Care Quality Commission 'Should & Must do' Oversight and Assurance Report
March 2018

South East Coast NHS
Ambulance Service
NHS Foundation Trust

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Safe	The Trust **must** take action to ensure they keep a complete and accurate recording of all 999 calls.	Number of 999 calls audited vs the number of issues found		**KPI Now**	KPIs currently being met
				KPI Future	Plan is in place to replace the electronic system. Due to commence April 2018.
				Pace & Grip	Call recording audited weekly and reports into compliance by exception. Trust has strong oversight. Plan to move to IPR for Board oversight.
Safe	The Trust **must** protect patients from the risks associated with the unsafe use and management of medicines in line with best practice and relevant medicines licences. This should include the appropriate administration, supply, security and storage of all medicines, appropriate use of patient group directions and the management of medical gas cylinders.	Monthly OU Compliance Audit - January (FEB DATA AVAILABLE MID-MARCH 18)	Compliance % with DoH Guidance for Medical Gases Per Station	**KPI Now**	KPIs currently within compliance standards however an emerging issue with lost drug keys. Plan being put into place.
				KPI Future	Oversight of medicines management in place with weekly and monthly audit returns. Next step is to improve the business as usual oversight of medicines management by creating medicines dashboard that has monitoring at Trust's Medicines Governance Group.
				Pace & Grip	Medicines governance dashboard will demonstrate grip and pace is demonstrated through Improvement Plan.
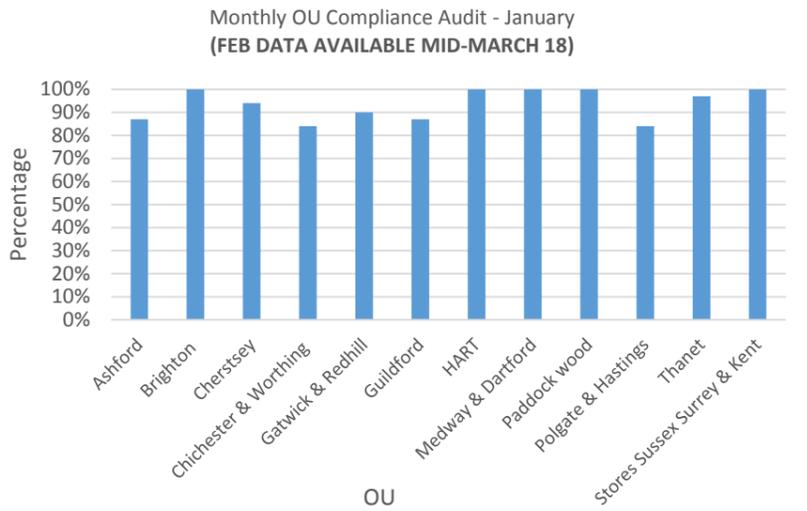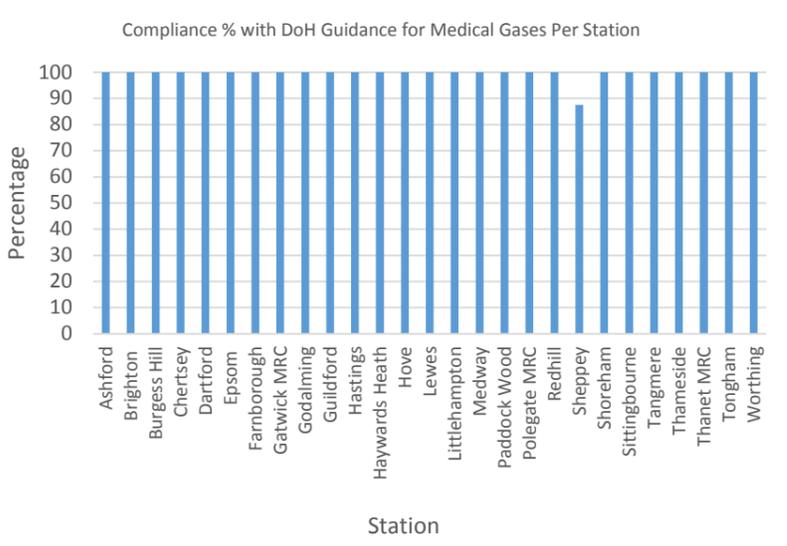
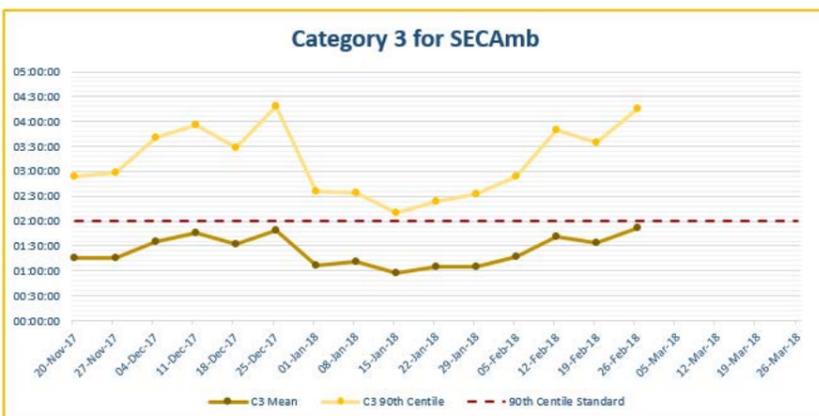South East Coast **NHS**
Ambulance Service
NHS Foundation Trust

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2		Confidence
Safe	The Trust **must** take action to ensure there are a sufficient number of clinicians in each EOC at all times in line with evidence-based guidelines.	Clinical Supervisor Establishment to meet minimum required Staffing for NHS Pathways Compliancy		**KPI Now**	In terms of the specific request to have sufficient clinicians we currently meet the minimum requirement for Pathways. However, the Trust recognises the need to do more in order to improve safety in EOC.
				KPI Future	No identified risk to this KPI changing.
				Pace & Grip	Whilst confident that the actual KPI will be complaint there are wider gaps in clinical oversight which is acknowledged in the risk register. Minimum staffing to be placed on IPR.
Well Led	The Trust **must** take action to ensure all staff receive an annual appraisal in a timely way so that they can be supported with training, professional development and supervision.	% of all staff having completed objective setting/conversation/appraisal recorded on Actus		**KPI Now**	Above trajectory for delivery of appraisal. However, there is work in 2018/19 to ensure the appraisals are of a higher quality.
				KPI Future	No identified risk to this KPI changing.
				Pace & Grip	Grip demosntrated through IPR measure. Recognition of importance demonstrated through action to improve the quality of appriaslas through 2018/19.
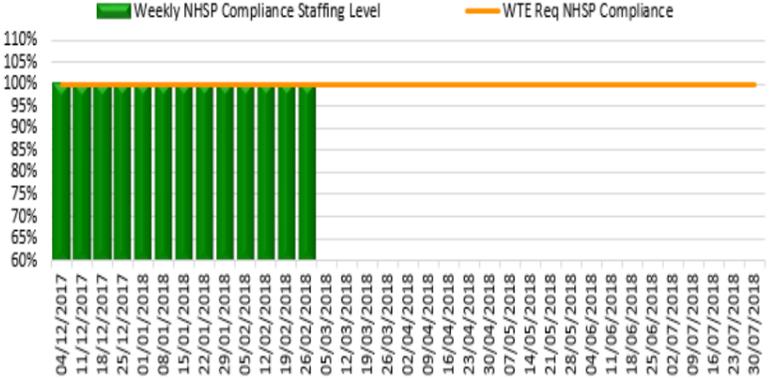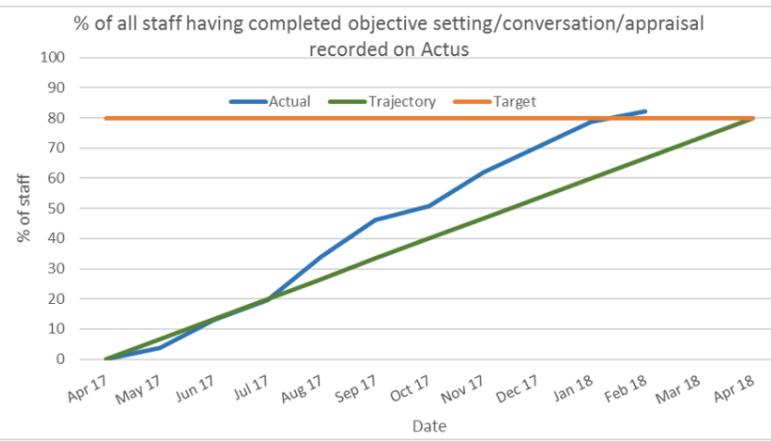
Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Safe	The Trust **must** take action to ensure all staff understand their responsibilities to report incidents.	Incident Numbers (all) — Actual / Trajectory; 590; 571		**KPI Now**	KPI above target.
				KPI Future	No identified risk to this KPI changing.
				Pace & Grip	Grip demonstrated through IPR measure. Recognition of importance demonstrated through action to improve reporting in the Improvement Plan.
Safe	The Trust **must** ensure improvements are made on reporting of low harm and near miss incidents.	% of incidents as near miss, no harm or low harm — % of Incidents / Trajectory; 96%; 92%		**KPI Now**	KPI has slightly slipped in January but overall has been within target levels.
				KPI Future	No identified risk to this KPI changing.
				Pace & Grip	Grip to be demonstrated through inclusion in IPR and Pace to be demonstrated through Improvement Plan actions.
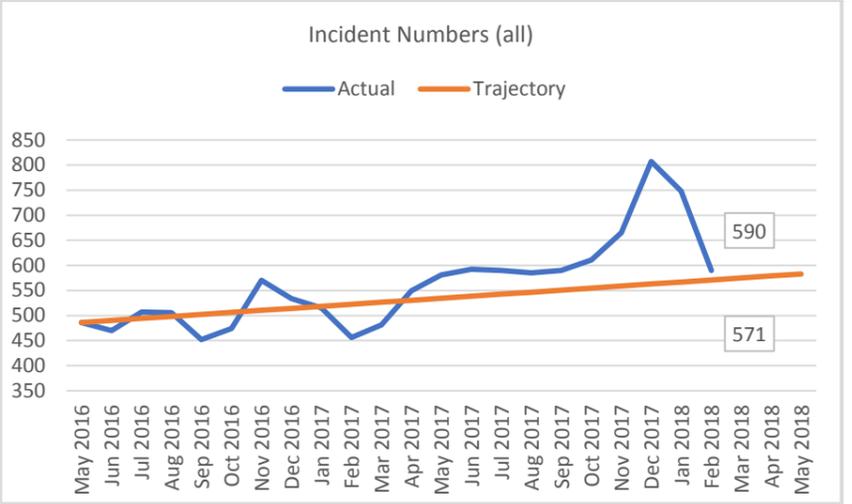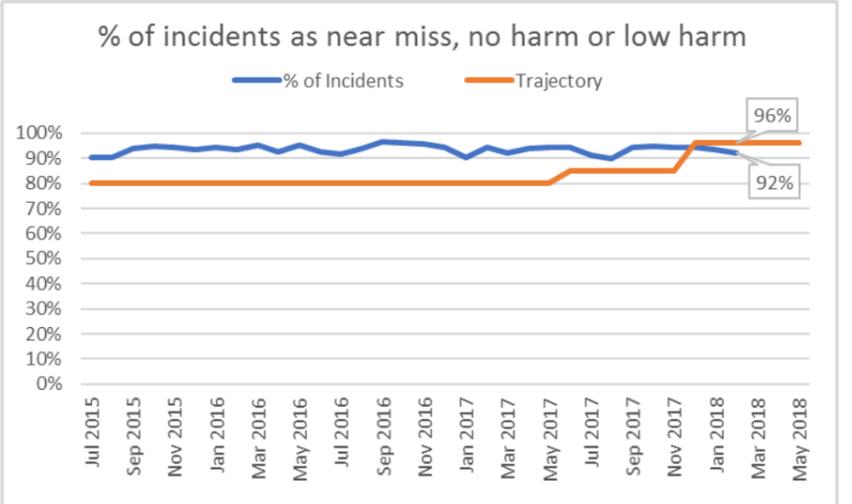
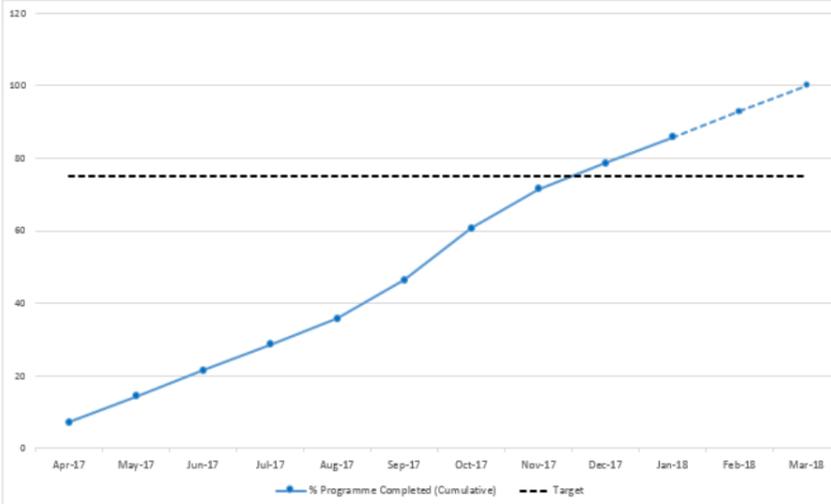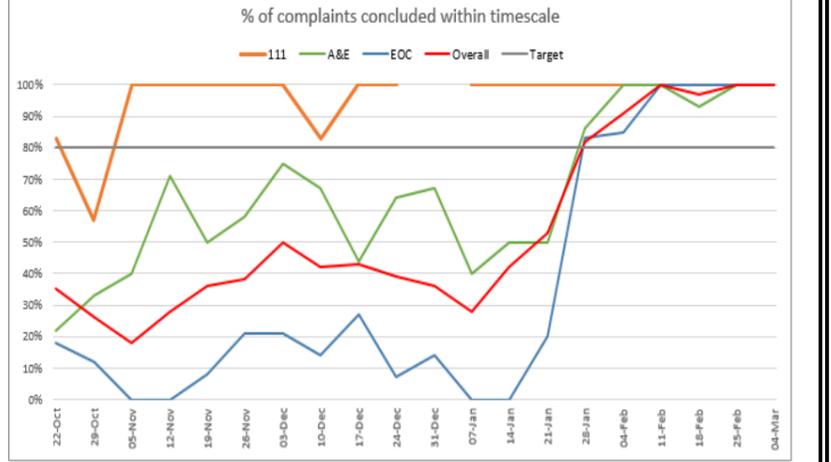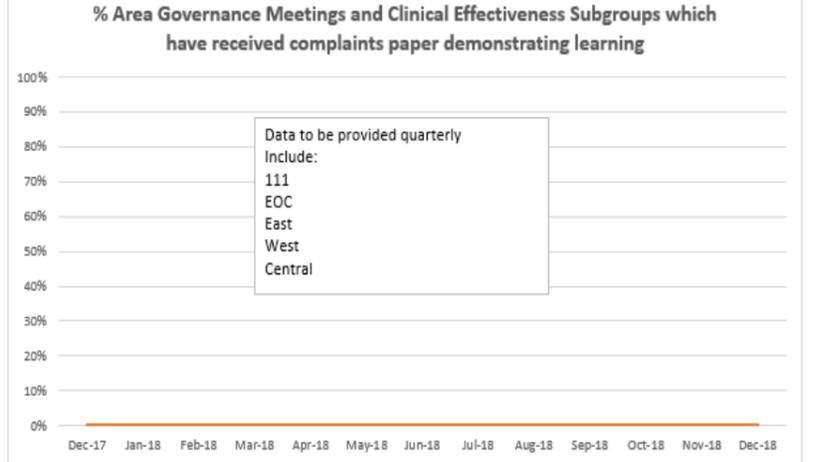| Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Safe	The Trust **must** investigate incidents in a timely way and share learning with all relevant staff.	% of Incidents Closed Within Time Target — % Closed on Time / Trajectory. 84% / 66%	Feedback to Reporting Staff — & Receiving Feedback / Trajectory. 70% / 8%	**KPI Now**	Trust is now monitoring the rate of feedback given following an incident but the fields on Datix are often blank making it difficult to feedback to the reporting individual.
				KPI Future	A plan is in place and training is occurring to increase the identification of learning.
				Pace & Grip	Grip to be demonstrated through inclusion in IPR and Pace to be demonstrated through Improvement Plan actions.
Safe	The Trust **must** ensure all staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns receive an appropriate level of safeguarding training.	Safeguarding Adult & Child L2 training — L2 child (elearning) **, L2 adult (elearning) **, Trust Target - 85%	L3 safeguarding training completion trajectory April 2017-March 2018 — actual completion %, planned completion %, Trust target (85%)	**KPI Now**	KPI reached for L3 KPI almost reached for L2
				KPI Future	No identified risk to this KPI not reaching compliance threshold.
				Pace & Grip	Grip to be demonstrated through inclusion in IPR and Pace to be demonstrated through Improvement Plan actions.

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Effective	The Trust **must** take action to meet national performance targets.	Category 1 for SECAmb	Category 2 for SECAmb	**KPI Now**	KPIs have improved since 2017 CQC visit and there are occasions where the Trust performs well against peer Trusts. However, this is not consistent and this has facilitated an Amber RAG status.
				KPI Future	No risks identified to impact on the KPIs
		Category 3 for SECAmb	Category 4 for SECAmb	**Pace & Grip**	A comprehensive improvement plan is in place and performance has improved. However, ultimately the plan is focussed on abstractions and vacancy factor which are factors challenging to mitigate.
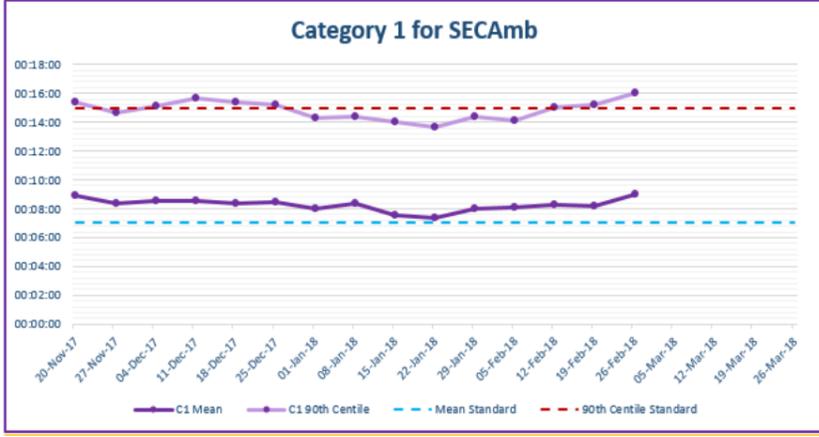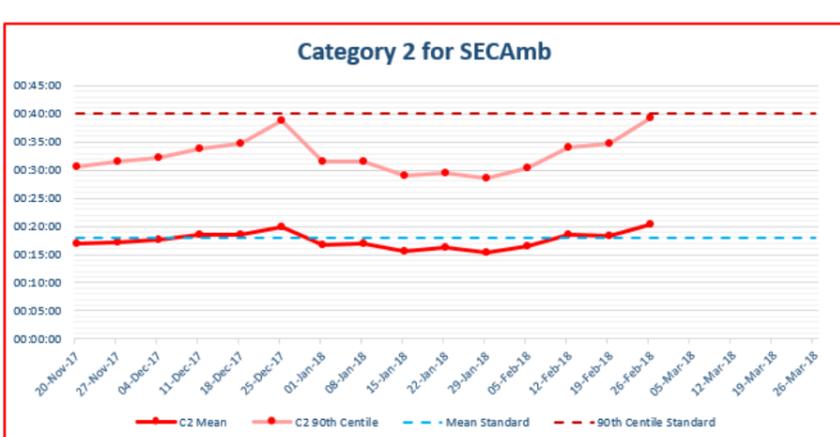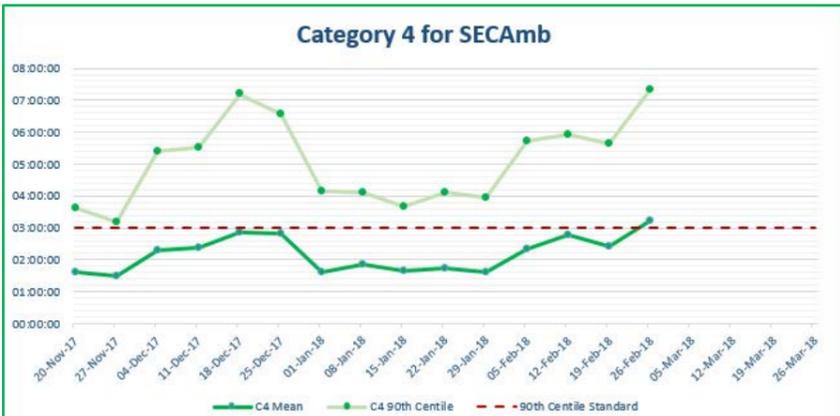
Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Safe	The Trust **must** ensure patient records are completed, accurate and fit for purpose, kept confidential and stored securely.	**Percentage of PCRs Containing Full Minimum Data Set (Trust Wide/Monthly Reporting)**	**Percentage Incidents on Info.SECAmb with PCR Attached (Reconciled Records)**	**KPI Now**	Metrics are now in place for unreconciled cases (the measure for stored securely) and metrics are now in place for completion. This has revealed the main reason the Trust is unable to reconcile is through data inaccuracies rather than lost records.
				KPI Future	An improvement plan is in place but this may not be fully recovered prior to CQC inspection.
				Pace & Grip	The Trust will be able to demonstrate that it is not through "lost" records but through documentation that records are unable to be reconciled. The Trust can demonstrate that this is now audited and discussed.
Safe	The Trust **must** ensure the CAD system is effectively maintained.	The CAD system is maintained by the Trust ICT Department, Supplier Organisations and Third Party Companies bought in to carry out specific areas of maintenance. The critical system infrastructure supplying the control room are made up of a number of systems – CAD, telephony, voice recording, triage, mobile data and the radio system.
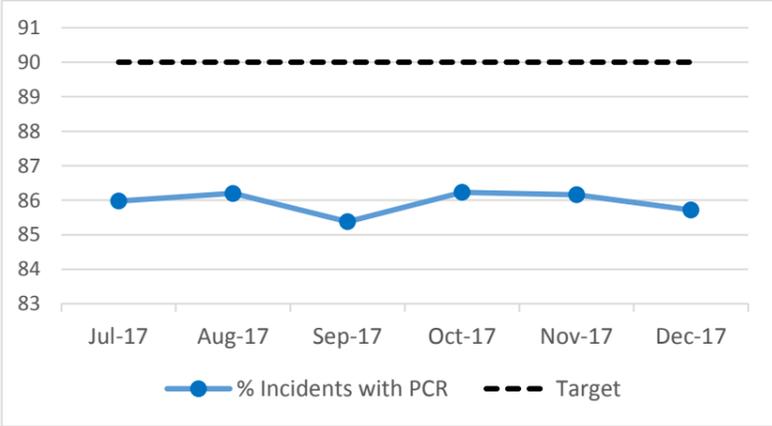
The systems are duplicated at Crawley and Coxheath and significant work recently undertaken by the Trust has been to move the systems from Banstead to Crawley to reduce the risk of network failure having an impact on the system. Every month, a Third Party checks and tests the underpinning infrastructure whilst live in failover mode – this means that whilst it's being used, the live system is switched off and failed over to Coxheath and then back again.

The data/information is held in a number of different places as copies are on both the Crawley and Coxheath sites. Live data is regularly archived to keep the system lean in terms of volumes of records which ensures that the system runs quickly and efficiently. | | **KPI Now** | CAD failure on risk register and being monitored through Business as Usual and has been replaced since the 2017 CQC visit |
| | | | | **KPI Future** | No risks identified to impact on the KPIs |
| | | | | **Pace & Grip** | CAD maintenance to be placed on IPR. |

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2		Confidence
Effective	The Trust **must** improve outcomes for patients who receive care and treatment.	AQI Clinical Outcomes - ROSC and ROSC Utstein Group	AQI Out of Hospital Cardiac Arrest | Survival to Discharge (& Utstein Group)	**KPI Now**	Current metrics involve very small numbers of patients so standard would be better monitored annually, which the Trust is currently unable to do. In addition, the data is 3 months older than the reporting period.
				KPI Future	Low confidence that this can be significantly improved prior to CQC inspection.
				Pace & Grip	Grip can be demonstrated through inclusion in quality dashboard and discussion every month with OUMs at Area Governance and also reported in the monthly Quality & Safety Report as a narrative by Clinical Audit.
Safe	The Trust **must** ensure the risk of infection prevention and control are adequately managed. This includes ensuring consistent standards of cleanliness in ambulance stations, vehicles and hand hygiene practices, and uniform procedure followed.	**1a. % compliance against target of hand hygiene audits carried out (Monthly data)**	**1b. % compliance against target of BBE audits carried out (Monthly data)**	**KPI Now**	KPIs not within compliance level.
				KPI Future	New strategic plan and supporting improvement plan developed. High confidence of delivery.
				Pace & Grip	Grip and Pace can be demonstrated through IPC dashboard and escalated meeting (now monthly).

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Well Led	The Trust **must** ensure that governance systems are effective and fit for purpose. This includes systems to assess, monitor and improve the quality and safety of services.	Number of open, closed, proposed for closure and new risks on Datix. 	1. Governance structure to be reviewed 2. IPR to be reviewed	**KPI Now**	Risk management progressing but other governance mechanisms under review.
				KPI Future	Risk management progressing will and improvement plan in place. However, other governance processes still awaiting review or too juvenile to measure success. Review meeting planned in March 18.
				Pace & Grip	At present not yet assured that all governance processes will be in place but new corporate governance strategy due for publication prior to the CQC 2018 visit.
Safe	The Trust **must** ensure all medical equipment is adequately serviced and maintained.	% of Medical Devices Serviced in/out of Programme in 2017/18 	Number of Medical Devices Audited this Quarter 	**KPI Now**	KPI showing as compliant but recent assurance checks reveals that elements may have been omitted. Currently being re-assessed.
				KPI Future	Predict that KPI will be reliable but at present not confident of the level of compliance.
				Pace & Grip	Grip will be demonstrated by adding this to the IPR and the associated improvement plan will illustrate improvements.

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Effective	The Trust **must** continue to ensure there are adequate resources available to undertake regular audits and robust monitoring of the services provided.	4a Percentage Clinical Audit Programme Complete (Cumulative) [MONTHLY UPDATE]		**KPI Now**	Already reach end of year KPI target
				KPI Future	Already reach end of year KPI target
				Pace & Grip	To be added to IPR
Responsive	The Trust **must** ensure the systems and processes in place to manage, investigate and respond to complaints, and learn from complaints are robust.	% of complaints concluded within timescale	% Area Governance Meetings and Clinical Effectiveness Subgroups which have received complaints paper demonstrating learning Data to be provided quarterly Include: 111 EOC East West Central	**KPI Now**	Initial performance targets now reached however, plans to address learning just launched but confident they will deliver.
				KPI Future	Initial performance targets now reached however, plans to address learning just launched but confident they will deliver.
				Pace & Grip	Enhanced complaints monitoring on IPR and patient experience group to have metrics.

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Safe	The Trust **should** take action to audit 999 calls at a frequency that meets evidence-based guidelines	Clinical Audit Completion Trajectory		**KPI Now**	KPI not yet on track but within sight.
				KPI Future	Currently below trajectory but current improvement plan is now delivering the required improvements.
				Pace & Grip	Confident that auditing will stay on track but on risk register as dependent on staff retention.
Responsive	The Trust **should** ensure 100% of frequent callers have an Intelligence Based Information System (IBIS) or other personalised record to allow staff taking calls to meet their individual needs	N.B. Stage 1 letters denote the start of the journey through the frequent caller management process and subsequently have an IBIS record created at the time of the letter being sent		**KPI Now**	Not subject to an improvement plan but part of business as usual with management team making improvements.
				KPI Future	No risks identified to suggest KPIs will not be met.
				Pace & Grip	Yet to be defined

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Responsive	The Trust **should** take action to ensure all patients with an IBIS record are immediately flagged to staff taking calls 24 hours a day, seven days a week.	Data not available to produce a graph.	The number of vacancies on the IBIS desk have been minimal over the past 6 months, meaning there have been minimal instances of the desk having to close, which would result in crews not being notified of care plans. The commissioner funding provided for IBIS only allows us to employ six IBIS Data Assistants – equating to one per shift in EOC. This gives little resilience in cases of last-minute sickness, so we will always continue to have the odd vacancy every so often. This is mitigated by important patient records (e.g. DNACPRs and Patient Specific Instructions) having an associated CAD marker to automatically 'flag' to the attending crew, should the desk be closed.	**KPI Now**	Currently no performance graph in order to provide assurance. To be developed as part of governance review.
				KPI Future	
				Pace & Grip	
Responsive	The Trust **should** consider reviewing the arrangements for escalation under the demand management plan (DMP) so that patients across The Trust receive equal access to services at times of DMP.	Approval of the Surge Plan		**KPI Now**	Surge plan not yet implemented
				KPI Future	Currently being replaced by surge plan and delayed by need for each CCG to sign off surge plan
				Pace & Grip	Surge plan will be in place. Potential KPI to be placed on IPR regarding use of surge.

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Well Led	The Trust **should** consider improving communications about any changes are effective and timely, including the methods used	Review of communications in place		**KPI Now**	No specific KPI but delivery of review outcome and associated plan to be developed.
				KPI Future	Plan to be in place.
				Pace & Grip	Plan to be in place.
Safe	The Trust **should** review all out of date policies.	**Policies reviewed as part of the Policies Management Project** ■ Policies reviewed and up to date ■ Policies out of date (review in progress)		**KPI Now**	Majority of policies currently within date.
				KPI Future	Considerable work has been undertaken to ensure suite of policies are in date. Assurance requested regarding policies that go out of date in 2018. To be considered as part of governance review.
				Pace & Grip	To be part of IPR.
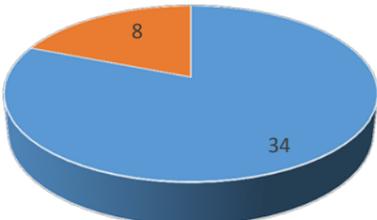
Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Safe	The Trust **should** ensure all first aid bags have a consistent contents list and they are stored securely within the bags.	South East Coast Ambulance Service NHS NHS Foundation Trust **First Aid Kits** ➤ Standardised contents list ➤ Monthly check of contents ➤ HSE check. ➤ Replacements to be ordered through Procurement		KPI Now	Action completed
				KPI Future	
				Pace & Grip	
Well Led	The Trust **should** engage staff in the organisation's strategy, vision and core values. This includes increasing the visibility and day to day involvement of The Trust executive team and board, and the senior management level across all departments.	To be inserted QAV graph with Director representation	To be inserted Safety visits	KPI Now	Engagement plan in place. Visibility metrics not yet in place.
				KPI Future	Plans are in place to increase the profile of the Board across the Trust and aspects of communication are being reviewed.
				Pace & Grip	Slight risk in length of time it is taking to launch. However confident this will be in place soon.

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Well Led	The Trust should continue to sustain the action plan from the findings of staff surveys, including addressing the perceived culture of bullying and harassment	Experience of bullying and harassment at SECAmb Nov 2017 (bar chart: "no" ~0.96, "yes" ~0.04)	Reported incidents of B&H (line chart, Dec 2016 – Jan 2018)	**KPI Now**	KPI measure in place but still trying to understand acceptable compliance.
				KPI Future	Culture improvement plan now in place and has started to deliver. Metrics will turn green. Awaiting to see if rapid improvements are made.
				Pace & Grip	Ultimately the CQC assessment will include dialogue with staff. Current information suggests staff may not feel the degree of change the Trust anticipates.
Responsive	The Trust should continue to address the handover delays at acute hospitals	Average Cycle Time (Clear At Hospital): Scheduled Resource (Last 13 Weeks) Data Updated: 2018-02-26 03:31:10 (line chart)		**KPI Now**	Metric currently showing compliance but not fully confident of sustainability.
				KPI Future	Project is in place that includes sector wide engagement. Plan will be to demonstrate we have managed our 15 minutes "go green"
				Pace & Grip	Weekly oversight of metrics at exec Board. To be included in new IPR
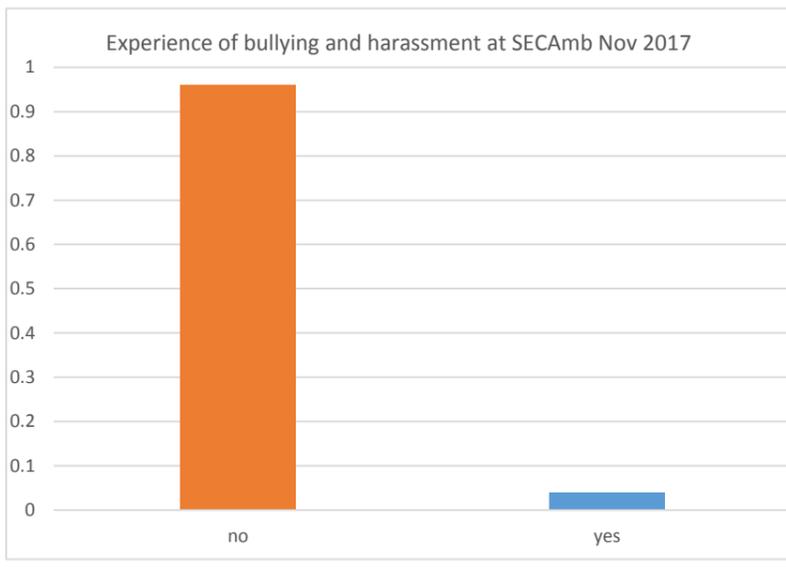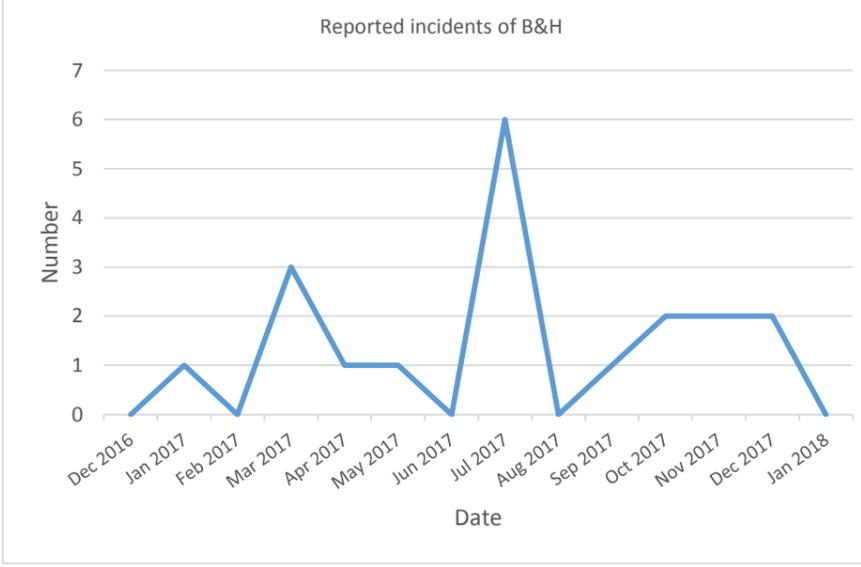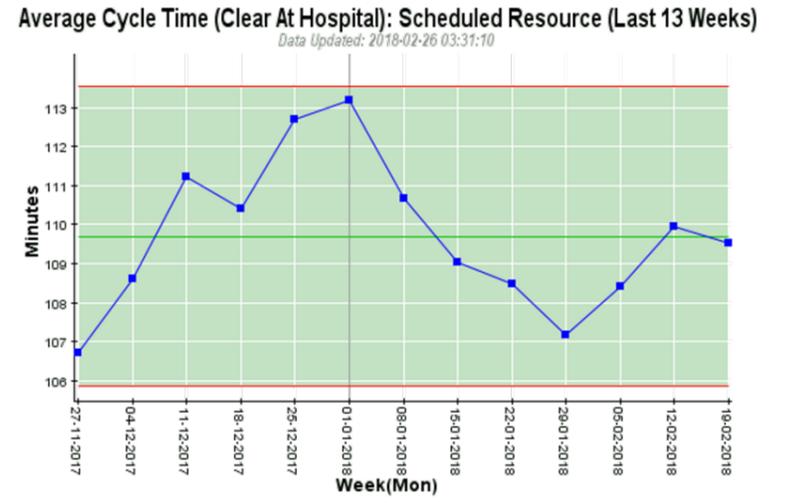
Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Effective	The Trust **should** ensure there are systems and resources available to monitor and assess the competency of staff.	Currently unsighted on outcomes from this requirement. Will discuss as part of the next phase of recovery work.		**KPI Now**	
				KPI Future	
				Pace & Grip	
Caring	The Trust **should** ensure that patients are always involved in their care and treatment.	Only recently commenced observation of consent as part of Quality Assurance Visits. Anticipate there will be a graph in the next few weeks.	Insert Mental Capacity Act graph from Quality Assurance Visits once populated.	**KPI Now**	Not being progressed as a specific project but consent and MCA measured as part of QAV and this demonstrates compliance.
				KPI Future	No identified risks to suggest compliance will not be sustained.
				Pace & Grip	Assessed during QAV where substantial report is produced for the area and a summary included in Monthly patient quality & safety report and quarterly QAV report.

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Caring	The Trust should ensure that patients are always treated with dignity and respect	To develop a graph indicating dignity issues within complaints.		**KPI Now**	Intentionally not progressed as a specific project. Diginity monitored through complaints process and assurance visits and addressed on a case by case basis.
				KPI Future	No anticipated issues
				Pace & Grip	Will be captured within complaints reporting and Quality Assurance Visits.
Safe	The Trust should ensure all ambulance stations and vehicles are kept secured.			**KPI Now**	KPI for vehicles in place and demonstrates compliance. KPI for stations not yet in place.
				KPI Future	No risks identified to suggest KPIs will not be met.
				Pace & Grip	Security to be on IPR.
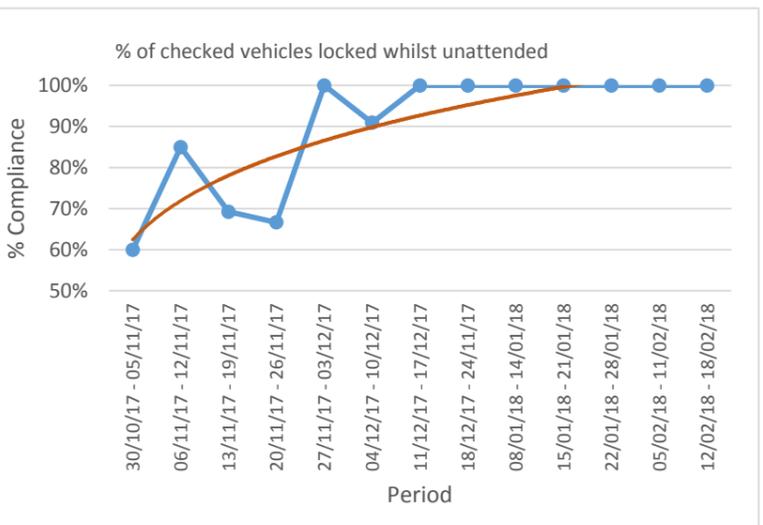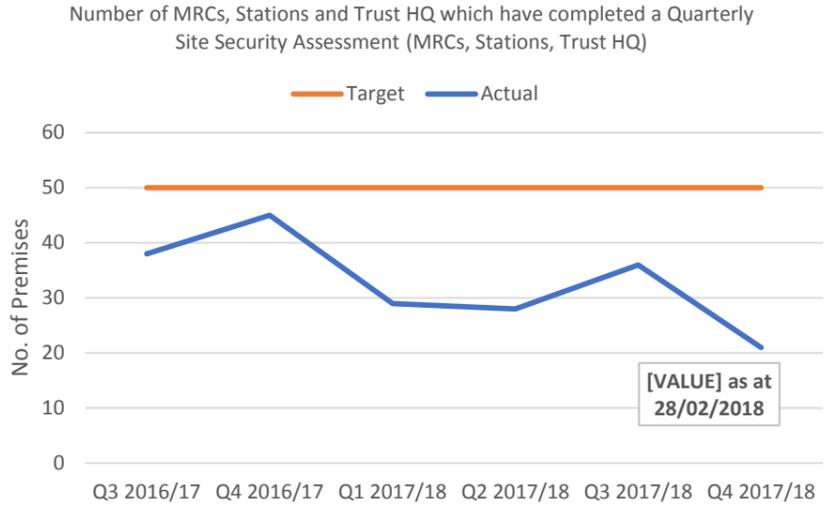
Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Confidence	
Safe	The Trust should ensure all vehicle crews have sufficient time to undertake daily vehicle checks within their allocated shifts.	Currently have new "tick list" developed but not yet capturing compliance. To be discussed as part of next phase of recovery work.		KPI Now	
				KPI Future	
				Pace & Grip	
Responsive	The Trust should ensure individual needs of patients and service users are met. This includes bariatric and service translation provisions for those who need access.	The updated bariatric SOP was brought to JPF in early February, however it was not signed off due to minor documentation errors (reference to R1/R2 instead of C1/C2 etc.)

The SOP has now been revised and will be presented at the next meeting of the JPF for approval. After this time communication will be cascaded to all staff. The SOP will define further monitoring and audit process and going forward the performance and information team will be able to report on bariatric performance.

There remains an issue with identifying bariatric trained personnel on the CAD. East of England Ambulance Service have had the same issue and are working with Cleric for a solution. This is expected to be completed at some point this month. EOC systems may be able to copy this solution to our CAD (as it will already have been developed).

Service Translation:
Please see attached for evidence and further information. (Email held by PMO)

https://secamb.sharepoint.com/sites/intranet/news/Pages/interpretationservice.aspx

Communications have now been cascaded to operational staff to ensure that there is consistency in accessing interpretation/translation services. Further reminders will be sent out in the weekly bulletin | | KPI Now | |
| | | | | KPI Future | |
| | | | | Pace & Grip | |

Well Led	The Trust **should** ensure that all staff receive an annual appraisal in a timely manner so that they can be supported with any required training, professional development, and supervision.	

KPI Now	KPI on target
KPI Future	No identified risks to suggest non compliance with KPI
Pace & Grip	Appraisals on IPR also improvemrnt plan clearly identifies 2018 to focus on quality of IPR. Suggesting the Trusts understands the importance of this work.