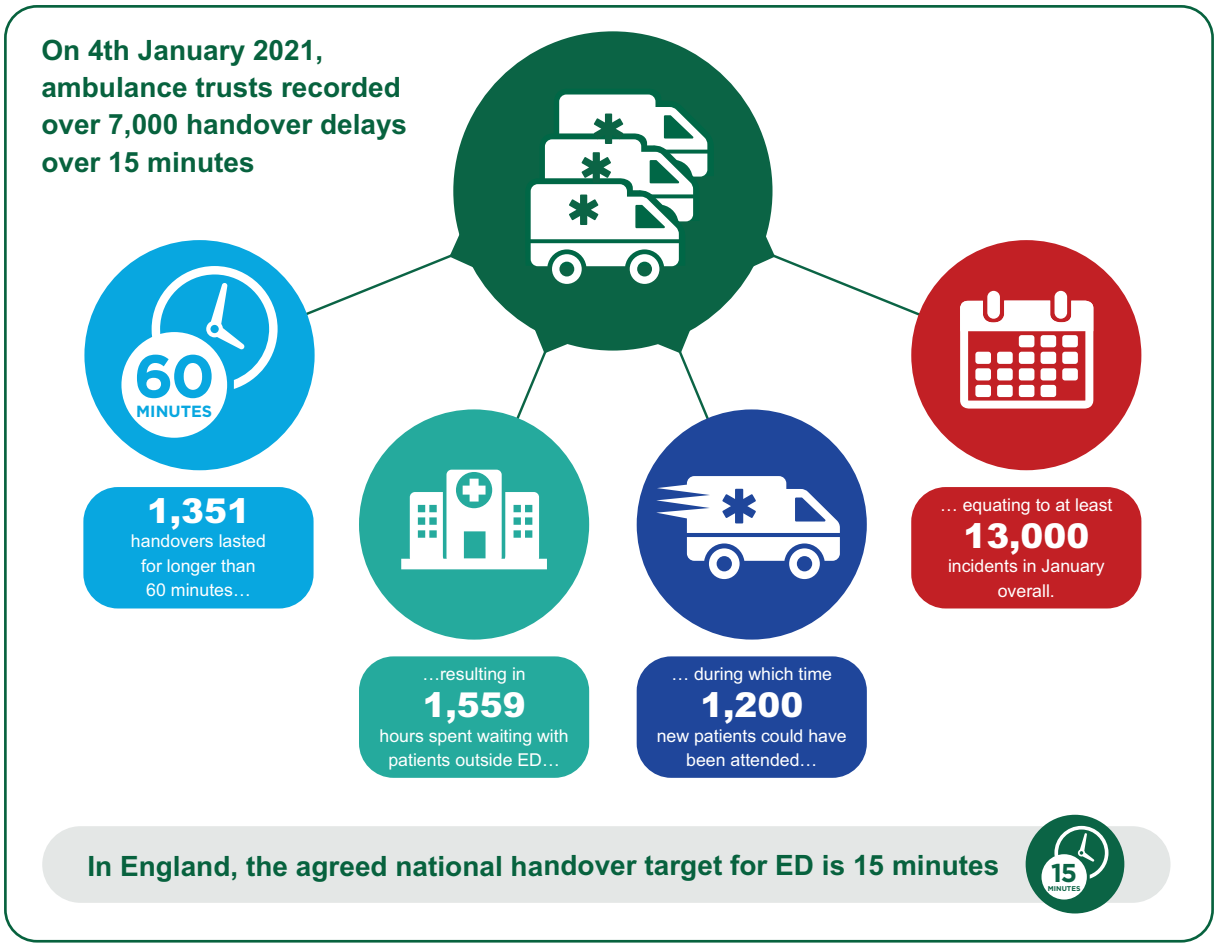
This report contains the findings from the review of a sample of clinical records across trusts to quantify and describe levels of harm, as assessed by experienced clinicians, during one day in January 2021 across the UK, **for patients who waited longer than 60 minutes in an ambulance outside ED.** The study involved reviewing a number of aspects of care including the additional medical and care needs required by the patient whilst awaiting handover to hospital staff. Clinicians undertaking the reviews have determined a potential impact harm level based on this by adapting and using the National Reporting & Learning System (NRLS) harm scoring template as a tool (see Appendix A).

3.1 Context

The structured review looked at a sample of cases across ambulance trusts on 4th January 2021.

Analysis shows that the national handover data for this day is highly comparable with equivalent periods in previous years, especially 2020. Although there were fewer delays overall on January 4th 2021, they tended to be longer than in previous years and numbers varied considerably by ambulance trust.

Figure 3.



Further information and breakdown of handover data for 4th January 2021 can be found in Appendix B.

4.0 Review Methodology

A maximum of 50 cases from each ambulance service across the UK were selected from clinical records for Monday 4th January 2012.

The 50 cases involved delays at hospital of 60 minutes and over, from the ambulance arrival time at hospital to handover in ED for:

- **Adult patients aged 16 and over**
- **Patients conveyed to a hospital providing acute care**

Ambulance trusts that had more than 50 such cases on 4th January were asked to select 50 at random; those trusts who had fewer than 50 such cases were asked to review as many as they had.

The NRLS definitions for levels of harm were adapted to the ambulance context to facilitate judgements being made by clinicians reviewing the records. Examples were developed and provided for each harm level to ensure consistency between reviewers. A pilot was undertaken in one ambulance trust to check for consistency between clinicians in assessing harm levels using this measure. Briefing sessions for all of the clinician reviewers were undertaken to ensure they were clear about the process to be followed for the structured clinical reviews.

For the purposes of this review:

Severe harm was defined as: ***"Any unexpected or unintended incident that had the potential to cause permanent or long-term harm to the patient".***

Moderate harm was defined as: ***"Any unexpected or unintended incident where the patient required further treatment or procedures, cancelling of treatment or transfer of care to another area".***

Low harm was defined as: ***"The patient required extra observation or minor treatment".***

(see Appendix A for definitions and examples).

The clinician reviewers were also asked to consider any delayed ambulance response (i.e. excess time taken for the ambulance to reach the patient following the 999 call) as part of the decision-making in assessing potential harm e.g. for any cumulative impact for a patient who had experienced a fall and had already had a 'long lie' due to a delayed ambulance response; or delayed response times to patients identified as needing definitive care within a clinically specified standard such as STEMI and stroke.

If potential severe harm or a serious adverse incident was identified during the reviews, then it was recommended that these should be reported internally to the trust patient safety team for further review in line with local trust procedures, if this had not already been undertaken.

4.1 Exclusion Criteria

Cases were not included for:

- **Hospital handover delays less than 60 minutes**
- **Patients aged 15 and under**
- **Pregnant patients**
- **Patients conveyed to a non-acute hospital, such as community hospital or urgent treatment centre**
- **Cases where we were unable to locate the clinical care record**

Making the Headlines - What the Papers Say

Man with terrible burns waited 78 minutes for ambulance in Wales

Report shows 23 ambulances were being used as 'waiting rooms' while man lay in agony...

The Guardian on MSN.com · 8d

The Guardian,
Tuesday, October 3, 2020

Patients queuing in corridors as ambulance service declares major incident

Paramedics cancelled their breaks to deal with the backlog of patients as the service was put under immense pressure...

Liverpool Echo on MSN.com · 8d

Liverpool Echo,
Tuesday, November 3, 2020

Coronavirus in Scotland: Ambulances wait for hours outside A&E units with no beds

Ambulances are queueing more than ten deep to hand over sick patients at hospitals in Scotland because of bed shortages...

The Times · 6d

The Times,
Friday, November 6, 2020

Ambulances are 'waiting up to FIVE HOURS to transfer patients to A&E at north kent hospital' amid surge in coronavirus cases

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Daily Mail · 52m

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Friday, Novermber 13, 2020

Northampton Chronicle

Northamptonshire hospitals face double whammy of staff..

This means there is no capacity across the acute trust, there are severe ambulance delays and ambulances are unable to offload within 120 minutes, there are...

Northampton Chronicle & Echo,
Monday, November 16, 2020

BBC

Pressure on hospitals 'at a really dangerous point'

What about ambulance delays? Delays in ambulances transferring patients over to emergency staff when they arrive at hospital are also causing knock-on ...

BBC News,
Friday, December 18, 2020

HSJ

Ambulance trust reveals patient's death amid handover delays...

An ambulance trust has highlighted the death of a woman which it says was due to "being delayed on the back of an ambulance", just two days...

HSJ,
Friday, May 28, 2021

Queues of ambulances line up outside Royal Cornwall Hospital

One local said there were '23 South Western Ambulance Service vehicles queued along the main road' outside the Royal Cornwall Hospital in Truro...

CornwallLive

Cornwall Live,
Saturday, Jun 26, 2021

5.0 Review Results

The following findings relate to cases reviewed by the ten ambulance trusts in England[4]:

East of England (EEAST)
East Midlands (EMAS)
London (LAS)
North East (NEAS)
North West (NWAS)
South Central (SCAS)
South East Coast (SECAMB)
South Western (SWAST)
West Midlands (WMAS)
Yorkshire (YAS)

In total, 470 cases involving handover delays of more than 60 minutes were reviewed. Only two trusts had fewer than 50 of these cases: SCAS = 34 and NEAS = 36. The cases reviewed represent 35% of all patients who experienced a delay in their handover that day.

5.1 Assessments of Harm

The key finding of this review is that the proportion of patients identified as experiencing actual or potential harm is significant.

- **Over 8 out of 10 (85%) of those whose handover was delayed beyond 60 minutes were assessed as potentially experiencing some level of harm, with just under 1 in 10 (9%) having potentially experienced severe harm** (Figure 1).

Examples of cases where severe harm was indicated include:

- **Delay 1hr 6mins** - Patient with epilepsy, possibly has Covid, had two seizures and high NEWS2 score[5], very unwell. Blood samples were taken by hospital staff in the ambulance before patient offloaded.
- **Delay 1hr 42mins** - Patient with epilepsy actively fitting. Ambulance crew gave diazemuls medication to try to stop the fit, then the ED Doctor was also in the ambulance trying to stop the fit.
- **Delay 1hr 13mins** - Patient with confirmed Covid and oxygen levels less than 50% (ie extremely low). Kept patient on oxygen therapy and waited over an hour for hospital treatment. Patient at significant risk of cardiac arrest.
- **Delay 1hr 28mins** - Older male with possible red flag sepsis, very high NEWS2 score of 10. This patient didn't receive timely treatment such as antibiotics which is lifesaving.
- **Delay 1hr 3mins** - Patient had collapsed with an unrecordable blood pressure, distended abdomen and dehydrated. Unable to gain IV access to give fluids.
- **Delay 1hr 29mins** - Emergency call with a 7-minute response to the patient. COVID positive patient with very high blood sugars and ? diabetic ketoacidosis (DKA). Recent history of thirst, polyurea and weight loss. Nursing staff attempted unsuccessfully to obtain IV access whilst patient was in the ambulance, so no fluids given.

[4]Isle of Wight Ambulance Service was not included as they reported no delays.
[5]National Early Warning Score (NEWS) - NEWS is a well validated track-and-trigger early warning score system that is used to identify and respond to patients at risk of deteriorating. It is based on a simple scoring system in which a score is allocated to physiological measurements already undertaken when patients present to or are being monitored in health care settings.

- **Delay 4hrs 41mins** - Patient with learning disabilities, autism and living with frailty, confirmed as Covid positive. NEWS2 score increased, oxygen saturations low so had to give oxygen therapy.

Examples where moderate harm was indicated include:

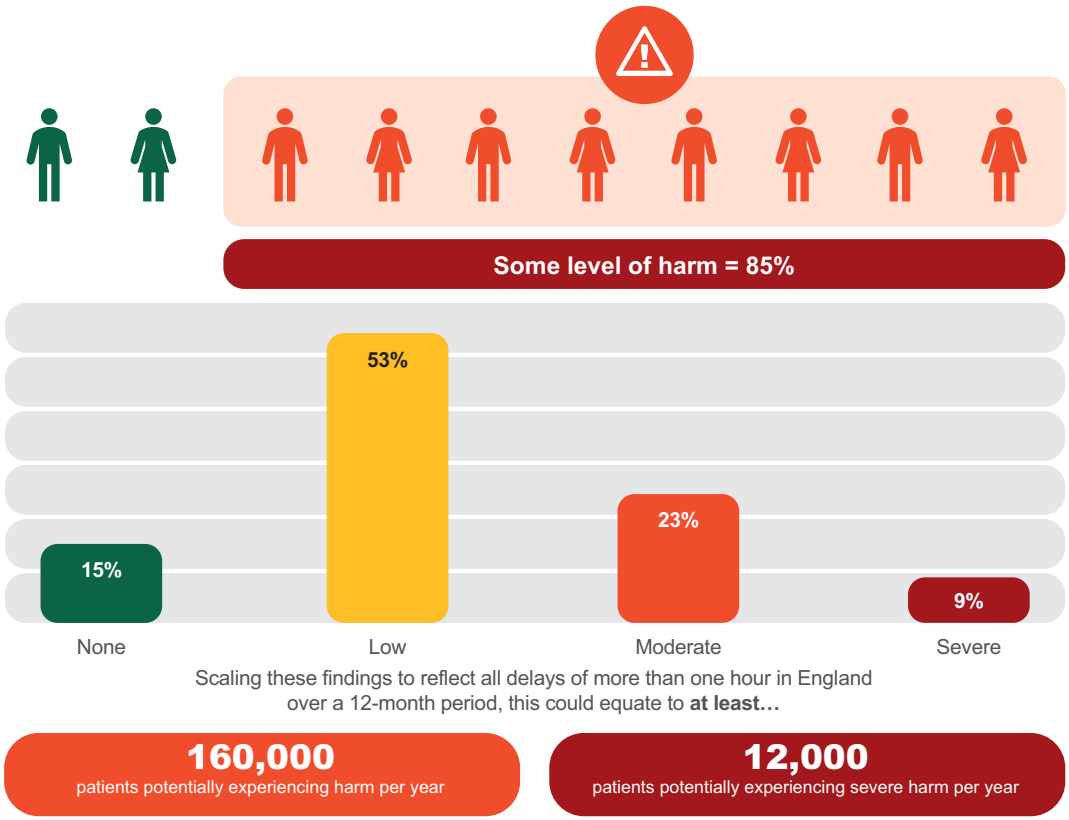
- **Delay 3hrs 57mins** - Male aged 80 fallen at home and injury to groin. Had been incontinent to urine so risk of pressure sores, no escalation or handover and almost 4 hours on an ambulance trolley.
- **Delay 2hrs 27mins** - Unwell elderly male with dementia, unable to communicate verbally and relied on hand signals. Complaining of chest and abdominal pain. Rapid heart rate. Patient had a percutaneous endoscopic gastrostomy (PEG) and was prone to aspiration. Patient was agitated on the ambulance and communication was challenging.
- **Delay 4hrs 20mins** - 94 year old male suffering with poor mobility and having hallucinations suspected to be caused by very low sodium levels which needed urgent hospital treatment. Significant delay to treatment.

Other examples of potential harm identified on 4th January 2021 included:

- **Frail and sick patients with significant risk of pressure sores, becoming progressively more unwell**
- **Patients becoming increasingly distressed, anxious, sometimes aggressive – particularly those with learning difficulties, dementia, substance misuse or mental health conditions**
- **Cumulative harm due to prolonged wait for the ambulance at the point of call exacerbated by a continued wait upon arrival at hospital with associated worsening of condition/ symptoms**
- **Patients being toileted in the ambulance**
- **Patients unable to access or have food or drink while waiting for long periods**

Figure 4.

Over 8 out of 10 of the patients who had handover delays of more than an hour potentially experienced some level of harm



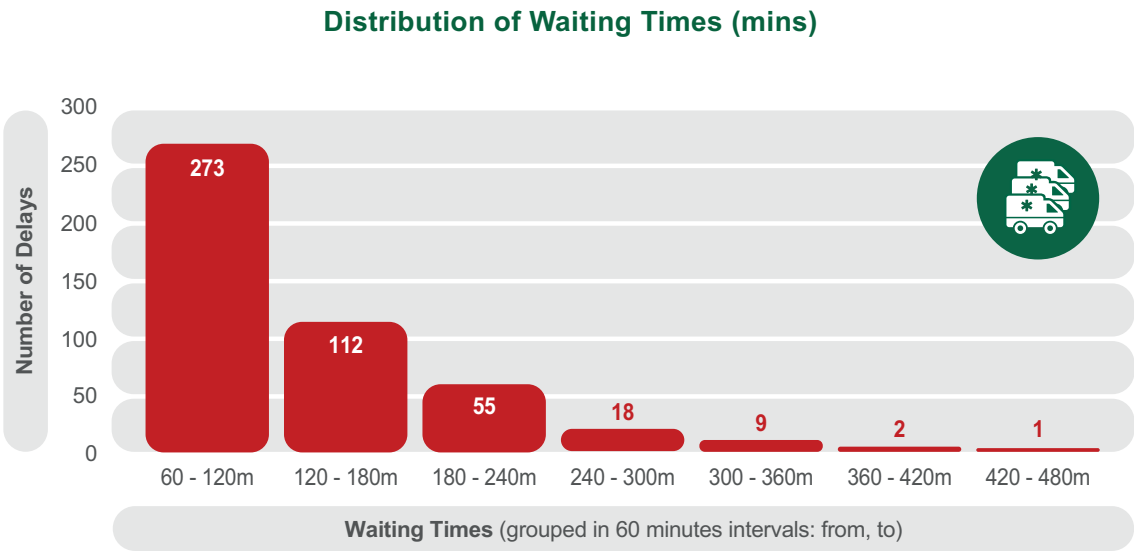
5.2 Length of Delay

The majority of cases reviewed (58%) experienced delays of 4 times longer than the national standard of 15 minutes. 42% experienced delays of more than 8 times longer than the standard.

The average waiting time for the assessed delays was 2hrs 9mins. 42% of patients were delayed by more than 2 hours and 18% by 2hrs 30mins.

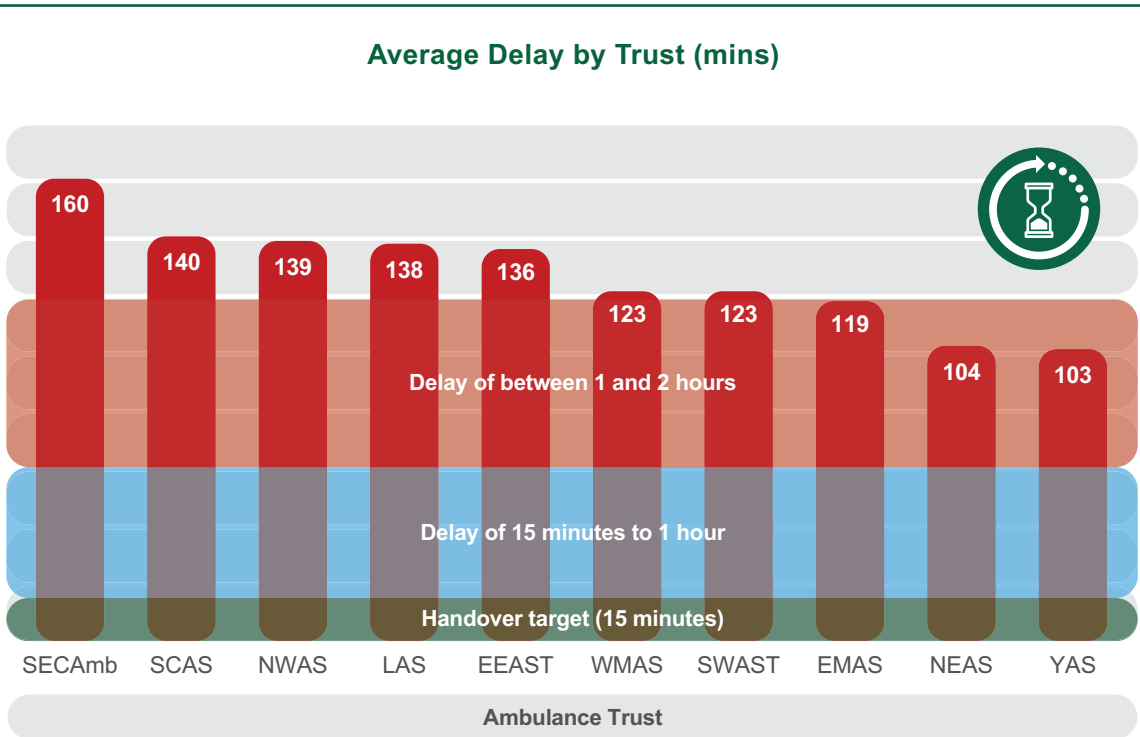
A delay of over 4 hours was recorded by 6% of the assessments, and the longest waiting time recorded was 7hrs 47mins (Figure 5).

Figure 5.



Waiting time varied across trusts, with SECAMB recording the longest *average* waiting time (2hrs 40mins) and YAS the shortest (1hr 43mins) (Figure 6).

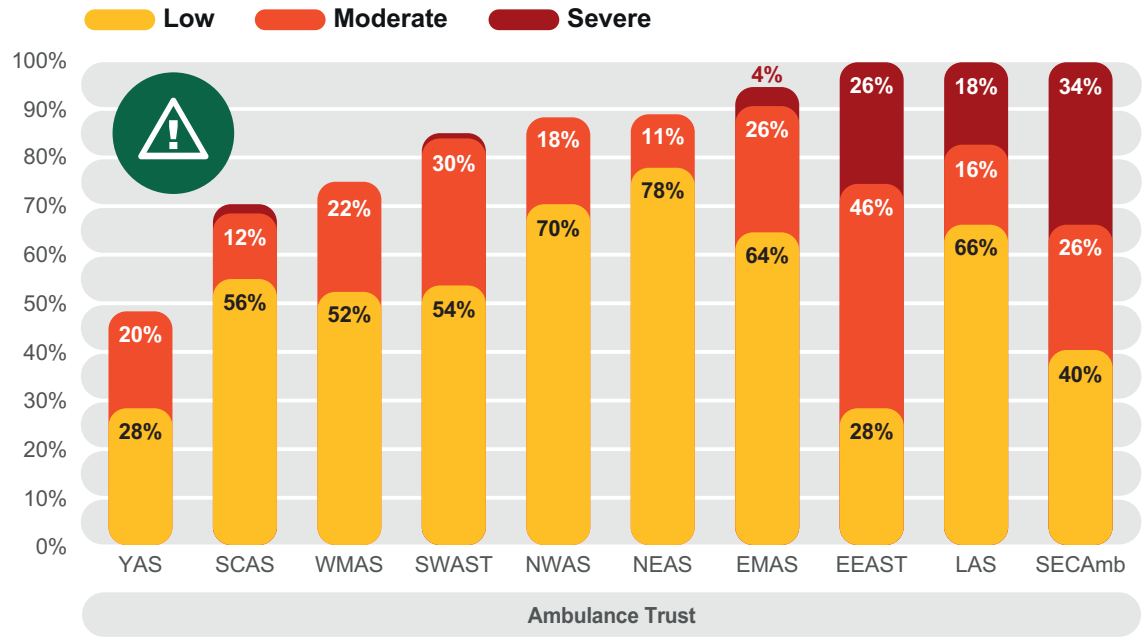
Figure 6.



5.3 Harm Broken Down by Ambulance Trust

Incidents and severity of potential harm varied between trusts (Figure 7). The trust with the fewest number of incidents where potential harm was indicated, YAS, still saw just under half of these cases (48%) assessed as experiencing some level of harm. For the samples in three trusts - EEAST, LAS and SECAMB - all of their cases were assessed as having potentially resulted in some level of harm. SECAMB reported the most incidents of potential 'severe' harm, followed by EEAST.

Figure 7.



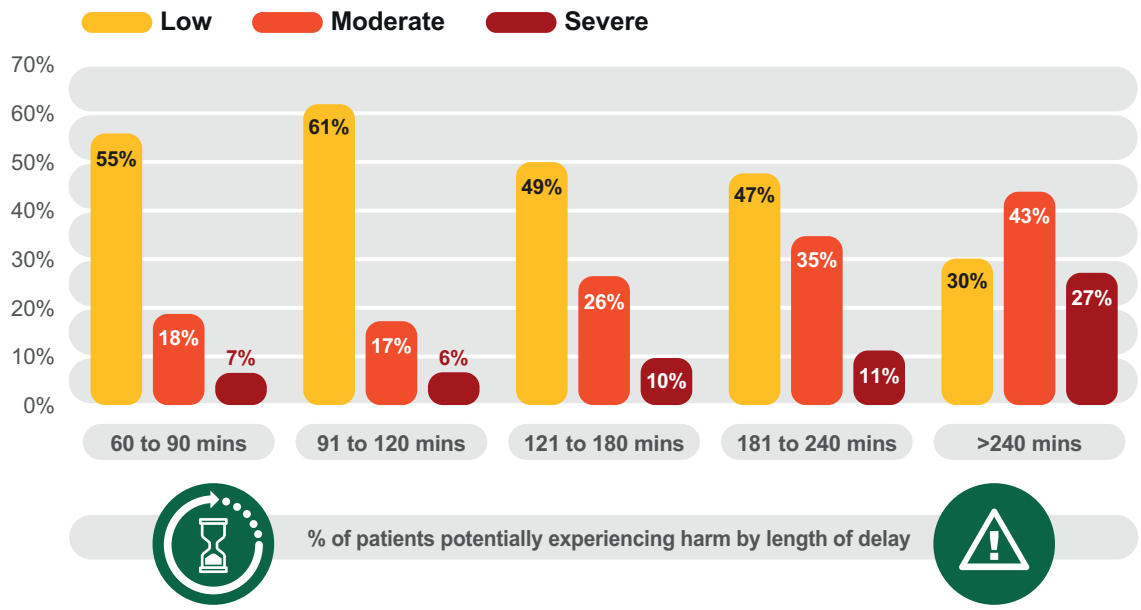
5.4 Waiting Time and Harm

The likelihood of experiencing harm increases with time, as does the severity of the harm experienced. The proportion of assessed harm rated as "severe" quadrupled between the shortest and longest waiting time periods recorded in the study. The likelihood of experiencing some level of harm increases to 100% for those waiting over four hours, at which point 70% of patients were assessed as potentially having experienced severe or moderate harm (Figure 8).

Figure 8.

The likelihood of experiencing severe harm more than triples for patients whose handover was delayed by 4 hours or more.

Harm Impact Assessment by Waiting Time

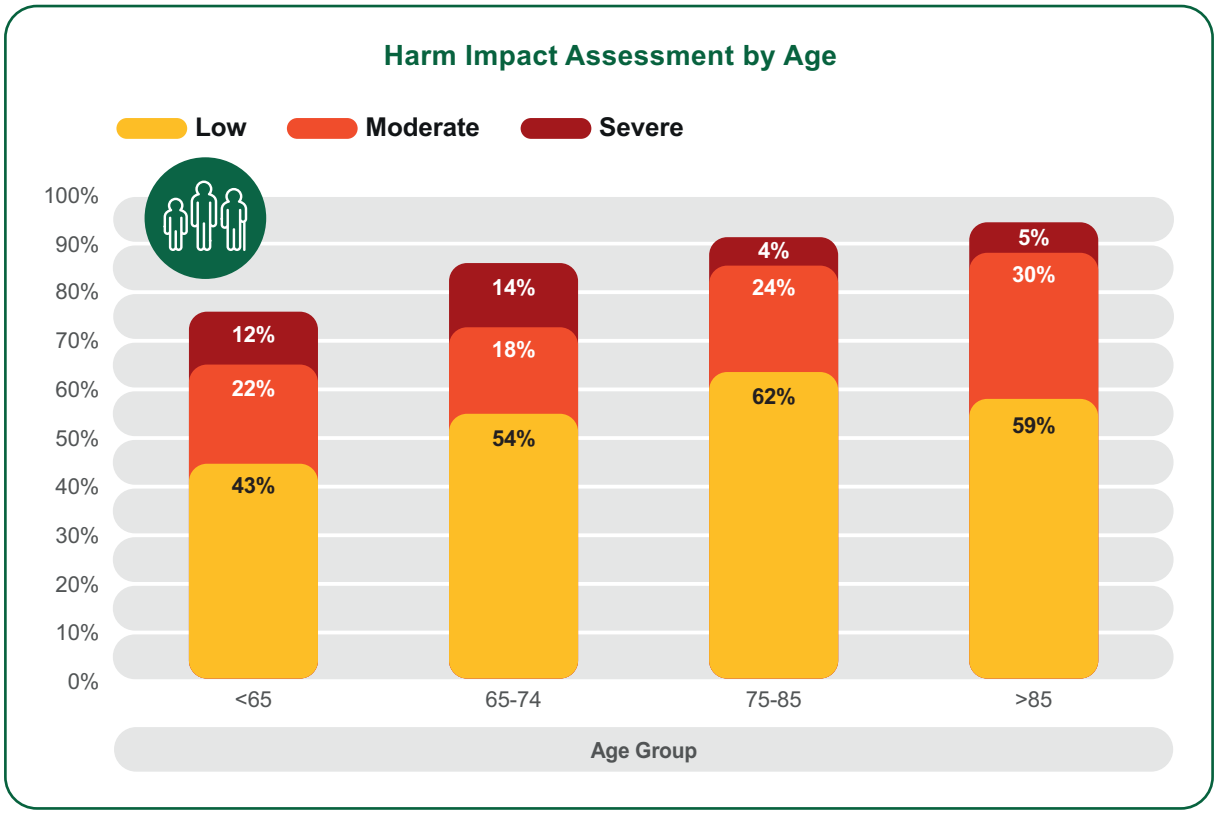


5.5 Harm and Patient Characteristics

There was an equal split of male and female patients across the cases reviewed. The sample tended to be older - 61% aged over 65, and 20% aged 85 or over.

Risk of some level of harm increases with age - although not so much the severity of harm. Figure 6 shows that where patients may have experienced some level of harm the likelihood increased from 77% for those aged 65 and under to 94% for those aged over 85.

Figure 9.



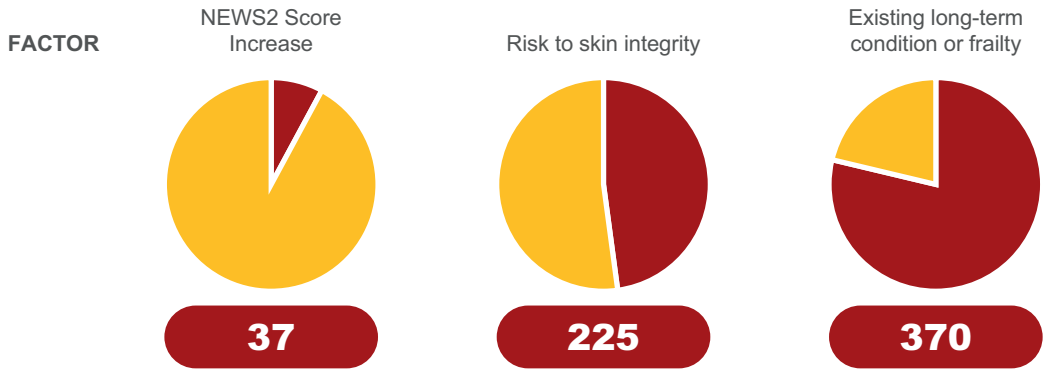
5.6 Harm and Other Risk Factors

Harm is also more likely to have been experienced in conjunction with a number of other factors relating to patient wellbeing and events during their wait for handover; most notably an increase in NEWS2 score (indicating deterioration in condition), risk to skin integrity or the presence of an existing long-term condition, or frailty (Figure 10).

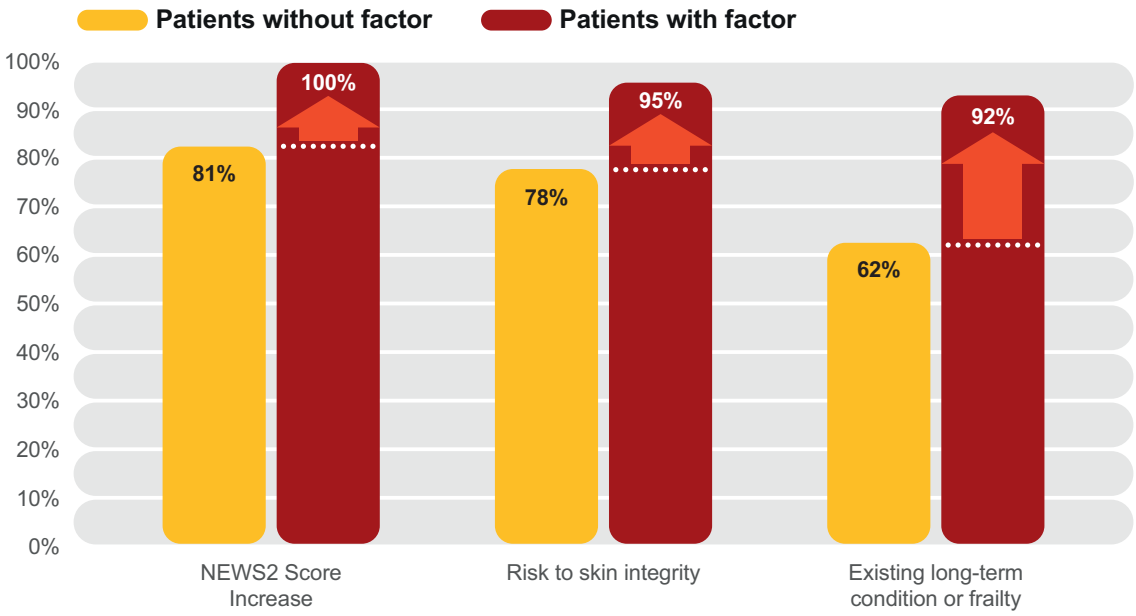
Figure 10.

Certain factors correlated with an increased likelihood of harm during handover delays

Number of patients where risk factor was recorded (out of 470)



Uplift in likelihood of harm when risk factor is present



8 out of 10 patients had an existing long-term condition or were assessed as frail. This group was 30% more likely to experience some harm during the handover delay compared with those without these factors.

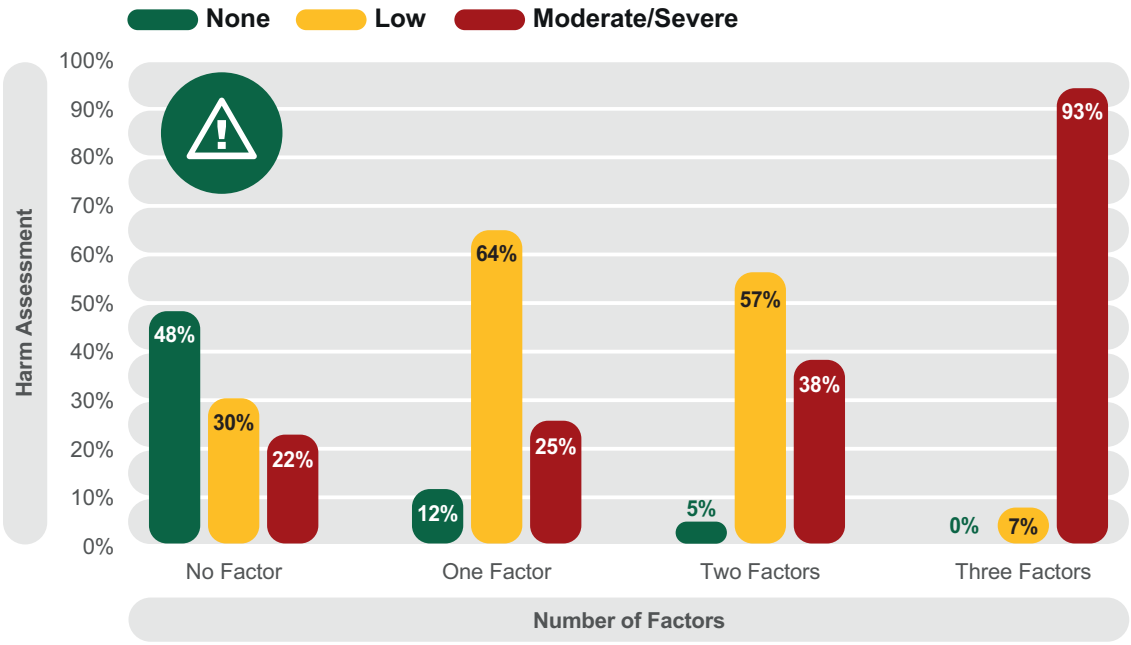
17% of patients reviewed had none of the three risk factors listed above, 34% had one, and 49% had two or three.

The greater the number of factors the greater the likelihood of a more severe harm assessment. Figure 11 shows that around half of patients without any of the above three factors were assessed as experiencing "no harm". In contrast, where patients experienced all three factors, over nine in ten were assessed as potentially experiencing moderate or severe harm.

Figure 11.

Risk factors, when combined, increase the likelihood and severity of harm to the patient during handover delays

Harm Assessment and Number of Risk Factors



6.0 Summary of Findings

This structured clinical review, by experienced ambulance clinicians, of a sample of cases where patients waited longer than 60 minutes outside ED has clearly demonstrated that it is likely that these delays have led to harm. Such potential harm can be in varying degrees and forms, but for 85% of patients waiting over 60 minutes it is likely that some level of harm was experienced and for 10% this was assessed as potentially severe harm.

Examples where potential or actual harm was indicated, within the cases reviewed included:

- Deteriorating sepsis patients not receiving rapid treatment such as antibiotics, or missing window for appropriate treatment
- Frail and sick patients with significant risk of pressure sores, becoming more unwell
- Patients having seizures whilst waiting
- Deteriorating Covid-19 patients having to receive continuous oxygen therapy due to low oxygen levels
- Patients with learning difficulties, dementia, confusion becoming more distressed whilst unwell and waiting
- Cumulative harm due to prolonged wait for ambulance at point of call exacerbated by continued wait upon arrival at hospital with associated worsening of condition/ symptoms
- Patients being toileted in the ambulance
- Patients unable to access or have food or drink while waiting for long periods

It was found, perhaps not surprisingly, that the longer the patient waited, the greater the likelihood they would experience some harm, and the severity of that harm increased over time too. The older the patient was, the more likely they were to experience harm, but the severity of harm was not found to increase with age. If there were certain other risk factors present such as multiple co-morbidities, again, the likelihood and severity of harm was found to increase.

Due to Covid-19 restrictions, in most cases these patients were alone with the clinician, without family or relatives in attendance to reassure, provide clarification to their loved one about what was happening and to advocate for them. This will undoubtedly have had an impact on the emotional and mental wellbeing of the patient, especially the more vulnerable patients such as those living with dementia, patients with learning disabilities and mental health issues, although the actual impact is difficult to quantify. Patients were cared for by ambulance clinicians who, although highly skilled, are not specifically trained in many aspects of nursing care, or equipped to care for patients for extended lengths of time in the back of an ambulance whilst waiting to handover.

The actual final clinical diagnosis and outcome for the patients were not available and not sought, so unless it was clear that actual harm was caused by delay, in many cases the assessments by experienced clinicians, can only be said to indicate potential harm. Systems to enable ambulance services to efficiently access patient outcome information for clinical audit, learning and quality improvement are poorly developed and not consistently available across the UK health system. Introduction of the ADS will assist this process greatly.

7.0 Conclusion

The findings of this review process represent the likelihood that unacceptable levels of preventable harm are being caused to patients. If these results from the 4th January 2021, which was not an atypical day, are extrapolated across all handover delays that occur every day, the cases of potential harm could be as high as 160,000 patients affected per year. Of those, approximately 12,000 patients could potentially experience severe harm as a result of delayed handovers.

Patients who receive an ambulance response to a 999 call and who are subsequently conveyed to ED by definition require either emergency life-saving treatment, or urgent assessment, and in excess of 45% will need admission to hospital. Ambulance trusts have been striving for years now to safely reduce conveyance rates to ED by treating the patient in their home, referring to a community team or primary care, or by conveying to an appropriate destination other than ED. This relies on there being suitable alternatives for the patient's needs. Conveyance rates to ED nationally are now less than 60% of 999 calls. Ambulance trusts only convey to ED when there is no other safe option for the patient and when the patient needs comprehensive assessment, treatment in the ED or admission. Periodic reviews of the types of patients being transported to ED has not raised concerns that they are being conveyed inappropriately, although it is accepted that greater access to suitable alternative care pathways available 24/7 could reduce this still further. Availability of out-of-hospital care provision, especially out-of-hours, and more direct referral pathways to alternative destinations need to be accelerated in ICS planning and commissioning as important elements in relieving pressure on EDs.

When very sick patients arrive at hospital and then have to wait an excessive time for handover to ED clinicians, to receive assessment and definitive care, it is entirely predictable and almost inevitable that some level of harm will arise. This may take the form of a deteriorating medical or physical condition, or distress and anxiety, potentially affecting the outcome for patients and definitely creating a poor patient experience. Any assumption that for the patient to wait on the ambulance, being cared for by ambulance clinicians, is acceptable because they are in a ‘safe setting’ is neither appropriate nor safe. Ambulance clinicians are not trained to care for patients for lengthy periods of time; the ambulance environment and available equipment are not designed for extended periods of patient care; and the ambulance and crew are needed to respond to other patients who have called 999.

In addition to the range of harm we have assessed within our 4th January cohort of patients, all ambulance trusts have more examples of patients who have been the subject of internal SI investigations. Sadly, this includes some patients who we know have died in the back of ambulances whilst waiting to be taken into ED, or died waiting for an ambulance response in the community when ambulances have been held up at ED. Whilst we may never know whether these patients could have had a different outcome, it is totally unacceptable that the levels of care fall so far below what should be expected in their last moments of life.

Senior level discussions about how to prevent handover delays have been taking place for years, and whilst both ambulance and hospital trusts have endeavoured to implement improvement measures to address the issue, the problem persists. Ambulance trusts meet on a monthly basis with NHSEI national and regional colleagues, chaired by the National Strategic

Ambulance Advisor (England), to monitor trends in handover delays across the country. Improvement programmes instigated by NHSEI, working with Emergency Care Improvement Support Teams (ECIST) have been focussed on some of the worst-performing areas for handovers. Monitoring to date, however, tends to concentrate on the numbers of patients involved and the lost ambulance hours and whilst this is important and indeed welcomed, these programmes have not assessed the avoidable harm being caused to patients in these delays, and has clearly not resolved the issue.

The focus on handover delays is continuing at national level in the recent review of the UEC Standards. AACE has provided a comprehensive response to the consultation on proposed ways of measuring system performance in this respect. There needs to be caution in setting these new metrics so that there are no unintended consequences for patients arising from incentives to meet individual measures eg for EDs to 'hold' patients in ambulances in order to preserve the binary scores of other measures relating to ED waiting times. In monitoring handover delays the standard needs to ensure that it does not hide excess wait times - ie it would be possible for a hospital to achieve 90% compliance with the 15 minutes standard but have multiple waits of over an hour.

This structured review represents a first stage in attempting to quantify and qualify the extent of the harm that results from handover delays. Ideally, we would like to see a consistent methodology adopted by all ICSs, to measure potential and actual harm arising from handover delays, to keep the focus on patients. Further work is required to refine and test this methodology and include patient outcomes so that UEC can be better informed and aware of the impact on patients. Systems to enable the rapid retrieval of patient outcome information for clinical audit, learning and quality improvement are poorly developed and not consistently available across the UK health system. We very much hope this situation will improve with the roll out of the ADS in the coming months.

It is our intention to continue to repeat these periodic reviews to assess likelihood of harm being caused and to include more work to define the levels of harm being caused to patients waiting in the community because there is no ambulance available. We are aware that the causes of this are multi-factorial and relate to overall capacity coupled with demand levels but there is no doubt whatsoever that large numbers of ambulances unable to handover at hospital, and therefore being unavailable to respond, contribute to this significantly. Future work also needs to include a more comprehensive assessment of the impact on the health and wellbeing of ambulance staff who are subjected to the increased stresses of dealing with these delays.

We are recommending to HSIB that handover delays, and SIs that arise for patients waiting for an ambulance response due to ambulance resources being held up outside EDs, should be subject to an independent thematic review. This would mean that focussed learning of what works in addressing these challenges can be more widely recognised and implemented. Given the levels of avoidable harm we have found it is vital that a different approach is taken at a system level. There must be an acceptance that this cannot be allowed to continue, and a program of rapid system improvement must be undertaken to change mindsets where necessary and eliminate the root causes. Fundamental process changes, as well as innovative mitigating actions must finally be put in place to ensure that no ambulance patient ever waits longer than the standard 15 minutes for handover to ED clinicians.

Whilst not condoning delays of under 60 minutes our findings suggest that the potential for the most severe harm occurs after this time and progressively worsens as that delay continues. Delays over 60 minutes must therefore be viewed as completely unacceptable. Firm and immediate action needs to be taken at national, regional and ICS level to eliminate these delays of over 60 minutes once and for all and ensure that they do not reoccur going forward.

We are calling on the CQC to include hospital handover delays in their inspections of local health systems to ensure that any risks are clearly identified to ICSs in order to ensure that the significant patient safety concerns we have raised are robustly addressed with a meaningful and well-led whole system approach.

Appendices

Click on the section title to take you to the relevant text or click on tabs to navigate.

Appendix A: Harm levels

What is harm?[6]

Harm is defined within the National Reporting and Learning System (NRLS) as injury, suffering, disability or death. The level of harm (or severity) can be **none / no harm, low, moderate, severe,** or **death.**

The effects of patient safety incidents go beyond the impact of the physical injury itself. Patients and their families can feel let down by those they trusted, and the incident may also lead to further unnecessary pain and additional therapy, or operative procedures and additional time under community care or in hospital.

Psychological injury such as shock, anxiety, depression, uncertainty about recovery, fear of future treatment, and disruption to work and family life are just some of the effects following a patient safety incident.

National Reporting & Learning System - patient safety incident grading definitions

Trust Grading	NRLS Grading	Definition
Negligible	No Harm	Incident prevented – any patient safety incident that had the potential to cause harm but was prevented, and no harm was caused to patients receiving NHS funded care. Incident not prevented – any patient safety incident that occurred but no harm was caused to patients receiving NHS funded care.
Low	Low Harm	Any patient safety incident that required extra observation or minor treatment and caused minimal harm to one or more patients receiving NHS funded care.
Moderate	Moderate Harm	Any patient safety incident that resulted in a moderate increase in treatment and that caused significant but not permanent harm to one or more patients receiving NHS funded care. (Moderate Harm Incident – please refer to Serious and Moderate Harm Incident Policy and flag to Patient Safety Team).
Significant	Severe Harm	Any patient safety incident that appears to have resulted in permanent harm to one or more patients receiving NHS funded care. (Serious Incident – please refer to Serious and Moderate Incident harm Policy and flag to Patient Safety Team).
High	Death	Any patient safety incident that directly resulted in the deathd of one or more patients receiving NHS funded care. (Serious Incident – please refer to Serious and Moderate Harm Incident Policy and flag to Patient Safety Team).

[6]*NRLS - What is Harm?*

a) Minor treatment is defined as first aid, additional therapy, or additional medication. It does not include any extra stay in hospital or any extra time as an outpatient, or continued treatment over and above the treatment already planned; nor does it include a return to surgery or readmission.

b) Moderate increase in treatment is defined as a return to surgery, an unplanned readmission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another area such as intensive care as a result of the incident.

c) Permanent harm directly related to the incident and not related to the natural course of the patient's illness or underlying condition is defined as permanent lessening of bodily functions, sensory, motor, physiological or intellectual, including removal of the wrong limb or organ or brain damage.

d) The death must be related to the incident rather than to the natural course of the patient's illness or underlying condition.

Adapted harm levels definitions for handover delay structured review:

Impact assessment harm level	Description
NO HARM	**The delay appears to have caused no harm to the patient** ● *The patient was not receiving treatment prior to arrival or during the delayed handover process* ● *Had no deterioration documented* ● *Required no additional care or treatment* ● *Had no long-term conditions, frailty or skin integrity risk factors*
LOW HARM	**The patient required extra observation or minor treatment** ● *The patient required on going treatment and interventions such as delivery of oxygen and fluid whilst awaiting handover* ● *The patient required additional aspects of care e.g., reassurance, basic personal care, comfort measures, repositioning, mobilisation, warming* ● *Deterioration was observed but no new or additional treatment was not required* ● *The patient had a long-term condition, frail or skin integrity risk factor* ● *Considered to have no possible long-term consequences* ● *Some increasing distress, confusion, agitation post-arrival at hospital requiring a degree of monitoring or intervention (consider patients with mental health problems, dementia, learning disability)* ● *Missed essential medications*
MODERATE HARM	**Any unexpected or unintended incident where the patient required further treatment or procedures, cancelling of treatment or transfer of care to another area.** ● *Additional medical treatment or intervention after arrival of hospital was required/was indicated e.g. medications such as pain relief, bleeding control, warming (cold weather/heater issues)* ● *The patient's clinical observations deteriorated - NEWS2 (one point) and GCS* ● *The further treatment or procedures could contribute to further deterioration, incapacity, disability, delayed discharge, or death* ● *Deterioration was observed and new or additional treatment was required* ● *Significant increasing distress, confusion, agitation post-arrival at hospital requiring continuous monitoring and intervention (consider patients with mental health problems, dementia, learning disability)* ● *Delayed timeframe for definitive care e.g. STEMI, stroke, sepsis, trauma* ● *Missed essential medications*
SEVERE HARM	**Any unexpected or unintended incident that had the potential to cause permanent or long-term harm to the patient.** ● *The patient was pre-alerted by the ambulance crew as per national pre-alert guidance* ● *The patient deteriorated and required in hospital treatment within the hospital resuscitation level care* ● *The patient suffered a cardiac/respiratory arrest or peri-arrest* ● *Missed timeframe for definitive care e.g. STEMI, stroke, sepsis, trauma*

Appendix B – Context information for 4th January 2021

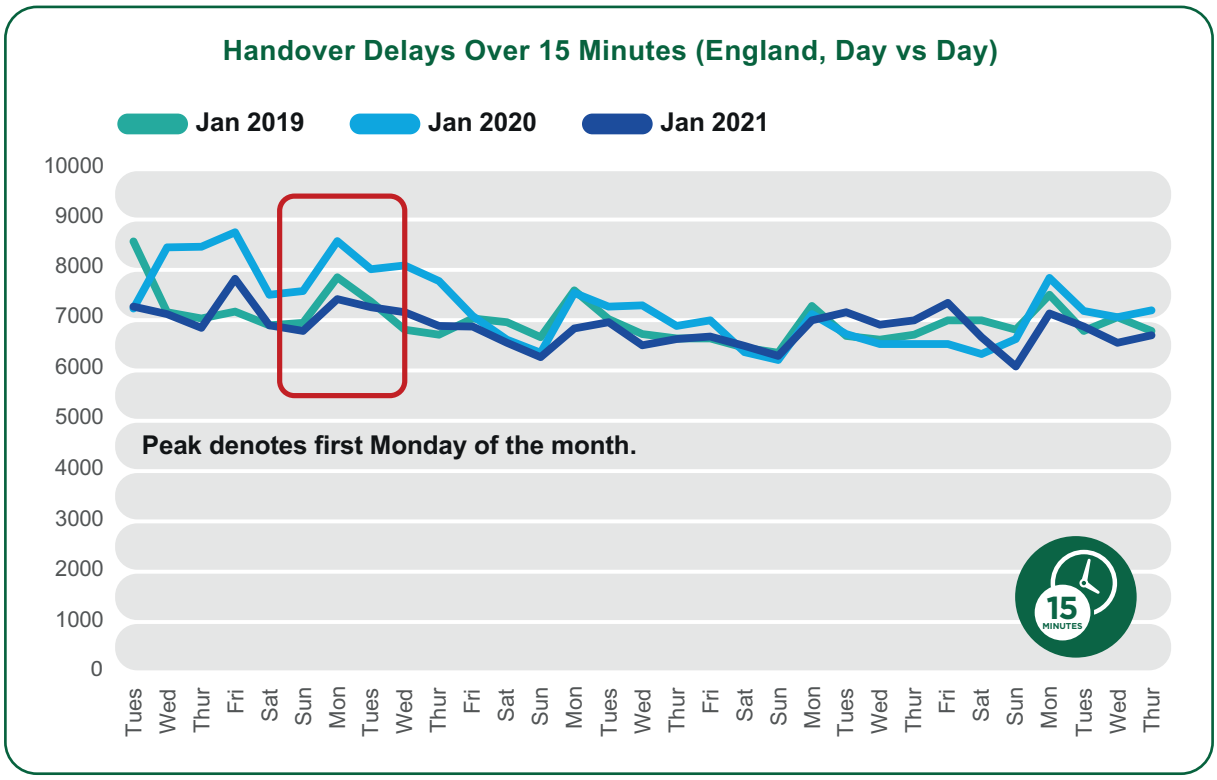
Data collection.

- English data on hospital handover delays is collated on a monthly basis for each hospital trust (This handover harm report does not identify individual hospitals).

Daily trends.

- January 4th 2021 was the first Monday of the month.
- Analysis of national data since April 2018 shows trends are more closely linked to day than date, for example Mondays almost always see a marked uplift in delays from Sunday which then decrease throughout the week to the following Monday.
- This trend was seen in early January 2021 and also reflected on the first Monday of 2019 and 2021 (Figure A1).

Chart A1.



Source: Ambulance trusts operations handover reporting data, Q1 2021

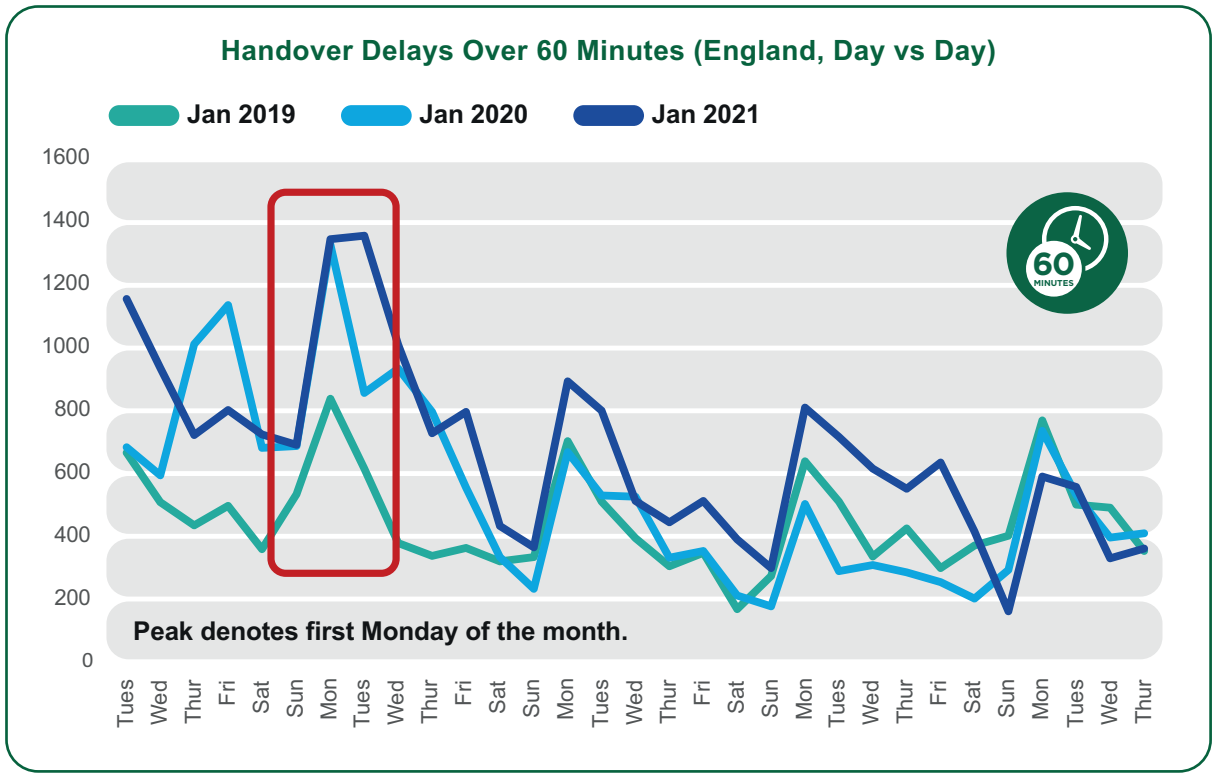
Delays over 15 minutes.

- Across ambulance trusts, there were 7,361 delays over 15 minutes on Monday 4th January. This is less than the equivalent Monday in 2020 (8,505) and 2019 (7,794).
- In 2021 these delays accounted for 58% of all handovers, higher than in 2019 (50%) but lower than 2020 (60%).

Delays over 60 minutes.

- There were 1,351 delays over 60 minutes. This is somewhat higher than the same Monday in 2019 (836) but only marginally higher than 2020 (1,334, see Figure A2).

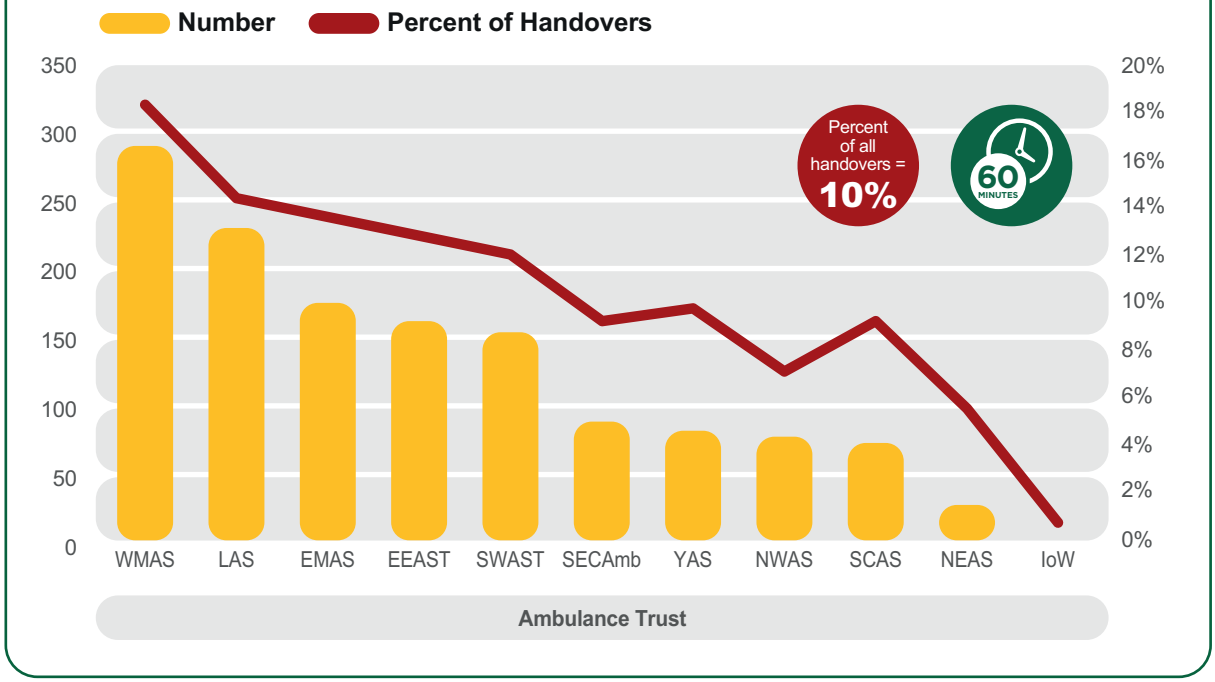
Chart A2.



Source: Ambulance trusts operations handover reporting data, Q1 2021

- As a proportion of handovers, delays over 60 minutes accounted for 10% in 2021, compared with 9% in 2020 and 5% in 2019.
- Given the varied size and geography of trusts across the UK, it is perhaps unsurprising that the number of delays varies considerably: WMAS reported 290 and IoW did not register any delays (Figure A3). The percentage of handovers represented by these delays was slightly more consistent however, averaging 10% across trusts.

Chart A3.

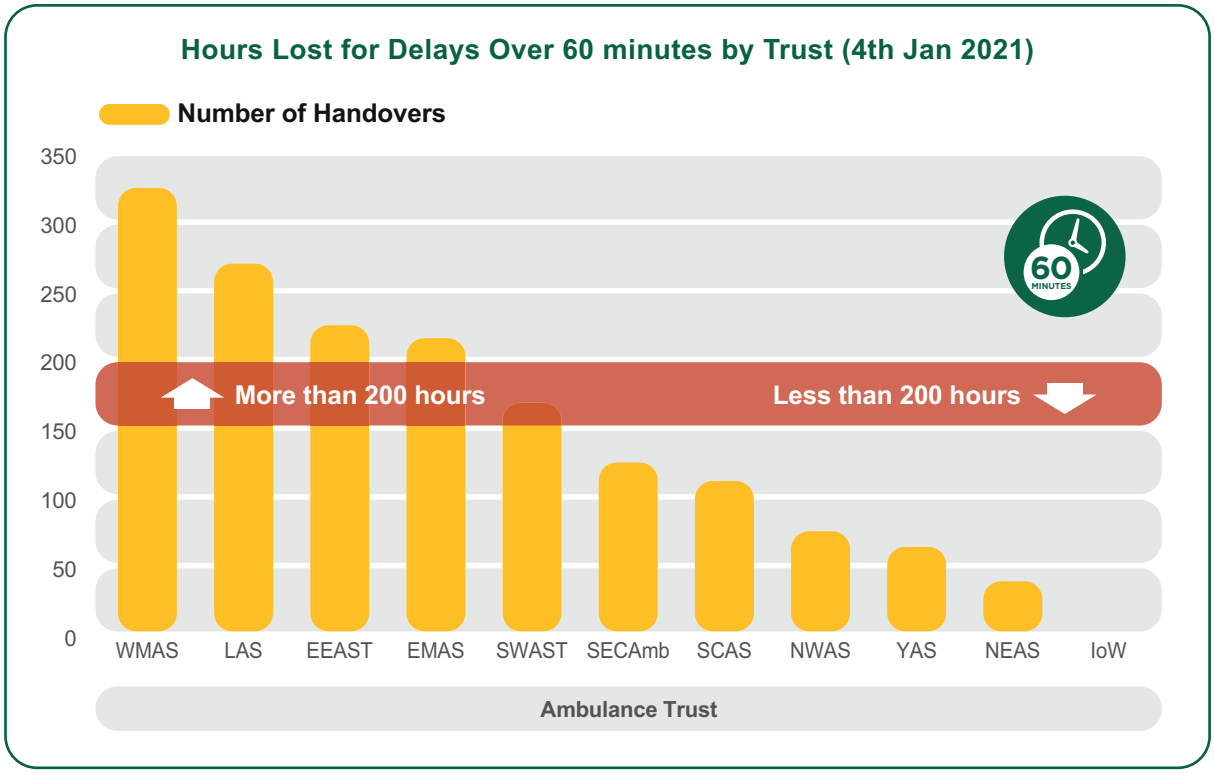


Source: Ambulance trusts operations handover reporting data, Q1 2021

Hours lost to handovers over 60 minutes.

- There were 1,558 hours lost due to delays over 60 minutes on 4th January 2021 (compared with 690 hours in 2019 and 1,259 hours in 2020).
- This equates to an average of 142 hours being lost per trust, but again there was considerable variation with four trusts losing more than 200 hours and four trusts less than 100 hours.
- Nonetheless, the trust with the smallest recorded loss (NEAS) still lost the equivalent of over a day (Figure A4).

Chart A4.



Source: Ambulance trusts operations handover reporting data, Q1 2021

Appendix C – Case studies and staff experiences of hospital handover delays

Within Appendix C we have included examples of cases where handovers have been delayed in recent months, and also quotes from staff reflecting on their experience of handover delays.

> "I have seen long standing members of staff crying and being upset following long delays with patients. These are staff who have been in the Service for 10 plus years."

I went to tell ED staff that the patient was deteriorating. We were told to stay in the ambulance, even though we had pre-alerted ten minutes previously. We informed the hospital ambulance liaison officer (HALO) that the patient was not vomiting blood but possibly bleeding internally, heart rate was 211 and the patient clearly wasn't well. They continued to deteriorate with increased back pain and started to go mottled across the abdomen – we were really worried the patient was seriously ill now and close to dying. We were constantly liaising with the HALO and staff in the hospital. After 20 minutes of waiting, the patient went into cardiac arrest in the ambulance. We were then able to get them into Resus and ROSC was achieved, but sadly they did not survive.

> "Hospital Y is amazing, the way that they have handover and have done throughout Covid - they've swapped things about a bit, which entrance you went in but they had a phone set up in the doorway so you could phone through to reception and book your patient in without having to go into reception and contaminate it, you went straight through. They've always got a screen available, there's somebody there that will give you the number when they've done the handover, it's really smooth going. They're a busy hospital but every time you go it is so well structured, everyone knows what the process is and, especially during Covid, it's been fantastic.
>
> Yet you go to hospital Z and it's all so disjointed, it's horrendous. We've got the ePRF, but whereas we used to go in the backdoor to reception, since Covid we're not allowed in there, so now you have to go around to the front and queue with patients that are waiting to book in, to book your patient in, and then they're asking your details which they can get from ePRF, which they do at every other hospital but somehow at hospital Z they don't seem to. And when you go to do your screen at hospital Z, theirs is locked off and you've got to have a staff card to unlock the computer. If there's nobody there, you're then stood there just 'can anyone give me your number'. Things like that are just infuriating and it just makes you feel like you're an inconvenience by asking for numbers for the board to handover. I think Covid has exacerbated it to a certain extent, but every winter at hospital Z , it's horrendous. I think at hospital Z the staff dynamic isn't cracking and that doesn't help. At hospital Y they're all more at ease with each other. But, if you can do it at one hospital, why can't you at another? With this state-of-the-art new A&E department that they've got at hospital Z, I don't get it, I don't understand why they can't."

Patient had been on floor in own urine for around 24 hours and had around 17% burns from urine. Patient was in pain and distress. Crew tried to pre-alert hospital due to patient's condition but was met with the response that it is going to be 'a long wait and you are at the back of 9 ambulances'. Held for 3 hours and 20 minutes outside ED.

Frail, older patient living with dementia had already been on the floor for more than 12 hours as we had no resources to send. Rhabdomyolysis [a condition in which damaged skeletal muscle breaks down rapidly]. We waited 1hr 10mins for handover.

"It felt to me like the hospital on call team were working hard – but the rest of the hospital were not supporting them."

"You feel demoralised.

There is only so much 'chat' and sets of observations you can do.

As mentioned before, you feel drained as well. It is hard work mentally to have to go to the scene of an emergency, treat the patient, then monitor them constantly for hours at a time. There's just no let up."

"Every week there are patients who self-discharge from the back of an ambulance outside ED – we cannot appropriately safety-net them from there.

It is worrying when we know they have not had the care they need.

They could deteriorate and end up coming back in a worse state."

Patient having induced miscarriage with ongoing pain and severe bleeding and had passed out. Crew unable to gain IV access to give pain relief or anti-sickness meds. Were told no beds available in ED or Gynae. The gynae doctor came into the ambulance and proceeded to carry out an internal procedure to deliver the foetus and reduce the bleeding. A deputy sister who had just come on shift came onto the ambulance and was extremely angry that the patient had been left in the ambulance, advising that there was in fact room in green Resus.

"It has a bigger impact than what is on the surface. It is scary for patients. It is scary for new clinicians whose patients may dramatically deteriorate…and there are patients who are sat there for hours waiting for ambulances because we are at the hospital and they are at risk."

Patient with grade 4 infected pressure ulcer on sacrum had to wait on stretcher for 2 hours in the ambulance outside ED.

Patient in their 50s, with worsening chest pain in the preceding 24 hours. Crew administered treatment on scene and attempted referral through cardiac pathway to CCU. No capacity so took to nearest ED. After waiting outside ED for 1hr 46mins patients pain score had increased, and ECG showed ST elevation (indicating heart attack). ECG trace was reviewed by Resus team who asked us to bring the patient in – this was after 3hrs 31 mins waiting.

"It's become a normalized part of our job to do sadly. This winter has been particularly of note but that's because we were worried about our safety as well. Being in a confined area with someone who you are suspecting may have Covid is scary."

"When you're sat there with the backdoors of an ambulance closed up, I think the staff forget about you.

No-one can see that there is anybody in there. And it gets cold, so you have got to have the engine running. It's just, it's not the nicest place to be when you're there with a poorly patient for several hours really."

Appendix D – UK NHS Ambulance Services

Acknowledgements

AACE would like to thank all UK ambulance services for contributing to this report. We are particularly grateful to those individuals who helped develop the methodology for the clinical review and those who conducted the reviews in their trust. We are proud of our ambulance clinicians and call-handlers who themselves experience significant pressures in these circumstances, and commend them in maintaining their professionalism and compassion at all times.

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NOVEMBER 2021

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Controlled Drug Accountable Officer Annual Report 2020/21

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

1. Introduction

1.1. This is the Controlled Drugs Accountable Officer (CDAO) annual report prepared by the Chief Pharmacist on behalf of the Executive Medical Director (CDAO) for South East Coast Ambulance Service (SECAmb).

1.2. The report was reviewed by the Quality and Patient Safety Committee at its meeting on 18 November 2021.

1.3. Controlled Drugs (CDs) are essential to modern clinical care and are also drugs that are especially addictive and harmful. They include strong painkillers, stimulants, tranquilisers, and anabolic steroids, and are subject to high levels of regulation as a result of government policy.

1.4. Health and social care organisations are responsible for making sure that they have arrangements in place to assure the safe and effective management of CDs and for making sure that these systems are working effectively. In addition, all healthcare professionals have a duty to ensure that Controlled Drugs in their own practice are managed safely.

1.5. SECAmb most recent CQC report was published on the 15th of August 2019 and states "***The trust had clear systems and processes to safely prescribe, administer, record and store medicines. We found a high standard of audit and quality control processes to monitor the management and administration of medicines. We saw outstanding practice in the management of controlled drugs."***

1.6. SECAmb is committed to continuing to improve and align its policies and procedures for the management of medicines including controlled drugs, to ensure that good practice is consistently applied across SECAmb and that all staff are aware of their responsibilities.

1.7. This CDAO report highlights the safe and secure handling of CDs from 1st April 2020 -31st March 2021. The annual report makes recommendations and areas of improvements required by the Trust going forward.

2. Our Statutory Duty

2.1. In general terms the main legislative points to note are:

2.1.1. The Misuse of Drugs Act 1971 (MDA 1971). This act primarily covers the illegal use of drugs and provides a schedule system for classification of these drugs. This system of classification provides the courts with guidance on the maximum sentences to be imposed if this law is broken (Schedules A, B & C).

2.1.2. The Misuse of Drugs Regulations 2001 (MDR 2001) (and subsequent amendments). In response to the activities of Dr Harold Shipman legislative changes were introduced into the 2006 Health Bill

strengthening the governance arrangements for Controlled Drugs in England. These arrangements were described in detail in the Controlled Drugs (Supervision of Management and Use) Regulations 2006. This regulation came into force in January 2007. The Controlled Drugs (Supervision of Management and Use) Regulations 2013 came into effect on 1 April 2014 and will cease to have effect at the end of 31st March 2020. The 2013 Regulations contain a sunset clause to provide that they expire on 31st March 2020. Regulation 3 removes this clause. Regulation 4 inserts new regulation 1A which introduces a requirement on the Secretary of State to carry out a statutory review of the 2013 Regulations and to publish a report of that review by 30th March 2025, and to then publish subsequent reports every 5 years.

2.1.3. The aim of the regulations is to strengthen the governance arrangements for the use and management of controlled drugs. It is essential that NHS England enforces robust arrangements for the management and use of CDs to minimise patient harm, misuse, and criminality.

2.1.4. The Misuse of Drugs Regulations 2001 defines those persons who are authorised to supply and possess controlled drugs while acting in their professional capacities and describes the conditions under which these activities may be carried out. In these regulations' consideration must be given to such activities as supply, possession, prescribing, audit, and record keeping relevant to that particular drug.

2.2. The controlled drugs (CDs) used within SECAmb are:

2.2.1. Morphine sulphate 10mg/ml injection (Schedule 2)

2.2.2. Ketamine 200mg/20ml and 500mg/10ml injection (Schedule 2)

2.2.3. Midazolam 5mg/5ml and 10mg/2ml injection (Schedule 3)

2.2.4. Diazepam Solution 10mg/2ml injection (Schedule 4 Part 1)

2.2.5. Diazepam 2.5mg/2.5ml and 5mg/2.5ml rectal tubes (Schedule 4 Part 1)

2.2.6. Diazepam 5mg Tablets (Schedule 4 Part 1)

2.2.7. Codeine 15mg Tablets (Schedule 5)

2.3. SECAmb manages all controlled drugs under the control levels required of Scheduled 2 Controlled Drugs and subject to the Safe Custody Regulations 1973. This is irrespective of which Controlled Drugs schedule they fall under. This is to ensure increased control around Controlled

Drugs activities within SECAmb. The only exception to this is Diazepam rectal tubes (Schedule 4 part 1).

3. Role of Controlled Drugs Accountable Officer

3.1. SECAmb as a designated body must appoint a CDAO, who is responsible for overseeing governance arrangements for management of CDs within SECAmb. The SECAmb CDAO is the Executive Medical Director, who is also a member of the Board.

3.2. The CDAO must ensure that all concerns about incidents that involve or may have involved improper management or use of CDs by a healthcare professional (or other staff, responsible individual or medical practitioner working on behalf of the trust) are properly recorded. This task may be delegated to an appropriate member of staff by the CDAO.

3.3. To ensure that SECAmb complies with all relevant legislation around the storage, supply and use of controlled drugs (CDs).

4. Controlled Drug License

4.1. The Chief Pharmacist renewed SECAmb Home Office Controlled Drugs license which was issued 1st September 2020 and expired on 31 August 2021. Chief Pharmacist applied in August 2021 to renew license however this has not been issued to date due to Home Office requiring a compliance visit at SECAmb before issuing. Chief Pharmacist has had authorisation from the Home Office to continue activities relating to Controlled Drugs under the terms and conditions of our existing license until such times as a compliance visit is completed.

4.2. SECAmb have a named authorised witness on the license to supervise the destruction of CDs in accordance with regulation 27(3).

4.3. A T28 license was obtained for 34 sites in the Trust for denaturing of CDs in March 2020. This has a three-year expiry date.

5. Management of Controlled Drugs

5.1. The following is a list of current up to date policies and standard operating procedures (SOPs) that include CDs. There are more in development and currently at approval stages.

5.1.1. Administration of Controlled Drugs

5.1.2. Controlled Drug Stock Checks and Reconciliation

5.1.3. Controlled Drugs Possession Using Body Worn Pouches

5.1.4. Changing Security Codes for Medicines Storage

5.1.5. Disposal of Controlled Drugs

5.1.6. Expiry Date Checking and Rotation of Medicines

5.1.7. Ordering and Distribution of Medicines 'Suite'

5.1.8. Record Keeping and Controlled Drug Register Entries

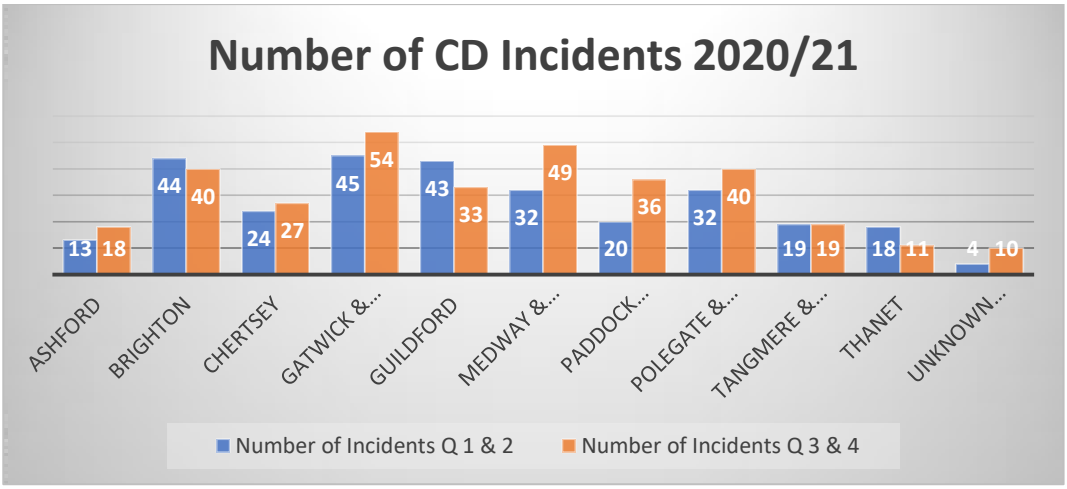
5.1.9. Use of the Omnicell Emergency Access Barcode

5.1.10. The Medicines Policy

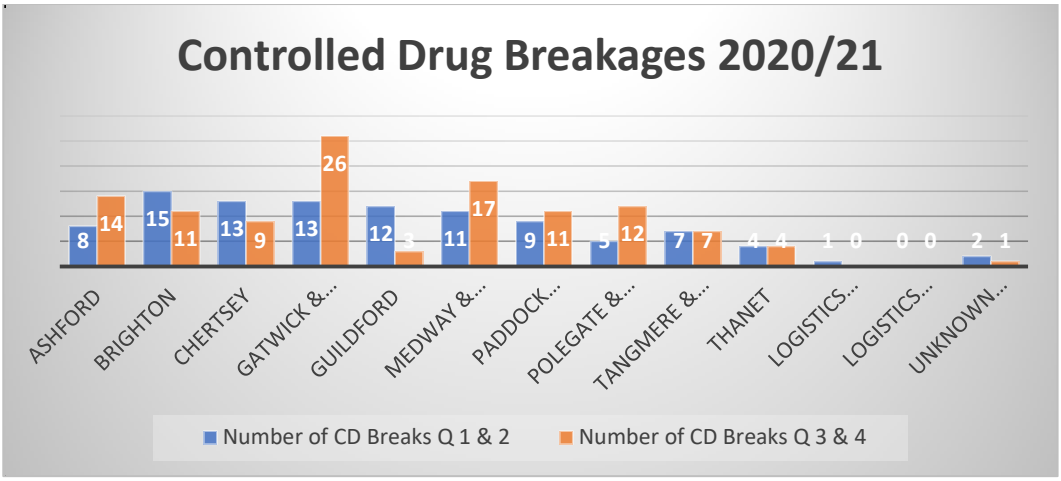
5.1.11. Controlled Drugs Policy

6. Internal Governance of the Management of CDs

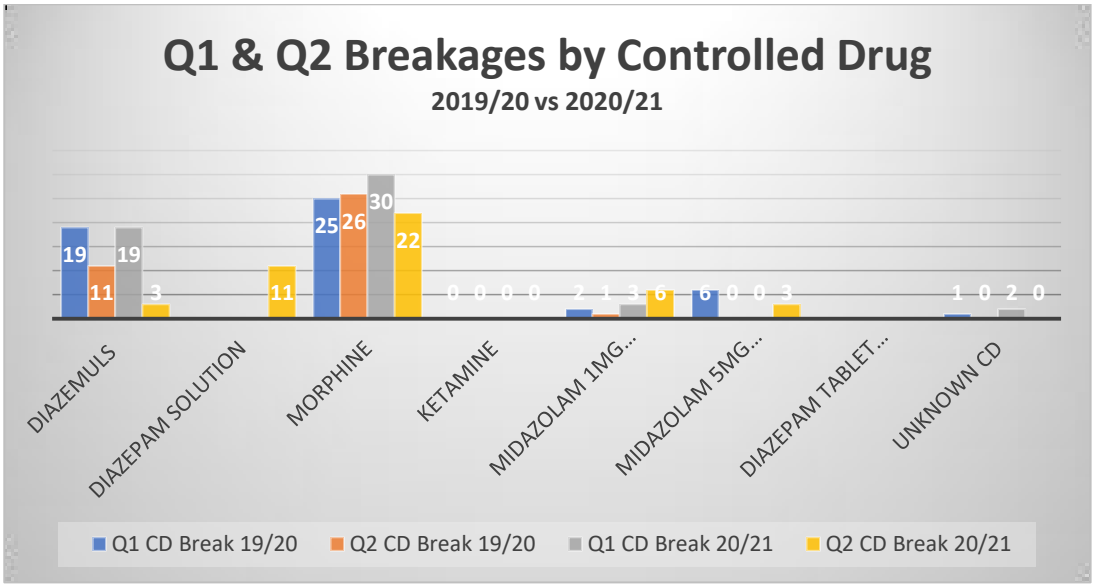
6.1. **Figure 1: Total Number of CD incidents reported comparing Q1&2 vs Q3&4**



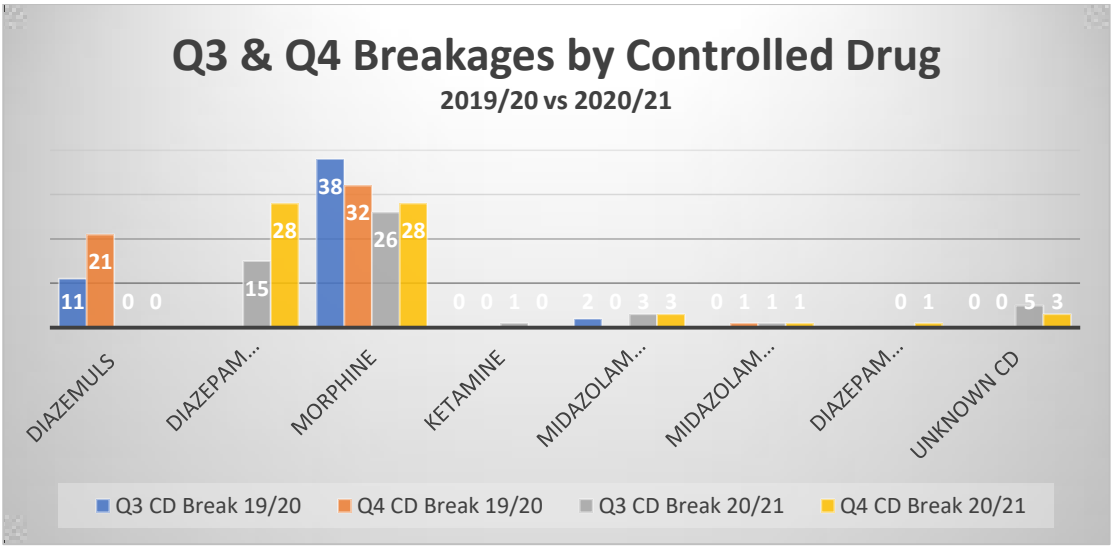
6.2. **Figure 2: Number of CD Breaks reported comparing Q1&2 vs Q3&4**



6.3. **Figure 3: Number of CD Breakages by Drug comparing Q1&2 2019/20 vs Q1&2 2020/21**



6.4. **Figure 4: Number of CD Breakages by Drug comparing Q3&4 2019/20 vs Q3&4 2020/21**



6.5. Incidents involving CDs are reviewed with consideration of the root cause (See Appendix A, Controlled Drug Incidents (Figure 1-3)). Policies, procedures, and associated learning are reviewed after a significant incident involving CDs, or when trends in incidents are identified. Any changes to policies and/or procedures are disseminated.

6.6. During 2019 the Chief Pharmacist conducted a formal consultation with Medicines Governance Team. Historically CDs were receipted into the Trust by logistics staff. The transfer of this activity over to the Medicines Team formally occurred in July 2019. The Chief Pharmacist with the support of the Senior Pharmacy Technician have implemented safe and secure procedures around handling of CDs at Medicines Distribution Centre (MDC) throughout 2020/21.

6.7. During 2020/21 the MDC handled approx. 35,000 CDs which were assembled and sent to stations/stores across our region (see Appendix D, CD Activity During 2020/21).

6.8. **Incident reporting (Datix)**

6.8.1. Potential concerns are raised either directly with the Trust's CDAO or Chief Pharmacist or reported on the Trust's incident reporting system, Datix database. The CDAO and Chief Pharmacist receive all CD incidents.

6.8.2. Medicines Governance Team monitor and create reports on the Datix's. These are then reviewed by the 'medicine leads' for every OU and bi-monthly meetings held. The Datix themes are discussed, and actions then created.

6.8.3. A report on all medicine's incidents (including CDs) is presented at Medicines Governance Group (MGG) which is chaired by Chief Pharmacist. An example of these reports can be seen, (see Appendix A, Controlled Drug Incidents 2020/21 (A1-A2)). Each category and CD type are presented to MGG for discussions and actions assigned.

6.8.4. These incident reports often highlight areas that require improvements. A recent spike in broken controlled drugs and controlled drugs taken home was identified. This was found to be related to new stations starting up (Brighton Make Ready Centre (MRC)) which required lots of change for staff involved that were new to Omnicell and processes. This has since settled. MGG reports continue to monitor for trends.

6.8.5. There has been an increase in incidents for Omnicell fingerprint access error. If staff quality of fingerprint falls below a certain level it has the potential to sign in as someone else. This was highlighted very quickly, and Medicines Team have implemented a new process. Reports are currently run to identify low-quality fingerprint. Staff are called forward to redo their fingerprint and include a thumb print which is more specific.

6.8.6. The CD formulary for the Paramedic Practitioners (PPs) expanded during 2020/21. Codeine and Diazepam tablets were added. Medicines incidents were observed of packages being damaged and lost. Medicines Team did some improvement work around this. With the issue of hard Peli cases for PPs to carry their extended CD formulary, similar to way our Critical Care Paramedics (CCPs) carry their extended CD formulary.

6.8.7. As part of the governance and assurance around Omnicells, a new process of returning CDs to station was trialled in Kent. This was introduced due to multiple Datixs submitted and errors seen on Omnicell sites around this process. The trial was a success and during 2021 this was rolled out Trust wide with the support of the Medicines Team who trained OTLs.

6.8.8. Medicines Team have worked with Omnicell software to support OTLs around incidents raised to improve governance of safe and secure handling of medicines (including CDs). The following reports are now active on Omnicell sites only.

- Out of date items soon to expire
- Controlled drugs that have been withdrawn for more than 16 hours (identifying anyone that may be taking them home in error)
- Quality of fingerprints for access to Controlled drugs
- Staff that have not been active in 1 year
- CD reconsolidation migration from T-drive to R-drive

- CD register

6.8.9. Chief Pharmacist and Medicines Team continue to support with investigations around CDs. The information obtained from Omnicell have assisted with these. Medicines Team continue to work closely with the BI Team pulling data from ePCR to assist with these.

6.8.10. Incidents where staff take controlled drugs home are recorded on Datix and reported into MGG. The Chief Pharmacist has implemented a 'register of concern' when the Medicines Team log individual staff members that take home their CDs more than once. These are escalated to senior Operations Managers and CDAO where appropriate.

6.8.11. Increased governance and monitoring around single signatures on CD registers can be seen Trust wide with the number of incidents reported and followed up around this activity. Medicines Governance administrator monitors all single signatures on Omnicell sites use of emergency barcode.

7. Corporate Risk Register

7.1. There are currently 5 risks on our corporate risk register associated with CDs. Much work is underway by the Chief Pharmacist and Medicines Team to address these risks.

7.2. **Risk ID 596 – Morphine disposal in DOOP jars**

7.2.1. Narrative - There is a risk that Paramedics maybe rounding up doses of morphine to avoid the denaturingand disposal process introduced in September 2018 which could potentially lead to patients getting more morphine than necessary.

Mitigation – DOOP trial due to commence late 2021. Chief Pharmacist working with various stakeholders and external stakeholders to implement this trial.

7.3. **Risk ID 789 – Medicines rooms at SECAmb**

7.3.1. Narrative - There is a risk of security of medicines (in particular controlled drugs (CDs) on some station sites at SECAmb due to falling below the minimum standard requirements for storing CDs. This may lead to premises been broken into and stocks stolen. Examples of such areas are Staines, Farnborough and Walton.

Mitigation – Chief Pharmacist has raised the areas of non-compliance and works will commence by Estates

7.4. **Risk ID 1263 – Unsupported software for Omnicell's**

7.4.1. Narrative - There is a risk that Omnicells will fail to track and support our medicines as a result of software upgrades that are currently required. This may lead to medicines not being stored or tracked adequately, including controlled drugs. Omnicell ltd require 150K (10k per Omnicell) for upgrades. The machines are also getting old and requiring hardware upgrades. Some fingerprint scanners have failed (recently Sheppey) causing disruptions to operational activity.

7.4.2. The Trust will fail NHS digital audit in 2022 as a result of Omnicell machines running onwindows 7, which may lead to IG and security breaches and potential fines to the Trust.

Mitigation – Chief Pharmacist leading on a business case which will be presented, and approval sought (Q2 2021)

7.5. **Risk ID 1503 – Medicines Operational Audits not on Central Systems in the Trust**

7.5.1. Narrative - There is a risk that if a member of staff leaves the Trust, we will lose our weekly medicines checks which we require to ensure we are compliant with safe and secure handling of medicines.

7.5.2. There are no monthly checks currently carried out due to these not been pulled across in Power BI set up. There is no assurance from the senior operational managers around these weekly checks.

Mitigation – Medicines team working with software developers to get this up and running on Power BI in line with OTL audit checks

7.6. **Risk ID 1582 – Lack of PGD training at SECAmb**

7.6.1. Narrative - There is a risk that staff will not comply with Patient Group Direction (PGD) legislation, as a result of the lack of training around medicines at SECAmb due to the current situation that operational staff face.This may lead to unsafe practices around the use of PGDs. The last time formal training was delivered to staff was during the key skills programme in 2018.

Mitigation – staff perform a simple competency assessment around the PGDs (including CD PGDs)

8. External Governance of the Management of CDs

8.1 **Role CD Local Intelligence Networks (CD LINs)**

8.1.1. Local agencies are required to share information and intelligence about the use of CDs in the health and social care sector. The CD LIN allows for sharing of information across several organisations including the Care Quality Commission and the police. This provides access to a network where particular concerns can be discussed.

8.1.2. SECAmb CDAO reports to the CDAO for NHS England (Kent, Surrey and Sussex) via quarterly reports and attendance at the Controlled Drugs (CDs) Local Intelligence Network (LIN) meetings.

8.1.3. The Medicines Governance Team compile a quarterly occurrence report. The occurrence report should contain details of any concerns that the ambulance Trust has regarding its management or use of CDs; or confirmation that it has no concerns to report regarding its management and use of CDs.

8.1.4. Copies of the quarterly reports to the CD LIN can be seen, (see Appendix B, Quarterly CD LIN Reports 2020/21 (B1-B2)).

8.2. Role Police Controlled Drugs Liaison Officer (CDLO)

8.2.1. The Police Controlled Drugs Liaison Officer (CDLO) may carry out unannounced spot checks at any SECAmb site.

8.2.2. The Chief Pharmacist and CDAO contact the CDLO for all incidents involving missing CDs.

8.2.3. CDLOs are invited to join Medicines Governance Team during their station/store's inspections. This provides external scrutiny of Medicines Governance inspections and fosters working relationships with the CDLOs responsible for SECAmb sites. A report/letter is produced by CDLO.

8.2.4. During 2020/21 no CDLO inspections were carried out mainly due to the restrictions of the Pandemic. These will commence again at end of 2021/22.

9. Internal Auditing of CDs

9.1. Medicines Governance Team Inspections

9.1.1. The Medicines Governance inspection reviews the safe and secure handling of CDs.

9.1.2. These inspections are carried out by registered staff in the Medicines Team using a standard tool implemented by the Chief Pharmacist.

Examples of these inspections can be seen in (Appendix C, Station Audit Inspections 2020/21 (C1-C4)).

9.1.3. During 2020/21 these audits were ceased for a time, due to Covid restrictions but have now resumed.

9.2. **Operational Team Leader (OTL) weekly audits**

9.2.1. Arrangements are in place to detect unusual or poor clinical practice, to encourage good practice, and to detect and deter diversion.

9.2.2. Weekly safe and secure handling of medicines (including CDs) audits are completed using a standardised template/tool introduced by the Chief Pharmacist. The Medicines Team have supported in transferring this process into Microsoft Teams forms which are then centralised onto a dashboard.

9.2.3. The monthly operational checks are carried out by the Operating Unit Managers (OUMs). These are not currently on a centralised system and work is currently underway with SECAmb software developers to rectify this (see risk register entry 1503).

9.2.4. The Operational Improvement Hub (OI hub) produce a report for MGG on the compliance to these audits and any actions required.

10. CD prescribing in CAS 111 service

10.1. Electronic prescribing came online in SECAmb on 27th March 2021. Quarterly reports will be produced by the Chief Pharmacist and the Medicines Governance Team commencing in December 2021 which will include CD prescribing.

10.2. These reports will be presented at internal governance groups and to our commissioners quarterly. Our regulators and other external agencies may request to have access to these reports as and when.

11. Continuous Improvements underway for 2021/22

11.1. Prepare for Home Office compliance visit and ensure stations, stores are compliant, and SOPs are in place where necessary.

11.2. Review disposal of CDs and trial new DOOP (disposal of old pharmaceuticals) product in one authorised area with full project plan and support from Medicines Team, (see risk register entry 596).

11.3. Continue with CDLO inspections.

11.4. Review CD policy and related SOPs, to include prescribing in the CAS 111 service.

11.5. Work with estates and Operational Teams to highlight areas of non-compliance during medicines inspections, (see risk register entry 789).

11.6. Medicines Governance Team are working with the power BI Team to create a visible report that is interactive and allows local areas to see local trends in incidents around CDs and all medicine related incidents.

11.7. Medicines Team continue to work with governance around Omnicell sites in relation to staff leavers. A system is in place where on staff leaving the Trust Medicines Team are informed but this is not always adhered to. A report that shows the timeframe of activity at cabinet has been produced. Post 2021 April anyone that has not used the system in one year will have access removed.

11.8. After a Medicine Team inspection, it was found that the current controlled drugs governance that are governed by emergency preparedness, resilience, and response (EPRR) Team needs improving to fall in line with SECAmb's policies and SOPs. Medicines Team are currently working with EPRR Teams to resolve this.

12. Recommendations

12.1. The Quality and Patient Safety Committee is assured that Controlled Drugs (CDs) are managed to a safe level within SECAmb and comply with CD regulations. SECAmb needs to continue to be vigilant in its governance of CDs and ensure their safe and appropriate clinical use and to continue to make improvements.

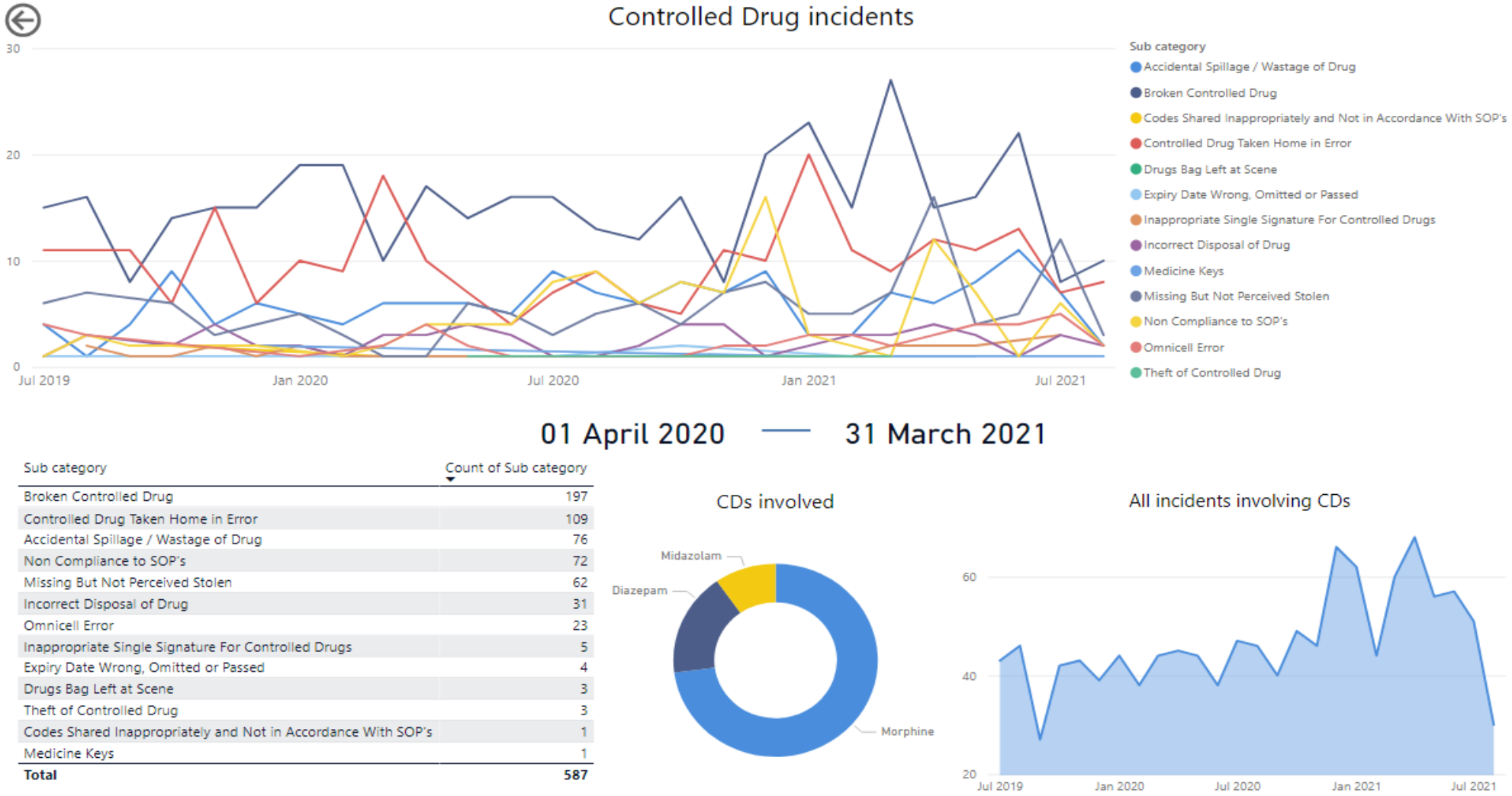
12.2. Work needs to continue with Omnicell Ltd to ensure the CD software is fit for purpose for pre-hospital care and compliant. Workarounds are in place, but this can lead to error and so the software needs to be developed and purchased or an alternative product sourced, (see risk register entry 1263).

12.3. Over half the Trust remains on paper registers. Main percentage of reporting can be seen from Omnicell sites due to the nature of extraction of the reports. Work needs to continue in replacing all non-Omnicell sites with Omnicells or seeking an alternative electronic register for these sites. This will support oversight of CD activity and any investigations going forward.

12.4. Work needs to continue with estates to highlight stations that do not meet the standard medicine room specifications for SECAmb.

Appendix A: Controlled Drug Incidents

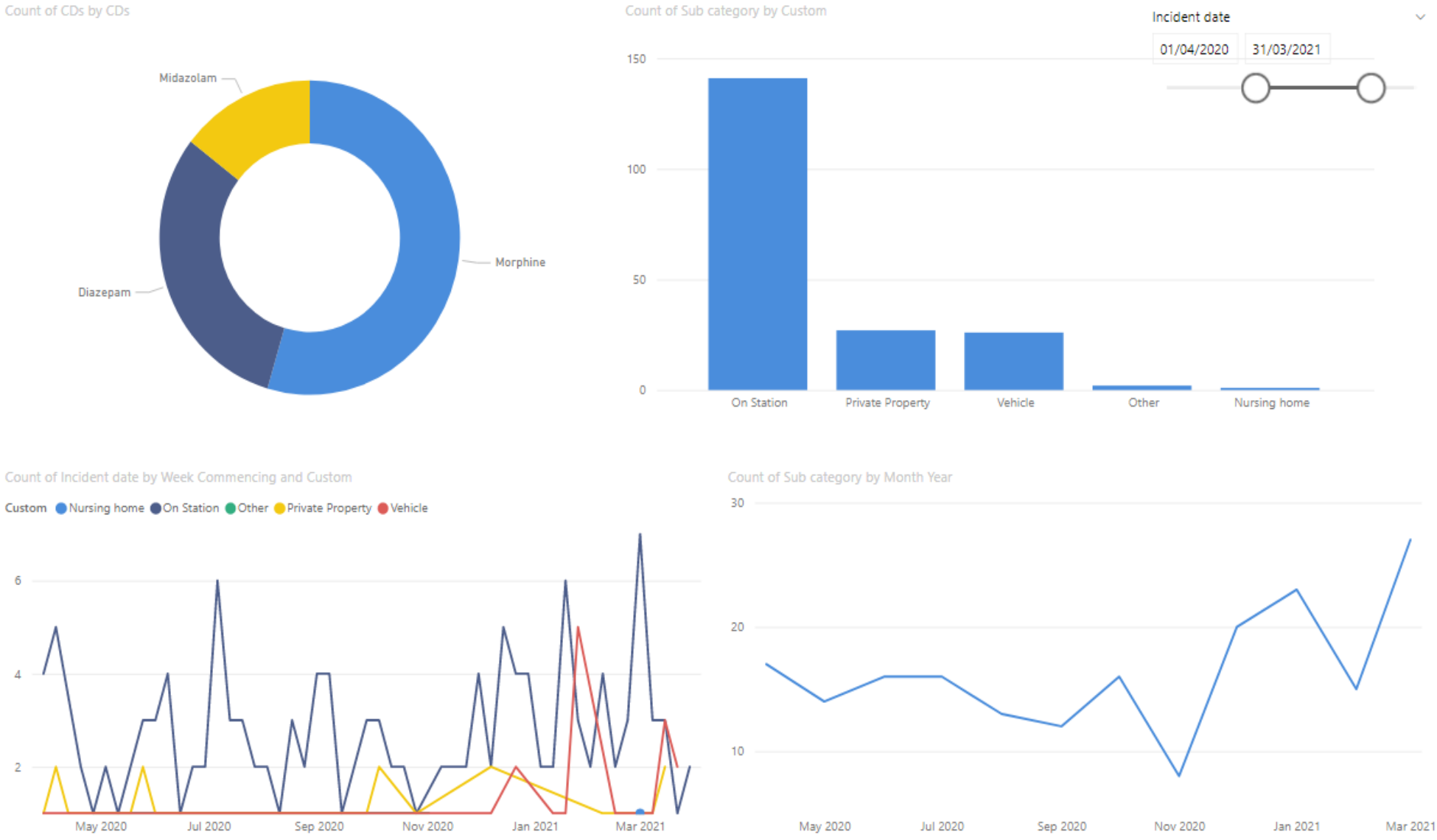
Figure 1: CD report for MGG *(Refer to 6.5)*



Sub category	Count of Sub category
Broken Controlled Drug	197
Controlled Drug Taken Home in Error	109
Accidental Spillage / Wastage of Drug	76
Non Compliance to SOP's	72
Missing But Not Perceived Stolen	62
Incorrect Disposal of Drug	31
Omnicell Error	23
Inappropriate Single Signature For Controlled Drugs	5
Expiry Date Wrong, Omitted or Passed	4
Drugs Bag Left at Scene	3
Theft of Controlled Drug	3
Codes Shared Inappropriately and Not in Accordance With SOP's	1
Medicine Keys	1
Total	**587**

Figure 2: CD categories for incidents *(Refer to 6.5)*

Figure 3: CD Activity during 2020/21 *(Refer to 6.5)*



Appendix A1:

Medicines Incident Report for CD Breakages July 2020 *(Refer to 6.8.3)*

V3.2 - CD Breakages July 2020.docx

Appendix A2:

Medicines Governance Team, Exception Report for October 2020 *(Refer to 6.8.3)*

7. Medicines Exception Report Octc

Appendix B: Quarterly CD LIN Reports 2020/21

Appendix B1:
Quarter 1: Apr 2020 – Jun 2020 *(Refer to 8.1.4)*

NHS England Occurrence Report SE

Appendix B2:
Quarter 4: Jan 2021 – Mar 2021 *(Refer to 8.1.4)*

NHS England Occurrence Report SE

Appendix C: Station Audit Inspection Reports2020/21

Appendix C1:
Make Ready Centre (MRC) & Omnicell Site Inspection *(Refer to 9.1.2)*

Brighton MRC -
Omnicell Stations Qua

Appendix C2:
MRC & Emergency Preparedness, Resilience, and Response (EPRR) Inspection *(Refer to 9.1.2)*

Ashford & HART -
Omnicell Stations Qua

Appendix C3:
Non-Omnicell Site Inspection *(Refer to 9.1.2)*

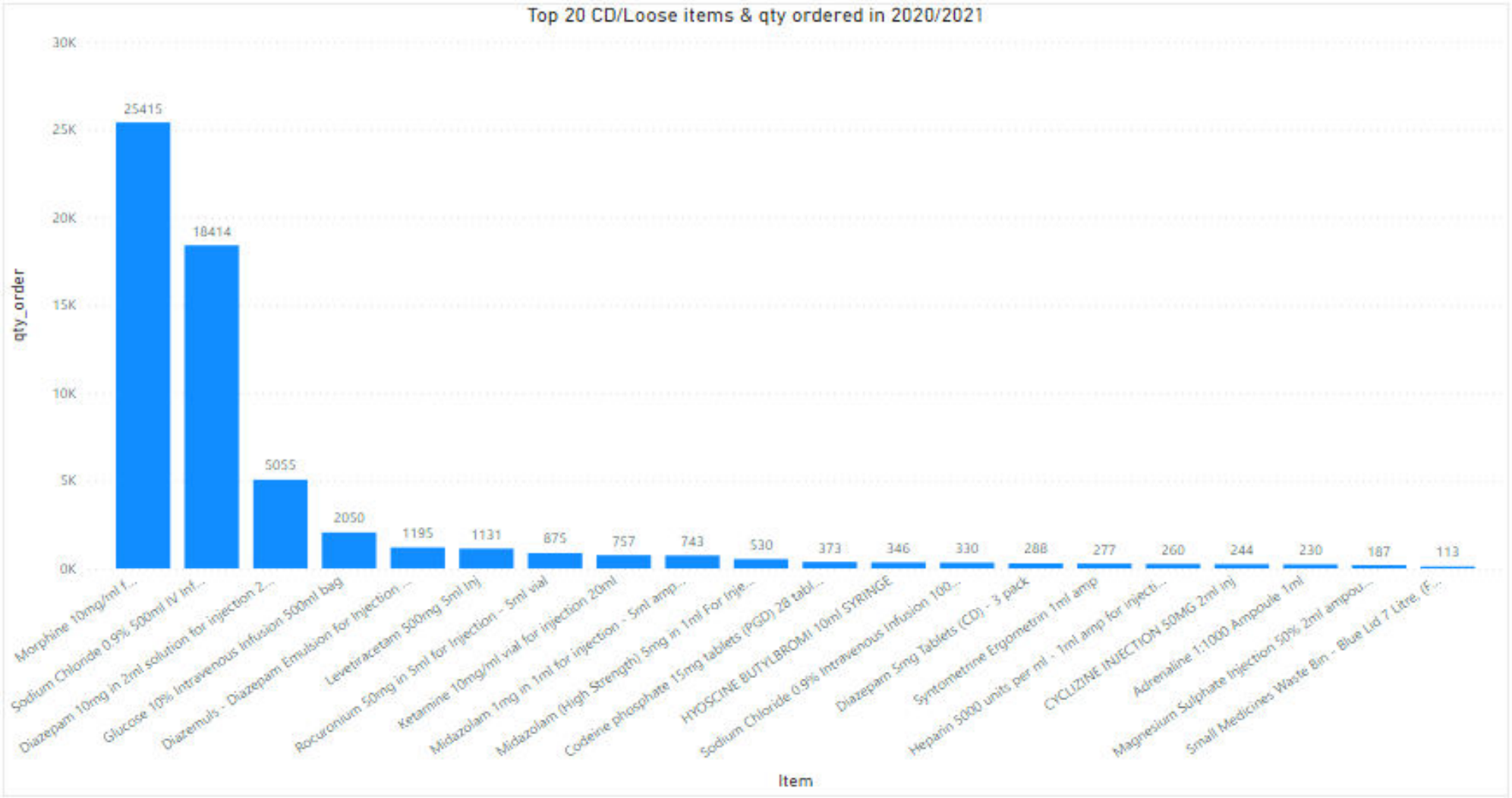
Dorking -
Non-Omnicell Station

Appendix C4:
Stores Site Inspection *(Refer to 9.1.2)*

Paddock Wood
Stores inspection 202

Appendix D: CD Activity During 2020/21

Figure 2: Top 20 CL 7 Loose items ordered during 2020/21 *(Refer to 6.7)*



		Agenda No	51-21
Name of meeting	Trust Board		
Date	25/11/2021		
Name of paper	2021/22 H2 Financial Plan		
Responsible Executive	David Hammond, Chief Operating Officer and Executive Director of Finance		
Synopsis	In May 2021 we submitted a £5.0m deficit plan for H1 with an indicative full-year deficit of £10.6m. Current high-level planning indicates a deficit of £9.6m for the full year. The ICS will be required to break even and it is not yet known what the expectation will be from individual trusts. We hear that other trusts are also projecting deficits; the host ICS will have reserves that can be allocated to individual trusts as full or partial offset.		
Recommendations, decisions, or actions sought	The Board is asked to approve the latest position regarding the H2 Plan Refresh		

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Trust Board
2021/22 Planning
H2 Refresh Summary

David Hammond
Director of Finance
11 November 2021

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

Main changes from original plan

- Estimated £2.6m unfunded, recurrent cost following Flowers settlement; release of equivalent level of provision to offset this non-recurrently
- £0.3m reduction in central 'lost income' support
- Covid funding of £8.6m in H2 against projected costs of £6.0m
- 3.0% pay award partially funded through Tariff (2.1% effective increase); funding gap of £1.0m partly offset by £0.3m Non Pay Tariff inflation
- Tariff efficiencies increased to 1.1% in H2 (increase of 0.8%) plus 1.0% local ICS requirement; overall plan for year £5.7m (1.9% of expenditure)
- £4.3m of winter funding for 999 against an equivalent level of cost
- Flexibilities of £1.5m have been applied in arriving at the revised plan deficit

Main changes from original plan

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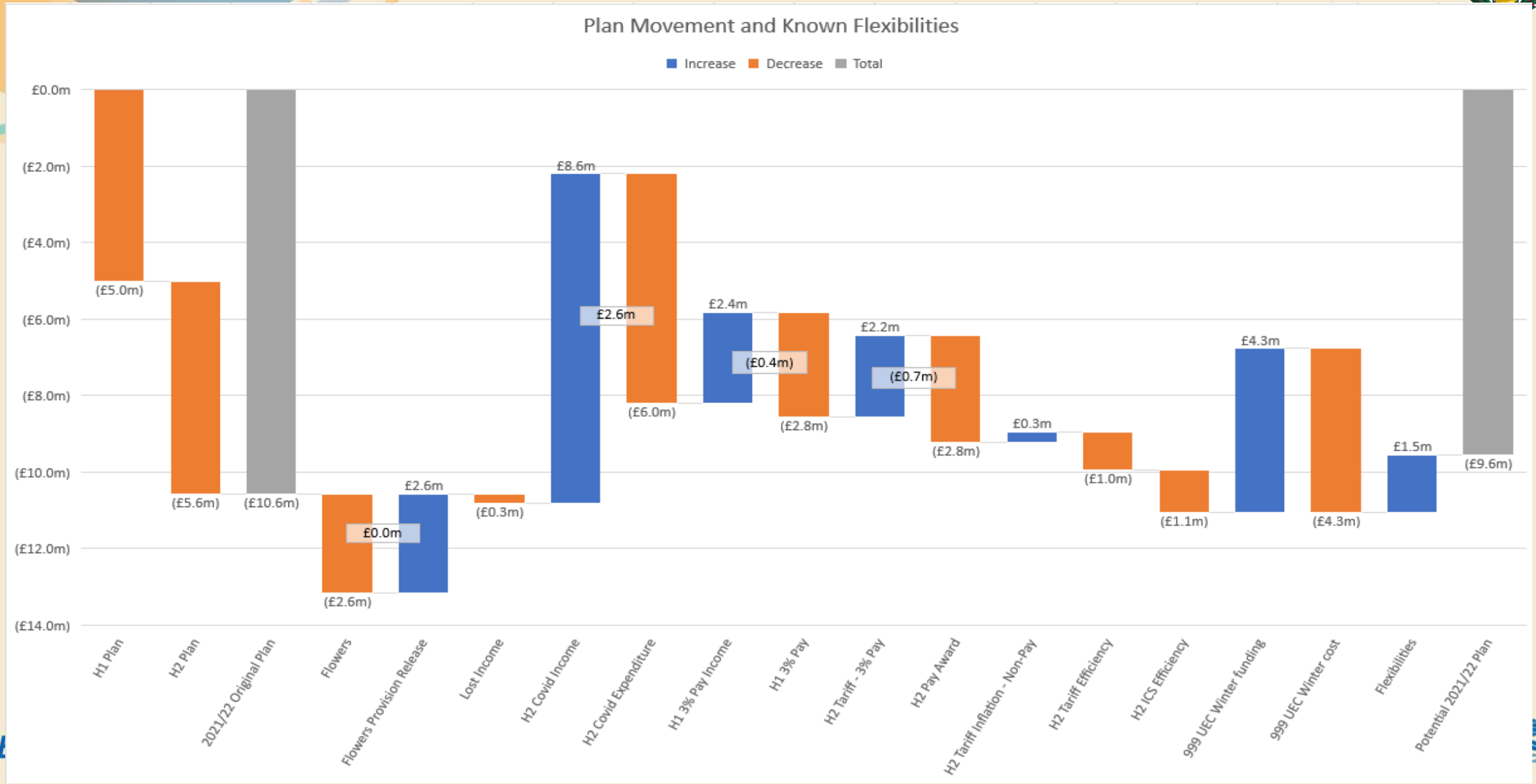

Future risks and opportunities

- There remain a number of non-recurrent funding sources
- Following the interim funding arrangements in response to the pandemic, there is a need to confirm the Trust's recurrent underlying position and to start negotiations with commissioners to secure appropriate levels of contract funding in future
- Continued deficits will adversely affect cash for investment

+ The plan includes £2.0m of reserves/contingency in H2 that remains available for cost pressures and developments

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Conclusion

- SECAmb has shared with the ICS an indicative 2021/22 deficit of £9.6m as part of the H2 Plan Refresh
- There are new pressures arising in H2 but the Trust has been able to arrive at a reduced deficit plan for the year from the original £10.6m
- Following the consolidation of ICS plans there may be further iterations to arrive at a balanced ICS plan
- The underlying position and implications for contract discussions and longer term planning will be assessed in due course
- The Board is asked to approve the latest position regarding the H2 Plan Refresh

South East Coast Ambulance Service NHS
NHS Foundation Trust

		Agenda No	52-21
Name of meeting	Trust Board		
Date	25 November 2021		
Name of paper	Update on Charitable Funds		
Author	Jay Agostinelli – Interim Head of Contracts Justine Buckingham - Business Support Manager		
Executive Director Sponsor	David Hammond – Chief Operating Officer & Executive Director of Finance		
Synopsis	This paper is to update Board members on the current Charitable Funds situation and activity;		
Recommendations, decisions or actions sought	The Board is asked to note the activity and progress to date.		
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	

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Charitable Update

In June 2020, the SECAmb Charity joined the NHS Charities Together (NHS CT).

Stage 1 - £160,000

On 20 May 2020, the Trust received its first grant of £60k from NHSCT, this was fondly referred to as the 'Sir Captain Tom' money and was used to fund various items across the Trust. It was split based on staff headcount through each area of the Trust and staff choice what they wanted to spend it on. The money was used for items such as, water bottles, outside seating areas, gift vouchers, coffee machines and recreational items such as table tennis equipment.

On 20 July 2020 a further £50k was received from NHSCT and allocated to the Inclusion and Wellbeing Team to help staff with the ongoing impacts and problems that staff were reporting because of the pandemic. This money was used to pay for sleep workshops, fitness videos and positive action training to support BAME initiatives.

On 02 February 2021 another £50k was received from NHSCT for bespoke wellbeing projects to improve staff wellbeing and patient experience.

We have until 01 March 2022 to confirm to NHSCT how we intend to use these remaining funds.

Stage 2 – up to £512,000

The Stage 2 Grants were aimed at supporting the wider NHS and voluntary community, and were based on population figures for ICS/STP 'footprints'. In March 2021, Surrey Heartlands CCG awarded SECAmb £20,000 which was used to provide and stock welfare vehicles for front line staff.

Subsequently an Ambulance Allocation Grant has been launched to address specific gaps in the Stage 2 funding as it became apparent that Ambulance Trusts as regional providers were not allocated appropriate funds through their host ICS. SECAmb have now been awarded an additional £492k based on its population headcount. This funding has been allocated to provide direct and immediate support to the network of community and first responders and for shoring up community resilience including increasing capacity of the current community response. SECAmb's bid is being led by the Volunteer services team and is currently going through the NHS CT governance process.

Stage 3 – up to £99,000

Stage 3 Recovery Grants were launched in September 2020, based on our headcount.

SECAmb has been allocated £99k in the Stage 3 allocations, and the money must be used to support the long-term health and recovery of NHS Staff, Patients, Community and Volunteers impacted by COVID 19. A bid was submitted on 31 March 2021 to utilise this money to provide additional psychological support over a period of 18 months via the Wellbeing Hub by recruiting a dedicated person to deliver this, the bid was declined by NHS CT. A revised bid is underway working with NHS CT and this will be submitted by the 26 November 2021 deadline.

The Board are asked to note this report.