South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public.

27 January 2022
10.00-15.00

Via Video Conference

Agenda

Item No.	Time	Item	Encl	Purpose	Lead
Opening					
	10.00	Tribute to Alice Clark	-	-	Chair
Administration					
55/21	10.05	Welcome and Apologies for absence	-	-	Chair
56/21	10.06	Declarations of interest	-	-	Chair
57/21	10.06	Minutes of the previous meeting: 25 November 2021	**Y**	Decision	Chair
58/21	10.07	Matters arising (Action log)	**Y**	Decision	PL
Context					
59/21	10.10	Chairs Report	**Y**	Information	Chair
60/21	10.20	BAF Risk Report	**Y**	Assurance	PL
61/21	10.30	Chief Executive's report	**Y**	Information	PA
Strategy					
Trust Strategy:					
62/21	10.45	Trust Strategy - Better by Design	**Y**	Information	PA
Enabling Strategies:					
63/21	11.15	Clinical Education Strategy	**Y**	Decision	FM
64/21	11.25	Green Strategy	**Y**	Decision	DH
	11.40	Break			
65/21	11.50	Patient Safety Strategy	**Y**	Information	JW
Quality & Performance					
66/21	12.15	Operation Carp	**Y**	Assurance	FM
67/21	12.30	(COVID) Vaccination a Condition of Deployment	**Y**	Information	AM
	12.45	Lunch			
68/21	13.15	Integrated Performance Report Incl. Committee Reports	**Y**	Information	PA
Quarterly / Annual Reports					
69/21	14.15	Learning from Deaths - Q4 2021/21	**Y**	Assurance	FM
70/21	14.25	Patient Experience (Complaints) Annual Report	**Y**	To Note	JW
71/21	14.30	Incidents and SI Annual Report	**Y**	To Note	JW
Business Cases					

72/21	14.35	a) COVID EOC b) COVID 111 c) 111 First Activity d) MS Licensing	**Y**	Decision	EW EW EW DH
Closing					
73/21	14.50	Any other business	**-**	Discussion	Chair
74/21	-	Review of meeting effectiveness	**-**	Discussion	Chair
After the meeting is closed questions will be invited from members of the public					

Date of next Board meeting: 31 March 2022

David Astley	Chairman	Declared interests – A Director of Yoakley Care Share Ltd and Yoakley Care Trustee Ltd, a charitable company that manages almshouses and a care home. Daughter Emma is a Director at PWC Consulting which sometimes works with the public sector.
Philip Astle	Chief Executive Officer	None
Judith Ward	Interim Director for Nursing & Quality	None
Emma Williams	Director of Operations	My husband, David Williams, is currently on a secondment to SECAmb as Acting Head of Emergency Planning, Response & Resilience from his substantive post in Surrey Heartlands CCG. I do not line manage David - he is part of one of my wider teams, recruited through the formal standard Trust processes.
David Hammond	Deputy Chief Executive & Chief Operating Officer	None
Ali Mohammed	Executive Director of HR and L&OD	Trustee at LHA London – a housing charity in central London from October 2019 to September 2022. It's a non-financial professional interest, unpaid but reimbursement of receipted travel expenditure.
Fionna Moore	Executive Medical Director	Medical Director Location Medical Services, Medical Director Medicare, EMS Medical Adviser (major incidents) London Ambulance Service NHS Trust - On call 2 days/month.

David Ruiz-Celada	Executive Director of Development and Planning	1. Minor shareholding (<1%) of RUTI Immune, a trained immunity vaccine for COVID-19 which is under development and currently at stage 2 trial. 2. Father (Luis Ruiz-Avila) is involved in the biomedical sector, focussed in entrepreneurial, executive and investor activities, in early-stage drug discovery and development, helping companies transition from clinical proof into global pharmaceutical development and eventual commercialisation. Companies with influential role: • Kintsugi Therapeutics (Minor shareholder & board member) • Biointaxis (Minor shareholder, non-executive director business advisory role) • Leukos Biotech (Minor shareholder, CEO) • Ruti Immuni (Minor shareholder, CEO) • Affirma Bio (Minor shareholder & board member) • ONSTX Olavide Neuron (Minor shareholder & board member) • Janus Project (owner) • Other Companies with minor shareholding (<25k€ investment or <5% capital): Oxolife, Methinks, Devicare, Zecardio, Nuubo, BHV Partners) • Investor in healthcare specialized VC funds Asabys Partners, Inveready, Alta Life Sciences

Michael Whitehouse	Non-Executive Director/Senior Independent Director	Board member and chair of Audit Committee of Medicines and Health Care Products Regulatory Agency. Trustee and chair of Audit and Risk Committee Cruse National Bereavement Charity Member of Audit Committee of Republic of Ireland Audit Committee
Subo Shanmuganathan	Independent Non-Executive Director	Board Trustee for Amnesty International, Non-Executive Director Bromley Community Interest Company
Tom Quinn	Independent Non-Executive Director	Professor and Research Group Lead at Kingston University & St George's, University of London. Undertaking research with several ambulance services, teaching and supervision of students including paramedics undertaking Master's and PhD level research; External examiner for Paramedic Studies degree at University of Limerick, Ireland; Member of Domain Expert Group, Myocardial Ischaemia National Audit Project; Undertaking research funded by National Institute for Health Research, British Heart Foundation, and Gas Safety Trust; Volunteer roles with European Society of Cardiology (Board member Acute Cardiovascular Care Association, and member of Task Force on Allied Professions), Trustee/Director of British Association for Immediate Care, Trustee of Aston Defibrillator Funds, Farnham, Clinical Director, HeartStart Farnham Lions.

Laurie McMahon	Non-Executive Director	Director of the Realisation Collaborative, specialising in strategy development and organisational design. Member of the board of trustees of The Horsebridge Arts Centre, Whitstable. Member of the board of the Faversham Community Land Trust CIC. Member of the board of the Faversham Society.
Howard Goodbourn	Non-Executive Director	None
Michael Whitehouse	Non-Executive Director	Board member and chair of Audit Committee of Medicines and Health Care Products Regulatory Agency. Trustee and chair of Audit and Risk Committee Cruse National Bereavement Charity Member of Audit Committee of Republic of Ireland Audit Committee
Paul Brocklehurst	Non-Executive Director	None
Liz Sharp	Non-Executive Director	None
Chris Gonde	NeXT Director	None

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
Paul Brocklehurst	(PB)	Independent Non-Executive Director
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.

41/21 Apologies for absence

None

42/21 Declarations of conflicts of interest

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

43/21 Minutes of the meeting held in public 30.09.2021

The minutes were approved as a true and accurate record.

44/21 Action Log [10.01-10.03]

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

PL explained that a member of the public has been in touch to ask about the timing of the papers we publish on the website. PL clarified that the requirement is to publish the agenda, which we did last week in good

time. The papers we add to the website too but tend to wait for the pack to be complete, which this month was on Tuesday. We always aim to publish them as soon as they are available.

45/21 Board Story [10.03 – 10.24]

PA introduced the video which this month is a staff story. He reflected on the brilliant work of staff during the pandemic and explained that this is an opportunity to share some experiences of staff in the context of our struggles to meet demand. The difficulties are perhaps felt more in 111 and EOC particularly in recent months where demand has been so much higher. The video was played showing staff in 111 and EOC.

DA thanked colleagues for making this video which helped to demonstrate how difficult it sometimes is for our staff. He then asked if directors had any reflections.

MW agreed it was a powerful film and was struck by the comment about the public understanding of when to use services. He asked if we have a coordinated communications campaign to help educate the public in a positive way, about their options when they need to seek help. PA responded that through the year we have had good successes via local media through ICSs. The high demand in 111 led to us going to the centre to help influence medial campaigns, which worked to a degree.

TQ was also moved by the video and referred to the Red Cross report 'nowhere to turn' related to the use of emergency services and lack of alternative routes of care. He suggested that the executive may want to reflect on this when in discussion with system partners. The balance is that we shouldn't blame the public when they have nowhere else to turn. This led to a brief discussion about what an emergency is for one might be different to another and that the provision of alternative services is patchy and comms at a regional level is less effective. The Board acknowledged this is a complex issue and the underlying principle is that we must always ensure everyone needing emergency services accesses this at the right time.

LM reflected on the insights of staff and reinforced the need to involve them in shaping how we deliver services in the future. He also referenced the point in video about abuse some staff experience on the phone which needs to be taken as seriously as it is when in person. The workforce and wellbeing committee is looking at levels of violence and aggression and the steps being taken to manage this effectively.

DA summarised by thanking the staff for making the video and for expressing so frankly their experiences. The video has generated good discussion and much of this will be covered on today's agenda.

46/21 Chair's Report [10.24 – 10.30]

DA summarised the key issues from his report to set the context for this meeting, which as the last item suggests, is focussed on the welfare and wellbeing of our staff. He felt that as Board, we need to demonstrate that we acknowledge their efforts and always have in our minds the ways in which we can make their lives easier to help treat and care for patients.

DA outlined the visits he has undertook recently to hear first-hand staff feedback and before handing over the Philip thanked BH for contribution to the Board; this will be her last meeting.

47/21 Chief Executive Report [10.30 – 10.53]

PA started with performance, acknowledging the difference between supply and demand and clarifying that demand is not higher, but the imbalance is the acuity of the demand. When we started ARP, it was built on the assumption that 55-60% would be C1 and C2 and 40-45% C3 and C4. However, in October we saw 74% C1 and C2, which requires far more resource per incident than our business is based upon. We are reflecting this in our plans for the immediate future. PA added that performance in October was not good; some patients waited far too long for a response. However, it remained relatively stable, and when compared to other English ambulance services we were the best performing in C2 (majority of patients). This just

highlights the pressures being faced across the country. Regionally, systems are in Opel 4 and so it is across the NHS not just the ambulance service.

In terms of COVID, PA confirmed that we are not seeing significant spikes but need to keep eye on this, as this time last year (Delta variant) we had almost 500 staff off sick. We are helped by having a good internal booster programme that BH will mention later.

PA referred to the recent critical incident and the incredible response of staff to keep patients safe. He confirmed that we are not in a position yet to confirm the root cause and the usual harm reviews will pick up any harm.

PA then mentioned an issues that has been identified related to the positioning of the seat belts in some of our ambulances, specifically the Fiats. PA reinforced with the Board how seriously he takes the safety of our staff and patients and in response to this issue has established processes for staff to raise any concerns. He went on to explain that the Fiat ambulances are part of a national specification and we have since been in contact with both the national team and the manufacturer to explore the issues and find a solution. In the meantime, the manufacturer has given a number of assurances about the rigorous set of safety tests that have been undertaken in in accordance with rules set by the relevant standards.

Lastly, PA confirmed that the staff survey ends tomorrow at 5pm and around 60% have already completed the survey which is good considering everything else going on.

DA thanked PA for his report, reflecting on the realistic picture of winter he set out. DA asked directors if they could highlight throughout the meeting what is being done to support staff to help meet the expected and continued challenges. He then opened up to questions.

HG referred to the fleet issue and while took some assurance from what PA reported he wondered in the context of the announcement by one union, if there is an issue with our relationship. PA agreed to pick this up in part 2.

CG asked if we are losing trust from the public related to delays. PA didn't think so but acknowledged that we are letting them down by getting to them too slowly. They are therefore understandably frustrated, which is reflected in his correspondence (complaints responses), and this also impacts our staff when they can't get to patients more quickly through no fault of their own.

48/21 IPR /Committee Reports (10.53 – 12.31)
PA introduced the IPR report before handing over to EW.

<u>Operational Performance / Performance Committee</u>
Operations
EW summarised the challenges highlighted within the IPR, emphasising the importance of recognising the unique circumstances where all ambulance trusts are in REAP 4 for the first time ever. The Board noted that there has been some improvement in call answering, which was one of the key areas linked to the additional funding (winter monies). EOCs are now better staffed despite high level of sickness. EW reflected feedback from some staff in EOC that it is feeling slightly better.

DCA hours remain challenging and EW explained that we don't have the ability here to ramp up recruitment in same way we have in EOC. We are trying to encourage annual leave including the thank you day given last year at the same time as managing other abstractions, such as training. The Board acknowledged that a difficult balance this.

EW then turned to 111 which is probably under even more pressure than 999. There continues to be a significant difference between what we are contracted to provide and what the demand is and are in constant discussion with commissioners about this. Positively, we are strong when compared nationally in the percentage of ambulance dispositions; revalidation; and additional validations of ED dispositions, all of which are aimed at ensuring patients receive the right care.

Lastly, in addition to encouraging annual leave, EW outlined the support being provided to ensure meal breaks; currently about 98% although there has been a slight decrease in recent week. In addition, EW confirmed that there are too many over runs, explaining that while there is ongoing focus the issues are multifactorial, e.g. being out of area / long waits at hospitals. We are working closely with EDs to manage these delays as best as possible, working together.

DR then talked about the work on understanding the root causes of abstractions. He explained that we are closer to the establishment hours and so need to better understand where those hours are; this is the focus of the weekly performance assurance reviews. DR felt that we are making good progress in better understanding how best to utilise available resources. Looking forward, Christmas falls over a 4-day bank holiday weekend (happens once every 7 years) and so we are planning how to manage this through things like incentivising shifts.

Before opening up to questions DA asked HG to summarise his report from the Performance Committee.

Performance Committee
HG outlined the outcome from the recent meeting, including the areas of assurance and where there are gaps, as set out in the report. He highlighted that the gaps in assurance include current performance, for the reasons touched on earlier.

DA thanked EW, DR, and HG for providing between them a good overview of where we are and what we are doing looking forward. He then opened to questions.

MW asked about the frail and elderly and asked for assurance on the steps being taken to ensure ongoing welfare checks, when delays occur. EW responded that most of the elderly people requiring a 999 response are of higher acuity and so do get a timely response than say some that fall within C3. She added that for the latter we do welfare checks and escalate / re-triage as required. There is also lots of work with CFRs and other services to support this, although acknowledging that we have a reduced number of CFRs due to the pandemic. Lastly, EW confirmed that we are working with the fire service about how they can support in this regard too.

MW came back on this to ask if we have the right level of resource in place to deliver on welfare checks. EW confirmed that this is not always the case, explaining that there are some extended periods before we can complete a call back. MW reinforced the need to look at this given the impact on wellbeing and safety.

SS referred to health advisors in 111 and the pressures there and in EOC. She asked how we are doing on recruitment / dual training and also related to the clinicians in EOC asked what the recruitment challenges are as both are critical for preparing for winter. EW responded that recruitment for call handlers in 111 and 999 continues at pace and the trajectory for 999 is in line with what we agreed as part of the additional investment mentioned earlier. The priority is 999 but we are doing dual training.

TQ noted that despite the 111 ambulance referral rate being so impressively low, the perception among some staff is that there remains inappropriate use of ambulances. He asked therefore if we are communicating to road staff that this is a low rate of ambulance referrals from 111 and also what process are there when there is an identified inappropriate use of an ambulance? EW confirmed that the low rate is

due to the focus on revalidation; this helps ensure patients to get the right outcome, which might not be an ambulance. She added that the historical perception is that 111 pass through too many ambulances. We do say to staff to feedback and there is a range of mechanisms, e.g. dispatch or even raising an incident. We then look at how the disposition was made. But overall the quality of calls coming through to 999 reflects a strong position. PA added that one way of judging appropriateness is looking at conveyance rates and 111 and 999 rates are similar.

HG asked about wellbeing referrals and the current backlog. AM responded that demand has been very high which reflects the pressures we are under. Internally, we are looking at how we make processing more efficient, and externally there is more funding being provided. However, the problem with external funding is that is comes with a proviso to spend by year end, which causes issues as we need a more sustainable wellbeing provision to reflect pressures are year-round, not seasonal.

DA thanked EW and her team for their efforts. He felt that we appear to be doing all we reasonably can but recognise there are gaps we need to close too.

Quality and Patient Safety / QPS Committee

FM started by highlighting the controlled drugs single signatories issue identified in the IPR and outlined the work on this. On breakages of controlled drugs, she explained that there was a spike and we monitor this on a daily basis; there were 29 in the last month. However, given the number of sites and number of withdrawals per shift, this is not high, but always a risk.

In terms of the ambulance quality indicators (AQIs), FM explained that cardiac arrest survival is higher than the norm, but not significant as such small numbers which move month to month. That said it is important to note that EMA recognition of cardiac arrest is really high.

Lastly, and before handing over to BH, FM confirmed that the use of PAD sites is quite low, but we are signing up to the British Heart Foundation circuit which will help raise the profile of this.

Noting that handover delays is a separate agenda item, BH firstly drew the Board's attention to vaccinations confirming that since the report was written there has been much better progress. Particular in flu vaccination where we now have a roaming model; figures doubled in the first week. Bookings are much higher and we are at 43% today and expect to jump significantly in the coming days. For the booster we are at 56% but expect this to rise as the terms of license has been changed to allow us to extend the clinics to three other areas.

BH also highlighted duty of candour compliance, explaining that this is about being open and honest. We have a time-based target to contact individuals to confirm the terms of reference for our investigations and we have not been compliant with this for the past couple of months. BH clarified that we have carried it out just not in the defined period. This is due to capacity issues in the SI team resulting from them undertaking a high number of harm reviews. We are however changing process to ensure this is prioritised.

TQ asked whether this extends to the outcome of investigations and BH confirmed that it does; just that the IPR indicator relates just to initial contact, but we remain in touch throughout the investigation up to conclusion.

DA then asked SS to summarise the outcome of the last meeting of the quality and patient safety committee, which she chaired in TQ's absence.

QPS Committee
SS outlined the main points from the report including where there were gaps in assurance. LS asked about duty of candour and whether we need more resource to meet the timeframes. BH explained the difficulty here as it can't be anyone due to the very difficult conversations needed; the staff therefore need specific training. However, BH confirmed that we do use some alternative duty staff who are experienced clinicians. She added that while additional resource will help, the new process will ensure sooner escalation so we can forecast delays and take action before they arise.

LS then asked if we establish trends for controlled drug breakages. FM confirmed that we do and referred to the IPR and the report later on the agenda setting out the data and how this is closely monitored to identify reasons and seek assurances.

CG asked if we do more work with schools etc. related to cardiac arrest. FM explained we have tried in the sector to get this on the school curriculum, to date unsuccessfully, but some schools do training. DA said that he will take this message forward with meetings with MPs.

[Break 11.54-12.05]

Workforce and Wellbeing
AM noted the number of workforce and wellbeing issues already covered during this meeting. He referred firstly to sickness much of which relates to stress/anxiety, along with MSK related issues, and confirmed that work is ongoing to help better manage sickness. There are also national discussions related to the management of long COVID and the related sick pay arrangements for COVID absences.

AM also highlighted employee relations. There are consultations ongoing for 997 staff affected by the Banstead and Medway moves. In addition, there is much work ongoing to implement a restorative and just culture. There are for example weekly meetings related to every member of staff suspended and due to this focus we ensure suspension is a last resort; there are current three staff suspended, down from 18.

Lastly, related to low training levels and appraisals, AM acknowledged the reasons related to operational pressures, but one area of focus is on management development especially for first line managers. We are currently working through how best to approach this.

DA thanked AM for the update and handed to LM to summarise the work of the workforce and wellbeing committee (WWC).

WWC
LM confirmed that the committee is well sighted on the partial assurance areas. He updated on the good work to improve HR processes, and the need to shift focus to target support to hot spots, where issues such as sickness, appraisals etc. are impacted more in certain locations. The committee is pleased with the executive commitment to workforce diversity but finding time to think through the tricky issues is currently difficult. We need to support people to find the time to think and not just press on.

Lastly, LM explained that the committee is picking up the issues related to the quality of management, as alluded to by AM and identified in the September FTSU report.

DA then opened up to questions.

MW expressed concern about the gap in assurance with appraisals, reinforcing the importance of having protected time to talk about overall performance and development. While MW accepts the current

pressures he asked for assurance on when this will improve as compliance in this area in recent years has not been as good as it should be.

Action
WWC to seek assurance on the steps being taken to improve completion of appraisals and escalate to the Trust Board, as required.

MW challenged LM on the pace of the clinical education strategy from a WWC perspective. LM responded by explaining that the work to-date is of good quality and asked FM and AM to comment on how it all comes together under the broader education training and development strategy. FM confirmed that the updated strategy is due to come to WWC in December, and a separate delivery plan is being developed too. In addition, there has been much work on a rectification plan for trainee ambulance practitioners. This is now coming to a close and an inspection from Future Quals is due early December. On the broader point AM confirmed that we have the clinical education strategy, and the management development strategy and then a key and core skills strategy. Overlaying this is an ETD governance structure we plan to have in shadow in Q4, prior to follow out early in 2022/23.

MW asked if SECAmb is seen as a good place for students to come to for a career. FM felt that it is for a specialised paramedic as the training is good. DA agreed this is an important question and goes to our strategy about being the best place to work. He therefore suggested that WWC explore this further.

Action
WWC to explore whether we are doing all we can do make SECamb an attractive place for students to want to come and work (and then stay).

Finance /FIC
DH confirmed that the financial plan is on target. The Capital Plan is slipping slightly, but there is work to correct this. The key focus is on understanding the difference between the hours we pay for (on plan) and the hours we are providing to deliver care, where there is a big gap, as discussed earlier.

FIC
HG summarised the areas covered at the most recent meeting reinforcing the partial assurance on financial planning for the reasons set out, i.e. the deficit.

DA summarised that in the circumstances we are in as good a position as we can be.

49/21 Hospital Handovers – Harm Review [12.31-12.47]
PA confirmed this harm review was largely undertaken as a result of the waits being experienced last winter in Kent. The report suggests we are experiencing more delays than anyone else, but PA explained that this is not normally the case; the report related to a single day that was right in the heart of the Delta variant. This is why we and London appear most affected. Another reason this was undertaken was to address the constant question about whether there is evidence of harm, which was easily made out. It is important we don't point fingers, however, but instead are clear of the risks and work together on solutions. The net effect is that despite an instruction for immediate handovers, delays at emergency departments are increasing. This is across the board, and for reasons mentioned earlier about system pressures.

BH added that this was discussed at QPS, as per the report. We have focussed on this area for many years and have had systems in place to identify harm, well before the pandemic. QPS has had oversight of this in recent years, in fact we held extraordinary meetings on harm reviews. BH went on to explain that

identification of haem is just the start, more importantly is what action we take and how we use the intel to make a difference for patients and staff. The paper to QPS last week focussed specifically on this. Lastly, it is important to note that from the thousands of harm reviews the harm identified directly as a result of handover delays is in single digits.

DA reflected that we need to use this valuable information, as it helps highlight the symptoms that will then contribute to the wider debate with partners. It is poor for patients (safety and experience), and also for our staff.

LM noted that performance is much more local (place-based) and so asked what we do to directly engage with supply chain partners, e.g. acute trusts. EW reiterated that we have good relations at operational (place) level, but the challenge is much more strategically related to patient flow. There is however still some learning for our non-ambulance colleagues, about the related risk to patients in the community; it is not just about the patients in ambulances waiting outside emergency departments. EW added that there are tensions across the system as everyone has their specific challenges, but we are aligned on this issue both at place and system (ICS) level.

DA shared that he has received positive feedback about how we engage at local level. The new ICS chairs acknowledge the issues are strategic, but there are no quick fixes.

TQ is assured via QPS about our approach to harm reviews. He asked about data sharing and how we get patient outcomes from hospitals. BH confirmed this relates also to Sis and it does hamper us when we don't know the outcomes. There are ongoing discussions but no national work to resolve it. FM felt we could do with more information from hospitals but with harm reviews we do often get outcome data to inform the judgments on harm; it is therefore rare we can't make judgements due to lack of information.

50/21 Accountable Officer for Controlled Drugs Annual Report [12.47-12.58]
FM presented the report in her role as accountable officer. She confirmed that the controlled drugs license expired at the end of August, but the Home Office have been unable to review it and so in the interim have allowed us to continue. We currently use five different controlled drugs, as listed in the report, and FM outlined the governance arrangements, with the relevant policies and procedures being up to date. The breakages mentioned earlier almost always occur on station. Any incident reported is reviewed at the medicines governance group. There is improved reporting at Omnicell sites. Related to risks there is work to improve the process for disposal of out of date pharmaceuticals; FM explained that it is a complex procedure to dispose of a controlled drug not used on a patient or where a dose might be rounded up. Externally we attend local controlled drugs networks where we share data across the Southeast and access the controlled drug liaison officer (CDLO) and report all missing drugs; they can inspect and work with us when we want to assess a site for safety. Lastly, FM confirmed that there are regular audits and we use their outcomes to drive improvements.

TQ asked about the Omnicell and the risk of failing an NHS digital audit. FM explained that this relates to an upgrade from windows 7 to 10. A business case is going through the governance process to mitigate this.

HG asked is there is anything worthy of note since the report which takes us to 31 March 2021. FM confirmed there is nothing specific, save for an incident she will update in part 2 about due to it being person identifiable.

MW noted that some drug controls are paper based. FM explained it is about 50% but as we open new sites we open as an Omnicell (digital) site which is not just about being safer but more auditable.

DA thanked FM for the report.

51/21 2021/22 H2 Financial Plan [12.58-13.10]
DH explained that this has been reviewed at FIC and needs Board approval prior to submission. He added that he never expected to need to present a 6-month plan halfway through the year, so this is a unique position linked to the NHS only guaranteeing funding for the first 6 months. The plan takes us through to the end of the year, as set out in the slides, which DH took the Board through in high level terms.

The Board noted a planned full year deficit of £9.6m, which is slightly better than predicted at the start of the year.

HG asked the Board to note that the cash risk is significant if not funded, and this is not just about cash but our ability to invest in the future. In his view therefore as Chair of FIC, this is not a tenable position going forward. MW felt that we are in a stronger position to ensure a data led discussion with commissioners.

DA summarised that we are aware of the risks but approve the plan. We need clarity about funding from 2022/23 to ensure informed decision making, given some difficult decisions are likely.

52/21 Charitable Funds Update [13.10-13.12]
The Board noted the update.

53/21 AOB
None

54/21 Review of meeting effectiveness
DA reflected that the overall theme has been about staff welfare and safety and we need everyone focussed on the period ahead to care for our patients.

There being no further business, the Chair closed the meeting at 13.13

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

Date _____

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)
25.11.2021	48 21a	WWC to seek assurance on the steps being taken to improve completion of appraisals and escalate to the Trust Board, as required.	LM	Q1 2022/23	WWC	IP
25.11.2021	48 21b	WWC to explore whether we are doing all we can do make SECamb an attractive place for students to want to come and work (and then stay).	LM	Q1 2022/23	WWC	IP

Key

	Not yet due
	Due
	Overdue
	Closed

ion Log

Comments / Update
Item scheduled for the February meeting
Will be added to the cycle of business for 2022/23

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	59-21

Name of meeting	Trust Board
Date	27.01.2022
Name of paper	Chair's Report
Report Author	David Astley, Chairman

After the last Board meeting, we had anticipated an even more challenging couple of months, and I am really pleased to able to report that the planning and preparation for this period had a positive impact. While there were indeed very challenging times, we managed as best as we reasonably could have expected and compared well relative to other ambulance services, as set out in the IPR.

On behalf of the Board I would like to place on record my thanks to the executive and all our staff for their continued efforts.

While the focus of the Board over the past few months has been on ensuring a safe service, given the significant challenges, we have also been looking to the future. Coming out of the pandemic, the Board is determined to use this opportunity to take some of the learning and transform how we are able to provide services that will better meet the needs of our communities and the wider health and social care system.

On the agenda we will hear about the programme we are calling Better by Design. This will be the vehicle to deliver the Trust's strategic objectives. In addition, and arising from the strategy, we have a number of enabling strategies for the Board to consider and approve. The Board must unite behind Better by Design and over the coming months it will be the main focus of Board business.

The agenda today features the work of a number of Board Committees. Reports from the Quality Committee for instance illustrates there has been a clear focus on the quality of care we give to our patients. In spite of the significant pressures on our service the focus on quality of care and learning from patient feedback has been admirable.

The Pandemic has understandably placed pressure on NHS funding. The Finance Committee report demonstrates how the Trust has maintained control of its financial affairs in a turbulent period.

The Governor elections concluded late last year and I was pleased to meet our newly elected Governors at the Induction meeting on 2nd December. As a foundation trust, we are a member organisation and Governors play a critical role in ensuring the views of members are heard.

Finally, I have been pleased to be able to meet the newly appointed Chairs of the Integrated Care Systems of Kent, Surrey and Sussex. We will be working in partnership over the coming years so it was a welcome opportunity to build our working relationship.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	60-21

Name of meeting	Trust Board
Date	27 January 2022
Name of paper	Board Assurance Framework Risk Report
Author	Peter Lee, Company Secretary
Synopsis	The BAF Risk Report includes the principal risks to meeting the Trust's strategic priorities and sets out the controls, assurances, and actions. It is used by the Board and its committees to inform the areas it needs to focus, when setting agendas.
Recommendations, decisions or actions sought	The Board is asked to review the report and note how the risks have been considered in the planning of its recent agendas and those of its committees.

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

Board Assurance Framework (BAF) Risk Report

1. Introduction

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

Should the Executive consider it necessary to add or remove a risk, it will make a recommendation to the Trust Board, directly or via the relevant Board committee, for decision. Changes recommended in this version are set out in section 4.

2. Structure of the BAF Risk Report

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

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

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

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

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

Low	Moderate	High	Extreme

Figure 1

3. Board Committee Review

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

Board / Committee	Agenda Item	BAF Risk
Finance and Investment – January	Financial Planning / Month 9 Position	5
Performance – January	Integrated Plan / Improvement Plan / Performance Cell	1 & 2
Quality – January	EOC clinical Safety / Harm Review / SIs Key Skills	2 3
Workforce and Wellbeing - December	Workforce Planning / Learning Development Plan / Clinical Education Strategy	3 1
Board – November	Better by Design	2 & 3

4. Management Review & Recommendation

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

At its meeting on 5 January 2022 EMB suggested the addition of two new risks; NHS 111 Single Virtual Contact Centre; and Vaccination a Condition of Deployment. Details are set out below. In addition, the System Leadership risk is removed and will be managed as part of the risk register.

5. Conclusion

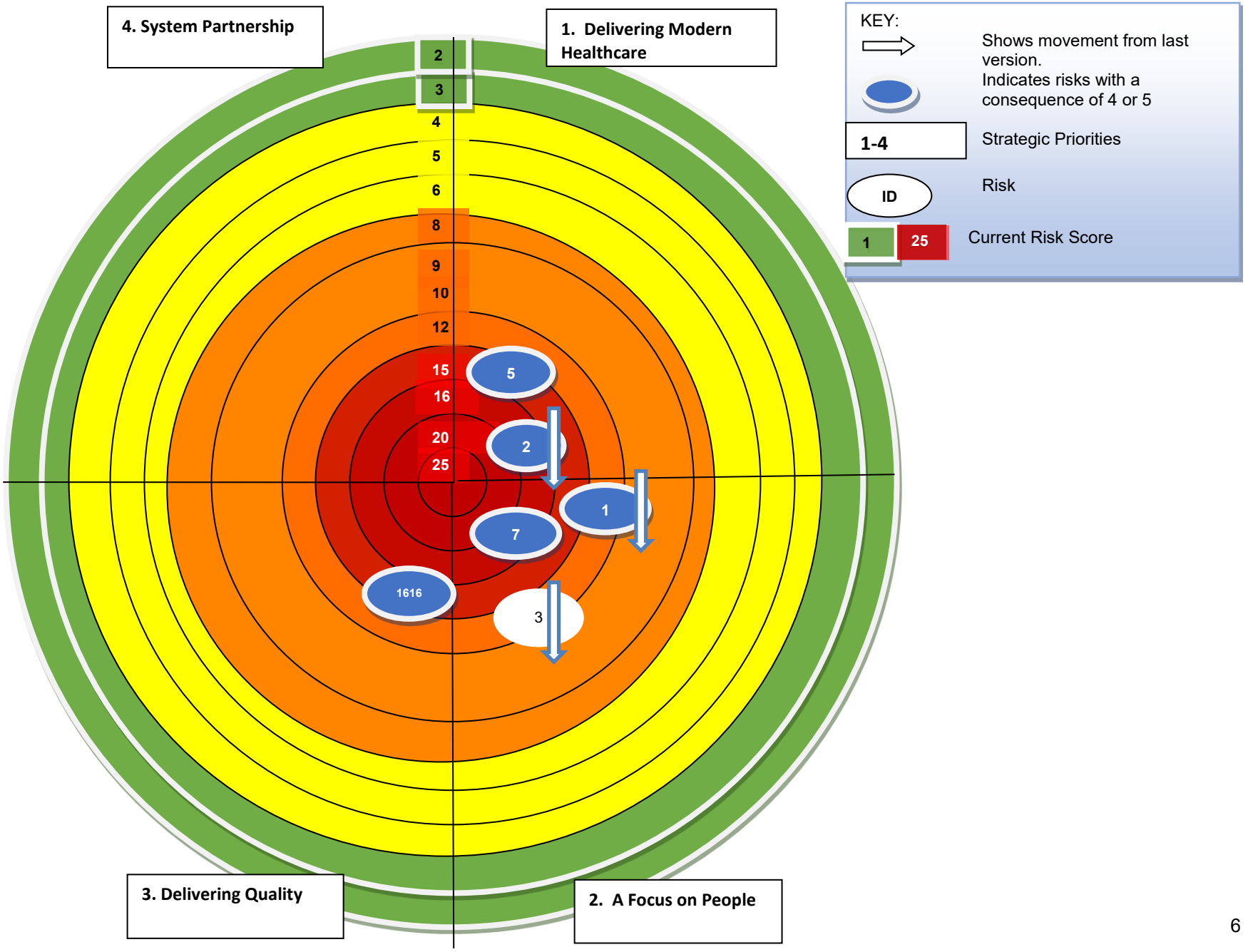
The Executive believes that the BAF risk report is sufficiently focussed on the right high-risk areas that affect the Trust's ability to meet its strategic goals. At its meeting earlier this month the Audit and Risk Committee concurred with this view.

The BAF risk report will continue to be used by the Board and its committees to ensure a risk-based approach is taken to seeking assurance that the risks are being robustly managed.

Dashboard

Link to Priorities	Risk ID / Theme	BAF Dashboard	Initial Score	Current Score	Target Score	Target Date	Board Oversight
1 & 3	Risk ID 2 111 & 999 Performance	Risk that our operating model is not suitably designed to consistently ensure efficient and effective management of demand and patient need.	20	16 ↓	08	March 2023	Performance /QPS
	New Risk ID 7	Vaccination a Condition of Deployment	20	16	08	April 2022	WWC
	New Risk ID 1616 NHS 111 and Single Virtual Contact Centre	There is a risk that the current and future plans for the 111 and EOC operational models will be affected as a result of Single Virtual Contact Centre plans which are in progress following a mandate from NHS England. This may lead to negative impacts on performance, patient safety, provider agency and strategic direction.	16	16	08	TBC	Performance Committee
1 & 3	Risk ID 5 Financial Management	Risk that we are unable to develop a robust long term financial plan to deliver safe and effective services, due to uncertainty over the future with national/regional plans.	16	16	04	Q2 2022/23	FIC
2	Risk ID 1 Workforce	Risk that we will lose a significant number of senior paramedics to primary care and other parts of health system, which will lead to the deskilling of the workforce and an inability to upskill the remaining workforce.	16	12 ↓	08	March 2023	WWC / Performance

2 & 3	Risk ID 3 Education Training & Development	Risk that we cannot consistently abstract staff for education training and development, due to a disparity in commissioning, resource, and operational pressures, which will lead to continued gaps in clinical and leadership development		15	12	06	March 2023	WWC
1 & 4	Risk ID 4 System Leadership	Risk that we do not substantively engage with Integrated Care Systems and the service delivery architecture in place across the region, impacting the ability to pursue the Trust's overall strategy and supporting objectives.		16	12	04	March 2022	Board


4. System Partnership
1. Delivering Modern Healthcare
3. Delivering Quality
2. A Focus on People
2
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4
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12
15
16
20
25
5
2
1
7
1616
3
KEY:
Shows movement from last version.
Indicates risks with a consequence of 4 or 5
1-4
Strategic Priorities
ID
Risk
1
25
Current Risk Score

Appendix A

Priority 2	**BAF Risk ID** 1 Workforce	**Date risk opened:**

Underlying Cause / Source of Risk:	**Accountable Director**	Chief Operating Officer
Risk that we will lose a significant number of senior paramedics to primary care and other parts of health system, which will lead to the deskilling of the workforce and an inability to upskill the remaining workforce.	**Scrutinising Forum**	EMB
	Initial Risk Score	**16** (Consequence 4 x Likelihood 4)
	Current Risk Score	**12** (Consequence 4 x Likelihood 4)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**08** (Consequence 4 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)
Work in partnership with six higher education institutions (HEIs) for pre-registration paramedic education programmes Clinical Education Strategy established – to be approved at Board in January. Recruitment of 108 ECSWs and 175 NQPs (Initial recruitment day for ECSW started) Continue with the increased PAP provision secured over the winter period (150 WTE equivalent) Plan to achieve an overtime rate of 7.6% over the year, inclusive of bank staff.

Gaps in Control
Clinical Education Strategy Delivery Plan

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) Shortfall of over 500 paramedics (-) VCOD impact (-) Additional Roles Reimbursement Scheme could lead to a potential increased attrition of 230 paramedics by March 2024 (-) Retention of paramedics (+)73% of direct entry students converted to employees - increased from 56% in 202/21	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Working with the Regional Leads and PCN's to limit the recruitment from the Ambulance service whilst the issue is collectively addressed. Working with HEE to ensure an effective pipeline. Workforce Plan (to Board in March) - to reduce the shortfall in paramedics Clinical Education Strategy Delivery Plan being developed – due in February.	

Last management review	Executive Management Board	**Last committee review**	09.12.2021 Workforce and Wellbeing Committee 06.01.2021 Performance Committee

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

Underlying Cause / Source of Risk:	**Accountable Director**	Chief Operating Officer
Risk that our operating model is not suitably designed to ensure efficient and effective management of demand and patient need.	**Scrutinising Forum**	Organisation Change Group
	Initial Risk Score	**20** (Consequence 4 x Likelihood 5)
	Current Risk Score	**16** (Consequence 4 x Likelihood 4)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**08** (Consequence 4 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)
Operational Performance and Sustainability Plan – focus on key actions to improve processes / use of resources Better by Design – a programme to establish the most effective delivery model. Moved to REAP 4 in early July Board established a new performance committee

Gaps in Control
Establishing the right care delivery model.

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(+) Operational Performance especially in C1 & C2 (-) High sickness rates / provision of hours (-) REAP 4 & BCI	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Operational Performance and Sustainability Plan Development of the new Performance Cell BBD Programme to review the care delivery model	The plan is in place and being monitored weekly by EMB Demand led planning (performance and predictive analytics) introduced in June and informing the integrated plan from 2022.

Last management review	Executive Management Board	**Last committee review**	06.01.2022 Performance Committee 13.01.2022 Quality and Patient Safety Committee

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

Underlying Cause / Source of Risk: Risk that we cannot consistently abstract staff for education training and development, due to a disparity in commissioning, resource, and operational pressures, which will lead to continued gaps in clinical and leadership development. .	**Accountable Director**	Director of Operations
	Scrutinising Forum	Senior Management Group
	Initial Risk Score	**15** (Consequence 3 x Likelihood 5)
	Current Risk Score	**12** (Consequence 3 x Likelihood 4)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**06** (Consequence 3 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)
Key Skills delivery programme Management development programme Clinical Education Strategy Workforce / Integrated Planning

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

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) Operational pressures / REAP 4 (-) Additional abstraction (carry over of leave due to the pandemic) (+) Some Key Skills Prioritised in Q1 and delivery to staff not had training in past 18 months.	

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

Last management review	Executive Management Board	**Last committee review**	09.12.2021 Workforce & Wellbeing Committee 18.11.2021 Quality and Patient Safety Committee

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

Underlying Cause / Source of Risk:	**Accountable Director**	Chief Operating Officer (Director of Finance)
Risk that we are unable to develop a robust long term financial plan to deliver safe and effective services, due to uncertainty over the future with national/regional plans.	**Scrutinising Forum**	Executive Management Board
	Initial Risk Score	**16** (Consequence 4 x Likelihood 4)
	Current Risk Score	**16** (Consequence 4 x Likelihood 4)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**04** (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)
Block contract in place Interim financial arrangements to March 2022

Gaps in Control
Funding clarity for 2022/23 to align with BBD Potential deficit could result in a cash shortfall that may affect future capital plans ICS capital limits

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(+) financial management: achieving plan (- +) 111 First funding received but only up to March 2022	

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

Last management review	Executive Management Board	**Last committee review**	20 January 2022 Finance and Investment Committee

Priority 1 & 3	**BAF Risk ID 1616** NHS 111 and Single Virtual Contact Centre	**Date risk opened: 07.01.2022**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of Operations
There is a risk that the current and future plans for the 111 and EOC operational models will be affected as a result of Single Virtual Contact Centre plans which are in progress following a mandate from NHS England. This may lead to negative impacts on performance, patient safety, provider agency and strategic direction.	**Scrutinising Forum**	EMB
	Initial Risk Score	**16** (Consequence 4 x Likelihood 4)
	Current Risk Score	**16** (Consequence 4 x Likelihood 4)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**08** (Consequence 4 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)
TBC

Gaps in Control

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

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
CCG liaison and have identified Risk Continual engagement with NHSE Directly Current Operating solution has framework to support regional clinical solution (CAS DoS Profiles / DAB etc) Working with AACE and national heads of 111 forum	

Last management review	Executive Management Board	**Last committee review**	

Priority	BAF Risk ID 7 Vaccination a Condition of Deployment	Date risk opened:

Underlying Cause / Source of Risk:		
There is a risk that a number of staff will be lost as a consequence of vaccination being a condition of deployment. This may lead to workforce gaps, inability to meet demand and therefore negative impacts on performance and patient safety.	**Accountable Director**	Director of HR
	Scrutinising Forum	EMB
	Initial Risk Score	**20** (Consequence 4 x Likelihood 5)
	Current Risk Score	**16** (Consequence 4 x Likelihood 4)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**08** (Consequence 4 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)
Task & Finish Group established Roles in Scope agreed in conjunction with Unions. Staff identified and 1:1s being arranged Webinar held

Gaps in Control
A number of 'unknown' vaccination status

Sources of Assurance: Positive (+) or Negative (-)	Gaps in assurance
(+) Number of potential staff affected decreasing. Down to circa 180 as at 18.01.2022.	

Mitigating actions planned / underway	Progress against actions (including dates, notes on slippage or controls/ assurance failing.
See detail in the paper on the Board agenda 27.01.2022	

Last management review	Executive Management Board	Last committee review	

Appendix B
Strategic Priorities

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

Appendix C

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

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

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

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	61-21

Name of meeting	Trust Board
Date	27.01.2022
Name of paper	Chief Executive's Report

1 This report provides a summary of the Trust's key activities and the local, regional, and national issues of note in relation to the Trust during December 2021 and January 2022 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 (assurance on current and forward planning) and patient safety, however, other issues overseen include:

- Our on-going response to the COVID pandemic including delivery of the Autumn Vaccination Programme and preparation for vaccination becoming a mandatory condition of deployment for patient-facing NHS staff
- Development of the Green Strategy & Clinical Education Strategy
- Improvements to both the risk management and appraisal policies, to be implemented for 2022/23
- Revisions to the management governance framework including the role of SMG

6 EMB have also agreed the following investment decisions:

- Medicines – improving the system for a single solution for electronic CD register and stock management at all sites
- 111/EOC – allocation of additional funding and establishment of a more robust

	training and development team • International recruitment of paramedics • Purchase of vehicles as permanent welfare vans
	Engagement with stakeholders and staff
7	On 22nd November 2021, I met with Ian Smith, the new Chair of Surrey Heartlands Clinical Commissioning Group (CCG) at Crawley HQ. It was an extremely useful meeting, and I was pleased that, as Chair of our Lead Commissioner, Ian was able to learn more about the ambulance service early on in his tenure.
8	On 26th November 2022, I was pleased to spend time at Thanet Make Ready Centre and join the retirement presentation for Paramedic and Team Leader Steve Green who had worked for SECAmb for an incredible 42 years.
9	On 17th December 2022, I was also very proud to hold a farewell meeting with our Joint Senior Chaplain, Reverend Francis Pole, who retired at the end of the year after an impressive 22 years' service with SECAmb & Sussex Ambulance previously.
10	Francis was one of the first Chaplains to join the then Sussex Ambulance Service and as he begins his well-earned retirement, I would like to thank Francis for his dedicated and devoted voluntary service over the years and wish him the very best for the future.
	Fatal collision involving an ambulance
11	On 5th January 2022, a road traffic collision occurred on the southbound carriageway of the A21 near Tonbridge between an ambulance and a cement lorry. Three members of staff were travelling in the ambulance at the time of the collision but were not conveying a patient.
12	Multiple crews attended the scene, including the air ambulance service alongside police and fire service colleagues but despite the best efforts of everyone involved, a female paramedic, 21-year-old Alice Clark, tragically died at the scene.
13	A male paramedic, who sustained serious multiple injuries, was airlifted to Kings College Hospital in London and a student paramedic, who was travelling in the rear of the vehicle, was taken to hospital with a head injury but fortunately was discharged shortly afterwards.
14	Alice was a newly qualified paramedic, who had only recently joined SECAmb having completed her paramedic training at the University of Greenwich. Her tragic loss has been very keenly felt by her colleagues at Paddock Wood as well as staff right across the Trust.
15	Our heart-felt sympathies remain with her family and friends during this very difficult time and I know that our thoughts are also with the other injured staff members as well as all of those who responded to the incident.
	Sentencing of two former staff members
16	On 11th January 2022, two former SECAmb staff members – Ruth Lambert and Jessica Silvester – received custodial sentences at Canterbury Crown Court after pleading guilty to

17	stealing medication from terminally ill patients. Their behaviour was a clear and targeted abuse of their position and does not reflect in any way the commitment and integrity of our staff. As soon as we became aware of the allegations, we took swift action to suspend and then dismiss both individuals, working closely with Kent Police during their investigation. We remain shocked and saddened at the lengths to which these former members of staff went to, to commit their crimes. Our thoughts remain with all those affected.
18	
	B. Regional Issues
19	**New Executive Director of Quality and Nursing** On 29th November 2022, we announced the appointment of Robert (Rob) Nicholls as our new Executive Director of Quality & Nursing.
20	A nurse since 1993, Rob has held several senior roles in the NHS, most recently in his current position as Director of Nursing Division of Medicine and Integrated Care at Imperial College Healthcare NHS Trust. He brings a great deal of experience with him across a variety of senior NHS roles, and I am certain this will be of huge benefit to SECAmb.
21	Bethan Eaton-Haskins, our previous Director, left SECAmb at Christmas and I would like to thank Bethan for her dedication since she joined us in 2018. She worked incredibly hard to strengthen our approach to quality and her expertise and leadership during the COVID pandemic was invaluable.
22	Rob will join us in February and ahead of this, Judith Ward is acting up as the Interim Director. I look forward to welcoming Rob to SECAmb and to working closely with him in the months and years ahead.
	C. National Issues
23	**COVID-19 outbreak** As the pandemic progresses, we are continuing to monitor the situation closely:
24	Governance**:** Following Bethan Eaton-Haskins' departure from SECAmb at the end of the year, the COVID Management Group (CMG) is now chaired by David Hammond, supported by Judith Ward. CMG continues to meet regularly, ensuring that all decisions and actions related to COVID are considered appropriately.
25	Impact on staff numbers: During this period, we have seen an increased impact on our staffing levels due to the prevalence of the Omicron variant, including seeing staff needing to self-isolate, staff with COVID symptoms or confirmed COVID and the on-going impact on staff of long COVID. We continue to work hard to support staff to access testing as needed and return to work safely when possible.

26	Conclusion of Autumn Vaccination Programme: Our Autumn Vaccination Programme closed on 17th December 2022, and I was very pleased to hear that, in the six weeks it was up and running, about 3,000 staff had received their COVID booster and flu vaccines through the Programme. Thank you to all those involved, who worked extremely hard to deliver the programme.
27	We are continuing to deliver the flu vaccine to staff through local clinics at sites across the Trust during January and into February.
28	Mandatory vaccines for patient-facing NHS staff: On 6th January 2022, legislation was passed in Parliament to make the COVID-19 vaccination a condition of deployment (and employment for new) healthcare workers. This will take effect on 1st April 2022.
29	In line with national processes, we are working through our records to identify those staff within scope who do not appear to have received their COVID vaccines and who will therefore be impacted by the new law.
30	We are working with these staff to ensure they are aware of the potential consequences to their employment of not having the vaccine, whilst respecting of course that it is their personal decision to make.
31	**NHS Staff Survey**
32	The NHS Staff Survey launched this year on 22nd September and closed on 26th November 2021.
	We worked hard this year to encourage as many staff as possible to complete the survey and our final return rate was 61%.
	The Survey results will be published in March 2022.
	Platinum Jubilee medal
33	To mark the HM The Queen's Platinum Jubilee in June, a special commemorative medal will be awarded to serving frontline members of the police, fire, emergency services, prison services and the Armed Forces.
34	The eligibility criteria to receive the medal, which includes a minimum of five years' service, have been set nationally. We have worked through our records and provided the number of eligible staff and volunteers to the Department of Health.
35	An alternative to include those staff and volunteers who are not eligible to receive the medal is being commissioned by the Association of Ambulance Chief Executives (AACE) and further updates on this will be provided shortly.

	D. Escalation to the Board
36	**Operational Performance** Although we saw some periods over Christmas and New Year where demand was higher than the same period last year, overall demand for our 999 and 111 services has not been consistently higher than expected during December and January.
37	However, even relatively brief spikes in demand have caused operational pressure for us, due to the resources we have available to respond to patients, both on the road and in our control centres, significantly impacted by staff absence due to a range of COVID-related issues and high sickness levels. We continue to work hard to support staff to access COVID testing as needed and to return to work safely and at the appropriate time.
38	As is evident from the national ambulance response time data published recently for December 2021, all ambulance services nationally remain under considerable pressure as does the wider NHS system. The impact of staff shortages on many NHS organisations has been frequently covered in the media in recent weeks.
39	We are continuing to work hard to ensure that we provide as responsive a service as possible, despite the resource constraints we have been experiencing. Overall, our 999 performance is stable although we need to continue to make improvements, especially to our Category 3 performance.
40	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.
41	Emma Williams, our Executive Director of Operations, continues to lead on the on-going delivery of 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.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	63-21

Name of meeting	Trust Board
Date	27 January 2021
Name of paper	Clinical Education and Training Strategy
Responsible Executive	Fionna Moore, Executive Medical Director
Author	Ashley Richardson, Consultant Paramedic
Synopsis	This paper looks to seek final approval from Trust Board of the Clinical Education and Training Strategy 2022-2025. The strategy has been developed collaboratively across the Trust and at all levels including operational clinicians through to Executive and Non-Executive Directors. Iterative versions have been maintained and presented through governance forums with the final draft being approved at the Executive Management Board on Wednesday 12th January 2021 in preparation for Trust Board. Once approved, the Clinical Education and Training Strategy 2022-2025 will be published (as version 1.0). This compliments the delivery of 'Sustainable SECAmb' our Corporate Strategy. Delivery of this strategy will ensure that the Trust is providing industry standard Education and Training across the organisation to be proud of, whilst ensuring that there is an ability to be responsive and flexible to the needs of our colleagues, learners and Trust. A delivery plan has been produced, and delivery of the Strategy will be monitored through Trust governance arrangements in line with the delivery plan.
Recommendations, decisions or actions sought	Trust Board are asked to consider, for final approval, the Clinical Education and Training Strategy 2022-2025

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).	**EIA – Approved** **QIA – Approved**

NHS
South East Coast Ambulance Service
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Clinical Education and Training Strategy 2022-2025

Best placed to *care*,
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Clinical Education and Training Strategy

Introduction

South East Coast Ambulance Service NHS Foundation Trust (the Trust) has published its corporate strategy 'Sustainable SECAmb, 2020-2025' and in doing so the Trust Board has set out the Trust's ambition and strategic direction, ensuring that it is fit for the future. This reflects a system that is evolving with commissioning arrangements transforming, new patient populations being defined within Integrated Care Systems (ICSs), Integrated Care Partnerships (ICPs) and Primary Care Networks (PCNs) footprints.

The Trusts strategy outlines how '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'. Four priority areas have been identified in the corporate strategy:

- Delivering Modern Healthcare for our patients
- A focus on people
- Delivering quality
- System partnership

To achieve this a suite of 'enabling' strategies are being developed to augment the Trust's corporate strategy and in doing so this Clinical Education and Training Strategy will set out the strategic intent of Clinical Education, supporting the Trust to achieve its ambition and strategic direction.

Current position of Clinical Education

The Trust's Clinical Education department delivers a suite of education and training programmes to the Trust ensuring that our workforce have the knowledge and skills to undertake their duties to their clinical grade and defined scope of practice. These core programmes and activities include:

- Combined Clinical Conversion course (CCC)
- Transition to Practice programme (TtP)
- Clinical Preceptorship (Consolidation of Learning) programme
- Practice Educator course (PEd)

- Continued Professional Development (CPD) activity, including short courses and other resources
- Level 3 Certificate in Emergency Response Ambulance Driving (L3CERAD)
- s.19 High Speed Driving Assessments

Alongside the management and delivery of the programmes listed above, the department also develops and oversees the quality in delivery of the Trust's annual Key Skills training programme. It delivers the Newly Qualified Paramedic (NQP) preceptorship programme and supports a range of learners and staff with ongoing professional development aligned to their individual needs.

In collaboration with our Higher Education Institute (HEI) partners, our team of Practice Education Leads manage the provision, learner and PEd support of undergraduate learners studying Paramedic Science degrees within our region, underpinned by our contract with Health Education England – Kent, Surrey and Sussex (HEEKSS). The Trust also commissions an in-service programme for Paramedic Sciences through St Georges University and the University of Cumbria.

Forging strong links with external partners including HEEKSS, HEE, HEIs, Further Education establishments, other ambulance Trusts and national networks, the department contribute as active partners in pursuit of developing and improving upon education activity and provision supporting the development of our workforce in line with local and national workforce agenda and mandate.

Due to challenges experienced in the provision of national apprenticeship programmes following an Ofsted monitoring visit in 2019 the apprenticeship programmes for Emergency Care Support Worker (ECSW) and Associate Ambulance Practitioner (AAP) are contracted through Chichester College Group via Crawley College who are an 'outstanding' rated education provider recognised by Ofsted. A subsequent monitoring visit by Ofsted in 2020 demonstrated that the Trust was now making 'reasonable progress', lifting any limitations to being able to deliver apprenticeship programmes in house once again, should the Trust wish to do so.

‘Health is all about people. Beyond the glittering surface of modern technology, the core space of every healthcare system is occupied by the unique encounter between one set of people who need services and another who have been entrusted to deliver them. This trust is earned through a special blend of technical competence and service orientation, steered by ethical commitment and social accountability, which forms the essence of professional work. Developing such a blend requires a lengthy period of education and a substantial investment of both student and society. Through a chain of events flowing from effective learning to high-quality services to improved health, professional education at its best makes an essential contribution to the wellbeing of individuals, families and communities.’
‘Health professionals for a new century.’ The Lancet (2010)

National guidance and regulation

Health Education England (HEE) Quality Framework provides national guidance for non-medical education or placement providers and outlines six quality domains that include:

1. Learning Environment and Culture – ensures that the learning environment and culture for education and training meets learners’ needs, is safe and open and provides high quality care and experience for patients and service users. The learning environment is multi-professional, with a culture that values and facilitates learning opportunities and support for all learner groups.
2. Educational Governance and Leadership – ensures that all learner placements have effective systems for educational governance to manage and improve the quality of education and training. These systems should treat learners according to principles of equity and fairness, manage their progression and share outcomes of education and training.
3. Supporting and Empowering Learners – ensures that learners receive appropriate education and pastoral support, to enable them to gain the knowledge, skills and behaviour required by the curriculum or specified in their professional standards, including appropriate summative and formative assessments to support the achievement of learning outcomes.
4. Supporting and Empowering Educators – ensures that educators are selected, appraised and receive the support, resources and time they need to support and enable effective education and training.
5. Delivering Curricula and Assessments – ensures that curricula and assessments are developed and delivered in accordance with regulator, college or university

requirements and response to the emerging models of care and service transformation.

6. Developing a Sustainable workforce – Underpins the other five domains but acknowledging that in order to realise our collective endeavour to support and improve the quality of education and training, we must also significantly improve the retention, progression and development of the whole workforce.

With the HEE Quality Framework giving provision of six quality domains, Ofsted who are the statutory regulator of education activity under the Education and Inspection Act 2006 provides a common 'Education Inspection Framework' that sets out how their inspection and regulation activity is undertaken. When inspecting educational providers, Ofsted make four graded judgements:

- Quality of Education
- Behaviour and Attitudes
- Personal Development
- Leadership and Management

The Trust continues to undertake some regulated activity through Ofsted as it supports its final apprentices through their learner journey. The Trust is not, at this time enrolling new learners onto internally delivered apprenticeship programmes. It is important that we look to achieve, maintain and exceed sector standards, in doing so ensuring credibility as an Education and Training provider that enables consideration to adapt our education and training delivery to include regulated activity by Ofsted.

Clinical Education Strategy – Delivering the next Five years

1. Learning Environment and Culture

- To develop a fit for purpose, centralised education suite that enables a blended approach to education delivery and the ability, through technology to link to satellite training sites in a coordinated approach to learning.
- To collaborate with estates development projects (i.e. make ready centres) to ensure appropriate specification for education facilities on each site that enables delivery education, training and that of locally led training activity, for example Key Skills and gives provision for 'satellite' training through digital technologies from a centralised education suite.

- To develop clinical simulation and practical skills provision that offers a high-fidelity education and training experience and enables access to multi-professional learning preparing our clinicians (of all grades) for our operational environment(s)
- To ensure equity in access, catering for neurodiversity and individual learner or colleague needs with an environment that is fit for purpose and with well-trained education staff who proactively anticipate and support reasonable adjustments, enhancing learning and in doing so ensure and monitor widening participation of staff and learners across the region.
- To provide a suite of well-maintained educational resources (i.e. manikins, training / simulation monitors) and training equipment that mirrors what is operationally available to our colleagues and in doing so offering a 'library' service of this resource to the organisation at a local level that is well serviced and functioning.
- To coordinate, ensure serviceable training equipment that is 'housed' at an Operating Unit level ensuring access to all colleagues for local personal professional development.
- To procure, embed and utilise an integrated Learner Management System (LMS) that meets the requirements of learners, colleagues and regulated activity that is to be deployed across the organisation.
- To work across departments of the Trust to ensure that the quality of education, training and placement provision is closely monitored offering a supportive, and safe environment for our learners.
- In collaboration with system partners (i.e. Higher Education Institutions and 'blue light colleagues), work together to identify and share education facilities, resources and staff promoting a system approach to development and multi-professional working.

2. Educational Governance and Leadership
    - To ensure a credible, professional senior leadership team within education and training that is strategically led by a Consultant Paramedic with a background in leading and delivering high quality education.
    - To develop and implement an approved programme of development available to all colleagues working within education and training that ensures staff possess the relevant and necessary teaching, assessing and identified specialist qualifications (e.g.. manual handling or conflict resolution instructor).
    - To provide the overarching governance for all education and training activity (clinical), including Specialist Operations, EPRR and EOC (999 and 111 contact centres).

- To develop and maintain a suite of policies and or procedures that ensures a consistent approach to learner support, education provision and management.
- To develop and implement a quality assurance framework with ongoing assessment that looks to provide assurance to the Trust on the quality of education and training delivery aligned to policies, procedures and the Ofsted Education Inspection Framework.
- To monitor, evaluate and respond to feedback from learners, educators and quality assurers with assurance provided to the Trust through governance groups, Boards and Committees.
- To monitor, evaluate and respond to agreed education metrics providing contrast, challenge of attainment data including variable demographics to inform service improvement and development.
- To monitor, evaluate and respond to the access of educational activity by our colleagues with a view to ensuring equity in access and provision across the region.

3. Supporting and Empowering Learners

- To develop an annual Training Needs Analysis for all colleagues within the Trust in collaboration with the Learning and Organisational Development department and in doing so inform ongoing development programmes including relevant abstraction and funding.
- To further develop and embed post registration career development of relevant specialties, including but not limited to: Critical Care, Urgent and Emergency Care, Research and Education aligned to national frameworks to include, but not limited to the College of Paramedics.
- Secure funding for ongoing education activity and make available to all staff a prospectus of professional development and or Continued Professional Development (CPD) short courses.
- Ensure ease of access to clinical education specialists including an Educator based at Operating Unit level with a responsive digital access port for colleagues.

4. Supporting and Empowering Educators

- To develop and recognise Clinical Education as a specialism within Paramedic practice at the Trust in line with the College of Paramedics career framework.

- To ensure appropriate resource is available for the business needs of the organisation, introducing a sessional job plan that balances the delivery of education with protected time for education administration/preparation and 'clinical' operational time.
- To review and implement a 'fit for the future' department structure that includes non-clinical roles that will enable greater access to Clinical Education and Training as a specialism with rotational models.
- In collaboration with subject matter experts (i.e. Paramedic Practitioner or Critical Care Paramedics), develop formal routes of support and engagement between educators and those SMEs.
- To invest in a 'fit for the future' driver training unit and resource that meets programme qualification specifications and learner needs for effective driving tuition.

5. Delivering Curricula and Assessments
    - To introduce an annual review and 're-validation' of all Trust delivered programmes of study, learning outcomes, assessment strategies and educational resources.
    - To monitor the progress of and improvements to Education and Training delivered programmes through Trust governance arrangements.
    - To develop, introduce and embed a Trust approved suite of work-place based assessment (WPBA) forms to support professional development activity of our colleagues
    - To define, introduce and embed a Trust approved suite of formative and summative assessment resources for use on any training programme or operational competency-based assessment.
    - To provide educational governance to educational resources utilised across the Trust, reducing inappropriate variation and ensuring currency, accuracy, quality and relevance.

6. Developing a Sustainable Workforce
    - To collaborate in close partnership with HR Recruitment, Operations and Medical directorates alongside external stakeholders such as ICS partners and Education Providers to ensure a suite of training programmes meeting the needs of career progression and deliver flexibility to the Trust that include:
        - Development and delivery of non-apprenticeship ECSW programme (in Trust)

- Apprenticeship ECSW and AAP programmes
- Apprenticeship Student Paramedic programme delivered through the University of Cumbria
- Development and delivery of an in-house Student Paramedic programme that combines the non-apprenticeship ECSW programme with the Student Paramedic apprenticeship at the University of Cumbria
- Continued development of post-registration programmes specialising in Critical Care and Urgent and Emergency Care
- Development and delivery of a suite of driving programmes to augment the L3CERAD to include 'SRV' and 'Officer Unmarked Response' driving courses

- To undertake a review of how 'key skills' is delivered across the organisation ensuring a fit for purpose delivery model meeting the learning needs of our colleagues, consideration of group needs (i.e. non-registrant, registrant and commander), and balancing operational delivery/abstraction(s).

Summary

This Clinical Education Strategy looks to act as an 'enabler' against the Trust's Corporate Strategy and will look to transform how Clinical Education and Training is delivered within SECAmb over the next four years and in doing so will build upon the foundations of good governance to provide a modern, contemporaneous, responsive and sustainable department to support the Trust in fulfilling its duties to our communities.

It has been developed to align to the HEE Quality Framework, Ofsted regulatory requirements and assist the Trust in fulfilling its contractual arrangements in line with the HEE Education Contract. For our colleagues, this strategy will provide a positive and individual experience that will invest in and empower our colleagues to reach their potential.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Green Strategy

2022-2025
Final Draft

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

Contents

1. Foreword from Philip Astle, Chief Executive Officer

Climate change is a health emergency and is set to be one of the biggest challenges we will need to face in the 21st century. Health care is a major contributor to climate change, and with the NHS being responsible for 6.3% of England's emissions, we must accelerate our journey towards becoming a sustainable provider, with ambitious targets and plans in place.

This undertaking will not be easy and will require us to challenge ourselves to be innovative in approach, and to question our traditional decision-making frameworks. We recognise the short-term challenges where the greenest solution may not be the cheapest or the easiest to deploy, however we are committed through our work to understand how we can create a sustainable plan that will deliver benefits beyond a reduction in our overall footprint, but also benefit our patients directly.

The development of this Board-approved Green Strategy highlights the importance of this area for us. Our Executive Director of Planning and Performance is the Board member responsible for overseeing the delivery of the Trust's net zero targets and for ensuring that our green initiatives are progressed and monitored and achieve efficiencies where possible.

Through close working with our partners, we will encourage a healthy environment of co-operation to ensure that best practice is shared, economies of scale achieved where possible and all potential benefits realised. We will take a proactive role on this workstream within our Integrated Care Systems (ICSs), which are pivotal to fostering cohesive working across the health system.

Finally, the publication of our Green Strategy (and subsequent implementation of our Green Delivery Plan) will enable us to care for the population now and for future generations, by playing our part in managing the very real challenges that climate change brings.

We are dedicated to delivering a service that is resilient, sustainable, and ready to safeguard the health and wellbeing of our communities, as well as our patients, staff and volunteers.

SECAmb is committed to being a responsible and sustainable NHS healthcare provider and to supporting the NHS-wide ambition to become the world's first healthcare system to reach net zero carbon emissions. Whilst there are many examples of initiatives which have already been undertaken within the Trust, we recognise that more needs to be done.

Philip Astle, Chief Executive Officer

2. Executive summary

On 25 January 2020, NHS Chief Executive Sir Simon Stevens announced the launch of the 'For a Greener NHS'[1] which looks to mobilise the over 1.3 million staff across the NHS to take action on climate change. The aim of the programme is to build on work already being done by Trusts throughout the UK, and to facilitate the sharing of ideas to help reduce the impact of climate change on public health, save money and eventually support the NHS to achieve net carbon zero.

Subsequently in October 2020, the Greener NHS National Programme published its new strategy, 'Delivering a Net Zero National Health Service'[2] . The report highlights the significant risk of disruption to healthcare should climate change remain unchallenged. Specifically, climate change could lead to a health emergency because of poor environmental health contributing to a significant increase in the occurrence of major diseases including cardiac problems, asthma, and cancer.

The NHS is one of the largest employers in the UK and globally and is responsible for around 4% of national carbon emissions. Therefore, the NHS has a responsibility to work towards the elimination of carbon emission, becoming part of the solution to tackling climate change.

The national aim is for the entire NHS to reach net zero carbon emissions by 2040 for directly controlled emissions and 2045 for indirect emissions (such as those within supply chains). SECAmb is fully committed to playing a part in reaching these goals and our Green Strategy reflects these national priorities.

The Trust has already started the first steps on the journey to a greener SECAmb.

In summary:

- Including travel plans in all our significant estate builds – these cover alternative transport and car-pooling schemes and link with existing relevant cross-sector travel plans in the given area
- Providing bicycle schemes for our staff and ensuring that new facilities have showers and bike storage.

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[1] NHS England and NHS Improvement. Greener NHS campaign to tackle climate 'health emergency' (https://www.england.nhs.uk/2020/01/greener-nhs-campaign-to-tackle-climate-health-emergency/) 2020.

[2] NHS England and NHS Improvement. Delivering a Net Zero National Health Service (https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf) 2020

- Investigating and making changes to our electricity supply to utilise a 'greener' supplier
- Utilising recycled paper only and having recycling schemes set up across the Trust.
- Reducing the number of printers across the Trust and promoting the use of Teams and SharePoint where possible (as an alternative to sharing hardcopy documentation).
- Recycling all IT equipment where possible and moving to a new greener supplier in 2022.
- Ensuring that all IT hardware (which cannot be recycled) is disposed of in line with international WEEE (Waste Electrical and Electronic Equipment) standards by a specialist supplier.
- Continuing dialogue with suppliers to ensuring that they will be meeting the NHS supply chain carbon reduction targets.
- Proactively moving towards zero or low emission vehicles for non-emergency vehicles and lease cars.
- Signing up for Project Zero to test the zero emission ambulance options available.
- Commencing an on-going programme of installing charging points and Photovoltaic (PV) cells at Trust sites.
- Investigating the possibility of adding solar power cells onto the roofs of some Trust building, which would enable us to generate power for the location and additional charging points.

Building on the actions taken so far, the SECAmb Green Strategy outlines the Trust's ambition to work towards net zero carbon emissions. Underpinning this, the SECAmb Green Plan will detail the specific trajectories and the actions required to deliver these.

The Trust is committed to develop the Green Delivery Plan by March 2022 following publication of our Strategy.

Greener SECAmb we will be based on the achievement of the following three key outcomes:

- Ensure that the Trust is supporting the NHS-wide ambition to become the world's first healthcare system to reach net zero carbon emissions.
- Prioritise interventions, where possible, which simultaneously improve patient care and community wellbeing whilst also tackling climate change and broader sustainability issues (recognising the circumstances under which ambulance services must operate i.e., providing emergency care and transport)
- Ability to plan and make prudent capital investments while increasing efficiencies.

3. Current situation

National picture

In November 2021 at the United Nations Climate Change conference in Glasgow[3] , the Health and Social Care minister announced that:

- The UK health services commit to net zero carbon emissions and build climate resilience through the COP26 Health Programme.
- This is a great opportunity to cut the global carbon footprint as the health systems account for nearly 5% of total global emissions.

The NHS employs 1.3 million people making it one of the largest employers in Europe. The NHS is also responsible for five per cent of the traffic on the road at any one time and is one of the largest direct and indirect producers of CO2 in the UK.

The carbon footprint of ambulance services is very different to other areas of the NHS. Ambulance services currently use over 150,000 litres[4] of diesel daily (combined total) and the national ambulance fuel bill has increased by up to £26 million annually year-on-year for the past few years. The classification of diesel as a carcinogenic substance[5] by the International Agency for Research on Cancer (part of the World Health Organisation) means that alternative sources of fuel which are less polluting must be found to ensure that ambulance services are fit and ready for a greener future.

Essentially, the status quo is not sustainable. To accelerate change, ambulance services across England are now taking collective action, working jointly together to reduce carbon emissions.

The Net Zero NHS targets are:

- For the emissions the Trust controls directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.
- For the emissions the Trust can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

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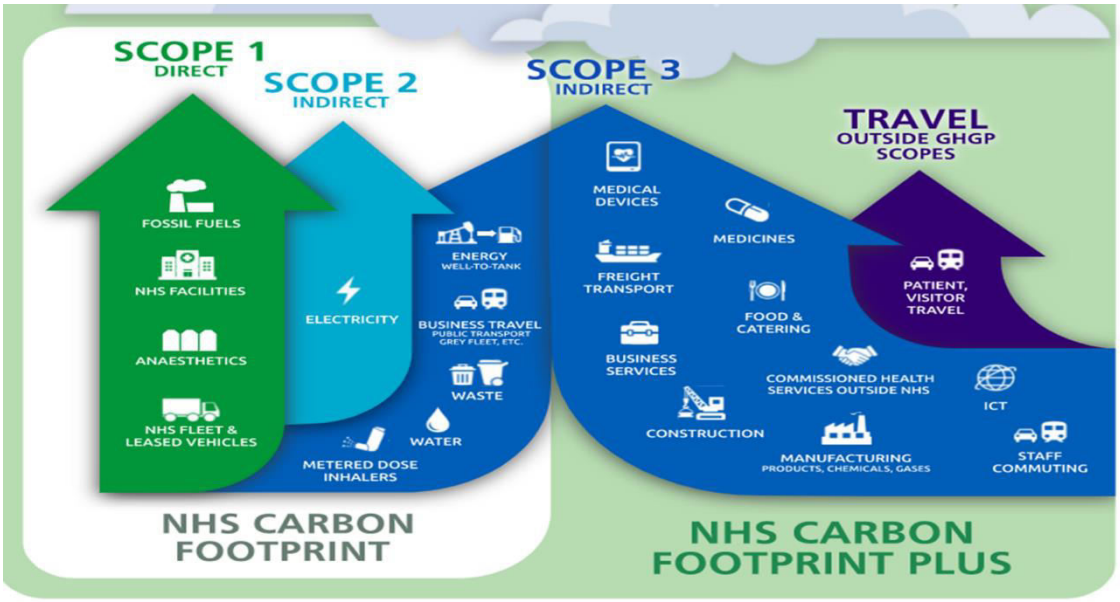
[3] NHS England. Blog: Zero emission ambulances show the NHS is in the driving seat in the race to net zero (https://www.england.nhs.uk/greenernhs/2021/10/zero-emission-ambulances-show-the-nhs-is-in-the-driving-seat-in-the-race-to-net-zero/) 2021.
[4] Transport Business: Ambulance services unite in carbon reduction (https://www.transportbusiness.net/features/ambulance-services-unite-carbon-reduction) 2021.

[5] International Agency for Research on Cancer: Diesel Engine Exhaust Carcinogenic (https://iarc.who.int/wp-content/uploads/2018/07/pr213_E.pdf) 2012.



Organisational picture

SECAmb is part of the National Health Service (NHS) and is one of 14 ambulance services across the UK. The Trust responds to nearly 862,000 calls to 999 every year from the public, in addition to urgent calls from healthcare professionals and provision of NHS 111 CAS services.

SECAmb's services - key figures:

- Covers a geographical area of 3,600 square miles (Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire) which includes densely populated urban areas, sparsely populated rural areas, and some of the busiest stretches of motorway in the country.
- Employs more than 4,500 staff working across 119 sites in Kent, Surrey, and Sussex. Almost 90 per cent of the Trust's workforce is made up of operational staff – those caring for patients either face to face, or over the phone at our emergency dispatch centres where we receive 999/111 calls.
- Operates a fleet of c.550 vehicles and maintains 8 Make Ready Centres, 33 ambulance stations and 69 ambulance community response posts.
- The composition of the Trust fleet is varied, including a high proportion of diesel ambulances, a small number of Singe Response Vehicles (response cars) and a small number of other non-emergency 'zero emission' vehicles

The Trust has identified the following areas which underpin its Green Strategy, and which follow the national direction.

- Direct interventions:
  - estates and facilities
  - travel and transport
  - supply chain and medicines

- Enabling actions:
  - sustainable models of care
  - workforce
  - networks and leadership
  - funding and finance mechanisms.

SECAmb currently completes and submits quarterly NHS Green Plan data which covers the following areas:

- Assurance and governance
- Medicines
- Travel and transport
- Supply chain
- Adaptation

We will continue to meet the requirements for data collection and reporting as and when this changes.

4. SECAmb's Green Strategy goal

The Trust aims to be a responsible leader of sustainable health care.

The Trust will deliver a clear, co-ordinated approach to managing and improving the environmental impacts of its activities. This will ensure that we achieve a standard of sustainable development that will have positive impacts on health, expenditure, efficiency, and the environment in our response to climate change.

This Strategy is also an integral part of the Trust's transformation framework and the blueprint for the future, called Better by Design.

This will include:

- Continuing to monitor progress and improve our performance against national and internal targets.
- Empowering our staff to drive sustainability initiatives across the Trust (for example through our quality improvement methodology).
- Working with our partners to develop a wider health and care system in the region which is sustainable and will continue to improve patient care.
- Working with our suppliers to develop action plans which will ensure sustainability principles and good practice are integrated across the organisation.

Reducing the environmental burden of running an extensive fleet of diesel vehicles is the most important change that the Trust must make. This will also be the most difficult and will require brave decisions to be made whilst the technology available continues to develop without providing a like for like alternative to the current fossil fuels.

5. Progress to date and themes of green plan

The Trust has already started its carbon reduction programme and made progress in various areas. This progress will be built on as the plan matures under these key themes:

Sustainable models of care

The NHS Long Term Plan set out a commitment to deliver service models fit for the 21st century. These models need be delivered sustainably.

As part of the Better by Design transformation programme, the Trust is developing a new Care Delivery Model, enabling clinical staff to deliver quality care to patients online/virtually, thereby reducing inappropriate or unnecessary journeys to hospital.

SECAmb has mobilised an NHS 111 First service in the region which strongly influences the location of care episodes. Our NHS 111 First service can rapidly triage patients and connect them directly to the most appropriate health professional (including remote consultations and community-based services), thereby avoiding unnecessary hospital visits.

As part of developing our SECAmb Green Delivery Plan at the next stage, we will have a data-based approach to identifying the biggest areas of improvement, ensuring that our efforts are tailored and targeted to our operating model.

Travel and transport

As a pre-hospital emergency provider one of the Trust's biggest challenges is reducing the environmental burden of running an extensive fleet of vehicles.

Due to the nature of the service and the requirement of the Ambulance Response Programme (ARP) to predominantly operate with transport capable vehicles 24/7, the technology to do this with ultra or low emission vehicle (ULEV) is not yet available in a sufficiently resilient way. However, the first "green ambulance" with a radius of 300 miles, has been unveiled at the COP26 as part of Project Zero, so there are certainly promising developments underway.

The Trust is committed to supporting SECAmb staff with the lease and purchase of ULEV/ZEV vehicles and are updating the appropriate policies to ensure they include only ULEV or ZEV vehicle leases/purchases going forward for non-emergency vehicles, carpooling options, and support for bike schemes. This work is expected to be completed in Q2 2022.

The transition from petrol/diesel non-emergency vehicles will have to be aligned with the Trust's fleet supply chain and the internal estates programme to ensure that SECAmb are able to provide the right charging points and serving infrastructure for vehicles.

The Trust has developed travel plans for each of the new Make Ready centres, which offer cycle parking, showers, and other facilities for staff and which highlight appropriate public

transport options for staff who are looking at utilising alternative methods of transport to travel to and from work. The Trust has already introduced salary sacrifice schemes for staff to support the purchase of bikes and is looking to include an e-bike scheme as part of our offering to staff.

One of SECAmb's key efforts will be to focus on reducing the environmental impact of the Trust emergency vehicle fleet, through work in the SECAmb control rooms as part of Better by Design. The team will also be working with projects such as Project Zero to ensure that the Trust is well sighted on and able to engage with any new sector technologies that are being developed. This will enable the Trust to move to ULEV/ZEV emergency vehicles.

As new technology develops rapidly, the Trust will need to continue to take advantage of new innovations in this field by ensuring that the infrastructure such as EV charging points is available at all key points across the SECAmb footprint.

Facilities, Estates, Energy and Waste management

The Trust continues to move towards a full 'Make Ready' (MR) deployment. The buildings are modern and meet strict new environmental planning regulations. Make Ready centres have LED lighting which automatically turns off if no-one is present, charging points, facilities for staff using bicycles and low emission heating systems. The MR system also allows the Trust to reduce supply chain activity by holding less stock at less locations, reducing delivery miles and wastage.

It is vital that SECAmb continue to dispose of the Trust's older unused estate to reduce inefficiencies when there is relocation possibility within a modern Make Ready Centre. Where this is not possible, the Trust will continue to retrofit efficient new technologies to older sites such as double glazing, energy efficient boilers and LED lighting.

SECAmb will also be looking to increase on-site green spaces for staff to use for well-being and in summer for some outside meetings or lunch breaks. The Trust will be looking to learn from organisations who brought green spaces inside which generate oxygen and improve working environments.

SECAmb continues to work with utilities suppliers to switch to 100% electricity from renewable energy sources from April 2022 as well as exploring options for utilising green energy.

The implementation of solar cells at Ashford site was built into the design as proof of concept which will now be evaluated as part of the Green Plan. PV (solar) cells could ultimately mean that the Trust could be self-sufficient in certain locations but that it could generate enough energy to add additional charging points for vehicles, the use of which is currently limited.

SECAmb has already identified the following areas and technology to watch going forward (as of December 2021):

Electricity:	Hydrogen:	Carbon Capture:
○ Electric vehicle batteries ○ Battery control software ○ Efficient building systems ○ Solar options	○ Low-cost production options ○ Road transport/delivery of hydrogen fuel cells ○ Ammonia fuel cell production	○ Pre and post combustion capture technology ○ Bioenergy with carbon capture and storage ○ C02 enriched concrete

Digital enablement

By focusing on the opportunities provided by an improved technological infrastructure, the Trust aims to reduce the number of times crews need to return to base and hence drive more miles.

The introduction of iPADS to all front-line staff over the past few years has been a key enabler as has the successful deployment of our electronic patient record (ePCR). The implementation of the ePCR resulted in usage of 94% (average) of electronic records daily instead of paper which has reduced our paper printing, consumption, and storage.

The Trust is also working on several application ideas which will reduce carbon emissions by more efficient electronic ways of doing tasks such as on-line training and meetings.

Supply chain

Work has started with current SECAmb providers who will need to provide assurance on their own efforts and plans to reduce their carbon footprint. The Trust encourages all SECAmb suppliers to share and publish their carbon reduction plan for direct and indirect emission.

From April 2022, the Trust is introducing a net zero weighting of 10% to all tenders.

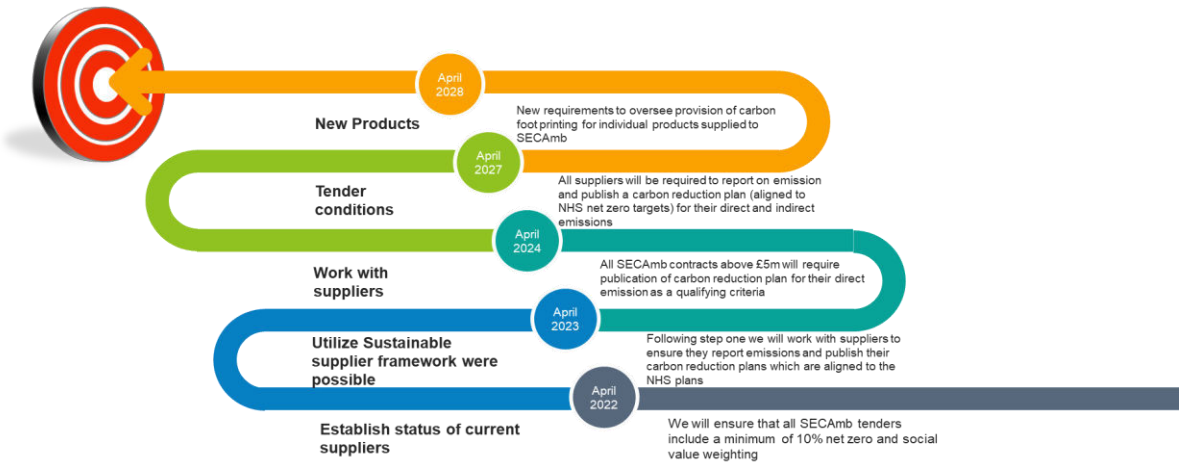


Figure 2: Summary of the procurement requirements from NHSE

Education and learning

The Trust will be looking to make NHS eLearning on climate change awareness available to staff via our intranet. All the initiatives outlined in this document and the Trust local plans will be supported by a coherent Communication & Engagement Plans as the Trust wants all staff to be involved and share ideas on how SECAmb can improve its carbon footprint and support its corporate and social responsibilities.

SECAmb is committed to working with system partners and stakeholders on joint efforts to reduce our carbon footprint by developing care pathways and integrating learning across the region.

The Trust is also working to establish how we can offset the Trust's carbon emissions. There are currently national and local schemes for businesses but hopefully there will be future schemes that NHS trusts can participate in.

6. Assurance, governance, and engagement

The governance structure is outlined by the flowchart below.

The Green Plan is a component part of our Board-approved transformation framework and portfolio of programmes, which we call Better by Design.

The Trust will be sharing frequent updates on the work with stakeholders, including regular reports and information on the Trust website, which will allow us to evaluate and measure our progress against targets.

The Trust will continue to undertake horizon scanning for innovation and technology which may enable us to reach the Trust goals more quickly and effectively.

7. Next steps

The Trust has committed to developing a Green Delivery Plan by March 2022, which will deliver this Green Strategy and will focus in detail on the delivery of our trajectories and actions.

The approach to achieving net zero will need to be iterative. It will require process and behavioural change and continuous improvement. This will need investment of both time and resource.

There is also a need for continual review, as SECAmb will be required to respond to changes in technology, the regulatory environment, and outlook.

Glossary

ARP	Ambulance response programme
CO2	Carbon dioxide
CO2e	Carbon dioxide equivalents
COP26	Conference of the Parties (UN climate summit)
ePCR	Electronic patient record
IARC	International Agency for Research on Cancer
NHSX	NHS user experience (digital)
Project Zero	Trial and roll out of zero emission rapid response operations ambulance
PV Cells	Photovoltaic cell (solar panel)
SDMP	Sustainable Development Management Plan
SECAmb	South East Coast Ambulance Service NHS Trust
ULEV	Ultra or low emission vehicle
WEEE	Waste electrical and electronic equipment recycling
WGLL	What good looks like – NHSX framework
WHO	World Health Organisation
ZEV	Zero emission vehicle

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This publication can be made available in a number of other formats on request.

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

Implementation of National Patient Safety Strategy: Safer culture; safer systems; safer patients

NHS
South East Coast Ambulance Service
NHS Foundation Trust

South East Coast Ambulance NHS Trust

Tammy Moorcroft Patient Safety Specialist /
Judith Ward Executive Director of Nursing and Quality

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Purpose of presentation

- To give an overview of the National Patient Safety Strategy requirements and an update on:
  - Key National priorities for 2021/22(revised in April 2021)
  - Key underpinning elements and current SECAmb position
- Overview of system approach for future system wide implementation of the National Strategy Requirements

National Context

- The NHS Patient Safety Strategy is about maximising the things that go right and minimising the things that go wrong for people experiencing healthcare.
- Accepts that is human to make a mistake and the need to continually reduce the potential for error by learning and acting when things go wrong.
- Builds on two foundations: a patient safety culture and a patient safety system
- Will significantly change how we approach safety in terms of types of investigations; the lessons we learn; the involvement of patients in our safety culture; system wide learning

Local Context

- The safety strategy will not be delivered within single organisations alone. NHSE / I requires each ICS and partner organisations to achieve the national patient safety vision
- Within each ICS network there are opportunities to change from organisational delivery of patient safety to a system approach i.e. working together with the shared vision of minimising harm to patients

- **Benefits include:**
- Efficient - pooling resources to achieve the national patient safety vision and statutory requirements
- Effective – learning more quickly from each other
- Innovative, collectively finding new solutions and smarter ways of thinking.

Pillars of Patient Safety Strategy

Safe Systems

Local teams working with National Leadership

Partnership Working with Regulators, CQC and NHS Resolution

Safety Culture

Leadership
Safety Culture
Psychologically safe

Open, supportive Respect

Patient Stories at Boards

Culture of Continuous improvement

Involvement

Exec Leadership for Pt Safety

Patient Safety Specialists
Patient Safety Partners

Medical Examiner Role

Development of the Patient Safety Syllabus

Insight

National Patient Safety Committee

National Reporting and Learning System

National Patient Safety alerts

Investment in Patient Safety research

Improvement

5 Programmes

- Maternity and Neonatal
- Mental Health
- Older people
- Medicines safety
- Learning Disabilities

PSS priorities (Apr-21)

- Just culture support and advice
- National Patient Safety Alerts advice
- Improving quality of incident recording
- Support transition from NRLS and StEIS to the new Learn from patient safety events (LFPSE) service
- Preparation for implementing the new Patient Safety Incident Response Framework (PSIRF) when it is launched in 2022
- Implementation of the Framework for involving patients in patient safety (published in June 2021)
- Patient safety education and training including the first two levels of the Patient safety syllabus launched in summer 2021
- Supporting involvement in the National Patient Safety Improvement Programmes, working with local AHSNs and Patient Safety Collaboratives
- COVID-19 recovery support – more information will be provided shortly

NHS

Short – medium term priorities for Patient Safety Specialists

April 2021

This paper describes how Patient Safety Specialists (PSSs) can support implementation of the NHS Patient Safety Strategy and operational recovery during 2021/22.

We have identified nine key work programmes, with associated actions and timescales where appropriate:

1. Just culture
2. National Patient Safety Alerts
3. Improving quality of incident reporting
4. Support transition from NRLS and StEIS to PSIMS
5. Involvement in implementing the new Patient Safety Incident Response Framework (PSIRF)
6. Implementation of the Framework for Involving Patients in Patient Safety
7. Patient safety education and training
8. National patient safety improvement programmes
9. COVID-19 recovery planning

We appreciate due to current workloads it may not be possible for PSSs to immediately be actively involved in all these work programmes. You should review the programmes identified in this paper with your executive team and agree a phased approach to implementation. For some programmes there may be opportunity to ensure that others in your organisation are already aware and involved and that minimal support from you is needed. There are a number of programmes where, although there are associated timescales, a flexible approach can be taken. For example, it may not be possible to go live with the new patient safety incident management system (PSIMS) immediately if your local risk management system (LRMS) vendor hasn't undertaken the necessary local modifications.

Key underpinning elements supporting the successful implementation of the National Patient Safety Strategy

Safety Culture:

- The NHS Patient Safety Strategy highlights the central importance of cultivating a just culture
- The Just Culture Guide (or an equivalent) formally adopted and built into Organisational HR policies
- Organisational Staff Survey results (safety questions) - reviewed and discussed, and agree any actions to improve safety culture

National Patient Safety training Syllabus

- Is a patient safety curriculum and syllabus that supports patient safety training/ education for the whole NHS
- Level 1 and 2 published October 2021- online training and all staff recommended to complete these levels
- Consideration of making Patient Safety syllabus training level 1 and Patient Safety Syllabus Level1 Board training part of mandatory training.

Key underpinning elements supporting the successful implementation of the National Patient Safety Strategy

Patient Safety Incident Reporting Framework

- The PSIRF will replace the Serious Incident Framework (SIF), from which it differs in the following key aspects:
- The PSIRF moves away from reactive and hard-to-define thresholds for ‘Serious Incident’ investigation and towards a proactive approach to learning from incidents. It promotes a range of proportionate safety management responses.
- Safety investigation is now tightly defined. Quality of investigation is the priority with the selection of incidents for safety investigation based on opportunity for learning and need to cover the range of incident outcomes.
- Expectations are clearly set for informing, engaging and supporting patients, families, carers and staff involved in patient safety incidents and investigations**.** In accordance with a just culture, staff involved in incidents are treated with equity and fairness.

Key underpinning elements supporting the successful implementation of the National Patient Safety Strategy

- **Patient Safety Partners**
- Involving patients in their own safety –NHS organisations should involve patients, their families and carers in their own safety.
- Patient Safety Partner (PSP) involvement in organisational safety – relating to the role that patients, carers and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety.

Key underpinning elements supporting the successful implementation of the National Patient Safety Strategy

- **Patient Safety Specialists**
- Recognised as key leaders within the safety system, visible to their organisations and others, able to support their organisations' safety work.
- Concept is similar to designating someone a Caldicott Guardian, Director of Infection Prevention and Control or Freedom to Speak Up Guardian.
- In contrast to these designations the aim of the introduction of the patient safety specialist concept is to develop existing people and roles rather than create new posts.
- Currently 1 named Patient Safety Specialist in SECAmb – Tammy Moorcroft – Head of Patient Safety – may need to identify more as we develop.

Requirements of the Patient safety specialist role

- Lead patient safety experts in their organisation, working full time on patient safety
- Able to escalate immediate risks or issues to Exec team
- ‘Captains of the team’, provide dynamic senior leadership, visibility and expert support
- Work with others including: Medication safety officer (MSO), Medical device safety officer (MDSO),
- Lead /support the local implementation of the NHS patient safety strategy: insight, involvement and improvement
- Support the development of a patient safety culture and safety systems
- Work in networks to share and learn
- Lead, and may directly support, patient safety improvement activity
- Ensure that systems thinking, and just culture principles are embedded
- Support patient safety partners (Framework for involving patients in patient safety)
- Learn and develop, complete the Patient safety syllabus

SECAmb System Implementation Approach

- SECAmb has been moving towards this strategy during the pandemic as instructed by NHSE.
- Already considered and tried out some differing investigation methodologies. In some cases, supported more rapid learning; others have led to broader in-depth learning than we historically obtained from root cause analysis.
- Working nationally to understand the learning from London Ambulance Service who were a pilot site
- Already developing workstream for Just Culture which is integral.
- Considerations to support strategy will be part of part of Datix Cloud – in particular how will we capture learning re what works well.
- Ongoing development of the Patient Experience Group.
- Trust wide assessment
- Consideration of national learning requirements arising from strategy.
- Development of Trust wide delivery plan

System Wide Approaches to Implementation

- We are member of the network for all the patient safety teams in the Surrey Heartlands ICS and other ICS as they are developing.
- Provides a collaborative space to build relationships and trust.
- Surrey Heartlands ICS plans to adopt continuous improvement approaches to work fast and challenge ourselves through rapid improvement tests to meet our agreed goals
- Membership of system wide networks enable us to develop robust system and local processes for sharing learning and embedding sustainable change

- In addition - National ambulance groups considering approach to implementing strategy

National ask of Boards and Executive Leads

The Patient Safety Specialist was required to be identified by Apr-21.The expectation is at least 1FTE at band 8 range, but this may be a shared role, or more than 1FTE across large organisations. Complete but we need to explore whether including this in other roles would be helpful

The PSS's name(s) has been provided to NHSEI by executive lead for patient safety Complete

Executive lead for patient safety identified as the direct contact point for the Patient Safety Strategy. Complete Executive Director of Quality and Nursing

Patient Safety Specialist/s should also link with the NED who leads on patient safety. Requires further work to develop the relationship.

All Board members should be aware of and support the PSS's role and discuss as a board agenda item Complete.

The PSS priorities document (circulated Apr-21) should be reviewed and a PSS work plan agreed with the patient safety executive lead. Ongoing

The PSS should be provided with sufficient time and resources to undertake their role, network and complete the patient safety training requirements (to level 5 of the Patient safety syllabus once available). This role is integral to Head of Patient Safety role but more resource and expertise may be required.

There should be sufficient support/ coaching / mentoring in place for the PSS to progress their personal and leadership development. System wide approach - Surrey Heartlands ICS are currently developing this through the Surrey Heartlands, South East Regional and the National Patient Safety Specialist Network

Next Steps

- Complete Trust based assessment and plan to embed the strategy
- Consideration of educational requirements of the patient safety syllabus and how this can be met internally – may need phased approach.
- Scope out need for additional patient safety specialists.
- Agree scope of Patient Safety Partners and recruit to roles. Again may benefit from a phased in approach.
- Development of internal relationships e.g NED responsible for patient safety and patient safety specialist.
- Continued development of understanding of strategy within key departments and at senior / middle management level initially.
- Continued contribution to system wide networks

South East Coast Ambulance Service NHS
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Agenda No	66-21

Name of meeting	Trust Board
Date	27 January 2022
Name of paper	Update on Operation CARP
Responsible Executive	Dr Fionna Moore, Executive Medical Director
Author	Dr Fionna Moore, Executive Medical Director
Synopsis	This paper provides an update on the investigation into the distraction burglaries undertaken by former members of SECAmb staff, named by Kent Police as Operation CARP.
Recommendations, decisions or actions sought	Trust Board are asked to note this paper and the steps taken to provide assurance around access to the Computer Aided Dispatch (CAD) System and the safety and security of Controlled Drugs, in advance of the report on the Serious Incident from the external investigator.
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).	**N/A**

Operation CARP update to Trust Board

Trust Board colleagues will be aware that two former clinical employees of South East Coast Ambulance Service NHS FT received a custodial sentence for distraction burglary on 11th January 2022. This report provides some background information and details the actions undertaken following our internal investigation and in advance of receipt of the Serious Incident investigation report which has been undertaken by an external investigator.

Background

Two clinicians, a Critical Care Paramedic (CCP) and a Student Paramedic Practitioner(sPP) were arrested by Kent Police on 4th August 2021 following their investigation into concerns expressed by members of the public around the loss of end of life care drugs which were allegedly removed or stolen by females purporting to be District Nurses. Both members of staff were taken into custody and appeared at Canterbury Magistrates Court on 6th August where they were remanded. An application for bail was refused. An initial hearing was set for 6th September. A custodial sentence was delivered on 11th January 2022.

The CCP had been suspended on 29th March 2021 pending an investigation into the possible diversion of Controlled Drugs on 28th March. The investigation had been concluded, finding that

there was a case to answer but the CCP was arrested before the hearing could take place. During the period of suspension, the CCP had no access to any Trust premises, or to Trust electronic devices, or to the Computer Aided Dispatch (CAD) system. A referral was made to the HCPC on the CCP's behalf on 8th April, as the individual had failed to do this. Welfare checks were undertaken on a regular basis in view of concerns about the individual's mental health but all offers were turned down.

The Student Paramedic Practitioner had been off work on extended sick leave and was approaching a Stage 3 review. When the Police allegations were known this member of staff was suspended and subsequently their contract of employment was terminated. They were also referred to the HCPC.

Actions

Following the arrests on 4th August the following actions were undertaken:

- An investigation was initiated by the Nursing and Quality Department, chaired by the Nurse Consultant for Safeguarding.
- Trust Board members informed
- NHSE / I and the Care Quality Commission informed
- Both members of staff contracts of employment were terminated on 6th August.
- A Serious Incident was declared and an external investigator with experience of safeguarding commissioned on 9th September 2021, once the extent of the terms of reference were apparent.
- The Trust's Chief Pharmacist undertook a detailed investigation into the access to Controlled Drugs both at Thanet Make Ready Centre (where both were based) and at satellite stations in East Kent. This has been shared with the external investigator.
- Clinical look backs conducted, including a review of any related incidents, complaints and Serious Incidents.
- Full cooperation with Kent Police including a response to data access request.
- Liaison with the Information Commissioner's Office regarding a breach of personal data, reported on 16th August. The ICO has been updated on the court proceedings as they may wish to pursue their own enquiry.

Learning

We await the report from the external investigation into the Serious Incident which is looking at the concerns raised and whether the Trust could reasonably have taken action earlier than it did. However there have been two particular areas of focus following receipt of the initial information from the Police.

1. Access to the CAD

A large number of staff, in Operations, the Contact Centres and Corporate Services require access to information held on the CAD as part of their daily duties. Any access of the CAD is logged, however currently no routine audits are undertaken to see if there are unauthorised viewing of records

All members of staff undertake yearly training on information governance where it is made very clear that personal data must only be accessed where it is justified.

To emphasise the importance of protecting personal information a bulletin was released on 7th December 2021 (Access to Trust Based Information Systems), highlighting the consequences of unauthorised access to the CAD and to personal information.

A recommendation has been made to the Executive Management Board for resources to be identified to undertake regular audits of CAD access.

2. The security of Controlled Drugs

Both individuals involved in this case worked primarily at Thanet MRC. The Controlled Drugs (CDs) at this site are held in one of the Trust's 15 Omnicell cabinets. All SECAmb sites routinely monitor CD usage but this is much quicker and comprehensive at Omnicell sites which in addition to the routine auditing, both of the withdrawing and return of CDs, allows the comparison of CD use between members of staff to highlight any outliers. Looking at the frequency of CD use amongst all Paramedics at Thanet MRC from 2018-2021, the Chief Pharmacist identified that the sPP had the highest use of morphine in 2018 when compared with other Paramedics on the MRC, and the CCP was not an outlier in the use of any of the CCP CDs from 2018 -2021. Neither usage was deemed excessive or unreasonable.

Neither member of staff accessed CDs at any other SECAmb site.

The Police investigation highlight attempts to divert CDs, rather than actual diversion, however the Chief Pharmacist's report did not find any such evidence. The issue of verifying CD wastage is more problematic and a trial of DOOP (destruction of old pharmaceuticals) is commencing in March 2022 at Worthing OU. If successful this will be rolled out across the Trust.

While we accept the challenges of staff attempting to divert CDs, as CDAO I believe the current safeguards provide a significant level of assurance to the Board.

South East Coast Ambulance Service NHS
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Agenda No	67-21

Name of meeting	Trust Board
Date	27 January 2022
Name of paper	Vaccination as a Condition of Deployment
Responsible Executive	Executive Director of Human Resources and OD
Authors	Ali Mohammed, Executive Director of Human Resources and OD Ian Jeffreys, HR Special Projects
Synopsis	The Board will already be aware that on the 6 January 2022 the UK Parliament introduced emergency legislation in the NHS in England making it a condition of deployment that all patient facing NHS colleagues must be double vaccinated (single dose for Janssen vaccine) by 1st April 2022. This paper provides the Board with a summary of our progress to date.
Recommendations, decisions, or actions sought	This paper is for information.

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Yes – Ambulance sector EIA in development

Vaccine as a Condition of Deployment

1. Introduction

1.1. Emergency legislation became effective as of 6th January 2022 with 346 SECAmb patient facing roles affected (2906 individuals).

1.2. The key dates are that staff deemed in scope should have provided evidence (or be in the exemption process) of a first vaccine by 3 February 2022 and evidence of a full course by 31 March 2022.

1.3. National guidance for implementation by the NHS is being issued in phases. Phase 2 guidance was issued on 14 January 2021 and can be viewed on the NHS England website.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/01/C1545-update-vcod-for-healthcare-workers-phase-2-implementation.pdf

1.4. We have now carried out a detailed review of all roles to establish which are in in scope within SECAmb. This was completed in partnership with our Unions, and then ratified by EMB.

1.5. Our scoping exercise was recorded for the purposes of internal records and external scrutiny e.g. CQC inspections.

1.6. Coding will now be applied to ESR, our HR Management Information/Personnel System to aid future recruitment, ensuring we carry out additional right to work checks, which will include evidence of vaccination status, when people apply for patient facing roles in the future.

2. Data Summary

2.1. As at 18th January 2022, we have 180 colleagues, in scope of the legislation, for whom we either have incomplete, unknown, or known unvaccinated status. An updated position will be provided verbally at the Trust Board.

2.2. This number has reduced from 358 as at the start of this project. Some of the improvement comes from people reacting to the legislation, engaging with our internal communications, and choosing to get themselves vaccinated. Some improvement follows the scoping exercise (taking roles off the list of in scope).

2.3. We continue to report our figures to NHSE/I via our Kent, Surrey, and Sussex CCGs.

2.4. We are now planning more detailed/specific communication with the 180 colleagues mentioned above.

2.5. It is not entirely clear at the time of writing what the eventual number of staff will be in terms of the Trust considering reasonable adjustments, internal or external redeployment or regrettably, termination of employment but informal information suggests that it is highly unlikely that the number will be zero.

3. Communication and Engagement

3.1. This new legislation has been widely publicised in the news and debated in various media.

3.2. We have utilised e-mails, The Zone, The Weekly Bulletin, and personal 1-2-1s with unvaccinated/unknown 'in scope' colleagues.

3.3. At the time of writing we have conducted the first in a series of webinars. Webinar one, led by Ali Mohammed as the Senior Responsible Officer, and Matthew Webb as our COVID-19 Lead, introduced the legislation, its impact on SECAmb colleagues, addressed common questions, and covers off next steps.

3.4. We will also be holding a webinar (or referring colleagues to other such events) covering Pregnancy and the Vaccine, and a third webinar addressing Vaccine Hesitancy. Both with specialists in the respective fields leading.

3.5. We are also looking to pull together a small diverse team of Managers and Staff Forum colleagues, with coaching, supporting materials, and a script, to conduct further 121s with affected colleagues.

3.6. On the 4 February 2022 we will be required to start the formal process and we will by that time have planned how this will work where colleagues remain unvaccinated or have not shared their vaccination status with the Trust.

4. Planning and Next Steps

4.1. As a Trust we have a comprehensive plan which is closely monitored by the SRO and the COVID Management Group.

4.2. We meet every week for a progress update and to engage the wider Senior Management population.

4.3. There are also at least two regional meetings and a further two national weekly meetings that we actively participate in and share best practice.

4.4. We have established a weekly HR subgroup lead by Ian Jeffreys, HR Special Projects which focus on the people and employment-related aspects of VCOD.

4.5. We have also agreed a meeting with recognised unions to be held three times per week to jointly plan our implementation.

5. Summary

5.1. As a Trust we have a firm grasp of the numbers, the ask, and the actions to implement the legislation.

5.2. There is still a significant amount of work to do, and we have garnered support from NHSE/I in the form of two HR professionals to support the workload.

5.3. In the region (Surrey and Kent in particular), we have shared a lot of the work we have done, to support others.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	68-21

Name of meeting	Trust Board
Date	27 January 2022
Name of paper	Integrated Performance Report (IPR)
Responsible Executive	Chief Executive Officer
Author	Executive Director for Planning and Business Development
Synopsis	The IPR continues to evolve and improve to better support assurance and Board discussion on the performance of the Trust. Following discussion at Audit Committee and Board in November, this January 2022 IPR has the following changes: - Detailed executive overview on key challenges over the period (slide 4) - Simplification of top-level scorecards for key operational delivery areas (slides 5 and 6) - Up-front focus on highlight and exception reporting - Updated exception report templates, which now show the detailed performance metrics on the same page as the narrative for ease of navigation and better assurance - Introduction of sparklines to facilitate trend identification - 11 new metrics included, focussing on support services (Estates, Logistics, Fleet and Scheduling) - Targets added to more KPIs - Detailed metrics can now be found in the appendix beyond slide 39, making the core pack more succinct and focussed on the exceptions and highlights for the period. The focus remains on ensuring the IPR becomes the main vehicle for Board assurance, and we will continue to invest in improving how we use data. We expect to introduce the use of Statistical Process Control (SPC) and continue to improve the strength of the narrative to support exception reporting, as part of the next iteration.
Recommendations, decisions or actions sought	Noting continual improvement efforts on the development of the Trust IPR

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**

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Integrated Performance Report

Trust Board
January 2022

Data up to and including December 2021

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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

Welcome and thank you for talking the time to read our Integrated Performance Report. The aim of this report is to provide the Board with the key performance indicators and trends that the Executive is focussed on. On slides 5 and 6 you will find the operational scorecards containing an overview of our performance over the period across our 999, Field Operations and 111 Services. From slide 9 you can find a summary of the key areas where the Executive are concerned, followed by the individual exception reports that will provide you with more commentary into the causes and action plans in place to address the issues. Several new performance metrics have been added this month around our enabling services, and you can find a summary of those on slides 36-38. Finally, you can find all of the detailed data and trends in the Appendices from slide 39 onwards.

Philip Astle
Chief Executive

Operational Performance through November and most of December remained challenged due to sustained high levels of higher acuity demand combined with high levels of sickness, and protracted hospital handover delays. Towards the end of December and over the festive period, we experienced a reduction in demand, linked to a change in social behaviour due to the Omicron variant. This has meant that despite on-going system difficulties, we have been able to provide much improved response times to our patients, and this trend has continued into January. Whilst we are not yet providing the service we would like to provide to our patients, we continue to improve relative to the other English Ambulance Services, performing above the mean in the main response categories, and in particular sitting in the upper quartile for Category 2 – the largest group of seriously poorly patients. A focus over the last quarter has been to re-enforce our 999 call-handling team, where we have seen significant sustained improvement. Our efforts now are to maintain this positive trend and to support on our clinical and dispatch teams within to the control room. This will ensure we protect the higher rates of Hear and Treat we have been achieving, which will be a key success factor for when we see activity return in the coming months. We have seen similar trends in our 111 service, where our high validation rates continue to protect our core 999 activity by minimising referral rates. Performance in 111 however remains challenged due to the gap between funded levels and the activity we have seen in this service. We have remained in REAP 4 throughout the period.

Staff wellbeing continues to be a focus area for the Executive. We saw a peak in COVID-related sickness over the first week in January, but the numbers have since almost halved. Despite this, overall sickness remains high and our sickness management plan remains in place to support colleagues. Due to operational pressures, we also see an on-going challenge with completing appraisals and training, and whilst we are providing high levels of meal-breaks, over half are outside of the target window, and shift overruns remain unacceptably high. Our focus on workforce planning for FY 22/23 is to increase capacity, as well as better matching to demand at an hourly level, to increase our overall resilience.

Current Operational Performance
999 Emergency Ambulance Service – 13 week trend for the period of (18/10/21 – 16/01/22)

CAT 1

	27/12	03/01	10/01	Last 13 Weeks
Mean	00:08:25	00:08:24	00:08:13	
90th Centile	00:15:37	00:15:16	00:15:09	
RPI	1.53	1.60	1.56	
Count of Incidents	1179	1000	968	

CAT 1T

	27/12	03/01	10/01	Last 13 Weeks
Mean	00:10:35	00:09:56	00:09:58	
90th Centile	00:19:48	00:18:29	00:18:45	
RPI	1.54	1.63	1.53	
Count of Incidents	722	635	591	

CAT 2

	27/12	03/01	10/01	Last 13 Weeks
Mean	00:28:31	00:29:45	00:24:47	
90th Centile	00:56:52	01:00:44	00:48:07	
RPI	1.06	1.06	1.06	
Count of Incidents	8176	7558	7067	

CAT 3

	27/12	03/01	10/01	Last 13 Weeks
Mean	02:06:06	02:20:59	01:36:25	
90th Centile	04:40:04	05:27:50	03:30:58	
RPI	1.07	1.07	1.05	
Count of Incidents	3959	3627	3954	

CAT 4

	27/12	03/01	10/01	Last 13 Weeks
Mean	02:52:38	03:07:49	02:02:25	
90th Centile	06:16:23	08:22:09	04:07:05	
RPI	1.12	1.04	1.04	
Count of Incidents	67	69	83	

Demand/Supply

	27/12	03/01	10/01	Last 13 Weeks
999 Call Volume	17814	16369	14757	
Incidents	15243	14030	13680	
Transports	8810	8211	8249	
Staff Hours Provided Vs 67635 target	98.4%	91.4%	92.2%	

999 Call Handling

	27/12	03/01	10/01	Last 13 Weeks
Mean Call Pickup Time (Seconds)	17	17	5	
Call Pickup Time 90th Percentile (Seconds)	63	61	1	
Call Pickup Time 95th Percentile (Seconds)	109	110	21	
Call Pickup Time 99th Percentile (Seconds)	214	218	114	
Average Call Length (seconds)	421	394	393	
Abandon Rate	0.99%	0.75%	0.12%	
Staff Hours Provided Vs 4418.6 target	104.2%	105.6%	115.8%	

Call Cycle Time

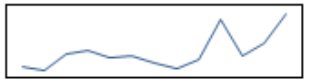
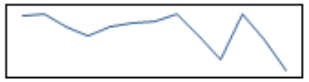
	27/12	03/01	10/01	Last 13 Weeks
Clear at Scene	01:21:05	01:20:01	01:20:45	
Clear at Hospital	01:54:40	01:57:42	01:53:36	
Hours Lost at Hospital	1680	1706	1206	

Incident Outcome

	27/12	03/01	10/01	Last 13 Weeks
See and Convey	57.8%	58.5%	60.3%	
See and Treat	33.3%	32.6%	32.2%	
Hear and Treat	8.9%	8.9%	7.5%	

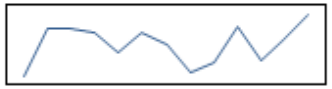
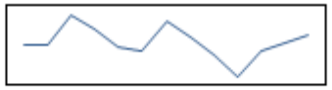
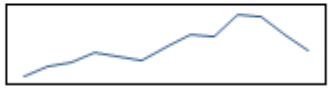
Current Operational Performance
NHS 111 Clinical Assessment Service – 13 week trend for the period of (18/10/21 – 16/01/22)

111 Demand/Supply

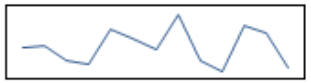
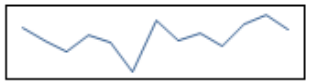
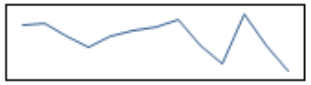
	27/12	03/01	10/01	Last 13 Weeks
111 Call Volume	39519	29765	22067	
Calls Answered	24765	21955	19292	
Calls Answered % of Volume	62.7%	73.8%	87.4%	
% Calls Answered in 60 seconds (> 95%)	21.5%	31.9%	57.0%	
% Calls abandoned after 30 seconds(< 5%)	31.8%	20.5%	7.1%	

** Note – contracted volume is 24,730/week*

111 Referal rates

	27/12	03/01	10/01	Last 13 Weeks
AMB referral rate % (<13%)	8.3%	8.8%	9.3%	
A&E referral rate % (<9%)	8.3%	8.5%	8.7%	
Clinical referral rate % (>50%)	54.5%	52.4%	50.5%	

111 Call Handling

	27/12	03/01	10/01	Last 13 Weeks
Triage Rate (% Calls Answered triaged)	98.0%	97.7%	96.0%	
Cat3/4 Validation Rate	97.8%	98.9%	97.2%	
Average Speed to Answer	00:15:43	00:08:13	00:02:26	

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Performance Highlights & Exception Reporting

Best placed to care, the best place to work

Trust Overview:
Summary of Performance Highlights

Domain	ID	Highlights
Safe	% Duty of candour compliance (QS-3)	Duty of candour compliance has increased to 100% from previous month. Reasons for the 100% compliance include the allocation of Investigating Managers to outstanding SI investigations.
Responsive	111 operational targets % 111 to 999 referrals (answered calls) (111-4) % A&E dispositions (111-5) % Clinical contact (111-7) % Ambulance validation (111-8)	In terms of clinical outcomes, the service continues to meet its contractual requirements and remains in the top quartile of national performance for 111 providers for both ED and 999 referral rates. In addition, the KMS 111 service currently has the highest % referral rate for Direct Appointment Booking (DAB) into Emergency Departments (EDs), which is a key component of the national 111 First initiative. This protection of the regional urgent and emergency care system is a key commissioner priority for this service. For the month of December, the service achieved the national and contractual, clinical contact target of 50%, with more than half of the patients triaged by KMS 111 having subsequent direct contact with a clinician. Further to this, KMS 111 also managed to clinically validate more than 96% of its 111 non-emergency CAT 3 and 4 ambulance dispositions, outperforming other 111 providers and the national 50% target.

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-3	Quality & Safety	Duty of Candour Compliance %	80.00%	67.00%	100.00%	75.00%	100.00%	67.00%	100.00%	100.00%	100.00%	75.00%	100.00%	80.00%	100.00%	100.00%	=	

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
111-4	Operations 111	111 to 999 Referrals (Answered Calls) %	13.90%	14.90%	15.00%	13.40%	8.70%	9.10%	9.70%	9.30%	9.30%	9.10%	8.90%	8.95%	8.51%	13.00%	+	
111-5	Operations 111	A&E Dispositions %	14.60%	14.70%	15.40%	15.60%	15.20%	14.90%	16.00%	9.10%	8.10%	8.90%	8.30%	8.70%	8.25%	9.00%	+	
111-7	Operations 111	Clinical Contact %				48.10%	48.20%	45.20%	44.90%	46.00%	46.00%	46.20%	48.00%	49.35%	52.17%	50.00%	+	
111-8	Operations 111	Ambulance Validation %				95.40%	95.30%	95.10%	90.60%	95.20%	93.60%	95.90%	95.60%	94.90%	96.86%	85.00%	+	

Trust Overview:
Summary of Exceptions

Domain	ID	Exceptions
Safe	Number of Datix incidents (QS-1)	The Trust has seen a downward trend on reporting incidents on Datix for November 2021 (7.5%) and December 2021 (11%).
Safe	Hand hygiene compliance % (QS-7)	IPC audit results are showing reduced levels of compliance for hand hygiene.
Safe	Safeguarding training completed (children) level 2 % (QS-8)	During 2021-22 L1&2 Safeguarding Training has only been on offer to new starters. Compliance for L1&2 Safeguarding training has been high for the past three years. Subsequently 2021-22 has focused on improving L3 compliance that has seen uptake of 65% since September 2021. A large number of staff who will have received level 2 training in previous years have received level 3 this year.
Safe	Violence and aggression incidents (number of staff victims) (QS-13)	The Trust has seen an increase in incidents of violence and aggression between November and December 2021.
Safe	Single witness signature use controlled drugs (CD) Omnicell (MM-3)	The Trust's Medicines Governance Team report on single sign outs of Controlled Drugs (CDs) on CD registers. This is where there is no witness available for the transaction in the CD register. The appropriateness of these single sign outs is determined by Operational Team Leaders (OTLs) via Datix investigation. This month there has been a delay in some of the OTLs getting this information to the Medical Team.
Safe	Outstanding actions relating to SIs (significant incidents) - outside of timescales (QS-17)	The impact of REAP 4 and wider operational challenges have resulted in a plateau in the number of outstanding actions. Additional risks include a significant sickness rate within the Significant Incident (SI) team. The Trust expectation is that SI actions are completed within timescales. Historically some timescales have not been realistic and there is focus on ensuring that all actions are SMART.
Safe	Flu vaccine compliance % (QS-25)	Since the discontinuation of the Covid booster programme across the organisation, a slowdown has been noted in the uptake of the annual flu vaccine by staff. Current uptake of 58% is broadly in-line with the other ambulance services but falls short of figures recorded at SECAmb over the past 2-3 years

Trust Overview:
Summary of Exceptions

Domain	ID	Exceptions
Effective	Job Cycle Times (JCT) JCT allocation to clear at scene mean (999-11) JCT allocation to clear at hospital mean (999-11)	Job cycle time is a key factor in overall service performance against ARP metrics. Unfortunately the Trust has seen significant increases in hospital handover times over recent months.
Effective	% Acute STEMI care bundle outcome (M-5)	The Trust reports to NHSE on its performance against STEMI care as part of the national audit programme. The most recent 2 months of audited data (September and October 2021) have seen a deterioration in the Trust's general performance. This has now just dipped below the usual fluctuations with a general tolerance of 5%.
Effective	% 999 operational abstraction rate (999-12)	Abstractions - particularly sickness (general plus Covid-19 related) – has been more difficult to manage over recent months. This has not only affected SECAmb but has also been reported by our system partners both locally and nationally. This has impacted the Trust's ability to deliver sufficient resource hours across all service lines to meet ARP or other contractual performance targets.
Effective	Number of hours lost at hospital (999-24) % hours lost at handover as a proportion of provided hours (999-25)	Handover times are generally not an indicator of activity in the ED alone, rather they are an indicator of overall patient flow across the whole hospital or even the ICP/ICS. Over recent months, all areas have reported a very significant increase in patients who are medically fit for discharge but who are unable to actually be discharged which has a substantial impact on patient flow, and hence handover times.
Effective	Clinical Education Students at risk of not obtaining qualification % (M-25)	As of December 2021, the Trust is reporting 24% of students are at risk of not obtaining their qualification. The nature of apprenticeship programmes, life or work events can lead to 'breaks in learning'. Processes are in place that offer 'submission dates' for work, these are at times missed. It is important therefore to recognise that % at risk will vary and for some there is a clear rationale.

Trust Overview:
Summary of Exceptions

Domain	ID	Exceptions
Responsive	111 operational targets % 111 calls answered in 60 seconds (111-1) % 111 calls abandoned (111-2)	The 111 calls offered continues to be significantly above the Trust's service contractual target, and higher than that which the Trust is funded to receive. As a result, the service is not achieving the operational call handling metrics such as calls answered in 60 seconds and the rate of calls abandoned.
Responsive	999 call answering performance 999 Calls Answered (mean and 90th centile) (999-1)	999 call answering, which has been a focus area for the Trust over the past quarter, continues to improve, underpinned by the successful delivery of the service's Q3 EMA recruitment plan. Overall, we have seen more than 80 EMAs trained, mentored and go-live prior to Xmas. It is important to note that the Trust has achieved the EMA trajectory, agreed with the NHSE central ambulance team and linked to the additional winter funding.
Responsive	999 ARP performance Cat 1 (mean and 90th centile) (999-2,) Cat 1T (mean and 90th centile) (999-3) Cat 2 (mean and 90th centile) (999-4) Cat 3 (90th centile) (999-5) Cat 4 (90th centile) (999-6) HPC 3 & HPC 4 (mean and 90th centile) (999-7)	The ARP performance framework is evidence-based in terms of both the target set, and the clinical implications of each target. Historically, since the start of the Pandemic, but more so during the 2021-22 financial year, the Trust has consistently failed to deliver against all metrics – this has primarily been as a result of challenges relating to resource provision, coupled with increased of demand and acuity.
Responsive	Complaints reporting timeliness (QS-4)	At the end of October 2021 there were a number of breached complaints regarding operational concerns. The Patient Experience Team (PET) worked closely with Operating Unit Managers to clear these, which resulted in the gradual drop in complaints responded within the 25 day response target. During the Covid Business Continuity Incident (BCI) it was agreed by the Executive Management Board (EMB) that target dates for responses can be extended to 35 working days.
Responsive	% Time spent in SMP 3 or higher (999-14)	Over recent months there has been higher proportions of time spent at the higher levels of Surge Management Plan (SMP) due to resourcing level challenges.

Trust Overview:
Summary of Exceptions

Domain	ID	Exceptions
Well-led	% Annual rolling turnover rate (WF-7)	Staff turnover has been impacted by the relentless nature of delivering services during COVID.
Well-led	% Annual rolling sickness rate (WF-8)	Due to COVID and long COVID, a not insignificant proportion of sickness cannot be effectively managed.
Well-led	% of meal breaks taken outside of window (999-28) % 999 frontline finishes/over runs (999-15)	With lower levels of resourcing in field-operations, crews are travelling further, which impacts the location where meal-breaks can be taken, as well as the distance required to travel back to base at the end of shift.
Well-led	% Policies and procedures outstanding review (C-1)	Due to COVID and REAP 4 levels, the chasing and updating of policies and procedures had halted at the end of 2020, where the policies and procedures outstanding review percentage was steady at approximately 11%. This caused said percentage to steadily grow since then.
Well-led	% Vehicles older than target age (FL-1)	As of December 2021, 41% of the Trust's operational fleet is older than the planned replacement target age. The Trust is currently working towards replacing operational vehicles to fall in line with the approved fleet strategy. The parameters have been set based on both the vehicles reliability at a certain age and the cost effectiveness to keep it on the road past this age against a replacement.

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-1	Standards: Number of Datix incidents	The Trust has seen a downward trend on reporting incidents on Datix for November 2021 (7.5%) and December 2021 (11%) decrease year on year. November did see a BCI declared on 17/11/21 when a number of systems went down due to server upgrades. Due to Datix being down for 24-48hrs over the period 17/11-18/11 this saw a decrease in incidents reported for November 2021. This has in turn made December's figures look higher compared to November 21. In reality, the Trust has seen a drop in reported incidents from December 2020 to that of December 2021.

Action Plan

Actions being taken to mitigate issues:
Analysis is being undertaken to understand whether this difference is related to the larger COVID peak in December 2020 to 2021 as the Kent variant emerged. This will also be discussed at Operations & 111/EOC QUAPS.

Accountable Executive

Named person:
Executive Director for Nursing & Quality

Complete by date:
January 2022

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-1	Quality & Safety	Number of Datix Incidents	1751	1595	1070	1149	1051	1175	1253	1493	1397	1149	1070	1398	1652	N/A	N/A	

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 %	IPC audit results are showing reduced levels of compliance for hand hygiene. There are two main concerns: 1) non-compliance of bare-below-the-elbows; 2) hand hygiene before patient contact isn't being recorded correctly on the audit form. Both of these elements will be raised at Quality & Patient Safety Committee (QPS) and recommendations agreed.

Action Plan

Actions being taken to mitigate issues:

A paper was presented to the Quality & Patient Safety Committee (QPS) in January 2022 to discuss the issues and recommended actions for the IPC Improvement Plan. Progress has been delayed due to the challenges of the COVID pandemic. Improving compliance is a priority for the next three months.

Recommendations include:

- Improving day-to-day adherence to IPC standards
- Transforming IPC training & education
- Improving surveillance and audit of all IPC practice

Accountable Executive

Named person:

Executive Director for Nursing & Quality

Complete by date:

January 2022

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-7	Quality & Safety	Hand Hygiene Compliance %	96.00%	94.00%	93.00%	95.00%	94.00%	95.00%	95.00%	92.00%	90.00%	95.00%	93.00%	84.00%	81.00%	90.00%	-	

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-8	Standards: Safeguarding training completed (children) level 2	During 2021-22 L1&2 Safeguarding Training has only been on offer to new starters. Compliance for L1&2 Safeguarding training has been high for the past three years. Subsequently 2021-22 has focused on improving L3 compliance that has seen uptake of 65% since September 2021. A large number of staff who will have received level 2 training in previous years have received level 3 this year.

Action Plan

Actions being taken to mitigate issues:

- Face to face delivery of L3 training to supplement safeguarding understanding across the Trust
- Approach taken by the Safeguarding Team on training has received support from commissioners
- Safeguarding referrals continue to see a year-on-year increase

Accountable Executive

Named person:
Executive Director for Nursing & Quality

Complete by date:
Ongoing

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-8	Quality & Safety	Safeguarding Training Completed (Children) Level 2 %	78.20%	79.40%	82.00%	90.40%	88.70%	87.00%	87.30%	86.00%	86.20%	90.40%	82.00%	84.04%	84.27%	95.00%	-	

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-13	Standards: Violence and aggression incidents (number of staff victims)	The Trust has seen an increase in incidents of violence and aggression between November - December 2021. • November 2021 - 76 incidents of violence and aggression reported by staff. • November 2021 - body worn cameras were deployed 725 times within the trial locations. • December 2021 - 117 incidents of violence and aggressions reported by staff. • December 2021 - body worn cameras were deployed 834 within the trial locations.

Action Plan

Actions being taken to mitigate issues:

- Nationally, the Ambulance sector has seen a distressing increase in incidents of violence and aggression towards frontline staff, often associated with the inability to provide a timely response.
- The Trust's Health & Safety Manager has proactively worked with all of the police forces in our region on Operation Cavell. This is a commitment signed by our CEO and Chief Constables to robustly investigate and prosecute offenders consistently. We are also leading on this nationally.
- We have discussed with Clinical Education and Operations the requirement to train all frontline staff in conflict resolution. Unfortunately, partly due to the pandemic response, this has not yet happened. It is included in the plan to review our training requirements post pandemic.
- We are part of the national Body Worn Video (BWV) trial and are seeing cameras having a positive effect on de-escalating volatile situations and footage being used to improve prosecution rates. This will be evaluated Nationally using the NHSE criteria at the end of the trial.
- We are now in a position to recruit into a vacant Accredited Security Management Specialist which will enable increased traction in this area.

Accountable Executive

Named person:
Executive Director for Nursing & Quality

Complete by date:
Ongoing

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-13	Quality & Safety	Violence and Aggression Incidents (Number of Victims - Staff)	70	53	60	60	65	73	87	91	99	60	60	76	117	N/A	N/A	

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
MM-3	Standards: Single witness signature use controlled drugs (CD) Omnicell	Single signatures on CD registers are not permitted at SECAmb. There is one exception to this, where the Paramedic is on a Single Response Vehicle (SRV) with no witness available (e.g. twilight hours on a quiet station). The Trust's Medicines Governance Team report on single sign outs of Controlled Drugs (CDs) on CD registers. The appropriateness of these single sign outs are determined by Operational Team Leaders (OTLs) via Datix investigation. This month there has been a delay in some of the OTLs getting this information back to us. Medicines has also historically asked if we can report retrospectively as time is needed to investigate and establish if this activity is appropriate or not.

Action Plan

Actions being taken to mitigate issues:

- The reason for the increase in incidents this month, is because there is a delay in the OTLs investigating and returning the appropriateness of these. This is because some of the incidents occurred at the end of December and this report was generated on the 04/01/22.
- The Medicines Governance Team are going to perform a deep dive on signal sign outs of CDs on all station sites and report into MGG. The OTLs will continue to monitor the appropriateness of these single sign outs in their weekly CD checks.
- OTLs require training around process of CD reconciliation and authorised activity at CD register. The Medicines Governance Team are currently reviewing this.

Accountable Executive

Named person:
Medical Director

Complete by date:
Ongoing

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
MM-3	Medicines Management	Single Witness Signature Use CDs Omnicell	6	5	9	4	3	2	3	6	7	14	5	13	23	0	-	

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
QS-17	Standards: Outstanding actions relating to Significant Incidents (SIs) - outside of timescales	The impact of REAP4 and wider operational challenges have resulted in a plateau in the number of outstanding actions. Additional risks include a significant sickness rate within the SI team.

Action Plan

As previously reported, the overall number of open actions are reducing as has the breached total, however this does not reflect when shown as a percentage figure.

Oversight of outstanding actions are scrutinised by the Serious Incident Group (SIG) and Clinical Governance Group (CGG).

Targeted work to reduce the breach rate is on-going and proving to be effective, however, as explained above, the percentage metric does not reflect this. It is proposed that both metrics are reflected in the IPR. Focus will be given to supporting individual governance groups to understand their outstanding actions and support to close them. This has proven to be effective in the past.

Accountable Executive

Named person:
Executive Director for Nursing & Quality

Complete by date:
Ongoing

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-17	Quality & Safety	Outstanding Actions Relating to SIs, Outside of Timescales	111	126	112	117	141	114	112	116	117	117	112	129	130	N/A	N/A	

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 %	Since the discontinuation of the Covid booster programme across the organisation a slowdown has been noted in the uptake of the annual flu vaccine by staff. Current uptake of 58% is broadly in-line with the other ambulance services but falls short of figures recorded at SECAmb over the past 2-3 years.

Action Plan

Actions being taken to mitigate issues:

Current review led by the Nursing & Quality Directorate but involving all relevant directorates to reassess the current situation and consider options aimed at increasing uptake before the end of January 2022.

Options appraisal to improve uptake presented at Covid Management Group (CMG) was approved and is being implemented.

Accountable Executive

Named person:

Executive Director of Nursing & Quality

Complete by date:

January 2022

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-25	Quality & Safety	Flu Vaccine Compliance	78.80%		79.80%	80.10%						80.10%	79.80%		58.00%	90.00%	-	

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

999-11	Standards:
	Job Cycle Times (JCT)
	JCT allocation to clear at scene mean
	JCT allocation to clear at hospital mean
	
	Definition:
	JCT starts from the time the call is allocated to a physical resource (DCA or SRV) to the time where the Trust resource completes the call and is available for a further call/response
		• Job cycle time is a key factor in overall service performance against ARP metrics.
		• Key components include:
		  • Time taken for the resource to travel from start point to the address of the call
		  • Time taken for the clinical patient assessment and associated decision making regarding required outcome/next steps
		  • Where appropriate, time taken to travel from the call address to the relevant clinical care setting for continuing care
		  • If the patient has been conveyed to a care setting, time taken to hand the patient over and for the crew to wrap-up at the end of the call

Action Plan

Actions being taken to mitigate issues:

Optimising resource levels - The distance travelled per call and cross-border activity (across operating units) is directly related to the overall resource level – with fewer resources, generally cross-border travel increases. Therefore a key component is managing resource levels to achieve optimal levels.

Improved support for on-scene decision making - There is a recognised correlation between relative ratio of 'see & convey' to 'see & treat' incidents against total on-scene times. Whilst the overall intention is to ensure only those patients who require further care in a local Emergency Dept or other location, in order to maximise 'see & convey' it is often recognised that additional time is required on scene to undertake a full assessment of the patient, and where appropriate liaise with other healthcare providers (e.g. the patient's own GP) to support decision making. The use of the PP hubs and GPs present in the Clinical Assessment Service (CAS), provides additional support.

Hospital handover & wrap-up times - These two components are managed through local management teams – through engaging with local and ICP.ICS level patient flow discussions and supporting staff to optimise wrap-up times. Unfortunately there has been significant increases in the hospital handover times seen across the Trust over recent months.

Accountable Executive

Named person:
Executive Director of Operations

Complete by date:
Ongoing – Metrics are part of the Performance Improvement Plan monitored via weekly Performance Assurance Meetings

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-11	Operations 999	JCT Allocation to Clear at Scene Mean	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	01:17:45	01:18:35	N/A	N/A	
999-11	Operations 999	JCT Allocation to Clear at Hospital Mean	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	01:55:40	01:57:04	N/A	N/A	

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
M-5	Standards: % Acute STEMI care bundle outcome Definition: The acute STEMI care bundle requires that all patients coded as having a STEMI have 2 pain scores recorded, and are administered Aspirin, GTN and appropriate analgesia, unless there is an exception	The Trust reports to NHSE on it's performance against STEMI care as part of the national audit programme. The most recent 2 months of audited data (September and October 2021) have seen a deterioration in the Trust's general performance. This has now just dipped below the usual fluctuations with a general tolerance of 5%.

Action Plan

Actions being taken to mitigate issues:

1) Analysis into the non-compliant cohort will be completed
2) In particular, we will look at the care bundle requirements that are most affecting performance and why
3) We will set up a panel of clinicians as a means of levelling non-compliance checks to ensure that local and national protocols are aligned

Accountable Executive

Named person:
Medical Director

Complete by date:
February 2022

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
M-5	Medical	**Acute STEMI Care Bundle Outcome %	65.60%	64.10%	63.90%	74.00%	69.00%	60.30%	57.30%	60.60%	62.70%	54.00%	55.40%			64.70%	-	

NB: Please note M-5 is always reported 2-months in arrears

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
999-12	Standards: % 999 operational abstraction rate Definition: Abstraction rate is the proportion of total budgeted hours that are unavailable for use in service delivery. Types of abstraction include: annual leave, training and sickness	• Abstractions are budgeted to a specific level recognising the individual components and how they fluctuate across hours/days/years. • Many abstractions are managed via Trust policies (e.g. annual leave) with other components planned across a 12-month cycle such as training delivery. • Other abstractions are more difficult to plan and manage, particularly sickness over the past months where both general sickness and that related to Covid-19 has seen a marked increase not only with SECAmb but also on a local & national scale. This has resulted in a significant impact in the ability to deliver sufficient resource hours across all service lines to meet ARP or other contractual performance targets.

Action Plan

Actions being taken to mitigate issues:

Sickness management - This is being undertaken within local teams – supporting the well-being of staff through the appropriate processes as per policy. Complicating factors include:

- Staff who have had prolonged waits for treatment due to extended waiting lists
- Covid-related sickness levels which are strongly influenced by current pandemic trends in cases seen
- Complexities in the management of staff with Long-Covid

Annual leave management - This is being managed according to policy, however it has been complicated with the additional allowance in terms of carry-over from 2020-21 as per government guidance. In many cases, the use of annual leave has been more sporadic/inconsistent as staff have had to be able to respond quickly in terms of having the ability to travel abroad according to the current travel restrictions/requirements.

Training & education planning & delivery - An initial overview of the planning required for 2022-25 in terns of abstractions required for staff to undertake all components of training required was presented at Workforce & Wellbeing Committee (WWC) in December. Significant further work is on-going to quantify and plan abstractions for training for the new financial year. Within the remainder of the 2021-22 financial year, the Executive Management Board (EMB) agreed a formal approach to all training, particularly focused on operational service lines.

Accountable Executive

Named person:
Executive Director of Operations

Complete by date:
Ongoing – Metrics are part of the Performance Improvement Plan monitored via weekly Performance Assurance Meetings

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-12	Operations 999	999 Operational Abstraction Rate %	35.30%	36.00%	32.50%	33.30%	25.20%	25.80%	31.00%	33.10%	27.10%	34.70%	32.90%	30.82%	32.95%	28.00%	-	

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
999-24 999-25	Standards: Hours lost at hospital Number of hours lost at hospital (999-24) % hours lost at handover as a proportion of provided hours (999-25) Definition: Hospital handover time is that between the arrival of the patient at hospital under the care of a SECAmb clinician to when they are transferred both clinically and physically over to the care of the receiving unit/dept.	• Hospital handover times are a national target set at 15-mins. • Historically across the SECAmb footprint there has been a wide range of handover times ranging from a small number of Emergency Depts (EDs) where performance is much closer to the target, to those that have considerable handover times. • Handover times are generally not an indicator of activity in the ED alone, rather they are an indicator of overall patient flow across the whole hospital or even the ICP/ICS. Over the past months, all areas have reported a very significant increase in patients who are medically fit for discharge but who are unable to actually be discharged which therefore have a substantial impact on patient flow, and hence handover times.

Action Plan

Actions being taken to mitigate issues:

Strategic engagement at system level - On a daily and weekly basis, senior operational managers engage with and participate in ICS & regional calls with partners where current and predicted challenges to patient flow and handover times are examined and addressed. This ensures accurate and shared oversight of the issues and medium/longer-term planning discussions.

Real-time management - There are two main components:

- Local operational management – Where the relationships between local operational teams and the hospital management teams (particularly in EDs and site managers) enable improved shared risk management, and often works through local short-term challenges, preventing escalations of risk for all parties.
- Strategic oversight – The Trust command structure oversees live hospital handover times, and works with partners to support flow including the use of diverts where appropriate.

Conveyance rate - Through the delivery of an increased level of both 'hear & treat' and 'see & treat' this will result in fewer patients attending EDs via SECAmb which should be a factor in supporting improvements in handover times.

Accountable Executive

Named person:
Executive Director of Operations

Complete by date:
Ongoing – Metrics are part of the Performance Improvement Plan monitored via weekly Performance Assurance Meetings

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-24	Operations 999	Number of Hours Lost at Hospital Handover	5426	4583	2296	2237	2271	3249	2614	3898	3568	3838	4547	4404	4233	N/A	N/A	
999-25	Operations 999	Hours Lost at Handover as a Proportion of Provided Hours %	1.90%	1.60%	0.80%	0.80%	0.80%	1.00%	0.90%	1.40%	1.40%	1.50%	1.60%	1.64%	1.54%	N/A	N/A	

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
M-25	Standards: Clinical Education Students at risk of not obtaining qualification %	Learners are on an apprenticeship programme with Crawley College (ECSW and AAP), the learner journey fluctuates and is dynamic due to the nature of apprenticeship programmes, life or work events that can lead to a 'break in learning'. Processes are in place that offer 'submission dates' for work, these are at times missed. It is important therefore to recognise that % at risk will vary and for some there is a clear rationale.

Action Plan

Actions being taken to mitigate issues:

- Monthly governance/contract review meetings between Crawley College and SECAmb, attended by the Associate Director of Operations (ADO) and Consultant Paramedic for Clinical Education as the strategic leads and representatives of the Trust.
- Crawley College now maintaining a 'by cohort' dataset of learners at risk, broken down to individual and operational unit area – those at risk are now shared monthly with local Operations Managers as agreed by ADO (Ops) and Consultant Paramedic so that positive engagement from line management can be sought to ensure and support learner progress.
- Each Operating Unit has been asked to identify a named Operational Team Leader (OTL) who will be responsible for working with the College and learners supporting 'tripartite reviews' that occur as part of the apprenticeship standard so a proactive, multi-disciplinary approach can be adopted.
- At Risk learners are a standing agenda item on the monthly governance and contract review meetings. The Crawley College strategic lead is attending the next Workforce & Wellbeing Committee (WWC) meeting to present progress, challenges and mitigations of the programme for increased assurance.

Accountable Executive

Named person:
Medical Director

Complete by date:
Ongoing

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
M-25	Medical	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%	25.00%	24.00%	N/A	N/A	

Performance by Domain
Responsive: Exception Report

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

ID	Standard	Background
111-1 & 111-2	Standards: % 111 calls answered in 60 seconds (111-1) % 111 calls abandoned (111-2)	The 111 calls offered continues to be significantly above the Trust's service contractual target, and higher than that which the Trust is funded to receive. As a result, the service is not achieving the operational call handling metrics such as calls answered in 60 seconds and the rate of calls abandoned.

Action Plan

Actions being taken to mitigate issues:

The service has embarked on a major recruitment drive and training plan for Health Advisor (HA) call handlers in Q4, with the Trust engaged in ongoing dialogue with commissioners and NHS E to secure the requisite funding to support this recruitment.

Accountable Executive

Named person

Executive Director for Operations

Complete by date:

Ongoing

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
111-2	Operations 111	111 Calls Answered in 60 Seconds %	55.40%	62.90%	74.00%	73.10%	53.40%	36.50%	33.90%	29.10%	33.70%	27.10%	16.30%	23.19%	24.57%	95.00%	-	
111-3	Operations 111	111 Calls Abandoned - (Offered) %	8.20%	6.10%	3.00%	3.50%	7.70%	14.80%	15.90%	19.70%	15.50%	19.00%	30.20%	25.65%	25.48%	5.00%	-	

Performance by Domain
Responsive: Exception Report

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

ID	Standard	Background
999-1 to 999-7	Standards: 999 Calls Answered (mean and 90th centile) (999-1)	999 call answering, which has been under such intense scrutiny from the NHSE central ambulance team and NHSE overall continues to improve, underpinned by the successful delivery of the service's Q3 EMA recruitment plan, which has seen more than 80 EMAs trained, mentored and go-live prior to Xmas. It is important to note that the Trust has achieved the EMA trajectory, agreed with the NHSE central ambulance team and linked to the additional winter funding.

Action Plan

Actions being taken to mitigate issues:

Optimising resource levels - A focus on maximising the availability of all resources – call handling and EOC clinicians. In order to achieve this, sub-actions relating to a number of areas are being implemented:

- The management of abstractions such as sickness and annual leave
- Additional resource hours are being sourced via clinical managers and clinicians within other areas of the Trust.

Dynamic deployment of resources - In live-time Trust resources can be moved between areas/service lines to optimise response and mitigate risk. For example:

- Dual-trained call handlers and clinicians in 111 & EOC can work across either service line as required

Accountable Executive

Named person:
Executive Director of Operations

Complete by date:
Ongoing – Metrics are part of the Performance Improvement Plan monitored via weekly Performance Assurance Meetings

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-1	Operations 999	999 Call Answer Mean	00:00:24	00:00:25	00:00:44	00:00:58	00:00:42	00:00:48	00:00:08	00:00:22	00:00:05	00:00:04	00:00:02	00:00:26	00:00:24	00:00:05	-	
999-1	Operations 999	999 Call Answer 90th Centile	00:01:29	00:01:28	00:02:29	00:03:03	00:02:22	00:02:34	00:00:22	00:01:19	00:00:02	00:00:02	00:00:01	00:01:28	00:01:30	00:00:10	-	

Performance by Domain
Responsive: Exception Report

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

ID	Standard	Background
999-1 to 999-7	Standards: Cat 1 (mean and 90th centile) (999-2,) Cat 1T (mean and 90th centile) (999-3) Cat 2 (mean and 90th centile) (999-4) Cat 3 (90th centile) (999-5) Cat 4 (90th centile) (999-6) HPC 3 & HPC 4 (mean and 90th centile) (999-7)	The ARP performance framework is evidence-based in terms of both the target set, and the clinical implications of each target. • Historically, since the start of the Pandemic, but more so during the 2021-22 financial year, the Trust has consistently failed to deliver against all metrics – this has primarily been as a result of challenges relating to resource provision, coupled with increased unpredictability of demand. • SECAmb performance is scrutinised within the Trust and more widely, including being reported within national ARP league tables for English ambulance services issued each month. In December 2021, SECAmb was generally in a favourable position being in the top 5 trusts for all measures apart from C4.

Action Plan

Actions being taken to mitigate issues:

Optimising resource levels - A focus on maximising the availability of all resources – field ops crews. In order to achieve this, sub-actions relating to a number of areas are being implemented:

- The management of abstractions such as sickness and annual leave
- Implementing a programme of incentives, and over the festive period an attendance allowance, to optimise additional hours
- Minimising on day lost hours through late starts, and day out-of-service reasons
- Additional resource hours are being sourced via clinical managers and clinicians within other areas of the Trust.

Dynamic deployment of resources - In live-time Trust resources can be moved between areas/service lines to optimise response and mitigate risk. For example:

- Private ambulance provision is reviewed daily in terms of the best geographical locations for the crews to work out of dependent on local SECAmb gaps in provision; Cross-border working for SECAmb crews, where they respond to the nearest higher priority call which may be in neighbouring dispatch desk areas

Accountable Executive

Named person:
Executive Director of Operations

Complete by date:
Ongoing – Metrics are part of the Performance Improvement Plan monitored via weekly Performance Assurance Meetings

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-2	Operations 999	Cat 1 Mean	00:09:09	00:08:42	00:09:08	00:09:00	00:08:45	00:08:49	00:07:57	00:08:18	00:07:32	00:07:37	00:07:33	00:08:42	00:09:10	00:07:00	-	
999-3	Operations 999	Cat 1T Mean	00:11:06	00:10:43	00:11:15	00:11:07	00:10:51	00:10:54	00:09:36	00:10:24	00:09:20	00:09:02	00:09:01	00:10:43	00:11:06	00:19:00	+	
999-4	Operations 999	Cat 2 Mean	00:33:34	00:34:17	00:34:55	00:30:58	00:29:42	00:30:37	00:21:28	00:26:11	00:18:54	00:18:37	00:16:48	00:34:17	00:33:34	00:18:00	-	
999-5	Operations 999	Cat 3 90th Centile	06:14:03	06:21:14	08:06:05	07:12:42	06:17:02	07:21:23	03:51:24	05:40:07	02:58:41	02:49:03	02:01:52	06:21:14	06:14:03	02:00:00	-	
999-6	Operations 999	Cat 4 90th Centile	08:57:09	08:30:25	09:53:30	08:43:12	05:29:55	06:51:57	04:39:46	07:21:59	04:28:40	03:29:30	02:44:51	08:30:25	08:57:09	03:00:00	-	

Performance by Domain
Responsive: Exception Report

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

ID	Standard	Background
QS-4	Standards: Complaints reporting timeliness	At the end of October 2021 there were a number of breached complaints regarding operational concerns. The Patient Experience Team (PET) worked closely with Operating Unit Managers to clear these, which resulted in the gradual drop in complaints responded within the 25 day response target. During the Covid Business Continuity Incident (BCI) it was agreed by the Executive Management Board (EMB) that target dates for responses can be extended to 35 working days.

Action Plan

- Actions being taken to mitigate issues:
  Figures in IPR Dashboard reflect breaches over 25 working days
- All complainants are contacted by the Patient Experience Team (PET) in the event that their complaint is likely to breach
- Information from the PET Manager confirm that a significant majority of breaches are less than seven working days

Accountable Executive

Named person
Director of Nursing & Quality

Complete by date:
January 2022

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-4	Quality & Safety	Complaints Reporting Timeliness %	69.00%	95.00%	64.50%	88.00%	81.00%	98.00%	96.00%	87.00%	81.00%	88.00%	64.50%	84.00%	77.00%	95.00%	-	

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: SMP stands for 'Surge Management Plan' which contains 4 levels which indicate the pressure that SECAmb is under at any time. These levels vary on a minute/hour basis and are aligned to clear definitions based on the number, category and duration of calls being held awaiting a response.	• Normal 'business as usual' would be SMP1 and is seen when there is a balance between resource provision and call demand – where sufficient resources are available, then the number of calls awaiting dispatch/being held would be minimal. • Over the past months there has been higher proportions of time spent at the higher levels of SMP due to the resourcing level challenges as described elsewhere. • Within SMP there are specific actions that can be implemented at each level which are designed to manage clinical risk within EOC & field operations – these are also stood down as SMP levels de-escalate.

Action Plan

Actions being taken to mitigate issues:
Note: The actions for this are essentially the same as those for 999-1 to 999-7 as seen in the previous exception report (slide 27).

Review of the SMP - In conjunction with a move to a national ambulance framework to manage surge all ambulance services have been asked to review their surge plans to transition to a Clinical Safety Plan. This is an evolution of SMP with inclusion of additional actions at each level (actions and learnings from the past 12+ months) as well as consideration for additional clinical risk within clinical queues in EOC.

Accountable Executive

Named person:
Executive Director of Operations

Complete by date:
Ongoing – Metrics are part of the Performance Improvement Plan monitored via weekly Performance Assurance Meetings

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-14	Operations 999	Time Spent in SMP 3 or Higher %	75.00%	60.70%	1.30%	12.10%	15.40%	36.00%	68.90%	83.00%	70.70%	82.50%	86.20%	72.88%	72.57%	N/A	N/A	

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-7	Standards: % Annual rolling turnover rate Definition: Percentage of staff turnover on an annual rolling rate	Turnover has been impacted by the relentless nature of delivering services during COVID. VCOD represents a risk to retention of SECAmb colleagues and across the NHS and wider social care landscape.

Action Plan

Actions being taken to mitigate issues:
Sensitive implementation and communication of VCOD requirements, with engagement of union representatives

Accountable Executive

Named person:
Workforce (HR)

Complete by date:
January 2022

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
WF-7	Workforce HR	Annual Rolling Turnover Rate	11.20%	10.90%	10.50%	10.30%	10.80%	11.40%	12.10%	12.90%	13.60%	13.90%	14.50%	15.18%	15.43%	N/A	N/A	

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 rate Definition: Percentage of staff sickness on an annual rolling rate	Work continues to support Operations in managing sickness absence, however, the Trust still operates under nationally set guidance for COVID and long COVID management. While this remains in place, a not insignificant proportion of sickness cannot be effectively managed.

Action Plan

Actions being taken to mitigate issues:
The sickness action plan is the mitigation – revised guidance is needed nationally on covid and long covid.

Accountable Executive

Named person:
Workforce (HR)

Complete by date:
January 2022

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
WF-8	Workforce HR	Annual Rolling Sickness Absence	7.40%	7.10%	7.30%	7.10%	7.10%	7.30%	7.50%	7.70%	7.90%	8.10%	8.30%	8.58%	8.57%	5.00%	-	

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
999-28 999-15	Standards: % of meal breaks taken outside of window (999-28) % 999 frontline finishes/over runs (999-15) Definition: • Operational staff work shifts and therefore meal breaks are managed within specific 'windows' within each shift, generally somewhere around the mid-point. • Due to the nature of 999 work, it is very common for staff to end their shift off station – often at an ED having handed a patient over. Late finishes/over-runs occur where staff finish late as compared to their planned shift end time.	• Both of the standards within this exception report relate to staff well-being. • Meal-break compliance is measured against three components: whether it is taken or not, whether it is taken within the appropriate time window and whether it is taken within the geographical area/dispatch desk that the crew are based. • With greater challenges regarding field operations resulting in a lower level of resourcing, crews are travelling further which not only impacts the location where meal-breaks can be taken as well as the distance required to travel to get back to base at the end of shift.

Action Plan

Actions being taken to mitigate issues:

Optimising resource levels - A focus on maximising the availability of all. In order to achieve this, sub-actions relating to a number of areas are being implemented:

- The management of abstractions such as sickness and annual leave
- Implementing a programme of incentives, and over the festive period an attendance allowance, to optimise additional hours
- Minimising on day lost hours through late starts, on day out-of-service reasons
- Additional resource hours are being sourced via clinical managers and clinicians within other areas of the Trust.

Accountable Executive

Named person:
Executive Director of Operations

Complete by date:
Ongoing – Metrics are part of the Performance Improvement Plan monitored via weekly Performance Assurance Meetings

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-28	Operations 999	% of Meal Breaks Outside of Window				49.90%	51.10%	54.80%	59.30%	59.10%	58.70%	58.80%	60.70%	60.29%	59.56%	N/A	N/A	
999-15	Operations 999	999 Frontline Late Finishes/Over-Runs %	61.10%	59.50%	51.00%	52.40%	51.90%	60.20%	53.40%	50.60%	49.20%	51.90%	53.30%	50.78%	50.35%	N/A	N/A	

Performance by Domain
Well-led: Exception Report

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ID	Standard	Background
C-1	Standards: % Policies and procedures outstanding review	Due to COVID and REAP 4 levels, the chasing and updating of policies and procedures had halted at the end of 2020, where the policies and procedures outstanding review percentage was steady at approximately 11%. This caused said percentage to steadily grow since then.

Action Plan

Actions being taken to mitigate issues:
As of Q3, there has been more proactive support to policy authors to help ensure a reduction in those overdue for review.

Accountable Executive

Named person:
Chief Executive

Complete by date:
Ongoing

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
C-1	Corporate	Policies & Procedures Outstanding Review %	11.80%	11.80%	11.00%	11.30%	15.80%	17.40%	29.00%	32.00%	37.00%	36.50%	37.20%	40.78%	43.13%	0.00%	-	

Performance by Domain
Well-led: Exception Report

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ID	Standard	Background
FL-1	Standards: % Vehicles older than target age Definition: % of all Trust operational vehicles that are older than the planned replacement target age	This is the first time this metric has been reported in the IPR. As of December 2021, 41% of the Trust's operational fleet is older than the planned replacement target age. The Trust is currently working towards replacing operational vehicles to fall in line with the replacement parameters that have been set. The parameters have been set based on both the vehicles reliability at a certain age and the cost effectiveness to keep it on the road past this age against a replacement. Current replacement target ages are as follows: • Double Crew Ambulance (DCA) box conversion – 7 Years • Double Crew Ambulance (DCA) van Conversion – 5 Years • Single Response Ambulance RV – 5 Years

Action Plan

Actions being taken to mitigate issues:

- The Trust is due to start the commissioning process for 65 new Fiat DCA van conversions (January 22 – June 22), which will allow the decommission of 65 old DCA's
- The Trust is currently commissioning new SRV's for Paramedic Practitioners (PPs), Critical Care Paramedics (CCPs) and Operational Team Leaders (OTLs) and are on target to have them all replaced by the end of 2022
- A business case is in development for a standard recurrent vehicle replacement program

Accountable Executive

Named person:
Executive Director of Planning & Business Development

Complete by date:
On going as part of the Trust's vehicle replacement program

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
FL-1	Fleet	Vehicles Older Than Target Age %	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	36.00%	36.00%	36.00%	36.00%	41.00%	41.00%	0.00%	-	

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NHS Foundation Trust

This period's new metrics

Best placed to care, the best place to work

This month's new metrics

Domain	ID	New Metric
Safe	Number of RTCs per 10k miles travelled (FL-2)	This dataset captures the frequency of Road Traffic Collisions (RTCs) per 10,000 miles travelled. This information will be reviewed monthly as part of the Driver Safety Forum led by the Trust's Driving Standards Manager and reporting to the appropriate Quality and Safety group within our governance. The group will identify in detail areas of outliers and liaise directly with local OUs for management action as appropriate. This high-level metric will include any form of RTC (i.e. cracked windshield, broken mirrors, would be included).
Safe	Planned vehicle services completed % (FL-3)	This is a new dataset which demonstrates the effectiveness of the Trust's planned vehicle maintenance and servicing function. As this is a relatively new dataset, it will be a couple of months before the Trust is in a position to identify any trends or agree performance targets/benchmarks.
Safe	Statutory estates compliance % (gas, water, electrical, asbestos, fire LOLER) (SE-1)	It is a legal requirement to provide a safe environment for our staff and visitors. Our compliance level across all requirements at the last reporting period of November 2022 was 94%. The slight drop in % was due to a delay in completing a small number of water risk assessments within the agreed timeframe - which has since been achieved.
Effective	Operations Support Desk (OSD) OSD vehicle movements achieved % (OS-1)	Current performance is good. Demand is well matched by supply and a monthly trend indicates the team are delivering 96% of moves within the timeframes required. This has remained constant throughout 2021 and has allowed the team to take on extra tasking from other departments e.g., Clinical Education. In addition, the team has been able to respond effectively to last-minute requests such as the mobilisation of PCR testing at remote hubs.
Effective	999 frontline hours compliance % (compliance by hour) (999-30)	Our hourly forecast planning tool provides a retrospective view of 999 frontline hours compliance (by hour of day). This will give a more meaningful picture of how the planning teams are performing and highlight the reasons for abstractions from the time of planning. This is an overall measure of effectiveness of our scheduling, and indicates how well we are fully matching demand to planned capacity, on an hourly basis.

This month's new metrics

Domain	ID	New Metric
Responsive	Reduction of Business Intelligence (BI) Marval request backlog (BI-1)	This metric is a count of how many requests have been completed during the month. The indicator provides a measure of productivity. During December 2021, there was a reduction in both requests being made and resource available from the Business Intelligence (BI) team members due to illness and planned leave.
Well-led	% Vehicles older than target age (FL-1)	As of December 2021, 41% of the Trust's operational fleet is older than the planned replacement target age. The Trust is currently working towards replacing operational vehicles to fall in line with the approved fleet strategy. The parameters have been set based on both the vehicles reliability at a certain age and the cost effectiveness to keep it on the road past this age against a replacement.
Well-led	% of DCA vehicles off road (VOR) (FL-4) % of SRV vehicles off road (VOR) (FL-5)	The Trust's operational vehicles can be "off the road" for a number of reasons e.g., planned maintenance, accident repairs, communication issues, specialist repairs or unplanned defects. The Trust has always recorded its average VOR percentage for Double Crew Ambulances (DCAs) and Single Response Vehicles (SRVs). However, from January 2022 onwards, the Trust will start reporting this data by specialist SRV e.g., Paramedic Practitioner (PP), Critical Care Paramedic (CCP), Operational Team Leader (OTL) etc. In addition, the Trust will also start to record VOR for its Hazardous Area Response Team (HART) vehicles. This measures the effective availability time of our fleet, as well as effectiveness of our maintenance team.
Well-led	Average miles between vehicle failures (FL-10)	The Trust carries out rigorous planned maintenance on its vehicles, however due to the nature of their use and the conditions they operate within, there are on occasions times when the vehicle may fail whilst in operation. This is usually due to either a mechanical failure, Road Traffic Collision (RTC) or tyre damage. This new data set will start to record the average number of miles between vehicle roadside failures so the Trust can review any trends and adjust planned servicing parameters if required.

This month's new metrics

Domain	ID	New Metric
Well-led	PAP shift fulfilment vs. contract % (999-29)	PAP shift fulfilment compliance against contract is usually above the 95% target. We saw a slight drop off in December for two main reasons: • Total contractual hours increased in December due to additional winter monies (December – End March 2022) • PAP providers experienced similar challenges to SECAmb and the rest of the health system regarding exceptionally high sickness absence rates. It is anticipated this situation will rectify itself to a large extent through January and we should expect compliance to have improved when next reported.
Well-led	Facilities Management (FM) performance against SLA % (SE-3)	The Trust has an outsourced Facilities Management (FM) provider to provide a 24/7 helpdesk for reporting all repair and maintenance issues. The Trust has an agreed SLA with the FM which provides Cat 1, 2 and 3 calls. The Trust monitors and manages performance against the SLA to ensure the provider is working effectively and providing best value for money. Current performance is at 97% overall in terms of how quickly calls are responded to and how effective the repairs have been such as first or second time fix.

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Appendices

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Performance Dashboards (by domain)

Best placed to care, the best place to work

Performance by Domain
Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-1	Quality & Safety	Number of Datix Incidents	1751	1595	1070	1149	1051	1175	1253	1493	1397	1149	1070	1398	1652	N/A	N/A	
QS-2	Quality & Safety	Number of Incidents Reported as SIs	8	6	7	1	7	3	6	11	5	1	7	6	5	N/A	N/A	
999-12	Operations 999	999 Frontline Hours Provided %	95.10%	96.10%	103.20%	96.90%	99.10%	99.30%	94.30%	90.10%	86.90%	88.00%	89.50%	92.65%	91.61%	100.00%	-	
QS-3	Quality & Safety	Duty of Candour Compliance %	80.00%	67.00%	100.00%	75.00%	100.00%	67.00%	100.00%	100.00%	100.00%	75.00%	100.00%	80.00%	100.00%	100.00%	=	
QS-7	Quality & Safety	Hand Hygiene Compliance %	96.00%	94.00%	93.00%	95.00%	94.00%	95.00%	95.00%	92.00%	90.00%	95.00%	93.00%	84.00%	81.00%	90.00%	-	
QS-8	Quality & Safety	Safeguarding Training Completed (Children) Level 2 %	78.20%	79.40%	82.00%	90.40%	88.70%	87.00%	87.30%	86.00%	86.20%	90.40%	82.00%	84.04%	84.27%	95.00%	-	
QS-13	Quality & Safety	Violence and Aggression Incidents (Number of Victims - Staff)	70	53	60	60	65	73	87	91	99	60	60	76	117	N/A	N/A	
MM-1	Medicines Management	Number of Medicines Incidents	125	125	142	173	152	171	118	156	141	157	165	146	153	N/A	N/A	
MM-3	Medicines Management	Single Witness Signature Use CDs Omnicell	6	5	9	4	3	2	3	6	7	14	5	13	23	0	-	
MM-4	Medicines Management	Single Witness Signature Use CDs Non-Omnicell	3	1	1	1	0	0	0	1	0	0	1	1	0	0	=	
MM-5	Medicines Management	Number of CD Breakages	25	21	10	27	16	16	19	10	17	9	29	20	16	N/A	N/A	
MM-7	Medicines Management	Medicines Management % of Audits Completed	94.00%	93.00%	88.00%	95.00%	95.00%	98.40%	98.70%	98.10%	97.90%	94.10%	91.90%	98.40%	98.50%	100.00%	-	
WF-1	Workforce HR	Number of Staff WTE (Excl bank and agency)	3956	3959	3968	3974	3945	3952	3957	3936	3939	3949	3965	3957	3934	3996	-	
WF-2	Workforce HR	Number of Staff Headcount (Exc bank and agency)	4345	4353	4358	4367	4335	4342	4350	4327	4336	4344	4365	4350	4337	N/A	N/A	
WF-3	Workforce HR	Finance Establishment (WTE)	3950	3951	3956	3946	3946	3946	3946	4070	4060	4040	4033	3947	3996	N/A	N/A	
WF-4	Workforce HR	Vacancy Rate %	-0.20%	-0.20%	-0.30%	-0.70%	0.10%	-0.10%	-0.20%	3.30%	3.00%	2.20%	1.70%	-0.26%	1.55%	N/A	N/A	

\+ Outperformed target
\- Underperformed target
= On target

Performance by Domain
Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-9	Quality & Safety	Number of RIDDOR Reports	9	9	12	8	10	11	14	17	14	8	12	15	11	N/A	N/A	
WF-16	Workforce HR	`	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	Medical	Compliant NHS Pathways Audits (Clinical) %	92.00%	93.00%	90.00%	93.00%	92.00%	92.00%	87.00%	97.00%	94.00%	95.00%	96.00%	96.00%	93.00%	N/A	N/A	
M-21	Medical	Required NHS Pathways Audits Completed (EMA) %	100.00%	98.00%	49.00%	96.00%	103.00%	105.00%	83.00%	53.00%	70.00%	78.00%	102.00%	99.00%	92.00%	N/A	N/A	
M-22	Medical	Compliant NHS Pathways Audits (EMA) %	92.00%	82.00%	83.00%	85.00%	83.00%	84.00%	84.00%	90.00%	82.00%	84.00%	84.00%	78.00%	96.00%	100.00%	-	
M-23	Medical	Required NHS Pathways Audits Completed (Clinical) %	100.00%	100.00%	97.00%	100.00%	102.00%	102.00%	102.00%	102.00%	101.00%	76.00%	99.00%	99.00%	92.00%	N/A	N/A	
QS-17	Quality & Safety	Outstanding Actions Relating to SIs, Outside of Timescales	111	126	112	117	141	114	112	116	117	117	112	129	130	N/A	N/A	
QS-19	Quality & Safety	Deep Clean Compliance %	82.50%	72.80%	64.00%	94.90%	95.00%	85.00%	82.00%	73.00%	41.50%	94.90%	64.00%	70.00%	74.00%	95.00%	-	
QS-20	Quality & Safety	Health & Safety Incidents	22	35	33	31	29	59	47	39	30	31	33	36	31	N/A	N/A	
WF-24	Workforce HR	Current licence details held for Operational Staff %	86.40%	89.50%	90.40%	92.40%	96.10%	96.10%	96.00%	93.80%	92.60%	91.10%	91.50%	91.18%	91.08%	100.00%	-	
QS-22	Quality & Safety	Manual Handling Incidents	24	29	32	22	17	43	28	35	33	22	32	29	26	N/A	N/A	
QS-25	Quality & Safety	Flu Vaccine Compliance	78.80%		79.80%	80.10%						80.10%	79.80%		58.00%	90.00%	-	
FL-2	Fleet	Number of RTCs per 10k miles travelled												0.63	0.69	N/A	N/A	
FL-3	Fleet	% of planned vehicle services completed												71.00%	76.00%	N/A	N/A	
SE-1	Strategic Estates	% of statutory estates compliance (gas, water, electrical, asbestos, fire, LOLER)												94.00%	94.00%	100.00%	-	

\+ Outperformed target
\- Underperformed target
= On target

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

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-11	Operations 999	JCT Allocation to Clear at Scene Mean	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	01:17:45	01:18:35	N/A	N/A	
999-11	Operations 999	JCT Allocation to Clear at Hospital Mean	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	01:55:40	01:57:04	N/A	N/A	
M-1	Medical	**Cardiac ROSC Utstein %	40.90%	40.00%	48.50%	40.00%	41.00%	40.50%	48.70%	54.20%	48.70%	57.10%				45.10%	+	
M-2	Medical	Cardiac ROSC ALL %	15.70%	16.30%	23.70%	22.00%	23.00%	24.00%	28.30%	31.00%	24.80%	34.00%				23.80%	+	
M-12	Medical	**Sepsis Care Bundle %	87.00%	84.20%	86.30%	85.00%	85.00%	83.50%	84.00%	81.30%	86.20%	84.50%	85.40%			85.00%	+	
M-3	Medical	Cardiac Survival Utstein %	15.90%	25.70%	33.30%	18.00%	28.00%	27.30%		31.30%	30.60%	23.50%				25.60%	-	
M-4	Medical	Cardiac Survival ALL %	4.20%	5.10%	9.10%	8.00%	13.70%	12.30%		14.00%	10.00%	10.80%				9.60%	+	
M-11	Medical	Cardiac Arrest - Post ROSC %	85.50%	75.30%	61.60%	78.00%	81.00%	78.50%	90.30%	75.80%	68.00%	75.30%				76.80%	-	
M-5	Medical	**Acute STEMI Care Bundle Outcome %	65.60%	64.10%	63.90%	74.00%	69.00%	60.30%	57.30%	60.60%	62.70%	54.00%	55.40%			64.70%	-	
M-6	Medical	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	02:22:00	02:33:00	02:14:00	02:20:00	02:20:00	02:36:00	02:21:00	02:19:00	02:20:00	02:20:00	02:14:00			02:22:00	+	
M-7	Medical	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	03:14:00	03:26:00	03:02:00	03:15:00	03:02:00	03:50:00	03:17:00	03:17:00	03:02:00	03:15:00	03:02:00			03:14:00	+	
M-8	Medical	Stroke - Call to Hospital Arrival Mean	01:28:59	01:46:00	01:24:00	01:27:00	01:28:00	01:35:00	01:31:00	01:26:00	01:28:00	01:27:00	01:24:00			01:29:00	+	
M-9	Medical	Stroke - Call to Hospital Arrival 90th Centile	02:20:00	02:57:00	02:15:00	02:22:00	02:07:00	02:21:00	02:15:00	02:14:00	02:07:00	02:22:00	02:15:00			02:20:00	+	
M-10	Medical	**Stroke - Assessed F2F Diagnostic Bundle %	96.60%	96.90%	95.80%	95.00%	96.00%	95.70%	96.80%	94.10%	97.10%	97.10%	97.90%			96.30%	+	
M-13	Medical	Sensitivity of Cardiac Arrest Detection During Telephone Triage %	93.30%	87.00%	93.40%	82.00%	82.00%	82.20%	84.10%	91.20%	95.50%	95.20%				93.80%	-	

NB:
M-1 to M-16 are reported up to 4-months in arrears

\+ Outperformed target
\- Underperformed target
= On target

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

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
M-14	Medical	Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %	73.80%	74.30%	79.30%	79.00%	78.00%	77.30%	80.00%	79.40%	80.30%	85.00%				77.90%	+	
M-16	Medical	Proportion of Non-EMS Witnessed Cardiac Arrests with PAD Applied to Patient %	6.30%	5.70%	4.90%			5.80%		12.10%	6.40%	8.40%				7.30%	+	
999-13	Operations 999	ECAL Mean Response Time	00:24:03	00:23:07	00:24:22	00:24:03	00:24:18	00:22:57	00:22:56	00:23:31	00:23:43	00:24:20	00:23:36	00:23:07	00:24:03	N/A	N/A	
999-12	Operations 999	999 Operational Abstraction Rate %	35.30%	36.00%	32.50%	33.30%	25.20%	25.80%	31.00%	33.10%	27.10%	34.70%	32.90%	30.82%	32.95%	28.00%	-	
WF-20	Workforce L&OD	Statutory & Mandatory Training % Year to Date	71.50%	72.70%	74.70%	84.50%	12.20%	24.90%	36.80%	40.90%	42.80%	43.90%	47.80%	52.18%	56.71%	95.00%	-	
WF-6	Workforce HR	Statutory & Mandatory Training Rolling Year %	76.10%	75.60%	76.20%	78.70%	67.10%	60.70%	63.30%	67.00%	66.60%	65.90%	66.30%	68.64%	65.44%	95.00%	-	
999-17	Operations 999	Responses Per Incident	1.08	1.08	1.09	1.00	1.01	0.99	1.01	1.09	1.09	1.08	1.09	1.09	1.09	1.09	=	
999-18	Operations 999	Section 136 Mean Response Time	00:31:21	00:32:10	00:29:58	00:33:17	00:23:37	00:33:15		00:18:10	00:23:22	00:17:36	00:16:07	00:32:10	00:31:21	N/A	N/A	
999-19	Operations 999	Section 135 Mean Response Time			00:06:04	00:35:04	03:48:17	00:22:29	00:23:57	00:22:29	03:48:17	01:43:52	00:06:04			N/A	N/A	
999-20	Operations 999	ePCR Usage	96.40%	96.20%	96.10%	96.70%	97.00%	91.00%	95.70%	93.10%	96.20%	96.70%	96.70%	93.88%	97.04%	95.00%	+	
999-24	Operations 999	Number of Hours Lost at Hospital Handover	5426	4583	2296	2237	2271	3249	2614	3898	3568	3838	4547	4404	4233	N/A	N/A	
999-25	Operations 999	Hours Lost at Handover as a Proportion of Provided Hours %	1.90%	1.60%	0.80%	0.80%	0.80%	1.00%	0.90%	1.40%	1.40%	1.50%	1.60%	1.64%	1.54%	N/A	N/A	
M-24	Medical	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%	90.00%	90.00%	100.00%	-	
M-24	Medical	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%	73.00%	73.00%	100.00%	-	
M-25	Medical	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%	25.00%	24.00%	N/A	N/A	

Notes:
M-1 to M-16 are reported up to 4-months in arrears
999-19 where there is no data e.g. Dec-21, this indicates there was zero activity during the month

\+ Outperformed target
\- Underperformed target
= On target

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

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
WF-34	Workforce HR	Frontline Workforce Skillmix: ECSWs vs plan (Trust average)	31.40%	31.20%	31.60%	31.40%	31.40%	31.30%	31.60%	32.50%	31.60%	30.30%	29.40%	29.40%		27.20%	+	
WF-35	Workforce HR	Frontline Workforce Skillmix: AAP/Techs vs plan (Trust average)	18.60%	18.90%	18.80%	19.00%	19.00%	19.00%	18.80%	18.40%	18.00%	17.80%	17.50%	17.50%		22.00%	-	
WF-36	Workforce HR	Frontline Workforce Skillmix: Registered clinicians vs plan (Trust average)	50.00%	49.90%	49.60%	49.60%	49.60%	49.60%	49.50%	49.30%	50.40%	51.90%	53.10%	53.10%		50.80%	+	
OS-1	Operational Support Desk	% of OSD vehicle movements achieved		98.00%	98.50%	99.00%	98.00%	97.00%	98.00%	96.00%	97.00%	99.50%	99.00%	99.00%	99.00%	100.00%	-	
999-30	Operations 999	% 999 frontline hours compliance (profile compliance by hour)												84.86%	81.50%	100.00%	-	

NB:
WF-34 – WF-36 are reported 2-months in arrears

\+ Outperformed target
\- Underperformed target
= On target

Performance by Domain
Caring: Performance Dashboard

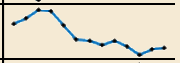
Our staff involve and treat our patients with compassion, kindness, dignity and respect

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
QS-12	Quality & Safety	Complaints relating to privacy and respect %		0.00%	0.00%	0.00%	0.20%	0.00%	0.00%	0.00%	0.20%	0.00%	0.00%	0.00%	0.00%	N/A	N/A	
QS-10	Quality & Safety	Proportion of Complaints Relating to Crew Attitude %	37.00%	38.00%	50.00%	56.00%	31.00%	33.00%	31.00%	18.00%	25.00%	56.00%	50.00%	24.00%	28.00%	N/A	N/A	

\+ Outperformed target
\- Underperformed target
= On target

Performance by Domain
Responsive: Performance Dashboard

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

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
111-1	Operations 111	111 Calls Offered	115809	93018	87249	110294	119979	135942	126452	138484	127167	123604	139429	121449	135035	N/A	N/A	
111-2	Operations 111	111 Calls Answered in 60 Seconds %	55.40%	62.90%	74.00%	73.10%	53.40%	36.50%	33.90%	29.10%	33.70%	27.10%	16.30%	23.19%	24.57%	95.00%	-	
111-3	Operations 111	111 Calls Abandoned - (Offered) %	8.20%	6.10%	3.00%	3.50%	7.70%	14.80%	15.90%	19.70%	15.50%	19.00%	30.20%	25.65%	25.48%	5.00%	-	
111-4	Operations 111	111 to 999 Referrals (Answered Calls) %	13.90%	14.90%	15.00%	13.40%	8.70%	9.10%	9.70%	9.30%	9.30%	9.10%	8.90%	8.95%	8.51%	13.00%	+	
111-4	Operations 111	999 Referrals	12384	11903	11064	12058	8188	8901	8805	8675	8585	7961	7648	7162	7628	N/A	N/A	
111-5	Operations 111	A&E Dispositions %	14.60%	14.70%	15.40%	15.60%	15.20%	14.90%	16.00%	9.10%	8.10%	8.90%	8.30%	8.70%	8.25%	9.00%	+	
111-5	Operations 111	A&E Dispositions	12925	11683	11349	14047	14261	14571	14472	8501	7534	7790	7153	6962	7395	N/A	N/A	
111-7	Operations 111	Clinical Contact %				48.10%	48.20%	45.20%	44.90%	46.00%	46.00%	46.20%	48.00%	49.35%	52.17%	50.00%	+	
111-8	Operations 111	Ambulance Validation %				95.40%	95.30%	95.10%	90.60%	95.20%	93.60%	95.90%	95.60%	94.90%	96.86%	85.00%	+	
999-10	Operations 999	999 Calls Answered	76806	70262	50316	60200	61386	77074	71529	85769	77173	81649	86089	76122	78778	N/A	N/A	
999-10	Operations 999	Incidents	66615	65239	56470	62648	62845	65474	67474	65161	62343	60808	64510	62534	63924	N/A	N/A	
999-1	Operations 999	999 Call Answer Mean	00:00:24	00:00:25	00:00:44	00:00:58	00:00:42	00:00:48	00:00:08	00:00:22	00:00:05	00:00:04	00:00:02	00:00:26	00:00:24	00:00:05	-	
999-1	Operations 999	999 Call Answer 90th Centile	00:01:29	00:01:28	00:02:29	00:03:03	00:02:22	00:02:34	00:00:22	00:01:19	00:00:02	00:00:02	00:00:01	00:01:28	00:01:30	00:00:10	-	

\+ Outperformed target
\- Underperformed target
= On target

Performance by Domain
Responsive: Performance Dashboard

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

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-2	Operations 999	Cat 1 Mean	00:09:09	00:08:42	00:09:08	00:09:00	00:08:45	00:08:49	00:07:57	00:08:18	00:07:32	00:07:37	00:07:33	00:08:42	00:09:10	00:07:00	-	
999-2	Operations 999	Cat 1 90th Centile	00:16:24	00:16:03	00:16:19	00:16:25	00:16:03	00:16:19	00:14:54	00:15:08	00:13:56	00:14:14	00:13:53	00:16:03	00:16:24	00:15:00	-	
999-3	Operations 999	Cat 1T Mean	00:11:06	00:10:43	00:11:15	00:11:07	00:10:51	00:10:54	00:09:36	00:10:24	00:09:20	00:09:02	00:09:01	00:10:43	00:11:06	00:19:00	+	
999-3	Operations 999	Cat 1T 90th Centile	00:19:58	00:20:00	00:20:21	00:20:19	00:20:03	00:20:14	00:17:38	00:19:13	00:17:13	00:16:46	00:16:36	00:20:01	00:19:58	00:30:00	+	
999-4	Operations 999	Cat 2 Mean	00:33:34	00:34:17	00:34:55	00:30:58	00:29:42	00:30:37	00:21:28	00:26:11	00:18:54	00:18:37	00:16:48	00:34:17	00:33:34	00:18:00	-	
999-4	Operations 999	Cat 2 90th Centile	01:08:19	01:10:41	01:10:47	01:00:37	00:58:53	01:00:47	00:40:51	00:50:55	00:34:58	00:34:46	00:31:09	01:10:42	01:08:19	00:40:00	-	
999-5	Operations 999	Cat 3 90th Centile	06:14:03	06:21:14	08:06:05	07:12:42	06:17:02	07:21:23	03:51:24	05:40:07	02:58:41	02:49:03	02:01:52	06:21:14	06:14:03	02:00:00	-	
999-6	Operations 999	Cat 4 90th Centile	08:57:09	08:30:25	09:53:30	08:43:12	05:29:55	06:51:57	04:39:46	07:21:59	04:28:40	03:29:30	02:44:51	08:30:25	08:57:09	03:00:00	-	
999-7	Operations 999	HCP 3 Mean	03:12:01	03:08:40	04:18:12	03:46:37	03:32:39	04:06:19	02:32:00	03:25:11	02:02:40	01:39:18	01:25:11	03:08:40	03:12:01	N/A	N/A	
999-7	Operations 999	HCP 3 90th Centile	07:01:05	07:28:23	10:01:35	08:37:59	08:28:04	08:36:33	05:08:05	06:56:27	04:00:25	03:23:05	02:55:47	07:28:24	07:01:05	N/A	N/A	
999-7	Operations 999	HCP 4 Mean	03:59:08	03:45:42	05:23:02	04:47:22	04:46:11	04:56:09	03:20:43	04:22:49	02:44:10	02:01:07	01:49:46	03:45:42	03:59:08	N/A	N/A	
999-7	Operations 999	HCP 4 90th Centile	09:05:50	08:38:29	12:48:15	10:28:52	10:41:54	09:20:02	06:21:05	08:01:14	05:11:59	04:28:16	04:10:26	08:38:29	09:05:50	N/A	N/A	
999-9	Operations 999	Hear & Treat %	8.60%	8.00%	6.00%	6.90%	6.90%	9.30%	7.90%	9.60%	9.00%	8.80%	10.30%	9.97%	9.39%	10.00%	-	
999-9	Operations 999	See & Treat %	36.30%	37.40%	35.20%	32.60%	32.10%	31.20%	31.60%	32.00%	32.10%	31.30%	30.50%	31.17%	32.48%	35.00%	-	
999-9	Operations 999	See & Convey %	55.10%	54.60%	58.80%	60.50%	61.00%	59.40%	60.50%	58.40%	59.00%	59.80%	59.10%	58.90%	58.15%	55.00%	-	

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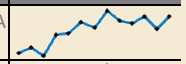
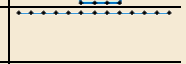
Performance by Domain
Responsive: Performance Dashboard

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

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-10	Operations 999	CFR Attendances	648	749	580	1034	1089	1337	1219	1592	1354	1290	1467	1166	1474	N/A	N/A	
999-10	Operations 999	FFR Attendances	175	205	142	316	260	364	241	425	383	339	353	293	343	N/A	N/A	
QS-4	Quality & Safety	Complaints Reporting Timeliness %	69.00%	95.00%	64.50%	88.00%	81.00%	98.00%	96.00%	87.00%	81.00%	88.00%	64.50%	84.00%	77.00%	95.00%	-	
QS-5	Quality & Safety	Number of Complaints	61	69	48	64	68	72	116	106	114	64	48	93	72	N/A	N/A	
QS-6	Quality & Safety	Number of Compliments	140	173	191	187	208	159	162	171	177	187	191	150	148	N/A	N/A	
QS-15	Quality & Safety	Complaints per 1000 999 Calls Answered	0.79	0.98	0.95	1.06	1.11	0.09	0.16	0.13	0.14	1.06	0.95	0.01	0.01	N/A	N/A	
QS-16	Quality & Safety	Compliments per 1000 999 Calls Answered	1.82	2.46	3.80	3.91	3.69	0.21	0.23	0.21	0.22	3.91	3.80	0.02	0.02	N/A	N/A	
QS-14	Quality & Safety	Learning from deaths: Number of Structured Judgment Reviews	20	20	20	20	20	20	20	20	20	20	20			20		
QS-26	Quality & Safety	Learning from deaths: Number of SJRs showing harm	0	0	0	0	0	0	0	0	0	0	0			0		
999-14	Operations 999	Time Spent in SMP 3 or Higher %	75.00%	60.70%	1.30%	12.10%	15.40%	36.00%	68.90%	83.00%	70.70%	82.50%	86.20%	72.88%	72.57%	N/A	N/A	
C-2	Corporate	Number of BCIs	7	3	2	0	0	1	2	1	1	1	1	2	1	0	-	
BI-1	Business Intelligence	Number of Marval Requests Completed	43	50	57	69	44	62	73	47	48	68	52	46	26	N/A	N/A	

NB:
QS-14 and QS-26 are reported 3-months in arrears

\+ Outperformed target
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Performance by Domain
Well-Led: Performance Dashboard

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

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
WF-5	Workforce HR	Appraisals YTD	41.60%	43.20%	45.70%	52.20%	3.40%	7.00%	9.10%	10.70%	11.30%	12.50%	13.90%	15.51%	17.55%	85.00%	-	
WF-40	Workforce HR	Appraisals Rolling Year %				52.20%	48.90%	40.80%	36.80%	34.10%	31.60%	30.30%	28.70%	26.99%	27.36%	85.00%	-	
WF-7	Workforce HR	Annual Rolling Turnover Rate	11.20%	10.90%	10.50%	10.30%	10.80%	11.40%	12.10%	12.90%	13.60%	13.90%	14.50%	15.18%	15.43%	N/A	N/A	
WF-8	Workforce HR	Annual Rolling Sickness Absence	7.40%	7.10%	7.30%	7.10%	7.10%	7.30%	7.50%	7.70%	7.90%	8.10%	8.30%	8.58%	8.57%	5.00%	-	
WF-9	Workforce HR	Disciplinary Cases	2	1	1	4	9	8	2	6	1	4	1	4	1	N/A	N/A	
WF-10	Workforce HR	Individual Grievances	9	8	5	8	10	8	8	5	9	8	10	2	2	N/A	N/A	
WF-11	Workforce HR	Collective Grievances	0	0	1	0	1	1	1	1	0	2	0	1	1	N/A	N/A	
WF-12	Workforce HR	Bullying & Harrassment Internal	1	1	1	6	5	4	1	0	4	3	3	0	1	0	-	
WF-13	Workforce HR	Whistleblowing	0	0	0	0	0	0	0	3	0	0	0	0	0	N/A	N/A	
QS-27	Quality & Safety	Freedom to Speak Up: Total Open Cases	25		28	7	31	33	36	45	20	7	28	18	25	N/A	N/A	
QS-27	Quality & Safety	Freedom to Speak up: Open cases re possible patient safety issues	1	4	4		2	3	3	2	2	0	4	4	1	N/A	N/A	
QS-27	Quality & Safety	Freedom to Speak up: Cases Closed in Month With Resolution	0		1	4	0	0	1	0	0	4	1	7	0	N/A	N/A	
QS-27	Quality & Safety	Freedom to Speak up: Cases Closed in Month Without Resolution	0		1	12	2	2	1	25	0	12	1	0	0	N/A	N/A	
WF-29	Workforce HR	Staff Acting Up/Secondments %		2.70%	2.60%	3.10%	2.90%	2.90%	2.70%	2.30%	2.20%	2.50%	2.50%	2.51%	2.57%	N/A	N/A	

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Performance by Domain
Well-Led: Performance Dashboard

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

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
WF-37	Workforce HR	Diversity: Disability - declared %	4.00%	4.00%	4.00%	4.20%	4.20%	4.20%	4.30%	4.30%	4.30%	4.80%	4.80%	4.60%	5.60%	N/A	N/A	
WF-38	Workforce HR	Diversity: Disability - declined to declare %	10.00%	10.00%	10.00%	7.80%	7.80%	7.80%	7.50%	7.50%	7.50%	7.00%	7.00%	7.00%	2.88%	0.00%	-	
WF-39	Workforce HR	Diversity: Ethnicity - BAME %	5.50%	5.50%	5.50%	5.60%	5.60%	5.60%	5.60%	5.60%	5.60%	5.60%	5.60%	5.60%	5.81%	6.70%	-	
WF-27	Workforce L&OD	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	Workforce Wellbeing	Absence Relating to Mental Health %	5.30%	4.70%	8.10%	6.70%	6.70%	8.40%	8.90%	11.50%	8.20%	9.80%	5.90%	7.06%	4.52%	N/A	N/A	
WF-19	Workforce Wellbeing	Absence Relating to MSK %	3.10%	2.80%	8.10%	4.50%	8.30%	6.20%	5.70%	5.60%	6.10%	5.60%	5.70%	2.40%	2.81%	N/A	N/A	
WF-25	Workforce Wellbeing	Number of Wellbeing Hub Referrals	112	95	96	115	111	138	125	111	93	142	79	127	72	0	-	
WF-30	Workforce Wellbeing	Time from referral to offered wellbeing appointment (days)	14	14	14	14	14	14	14	14	14	21	28	14	14	14	=	
999-27	Operations 999	% of Meal Breaks Taken				99.20%	91.00%	98.40%	98.60%	98.30%	98.40%	98.40%	98.00%	96.78%	98.15%	N/A	N/A	
999-28	Operations 999	% of Meal Breaks Outside of Window				49.90%	51.10%	54.80%	59.30%	59.10%	58.70%	58.80%	60.70%	60.29%	59.56%	N/A	N/A	
999-15	Operations 999	999 Frontline Late Finishes/Over-Runs %	61.10%	59.50%	51.00%	52.40%	51.90%	60.20%	53.40%	50.60%	49.20%	51.90%	53.30%	50.78%	50.35%	N/A	N/A	
999-15	Operations 999	Average Late Finish/Over-Run Time	00:39:59	00:46:00	00:41:59	00:41:00	00:41:00	00:41:00	00:43:27	00:47:33	00:44:03	00:40:17	00:40:19	00:46:00	00:40:00	N/A	N/A	
999-21	Operations 999	Provided Bank Hours %	5.60%	2.30%	0.30%	0.30%	0.40%	0.60%	0.60%	0.70%	1.70%	0.00%	0.90%	0.80%	0.88%	N/A	N/A	
999-21	Operations 999	Provided Overtime Hours %	9.10%	11.50%	15.40%	14.60%	9.10%	8.60%	10.40%	10.50%	9.30%	11.40%	12.00%	10.45%	8.92%	N/A	N/A	
999-21	Operations 999	Provided PAP Hours %	5.80%	5.90%	6.10%	6.30%	4.30%	4.80%	4.50%	4.60%	5.30%	6.80%	6.90%	5.28%	5.06%	N/A	N/A	

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Performance by Domain
Well-Led: Performance Dashboard

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

IPRID	Department	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Target	Vs Target	Sparkline
999-22	Operations 999	999 Remaining Annual Leave FY	45.00%	33.00%	27.00%	20.00%	53.00%		84.00%		34.60%	62.50%	55.70%	51.60%	45.90%	25.00%	-	
FL-1	Fleet	Vehicles Older Than Target Age %	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	36.00%	36.00%	36.00%	36.00%	41.00%	41.00%	0.00%	-	
C-1	Corporate	Policies & Procedures Outstanding Review %	11.80%	11.80%	11.00%	11.30%	15.80%	17.40%	29.00%	32.00%	37.00%	36.50%	37.20%	40.78%	43.13%	0.00%	-	
QS-24	Quality & Safety	Organisational Risks Outstanding Review %	14.00%	59.00%	57.00%	52.00%	59.00%	81.00%	73.00%	81.00%	40.40%	52.00%	57.00%	42.25%	38.65%	30.00%	-	
IT-1	IT	CAD System Uptime %						98.900%	85.960%	100.000%	99.900%	100.000%	100.000%	96.710%	99.990%	99.90%	+	
IT-2	IT	Telephony System Uptime %						85.690%	100.000%	100.000%	100.000%	100.000%	100.000%	96.710%	99.860%	99.90%	-	
IT-3	IT	ePCR System Uptime %						84.390%	100.000%	97.900%	100.000%	100.000%	100.000%	99.250%	99.420%	99.90%	-	
IT-4	IT	Number of Calls to IT Service Desk	916	1297	1436	1924	1324	1442	1214	1214	1187	1372	1090	1084	856	N/A	N/A	
IT-5	IT	Marval IT Requests Raised - IT Service Desk	1359	1561	1559	1847	1638	1705	1503	1288	1168	1477	1414	1520	1262	N/A	N/A	
IT-5	IT	Marval IT Requests Raised - Critical Systems Team	480	539	694	724	728	757	765	775	664	611	592	654	510	N/A	N/A	
IT-6	IT	Missed Calls to IT Service Desk	201	369	460	624	586	456	378	382	447	441	377	286	238	245	+	
FL-4	Fleet	% of DCA vehicles off road (VOR)												12.00%	10.00%	N/A	N/A	
FL-5	Fleet	% of SRV vehicles off road (VOR)												7.00%	7.00%	N/A	N/A	
FL-10	Fleet	Average miles between vehicle failures												49485.00	44022.00	N/A	N/A	
999-29	Operations 999	% PAP shift fulfilment vs. contract					96.00%	107.00%	106.00%	103.00%	107.00%	108.00%	111.00%	96.00%	88.00%	95.00%	-	
SE-2	Strategic Estates	Risk assessed building and asset condition survey compliance %												100.00%	100.00%	100.00%	=	
SE-3	Strategic Estates	FM performance against SLA												97.00%	98.00%	100.00%	-	

\+ Outperformed target
\- Underperformed target
= On target

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

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

ID	Metric	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Plan	Vs Plan	Full Year Forecast	Full Year Forecast Vs Plan
F-1	Income (£000s) Month	£23376.60	£23858.00	£26134.50	£35076.00	£23241.00	£23340.80	£23325.10	£23415.40	£23521.20	£29157.60	£23450.50	£24049.10	£25088.10	£24358.10	£730.00		
F-9	Income (£000s) YTD	£201994.00	£225852.00	£251986.50	£287063.00	£23241.00	£46582.10	£69907.20	£93332.60	£116853.80	£146011.40	£169461.90	£193511.00	£218599.10	£217444.40	£1154.70	£294258.00	£76813.60
F-2	Operating Expenditure (£000s) Month	£24451.80	£25312.10	£24952.70	£38485.00	£23947.00	£24554.20	£24345.40	£24929.90	£25040.50	£27981.60	£24300.60		£26396.10	£26020.10	£376.00		
F-10	Operating Expenditure (£000s) YTD	£204633.90	£230346.00	£255298.70	£293784.00	£23947.00	£48503.60	£72849.00	£97787.90	£122828.40	£150810.00	£175110.60	£199895.70	£226291.80	£225830.00	£461.80	£303269.10	£77439.10
F-3	Capital Expenditure (£000s) Month	£1080.59	£4378.10	£1223.15	£4138.00	£1618.00	£987.96	£983.67	£1252.68	£412.32	£655.48	£395.11		£2476.90	£3063.00	£-586.10		
F-14	Capital Expenditure (£000s) YTD	£9755.85	£14138.03	£15361.18	£19499.00	£1618.00	£2605.91	£3589.58	£4842.26	£5254.58	£5910.07	£6305.18	£9210.27	£11687.18	£15218.00	£-3530.82	£24794.93	£9576.93
F-4	Cost Improvement Plan (CIP) (£000s) Month	£8.00	£522.00	£478.00	£709.00	£0.00	£0.00	£150.00	£430.00	£250.00	£238.00	£161.00		£181.32	£506.00	£-324.68		
F-13	Cost Improvement Plans (CIPS) (£000s) YTD	£2855.00	£3790.00	£4268.00	£4977.00	£0.00	£0.00	£150.00	£580.00	£830.00	£1068.00	£1229.00	£1479.84	£1661.16	£4366.00	£-2704.84	£5872.00	£1506.00
F-6	Surplus/Deficit (£000s) Month	£-1075.20	£-1454.10	£1181.80	£-3409.00	£-706.00	£-1213.40	£-1020.30	£-1514.50	£-1519.30	£1176.00	£-850.10	£-736.00	£-1308.00	£-1662.00	£354.00		
F-7	Cash Position (£000s) Month	£46819.00	£41747.00	£51441.00	£40152.00	£36526.00	£36448.00	£35923.00	£36684.00	£38289.00	£40507.00	£46592.00	£45791.00	£43638.00	£18372.52	£25265.48	£18372.52	£0.00
F-8	Agency Spend (£000s) Month	£205.95	£106.34	£-80.27	£155.00	£169.00	£250.04	£107.24	£347.61	£234.08	£168.06	£154.98		£255.95	£264.00	£-8.05		
F-16	Agency Spend (£000s) YTD	£1603.68	£1710.00	£1630.00	£1784.00	£169.00	£418.90	£526.14	£873.76	£1107.84	£1275.89	£1430.87	£1623.06	£1879.01	£2536.00	£-656.99	£2638.40	£102.40

Performance by Domain
Well-Led: Performance Dashboard

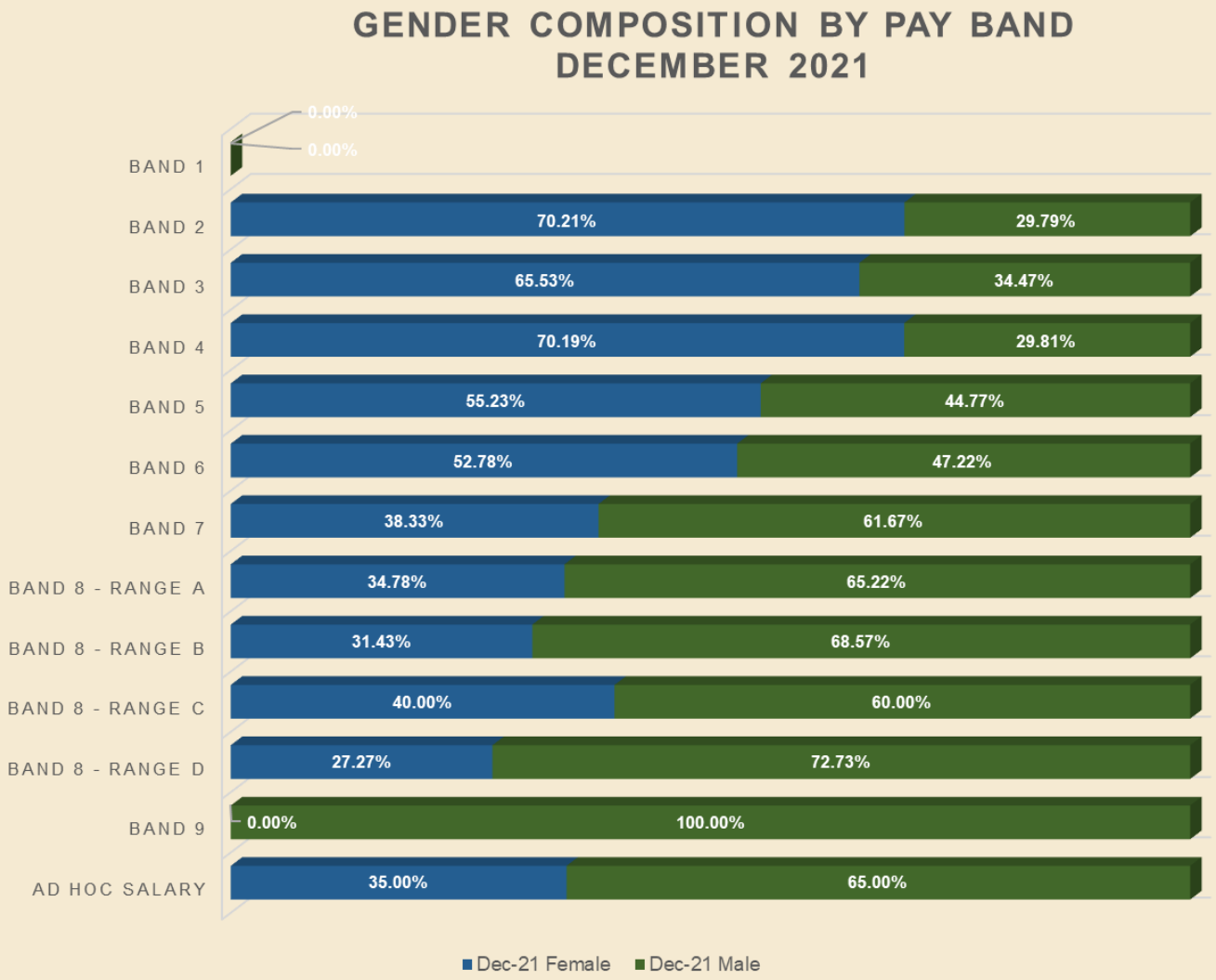
Summary of Financial Performance
December 2021

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
7.3%	23,377	24,358	25,088	730	3.0%	**INCOME**	217,444	218,599	1,155	0.5%	201,994	8.2%	290,605	294,258	3,653	1.3%	287,063	2.5%
(7.4)%	18,109	19,479	19,448	31	0.2%	PAY	165,061	167,419	(2,358)	(1.4)%	152,541	(9.8)%	219,751	223,252	(3,501)	(1.6)%	203,049	(10.0)%
85.1%	45,556	6,396	6,803	(408)	(6.4%)	NON PAY	59,460	57,869	1,591	2.7%	51,571	(12.2)%	78,775	78,574	201	0.3%	90,533	13.2%
58.8%	63,665	25,874	26,251	(377)	(1.5)%	**OPERATING EXPENDITURE**	224,521	225,288	(767)	(0.3)%	204,112	(10.4)%	298,526	301,826	(3,300)	(1.1)%	293,581	(2.8)%
(97.1)%	(40,288)	(1,516)	(1,163)	353	(23.3)%	**OPERATING SURPLUS/(DEFICIT)**	(7,077)	(6,689)	387	(5.5)%	(2,118)	215.8%	(7,921)	(7,568)	353	(4.5)%	(6,519)	16.1%
(9.3)%	133	146	145	1	0.7%	FINANCING COSTS	1,310	1,004	306	23.4%	922	(8.9)%	1,745	1,444	302	17.3%	203	(611.1)%
96.8%	(40,421)	(1,662)	(1,308)	354	21.3%	**SURPLUS/(DEFICIT)**	(8,386)	(7,693)	693	8.3%	(3,040)	(153.1)%	(9,666)	(9,011)	655	6.8%	(6,722)	(34.1)%
0.0%	3	1	(292)	(293)	(29300.0)%	ADJUSTMENTS TO SURPLUS/(DEFICIT)	28	(579)	(607)	(22)	(9)	(6200.3)%	31	(576)	(607)	(1958.1)%	57	1110.5%
96.0%	(40,431)	(1,661)	(1,600)	61	3.7%	**ADJUSTED SURPLUS/*(DEFICIT) : CONTROL TOTAL***	(8,358)	(8,272)	86	1.0%	(3,049)	(171.3)%	(9,635)	(9,587)	48	0.5%	(77)	(12415.8)%
% 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
(4.3%)	66,690	71,469	63,855	(7,614)	(10.7%)	A&E ACTIVITY per Plan	603,019	574,803	(28,216)	(4.7%)	557,253	3.1%	806,987	761,194	(45,793)	(5.7%)	741,767	2.6%
✓	3	3	3		✓	**USE OF RESOURCES RATING**	3	3		✓	3	✓	3	3		✓	1	✓
	Prior Year	Plan	Actual	Variance			Plan	Actual	Variance		Prior Year		Plan	Forecast	Variance		Prior Year	
✗	421	506	181	(325)	✗	**CIPS**	4,366	1,661	(2,705)	✗	3,268	✗	5,872	5,872	0	✓	4,977	✓
✓	1,085	3,063	2,477	586	✓	**CAPITAL**	15,218	11,687	3,531	✓	9,760	✓	25,491	24,795	696	✓	19,499	✓
✓	46,819	18,373	43,638	25,265	✓	**CASH POSITION**	18,373	43,638	25,265	✓	46,819	✓	24,360	47,032	22,672	✓	40,152	✓
✗	4,498	4,615	4,401	214	✗	**WTE**	4,391	4,386	5	✗	4,430	✓	4,350	4,346	3	✗	4,452	✗
✗	2,421	1,410	1,554	(144)	✓	**COVID-19 SPEND**	10,808	9,134	1,674	✓	13,508	✗	15,019	14,229	790	✓	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
(24.3)%	206	264	256	8	3.0%	**AGENCY STAFF**	2,536	1,879	657	25.9%	1,604	(17.2)%	3,298	2,638	660	20.0%	1,784	(47.9)%
						PRIVATE AMBULANCE PROVIDERS (PAP)												
(266.5)%	313	0	1,147	(1,147)	0.0%	Covid-19	1,020	1,462	(442)	(43.3)%	1,804	19.0%	1,020	1,972	(952)	(93.3)%	2,451	19.5%
(724.9)%	272	691	2,241	(1,551)	(224.5)%	Non Covid-19 (BAU)	4,863	3,519	1,344	27.6%	5,188	32.2%	4,172	4,794	(622)	(14.9)%	6,281	23.7%
(479.5)%	585	691	3,389	(2,698)	(390.6)%	**TOTAL**	5,883	4,980	902	15.3%	6,992	28.8%	5,192	6,766	(1,574)	(30.3)%	8,732	22.5%

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

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



National Benchmarking
999 Emergency Ambulance Service (December 2021)

Key indicators at a glance for December 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	00:02:18	00:01:26	00:04:56	00:00:37	00:00:26	00:02:22	00:01:56	00:01:30	00:02:50	00:05:27	00:00:32	00:02:12
Calls Answered	925116	81274	87249	88254	1702	153307	43798	131728	53721	91692	114530	77861
Mean Call Answer Time	00:00:45	00:00:25	00:01:34	00:00:13	00:00:11	00:00:40	00:00:41	00:00:28	00:00:47	00:02:08	00:00:11	00:00:36

Incident Proportions (Over All Incidents)	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
All Incidents	732007	63855	72264	67235	2515	111273	36185	92153	54209	70295	92466	69557
C1 Incidents %	11.25%	7.95%	13.18%	12.47%	5.96%	9.86%	8.95%	16.09%	7.17%	11.67%	10.82%	11.65%
C2 Incidents %	56.00%	55.21%	59.98%	59.11%	41.75%	55.66%	57.23%	54.13%	49.12%	60.28%	53.75%	56.56%
C3 Incidents %	14.91%	23.31%	12.32%	11.88%	34.31%	12.98%	13.75%	10.44%	25.62%	15.48%	14.90%	12.85%
C4 Incidents %	0.58%	0.44%	0.41%	0.15%	2.39%	1.00%	1.15%	0.25%	1.52%	0.19%	0.67%	0.21%

Incident Outcomes	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Hear & Treat %	12.33%	9.40%	9.40%	11.88%	8.27%	17.06%	12.67%	10.91%	12.53%	9.48%	15.95%	10.73%
See & Convey %	50.77%	56.66%	54.61%	49.82%	58.05%	48.01%	51.89%	51.73%	48.78%	48.03%	47.00%	53.92%
See & Treat %	32.23%	32.51%	32.89%	33.01%	32.88%	31.79%	26.61%	30.86%	34.53%	39.11%	31.43%	28.28%

Response Performance	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Response Time: C1	00:16:12	00:16:03	00:20:40	00:16:14	00:17:23	00:11:59	00:12:38	00:15:17	00:16:30	00:20:51	00:14:27	00:17:10
90th Centile Response Time: C2	01:59:12	01:10:43	02:12:29	02:03:32	00:44:34	01:55:53	01:43:59	02:33:58	01:08:07	02:49:19	01:53:39	01:42:23
90th Centile Response Time: C3	07:11:44	06:21:13	08:01:59	07:27:01	02:09:36	05:26:14	07:24:57	10:57:11	04:59:49	08:22:08	08:55:41	06:00:47
90th Centile Response Time: C4	08:05:16	09:42:15	07:49:25	07:01:10	02:38:29	07:58:45	04:05:01	19:10:59	06:03:32	07:42:55	09:32:55	09:00:21
Mean Response Time: C1	00:09:13	00:08:42	00:11:33	00:08:57	00:09:12	00:07:09	00:07:14	00:09:05	00:08:46	00:11:38	00:08:19	00:09:49
Mean Response Time: C2	00:53:21	00:34:17	01:01:00	00:55:28	00:23:25	00:52:29	00:47:38	01:06:43	00:32:49	01:13:16	00:48:19	00:46:56

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

Key indicators at a glance for August 2021

Cardiac Arrest	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Proportion who had ROSC on arrival at hospital %	25.83%	27.01%	23.91%	28.15%	33.33%	32.00%	31.82%	24.05%	20.24%	25.26%	23.90%	20.82%
Proportion who had ROSC on arrival at hospital utstein %	46.77%	50.00%	54.72%	48.39%		53.85%	77.27%	38.10%	50.00%	43.14%	31.25%	40.00%

NB: NHSE's most recent publication of national clinical outcomes provides is for August 2021.
Please note the report no longer includes 'proportion of cardiac arrests discharged live'.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Performance Charts (by domain)

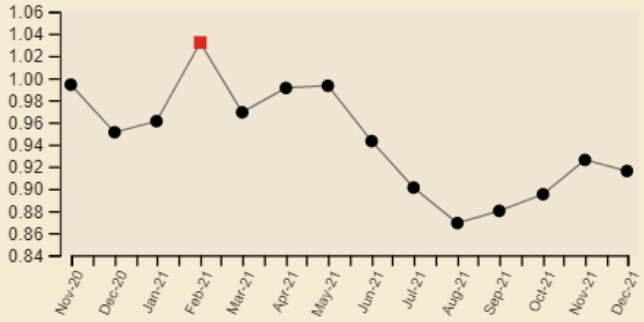
Best placed to care, the best place to work

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

999-12

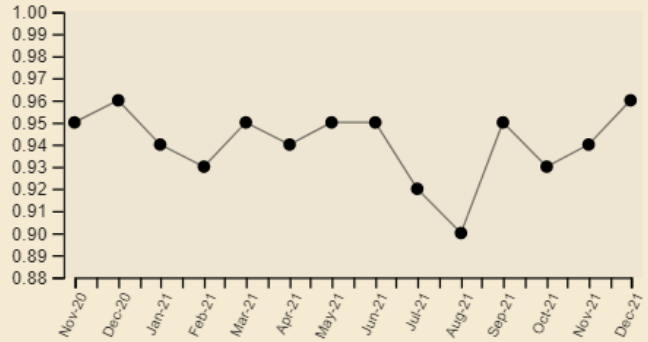
999 Frontline Hours Provided %



December 2021
91.60%
Target
100.00%

QS-7

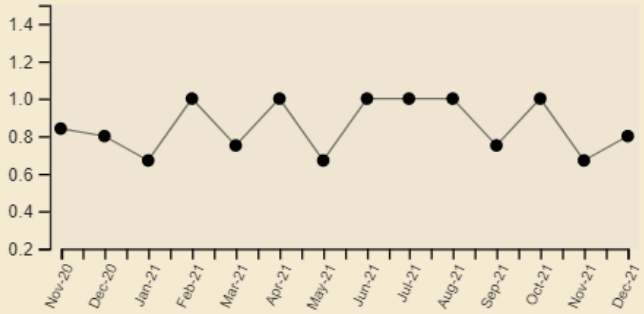
Hand Hygiene Compliance %



December 2021
96.00%
Target
90.00%

QS-3

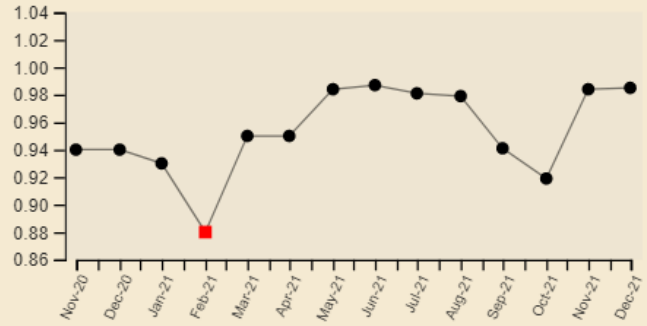
Duty of Candour Compliance %



December 2021
80.00%
Target
100.00%

MM-7

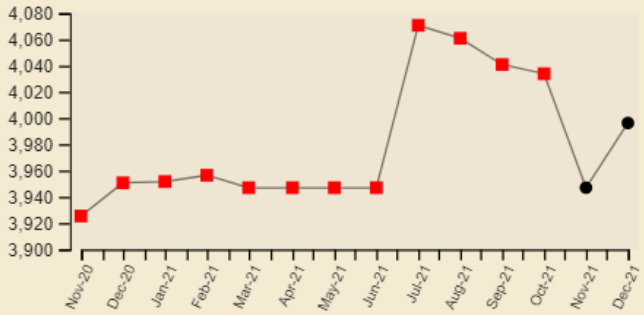
Medicines Management % of Audits Completed



December 2021
98.50%
Target
100.00%

WF-3

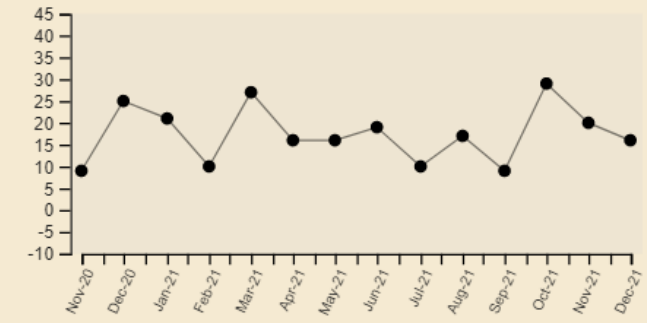
Finance Establishment (WTE)



December 2021
3996
Target
N/A

MM-5

Number of CD Breakages



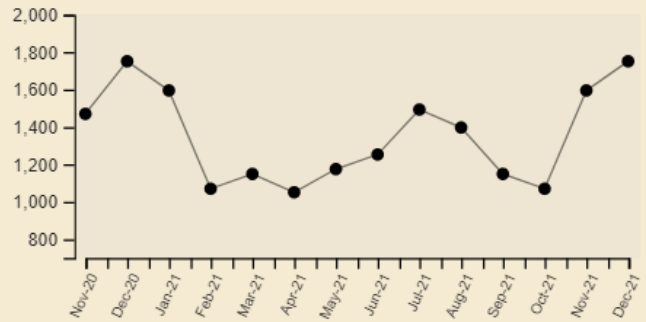
December 2021
16
Target
N/A

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

QS-1

Number of Datix Incidents

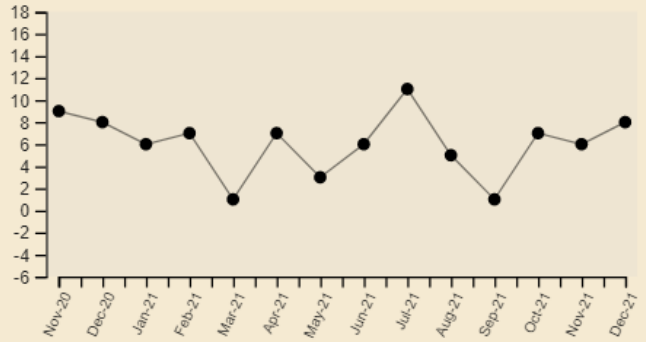


December 2021: 1751

Target: N/A

QS-2

Number of Incidents Reported as SIs

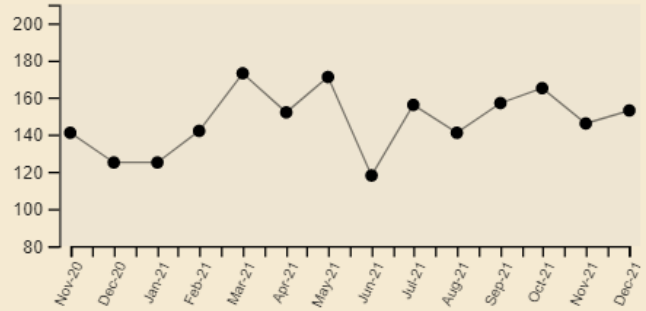


December 2021: 8

Target: N/A

MM-1

Number of Medicines Incidents

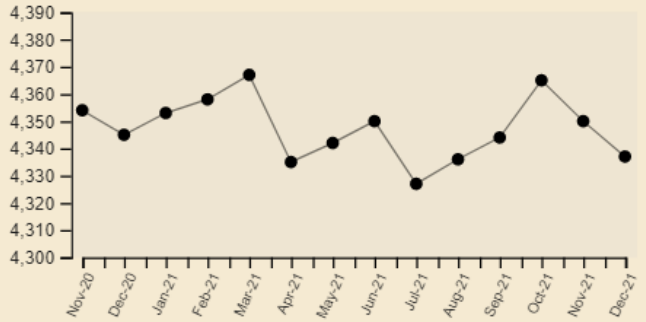


December 2021: 153

Target: N/A

WF-2

Number of Staff Headcount (Excl bank and agency)

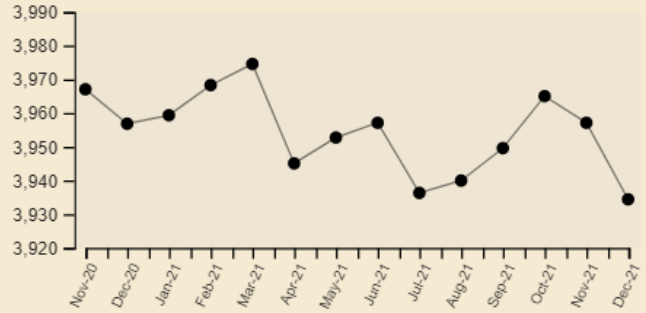


December 2021: 4337

Target: N/A

WF-1

Number of Staff WTE (Excl bank and agency)

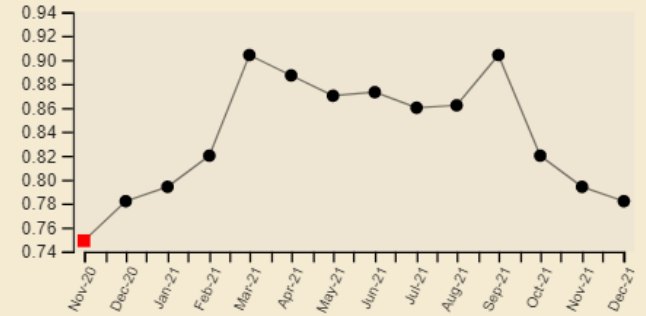


December 2021: 3934

Target: 3996

QS-8

Safeguarding Training Completed (Children) Level 2 %



December 2021: 78.20%

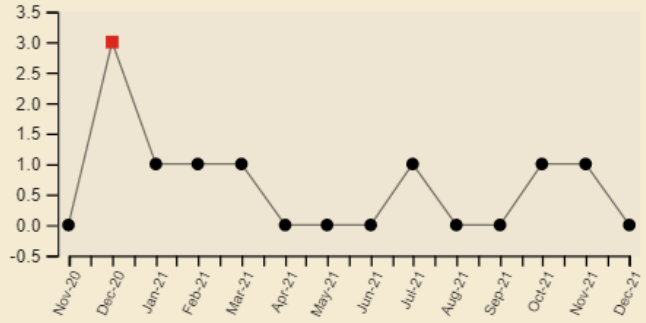
Target: 95.00%

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

MM-4

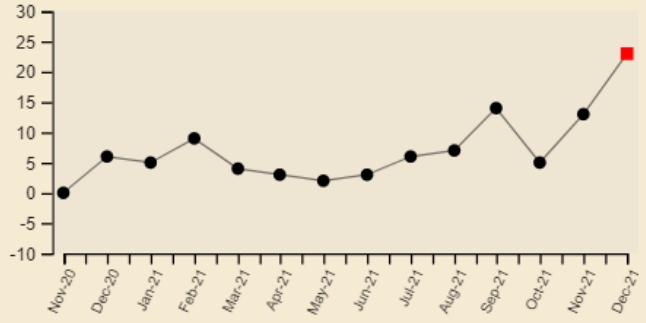
Single Witness Signature Use CDs Non-Omnicell



December 2021
0
Target
0

MM-3

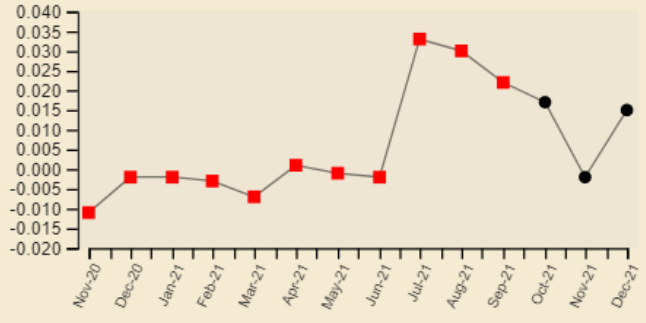
Single Witness Signature Use CDs Omnicell



December 2021
23
Target
0

WF-4

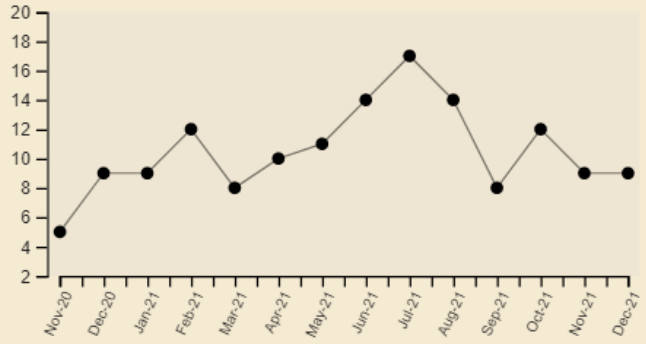
Vacancy Rate %



December 2021
1.50%
Target
N/A

QS-9

Number of RIDDOR Reports



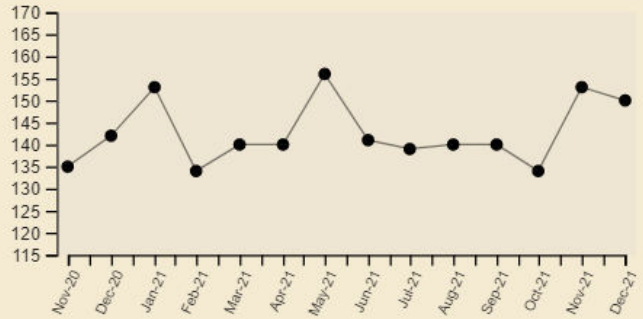
December 2021
9
Target
N/A

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

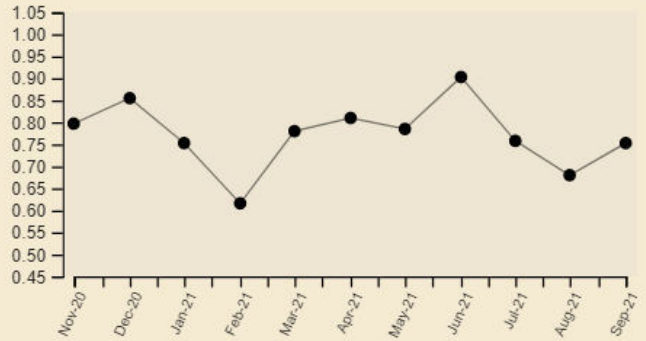
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean



December 2021
02:30:00
Target
02:22:00

M-11

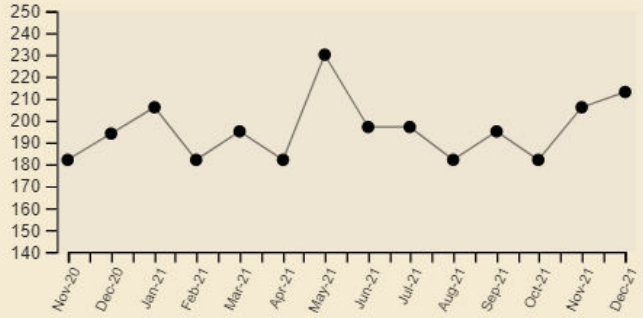
Cardiac Arrest - Post ROSC %



September 2021
75.30%
Target
76.80%

M-7

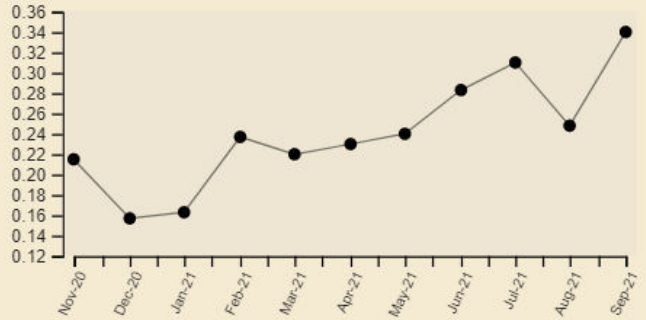
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile



December 2021
03:33:00
Target
03:14:00

M-2

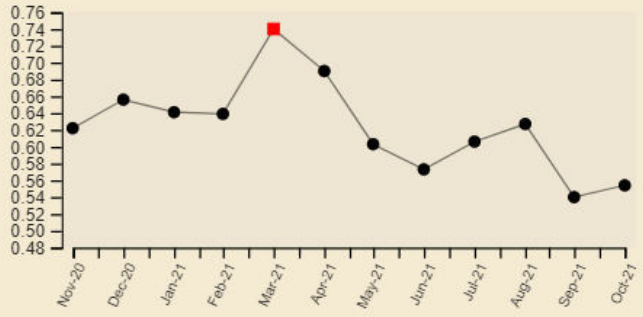
Cardiac ROSC ALL %



September 2021
34.00%
Target
23.80%

M-5

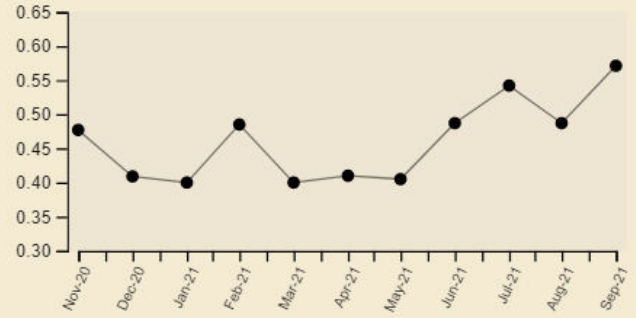
**Acute STEMI Care Bundle Outcome %



October 2021
55.40%
Target
64.70%

M-1

**Cardiac ROSC Utstein %



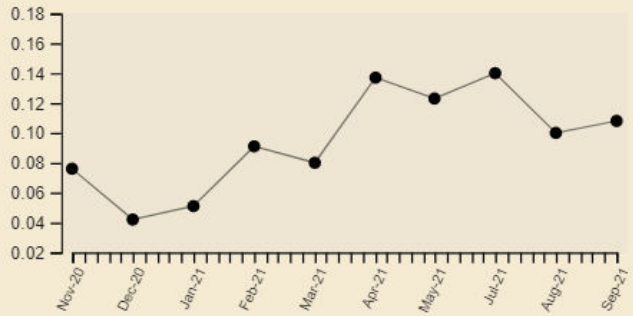
September 2021
57.10%
Target
45.10%

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 %



September 2021

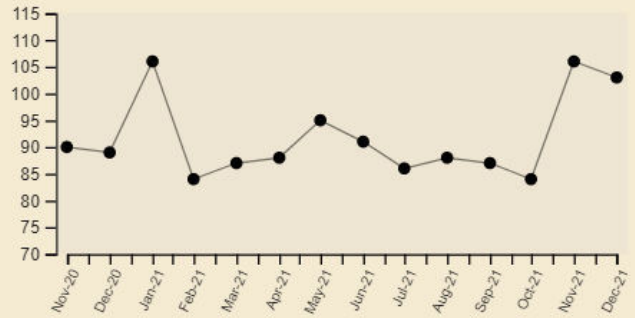
10.80%

Target

9.60%

M-8

Stroke - Call to Hospital Arrival Mean



December 2021

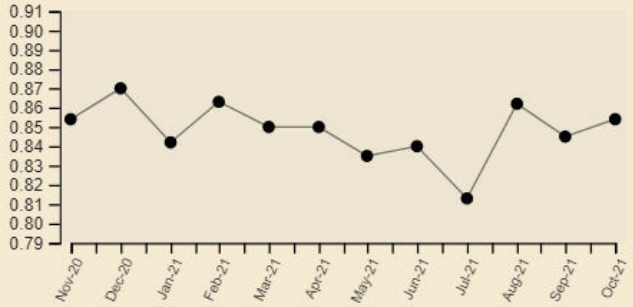
01:43:00

Target

01:29:00

M-12

**Sepsis Care Bundle %



October 2021

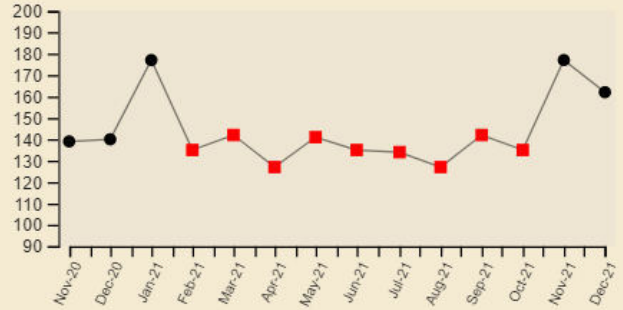
85.40%

Target

85.00%

M-9

Stroke - Call to Hospital Arrival 90th Centile



December 2021

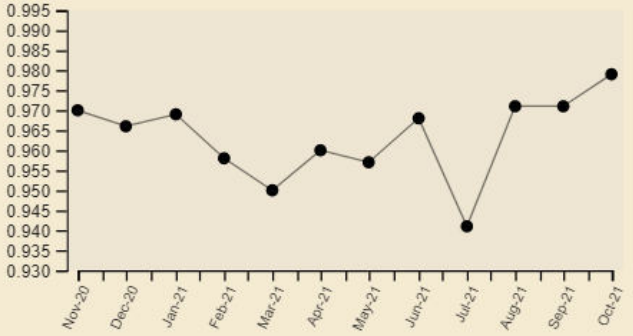
02:42:00

Target

02:20:00

M-10

**Stroke - Assessed F2F Diagnostic Bundle %



October 2021

97.90%

Target

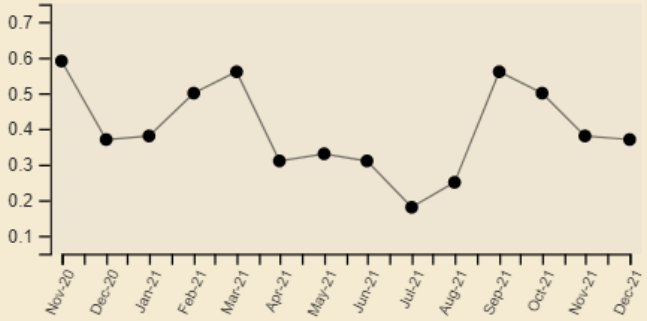
96.30%

Performance by Domain
Caring: Performance Charts

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

QS-10

Proportion of Complaints Relating to Crew Attitude %



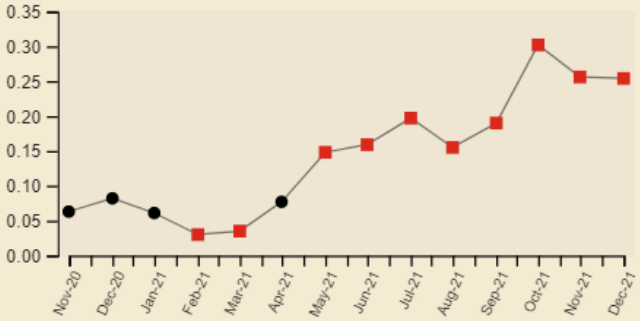
December 2021
37.00%
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

111-3

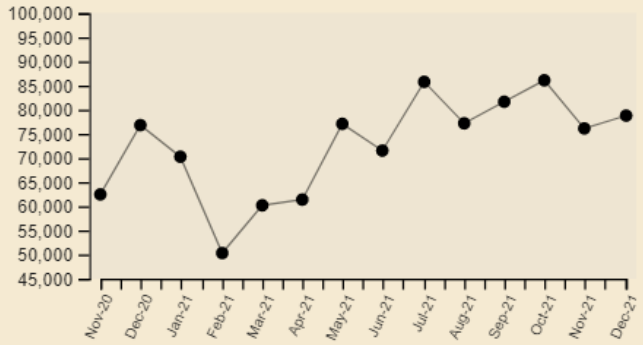
111 Calls Abandoned - (Offered) After 30 Seconds %



December 2021
25.40%
Target
5.00%

999-10

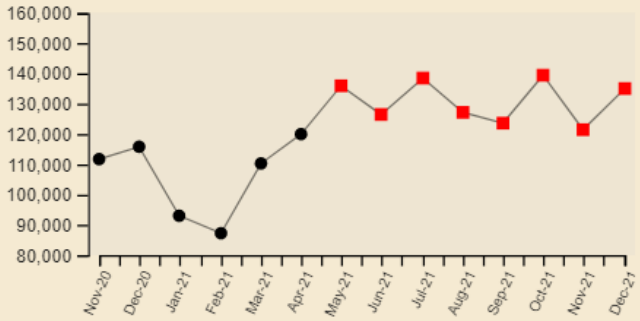
999 Calls Answered



December 2021
78778
Target
N/A

111-1

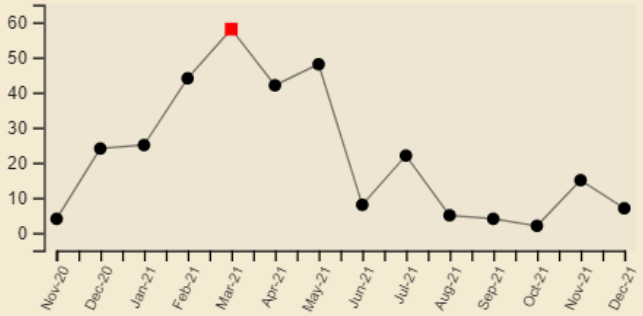
111 Calls Offered Actual



December 2021
135035
Target
N/A

999-1

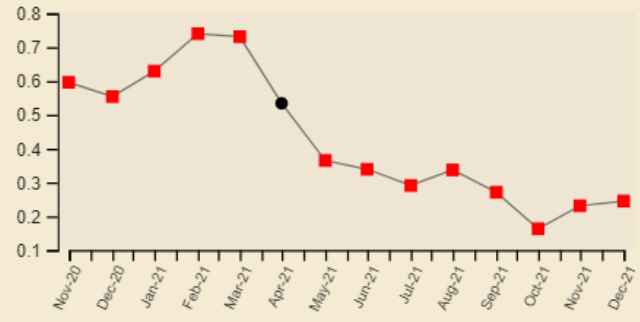
999 Call Answer Mean



December 2021
00:00:07
Target
00:00:05

111-1

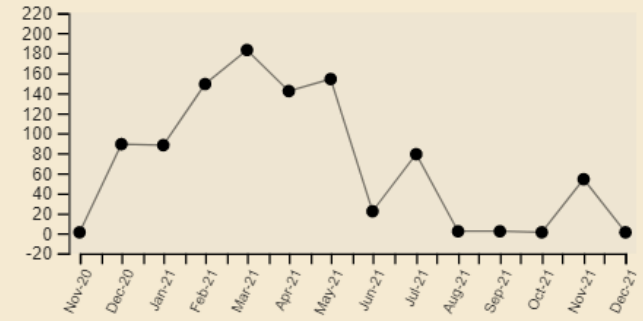
111 Calls Answered in 60 Seconds %



December 2021
24.50%
Target
95.00%

999-1

999 Call Answer 90th Centile



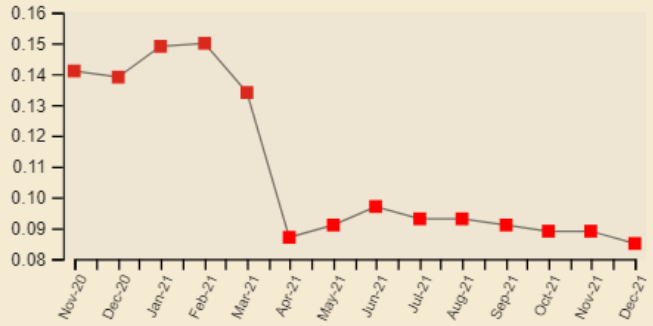
December 2021
00:00:01
Target
00:00:10

Performance by Domain
Responsive: Performance Charts

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

111-4

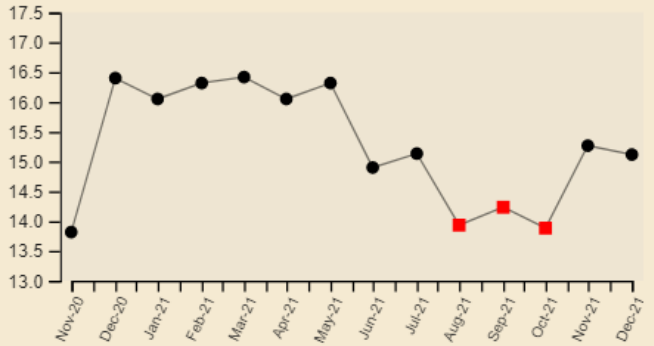
999 Referrals (Answered Calls) %



December 2021
8.50%
Target
13.00%

999-2

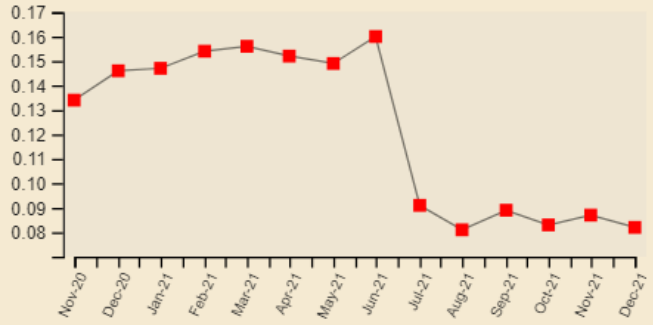
Cat 1 90th Centile



December 2021
00:15:07
Target
00:15:00

111-5

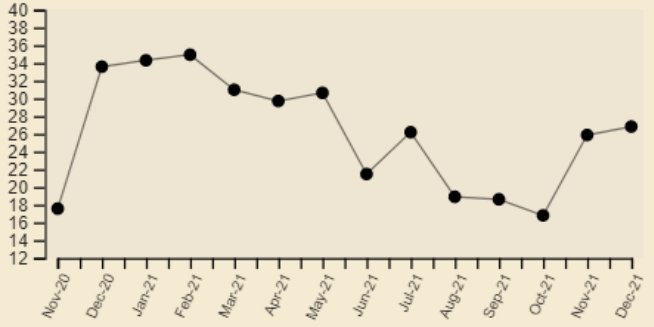
A&E Dispositions %



December 2021
8.20%
Target
9.00%

999-4

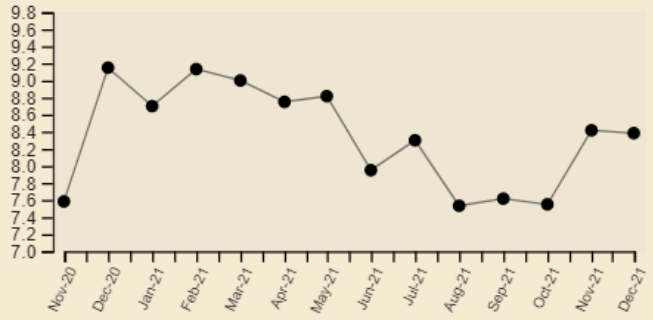
Cat 2 Mean



December 2021
00:26:49
Target
00:18:00

999-2

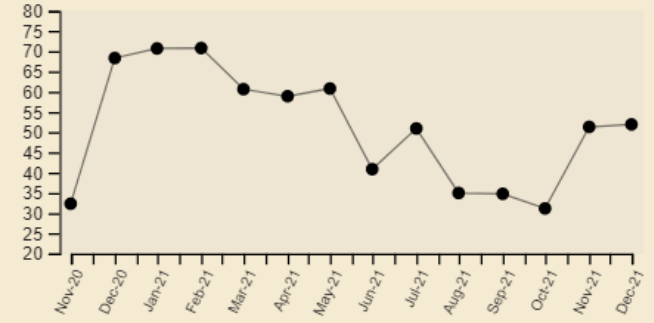
Cat 1 Mean



December 2021
00:08:23
Target
00:07:00

999-4

Cat 2 90th Centile



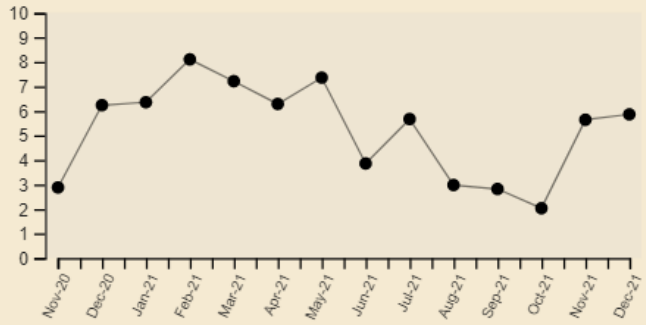
December 2021
00:51:55
Target
00:40:00

Performance by Domain
Responsive: Performance Charts

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

999-5

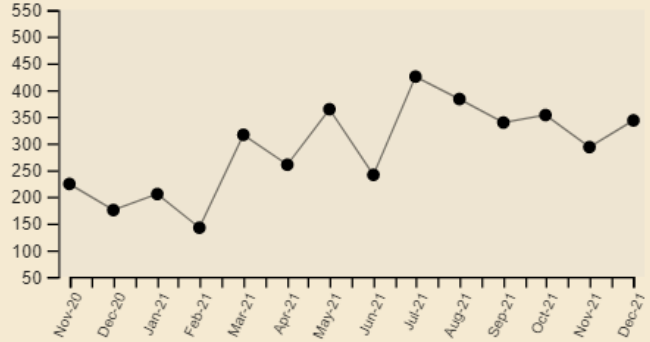
Cat 3 90th Centile



December 2021
05:51:35
Target
02:00:00

999-10

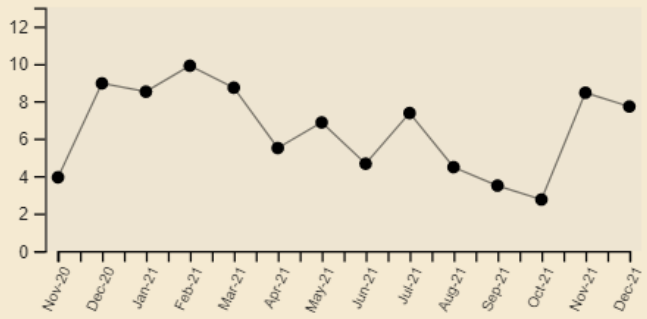
Fire First Responder Attendances



December 2021
343
Target
N/A

999-6

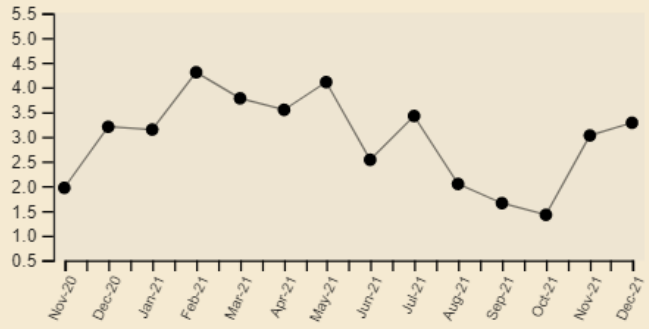
Cat 4 90th Centile



December 2021
07:42:55
Target
02:44:51

999-7

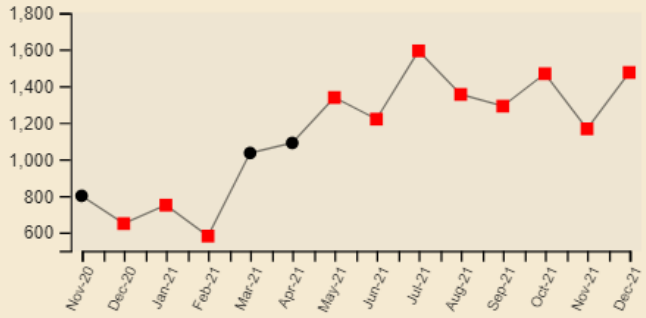
HCP 3 Mean



December 2021
03:16:55
Target
N/A

999-10

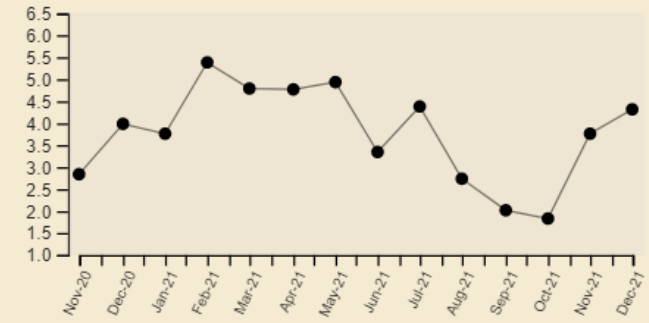
Community First Responder Attendances



December 2021
1474
Target
N/A

999-7

HCP 4 Mean



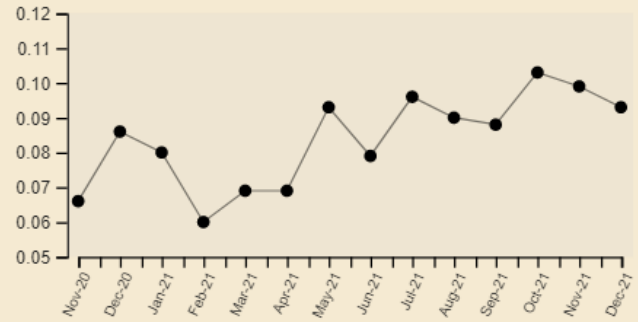
December 2021
04:18:54
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

999-9

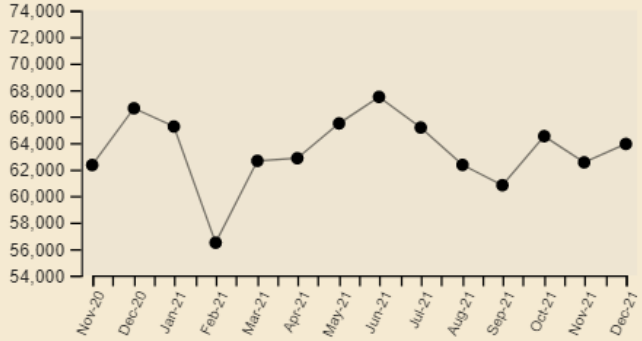
Incident Outcome Hear & Treat %



December 2021
9.30%
Target
10.00%

999-10

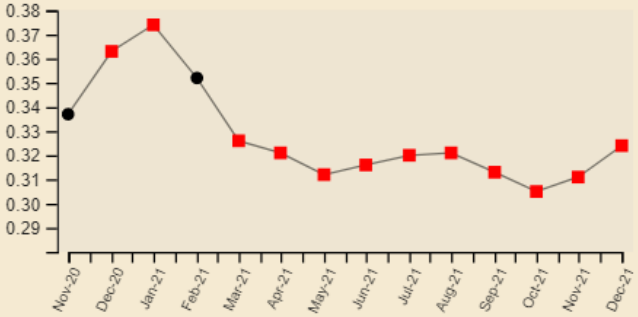
Incidents A7



December 2021
63924
Target
N/A

999-9

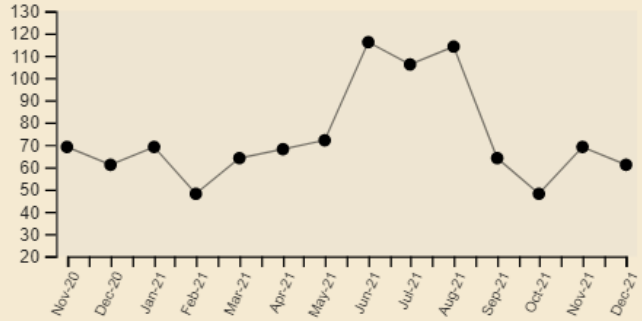
Incident Outcome See & Treat %



December 2021
32.40%
Target
35.00%

QS-5

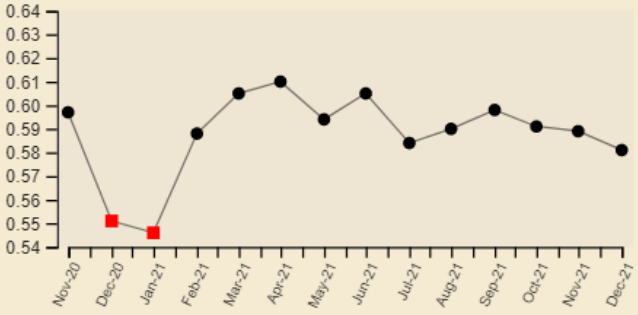
Number of Complaints



December 2021
61
Target
N/A

999-9

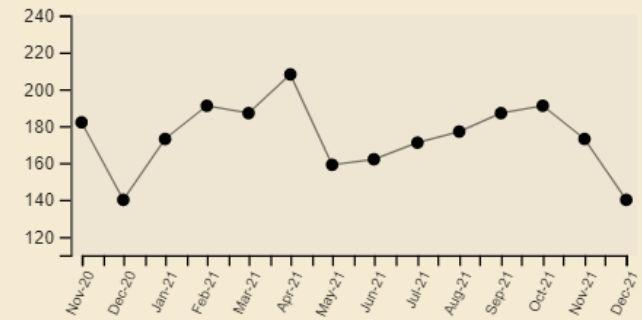
Incident Outcome See & Convey %



December 2021
58.10%
Target
55.00%

QS-6

Number of Compliments



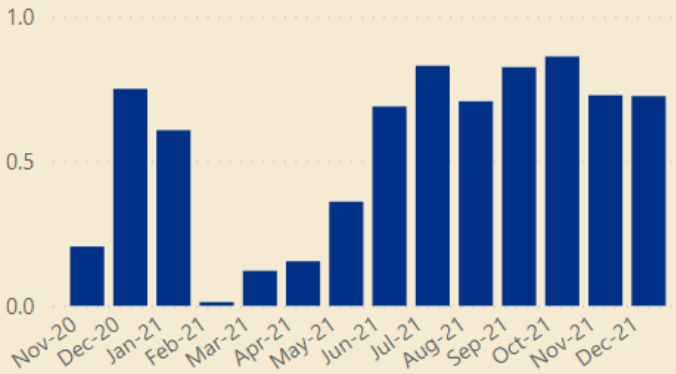
December 2021
140
Target
N/A

Performance by Domain
Responsive: Performance Charts

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

999-14

Surge Managemnt Plan Level 3 or Higher %



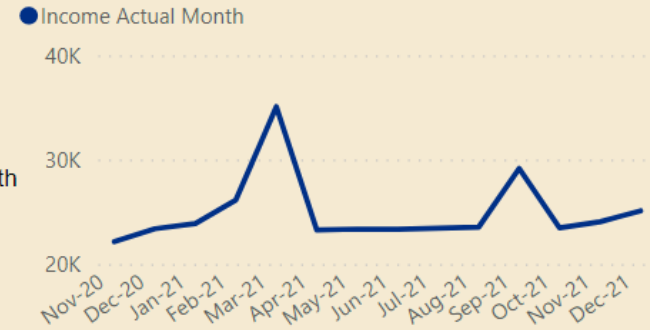
December 2021
72.50%
Target
N/A

Performance by Domain
Well-Led: Performance Charts

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

F-1

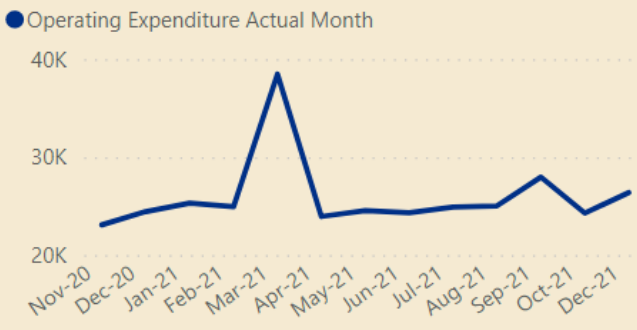
Income Actual Month



December 2021	£25088.10
Plan	£24358.10

F-2

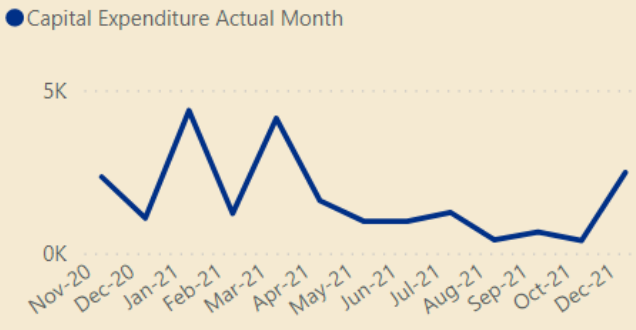
Operating Expenditure Actual Month



December 2021	£26396.10
Plan	£26020.10

F-3

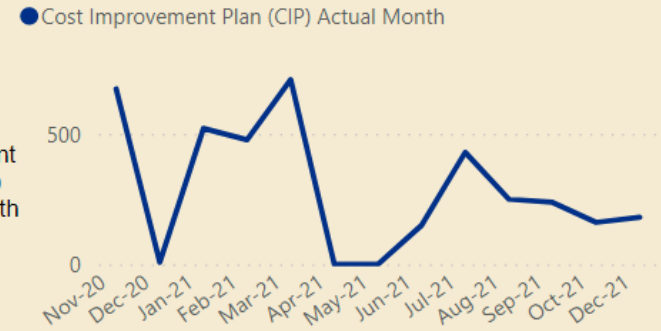
Capital Expenditure Actual Month



December 2021	£2476.90
Plan	£3063.00

F-4

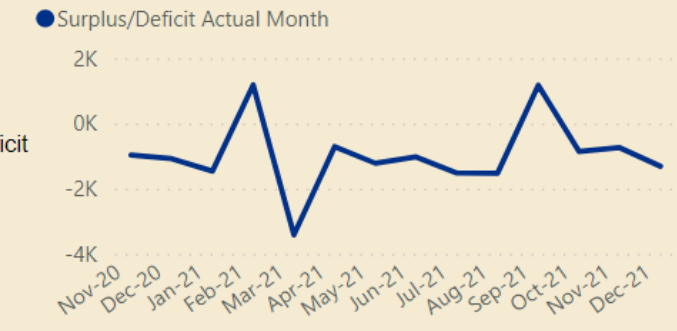
Cost Improvement Plan (CIP) Actual Month



December 2021	£181.32
Plan	£506.00

F-6

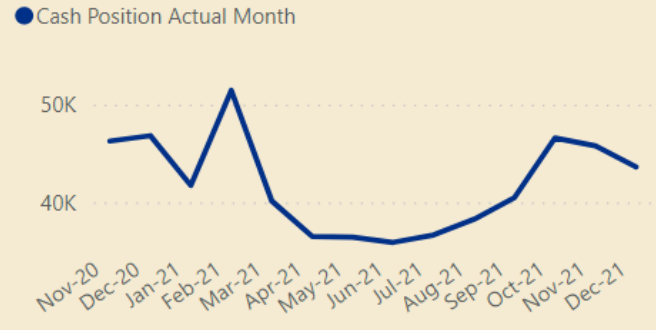
Surplus/Deficit Actual Month



December 2021	£-1308.00
Plan	£-1662.00

F-7

Cash Position Actual Month



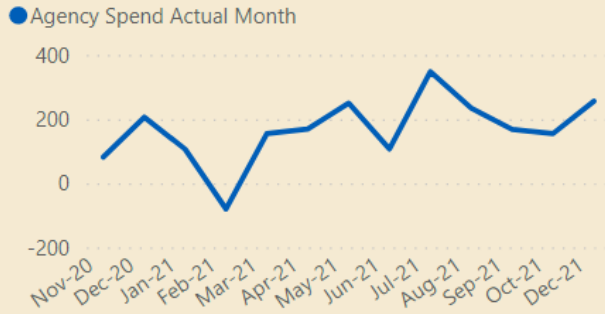
December 2021	£43638.00
Plan	£18372.52

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

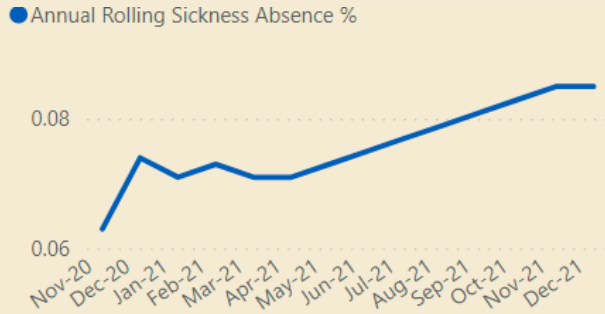
Agency Spend (£000s) Month



December 2021
£255.95
Plan
£264.00

WF-8

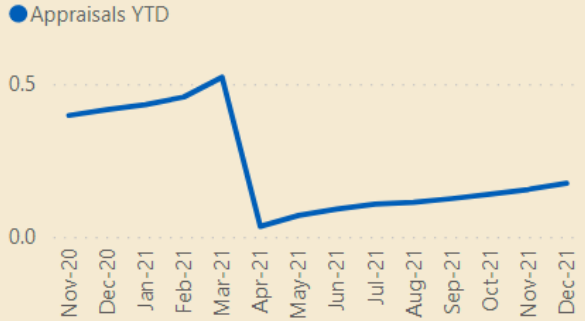
Annual Rolling Sickness Absence %



December 2021
8.50%
Target
5.00%

WF-5

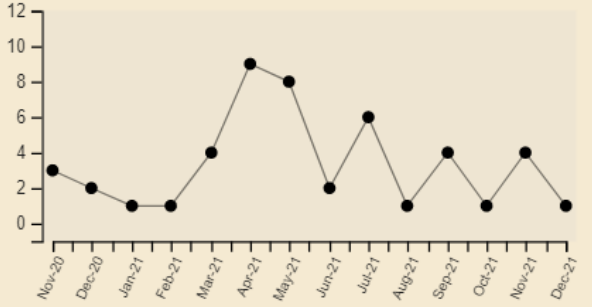
Appraisals YTD



December 2021
17.50%
Target
85.00%

WF-9

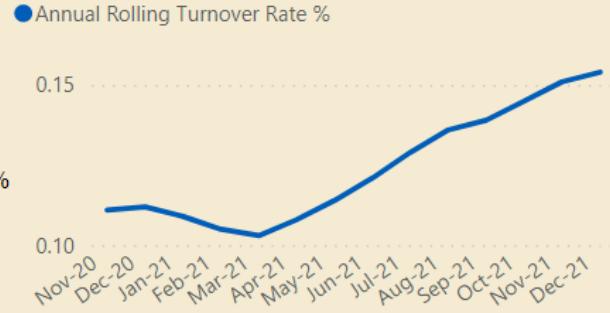
Disciplinary Cases



December 2021
1
Target
N/A

WF-7

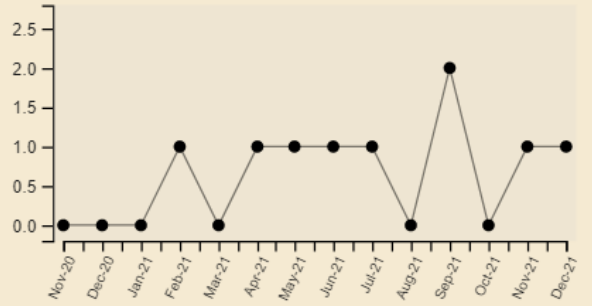
Annual Rolling Turnover Rate %



December 2021
15.40%
Target
N/A

WF-11

Collective Grievances



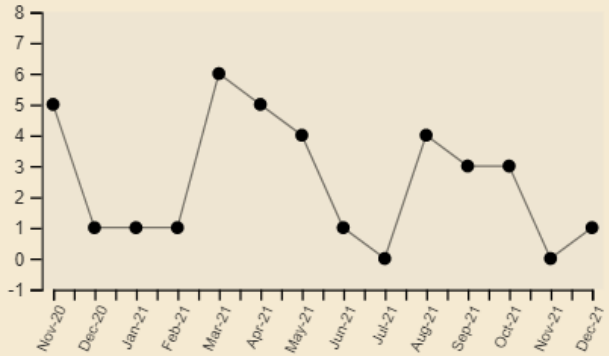
December 2021
1
Target
N/A

Performance by Domain
Well-Led: Performance Charts

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

WF-12

Bullying & Harrassment Internal



December 2021

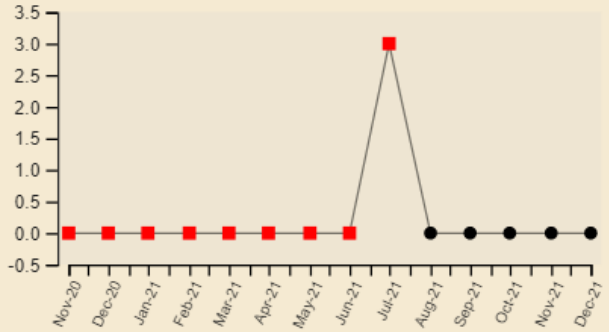
1

Target

0

WF-13

Whistleblowing



December 2021

0

Target

N/A

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Glossary & Metrics Library

Best placed to care, the best place to work

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
DCA	Double Crew Ambulance
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
SRV	Single Response Vehicle

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

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Symbol & Chart Keys

Best placed to care, the best place to work

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	06 January 2022
Overview of key issues/areas covered at the meeting:	The committee acknowledged the recent incident where one member of staff sadly died and another was seriously injured and our thoughts are with all those affected. **Assurance Process and Escalation Assured** An update was provided on the evolution of the revised executive performance assurance process, where the weekly meetings alternate between performance improvement and forward planning. Recent focus had been on preparation for the Christmas and New Year period and in particular the impacts of sickness / self-isolation and other abstractions. There was also focus on workforce planning for 2022/23 and the expected impacts of Omicron over the next 5-6 weeks. Acknowledging the uncertainty, the executive were planning for the peak to be around mid-January with then a slower decline than we had with the Delta variant. In light of this, January was expected to result in a continued rise in sickness and isolation. The committee is assured by the approach being taken by the executive, which over the past couple of months has really helped to focus on the right areas using increasingly better intelligence / data. The committee noted that the more structural and therefore longer-term solutions are being considered as part of the review of the care delivery model which is one aspect of Better by Design. **Integrated Plan: 2022 – 2023 Partial Assurance** This is a really positive step forward. At its meeting in November the committee was presented with a framework for Integrated Planning going forward. This is based on demand projections overlaid with realistic operational assumptions to help establish the most optimal solution that balances resource requirements, budget and performance. This is initially for the 2022/23 and is a precursor exercise to the 2-5-year horizon which will be the basis of the new Care Delivery Model design, due to commence in the coming weeks. The committee reviewed the baseline assumptions and requirements with the focus initially on the WTE in field operations based on our current operating model. Further resource areas are being developed through January to include Call-handling, Fleet, Make Ready and 111 CAS, in preparation for discussions with commissioners as part of budget-setting for next year. The committee explored some of the detailed analysis of the underlying assumptions / improvements. It also clarified that commissioners and other stakeholders are supportive of our approach. The committee also explored the ambition (it is quite ambitious) and the need to ensure the right balance between the ambition and being deliverable. In summary, the committee felt that the limiting factor for next year will be the ability to recruit and train additional NQPs and ECSWs, with plans already at full capacity. However, the plans provide a realistic and affordable workforce target. To then get to a reasonable trajectory to meet ARP will require (in addition to achieving the

	workforce plan) significant operational improvements, such as in hear and treat and reduction in job cycle time. This will require a resource improvement methodology, which is currently a gap. **12-week look ahead Assured** The committee considered the projections to the w/c 4 February that set out the best and worst-case scenarios. Despite managing relatively well over Christmas, due to a combination of better hours and public behaviour / lower demand, the worst is expected given the profile of COVID. The committee was reassured by the good level of understanding and challenged the executive on its mitigation plans. It concluded that the executive is doing all it reasonably can; this includes a submission of a MACA request (via the ICS) and using the COVID management team to ensure staff awaiting PCR tests can return as quickly as possible. **Performance Management Overview Partial Assurance** This section of the meeting was focussed on the immediate actions being taken. It was positive to learn that the staff welfare trucks were being used and 'Halo' was being used to support staff at hospitals. Also that there was continued effort despite the challenges in performance to ensure a high level of compliance with meal breaks. Although the committee acknowledged the importance of focussing on our own performance (and impact on patients) nonetheless some comfort was received by the national AQI Performance Report (for November) that shows that SECamb compares relatively well with other ambulance trusts. The Performance Improvement Plan remains focussed on fewer areas of the wider plan to ensure greatest impact over the winter period. Wrap-up times have seen localised improvements however this is not consistent across the board. There has been an increased overall of at-scene times, but this is likely to have contributed to a reduction in overall conveyance. The committee explored the impact of hospital handover delays in the context of many acute trusts declaring critical incidents. It acknowledged the challenge of patient flow and staffing levels at hospitals. We do implement our handover policy but can only do this when there is space and some emergency departments are at full capacity and so there is nowhere to hand patients over to. The regular regional meetings focus on this, but there are no easy solutions. In terms of the good provision of hours over the Christmas period, the committee asked the executive about how they will be undertaking a benefit realisation assessment. This will come back as a management response in due course. Lastly, there was a discussion about the recent emergence of a national push for a 111 virtual call centre. There appears to be come clinical risk to be worked through and there is an issue about timing too that we and other providers have escalated. **Additional Funding - progress against delivery** A verbal update was provided on EMA and clinical recruitment in the EOC, linked to the non-recurrent funding provided late last year. There is good progress and we are meeting the related performance improvement trajectories, in particular call answer

	performance.
Any other matters the Committee wishes to escalate to the Board	The committee noted the implications of the mandated COVID vaccinations. As currently know (work still to do) there is a potential issue for 293 (of 3009) staff that fall within scope. An update on this will be provided at the Board meeting in January. It was a good meeting with excellent discussion. The committee congratulated the executive for the level of performance over the past few weeks, which was in the face of such adversity. The improvements in forecasting helps us understand the challenges ahead which will put us on the front foot.

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	Thursday 13 January 2022
Overview of key issues/areas covered at the meeting:	In review of the **committee (IPR) dashboard**, the committee noted the work on developing targets. At its previous meetings two areas from the dashboard were identified for further scrutiny, both were covered at this meeting. Under **executive escalation**, nothing specific required escalation, but in relation to the recent RTC where a member of staff very sadly died, the committee noted the ongoing SI investigation and the separate review of RTCs to establish any themes / learning. There were two *Management Responses* (related to gaps in assurance from previous meetings): **Duty of Candour Compliance** **Assured** At its meeting on 18 November 2021 the committee highlighted from the Dashboard a concerning trend in compliance with the Duty of Candour. It asked for information about the work to ensure this is prioritised, and assurance that despite missing the time-based targets Duty of Candour is always completed. Firstly, the committee was pleased to see that in November there was 100% compliance. It learned that the main reason for the previous dip related to capacity in SI the team, due to the number of SI investigations and, in particular, harm reviews. However, duty of candour was always implemented, even when it was outside of the time-based target. The committee noted that the numbers (requiring duty of candour) are small and so using percentages in the IPR rather than numbers can be a little misleading. It also acknowledged how difficult these conversations can be and so training is really critical. It therefore asked for information in due course about how we are preparing managers for these conversations and also investigating incidents. In the meantime, noting the competing priorities, the committee is assured that there is the right level of focus in ensuring this requirement is always met. **111 Electronic Prescribing Service (EPS)** **Assured** At its meeting on 21 May 2021 the committee received a paper on the introduction of the EPS in 111. The committee asked for an update to include themes and trends. This was provided, setting out the quality assurance framework in place to facilitate EPS. The committee noted there is as expected for the type of service, a high prevalence of antibiotics. There is currently just one non-medical prescriber (NMP) and work is ongoing to phase pharmacists, closely overseen by the Chief Pharmacist. The committee explored the approach between what a GP prescribes and what comes to an NMP. Overall the committee is assured by this service, and how it is being implemented. It forms a strong part of our offer to the communities we serve. Going forward there is work to ensure less variability in prescribing and to keep a close review of the number of out of hours' prescriptions. The committee has asked for a management response in 6 months' time on these two issues. The main *scrutiny items* were as follows:

Infection Prevention and Control (IPC) - Hand Hygiene Partial Assurance

This paper was requested in December, following review of the IPR dashboard that showed variable compliance. It explained that the answer isn't necessarily messaging as there has been somewhat of a message overload in recent months. Instead, management is doing some targeted and sustained improvement work. The recent low compliance in the main are issues related to bare below elbows and wearing watches, and these are for local management to manage, as set out in the IPC improvement plan.

The paper gave some data showing a link between sub optimal hand hygiene and staff hours lost due to sickness, such as respiratory / gastro illnesses. The committee is clear that we must keep reinforcing the importance of hand hygiene, and it explored how we do this in a way that get across the cultural point.

The executive confirmed that there is a well-established outbreak management framework in place, and this helps to educate local managers about how to restrict cross infection. In addition there is some targeted improvement for specific Operating Units.

The committee found the paper really helpful. It clarified the different contributing factors, such as working in full PPE, and the committee acknowledge that there is some IPC fatigue not just here but across the NHS.

The outcomes of the IPC improvement plan will be reviewed by the committee later in the year.

GoodSam update Assured

The committee asked for this paper to seek assurance on the approach and implementation of GoodSam. It was assured by the approach, noting that there is scope to expand further, subject to our appetite for risk, and that there have been no adverse incidents since its introduction.

We started using just our own staff then moved on to other agencies (health professionals) who are required to provide evidence of qualification / registration.

In terms of issues, the executive explained that there is some improvement needed in how we stand down people effectively (when the patient is found not to be in cardiac arrest), which is ongoing.

The committee acknowledged how incredibly public spirited it is for people to give their time to this. It reinforced the need to thank and recognise these volunteers, and to publicise good outcomes, perhaps linked to the volunteer and cardiac arrest strategies.

EOC Safety - Mental Health Partial Assurance

On 26 October 2021, the Trust implemented the Suicide / Overdose validation process to provide greater clinical oversight to patients who present as suicidal or who have taken an overdose. Following the Cleric change, a couple of issues were identified that are being addressed. One of these relates to functionality (where some calls aren't automatically being upgraded) that Cleric has been asked to fix. In the meantime, there is reliance on manual intervention from the EOC clinical team, which requires one-to-one training and shared learning.

Despite this, and from the data available, we can ascertain that overall the Trust now has much greater oversight of calls for patients experiencing a mental health crisis, with intervention for some cases resulting in appropriate categorisation of the call through upgrading or signposting to alternative dispositions.

The committee noted some gaps in reporting that need resolving to be able to more accurately establish how well this new process is working. However, while it is assured that safety is improved, due to more robust clinical visibility and awareness of this

vulnerable group, further improvement is to follow, especially with regards the automated process via the CAD. A progress report will be considered in six months' time.

Research and Development – Outcomes **Assured**
A good paper was considered that set out the key studies in progress. The committee acknowledged that these studies are long term in duration and, for some of them, it will be several years before the results are reported. In turn, this means it is unlikely to be possible to evidence the impact of these studies for a while yet. The Research and Development Department are working with various areas/departments within the Trust to ensure that the Trust develops robust mechanisms of evaluation of research impact.

This paper summarised the ten studies in progress, which excludes the grant applications in areas such as end of life care, organisational change, and interprofessional working within care homes.

The CFR study is closest to being reported, but this is still only halfway through. Funded by NIHR and led by the University of Lincoln, this study is looking at CFR provision by investigating current activity, costs of provision, and views of patients, public, CFR schemes and rural care providers. The purpose is to investigate patients' experiences of having community first responders attend to them for a medical emergency before or around the time that ambulance staff arrive. The study will enable recommendations to be made that will lead to improvements in patient care.

The committee heard also about the softer impacts of research, such as the increasing number of paramedics being published and getting involved in research. It is really assured by the research that is ongoing.

The committee also recognised the impact of the R&D team on our response to COVID, e.g. the rapid literature searches to evidence some of our decisions / procedures.

The committee then considered a number of *Annual Reports*:

Complaints / Patient Experience Annual Report 2020/21
The committee reviewed this report, noting the areas for development / improvement, including the revamping of the Patient Experience Group to help ensure better balance with patients and carers. It heard that this is now established and working better. The relations with Health Watch have also been strengthened, and we now attend their regional meetings and work with them to triangulate data. Other improvements of note include the better collation of protected characteristics from complainants.

In terms of complaints responsiveness, in the year reported the Trust responded to 87% within 25 working days, which the committee commended especially considering the context of the pandemic.

Learning from Deaths Q4 2020/21
This report covering Q4 of last year coincided with the peak of the Delta variant, which explains the higher number of deaths in January 2021. It affected all age groups above 40 years. The structured judgmental reviews found that overall the standard of care was good / excellent in 75% of cases; others (poor / very poor) related to delays in C1, although few impacted on the eventual outcome for the patients.

In terms of learning, these reviews helped to identify that while we are effective at when to stop resus, improvement is needed on the processes that guide when to start resus. Other areas for development relate to documentation and how to explain the rationale for specific treatments.

There was also a review of all 14 child deaths. The initial care was good or excellent in nine cases and the other five were linked to delays, neither impacted the eventual outcome.

	Incidents & Serious Incidents Annual report The committee noted that the number of SIs is decreasing, although we are still a high reporter, which is positive as shows openness. One reason for this decrease is the work to ensure we more consistently hold to the definition of what an SI is. It also noted the improvement needed to better embed recommendations / actions. The executive is working to ensure more focussed actions. The final section of the meeting was the *Forward Look/Horizon Scan* section. There were two issues discussed here. Firstly, related to the **triage destination for paediatric cardiac arrests in mid-Sussex.** This relates to the Princess Royal Hospital and a request for all such transfers to go instead to Brighton. Our medical director expressed some concerns about this and escalated to NHSE who via their medical director confirmed the position. We have alerted commissioners. There was also an update on the **falls pilot**. This was a proof of concept and the executive is now looking to roll this out in March 2022. Lastly, there was a discussion about COVID management, and the committee sought assurance on the arrangements since Bethan left. The COVID management group continues as before and in due course this will move to BAU.
Any other matters the Committee wishes to escalate to the Board	None.

Southeast Coast Ambulance Service NHS Foundation Trust

SECAmb Board

WWC Escalation Report to the Board

Date of meeting	**09 December 2021**
Overview of issues/areas covered at the meeting:	**Executive Escalation** At each Board committee meeting is a standing agenda item for the executive to escalate or raise any specific 'live' issues the committee ought to be aware of. There were three issues raised by the Executive Director of HR & OD: 1. Firstly, and for awareness, the national ballot for potential industrial action, related to the 3% pay award. 2. The consultation for the Medway and Banstead MRCs, affecting just under 1000 staff. This is ongoing and external resource has been secured to ensure the right level of capacity is in place to manage this process. 3. The mandatory vaccination policy for patient facing staff. Management is working through the potential impact on the Trust and how to support the affected staff. The committee explored the steps that may be taken such as having one to ones with individuals who choose not to be vaccinated, and the potential consequences. In review of the **committee dashboard**, taken from the IPR, the committee challenged the low completion rates for appraisals - 28% year to date, which is much lower than last year. While it supported the introduction of a new appraisal system aimed at improving the quality of appraisals, it felt that we needed to ensure more immediate improvement. It learnt that there is a recording issue that the executive is aware of and in the process of fixing, and the committee will review this is greater detail at its next meeting in February. Management Responses: **HR Performance Update Assured** In the past few months the committee has been focussed on the implementation of new HR systems. Going forward, this focus will shift to performance, and how these systems support processes, such as recruitment (time to hire), payroll etc. There is now better data on time to hire and the feedback from the new payroll provider / system has been positive, to-date. The supervisor self-service is a positive step forward as this empower managers with a better level of management information.

Workforce Planning and Recruitment Internal Audit Partial Assurance
The committee received some assurance from the progress against the actions taken in response to the 'Partial Assurance' Internal Audit review. There is a review of the workforce plan schedule for the WWC meeting in February.

Health & Wellbeing Partial Assurance
A Health and Wellbeing Programme Board has been established by EMB to develop the Occupational Health tender; undertake a value for money review of the H&W service; and draft the H&W strategy. The team are consulting with stakeholders and using feedback from surveys etc. to help inform this work.

The committee noted that the Trust invests over £1m each year on this service, which is positive. It also reinforced that the wellbeing hub is just one aspect of staff health, welfare and wellbeing. As importantly, is good line management, appropriate and timely training and development, as well as ensuring the right capacity, support and equipment.

There were then a number of scrutiny items:

Sickness Action Plan Partial Assurance
There is a specific plan to help better manage staff sickness. The committee received an overview and progress to-date and noted that some aspects of the plan were still incomplete (e.g. gaps in leads / timeframes). The committee has added this as a standing agenda item until the plan is complete.

Learning and Development Plan – Operational Focus for 2022 - 2025 Partial Assurance
A really helpful presentation was received on the developing learning and development plan. This is a joint effort between operations, learning and OD, and clinical education. Priorities have been established for training, learning and development and the committee explored these and tested how management intends to deliver in the context of the sustained operational pressures (abstraction).

The committee is assured by the fact that we are now looking at this much more holistically and tackling the really tricky issues. It noted that not everyone needs the same level of training and that there is better clarity on overall cost. The multidisciplinary approach is positive and helps to start to address the tension between performance, development, and abstraction. Balancing these tensions is not easy but doing so is central to this and so must be (and is) the first step. The executive is clear that we need to develop something that is sustainable within reasonable tolerance, such as 'normal' sickness.

The committee supported this approach acknowledging that despite a robust plan there will be times when operational pressures are such that some training and development will need to be paused. However, the challenge to the executive is to ensure this is more of an exception than it has been in recent times with clarity about what cannot be delayed, such as some stat/man training.

Overall, the committee believes this is a really good step forward and it will oversee delivery of the plan from April 2022.

FTSU Partial Assurance

Following on from the Freedom to Speak Up Guardian (FTSUG) report to the Trust Board in September, the committee invited the FTSUG to this meeting to give more detail on the types of issues related specifically to management / HR. This included where there are hotpots and how we demonstrate learning.

There was a helpful discussion about the gaps in being able to always demonstrate learning and the committee noted the work ongoing with the HR team to make improvements to this. Despite this, there is evidence of good learning outcomes, for example at Guildford OU a concern was raised about the lack of training, and the member of staff wasn't getting anywhere with their line manager. After using FTSU a model response was made working in partnership with the person to ensure a positive outcome. This helped rebuild their confidence in the local management team.

The committee reinforced the need to shift the balance of emphasis of what comes through FTSU, so that the general management issues can be dealt with promptly as part of the line management structure.

A second paper was received by the committee setting out all the various initiatives to ensure SECAmb is the best place to work. The committee will add this as a standing agenda item to monitor progress.

Incidents of Violence & Aggression Partial Assurance

The committee received an update on the body worn camera trial, the work ongoing with Police (related to prosecutions), and the de-escalation training. The paper did not include specific assurances on the effectiveness of the measures we have in place to support staff and keep them safe. It therefore asked for a further paper to come to its February meeting.

With regards the body worn camera trial we are part of a national trial and will feed into the national evaluation. Together with the benefits we establish, this will then inform any decision for future investment.

Clinical Education Strategy

The committee received a good draft of the strategy at its meeting in October and received a verbal update on the developments since then, which include greater emphasis on digital technology and also equity and access; how we intend to break down silos / ensure more integration; and clarity on the approach to delivering education for those who are actively working.

The committee explored the links with clinical supervision and reinforced the need for

	this strategy to be responsive to changes. In terms of how this fits within a broader education and training strategy the committee sought assurance that there is good integration between the HR, medical and operations directors. The final section of the meeting was the Forward Look / Horizon Scan. Here the executive updated the committee on the steps to improve the working environment within EOC/111. This includes action to better support managers and to increase leadership capacity. Two external people have been brought in and their fresh eyes will help both senior-level capacity and ensure learning. An update will be received at the next meeting.
Any other matters the Committee wishes to escalate to the Board	The quality of the presentations and discussion was very good and there is a more future view being taken across the issues. However, some papers were late and feedback was provided about the range of presentation styles and how these might be adapted to better inform the committee.

SECAMB Board

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

Date of meeting	20 January 2022
Overview of key issues/areas covered at the meeting:	**Month 9 - Financial Performance Assured** There was a very detailed review of financial performance in the context of the position at month 9. We are reporting a deficit of £1.6m in month 9, which is slightly better than plan; this takes the reported cumulative deficit to £8.3m, which is also broadly in line with plan. The productive hourly rate for frontline workforce remains high due mainly to an increase in abstraction, and the overtime incentives for December totalling £1m (£0.8m for Christmas period). The committee explored how we measure productivity as a unified metric and this led to a helpful discussion about how we ensure internal productivity, but also productivity that helps the wider system. The way management is thinking about this is reassuring and it links directly to the Trust strategy. Cost improvements to date are £1.7m against a target of £4.4m. While this adverse position can be partly explained by operational pressures, the committee heard about the significant changes that are needed in the Trust's approach to efficiency savings. A number of initiatives are being taken forward to improve the operational delivery model, to help ensure we make better use of available resources, improve efficiency and optimise performance. Against this background, the Cost Improvement Programme will be relaunched as the Efficiency Programme during the planning for 2022/23. The committee noted that there still need to be some cash releasing from this but supported the view that it is principally about efficiency and improving service provision. In time this must be engrained in the way we operate. There is a good level of assurance that the executive is taking a more mature and forward-thinking approach via Better by Design, which will lead to better clarity about where we identify efficiencies as part of integrated planning. There are no significant remaining risks to delivering the financial plan in the current year, but there does remain significant uncertainties for next year and beyond. The committee has asked for a view later in the year on the longer-term financial projections to align with what Better by Design can reasonably achieve. **Update on Financial Planning Partially Assured** The Planning and Contracting Guidance was published on 24 December 2021 and the finance team is working through the detail, which includes a tariff at 1.7% (Inflation growth of 2.8% less 1.1% efficiency). This year there is specific reference to a requirement for ambulance trusts to meet Category 1 and 2 ARP targets and for acute trusts to meet handover targets (100% <60 mins; 95% <30mins; 65% <15 mins). The draft plans are due by 17 March 2022, with final plans by 28 April 2022. This will require Board approval.

The committee reviewed some of the risks and opportunities such as:

- ICS allocations may not provide funds to support the required workforce requirements
- Impact of Flowers and other costs not covered by Tariff (e.g. local pay agreements)
- Continued impact of pandemic combined with reduced funding
- Continued deficits will adversely affect cash for investment
- Guidance supporting the need to meet Category 1 and 2 standards and 111 capacity

The legislation for the ICS structures has been pushed out to June 2022 and in the meantime, work is needed to better understand the implications of accountability v responsibility between providers and the ICS.

Commissioning Contracts **Partially Assured**
A report was received giving an update on the Trust's NHS commissioned contracts and services, and potential new business across the region, related to mental health and end of life services.

Noting that contract management is currently different while the block contract is in place (due to the pandemic), the committee challenged the executive on the extent to which we are adequately set up to provide robust commercial contract management. It suggested that we seek an external view on how we are currently configured to see where there might be gaps.

Business Case Tracker **Partially Assured**
The committee noted the tracker and explored how management prioritises one investment / project over another and whether more could be done at budget setting. It concluded that while some things will not be known at the start of year, other aspects could be better planned. Until then there is a gap in assurance on the appropriateness of prioritisation and related management control. It challenged the executive to make improvements in this over the next 12 months, so that when we agree annual budgets there is better clarity about where during the year, we will support additional investments that align with the strategy. Until we get to this point the business case process will continue to be too reactive.

Fleet Update (including Internal Audit Report) **Partially Assured**
A helpful paper was received updating on some recent fleet issues. Firstly, related to the Fiat seatbelts, the issue is now better understood and there is a risk assessment being designed for the relevant staff (that struggle with the positioning of the seatbelt). Fiat has been engaged as have the national procurement team as this is a national specification linked to the Carter Review. The outputs of this will help inform any revision to the fleet strategy.

In exploring this issue, it has helped management to highlight other issues linked to the familiarisation with fleet and equipment, and so a fleet user group has been established to help ensure these are resolved.

The paper also outlined some of the immediate actions from the recent fatal RTC on 5

	January 2022. We report all RTCs (including chipped windshields, broken mirrors, scratches when manoeuvring in tight locations, etc), via the MyCRA app, which links with our insurer. In addition, all RTCs involving injuries are reported on Datix. The analysis of this data shows that in the context of driving in excess of 15,000,000 miles per year, in the past two years we have reported a total of 1018 incidents, 1.39 per day. From this, 59 injuries have been reported; three have resulted in moderate harm, and three in a fatality. The paper also included national benchmarking data from our insurer, who insure all English ambulance trusts and, despite some variances within individual policies, and different geographies having different overall mileage requirements, we are not an outlier for overall claims, sitting just above the first quartile. A Driver Safety Forum which will include our insurers is being established to conduct monthly reviews so that we identify issues earlier and take more proactive actions. With regard to the RTC on 5 January the committee is assured that we are working closely with Kent Police who are leading on the investigation, and a full internal SI investigation will follow in line with our standard procedures. Lastly, the committee reviewed the recently concluded fleet internal audit review, which was Partial Assurance. A number of recommendations were made but the key conclusion was that, in broad terms, we have a fleet system but aren't using the data. Some of the actions mentioned above arise from this review and in the January IPR (on the Board agenda) there is new fleet data to increase visibility. While overall the committee can only be partially assured with fleet management, it is confident that we now have a robust plan to make the necessary improvements. **Strategic Estates Progress Report Assured** Statutory Compliance across the estate remains at a satisfactory high level, with an average throughout the last reporting period (up to Nov 2021) at 94% of the statutory planned maintenance requirements being fully completed on, or prior to, their required due date. The slight drop from the previous 98.4% was due to a small number of outstanding Water Risk Assessment caused by a change in specialist contractor, which have all now been completed. We continue to maintain the build fabric and environmental quality of our properties at Category B: *sound, operationally safe and exhibits only minor deterioration* as stipulated in our Estates Strategy. Going forward, the executive is in the process of reviewing the strategic estates governance structure to widen the remit to include all BAU activity, in addition to creating oversight over the infrastructure development plans linking the Estates Strategy with the Performance Cell and other enabling strategies, such as Logistics and Medicines. It will also incorporate oversight over the relevant aspects of the SECAmb Green Plan as it develops, and feed into Better by Design. The committee is assured by the management of the estate and the steps being made to further strengthen the governance.

	SECAmb 'Green' Strategy The committee welcomed the development of this strategy, as a direction of travel. It noted that a detailed delivery plan is to be developed with the aim of having this in place by April 2022. The committee recommends that the Board approves this strategy which will be a golden thread through Better by Design and all we do going forward. The challenge to the executive and to the Trust Board is that if we are really going to get behind this and ensure it informs all our future investment decisions then it needs to be properly resourced. The committee suggests that when the delivery plan is developed, the Board receives this to test that we have the right resources to achieve the stated goals. The committee then considered a number of **business cases**. Firstly, related to the Medway MRC, a paper was received explaining why the costs have increased. Some of this relates to things unforeseen, such as increases to materials due to Brexit/Pandemic, but the committee felt that for some other issues we might have better predicted these in the planning stage. There will be a post project review where any lessons will be identified. The risk of not receiving the full wave 4 funding for this MRC remains – this is in the region of £2.8m. The executive continues to explore whether this can be moved into next year. The other business cases that the committee recommend to the Board for approval are: ▪ COVID – EOC ▪ COVID - 111 ▪ 111 First – Activity ▪ Microsoft Licensing
Any other matters the Committee wishes to escalate to the Board	This was another good meeting with constructive debate and exploration of important issues.

SECamb Board

Summary Report on the Audit & Risk Committee

Date of meeting	**02 December 2021**
Overview of issues/areas covered at the meeting:	
External Audit: Annual Report and Accounts	The committee agreed the **external audit plan** for 2021/22. No significant issues have been identified as part of the pre-audit work and KPMG appeared assured by the management planning for IFRS16. As with last year, the deadline for submission of the accounts is mid-June and so the committee and Board schedule has been slightly revised to take account of this. The committee also sought assurance that management has a robust plan for the production of the **annual report**.
Internal Audit	The committee confirmed the internal audit plan was progressing well and RSM gave it assurance that the reviews would be concluded in time for year-end. One review was considered at this meeting related to **Better by Design.** This was an early review of the governance arrangements, as they are being established. The finding was that this is being well thought through and there are adequate controls to mitigate any conflicts of interests. The programme of Better by Design continues to evolve and is becoming more encompassing that initially planned. As such some of the governance arrangements are yet to be finalised. The committee will continue to assure itself the arrangements are robust and working effectively.
Counter Fraud	The committee received a helpful progress report against the annual plan. The committee continues to be assured that we have a healthy counter fraud culture with strong controls. It noted the work on the fraud prevention impact assessment which is on track to be delivered within the agreed timeframe.
EPRR Annual Assurance	The annual assurance review of our EPRR arrangements concluded partial assurance; last year was substantial assurance. The executive felt this is a fair outcome based on the evidence it was able to demonstrate. Some of this relates to the impact of COVD, in particular in relation to the ability to complete all training and live exercising. In addition, there is a full review of the standards due, as it is acknowledged that some are poorly drafted and so not reasonably achievable. This is work ongoing. There is a robust action plan that the committee will review at its next meeting.
IPR review	The committee received a good overview of the work ongoing to further develop the IPR. Initially the focus is on the structure to ensure the exception reporting is more central and therefore user friendly. There is also work on the metrics and inclusion of more targets.
Risk Management Policy	A review of the revised risk management policy was undertaken. The committee challenged the executive to ensure this provides for a more horizontal approach to help

	identify and mitigate the systemic risks.
Other matters	The committee received an early update on the recent **Critical Incident** related to the CAD. The well-established review processes are in place which will have some independent oversight, and the committee will get a full update at its meeting in March. The committee also followed up its earlier review of the internal controls arising from '**Operation CARP'** and, specifically the eight workstreams. By the time of the Board meeting this will now be in the public domain. Once the review is complete the committee will be seeking assurances that to the best of our reasonable ability, we have mitigated any recurrence. Lastly, the committee sought assurance that we are preparing adequately for the **National COVID Inquiry**. We seem to be well-prepared and are linked in with the lead ICS where preparation is managed through the EPRR route.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Learning from Deaths Report – Quarter 4 – 2020/21

1.0 Introduction

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

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

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

2.0 Overview of Quarter 4 (20/21) mortality data

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

Table 1

Month (2020)	Female	Male	Unknown	Total Deaths	Month (2021)	Female	Male	Unknown	Total Deaths
Jan	277	377	7	661	Jan	406	543	0	949
Feb	265	369	4	638	Feb	286	378	1	665
March	285	413	9	707	Mar	248	383	0	631
April	341	466	11	818	Apr				
May	265	347	5	617	May				
June	214	325	13	552	June				
July	223	367	2	592	July				
Aug	266	370	3	639	Aug				
Sept	204	333	3	540	Sept				
Oct	240	354	0	594	Oct				

Nov	225	380	1	606	Nov				
Dec	334	464	0	798	Dec				

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

Table 2

Age Range (Yrs)	**No. of patients who died – January 2021**	**No. of patients who died – February 2021**	**No. of patients who died – March 2021**
Under 1 year	5	1	3
1-2	1	1	
2-3			
3-4			
4-5			
5-6			
6-7		1	
7-8			
8-9			
9-10			
10-11			
11-12			
12-13			
13-14			
14-15	1		
15-16			
16-17	1		
17-18			
18 – 29	11	7	14
30 – 39	21	16	25
40 – 49	60	28	37
50 – 59	89	67	75
60 – 69	136	100	93
70 - 79	201	166	150
80 – 89	268	163	155
90 – 99	144	103	72
100+	1	5	1
Age unknown	7	6	5

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

Table 3

	No. of patients who died – Jan 21	**No. of patients who died – Feb 21**	**No. of patients who died – Mar 21**
Dead on arrival	389	301	294
Resuscitation attempted	280	187	181
Advance Care Plan/Do not attempt resus (DNACPR)	223	156	137
Professional Decision not to Resuscitate	47	21	17
End of Life	9	0	1

3.0 Review process

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

3.2 The Executive Medical Director, Deputy Medical Director, Assistant Medical Director (Critical Care), Assistant Medical Director (Urgent Care), both Consultant Paramedics (Urgent Care), Associate Director of Quality and Compliance and the End of Life Care Lead undertook the reviews.

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

Table 4

	Excellent Care	Good Care	Adequate Care (good enough)	Poor Care	Very Poor Care	N/A
Initial Management and/or Pre-scene (initial call handling, categorisation; response time, appropriateness if vehicle and staff dispatched)	40 (67%)	5 (8%)	4 (7%)	8 (13%)	2 (3%)	1 (2%)
On scene handling (Care)	53 (88%)	5 (8%)	2 (3%)	0	0	0
Transfer and Handover (Including discharge and worsening care advice)	30 (50%)	5 (8%)	0	0	0	25 (42%)
Other Aspects of Care (quality and legibility of records)	48 (80%)	5 (8%)	6 (10%)	1 (2%)	0	0
Overall Assessment of Care	45 (75%)	9 (15%)	4 (7%)	2 (3%)	0	0

3.4 Learning from each phase of care

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

3.4.1 Initial Management

In the 14 cases where care was seen to be 'adequate' or 'poor', there was a delay in reaching the scene. The majority of calls are classed as Category 1 and should receive a response within 7 minutes. It is noticeable from the data that the delays increased throughout the quarter with most adequate or poor care described in March 2021. This corresponds with the wider NHS system pressures at that time. For those incidents where

the Trust has taken longer than 7 minutes to arrive on scene, the reviewers have not identified any significant harm caused to those patients as they were either already dead or were receiving adequate bystander CPR/defibrillation. The reviewers also assessed the likelihood of success of resuscitation if the crews had arrived any earlier and felt that the outcome is unlikely to have been any different.

3.4.2 On Scene Handling

2 cases were reviewed as adequate care. The first patient was a 76 year old male who was in cardiac arrest. This patient had a witnessed cardiac arrest in bed and the crew arrived 20 minutes later and made the decision not to resuscitate the patient. Although after 20 minutes of no resuscitation the chances of a successful outcome is much reduced, the crew could have started resuscitation until they had made a full assessment of the medical history, medication etc to make a rounded decision on whether to cease resuscitation. This incident highlighted the need for the Trust to have a clear policy on the circumstances when crews should or should not start resuscitation.

The second patient was a 76 year old male who was described as 'grunting' on the initial 999 call. The crew noted 14 minutes later that they decided not to start resuscitation due to signs of rigor mortis and hypostasis. It is not clear how the patient could show signs of rigor mortis and hypostasis 14 minutes after being heard grunting. As discussed above, this has identified a need for clearer guidance on when crews should or should not start resuscitation on arrival at scene.

3.4.3 Transfer and Hand over

Transfer and Hand over judgements are not relevant in every review as the crew may not convey/transfer a patient who has died/dying. There were no cases of adequate or poor care during hand over this quarter.

3.4.4 Other aspects of care (including documentation)

There were six patients where the care was described as 'adequate'. The first patient was a 69 year old where the patient was given tenecteplase by a Critical Care Paramedic on scene and subsequently transferred to East Surrey Hospital. It is not clear from the notes the rationale for giving tenecteplase or the transfer to East Surrey Hospital. The notes could have been clearer to explain clinical decision making.

The second case was related to the 49 year old who was found in a state of decomposition. The reviewer could not identify who called 999 from the records and it was questioned as to why this call received a Category 1 response (7 minutes) to a patient who was already obviously beyond help as this prevents the resource being sent to a patient whose life may be saved.

The third case was a 79 year old where the reviewer felt that it was inappropriate for the crew to include a photograph of the deceased within the clinical record. The reviewer also questioned why a cardiac arrest form had not been completed by the crew and that the

details around the 'Recognition of Life Extinct' (ROLE) section of the records had not been completed.

The fourth case was an 84 year old where the reviewer felt the clinical records were limited in detail and there was a cardiac arrest form missing from the records.

The fifth case was 79 year old where the reviewer raised concerns about the GP assessment made on this patient before the ambulance service was called. This will need to be fed back to the GP individually.

The sixth case was a 67 year old who died following an exacerbation of Chronic Obstructive Pulmonary Disease (COPD). The reviewer raised concerns about the assessment made by the 111 GP who spoke to the patient earlier. An independent review of the care of the 111 GP has taken place and identified good care. There is unlikely to be any link between the 111 GP care and the later death of the patient.

The case which was found to be 'poor care' is the same case described above under 'on scene handling' where we arrived a patient after 20 minutes and did not start resuscitation. The notes were found to be light on detail and there was no copy of an ECG or any evidence that an ECG took place on scene. This case was discussed with the wider panel of assessors and the conclusion was that this patient was unlikely to have survived (even if resuscitation has been started), however there is learning for the crew in terms of detailed notes keeping and the need to include an ECG with the records.

3.4.5 Overall Care

The three cases identified as overall 'adequate' or 'poor care' were directly related to the cases already discussed in the sections above.

3.5 Avoidability

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

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

Table 5

	No of reviews
Definitely Avoidable	0
Strong possibility of avoidability	0
Probably avoidable (more than 50:50)	1
Probably avoidable but not very likely (less than 50:50)	0
Slight evidence of avoidability	5
Definitely not avoidable	54

3.5.2. In the 1 cases where avoidability was considered to be more than 50:50, the case has been referred to Serious Incident Review Group for consideration. This incident was where there was a delay in the Trust attending a C2 call and the patient was later upgraded to a C1 but was found deceased on arrival.

4.0 Referrals to the Learning from Deaths panel

4.1 During this reporting period, there were no incidents referred to the Learning from Deaths panel for review.

5.0 Deep Dive – Child Deaths

5.1The Clinical Governance Group asked for the Learning from Deaths group to undertake a 'deep dive' into child deaths this quarter. The intention was to identify any specific learning from the review of children who have died that could be shared across the Trust.

5.2 14 children died this quarter and an SJR has taken place for all 14 of these children.

5.3 The circumstances of the deaths were as follows:
- 3 month old under palliative care
- 3 month old rolled onto in bed by parent
- 3 day old found deceased in cot at night
- 5 month old found deceased in baby bouncer
- 13 month old on End of Life Care Plan
- 14 year old hit by train
- 16 year old hanging
- 6 year old developmental delay/seizures
- 10 month old with cardiac anomalies and post heart surgery
- 21 month old brittle asthmatic
- 2 month old premature baby aspiration of vomitus
- 4 month old seizure
- 7 month old degenerative condition with advanced care plan

5.4 Initial Management

9 out of the 14 reviews demonstrated excellent or good care in this phase. 3 reviews showed 'adequate' initial management due to response times being outside of the average Category 1 response time (of 9 minutes, 10 minutes and 9 minutes respectively). These slight delays are unlikely to have had an impact on the outcome for these children. One case was judged as 'poor care' due to a 12 minute response time to a category 1 call which may have had a small chance of impacting on the outcome.

5.5 On Scene Handling

All 14 incidents were judged as 'Excellent'.

5.6 Transfer

12 incidents were judged as 'Excellent' care and 2 incidents were judged that transfer was 'not applicable'. What is observed is that we convey a much higher percentage of children either who have already deceased or who we are actively resuscitating than the adult population. This is to be expected for a number of reasons including demonstrating to parents that we are doing all that we can to resuscitate their child, the need to get the child to specialist paediatric critical care as quickly as possible and for those who are already deceased, the need for the child death process to commence within the acute hospital setting.

5.7 Other aspects of care (quality of records etc)

All 14 incidents were judged to be 'Excellent'.

5.8 Overall assessment of care

All 14 incidents were judged to be 'Excellent' or 'Good' care.

5.9 Learning from Child Deaths

It is evidenced in the 14 SJRs that the Trust provides excellent or good care to children who are at the end of their life and excellent support to the family of those who are deceased. Other than a small number of cases where we took longer than the average target time to respond to the patient, there is very little to identify that we could do better to support the care of children around the end of life.

6.0 Learning from the random review of 60 deaths

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

6.2 In a small number of reviews there was a delay in attending the patient. It is noticeable that the number of delays increased throughout the quarter reflecting the increasing pressure on the NHS in the 2nd/3rd peak of Covid pandemic. During this period there where increasing numbers of patients seeking medical attention and more staff were off sick leading to poorer performance. The reviewers have not found evidence that these delays significantly impacted on the outcome for most of the patients, however one case was identified where a delay to a Category 2 call may have impacted on the outcome for the patient. This case has been referred to the Serious Incident Group for assessment.

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

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

6.5 As in the previous quarterly report, from the way that we collect the data on deaths, we need a clearer process to identify those patients who have a mental health condition or learning disability. All these patients who have died should be referred to the LeDeR programme for review or those with mental health conditions we should notify their mental health Trust, but we currently don't have an automatic recognition system in the software to advise us of these deaths. A review of our electronic Patient Care Record (ePCR) is just about to commence and this issue will be included in the review.

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

6.7 Although not directly related to SECAmb care, there is a pattern emerging of patients receiving sub-standard care in primary care. A number of the reviews identified patients who were clearly at the end of their life and had seen their regular GP, but did not have a care plan in place and were not officially identified as being at the end of life. If these plans had been put in place, the care at the end of life could have been more supportive to patients than an emergency ambulance being called and resuscitation being commenced. This issue will be fed back to the regional End of Life Care groups and may reflect the additional pressures on primary care at the time.

7.0 Conclusion

The panel have identified one death where SECAmb may have caused harm or directly contributed to the death. This death has been referred to the Serious Incident Group for initial investigation and discussion. The outcome will be shared in due course. The panel have identified many examples of very good compassionate care.

8.0 Actions resulting from the review of deaths from Quarter 4 20/21

Action	Who?	Update/Date
Raise issue of Primary Care planning for end of life care for patients at the EOLC regional groups	Trust End of Life Care Lead	April 2022
Refer one incident to the Serious Incident Group (SIG)	Richard Quirk	COMPLETE
Learning from Deaths Group to issue advice on 'when not to start resuscitation' to provide greater clarity for crews.	Learning from Deaths Group	April 2022
Learning from Deaths Group to	Learning from Deaths	April 2022

provide guidance on the use of photos of the deceased within the patient records.	Group	
Learning from Deaths Group to review the use of the Cardiac Arrest Form due to a number of incidents reviewed having no form completed.	Learning from Deaths Group	April 2022

Dr Richard Quirk
Deputy Medical Director
October 2021

Compliments and Complaints Annual Report 2020/2021

Introduction

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) endeavours to always ensure that our patients, staff, and the public are safe when in our care, and that the quality of the care which they receive is consistently at the highest possible standard. The high standard of care the Trust provides is reflected in the number of compliments that it receives which increase year on year and are up by just over 16% in 2020/2021. However, even with the best of intentions, inevitably sometimes things go wrong or do not meet expectations of the patient or their family, and this can lead to complaints about our service. SECAmb is committed to investigating complaints when they are received to ensure causes can be identified and learned from to improve practice and reduce the likelihood of a recurrence.

The purpose of this report is to provide an overview of all compliments and complaints that were received during the period of 1 April 2020 to 31 March 2021. This report will explain the route that complaints can take to be investigated, depending on their severity, and the processes that underpin this, it will also highlight any notable themes and explain any actions that were taken to mitigate risks relating to them. In addition, the report will highlight key learning that has been identified from complaint investigations.

Learning Lessons

Listening to our patients and understanding the impact we have on them via interactions with our service, when they are at their most vulnerable is an invaluable way for the Trust to obtain feedback and is an honour to receive, even when it is not always complimentary. Ensuring we use the feedback to learn lessons and to continuously improve our service is the primary objective of the Trust's patient experience function.

Although compliments and complaints from patients and their families are the more common route the Trust receives feedback, we recognised there were gaps in the way we sought feedback. Acknowledging that we relied on the public to contact us led us to question how we could obtain feedback from other cohorts of patients and the public i.e. those that perhaps do not find us easy to access or who do not feel empowered to feed back. To enable this work to be taken forward the Trust first had to distinguish who is heard from, so those that are not could be identified.

Collecting protected characteristics data (as defined within the Equalities Act 2010) from patients and the public that contact the Trust was deemed a reasonable way to identify who was being heard; during this year preparation work to start this data collection was undertaken and the function was in place to enable its commencement from 1st April 2021. The information will be utilised to aid the Trust to form a plan of how to reach out to patients and the public that are currently not heard by us.

Compliments show us what we are doing well, and this is as useful in our learning as the feedback received from complaints, details of the compliments that we receive are passed through to the Operating Unit Leadership Teams to enable them to use as an example of good practice.

Lessons identified from complaints throughout 2020/2021 have been wide ranging.

432 actions were identified from complaints during the period 01/04/2020 to 31/03/2021.

Actions from A&E complaints have included feedback provided to the crew both formally and informally, reflective practice, additional training and 'ride outs', when an Operational Team Leader spends the day with a crew reviewing their working practice. Actions from complaints for EOC and NHS111 are equally wide ranging and include feedback provided to the EOC and NHS111 staff both formally and informally, additional training or mentoring, clinical instruction, and policy / procedural reviews.

The below shows examples of the actions taken following complaint investigations:

A&E complaints:

Complaint	Actions taken
1. Patients' daughter raising concerns over refusal to convey patient to hospital. Patient had fractured coccyx in two places and her inferior and superior pubic ramii.	A bespoke training session was arranged on history gathering and muscular skeletal assessment. This was initially run at the crew's operating unit before being shared Trustwide.
2. Patient complained about the attitude and behaviour of two crew members who suggested they were faking her seizures.	Crews were reminded of their duty of care. Line manager met with them to ensure that they were aware of the Mental Capacity act and to reiterate the importance of reporting of safeguarding or Datix for patient safety. They were also reminded about the use of the mental capacity check list. The line manager met with crew for an incident debrief and to review the crews need knowledge of Epileptic and non-Epileptic seizures, from this meeting additional training, if required, would be put in place. Investigating manager discussed with clinical leads to see what work could be done service wide to improve staff knowledge throughout the Trust.

EOC complaints:

Complaint	Actions taken
Complaints received regarding our Emergency Medical Advisors (EMA) and Clinicians result in the call being audited, from this we can identify what could have been done better to improve our patient's experience. This is provided by way of feedback to our EMA and Clinicians by their individual line manager during which they discuss the audit and the ways in which the call could have been handled better, identify any training and agree the way forward when this will take place. If an issue with Pathways is identified it is put forward to NHS Pathways for review, any issues that are found needing to be circulated through our Emergency Operations Centres to all our EMA's and Clinicians by way of Clinical Bulletins.	

NHS111 complaints:

Complaint	Actions taken
Patient complaining about 111 service and them not understanding the seriousness of their condition. Patient had to undergo emergency operation to remove their appendix.	A pathways issue will be put forward regarding appendix related questions not presenting when a patient has diarrhoea alongside vomiting and abdominal pain.
Daughter complains that after 4 calls to/from 111, her elderly father was still waiting in pain for a doctor to contact them.	It was noted that this was not an isolated incident and urgent work was undertaken to address this. The prioritisation of cases within the clinical queue was reviewed and following this several outcomes were increased in priority for call back. Within the new system, this case would have been a higher priority based on the outcome after the initial Health Advisor assessment. Alongside this, the skill mapping of cases was reviewed and signed off from the clinical leads for each specialty skill set so cases will be automatically allocated to the appropriate CAS clinicians for further management.

Covid-19 Pandemic

On 30 March 2020 NHS England and NHS Improvement supported a pause of the NHS complaints process. However, the Trust took the decision to continue investigating complaints within our stipulated 25 working day timescale, at a time when many other NHS Trusts suspended investigations. This decision was taken as we felt it was the right thing for our patients, and so the Trust could continue to learn and provide our complainants with timely responses to the concerns they had raised regarding our service. During the second lockdown and the severe pressures the Trust experienced, the timescale for completing investigations was extended from 25 to 50 working days. Only 1.25% of the complaints closed during this time exceeded the Trust's 25 working day timescale. Despite the operational challenges faced due to the Covid pandemic the average days taken by the Trust to respond to complaints during 2020/2021 was 20 working days.

Key Achievements

- Continued to investigate complaints and respond to complainants in a timely manner.
- 94% of EOC complaints, 97% of NHS111 complaints and 82% of A&E complaints responded to within 25 working days.
- During the Covid-19 pandemic the Patient Experience Team took on a greater responsibility for investigating some Level 2 complaints to ease the necessity for operational staff to be taken off the road to complete investigations.

Patient and Family / Carer Experience Strategy

Following Board approval of the first Patient and Family / Carer Experience Strategy in May 2020, the first planned workstream was to review how we collect, collate, and triangulate all our data relating to patient experience. It is recognised that whilst we have systems in place currently, they are likely to become more sophisticated over the next year. We will be able to understand more of the experience of our patients and use quality improvement methodology to make changes arising from that feedback. This work has been delayed due to the Covid pandemic but, our Patient Experience Group recommenced their meetings in May 2021 and work on moving this forward is now underway.

Compliments

Each year the compliments received by the Trust, thanking our staff for the work they do, far outnumber complaints. Compliments are recorded on the Trust's Datix system (electronic patient safety and risk management software system), alongside complaints, so both the positive and negative feedback is captured and reported back to operational staff. The staff concerned receive a letter

from the Chief Executive in recognition of the dedication and care they provide to our patients. During 2020/2021 the Trust received 2,190 compliments, an increase of just over 16% on the number received during 2019/2020 of 1,887.

Compliments are shared with crews and their leadership team; staff appreciate being recognised and feel valued when they receive compliments, this validates the good work they are delivering and makes them feel part of a successful team. The Trust believes, as with complaints not being recognised or investigated, the same approach should be taken with compliments.

Compliments are often published in the Bee Line, allowing staff to see the good work their colleagues are doing. Compliments received influence morale overall and make a big difference to the overall behaviours of the staff.

Table 1 Compliments by service/operating (OU) area and month:

Service / Operating Area and Month	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Total
Ashford OU	5	10	13	16	16	11	7	9	9	9	15	17	137
Brighton and Mid Sussex OU	11	12	19	13	16	18	23	17	8	20	13	19	189
Chertsey OU	15	14	15	13	13	17	8	16	8	11	14	6	150
Community First Responder	0	0	0	0	0	0	0	0	0	0	1	0	1
Gatwick and Redhill OU	26	19	26	29	32	36	26	28	22	27	44	33	348
Guildford OU	17	16	14	12	29	20	9	12	5	15	15	9	173
Medway and Dartford OU	17	22	22	22	20	19	17	17	18	11	20	24	229
Paddock Wood OU	18	14	18	14	13	10	10	12	9	9	11	14	152
Polegate and Hastings OU	13	17	20	12	14	16	19	10	13	12	14	18	178
Tangmere and Worthing OU	22	18	12	29	21	13	17	21	13	20	13	21	220
Thanet OU	18	13	10	19	17	21	12	11	16	14	14	17	182
HART	0	1	0	1	1	3	1	2	0	4	2	0	15
East EOC	2	2	7	5	4	7	1	6	1	5	2	0	42
West EOC	4	6	2	5	11	8	7	10	5	3	2	1	64
NHS111	1	4	5	8	5	5	5	3	7	5	2	1	51
Private Ambulance Provider	0	0	0	7	6	4	5	9	6	6	8	7	58
Safeguarding	0	0	0	0	1	0	0	0	0	0	0	0	1
Total	169	168	183	205	219	208	167	183	140	171	190	187	2190

Direct feedback and compliments resulting from 999 calls to the Trust's Emergency Operations Centres are more difficult to obtain as calls tend to be very concise and focused. However, examples have been included below where our Emergency Operations Centres and NHS111 staff provided much needed support to our patients.

The Trust has continued to ensure that staff receive compliments in a timely manner, the average number of days to process a compliment is five working days. The 2190 compliments received during 2020/2021 represent one compliment for every 810 interactions.

Some examples of the compliments the Trust received during 2020/2021 are below:

"Can I give a really big thank you to two paramedics who transferred my elderly father to East Surrey Hospital.
Both paramedics were so lovely to my Dad despite them having such a busy night. My last memory of him leaving my house was him sitting strapped in the ambulance laughing his head off, saying this was the best day of his life! They were so kind to him and made him laugh so please pass on my thanks."

"I just want to thank the EMA I spoke to, I am ex SECAmb staff myself, but I've never had to call an ambulance for someone until today. It was complete hell, and I was so scared, I didn't get the name of the EMA I spoke to, but she was completely amazing and really calm. She had an amazing tone of voice and was so warm and reassuring with the way she handled the call."

"I just wanted to pass on my thanks to the two crew who attended that day. Right from the beginning they couldn't have been more understanding and compassionate. We have received many reactions over the last year, from what do you do that for, it hasn't solved anything so maybe you should think on that, and it's always with bated breath I wait to see what this person is going to say. Wow, they were incredible! They listened to the ups and downs of our journey to get help, they sympathised with her over the lack of support so far, but they were encouraging her that if we keep fighting, we will get the right help."

"Can I compliment the two paramedics who came to attend to my wife, on Sunday 17 January. They were so professional, calm, and thorough. They explained what they were testing and why and finished with a clear explanation of the diagnosis they reached. By the time they finished it must have been towards the end of their shift, but they were still pleasant and cheerful. A valuable asset to SECAmb."

"Compliment email received from a patient who was having a mental health crisis and called our NHS111 service. The lady that I spoke to was empathetic, supportive, and remarkably was able to bring me back to semblance of rationality. How she achieved this still remains a mystery to me but is testament to how good she is at her job! She proceeded to remain with me on the phone for the

next 45 minutes and made sure I was in a place of safety, whilst simultaneously keeping me occupied through conversation. I cannot thank this lady enough, and if it wasn't for her immediate actions, I hate to think what may have happened."

Complaints

During the past three years the complaints received by the Trust have decreased by just under 29% from 1,003 in 2018/2019 to 714 in 2020/2021.

Statistics:

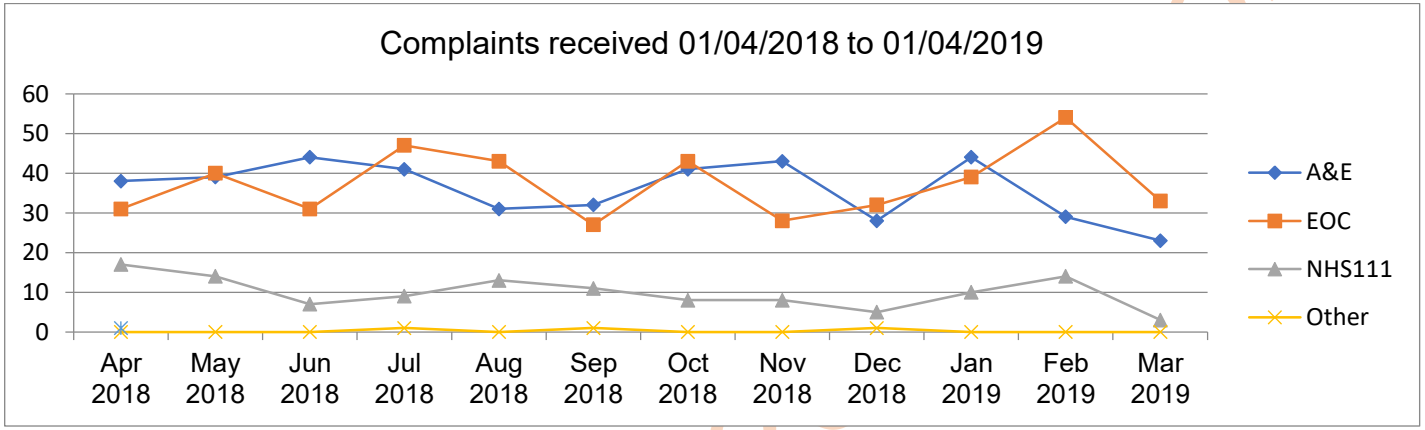
During 2020/2021:

- Our Emergency Operations Centre staff answered 830,594 calls.
- Our A&E road staff made 690,798 responses to patients.
- Our NHS 111 staff took 943,840 calls.
- SECAmb received 714 complaints.

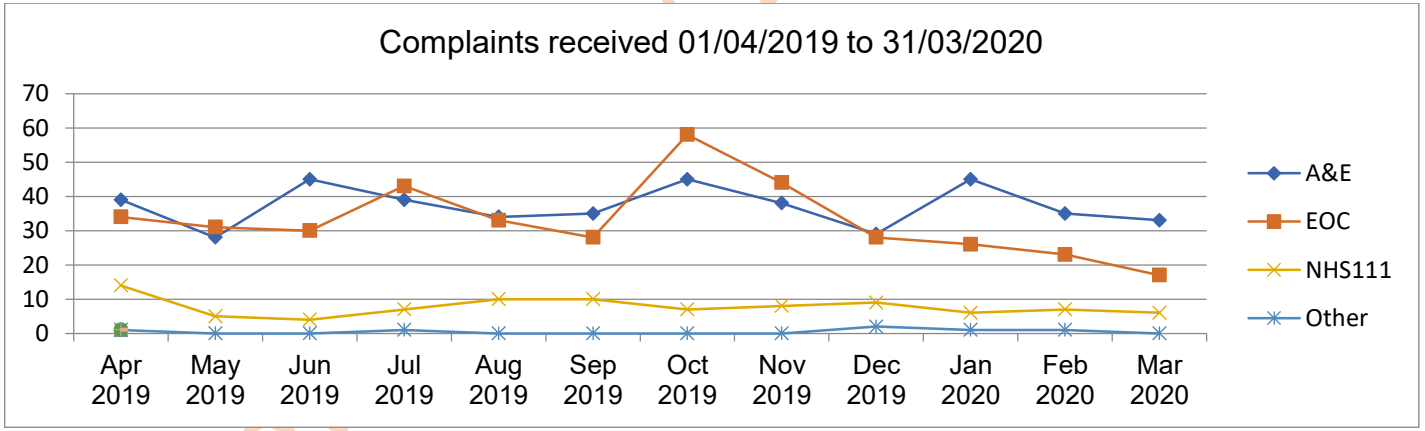
This equates to one complaint for every 2,485 patient interactions. Detailed below is a comparison between the complaints received by the Trust in the past three years which shows a continuing downward trend.

SECAmb complaints over the past three years:

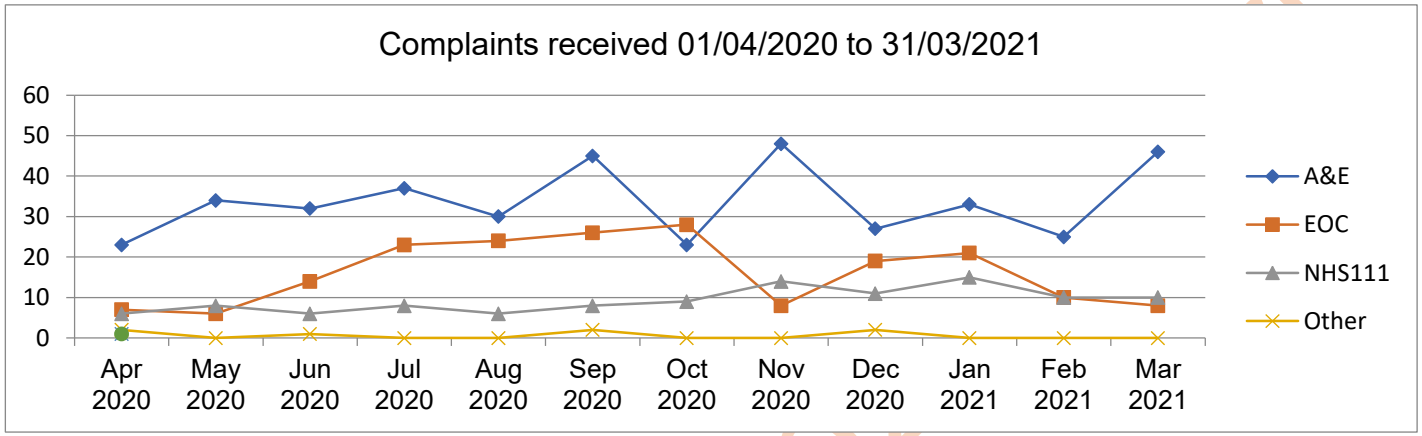
2018/2019 – 1,003.



2019/2020 – 939.



2020/2021 – 714.



There was a notable reduction in the number of complaints received during the first wave of the pandemic in April 2020. This reduction can be attributed to two aspects 1) there was a significant decrease in demand for our service which led to exceptional response times, hence a reduction in concerns and 2) the public's immense gratitude towards the NHS at this time meant that often, even when they may have had cause to complain, they appeared to be more forgiving so did not.

Complaints by service/operating (OU) area and month:

Service / OU / Month	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Total
Ashford OU	1	1	1	2	1	6	4	4	2	6	1	3	32
Brighton and Mid Sussex OU	1	7	2	5	5	5	4	3	2	4	5	6	49
Chertsey OU	2	0	2	3	3	4	1	4	1	2	1	1	24
Contingency Planning and Resilience	0	0	0	0	0	1	0	0	0	0	0	0	1
Gatwick and Redhill OU	3	5	2	4	3	7	3	8	8	4	6	4	57
Guildford OU	2	1	1	2	2	6	0	1	5	2	4	6	32
Medway and Dartford OU	7	7	6	9	9	6	5	11	4	8	1	8	81
Paddock Wood OU	2	3	9	5	4	4	4	2	3	2	2	5	45

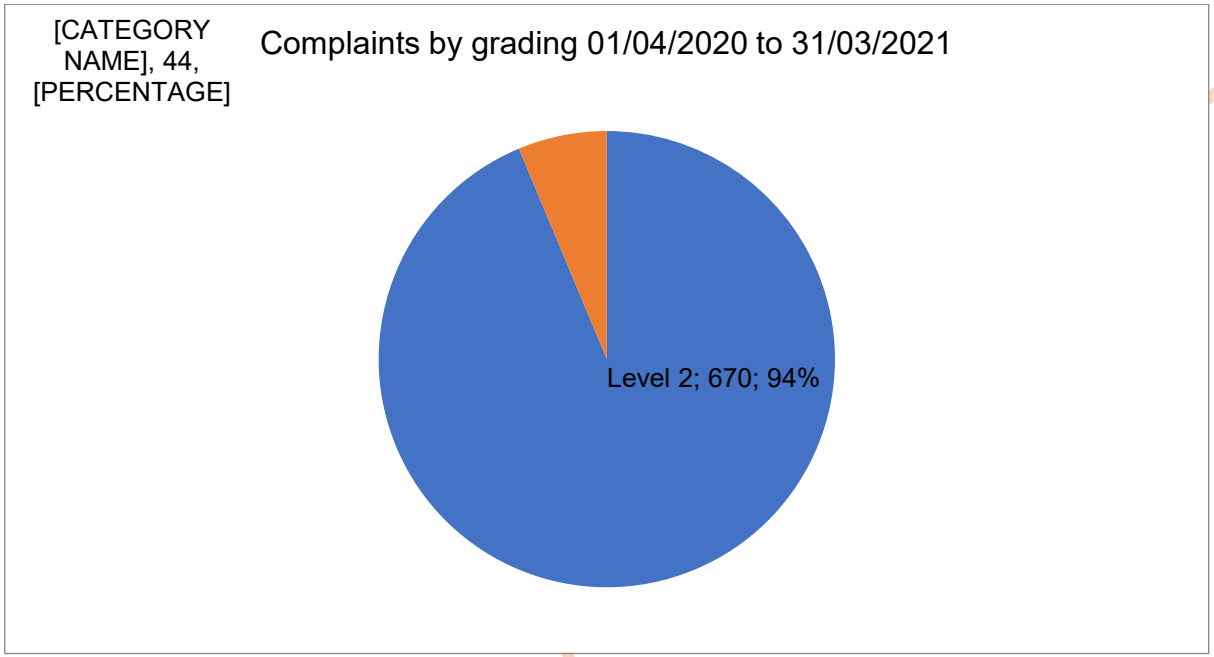
Service / OU / Month	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Total
Polegate and Hastings OU	2	4	5	4	4	5	2	7	2	7	2	7	51
Tangmere and Worthing OU	1	3	5	6	4	6	2	6	5	4	5	3	50
Thanet OU	3	4	4	6	5	4	7	3	3	4	4	5	52
East EOC	5	0	4	7	7	4	9	2	4	1	1	3	47
West EOC	1	5	5	7	7	14	10	5	7	9	3	3	76
NHS111	6	8	6	8	6	8	8	14	11	15	10	10	110
Blue Light Collaboration	0	0	0	0	0	1	0	0	0	0	0	0	1
Critical Care Incidents	0	0	0	0	0	0	0	0	2	0	0	0	2
Infection Control	0	0	0	0	0	0	0	0	0	1	0	0	1
Legal Services	0	0	1	0	0	0	0	0	0	0	0	0	1
Patient Experience	2	0	0	0	0	0	0	0	0	0	0	0	2
Total	38	48	53	68	60	81	59	70	59	69	45	64	714

Complaints are allocated by the Patient Experience Team to the service / operational unit upon receipt, all complaints regarding timeliness are allocated to and investigated by the Emergency Operations Centres.

Complaints are reviewed and graded according to their apparent seriousness; this ensures they are investigated proportionately. These are:

- Level 2 – a complaint that appears to be straightforward, with no serious consequences for the patient / complainant, but needs to be sent to a manager for the service area concerned to investigate.
- Level 3 – a complaint which is serious, having had clinical implications or a physical or distressing impact on the patient / complainant, or to be of a very complex nature.

Most complaints received during 2020/2021 were graded as level 2, 670 (94%), with the remaining 44 (6%) as level 3.



The grades allocated are constantly reviewed during the investigation and can be changed either during or on completion, this may result in the grade being increased from a level 2 to a level 3 and even referral to the Serious Incident Team for consideration for review in the Serious Incident Group. Complaints can also be downgraded from a level 3 to a level 2, if during or on completion of the investigation the seriousness is not as great as originally thought.

Complaints are categorised into subjects and can be further distinguished by sub-subject if required.

Complaints received during 2020/2021 by subject and service area:

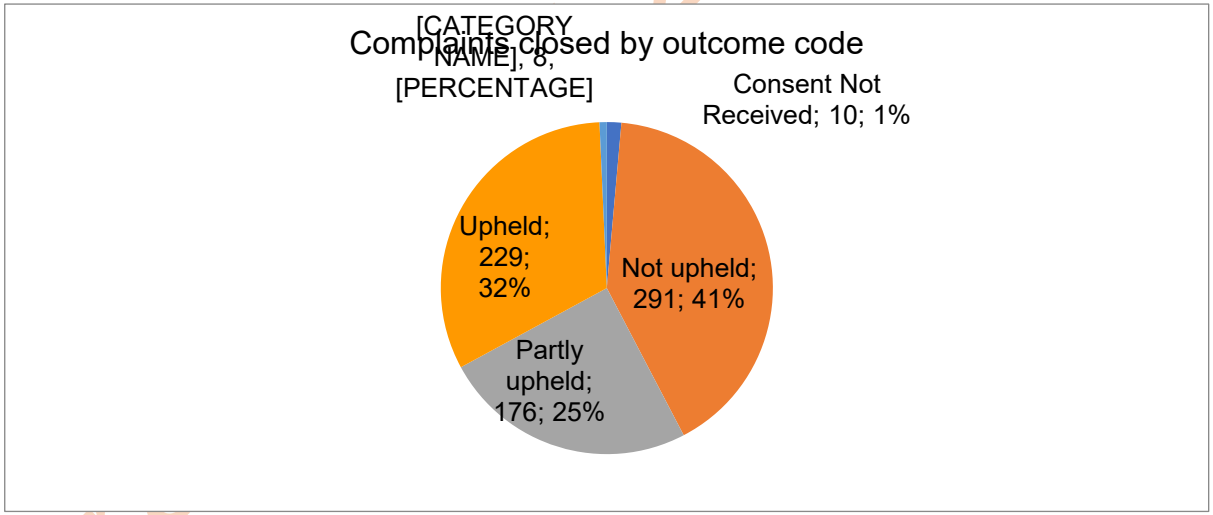
	A&E	EOC	NHS111	Other	Total
Administration	1	0	2	0	3
Communication issues	5	1	7	2	15
Concern about staff	266	19	18	4	307
Miscellaneous	7	1	1	1	10

	A&E	EOC	NHS111	Other	Total
Patient care	118	85	68	0	271
Timeliness	5	88	15	0	108
Total	402	194	111	7	714

When a complaint is concluded, a decision is made by the Investigating Manager to either uphold or not uphold the complaint, based on the findings of their investigation. The Patient Experience Team review the decision on receiving the investigation report and will challenge the Investigating Manager should they feel the decision incorrect.

During 2020/21, 714 complaints were responded to; of these 57% were found to be upheld or partly upheld. If a complaint is received which relates to one specific issue, and substantive evidence is found to support the allegation made, the complaint is recorded as 'upheld'. If a complaint is made regarding more than one issue, and one or more of these issues are upheld, the complaint is recorded as 'partially upheld'. The outcome from complaints is shown in the figure below:

Complaints by outcome, 2020/21



There are a small number of complaints that are closed due to consent not being received from the patient to disclose information from their medical records. However, these complaints are still investigated and any learning that is identified by the investigating

manager implemented. There are also a small number which are withdrawn by complainants who specifically request an investigation does not take place and asks us to withdraw their complaint. There were 15 such complaints in the reported period.

Closed complaints by Subject and Outcome:

	Consent Not Received	Not upheld	Partly upheld	Upheld	Withdrawn	Total
Administration error	**0**	**2**	**0**	**0**	**2**	**4**
Breach of confidentiality	**0**	**3**	**1**	**1**	**0**	**5**
Communication issues	**0**	**8**	**1**	**6**	**0**	**15**
Crew diagnosis	**1**	**10**	**6**	**1**	**0**	**18**
Discrimination	**0**	**1**	**0**	**0**	**0**	**1**
DOS issues	**0**	**3**	**2**	**2**	**0**	**7**
Equipment issues	**0**	**3**	**3**	**2**	**0**	**8**
HCP failed to visit	**0**	**1**	**0**	**3**	**0**	**4**
Inappropriate treatment	**1**	**32**	**6**	**10**	**1**	**50**
Made to walk	**0**	**1**	**3**	**0**	**0**	**4**
Miscellaneous	**0**	**5**	**1**	**2**	**1**	**9**
Not transported to hospital	**0**	**17**	**10**	**3**	**0**	**30**
Pathways	**1**	**46**	**25**	**74**	**1**	**147**
Patient injury	**0**	**2**	**2**	**1**	**0**	**5**
Privacy and dignity	**0**	**1**	**0**	**0**	**0**	**1**
Siren noise	**0**	**1**	**0**	**1**	**0**	**2**
Skill mix of crews	**0**	**0**	**1**	**0**	**0**	**1**
Staff conduct / attitude	**4**	**137**	**90**	**45**	**3**	**279**
Standard of driving	**0**	**9**	**3**	**5**	**0**	**17**
Timeliness - 111 Response	**0**	**2**	**2**	**9**	**0**	**13**
Timeliness - A&E	**3**	**7**	**20**	**64**	**0**	**94**
Total	**10**	**291**	**176**	**229**	**8**	**714**

The highest category of complaint which were upheld or partly upheld in 2020/2021 is staff conduct / attitude with 135, 19%, this is a slight increase on the number of similar complaints received in 2019/2020 when 132 were upheld or partly upheld. The second

highest category is NHS Pathways, both in our Emergency Operations Centre's and within NHS111 with 99 upheld or partly upheld, 14%, this is down on last year when 130 complaints were upheld or partly upheld.

Of the overall complaints received regarding staff conduct / attitude, 279, 48% were upheld or partly upheld and resulted in significant learning for our staff, this is gained through reflective practice where crews complete a paper to reflect on how they could have dealt with a situation differently which is then discussed with their line manager. In a minority of cases, it can also result in formal action via the Trust's Disciplinary Procedure. Any complaint received which relates to the use of NHS Pathways is referred for the call to be audited, the findings are then fed back to the call handler by the line manager, any additional learning identified is put in place.

Trust response timescale

During 2020/2021, 87% of complaints were responded to within the Trust's timescale, compared to 63% in 2019/20. The Trust's agreed timescale within the complaint's procedure is for 90% of complaints to be responded to within 25 working days.

Directorate	Number of complaints closed	Number of complaints closed within 25 working days	% number of complaints closed within 25 working days
A&E	403	332	82
EOC	203	190	94
NHS111	103	100	97
Other	7	3	43
Overall	716	625	87

Complaints by service area: A&E field ops

The table below shows the A&E field operation's complaints received by subject. The two main themes of complaints relating to emergency field operations are, as in previous years, 'concern about staff' (which includes complaints about staff conduct, attitude, breach of confidentiality and the standard of driving), 266 (67%), and 'patient care', 118 (29.5%). Both are slightly down on 2019/2020 280 (63%) and 138 (31%) respectively.

OU / Subject	Administration	Communication issues	Concern about staff	Miscellaneous	Patient care	Timeliness	Total
Ashford OU	**0**	**1**	**15**	**0**	**12**	**0**	**28**
Brighton and Mid Sussex OU	**1**	**1**	**25**	**2**	**11**	**0**	**40**
Chertsey OU	**0**	**1**	**15**	**1**	**4**	**0**	**21**
Gatwick and Redhill OU	**0**	**1**	**36**	**0**	**14**	**0**	**51**
Guildford OU	**0**	**0**	**13**	**1**	**10**	**1**	**25**
Medway and Dartford OU	**0**	**0**	**46**	**1**	**22**	**1**	**70**
Paddock Wood OU	**0**	**0**	**28**	**2**	**10**	**0**	**40**
Polegate and Hastings OU	**0**	**0**	**31**	**0**	**8**	**1**	**40**
Tangmere and Worthing OU	**0**	**1**	**24**	**0**	**16**	**0**	**41**
Thanet OU	**0**	**0**	**32**	**0**	**11**	**0**	**43**
Total	**1**	**5**	**266**	**7**	**118**	**4**	**399**

Concern about staff:

Concerns regarding staff feature as one of the top five themes of complaints within the NHS. For the Trust this includes the standard of driving for which there were 21, a decrease on 2019/2020 where 45 were received.

The overall 266 complaints the Trust received regarding concerns about A&E road staff during 2020/2021 reflects a slight decrease over 2019/2020 when 280 were received. Following investigation 129, 48%, were either partly upheld or upheld.

Patient Care:

Complaints about patient care are divided into sub-subjects, which include:

- Crew diagnosis
- Equipment issues
- Inappropriate treatment
- Patient injury

- Patient made to walk to the ambulance
- Patient not conveyed to hospital
- Privacy and dignity
- Skill mix of crew

During 2020/2021 the Trust received 118 complaints specifically about the care provided by our road staff and an additional 36 complaints where 'patient care' was a secondary concern i.e., initial complaint regarding timeliness and concerns raised regarding care provided by the crew once on scene, a total of 154 complaints, of which 65 (42%) were upheld or partly upheld, compared to 172 during 2019/2020 where 53% were upheld or partly upheld.

63 complaints were received in relation to inappropriate treatment with 22 (35%) of those upheld or partly upheld.

34 complaints were received about patients not having been conveyed to hospital, of these 14 (41%) were upheld or partly upheld.

Crew diagnosis, which is occasionally used interchangeably with non-conveyance (not all misdiagnoses resulted in non-conveyance) accounted for 23 complaints of which 8 (35%) were either upheld or partly upheld.

Complaints by service area: Emergency Operations Centres (EOCs)

The Trust recognised during 2019/2020, following the poor response rate to complaints within their 25-working day timescale of only 34%, that steps needed to be taken and in June 2020 employed an EOC and NHS111 complaints investigator within the Patient Experience Team. This resulted in a dramatic improvement in 2020/2021 with 94% of complaints responded to within 25 working days.

Complaints received regarding the Trust's EOCs have reduced dramatically over the last four years from 577 during 2017/2018, 452 during 2018/2019, 394 during 2019/2020 to an all-time low of 147 in 2020/2021. There were also an additional 66 complaints where timeliness and / or call triage was a secondary concern, making a total of 213.

This reduction is in the main due to 'timeliness' complaints, 205 in 2019/2020 down to 91 (including secondary concerns) in 2020/2021. Although there is no confirmed reason for this it is thought that there is a greater understanding from the public of the pressures faced by the emergency services during the Covid pandemic.

The figure below shows the EOC complaints by subject. The two main themes of complaints about the EOC, as in previous years, are 'patient care' 103 (48%) and 'timeliness' 91 (43%).

	Communication issues	Concern about staff	Miscellaneous	Patient care	Timeliness	Total
East EOC	**1**	**8**	**0**	**25**	**13**	**47**
West EOC	**0**	**9**	**1**	**59**	**31**	**100**
Total	**1**	**17**	**1**	**84 (+19)**	**44 (+47)**	**213**

Call triage:

Call triage (NHS Pathways) formed the highest number of complaints with 103 complaints received where an element of the triage was questioned, with 80 (78%) being upheld in some part. As in previous years these complaints were often found to be because of human error, with staff not correctly following the triage process, some examples of errors made are below:

- selecting the wrong pathway
- insufficient probing of symptoms
- insufficient explanation
- EMA not deferring to clinician
- Clinical Supervisor not using NHS Pathways to reinforce their clinical decision
- not following policy correctly
- issue with NHS Pathways itself

Timeliness:

The next highest number of complaints received regarding the EOCs were timeliness, 93% of these complaints were upheld or partly upheld. Timeliness complaints are when the Trust does not achieve its target response time; when this is confirmed the complaint is always upheld.

All 999 calls which are the subject of a complaint are audited and feedback is provided to the call taker from the audit by their line manager, all identified learning is put in place via action plans.

Complaints by service area: NHS111

During 2020/2021 the Trust received 111 complaints about its NHS111 service, compared to 93 during 2019/2020, 120 during 2018/2019 and 166 during 2017/2018: an increase of 20% on 2019/2020 but still lower than 2018/2019 and 2017/2018.

	Administration	Communication issues	Concern about staff	Miscellaneous	Call triage	Timeliness	Total
NHS111	**2**	**7**	**18**	**1**	**68**	**15**	**111**
Total	**2**	**7**	**18**	**1**	**68**	**15**	**111**

Of the 111 complaints received, 71 (61%) were upheld in some way.

As with the Trust's EOCs, the highest number of complaints related to call triage; 68 (61%); of those 43, (63%) were upheld in some way. As with complaints about the Trust's EOCs, audits are completed on all calls subject to a complaint and feedback provided to the call taker by their line manager, to aid their learning.

Complaints by service area: Other

These are complaints the Trust received relating to non-operational issues.

	Communication issues	Concern about staff	Miscellaneous	Timeliness	Total
Operations - Central	**2**	**1**	**1**	**0**	**4**
Legal Services	**0**	**1**	**0**	**0**	**1**
Medical Directorate, Critical Care Paramedic Incidents	**0**	**2**	**0**	**0**	**2**
Contingency Planning and Resilience	**0**	**0**	**0**	**1**	**1**
Infection Control	**0**	**1**	**0**	**0**	**1**
Total	**2**	**5**	**1**	**1**	**9**

Parliamentary and Health Service Ombudsman

Any complainant who is not satisfied with the outcome of a formal investigation into their complaint may take their concerns to the Parliamentary and Health Service Ombudsman (PHSO) for review. When the Ombudsman's office receives a complaint, they contact the Patient Experience Team to establish whether there is anything further the Trust feels it could do to resolve the issues.

If we believe there is, the PHSO will pass the complaint back to the Trust for further work. If the Trust believes that local resolution has been exhausted, the PHSO will ask for copies of the complaint file correspondence to review and investigate.

In the year 2020/21 the PHSO contacted the Trust and asked for copies of six complaint files. We have been advised that for two of these cases they do not intend to investigate, and they have requested further information for one. At the time of writing, no investigations have been confirmed as proceeding.

Patient Advice and Liaison Service (PALS)

Unlike other Trusts SECAmb does not have a separate Patient Advice and Liaison Service (PALS), this function is carried out within the Patient Experience Team. PALS is a confidential service that offers information or support, and to answer questions or concerns about the services provided by SECAmb which do not require a formal investigation. These are entered on the Trust electronic patient safety and risk management software system, Datix, as a Level 1 case.

The table below details the number of PALS enquires received by the Trust during 2019/2020 and 2020/2021:

Type	2019/20	2020/21	Percentage difference
Concern	60	96	60%
Enquiry	28	27	-3.60%
Information Request	336	356	6%
Total	**424**	**479**	**13%**

The Trust has seen a 60% increase in the number of concerns, registered examples of these are:

111 caller would like to provide feedback regarding the Covid-19 messages she had to make a selection on before being put through to speak to someone (unfortuntaely this wording is nationally mandated).

Member of the public said member of staff, who caused damage to her car and property, was very rude to her and did not seem to care (fleet department is dealing with the claim).

Patient chasing Trust about damage to his door after we had to force entry.

Why was ambulance parked on the footway?

The Trust also receives a number of complaints each year about the siren noise from our ambulances which are answered through concerns.

Most requests for information are Subject Access Requests under the Data Protection Act, where patients or their relatives require copies of the electronic patient care record (ePCR) completed by our crews when they attended them, or recordings of 999 or NHS111 calls, for a range of reasons. These requests are dealt with in accordance with the General Data Protection Regulations.

Other contacts are requests for advice and information regarding what to expect from the ambulance service, people wanting to know how they can provide us with information about their specific conditions to keep on file should they need an ambulance, calls about lost property, and on occasion, families wanting to know about their late relatives' last moments.

Monitoring Systems

The Trust has continued to improve the incorporation of the electronic reporting system (Datix) into the complaints process which has improved the ability to produce accurate reports and streamline the audit process. The implementation Datix Cloud, the latest most up to date version, it is hoped this will improve further once implemented.

A weekly report is produced each Monday and sent to senior managers within all operational areas who are responsible for complaint investigations and copied into directors. As part of the process for producing this report reminders are sent separately to investigating managers advising them of complaint reports which are due to be returned to the Patient Experience Team in the upcoming week. The Patient Experience Manager has recently joined the Operations Quality and Patient Safety meetings where the report format will be discussed so that it can be adapted and improved. When the weekly report is sent a summary of the current open complaints within the Trust is included, a copy of this for the week 11/03/2021 to 28/03/2021 is shown below:

Summary of this week's report against last week's

	Operations A&E		Date oldest complaint received without a report		Operations EOC		Date oldest complaint received without a report		Operations NHS111		Date oldest complaint received without a report		Operations Other		Date oldest complaint received without a report		Total		Date oldest complaint received without a report	
	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week

Summary of this week's report against last week's

Total number of open complaints	27	30	27/01/2021	27/01/2021	4	5	15/03/2021	08/03/2021	9	4	09/03/2021	09/03/2021	0	0	N/A	N/A	40	39	27/01/2021	27/01/2021
Breakdown of open complaints																				
Breached complaints without reports	1	1	27/01/2021	27/01/2021	0	0	N/A	N/A	0	0	N/A	N/A	0	0	N/A	N/A	1	1	27/01/2021	27/01/2021
Late reports, excluding breaches	3	2	01/03/2021	18/02/2021	0	0	N/A	N/A	0	0	N/A	N/A	0	0	N/A	N/A	3	2	01/03/2021	18/02/2021
Complaints still under investigation, within time	19	23	08/03/2021	01/03/2021	2	5	15/03/2021	08/03/2021	9	4	09/03/2021	09/03/2021	0	0	N/A	N/A	30	32	08/03/2021	01/03/2021

Summary of reports with PET

	Number of reports		Date earliest report received by PET		Number of reports		Date earliest report received by PET		Number of reports		Date earliest report received by PET		Number of reports		Date earliest report received by PET		Total number of reports with PET		Date earliest report received by PET	
	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week	This week	Last week

Summary of this week's report against last week's																				
Reports with PET	4	4	25/03/2021	18/03/2021	2	0	24/03/2021	N/A	0	0	N/A	N/A	0	0	N/A	N/A	6	4	24/03/2021	18/03/2021

Reporting Arrangements

Monthly compliance of internal complaints timescales is reported to the Trust Board within the Integrated Performance Report. Additional management assurance is also routinely provided to the Quality and Patient Safety Committee.

The national return for complaints with the NHS is the KO41a return. This data is submitted on a quarterly basis to the NHS Digital via their online portal. This information provides the number of complaints received with demographics and adds to the national data.

The Patient Experience Team

The overarching responsibility for complaints, PALS and compliments sits with the Patient Experience Team. The work is diverse and brings the team into contact with many patients and their families, some of whom are struggling with mental illness, disorders, or bereavement. Whilst many of these contacts are constructive, there are increasing occasions when team members have had to deal with highly complex and stressful or distressing situations. Supportive work began with the team in terms of resilience in 2018 and continues, including meeting with the Trust Mental Health Team.

Conclusion and future areas of development

The Trust continues to develop the rigour of complaints investigations. The Head of Patient Safety has developed training for Trust investigators ensuring that all complaints, incidents, and serious incidents are investigated, using the appropriate level of investigation, to the same high standard, this has demonstrably led to more tailored findings and appropriate learning outcomes.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Incident and Serious Incident Annual Report

2020 / 2021

Aspiring to be ***better today*** and even ***better tomorrow***

Contents

1.0 Introduction

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) endeavours to always ensure patients, staff and the public are safe when in our care, and for the quality of the care they receive to be consistently of the highest possible standard. However, even with the best of intentions, inevitably sometimes things go wrong, and occasionally these incidents can lead to harm. SECAmb is committed to investigating incidents when they occur, to ensure causes can be identified and lessons learned to improve practice and reduce the likelihood of a recurrence.

The purpose of this report is to provide an overview of all incidents and their associated workstreams, reported during the period of 1st April 2020 to 31st March 2021. The report will explain the route incidents can take to be investigated, depending on their severity, and the processes that underpin this, it will also highlight any notable themes and explain any actions that were taken to mitigate risks relating to them.

To ensure a holistic representation, and meaningful reflection of the last year's work the report incorporates incident reporting, escalation, investigation, Serious Incidents, the Statutory Duty of Candour, and the management of alerts received via the Central Alerting System, as many of these alerts are generated from national incident themes.

It is mandatory, and an intrinsic component of patient safety for all NHS Trusts to report near miss and actual incidents. SECAmb's risk management and patient safety management system is the web-based version of Datix; all incidents, serious incidents, complaints, compliments, CAS alerts, risks, litigation claims, and inquests are captured on, and managed within the system. This enables SECAmb to identify and manage risks effectively and efficiently, utilising all the available elements.

2.0 Definitions

Incidents can be defined as any untoward or unexpected event that interferes with the orderly progress of day-to-day activity; and may have (but not necessarily) led to harm to individual(s) or damage to equipment or property. A near miss incident is an event that could have resulted in an incident but did not, either by chance or well-timed intervention.

Serious incidents (SI) are those incidents where the potential for learning is so great, or the consequences to the affected person(s) / organisation are so significant that they warrant a deeper investigation and response.

Never Events (NE) are SIs that were wholly preventable, because the existence of national guidance or safety recommendations are in place to provide barriers to their occurrence. If a never event occurs, it essentially means that guidance has not been followed.

The statutory **Duty of Candour (DoC)** relates to the necessity for the Trust to be open, transparent, and inclusive with patients and / or their families when an incident has occurred, which has led to harm of a moderate or higher degree.

When **harm** is considered it is pertinent to the harm SECAmb are attributable for, not explicitly the outcome for an individual. Harm is categorised the following way:

- Near miss – a prevented incident
- No harm – incident occurred but resulted in no harm to the individual(s)
- Low harm – led to minor treatment of the individual(s)
- Moderate harm – led to further treatment, cancellation of planned treatment or surgical intervention for the individual(s)
- Severe – led to long-term harm or permanent injury to the individual(s)
- Death – led to the death of the individual(s)

The **National Reporting and Learning System (NRLS)** is a national function to which NHS trusts are mandated to submit reportable patient safety incidents. A reportable patient safety incident is an incident that affected, or potentially affected a patient, and the cause can be attributed to SECAmb. Patient safety incidents that are recorded on behalf of another organisation are not reportable to the NRLS. The information gathered by the NRLS is used to both benchmark safety information for NHS trusts for learning purposes and significantly aids the development of safety alerts with NHS Improvement. The NRLS also provide incident reporting data to the Care Quality Commission (CQC).

The **Central Alerting System (CAS)** is a web-based cascading system; it is utilised to issue patient safety, medical device and drug alerts and other safety critical information. Alerts contain background information on why they have been issued, including the related risks and incidents that have occurred nationally and the actions that healthcare organisations must undertake to mitigate the risks and comply with the alert.

3.0 Learning Lessons

Although there are many reasons NHS trusts report and investigate incidents, not least of all because it is a mandatory function, the primary reason is to enable trusts to understand what and where in the organisation incidents are occurring so they can be learned from and improvements made.

During the past year SECAmb has continued to make significant improvements to identify how learning is embedded both internally and across the wider system. Listed below are some of the key areas that learning has been identified and taken forward.

- Information hubs established to disseminate changes in practice and answer questions from staff on all levels
- Promoting a Just culture where staff have become empowered to recognise that all incidents must be reported in order to identify areas of risks and support broader Trust wide learning through analysis of themes. One example of implementing this culture is holding multi-professional team meetings during incident investigations to establish a blame free environment
- Incident data is monitored by various forums and governance committees within the Trust, such as the Integrated Performance Report (IPR) which is

reviewed by the executive team to highlight all aspects of performance and quality, with a drive to learning from areas for improvement

- During the first wave of the pandemic, there was a reduction in the overall number of incidents being reported, this was due to a need to focus areas of work to combat the increasing demand on our services. A key component in returning reporting levels to the expected volume, to ensure continuous and rapid learning for the Trust, was swift and effective communications via bulletins. For example, SECAmb saw increasing issues with patients being held in the back of ambulances at hospitals owing to there being no available bed space / capacity to offload our patients. It was established that these instances must be reported on Datix, to allow the Trust to identify key areas of concern
- Regular harm reviews relating to Covid incidents were undertaken to recognize trends and highlight themes e.g., issues with Personal Protective Equipment (PPE), staff not turning off the track and trace app while on duty and who these types of incidents were mainly affecting. Establishing these areas of concern allowed the Trust to communicate vital areas of importance and learn from mistakes in a fast paced and rapidly changing environment
- Key skills - reviewed and refreshed to address themes identified from patient safety events (for both field operational staff and 999/111) and real-life examples of complaints, serious incidents and safeguarding cases are referred to throughout the training, so staff appreciate the importance and relevance
- Thematic analysis of patient safety event themes, which leads to commissioned deep dives, or more intense analysis
- Clinical Tail Audits carried out and results fed back to EMAs
- Shared learning documents routinely issued in the 999/111
- Frequently reporting gaps and areas of concern with NHS Pathways and attending regular meetings with representatives to raise queries and spread learning throughout 999/111

4.0 Incident Reporting

SECAmb insists that all actual and near miss incidents are reported onto Datix to aid the broader adverse event management, identity of risks, analysis of themes and the learning of lessons.

During the past year SECAmb has continued its journey to improve incident reporting which has aided the greater aim of increasing the wider safety culture. The Trust has continued its work to improve the safety culture and are working towards this being just and restorative.

The continuous improvement of incident reporting is shown here, evidencing a successful four-year journey, which continues. Also highlighted within this table is the percentage number of incidents reported per the Trust's activity.

Fiscal year	Number of incidents reported	% increase on previous year	Number of 'jobs' into the Trust	% of 'jobs' resulting in an incident
2017/2018	7,510	27%	493,842	1.5%

2018/2019	92,16	23%	717,665	1.3%
2019/2020	11,503	25%	760,565	1.5%
2020/2021	13,983	25%	741,767	1.8%

An increase in incident reporting is what any trust should aspire to see, as it lends to an improving safety culture. The proviso is for any increase to reflect incidents resulting in no or low harm, and a reduction in moderate and above harm levels. Year on year the Trust has seen a reduction in moderate and above harm incidents; this journey is shown below.

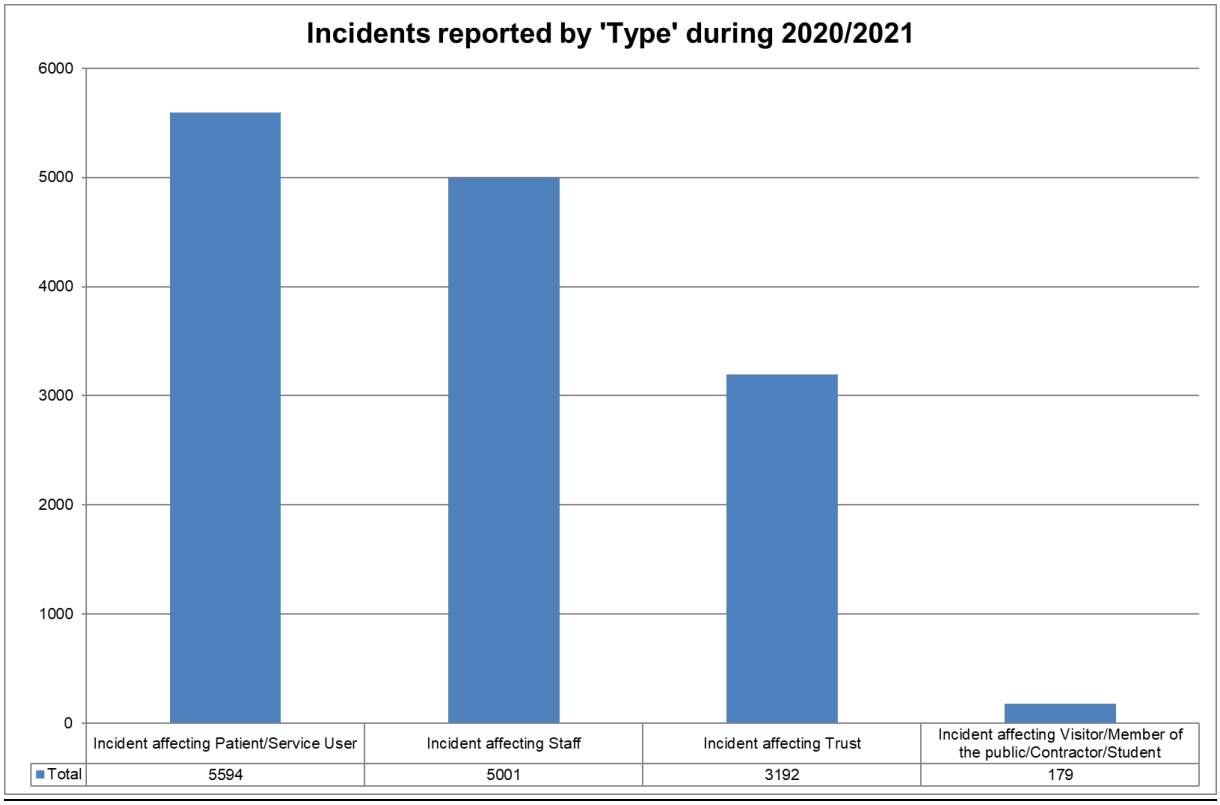
Financial year	**% moderate and above harm incidents**
2017/2018	5.7%
2018/2019	2.1%
2019/2020	1.3%
2020/2021	1.1%

When reported, incidents are categorised as one of four types:

- Incident affecting a patient / service user
- Incident affecting staff
- Incident affecting visitor / member of the public / contractor / student
- Incident affecting Trust

Incidents are categorised this way for two reasons; to help the Trust understand who is being most affected when things go wrong and to aid the onward journey of an incident i.e. patient safety incidents attributable to SECAmb must be submitted to the NRLS, whereas many staff incidents require notification to the Health and Safety Executive (HSE) via the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) process.

The following graph shows the number of incidents reported by type during 2020/2021.



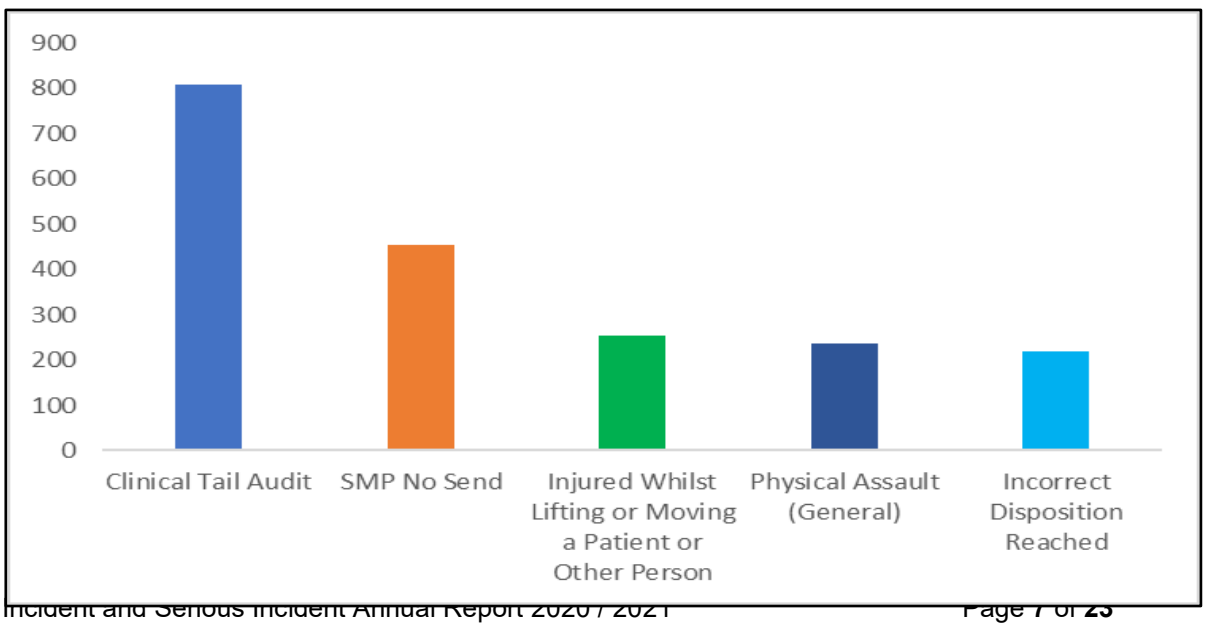
During 2020/2021 there was a 57% increase on the previous year, of incidents reported as affecting staff; this was primarily due to the Covid-19 pandemic and the impact this had on staff.

It is also imperative that SECAmb knows what category an incident relates to i.e., medication error, staff injury, delays to attending a patient etc. Incidents are reported against a category and a sub-category so the granular detail can aid the review and thematic analysis.

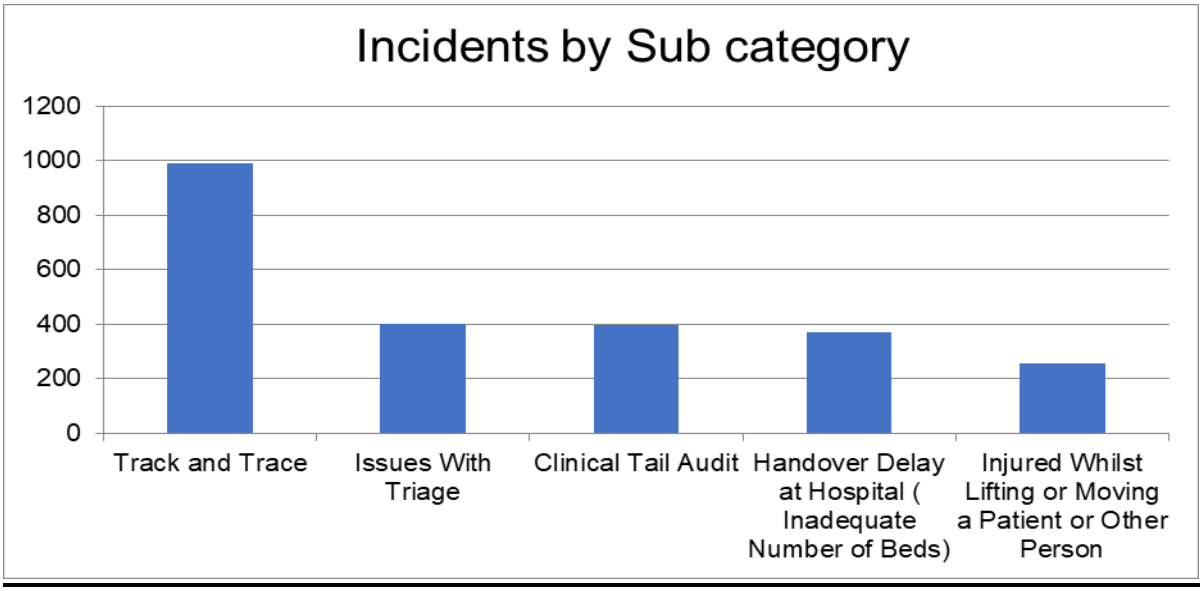
The following two graphs show the change of the top five reported sub-categories from 2019/2020 to 2020/2021.

4.1 Incident sub-categories

Top five sub-categories reported during 2019/2020



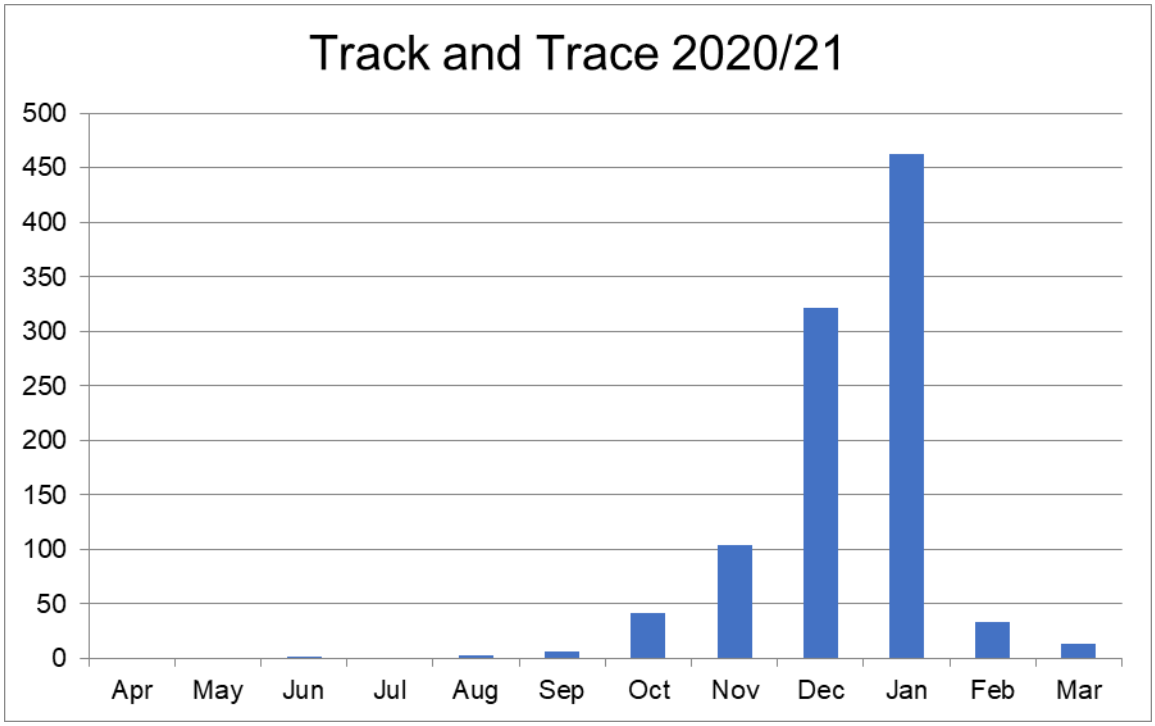
Top five sub-categories reported during 2020/2021



Correlation can be seen between the highest reported sub-categories across the two years, particularly for those reported as 'injured whilst lifting or moving a patient or other person' and 'clinical tail audit'. Parallels can also be seen with 'issues with triage' and 'incorrect disposition reached', due to the reporting member of staff selecting either of these sub-categories for incidents where there is uncertainty around the accuracy of the triage carried out.

Track and Trace was a new category for the Trust in 2020/2021. This was added to the Datix incident module in June 2020 after the first wave of the pandemic, when Track and Trace would have been in its infancy nationally. It was added to the Datix system to understand how many of SECAmb staff members had been affected by the COVID-19 virus and to adhere to government guidelines, on isolating members of the team that had encountered the virus to stop the spread.

The Trust had 989 Track and Trace incidents reported during 2020/21. The chart below shows the breakdown of when they were reported throughout the year.



It is evident from the graph above that there was a significant increase in Track and Trace incidents through the second wave of the pandemic. The table below displays the month-on-month highest increases during the second peak, this also follows the national picture at the time.

Trace &Trace	Case Numbers	Increase Month on Month
October 2020	42	N/A
Nov 2020	104	248%
Dec 2020	322	310%
Jan 2020	436	135%

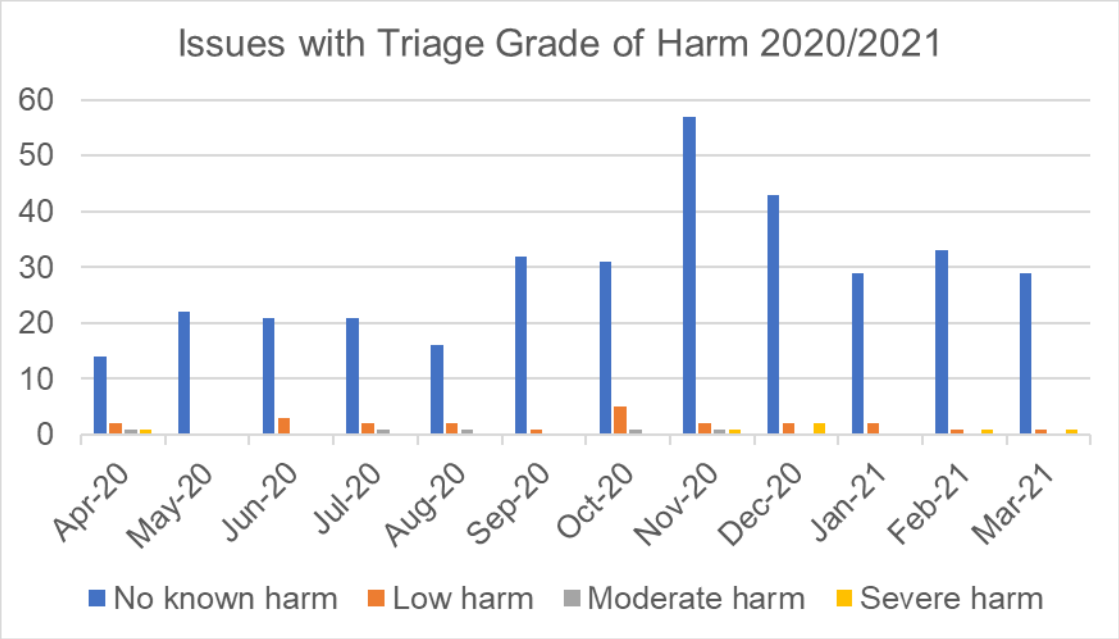
Issues with Triage

The Trust records incidents when there have been issues with the triage in 111/999 calls. The Health Advisors (HA) and Emergency Medical Advisors (EMA), answering the calls in contact centres, follow a clinical pathway to assess patients and provide a safe and appropriate outcome. If an incorrect pathway is followed and subsequently an unsuitable outcome is reached, staff are encouraged to self-report

the incident on Datix. Also, senior staff overseeing operations within this setting will monitor systems to identify when this happens and record the details on Datix to allow for a review and learning opportunity as well as providing the Trust with the knowledge of how often this type of incident occurs. These incidents are assigned to a member of staff who will investigate what happened and sometimes utilise internal audit teams to support and inform the findings. This increases the quality of the feedback the member of staff involved will receive and aid their continuing professional development (CPD).

Issues with Triage accounted for the second highest subcategory for 2020/2021 with 402 incidents recorded. This is an increase of 248% from 2019/2020 in which there were only 162 incidents reported. This increase could be explained by the elevated call volumes and service pressures experienced over the course of the second wave of the pandemic.

The below graph shows the breakdown of when these incidents were reported throughout the year and illustrates the grade of harm caused. This evidences that the vast majority resulted in no known harm and underpins SECAmb's commitment to log incidents when things have gone wrong and learn from these events.

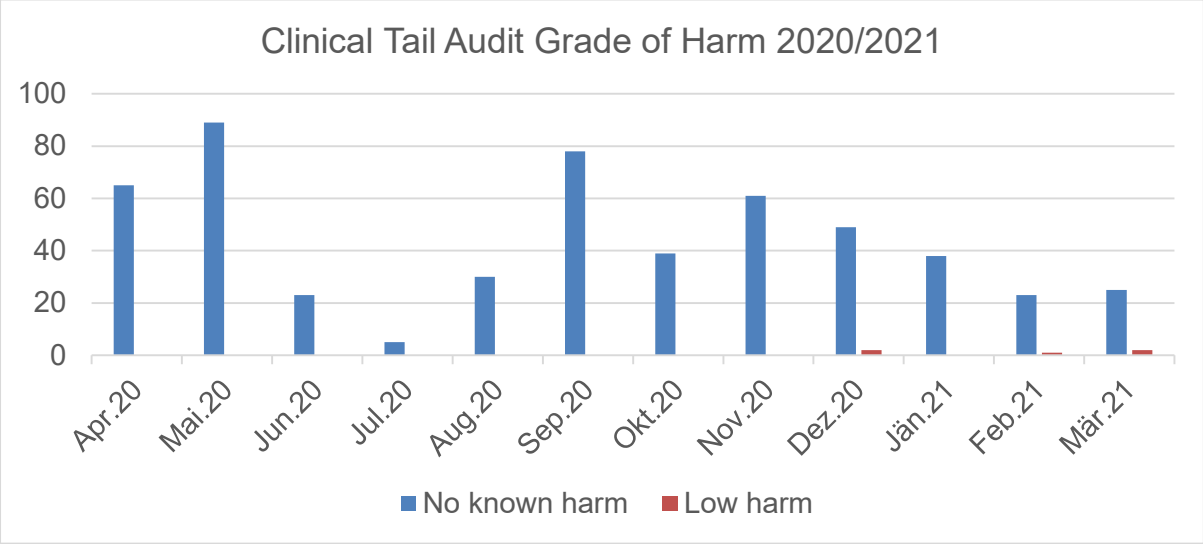


Clinical Tail Audit

Clinical Tail Audits (CTA) assess the clinical risks to patients that had to wait an excessive period of time for an ambulance and considers whether the patient was safeguarded via welfare calls. The audit tool utilises a clinical risk matrix; cases that reach a score of ten or above are recorded on Datix as incidents for further investigation.

530 CTA were recorded on Datix during 2020/2021, the level of harm captured for all of them was 'no known harm', and 'low harm'. This reporting number reflects a decrease on the previous year of 279 CTA. This decrease can be attributed to the reduction in demand for our service during the first wave of the pandemic, coupled with the significant increase in demand during the second wave when the Trust

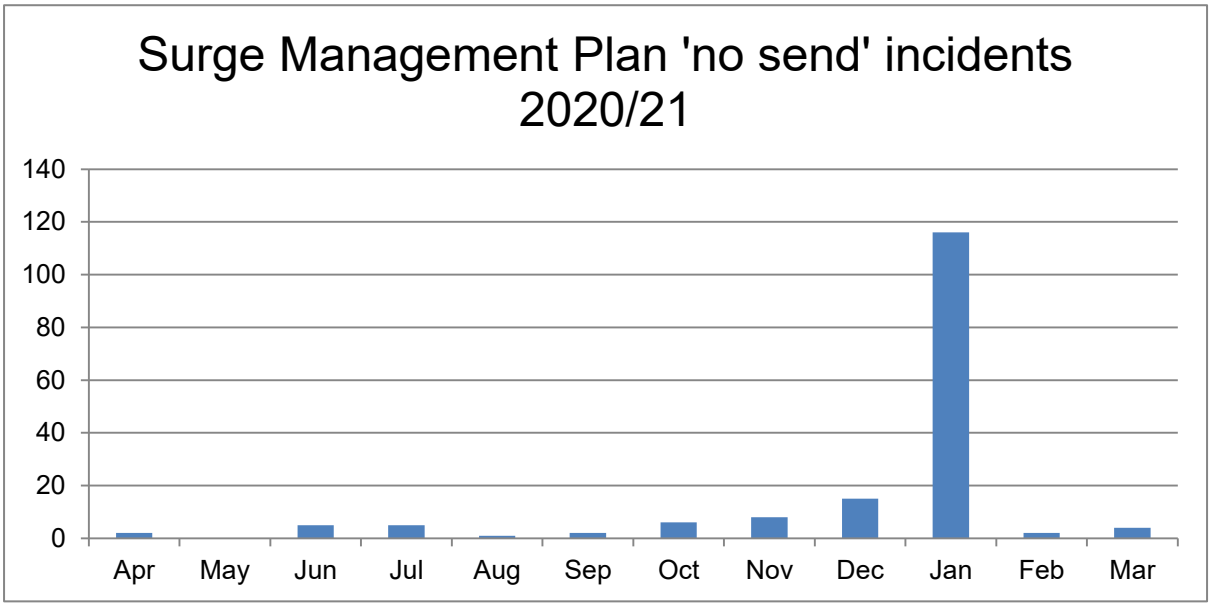
entered REAP 4 and all clinicians were called back into clinical roles to help meet the demand; this led to a backlog of CTAs being completed in a timely manner. Many of the CTA from early 2021 were not completed until the new financial year.



When the Trust is in Surge Management Plan (SMP) level three or four it invokes a 'no send' approach to certain types of calls. When an incident is identified that relates to a SMP no send, it is recorded on Datix to assess for any harm that may have incurred from not sending a resource.

166 no send incidents were reported on Datix during the period, which is a decrease of 272% on 2019/20 in which 453 of these incidents were reported. This can be explained by lack of demand during the first wave of the pandemic. These incidents were all reported as low or no known harm.

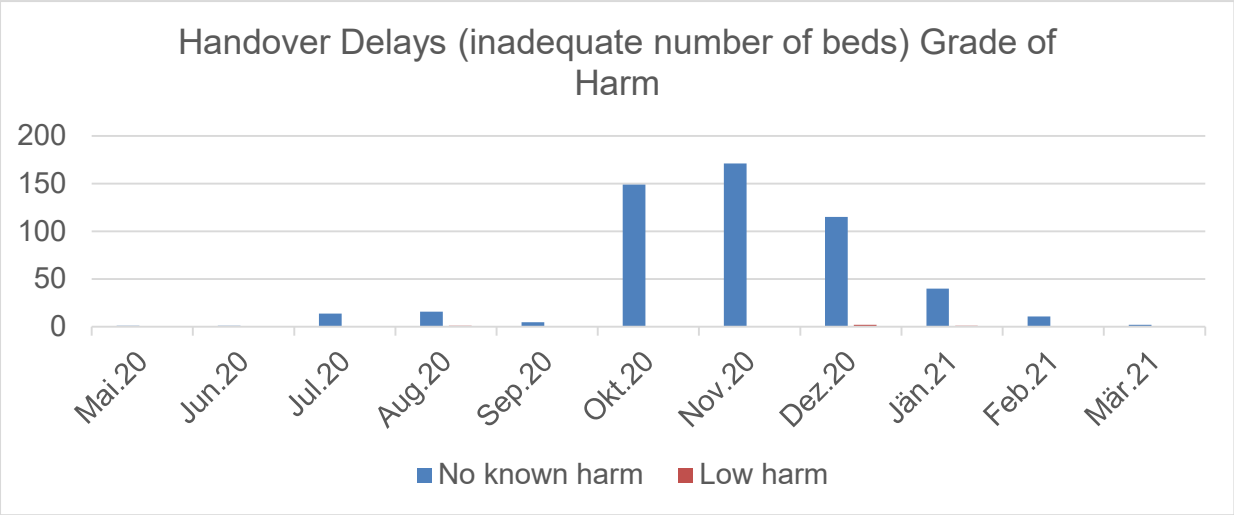
The charts below show the breakdown of when they were reported throughout the year, and the level of harm reported.



Handover Delay at Hospital (Inadequate Number of Beds)

The fourth highest sub-category for the Trust during 2020/2021 was 'handover delay at hospital (inadequate number of beds)'. This accounted for 547 of the incidents reported, with 445 of these being logged between October 2020 - December 2020. The increase of delays into hospitals came on the back of the second wave of the pandemic, when hospitals stopped admitting patients due to increased demand on the NHS. The impact on SECAmb was that ambulances had then been taken out of the community due to not being able to handover at hospitals, the Trust made the decision to log these delays to understand wider impact on patient safety and not having readily available crews to go back out into the community.

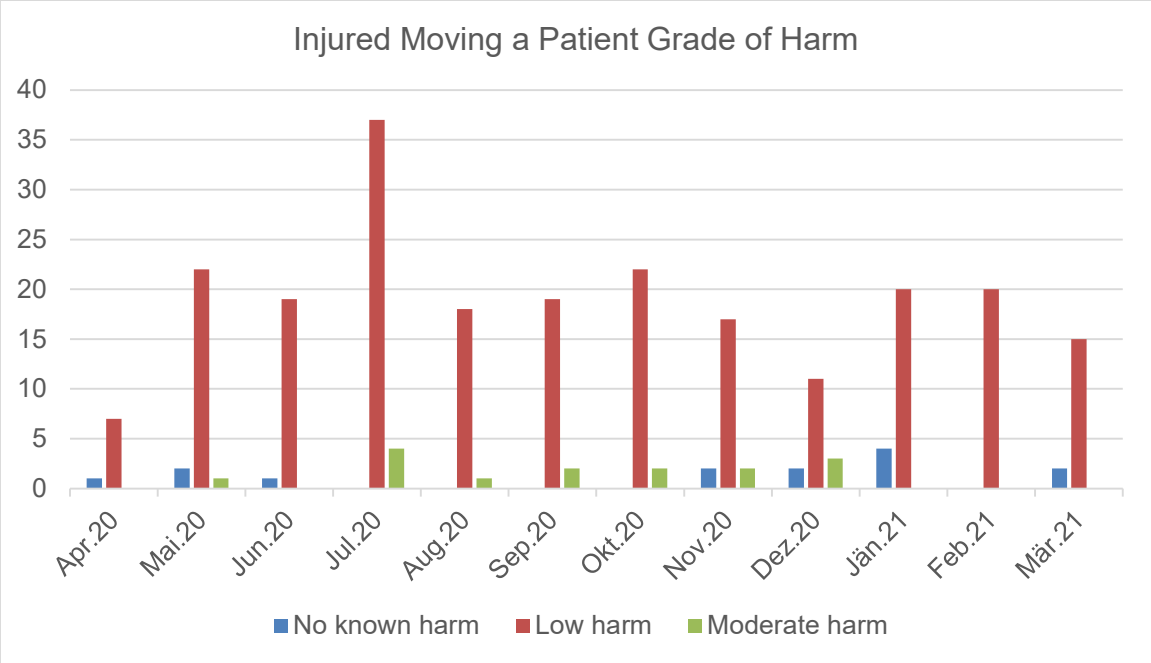
The below graph shows the months these incidents were reported in and the levels of harm; however, it should be noted that this sub-category does not account for all handover delays at hospitals during 2020/2021, just those relating to an inadequate number of beds.



All these incidents were recorded as low harm or no harm. SECAmb have worked across wider networks to share findings of handover delay incidents with hospital trusts to build on patient safety practices on a larger scale and strengthen communications with external NHS organisations.

Injured Whilst Moving a Patient or Other Person

The fifth reported sub-category related to staff injuring themselves whilst lifting or moving a patient or other person. 257 incidents have been logged, which is an increase of 2 from 2019/20. Most of these incidents were recorded as 'low harm' with 9 incidents being moderate/short term harm. The incidents captured as 'moderate harm' would have been considered for, and if appropriate reported to the Health and Safety Executive (HSE) via the RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) process. The breakdown is shown below.



Reviewing this sub-category in isolation could be misleading as there are four sub-categories sitting beneath the overarching category 'Manual Handling and Restraining incidents'- 'injured whilst moving a patient or other person'; injured whilst lifting or moving an object or load'; 'stretching or bending injury (other than lifting)'; 'injured whilst restraining a patient'. It is important to look at the category holistically as staff may mis-report incidents under the sub-categories. The Trust provides all members of the organisation with robust manual handling training, which is reviewed and renewed on an annual basis.

5.0 Serious Incidents

SECAmb endeavours to consistently undertake open, transparent, and thorough investigations to enable learning to be identified, shared, and embedded in practice to improve patient safety, and reduce the likelihood of reoccurrence. The Trust utilises root cause analysis methodology, identifying contributory factors of any identified problems.

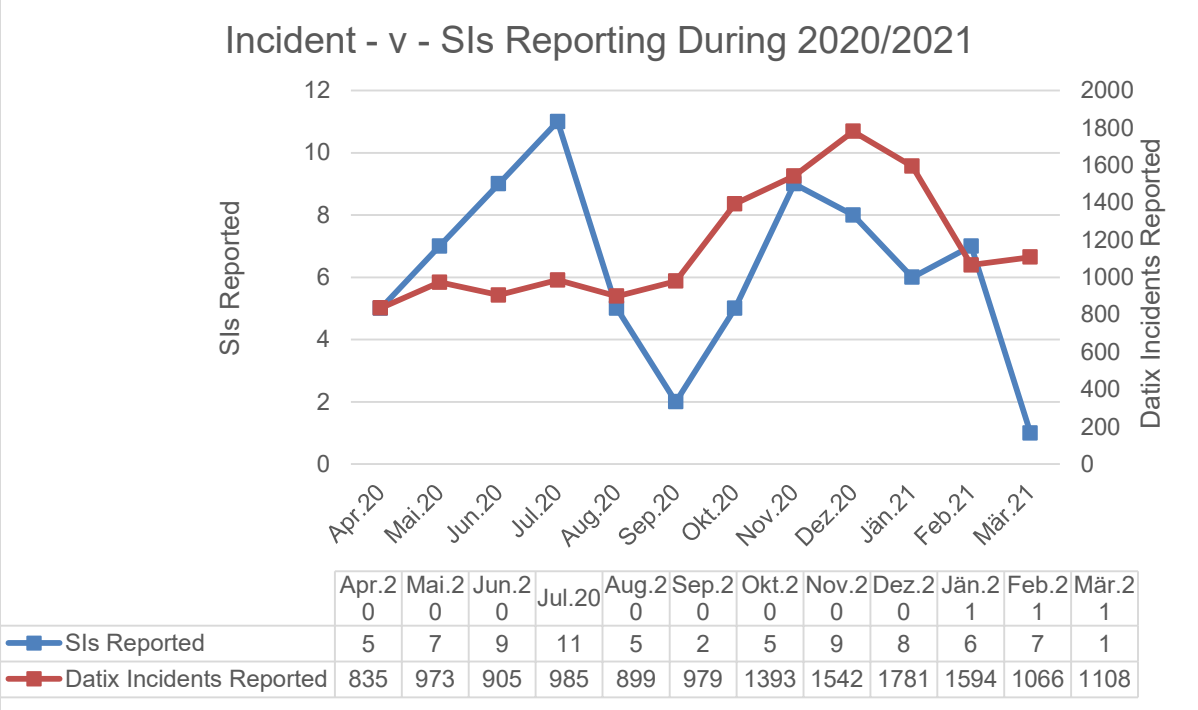
Serious Incidents (SI) are managed in accordance with NHS England's Serious Incident Framework. Adhering to the stipulated timescales for SI completions has been a challenge for SECAmb in the past. However, the last two years reflect a successful improvement journey, and the portfolio evidences significant improvement in the recognition and declaration of SIs, the management of the process and the quality of investigations, final reports, and recommendations.

The Serious Incident Group (SIG) is a multi-disciplinary group, chaired predominantly by the Deputy Director of Nursing and Quality. The Group meets weekly to review all potential SI. These are identified from incidents and complaints recorded during the preceding week where the grade of harm has been reported as moderate or above, cases identified by the coroner where they have raised concerns about SECAmb and safeguarding/social services concerns. Once declared, the SI is

reported to the Lead Clinical Commissioning Group (CCG) via the Strategic Executive Incident System (StEIS). All elements of the SI are recorded within the Datix incident report. Of the SI declared during 2020/2021 80% were identified from incident reports, 4% from complaints and 16% from the other routes mentioned above.

Reporting Source	Number Reported
Incident Report	60
Concerns raised within Trust (not via IWR-1)	6
Concerns raised by external organisation (CCGs, Hospital etc)	6
Complaint	3
Grand Total	75

During 2020/2021 SECAmb declared 75 SIs, however once investigated, it was agreed with the CCG that 10 of them did not meet the SI criteria and they were de-escalated from SI status, resulting in the net figure of 65 SI. This is relatively comparable to 2019/2020 when 101 were declared.
The line graph below shows the number of incidents reported per month alongside the number of SIs declared.

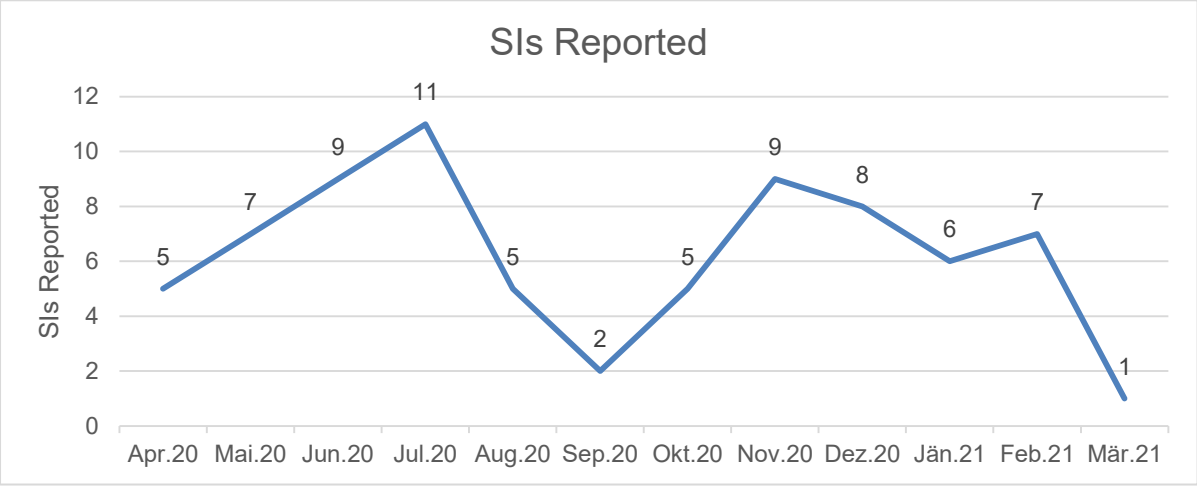


	Apr.20	Mai.20	Jun.20	Jul.20	Aug.20	Sep.20	Okt.20	Nov.20	Dez.20	Jän.21	Feb.21	Mär.21
SIs Reported	5	7	9	11	5	2	5	9	8	6	7	1
Datix Incidents Reported	835	973	905	985	899	979	1393	1542	1781	1594	1066	1108

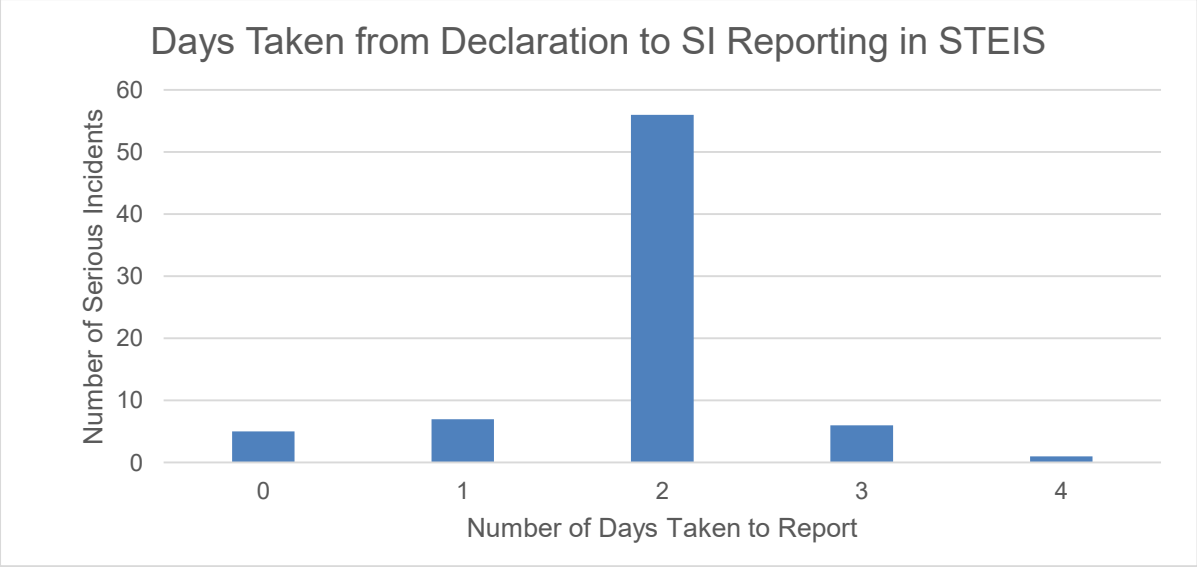
80% of SI were generated from incidents and complaints this equates to 0.5% of patient safety events resulting in an SI. The previous year saw a figure at 0.8%, reflecting a reduction of events meeting SI criteria.

This chart breaks down the number, by month, of SI declared during 2020/2021. The reason behind the drop in the number declared in March is multifactorial; the Trust was moving towards declaring more cluster SI i.e. undertaking a single investigation for multiple correlating cases to enhance learning, the result of embedded learning from previous investigations preventing reoccurrence plus the

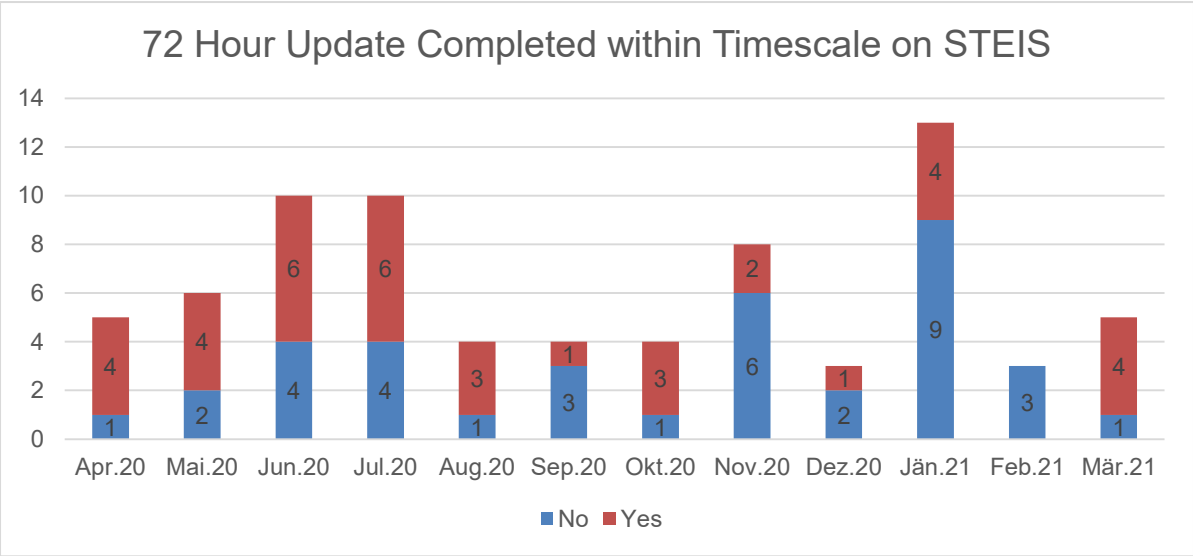
reduction in demand, hence improved performance across the Service early in and throughout the first wave of the pandemic.



The SI Framework sets out clear timescales the Trust must adhere to for each declared SI, from their declaration on StEIS within 48 hours of identification, the submission of an update within 72 hours of the StEIS report, and the completion of the investigation and submission of the report within 60 working days. The following charts reflect the Trust's compliance with each of these standards.



68 SI were reported within the required timescale, reflecting a 91% compliance rate. The seven SI that were declared outside of timescale were delayed due to additional information being required to make the submission on StEIS.



As shown above, the Trust struggles to submit 72-hour updates within timescale as there is a requirement to obtain further information from the investigator or relevant operational department. Often this crucial period immediately after a SI is declared is spent allocating an investigator and initial fact-finding to scope an investigation.

When declaring a SI on StEIS most NHS Trusts utilise the StEIS categories to analyse their themes and trends, however, for two reasons SECAmb uses internal categorisation for this. Firstly, the StEIS categories relate more to acute hospital trusts, so are less informative for ambulance trusts, and secondly, SECAmb finds it more meaningful to align SI categorisation to the local incident categorisation, this enables better cross-theming and adds more value to analysis.

The table below shows the breakdown for 2020/2021. Triage/ Call Management is the highest reported category with 21 SIs, followed by Delayed Dispatch / Attendance with 13 SI declared; this correlates with the findings of analysis of both local incidents and complaints received. There was a noticeable change in the historic prevalent rationale for declared SIs, away from delayed attendance, as performance improvements were noted particularly in the period of the first national lockdown, but this has continued throughout the year. This is also likely to be in part due to the extensive work in our Emergency Operations Centres during the previous year to recruit more clinicians to monitor patients awaiting an ambulance response and identify those patients that are at higher risk of deterioration.

Serious Incident Category (as per Datix)	Number of SIs
Clinical Operations A&E	
Treatment / Care	12
Delayed Dispatch / Attendance	8
Other (Please state)	7
Staff Conduct	5
Non-Conveyance / Condition deteriorated	3
Information Governance Breach	2
Delayed Back-up	1
Triage / Call management	1
NHS 111 and Urgent care - 111 service	

Triage / Call management	6
Delayed Dispatch / Attendance	2
OOH/111/GP Concerns	2
Staff Conduct	2
Other (Please state)	1
Clinical Operations -EOC	
Triage / Call management	14
Delayed Dispatch / Attendance	3
Other (Please state)	2
Power / Systems failure	2
Call Answer Delay	1
Child-related / Unexpected Child Death	1
Grand Total	**75**

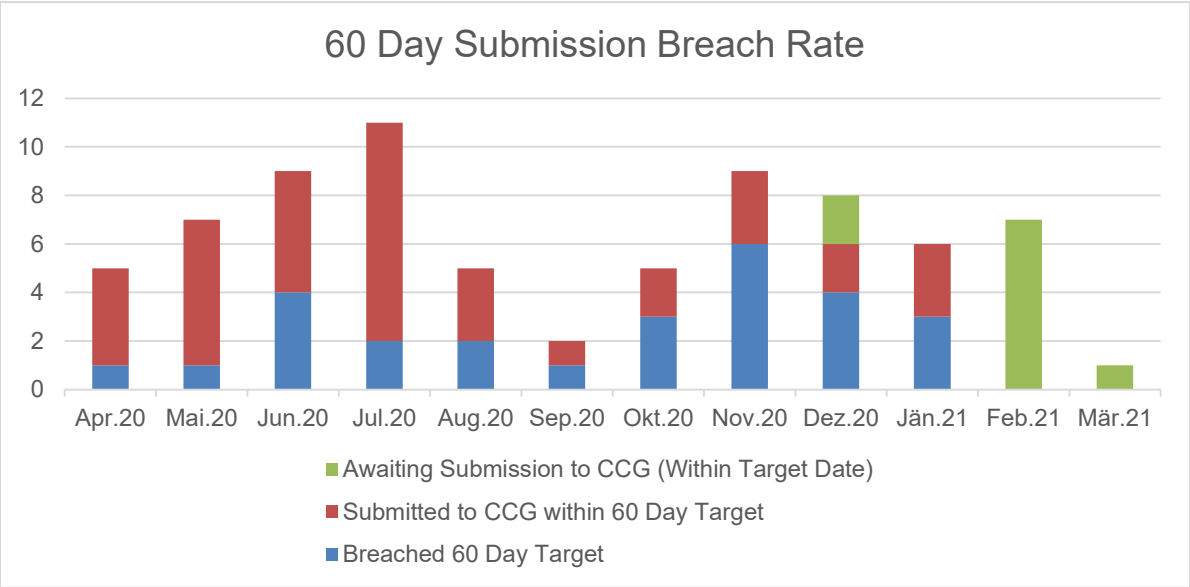
Of the 75 SIs declared during 2020/2021 14 (20%) breached their submission deadline; this is a significant decrease from 44 (43.5%) during 2019/2020.

Early in the pandemic trusts were advised by NHS England that SI timescales within the National SI Framework were not required to be adhered to however, the Trust decided to, where possible, continue to work to 60 working days to enable lessons to be identified as quickly as practicable and if possible, to prevent a backlog from forming. Unfortunately, as demand increased during the second wave the Trust was required to divert all clinical expertise directly to patient care, which led to some investigation breaches; at the time of writing this report a small backlog of breached SIs has formed. The Trust continues to progress these investigations. The following table shows the number of breached SI at the end of March 2020 and 2021.

Current Status	End of March 2020	% Breached
Breached	5	11%
Total SIs Open	45	

Current Status	End of March 2021	% Breached
Breached	14	34%
Total SIs Open	41	

The following graph shows the breakdown per month of report submissions.



The monumental improvement achieved across the workstream is reflective of the considerable work undertaken during the past two years to strengthen the resources in the SI Team, process map and streamline the SI process, train more SI investigators Trust wide, implement a rolling training programme, and improve the support provided to investigators. Whilst the Trust openly celebrates the achievements it is not complacent, acknowledging that more can be done to continue to strengthen processes for further development.

The Field Operations Quality and Patient Safety Group has restarted and now meets monthly. Members are updated on newly declared SIs and trends together with closures and learning identified.

5.1 Response to Covid-19

With the predicted increase of demand from the outset of the pandemic it became apparent the Trust would need to consider how best to maintain the SI function, particularly with the prediction that more were likely to be declared. A proposal was made to the Covid Management Group that for the duration of the pandemic SI investigation reports would be completed on the internal root cause analysis (RCA) template rather than the full SI template, this was to try to ensure they were still undertaken as swiftly as possible to enable lessons to be identified and implemented early on to prevent reoccurrences where possible as the pandemic progressed.

This approach was approved and worked to the Trust's advantage as it also led to experimentation with various other investigative methodologies being utilised such as, after action reviews and end to end reviews, all of which led to meaningful outcomes and lessons.

Taking a different approach with investigations and finding alternative ways to learn forms the heart of the incoming National Patient Safety Strategy, as opposed to routinely undertaking the standard RCA investigation. The Strategy also encourages trusts to undertake themed investigations by forming clusters or investigating potential issues; the Trust has organically made this move throughout the pandemic.

During December and January Trust resources were particularly stretched by handover delays at acute trusts, primarily in the Kent area, affecting our ability to respond to further calls. The Trust introduced a review system for handover delays and worked with acute partners to review harm. A system SI was declared with several index cases identified. It was recognised that the investigation should be broader than simply the Trust's resourcing issues but also focus on the whole system and issues that relate to the pandemic. Whilst immediate actions were taken, the need to learn lessons for future situations that could affect the Trust's ability to respond when under heightened pressures led to acknowledgement that the investigation should be undertaken once the pandemic was calming, and the system was in a better position to carry this out which will likely be within 2021/2022; there was also a need to identify the most appropriately placed individual to lead the investigation.

6.0 Actions from Serious Incidents

Most SI investigations generate an action plan.

Throughout the year, the Trust has continued to seek assurance on completion of the action plans for closed incidents. Action plans are created to ensure we learn from incidents and change things as a result, so it is vital the actions are implemented, and often quickly. The Trust has historically struggled to complete SI actions in a timely way. To address this, targeted work has been underway over the past two years to not only review and close overdue actions but to ensure future actions are more appropriate, meaningful, and able to be implemented. The Trust groups with overarching responsibility for SI action implementation have been encouraged to review their actions in meetings with the aim to hold owners to account and monitor progress. The 999/111 and Field Operations Quality and Patient Safety Groups (QuaPS) and the Clinical Governance Group are examples of where this approach is making a big difference, and they reflect the areas with the most progress shown. The SI process now works much closer with the QuaPS groups to ensure that new actions are relevant and achievable (Smart, Measurable, Achievable, Realistic, Timebound). The table below shows the current position.

Year of SI	Number of Actions	Number of Completed Actions	Outstanding Actions	Breached Actions
2018	385	381	4	4
2019	432	366	66	62
2020	123	61	62	51
Grand Total	**940**	**808**	**132**	**117**

Whilst there remains much work to do to improve this process the 999/111 QuaPS have proved to have great influence with their actions, and the Field Operations QuaPS is starting to provide the same level of progress.

7.0 Never Events

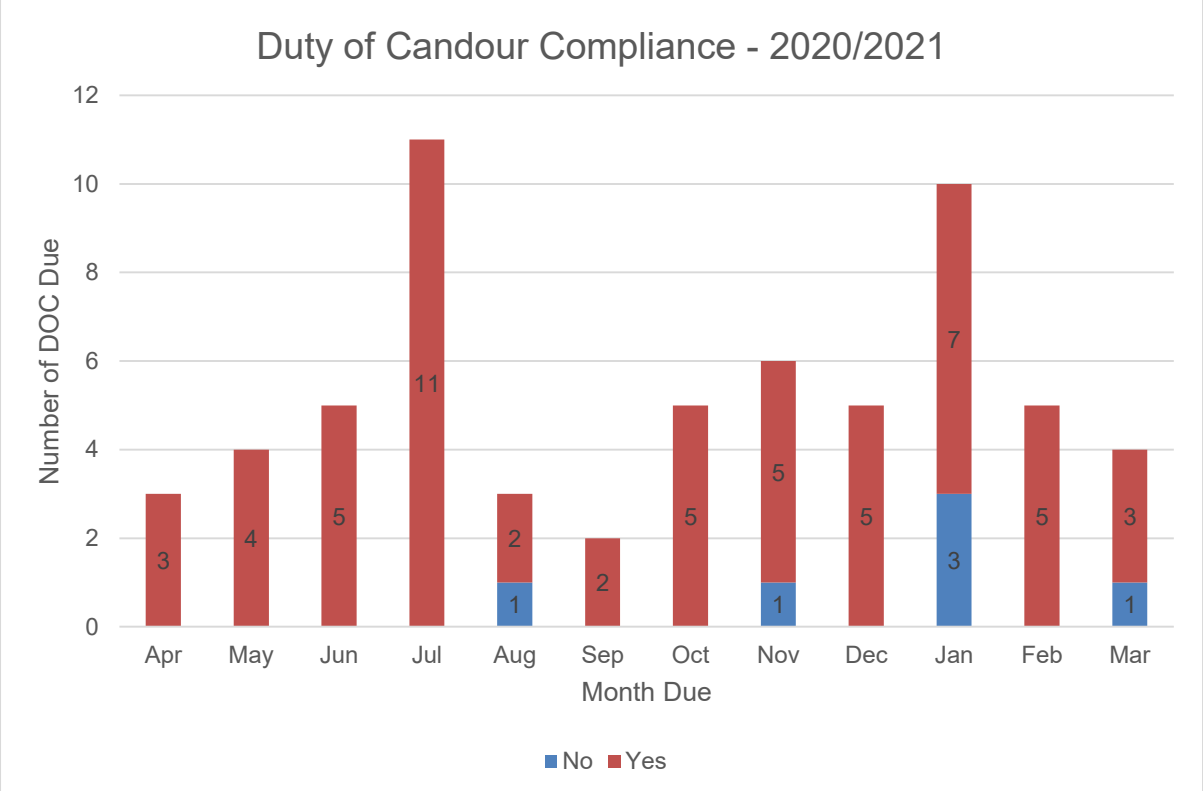
No never events were reported by the Trust during 2020/2021.

8.0 Statutory Duty of Candour

The Statutory Duty of Candour (DoC) became legislation in November 2014. It is invoked when a reportable patient safety incident occurs, where the level of harm was a moderate or higher degree. The Duty requires that NHS trusts will communicate with patients and / or their family about the incident as soon as practicable. The Trust policy, in accordance with the NHS Standard Contract, notes the initial DoC contact is to be completed within ten working days of recognition of the incident, this should also be confirmed in writing, with details of who to contact should they wish to. Patients and / or their family should be invited to raise any specific elements they would like to have included in the investigation and should be kept informed throughout the process. The final element of the Duty is for a meeting to be offered with the patient and / or their family to discuss the findings of the investigation.

During 2020/2021 SECAmb's DoC compliance was 90%; this is measured on whether a conversation with an affected patient and / or their family took place within ten days of the SI being declared, or every reasonable effort to make contact has been undertaken. Of the 75 SI declared, 57 invoked the Duty. DoC was undertaken for the remaining 10% however, this was completed outside of timescale.

Whilst a robust process exists to oversee DoC for SIs this is not as effective for those incidents that are not an SI, where the level of harm is moderate or higher. During the coming year SECAmb will be reviewing how we communicate better with patients and relatives both under the strict Duty of Candour requirements and keeping them updated and involved in the investigation process. During the coming year SECAmb will be concentrating its effort to define the process for such incidents, ensuring the Duty is monitored and met.



9.0 National Patient Safety Strategy and the Patient Safety Incident Response Framework (PSIRF)

As alluded to above in section 5.1 the Trust is already starting to plan for the change from the National SI Framework to the National Patient Safety Strategy in 2022, and with the introduction of alternative investigative methodologies during the pandemic good progress has already been made.

The year ahead will see the Trust consider how best the new soon to be required annual plan for investigations will be shaped and how these are taken forwards in accordance with the PSIRF and how we can adapt ways of working to implement the Strategy. The SI policy and procedure will also be reviewed and revised to reflect the new Strategy.

10.0 Central Alerting System

SECAmb is committed to cascading information from the Central Alerting System (CAS) to ensure safety critical information and guidance is disseminated and any subsequent actions are implemented to inspire learning, knowledge, and best practice throughout the Trust.

Since 2018 the CAS was managed by the Trust's Datix Team but noting how key the alerts are to patient safety as well as wider safety management, the function was transferred to the Quality and Safety Lead in the last quarter of 2020. This work stream continues to undergo development and improvements within the safety alerts module on Datix, to ensure the existence of an agreed Trust procedure for handling all alerts and the evidence of implemented actions.

Alerts are developed and issued by NHS Improvement, NHS England, Medicines and Healthcare Regulatory Agency, Chief Medical Officer (CMO) or NHS Estates and Facilities. Upon receipt of an alert via the CAS, and after an initial assessment, it is cascaded to the most appropriate leads in SECAmb for ongoing review, dissemination, and implementation of actions. Alerts will relate to medical devices, patient safety, field safety notices, drug alerts or CMO alerts. Many alerts are more acute hospital specific and not relevant to ambulance trusts and can be closed immediately after initial review, however there are still many that are more generic and relate to medications or equipment that are relevant.

During 2020/2021 208 alerts were received by SECAmb, the breakdown of their source is shown below.

Alert Generated by	Number received during 2020/2021
CMO Messaging	43
MHRA Medical Devices	10
Department of Health Supply Disruption	21
National Patient Safety Agency	8
Central Alerting System Helpdesk	3
MHRA Drug Alert	53

MHRA Dear Doctor Letter	1
MHRA Field Safety Alerts	54
NHS Improvement	2
NHS Improvement, Estates and Facilities	4
SSC Alerts	9
Total	**208**

Of the 208 alerts received thirty-two did not require a response as they were for information only; these alerts were however still shared with the appropriate leads.

Upon receipt, all alerts are shared with the most appropriate senior team for assessment and where appropriate, a response. The breakdown below shows the action type status for all alerts logged within the reporting period.

Action type	**Number received during 2020/2021**
Information only	32
Action required ongoing	12
Action not required	154
Action completed	4
Acknowledged	6
Total	**208**

Sixteen alerts required action by the Trust, of these alerts one was closed after the due date and all others were completed within the individual response deadlines.

11.0 Conclusion

Due to the pandemic, this year the Trust has seen extensive challenges and over this period it became essential to monitor harm to our staff and our patients at key phases. Regular harm reports were managed through the Covid Management Group to consider incident trends, key learning, and levels of harm. Although most incidents reported over the course of the year were no or low harm, as the system pressures elevated additional work was required to monitor risks with our system partners.

It is evident from low levels of harm, that incident reporting and embedding lessons from investigations have seen a positive culture change within the widespread roles throughout the Trust.

The Trust has had to adapt and improve the way it works to learn quickly from events; one of these improvements included utilising different methods of incident investigation and thematic analysis, and adapting templates to more simple formats where possible, with a view to producing reports and learning more quickly. This has underpinned work which will be taken forward into the next reporting period 2021/22 when the Patient Safety Incident Response Framework will be established in place of the Serious Incident Framework.

The Trust is currently working to develop the Datix Cloud risk management and patient safety software system to further support reporting of incidents and analysis of data for which we expect to see continuous advancement in.

Considering the unprecedented challenges as a result of Covid-19, and considering the upcoming changes to restrictions, including the uplifting expected to take place on 19th July 2021, the Trust acknowledges that regardless of how the climate changes, SECAmb endeavours to continue the fast-paced learning environment it has established as a positive result of the pandemic.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	72-21

Name of meeting	Trust Board
Date	27.01.2022
Name of paper	Business Cases
Author	Company Secretary
Synopsis	There are four business cases (full cases are enclosed) for the Board to consider for approval. Each one has been reviewed by the finance and investment committee, which recommends their approval by the Board. A summary of each one is below:

EOC Covid Costs (Apr 2021 - Mar 2022)

Whole Life Cost	**Source of Funding**
Total Capital - £NIL Total Operating Cost - £4,053,378 Total Whole Life Cost - £4,053,378	The costs for 2021/22 will be funded from the Covid funding stream.
Revenue Impact (Operating and Non-Operating Costs)	
In year revenue impact (2021/22) - £4,053,378 Next year's revenue impact (2022/23) - £NIL	

Brief description of proposal

This Business Case set out how the continued Covid funding will be allocated during April 2021 – March 2022 within EOC.

111 Covid Costs (Oct 2021- Mar 2022)

Whole Life Cost	**Source of Funding**
Total Capital - £NIL Total Operating Cost - £1,918,474 Total Whole Life Cost - £1,918,474	The costs for 2021/22 are being funded via the agreed H2 Covid funding stream.
Revenue Impact (Operating and Non-Operating Costs)	

In year revenue impact (2021/22) - £1,918k Next year's revenue impact (2022/23) - £NIL (pending any further business case if required)	

Brief description of proposal

This Business Case sets out the requirement for continued Covid funding from October 2021 – March 2022.

111 First and Activity Growth

Whole Life Cost	**Source of Funding**
Total Capital - £1,100,094 Total Operating Cost - £33,289,143 Total Whole Life Cost - £34,389,237	NHS England funding via CCG, totalling £6,845,000 for the whole of 2021/22.
Revenue Impact (Operating and Non-Operating Costs)	
In year revenue impact (2021/22) - £68k Next year's revenue impact (2022/23) - £8k	

Brief description of proposal

The aim of this business case is to ask for approval to confirm the expenditure budget for our 111 service to reflect the funded level of activity that is currently being provided.

Microsoft Licencing

Whole Life Cost	**Source of Funding**
Total Capital - £NIL Total Operating Cost - £1,161,677 Total Whole Life Cost - £1,161,677	There is no additional funding available to cover this cost, it will need to be transferred from reserves.
Revenue Impact (Operating and Non-Operating Costs)	
In year revenue impact (2021/22) - £77k Next year's revenue impact (2022/23) - £232k	

Brief description of proposal

Ensure Trust staff have access to an email service that has secure email accreditation. This is essential to securely exchange certain information types with other NHS organisations, health care providers and certain vendors and suppliers.

Recommendations, decisions or actions sought	The Board is asked to consider for approval each of the business cases

Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Yes

South East Coast Ambulance Service NHS
NHS Foundation Trust

BUSINESS CASE TEMPLATE

EOC and CAS Covid Costs

April 21 – March 22

30 November 2021

Author(s): Penny Green, Sean Daisy
Executive Lead: Emma Williams
Directorate: Operations
Business Case Ref: 2021-22 - 36
Version: V4
Date of approved summary QIA: 4 February 2021

Final Decision:

Date proposal reviewed	By	Decision made

Document Control:

Version Control:

Please record all key changes made to the document and how these have been approved (either person or committee				
Version	Date	Author and title	Summary of key changes	Approval by
V1	22/11/21	Sean Daisy – Business Support Manager	Revised draft	
V2	23/11/21	Kevan Burns – Finance Business Partner	Finance Update	
V3	23/11/21	Rachel Murphy	Finance review	

Review and Approvals log:

Please ensure you log (in chronological order) all reviews and approvals to show the audit trail for support for your proposal				
Version shared	**Person and title or Committee**	**Date reviewed**	**Recommendation**	**Rationale**
V3	Executive Sponsor	29/11/21	Supported	
V3	Associate Director of Finance	25/11/21	Agreed to go forward to BCG	
V3	Business Case Group	30/11/21	Supported	
V4	EMB			
	FIC			
	Board			

1. Proposal Overview

Provide a brief description of the proposal, this should be in summary form and include a brief background of the relevant area, any link to performance targets, proposal aim, current state, business need, the options and the preferred Solution.

Background
To address operational pressures in the EOC and CAS services, generated by demand related to COVID-19, the Trust recruited staff in both Coxheath and Crawley to meet elevated demand.

Aim
To maintain the Trust's current call answering performance within the 999 call-handling function and deliver contractual requirements. Covid funding for this has been extended from April 2021 to March 2022.

Current State
The Trust's 999 service is under pressure, the Trust has experienced significant demand increase to manage the elevated levels of activity associated with COVID-19, and the subsequent recovery phase thereafter.

The pandemic has had an impact on emergency care nationally at an unprecedented scale of current pressure in the ambulance sector – with all ambulance services on the highest level of alert.

In addition to the impacts of patient demand, sickness amongst the EOC and CAS staff has also increased in line with the additional community impacts of the pandemic.

Current activity levels within the 999 service have been variable and significantly dependent upon the wider healthcare economy within our region (graphs are shown in appendix A).

Following the declaration of the COVID-19 pandemic, national measures were implemented following notification from the Emergency Call Prioritisation Advisory Group (ECPAG), recognising the impact of NHS Pathways COVID-19 Pathway / Protocol 36. The Association of Ambulance Chief Executives (AACE), NHS England, NHS Pathways, the National Directors of Operations Group (NDOG) and the National Ambulance Service Medical Directors Group (NASMed), have worked at pace and in close co-operation to develop improved triage processes within both ambulance and 111 national triage Clinical Decision Support Systems (CDSS) of MPDS and NHS Pathways, in readiness to manage the expected significant surge in demand of suspected and confirmed COVID-19 cases during the possible second wave and recovery phase.

Since the release of NHS Pathways R19.3.3 to all NHS 999 and 111 service providers (including Ambulance Trusts) that use NHS Pathways, which contained a new pathway to triage calls relating to symptoms of COVID-19, further updates have been released to manage the fast-paced situational changes associated with patients' needs during this COVID-19 pandemic. The COVID-19 pathway was implemented to remove the need for a manual paper workaround for call handlers in dealing with these calls in NHS Pathways, for 111 and 999 services. In line with Protocol 36 for MPDS, NHS Pathways has reviewed the ambulance dispositions and where escalation levels are reached, the dispositions will change, for example when in level 3 escalation, if a Category 3 disposition is reached this will be changed to an alternative end point such as speak to a clinician for further assessment. These levels were built within NHS P Release 19.3.5.

Implementation of these levels was forecast nationally to significantly affect and increase call

volumes, with patients calling back with symptom deterioration as demand increased in-line with COVID-19 pandemic forecasts. All services were asked to review their staffing levels to meet this anticipated demand.

In the last 12 months resignations have trended above target. (graph and table are shown at Appendix B)

Business Need
Call volume and attrition has trended upwards during the recovery phase, impacting upon call handling performance. It is anticipated that call volume and attrition trends will remain erratic and worsening. Traditional, predictable models for emergency call demand are no longer accurately fitting the demand profile. Former predictions and forecasts in demand volume and staff attrition are no longer as reliable as before, and the external factors impacting upon demand were unexpected.

If the EOC are to remain resilient, preparations must be made immediately to set out the financial requirements for an increase of establishment, ensuring the opening of recruitment pipelines within the EMA and Dispatch function, to fulfil the timeframes required to advertise, recruit, appoint, train and embed the EOC staffing required to meet the service's forecasted needs.

Should the demand requirements not be required in the short term, the service has adequate controls to ensure that natural attrition and transition into alternative Trust roles will mitigate any risk of surplus staffing. However, it is far less challenging in financial, performance and wellbeing terms to manage a surplus of staff than a shortfall, and the long-term effects of the pandemic are continuing to place unprecedented pressure on the EOC and the Trust.

Options Considered
Do nothing – Do not maintain the increased staff numbers within the EOC and CAS service.
Option 1 – Maintain the increased staff numbers within the EOC and CAS service for the financial year 2021-22. This will utilise agreed external Covid funding.

Preferred Option
Option 1 is the preferred option; this will assist with the meeting of the Trusts EOC and CAS KPIs during the effects of the Covid pandemic as well as maintain patient safety. The increased staffing numbers are detailed below.
EOC
Control Staff Band 5 – 17.60 WTE
Control Staff Band 4 – 49.40 WTE
Control Staff Band 3 – 54.80 WTE

CAS
Admin & Clerical band 7 – 8.70 WTE
Control Staff Band 6 – 12.40 WTE

This increase in staff numbers was previously approved in two prior EOC BCs that covered the total period from April 2020 to March 2021. These posts are already in place and no further implementation is required.

Whole Life Cost

The whole life cost of the proposal is £4.1m, to cover the period April 2021 to March 2022. This value is covered by agreed external Covid funding for the financial year 2021-22.

2. Strategic Case

a) What will happen if we do not support the proposal? Is it a must do i.e. due to a regulatory requirement? Please highlight if this relates to a risk on the Corporate Risk Register

The demand placed upon 999 has increased, where calls have waited for extended times. The service is expecting a 'channel shift' in 111 use, where callers previously directed through the BT 999 filter service seek alternatives which may not always be appropriate, and this would be expected to continue and may increase, pushing activity into other providers i.e. ED and 111, in addition to provider volumes nationally, which is also under pressure.

The Integrated Emergency and Urgent Care Leadership Team are continuing to set out the strategic direction and vision of a fully integrated 111 and 999 service, with the provision of 111 / 999 dual trained call handlers as part of the Call Handling Integration Plan (CHIP).

Not implementing the proposal will potentially create increased system demand and clinical risk, whilst also creating adverse reputational damage to the Trust and the 999 service going forward.

The COVID-19 recovery phase is predicted to be a long process, and recruitment and training processes must be set out months in advance to meet future recruitment and attrition needs. When the Trust is training new EMA recruits, it takes a minimum of six weeks before they can take calls independently.

Current demand predictions are against linear trends; if demand does increase at a greater rate due to external factors, the 999 service may not be able to offer resilience against this demand.

Current attrition predictions are against linear trends; if attrition increases due to external factors e.g. where more staff may become symptomatic or, are forced to self-isolate more rapidly, the 999 service will not be able to offer resilience against this demand. This is particularly pertinent now the "track and trace" programme which continues to impact on staff availability in the Trust's 999 Control Rooms.

b) How does the proposal fit with the Trust's current strategies, Transformation Programme and Trust Objectives?

The Trust's strategy is as follows: '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'

The Trust's Strategy Page recognises the principal driver to achieve this vision is the rising needs and demands for SECAmb services, with continued funding pressures and the desire to ensure that patients can access the most appropriate care pathways for their needs.

Workforce investment is recognised as one of the key resource areas in which investment decisions must be made.

The 999 service has had to continue to deliver usual business and additionally has had to, and continues to have to, fundamentally shift resources to ensure the ongoing provision of emergency care throughout the course of the pandemic.

The organisation and the service has had to entirely pivot around the requirement to provide the people and systems required to support urgent and emergency care during the ongoing pandemic. Urgent and emergency care resources have been issued, and continue to be issued, with unprecedented challenges.

COVID-19 has been, and continues to be, one of the Trust's greatest organisational risks. (1249 COVID-19 (Overview)) This risk carries with it potential impacts on patient care provision, including patient harm.

Strategic controls and mitigations include but are not limited to:
1. Internal governance is being managed through the Organisational Response Management Group (ORMG), which meets 4 scheduled times a week, with extraordinary meetings as and when required. This group acts as a single point of decision making and reports to the Executive Management Board. The Trust remains in a BCI.
2. Extraordinary Trust Committee meetings (QPS / FIC) are convened as necessary throughout the covid event.
3. Alongside ORMG a COVID-19 Recovery, Learning and Improvement Group (CRLIG) has been formed to return the Trust to business as usual at the end of the BCI.
4. Relevant national and regional guidance continues to be adopted for SECAmb before being implemented. There is continued regular liaison with NACC, NARU, NDOG, NASMED, PHE, NHSE/I, SCGs and TCGs.
5. An internal Covid Management Team has been established.
6. A Test & Trace Cell has also been created to manage staff absence related to the event.
7. An on-call roster began in March 2020 with Executive, Nursing & Quality, Medical, Strategic and Communications staff.
8. Pathway 3 has been created by the Wellbeing Hub to identify and allocate staff who are shielding to alternative work responsibilities. Corporate staff have been enabled to work from home where their roles permit. This includes provision of IT equipment.
9. In June 2020 risk assessments were first introduced. These were made available to BAME staff, clinically vulnerable staff and the remaining staff population was also invited to take the risk assessment.
10. Communications are robust and far-reaching. Messaging continues to be shared using the pre-existing Weekly Trust Bulletin, Chief Executive's weekly message and operational and clinical instructions. Alongside this, a strategic briefing call takes place from Sunday – Wednesday inclusive and on Fridays (the Organisational Response Briefing / 16:00 call), and this is supplemented with a Trust-wide webinar which is scheduled each Thursday.
11. The Zone has a section dedicated to the latest information on the covid-19 virus. Content includes action cards, frontline, 999 and 111 guidance, notes from the daily calls, general guidance for all staff, PPE, risk assessments and testing information. CLIO is being used to log all activities related to COVID-19, including any learning from this event.
12. In June 2020 staff were able to access PCR swab tests and antibody testing. In November 2020 lateral flow testing (LFT) was introduced for patient facing staff, staff in EOC and 111, non-patient facing business critical staff, contractors, and volunteers. The second phase of LFT testing began in March 2021.
13. Development of Test & Trace Manager software to ensure oversight of all covid-related absences with a new outbreak functionality
14. Powered hood providing level 3 FFP protection have been purchased and are being distributed

to frontline staff.
15. Staff can be vaccinated at the Trust vaccination clinic or through external partners.

3. Summary of options

a) What options have been considered? Please provide a high-level summary narrative of the options:

Options	*Brief description*	*Benefits*	*Downsides/risks*
Do Nothing or Do Minimum	Do not maintain the increased staff numbers within the EOC and CAS service.	No cost pressure	No rapid flexibility to react to demand. Loss of skilled workforce, impact on resilience and reducing capacity to manage increased call volumes resulting from 3rd wave of COVID-19, impacts of new variant COVID-19. Potential impacts on quality and safety of service provided. Potential impacts on staff health and wellbeing.
Option 1 (preferred option)	Maintain the increased staff numbers within the EOC and CAS service for the financial year 2021-22. This will utilise agreed external Covid funding.	Make use of agreed external Covid funding. Maintain resilience in EMA and Dispatch function. Improved opportunity to meet future demand. More options to manage if the possibility of staff surplus arises., including integrated 111/999 service benefits.	

4. Preferred Option *(all sections from now refer to the preferred option)*

a) Please expand upon the preferred option and provide rationale for why this will be the best way forward. Include consideration to strategic fit, deliverability, ease of implementation, clinical, quality and financial benefits, and mitigation of risks

This preferred option will maintain service resilience and our ability to correct or minimise staff

costs and to adjust staffing levels where under resourcing occurs.

This will also mitigate against the risk of patient safety, quality and service reputation against the risk of failed KPIs.

Given the uncertainty of current and forthcoming demand, combined with the ongoing continued pressure the service has experienced and the impacts this will have on staff and their families, there is a significant risk that staff availability will go down as staff non-attendance rises.

Pursuit of this option is principally designed to address current pressures on the service due to the COVID-19 pandemic. Increasing establishment will mitigate potential risk on capacity to meet demand, which would impact on the safety, experience and clinical effectiveness of care which patients receive.

The selected option is in response to various external pressures, principal of which is the COVID-19 pandemic, and seeks to mitigate any risk as far as is practicable, whilst remaining agile to manage the crisis as it currently stands. The approach carries degrees of financial risk which need to be weighed against the current risks that a potential overwhelming demand for the service could provide on the urgent and emergency care ecosystem. Maintaining increased capability will allow more timely management of patients who are awaiting assessment, reducing the likelihood of deterioration in symptoms, and reduce the risk of channel shift and patients seeking advice and treatment from other sources (e.g. 111, Emergency Departments) or seeking no treatment at all. The option is considered as a response to ongoing and future pressure on healthcare services.

Patient involvement with the proposal is tracked through complaint and incident monitoring and evaluation as well as quality assurance measures, including audits, to evaluate quality of care provided to patients.

Further strategic benefits have been identified in longer term goals to provide resilience and increased flexibility within the workforce as these individuals will be appointed and trained to take both 999 and 111 calls. This dual skilling will facilitate a flexibility for call handlers to work across either 999 or 111, depending on where the demand manifests itself.

b) How will you measure the benefits of the preferred option? What Key performance indicators (KPIs) will you use? Please note that proposals will be rejected if there is no benefits realisation plan

No.	Benefit Description	Indicator and how is it recorded	Current and Target Measure and Change	Financial Saving if applicable	Timescale	Assumptions
1	999 Call Answer Mean.	Power BI	Current – w/c 15/11/21 – 16.71s (target 5s)	N/A	Immediate	Call activity will continue to rise in 999. This BC alone will not allow the Trust to meet the national targets.

2	999 Call Answer 90th Centile	Power BI	Current – w/c 15/11/21 – 59s (target 10s)	N/A	Immediate	This BC alone will not allow the Trust to meet the national targets.
3	Abandoned calls rate.	Power BI	% abandoned calls w/c 15/11/21 – 1.71% (no target)	N/A	Immediate	This BC alone will not allow the Trust to meet the national targets.

c) When will the post project evaluation be completed?

This proposal will be evaluated in April 2022.

5. Financial Analysis and Affordability *(of preferred option)*

Please include VAT, where not claimable, within all costs stated.

a) Whole life costs of the preferred option (Please specify what this spend is related to) Net Cost/(Savings)

Whole Life Costs, £	Year One (Apr 21- Mar 22)	Total
Operating Expenditure		
Staff Costs - EOC		
Control staff - Band 5	597,708	**597,708**
Control staff - Band 4	1,279,224	**1,279,224**
Control staff - Band 3	1,359,205	**1,359,205**
	0	**0**
Total Staff Costs - EOC	**3,236,137**	**3,236,137**
Staff Costs- CAS		
Admin & Clerical Band 7	295,747	**295,747**
Control staff - Band 6	513,624	**513,624**
	0	**0**
Total Staff Costs - CAS	**809,371**	**809,371**
Non Pay Costs		
Telephony Licence	7,870	**7,870**
Total Non-Pay Costs	**7,870**	**7,870**
Total Operating Expenditure	**4,053,378**	**4,053,378**
Whole Life Cost	**4,053,378**	**4,053,378**

b) Impact on the Trusts Statement of Comprehensive Income (please specify what this spend is related to and if operating or non-operating) Net Cost/(Savings)

Statement of Comprehensive Income, £	**Year One (Apr 21- Mar 22)**	**Total**
Net Operating Expenditure/(Savings)	4,053,378	**4,053,378**
Non-Operating Expenditure		
Depreciation	0	**0**
PDC Dividend	0	**0**
Total Non-Operating Expenditure	**0**	**0**
Total Impact on I&E	**4,053,378**	**4,053,378**

c) Impact on the Trusts Cash Flow

Cash flow, £	**Year One (Apr 21- Mar 22)**	**Total**
Capital	0	**0**
Net Operating Expenditure/(Savings)	4,053,378	**4,053,378**
PDC Dividend	0	**0**
Impact on Cash flow	**4,053,378**	**4,053,378**

d) What is the required funding source

The costs for 2021/22 are being funded via the Covid funding stream.

The above has been confirmed by:	Kevan Burns

e) Please provide answers to all the assessment categories, working with your relevant finance business partner. If not applicable, then insert N/A

Categories	**Detailed answer:**	**Confirmed by**
Has any capital expenditure been included in the current year's capital plan? If not, why was it not raised during budget setting?	N/A	Kevan Burns
Has any revenue expenditure been included in this year's planning, as a cost pressure? If not, why was it not raised during budget setting?	Yes, not raised at budget setting as this relates to Covid	Kevan Burns
Has any external funding been sought?	Funding secured from Surrey Heartlands.	Kevan Burns
Please state the virement required to cover any additional revenue expenditure, include financial coding.	EOC Costs £3,244,007 CAS Costs £809,371 Covid Funding (£4,053,378)	Kevan Burns
What savings will be generated because of this investment?	N/A	Kevan Burns

f) Please include narrative of workings of costs, savings and all financial and activity assumptions

The cost calculations are included in the below embedded spreadsheet.

EOC - Covid Costs - Economic Appraisal.xl

6. Quality Impact assessment of preferred option

Please embed the signed summary Quality Impact Assessment (QIA) below. The guidance and template can be found on the zone.

Quality Impact Assessment - Busines

This is the approved QIA that was completed for the last 111 Covid BC. It is not deemed necessary to update this for this version of the BC, as this proposal is just an extension of the previously approved resources.

7. Equality Analysis of preferred option

Please embed the completed equality analysis below. The guidance and template can be found on the zone.

Equality Analysis Form - Business Prop

This is the approved EAR that was completed for the last 111 Covid BC. It is not deemed necessary to update this for this version of the BC, as this proposal is just an extension of the previously approved resources.

8. Risk Assessment

Please ensure you undertake a thorough assessment of the risks associated with implementing the proposal and mitigating actions (using the Trust Risk Management Approach). Include the top five here

Risk Description	Mitigation	Likelihood (1-5)	Consequence (1-5)	Owner
Gaining volume of staff to fill shifts.	All means of filling shifts will be investigated.	3	3	John O'Sullivan

9. Commercial Case (of preferred option)

a) Commercial detail. Explain how you intend to deliver the proposal? Did you go through a tender process, acquire supplier quotes, who is the preferred supplier and what selection process did you go through.

N/A

10. Management Case (of preferred option)

a) Project management detail. How will you track implementation, what governance group will the proposal report to during implementation and where does that group report into? What reports will be produced, what will they cover and how often will they be produced?

Tracked through local Integrated Care SLT management meetings, updates to the CMG and COVID Recovery Groups and via monthly 999 Quality Assurance Governance meetings.

b) Include a high-level implementation plan and key milestones and dates? This must be included otherwise the proposal will be rejected

This proposal is for the extension to additional posts already in place, no additional implementation is required.

11. Stakeholder engagement/ consultation

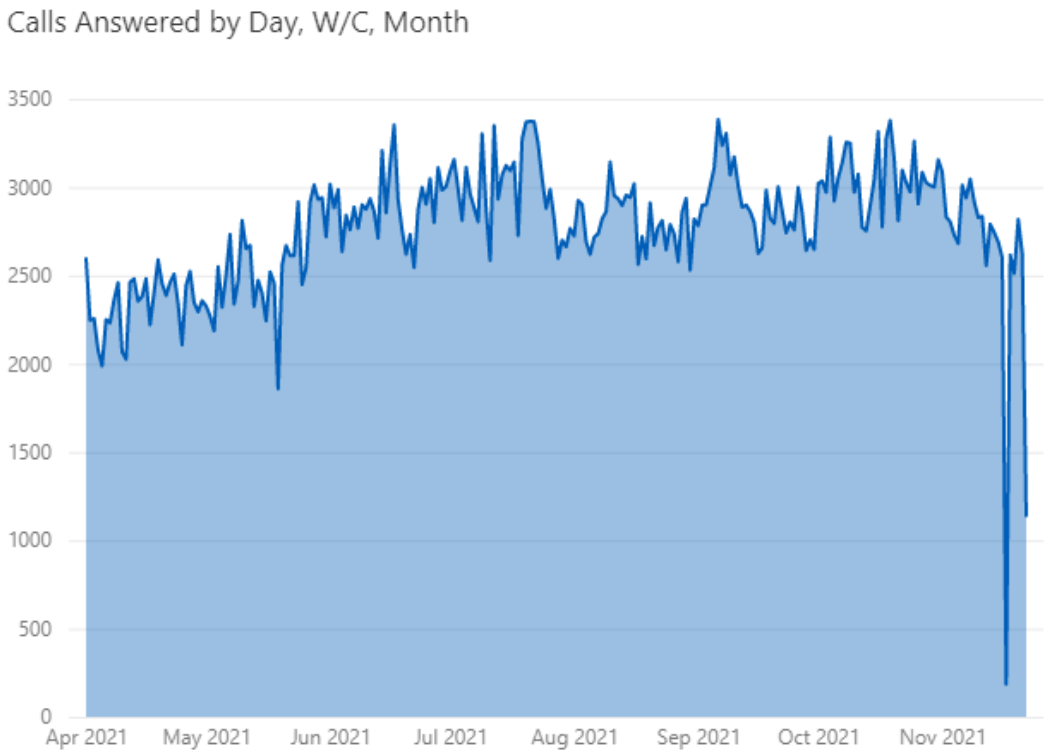
a) Does the proposal require commissioner, STP or other external support? If yes, provide evidence of discussions

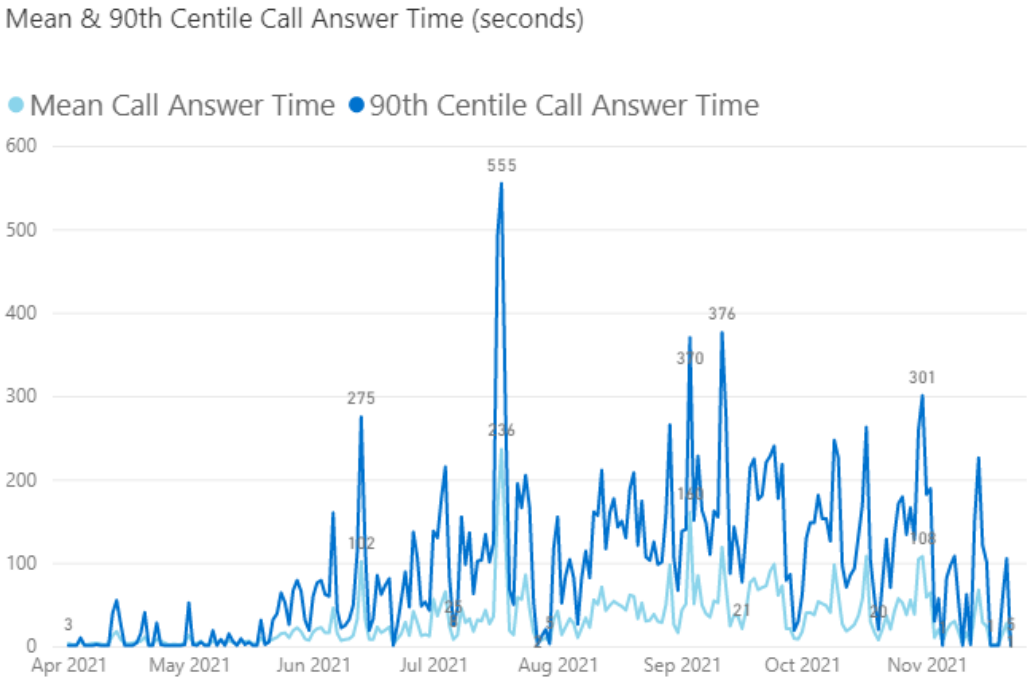
Upon agreement of option, the proposal will go through commissioner facing pathway for approval.

b) Does the proposal have a requirement for consultation (staff/union/JPF/public)? If yes, what consideration have you given to enacting this?

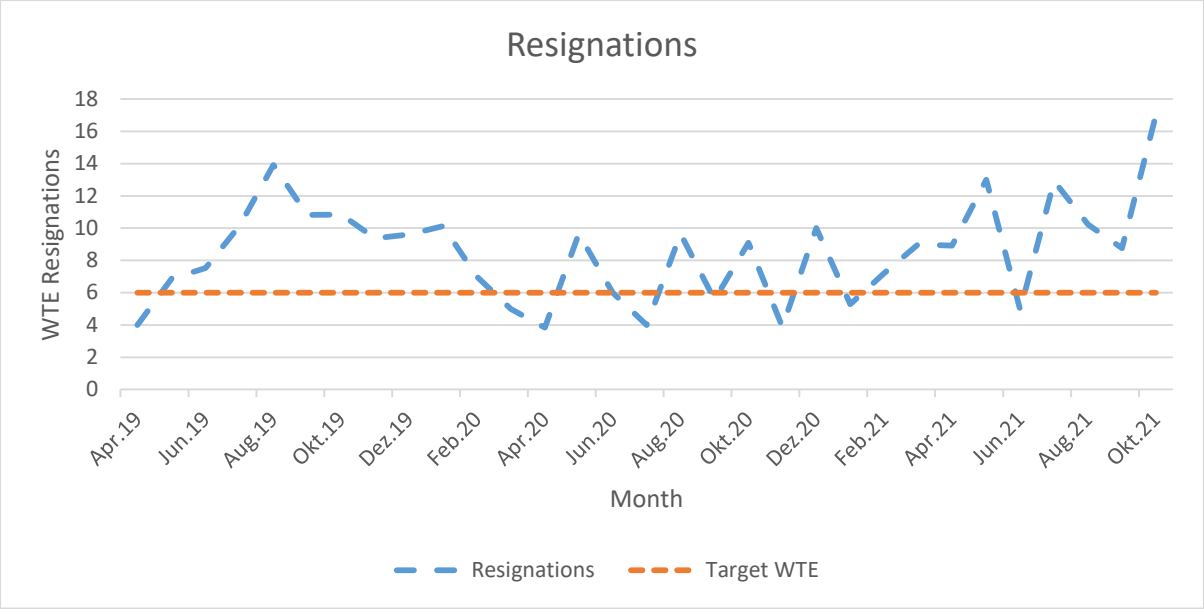
Upon agreement of option, the proposal will be shared with staff-side via the weekly SLT/Staff-side catchups

Appendix A


Calls Answered by Day, W/C, Month
3500
3000
2500
2000
1500
1000
500
0
Apr 2021
May 2021
Jun 2021
Jul 2021
Aug 2021
Sep 2021
Oct 2021
Nov 2021


Mean & 90th Centile Call Answer Time (seconds)
Mean Call Answer Time
90th Centile Call Answer Time
600
500
400
300
200
100
0
555
376
370
301
275
236
122
108
3
Apr 2021
May 2021
Jun 2021
Jul 2021
Aug 2021
Sep 2021
Oct 2021
Nov 2021

Appendix B



Regional	Sickness Termination	Failed Training	Failed probation	New Role SECAmb	Resigned	Retired	Turnover
Nov-20	0.00%	0.00%	0.00%	2.42%	1.57%	0.00%	3.99%
Dec-20	0.00%	0.00%	1.27%	0.00%	2.95%	0.00%	4.22%
Jan-21	0.00%	0.00%	0.00%	6.10%	2.34%	0.00%	8.45%
Feb-21	0.00%	0.45%	0.00%	2.24%	2.78%	0.00%	5.47%
Mar-21	0.00%	0.00%	0.00%	3.39%	4.12%	0.00%	7.50%
Apr-21	0.00%	0.44%	0.87%	1.74%	2.58%	0.00%	5.62%
May-21	0.00%	0.46%	0.00%	3.12%	5.57%	0.00%	9.16%
Jun-21	0.00%	0.94%	0.00%	2.83%	1.38%	0.00%	5.15%
Jul-21	0.00%	1.96%	0.00%	2.94%	4.37%	0.00%	9.28%
Aug-21	0.00%	0.91%	0.00%	1.82%	3.75%	0.00%	6.48%
Sep-21	0.00%	0.87%	0.00%	1.73%	2.92%	0.00%	5.52%
Oct-21	0.00%	2.51%	0.00%	0.74%	3.76%	0.00%	7.01%

South East Coast Ambulance Service NHS
NHS Foundation Trust

BUSINESS CASE TEMPLATE

111 Covid Costs (Oct21-Mar22)

30 November 2021

Author(s): Derek Smith, Sean Daisy
Executive Lead: Emma Williams
Directorate: Operations
Business Case Ref: 2021-22 - 35
Version: V4
Date of approved summary QIA: 4 February 2021

Final Decision:

Date proposal reviewed	By	Decision made

Document Control:

Version Control:

Please record all key changes made to the document and how these have been approved (either person or committee				
Version	Date	Author and title	Summary of key changes	Approval by
V1	22/11/21	Sean Daisy – Business Support Manager	Subsequent draft to account for Oct 2021 – Mar 2022 funding	
V2	23/11/21	Kevan Burns – Finance Business Partner	Finance update	
V3	23/11/21	Rachel Murphy – Finance Manager – Project and Investments	Finance review and input	
V4	30/11/21	Rachel Murphy	Updates after BCG review	

Review and Approvals log:

Please ensure you log (in chronological order) all reviews and approvals to show the audit trail for support for your proposal				
Version shared	**Person and title or Committee**	**Date reviewed**	**Recommendation**	**Rationale**
V3	Executive Sponsor	29/11/21	Supported	
V3	Associate Director of Finance	25/11/21	Agreed to go forward to BCG	
V3	Business Case Group	30/11/21	Supported	
V4	EMB			
	FIC			
	Board			

1. Proposal Overview

Provide a brief description of the proposal, this should be in summary form and include a brief background of the relevant area, any link to performance targets, proposal aim, current state, business need, the options and the preferred Solution.

Background
To address the increased call volumes to NHS 111, generated by demand related to COVID-19, the Trust's 111 service recruited staff in both Ashford and Crawley to meet elevated demand. Funding for this has been agreed from October 2021 – March 2022.

Aim
This Business Case continues this funding through October 2021 – March 2022.

Current State
"Calls answers in 60 seconds" service levels continue to drop and the average speed to answer calls remains high, linked not only with COVID-19 call demand but also the complexity of calls.

Business Need
There is a need for the service to extend beyond the current establishment to meet the current and future needs of the business.

Options Considered
Do nothing – Do not maintain the increased staff numbers within the 111 service.
Option 1 – Maintain the increased staff numbers within the 111 service for the remainder of the financial year 2021-22, covering the period October 2021 to March 2022. This will utilise agreed external Covid funding.

Preferred Option
Option 1 is the preferred option; this will assist with the meeting of the Trusts 111 KPIs during the effects of the Covid pandemic as well as maintain patient safety. The increased staffing numbers are detailed below.

Control Staff Band 6 – 22.80 WTE
Control Staff Band 5 – 3.40 WTE
Control Staff Band 3 – 81.80 WTE
Control Staff Band 2 – 14.40 WTE

This increase in staff numbers was previously approved in two prior 111 Covid BCs that covered the total period from April 2020 to September 2021. These posts are already in place and no further implementation is required.

Whole Life Cost
The whole life cost of the proposal is £1.9m in 2021-22. This value is covered by agreed external Covid funding for the second half of the financial year 2021-22.

2. Strategic Case

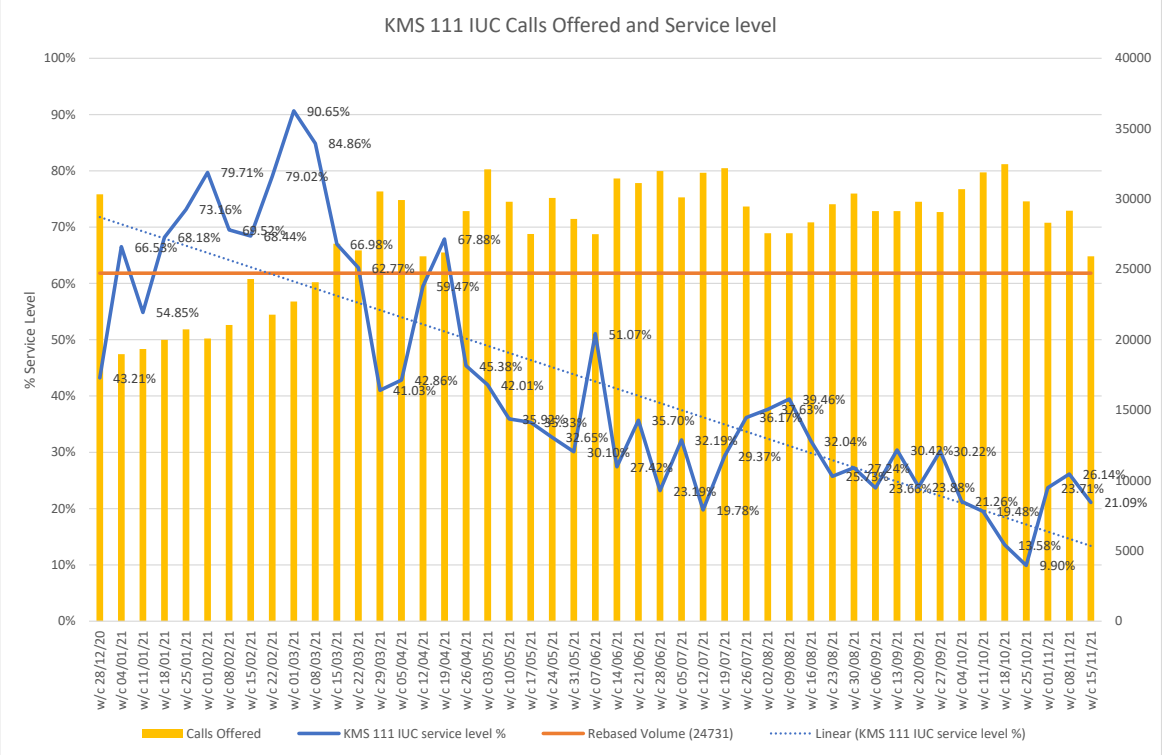
a) What will happen if we do not support the proposal? Is it a must do i.e. due to a regulatory requirement? Please highlight if this relates to a risk on the Corporate Risk Register

The demand upon the Trust's NHS 111 service has been impacted, and is likely to be impacted further, due to the combined impact of increased demand for urgent and emergency care, growing waiting lists, significant and sustained staff shortages, potential staff burnout and the prospect of high levels of COVID-19, flu and other respiratory viruses.

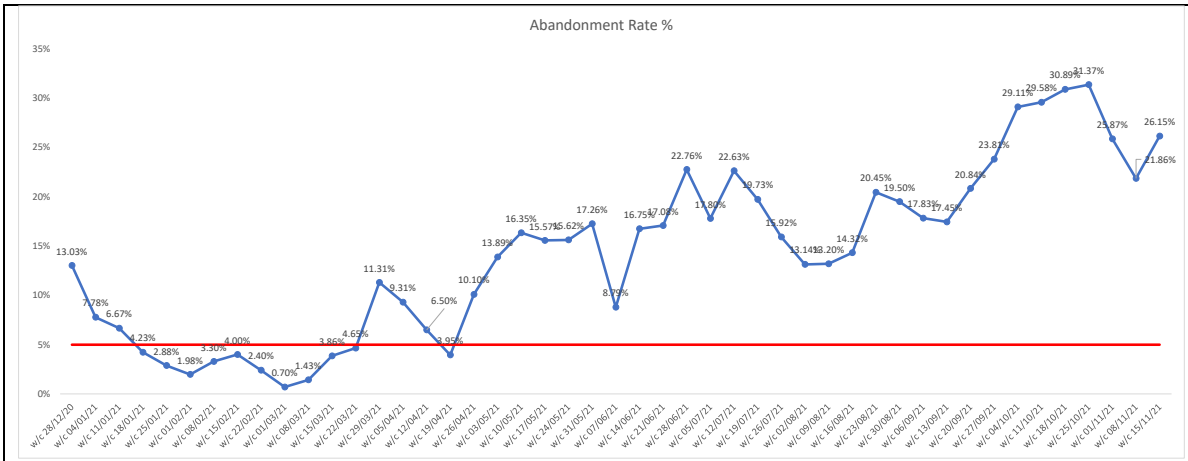
This has resulted, and is likely to continue to result in, calls waiting for extended times and 'call abandonments' significantly above those defined in delivering a safe and effective service. The service has previously identified a 'channel shift' whereby callers who cannot access urgent care via 111, seek alternatives which may not always be appropriate, and this would push activity into other providers i.e., ED and 999, as well as onto the national provider volume.

Furthermore, the 111 service has experience increased demand as NHS England develop the GP Connect and Care Connect platforms so more services are interoperable for appointment booking within 111. This will drive demand during a typical profile period, such as when in-hours GP services are typically open and manage patient needs.

Below is a graph of the weekly percentage of calls answered within 60 seconds (blue line) compared to the weekly volume of calls offered to the service (amber bar) from week commencing 28/12/2020 to the week commencing 15/11/2021 inclusive. The orange line shows rebased volume, and the blue dotted line shows the linear trend of service level performance.



Below is a graph of the weekly abandoned calls percentage (blue line) from week commencing 28/12/2020 to the week commencing 15/11/2021 inclusive. The red line is the target percentage of abandoned calls.



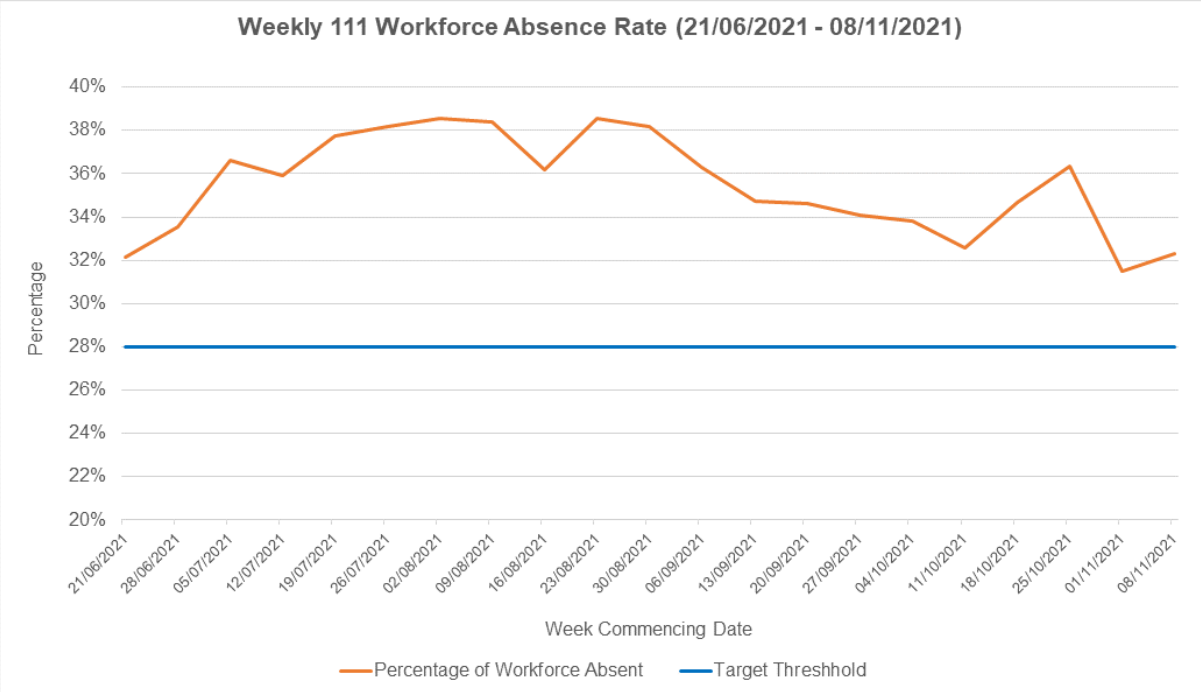
Not implementing the proposal will potentially create increased system demand and significant clinical risk across the whole region and healthcare system, whilst also creating adverse reputational damage to the Trust and its 111 service going forward.

The direct and indirect impacts of the COVID-19 pandemic is having, and will continue to have, a significant impact on call volumes and staff attendance, and current recruitment and training processes do not have the agility or pace to uplift recruitment and offset against attrition. The current NHS Pathways training course is more than six weeks, and the Trust (like all other 111 and 999 providers) must adapt and put in place a contingency to mitigate against this risk. The Trust formerly sought alternative solutions to accelerate training for call handling staff and although these had been successful and the staff involved were fully accredited, NHS Pathways has also mandated that the practice can no longer be undertaken, and the NHS P Core Module training must be undertaken exclusively within the timescales set out in the NHS Pathways-issued licensed programme.

Current demand predictions are against linear trends. If demand increases greater than this due to external factors, e.g. primary care services close, or offer limited services, the 111 service will not be able to offer resilience against this demand to mitigate risk.

Current attrition predictions are against linear trends. If attrition increases due to external factors e.g. the pandemic breaks and spreads faster than linear trends, more staff become symptomatic or, are forced to self-isolate more rapidly, or absences are impacted by more transmissible COVID-19 variants, the 111 service will not be able to offer resilience against this demand to mitigate risk.

Below is a graph of weekly 111 Workforce absence rate against the target threshold of 28%. Although there has been a drop in absence levels since its peak at the end of August, absence is still above the target threshold.



The chief reason for this absence level in excess of target is increased sickness and unscheduled absence, due to work pressures, relating to stress, anxiety and depression; late arrival of winter illnesses; and abstractions related to COVID-19, including illness and self-isolation.

b) How does the proposal fit with the Trust's current strategies, Transformation Programme and Trust Objectives?

The Trust's strategy is as follows: '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'

The Trust's Strategy Page recognises the principal driver to achieve this vision is the rising needs and demands for SECAmb services, with continued funding pressures and the desire to ensure that patients can access the most appropriate care pathways for their needs.

Workforce investment is recognised as one of the key resource areas in which investment decisions must be made.

The 111 service has had to continue to deliver usual business and additionally has had to, and continues to have to, fundamentally shift resources to ensure the ongoing provision of urgent care throughout the course of the pandemic.

The organisation and the service has had to entirely pivot around the requirement to provide the people and systems required to support urgent and emergency care during the ongoing pandemic. Urgent and emergency care resources have been issued, and continue to be issued, with unprecedented challenges.

COVID-19 has been, and continues to be, the Trust's greatest organisational risk. (1249 COVID-19 (Overview)) This risk carries with it potential impacts on patient care provision, including patient harm.

Strategic controls and mitigations include but are not limited to:
1. Internal governance is being managed through the Organisational Response Management Group (ORMG), which meets 4 scheduled times a week, with extraordinary meetings as and when required. This group acts as a single point of decision making and reports to the Executive Management Board. The Trust remains in a BCI.
2. Extraordinary Trust Committee meetings (QPS / FIC) are convened as necessary throughout the covid event.
3. Alongside ORMG a COVID-19 Recovery, Learning and Improvement Group (CRLIG) has been formed to return the Trust to business as usual at the end of the BCI.
4. Relevant national and regional guidance continues to be adopted for SECAmb before being implemented. There is continued regular liaison with NACC, NARU, NDOG, NASMED, PHE, NHSE/I, SCGs and TCGs.
5. An internal Covid Management Team has been established.
6. A Test & Trace Cell has also been created to manage staff absence related to the event.
7. An on-call roster began in March 2020 with Executive, Nursing & Quality, Medical, Strategic and Communications staff.
8. Pathway 3 has been created by the Wellbeing Hub to identify and allocate staff who are shielding to alternative work responsibilities. Corporate staff have been enabled to work from home where their roles permit. This includes provision of IT equipment.
9. In June 2020 risk assessments were first introduced. These were made available to BAME staff, clinically vulnerable staff and the remaining staff population was also invited to take the risk assessment.
10. Communications are robust and far-reaching. Messaging continues to be shared using the pre-existing Weekly Trust Bulletin, Chief Executive's weekly message and operational and clinical instructions. Alongside this, a strategic briefing call takes place from Sunday – Wednesday inclusive and on Fridays (the Organisational Response Briefing / 16:00 call), and this is supplemented with a Trust-wide webinar which is scheduled each Thursday.
11. The Zone has a section dedicated to the latest information on the covid-19 virus. Content includes action cards, frontline, 999 and 111 guidance, notes from the daily calls, general guidance for all staff, PPE, risk assessments and testing information. CLIO is being used to log all activities related to COVID-19, including any learning from this event.
12. In June 2020 staff were able to access PCR swab tests and antibody testing. In November 2020 lateral flow testing (LFT) was introduced for patient facing staff, staff in EOC and 111, non-patient facing business critical staff, contractors, and volunteers. The second phase of LFT testing began in March 2021.
13. Development of Test & Trace Manager software to ensure oversight of all covid-related absences with a new outbreak functionality
14. Powered hood providing level 3 FFP protection have been purchased and are being distributed to frontline staff.
15. Staff can be vaccinated at the Trust vaccination clinic or through external partners.

3. Summary of options

a) What options have been considered? Please provide a high-level summary narrative of the options:

Options	*Brief description*	*Benefits*	*Downsides/risks*
Do Nothing or Do	Do not maintain the increased staff	No increase in cost.	Loss of skilled workforce.

Minimum	numbers within the 111 service.		Negative impact on resilience. Reducing capacity to manage increased call volumes, thereby introducing significant clinical risk.
Option 1 (preferred option)	Maintain the increased staff numbers within the 111 service for the remainder of the financial year 2021-22, covering the period October 2021 to March 2022. This will utilise agreed external Covid funding.	Make use of agreed external Covid funding. Maintain resilience and ability to correct overspend and under resourcing. Reduces risk of penalty charges being raised by commissioners for failed KPI's. Enables the Trust to replace staff turnover immediately, with no lag time due to new training.	

4. Preferred Option *(all sections from now refer to the preferred option)*

a) Please expand upon the preferred option and provide rationale for why this will be the best way forward. Include consideration to strategic fit, deliverability, ease of implementation, clinical, quality and financial benefits, and mitigation of risks

This will maintain service resilience and our ability to correct or minimise staff costs and to adjust staffing levels where under resourcing occurs.

Pursuit of this option is designed to address ongoing and future pressures on the service because of the COVID-19 pandemic. Maintaining and increasing this cohort will mitigate potential risk on capacity to meet demand, which would impact on the safety, experience and clinical effectiveness of care which patients receive.

The selected option is in response to the COVID-19 pandemic and seeks to mitigate any risk as far as is practicable, whilst remaining agile to manage the crisis as it currently stands. The approach carries degrees of risk which needs to be weighed against the current risks that a potential overwhelming demand for the service could provide. Maintaining increased capability will allow more timely management of patients who are awaiting assessment, reducing the likelihood of deterioration in symptoms, and reduce the risk of channel shift and patients seeking advice and treatment from other sources (e.g. 999 and Emergency Departments). The option is considered as a response to ongoing and future pressure on healthcare services owing to the COVID-19 pandemic and is subject to authorisation through system authorisation pathways prior to deployment.

Patient involvement with the proposal is tracked through complaint and incident monitoring and evaluation as well as quality assurance measures, including audits, to evaluate quality of care provided to patients. Patient satisfaction with the service is also tracked via the KMS 111 Patient Survey.

b) How will you measure the benefits of the preferred option? What Key performance indicators (KPIs) will you use? Please note that proposals will be rejected if there is no benefits realisation plan

No.	Benefit Description	Indicator and how is it recorded	Current and Target Measure and Change	Financial Saving if applicable	Timescale	Assumptions
1	Calls answered in 60 seconds	Power BI	Current – w/c 15/11/2021, 21.09% Target – 95%	None	Benefits from retaining staff would be continual delivery against KPI's, so therefore timescales are immediate	This proposal assumes that the focus on continued reliance from the NHS on NHS 111 being central to the government's response to the COVID-19 pandemic. This BC alone will not allow the Trust to meet the national targets.
2	Abandoned calls rate	Power BI	Current – w/c 15/11/2021, 26.15% Target – 2%	None	Immediate	This BC alone will not allow the Trust to meet the national targets.
3						
4						
5						

c) When will the post project evaluation be completed?

This proposal will be evaluated in April 2022.

5. Financial Analysis and Affordability *(of preferred option)*

Please include VAT, where not claimable, within all costs stated.

a) Whole life costs of the preferred option (Please specify what this spend is related to) Net Cost/(Savings)

Whole Life Costs, £	Year One (Oct 21- Mar 22)	Total
Operating Expenditure		
Staff Costs		
Control staff - Band 6	479,681	**479,681**
Control staff - Band 5	59,615	**59,615**
Control staff - Band 3	1,081,056	**1,081,056**
Control staff - Band 2	173,385	**173,385**
Total Staff Costs	**1,793,737**	**1,793,737**
Non Pay Costs		
Phone Rental & Calls	122,884	**122,884**
Telephony Licence	1,853	**1,853**
Total Non-Pay Costs	**124,737**	**124,737**
Total Operating Expenditure	**1,918,474**	**1,918,474**
Whole Life Cost	**1,918,474**	**1,918,474**

b) Impact on the Trusts Statement of Comprehensive Income (please specify what this spend is related to and if operating or non-operating) Net Cost/(Savings)

Statement of Comprehensive Income, £	Year One (Oct 21- Mar 22)	Total
Net Operating Expenditure/(Savings)	1,918,474	**1,918,474**
Non-Operating Expenditure		
Depreciation	0	**0**
PDC Dividend	0	**0**
Total Non-Operating Expenditure	**0**	**0**
Total Impact on I&E	**1,918,474**	**1,918,474**

c) Impact on the Trusts Cash Flow

Cash flow, £	Year One (Oct 21- Mar 22)	Total
Capital	0	**0**
Net Operating Expenditure/(Savings)	1,918,474	**1,918,474**
PDC Dividend	0	**0**
Impact on Cash flow	**1,918,474**	**1,918,474**

d) What is the required funding source

The costs for 2021/22 are being funded via the agreed H2 Covid funding stream.

The above has been confirmed by:	Kevan Burns

e) Please provide answers to all the assessment categories, working with your relevant finance business partner. If not applicable, then insert N/A

Categories	Detailed answer:	Confirmed by
Has any capital expenditure been included in the current year's capital plan? If not, why was it not	N/A	Kevan Burns

raised during budget setting?		
Has any revenue expenditure been included in this year's planning, as a cost pressure? If not, why was it not raised during budget setting?	Not raised at budget setting as relates to Covid costs	Kevan Burns
Has any external funding been sought?	Funding agreed from Surrey Heartlands	Kevan Burns
Please state the virement required to cover any additional revenue expenditure, include financial coding.	111 Costs £1,918,474 Covid Costs (£1,918,474)	Kevan Burns
What savings will be generated because of this investment?	N/A	Kevan Burns

f) Please include narrative of workings of costs, savings and all financial and activity assumptions

Please see embedded below the costing calculations. The value for 2021-22 takes into consideration all the previously approved Covid Business Cases relating to the 111 service.

111 - Covid Costs - Economic Appraisal.xl

6. Quality Impact assessment of preferred option

Please embed the signed summary Quality Impact Assessment (QIA) below. The guidance and template can be found on the zone.

Quality Impact Assessment - Business

This is the approved QIA that was completed for the last 111 Covid BC. It is not deemed necessary to update this for this version of the BC, as this proposal is just an extension of the previously approved resources.

7. Equality Analysis of preferred option

Please embed the completed equality analysis below. The guidance and template can be found on the zone.

Equality Analysis Form - Business Propo

This is the approved EAR that was completed for the last 111 Covid BC. It is not deemed necessary to update this for this version of the BC, as this proposal is just an extension of the previously approved resources.

8. Risk Assessment

Please ensure you undertake a thorough assessment of the risks associated with implementing the proposal and mitigating actions (using the Trust Risk Management Approach). Include the top five here

Risk Description	Mitigation	Likelihood (1-5)	Consequence (1-5)	Owner
Cost pressure on the call handler establishment.	Coordination with Finance colleagues to ensure consensus and alignment on suitability of approach.	3	2	Simon Clarke

9. Commercial Case (of preferred option)

a) Commercial detail. Explain how you intend to deliver the proposal? Did you go through a tender process, acquire supplier quotes, who is the preferred supplier and what selection process did you go through.

N/A

10. Management Case (of preferred option)

a) Project management detail. How will you track implementation, what governance group will the proposal report to during implementation and where does that group report into? What reports will be produced, what will they cover and how often will they be produced?

Tracked through local 111 COVID management meetings (CMG and Recovery Group) and via monthly 111 Quality Assurance Governance meetings

b) Include a high-level implementation plan and key milestones and dates? This must be included otherwise the proposal will be rejected

This proposal is for the extension to additional posts already in place, no additional implementation is required.

11. Stakeholder engagement/ consultation

a) Does the proposal require commissioner, STP or other external support? If yes, provide evidence of discussions

Upon agreement of option, the proposal will go through commissioner facing pathway for approval.
b) Does the proposal have a requirement for consultation (staff/union/JPF/public)? If yes, what consideration have you given to enacting this?
Upon agreement of option, the proposal will be shared with staff-side via the weekly SLT/Staff-side catchups.

South East Coast Ambulance Service NHS
NHS Foundation Trust

BUSINESS CASE TEMPLATE

NHS 111 IUC/CAS – 111 First and Activity Growth

6 January 2022

Author(s): Graham Petts / John O'Sullivan
Executive Lead: David Hammond
Directorate: Operations
Business Case Ref: 2021-22 - 29
Version: V4
Date of approved summary QIA: 28 September 2021

Final Decision:

Date proposal reviewed	By	Decision made

Document Control:

Version Control:

Please record all key changes made to the document and how these have been approved (either person or committee				
Version	Date	Author and title	Summary of key changes	Approval by
V1	11/05/21	John O'Sullivan, Associate Director for Integrated Care Graham Petts, Head of Financial Reporting	Initial Document	N/A
V2	21/07/21	John O'Sullivan and Graham Petts	Review with Operational stakeholders	N/A
V3	14/12/21	John O'Sullivan and Graham Petts	Final Draft	N/A
V4	06/01/22	Sean Daisy	Updates after BCG	

Review and Approvals log:

Please ensure you log (in chronological order) all reviews and approvals to show the audit trail for support for your proposal				
Version shared	**Person and title or Committee**	**Date reviewed**	**Recommendation**	**Rationale**
V3	Executive Sponsor	15/12/21	Supported	
V3	Associate Director of Finance	23/12/21	Agreed to go forward to BCG	
V3	Business Case Group	04/01/22	Supported	
V4	EMB			
	FIC			
	Board			

1. Proposal Overview

Provide a brief description of the proposal, this should be in summary form and include a brief background of the relevant area, any link to performance targets, proposal aim, current state, business need, the options and the preferred Solution.

Background

As a result of the Covid-19 pandemic the 111 Service has seen additional activity from the advice to call 111 to check for symptoms and from increased awareness of the service from government statements and media advertising etc.

In addition, in response to the pandemic and after reviewing the effectiveness of 111 to triage patients to ensure they access the right care provider, the Department of Health launched NHS 111 First across the country in December 2020. The aim of this was to encourage the public to call the 111 Service initially to ensure that patient is advised of the best course of action before attending A&E. The 111 is able to directly book patients into the appropriate care setting, whether that is A&E or GP surgeries etc.

At the outset of the current financial year, funding arrangements for 111 First were not clear but the Trust had no choice but to respond to the increased demand on its 111 service. An indicative budget was set, based on projected activity, and this was held centrally. We have now received confirmation, for the current year only, that funding will be made available to the full value of these projected costs and the Trust is seeking to formalise and fully devolve the 111 First budget.

This business case is supported by national funding equivalent to the costs for 2021/22. We have not yet received confirmation from commissioners to support (fund) the service throughout 2022/23 and beyond.

It should be noted that demand for the 111 service in the current year has increased well beyond both the original contract level and the projection of 111 First activity represented here. This case does not cover the full resourcing of the service to meet current demand, and this remains subject to further discussion with our commissioners.

Aim

The aim of this business case is to ask for approval to confirm the expenditure budget for our 111 service to reflect the funded level of activity that is currently being provided.

Indicative 'whole life costs' of the service are included, covering the period to the end of the current 111 contract, although future years' costs remain indicative pending further discussions on future funding arrangements and agreement of a contract variation to the current (original) 111 contract.

Current State

The Trust began a new contract with its commissioners on 1 October 2020 to provide a new 111 IUC/CAS (integrated urgent care / clinical advice service) across Kent and Sussex until 31 March 2025, with an option to extend for a further two years. This followed a successful tendering exercise in 2019/20. The Trust currently subcontracts part of this service to its partner, IC24.

The increased requirement for resources has been recognised by NHS England and Improvement (NHSE&I) and commissioners for this service have received national funding sufficient to provide the additional resources required over and above the awarded contract in an open book arrangement for 2021/22.

Business Need
The main driver for this case is the increase in baseline activity caused by Covid and 111 First. However, resource requirements have also been affected by an increase in call duration due to additional dialogue requirements and dispositions added to NHS Pathways, and this is expanded on in further detail within the Preferred Option.

Options
The options considered are:
Option 1 (do nothing) – Provide the service and resources commissioned as part of the original tender specification.
Option 2 (preferred option) – SECAmb provide the resources to match the expected baseline activity / demand increases.

Preferred Option
Option 2 is the preferred option to meet the needs of the re-based demand (and reflects the approach taken to date, aligned to the revised baseline agreed with Commissioners in March 2021) and to mitigate system and patient risk.

Whole Life Cost
The whole life cost of the proposal is £34,389,237. The continued provision of these resources beyond the current year is subject to confirmation of an annual increase in funding of £6,845,000 (at current prices). This will be subject to change if commissioners agree to provide additional recurrent funding to meet current and projected levels of increased demand. At present only 1 year of funding is secured, therefore this risk is captured below.

2. Strategic Case

a) What will happen if we do not support the proposal? Is it a must do i.e. due to a regulatory requirement? Please highlight if this relates to a risk on the Corporate Risk Register

All 111 providers were informed that they will be required to provide the NHS 111 First as announced by the Secretary of State on 17 September 2020.
https://www.gov.uk/government/speeches/oral-statement-on-coronavirus-and-the-governments-plans-for-winter

Changes in NHS Pathways were issued from the NHS Pathways Operations Team at NHS Digital to ensure the correct triage of potential Covid-19 patients.

The increased public awareness of the service has driven an increased level of 111 activity.

FMT (Financial Modelling Template submitted as part of the original Tender award) activity identified 1.075 million calls per year (2021/22). The re-based activity within this proposal (agreed with Commissioners in March 2021) projects activity of 1.286 million calls (2021/22). This was a negotiated figure with Commissioners based on their activity intelligence, which was below the SECAmb expected calls forecast model.

As a result, funding allocation as outlined in Option 2 will ensure capacity to handle the re-based activity as highlighted (1.286 million calls in 2021/22).

The following are the main 111 risks, taken from Trust Risk Register. Confirmation of the funding for the current year : -

Risk Ref	Risk description	Risk Rating
1414	Clinician Case Load There is a risk that the current case loads of senior clinicians in the CAS are less than originally modelled. This is due to the complexity of calls because of COVID-19. This may lead to a clinical risk of long delays for call-backs. For example, GPs are modelled to complete 4 cases per hour however are currently performing at around 3 cases per hour.	High
966	BAF Risk 111 Operational Standards Risk that the Trust does not consistently achieve operational standards for 111 because of increased pressure on the service, which may lead to adverse patient experience and / or harm.	High
1249	COVID-19 (Overview) There is a risk that in the event of an outbreak of COVID-19 in the United Kingdom, the Trust will experience severe disruption to key elements of its service. There would be both immediate and longer-term negative impacts on Trust activity: • Reduction in the provision of workforce across all areas of the Trust (111, Field Operations, EOC and corporate services) caused by illness / following the national self-isolation guidelines • Access to sufficient medical consumables equipment (particularly PPE: masks, aprons, suits, goggles, hand sanitiser and fit testing fluid) caused by unusually high national demands on the NHS Supply Chain • Ability to deliver effective and appropriate patient care caused by loss of personnel and equipment, and non-completion of key skills training • Additional financial burden should unbudgeted actions and controls be implemented • Consequent inability to achieve national performance targets • A prolonged event could have an adverse impact on staff and volunteer wellbeing • Existing technology could be strained should large numbers of staff be asked to work from home	Extreme

b) How does the proposal fit with the Trust's current strategies, Transformation Programme and Trust Objectives?

The Trust's strategy is to 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.

As such, the Trust's strategy embraces the need to continue to develop and improve our core services, which includes 999 and 111 services. 111 First has become part of our core services by decree.

This business case is aligned to our purpose, priorities and strategic ambition.

3. Summary of options

a) What options have been considered? Please provide a high-level summary narrative of the options:

Options	*Brief description*	*Benefits*	*Downsides/risks*
Option 1 - Do Nothing or Do Minimum	Continue to deliver the awarded contract and tendered.	Agreed funding mechanisms for increased demand.	Resources are insufficient to deliver a safe and effective service from the resulting pathways changes and the launch of 111 First. Patient Care will suffer, both those directly calling 111 and because of A&E services being overwhelmed with unwarranted demand 111 Performance will suffer. Would need to do option 1 as the volumes the Trust is seeing exceeds the 10% tolerance within the contract.
Option 2 (preferred option)	Increase resources to meet the expected demand on the service, as modelled and agreed with our commissioners.	Meets the re-base demand. Increases funding to the Trust. Benefits the system that our service covers (Kent and Sussex) by reducing unwarranted attendances at A&E and other primary health care services.	Increased recruitment to meet the new levels of staffing is challenging. Future demand unknown once we come out of the current pandemic.
Option 3	No other options were considered as the above are the only viable options available to us.		
Option 4			

4. Preferred Option *(all sections from now refer to the preferred option)*

a) Please expand upon the preferred option and provide rationale for why this will be the best way forward. Include consideration to strategic fit, deliverability, ease of implementation, clinical,

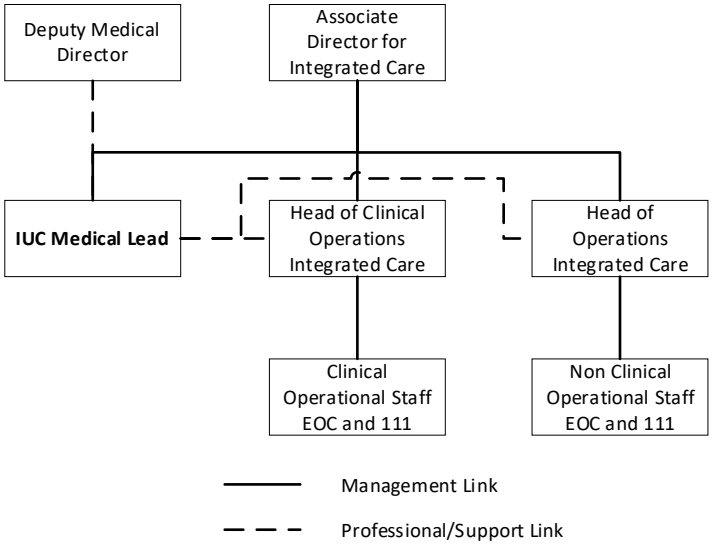
quality and financial benefits, and mitigation of risks

A paper on the increases was shared with the Trust Board and its Commissioners detailing the increases in resources required to match the expected increases in call volume and the demand on the service.

The full paper is included in **Appendix A - SECAmb Demand, 111 First Review & COVID Modelling Update - Mar-21 V3**.

This was refreshed in March 2021 to update for current call volumes and expected activity growth.

The resources will include an IUC Medical Lead to help support the delivery of the corporate clinical strategy and support the delivery of best clinical practice as an integral part of the local and regional team. This role will report professionally to the Trust Deputy Medical Director. Line management will report to the Associate Director for Integrated Care, as shown in the org chart below, showing a section of the Integrated Emergency and Urgent Care Leadership Team:



The IUC Medical Lead will also support and develop the service delivery team, in partnership with the Head of Clinical Operations Integrated Care 111 & 999 and Head of Operations Integrated Care 111 & 999, to ensure our core services deliver excellent patient care. The role will provide a medical leadership point of contact and management support for all SECAmb GPs working within the KMS 111 IUC CAS.

FMT activity identified 1.075 million calls per year (2021-22). The re-base activity within this proposal identifies a forecast activity to be handled of 1.286 million calls (2021-22). This was a negotiated figure with Commissioners based on their activity intelligence, which was below SECAmb forecast model.

As a result, funding allocation as outlined in Option 2 will ensure capacity to handle the re-based activity as highlighted (1.286 million calls (2021-22))

b) How will you measure the benefits of the preferred option? What Key performance indicators (KPIs) will you use? Please note that proposals will be rejected if there is no benefits realisation plan

No.	Benefit	Indicator	Current and	Financial	Timescale	Assumptions

	Description	and how is it recorded	Target Measure and Change	Saving if applicable		
1	Call Answer Performance.	Calls answered in 60 seconds as per National Standards.	Currently 16.3% (October 2021) The national target is 95.0% of calls answered within 60 seconds.	N/A	Six Months	With the increase in resources and the hopeful end of Wave 3 of Covid-19 pandemic the baseline activity will be closer to the expected demand.
2	System benefits (unwarranted demand).	Increased clinical capacity of the CAS to ease pressure on wider system effectively (Ambulanc e Validation.	Current 9.0% referral to 999 Ambulance (October 2021) Target = 10.0%, this is targeted to be maintained with increase in activity.	Inappropria te ambulance dispatches	Six Months	With the increase in resources and the hopeful end of Wave 3 of Covid-19 pandemic the baseline activity will be closer to the expected demand.
3	System benefits (unwarranted demand).	Increased clinical capacity of the CAS to ease pressure on wider system effectively (Emergency Treatment Validation	Current circa 8.4% referral to ETCs Target = 9.0%, this is targeted to be maintained with increase in activity.	N/A	Six Months	With the increase in resources and the hopeful end of Wave 3 of Covid-19 pandemic the baseline activity will be closer to the expected demand.

c) When will the post project evaluation be completed?

Through life cycle of KMS 111 Service delivery with Monthly Performance reporting to Commissioners for all Quality, Performance and Workforce metrics.

5. Financial Analysis and Affordability *(of preferred option)*

Please include VAT, where not claimable, within all costs stated.

a) Whole life costs of the preferred option (Please specify what this spend is related to) Net

Cost/(Savings)

Whole Life Costs (£)	Year Zero (2020-21)	Year One (2021-22)	Year Two (2022-23)	Year Three (2023-24)	Year Four (2025-26)	Year Five (2026-27)	Total
Capital							
IT & Estates - Telephony / Desks	1,100,094	0	0	0	0	0	**1,100,094**
Operating Expenditure:							
HA (+50.3wte)		1,702,376	1,702,376	1,702,376	1,702,376	1,702,376	8,511,880
SA (+10.4wte)		366,607	366,607	366,607	366,607	366,607	1,833,035
Total Call Handling		***2,068,983***	***2,068,983***	***2,068,983***	***2,068,983***	***2,068,983***	***10,344,915***
GP (+19.4wte)		3,608,719	3,608,719	3,608,719	3,608,719	3,608,719	18,043,595
ANP (-4.1wte)		(394,316)	(394,316)	(394,316)	(394,316)	(394,316)	(1,971,580)
UCP (-0.9wte)		(59,755)	(59,755)	(59,755)	(59,755)	(59,755)	(298,775)
Pharmacist (+1.4wte)		93,036	93,036	93,036	93,036	93,036	465,180
Mental Health (-1.2wte)		(65,289)	(65,289)	(65,289)	(65,289)	(65,289)	(326,445)
Paramedic / RGN (+16.2wte)		865,513	865,513	865,513	865,513	865,513	4,327,565
Midwife (-2.1wte)		(113,713)	(113,713)	(113,713)	(113,713)	(113,713)	(568,565)
Dental (-1.1wte)		(43,018)	(43,018)	(43,018)	(43,018)	(43,018)	(215,090)
Total Clinical (CAS)		***3,891,177***	***3,891,177***	***3,891,177***	***3,891,177***	***3,891,177***	***19,455,885***
Telephony		114,253	114,253	114,253	114,253	114,253	571,263
ACD Concurrent User (Annual)		13,174	13,174	13,174	13,174	13,174	65,871
MS License		6,529	6,529	6,529	6,529	6,529	32,644
IT & Estates - Non Capital		***133,956***	***133,956***	***133,956***	***133,956***	***133,956***	***669,778***
CAS Clinical Navigator (+3.0wte)		194,151	194,151	194,151	194,151	194,151	970,755
Administration (+1.0wte)		28,423	28,423	28,423	28,423	28,423	142,115
Quality Coach (+2.0wte)		56,845	56,845	56,845	56,845	56,845	284,225
Duty Contact Centre Manager (+2.5wte)		164,384	164,384	164,384	164,384	164,384	821,920
Senior Health Advisor (+3.3wte)		119,910	119,910	119,910	119,910	119,910	599,550
Support (+11.8wte)		***563,713***	***563,713***	***563,713***	***563,713***	***563,713***	***2,818,565***
Total Operating Expenditure	**0**	**6,657,829**	**6,657,829**	**6,657,829**	**6,657,829**	**6,657,829**	**33,289,143**
Whole Life Cost	***1,100,094***	***6,657,829***	***6,657,829***	***6,657,829***	***6,657,829***	***6,657,829***	***34,389,237***

*****It should be noted that the costs here may change to meet the needs of the service, where this is covered by additional income from the mechanisms set out in the contract then additional resources will be recruited to as required in agreement with Trust's financial management framework.

b) Impact on the Trusts Statement of Comprehensive Income (please specify what this spend is related to and if operating or non-operating) Net Cost/(Savings)

Statement of Comprehensive Income (£)	Year Zero (2020-21)	Year One (2021-22)	Year Two (2022-23)	Year Three (2023-24)	Year Four (2025-26)	Year Five (2026-27)	Total
Net Operating Expenditure/(Savings)	0	6,657,829	6,657,829	6,657,829	6,657,829	6,657,829	**33,289,143**
Non-Operating Expenditure							
Depreciation	0	220,019	220,019	220,019	220,019	220,019	**1,100,094**
PDC Dividend	19,252	34,653	26,952	19,252	11,551	3,850	**115,510**
Total Non-Operating Expenditure	**19,252**	**254,672**	**246,971**	**239,271**	**231,570**	**223,869**	**1,215,604**
Income		**(6,845,000)**	**(6,897,099)**	**(6,897,099)**	**(6,897,099)**	**(6,897,099)**	**(34,433,396)**
Total Impact on I&E	**19,252**	**67,500**	**7,700**	**0**	**(7,701)**	**(15,402)**	**71,351**

c) Impact on the Trusts Cash Flow

Cash Flow (£)	Year Zero (2020-21)	Year One (2021-22)	Year Two (2022-23)	Year Three (2023-24)	Year Four (2025-26)	Year Five (2026-27)	Total
Capital	1,100,094	0	0	0	0	0	**1,100,094**
Net Operating Expenditure/(Savings)	1,100,094	6,657,829	6,657,829	6,657,829	6,657,829	6,657,829	**34,389,237**
PDC Dividend	19,252	34,653	26,952	19,252	11,551	3,850	**115,510**
Income	0	(6,845,000)	(6,897,099)	(6,897,099)	(6,897,099)	(6,897,099)	**(34,433,396)**
Impact on Cash flow	**2,219,439**	**(152,518)**	**(212,318)**	**(220,018)**	**(227,719)**	**(235,420)**	**1,171,445**

d) What is the required funding source

NHS England funding via CCG, totalling £6,845,000 for the whole of 2021/22.

Funding is not secured for the duration of the service. At present only 1 year of funding is secured.

The above has been confirmed by:	Graham Petts, Kevan Burns

e) Please provide answers to all the assessment categories, working with your relevant finance business partner. If not applicable, then insert N/A

Categories	Detailed answer:	Confirmed by
Has any capital expenditure been included in the current year's capital plan? If not, why was it not raised during budget setting?	Yes – Capital Expenditure was incurred as part of the 2020/21 Capital Plan.	Graham Petts
Has any revenue expenditure been included in this year's planning, as a cost pressure? If not, why was it not raised during budget setting?	Yes, Revenue Expenditure and corresponding income has been added to the current planning year and held in reserves until the approval of this business case.	Graham Petts
Has any external funding been sought?	Yes, dialogue with our commissioners has been ongoing since Q3 2020/21 to fund the additional impact of 111 First and the pathways changes because of the Covid-19 pandemic. Funding has been confirmed and received for 2021/22; awaiting confirmation for 2022/23 and beyond.	Graham Petts
Please state the virement required to cover any additional revenue expenditure, include financial	Virement from reserves expenditure required to support this business case.	Graham Petts

coding.		
What savings will be generated because of this investment?	£nil Although no savings have been identified in this business case from re-basing the resources required to meet the demand, improvements may be achieved after new staff become experienced to improve call answer performance allowing the potential to achieve future efficiency requirements.	Graham Petts
f) Please include narrative of workings of costs, savings and all financial and activity assumptions		
SECAmb%20Demand%20111%20First%20R		

6. Quality Impact assessment of preferred option

Please embed the signed summary Quality Impact Assessment (QIA) below. The guidance and template can be found on the zone.

The quality impacts for this business change are no different to that which was approved in the embedded QIA for 111 First KMS Allocation Proposal (ref QIR-127774). The chief difference is that more funding has been secured. This was approved by the Trust's Deputy Director of Nursing.

QIA - Business Proposal - 111 First K

7. Equality Analysis of preferred option

Please embed the completed equality analysis below. The guidance and template can be found on the zone.

The equality impacts for this business change are no different to that which was approved in the embedded EA for 111 First KMS Allocation Proposal. The chief difference is that more funding has been secured. This was approved by the Trust's Programme Lead for Equality Diversity and Inclusion.

Equality%20Analysis%20-%20Business%2C

8. Risk Assessment

Please ensure you undertake a thorough assessment of the risks associated with implementing the proposal and mitigating actions (using the Trust Risk Management Approach). Include the top five here

Risk Description	Mitigation	Likelihood (1-5)	Consequence (1-5)	Owner
Funding not secured for the duration of the service. At present only 1 year of funding is secured.	A contract variation will be sought with the Commissioners.	2	5	Graham Petts
Failure to be able to recruit to new levels of clinical staffing, compounded by the relocation of bulk the 111 operation from Ashford to Medway in Q3 22/23.	GPs will initially be sought through IC24 whilst increases in our bank are undertaken, agencies will also be utilised to fill rota vacancies.	3	5	Scott Thowney
Failure to be able to recruit to new levels of operational staffing, compounded by the relocation of bulk the 111 operation from Ashford to Medway in Q3 22/23.	Detailed recruitment plans and close collaboration with the HR recruitment team.	2	5	Simon Clarke
The re-base funding may not secure the total workforce funding requirements for the workforce required to meet current and future demand.	Ongoing dialogue between the Trust's finance team and Commissioners to agree bridging funding above re-base monies to meet true demand.	3	5	Graham Petts

9. Implementation planning:

a) Explain how you intend to deliver the proposal?

With the support of the board additional recruitment was agreed to support the service to meet the levels of demand, without this support patient safety would have been severely compromised.

Performance will be monitored through the 111 Performance Optimisation Programme. Recruitment will be monitored and managed through the Trust's service governance framework.

b) What resources will be required to deliver the proposal? Are these existing or new, and have they been included in the whole life costs?

Support from HR, IT and Estates was needed and will continue to be needed to provide the recruitment and infrastructure required to increase the numbers of Clinical and Non-Clinical staff to safe levels.

c) Indicate if any front-line staff will need to be abstracted to implement the proposal? Please include details of how abstractions will be minimised and expected backfill arrangements

Unlikely to need abstraction of front-line staff, although it could increase the need for additional coaches, trainers and auditors in the short-to-medium term to support new recruits.

d) Include a high-level implementation plan and key milestones? This must be included otherwise the proposal will be rejected

1. Submission of Business case with associated approved governance requirements (i.e., QIA/EIA etc)
2. Approval of Business Case
3. Implementation of recruitment workstreams within KMS 111 Performance Optimisation Programme supported by Trust PMO
4. POP Work streams to provide oversight and support of KMS 111 leadership team in
    - Non-Clinical Recruitment, training
    - Clinical Recruitment, training
    - Role support recruitment (Team leaders)
    - Hardware, software, IT and support infrastructure, purchase, set up and issue
    - Clinical safety workstreams implemented

5. Evaluation of performance in conjunction with workstream deliverables on key performance indicators

e) How will you track implementation, what governance group will the proposal report to during implementation and where does that group report into?

Initially met through the 111 Mobilisation board.

- Weekly meetings with Recruitment HR, and with Commissioners.
- Oversight through the 111 Performance Optimisation Programme
- Weekly oversight through the EMB/SMG Performance Assurance meetings
- Recruitment / Workforce Trackers
- Evaluation of performance in conjunction with workstream deliverables on key performance indicators

10. Stakeholder engagement/ consultation

a) Does the proposal require commissioner, STP or other external support? If yes, provide evidence of discussions

This requires Commissioner support to fund the additional resources required.
Weekly meetings were held during Q2, Q3 and Q4 of 2020/21 to secure the additional funding and agree the workforce modelling needed to meet the expected levels of demand.

Dialogue continues with Commissioners to secure the long-term funding of this additional demand on the service, which was made in response to Covid-19 that has changed way the service is delivered.

b) Does the proposal have a requirement for consultation (staff/union/JPF/public)? If yes, what consideration have you given to enacting this?

No consultation is required as there is no current workforce / TUPE implications.

Appendix A - SECAmb Demand, 111 First Review & COVID Modelling Update - Mar-21 V3

SECAmb%20Demand, %20111%20First%20R

South East Coast Ambulance Service NHS
NHS Foundation Trust

BUSINESS CASE TEMPLATE

Secure Email Accreditation – Microsoft License Uplift

13 December 2021

Author(s): Brian Croney
Executive Lead: David Hammond
Directorate: Finance
Business Case Ref: 2021-22 - 39
Version: v4
Date of approved summary QIA:

Final Decision:

Date proposal reviewed	By	Decision made

Document Control:

Version Control:

Please record all key changes made to the document and how these have been approved (either person or committee				
Version	Date	Author and title	Summary of key changes	Approval by
V1.0	07/12/21	Brian Croney	Initial draft	
V2.0	09/12/21	Rachel Murphy	Finance input and review	
V3.0	13/12/21	Rachel Murphy	Embedded draft QIA and signed EAR and amended option numbering.	
V4.0	15/12/21	Brian Croney	Updated narrative	

Review and Approvals log:

Please ensure you log (in chronological order) all reviews and approvals to show the audit trail for support for your proposal				
Version shared	**Person and title or Committee**	**Date reviewed**	**Recommendation**	**Rationale**
V4	Executive Sponsor – David Hammond	15/12/21	Supported	
V4	Associate Director of Finance – Phil Astell	16/12/21	Agreed to go forward to BCG	
V4	Business Case Group			
	EMB			
	FIC			
	Board			

1. Proposal Overview

Provide a summary of the whole case and include a brief background of the relevant area, proposal aim, current state, business need, all options considered and why they have been discounted and the preferred Solution. State the whole life cost.

Aim
Ensure Trust staff have access to an email service that has secure email accreditation. This is essential to securely exchange certain information types with other NHS organisations, health care providers and certain vendors and suppliers.

Current State
The Trust took advantage of an NHS Digital (NHSD) Microsoft licensing model, announced late in 2020, which gave SECAmb access to heavily discounted Office 365 license pricing. SECAmb does not utilise the national NHS N365 tenant, remaining on its own Microsoft 365 tenant to retain maximum flexibility and investment from the M365 platform.

NHS Digital have formally requested that all Trusts not on the national tenant need to cease using NHS.net accounts and have their own tenant / email accredited as secure. The closing of NHS.net accounts in use by SECAmb is due to be completed by the end of January 2022.

Our local tenant (@secamb.nhs.uk) did not originally have the same security standards as the shared tenant and did not hold secure email accreditation.

NHS Digital maintain a list of accredited organisations at The secure email standard - NHS Digital.

Business Need
If the Trust is to maintain access to an email service, that offers appropriate security and encryption to allow the transmission of sensitive information, we need to ensure we are compliant with NHSD and Microsoft requirements.

To bring our local tenant (@secamb.nhs.uk) up to the same security standards as the shared tenant, the Trust underwent an NHSD security review. The result of that review identified that the Trust needed to enable specific security features which would allow the Trust to achieve secure email accreditation.

To permanently turn on these features the Trust needs to add additional licenses to our Office 365 F3 and Office 365 E3 license holders (CFR and Operational staff) to ensure they have the same security features that our Office 365 E3 license holders (primarily corporate staff) currently have. This must be addressed to achieve secure email accreditation.

The two further licences required are:

1) Microsoft Enterprise Mobility & Security E3 (EM&S E3)
2) Azure Active Directory Premium 2 (AADP2)

Options Considered
Option 1 – Do nothing – Continue with an email solution that does not meet NHS Digital secure email accreditation standards. (Our existing Microsoft 365 email system is secure, in line with Microsoft standards and best practice, but NHSD require specific additional security elements to be in place in order to be able to use our @secamb.nhs.uk email

addresses for the transmission of confidential data.)

This is not a viable option if the Trust wants to have a secure email system.

Option 2 – Procure the licences required to gain secure email accreditation.

License types required: Microsoft Enterprise Mobility & Security E3 (EM&S E3) and Azure Active Directory Premium 2 (AADP2). This will bring our Office 365 F3 and Office 365 E1 license holders up to the required licensing levels to achieve secure email accreditation – a breakdown of the Office 365 licenses can be found in Appendix 1.

Option 3 – Close the local tenant and migrate all staff to the shared tenant.

The Trust would still have to procure the licenses and then face migration fees for the move from the local to shared tenant. These fees are an unknown quantity but professional services for this type of work can run into tens of thousands. Staff would also experience regular interruptions to service whilst the work is undertaken and widespread communications would be required to update all our stakeholders, service providers etc.

Option 4 – Retain the local tenant and use 3rd party tools which bolt onto Outlook.

This option would take a lengthy review to determine whether any of the Trust's existing security products can be enabled for secure email or a review of 3rd party products currently available on the market. However, many 3rd party encryption services are un-user friendly, often forgotten as there would need to be a manual intervention for each email containing sensitive information and not as slick as the full Outlook service which handles the security in the background with no impact on the user.

Preferred Option
Option 2, procure the necessary licences, is the preferred solution as this achieves full compliance and will have no adverse impact on our staff, as the security settings are completely invisible to them, which also means zero interruption to service.

Key Benefits
The local tenant will be maintained, the Trust will have secure email accreditation and be fully compliant with NHSD and Microsoft licencing requirements.

Whole Life Cost
The whole life cost of this proposal is £1,161,077 over a recurrent 5-year term, an annual cost of £232,335.

2. Strategic Case

a) What will happen if we do not support the proposal? Is it a must do i.e. due to a regulatory requirement? Please highlight if this relates to a risk on the Corporate Risk Register

If the Trust is to continue to need secure accredited email for its business activities, then there is no option but to implement one of these solutions.

b) How does the proposal fit with the Trust's current strategies and Trust Objectives?

This fits with the enabling strategy to ensure all staff have the IT hardware and software

required to undertake their roles.

3. Economic Case

a) What options have been considered? Please provide a high-level summary narrative of the options.

Options	*Brief description*	*Benefits*	*Risks*
Option 1 - Do Nothing	Continue with an email solution that does not meet NHS Digital secure email accreditation standards.	No additional cost.	Email system would not have secure email accreditation. Emails sent to and from the system would not be secure.
Option 2 (preferred option)	Procure the licences required to gain secure email accreditation.	The local tenant will be maintained, The Trust will have secure email accreditation and be fully compliant with NHSD and Microsoft licencing requirements. Further security features for other areas of business could enabled once all users have the same licensing. No disruption to staff or the email system. Least time-consuming option.	Additional licence cost.
Option 3	Close the local tenant and migrate all staff to the shared tenant.	The Trust will have secure email accreditation and be fully compliant with NHSD and Microsoft licencing requirements.	Disruption to staff and the email system. Additional licence cost and further implementation costs. The local tenant will have to be closed.
Option 4	Retain the local tenant and use 3rd party tools which bolt onto Outlook.	The Trust would have secure email accreditation once the review of services had been completed and the finding implemented.	Most time-consuming option. Manual intervention required. The licence update would still be required temporarily, or the Trust could be fined. Unknown additional cost once solution have been found.

4. Preferred Option *(all sections from now refer to the preferred option)*

a) Please expand upon the preferred option, by providing full details of the proposal and provide rationale for why this will be the best way forward. Include consideration to strategic fit, deliverability and, ease of implementation. What resources are needed; will it affect any other departments. What is the proposals impact on the environment and sustainability.

Option 2 is the preferred solution as this achieves full compliance and will have zero impact on our staff, as the security settings are completely invisible to them, which also means zero interruption to service.

The security setting has already been turned on; the only additional work required is to pay for the additional licences to make them Microsoft compliant. Whilst this is the easiest and least time-consuming option to implement at this point it's considered necessary if secure email continues to be a business requirement.

This option wouldn't result in any interruption to the email service, so no additional work would be caused to members of staff. This option would therefore not adversely impact on any other departments.

The IT Administrator will be required to raise the purchase order and one member of the IT Service Desk will be required to allocate the licenses to the Office 365 F3 and Office 365 E1 license holders. This will be carried out as part of their BAU activities and no additional implementation costs are required.

b) How will you measure the benefits of the preferred option? What Key performance indicators (KPIs) will you use? Please note that proposals will be rejected if there is no benefits realisation plan

No.	Benefit Description	Indicator and how is it recorded	Current and Target Measure and Change	Financial Saving if applicable	Timescale	Assumptions
1	Email system with secure email accreditation.	N/A	Current, email system did not have NHS Digital secure email accreditation. Target – secure email accreditation.	N/A	Immediate	
2						
3						
4						
5						

c) When will the post project evaluation be completed?

A post project review is not required for this project, secure email accreditation will be immediate once the invoice to our Microsoft supplier is paid.

5. Financial Case - Analysis and Affordability *(of preferred option)*

Please include VAT, where not claimable, within all costs stated.

a) Whole life costs of the preferred option (Please specify what this spend is related to) Net Cost/(Savings). All possible costs should be included, a list of costs that you should consider is included at appendix B.

Whole Life Costs, £	Year 0 (Dec21-Mar22)	Year 1 (2022-23)	Year 2 (2023-24)	Year 3 (2024-25)	Year 4 (2025-26)	Year 5 (Apr26-Nov26)	Total
Operating Expenditure							
Additional Microsoft Licences	77,445	232,335	232,335	232,335	232,335	154,890	1,161,677
Total Operating Expenditure	**77,445**	**232,335**	**232,335**	**232,335**	**232,335**	**154,890**	**1,161,677**
Whole Life Cost	**77,445**	**232,335**	**232,335**	**232,335**	**232,335**	**154,890**	**1,161,677**

b) Impact on the Trusts Statement of Comprehensive Income (please specify what this spend is related to and if operating or non-operating) Net Cost/(Savings)

Statement of Comprehensive Income, £	Year 0 (Dec21-Mar22)	Year 1 (2022-23)	Year 2 (2023-24)	Year 3 (2024-25)	Year 4 (2025-26)	Year 5 (Apr26-Nov26)	Total
Net Operating Expenditure/(Savings)	77,445	232,335	232,335	232,335	232,335	154,890	1,161,677
Non-Operating Expenditure							
Depreciation	0	0	0	0	0	0	**0**
PDC Dividend	0	0	0	0	0	0	**0**
Total Non-Operating Expenditure	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Impact on I&E	**77,445**	**232,335**	**232,335**	**232,335**	**232,335**	**154,890**	**1,161,677**

c) Impact on the Trusts Cash Flow

Cash flow, £	Year 0 (Dec21-Mar22)	Year 1 (2022-23)	Year 2 (2023-24)	Year 3 (2024-25)	Year 4 (2025-26)	Year 5 (Apr26-Nov26)	Total
Capital	0	0	0	0	0	0	**0**
Net Operating Expenditure/(Savings)	77,445	232,335	232,335	232,335	232,335	154,890	**1,161,677**
PDC Dividend	0	0	0	0	0	0	**0**
Impact on Cash flow	**77,445**	**232,335**	**232,335**	**232,335**	**232,335**	**154,890**	**1,161,677**

d) What is the required funding source

There is no additional funding available to cover this cost, it will need to be transferred from reserves.

The above has been confirmed by:	Rachel Murphy

e) Please provide answers to all the assessment categories, working with your relevant finance business partner. If not applicable, then insert N/A

Categories	Detailed answer:	Confirmed by
Has any capital expenditure been included in the current year's capital plan? If not, why was it not raised during budget setting?	N/A	Rachel Murphy
Has any revenue expenditure been included in this year's planning, as a cost pressure? If not, why was it not	Agreed by SMG via Business Change Template – CP2122-	Rachel Murphy

raised during budget setting?	072.	
Has any external funding been sought?	N/A	Rachel Murphy
Please state the virement required to cover any additional revenue expenditure, include financial coding.	Software Licencing	Rachel Murphy
What savings will be generated because of this investment?	N/A	Rachel Murphy

f) Please include narrative of workings of costs, savings and all financial and activity assumptions

The quote for the additional licences for the remaining period of the current Microsoft licence is embedded at Appendix 2.

The cost in the quote, which covers 1 December 2021 to 28 February 2022 has been extrapolated to cover the 5-year period in the BC.

6. Quality Impact assessment (of preferred option)

Please embed the signed summary Quality Impact Assessment (QIA) below. The guidance and template can be found on the zone.

Secure Email Accreditation - QIA.xl

Draft has been submitted, awaiting approval.

7. Equality Analysis (of preferred option)

Please embed the completed equality analysis below. The guidance and template can be found on the zone.

Secure Email Accreditation - EAR.d

8. Risk Assessment (of preferred option)

Please ensure you undertake a thorough assessment of the risks associated with implementing the proposal and mitigating actions (using the Trust Risk Management Approach). Include the top five here

Risk Description	Mitigation	Likelihood (1-5)	Consequence (1-5)	Owner
There are no risks to the implementation of this proposal.				

9. Commercial Case (of preferred option)

a) Commercial detail. Explain how you intend to deliver the proposal? Did you go through a tender process, acquire supplier quotes, who is the preferred supplier and what selection process did you go through.

There is not a requirement for a procurement process at this point, the new licences will be procured from the same supplier as our existing Microsoft licences. The quote for these additional licences is embedded at appendix 2. This quote covers the Trust from 1 December 2021 to 28 February 2022, when our current Microsoft Enterprise Subscription Agreement comes to an end.

A tender exercise will be undertaken for the new Microsoft contract to run from 1 March 2022.

10. Management Case (of preferred option)

a) Project management detail. How will you track implementation, what governance group will the proposal report to during implementation and where does that group report into? What reports will be produced, what will they cover and how often will they be produced?

The IT Administrator will be required to raise the purchase order and one member of the IT Service Desk will be required to allocate the licenses to the Office 365 F3 and Office 365 E1 license holders. This will be carried out as part of their BAU activities, no additional implementation costs are required.

This proposal will be managed as part of the BAU activities of the IT department, no governance group is required. Completion will be notified to the Director of Finance.

No progress reports are required.

b) Include a high-level implementation plan and key milestones and dates? This must be included otherwise the proposal will be rejected

Business Case approval – January 2022
Purchase Order raised – January 2022
Payment made to Microsoft supplier – January 2022
Secure email accreditation and licence compliance completed – January 2022

11. Stakeholder engagement/consultation (of preferred option)

a) Does the proposal require/have commissioner, STP or other external support? If yes, provide evidence of discussions

N/A

b) Does the proposal have a requirement for consultation (staff/union/JPF/public)? If yes, what consideration have you given to enacting this? How have affected staff groups been engaged and how have their responses been taken into account.
N/A