



Integrated Performance Report

Performance
Data for our
999 and 111
Services



Aspiring to be
**Better Today and
Even Better Tomorrow**
For our people and our patients

Board Meeting

October 2018



Taking
Pride



Striving for
Continuous
Improvement



Acting With
Integrity



Demonstrating
Compassion
and Respect



Assuming
Responsibility

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SECAmb CQC Rating and Oversight Framework

Use of Resources Metric (Financial Risk Rating)	3
Segmentation	Segment 4 (Special Measures)
IG Toolkit Assessment	Level 2 - Satisfactory
REAP Level	3

Chart Key

- Data Point
- ◆ Run of 3 above average
- ◆ Run of 3 below average
- × Above UCL
- × Below LCL
- AVERAGE
- UCL
- LCL
- Target

This represents the value being measured on the chart

These points will show on a chart when the value is above or below the average for 3 consecutive points. This is seen as statistically significant and an area that should be reviewed.

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.

This line represents the average of all values within the chart.

These lines are set two standard deviations above and below the average.

The target is either an Internal or National target to be met, with the values ideally falling above or below this point.

SECamb Executive Summary

This report sets out data and supporting narrative to provide the trust Board with assurance that the Executive Directors review historic information and data reflecting performance and service delivery across a number of domains. This is then interpreted and within the body of this report individual Directorates highlight the management response to data where this is applicable. In this way the Board is asked to note the Trust's oversight of performance and management data together with how this data supports decision making and action within the Trust.

With the completion of a CQC inspection the content of page 4 of this integrated report will be reviewed and updated to show feedback from CQC on our progress within year and also where further or new work maybe required based on CQC findings. Actions undertaken or newly formed projects will be reported within the Trust's Delivery Plan until such time as they transfer to Business as Usual and as such are captured within the scope of this report.

It is intended to conduct and review of the format and content of this report to continually improve the content and detail to provide greater utility to the Trust Board and clearly communicate the status and actions undertaken by the Trust over time. This will be supported through the transparent 'flow' of project closure to this report and importantly the sharing of prevailing and contemporary performance information and actions where required.

SECamb Our Enablers

Enabling strategies continue to be reported within the supporting Trust Delivery Plan and narrative.

SECamb Financial Performance

The Trust achieved its planned deficit of £0.5m for the month of August. The cumulative deficit of £2.8m is marginally better than plan, maintaining operational hours and performance.

The Trust is forecasting delivery of its control total for the year of £0.8m deficit.

The Trust achieved cost improvements of £0.5m in the month, which was slightly ahead of plan. The target for the full year is £11.4m.

The Trust's Use of Resources Risk Rating (UoRR) at this point in the year is 3, in line with plan.

Risks to this plan include the delivery of CIP targets, the outcome of the Demand and Capacity review, delivery of performance targets, any financial impact of unfunded cost pressures and recruitment difficulties.

Engagement with the Trust's stakeholders is ongoing in order to mitigate as many of these as possible.

Further details of financial performance are included in this report. A more detailed reporting pack is provided to directors, senior managers and regulators and this is closely monitored through the Finance & Investment Committee, a subcommittee of the Board.

Safe

CQC Findings ('Must or Should Do')

- The Trust must take action to ensure they keep a complete and accurate recording of all 999 calls.
- 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.
- 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.
- The Trust must take action to ensure all staff understand their responsibilities to report incidents.
- The Trust must ensure improvements are made on reporting of low harm and near miss incidents.
- The Trust must investigate incidents in a timely way and share learning with all relevant staff.
- 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.
- The Trust must ensure patient records are completed, accurate and fit for purpose, kept confidential and stored securely.
- The Trust must ensure the CAD system is effectively maintained.
- 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.
- The Trust must ensure all medical equipment is adequately serviced and maintained.
- The Trust should take action to audit 999 calls at a frequency that meets evidence based guidelines.
- The Trust should review all out of date policies.
- The Trust should ensure all first aid bags have a consistent contents list and they are stored securely within the bags.
- The Trust should ensure all ambulance stations and vehicles are kept secured.

Caring

- The Trust should ensure that patients are always involved in their care and treatment.
- The Trust should ensure that patients are always treated with dignity and respect.

Effective

- The Trust must take action to meet national performance targets.
- The Trust must improve outcomes for patients who receive care and treatment.
- The Trust must continue to ensure there are adequate resources available to undertake regular audits and robust monitoring of the services provided.
- The Trust should ensure there are systems and resources available to monitor and assess the competency of staff.

Responsive

- The Trust must ensure the systems and processes in place to manage, investigate and respond to complaints, and learn from complaints are robust.
- 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.
- 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.
- 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.
- The Trust should continue to address the handover delays at acute hospitals.
- 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.

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.
- 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.
- The Trust should consider improving communications about any changes are effective and timely, including the methods used.
- 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.
- The Trust should continue to sustain the action plan from the findings of staff surveys, including addressing the perceived culture of bullying and harassment.

SECAmb Clinical Safety Scorecard

Cardiac Return of Spontaneous Circulation (ROSC) - Utstein (a set of guidelines for uniform reporting of cardiac arrest)

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	36.4%	56.4%	40.9%	
Previous Year %	43.3%	62.9%	62.1%	
National Average %	51.0%	55.3%	54.4%	

Cardiac ROSC - ALL

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	22.4%	22.9%	29.7%	
Previous Year %	28.3%	29.7%	28.0%	
National Average %	29.6%	28.3%	31.6%	

Cardiac Survival - Utstein

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	25.8%	22.2%	21.4%	
Previous Year %	20.7%	16.7%	33.3%	
National Average %	25.5%	27.6%	28.5%	

Cardiac Survival - All

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	8.0%	5.5%	8.6%	
Previous Year %	4.0%	6.7%	8.1%	
National Average %	8.6%	9.0%	9.8%	

Acute ST-Elevation Myocardial Infarction (STEMI) Care Bundle Outcome

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	58.1%	67.8%	69.1%	
Previous Year %	68.4%	65.6%	59.6%	
National Average %	tbc	tbc	79.5%	

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

	Feb-18	Mar-18	Apr-18	12 Months
Mean (hh:mm)	02:12	02:22	02:11	
National Average	02:11	02:16	02:11	
90th Centile (hh:mm)	03:12	03:01	02:52	
National Average	03:01	03:01	02:59	

Stroke - call to hospital arrival

	Feb-18	Mar-18	Apr-18	12 Months
Mean (hh:mm)	01:11	01:14	01:05	
National Average	01:19	01:18	01:12	
50th Centile (hh:mm)	01:01	01:06	01:00	
National Average	01:11	01:12	01:05	
90th Centile (hh:mm)	01:45	01:49	01:38	
National Average	01:57	02:00	01:43	

Stroke - assessed F2F diagnostic bundle

	Feb-18	Mar-18	Apr-18	12 Months
Actual %	96.4%	96.5%	97.4%	
Previous Year %	97.3%	94.1%	94.1%	
National Average %	96.9%	tbc	tbc	

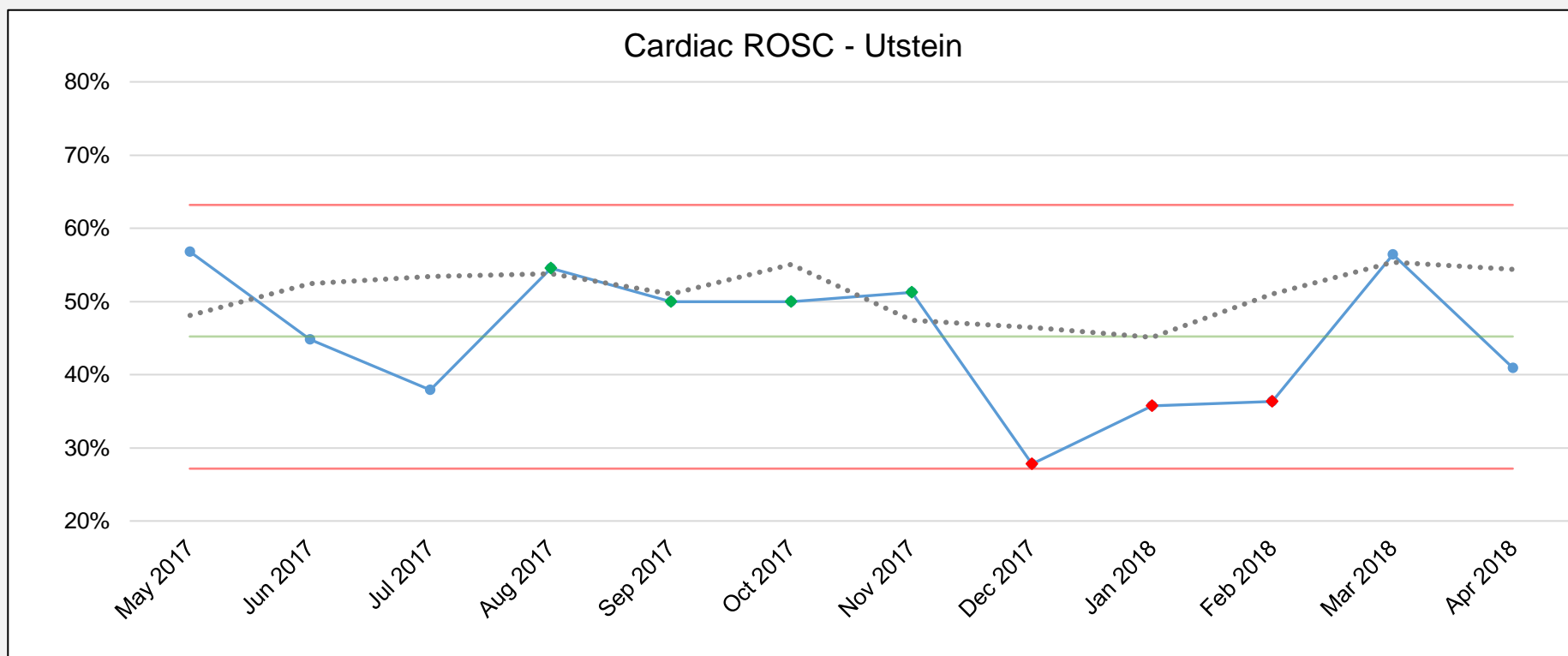
Medicines Governance

	Jun-18	Jul-18	Aug-18	12 Months
Total Number of Medicines Incidents	153	114	93	
Single Witness Sig/Inapt Barcode Use CDs Omnicell	17	12	9	
Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell	0	1	10	
Total Number of CD Breakages	15	13	10	
PGD Mandatory Training	179	118	24	
Key Skills Medicine Governance	546	430	105	

Medicines Management

	Jun-18	Jul-18	Aug-18	12 Months
Number of Audits	200	184	191	
Number of audits %	98%	97%	98%	

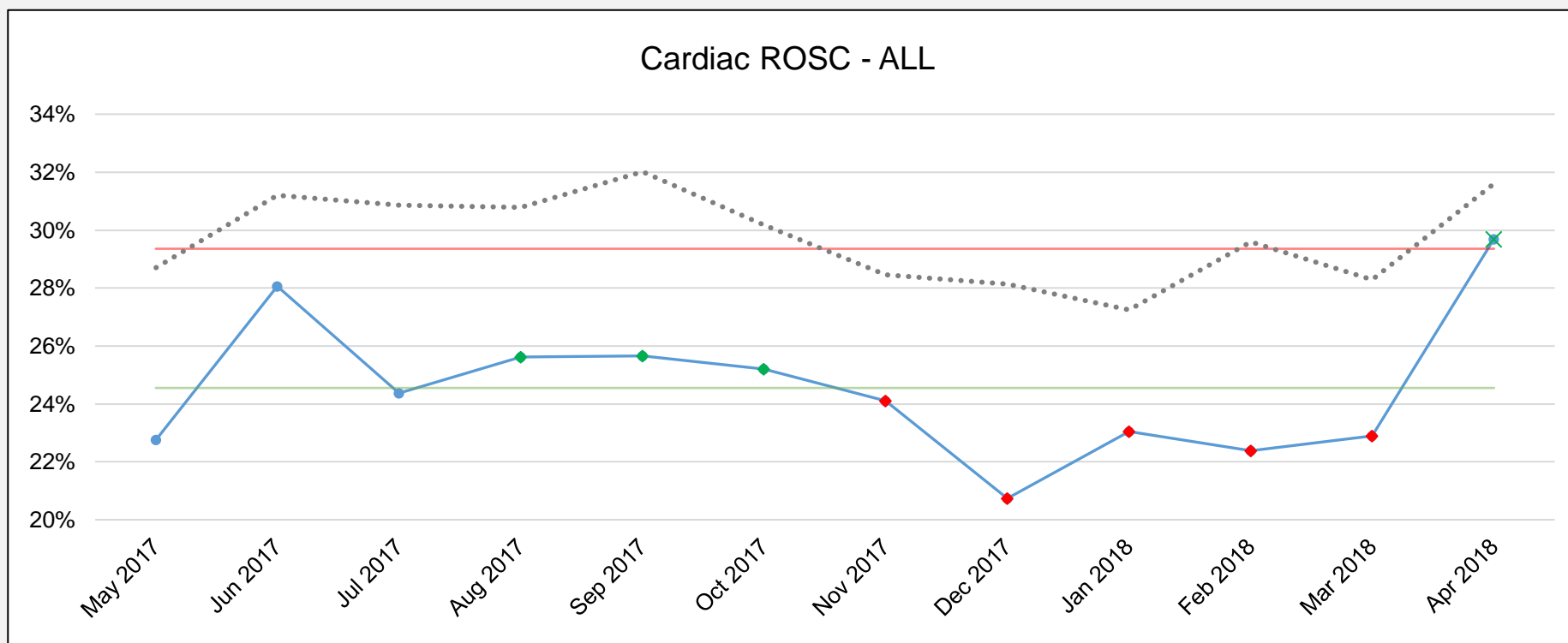
SECamb Clinical Safety Charts



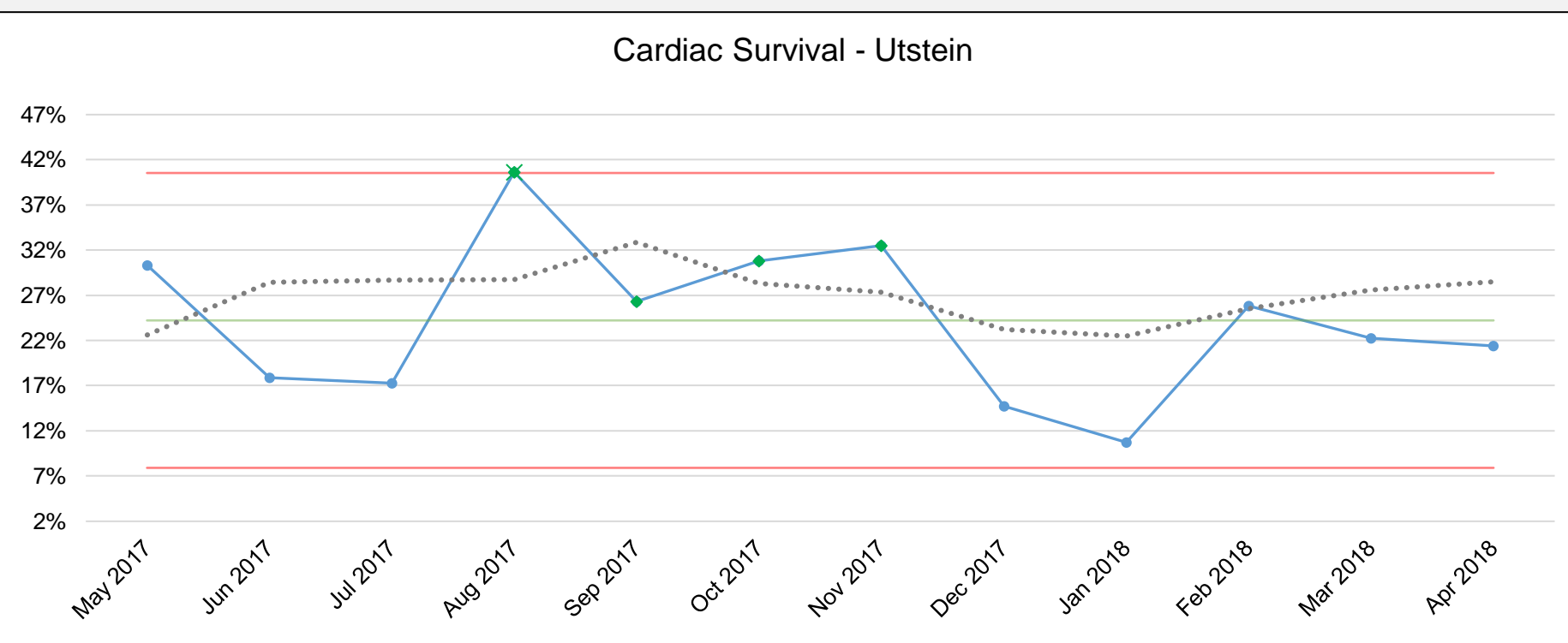
Performance for the cardiac arrest ROSC indicator for the Utstein group for April 2018 is in line with normal patterns of variation.

The Medical Directorate has allocated a Senior Clinician to lead on the Trust's Cardiac Arrest Survival Improvement Programme. Areas of focus have included developing a Cardiac Arrest Registry, Trust guidelines for the Management of Cardiac Arrest, developing our database of Public Access Defibrillators, rolling out LUCAS devices to OTLs and exploring use of the GoodSam App.

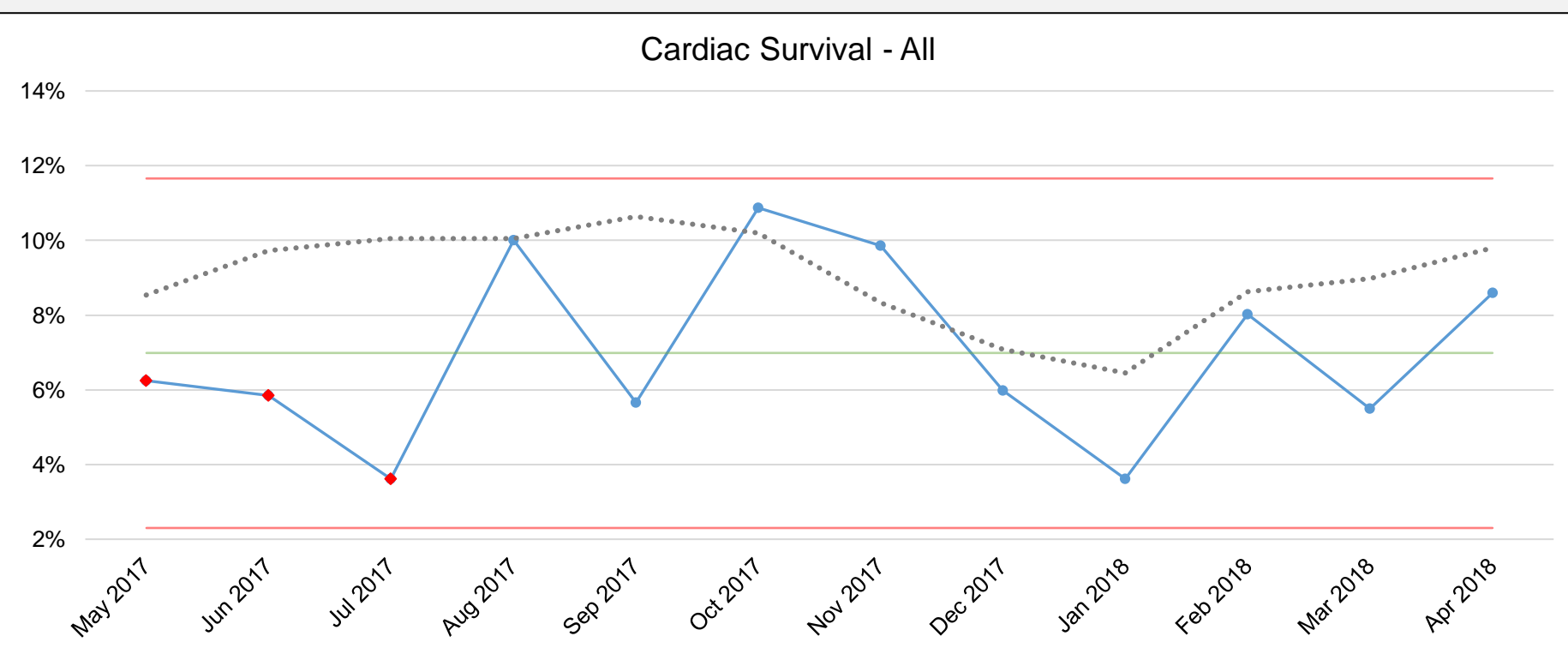
Key skills training for 2018/19 is at 50% completion and includes resuscitation training.



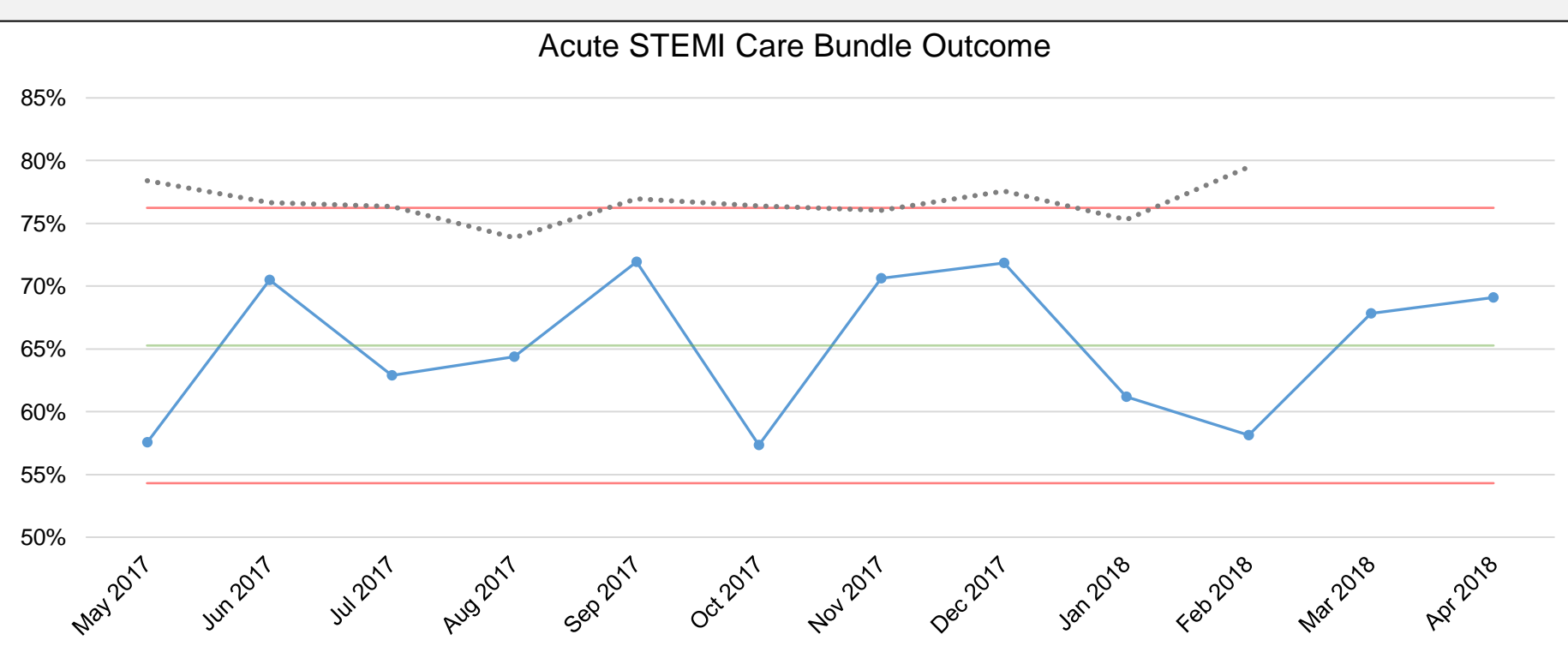
In April 2018 our performance for ROSC in all patient groups is above the SECamb YTD average and below the national average.



In April 2018, survival to discharge for the Utstein group was below the SECamb average and the National Average. The data continues to show normal patterns of variation.



In April 2018, our survival for all cardiac arrest patients was above the SECamb average and below the National Average. This appears to be in line with normal patterns of variation.

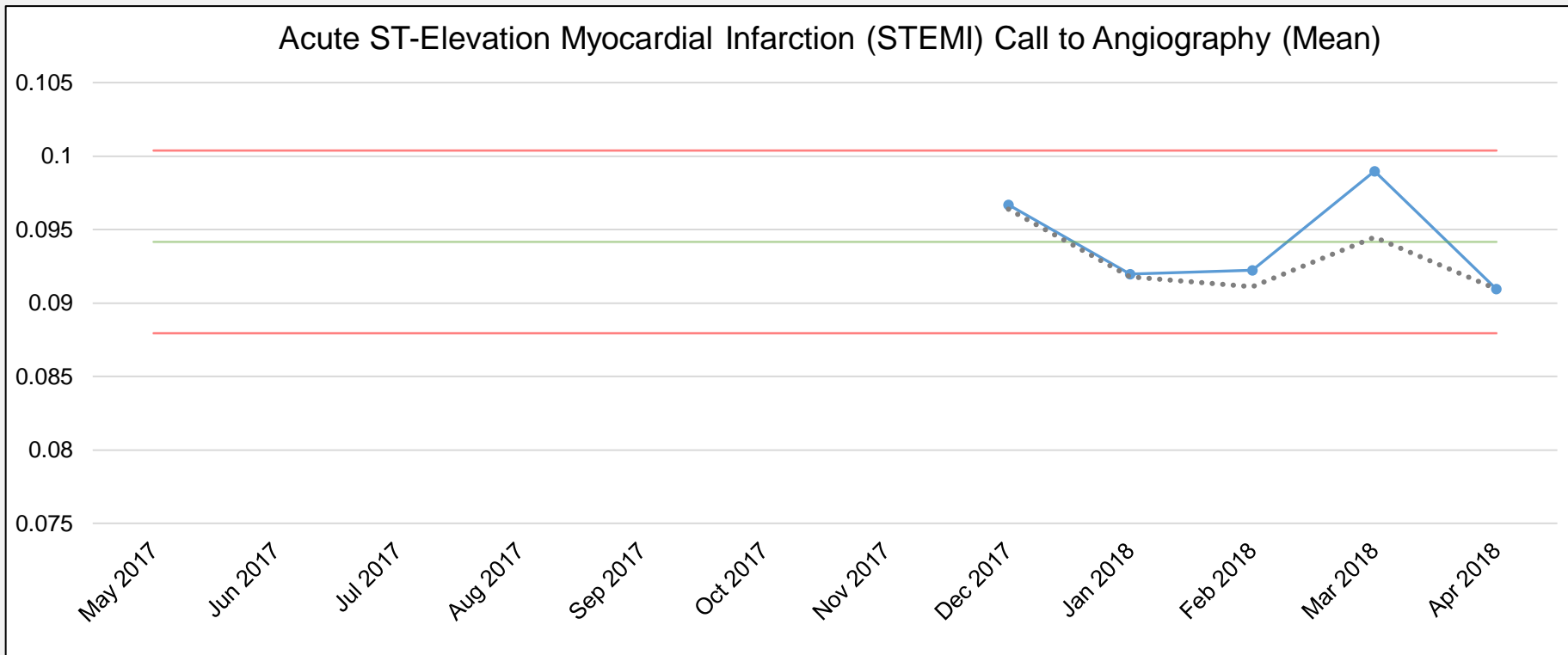


Performance for April 2018 was above the SECamb average.

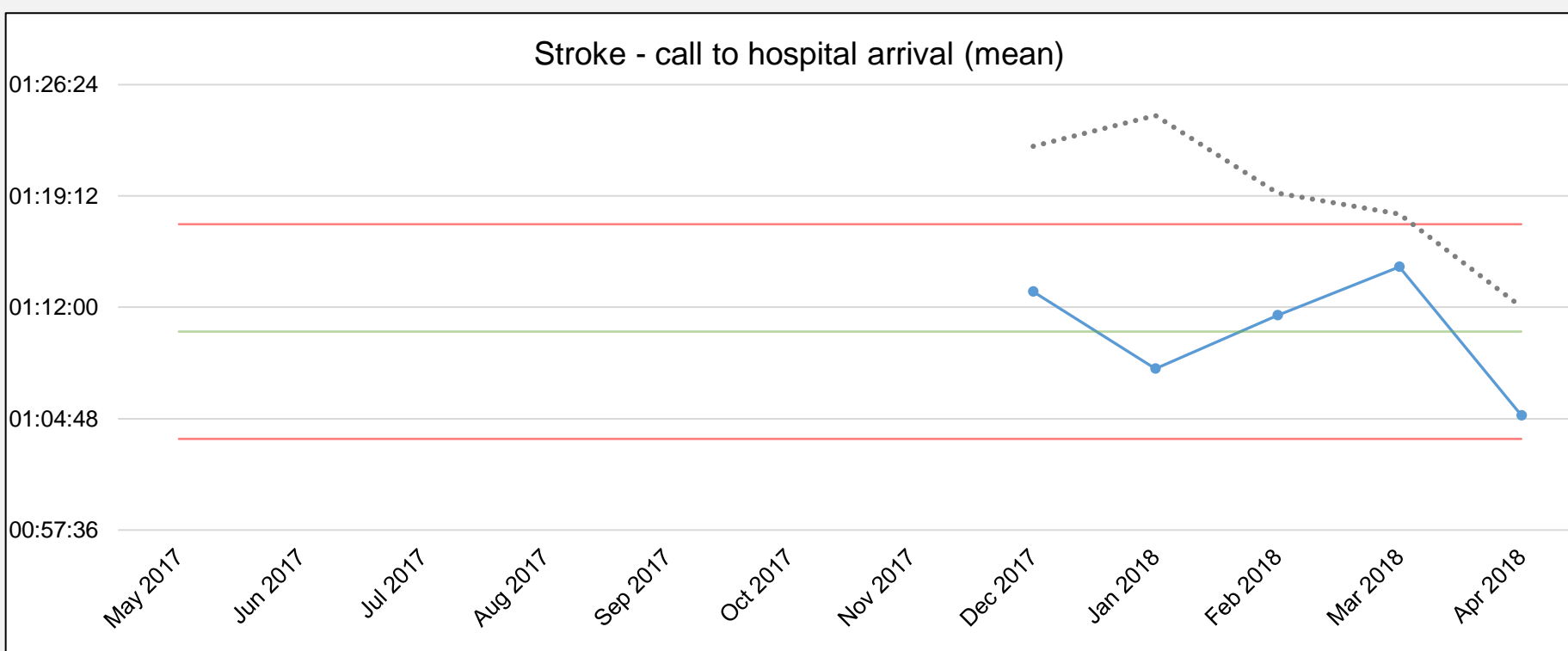
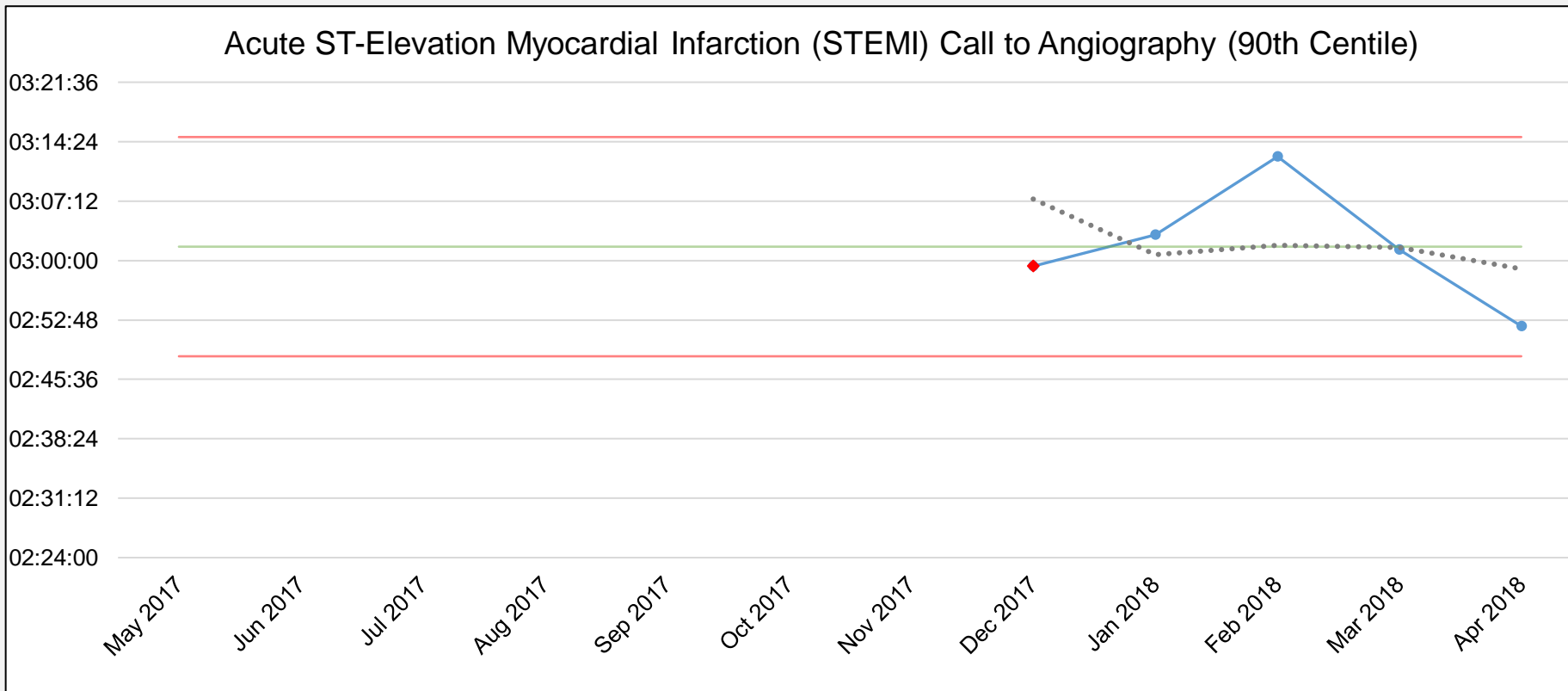
Dashboards and Quality Scorecards showing local performance levels are now routinely being shared with Operating Units (OUs) to facilitate focussed quality improvement. A suite of feedback tools and information sheets has also been developed.

Focussed improvement work is planned for OUs whose average performance is outside of the expected parameters.

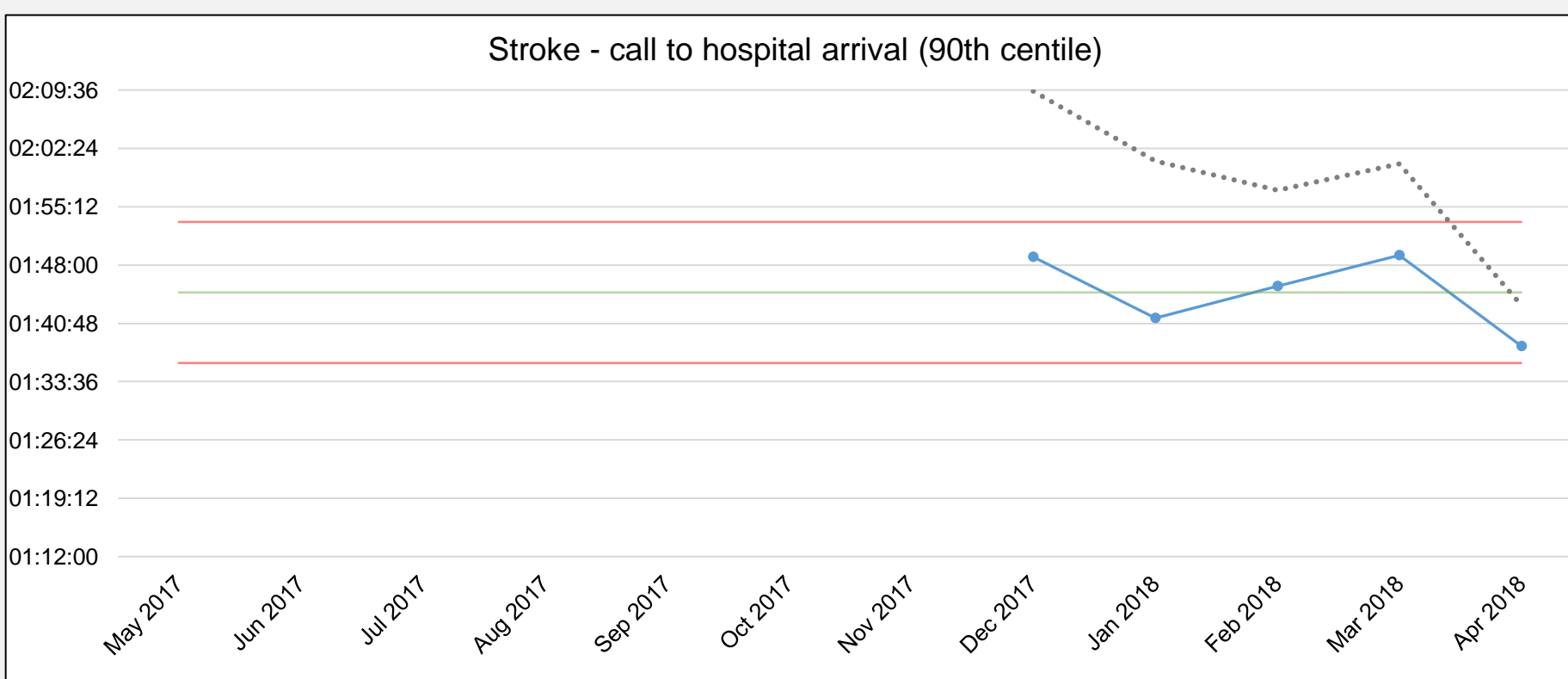
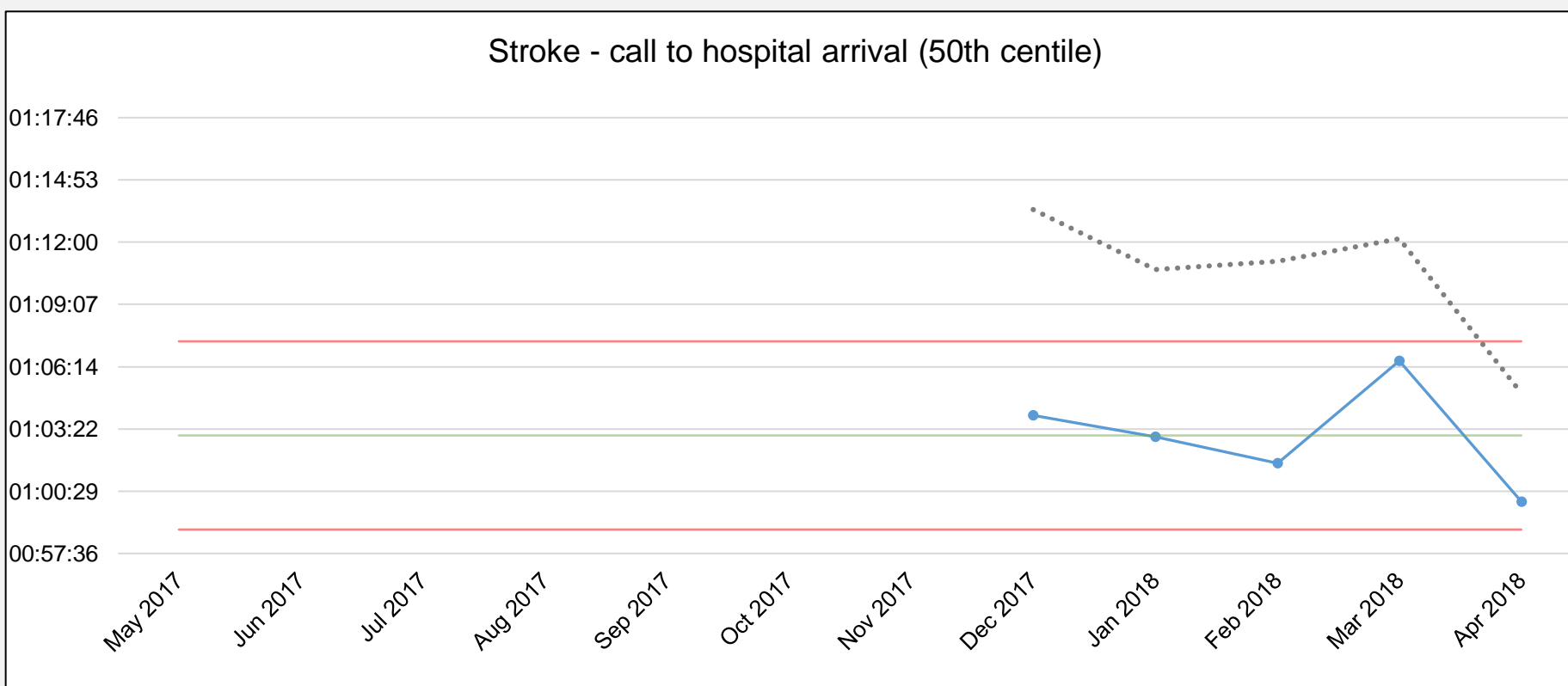
SECamb Clinical Safety Charts



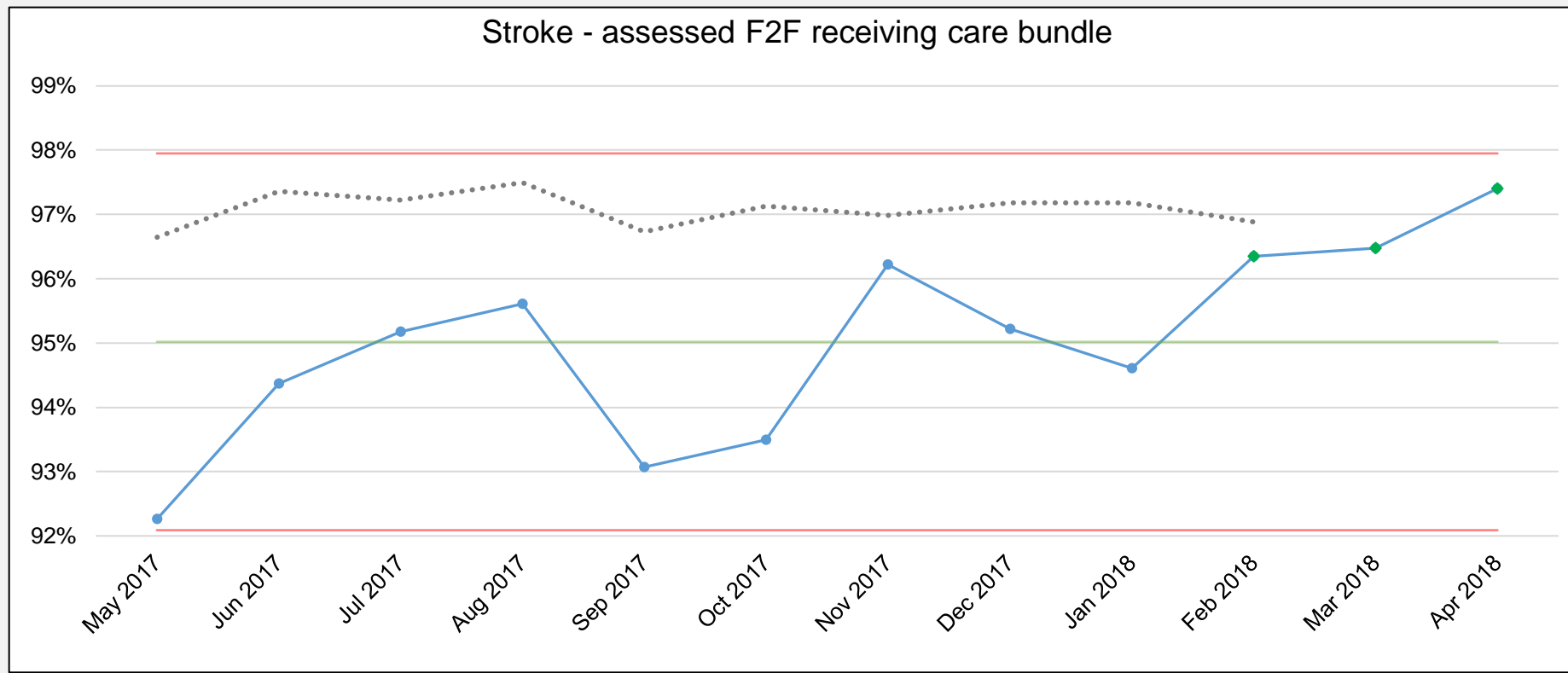
Mean performance is below the National Average. Our 90th centile performance is above the National Average. Which shows that STEMI patients that SECamb care for tend to receive more timely STEMI care.



Our mean performance for April 2018 is below the SECamb average and the national average. Our median performance was below SECamb average and below the national average. Our 90th centile time was below the SECamb and below the national average.



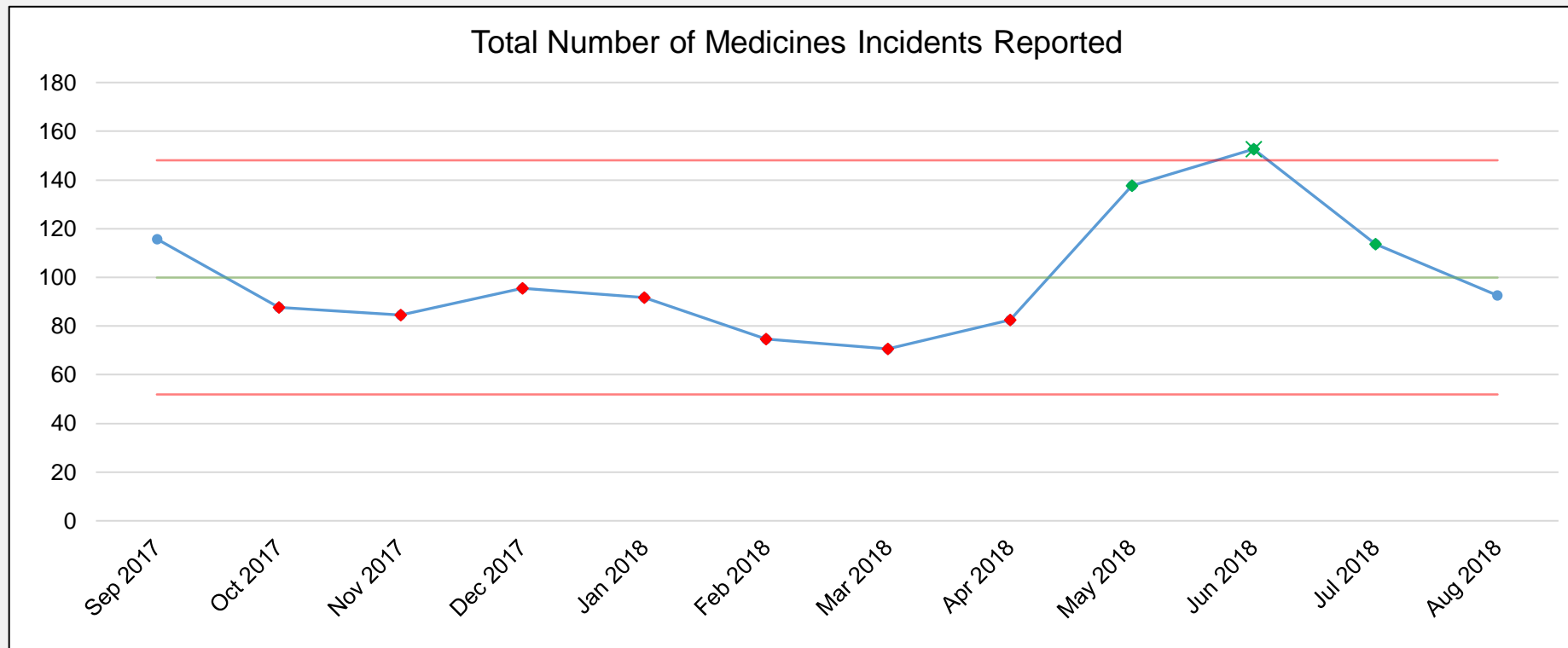
SECamb Clinical Safety Charts



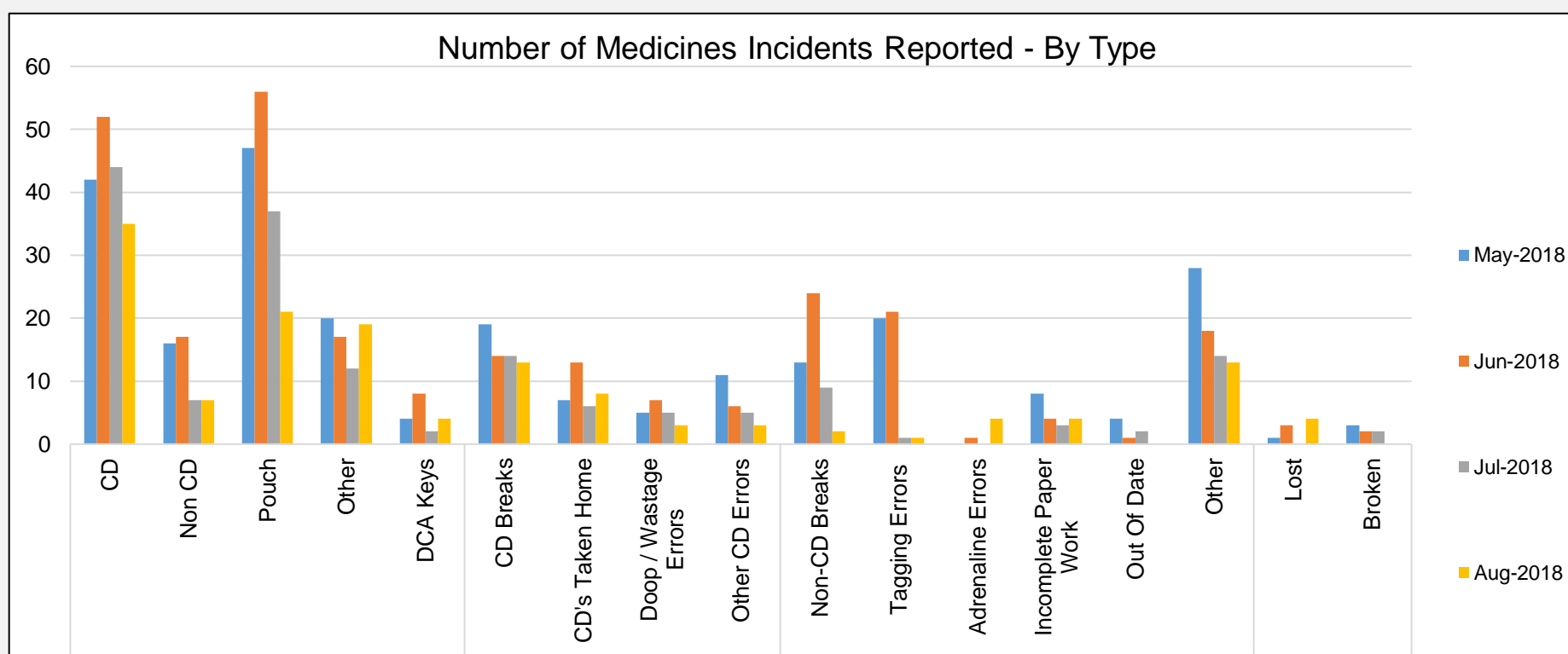
Performance in completing the Stroke Care Bundle is above the SECamb national average.

Dashboards showing local performance levels have now been shared with OUs to facilitate focussed quality improvement. Regular reminders of the importance of the completion of care bundles are placed in staff communications. A suite of feedback tools and information sheets has also been developed.

Focussed improvement work is planned for operating units whose average performance is outside of the expected parameters.

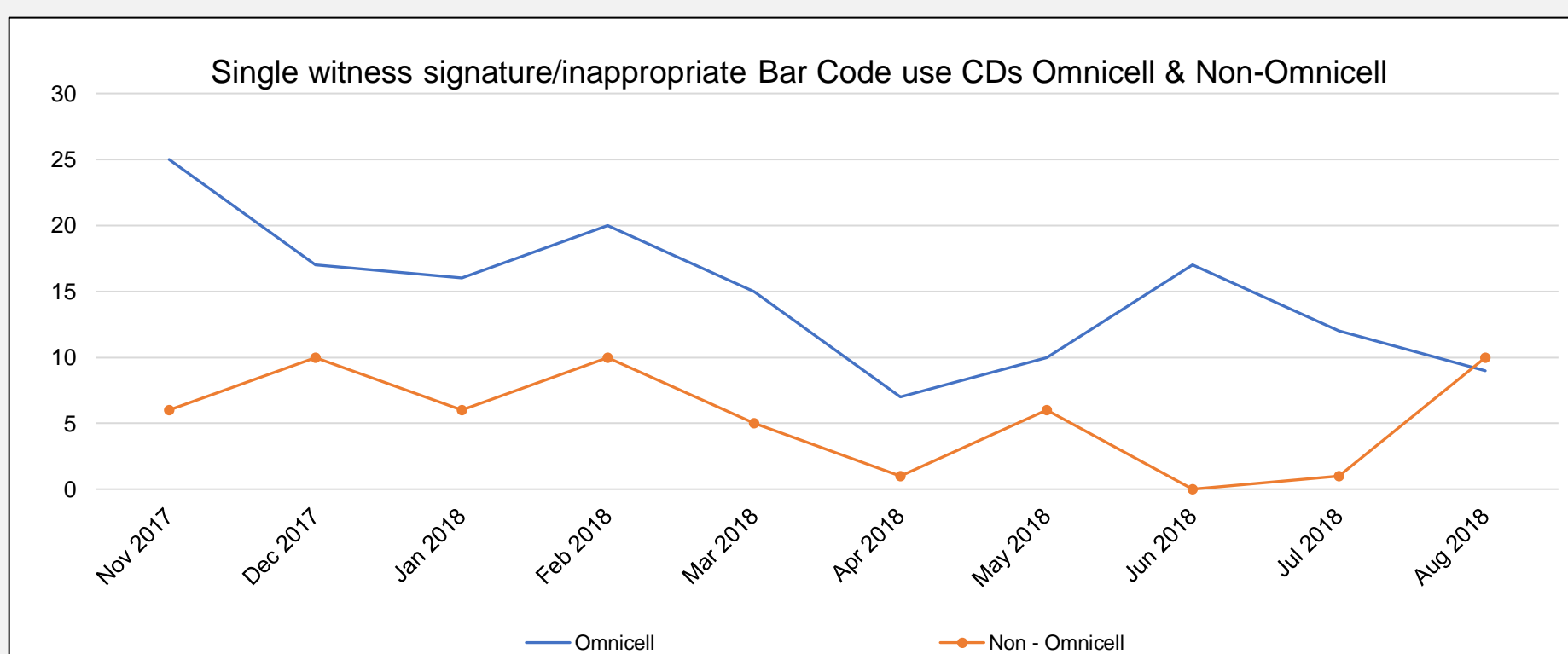


August has seen a further decrease in medicines incidents reported. Change has been made for September 2018 to aid staff with more reporting options for medicines in the Datix system. There are still incidents occurring where staff take Controlled Drugs home at the end of their shifts. Eight incidents were reported in August 2018 around this activity. A process is in place to ensure the drugs are returned without delay, and feedback is provided targeting any staff member who takes CDs home more than once. 22% of errors reported are in relation to medicines pouches and incorrect tagging, missing medicines or incomplete pouch paperwork. There was 5 incidents reported in August 2018 where medicines were not available for our patients due to incorrect tagging of pouches. A pouch review will commence on the whole system at end of October 2018, with a view to work up a project proposal document.

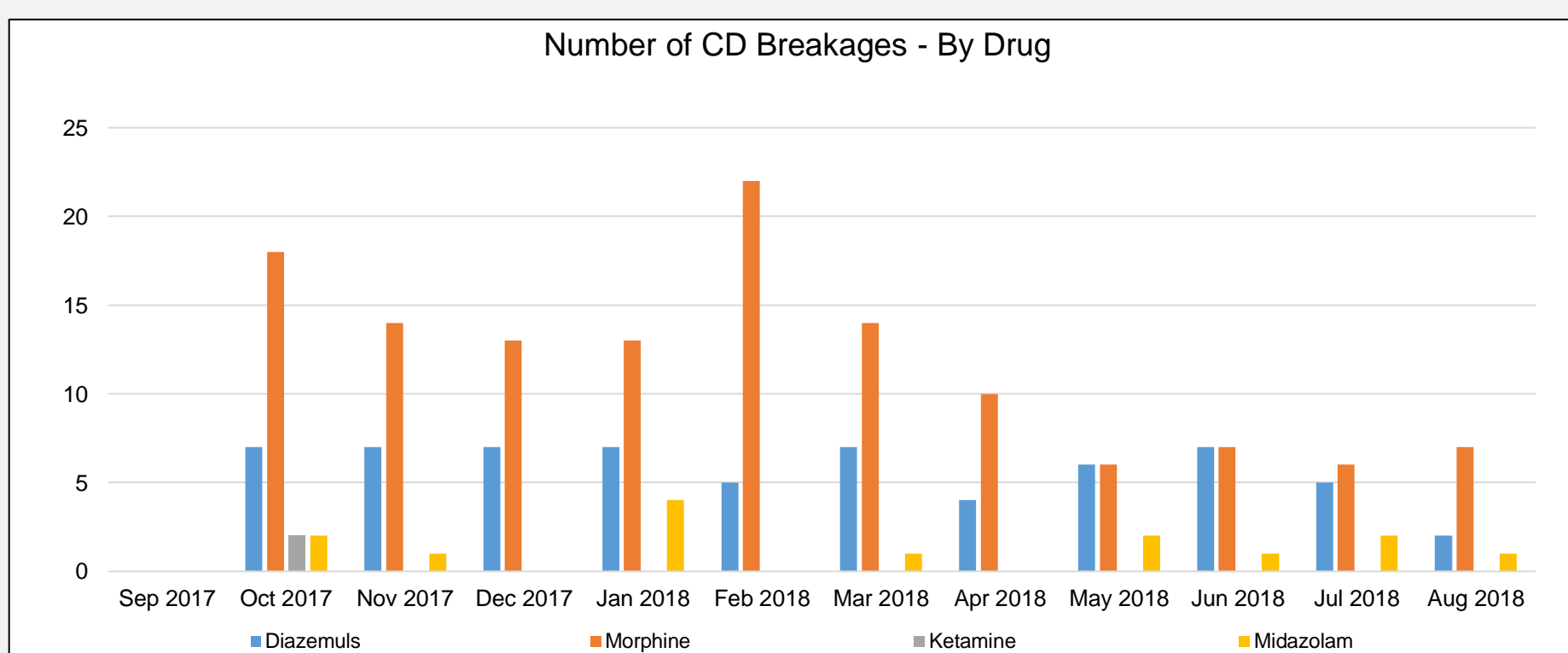


This relates to graph 1 (above).

SOP compliance around CDs continues to be reported well. Tagging errors, breakages and incomplete paperwork with medicines pouches continue to be reported by operational staff. More work is required around encouraging staff to report more and learning from incidents.



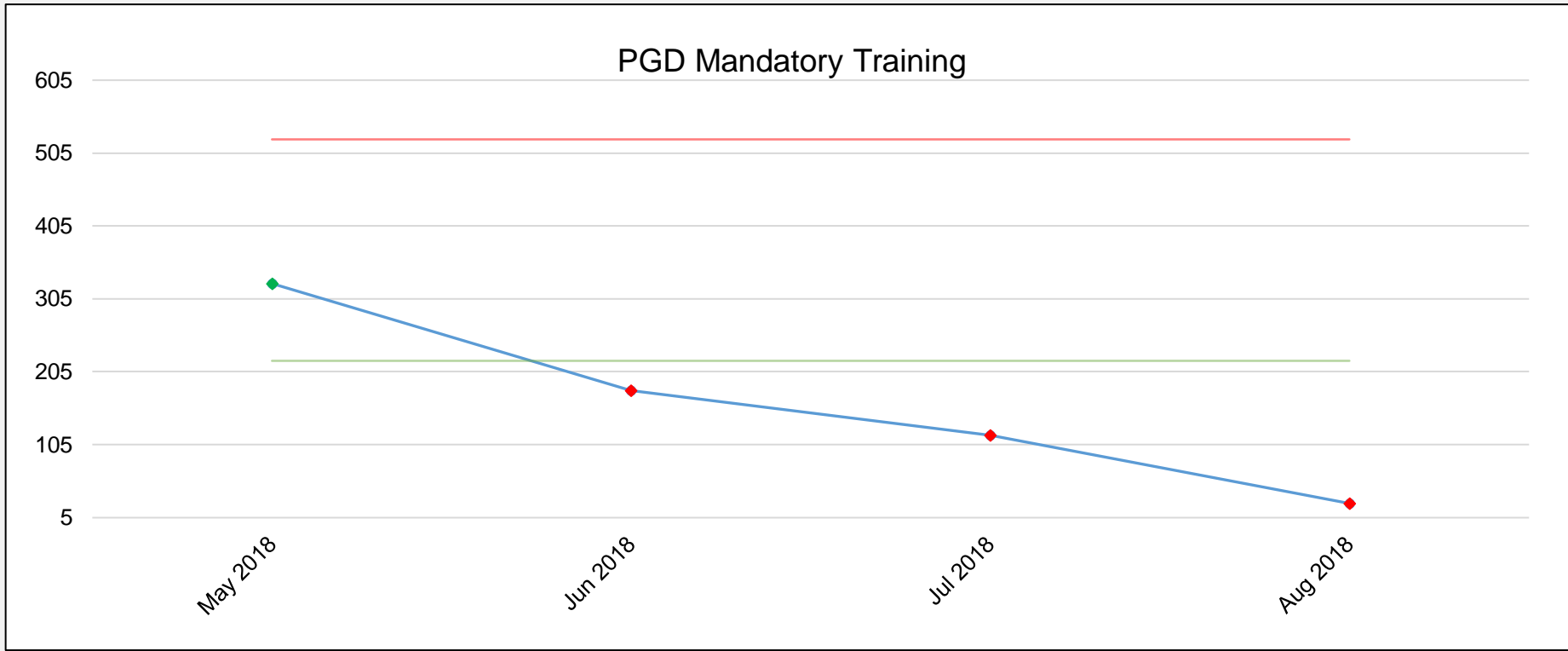
Weekly reports from the medicines governance team are sent to the OTLs on Omnicell sites to confirm the single signature is authorised. Medicines Governance Team rely on the OTLs reporting in this activity for non-Omnicell sites. OTLs are encouraged to complete a DIF1 for all unauthorised single CD signatures.



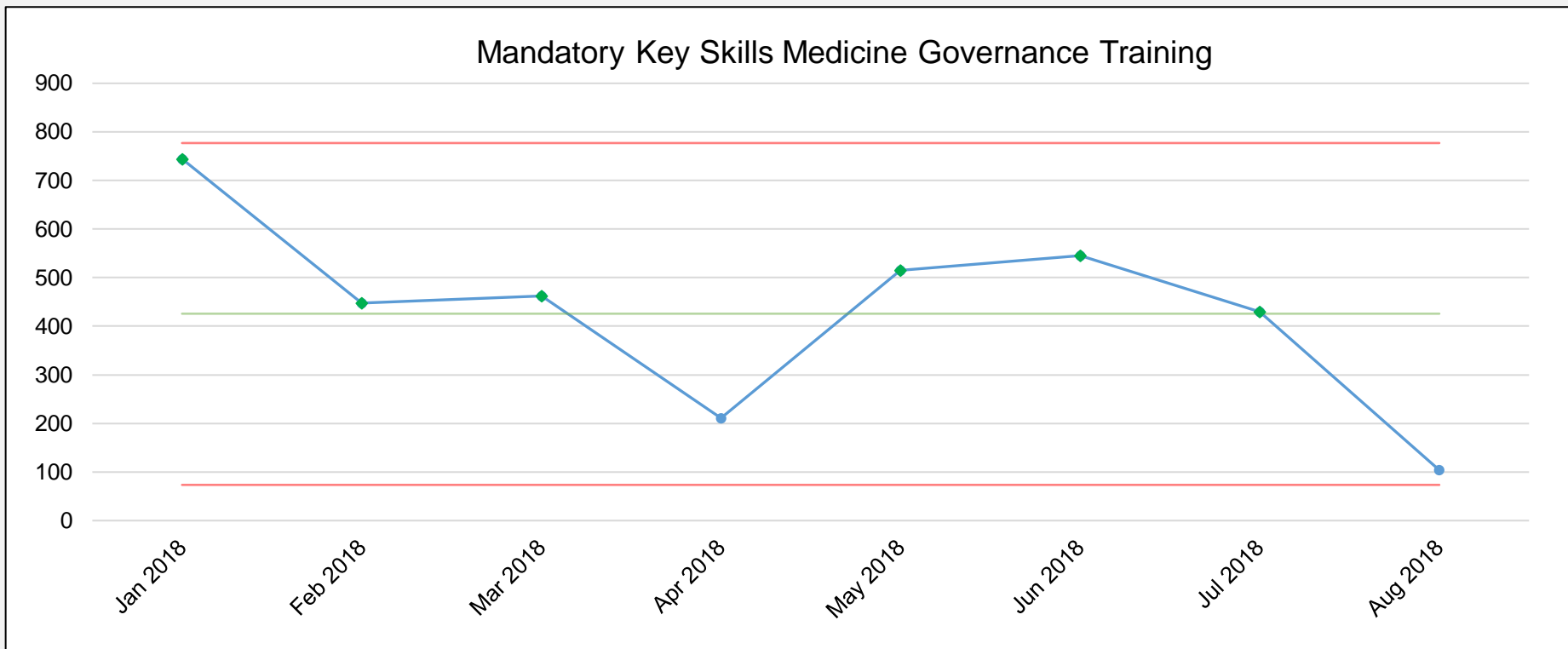
Total CD breakages are reduced by 59% for August 2018 when compared to same month in 2017. August 2017 saw 34 CD Breaks compared to only 14 during August 2018. Ampoule snappers have been trailed in the Paddock Wood area to see if this would reduce the number of breaks further but this has not had significant impact. As a Trust we have had significant improvement in CD breakages since the introduction of the CD pouch in October 2017.

Midazolam and ketamine are only available to CCPs whereas morphine and diazemuls are used by all Paramedics.

SECamb Clinical Safety Charts



Current numbers trained are in medicines governance key skills are 894 members of staff



Current numbers trained are in medicines governance key skills are 1687 members of staff
Consistent levels of statutory and mandatory training are seen.

Analysis of Cardiac Arrest Data - APRIL 2018

Total number of cardiac arrests identified = 421



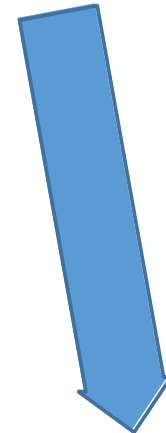
Number of resuscitation attempts = 212
excluding DNACPR 46 , DOA 159 , No Resus by SECamb 2, Post arrest 2

Utstein definition

Bystander witnessed
 Presenting rhythm VF
 Cardiac in origin

Non ROSC Definition

Patients transported to hospital
 in cardiac arrest with resuscitation
 still in progress



Cardiac Arrests (Utstein incidents) = 44 (21%)

Cardiac Arrests (All incidents) = 212 (100%)

ROSC sustained to hospital (Utstein)
 = 18 (41%)

ROSC sustained to hospital (All)
 = 63 (30%) + 1 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients

Utstein	Details	Overall
9	Patient survived to discharge	18
7	Patient died in hospital	43
1	Patient still in hospital*	2
1	Outcome unknown* (Patient identifiable data incomplete)	1

Survival to discharge is calculated as a percentage of the Overall or Utstein figures minus any incident missing patient outcomes (as detailed * above)

Survival to Discharge (Utstein) = 9 (21%)

Survival to Discharge (All) = 18 (9%)

Additional Information - Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	87 (41%)	11	1
PEA	33 (15%)	18	0
VF	67 (32%)	26	0
Non-shockable	23 (11%)	7	0
Not recorded	2 (1%)	1	0

CPR Bystander - 121

EMS Witnessed arrest - 35

Cardiac Arrest downloads received for Apr 18	0
Cardiac Arrest download reports sent to crews	0

Analysis of Cardiac Arrest Data by area - APRIL 2018

Number of resuscitation attempts = 210
 this figures excludes 2 incidents (1 Utstein) as PAS & VAS crew (neither resulted in ROSC at Hospital)

Cardiac Arrests (Utstein) East = 23 (11%)
Cardiac Arrests (Utstein) West = 20 (10%)

Cardiac Arrests (All) East = 132 (63%)
Cardiac Arrests (All) West = 78 (37%)

ROSC sustained to hospital (Utstein) East = 13 (57%)
ROSC sustained to hospital (Utstein) West = 5 (25%)

ROSC sustained to hospital (All) East = 41 (31%) + 1 non ROSC
ROSC sustained to hospital (All) West = 22 (28%)

Outcomes for ROSC at hospital and non ROSC at hospital patients

Area	Utstein	Details	Overall
East	6	Patient survived to discharge	11
West	3		7
East	6	Patient died in hospital	29
West	1		14
East	0	Patient still in hospital*	1
West	1		1
East	1	Outcome unknown* (Patient identifiable data incomplete)	1
West	0	Outcome unknown* (Patient identifiable data incomplete)	0

Survival to discharge is calculated as a percentage of the Overall and Utstein figures minus any missing patient outcomes as detailed * above

Survival to Discharge (Utstein) East = 6 (27%)
Survival to Discharge (Utstein) West = 3 (16%)

Survival to Discharge (All) East = 11 (8%)
Survival to Discharge (All) West = 7 (9%)

Mental Health Care

Rag Ratings:

Within ARP Cat 2 18 mins	= GREEN
Outside Cat 2 ARP 18 mins, up to 40 mins	= AMBER
Outside Cat 2 ARP 18 mins, beyond 40 mins	= RED
Within 90th Percentile 40 mins	= GREEN
Outside 90th Percentile 40 mins, up to 1 hour	= AMBER
Outside 90th Percentile 40 mins, beyond 1 hour	= RED

The mental health indicator has been rated GREEN as the mean response measures are on balance within cat 2 standard.

Cat 2 = 00: 19:06
90th Centile= 00:38:17

During August 2018 there were 135 Section 136 related calls to the service. 116 of these calls received a response (85.92%) (83.57% in July) resulting in a conveyance to a place of safety by an ambulance on 110 (81.48% of total calls; in July this was 77.14% of total calls) on these occasions.

The overall performance mean shows a response time across the service as 00:19.06 (July was 00.21.32). Against the 90th centile measure, the response was 00:38.17 (June was 00.43.38).

There were 115 transports of under 18's (6 during July).

There were 19 occasions when SECamb did not provide a response. This is down from 23 in July, however the call activity is slightly lower although conveyancing is higher.. This report RAG rates against both mean ARP standards within Cat 2; these being 18 minutes and the 90th percentile within 40 minutes. The report also details conveyances measured under Cat 3, Cat 4, C60 HCP, C120 HCP and C240 HCP (these are likely to be secondary conveyances and are not RAG rated) and these are as follows:

Cat 3: Total calls 6 Total responses 5 Total transports 5
Performance Mean 00.02:33.24 90th centile 07:04:25

The high performance means for cat 3 are the result of an 11.22.41 response from the Tangmere and Worthing OU.

Cat 4: Total calls 0 Total responses 0 Total transports 0

C60 HCP: Total calls 8 Total responses 2 Total transports 1
Performance Mean 00:41:53 90th centile 01:03:24

C120 HCP: Total calls 2 Total responses 2 Total transports 2
Performance Mean 02:35:48 90th centile 03:33:20

C240 HCP Total calls 0 Total responses 0 Total transports 0

(These responses are collectively reported by Operational Unit on the attached dashboard)

Quality and Patient Safety Report :

Unreconciled Clinical Records: Improvements made in the number of unreconciled incidents have been sustained, but has plateaued at circa 11% unreconciled each month. A business case has been developed for an IT solution that would improve this figure.

Medicines compliance to safe and secure handling audit checks is 95.2% for the month (from 93.5%). Compliance with weekly checks has decreased, with only seven stations being compliant. A significant decrease in compliance to 75% (from 93.5%) was noted with the monthly OU checks. Six occurrences of non-compliance to the CD procedures were reported.

IP Ready: HH compliance has increased to 93% (against the target of 90%). BBE is now called 'Clinically Ready' and was 100% compliant this month. MRC Deep Clean rates are showing as fully compliant for the Trust at 104%, but Paddock Wood struggled to complete all of their DC's and only achieved 71% for the month. VPP areas below target at 97%, due to issues in Brighton. IPC Level 2 training is just below the monthly target of 85% this month, but this is due to local records not being updated onto the central reporting system. Environmental Cleanliness audit completion has improved as has compliance levels. Flu vaccine reporting will commence from next month.

Safeguarding referral rates continue to increase (currently a 24% increase compared to 2017). Five new safeguarding data requests have been received this month for ongoing case reviews, totalling fifteen year to date. 2018/19 training on harmful behaviours (coercive and controlling) has a 56% completion rate to date. Training on Level 2 child safeguarding for all operational staff is 71.15% and for Level 2 adult safeguarding (both e-learning) is 72.34% (increased from 58% in July)

The Trust continues to see an increase in incident reporting with a total of 808 reported in August. The allocation of investigators has remained at 100 again in August. Timeliness of the investigation (deadline for completion is 20 working days) has stabilised around 210 in August 2018. The number of overdue incidents investigated within 20 working days has fluctuated from 50-100 and is closely monitored by the Datix team.

Serious Incidents (SIs) and Duty of Candour (DoC): 8 SIs were reported in August (9 in July). 72 SIs were open on STEIS at the end of August (71 in July). A decrease to 28 (from 31 in July) were overdue for first submission to the CCG; none were closed from August closure meeting from the seven that were submitted, with one recommended for de-escalation by the CCG. The Trust achieved 100% compliance with DoC requirements for SI's. 100% compliance was also achieved for DoC made/attempted within deadline.

Patient Experience: The Trust received and opened 91 complaints (102 in July) against a monthly average for the year of 104. 95 were due for closure, with 61% upheld in some way. The top three complaints were about staff behaviours, timeliness and NHSP (triage). Staff behaviour complaints decreased to 21 from 32 last month; timeliness decreased from 26 to 15; but NHSP (triage) increased to 27 from 23. Falls continues to be the theme with the highest number reported. Complaints response timeliness performance since the end of January continues, with 99% responded to within the Trust's 25 working day timescale this month. August saw an increase in compliments received (n=189), well above the usual monthly trend of circa 130-140.

STEMI Care Bundle performance has remained at 69.61% (from 69.1% in Mar), which continues below the national YTD average of 76.4%. Stroke Diagnostic Bundle performance is now above the national average (97.1%) at 98.67%.

Clinical Audit: the 2018/19 Clinical Audit annual plan is on track and national requirements for the collection and submission of data are being met.

SECAmb Clinical Quality Scorecard

Number of Incidents Reported

	Jun-18	Jul-18	Aug-18	12 Months
Actual	712	770	806	
Previous Year	586	595	579	

Number of Incidents Reported that were SI's

	Jun-18	Jul-18	Aug-18	12 Months
Actual	10	9	8	
Previous Year	7	8	10	

Duty of Candour Compliance (SIs)

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	100%	100%	100%	
Target	100%	100%	100%	

Number of Complaints

	Jun-18	Jul-18	Aug-18	12 Months
Actual	88	102	91	
Previous Year	102	82	105	
Complaints Timeliness (All)	99.0%	98.8%	99.0%	
Timeliness Target	95%	95%	95%	

Compliments

	Jun-18	Jul-18	Aug-18	12 Months
Actual	133	176	189	

Hand Hygiene

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	88%	89%	93%	
Target	90%	90%	90%	

Safeguarding Training Completed (Adult) Level 2

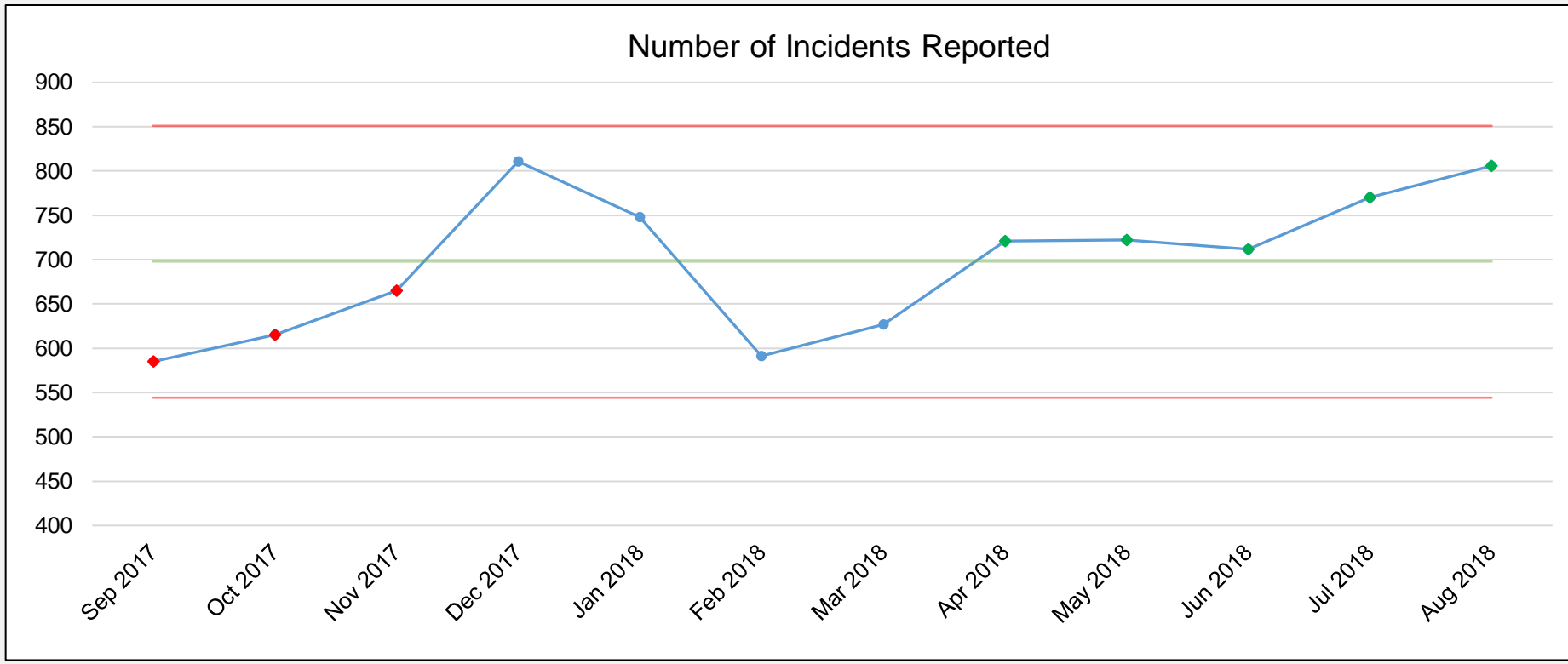
	Jun-18	Jul-18	Aug-18	12 Months
Actual %	37.97%	58.69%	72.34%	
Previous Year %	21.07%	26.65%	34.06%	
Target	85%	85%	85%	

* Safeguarding training is completed each financial year, which explains the significant drop for April 2018

Safeguarding Training Completed (Children) Level 2

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	38.18%	57.62%	71.20%	
Previous Year %	21.33%	20.54%	35.99%	
Target	85%	85%	85%	

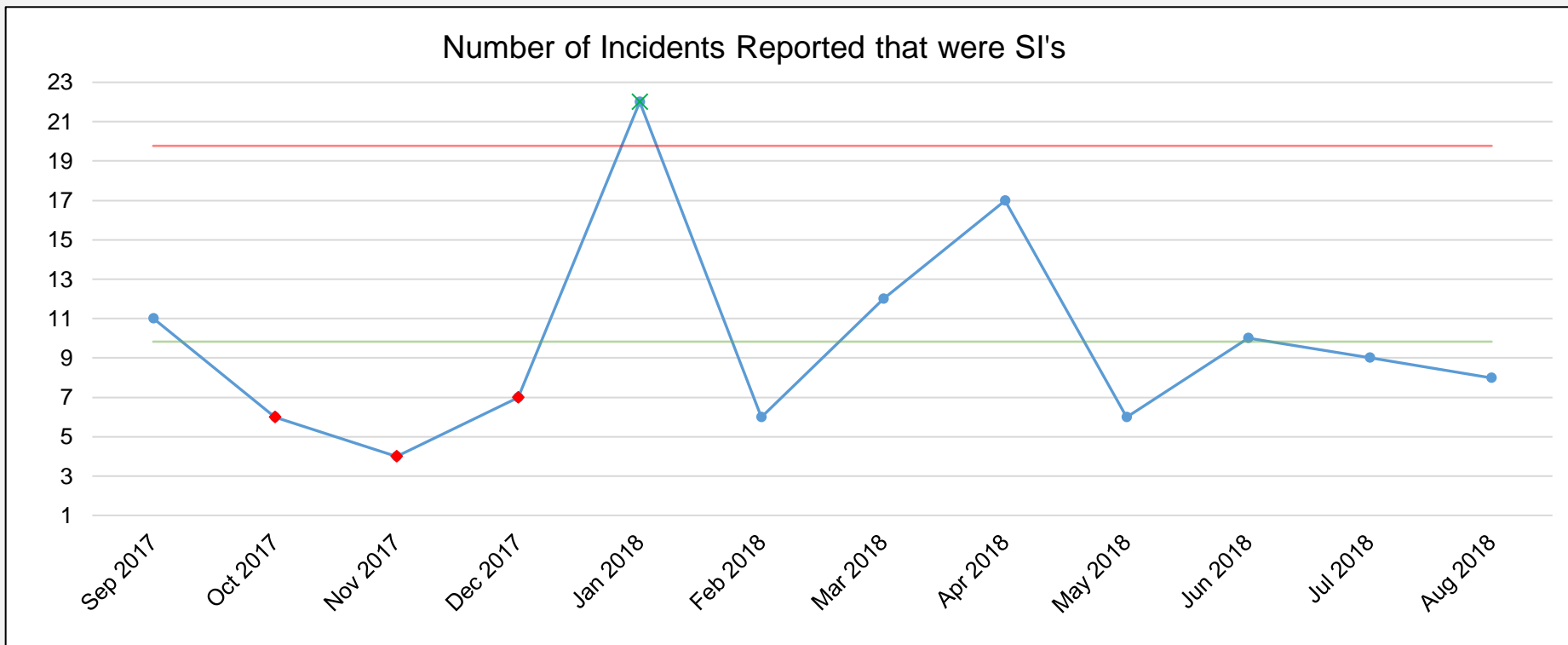
SECamb Clinical Quality Charts



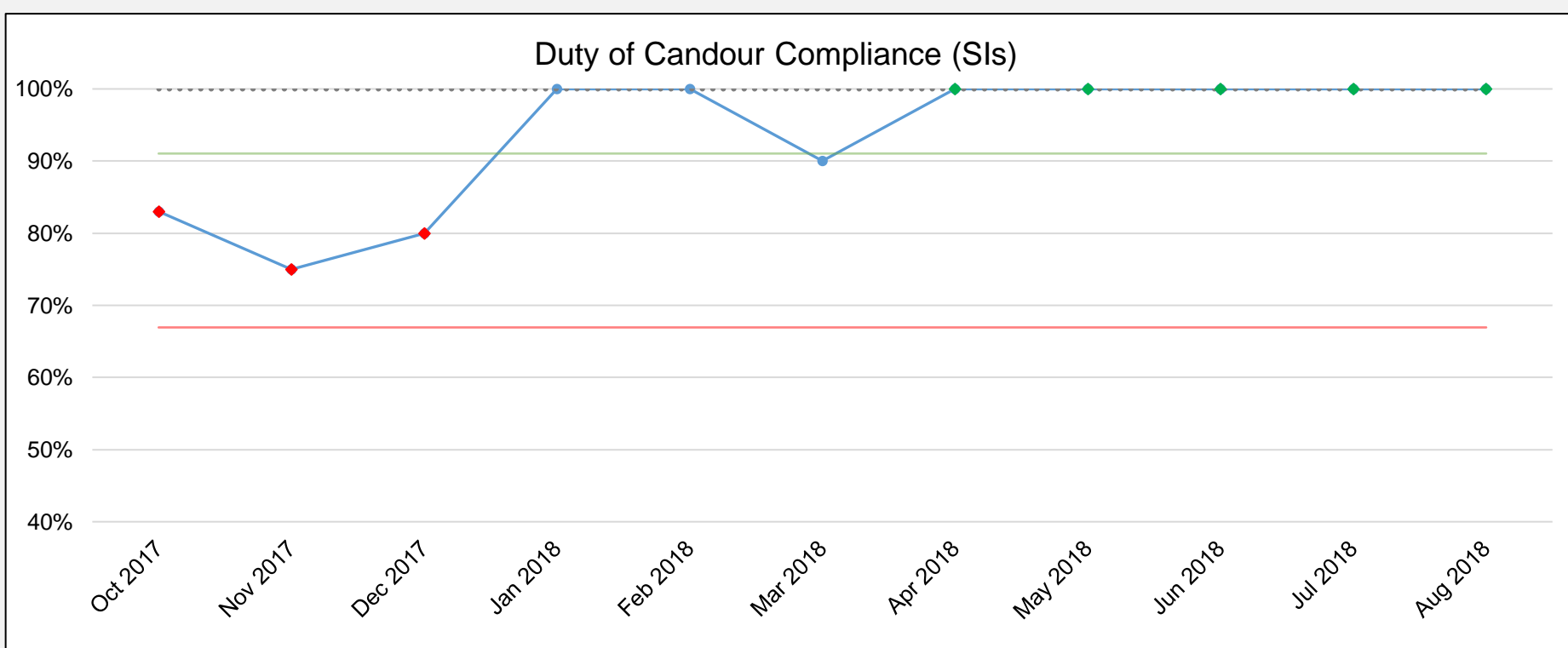
There has been 808 incidents reported in August 2018. This is an increase from July of 768 incidents. The most common reported incident was around not travelling under blue lights which reported 75 incidents for the month.

We reported 695 no harm incidents over the month and this has meant that we continue to report around 95% of our incidents as no and low harm.

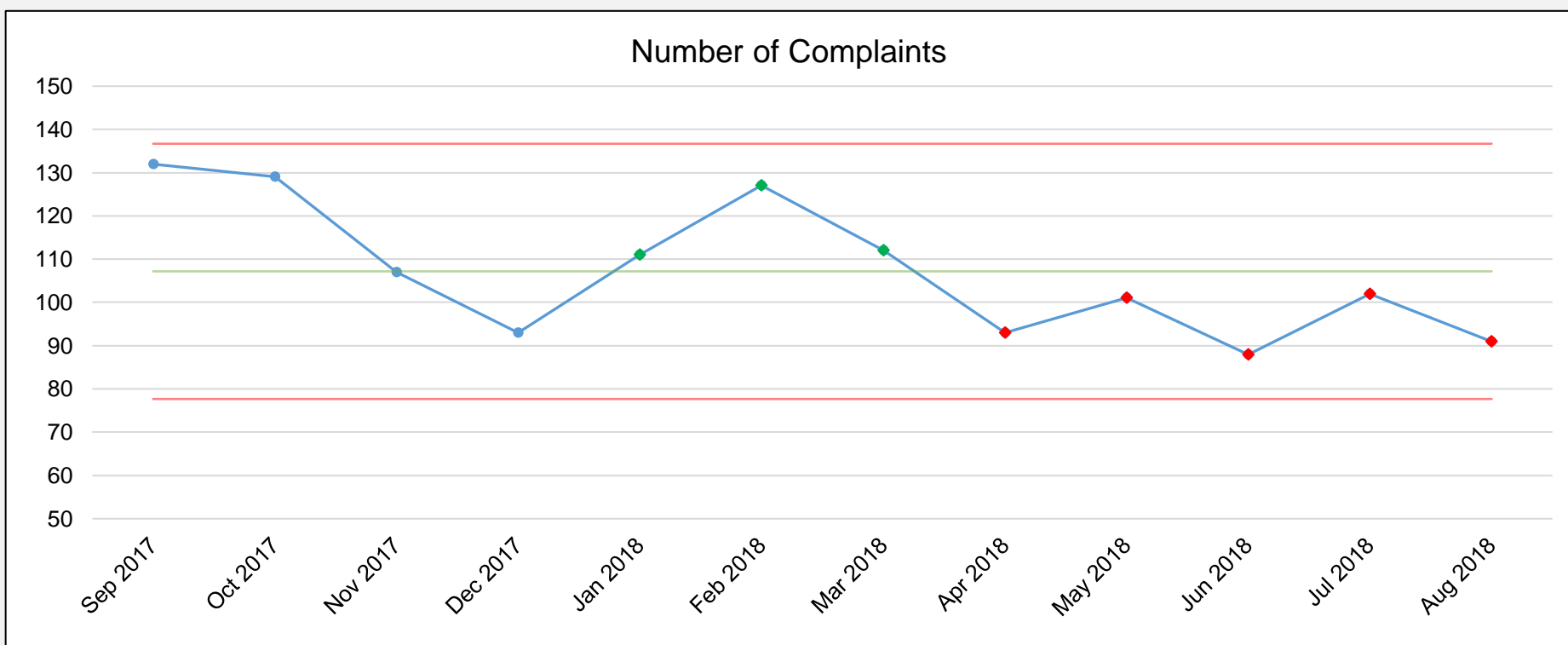
EOC, Polegate & Hastings and Medway & Dartford continue to be high reporters with 141, 103 and 81 respectively.



8 Serious Incidents were reported in August (9 in July). 72 SIs were open on STEIS at the end of August (71 in July). A decrease to 28 (from 31 in July) were overdue for first submission to the CCG. None were closed from August closure meeting from the seven that were submitted, with one recommended for de-escalation by the CCG.



The Trust achieved 100% compliance with DoC requirements for SIs with all made/attempted within deadline

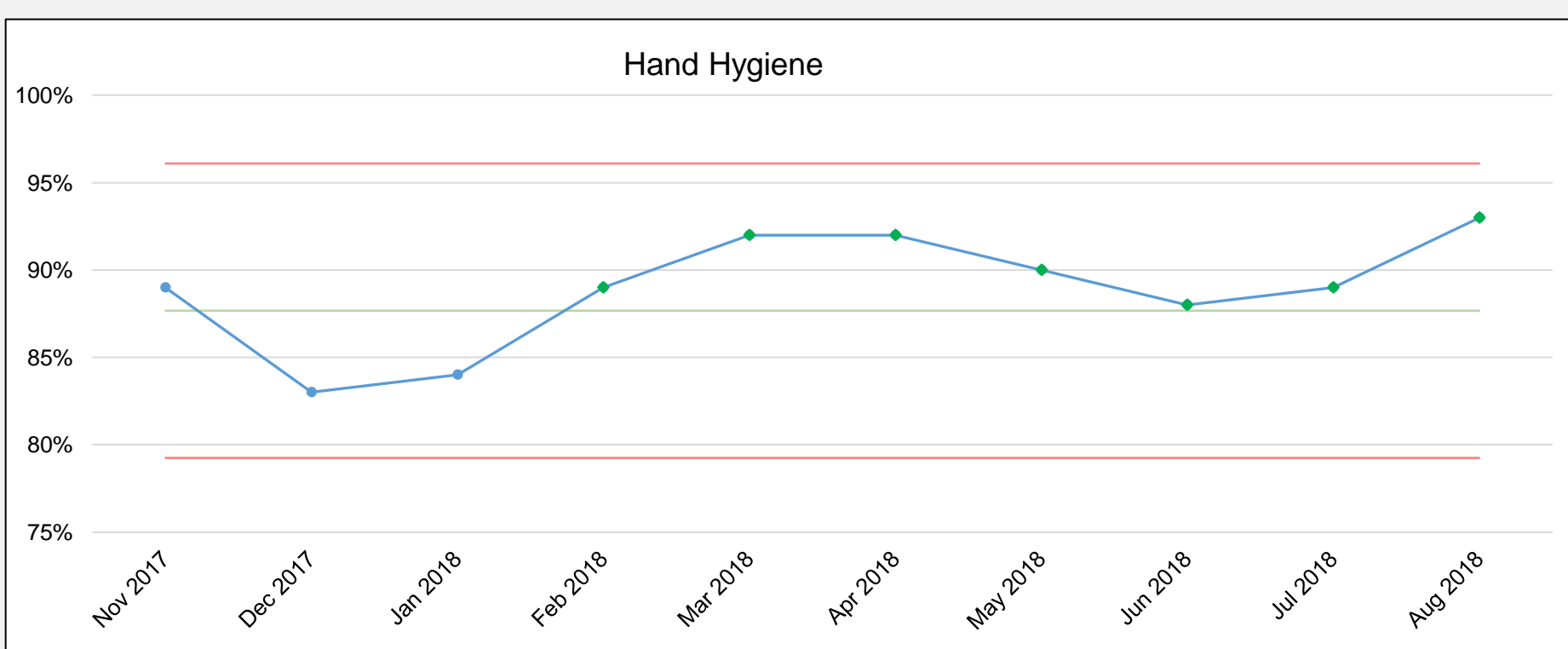


The Trust received and opened 91 complaints in August 2018, compared to 102 in July. The monthly average for 2017/18 was 104.

In August, as most months, the top three complaints sub-subjects were NHS Pathways (triage), timeliness, and staff behaviour. A&E timeliness complaints reduced considerably in August, with just 15 compared to 26 in July. Complaints about staff behaviour have also reduced, from 32 in July – a spike for which no explanation has been ascertained to date – to 21, which is within normal ranges. Complaints about triage have increased, however, from 23 in July to 27 in August.

In August 2018 99% of complaints were concluded within timescale.

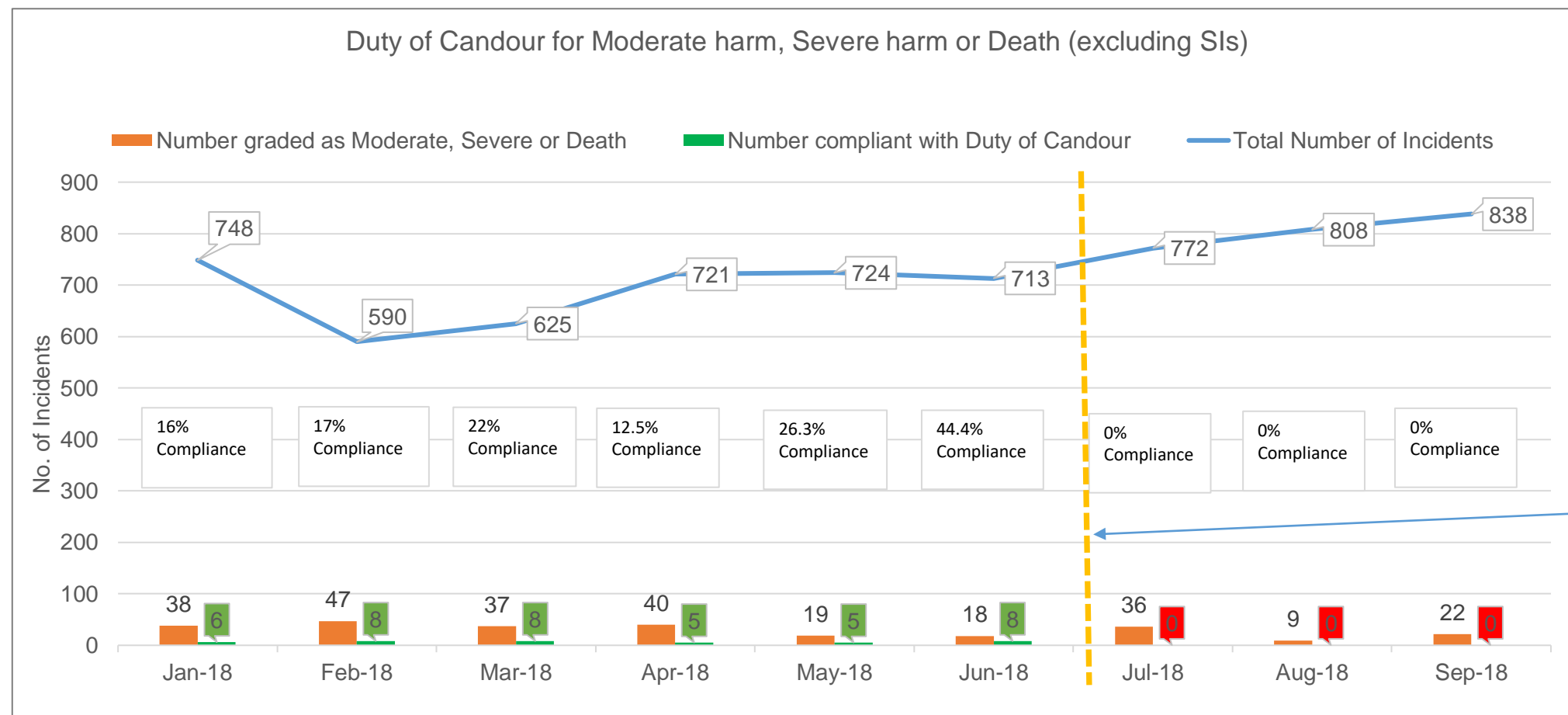
The number of compliments received continues to rise, with 189 in August. This follows a rise to 176 in July, following several months of numbers in the 130s.



Hand Hygiene is now audited using the 3R's tool from the Infection Prevention Ready Procedure. This month we achieved the 90% target for HH and Clinically Ready was showing as 100% compliant.

SECamb Duty of Candour and Moderate Harm

There has been a change in compliance criteria for this as explained below after an audit in to Duty of Candour in the Summer of 2018. A new process is in place with SIG to put Duty of Candour that does not meet SI reporting criteria. These incidents will go to SIG for review and then if they require DoC will be sent to the patient experience team to make contact with the patient or family member and upload evidence onto Datix to support this.



Prior to July, ticking 'Yes' for Duty of Candour was viewed as compliant. Now, evidence must be attached to the incident to be compliant.

SECamb Health and Safety Reporting

The Head of Health and Safety (H&S), Amjad Nazir, has produced a comprehensive Health & Safety improvement plan. The improvement plan will be submitted to our Workforce Wellbeing Committee in October 2018. Progress for the improvement plan will be reported every two weeks to the compliance steering group. Furthermore, a task and finish group will meet every two weeks to aid the completion of the improvement plan.

The development of a bespoke internal Health & Safety audit tool is making good progress and will go live in January 2019. Annual Health & Safety audits will become a permanent programme of works to seek continuous improvement.

The Health & Safety team will operate with three Health & Safety managers and one Head of Health & Safety. The third Health & Safety Manager will join the newly created team on the 15th October 2018. The first priority for the team is to begin developing a robust and effective Health & Safety management system.

Multi-disciplinary training is an on-going programme until March 2019. First line managers receive this training which provides H&S and Risk knowledge along with legislative awareness and responsibilities.

Violence and Aggression Incidents - See Figure 1 below

In recent years there has been an increase throughout the UK in assaults on emergency workers. The recent change in law will double the maximum sentence from 6 to 12 months in prison for new offences. This change in law will hopefully assist in the future to reduce incidents of this nature.

Manual handling Incidents - See Figure 2 below

The H&S team will soon commence work with clinical education to undertake a training needs analysis. The analysis will review next year's statutory and mandatory training. The focus will be the adequacy of training and the frequency of refresher periods. On-going improved investigations and shared learning will also increase awareness of best practice for moving and handling.

Health & Safety Incidents - See Figure 3 below

The number of health and safety incidents reported has dropped, partly due to a temporary reduction in quality assurance visits necessitated by competing priorities.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) - See Figure 4 below

RIDDOR incidents reported in August were 7 with 5 reported on time to the Health & Safety Executive. The 2 late reported incidents were reported late by the members of staff involved. Health & Safety training continues for first line managers, awareness and compliance will improve in time. In addition to this a specific action is included within our H&S improvement plan to review internal RIDDOR reporting mechanisms.

Figure 1

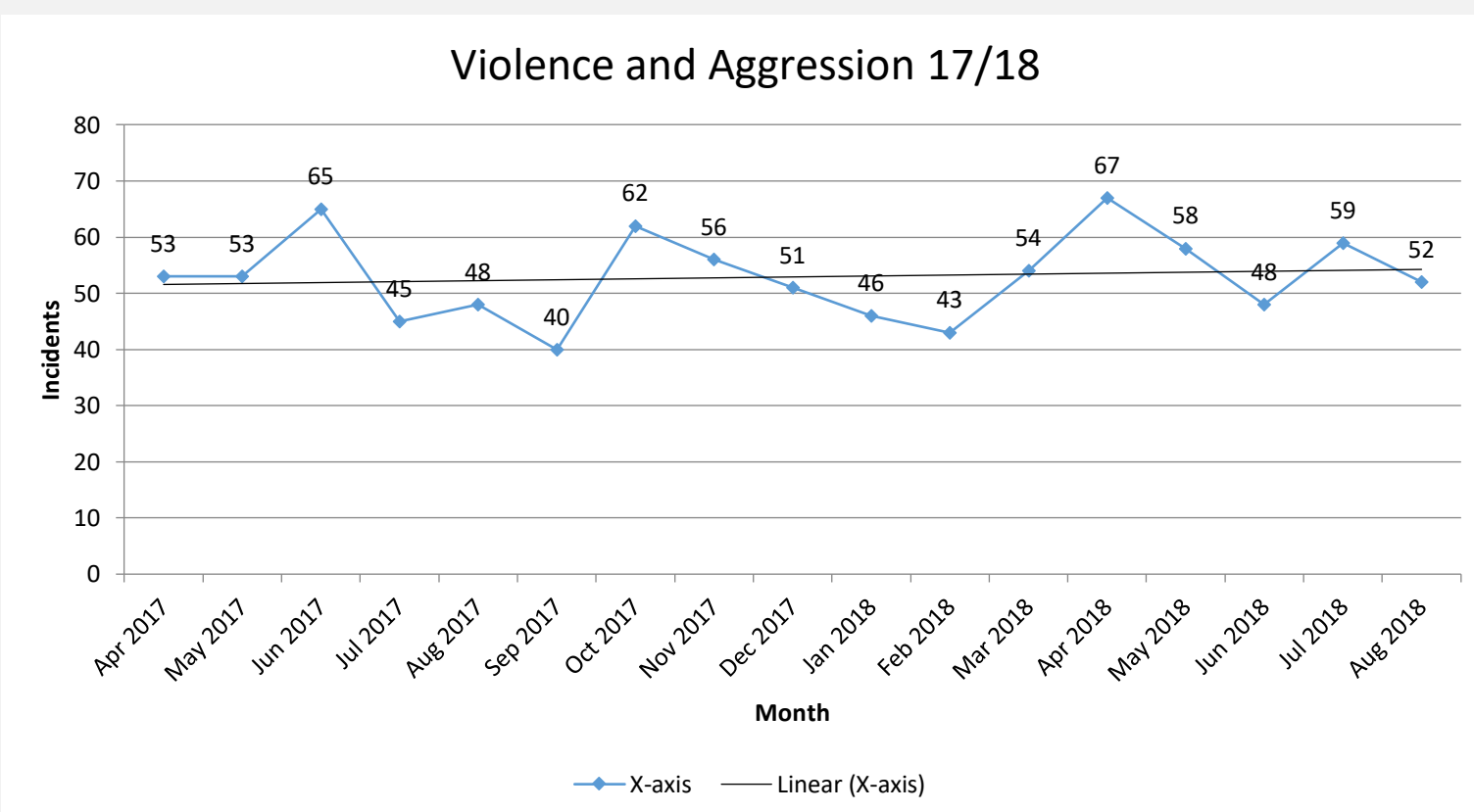


Figure 2

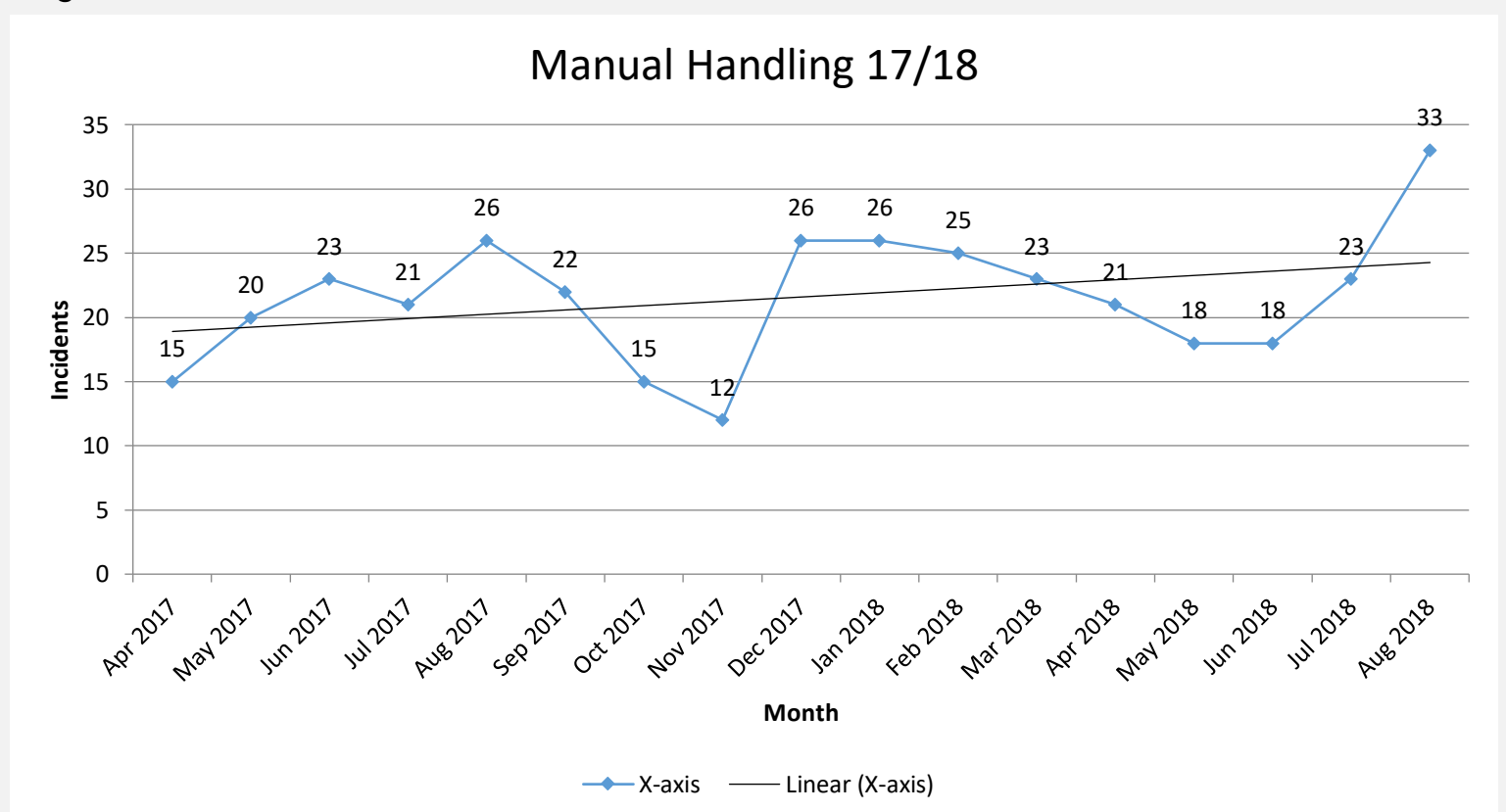


Figure 3

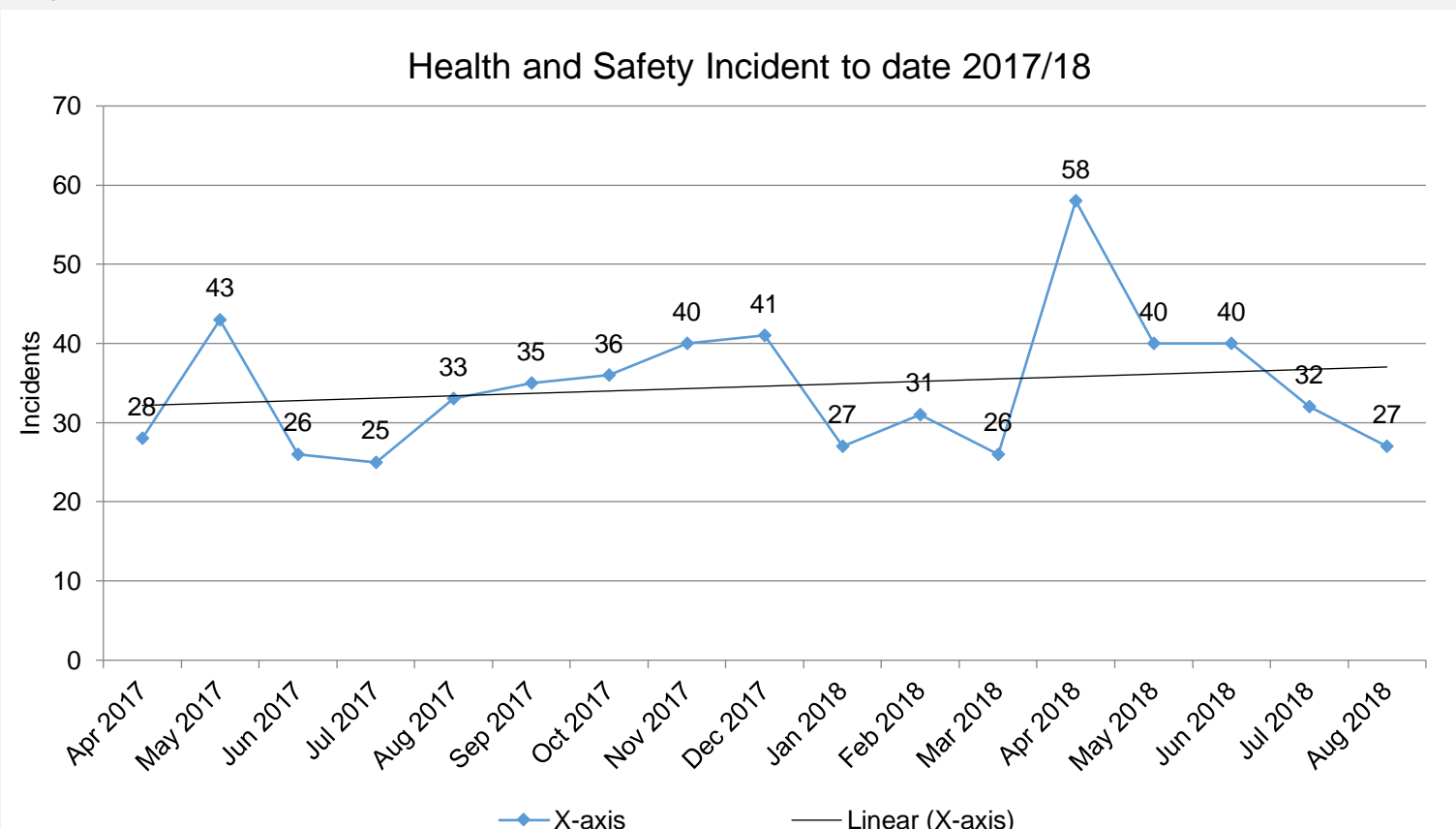
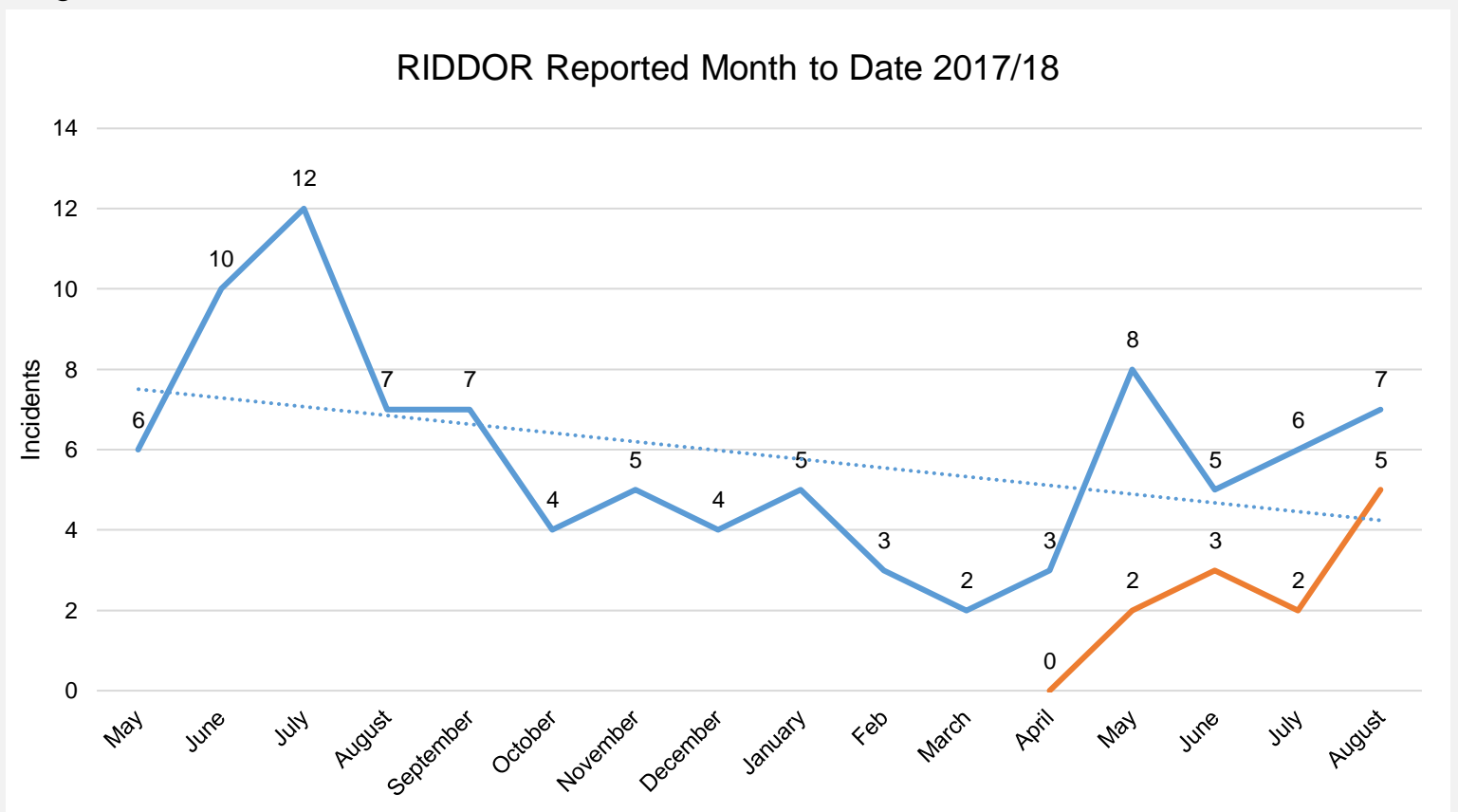


Figure 4



SECamb 999 Operations Performance Scorecard

Call Handling

	Jun-18	Jul-18	Aug-18	12 Months
5 Sec Performance (95% Target)	73.2%	72.7%	81.3%	
Mean Call Answer Time (secs)	24	25	16	
95th Centile Call Answer (Secs)	132	143	102	
National Mean Call Answer	11	13	7	
National 95th Centile Call Answer	59	70	41	

Cat 1 Performance

	Jun-18	Jul-18	Aug-18	12 Months
Mean (00:07:00)	00:07:41	00:08:19	00:07:32	
90th Percentile (00:15:00)	00:14:22	00:15:12	00:14:17	
Mean Resources Arriving	1.78	1.75	1.73	
Count of Incidents	3298	3590	3326	
National Mean	00:07:37	00:07:37	00:07:17	

Cat 1T Performance

	Jun-18	Jul-18	Aug-18	12 Months
Mean (00:19:00)	00:10:47	00:10:52	00:10:32	
90th Percentile (00:30:00)	00:19:45	00:20:40	00:20:39	
Mean Resources Arriving	2.77	2.77	2.71	
Count of Incidents	2114	2267	2125	
National Mean	00:12:18	00:12:10	00:11:32	

Cat 2 Performance

	Jun-18	Jul-18	Aug-18	12 Months
Mean (00:18:00)	00:17:39	00:19:30	00:18:15	
90th Percentile (00:40:00)	00:33:14	00:37:39	00:35:07	
Mean Resources Arriving	1.13	1.13	1.12	
Count of Incidents	26791	29416	27722	
National Mean	00:21:38	00:22:41	00:20:42	

Cat 3 Performance

	Jun-18	Jul-18	Aug-18	12 Months
Mean	01:16:37	01:33:35	01:19:39	
90th Percentile (02:00:00)	02:55:30	03:34:35	03:08:43	
Mean Resources Arriving	1.06	1.07	1.06	
Count of Incidents	20931	20279	20726	
National Mean	01:00:15	01:06:54	00:57:34	

Cat 4 Performance

	Jun-18	Jul-18	Aug-18	12 Months
Mean	02:01:01	01:56:36	01:35:01	
90th Percentile (03:00:00)	04:58:23	04:34:20	03:37:10	
Mean Resources Arriving	1.06	1.05	1.05	
Count of Incidents	1069	1037	958	
National Mean	01:28:44	01:32:37	01:19:23	

HCP

	Jun-18	Jul-18	Aug-18	12 Months
HCP 60 Mean	02:08:41	01:45:40	01:35:38	
HCP 60 90th Percentile	05:05:37	03:23:15	03:13:06	
HCP 120 Mean	02:20:03	02:22:35	01:58:36	
HCP 120 90th Percentile	05:07:17	05:13:05	04:20:20	
HCP 240 Mean	02:46:48	03:21:52	02:49:47	
HCP 240 90th Percentile	07:01:15	07:19:36	06:11:24	

Call Cycle Time

	Jun-18	Jul-18	Aug-18	12 Months
Avg Allocation to Clear at Scene	01:13:43	01:13:25	01:15:11	
Avg Allocation to Clear at Hospital	01:45:53	01:46:36	01:46:13	
Handover Hrs Lost at Hospital (over 30mins)	4263	4764	4496	
Number of Handovers >60mins	250	399	445	

Community First Responders

	Jun-18	Jul-18	Aug-18	12 Months
Volume of Incidents Attended	1664	1555	1452	

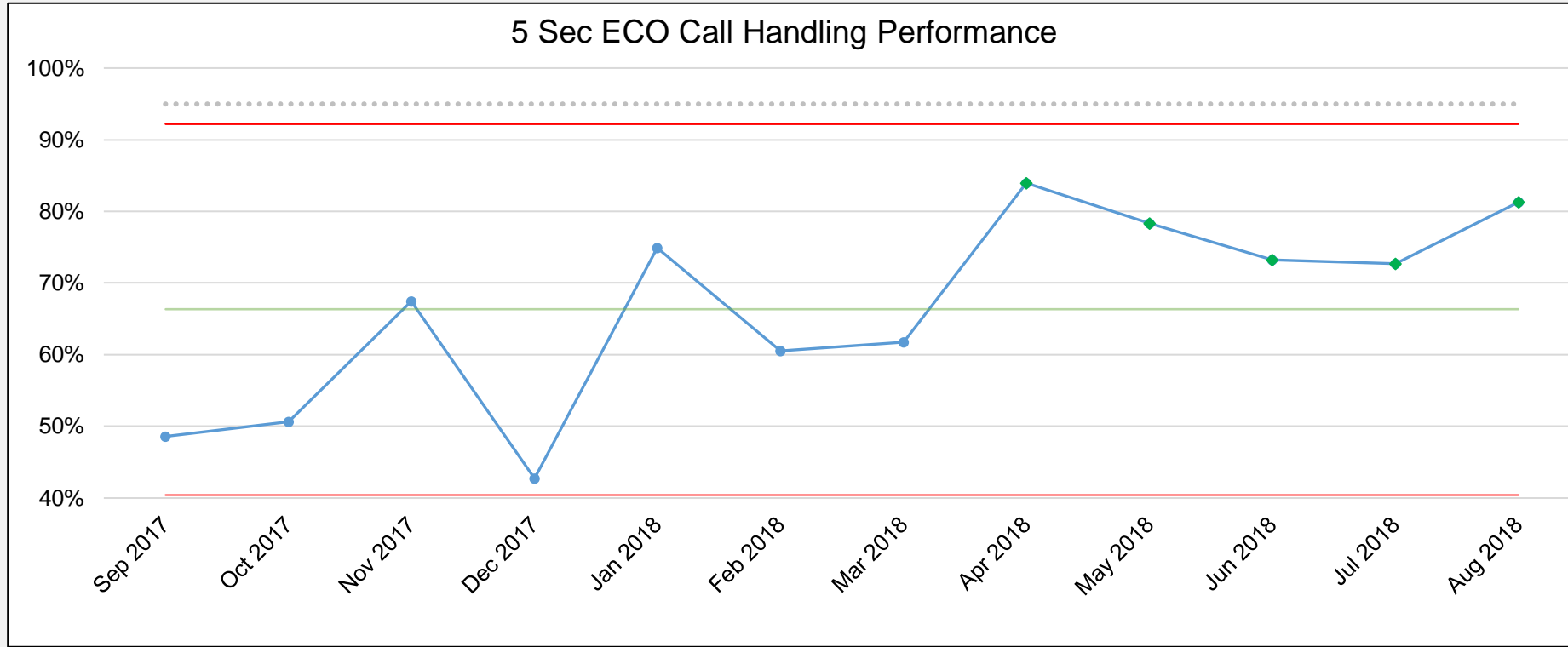
Incident Outcome AQI

	Jun-18	Jul-18	Aug-18	12 Months
Hear & Treat	5.8%	6.5%	5.9%	
See & Treat	33.1%	33.0%	32.8%	
See & Convey	61.1%	60.5%	61.3%	

Demand/Supply AQI

	Jun-18	Jul-18	Aug-18	12 Months
Calls Answered	62205	69779	63510	
Incidents	57556	60337	58313	
Transports	35168	36531	35763	

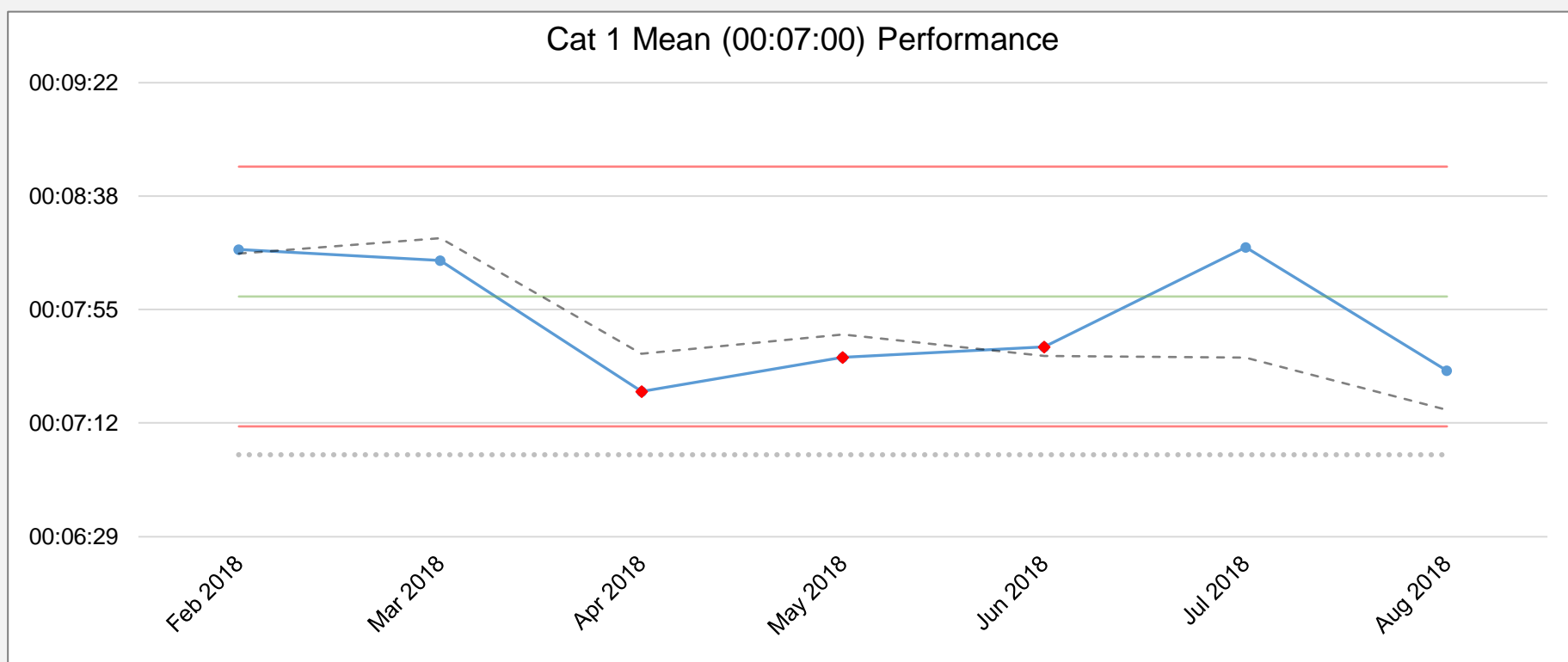
SECamb 999 Operations Performance Charts



Call answering performance for August has seen an improvement on July's performance with an average of 81%. The volume of duplicate calls regarding ETA of responses continues to be a major contributor to increase call volumes. The operational team continue to scrutinise all forms of abstraction and analysing to maximise resourcing. Sickness absence continues to be tightly managed and is consistently below 5% for the YTD within Operations. However, in August, there was an increase of sickness absence in EOC to 10%.

Call answer performance is covered in detail in the EOC action plan that is tracking the actions of the EOC task and finish group to address the CQC must do requirement of demonstrating improvement against this key target, along with recruitment and staff retention.

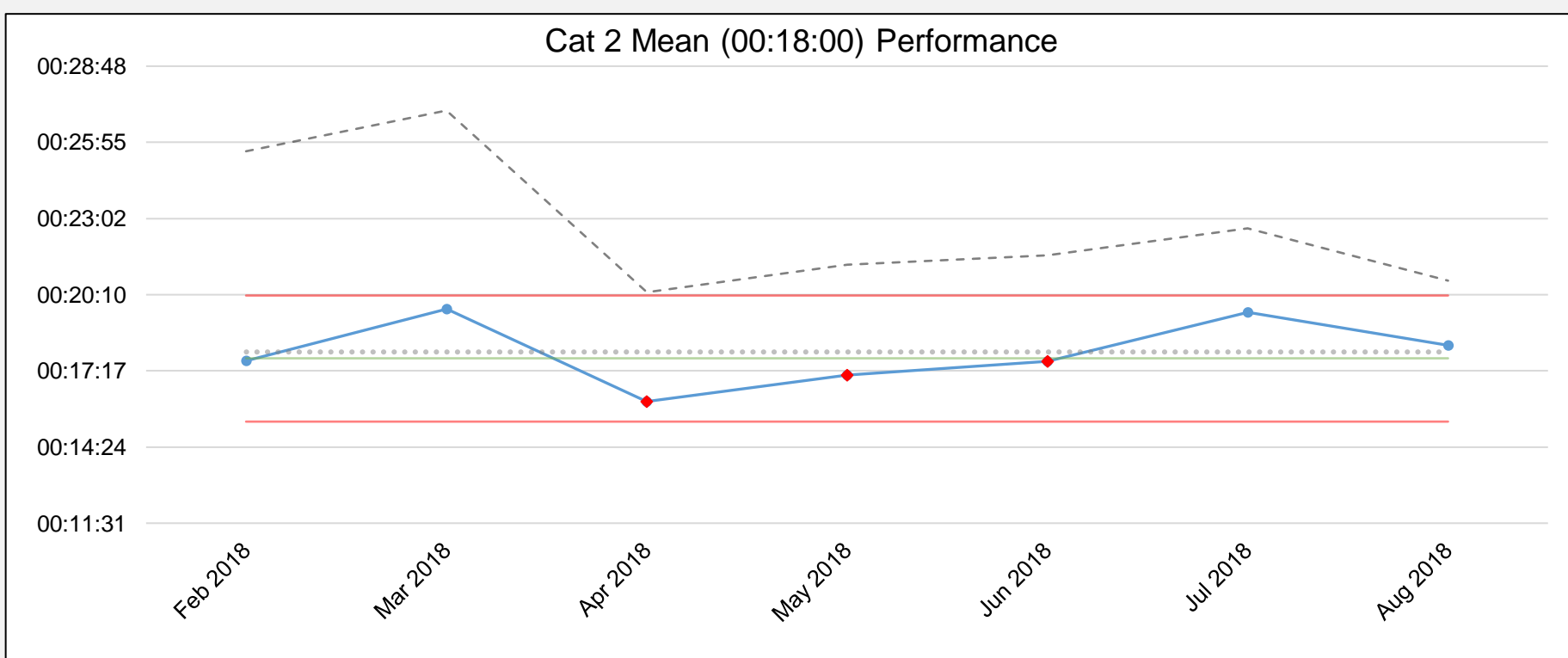
There were no new starters for EMA's in August and 20.4 WTE left the role in August. At end of August there were 164.7 WTE in post out of an establishment of 171, with 149 effective, 16 continue in training.



As shown in the graph the Cat 1 mean response performance has improved by 47 seconds in August compared to July. Whilst we are not yet delivering the Ambulance Response Programme (ARP) target of seven minutes, both our mean performance and 90th percentile performance are tracking consistently within the middle of the pack when measured against all other English ambulance services.

This consistency in delivery demonstrates the significant focus given to the high acuity patient groups.

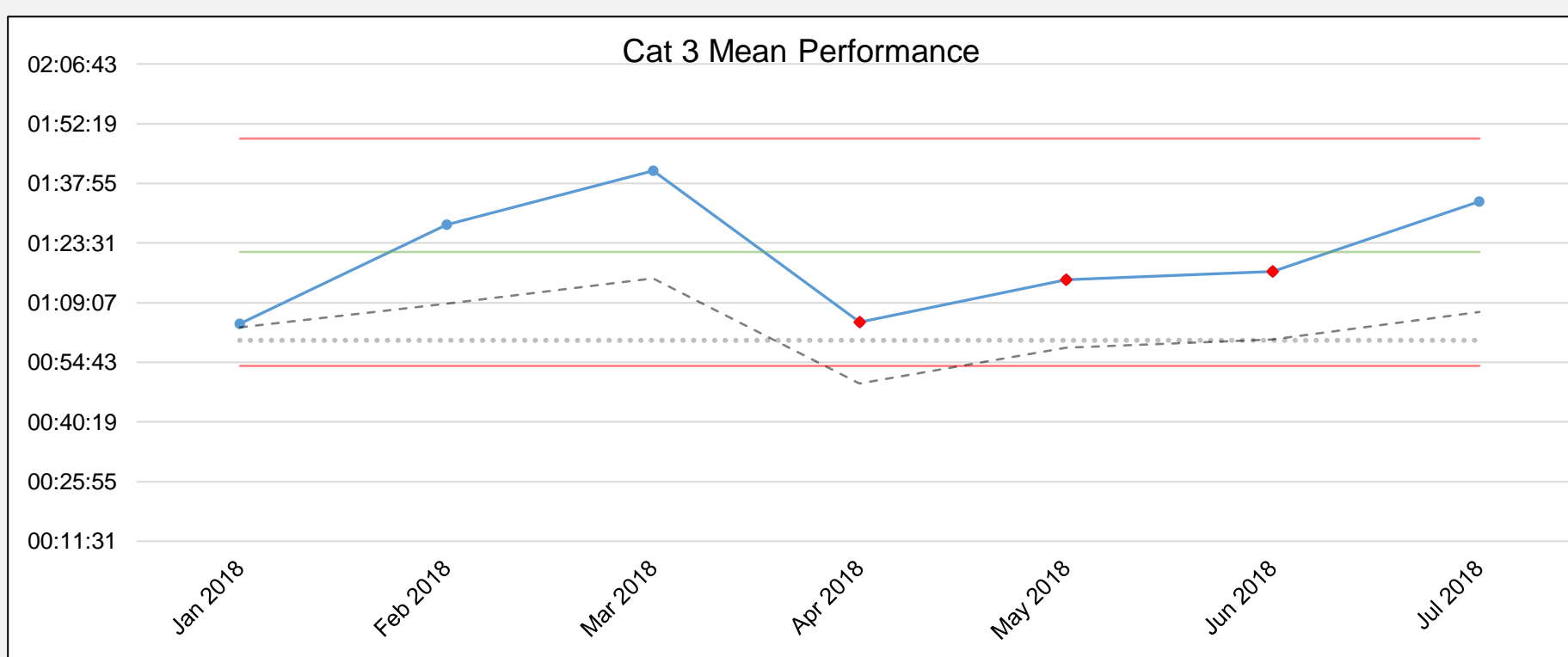
----- National Mean



August saw a recovery to 18.15 minutes Cat 2 mean response time. This is an improvement on prior months performance, however it remains outside of ARP target. The 90th centile performance has been and remains a particularly successful delivery for SECamb.

However, key skills training is progressing well, with a current completion rate of 81% against a trajectory of 90% completion by end September 2018.

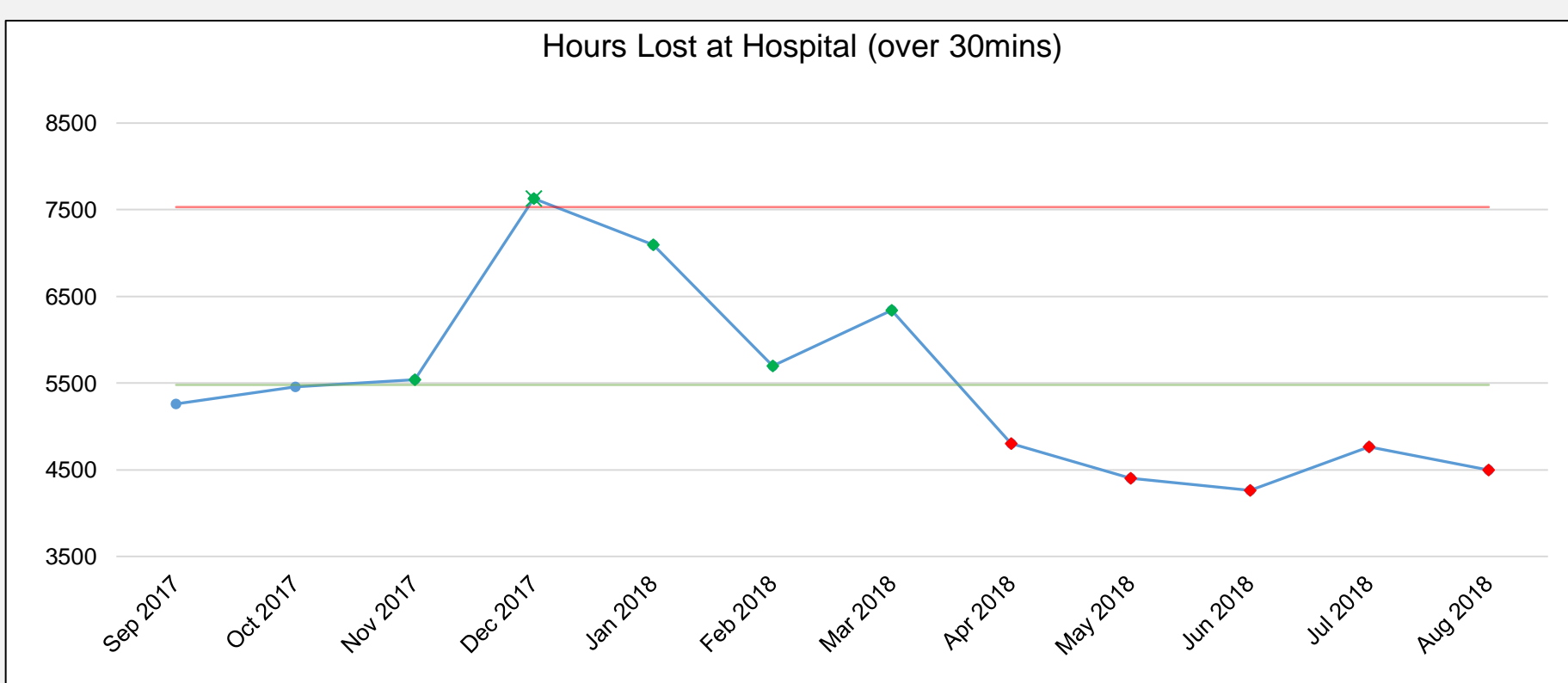
----- National Mean



Cat 3 mean has been included to provide the Board with oversight on the significant pressure against the performance requirements for this patient group.

As highlighted SECamb have invested heavily in obtaining new fleet that will be deployed to respond better to Cat 3/4 cohort of patients.

----- National Mean




August was a challenging month in terms of increased pressure across all systems and the hours lost to operational response capability through hospital delays in August are 4496 hours compared to July 4769 hours. This is an improvement of 300 hours saved and put back into the system.

Overall across SECamb good progress has been made this month with 13% less hours lost in August 2018 compared with August 2107. There are however outliers where there are significant increases in hours lost in August compared to last year, these are Medway, Darent Valley, Maidstone and Tunbridge Wells, and Ashford and St Peter's. This is a concern as we move into winter when system pressures increase.


The operational groups have changed the format of their meetings and will now use the time to have on site peer review sessions. The schedule has been agreed based on current performance. Medway and Ashford and St Peters have been undertaken in August and BSUH and Darent Valley are booked for September. The reviews have been positively received, with recommendations for improvement shared.

SECamb 111 Operations Performance Scorecard


Calls Offered

	Jun-18	Jul-18	Aug-18	12 Months
Actual	84042	87586	83359	
Previous Year	78212	86640	80524	


Calls answered in 60 Seconds

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	71.7%	68.9%	83.7%	
Previous Year %	88.4%	91.5%	93.5%	
Target %	95%	95%	95%	


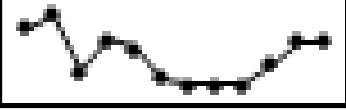
Calls abandoned - (Offered) after 30secs

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	4.8%	5.7%	2.7%	
Previous Year %	1.2%	1.1%	0.6%	
Target %	2%	2%	2%	



Combined Clinical KPI

	Jun-18	Jul-18	Aug-18	12 Months
Actual %	64.5%	63.3%	61.3%	
Previous Year %	73.0%	71.8%	80.1%	
Target %	80%	80%	80%	

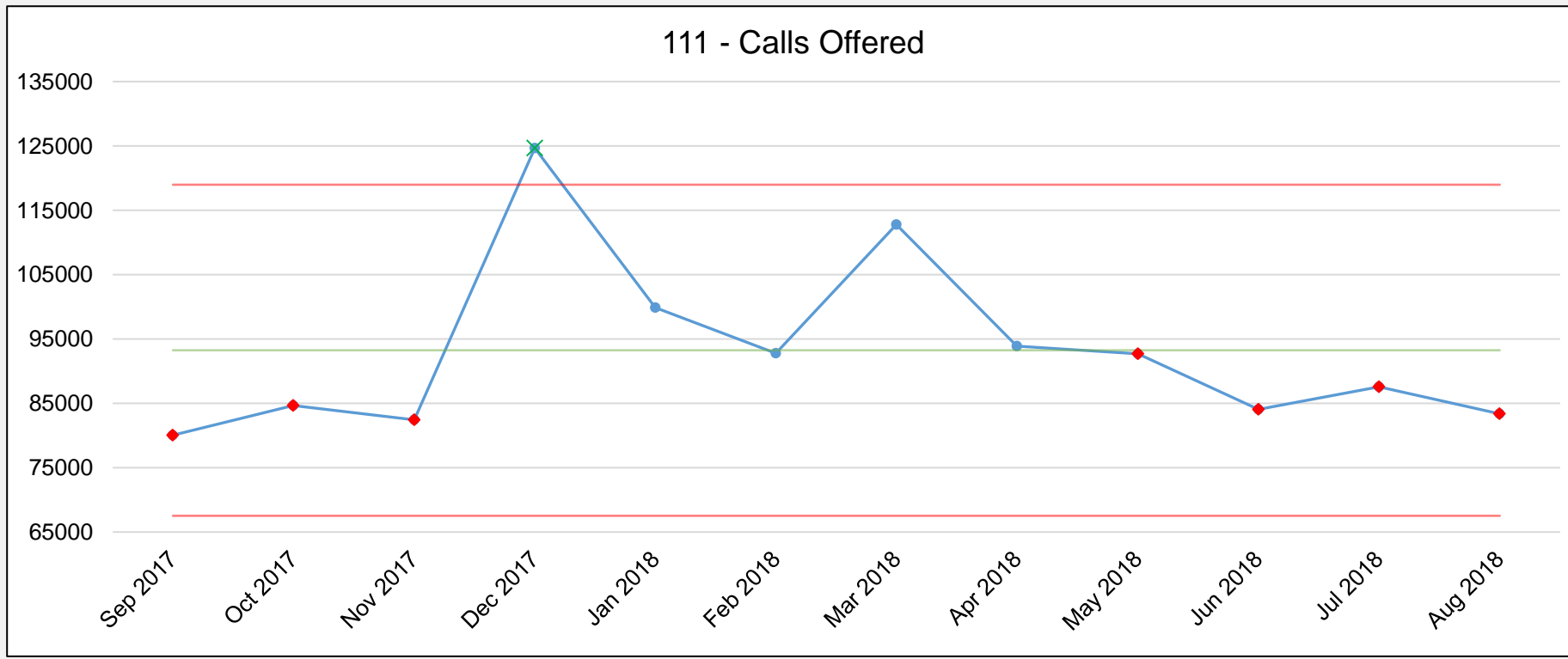
999 Referrals

	Jun-18	Jul-18	Aug-18	12 Months
999 Referrals % (Answered Calls)	11.2%	11.0%	11.1%	
999 Referrals (Actual)	8828	8919	8917	
National	11.1%	11.5%	11.5%	

A&E Dispositions

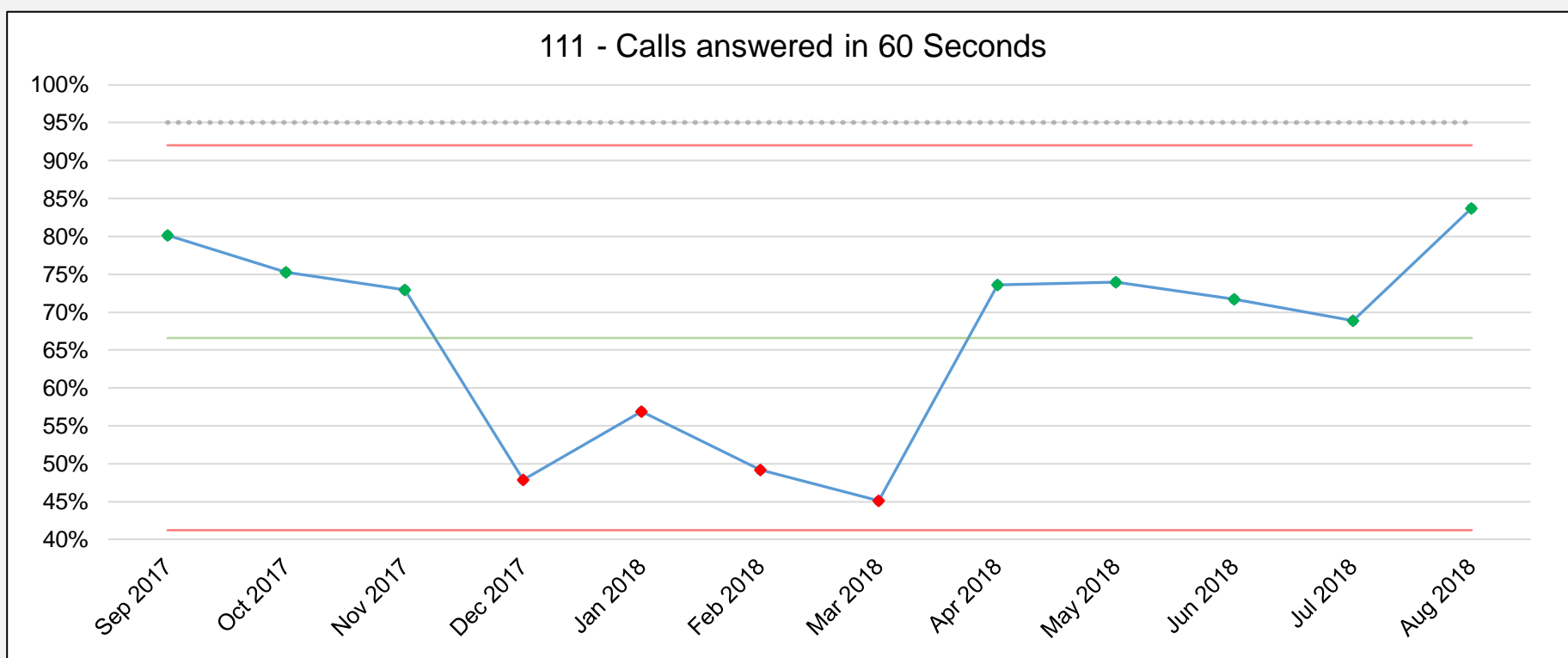
	Jun-18	Jul-18	Aug-18	12 Months
A&E Dispositions % (Answered Calls)	8.4%	8.8%	8.2%	
A&E Dispositions (Actual)	6582	7160	6591	
National	8.4%	8.8%	8.4%	

SECamb 111 Operations Performance Charts



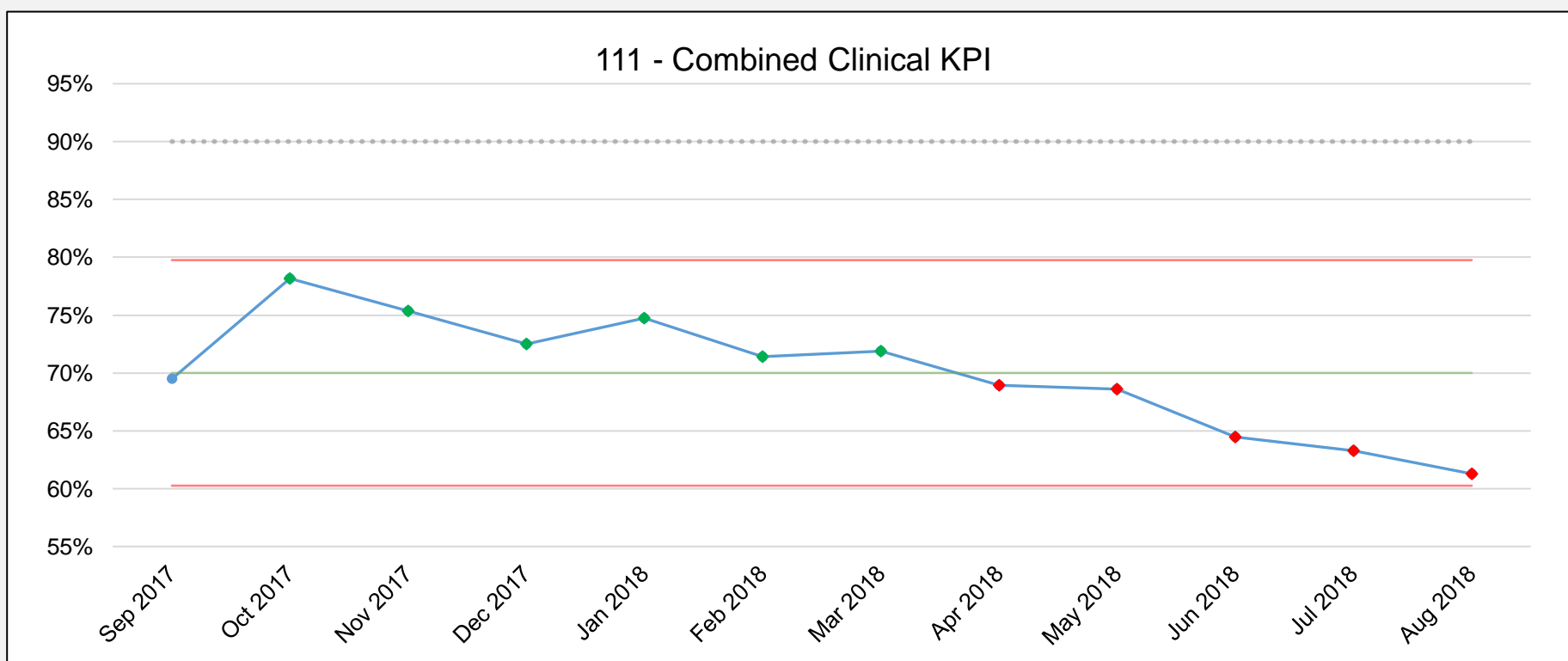
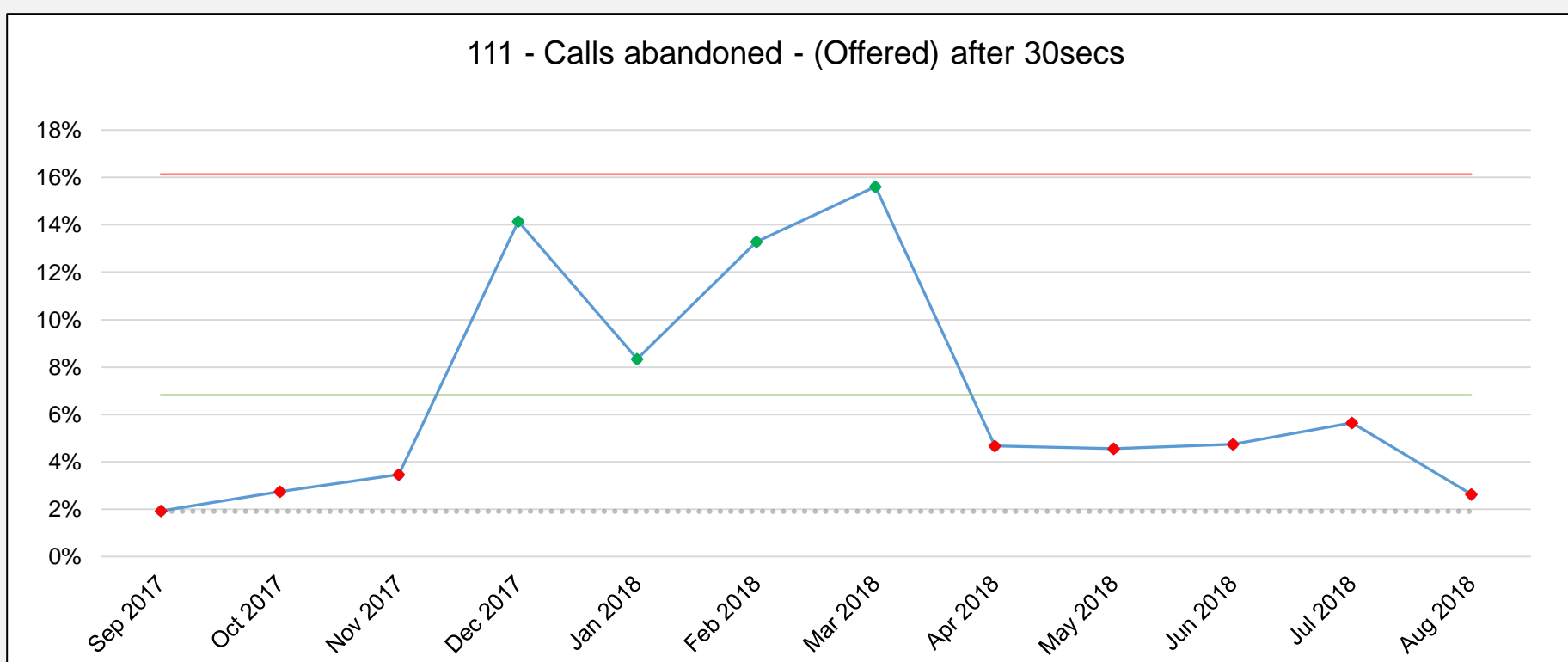
The KMSS 111 Call volume of 83,359 for August, although not exceptionally high for a summer month, presented its own challenges due to the skewed call profiles per day (service users contacting the service at times inconsistent with previous experience/forecasts) and higher acuity cases presented than usual, due to the PHE-declared heatwave that continued throughout much of July and early August.

However, the service recorded its best month for operational performance for almost twelve months because of the traction that the service's Operational Recovery Plan (ORP) has facilitated.



The service's operation performance rose to 83.7%, and this was just behind the NHS E national average for 111 service providers.

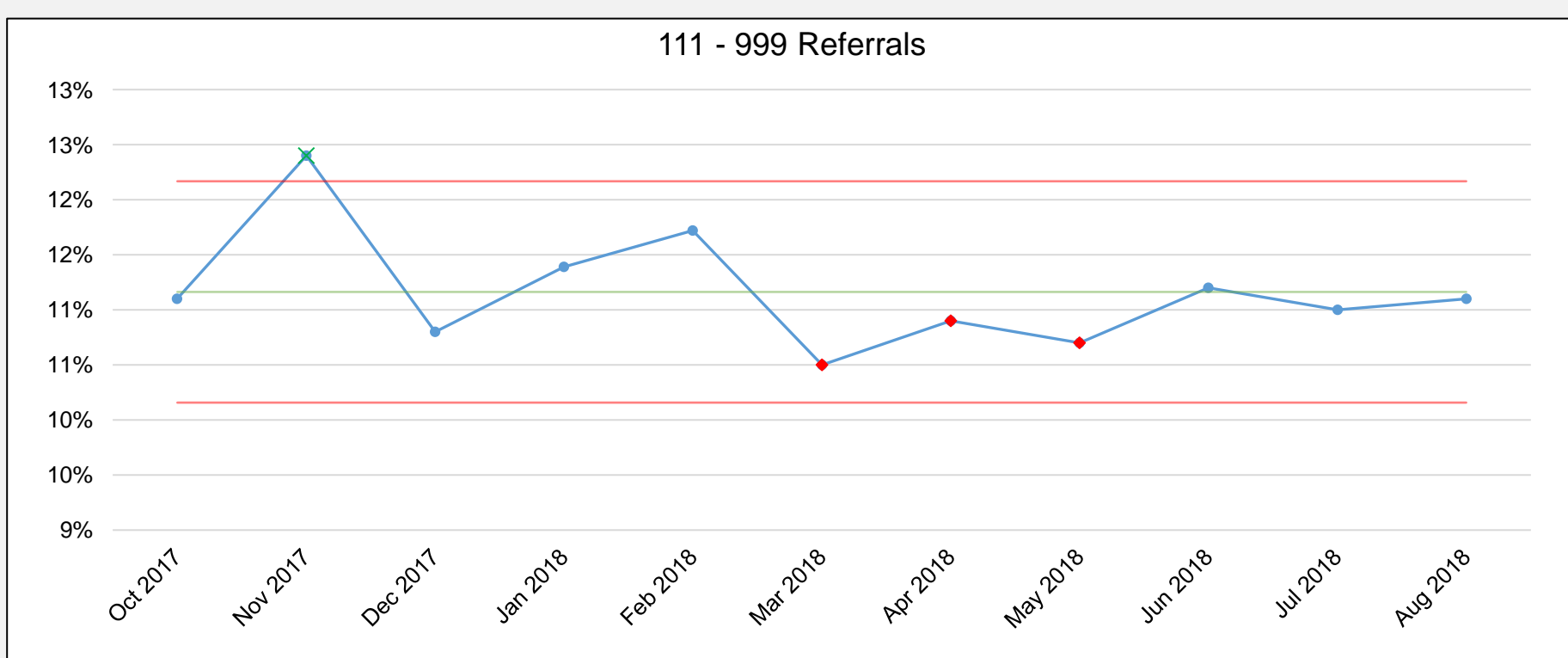
Although the national trend was an upwards one, KMSS 111 increased by a greater % than the majority of other services and this is reflected in the rate of abandoned calls being better than the NHS E national average.



Clinical performance fell slightly again in August to 61.3% however, this was still above the NHS E national average and is a reflection of the additional support that has been directed to supporting our 999 service which has been in elevated levels of escalation with a "No-Send" policy in place for non-emergency ambulance dispositions.

Rota issues also continue to adversely impact on our clinical performance, in addition to the high acuity cases seen during the heatwave.

The service made extensive use of experienced Health Advisors as "Patient Safety Callers", to provide a comfort calling service for cases in the clinical queue and to mitigate clinical risk. This supported the clinical team by managing lower priority patients; closing some cases, where safe and appropriate to do so, and also escalating in the event of worsening symptoms.



The KMSS 111 Ambulance referral rate was again significantly lower than the NHS E national 999 referral rate in August 2018. This is testament to our focus on mitigating pressure on the Ambulance Service, via Clinical Inline Support, to validate or downgrade C3 / C4 dispositions.

The service also outperformed the national average for ED referrals, again demonstrating the focus of KMSS 111 on patient care and clinical outcomes, whilst protecting the wider healthcare system.

SECAmb Workforce Scorecard

Workforce Capacity

	Jun-18	Jul-18	Aug-18	12 Months
Number of Staff WTE (Excl bank & agency)	3107.7	3099.0	3150.1	
Number of Staff Headcount (Excl bank and agency)	3375	3367	3416	
Finance Establishment (WTE)	3576.89	3594.89	3837.50	
Vacancy Rate	13.08%	13.78%	17.91%	
Vacancy Rate Previous Year	12.37%	12.60%	13.62%	
Adjusted Vacancy Rate + Pipeline recruitment %	7.16%	6.74%	9.89%	

Workforce Compliance

	Jun-18	Jul-18	Aug-18	12 Months
Objectives & Career Conversations %	18.11%	26.54%	36.73%	
Target (Objectives & Career Conversations)	80.00%	80.00%	80.00%	
Statutory & Mandatory Training Compliance %	18.11%	58.99%	70.83%	
Target (Stat & M and Training)	95.0%	95.0%	95.0%	
Previous Year (Stat & M and Training) %	38.55%	47.66%	59.99%	

* Objectives & Career Conversations and Statutory & Mandatory training has been measured by financial year. The completion rate is reset to zero on 01/04/2018

Workforce Costs

	Jun-18	Jul-18	Aug-18	12 Months
Annual Rolling Turnover Rate %	15.17%	15.37%	14.97%	
Previous Year %	17.85%	17.67%	17.51%	
Annual Rolling Sickness Absence	5.21%	5.02%	5.14%	
Target (Annual Rolling Sickness)	5.0%	5.0%	5.0%	

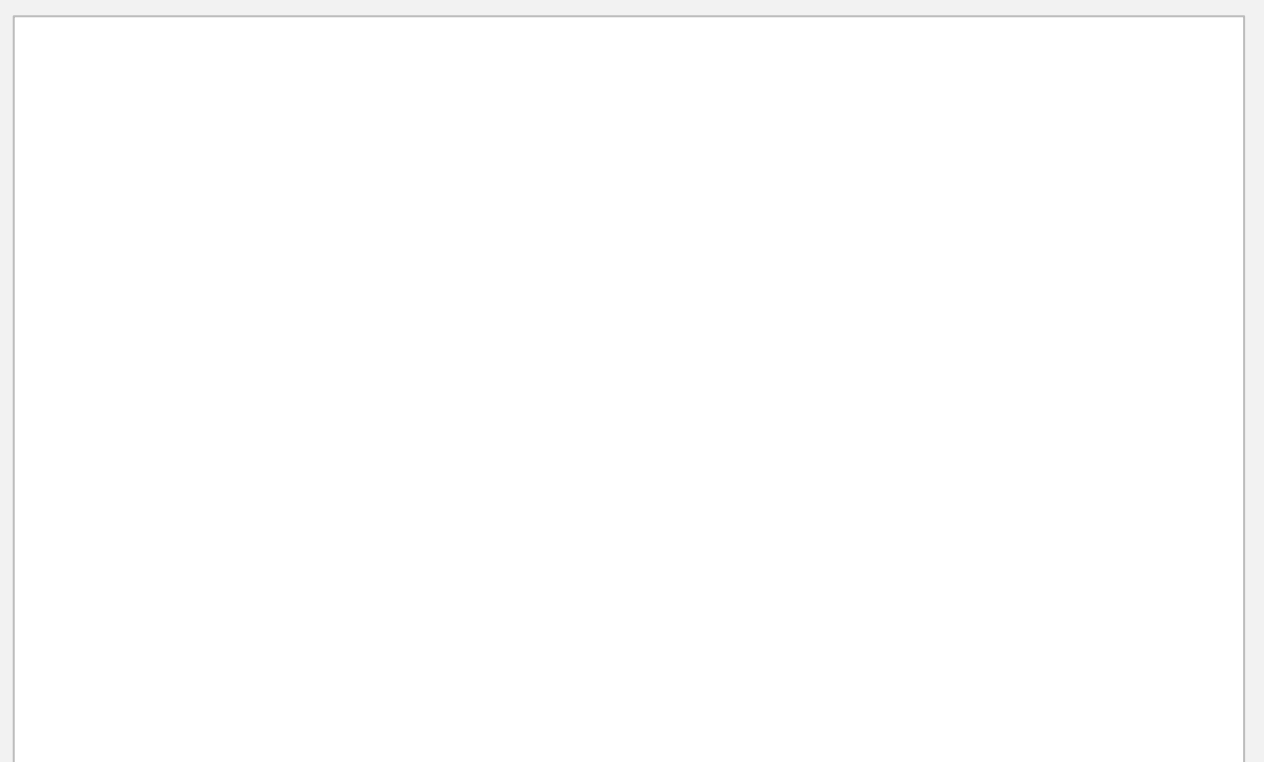
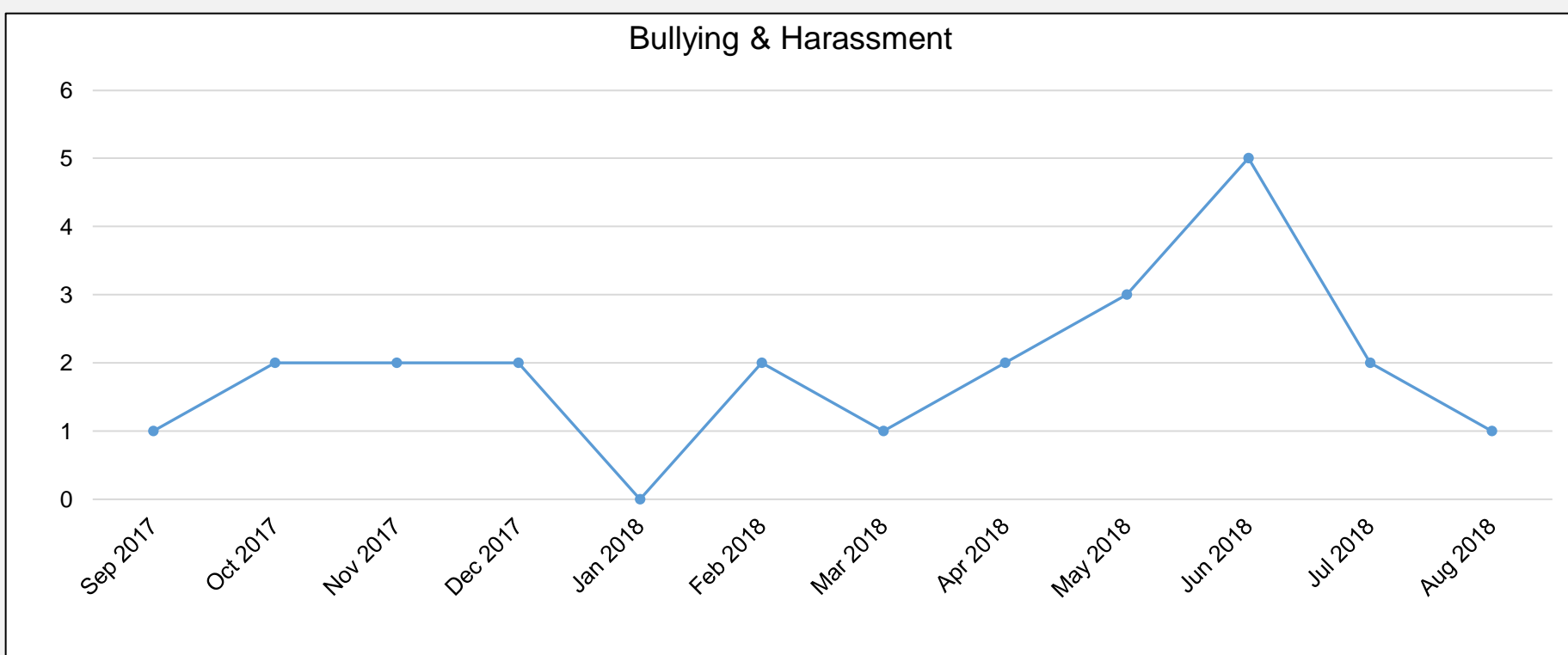
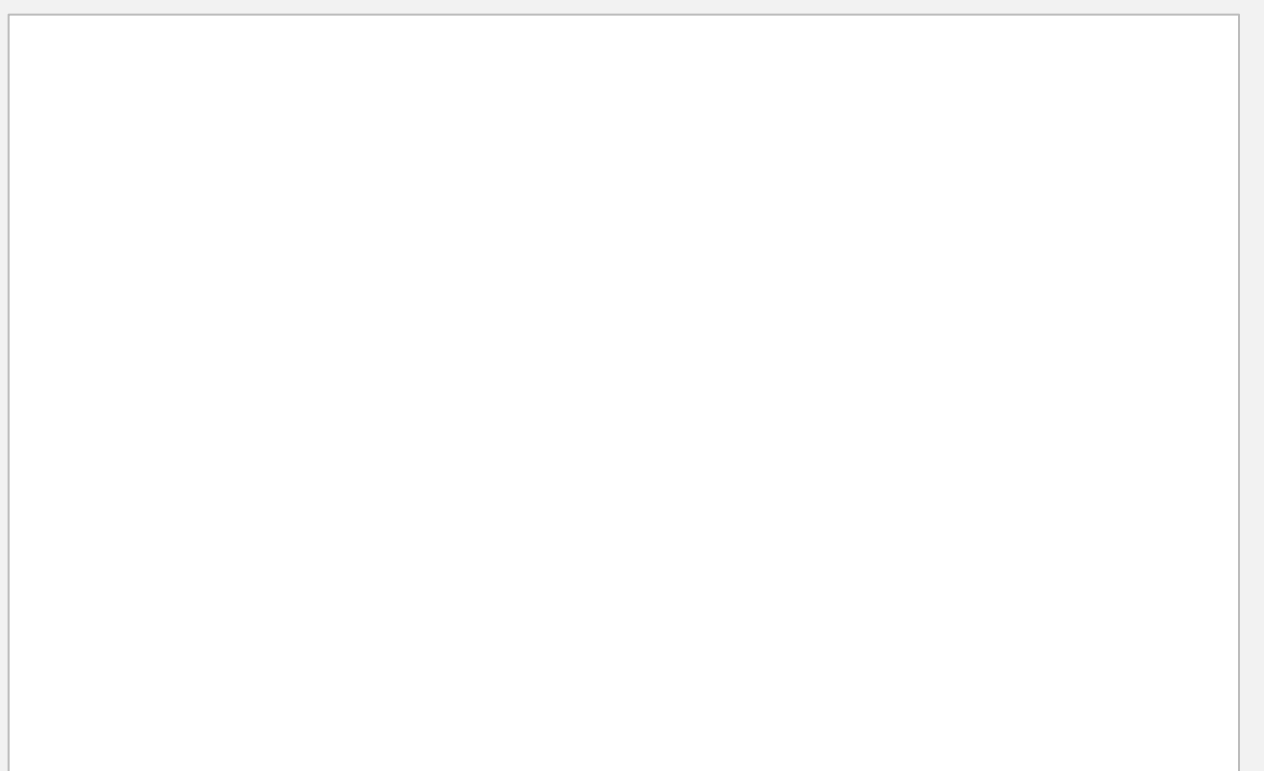
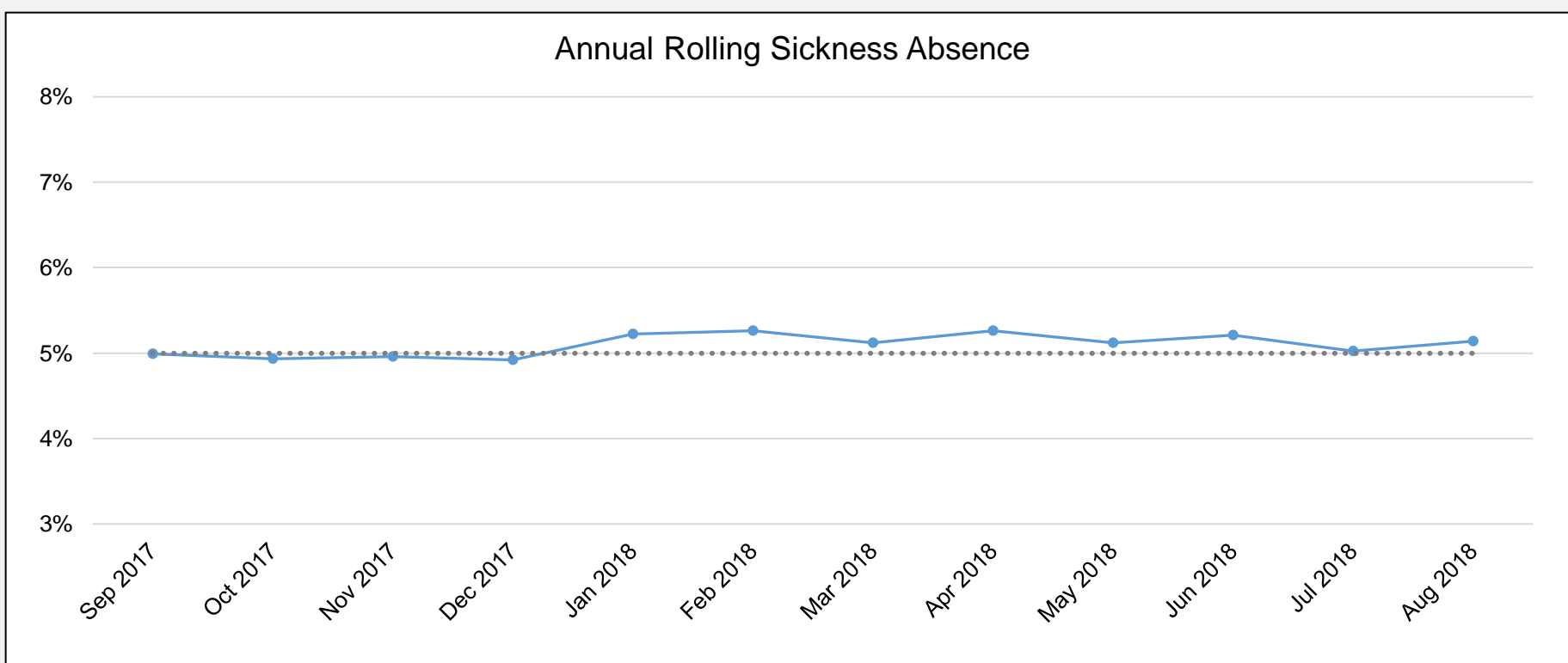
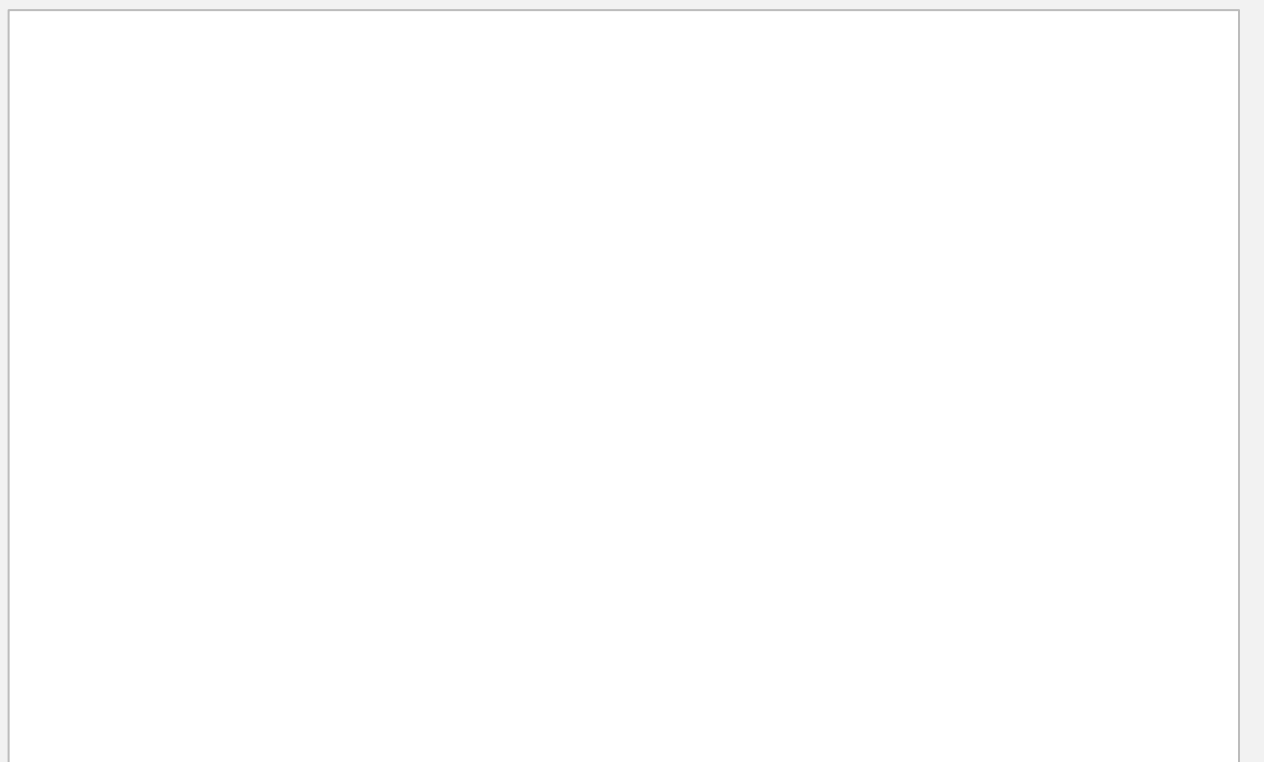
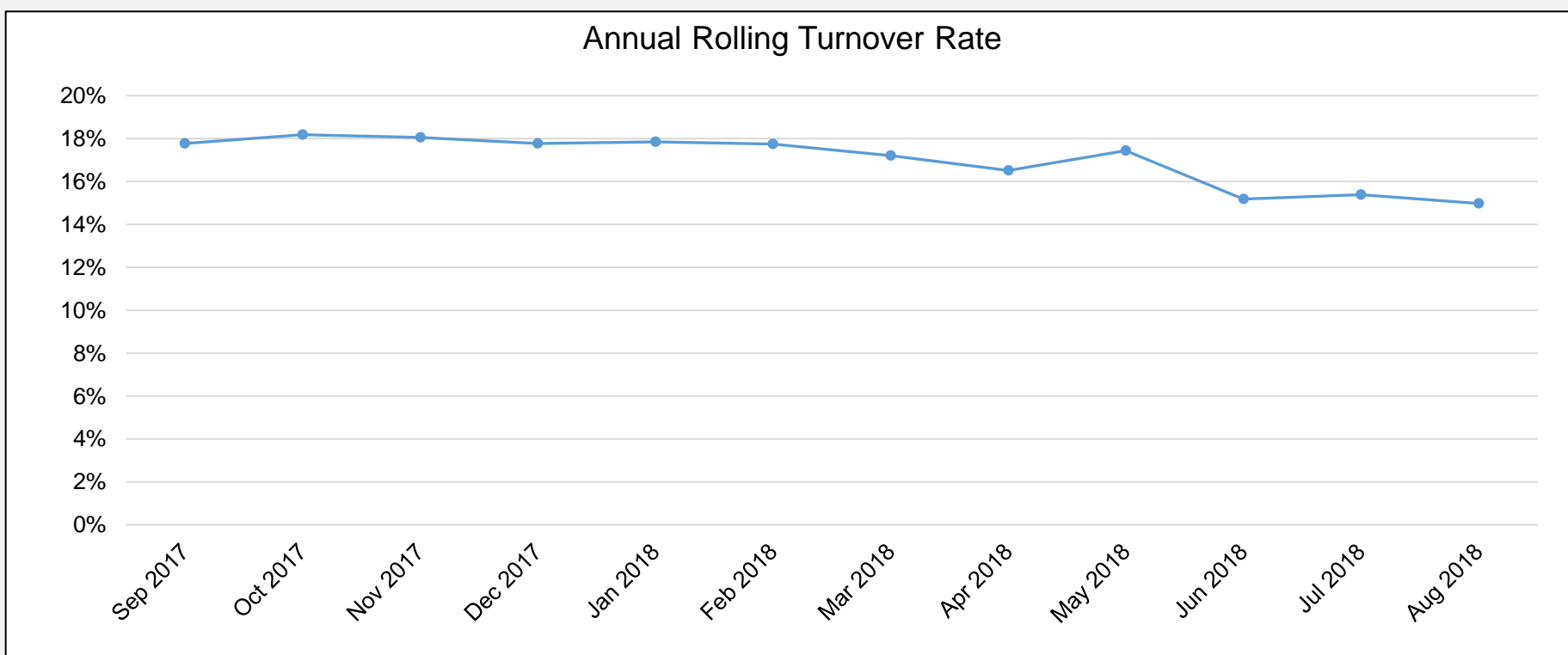
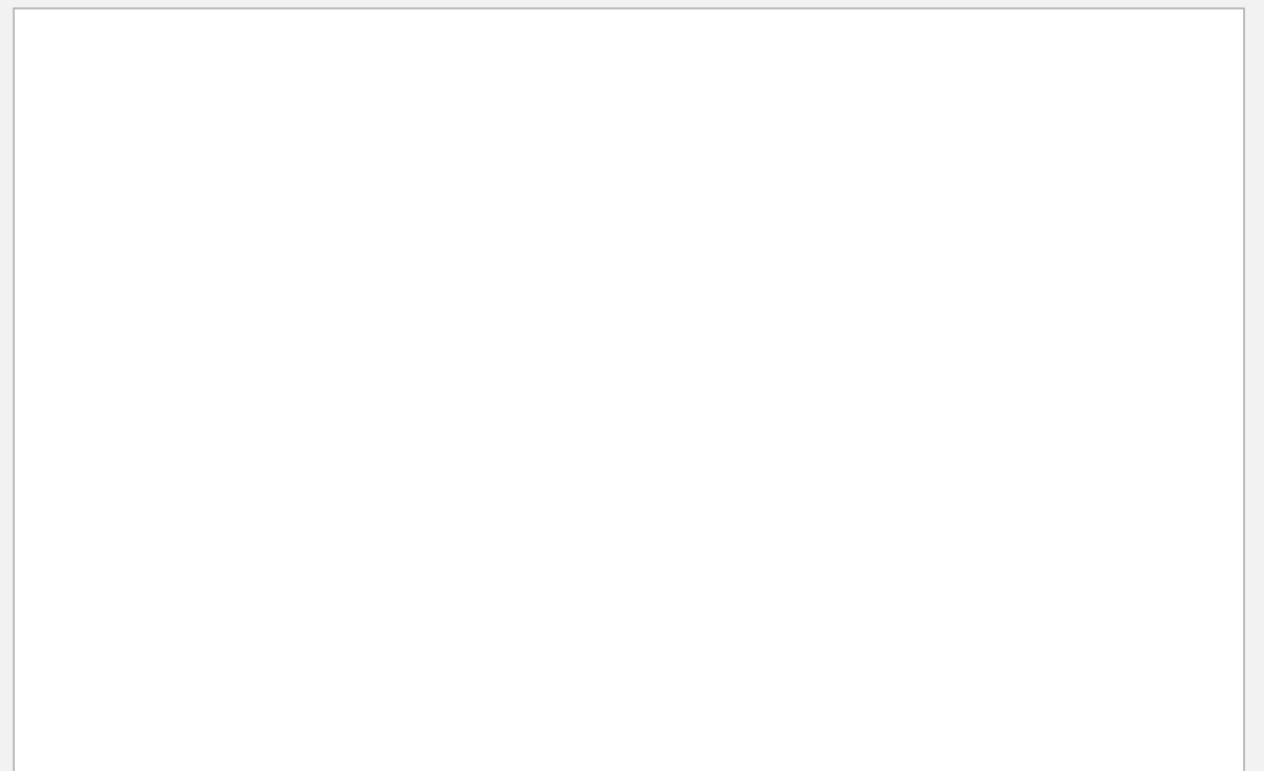
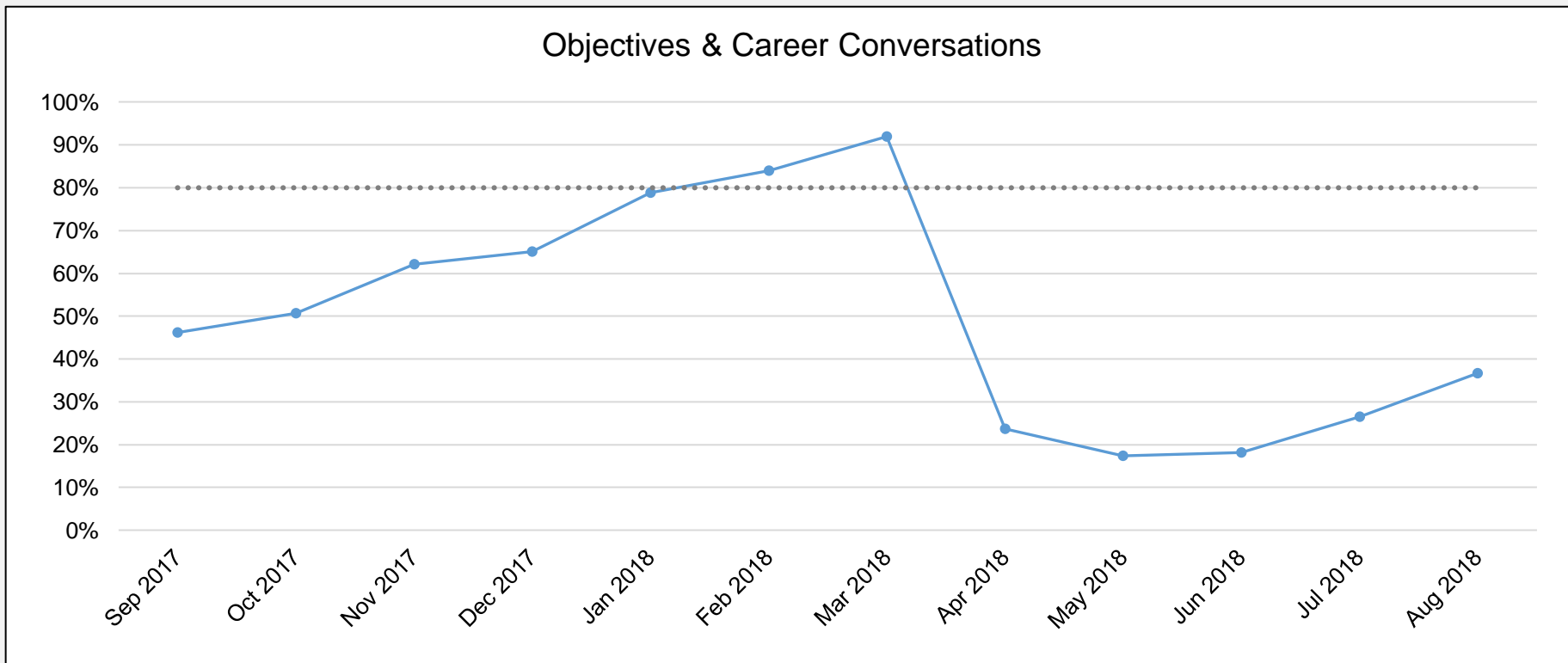
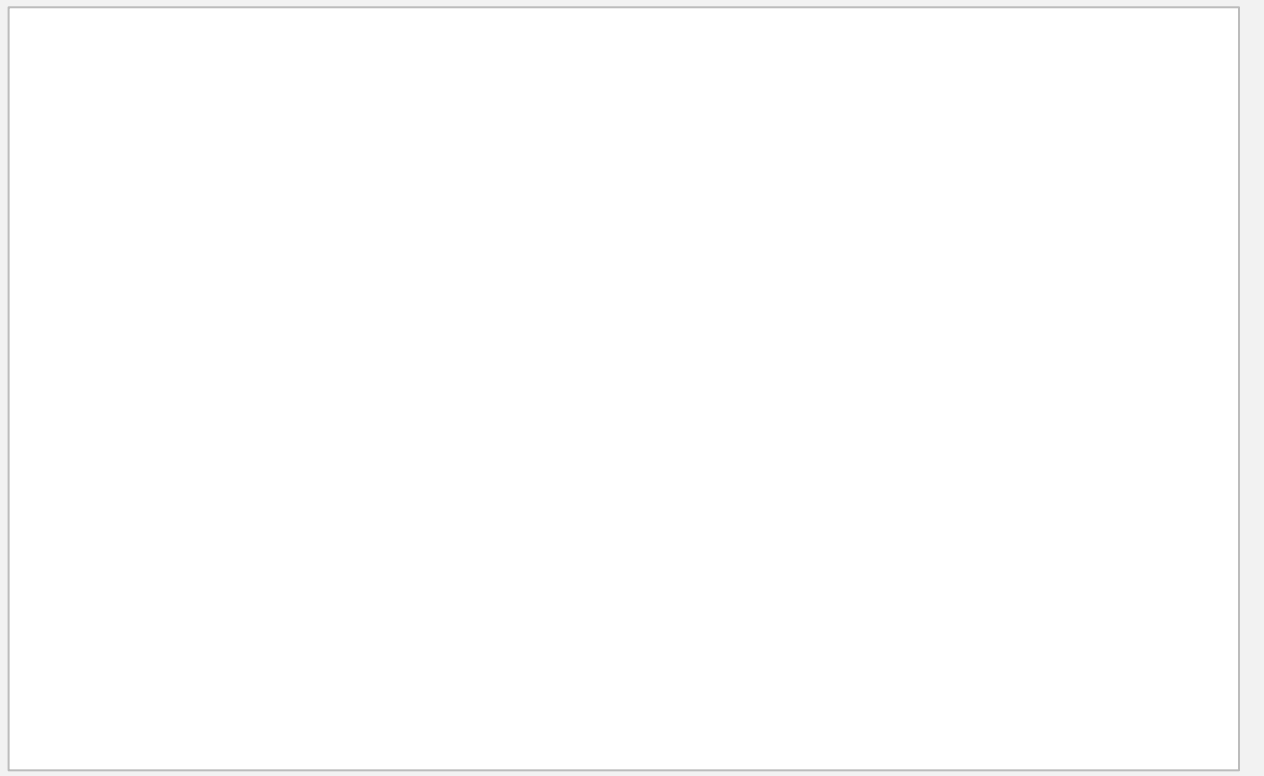
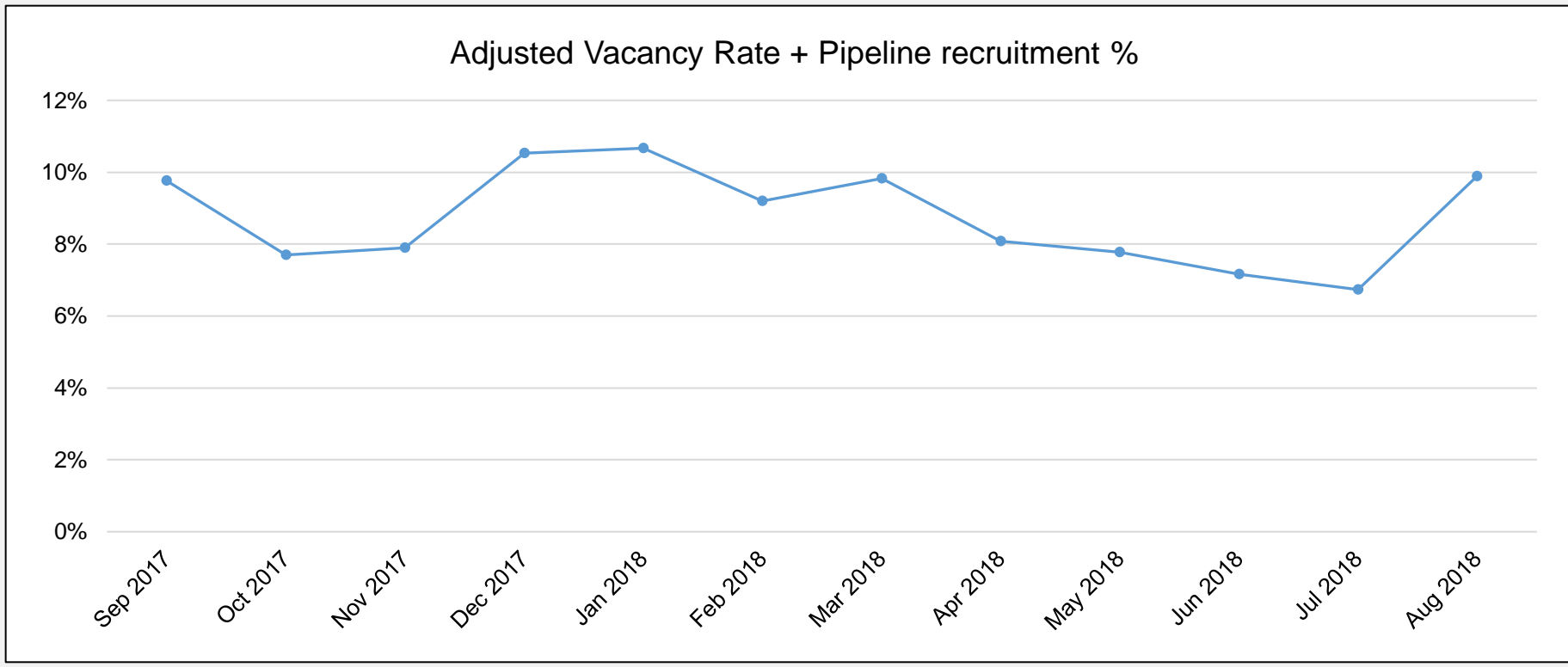
Employee Relations Cases

	Jun-18	Jul-18	Aug-18	12 Months
Disciplinary Cases	14	4	3	
Individual Grievances	4	2	9	
Collective Grievances	4	2	2	
Bullying & Harassment	5	2	1	
Bullying & Harassment Prev Yr	0	6	0	
Whistleblowing	1	1	0	
Whistleblowing Previous Year	0	0	1	

Physical Assaults (Number of victims)

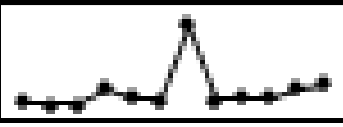
	Jun-18	Jul-18	Aug-18	12 Months
Actual	14	21	24	
Previous Year	16	21	17	
Sanctions	6	9	3	

SECamb Workforce Charts




SECAmb Finance Performance Scorecard

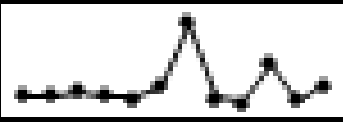
Income

	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£ 17,208	£ 18,211	£ 18,830	
Previous Year £	£ 16,132	£ 15,778	£ 15,756	
Plan £	£ 17,258	£ 18,011	£ 17,592	


Expenditure

	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£ 18,069	£ 18,122	£ 19,341	
Previous Year £	£ 16,704	£ 16,185	£ 16,461	
Plan £	£ 18,138	£ 17,930	£ 18,115	

Capital Expenditure

	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£ 1,589	£ 237	£ 795	
Previous Year £	£ 582	£ 69	£ 225	
Plan £	£ 1,180	£ 661	£ 786	
Actual Cumulative £	£ 2,030	£ 2,267	£ 3,062	
Plan Cumulative £	£ 1,972	£ 2,633	£ 3,419	

Cost Improvement Programme (CIP)

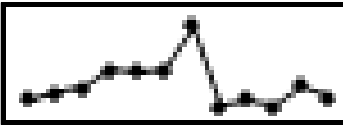
	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£ 519	£ 1,200	£ 517	
Previous Year £	£ 1,302	£ 1,120	£ 1,491	
Plan £	£ 1,190	£ 435	£ 435	
Actual Cumulative £	£ 1,219	£ 2,419	£ 2,936	
Plan Cumulative £	£ 1,994	£ 2,429	£ 2,864	

CQUIN (Quarterly)


	Q1 18/19	Q2 18/19	Q3 18/19
Actual £	£ 846	£ 847	£ 283
Previous Year £	£ 952	£ 1,019	£ 716
Plan £	£ 848	£ 848	£ 283

*The Trust anticipates that it will achieve the planned level of CQUIN

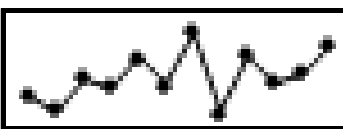
Surplus/(Deficit)

	Jun-18	Jul-18	Aug-18	12 Months
Actual £	-£ 861	£ 89	-£ 511	
Actual YTD £	-£ 2,376	-£ 2,286	-£ 2,797	
Plan £	-£ 880	£ 81	-£ 523	
Plan YTD £	-£ 2,463	-£ 2,382	-£ 2,905	

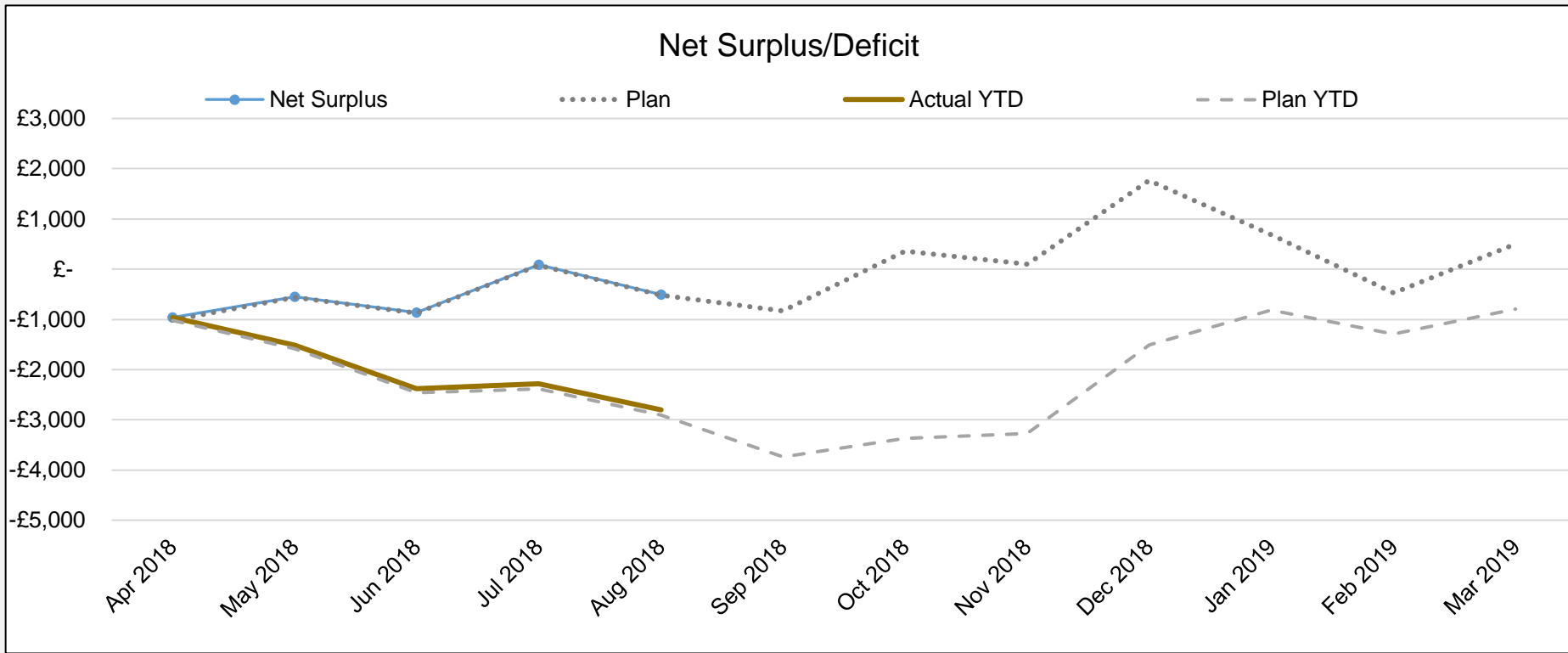
Cash Position

	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£22,527	£24,950	£ 23,042	
Minimum £	£10,000	£10,000	£10,000	
Plan £	£16,694	£16,893	£ 16,818	

Agency Spend

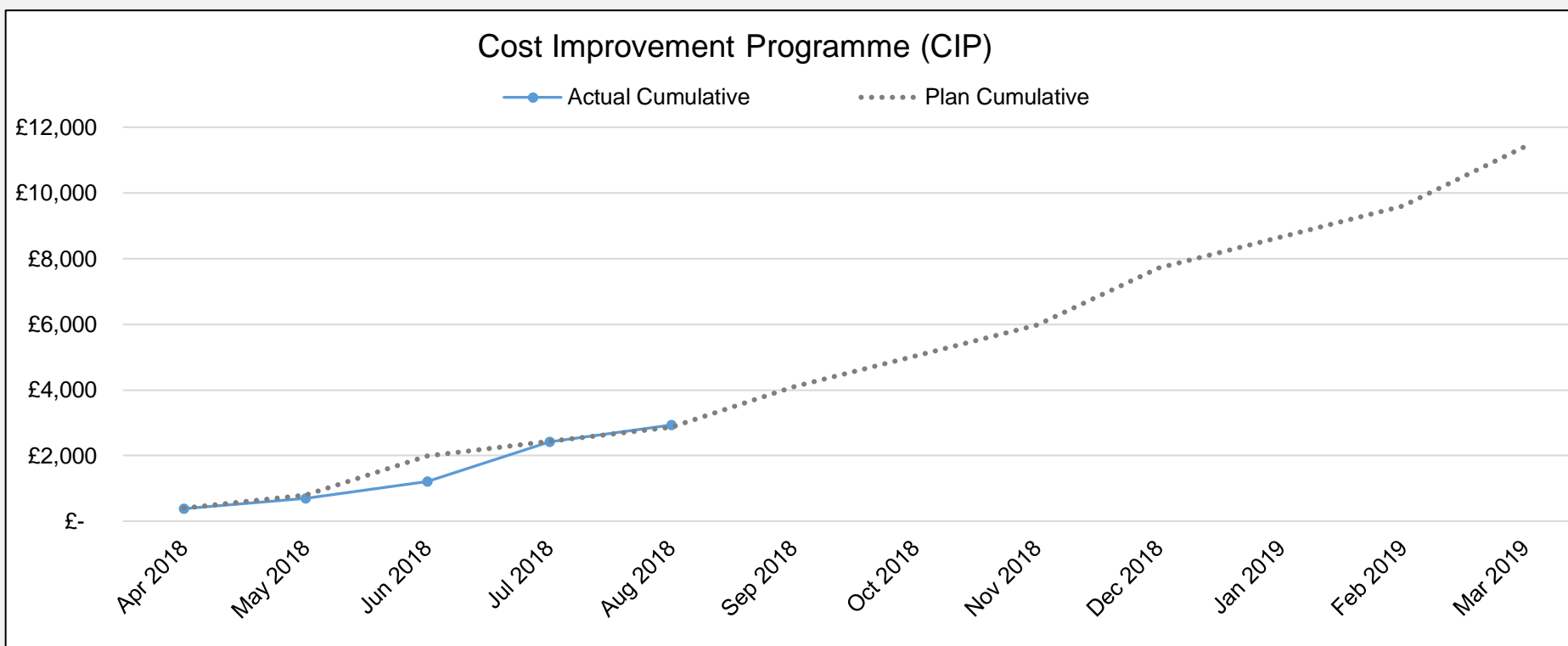
	Jun-18	Jul-18	Aug-18	12 Months
Actual £	£ 229	£ 258	£ 360	
Plan £	£ 233	£ 229	£ 225	

SECamb Finance Performance Charts



The Trust's I&E position in Month 5 was a deficit of £0.5m, which was as planned.

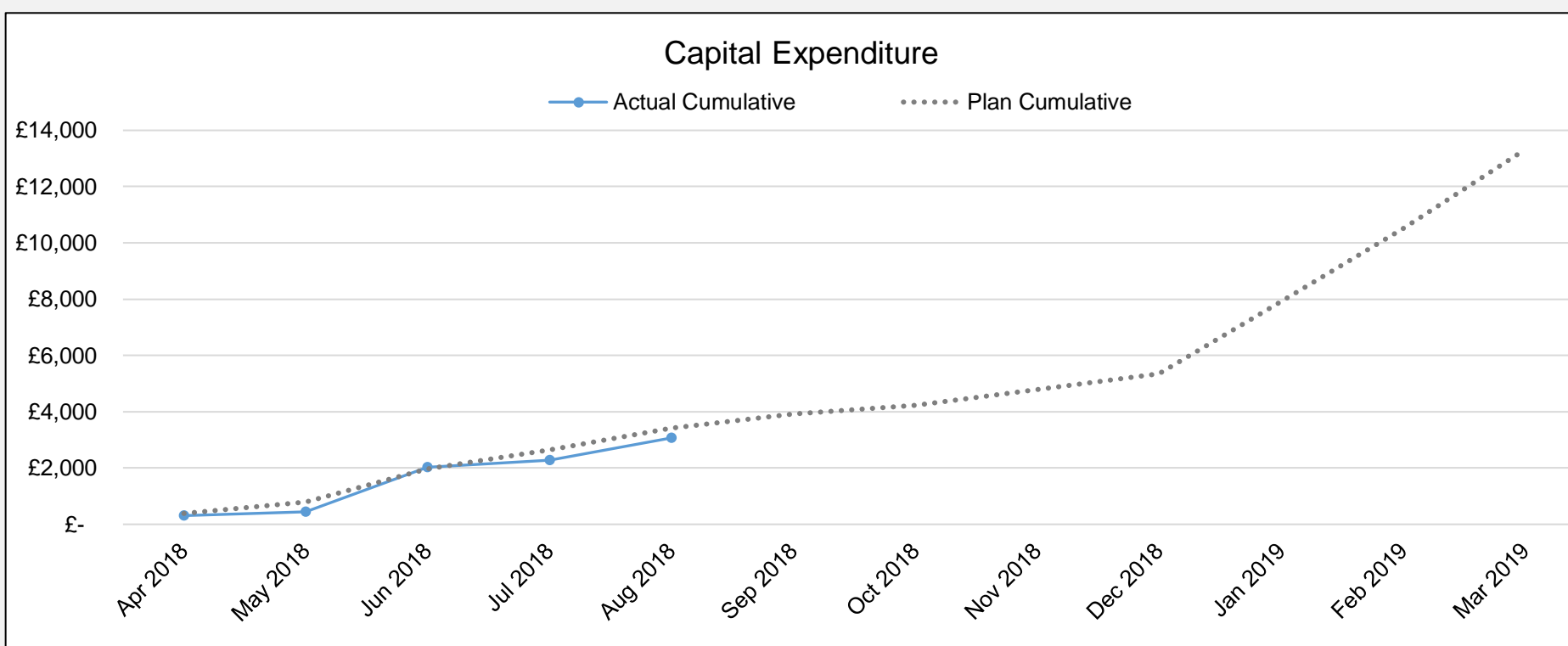
This increased the cumulative deficit to £2.8m, which is £0.1m better than plan.



CIPs was £0.5m in month, slightly better than the planned £0.4m.

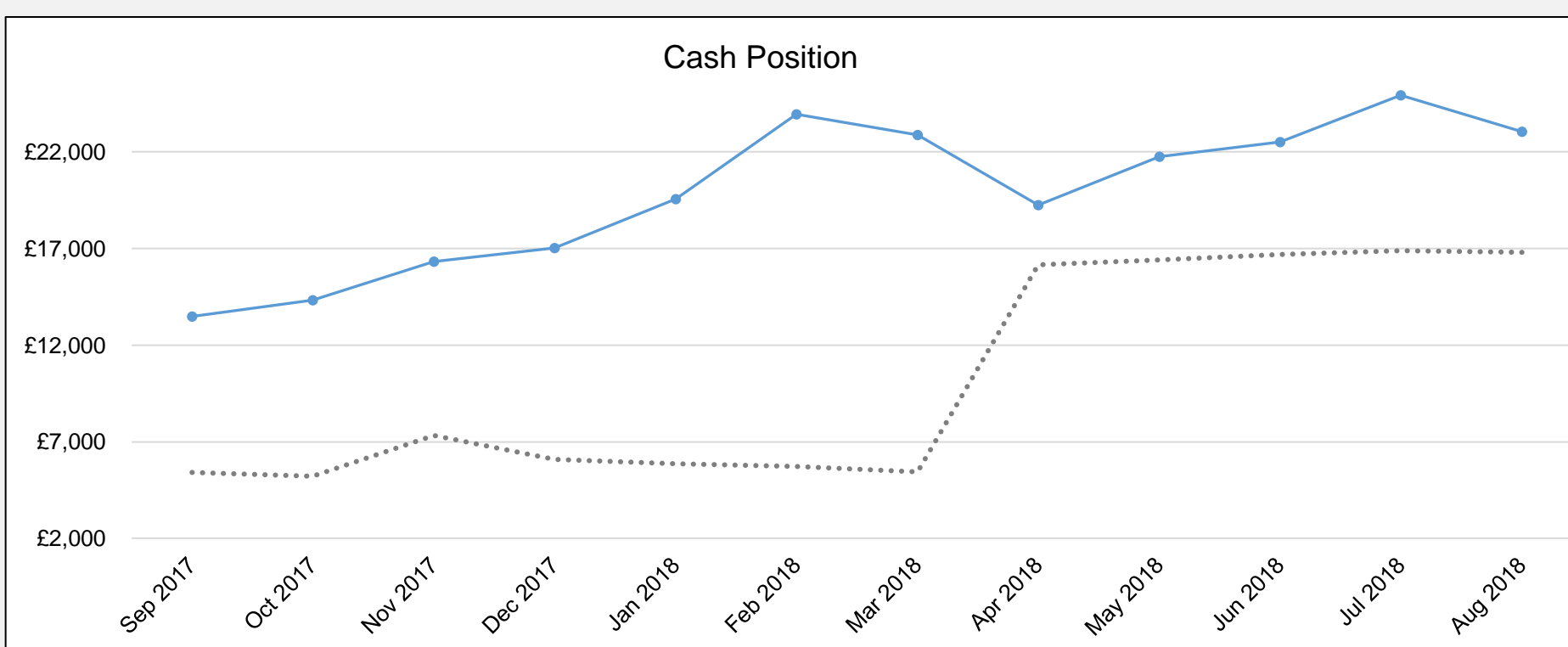
This brought year-to-date achievement to £3.1m.

It is projected that the full year target of £11.4m will be met, notwithstanding the risk associated with the balance of target that has yet to be delivered.



Capital spend in the four months was £2.9m, marginally above plan. There remains a risk associated with the delivery of 42 Mercedes box chassis by 31 March, although there are a number of potential replacement schemes, including the capital investment required for the NHS 111 service.

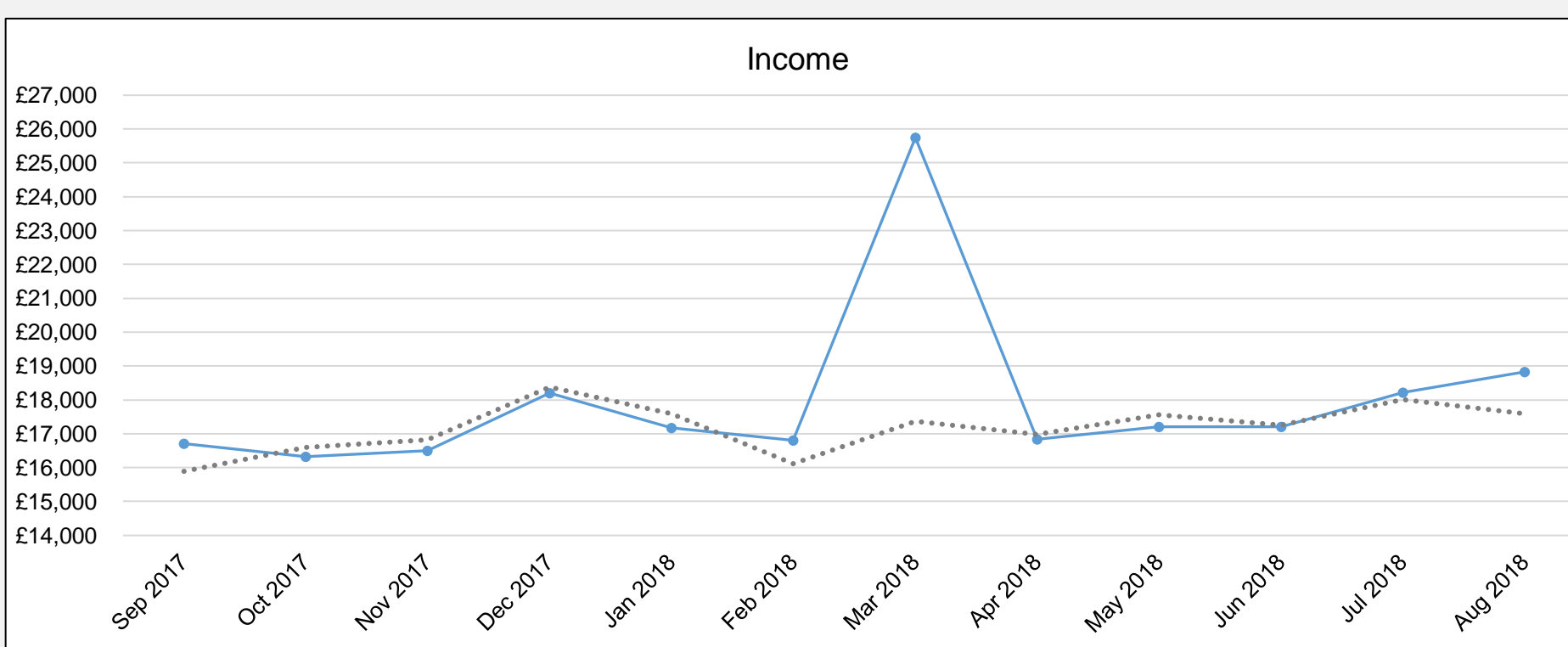
There no announcement to date regarding the 'Wave 4' capital bidding process, against which the Trust has submitted bids worth nearly £39m. The Trust's bids, comprising new and replacement ambulances, expansion of 'Make Ready' facilities and resilience in EOC, are to support improved efficiency and the delivery of ARP targets.



The cash position at 31 August fell to £23.0m, £1.9m down on the previous month-end. This is still £6.2m better than plan and slightly ahead of the balance at 31 March. The fall in cash was due to an expected catch up in billing by a small number of the Trust's suppliers.

In line with good practice, the Trust produces cash forecasts for a three-year period. The latest projection indicates, based on forecast capital requirements and I&E performance, that cash could fall to below £10m by June 2020. This partly reflects the Trust's ambitious investment plans.

Performance against the 'Better Practice Payment Code' for payment of suppliers improved to 92.5% by value in the month, against a target of 95.0%.



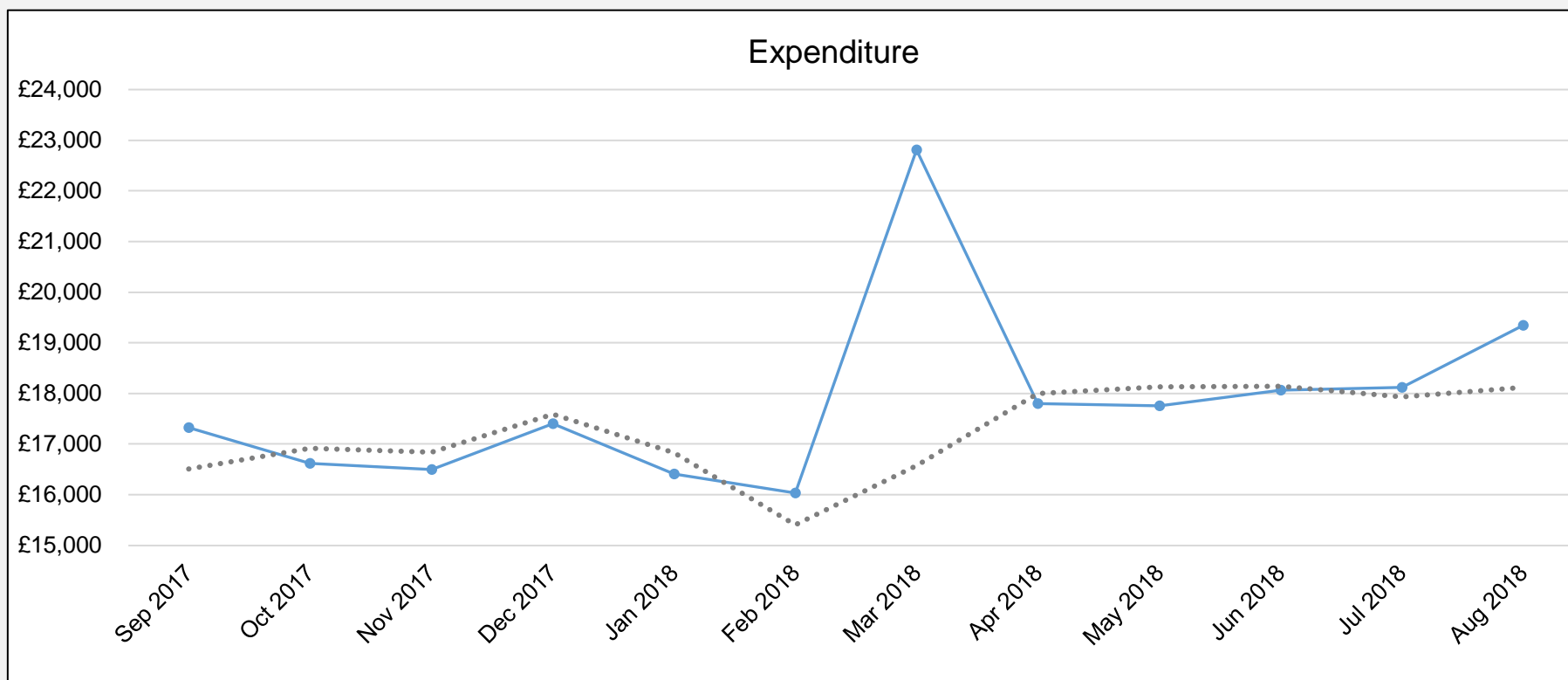
Total Income in the month was £18.8m, which was £1.2m better than plan.

There is now a favourable variance against plan of £0.9m.

The main reason for the improvement in the month was backdated funding for the new pay deal (£0.8m) and placement support (£0.3m). The former is offset by backdated pay costs (see below).

The Trust has assumed full achievement of planned Provider Sustainability Fund (PSF) income in the first five months at £0.5m. The full year value is £1.8m and receipt of this funding is contingent on meeting I&E trajectories on a quarterly basis. Funding of £0.3m for quarter one has been confirmed and received.

SECamb Finance Performance Charts



Total Expenditure exceeded plan by £1.2m in month

Cumulatively expenditure is £0.8m above plan.

Pay costs in the month were above plan by £0.7m, moving the cumulative position to a £0.4m overspend. The main reason for this was the £0.6m impact of the new pay deal backdated to 1 April.

Non-pay costs were £0.4m above plan in the month, bringing cumulative costs to £0.1m better than plan. The main area of overspend was in Medical, which is being investigated.

Non-operating costs, were over by £0.1m.