South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	13/17

Name of meeting	Board Meeting
Date	27th April 2017
Name of paper	Integrated Performance Dashboard
Executive sponsor	Daren Mochrie
Author name and role	Executive Team
Synopsis (up to 120 words)	The monthly Integrated Performance Dashboard gives the board oversight of the key performance indicators for the Trust, together with explanatory commentary to give suitable context and what actions are being taken to address any shortfalls. The dashboard includes score cards for each area (Workforce, Performance, Clinical Effectiveness, Quality & Patient Safety and Finance), suitable supporting commentary and charts with historic performance for trending purposes. The Integrated Performance Dashboard is an evolving item and is expected to undergo continuous improvement and change going forward.
Recommendations, decisions or actions sought	For Discussion
Why must this meeting deal with this item? (max 15 words)	Overview of the Trusts key performance indicators including patient outcome KPIs, AQI and associated performance KPIs, finance KPIs, and workforce KPIs.
Which strategic objective does this paper link to?	All

Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Yes / **No** If yes and approval or ratification is required, a completed EA Record must be attached.

Executive Summary

SECAmb's 999 response time performance was under the national targets and SECAmb did not achieve the new trajectories for Red 1, Red 2 and Red 19 for March. However, the internal 999 improvement plans, with the exception of the Hospital Turnaround performance and fire co-responders contribution remain on track. SECAmb has been working with both commissioners and acute hospitals to strengthen its hospital handover procedures and reduce delays at hospital.

Demand was circa 4.6% lower than that agreed with commissioners for the month but still 3.0% above last year's full year position. SECAmb has maintained its call answer performance in March, closely matching that of February.

KMSS 111 achieved its best monthly operational performance of 2016-17, in returning an "Answered in 60" Service Level Agreement (SLA) KPI of 92.5% in March. Other NHS 111 service providers have been unable to sustain a similar level of resilience and operational performance, as seen by the NHS E SLA average for March of 90.9%.

The Surrey PTS contract is transferred to South Coastal Ambulance Service (SCAS) at the beginning of the new financial year.

As reported in previous months, the Trust continues to perform below the expected levels of the 8 clinical effective markers. 6 are currently below the national average expected.

Patient experience and specifically the Trusts response to complaints, has greatly improved in recent months. Staff attitude, timeliness and pathways remain the top three themes. Training sessions are being offered and rolled out across the operating units. Serious incident reporting has had a slight increase in the month, predominately around pathways. There remains a significant backlog in completion and submission, some attributed to capacity within the professional standards team and partly due to the reallocation of the closure panel back to the north Kent CCG. Safeguarding continues to maintain the pace of improvement. The level 2 training has reached the 90% for children's and adults online training, the pilot level 3 training has trained 180 staff and the annual programme has been set and shared.

The workforce metrics have seen short term sickness level decrease from 2.2% to 2.1% and Long term sickness rises from 2.3% to 2.4%. Appraisals remain below target but have reached the highest point to date at 52%, and Mandatory training has seen an increase but is still below target, this has also reached the highest point to date at 85%.

The Trust's adjusted financial performance in month 12 (excluding impairments) was a deficit of £0.4m, which was in line with the previous forecast. The full year adjusted deficit (excluding impairments) is £7.1m which was the revised position declared to NHSI at month 2 of the 16/17 financial year. The Trust's Use of Resources Rating improved to 3 from the previous month's rating of 4.

1. SECAMB Regulation Statistics

ID	KPI	Value
R1(b)	Use of Resources Metric (Financial Risk Rating)	4 (Red)
R2	Governance Risk Rating	Red
R3	CQC Compliance Status	Trust: Inadequate (Special Measures) 111 service: Requires improvement
R5	IG Toolkit Assessment	Level 2 - Satisfactory
R6	REAP Level	3

2. Workforce

2.1. Workforce Summary

2.1.1. Short term sickness levels have decreased from 2.2% to 2.1% and Long term sickness rises from 2.3% to 2.4%.

2.1.2. Appraisals remain below target but have reached the highest point to date at 52%, and Mandatory training has seen an increase but is still below target, this has also reached the highest point to date at 85%.

2.2. Workforce Balanced Scorecard

Workforce Commentary :- Data from Mar 2017 and Feb 2017

ID	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
Wf-1A	Short Term Sickness - Rate		**2.1%**	2.7%		**2.2%**	2.8%
Wf-1B	Long Term Sickness - Rate		**2.4%**	3.2%		**2.3%**	3.2%
Wf-2	Staff Appraisals	90%	**52.0%**	62.0%			
Wf-3	Mandatory Training Compliance (All Courses)	95%	**85.0%**	92.2%			
Wf-4	Total injuries			51		**681**	739
Wf-5	Total physical assaults		**16**	9		**210**	184
Wf-6	Vacancies (Total WTE)		**335.8**			Not Relevant	
Wf-7	Annual Rolling Staff Turnover		**16.7%**	14.3%			

Wf-8	Reported Bullying & Harassment Cases		**3**			**17**	
Wf-9	Cases of Whistle Blowing		**0**			**3**	

2.3. Workforce Commentary

2.3.1. The work of the HR Advisor team continues to stabilise the long term and short term sickness absence figures at levels below last year.

2.3.2. The slight increase in vacancies across all areas of the Trust has seen the overall rate rise to 9.7%, with the vacancy rate in Operational service at 8.7%. Work is planned to close the vacancy gap in the Operation services during 2017/18.

2.3.3. The turnover rate has remained constant over the past month. This figure is likely to remain relatively high over the next few months until the increased staff engagement activities take effect.

2.3.4. As expected appraisals remain below target. The roll out of the online appraisal system; Actus, will start from April which will support the delivery of the declared target by March 2018.

2.3.5. Mandatory training has seen an increase but is still below target. There is a strong push to get all mandatory training completed by the end of March, with an expectation this will be delivered and this will be reflected in the final figures for March.

2.3.6. There have been three new Bullying and Harassment cases and no new Whistleblowing cases. The diagnostic review currently underway and facilitated by Duncan Lewis will help us assess the true situation.

2.4. Workforce Charts

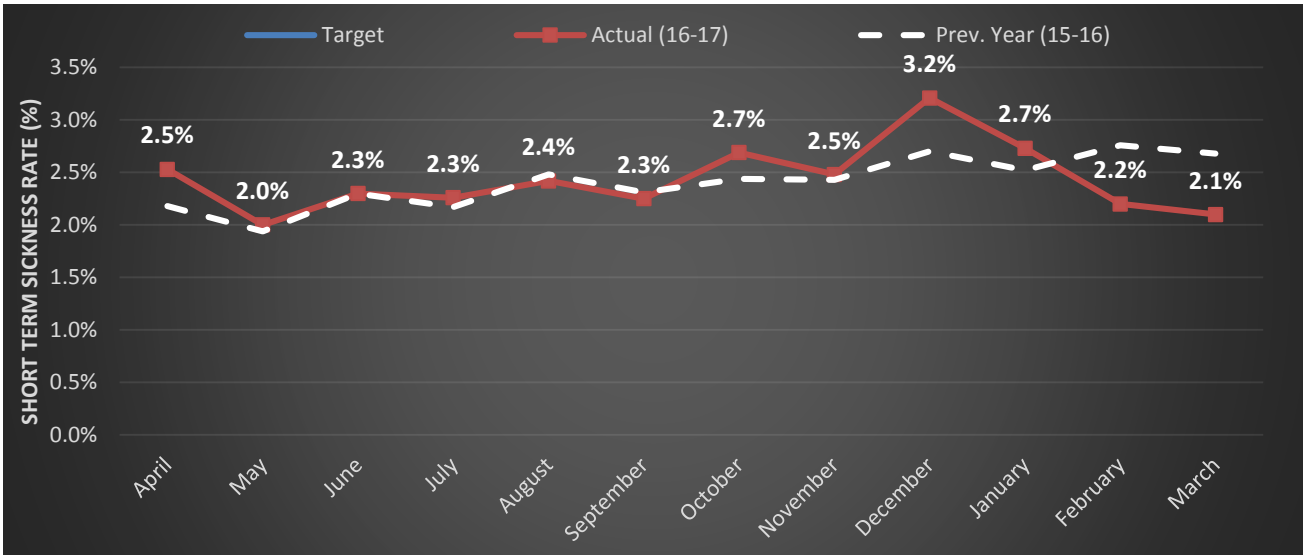

Figure Wf-1A - Short Term Sickness Rate

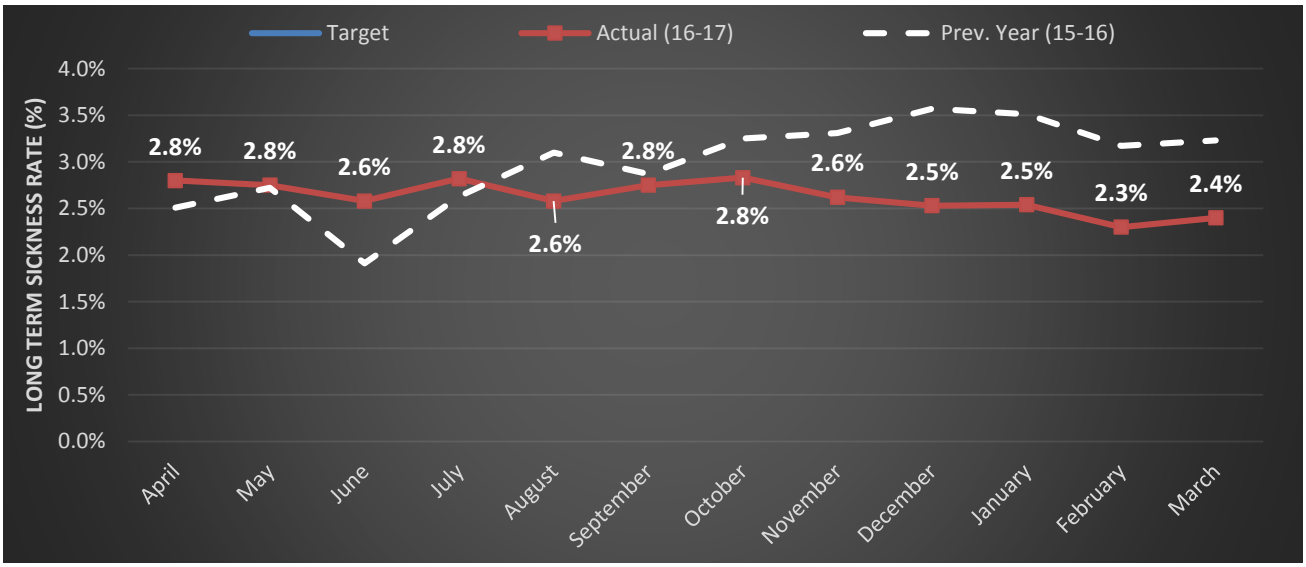

Figure Wf-1B - Long Term Sickness – Rate

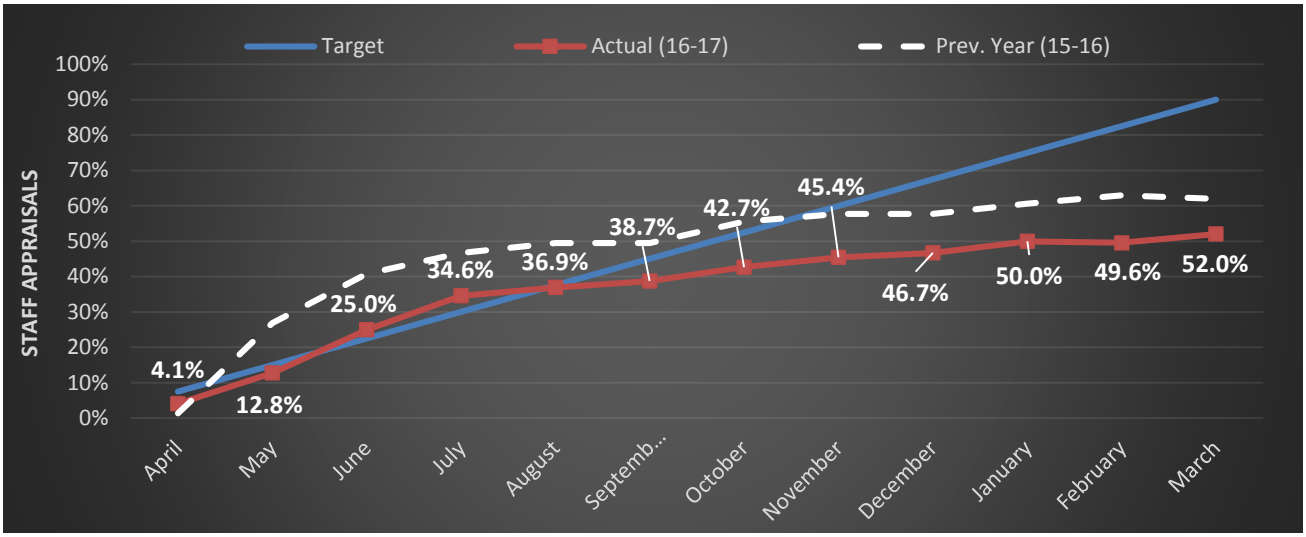

Figure Wf-2 - Staff Appraisals

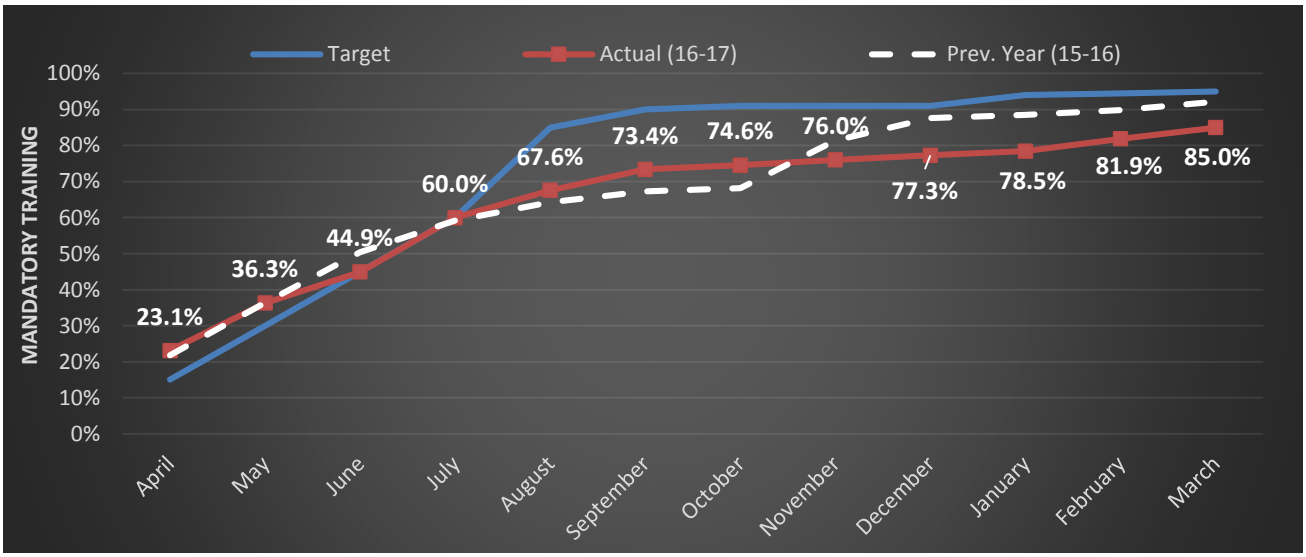

Figure Wf-3 - Mandatory Training Compliance (All Courses)

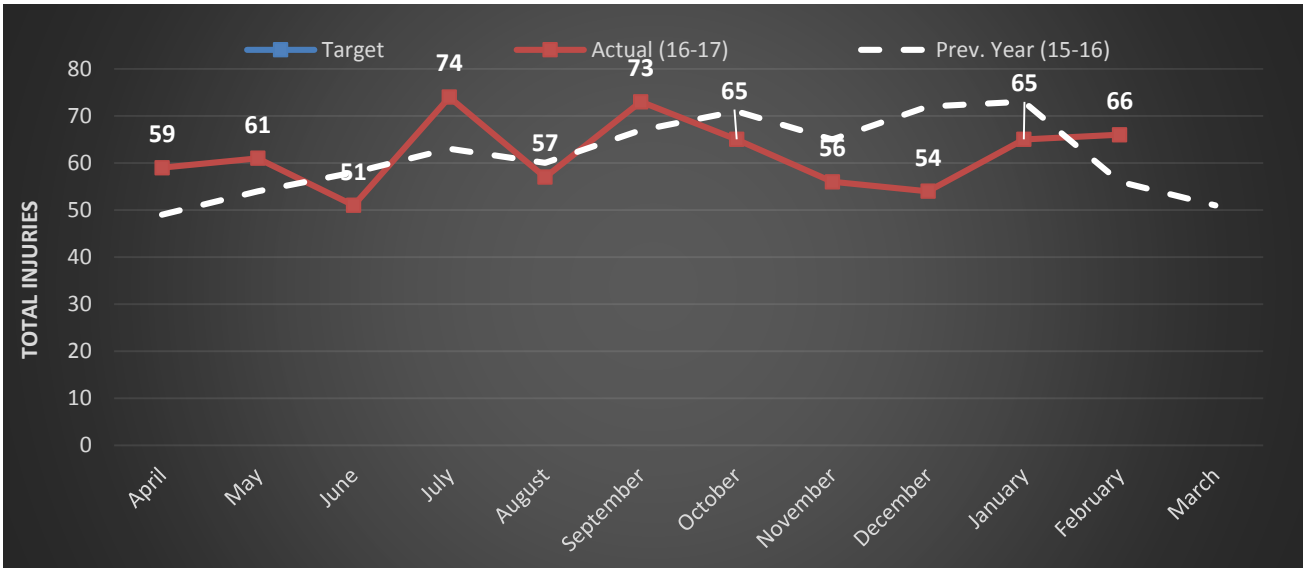

Figure Wf-4 - Total injuries.

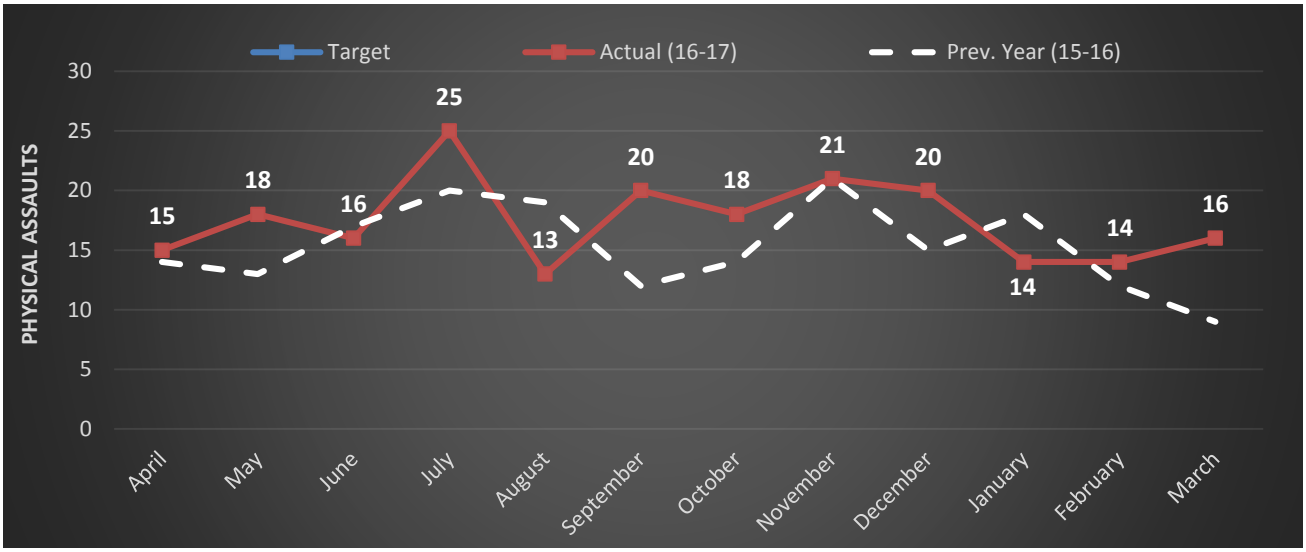

Figure Wf-5 - Total physical assaults.

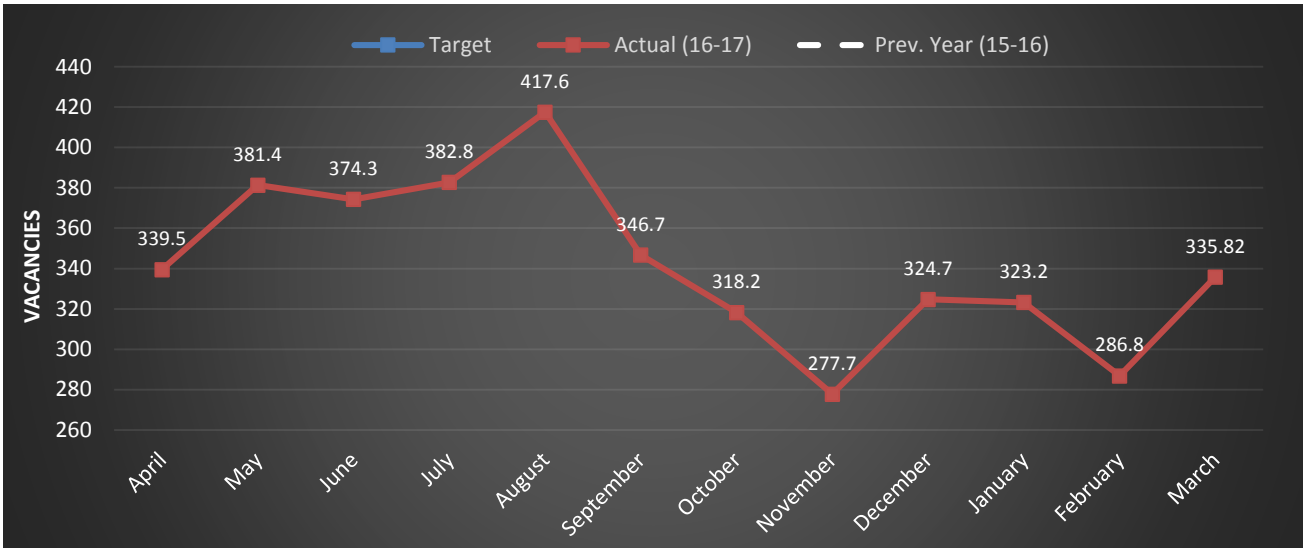

Figure Wf-6 - Vacancies (Total WTE)

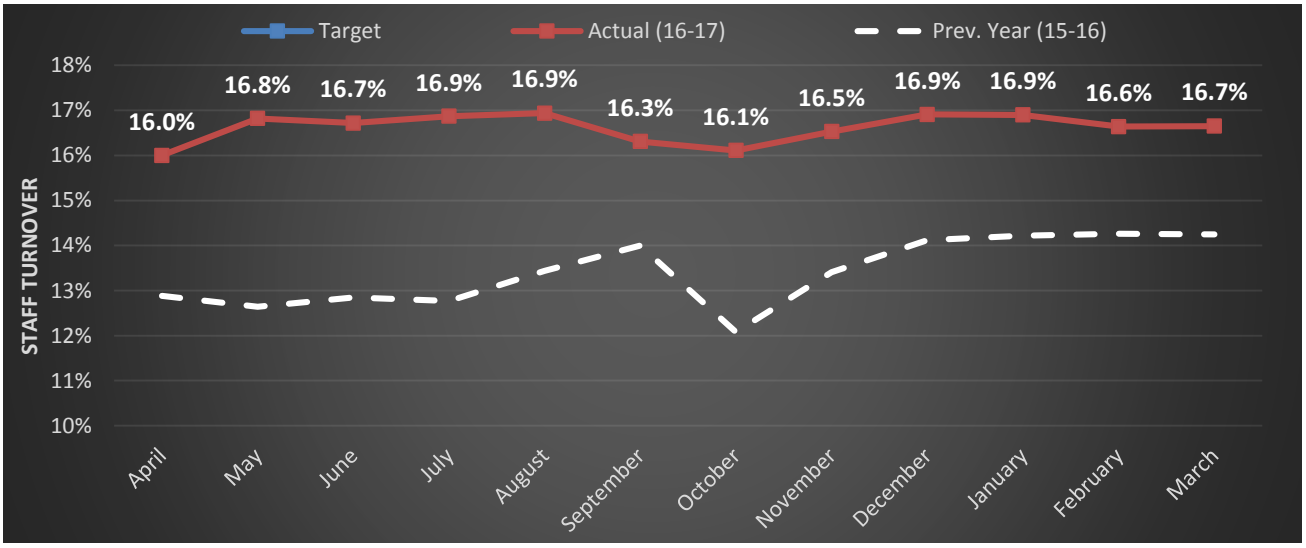

Figure Wf-7 - Annual Rolling Staff Turnover

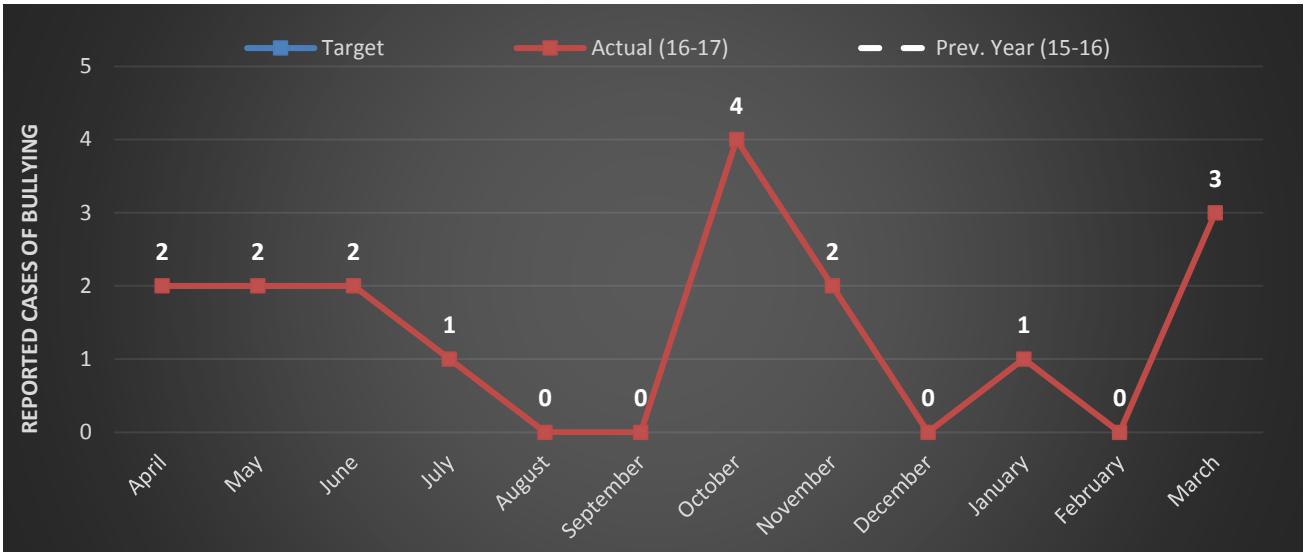

Figure Wf-8 - Reported Bullying & Harassment Cases

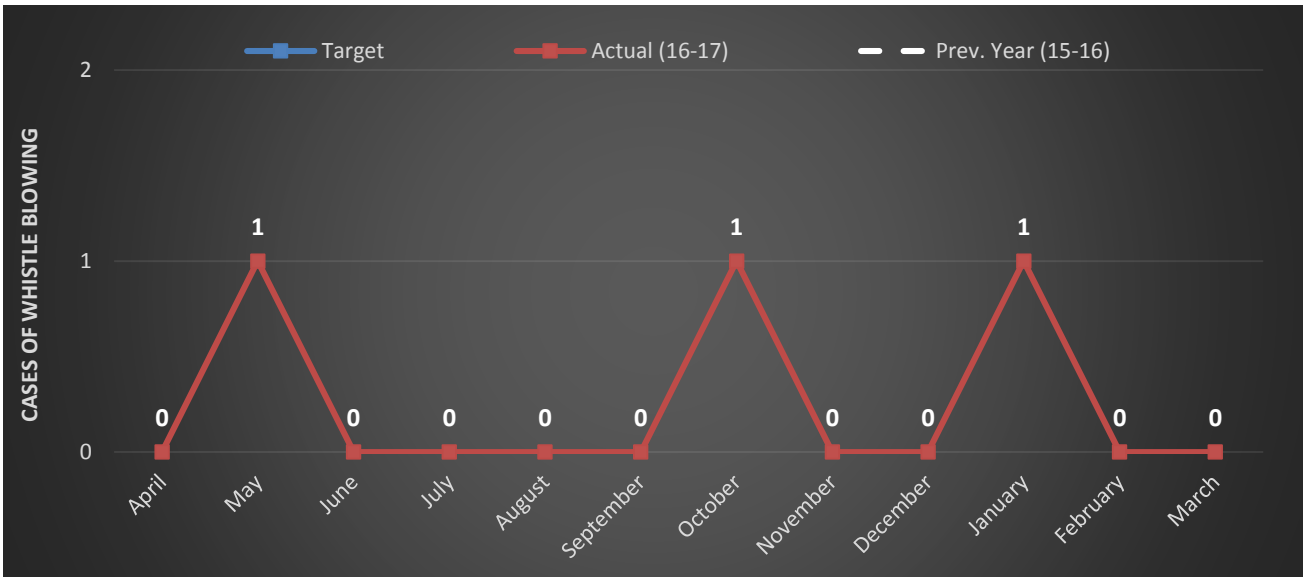

Figure Wf-9 - Cases of Whistle Blowing

3. Operational Performance

3.1. Operational Performance Summary

3.1.1. SECAmb's 999 response time performance was under the national targets and SECAmb did not achieve the new trajectories for Red 1, Red 2 and Red 19 for March.

3.1.2. The 999 Improvement Plan, with the exception of the Hospital Turnaround performance and fire co-responders remains on track. Hospital delays in March were better compared with the circa 7950 in January, over double the maximum level agreed with commissioners. SECAmb has been working with both commissioners and acute hospitals to strengthen its hospital handover procedures and reduce delays at hospital.

3.1.3. Demand was circa 4.6% lower than that agreed with commissioners for the month but still 3.0% above last year's YTD position. SECAmb has maintained its call answer performance in March, closely matching that of February to the highest position in over 12 months.

3.1.4. KMSS 111 achieved its best monthly operational performance of 2016-17, in returning an "Answered in 60" Service Level Agreement (SLA) KPI of 92.5% in March. Despite the underlying reduction in like-for-like call volumes compared to the winter surge that was prevalent in March 2016, other NHS 111 service providers have been unable to sustain a similar level of resilience and operational performance, as seen by the NHS E SLA average for March of 90.9%.

3.1.5. The Surrey PTS contract is transferred to South Coastal Ambulance Service (SCAS) at the beginning of the new financial year.

3.2. Operational Performance Scorecard

Operational Performance Scorecard:- Data From March 2017

ID	KPI	Current Month (Plan*)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan*)	YTD (Actual)	YTD (Prev. Yr.)
999-1	Red 1 response <8 min	69%	67.3%	62.2%		64.9%	71.6%
999-2	Red 2 response <8 min	58%	49.9%	49.8%		52.5%	67.3%
999-3	Red 19 Transport <19 min	91%	88.3%	87.6%		89.0%	93.8%
999-4	Activity: Actual vs Commissioned	70843	67583	73022	794618	818510	792192
999-5	Hospital Turn-around Delays (Hrs lost >30 min.)	2747	5271	6528	29257	68248.5	47883.3
999-6	Call Pick up within 5 Seconds	95%	90.3%	71.1%		77.7%	85.6%

999-7	CFR Red 1 Unique Performance Contribution	1.7%	**1.8%**				
999-8	CFR Red 2 Unique Performance Contribution	1.3%	**1.4%**				
111-1	Total Number of calls offered		**83545**	131856		**1126036**	1210156
111-2	% answered calls within 60 seconds	90%	**92.5%**	47.3%	90%	**80.1%**	79.2%
111-4	Abandoned calls as % of offered after 30 secs	4.0%	**0.9%**	17.0%	4.0%	**4.0%**	**4.8%**
111-5	Combined Clinical KPI (% of Call Back >10mins & % of all 111 calls warm referred to a Clinician)	79%	**73.6%**	69.5%		**74.5%**	**84.9%**
PTS-1	PTS Activity (Surrey)	11443	**8299**	12110	141075	**122487**	**173343**
PTS-2	Arrival - % patients to arrive <= 15 min after appt. time. (Surrey)	95%	**80.7%**	87.3%	95%	**86.1%**	**84.3%**
PTS-3	Departure - % patients collected <= 60 min of planned collection time (Surrey)	95%	**75.3%**	89.4%	95%	**85.3%**	**85.0%**
PTS-4	Discharge - % patients collected <= 120 min of booked time to travel (Surrey)	95%	**63.4%**	79.1%	95%	**79.9%**	**76.4%**

** For the following KPI's, the "Plan" in the table above is the Unified Recovery Plan (URP) target agreed with commissioners. The URP targets and the standard national targets are both shown in the Charts on the following few pages. KPIs affected: 999-1 to 999-3; 999-6; 111-2, 111-4 and 111-5.*

3.3. Operational Performance Commentary

3.3.1. The Red 1 position was improved again on the February position but less than the revised March target. The slight improvement in Red 2 performance compared to February was much lower than anticipated given the reduction in activity compared to forecast, however this was still circa 5000 incidents more than February. Hospital Turnaround delay would have been a material impact on this but further investigation is ongoing as to what is generating such a low level of performance with some EOC process issues being identified.

3.3.2. Demand was circa 4.6% below the plan agreed with commissioners for the month but still 3.0% above last year's YTD position. Both activity and performance continues to show a slow but steady improvement based on the February performance to date.

3.3.3. SECAmb has successfully implemented Nature of Call and Dispatch on Disposition as planned on the 18th October as part of the national pilot for the Ambulance Response Programme. No serious clinical incidents have been reported since go live, we have improved to circa 60% plus of Red 1's are being identified during the Nature of Call process, compared to the national assumption of 75%, whilst not realising the national assumption this is still in line with other Ambulance Services performance.

3.3.4. The Trust has implemented plans to increase contribution from community first responders (CFRs). This entails improving technical links with CFRs, new processes in EOC to mobilise the CFRs and an extensive engagement campaign with the CFRs themselves. Benefits are being realised in March are above the planned trajectories for this group of responders.

3.3.5. SECAmb has maintained its Hear and Treat performance for March. There is already an encouraging improvement in the Hear and Treat ratios and further recruitment of clinicians continues, SECAmb has 40 WTE in post and are aiming for a total 45 WTE to support the NHS Pathways activity. The concept of an additional pool of clinicians to undertake a dedicated Clinical Assessment Team for the 2017/2018 year is being put together, this will prepare SECAmb for its phase 2 of the Ambulance Response Programme changes to incident categorisation.

3.3.6. Call answer performance generally matched that from last month's performance despite the March increase in activity and SECAmb achieved 90.3% in 5 seconds compared to a revised trajectory plan of 92%. Despite not meeting the revised target this is the best consistent level of performance for call answering in over 12 months.

3.3.7. SECAmb has been working with both commissioners and acute hospitals to strengthen its hospital handover procedures and reduce delays at hospital. These improvements are built into the improvement trajectories. Hospital delays in March were better compared with the circa 7950 hours in January over double the maximum level agreed with commissioners. March saw 5271 lost hours which was the single biggest impact on our performance trajectory for March. Hospital Turnaround delay is the single most external factor which impacts SECAmb performance and we have least control of. A recent instruction from NHSI to increase the prompts to Acute Hospital Directors On-Call for every patient delay over 1 hour is being developed into a robust Operational Plan to ensure consistency across the region.

3.3.8. The KMSS 111 service finished the 2016/17 year with a high level of consistent performance across the last quarter. There was a slight increase in both Operational and Clinical performance during March compared to the previous month and more significantly, the service continues to outperform in key metrics against the national NHS E benchmark for the same month.

3.3.9. In terms of this month's performance, during March 2017 the service offered 83,545 calls of which 82,153 were answered. The "Answered in 60" SLA performance was 92.52%, compared to a National performance of 90.99%. This comprised 21 "Green" days, 3 "Amber", and 7 "Red". Having maintained our weekday performance for many months, the service is also now experiencing a marked improvement at weekends, in readiness for the challenges of Easter.

3.3.10. Clinical performance improved slightly on a month-on-month basis, to 73.63%, ahead of the NHS E national average of 63.46%. However more significant than the consistent high level of clinical performance was the sustained low referral rates for Ambulances (10.67%) and ED (7.01%), both of which are lower than the NHS E average. Managers from the KMSS 111 Senior Leadership Team (SLT) have proactively attended several A&E Delivery Boards across the region and KMSS 111 remains committed to performing a key role in "managing" the flow of patients in to other providers across the Southeast including 999, A&E and the GP OOH's services.

3.3.11. The service's Easter preparation has been conducted as part of a wider collaboration with CCG's, NHS E and other service providers. KMSS 111 has openly shared call volume profiles and is in regular consultation with GP OOH's providers and 999. Extensive work and additional training has been undertaken to ensure that 111 call handlers have a greater awareness of services on the Directory of Services (DoS) that are appropriate alternatives to both GP OOH's and ED. Both Ashford and Dorking Contact Centres will have an on-site DoS Lead presence over the Easter weekend to encourage the wider usage of NUMSAS pharmacies, WIC's, MIU's, UCC's and Extended Hours GP services where available. The service's training teams have been flexible and worked hard to ensure that the training for the new Health Advisor cohorts in both Contact Centres was completed in time for Easter as planned, with the result that the additional call handlers will be at (or approaching) full proficiency at Easter.

3.3.12. Beyond Easter and moving in to the new financial year, the service will be considering innovative working models with other stakeholders to explore opportunities for trialling proofs of concept that will improve the patient experience and pathways through the urgent and emergency care system. KMSS 111 is also collaborating with commissioning groups and NHS E, looking at longer term objectives and the challenge of implementing Integrated Urgent Care (IUC) across the region, a work stream in which KMSS 111 can bring its extensive experience as a high performing Urgent Care service.

3.4. Operational Performance Charts

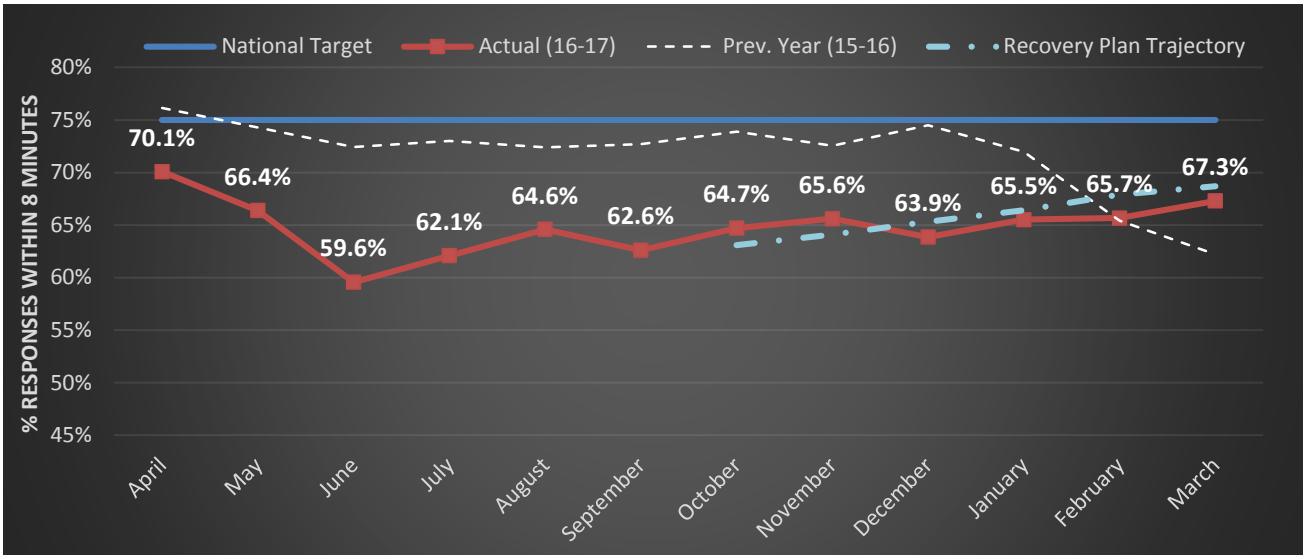

Figure.999-1 - Red 1 response <8 min

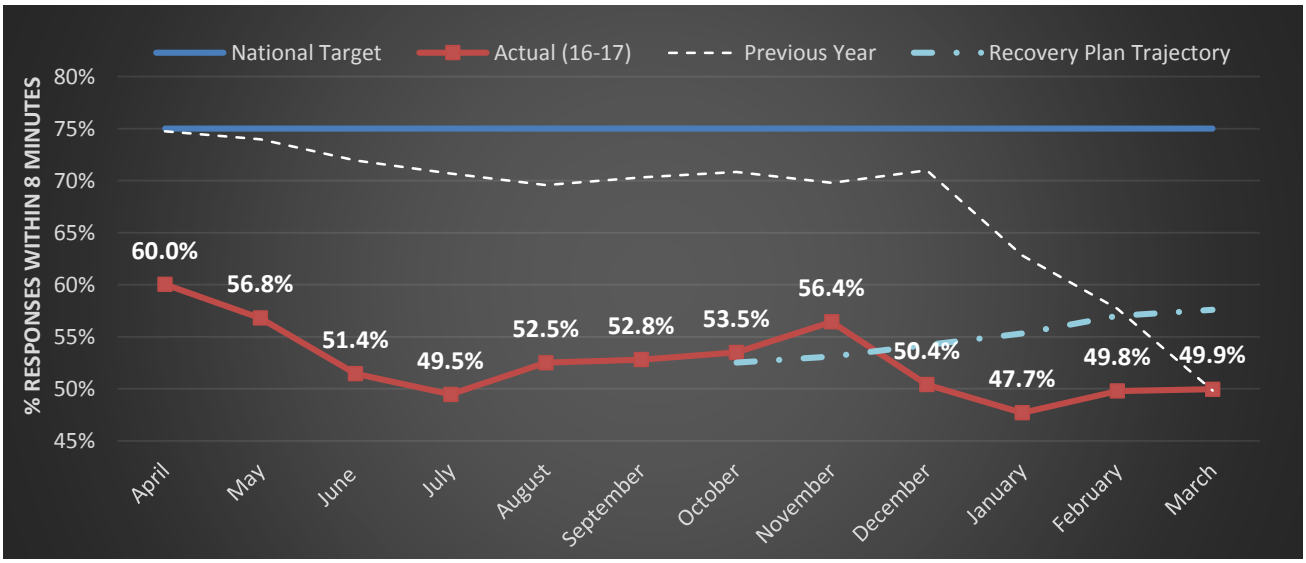

Figure.999-2 - Red 2 response <8 min

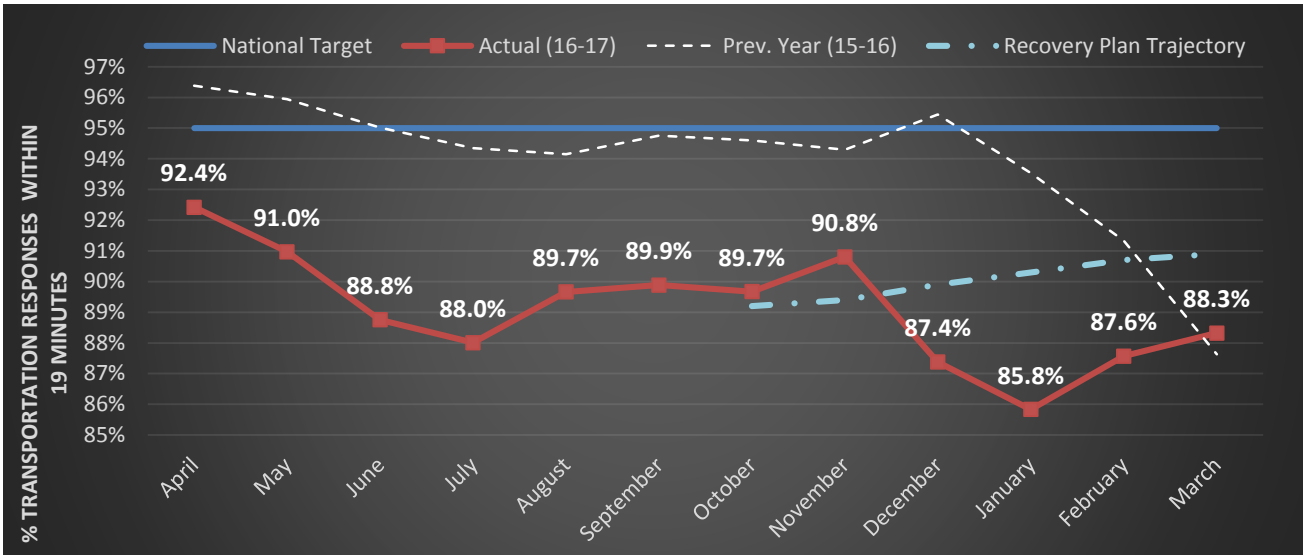

Figure.999-3 - Red 19 Transport <19 min

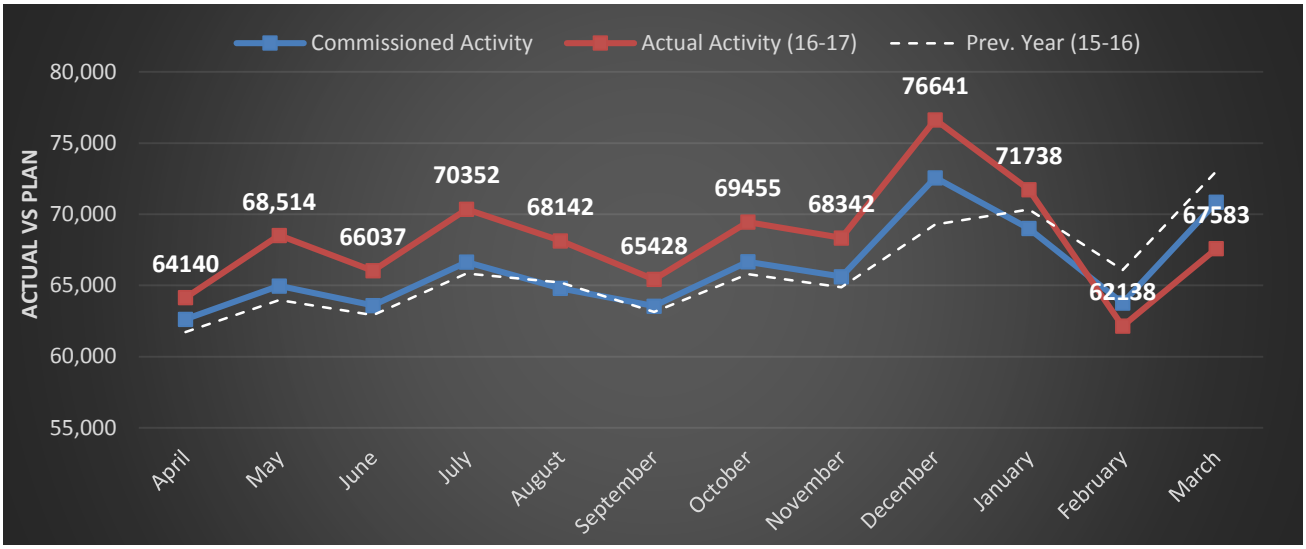

Figure.999-4 - Activity: Actual vs Commissioned

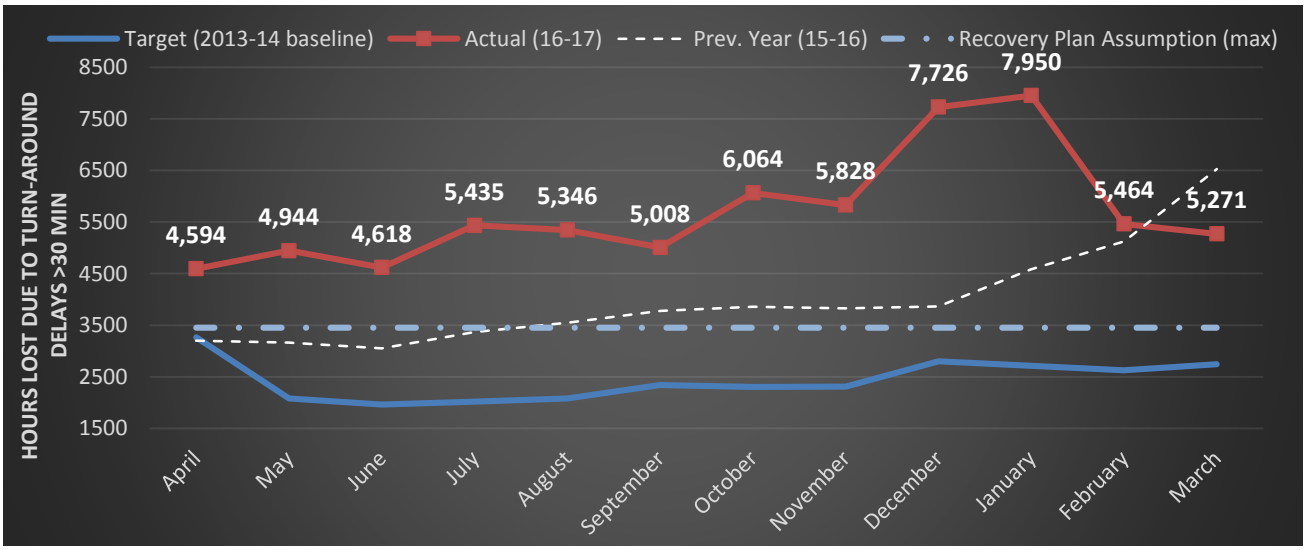

Figure.999-5 - Hospital Turn-around Delays (Hrs lost >30 min.)

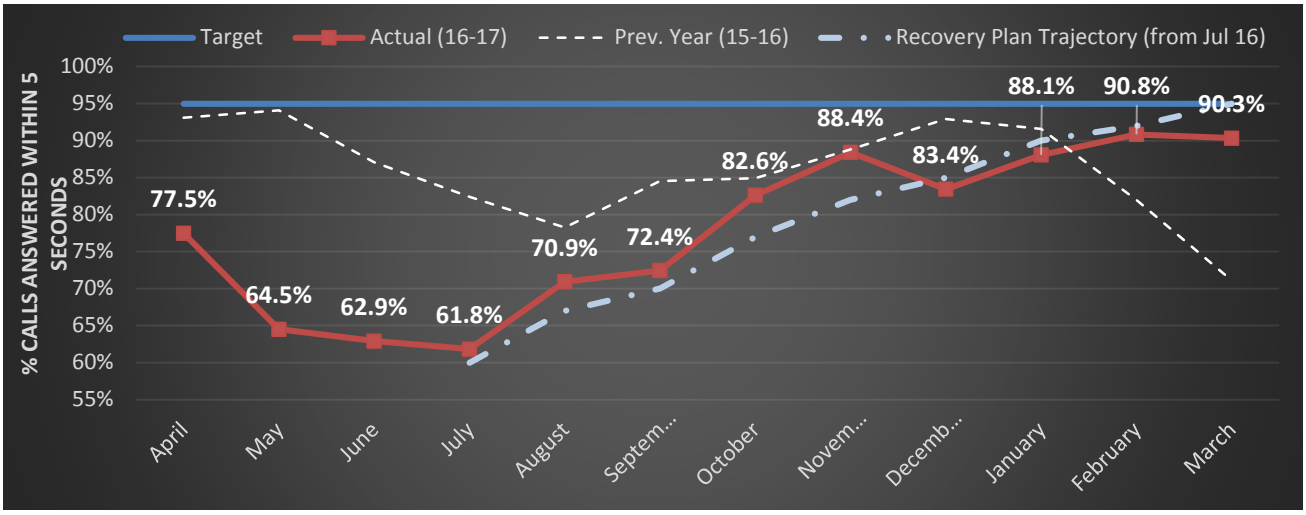

Figure.999-6 - Call Pick up within 5 Seconds

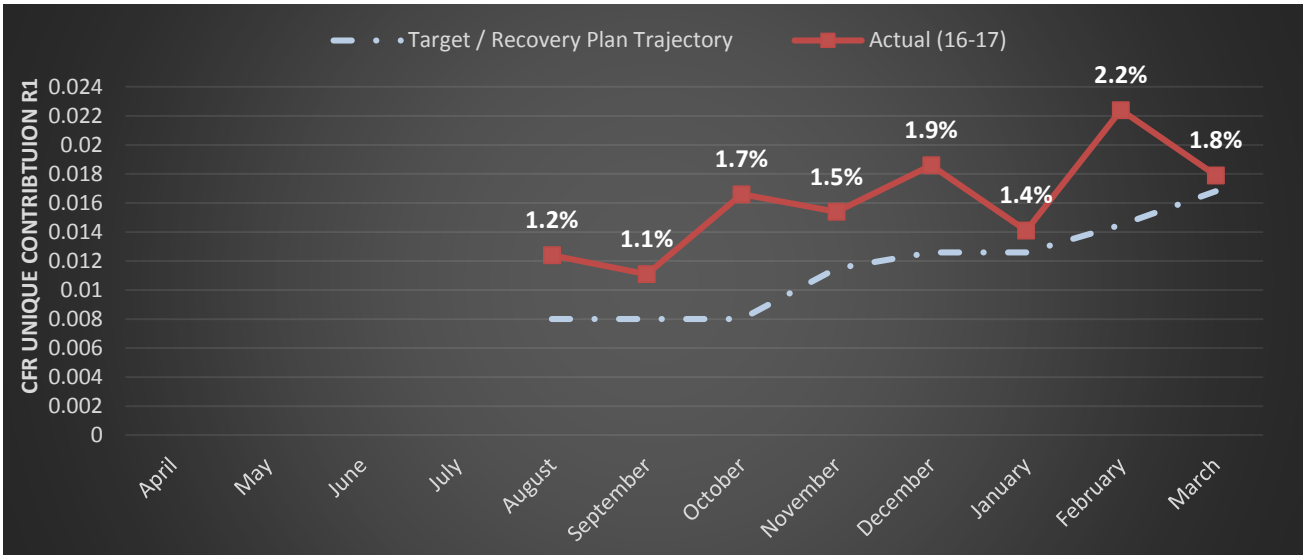

Figure.999-7 - CFR Red 1 Unique Performance Contribution

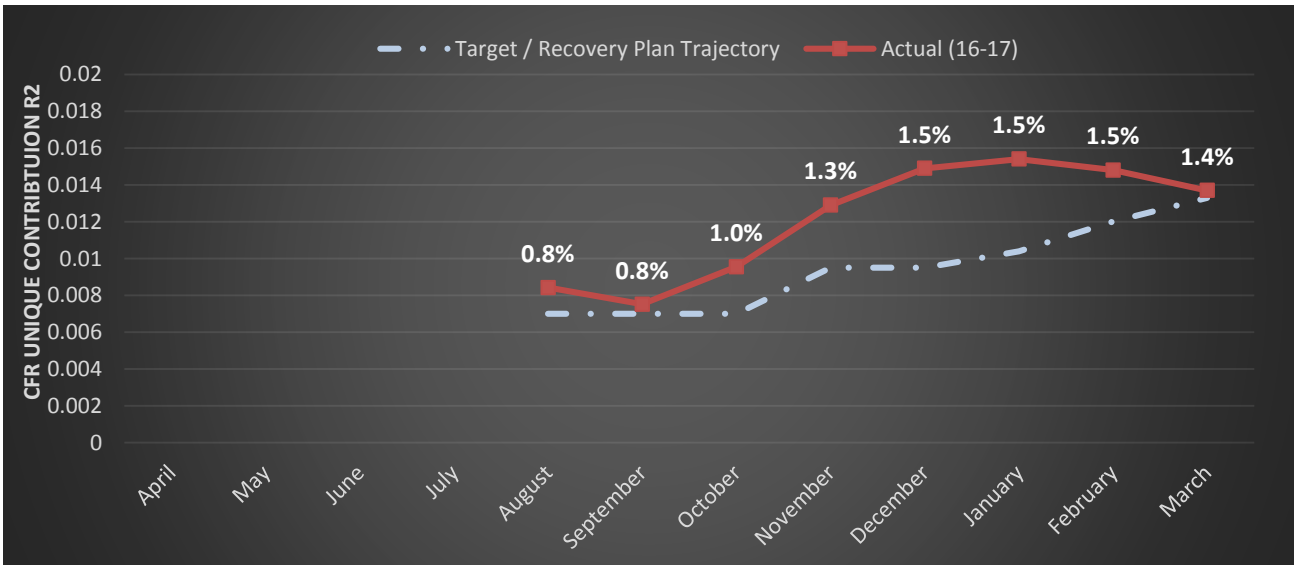

Figure.999-8 - CFR Red 2 Unique Performance Contribution

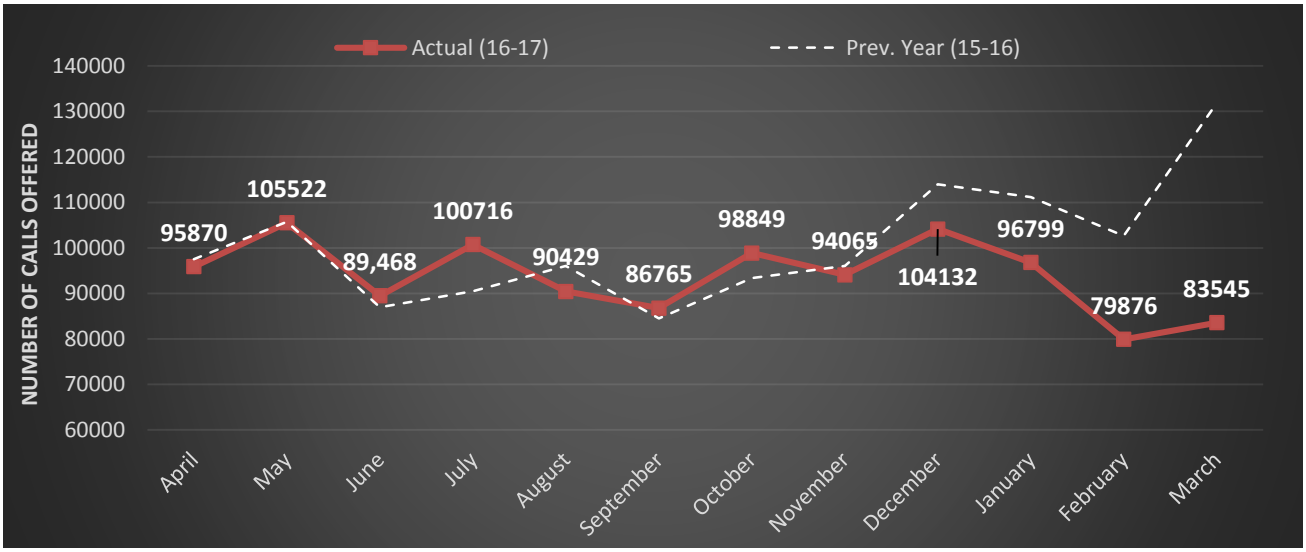

Figure.111-1 - Total Number of calls offered

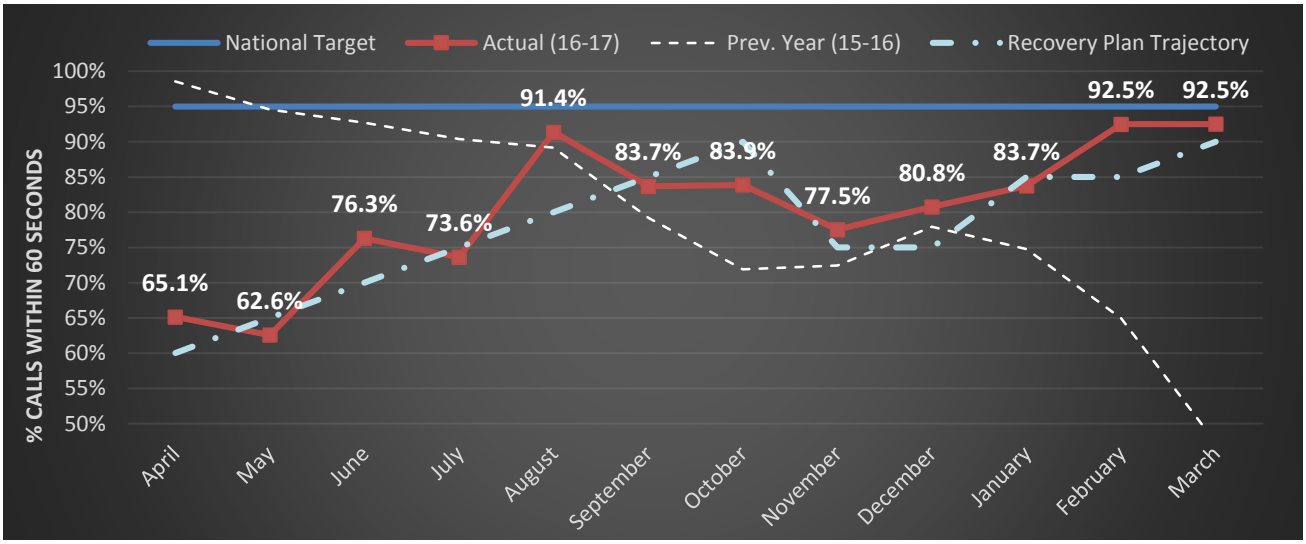

Figure.111-2 - % answered calls within 60 seconds

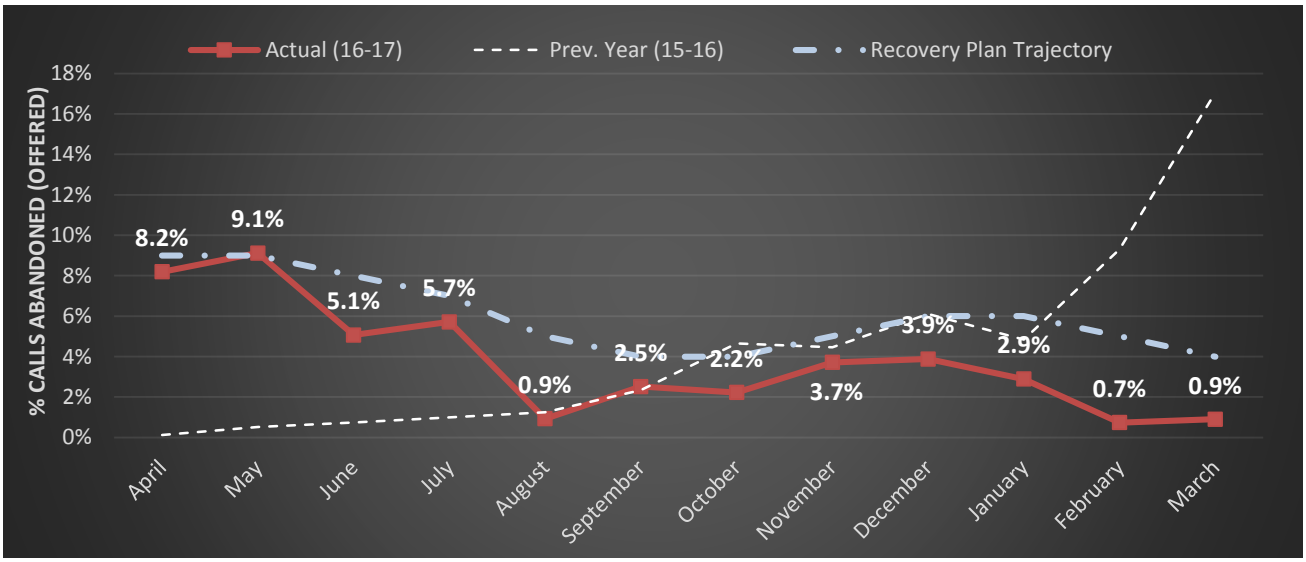

Figure.111-4 - Abandoned calls as % of offered after 30 secs

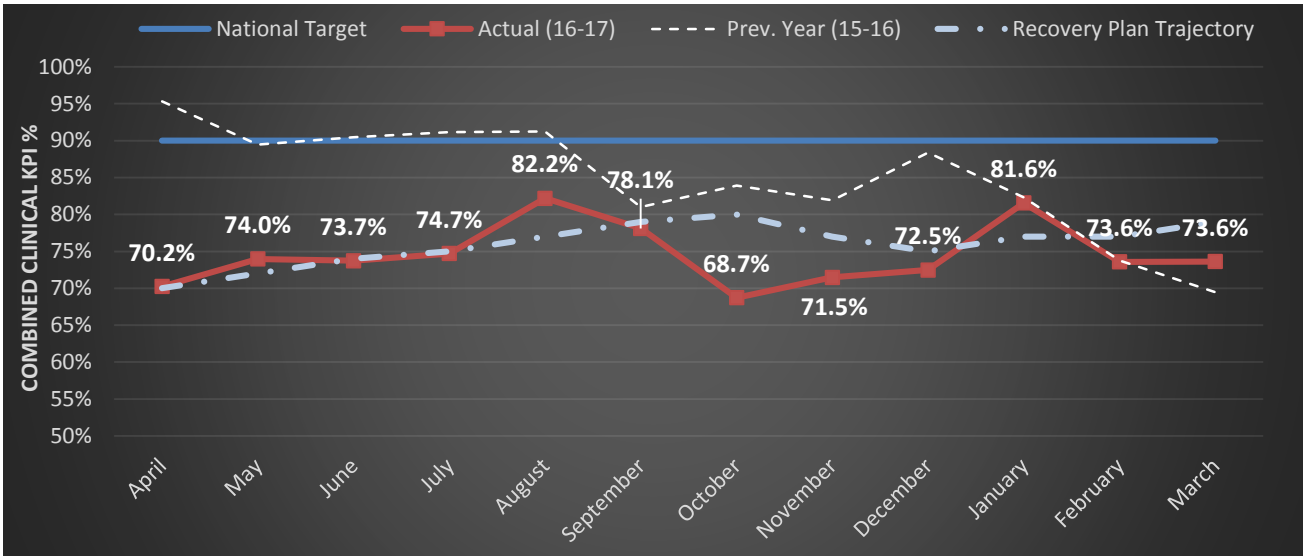

Figure.111-5 - Combined Clinical KPI (% of Call Back >10mins & % of all 111 calls warm referred to a Clinician)

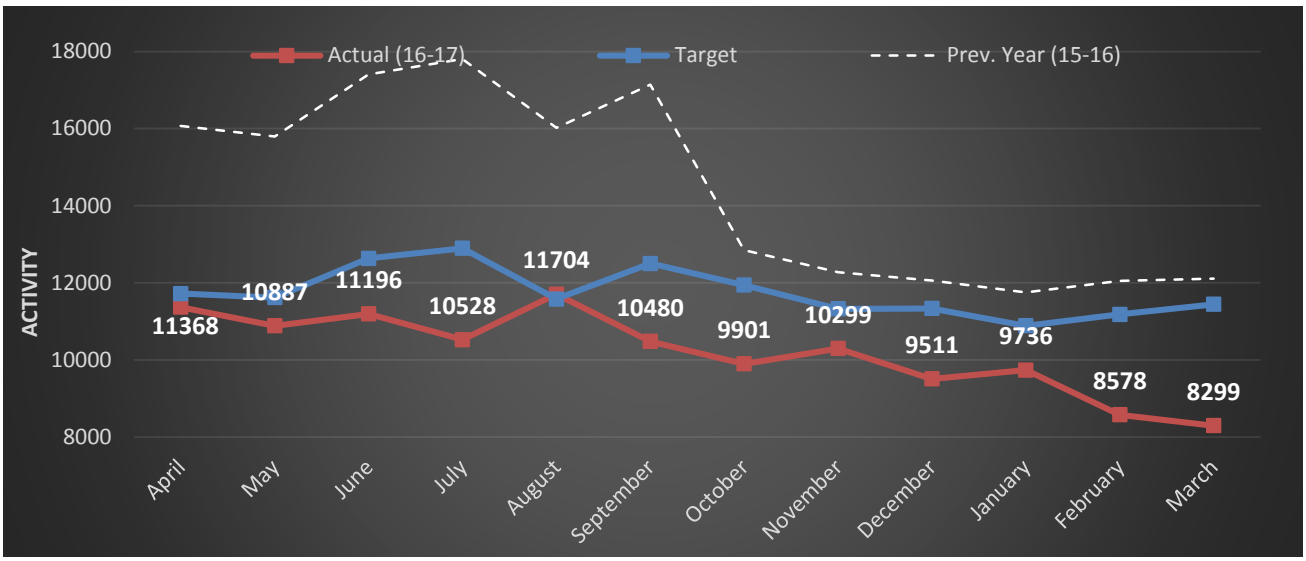

Figure.PTS-1- PTS Activity (Surrey)

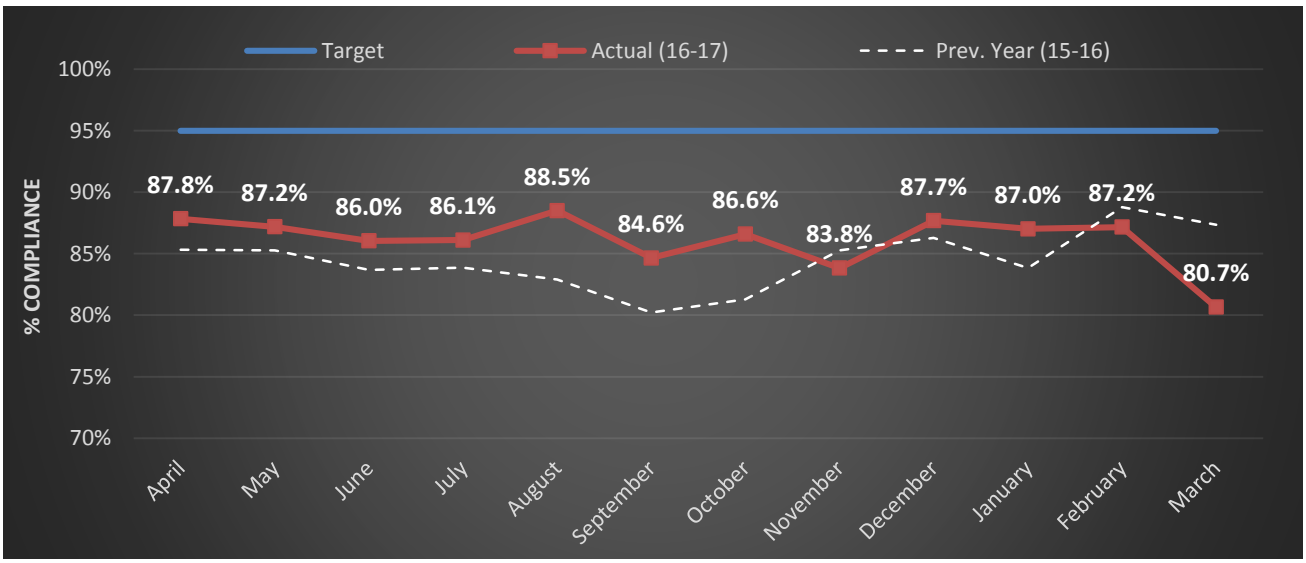

Figure.PTS-2 - Arrival - % patients to arrive <= 15 min after appt. time. (Surrey)

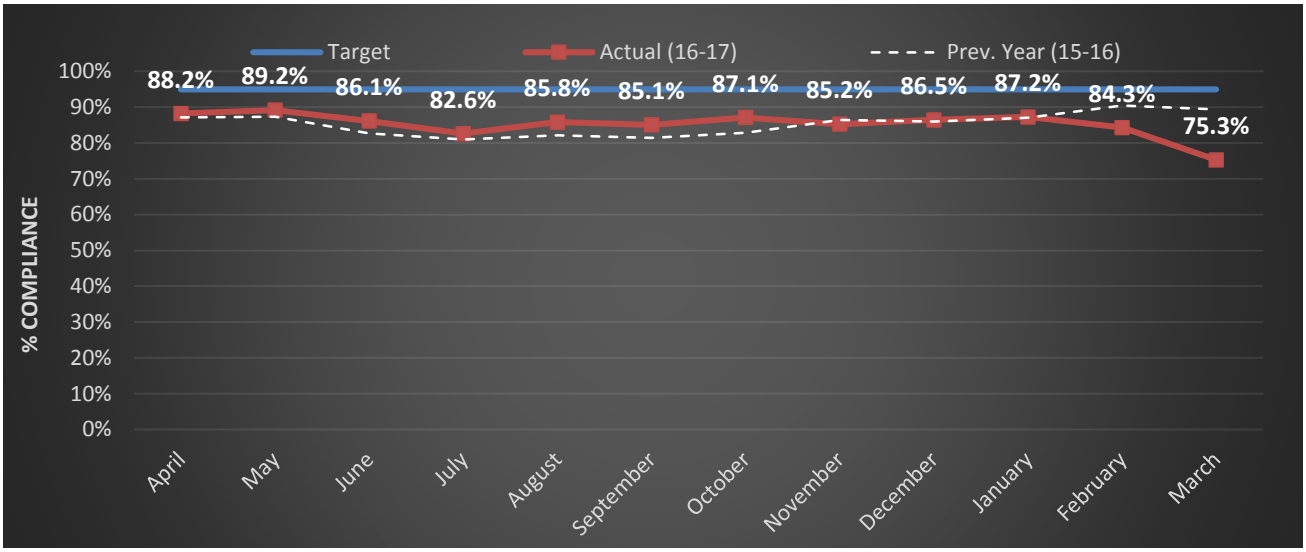

Figure.PTS-3 - Departure - % patients collected <= 60 min of planned collection time (Surrey)

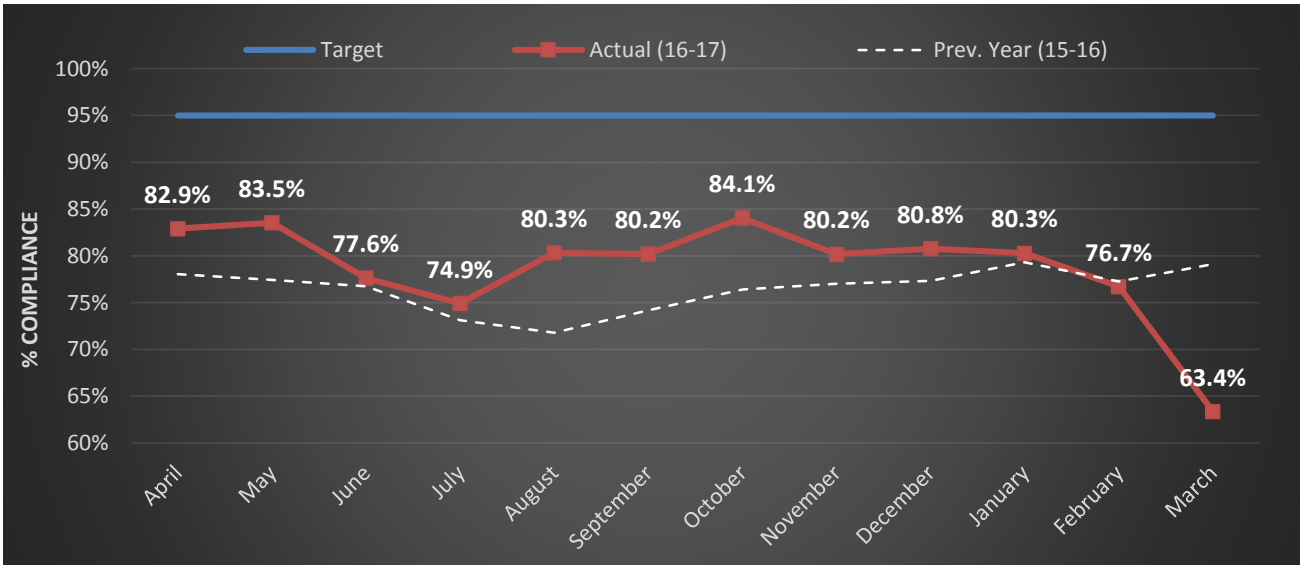

Figure.PTS-4 - Discharge - % patients collected <= 120 min of booked time to travel (Surrey)

4. Clinical Effectiveness

4.1. Clinical Effectiveness Summary

4.1.1. This report describes Trust performance reported against eight Clinical Outcome Ambulance Quality Indicator (AQIs) to NHS England for Month 8 (November 2016). The data continues to show variable standards in delivering patient outcomes.

4.2. Clinical Effectiveness KPI Scorecard

Clinical Effectiveness KPI Scorecard:- Data From November 2016

ID	KPI	Current Month (Nat. Av.*)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Nat. Av.*)	YTD (Actual)	YTD (Prev. Yr.)
CE-1	Cardiac arrest - ROSC on arrival at hospital (Utstein)	54.5%	**46.9%**	55.6%	52.2%	**52.8%**	49.4%
CE-2	Cardiac arrest - Return of spontaneous circulation on arrival at hospital (All)	28.6%	**25.1%**	27.4%	28.6%	**27.5%**	27.3%
CE-3	Cardiac arrest -Survival to discharge - Utstein	27.9%	**4.8%**	38.9%	27.1%	**24.9%**	25.1%
CE-4	Cardiac arrest -Survival to discharge - All	7.8%	**2.4%**	11.5%	8.7%	**7.3%**	8.9%
CE-5	Acute ST-elevation myocardial infarction - Outcome from STEMI (Care bundle)	78.2%	**67.6%**	66.7%	79.3%	**68.2%**	68.1%
CE-6	Acute ST-elevation myocardial infarction - Proportion receiving primary angioplasty within 150 minutes	85.0%	**90.8%**	93.7%	86.2%	**91.6%**	93.4%
CE-7	% of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyperacute stroke unit within 60 minutes	53.1%	**59.8%**	69.1%	54.2%	**65.7%**	65.9%
CE-8	% of suspected stroke patients assessed face to face who received an appropriate care bundle	97.2%	**96.3%**	97.6%	97.5%	**96.0%**	96.5%

** The Clinical AQIs (CE-1 to 8) do not have a target, and so are benchmarked against the national average.*

4.3. Clinical Effectiveness

4.3.1. The data detailed above shows the Trusts clinical performance for the month of November 2016. These are the most up to date figures published to the Department of Health (DH).

4.3.2. Out of the 8 clinical effective markers 6 are currently below the national average expected for this month.

4.3.3. The Clinical Audit team (CAT) are working on ensuring that all the data that has been published to the DH is accurate by ensuring appropriate adherence to a new and updated procedure for the Clinical Audit Coordinators to use as the main document for adherence to the national technical guidance for ACQI reporting. Following on from this program of work the data may change as the Audit Team revalidate previous submissions ensuring that all national guidance has been matched.

4.3.4. The main awareness required for this report is for the CE 3 and CE 4 sections relating to Cardiac Arrest Patients and the Survival to Discharge KPI. This is significantly lower than expected due a change in procedure within the Trust. The Clinical Audit team (CAT) previously requested all data from the receiving hospital units for this output for both survival and deceased patients. In this month the team gained confirmation of the patient's outcome directly from the NHS Spine. This enabled the CAT to correctly identify the deceased patients, but for the survivors the CAT are still waiting for replies from the receiving hospitals. This gave the CAT a 100% return on the negative patients without confirmation of the positive patients (patients who survive to discharge). This had an additional delay due to the internal CAT process being changed from weekly requests to the hospitals to monthly. This has proved catastrophic for the return as there are many hospitals that have outstanding responses to the team's emails.

4.3.5. The Clinical Audit Lead (CAL) has been working with the Clinical Audit Supervisor in ensuring that the processes are back to supporting better data entry along with enhanced updates for the receiving hospitals. Once the CAT have all the appropriate responses the CAL will be able to produce internal updates to the Quality and Safety committee once this has been completed.

4.3.6. Currently, and using these figures only, there is no reason to suggest that the trust is clinically unsafe but there should be a discussion to understand and provide a general statement that if the Trust falls below the national average then should the Trust deem this as being clinically ineffective? The CAL will start these discussions in the Clinical Audit and Quality Sub Group.

4.3.7. There is a program of work happening in the Trust with the Clinical Pathways Team for improvements in STEMI recognition and The Clinical Development Team are working on Cardiac Arrest management to increase performance. Currently the CAL is unable to comment on the progress of these work streams at this time.

4.4. Clinical Effectiveness Charts

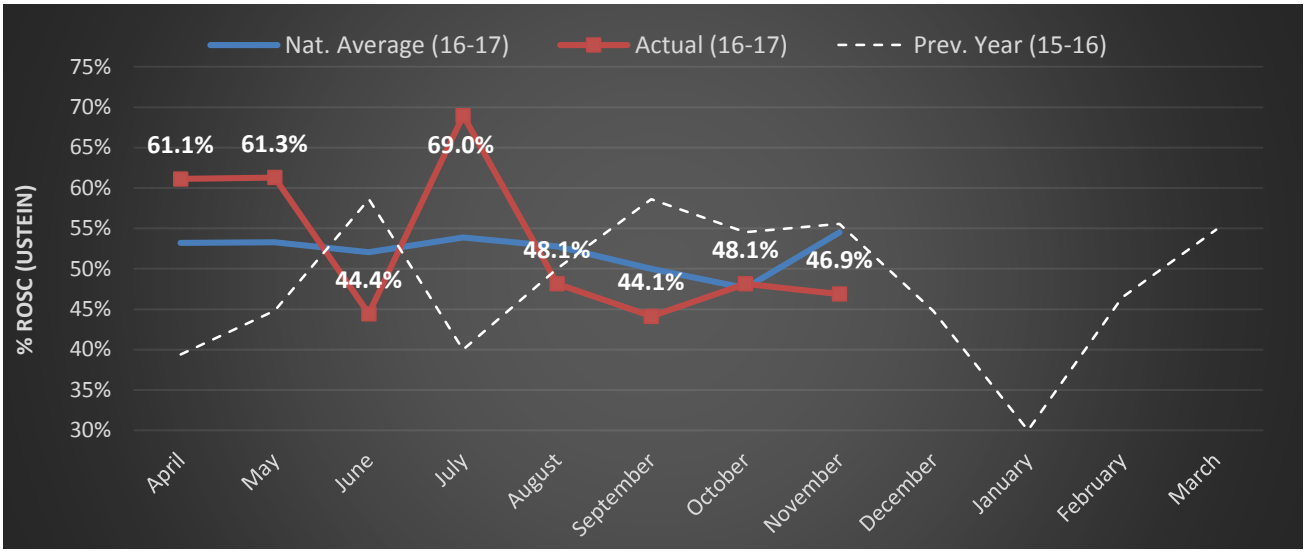

Figure.CE-1 - Cardiac arrest - ROSC on arrival at hospital (Utstein)

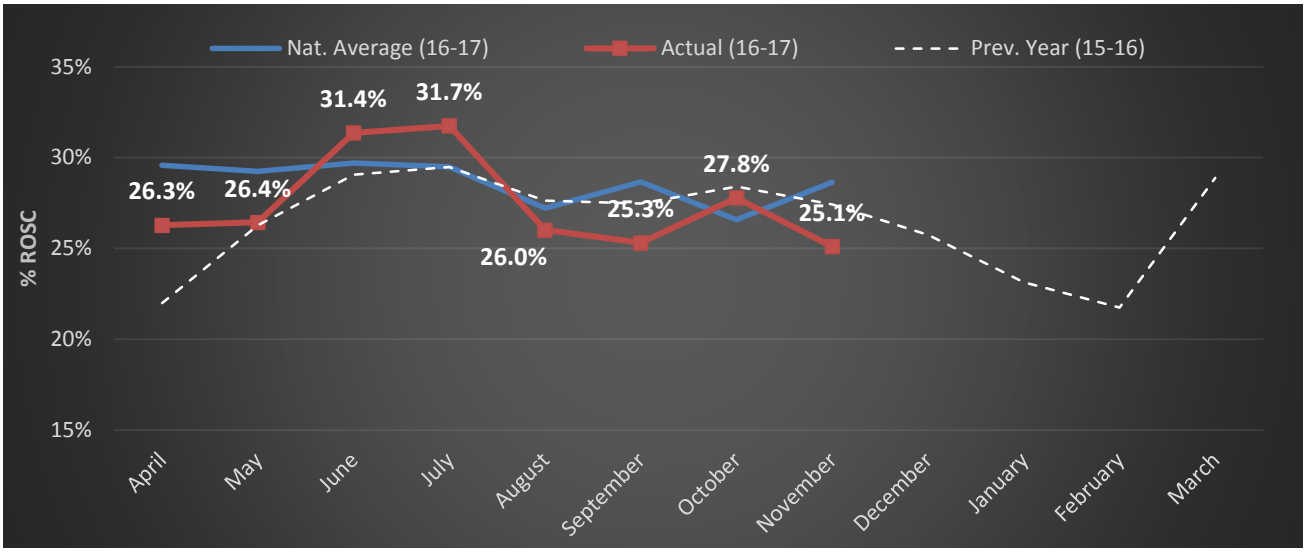

Figure.CE-2 - Cardiac arrest - Return of spontaneous circulation on arrival at hospital (All)

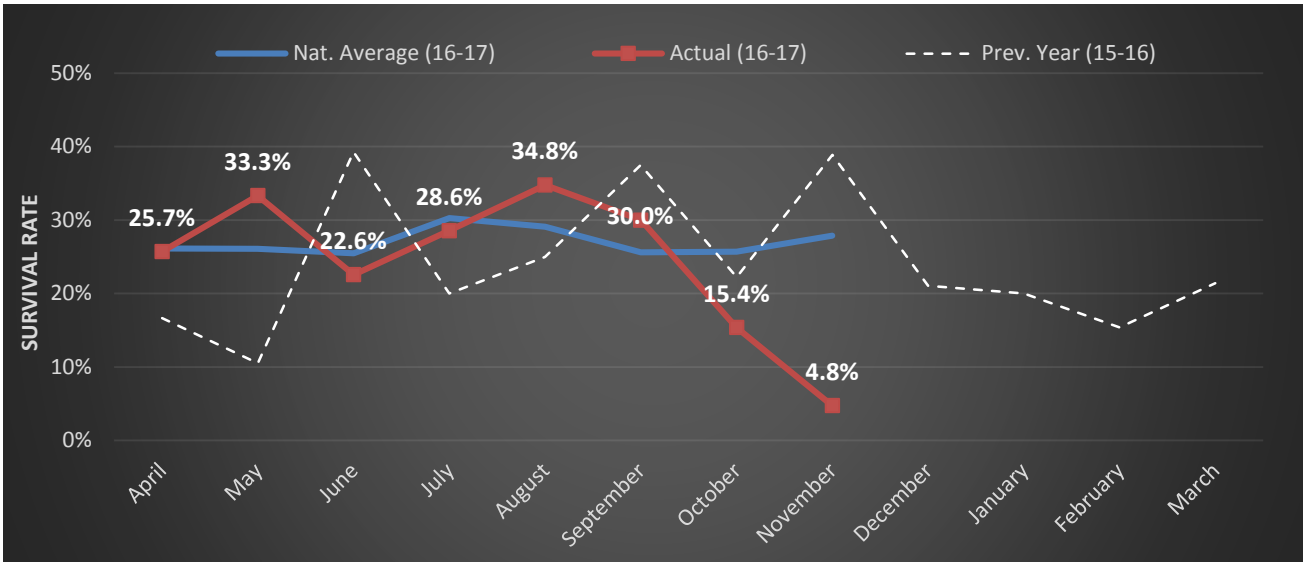

Figure.CE-3 - Cardiac arrest -Survival to discharge - Utstein

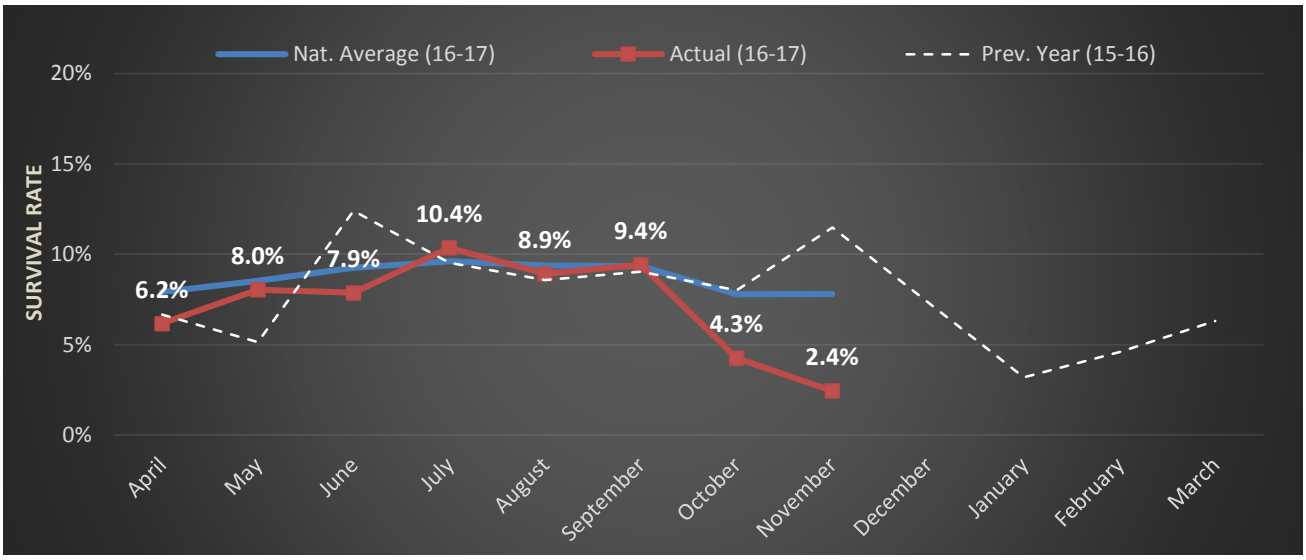

Figure.CE-4 - Cardiac arrest -Survival to discharge – All

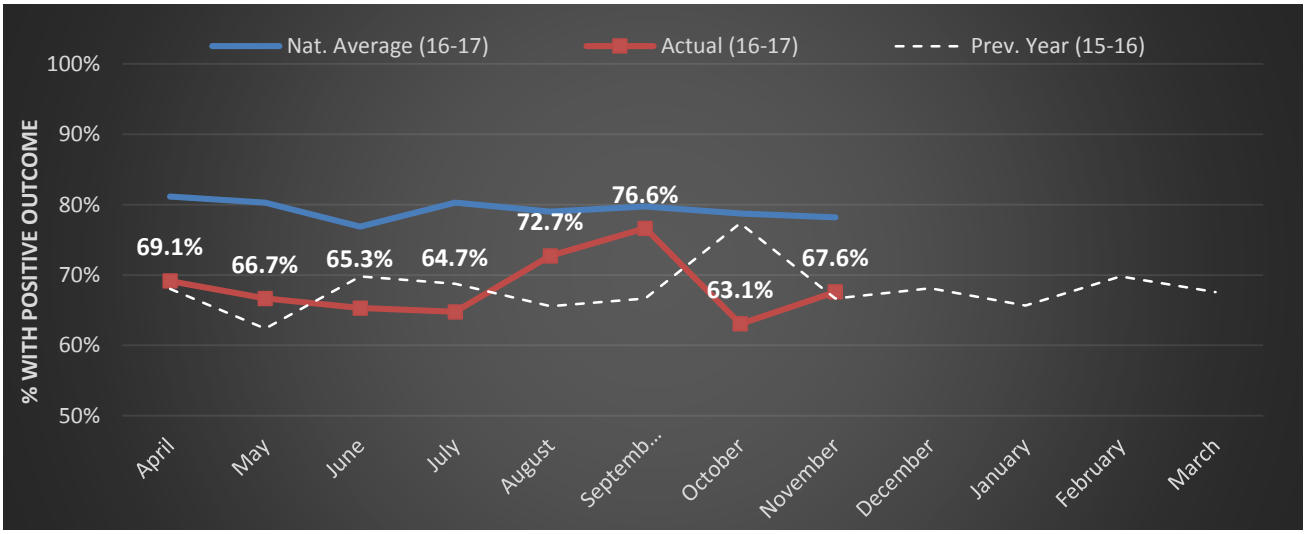

Figure.CE-5 - Acute ST-elevation myocardial infarction - Outcome from STEMI (Care bundle)

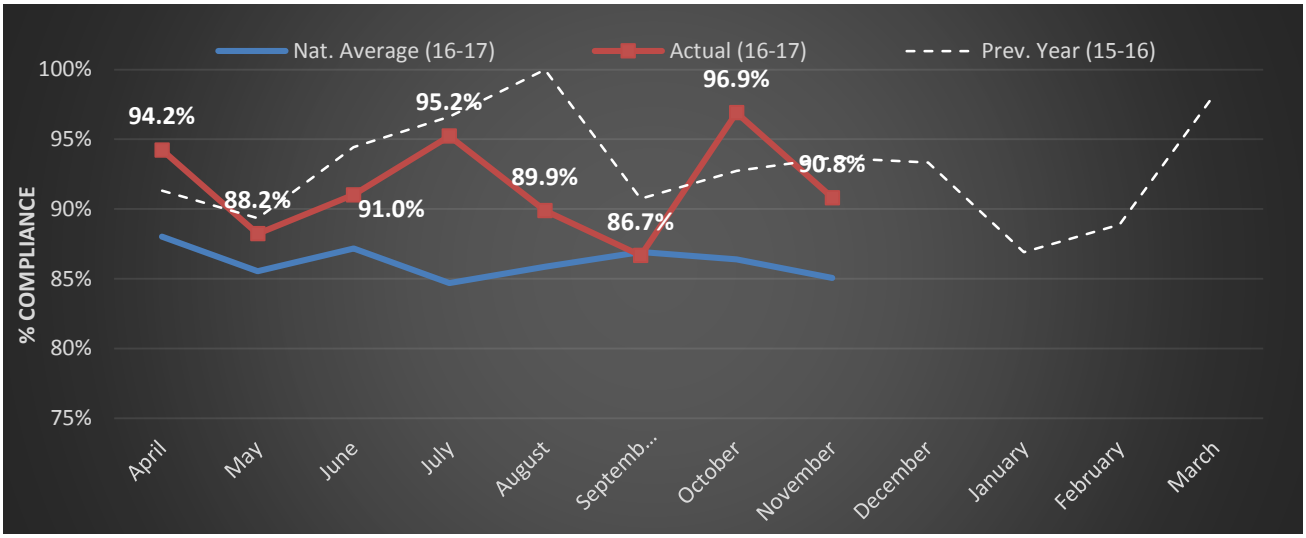

Figure.CE-6 - Acute ST-elevation myocardial infarction - Proportion receiving primary angioplasty within 150 minutes

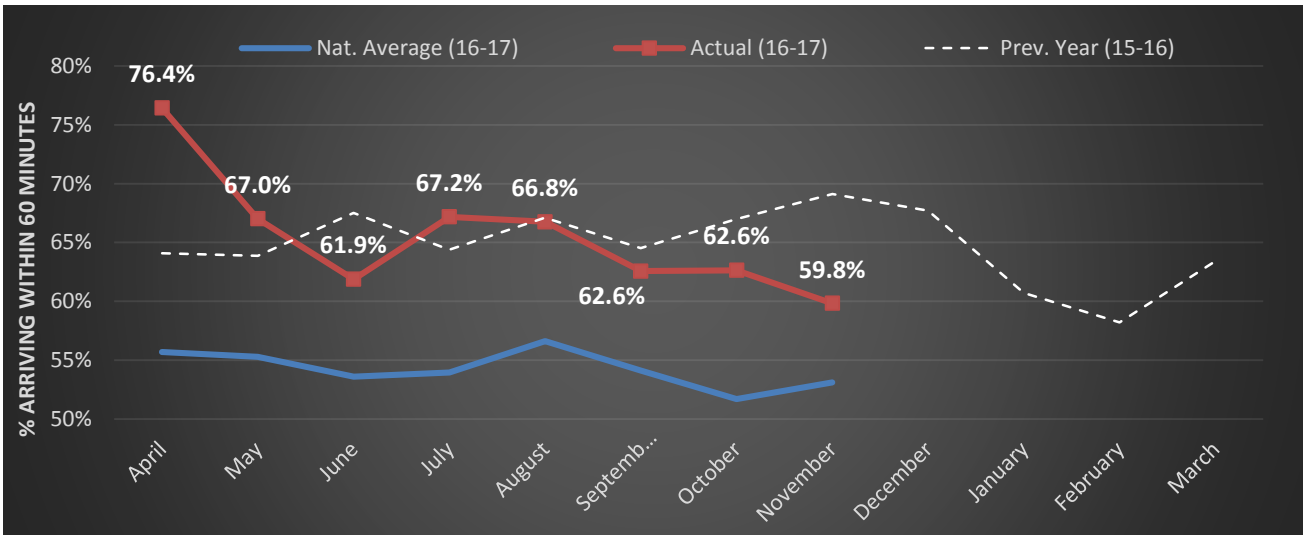

Figure.CE-7 - % of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyper acute stroke unit within 60 minutes

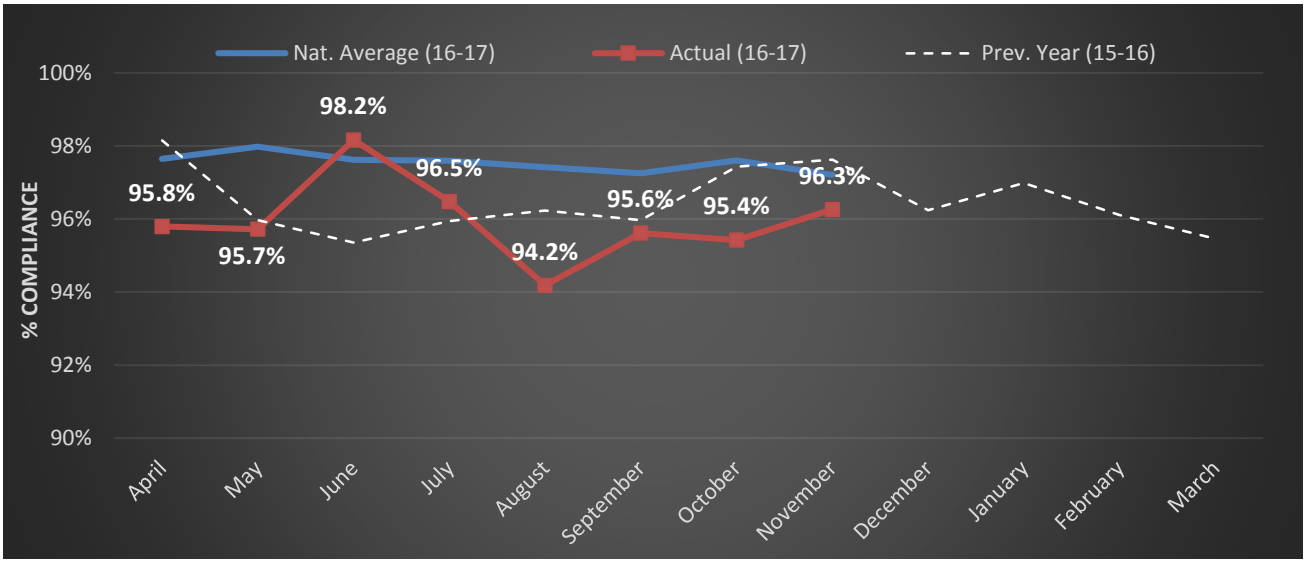

Figure.CE-8 - % of suspected stroke patients assessed face to face who received an appropriate care bundle

5. Quality & Patient Safety

5.1. Quality & Patient Safety Summary

5.1.1. Operational engagement has much improved in recent months allowing timely responses to complaints, staff attitude, timeliness and pathways remain the top three themes, training sessions are being offered and rolled out across the operating units. Compliments have an approximate 3-month delay sharing with crews, a survey monkey is being undertaken to ask the crews how they would like to receive their feedback. Further work needs to be undertaken to add in all actions following complaints currently there is a gap in completing these and in order to undertake audit of learning in the future the actions will need completed.

5.1.2. Serious incident reporting has had a slight increase in the month, predominately around pathways. There remains a significant backlog in completion and submission, some attributed to capacity within the professional standards team and partly due to the reallocation of the closure panel back to the north Kent CCG.

5.1.3. Safeguarding continues to maintain the pace of improvement. The level 2 training has reached the 90% for children's and adults online training, the pilot level 3 training has trained 180 staff and the annual programme has been set and shared.

5.2. Quality & Safety KPI Scorecard

Quality & Safety KPI Scorecard:- Data From March 2017

ID	KPI	Current Month (Target)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Target)	YTD (Actual)	YTD (Prev. Yr.)
QS1a	SI Reporting timeliness (72hrs)	100%	**66.7%**		100%	**40.4%**	
QS1b	SI Investigation timeliness (60 days)	100%	**0.0%**	100.0%	100%	**54.0%**	100.0%
QS1c	Number of Incidents reported		**495**	**467**		**6048**	5287
QS1d	Number of Incidents reported that were SI's		**6**	**5**		**31**	30
QS1e	Duty of Candour Compliance	100%	Data not available	Data not available	0%	Data not available	Data not available
QS2a	Number of Complaints		**87**	180		**1455**	2144

QS2b	Complaints reporting timeliness (All Complaints)	95%	**88.5%**	52.0%	95%	**68.1%**	59.1%
QS3a	Number of Safeguarding Referrals Adult		**581**	699		**8613**	8370
QS3b	Number of Safeguarding Referrals Children		**159**	141		**1753**	1957
QS3c	Safeguarding Referrals relating to SECAmb staff or services		**3**	0		**7**	4
QS3d	Safeguarding Training Completed (Adult) Level 1	95%	**73.9%**		95%	**73.9%**	
QS3e	Safeguarding Training Completed (Children) Level 1	95%	**76.0%**		95%	**76.0%**	
QS3f	Safeguarding Training Completed (Adult) Level 2	95%	**90.9%**		95%	**90.9%**	
QS3g	Safeguarding Training Completed (Children) Level 2	95%	**91.7%**		95%	**91.7%**	

5.3. Quality & Patient Safety Commentary

5.3.1. Complaints

5.3.1.1. The total number of complaints has decreased in March, this is mainly attributable to the loss of the PTS Sussex contract and the resultant drop in complaints. The other cases are due to the increased use of the PALS definitions and the cessation of the “informal” classification of complaints.

5.3.1.2. Requests for contributions/cooperation with Untoward incidents at other Trusts are no longer classified as complaints, but are registered as enquiries, merely to ensure that communication is timely and smooth.

5.3.1.3. Complaints timeliness has improved, due to more efficient use of the system as well as an increase in the number of reports returned on time from operational staff. Learning from complaint outcomes is still poorly recorded and is not measurable or reportable at this time.

5.3.1.4. There is a Datix working group and the next project is to improve the database to create the ability to triangulate learning between the modules.

5.3.1.5. The top three complaint themes being staff attitude/behaviour, timeliness and pathways disposition, all these themes form part of the staff training.

5.3.1.6. Training for all operational staff of Band 6/7 and up in complaints investigation is being implemented, using redacted existing cases. The focus is being moved away from finding fault and moving towards complainant focussed resolution and steps to prevent reoccurrence in the future. All operational managers have been asked to provide dates for 4-hour training session. Early contact calls and resolution meetings are now in place.

5.3.2. Incident reporting

5.3.2.1. Incident reporting remains consistent. The YTD has improved by 973 near misses at 11.3% compared to 14.3% the previous year, Harm/Injury reported at 20% versus 22% the previous year, the number of patient safety incidents reported has increased and non-patient incidents reduced.

5.3.2.2. Currently there are 2110 incidents awaiting review and closure. Additional resource has been supplied to review and close incidents that have been reviewed and completed alongside escalation at SMT to encourage incident review. In recent weeks following the upgrade, access for staff has proved challenging. Work is in progress with DATIX to address issues identified.

5.3.2.3. Comparable incident data is available from the National Patient Safety Alert system, as a Trust we have not exported our data for 2 months and going forward because the category changes to DATIX. our data may not be historically comparable.

5.3.2.4. There has been a decrease in information governance incidents reported, however the information governance lead reports greater engagement from the teams when addressing potential IG issues to prevent occurrence.

Incident Reporting							
Ref	**KPI**	**2016-17**			**2015-16**		
		Q3	**Q4**	**YTD**	**Q3**	**Q4**	**YTD**
IR1	**Total No. Incidents**	**1604**	**1437**	**5902**	**1419**	**1287**	**4930**
IR1a	- % Near Miss	11.5%	12.87%	11.31%	14.6%	18.88%	14.29%
IR1b	- % No Harm	68%	63.5%	67.41%	63.3%	58.5%	63.44%
IR1c	- % Harm/Injury	20.1%	22.2%	20.65%	21.6%	22.29%	22.02%
IR1d	- % Death	0.12%	1.3%	0.4%	0.21%	0.16%	0.14%
IR1e	- % No Result	0.19%	0.06%	.20%	0.35%	0.16%	0.16%

	Recorded						
IR2	**No. Patient Safety**	**562**	**571**	**2133**	**477**	**551**	**1810**
IR2a	- % A&E	70%	74%	73%	67%	66.7%	67.3%
IR2b	- % EOC	18%	13%	15%	26%	26%	247%
IR2c	- % 111	8%	7.8%	7.4%	3%	2.9%	2.9%
IR2d	- % PTS	1%	0.5%	1.2%	3%	2.7%	4.%
IRDe	- % Other	3%	3.8%	2.3%	1%	1.4%	0.99%
IR3	**No. Non Patient**	**1042**	**956**	**4134**	**942**	**2308**	**5487**
IR3a	- % A&E	91%	87%	3703	85%	88.7%	89%
IR3b	- % EOC	3%	3%	3.6%	8%	5.7%	4.6%
IR3c	- % 111	1%	1.8%	0.8%	1%	0.8%	0.8%
IR3d	- % PTS	1%	8.3%	1.1%	2%	9.2%	4.9%
IR3e	- % Other	4%	8.5%	4.8%	4%	2.4%	3.2%

5.3.3. Serious Incidents

5.3.3.1. The number of serious incidents reported in the month have increased to 6 the average reported 2-4 per month, this is one-month increase and will need monitoring. Overall serious incident reporting is at 58 for the year compared to 56 last year's reporting. A serious incident tracker has been implemented to track the progress of incidents going forward.

5.3.3.2. The DATIX system currently does have a field for duty of candour but this has not been mandatory, a request has been made going forward for this to be a mandated field alongside the evidence to be embedded.

5.3.3.3. In respect of 72 hour reporting a dedicated email address has been set up to ensure all reports go to a central location, this will be supported by maintenance of the tracker.

5.3.3.4. On time investigations has also declined in recent months, predominately due to capacity and complexity (where no extensions were requested). Introduction of the standard national template, introduction of the local closure panel group and focus of serious incident reporting, versus historical combined human resource investigation, should assist with the timely completion and submissions to the CCG for closure.

5.4. Safeguarding

5.4.1.1. Referrals have decreased in March following a decline in previous reporting, there are no trends identified. Referral rates for adults have continued to reduce for the third consecutive month, a review of the referral pathways in 111 and 999 is to commence in April to review accessibility to refer, training available, referral quality, validation process and rejections made.

5.4.1.2. The main learning identified through a recent safeguarding adult referral was to implement the training for mental capacity assessment, this is an on line package but also forms part of the level 3 training. Level 2 adult and children training has achieved 90% in the month, level one at 75%. Safeguarding level 3 training has commenced following the pilot in quarter 4 and dates have been set for the year across the counties. Going forward, level 3 will need to be added to the matrix for tracking.

KPI	Title	January	February	March
Referrals				
	Actual Adult (16-17)	720	645	581
	Prev. Year (15-16)	744	620	699
	Actual Child (16-17)	108	129	159
	Prev. Year (15-16)	156	135	141

5.5. Quality & Safety Charts

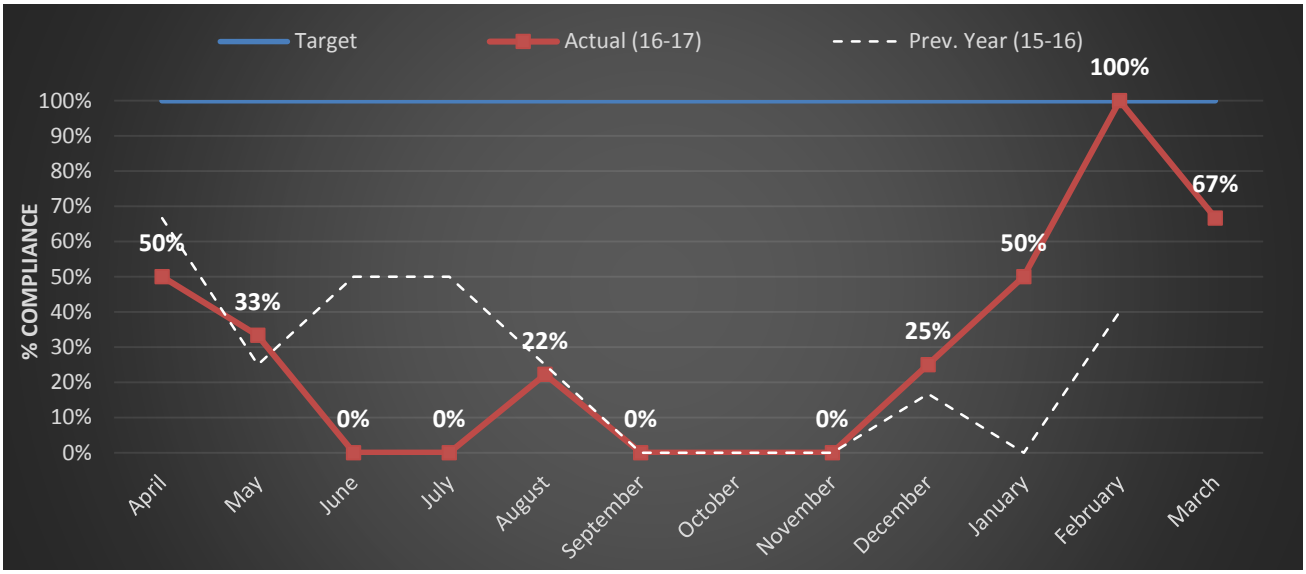

Figure.QS1a - SI Reporting timeliness (72hrs)

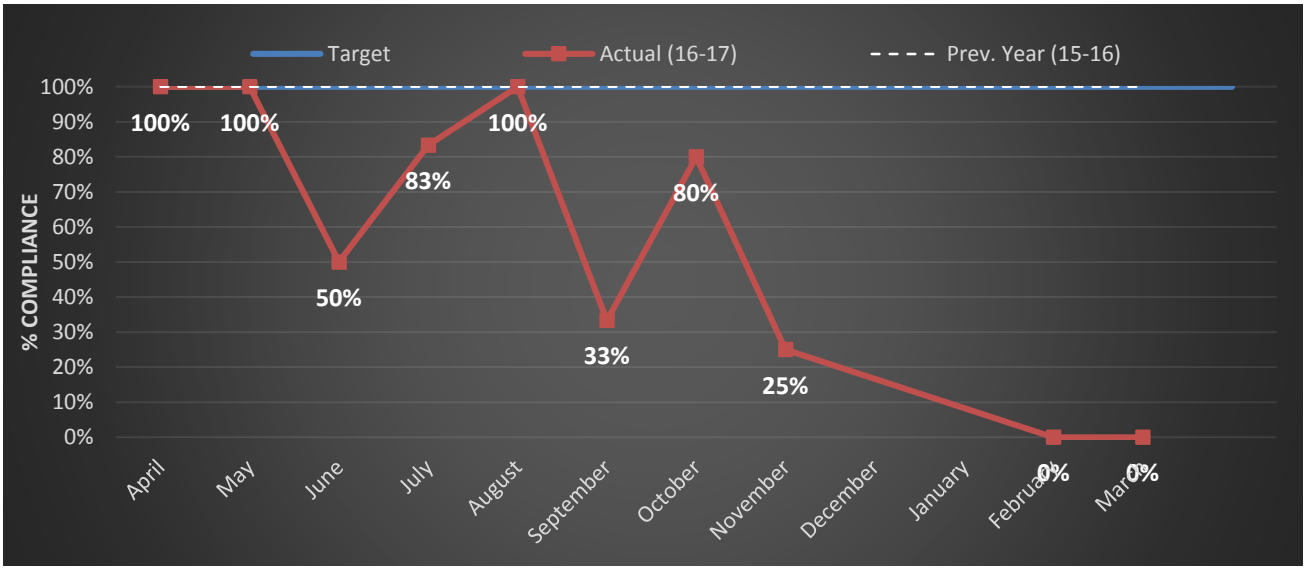

Figure.QS1b - Serious Incident (SI) Investigation timeliness (60 days). Please note that no SI's were due for completion for last month (no data points will be shown)

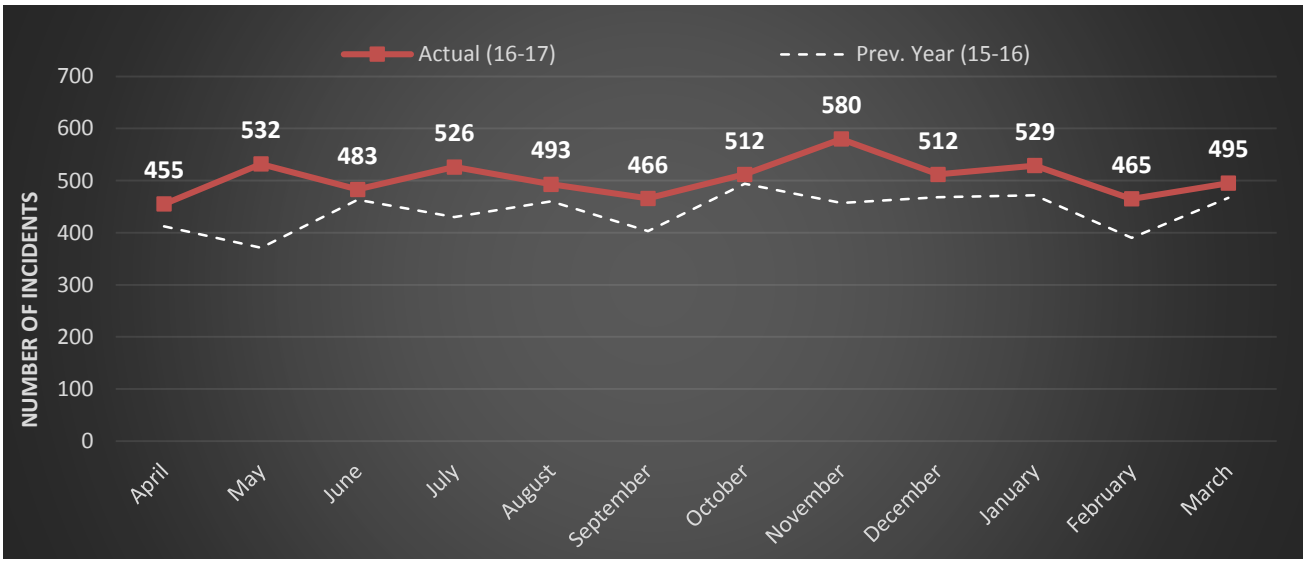

Figure.QS1c - Number of Incidents reported

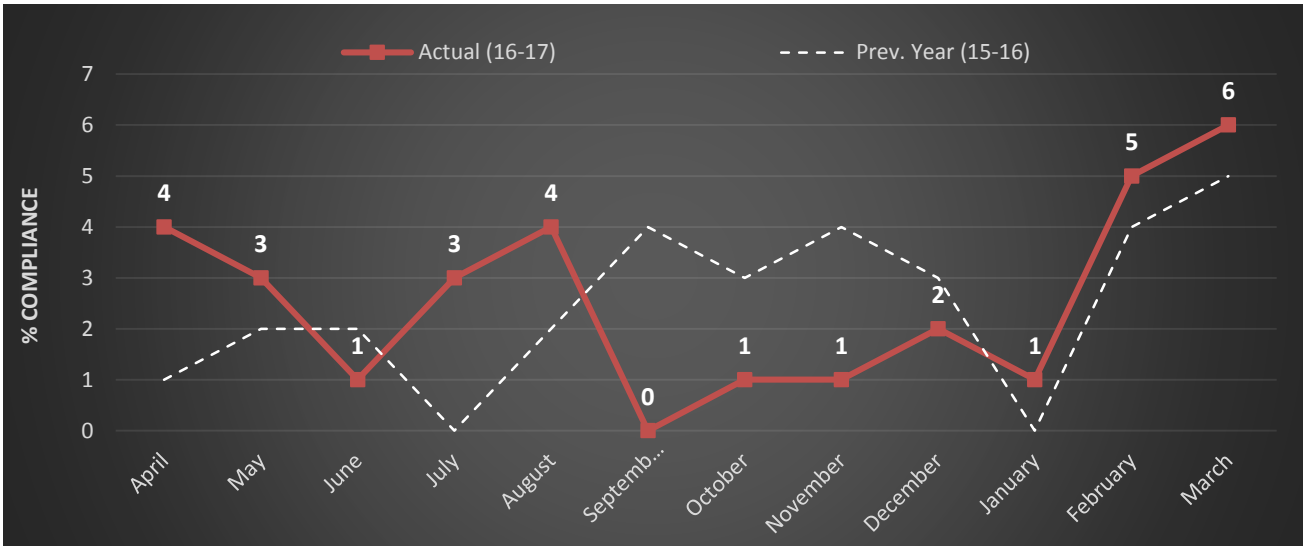

Figure.QS1d - Incidents reported that were SI's

Data not available.

Figure.QS1e - Duty of Candour Compliance

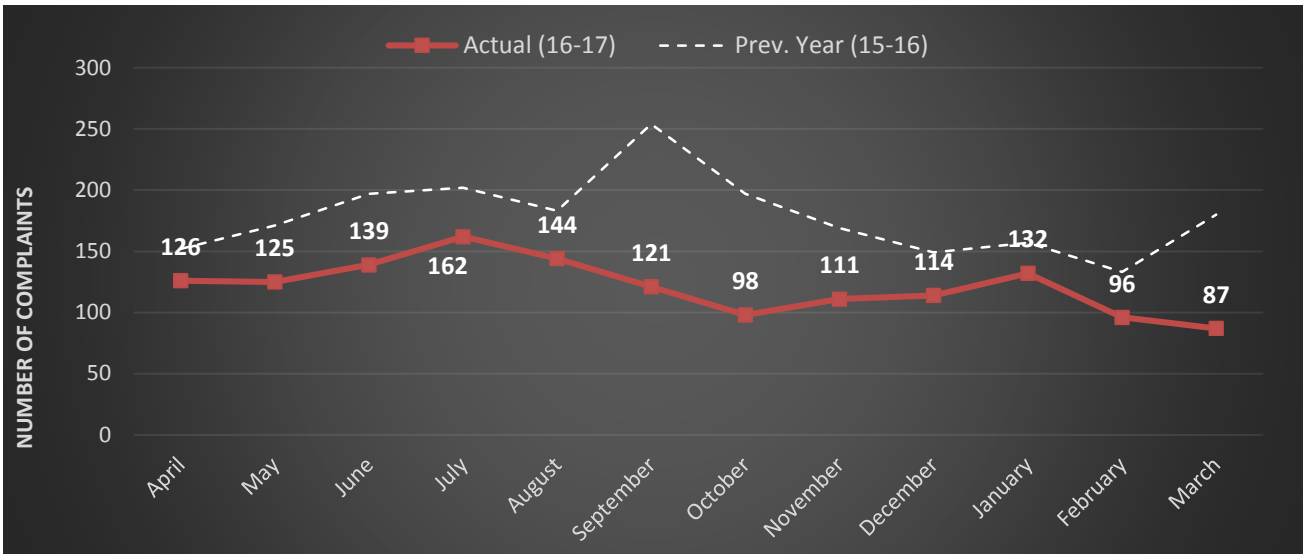

Figure.QS2a - Number of Complaints

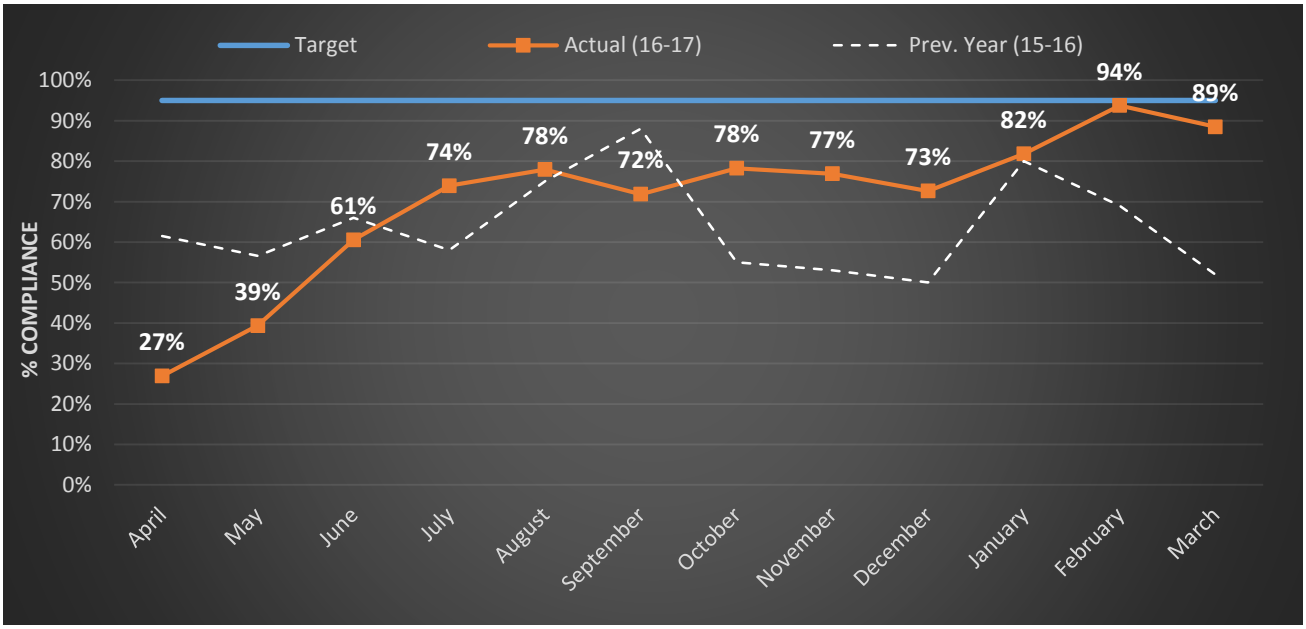

Figure.QS2b - Complaints reporting timeliness (All Complaints)

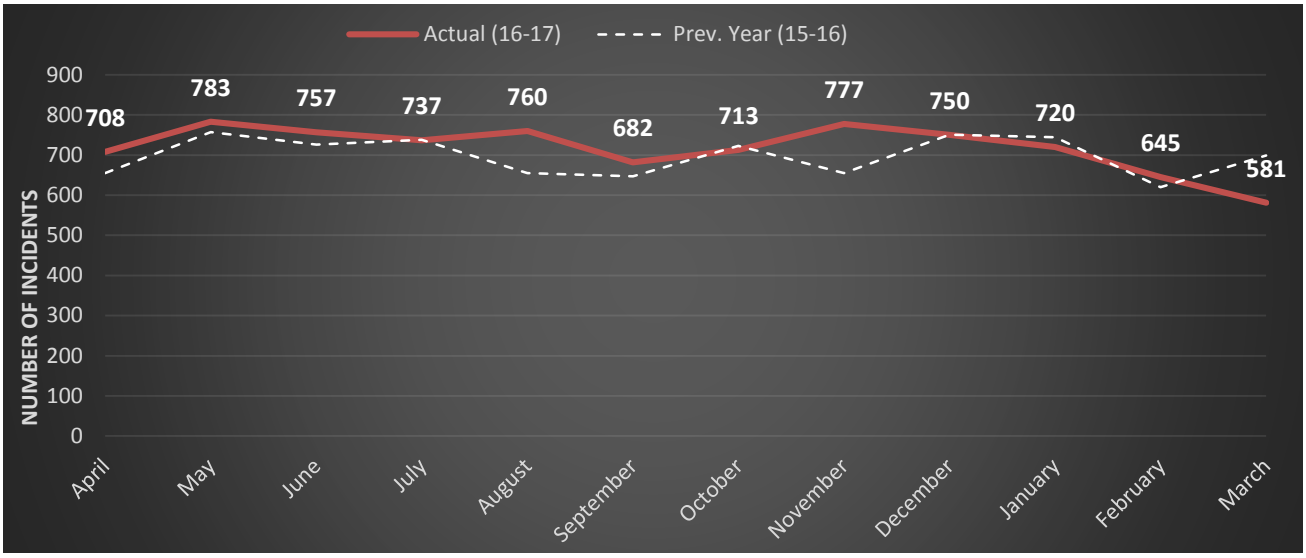

Figure.QS3a - Safeguarding Referrals Adult

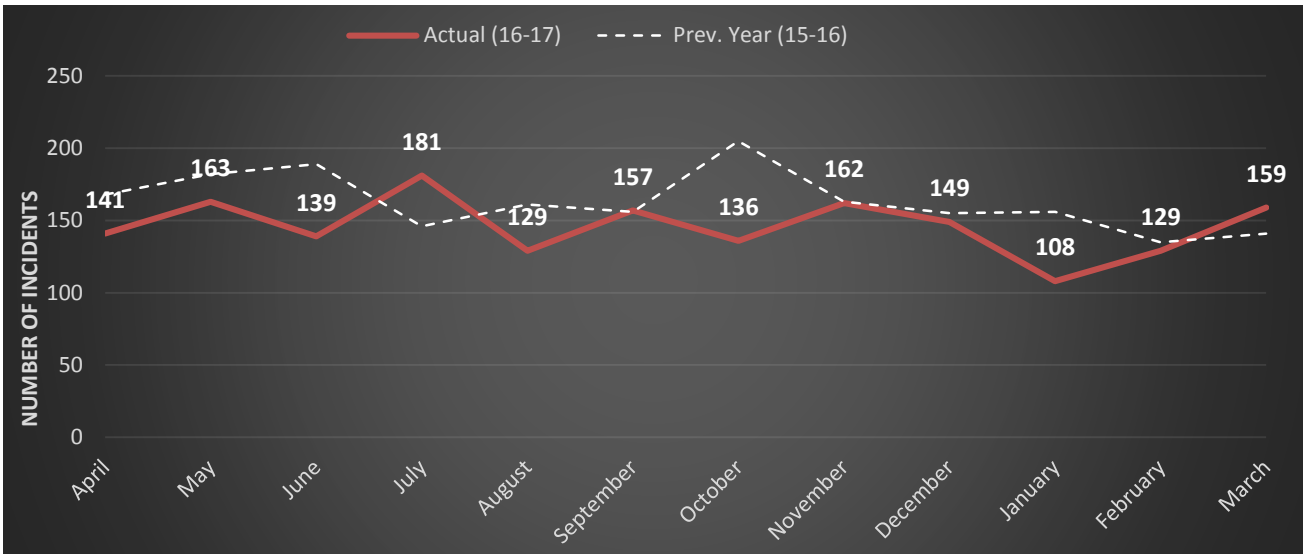

Figure.QS3b - Safeguarding Referrals Children

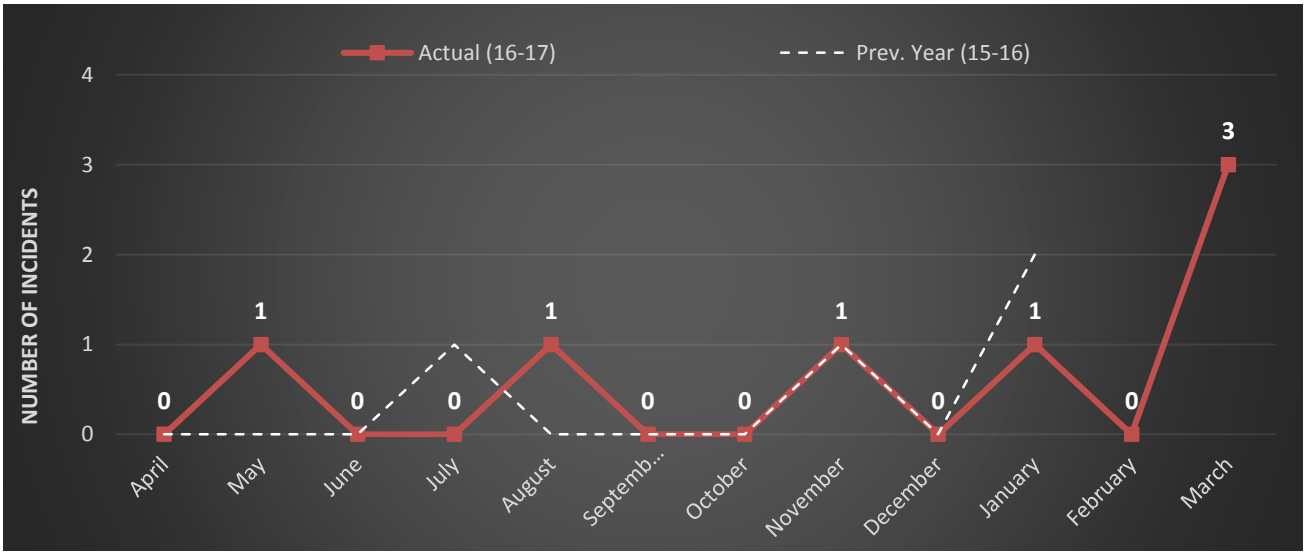

Figure.QS3c - Safeguarding Referrals relating to SECAmb staff or services

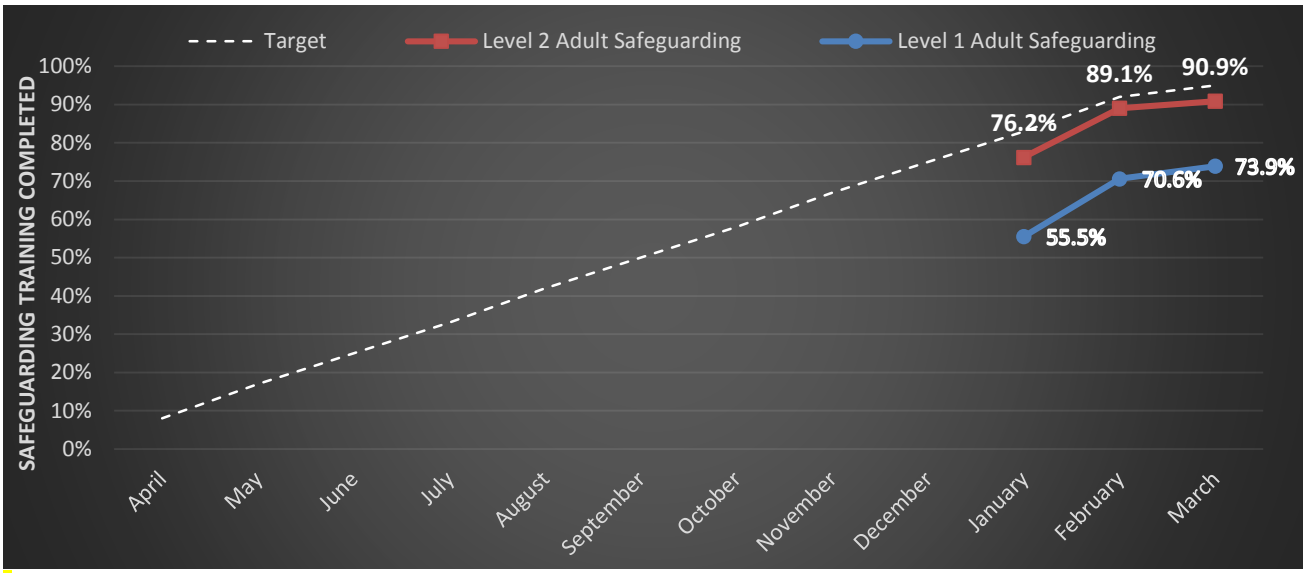

Figure.QS3d and QS3f - Safeguarding Training Completed Adult, Level 1 and 2

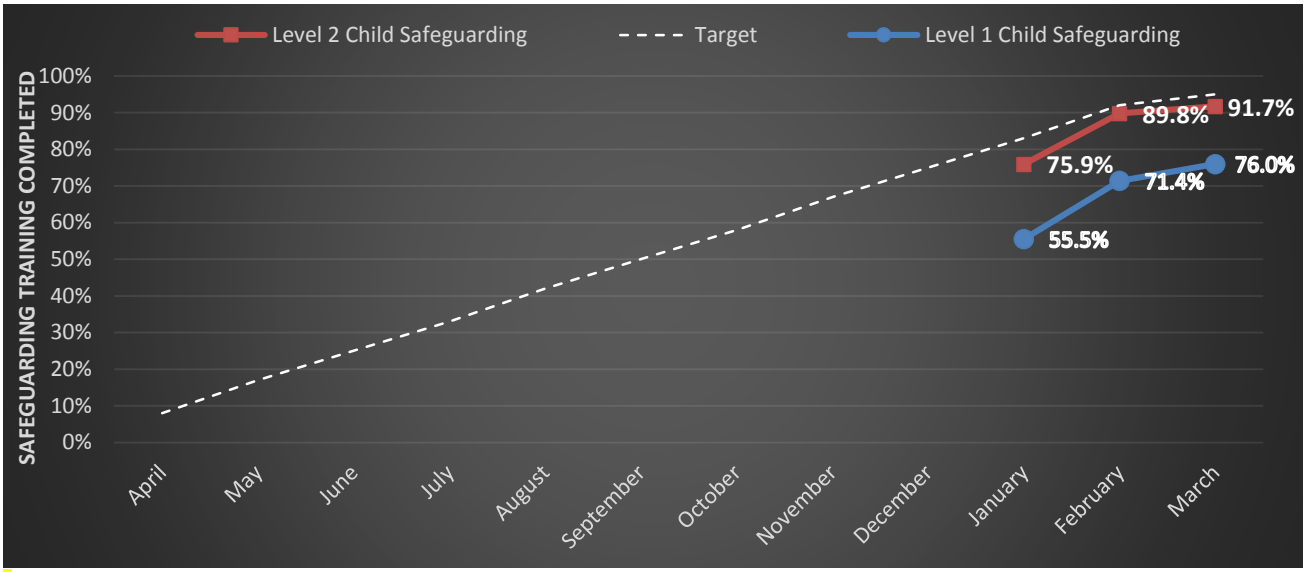

Figure.QS3e and QS3g - Safeguarding Training Completed Children, Level 1 and 2

6. Finance

6.1. Finance Summary

6.1.1. The Trust's adjusted financial performance in month 12 (excluding impairments) was a deficit of £0.4m, which was in line with the previous forecast but £0.4m behind plan.

6.1.2. The provisional full year adjusted deficit (excluding impairments) was £7.1m, which was consistent with earlier forecasts but £7.8m worse than plan.

6.1.3. The Trust's Use of Resources Rating improved to 3 from the previous month's rating of 4. This was mainly due to the improvement in the liquidity risk rating from 2 to 1, which is supported by the working capital facility.

6.1. Finance Scorecard

Finance Scorecard:- : Data from March 2017

ID**	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
F-1	Income (£'000)	£ 16,509	£ 16,787	£ 19,218	£193,971	£ 198,326	£204,605
F-2	Expenditure (£'000)	£ 16,480	£ 17,154	£ 18,078	£193,233	£ 205,400	£203,923
F-6	Surplus/(Deficit)	£ 29	£ 367	£ 950	£ 739	£ 7,074	£ 492
ID**	**KPI**	**Current Quarter (Plan)**	**Current Quarter (Actual)***	**Current Quarter (Prev. Yr.)**	**YTD (Plan)**	**YTD (Actual)***	**YTD (Prev. Yr.)**
F-5	CQUIN - Quarterly (£'000)*	£ 1,038	£ 62	£ 1,013	£ 3,724	£ 2,749	£ 3,688
ID**	**KPI**	**Current Month (Plan)**	**Current Month (Actual)**	**Current Month (Prev. Yr.)**	**YTD (Plan)**	**YTD (Actual)**	**YTD (Prev. Yr.)**
F-3	Capital Expenditure (£'000)	£ 1,415	£ 1,859	£ 1,480	£ 21,225	£ 16,187	£ 19,724
F-7	Cash Position (£'000)	£ 10,771	£ 13,036	£ 16,057	£ 10,771	£ 13,036	£ 16,057
F-4	Cost Improv. Prog. (CIP) (£'000)	£ 1,319	£ 764	£ 1,101	£ 7,927	£ 7,404	£ 10,455
F-8	Agency Spend (£'000)	£ 341	£ 673	£ 476	£ 4,032	£ 6,346	£ 6,411

** Each Quarter's data will not be available until the completion of the Quarter (e.g. Q1 will be available in July)*
*** KPI's have been re-ordered (Sep '16) however each KPI's ID has remained the same for consistency (hence the ID ordering is out of sync).*

6.2. Finance Commentary

6.2.1. EBITDA performance in 999 for the year was £9.0m adverse to plan. The key drivers were the increase in unit costs due to recruitment challenges and the associated increased reliance on private ambulance providers relative to plan, together with the impact of hospital handover delays.

6.2.2. 6.2.2 Fleet EBITDA was £0.4m adverse for the year, mainly due to fuel costs, while PTS was £1.0m adverse and KMSS111 made a very small EBITDA surplus, marginally favourable to plan.

6.2.3. 6.2.3 CIP delivery for the year was £7.4m compared to the planned level of £7.9m, a shortfall of £0.5m.

6.2.4. 6.2.4 Capital expenditure for the year was £16.2m against a plan of £21.2m, a shortfall of £5.0m due to changes in timing of spend.

6.2.5. 6.2.5 The Trust's cash balance at year end was £13.0m after drawing down £6.2m against the £15m working capital facility.

6.3. Finance Charts

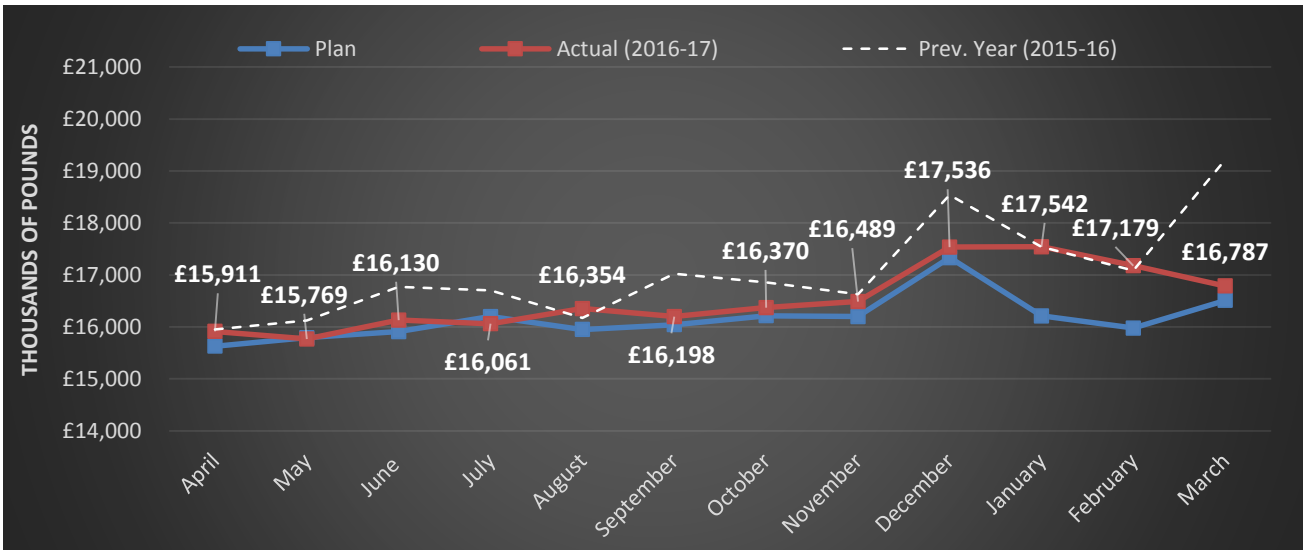

Figure.F-1 - Income (£'000)

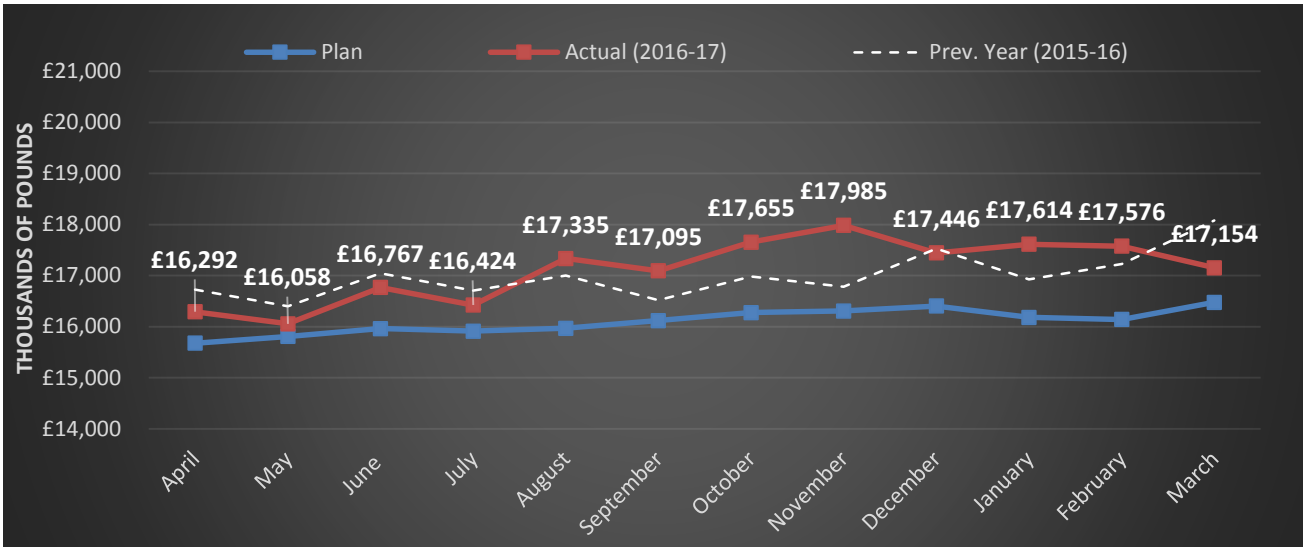

Figure.F-2 - Expenditure (£'000)

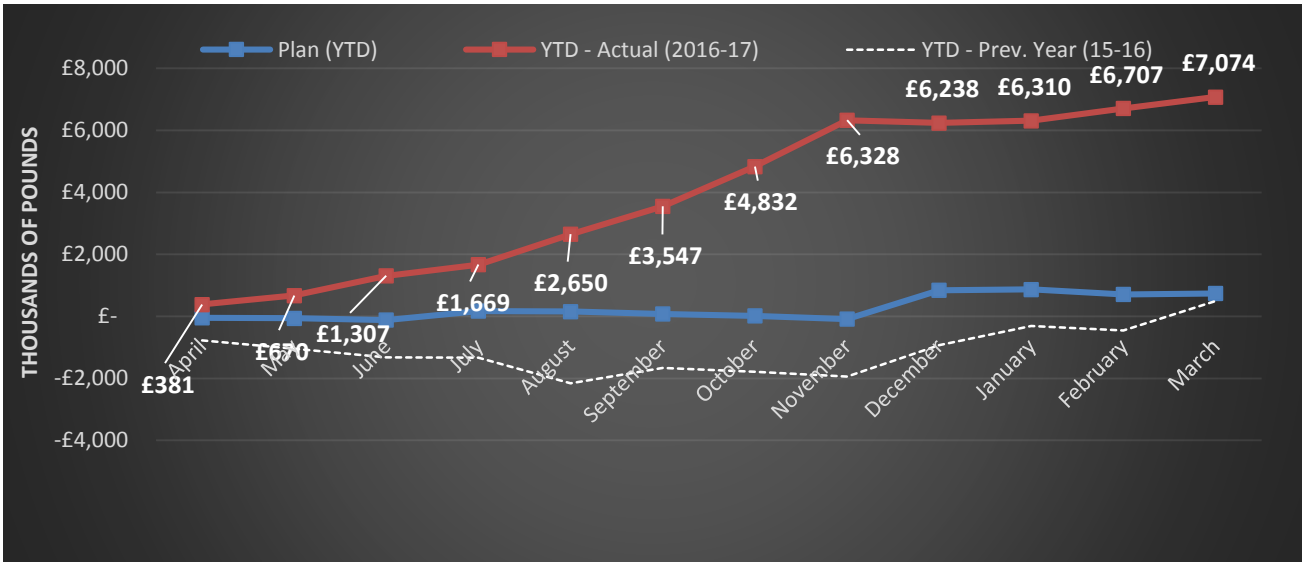

Figure.F-6 - Surplus/(Deficit) (Year To Date)

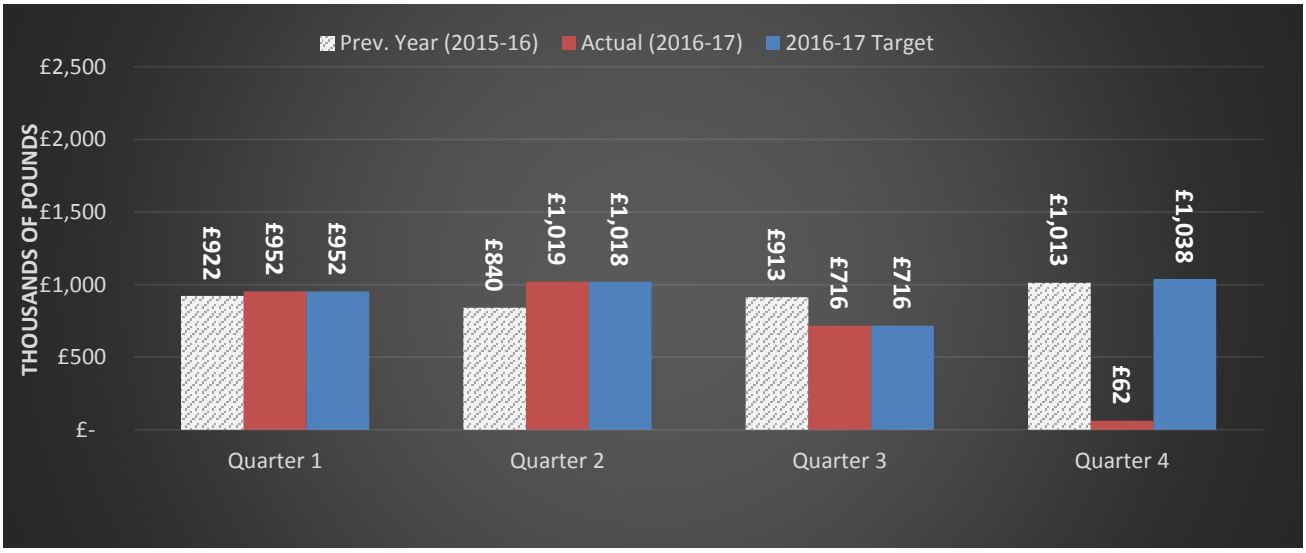

*Figure.F-5 – CQUIN - Quarterly (£'000)**

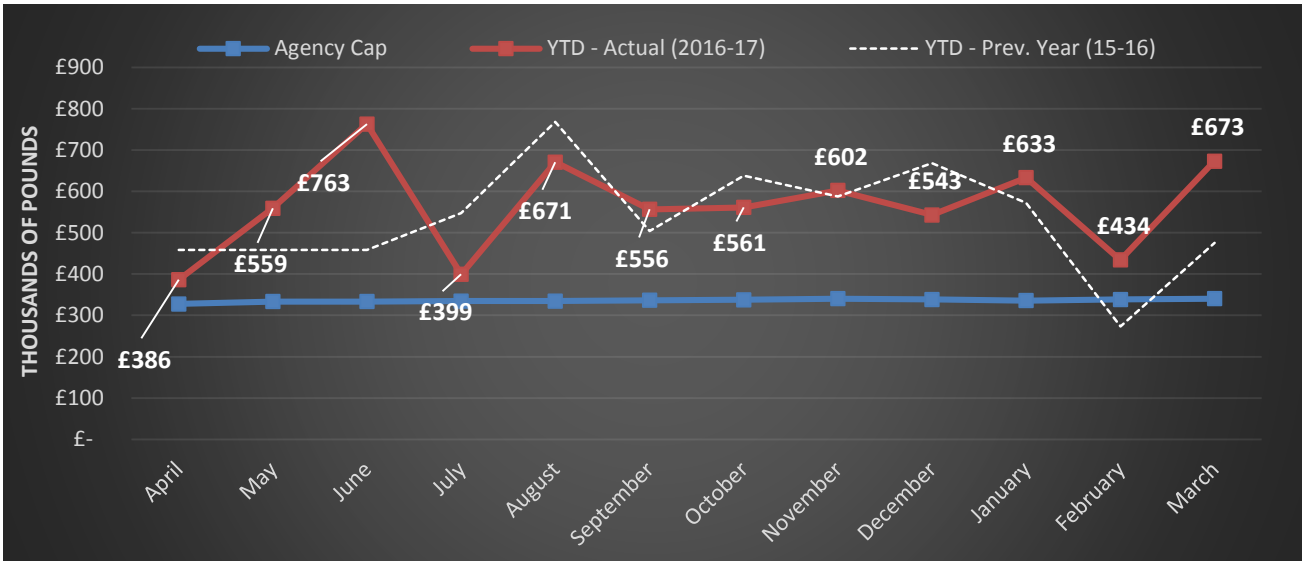

Figure.F-8 – Agency Spend (£'000)

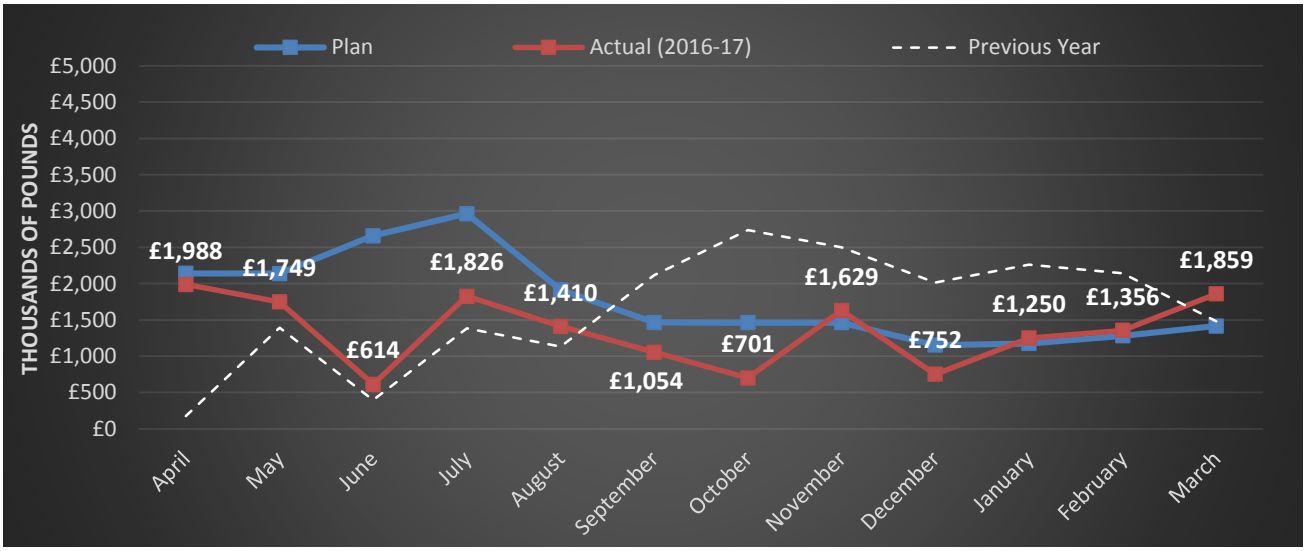

Figure.F-3 – Capital Expenditure (£'000)

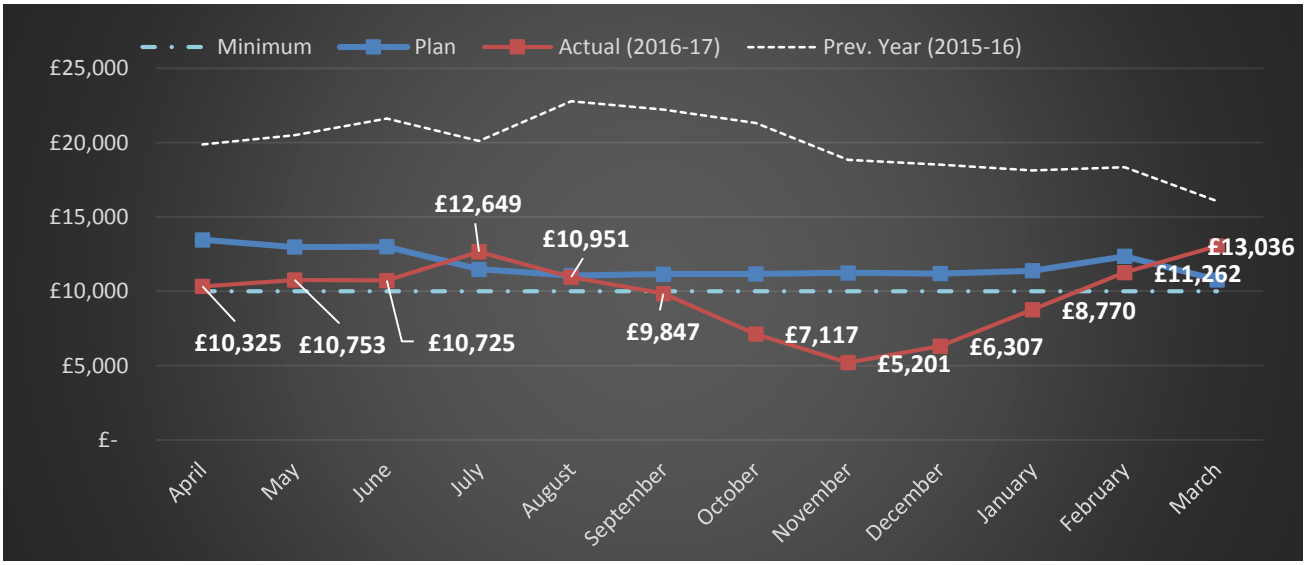

Figure.F-7 – Cash Position (£'000)

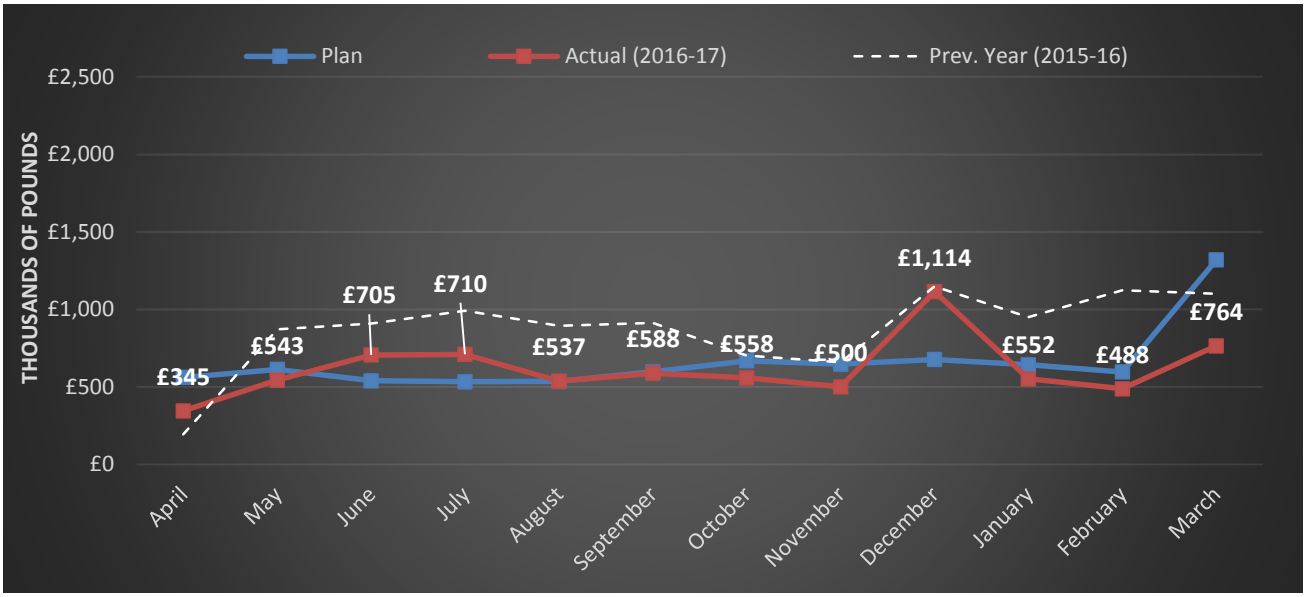

Figure.F-4 - Cost Improv. Prog. (CIP) (£'000)

Integrated Performance Dashboard Balanced Scorecard for the April 2017 Board Meeting

Workforce Commentary :- Data from Mar 2017 and Feb 2017

ID	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
Wf-1A	Short Term Sickness - Rate		2.1%	2.7%		2.2%	
Wf-1B	Long Term Sickness - Rate		2.4%	3.2%		2.3%	
Wf-2	Staff Appraisals	90.0%	52.0%	62.0%			
Wf-3	Mandatory Training Compliance (All Courses)	95.0%	85.0%	92.2%			
Wf-4	Total injuries		0	51		681	739
Wf-5	Total physical assaults		16	9		210	184
Wf-6	Vacancies (Total WTE)		336				
Wf-7	Annual Rolling Staff Turnover		16.7%	14.3%			
Wf-8	Reported Bullying & Harassment Cases		3			17	
Wf-9	Cases of Whistle Blowing		0			3	

Operational Performance Scorecard:- Data From March 2017

ID	KPI	Current Month (Plan*)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan*)	YTD (Actual)	YTD (Prev. Yr.)
999-1	Red 1 response <8 min	68.7%	67.3%	62.2%		64.9%	71.6%
999-2	Red 2 response <8 min	57.6%	49.9%	49.8%		52.5%	67.3%
999-3	Red 19 Transport <19 min	90.9%	88.3%	87.6%		89.0%	93.8%
999-4	Activity: Actual vs Commissioned	70843	67583	73022	794618	818510	792192
999-5	Hospital Turn-around Delays (Hrs lost >30 min.)	2747	5271	6528	29257	68249	47883
999-6	Call Pick up within 5 Seconds	95%	90.3%	71.1%		77.7%	85.6%
999-7	CFR Red 1 Unique Performance Contribution	2%	1.8%	0.0%		0.0%	0.0%
999-8	CFR Red 2 Unique Performance Contribution	1%	1.4%	0.0%		0.0%	0.0%
111-1	Total Number of calls offered		83545	131856		1126036	1210156
111-2	% answered calls within 60 seconds	90%	92.5%	47.3%	90.0%	80.1%	79.2%
111-4	Abandoned calls as % of offered after 30 secs	4.0%	0.9%	17.0%	4.0%	4.0%	4.8%
111-5	Combined Clinical KPI (% of Call Back >10mins & % of all 111 calls warm referred to a Clinician)	79%	73.6%	69.5%		74.5%	84.9%
PTS-1	PTS Activity (Surrey)	11443	8299	12110	141075	122487	173343
PTS-2	Arrival - % patients to arrive <= 15 min after appt. time. (Surrey)	95%	80.7%	87.3%	95%	86.1%	84.3%
PTS-3	Departure - % patients collected <= 60 min of planned collection time (Surrey)	95%	75.3%	89.4%	95%	85.3%	85.0%
PTS-4	Discharge - % patients collected <= 120 min of booked time to travel (Surrey)	95%	63.4%	79.1%	95%	79.9%	76.4%

** For the following KPI's, the "Plan" in the table above is the Unified Recovery Plan (URP) target agreed with commissioners. The URP targets and the standard national targets are both shown in the Charts on the following few pages. KPIs affected: 999-1 to 999-3; 999-6; 111-2, 111-4 and 111-5.*

SECAMB Regulation Statistics

ID	KPI	Value
R1(b)	Use of Resources Metric (Financial Risk Rating)	4 (Red)
R2	Governance Risk Rating	Red
R3	CQC Compliance Status	Trust: Inadequate (Special Measures) 111 service: Requires improvement
R5	IG Toolkit Assessment	Level 2 - Satisfactory
R6	REAP Level	3

Clinical Effectiveness KPI Scorecard:- Data From November 2016

ID	KPI	Current Month (Nat. Av.*)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Nat. Av.*)	YTD (Actual)	YTD (Prev. Yr.)
CE-1	Cardiac arrest - ROSC on arrival at hospital (Utstein)	54.5%	46.9%	55.6%	52.2%	52.8%	49.4%
CE-2	Cardiac arrest - Return of spontaneous circulation on arrival at hospital (All)	28.6%	25.1%	27.4%	28.6%	27.5%	27.3%
CE-3	Cardiac arrest -Survival to discharge - Utstein	27.9%	4.8%	38.9%	27.1%	24.9%	25.1%
CE-4	Cardiac arrest -Survival to discharge - All	7.8%	2.4%	11.5%	8.7%	7.3%	8.9%
CE-5	Acute ST-elevation myocardial infarction - Outcome from STEMI (Care bundle)	78.2%	67.6%	66.7%	79.3%	68.2%	68.1%
CE-6	Acute ST-elevation myocardial infarction - Proportion receiving primary angioplasty within 150 minutes	85.0%	90.8%	93.7%	86.2%	91.6%	93.4%
CE-7	% of FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyperacute stroke unit within 60 minutes	53.1%	59.8%	69.1%	54.2%	65.7%	65.9%
CE-8	% of suspected stroke patients assessed face to face who received an appropriate care bundle	97.2%	96.3%	97.6%	97.5%	96.0%	96.5%

** The Clinical AQIs (CE-1 to 8) do not have a target, and so are benchmarked against the national average.*

Finance Scorecard:- : Data from March 2017

ID**	KPI	Current Month (Plan)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Plan)	YTD (Actual)	YTD (Prev. Yr.)
F-1	Income (£'000)	£16,508.6	£16,787.0	£19,218.1	£193,971.1	£198,326.3	£204,605.3
F-2	Expenditure (£'000)	£16,480.0	£17,154.0	£18,077.5	£193,233.0	£205,400.0	£203,922.5
F-6	Surplus/(Deficit)	£29.0	£367.0	£949.8	£739.0	£7,073.7	£491.9
ID**	**KPI**	**Current Quarter (Plan)**	**Current Quarter (Actual)***	**Current Quarter (Prev. Yr.)**	**YTD (Plan)**	**YTD (Actual)***	**YTD (Prev. Yr.)**
F-5	CQUIN - Quarterly (£'000)*	£1,038.0	£62.0	£1,013.0	£3,724.0	£2,749.0	£3,688.0
ID**	**KPI**	**Current Month (Plan)**	**Current Month (Actual)**	**Current Month (Prev. Yr.)**	**YTD (Plan)**	**YTD (Actual)**	**YTD (Prev. Yr.)**
F-3	Capital Expenditure (£'000)	£1,415.0	£1,859.0	£1,480.0	£21,225.0	£16,187.0	£19,724.0
F-7	Cash Position (£'000)	£10,771.0	£13,036.0	£16,057.0	£10,771.0	£13,036.0	£16,057.0
F-4	Cost Improv. Prog. (CIP) (£'000)	£1,319.0	£764.0	£1,100.7	£7,927.0	£7,404.0	£10,455.0
F-8	Agency Spend (£'000)	£340.6	£673.0	£475.8	£4,032.0	£6,346.0	£6,411.2

** Each Quarter's data will not be available until the completion of the Quarter (e.g. Q1 will be available in July)*
*** KPI's have been re-ordered (Sep '16) however each KPI's ID has remained the same for consistency (hence the ID ordering is out of sync).*

Quality & Safety KPI Scorecard:- Data From March 2017

ID	KPI	Current Month (Target)	Current Month (Actual)	Current Month (Prev. Yr.)	YTD (Target)	YTD (Actual)	YTD (Prev. Yr.)
QS1a	SI Reporting timeliness (72hrs)	100.0%	66.7%				
QS1b	SI Investigation timeliness (60 days)	100.0%	0.0%	100.0%	100.0%	54.0%	100.0%
QS1c	Number of Incidents reported		495	467		6048	5287
QS1d	Number of Incidents reported that were SI's		6	5		31	30
QS1e	Duty of Candour Compliance	100.0%					
QS2a	Number of Complaints		87	180		1455	2144
QS2b	Complaints reporting timeliness (All Complaints)	95.0%	88.5%	52.0%	95.0%	68.1%	59.1%
QS3a	Number of Safeguarding Referrals Adult		581	699		8613	8370
QS3b	Number of Safeguarding Referrals Children		159	141		1753	1957
QS3c	Safeguarding Referrals relating to SECAmb staff or services		3	0		7	4
QS3d	Safeguarding Training Completed (Adult) Level 1	95.0%	73.9%				
QS3e	Safeguarding Training Completed (Children) Level 1	95.0%	76.0%				
QS3f	Safeguarding Training Completed (Adult) Level 2	95.0%	90.9%				
QS3g	Safeguarding Training Completed	95.0%	91.7%				

Appendix 2: Notes on Data Supplied in this Report

7.1. Preamble:

7.1.1. This Appendix serves to inform the reader of any significant changes to measurement or data provided in the Integrated Performance Dashboard.

7.1.2. Two months history are kept for easy reference and to cover when there is a month with no board meeting.

7.2. Executive Summary:

7.2.1. No changes of note.

7.3. Workforce Section:

7.3.1. Some of the data in the workforce section is one month in arrears.

7.4. Operational Performance Section:

7.4.1. February Board Changes:

- The KPI the "Calls Abandoned - Intro Message" is no longer a key performance measure so the data has been omitted.

7.5. Quality and Outcome Section: Now 'Clinical Effectiveness (Dec 2016)

7.5.1. The Clinical Outcome data (now CE-1 to 8) are all reported a number of months in arrears as per the titles of the sections.

7.6. Quality and Patient Safety Section: Added Dec. 2016

7.6.1. March Board Changes:

- Duty of Candour KPI is still under development.
- Safeguarding training is now available as a percentage (rather than number of staff trained).

7.7. Finance Section:

7.7.1. February Board Changes:

- The CIP figure for December has been corrected to match December's finance pack, the variation was due to an input error.

7.7.2. March Board Changes:

- Minor amendments to some monthly totals & YTD Totals due to rounding issues.