South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	165-18

Name of meeting	Trust Board
Date	28 February 2019
Name of paper	Management of Bullying & Harrassment
Responsible Executive	Ed Griffin. Executive Director of HR & OD
Author	Ed Griffin. Executive Director of HR & OD
Synopsis	This paper updates the Board on the work we have undertaken since the Duncan Lewis report in August 2017 and what is planned to help ensure the eradication of bullying and harassment.
Recommendations, decisions or actions sought	For assurance

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

Tackling Bullying & Harassment

A review of SECAmb's progress and plans

February 2019

Background

The purpose of this document is to set out the work we have undertaken since the Duncan Lewis report in August 2017 and describe the work that is planned to continue the move towards tackling bullying and harassment consistently and continuously.

Bullying & Harassment

Workplace bullying and harassment may start with words or actions that are initially treated by some as something innocent. For example,

- Workplace incivility or "banter",
- Unwanted attention of any kind,
- Gossip,
- Some people being more popular than others,
- Inconsistency of treatment
- Having more or less time with a line manager,
- Some co-workers are given fewer duties, and others have too much work.

Over time bullying and harassment may development into a long-lasting process of frequent and repeated acts of hostile communication and humiliation of an employee. The beginning of a potential bullying process may at first go unrecognised or neglected by observers and/or the employees involved. The duration and direction of workplace bullying differs from a conflict event, as bullying is a long-lasting process that will likely affect self-esteem, performance and wider well-being. At times there may be attempts to pass bullying off as a particular type of management style or even as the victim's fault. Some people even worry they're being oversensitive or justify bullying with a clash of personalities.

There are a number of reasons why a person bullies another person in the workplace, these may include:

- Power - a person may use their position of power or their physical dominance over those who are perceived to be weaker. The bullying is often dependent upon the perceived power of the bully over their victim.
- Self-esteem - bullies may put down others to boost their own self-esteem and confidence to help deal with personal feelings of inadequacy.

- Difference - an individual or group may become targets of workplace bullying because others perceive them as being new or different.
- Perceived Threat - Some people bully others because the other person is perceived as a threat to them personally, or a threat to their position within the company.
- Organisational culture - the culture of a workplace is often shown by its values, beliefs and what is considered to be normal behaviour. When the culture is positive it encourages individuals to adopt appropriate behaviours that promote respect of others. Conversely, employees may find themselves in a negative culture where inappropriate behaviours and attitudes are encouraged or condoned by management and bullying is seen as normal behaviour for the majority of people in the workplace.
- Working Arrangements - some working arrangements mean that individual employees or workgroups are separated from supervisors and others in the workplace. This can allow bullying to go undetected and prevent effective monitoring and leadership.
- Organisational Factors - People may harass or bully others due to dissatisfaction with organisational arrangements. Factors may include restructuring or downsizing, change in line manager, new rosters or new procedures, lack of induction, or a lack of training.

Bullying and harassment is often assumed to be something done by a manager to a more junior member staff. However, it does not always happen in one direction and may also be employee on employee, manager on manager or employee on manager.

Progress

Since August 2017 when the Duncan Lewis report was published, there have been actions taken across a number of areas. These are set out below against the specific areas of the action plan produced at the time. However, in summary, there has been a significant investment in training and coaching senior managers, stronger focus on case management, running training on B and H, introduction of the Well-being Hub, delivery of training in relation to bullying and harassment. This has all been delivered through phases of the Culture programme.

Number	Theme	Recommendation from DL Report	Action taken
10.1	Organisational Culture	SECAmb to introduce an exercise to describe the constituent elements that underpin each component of the 'Culture Web'. This needs to be an activity undertaken by front-line as well as senior managers and undertaken for each location/department.	• Undertaken through local focus groups (Aug/Sept 17) • Engagement of staff in development of values/behaviours [Culture Change Conversations/Culture Change Survey] (Dec 17/Jan 18)
		A cross-section of staff should be gathered to interpret the data to	• Undertaken through local

		refine themes into the 5-6 main components that describe each element of the model and is recognisable to all at SECAmb	focus groups (Aug/Sept 17) • Engagement of staff in development of values/behaviours [Culture Change Conversations/Culture Change Survey] (Dec 17/Jan 18)
10.2	Training interventions	All managers to undertake training/learning designed to tackle B&H. Must be compulsory. No more than 20 managers in each session	• Initial roll-out to managers was trialled in 2017. • During 2018 the senior leadership development programme included specific content on B & H. • DAC Beachcroft ran a B & H workshop for the Senior Leadership Committee members in January 2019. The session has now been run with the HR BPs to then roll-out across teams during 2019.
		All non-manager employees undertake a training programme to orientate themselves as to what bullying and ill-treatment is and is not. Best achieved as an on-line induction activity	
		All support functions (including staff-side) should attend mandatory training on B&H. Best achieved in small-workshops & seminars, containing a mix of support functions.	
10.3	Management interventions	All managers with responsibility for others to undertake a short training course on having 'difficult conversations' using skilled facilitators. This should be a half-day session for every manager.	• Senior management training during 2018 included sessions on this. • Management training rolled out during Q4 2018 to all OUMs, Oms and OTLs. • Training to be delivered during March/April 2018 on undertaking effective appraisals using the Actus system. • All ER cases are now centrally tracked and since November 2018 number of open cases has been halved.
		All managers to undertake a separate survey based upon the HSE's Stress management competencies. This can be administered on-line and	• However, due to the volume of surveys being sent to staff currently, we are looking at promoting

		managed internally or by an external provider. Depending upon the results, the survey may need to be run annually	this by adding a prize or delay by a few months before sending out to staff to improve the response
10.4	Annual SECAmb Employee Survey	Undertake a survey on the incidence of B&H behaviours and of perpetrators and possible causes to monitor and evaluate progress. To run for 4-6 weeks once per year and conducted on-line. Best to be administered by an external provider.	• Already incorporated within national annual NHS Staff Survey which includes specific questions on bullying & harassment
10.5	Scrutiny of existing data and power to drive change	Internal appointment of two individuals (Project Champion who reports at Board level and a Project Manager) to identify 'hot-spot' areas from existing data (sickness absence data, employee turnover, productivity data, exit data) and creation of a monthly Steering Group. Steering Group could include a Governor or NED	• This action requires re-consideration. The IWG is potentially one of the key bodies to review this. There is a proposal to change governance so that this chaired by the CEO.
10.6	Communications & Conflict Management Skills – a partnership model	Evaluation and review of training related to conflict and dispute resolution available to managers	• Availability of internal trained mediators has been updated and we have trialled the use of external mediators. This is to ensure that we can offer mediation as an alternative to a formal process and to re-establish effective working relationships.
		Trade unions and senior leadership work together in the spirit of fairness and decent treatment	• Continue to work on improving partnership working during past 12 months through JPF. This has included a new fortnightly meeting with union colleagues to provide
10.7	Manager Competencies & PDR Reviews	All managers should have conflict management training, awareness of B&H and how to manage it built into their job descriptions and person specs	• Modular training to be delivered during Q2 18/19 (utilising external experts), including a specific module on 'difficult conversations'. This is for all Execs,

			Senior Managers & Managers. • This cannot be built into job descriptions, however, it is part of the job descriptions for all managers that they should follow HR processes
		Those newly-appointed to manager grades must comply with minimum standards set down by SECAmb and acquire such competencies within six months of appointment.	• Values and associated behaviours will form part of the revised Appraisal Process. The refreshed Values and Behaviours have been signed off by Exec & will be launched in April 2018 • Values and associated behaviours to form part of the revised Recruitment Process. Recruitment currently use the Leadership Framework. • Modular training to be delivered during Q2 18/19 (utilising external experts), including a specific module on 'difficult conversations'. This is for all Execs, Senior Managers & Managers.
		Managers' PDRs should have a section devoted to types and numbers of conflicts occurring with their area	• Integrated Performance Report (IPR) now shows Employee Relation (ER) issues by OU • To be incorporated into revised Appraisal Process. A standard objective will be added to Actus.
		Managers must also demonstrate that they have actively engaged in the PDR process of those they manage.	• Appraisal completion rates, as recorded via Actus, monitored via OU score-cards. • NHS Staff Survey results will provide baseline of 'quality' of appraisals.

10.8	Supporting & Development Managers	All managers should operate their own support network, requiring formalisation and deployment of a Project champion at Board level. NEDs and Governors could play a role	• Action Learning Sets were offered as part of leadership training during 2019. This has now been put on hold.
		Creation of a mentoring system of experienced and less experienced managers.	• To tie into the coaching sessions Exec, Senior Manager and Managers will have as part of the external training.
10.9	Supporting Colleagues	All employees have an opportunity to discuss and share common workplace ails at team meetings (possible focus groups). If difficult to manage Trust-wide, these could be focussed on hot-spot areas	• New team meeting structure established in Operations Directorate [Teams A to F] (October 17) • Creation of local Staff Engagement Champions & establishment of regular local Engagement Forums
		Evidence from these should feed into Health & Wellbeing Steering Group	• Themes fed back though Staff Engagement Forum with updates to the Inclusion Working Group
10.10	Understanding and tackling discrimination and sexual harassment	All managers should take a one-day training session on discrimination at work and sexual harassment to assist them in understanding conscious and unconscious forms of discrimination/harassment. This is best-achieved using focus groups – could work within the proposed manager network.	• Trial module run by HRBP in January 2019 in one OU. The design is now being reviewed with the plan to train HRBPs to deliver across all areas • Interview and assessor skills training currently under review. • All roles and short-term opportunities must now be openly advertised.
		A critical review of policy and process to tackle B&H	• Review completed of all relevant policies. Further updates planned as part of policy update cycle for 2019.
10.11	Support systems and policy work	Address the issues of bullying at Coxheath and Tangmere and sexual harassment in Kent.	• Further investigations underway at Coxheath. • Actions taken to date where appropriate & where evidence available • Individual cases are

			tracked and being managed to a close.
10.12	Other		•

We will continue to monitor progress against the plan as part of the current phase of the Culture programme.

South East Coast Ambulance Service
NHS Foundation Trust

Integrated Performance Report

Performance Data for our 999 and 111 Services

Board Meeting

February 2019

Taking Pride | Striving for Continuous Improvement | Acting With Integrity | Demonstrating Compassion and Respect | Assuming Responsibility

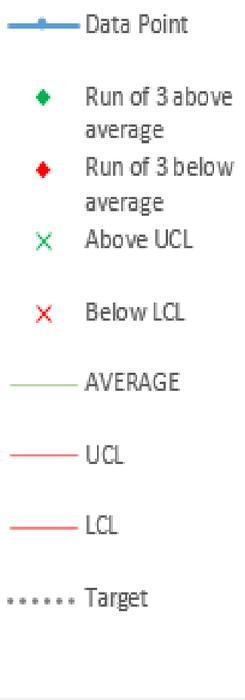
Aspiring to be
Better Today and
Even Better Tomorrow
For our people and our patients

Contents Summary

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



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 and 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.

The performance data shared in this report from Operations 999 is as at 11/2/19

The format and content of this report is continually reviewed to provide greater utility to the Trust Board and clearly communicate the status and actions undertaken by the Trust over time. During February and March 2019 this report and our quality reporting will be reviewed in order to further develop and refine our reporting going forward into 2019/20.

SECAmb Our Enablers

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

SECAmb Financial Performance

The Trust achieved its core planned surplus of £1.7m for the month of December. The cumulative deficit of £1.5m is marginally better than plan, maintaining operational performance.

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

The Trust achieved cost improvements of £1.7m in the month, which was as planned. 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 1, in line with plan.

Risks to this plan include recruitment to provide the resources to meet the Demand and Capacity review, delivery of performance targets, any financial impact of unfunded cost pressures, delivery of CIP targets and resourcing to meet trajectory.

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.

CQC Findings ('Must or Should Do's')

Safe

- 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.
- The Trust should ensure all vehicle crews have sufficient time to undertake daily vehicle checks within their allocated shifts.

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.

Our Patients

SECAmb Clinical Safety Scorecard

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

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	46.7%	71.9%	56.0%	
Previous Year %	37.9%	54.5%	50.0%	
National Average %	55.9%	55.8%	TBC	

Cardiac ROSC - ALL

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	28.8%	31.9%	31.3%	
Previous Year %	24.4%	25.6%	25.7%	
National Average %	31.9%	32.1%	TBC	

Cardiac Survival - Utstein

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	28.6%	35.5%	17.4%	
Previous Year %	17.2%	40.6%	26.3%	
National Average %	33.9%	28.0%	TBC	

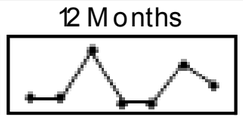
Cardiac Survival - All

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	8.4%	11.7%	8.2%	
Previous Year %	3.6%	10.0%	5.7%	
National Average %	11.8%	10.4%	TBC	

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

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	69.4%	75.0%	66.4%	
Previous Year %	62.9%	64.4%	71.9%	
National Average %	81.2%	N/A	N/A	

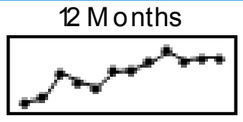
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography

	Jul-18	Aug-18	Sep-18	12 Months
Mean (hh:mm)	02:14	TBC	TBC	
National Average	02:07	TBC	TBC	
90th Centile (hh:mm)	03:09	TBC	TBC	
National Average	02:51	TBC	TBC	

Stroke - call to hospital arrival

	Jul-18	Aug-18	Sep-18	12 Months
Mean (hh:mm)	01:14	01:13	01:09	
National Average	01:15	01:11	TBC	
Median (hh:mm)	01:04	01:04	01:01	
National Average	01:06	01:05	TBC	
90th Centile (hh:mm)	01:52	01:52	01:44	
National Average	01:52	01:48	TBC	

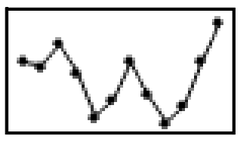
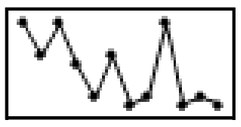
Stroke - assessed F2F diagnostic bundle

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	97.8%	97.9%	95.8%	
Previous Year %	95.2%	95.6%	93.1%	
National Average %	N/A	98.3%	N/A	

Post ROSC Care Bundle

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	93.3%	91.1%	91.1%	
National Average %	57.3%	N/A	N/A	

Medicines Governance

	Oct-18	Nov-18	Dec-18	12 Months
Total Number of Medicines Incidents	93	79	109	
Single Witness Sig/Inapt Barcode Use CDs Omnicell	17	24	16	
Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell	1	0	3	
Total Number of CD Breakages	16	15	12	
PGD Mandatory Training	20	17	0	
Key Skills Medicine Governance	180	82	0	

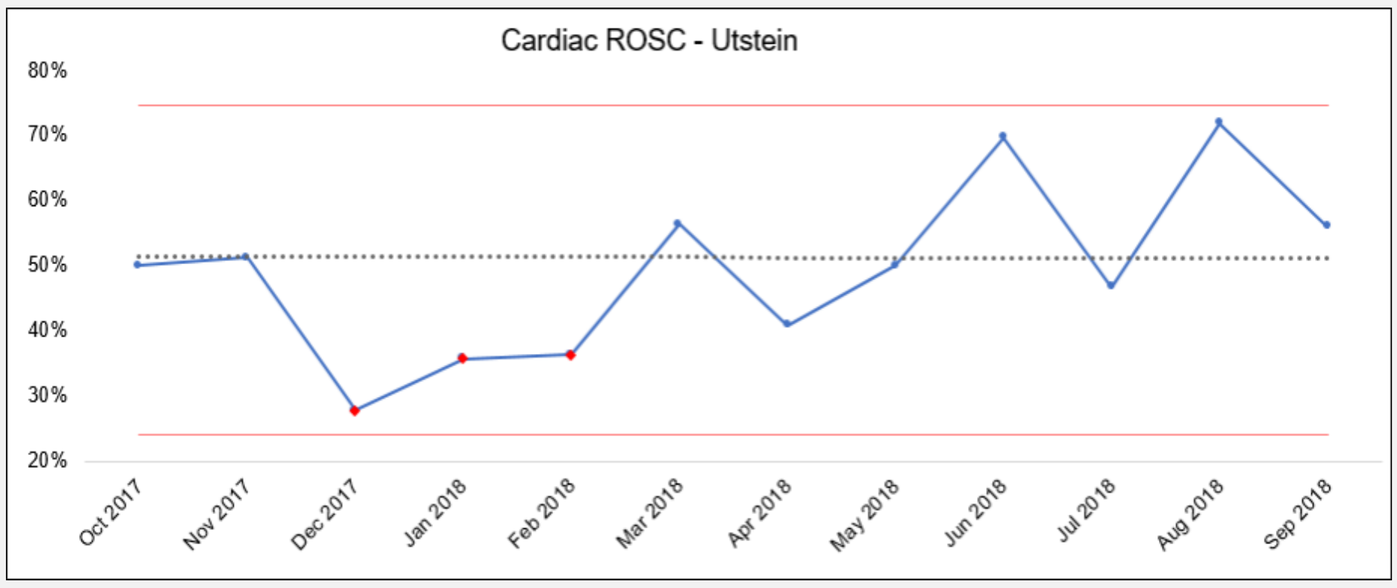
Sepsis Care Bundle Compliance

	Jul-18	Aug-18	Sep-18	12 Months
Actual %	82.2%	79.2%	79.9%	

Medicines Management

	Oct-18	Nov-18	Dec-18	12 Months
Number of Audits	169	178	183	
Percentage of Audits	99.4%	99.0%	98.6%	

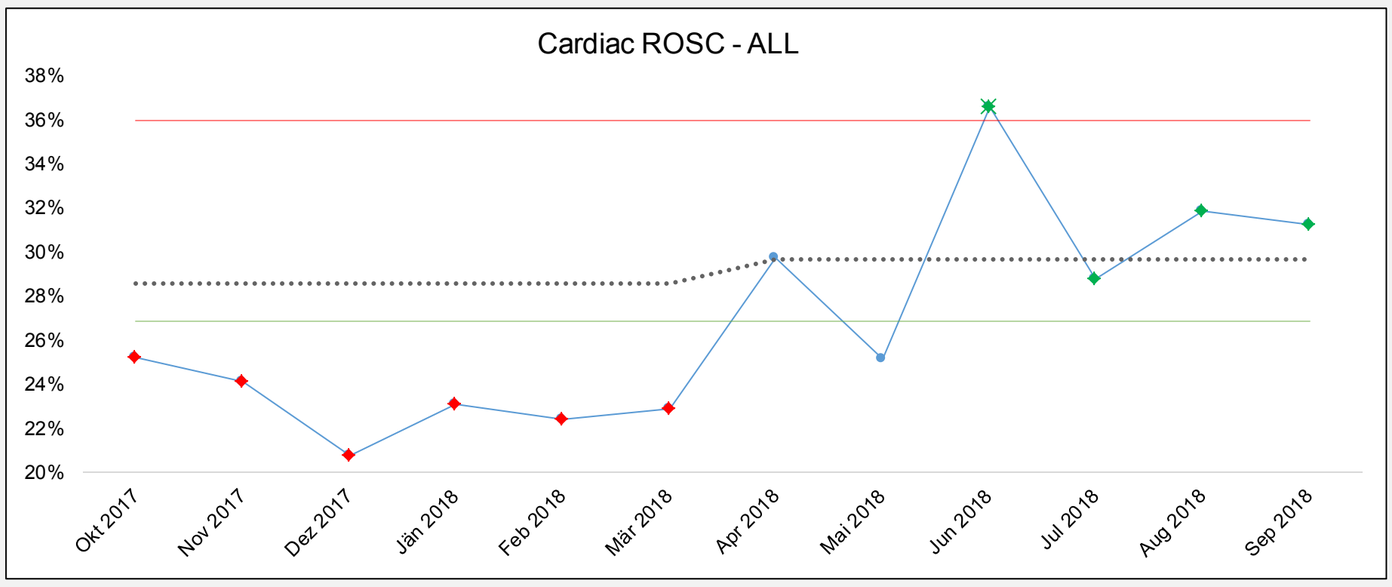
SECAmb Clinical Safety Charts

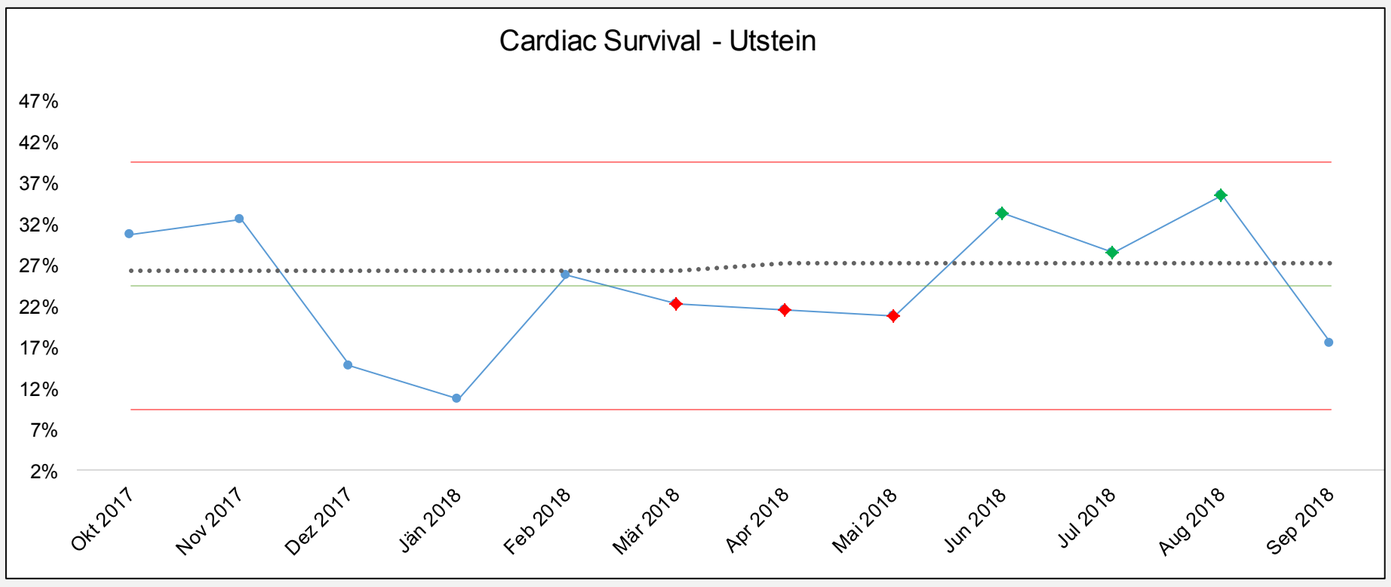


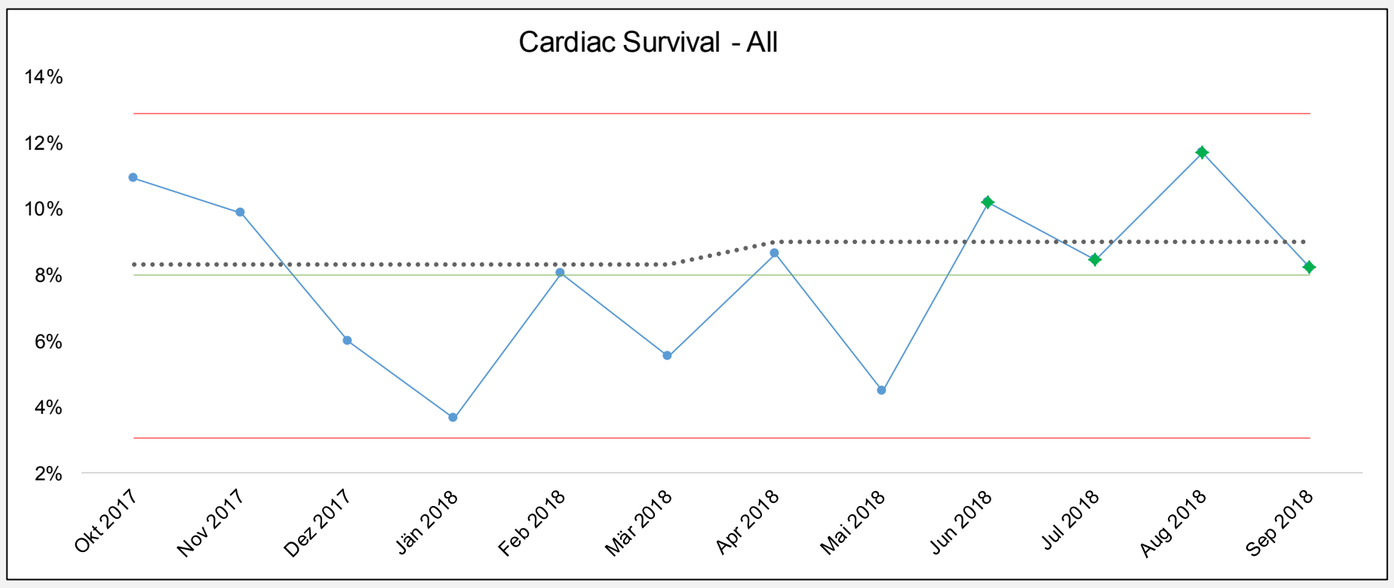
The cardiac arrest charts show the proportion of patients who had a Return of spontaneous circulation (ROSC) at hospital and the proportion who survived to be discharged from hospital after resuscitation was attempted.

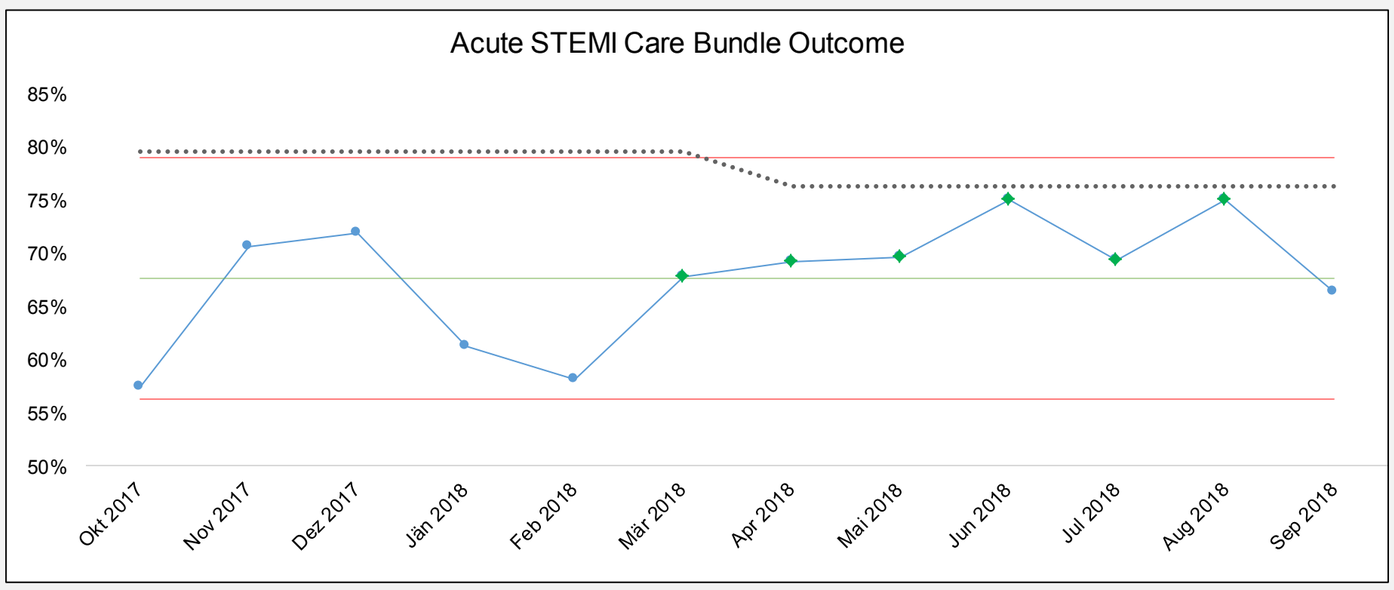
The Trust has seen a sustained improvement in the proportion of patients who have a ROSC at hospital. This improvement could be attributed to improvements in response times and/or resuscitation training that was provided in 2018/19 Key Skills.

Survival after cardiac arrest continues to show normal patterns of variation.





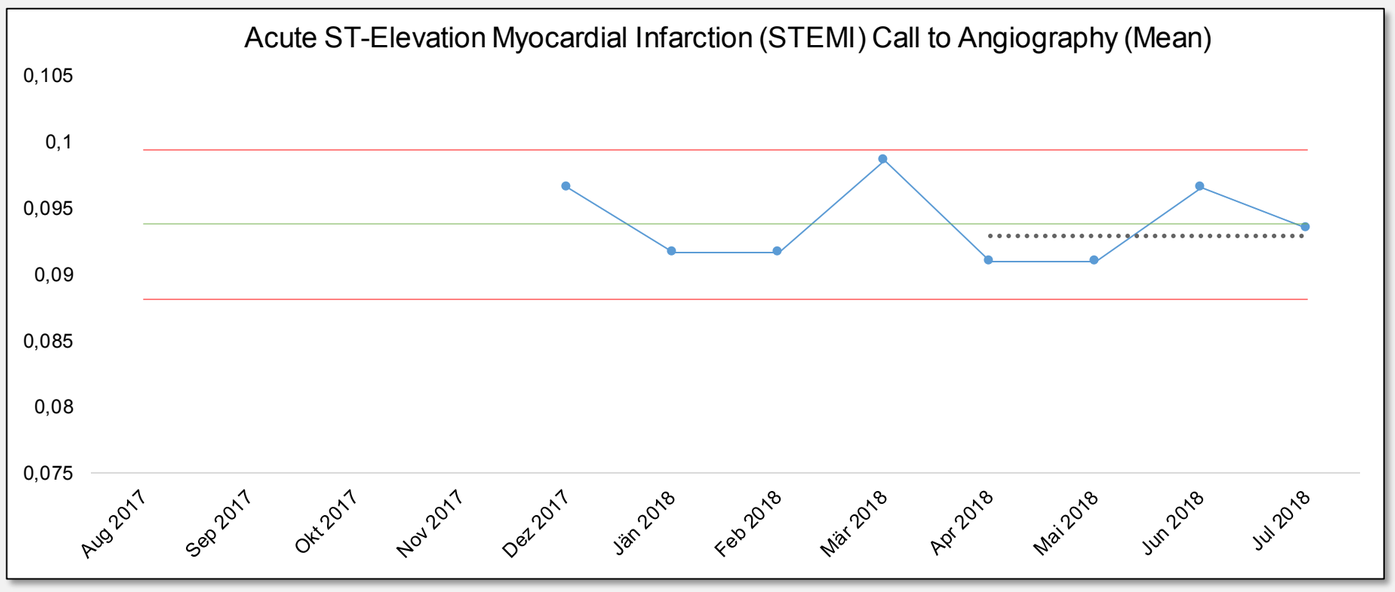




This chart shows the proportion of patients who were suffering a suspected ST-Elevation Myocardial Infarction (STEMI) and received a full care bundle.

There has been a sustained improvement in performance since March 2018. The Trust expects to see further improvements with the introduction of electronic Patient Care Record (ePCR). This system will prompt users to document a full bundle of care where an omission might have been made through error.

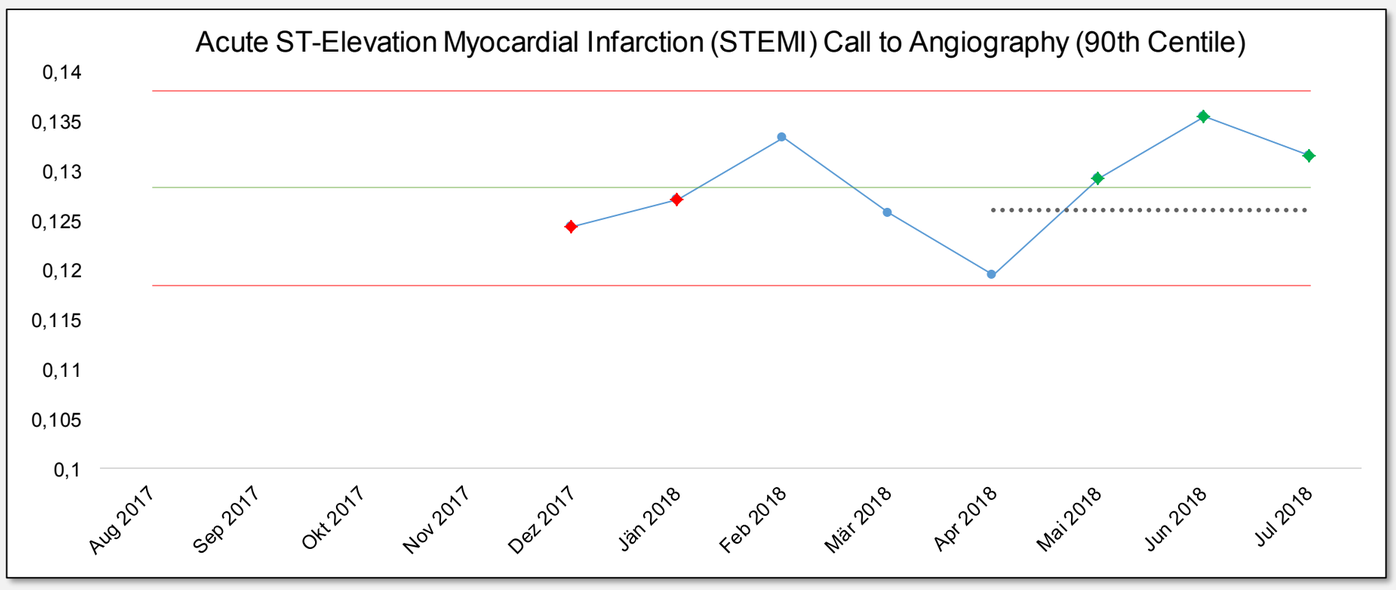
SECAmb Clinical Safety Charts

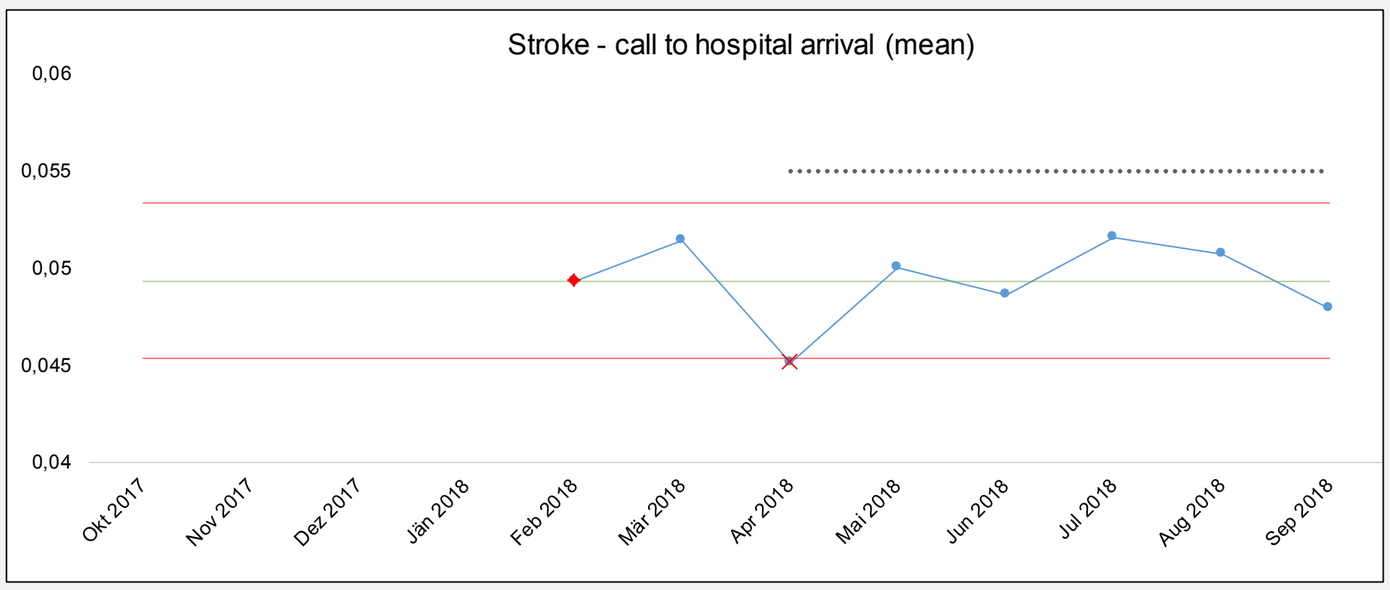


STEMI timeliness charts show the mean and 90th centile call to angiography time for patients who are suffering STEMI.

These measures continue to show normal patterns of variation. Trust performance is broadly in line with national averages.

Key Skills training for 2019/20 will give clinicians strategies for reducing on-scene times for patients in this cohort. It is hoped that this will reduce the overall call to angiography time.

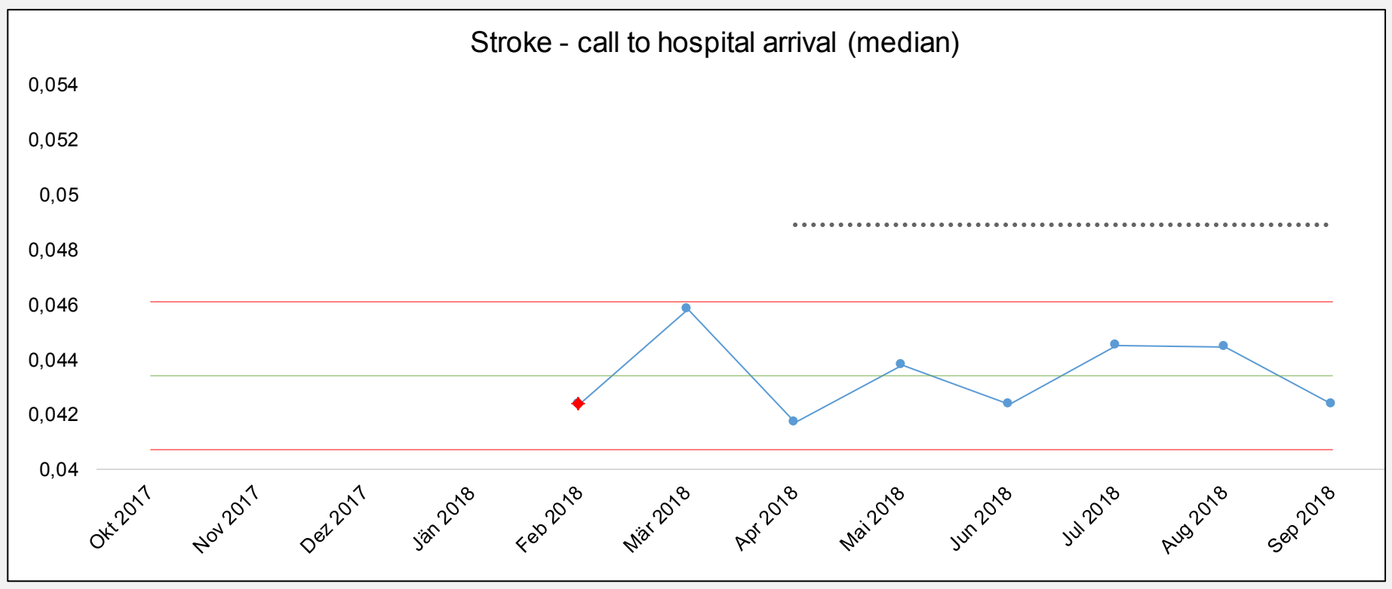


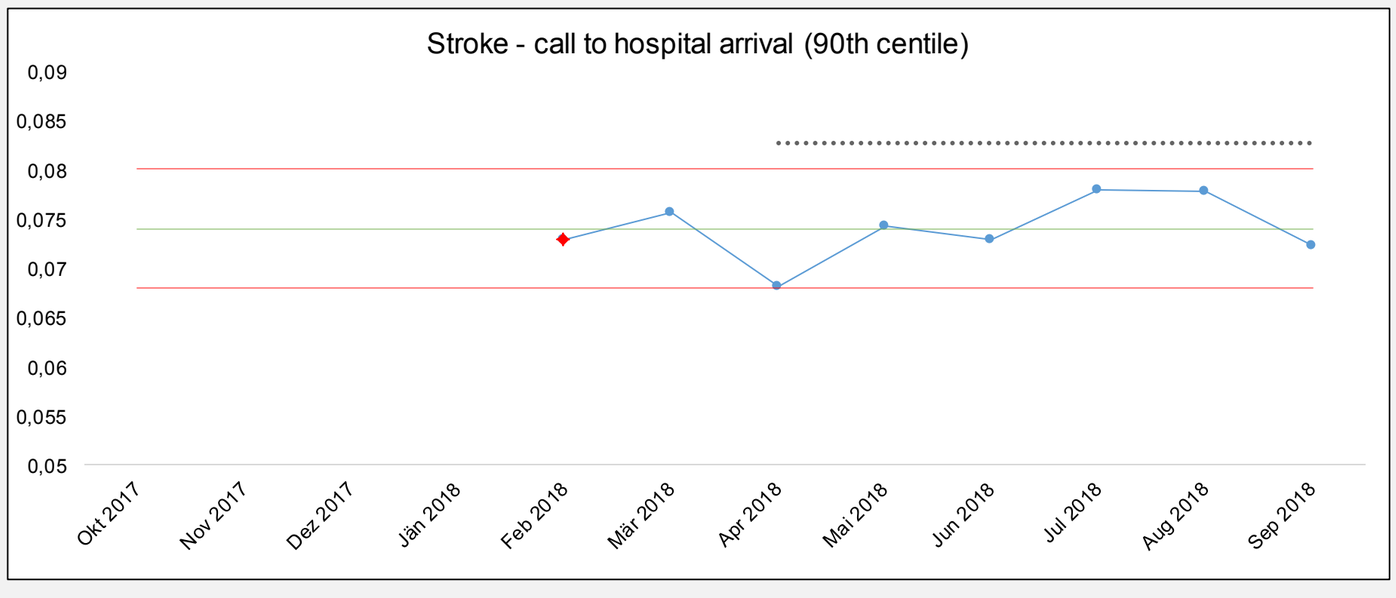


Stroke timeliness charts show the mean, median and 90th centile call to angiography time for patients who are suffering STEMI.

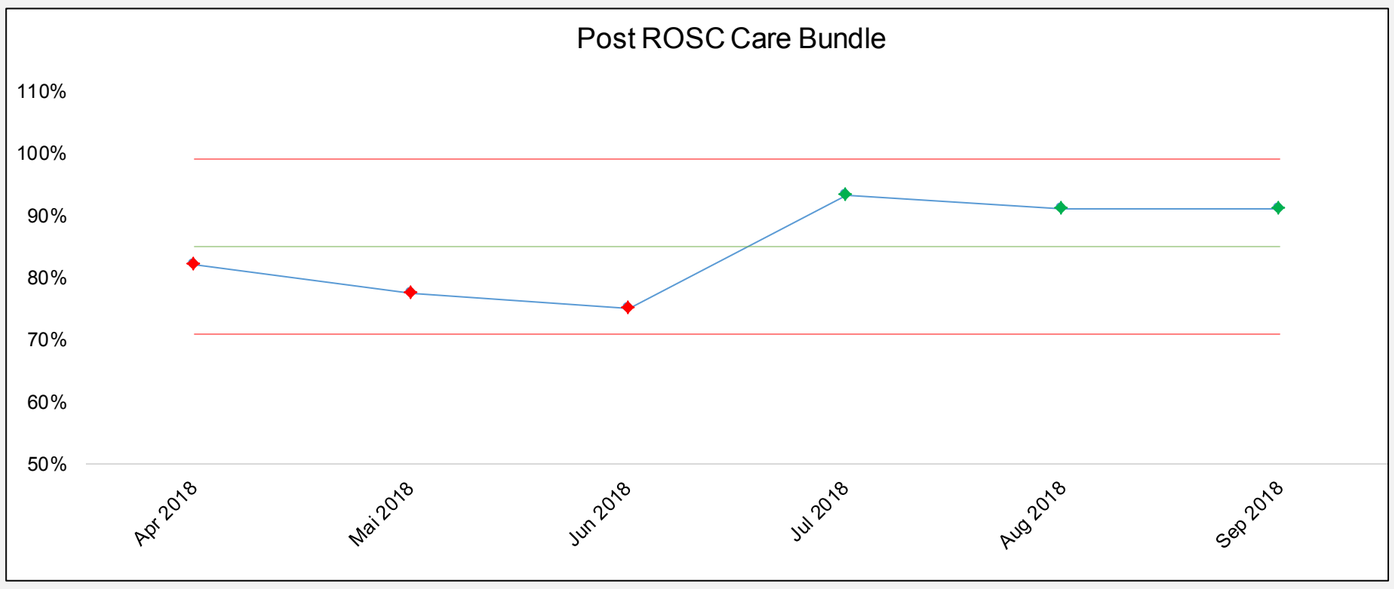
These measures continue to show normal patterns of variation. SECAmb continues to deliver stroke care that is more timely than the national average.

Key Skills training for 2019/20 will give clinicians strategies for reducing on-scene times for patients in this cohort. It is hoped that his will reduce the overall call to hospital time.





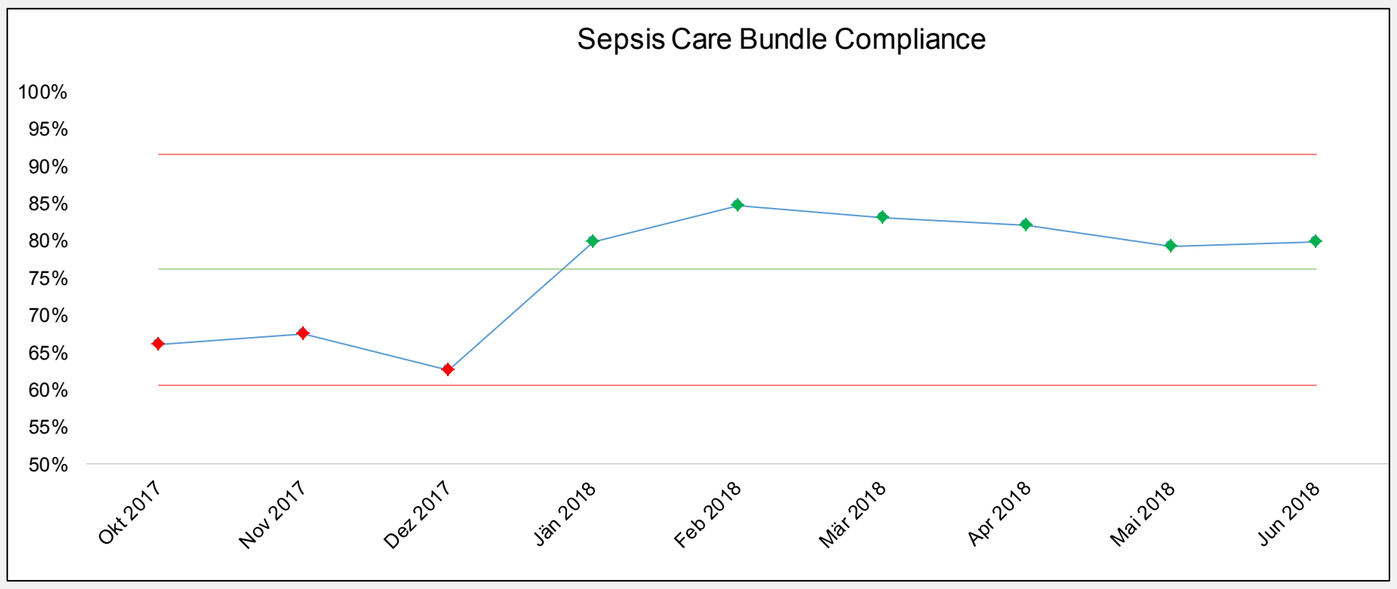
SECAmb Clinical Safety Charts



This chart shows the proportion of patients who received a full bundle of care after ROSC was achieved.

The data continue to show normal levels of variation. SECAmb continues to perform above the national average.

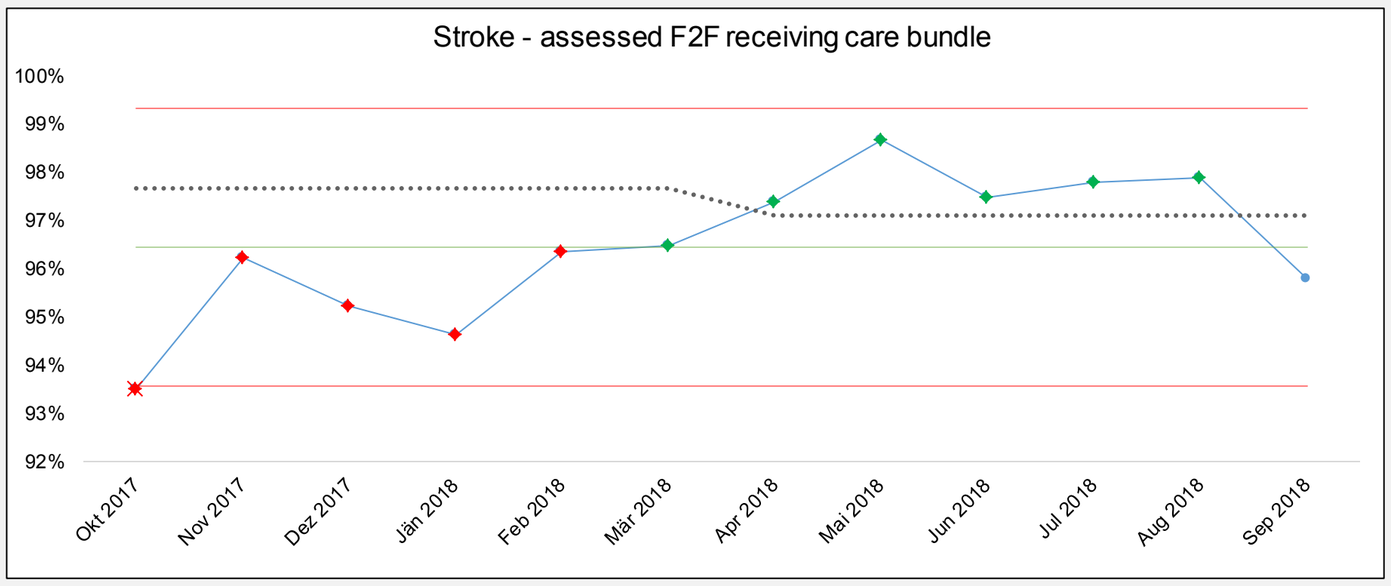
The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.



This chart shows the proportion of patients with suspected sepsis who received a full bundle of care.

The data continue to show normal levels of variation. SECAmb continues to perform above the national average.

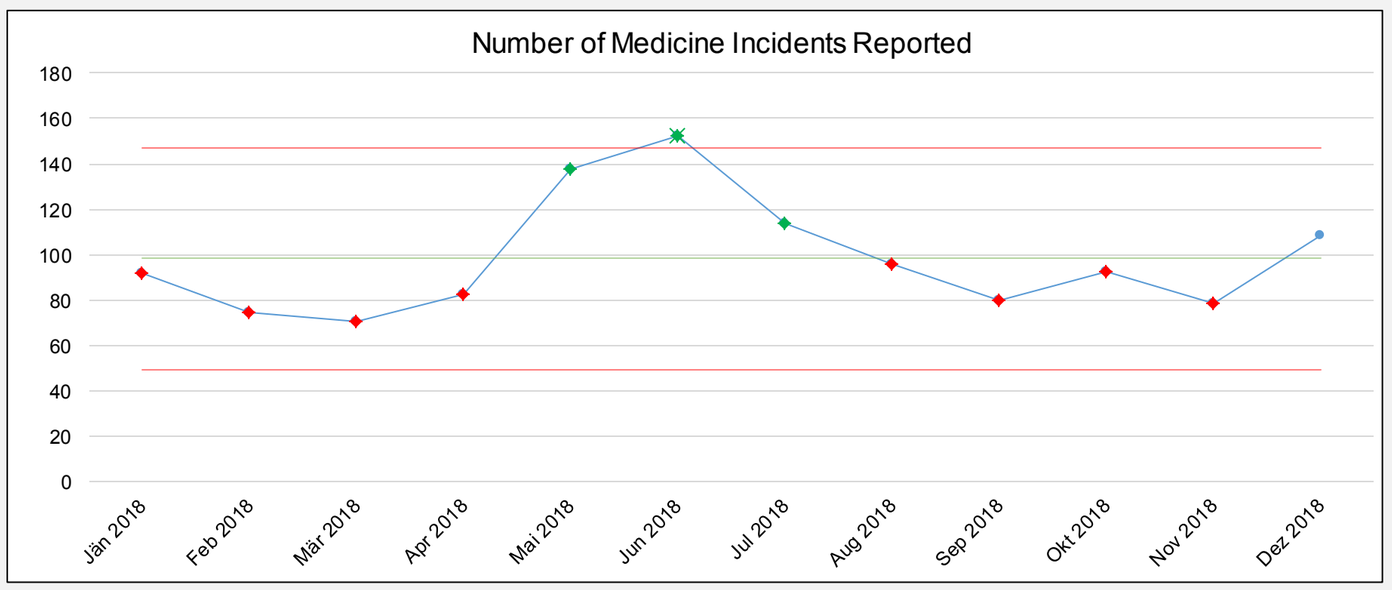
The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.



This chart shows the proportion of patients who were suffering a suspected stroke and received a full diagnostic bundle.

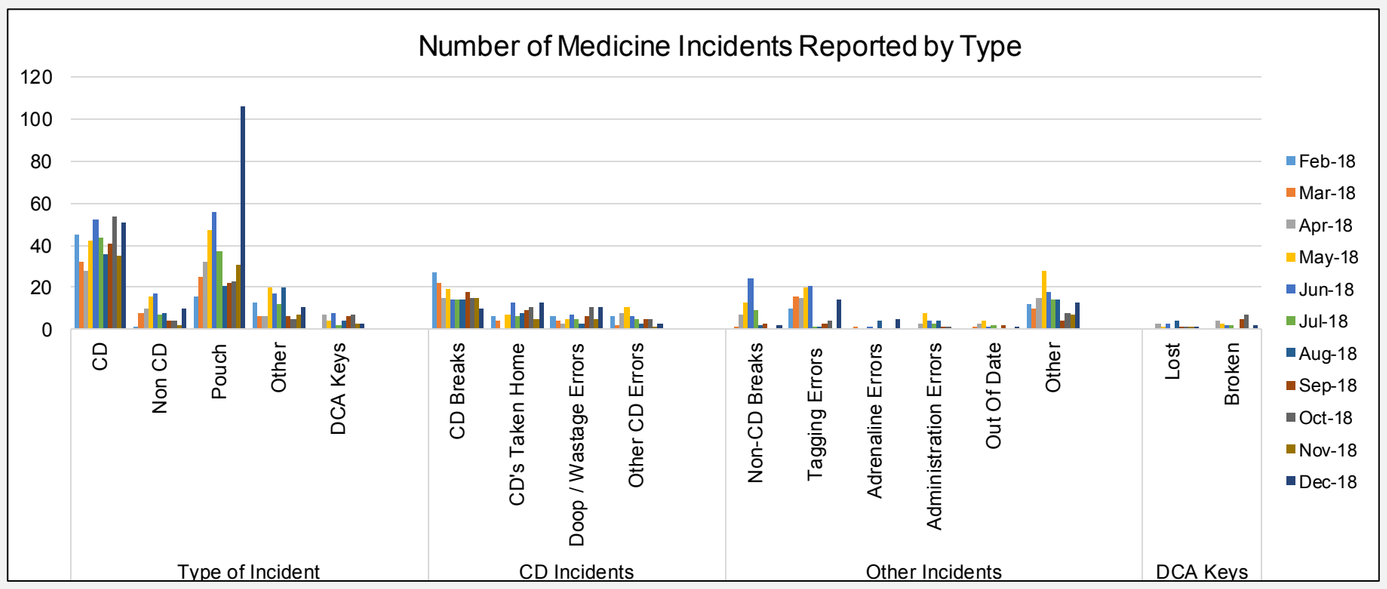
There has been a sustained improvement in performance since March 2018.

The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.



109 medicines incidents were recorded for December 2018. Medicines Governance Team and QI hub are encouraging staff to submit bulk Datix around medicines pouches due to under reporting of these incidents.

During quarterly inspections the Medicines Governance Team are encouraging operational staff to report around medicines governance across the Trust.

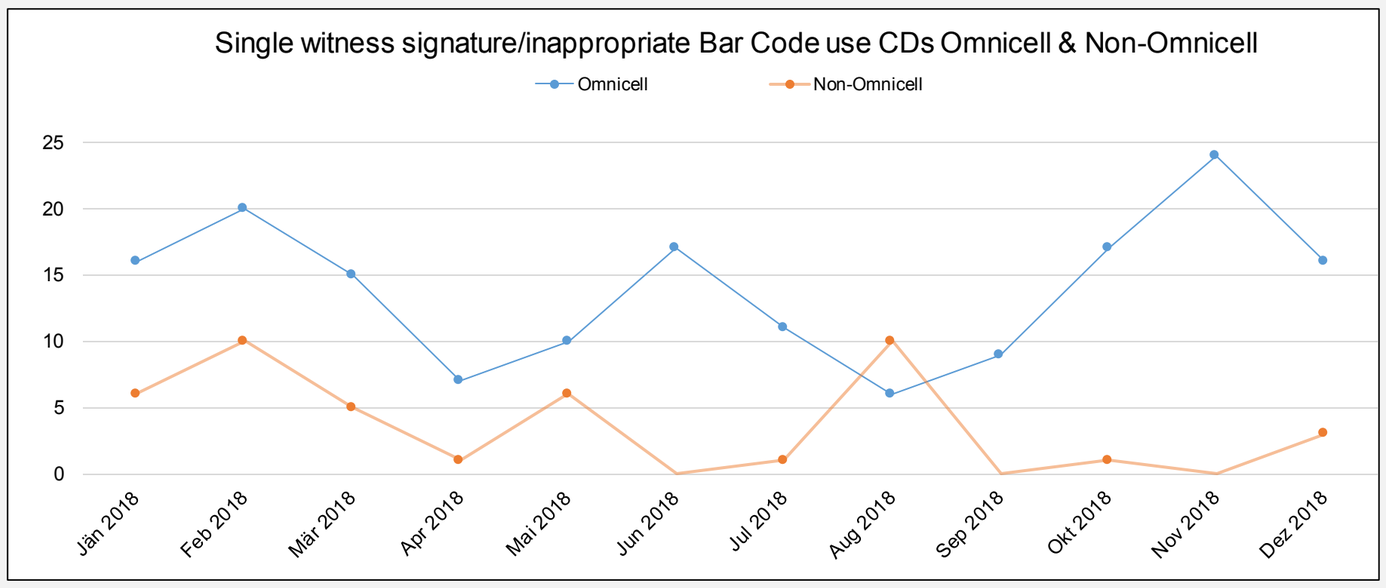


51 the 109 incidents reported for December 2018 were in relation to controlled drugs (CD) governance, breakages and non-adherence to SOPs.

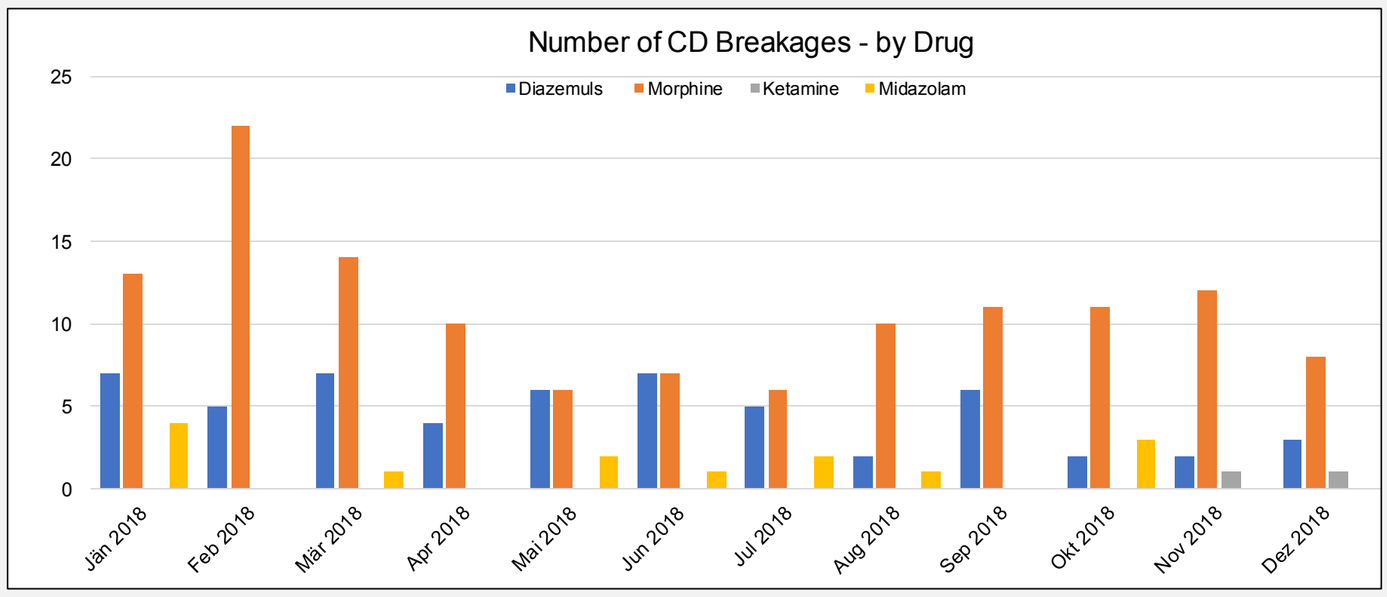
There were 34 incidents reported around medicine pouches, however due to bulk Datix this equates to 106 pouch incidents in total. There was 34 incidents were medicines were missing from pouches. Crews reported 14 incidents around incorrect tagging of pouches, of these there was 6 incidents were medicines were not available for patients due to incorrect tagging by operational crews which is not in line with medicines optimisation for our Trust. 31 incidents were reported for incomplete paperwork in medicines pouches. Resources have been identified for medicines pouch review project in the medicines team and interviews will take place in February 2019.

There was no Datix recorded for temperature excursions during December 2018 which is encouraging that our estates and medicines room upgrades are maintaining the temperatures of our medicines for our patients.
There were 3 incidents in relation to lost DCA keys, these are being investigated at a local level.

SECAmb Clinical Safety Charts



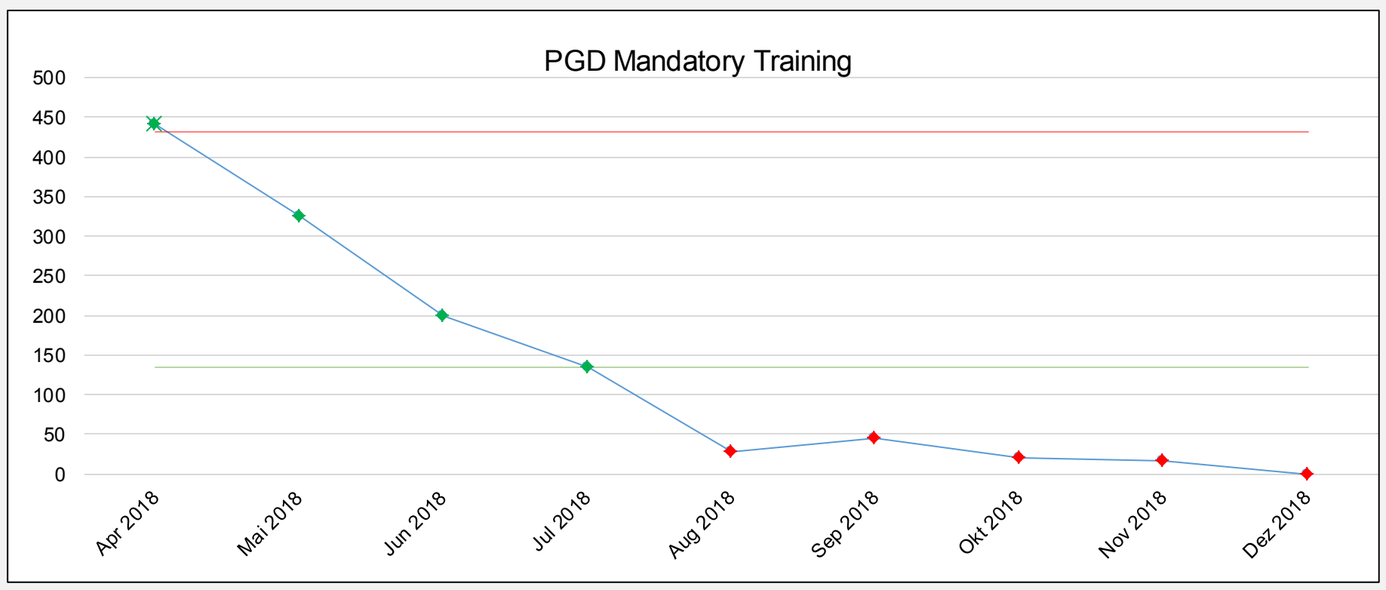
Dartford and Medway, Gatwick and Redhill showed highest incidents of non-authorised single witness signatures for Controlled Drugs (CDs). Work is continuing around the investigations into these single signatures. Encouragingly on the non-omnicell sites staff are reporting these non-authorised single signatures through Datix system. In comparison to November 2018 data there is a reduction in this non-authorised CD activity.



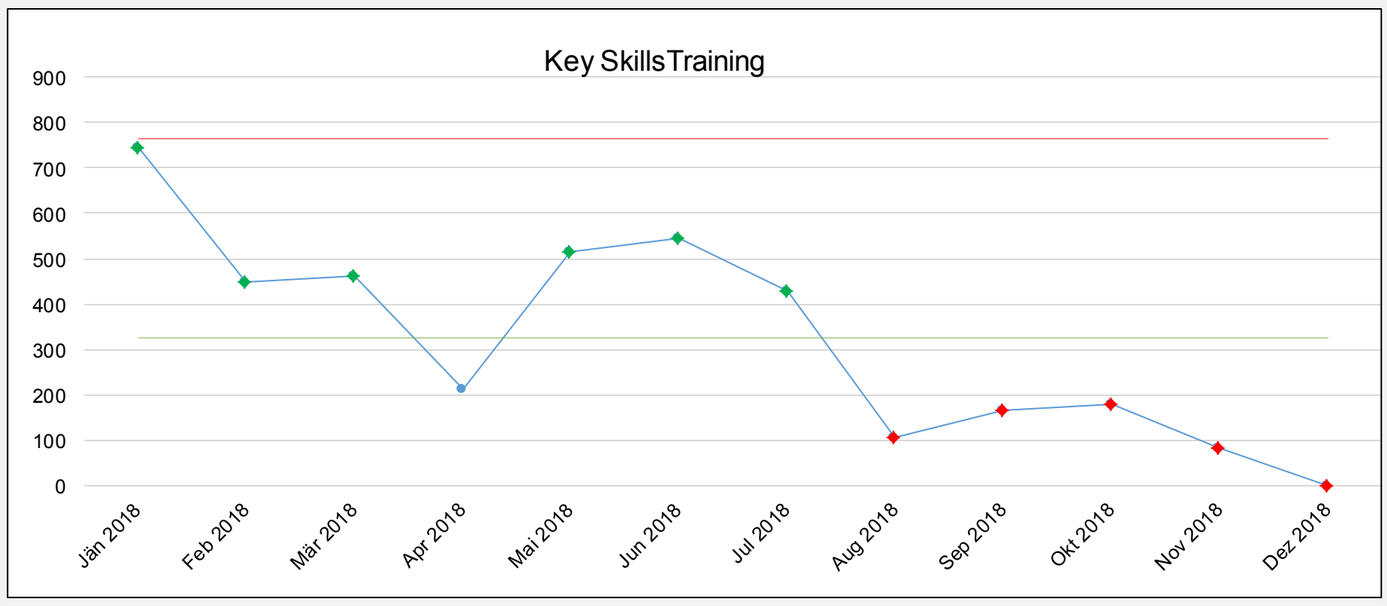
December 2018 reported 12 CD breakages. This is consistently low across the Trust due to increase in CD governance and safe and secure handling.

8	Morphine
3	Diazemuls
1	Ketamine

Breakages occurred in the following areas: 5 ampoules broken during issue/return, 4 shattered whilst opening, 2 dropped accidently and 1 ampoule had protective seal broken.



Most staff have now completed their mandatory key skills training and Patient Group Directions (PGD) e-learning package.



Most staff have now completed their mandatory key skills training and PGD e-learning package.

Analysis of Cardiac Arrest Data - August 2018

Total number of cardiac arrests identified = 569

Number of resuscitation attempts = 226
excluding DNACPR 34, DOA 289, No Resus by SECAmb 11,
In hospital arrest 0, Post arrest 8 , ADRT 0, Did Not Convey 1

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) = 32 (14%)

ROSC sustained to hospital (Utstein) = 23 (72%) + 1 non ROSC

Cardiac Arrests (All incidents) = 226 (100%)

ROSC sustained to hospital (All) = 72 (32%) + 15 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients		
Utstein	Details	Overall
11	Patient survived to discharge	26
12	Patient died in hospital	58
0	Patient still in hospital*	0
1	Outcome unknown* (Patient identifiable data incomplete)	3

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) = 11 (35.5%)

Survival to Discharge (All) = 26 (11.7%)

Additional Information - Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	112 (50%)	12	100
PEA	48 (21%)	19	29
VF	49 (21%)	32	17
Non-shockable	4 (2%)	1	3
Not recorded	13 (6%)	8	5

CPR Bystander - 129

EMS Witnessed arrest - 28

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

Analysis of Cardiac Arrest Data - September 2018

Total number of cardiac arrests identified = 545

Number of resuscitation attempts = 224
excluding DNACPR 76, DOA 226, No Resus by SECAmb 3,
In hospital arrest 1, Post arrest 10, ADRT 4, Did Not Convey 1

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) = 25 (11%)

ROSC sustained to hospital (Utstein)
= 14 (56%) + 4 non ROSC

Cardiac Arrests (All incidents) = 224 (100%)

ROSC sustained to hospital (All) = 70
(32%) + 11 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients		
Utstein	Details	Overall
4	Patient survived to discharge	18
12	Patient died in hospital	58
0	Patient still in hospital*	0
2	Outcome unknown* (Patient identifiable data incomplete)	5

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) = 4

Survival to Discharge (All) = 18

Additional Information - Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	119 (53%)	22	97
PEA	53 (24%)	17	36
VF/VT	45 (20%)	28	17
Non-shockable	3 (1%)	2	1
Not recorded	4 (2%)	2	2

CPR Bystander - 137

EMS Witnessed arrest - 27

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

Analysis of Cardiac Arrest Data by Area - 2018

Number of resuscitation attempts = 224

Cardiac Arrests (Utstein) East = 14 (6%)	Cardiac Arrests (All) East = 118 (53%)
Cardiac Arrests (Utstein) West = 11 (5%)	Cardiac Arrests (All) West = 106 (46%)
ROSC sustained to hospital (Utstein) East = 8 (57%) + 2 non ROSC	ROSC sustained to hospital (All) East = 39 (34%) + 7 non ROSC
ROSC sustained to hospital (Utstein) West = 6 (55%) + 2 non ROSC	ROSC sustained to hospital (All) West = 31 (29%) + 4 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients

Area	Utstein	Details	Overall
East	1	Patient survived to discharge	6
West	3		12
East	8	Patient died in hospital	36
West	4		22
East	0	Patient still in hospital*	0
West	0		0
East	1	Outcome unknown* (Patient identifiable data incomplete)	4
West	1		1

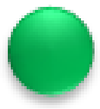
Survival to discharge is calculated as a percentage of the Overall and Utstein figures minus any missing patient outcomes as detailed * above

Survival to Discharge (Utstein) East = 1 (8%)	Survival to Discharge (All) East = 6 (5%)
Survival to Discharge (Utstein) West = 3 (30%)	Survival to Discharge (All) West = 12 (11%)

MENTAL HEALTH CARE (December 2018 data)

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**

Overall RAG Rating = 

The mental health indicator has been rated **GREEN** as the mean response measures are within cat 2 standard.
Cat 2 = 00: 17:24
90th Centile= 00:38:35

Mental Health Response Times (Section 136 MHA)

During December 2018 there were 111 Section 136 related calls to the service.89 of these calls received a response (80%) (91.6% in November) resulting in a conveyance to a place of safety by an ambulance on 81 (72.9% of total calls; in November this was 86.6% of total calls) on these occasions.

The overall performance mean shows a response time across the service as 00.17.24 (November was 00.18.55). Against the 90th centile measure, the response was 00.38.35 (November was 00.38.27).

There were 4 transports of under 18's (3 during November).

There were 22 occasions when SECAmb did not provide a response. This is up from 10 in November. 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 4 Total responses 3 Total transports 3
Performance Mean 00.00:13.27 90th centile 00:15.36

Cat 4: Total calls 0 Total responses 0 Total transports 0
C60 HCP: Total calls 1 Total responses 1 Total transports 1
Performance Mean 01:06:09 90th centile 01:06:09
C120 HCP: Total calls 5 Total responses 1 Total transports 1
Performance Mean 02:43:54 90th centile 02:43:54

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 :

Medicines management: compliance for safe and secure handling weekly audits by Operational Team Leaders (OTLs) ranged between 83% and 100% on station sites for December 2018. The Trust average for compliance was 98.31%. Thirteen stations achieved 100% compliance each week for December. Four sites missed a weekly report in December. The monthly audits have remained at 100% for those submitted by the Operating Unit Managers (OUMs). Compliance for the monthly checks remained at 93%. There have been 109 incidents associated with medicines management, with the highest category in relation to controlled drugs (CD) governance, breakages and non-adherence to Standard Operating Procedures (SOPs). Drugs missing from medicines pouches was also a significant trend and is being managed by the medicines governance group.

Infection prevention and control (IPC): Hand Hygiene (HH) compliance was just above target this month at 91%, but staff compliance to 'Clinically Ready' was well above target at 97%. 288 audits were carried during the month. Make Ready Centre (MRC) and Vehicle Preparation Programme (VPP) Deep Clean rates were both very low , which was due to operational demand throughout the month and staffing resources at some of the sites. IPC Level 2 training is below the monthly target of 19% this month and currently stands at 85.3%. Environmental Cleanliness audit completion was again above the target of 85%, but we did see a slight drop of 4% from the previous month. The IPC and Estates Team continue to hold a monthly meeting with the contractors to discuss any concerns raised locally concerning cleaning standards.

Safeguarding referral rates continue to increase. In December, the Trust made 979 safeguarding referrals on adults and 204 referrals on children. Given the Trust's significant commitment to delivering safeguarding training during 2017/18, it is likely that the increase in overall referral activity is a direct response to this improved safeguarding profile across the Trust. All operational staff are expected to complete both child and adult safeguarding training at Level 2 as an e-learning element of their key-skills. Since the start of the 2018/19 a total of 79.19% of staff have completed the safeguarding children course and 80.14% of staff have completed the adult safeguarding course (QR1(b)).

Incidents: Incident reporting is now rated **GREEN** due to the incident reporting rate remaining above the 20% target and a reduction in the backlog for Serious Incidents. The Trust has reported 760 incidents for December 2018. From October to December 2248 incidents were reported. (174 less then previous quarter). The reduction is likely to be due to the cessation of blue light driving incident reporting. Throughout November and December there has been a sharp rise in the number of failed clinical tail audit and SMP no send incidents raised. In November, 8 were reported followed by 26 clinical tail audits in December 2018. The back log of incidents not investigated within timescales has started to reduce with 169 now overdue compared to 177 in November 2018. The clinical tail audits have contributed significantly to the backlog and methodology has been agreed to review these in clusters

Serious Incidents (SIs) and Duty of Candour (DoC): 9 SIs were reported in December 69 SIs were open on Strategic Executive Information System (STEIS) at the end of December 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 77 complaints in December. Timeliness in response to the patient was the most notable trend. Two other trends were also noted: patient care and concerns about staff. The Trust responded to 99% of complaints within the Trust's 25 working day timescale this month. The Trust received 147 compliments in December.

STEMI Care Bundle: In November 2017, the method for measuring the timeliness of care delivered to STEMI patients changed to a measure of mean and 90th centile call to angiography (the procedure used to visualise the blood vessels that supply the heart). This measure is no longer collated internally and is taken directly from the national Myocardial Ischaemia National Audit Project (MINAP) database of confirmed STEMIs. The latest available measure is from July 2018 . Performance for July is at 69.4% (from 75%), which continues below the national Year to date (YTD) average of 76.4%. Stroke Diagnostic Bundle performance is now above the national average (97.1%) at 97.9%.

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

Learning from Deaths: The Trusts Learning from Deaths Policy had been approved and published in January 2018, but had not been fully implemented. This was noted in the late 2018 Care Quality Commission (CQC) review and subsequent reports to the Trust regarding Learning from Deaths. An organisational risk regarding this has been added to the Trusts Risk Register (no 723). In October/November 2018 NHS Improvement announced that Learning from Deaths was likely to be mandated for Ambulance Trusts from April 2019 and further guidance applicable to the sector was under development, expected to be published during Q4 2018/19. This guidance is awaited at the time of writing. Further to which the Trust policy will be revised as necessary. A Learning from Deaths Action Plan has been developed and approved at the Quality Compliance Steering Group in early January 2019. Reporting is via the Clinical Governance Group and Quality and Patient Safety Committee to the Board. To support the development of the Action Plan, a Task & Finish Group has also been established (first meeting 23 January 2019).

Our People

SECAmb Clinical Quality Scorecard

Number of Incidents Reported

	Oct-18	Nov-18	Dec-18	12 Months
Actual	716	762	762	
Previous Year	615	665	811	

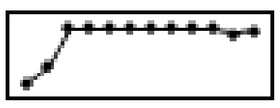
Number of Incidents Reported that were SI's

	Oct-18	Nov-18	Dec-18	12 Months
Actual	2	12	9	
Previous Year	6	4	7	

Duty of Candour Compliance (SIs)

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	100%	100%	100%	
Target	100%	100%	100%	

Number of Complaints

	Oct-18	Nov-18	Dec-18	12 Months
Actual	96	79	69	
Previous Year	129	107	93	
Complaints Timeliness (All	92.9%	97.0%	99.0%	
Timeliness Target	95%	95%	95%	

Compliments

	Oct-18	Nov-18	Dec-18	12 Months
Actual	133	159	137	

Hand Hygiene

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	94%	97%	91%	
Target	90%	90%	90%	

Safeguarding Training Completed (Adult) Level 2

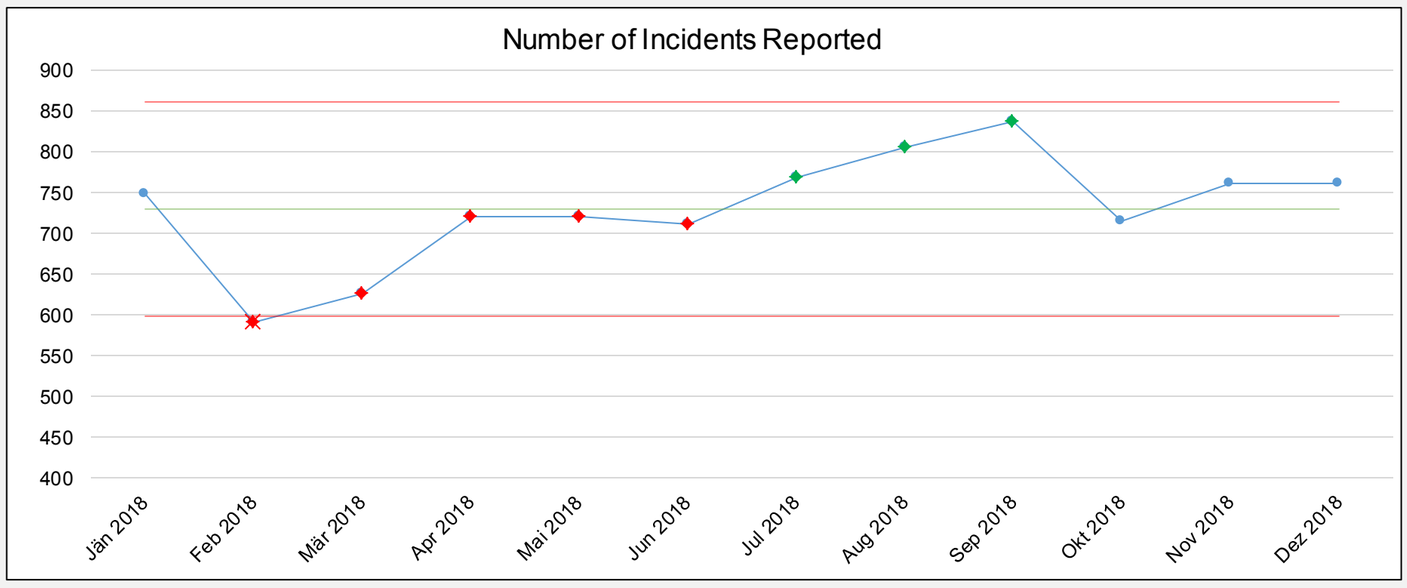
	Oct-18	Nov-18	Dec-18	12 Months
Actual %	80.52%	80.14%	83.59%	
Previous Year %	50.82%	55.55%	59.65%	
Target	85%	85%	85%	

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

Safeguarding Training Completed (Children) Level 2

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	79.30%	79.19%	83.24%	
Previous Year %	50.00%	54.70%	59.07%	
Target	85%	85%	85%	

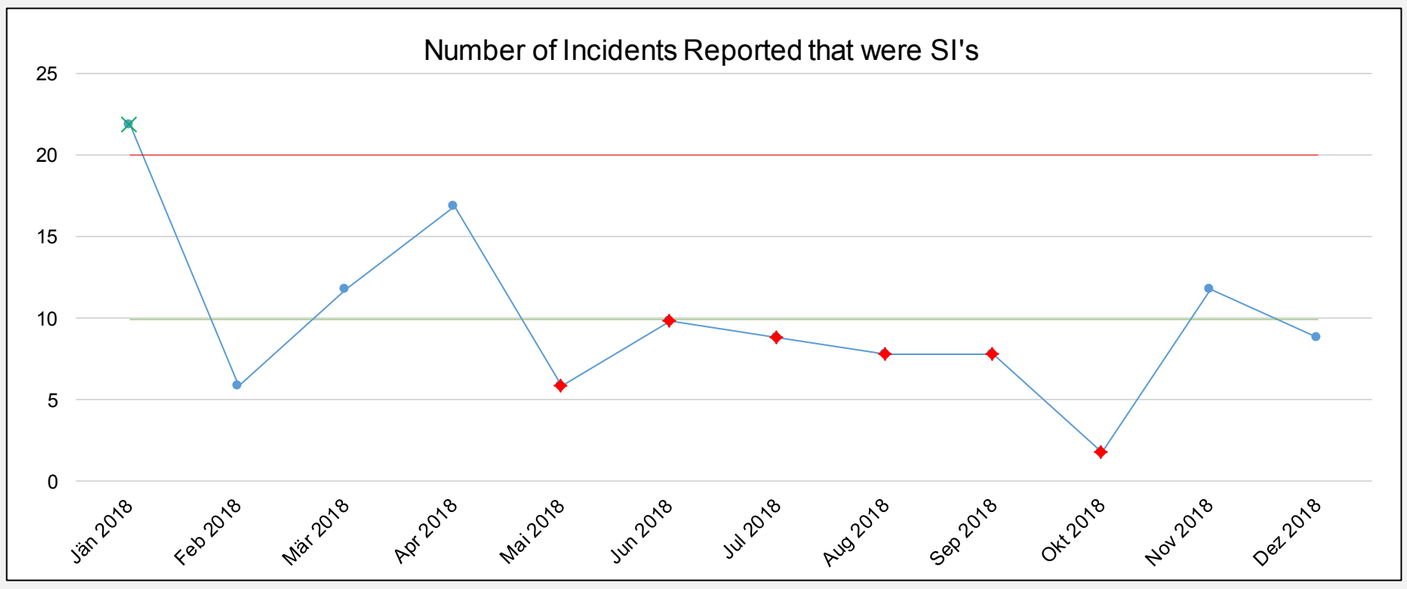
SECAmb Clinical Quality Charts



762 incidents were reported in November. 69 incidents were reported by EOC Clinical with the majority of these being around SMP no send audits. These are compiled for any audit that scores 10 or above.

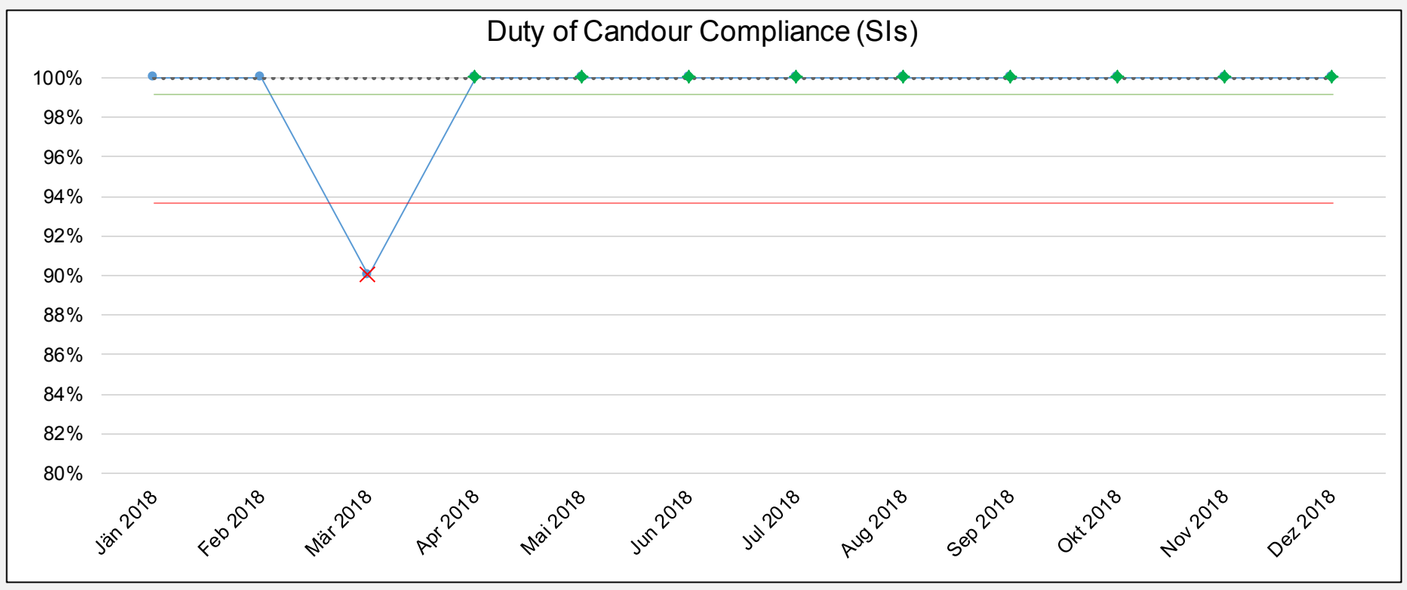
Other notable incidents are around meals breaks and delayed initial resources. In previous months, blue light audits have made up a good proportion of the reports. These were discontinued in November, due to ineffective reporting.

The organisation met the target of 96% of incidents being reported as no/low harm.



9 Serious Incident were reported in December.

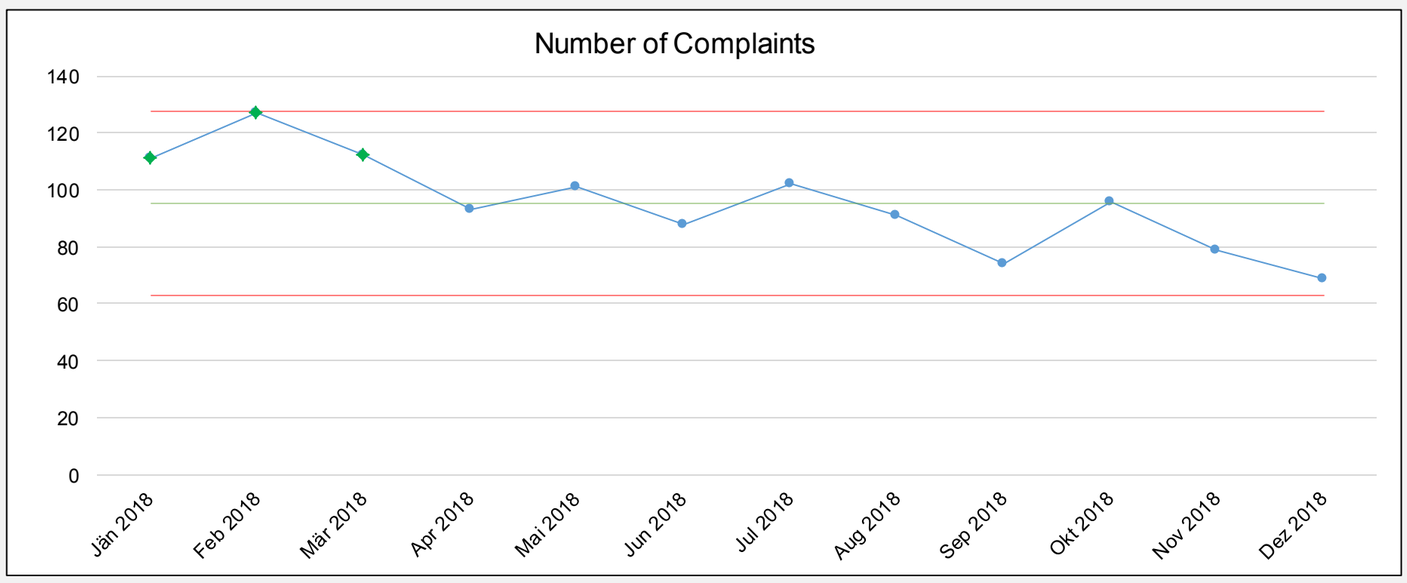
3 x Delayed Dispatch / Attendance
3 x Triage / Call Management
1 x Power/ Systems failure
1 x Incident affecting Trust
1 x Timeliness/Delay



Compliance with DoC for SIs where DoC was required in December 2018 is: (due in the month)

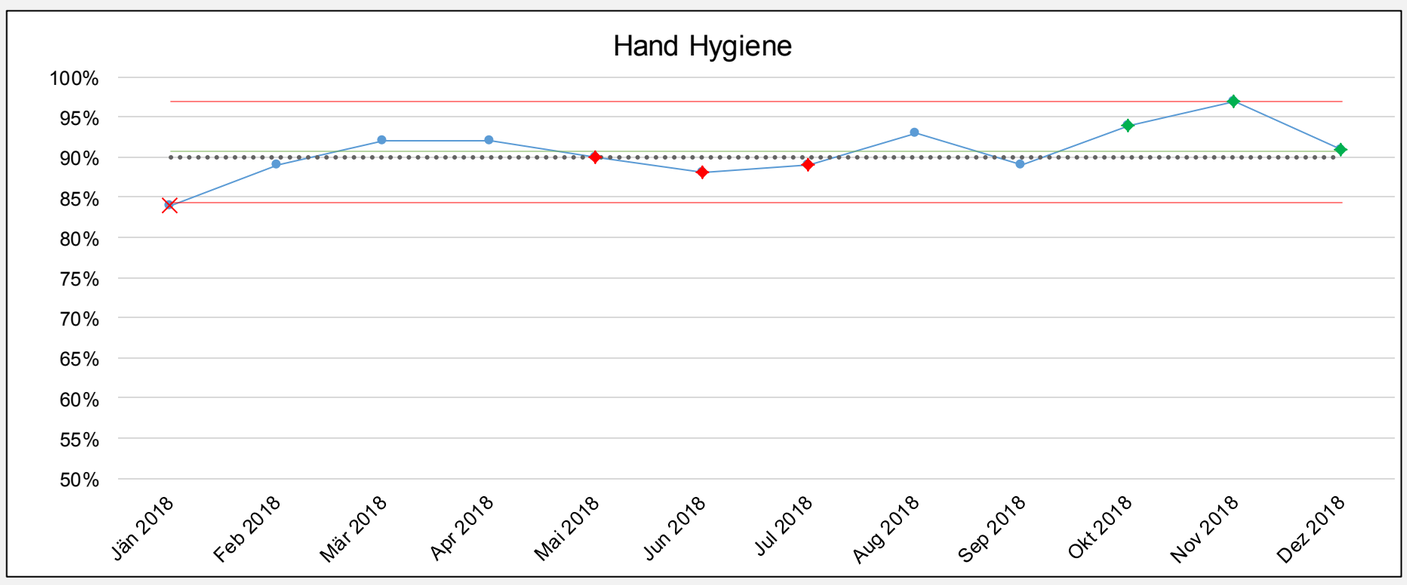
SIs reported (where DoC due in December) - 7
Number where DoC required - 7
DoC made/attempted within deadline - 7 (100%).

The organisation met the target of 100% of DoC being completed within the 10 working day time scale.



The Trust received and opened 77 complaints in December.

Timeliness in response to the patient was the most notable trend. Two other trends were also noted: patient care and concerns about staff. The Trust responded to 99% of complaints within the Trust's 25 working day timescale this month.



December saw a dip from the previous month, but still just above the 90% compliance target. Clinically Ready compliance was 97% and the IPC Team have observed staff compliance to the procedure during the latest Quality Assurance Visits which provides further assurance that staff are compliant.

At the last IPC Sub group meeting the group discussed a possible rise to the compliance target, which is being considered and we will inform all staff once we review this.

The IPC Team are planning some Roadshows for Q1 of 2019 / 2020 to help support the new IP Ready Procedure and embed the key messages for IPC.

SECAmb Duty of Candour and Moderate Harm

There has been a change in compliance criteria for Duty of Candour and Moderate Harm after an audit in to Duty of Candour in the Summer of 2018. A new process is in place. The A Serious Incidents Group (SIG) meet weekly and agree whether DOC requirements are met.

In December the Trust achieved 100% compliance for Duty of Candour in relation to serious incidents specifically. Trust compliance overall for attempting or undertaking Duty of Candour within timescales was also achieved.

SECAmb Health and Safety Reporting

The Health and Safety improvement plan is progressing well. Progress of the improvement plan is monitored every 2 weeks at our Quality Compliance Steering group.

The Health & Safety team are preparing three new E-learning modules. All three training modules are on track for implementation in April 2019.

Health & Safety training dates are now published internally for the next three months. This is for class room based training covering Fire Warden and display screen equipment (DSE) Assessor training. The training is delivered by the department Health & Safety trainer.

The annual Health & Safety audit programme went live in January 2019 and 10 audits have been completed. The Health & Safety team have a key performance indicator (KPI) to undertake 10 audits per month.

Violence and Aggression Incidents - See Figure 1 below
Violence and Aggression incidents reported in December were 47 which is a decrease of 7 incidents from the previous month.

Manual handling Incidents - See Figure 2 below
Manual handling incidents reported in December were 26 which is an increase of 6 incidents from the previous month.

Health & Safety Incidents - See Figure 3 below
Health and Safety incidents reported in December were 25 which is a decrease of 7 incidents from the previous month.
When comparing the same period last year December 2017 reported incidents were much higher with 41 incidents.

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) - See Figure 4 below
RIDDOR incidents reported in December were 9 with 4 incidents reported late to the Health & Safety Executive. The internal incident forms were completed late at local level which resulted in the late reports to the HSE. Further improvement work is required to educate our workforce in the requirements to comply with the RIDDOR regulations.

Figure 1

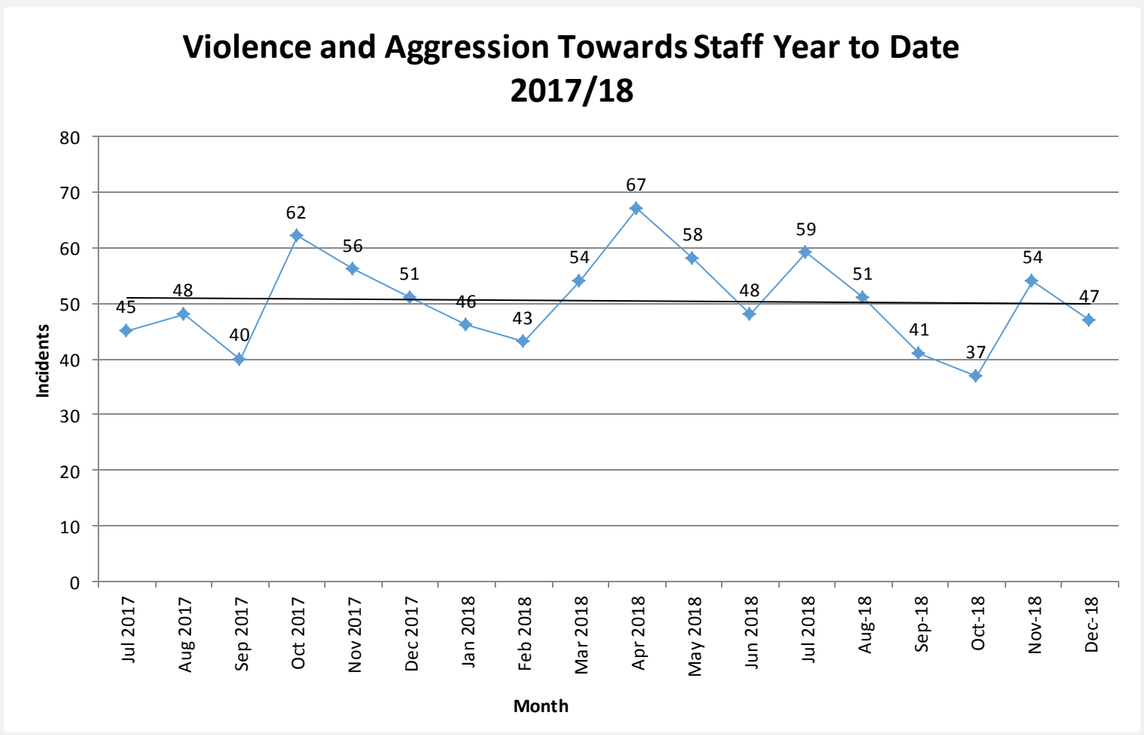


Figure 2

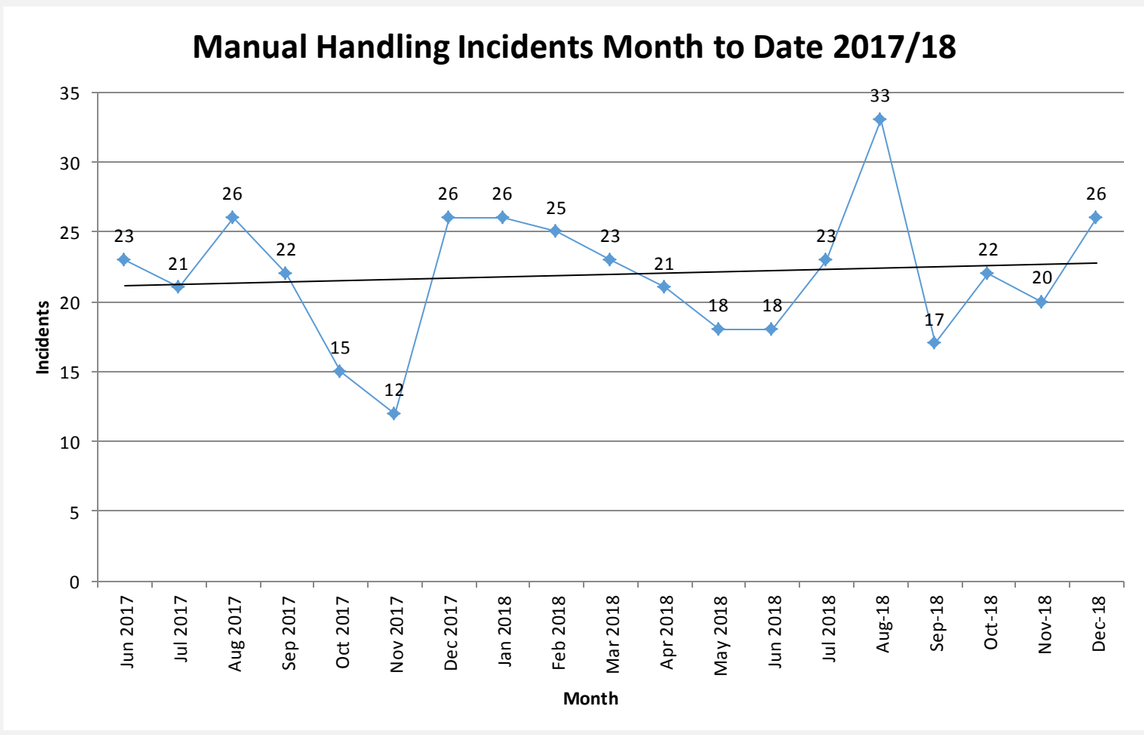


Figure 3

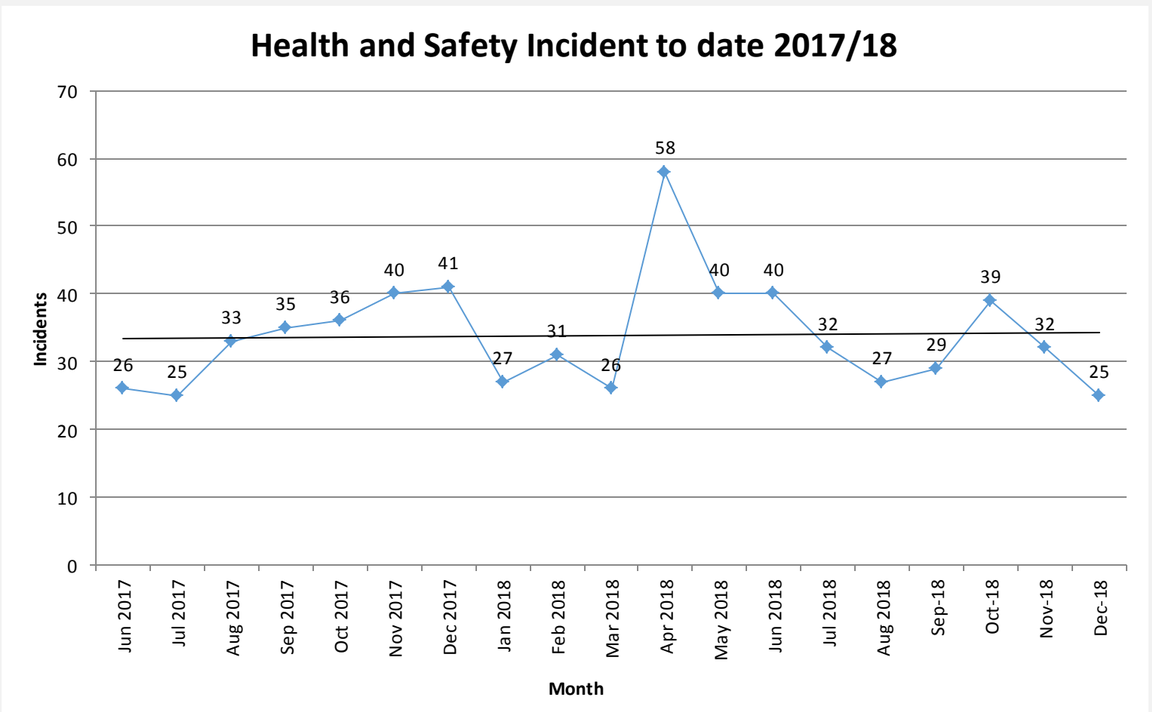
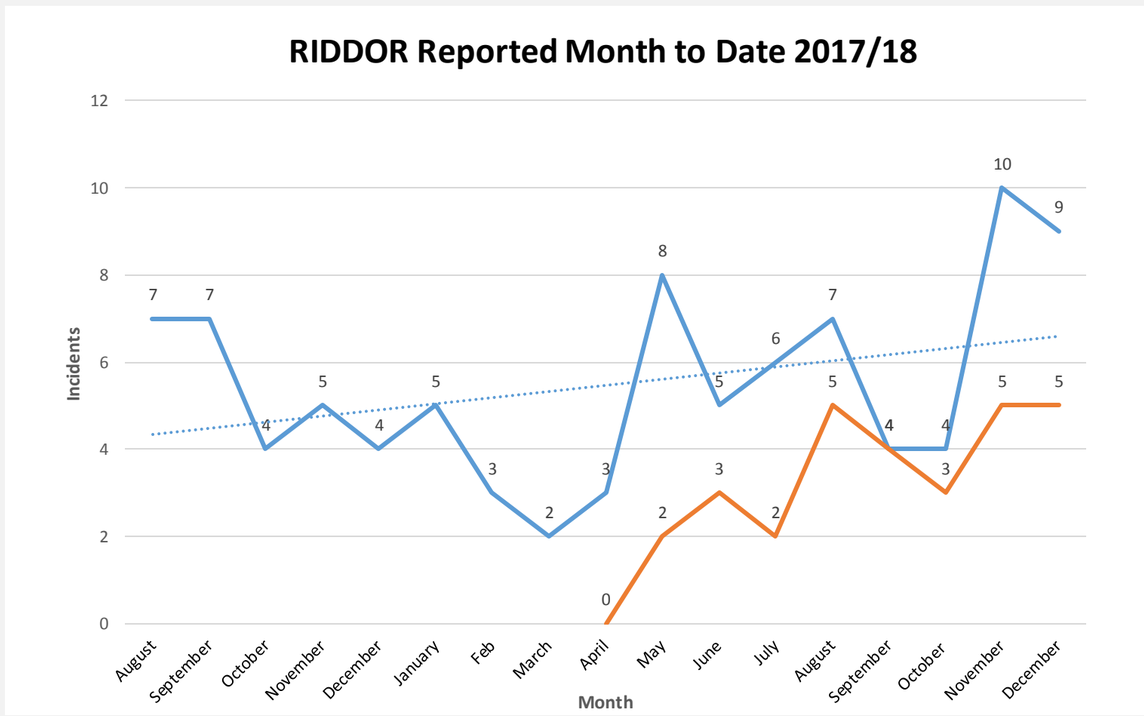


Figure 4



Our Enablers

SECAmb 999 Operations Response Time Performance Scorecard

Call Handling

	Oct-18	Nov-18	Dec-18	12 Months
5 Sec Performance (95% Target)	85.5%	89.4%	83.7%	
Mean Call Answer Time (secs)	12	8	12	
95th Centile Call Answer (Secs)	71	43	75	
National Mean Call Answer	7	6	6	
National 95th Centile Call Answer	42	36	32	

Category 1 Performance

	Oct-18	Nov-18	Dec-18	12 Months
Mean (00:07:00)	00:07:30	00:07:31	00:07:44	
90th Percentile (00:15:00)	00:13:56	00:13:59	00:14:13	
Mean Resources Arriving	1.71	1.73	1.70	
Count of Incidents	3458	3536	3957	
National Mean	00:07:13	00:07:11	00:07:06	

Category 1T Performance

	Oct-18	Nov-18	Dec-18	12 Months
Mean (00:19:00)	00:10:23	00:09:50	00:10:01	
90th Percentile (00:30:00)	00:19:40	00:18:35	00:18:44	
Mean Resources Arriving	1.74	1.73	1.72	
Count of Incidents	2201	2183	2480	
National Mean	00:11:15	00:11:11	00:10:56	

Category 2 Performance

	Oct-18	Nov-18	Dec-18	12 Months
Mean (00:18:00)	00:19:24	00:19:24	00:20:24	
90th Percentile (00:40:00)	00:36:36	00:36:44	00:38:59	
Mean Resources Arriving	1.12	1.11	1.10	
Count of Incidents	29905	31036	33915	
National Mean	00:21:17	00:21:56	00:22:22	

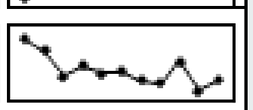
Category 3 Performance

	Oct-18	Nov-18	Dec-18	12 Months
Mean	01:21:35	01:23:05	01:42:37	
90th Percentile (02:00:00)	03:10:21	03:13:49	03:57:30	
Mean Resources Arriving	1.07	1.07	1.06	
Count of Incidents	19964	20242	19393	
National Mean	01:00:30	01:03:16	01:06:07	

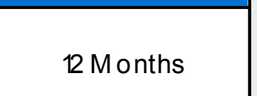
Category 4 Performance

	Oct-18	Nov-18	Dec-18	12 Months
Mean	01:59:04	01:50:32	02:08:29	
90th Percentile (03:00:00)	04:38:29	04:12:29	04:40:58	
Mean Resources Arriving	1.05	1.01	1.00	
Count of Incidents	781	813	759	
National Mean	01:23:41	01:25:38	01:24:13	

Health Care Professional

	Oct-18	Nov-18	Dec-18	12 Months
HCP 60 Mean	01:46:00	01:37:18	02:01:49	
HCP 60 90th Percentile	04:02:54	03:43:06	04:21:15	
HCP 120 Mean	02:12:48	02:09:16	02:22:33	
HCP 120 90th Percentile	04:42:46	04:39:12	04:51:05	
HCP 240 Mean	02:46:04	03:10:25	03:23:30	
HCP 240 90th Percentile	06:00:05	06:14:14	06:52:06	

Call Cycle Time

	Oct-18	Nov-18	Dec-18	12 Months
Avg Allocation to Clear at Scene	01:14:59	01:15:54	01:16:32	
Avg Allocation to Clear at Hospital	01:46:10	01:46:56	01:47:24	
Handover Hrs Lost at Hospital (over 30mins)	4413	4312	4962	
Number of Handovers >60mins	430	427	659	

Incident Outcome AQI

	Oct-18	Nov-18	Dec-18	12 Months
Hear & Treat	5.6%	5.4%	6.1%	
See & Treat	32.4%	32.8%	32.7%	
See & Convey	62.0%	61.6%	61.1%	

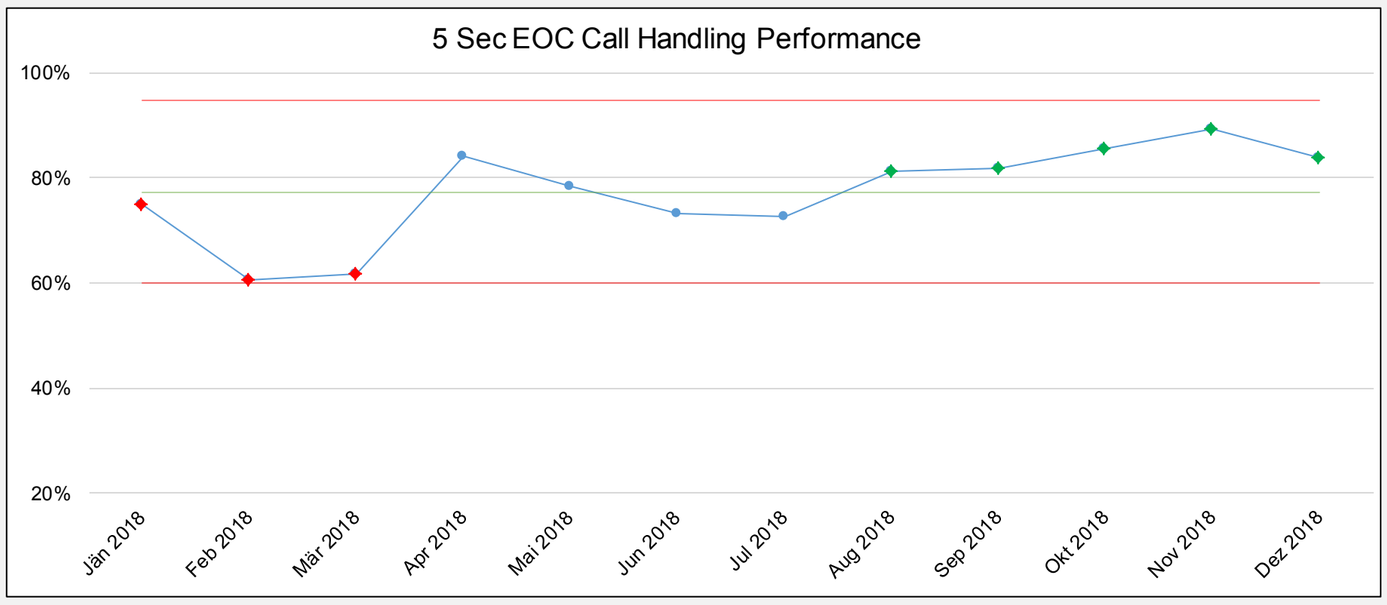
Community First Responders

	Oct-18	Nov-18	Dec-18	12 Months
Volume of Incidents Attended	1385	1418	1156	

Demand/Supply AQI

	Oct-18	Nov-18	Dec-18	12 Months
Calls Answered	63761	63111	68228	
Incidents	59471	60863	63656	
Transports	36870	37595	38998	

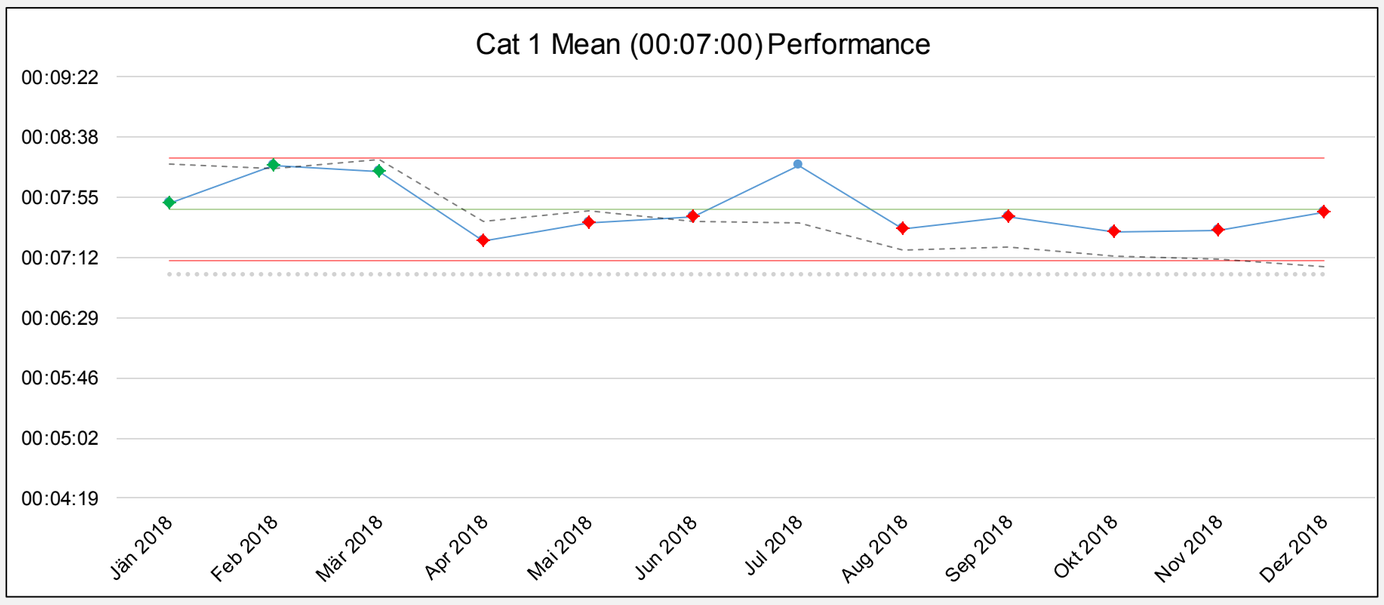
SECAmb 999 Operations Response Time Performance Charts



Call answering performance for December worsened on average. However it should be noted that during the Christmas/New Year period, National Call Answer performance showed that the Trusts performance was joint second in the overall picture, which demonstrates the significant efforts applied by all to meeting this challenging period.

The volume of duplicate calls regarding estimated time of arrival (ETA) of responses continues to make a significant contribution to increased call volumes. Abstraction rates continue to be scrutinised to deliver maximum unit hours, with the planned reduction in annual leave being commenced.

Call answer performance is covered in detail in the EOC action plan that is tracking the actions of the emergency operations centre (EOC) task and finish group.

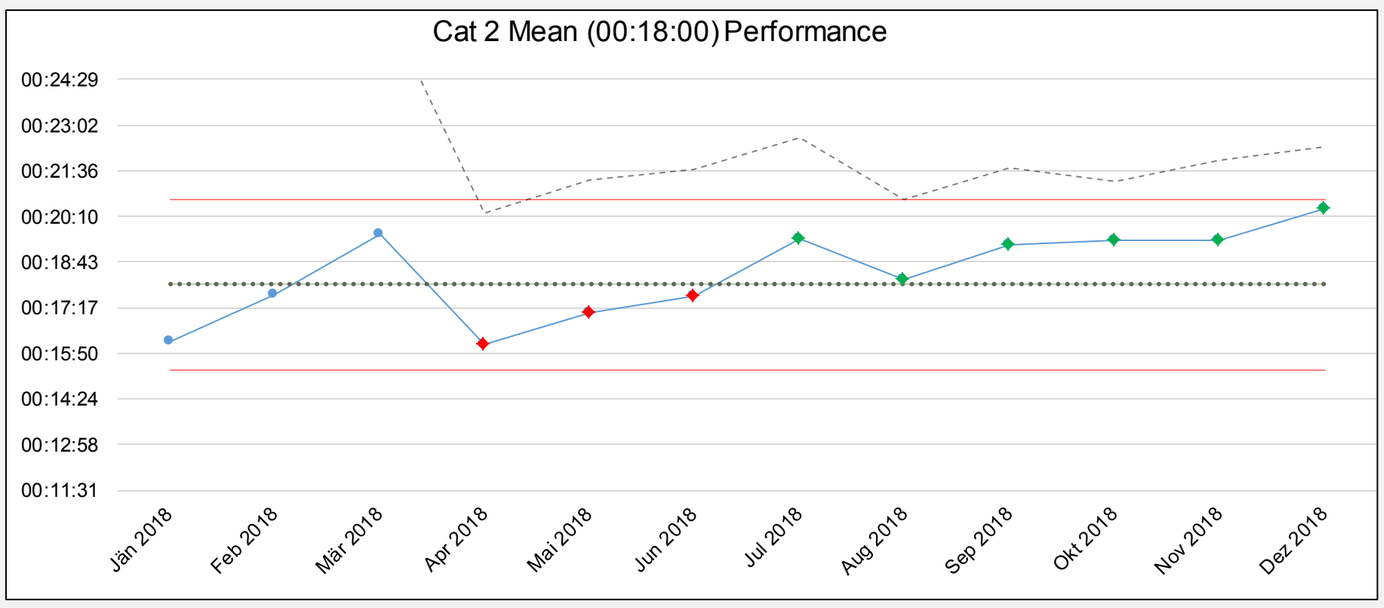


Cat1 mean response was an average of 7.44, an increase in 13 seconds on prior month. The number of incidents attended saw an increase of approximately 80 incidents for the same period.

Whilst, the Trust 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.

There remains significant focus given to this high acuity patient groups.

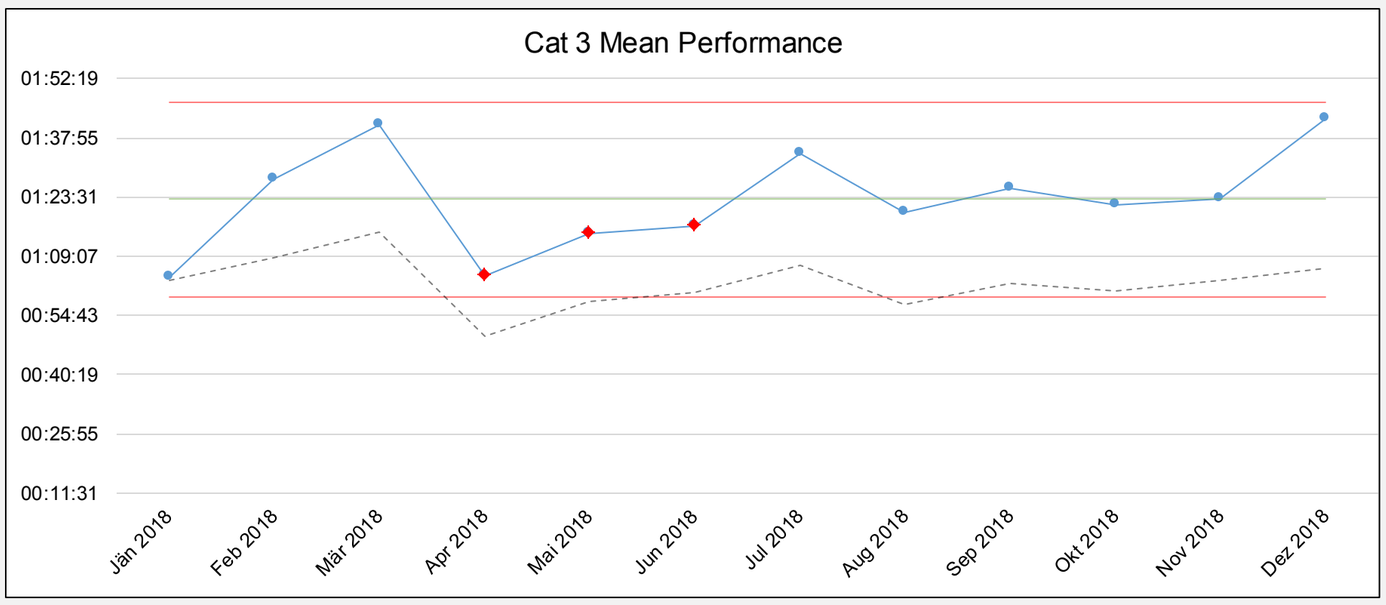
----- National Mean



November Cat 2 Mean Performance was 20.24 minutes, which has increased by one minute. The Trust has experienced an increase in incidents by a further 1100.

New front line staff continue to join the organisation and whilst contributing to the overall increase in field staff numbers, they will not be fully functional as they are inducted into the Trust and complete the relevant training.

----- National Mean

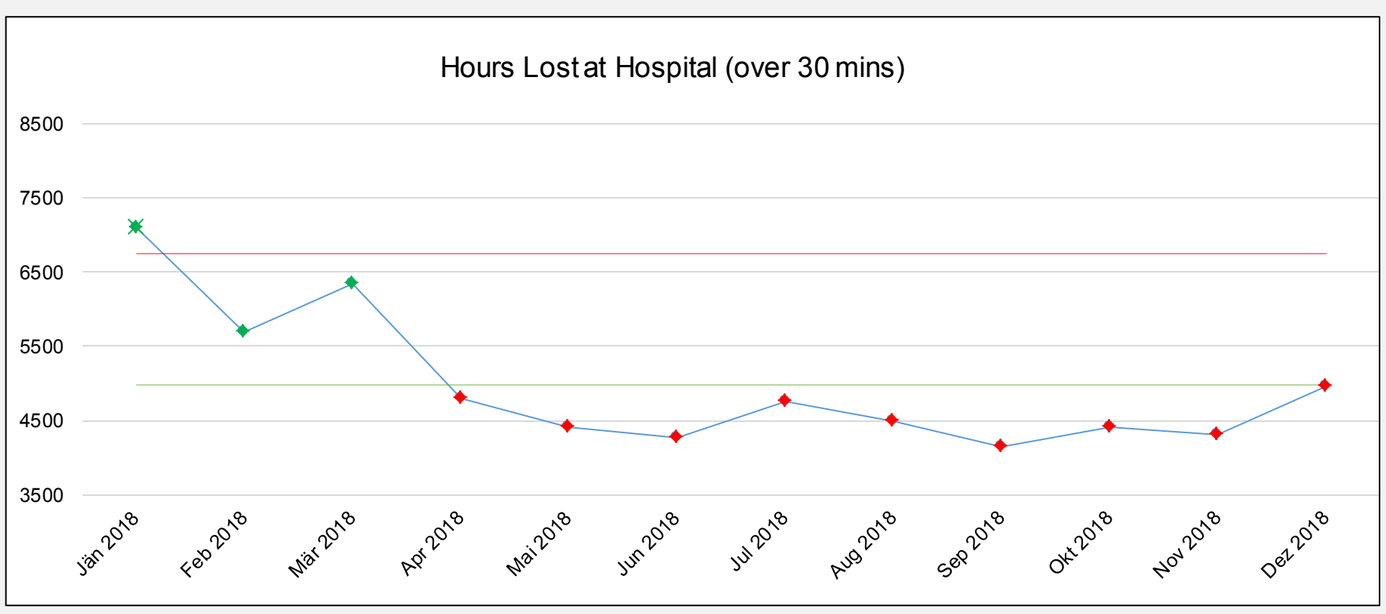


Cat 3 mean has been included to provide the Board with oversight on the significant pressure against the performance requirements for this patient group.

Response to this Category of patients is below ARP target and remains a challenge to the average performance remains approximately 20 minutes above the national average, which all ambulance trusts are challenged to achieving.

The 30 second hand Non-Emergency Transport (NET) vehicles are currently being commissioned and be available for deployment has been delayed due to some vehicle issues, with the roll out starting in December 2018 with a planned roll out of 3 vehicles a week. There is a delay to some of these vehicles being available due to mechanical issues

----- National Mean



There was an increase of 622 hours in hours lost >30 minute turnaround in December compared to November. This trend is in line with the previously recorded seasonal variation.

However, when comparing overall hours lost >30 minute turnaround in December 2108 to December 2017, there was an overall 35% decrease (2653) in hours lost.

There was a 53% decrease (661) in the number of patients who waited >60 minutes.
There was a 37% decrease (2889) in the number of patients who waited >30 minutes.
There was a 20% increase (2882) in the number of handovers within 15 minutes of arrival.

The system wide steering group is continuing to meet over the winter period. Local joint SECAmb and Hospital operational meetings are also continuing to take place to ensure progress made so far is maintained over the winter period, when increased system wide pressures are expected.

SECAmb unvalidated weekly Response Time Performance

SECAmb Weekly Operational Performance - 11th February 2019

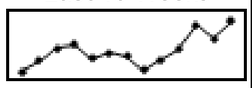
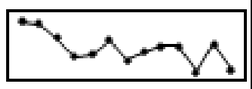
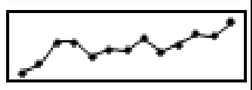
CAT 1

	21/01	28/01	04/02	Last 13 Weeks
Mean	00:08:41	00:07:45	00:07:51	
90th Centile	00:14:56	00:14:36	00:14:20	
RPI	1.77	1.76	1.77	
Count of Incidents	923	878	908	

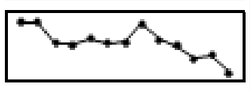
CAT 1T

	21/01	28/01	04/02	Last 13 Weeks
Mean	00:11:07	00:10:21	00:10:45	
90th Centile	00:21:05	00:19:23	00:20:06	
RPI	1.78	1.79	1.77	
Count of Incidents	596	569	584	

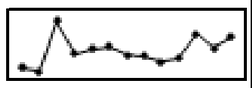
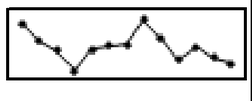
CAT 2

	21/01	28/01	04/02	Last 13 Weeks
Mean	00:24:09	00:22:28	00:24:45	
90th Centile	00:46:28	00:43:25	00:46:42	
RPI	1.09	1.11	1.09	
Count of Incidents	7988	7946	8311	

CAT 3

	21/01	28/01	04/02	Last 13 Weeks
Mean	02:12:58	02:03:00	02:29:40	
90th Centile	05:06:01	04:40:19	05:20:46	
RPI	1.08	1.07	1.08	
Count of Incidents	3975	4082	3645	

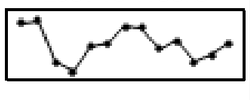
CAT 4

	21/01	28/01	04/02	Last 13 Weeks
Mean	02:33:58	02:20:28	02:44:08	
90th Centile	05:23:27	04:43:09	05:14:03	
RPI	1.09	1.08	1.07	
Count of Incidents	172	158	149	

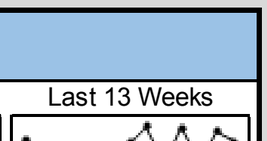
HCP 60

	21/01	28/01	04/02	Last 13 Weeks
Performance	14.3%	44.4%	39.1%	
Count of Incidents	28	18	23	

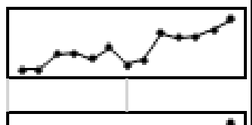
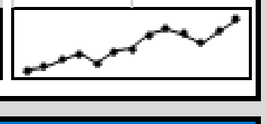
HCP 120

	21/01	28/01	04/02	Last 13 Weeks
Performance	50.3%	53.0%	57.1%	
Count of Incidents	344	347	322	

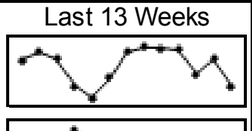
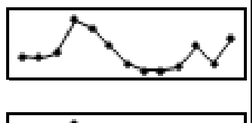
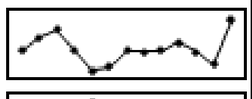
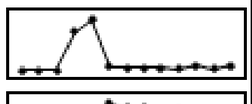
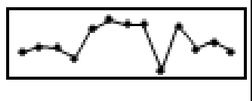
HCP 240

	21/01	28/01	04/02	Last 13 Weeks
Performance	61.9%	71.7%	68.6%	
Count of Incidents	63	60	86	

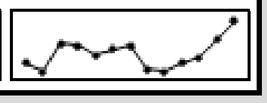
Call Cycle Time

	21/01	28/01	04/02	Last 13 Weeks
Clear at Scene (hh:mm)	01:18	01:16	01:15	
Clear at Hospital (hh:mm)	01:49	01:50	01:51	
Hours Lost at Hospital	1259	1388	1525	

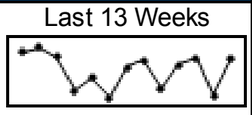
Call Handling

	21/01	28/01	04/02	Last 13 Weeks
Pickup 5 Second Performance	83.8%	90.6%	78.7%	
Average Call Pickup Time (Seconds)	10	5	12	
Call Pickup Time 95th Percentile (Seconds)	66	31	76	
Call Pickup Time 99th Percentile (Seconds)	136	97	129	
Average Call Length (seconds)	373	367	389	
Abandon Rate	0.90%	0.50%	0.90%	
Staff Hours Provided Against 5030 Hours	98.44%	100.75%	97.62%	

Incident Outcome

	21/01	28/01	04/02	Last 13 Weeks
See and Convey	61.9%	62.1%	61.4%	
See and Treat	32.7%	31.9%	32.0%	
Hear and Treat	5.4%	6.0%	6.7%	

Community First Responders

	21/01	28/01	04/02	Last 13 Weeks
Volume of Incidents Attended	317	214	318	
Hours Provided				

Demand/Supply

	21/01	28/01	04/02	Last 13 Weeks
Call Volume	16413	16234	17257	
Incidents	13518	13562	13495	
Transports	8905	8991	8877	
Staff Hours Provided Against 65500 Hours	101.70%	102.51%	103.10%	

Our Partners

SECAmb 111 Operations Performance Scorecard

Calls Offered

	Oct-18	Nov-18	Dec-18	12 Months
Actual	87344	90785	109837	
Previous Year	84639	82468	124624	

Calls answered in 60 Seconds

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	72.5%	73.5%	74.6%	
Previous Year %	75.3%	72.9%	47.9%	
Target %	95%	95%	95%	

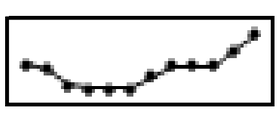
Calls abandoned - (Offered) after 30secs

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	5.4%	5.1%	5.3%	
Previous Year %	2.8%	3.6%	14.3%	
Target %	2%	2%	2%	

Combined Clinical KPI

	Oct-18	Nov-18	Dec-18	12 Months
Actual %	69.3%	73.1%	76.2%	
Previous Year %	78.2%	75.3%	72.5%	
Target %	90%	90%	90%	

999 Referrals

	Oct-18	Nov-18	Dec-18	12 Months
999 Referrals % (Answered Calls)	11.7%	12.6%	11.6%	
999 Referrals (Actual)	9457	10645	11899	
National	12.0%	12.6%	11.6%	

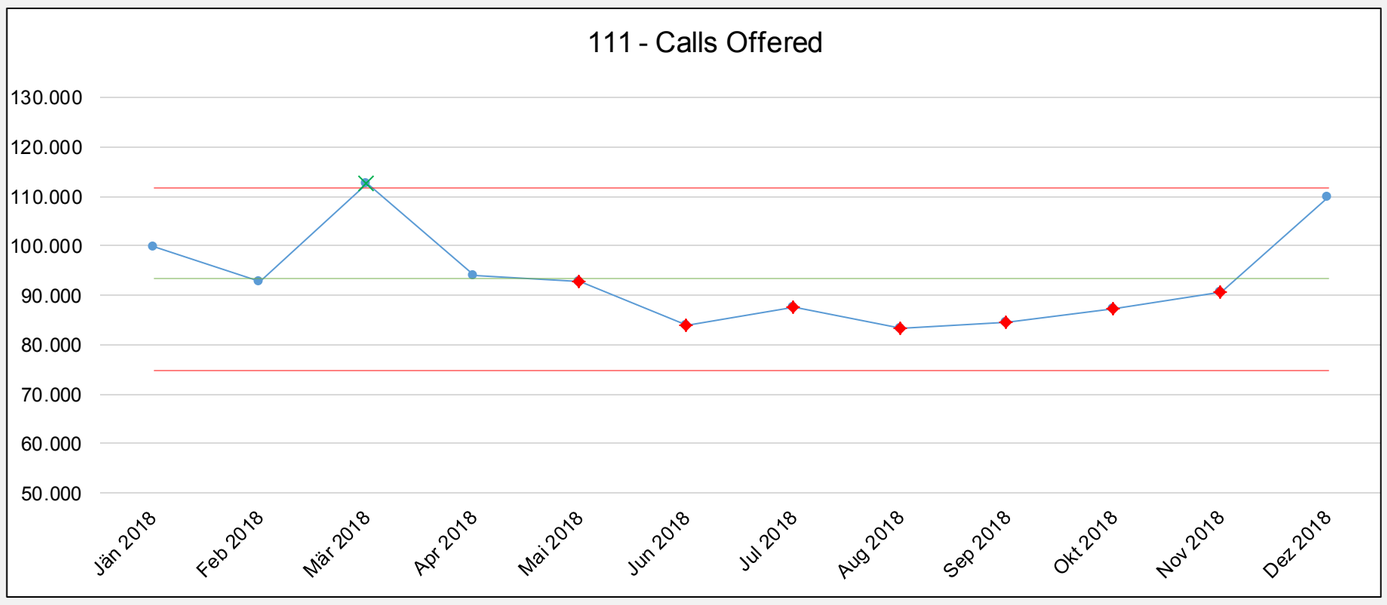
A&E Dispositions

	Oct-18	Nov-18	Dec-18	12 Months
A&E Dispositions % (Answered Calls)	8.2%	8.3%	7.4%	
A&E Dispositions (Actual)	6666	7003	7623	
National	8.1%	8.3%	7.4%	

Home Management

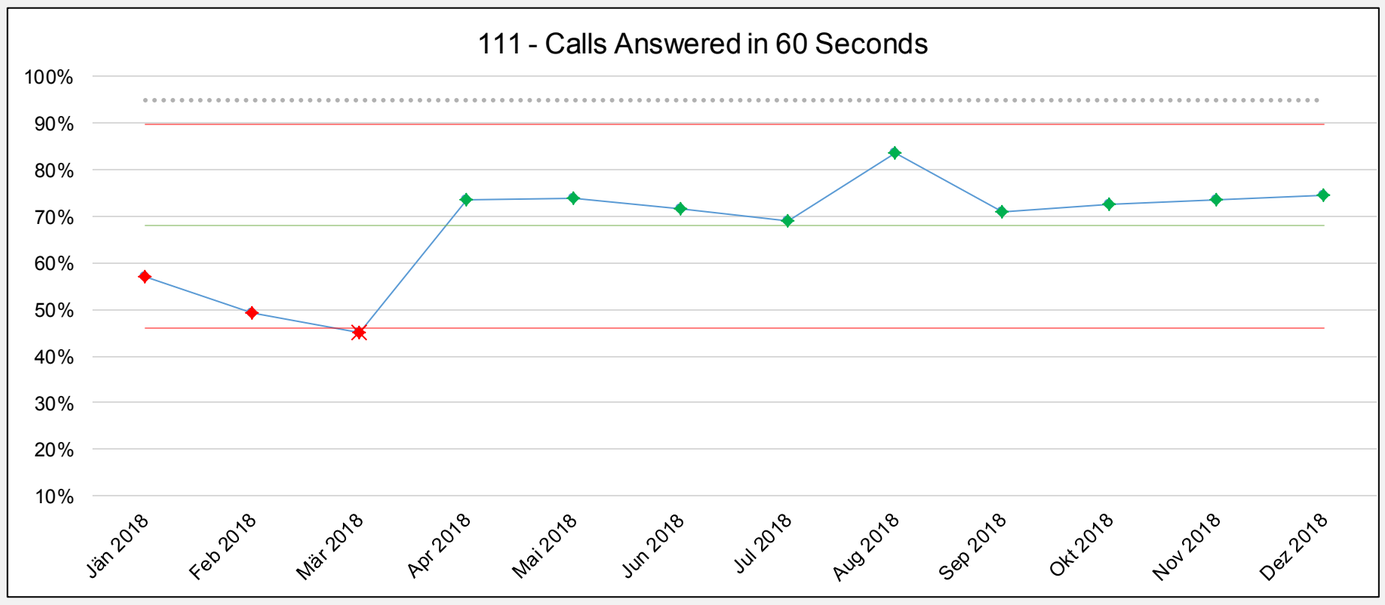
	Oct-18	Nov-18	Dec-18	12 Months
Actual %	6.2%	7.5%	-	

SECAmb 111 Operations Performance Charts

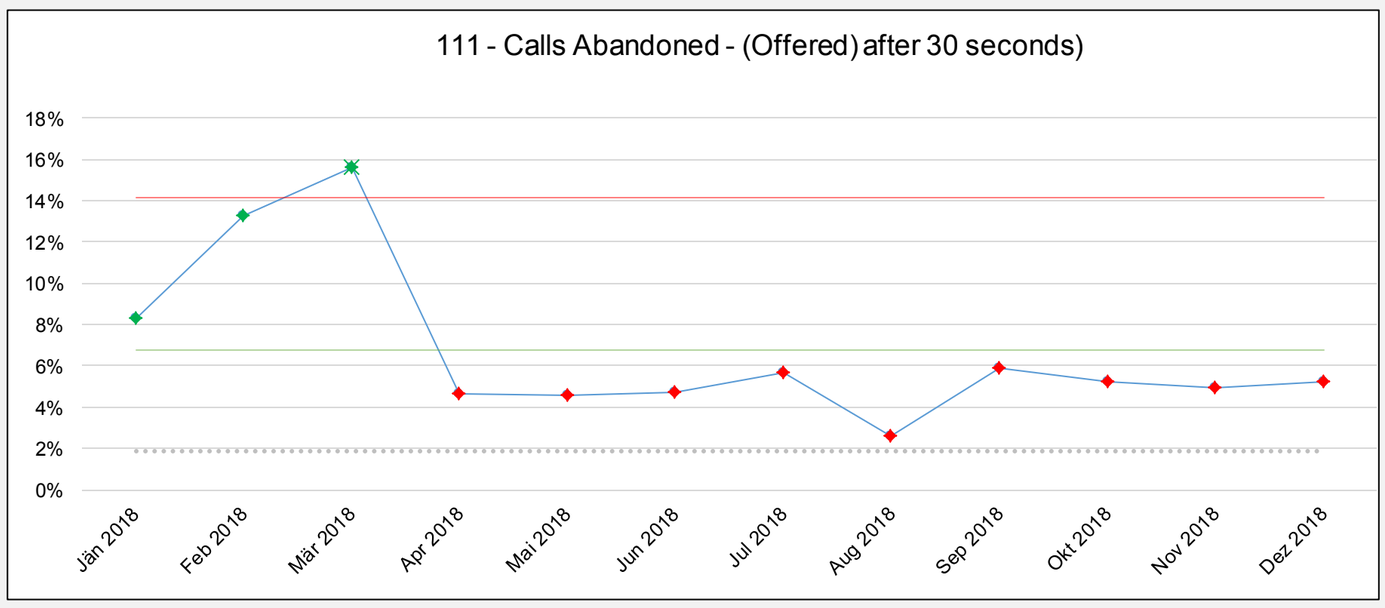


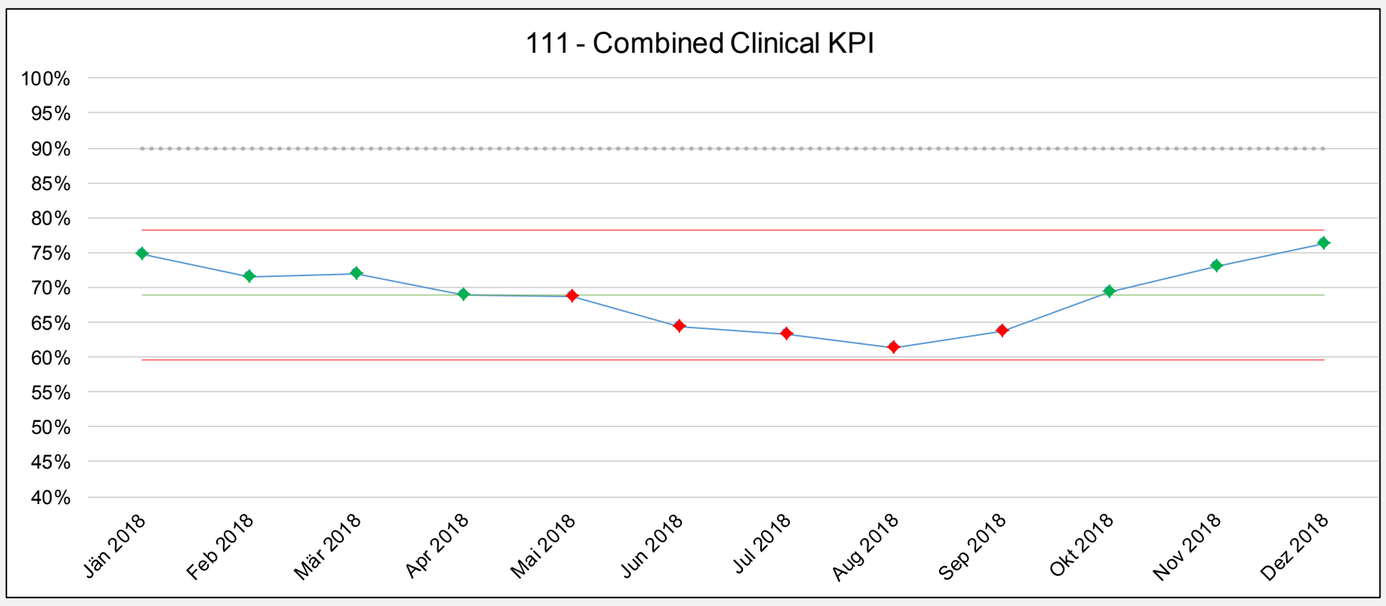
The total Calls Offered of 109837 was significantly lower than the same month in the previous year. This was due to a combination of lower flu rate in the population, and also the work done by In hours Primary Care and pharmacies to prevent pent-up demand in the system across Christmas and New Year.

The service answered 102,400 calls – an increase on December 2017.

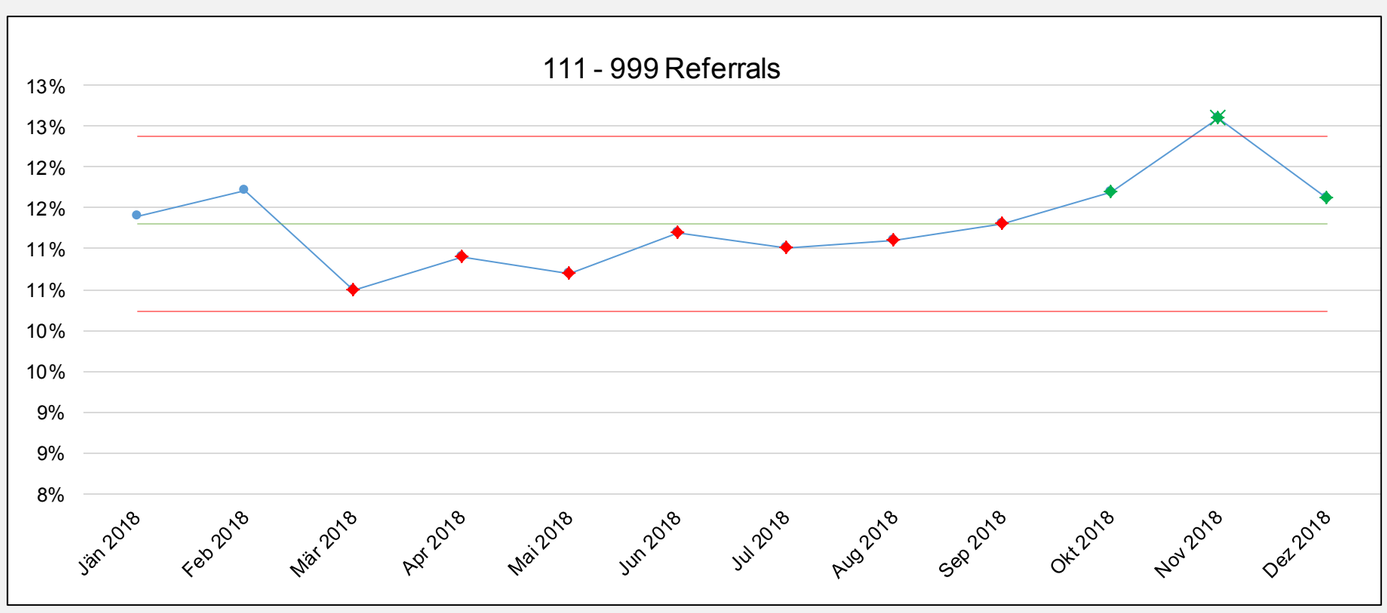


After a challenging start to December, the service delivered a service level of 74.6%, with an Abandonment rate of 3.56%. During the week commencing 24/12/18, our service level exceeded 85% and was significantly higher than the national performance for that week.
SECAmb and Care UK collaborated well across the holiday period and both contributed an equitable share of call answering.





The Combined Clinical performance rose for the fourth consecutive month, to 76.2%, this is 19% higher than the national clinical performance for December 2018. The “Clinical Contact” rate as defined by NHSE rose to 56.7%, if Indirect contact via the Clinical Inline Validation is included.

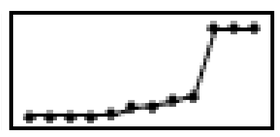


The Ambulance referral rate fell to 11.6%, which is 0.1% below the national rate for the month. The service continued to validate all Category 3 and Category 4 dispositions, during the SECAmb Surge Management Plan escalation periods.

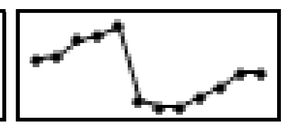
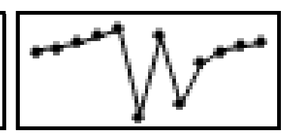
Our People

SECAmb Workforce Scorecard

Workforce Capacity

	Oct-18	Nov-18	Dec-18	12 Months
Number of Staff WTE (Excl bank & agency)	3300.9	3387.4	3359.0	
Number of Staff Headcount (Excl bank and agency)	3575	3665	3634	
Finance Establishment (WTE)	3837.50	3837.50	3837.50	
Vacancy Rate	13.70%	11.73%	12.47%	
Vacancy Rate Previous Year	13.51%	13.09%	13.46%	
Adjusted Vacancy Rate + Pipeline recruitment %	6.50%	7.30%	7.54%	

Workforce Compliance

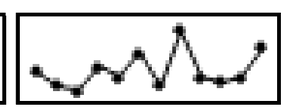
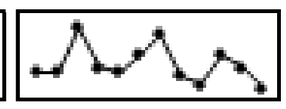
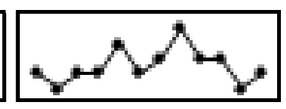
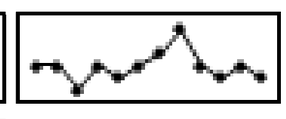
	Oct-18	Nov-18	Dec-18	12 Months
Objectives & Career Conversations %	48.44%	50.47%	53.34%	
Target (Objectives & Career Conversations)	80%	80%	80%	
Statutory & Mandatory Training Compliance %	79.10%	79.08%	82.71%	
Target (Stat & M and Training)	95%	95%	95%	
Previous Year (Stat & M and Training) %	76.06%	71.06%	73.61%	

* 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

	Oct-18	Nov-18	Dec-18	12 Months
Annual Rolling Turnover Rate %	14.62%	14.57%	14.70%	
Previous Year %	18.17%	18.05%	17.77%	
Annual Rolling Sickness Absence	5.08%	5.04%	4.95%	
Target (Annual Rolling Sickness)	5%	5%	5%	

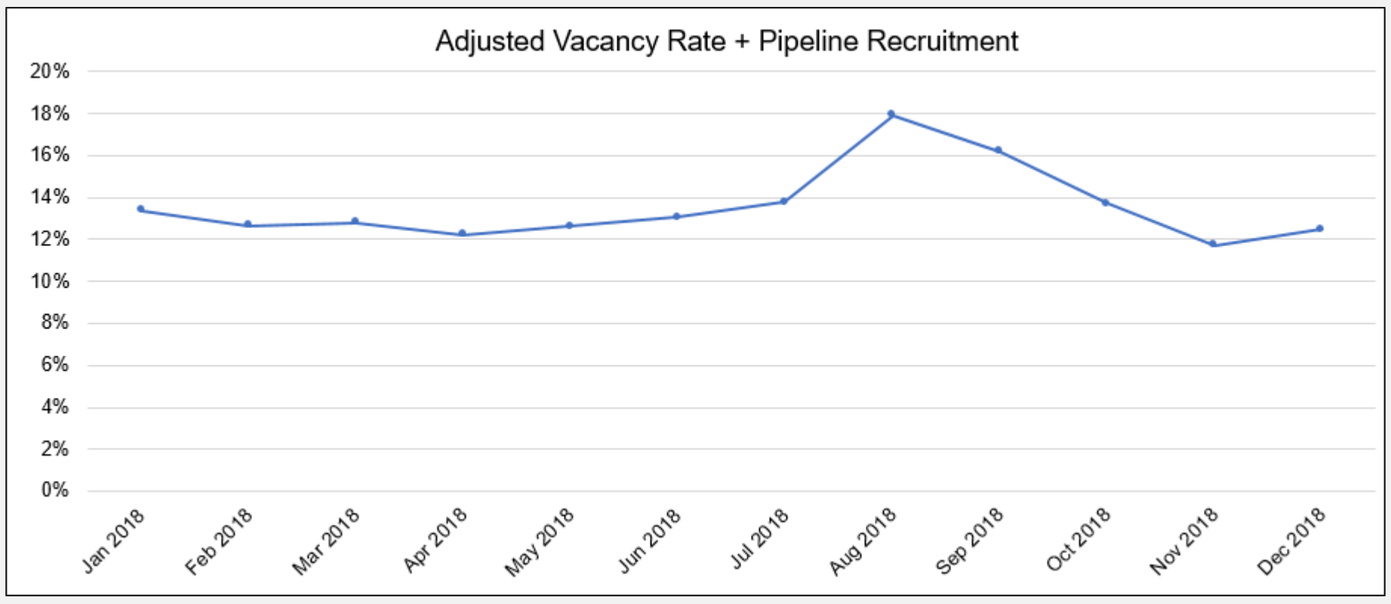
Employee Relations Cases

	Oct-18	Nov-18	Dec-18	12 Months
Disciplinary Cases	10	4	4	
Individual Grievances	1	4	6	
Collective Grievances	1	2	1	
Bullying & Harassment	1	0	0	
Bullying & Harassment Prev Yr	2	2	2	
Whistleblowing	0	0	1	
Whistleblowing Previous Year	0	0	0	

Physical Assaults (Number of victims)

	Oct-18	Nov-18	Dec-18	12 Months
Actual	25	30	14	
Previous Year	17	20	17	
Sanctions	1	18	4	

SECAmb Workforce Charts

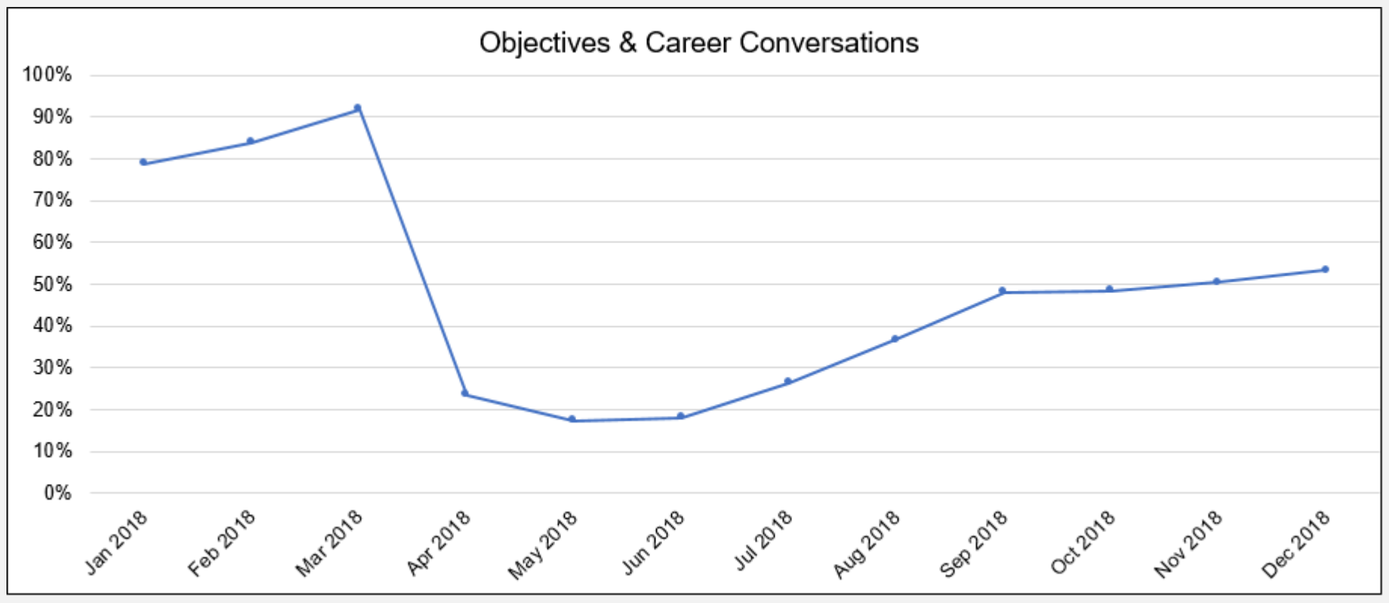


In December we recruited 25 new staff into the Trust. Our adjusted vacancy rate increased slightly to 7.54%

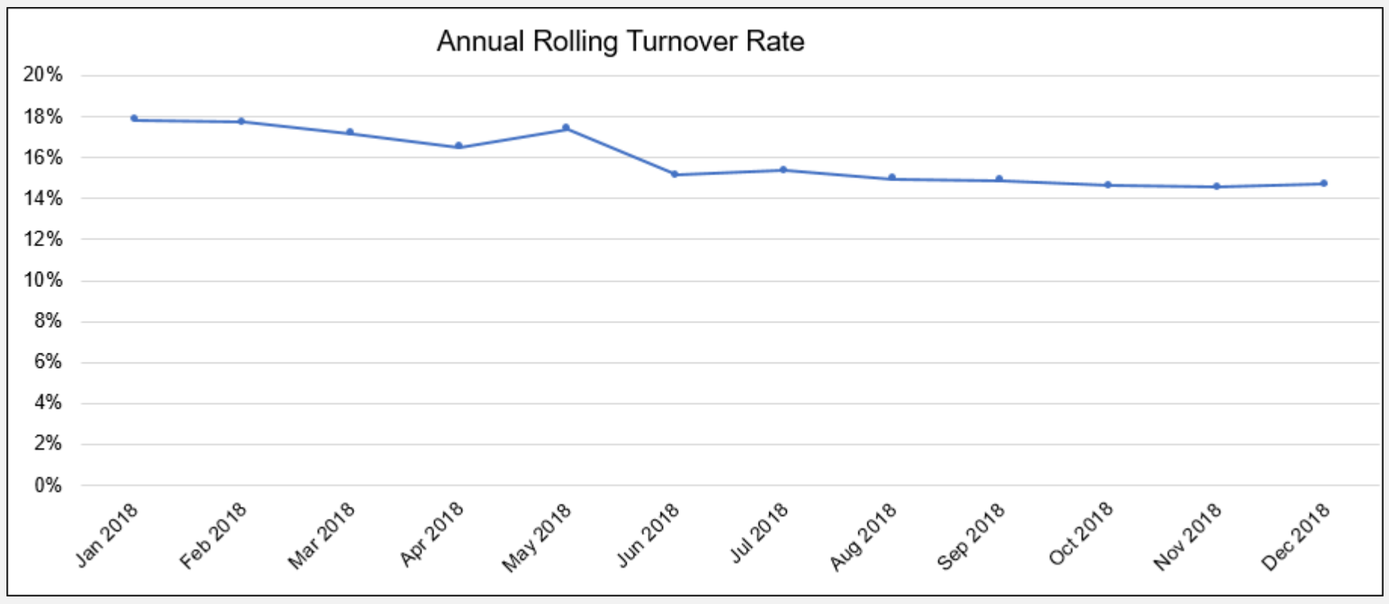
December is historically a quieter period for new joiners, due to the Christmas period.

Our pipeline for Emergency Care Support Worker (ECSW) is currently 50 new joiners for January and 36 for March. We are on track with the ARP plan.

Our focus is currently on 111 and EOC recruitment in order to meet the establishment requirements.



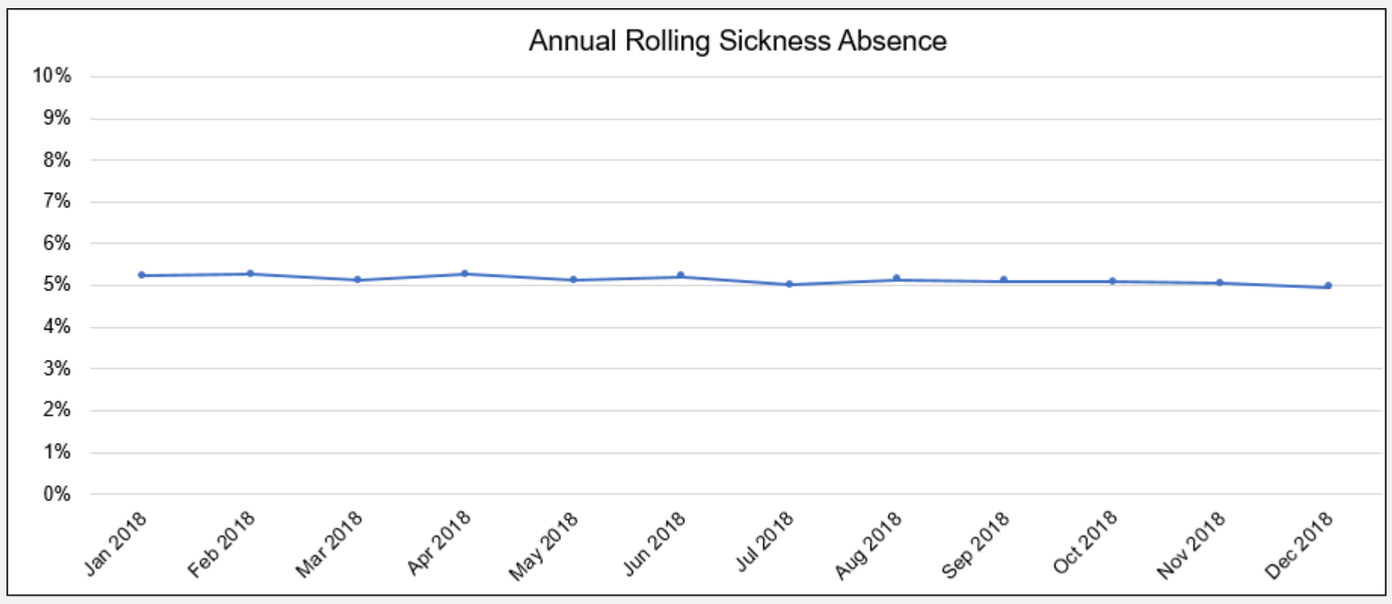
Managers and team leaders are supporting the completion of appraisals through their continuous updating of Actus. There is a continued increase in appraisals being published which shows activity in some areas of the organisation. The appraisal percentage has increased to 55.21% from 48.09%, from the previous month. However this representation is only for published appraisals on the performance management system and we need to view the combined activity of appraisals which are in-progress as well. This reflects an actual figure of 65.95%, which at this time last year we are on target to achieve our target, at the projected rate of 10% each month. The push for meeting the planned action plan and targets are being increased with weekly check-ins and reporting.



The downward trend for Turnover plateaued in December at 14.7%.
Over the last 6 months Turnover now averages 14.9% compared to 17% for the previous 6 months.

111 and EOC continue to remain our focus.

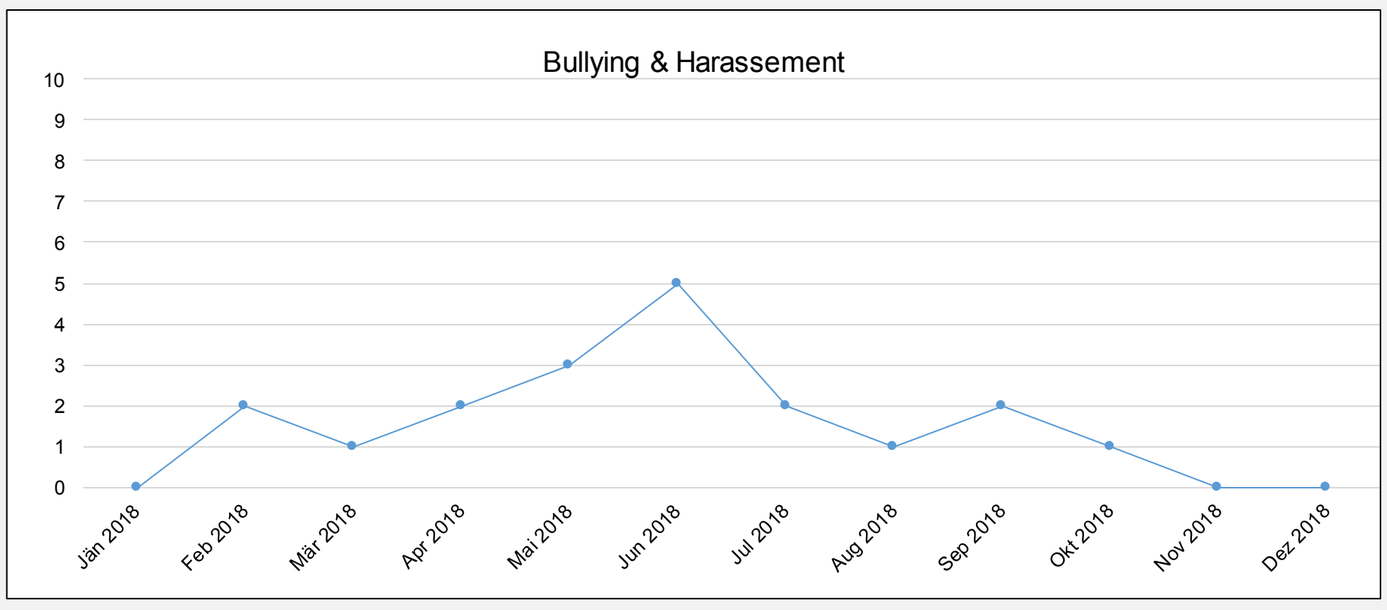
A paper will shortly be going to WWC looking and Turnover and Trends in EOC and whether or not the new draft Retention Strategy will deliver the changes necessary. we may consider a short EOC/111 specific Retention Strategy.



Sickness absence hit target (5.0%) for the second consecutive month in 11 months which is excellent news.

Sickness Absence for the past 6 months now stands at an average of 5.1% compared to an average of 5.2% for the previous 6 months.

Sickness Absence Management continues to be a key focus on the HR Advisors and the Line Managers they support.

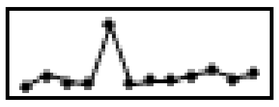


There was no reported cases of Bullying and Harassment (B&H) in November or December with the rolling total remaining at 25 cases.

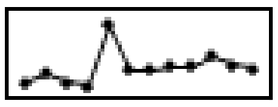
Our HR Employee Relations tracker is now fully implemented and utilised, with reports being used to drive continuous improvements.

SECAmb Finance Performance Scorecard

Income

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£18,398	£20,453	£21,020	
Previous Year £	£16,329	£16,493	£18,202	
Plan £	£18,034	£ 18,051	£ 19,671	

Expenditure

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 18,029	£ 20,344	£ 19,351	
Previous Year £	£ 16,623	£ 16,501	£ 17,399	
Plan £	£ 17,674	£ 17,951	£ 17,904	

Capital Expenditure

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 598	£ 405	£ 515	
Previous Year £	£ 375	£ 554	£ 400	
Plan £	£ 308	£ 551	£ 575	
Actual Cumulative £	£ 4,215	£ 4,620	£ 5,135	
Plan Cumulative £	£ 4,228	£ 4,779	£ 5,354	

Cost Improvement Programme (CIP)

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 965	£ 961	£ 1,689	
Previous Year £	£ 1,304	£ 1,459	£ 1,425	
Plan £	£ 947	£ 947	£ 1,735	
Actual Cumulative £	£ 5,144	£ 6,105	£ 7,793	
Plan Cumulative £	£ 5,034	£ 5,981	£ 7,716	

CQUIN (Quarterly)

	Q1 18/19	Q2 18/19	Q3 18/19
Actual £	£ 871	£ 870	£ 1,524
Previous Year £	£ 850	£ 846	£ 855
Plan £	£ 870	£ 870	£ 870

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

Surplus/(Deficit)

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 369	£ 109	£ 1,669	
Actual YTD £	-£ 3,241	-£ 3,132	-£ 1,463	
Plan £	£ 360	£ 100	£ 1,767	
Plan YTD £	-£ 3,374	-£ 3,274	-£ 1,507	

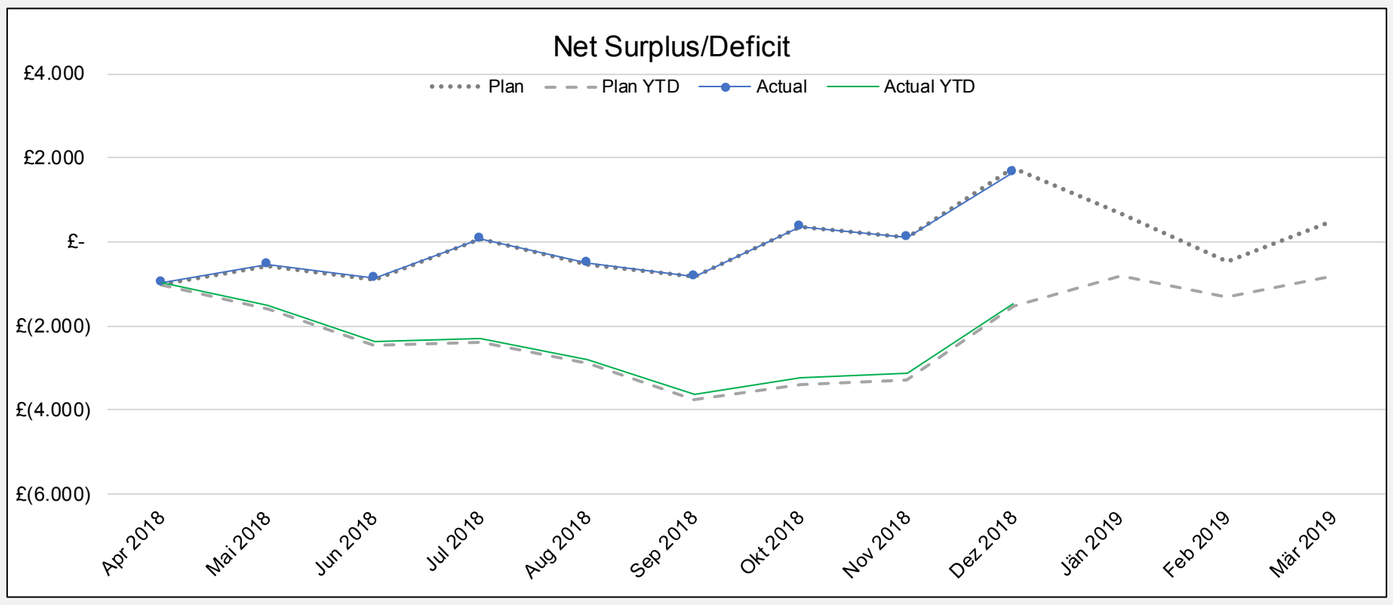
Cash Position

	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 21,971	£ 26,656	£ 27,054	
Minimum £	£ 10,000	£ 10,000	£ 10,000	
Plan £	£ 14,693	£ 14,402	£ 14,685	

Agency Spend

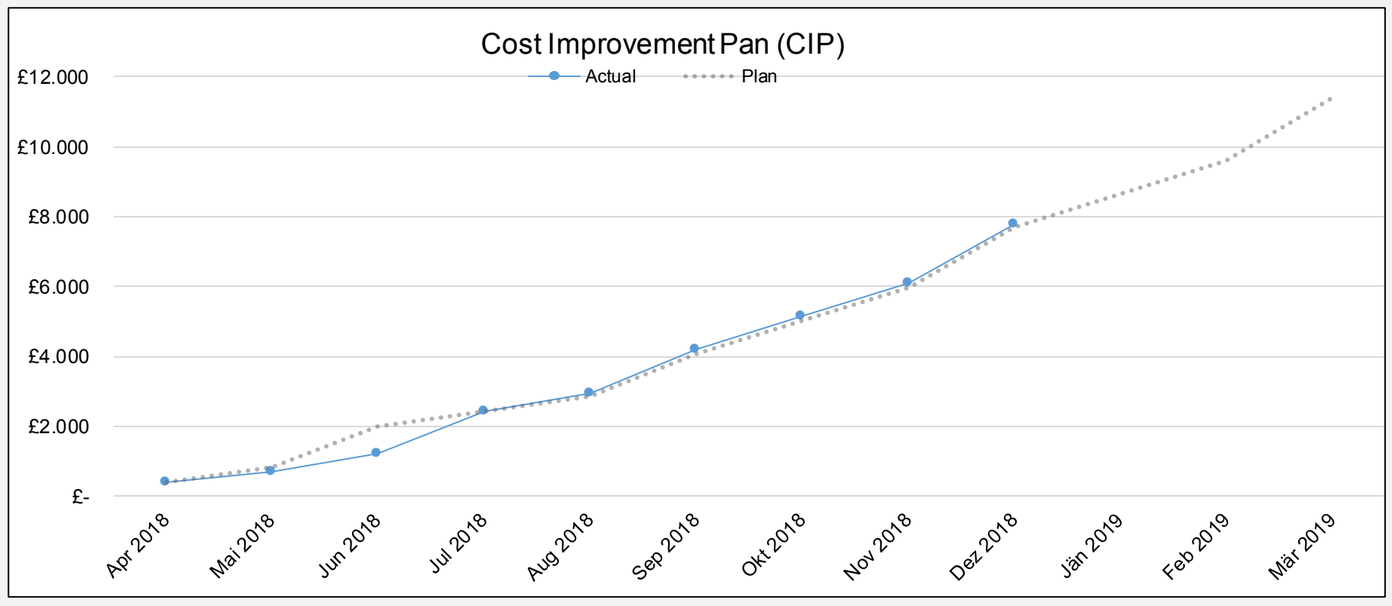
	Oct-18	Nov-18	Dec-18	12 Months
Actual £	£ 357	£ 430	£ 346	
Plan £	£ 218	£ 215	£ 211	

SECAmb Finance Performance Charts



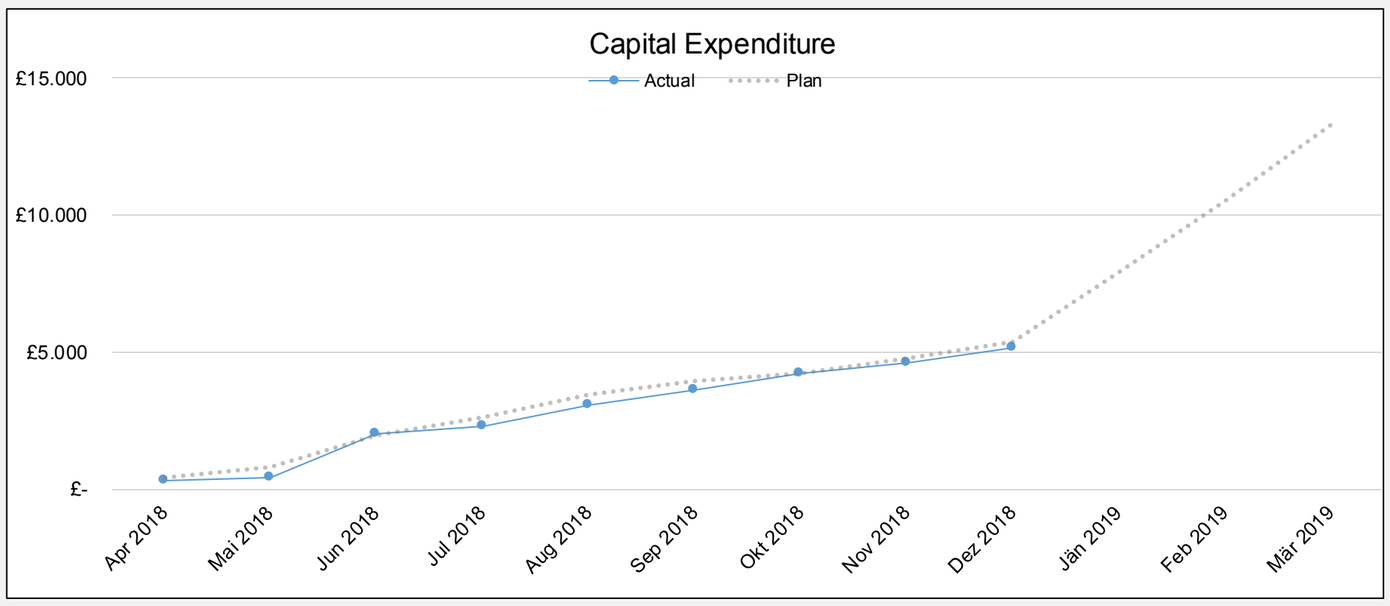
The Trust's Income and Expenditure (I&E) position in Month 9 was a surplus of £1.7m, in line with plan.

This reduced the cumulative deficit to £1.5m, which is in line with plan



Cost improvement programmes (CIPs) to the value of £1.7m were achieved in the month, as planned. Achievement to date is £7.8m, which is slightly ahead of plan.

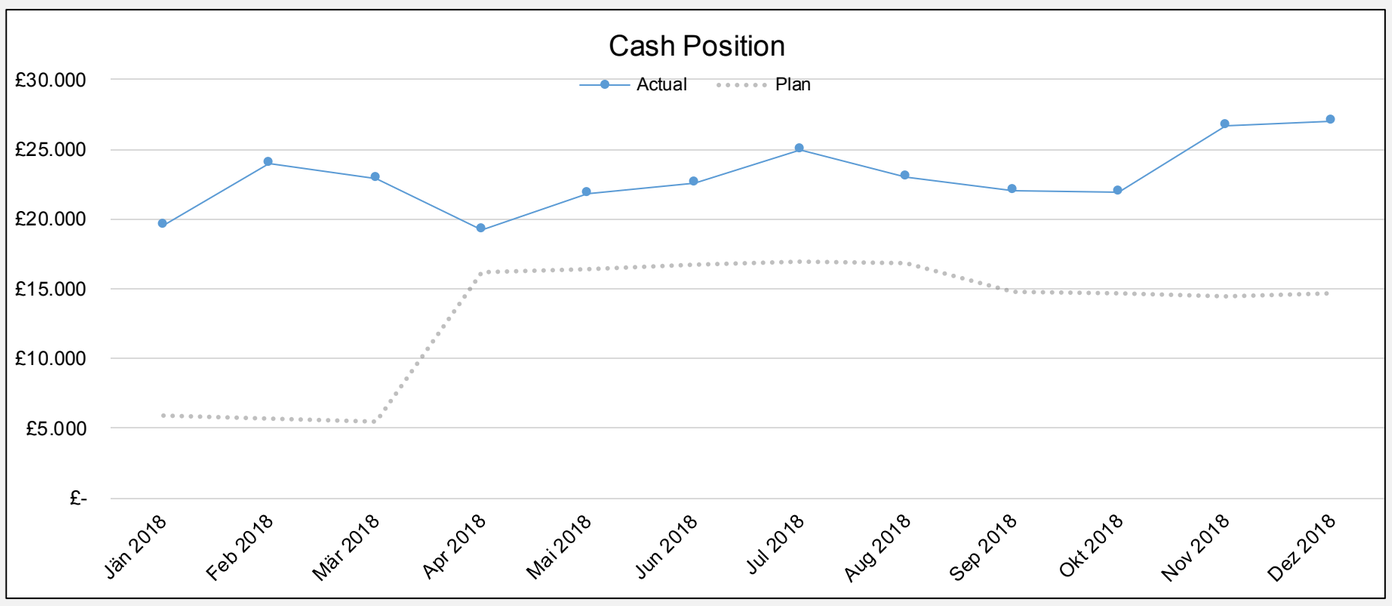
It is projected that the full year target of £11.4m will be met, but there remain challenges to achieving this. £10.3m of schemes were fully validated, with a total of £12.8m identified schemes on the pipeline tracker as at month 9.



Capital expenditure in the month was £0.5m and cumulative spend is just £0.2m behind plan. The forecast for the year is a spend of £13.1m against a plan of £13.3m, the shortfall is due to the delay in the delivery of some of the 43 Mercedes box chassis beyond 31 March and spend on the new ePCR, partly offset by the substitution of 111 implementation.

In November it was announced that £12.3m of capital funding has been awarded to the Trust for 3 make ready centres in Brighton, Medway and Worthing. A further £6.7m has also been recently awarded for developments at the Nexus House Headquarters. The Trust has been unsuccessful with a bid for new ambulances.

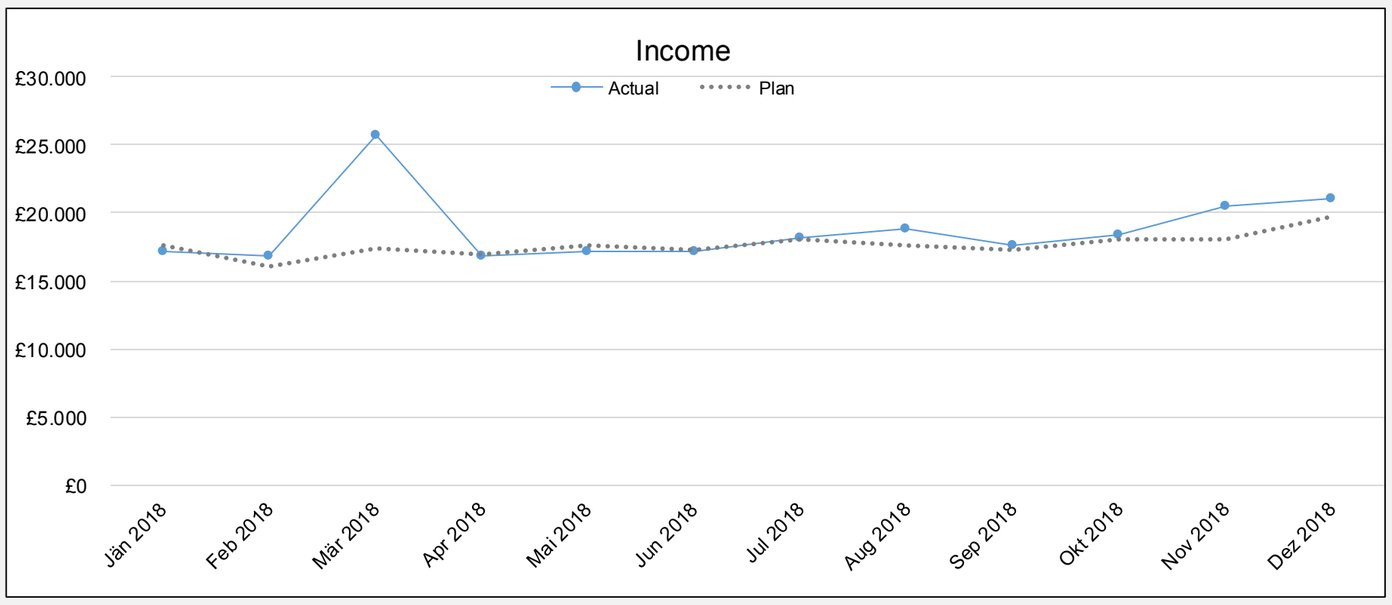
The above funding is subject to formal approval of a business case and recommendation to DHSC (Department of Health and Social Care) by NHSI (National Health Service Improvement).



The cash position at 31 December increased to £27.1m. This is £12.4m better than plan and £4.2m above the balance at 31 March. The main cause for the increase in month is the timing of the funds following the 999 contract variation and expenditure.

In line with good practice, the Trust produces cash forecasts for a three-year period. The latest projection shows, based on forecast capital requirements and I&E performance, cash could fall to below £15.0m by June 2020. This reflects the Trust's investment plans for the estate and frontline vehicles, any impact from the capital bids will be included once business cases have been fully approved.

Performance against the 'Better Payment Practice Code' for payment of suppliers declined slightly this month, improving year to date to 94.5% by value, against a target of 95.0%.



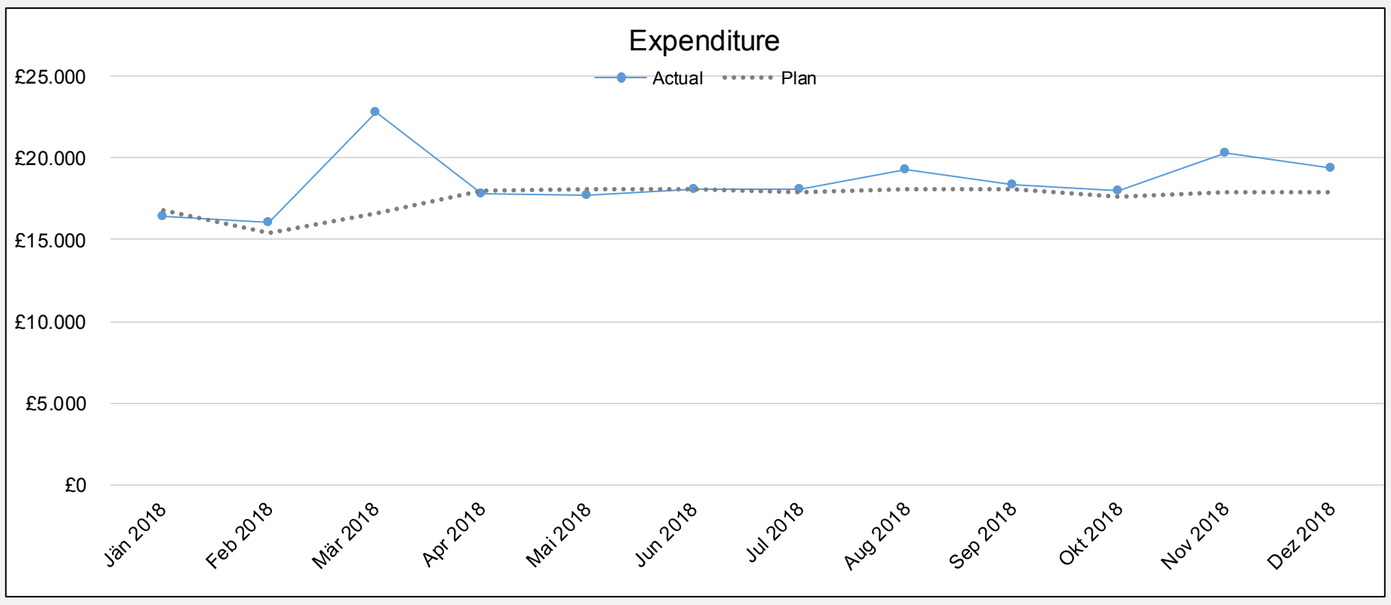
Total Income in the month was £21.0m, which was £1.3m better than plan.

This resulted in a cumulative favourable variance against plan of £5.4m.

The main reason for the improvement in the month was the recognition of £0.4m from the 999 contract variation arising from the successful conclusion of the demand and capacity agreement with commissioners. This includes an additional £0.1m for the Helicopter Emergency Medical Service (HEMS). A further £0.2m represents the impact of the new contract variation for 111 and £0.4m funding for the new pay deal.

The Trust has assumed full achievement of planned core PSF income in the first nine months at £1.2m. The full year value is £1.8m, funding being weighted towards the latter part of the year. Receipt of this funding is contingent on meeting I&E trajectories on a quarterly basis. Funding of £0.6m for quarters one and two has been received.

SECAmb Finance Performance Charts



Total Expenditure exceeded plan by £1.4m in month

Cumulatively expenditure is £5.3m above plan.

Pay costs in the month were above plan by £0.5m, moving the cumulative position to a £2.5m overspend. The main reason for this is the £0.4m impact of the new pay deal, £0.1m in Operations due to the increasing hours over plan.

Non-pay costs were £0.7m above plan in the month, bringing cumulative costs to £2.0m overspent. The main area of overspend in month was for £0.2m estates, £0.2m for uniforms and laundry, £0.2m fleet costs and £0.1m HEMS support.

Non-operating costs were £0.3m greater than plan in month.

SECAMB Board

QPS Committee Escalation report to the Board

Date of meetings	18 February 2019
Overview of issues/areas covered at the meeting:	This meeting considered a number of ***Management Responses*** (*response to previous items scrutinised by the committee)*, including: **Mobilisation of Kent and Sussex 111** **Assured** A verbal update was provided by the senior responsible officer who confirmed that the project is overseeing compliance with the NHS England checklist; this is the framework that ensures the key issues are addressed. The project is on track with all the key milestones. The committee explored the main risks, which include the potential impact of the EU exit; specifically on staffing at Ashford. The committee was assured with the contingency planning and links with other system partners. Assurance was sought that the NHSE checklist includes the relevant aspects of patient safety and also how we are communicating with the public about the changes in service provision in the region. Overall, while the committee acknowledged the risks, it is assured on the progress being made and that risks are being managed as well as they can be. **Internal Safeguarding** **Not Assured** This related specifically to DBS checks, which the committee is keeping under its scrutiny until it is assured about data quality. Internal Audit is currently testing this to provide third line of defence assurance. In the meantime, the data shows that there is a relatively small number outstanding. Each one of these staff has been risk assessed and none are lone working/working unsupervised. A review of roles requiring a DBS check (including level) is being undertaken. The committee asked that management confirm when this issue will be finally remedied and an update will be provided to the Trust Board at its meeting on 28 February. Despite the amount of work ongoing to improve the internal controls for DBS checks, the committee is not assured and it will await the outcome of the Internal Audit. **Private Ambulance Providers** **Assured** The committee asked for further assurance on how management is ensuring the quality of safety of one specific provider, in particular. The paper helpfully set out the clinical outcome indicators, demonstrating how well the private providers are performing. The committee was assured by this and the input of our Chief Pharmacist in checking the progress with medicines governance. The oversight of private providers has now moved in to business as usual, with audits overseen within the nursing and quality directorate. QPS has asked FIC to consider assurance regarding the financial viability of one private provider.

Medical Equipment Not Assured
The committee provided robust challenge in this area given the whistleblowing concerns raised last year, relating to the controls for the service and maintenance of medical devices. It explored the controls now in place to manage any changes in servicing regime in response to the Internal Audit.

The Committee remains concerned that there is still clarity needed about the servicing schedule, as the verbal advice from the manufacturers does not in all instances accord with the manual(s). Management agreed to seek written clarification on the serving intervals.

Therefore, while the committee acknowledges the ongoing work, it is not assured with the current controls in place.

Back Up Times Assured
The committee received good assurance that management is making the best use of its resources. It explored the impact of back up delays, both on staff and patients, and the geographical variation. The Key Skills programme includes modules to mitigate on-scene times, supporting staff to make early decisions.

The committee also explored the decision support tools available for staff to inform better decision making.

999 Pathways Partially Assured
The committee reviewed the progress of ensuring 999 NHS pathways compliance, and the importance of the business case being developed to ensure the right capacity and capability within the audit team. This forms part of the EOC improvement plan tracked via delivery plan. The committee can see progress is being made but asked for more detail on the trajectory to achieve compliance.

Obstetrics Assured
An update was provided on the activities of the Consultant Midwife, and the positive impact this is demonstrating. The work of the Surrey Heartlands midwives in EOC was also discussed and the committee was assured about their role and the MOU that governs the responsibly for risk and governance.

The meeting also considered a number of ***Scrutiny Items*** *(where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas),* including;

Co Responders Assured
The committee reviewed the work with co-responders, which currently is only Kent Fire and Rescue, and the governance arrangements in place to support this concept that fits the legal duty to collaborate. The committee was assured that this demonstrates joined up services and that it has a positive impact for the public. Notwithstanding the MOU in place, management was asked to review the checks in place for things like DBS, vaccinations and training as part of an overall annual assurance regime.

	Learning from Deaths **Assured** The committee noted that the national quality board has published draft guidance on learning from deaths, which is being considered. These draft arrangements appear to align well with what we have set out locally. The committee is keen that we try and ensure consistency across ambulance trusts, as part of this consultation process. The Trust is slightly ahead of some other ambulance trusts as it has developed a learning from deaths policy, and although it has awaited national guidance to implement all aspects of it, the Mortality and Morbidity Group has overseen deep dives in specific areas. Overall, the committee is assured on the approach to learning from deaths and management will pick up how we respond to the draft guidance so that we are ready to comply with key deadlines including a report to the Board on Q3 2019. **EOC Clinical Safety** **Partially Assured** The paper set out the amalgamation of previously separate projects relating to the EOC. There was a detailed discussion about the various objectives and while acknowledging the amount of work ongoing to improve clinical safety, the committee felt that the paper lacked the evidence demonstrating how the identified gaps are being closed. This led to a discussion about how the committee could track progress more meaningfully, by taking a deep dive approach to specific areas over the coming period. This will therefore being a standing agenda item. Management has also been asked to clarify the governance arrangements for the project and provide an update on progress with clinical safety.
Any other matters the Committee wishes to escalate to the Board	The committee received an update on the development of the Quality Account 2019/20, noting the positive stakeholder engagement to-date. The committee noted work being carried out on the annual schedule for all the assurance committees and to ensure clarity of responsibility for topics (avoiding overlap or gaps).

South East Coast Ambulance Service NHS
NHS Foundation Trust

		Agenda No	169-18
Name of meeting	Trust Board		
Date	18 February 2019		
Name of paper	Progress and Key Priorities for Annual Quality Account 2018-19		
Responsible Executive	Bethan Haskins, Executive Director of Nursing		
Report Author	Judith Ward, Deputy Director of Nursing		

This report provides an update on the development of the 2018-19 Quality Account and seeks approval from the Board for the direction of travel in terms of the key priorities for 2019-20.

Providers of NHS healthcare are required to publish a quality account each year. These are based on the quality accounts regulations published by the Department of Health and Social Care. This year's report is required to be published on the website by 30th June 2019. By uploading this onto the website, the Trust will have fulfilled its statutory duty to submit the report to the Secretary of State.

Progress

The Trust has now received a copy of the national guidance for the Annual Quality Account for 2018-19 and arrangements are in place to collate data and report on these. The core indicators for an ambulance service are outlined in Annex 1.

Arrangements are in place to have the Account externally assessed by the Trusts external auditors.

In addition, arrangements are in place to share the draft Quality Account with commissioners and local scrutineers (HealthWatch and Overview and Scrutiny Committees).

Additional requirements for 2018-19 report

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS trusts and NHS foundation trusts in England to report annually on staff who speak up (including whistleblowers). Ahead of such legislation, NHS trusts and NHS foundation trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment. This disclosure should explain the different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the trust.

Key priorities

Quality Account Guidance requires the Trust to identify priorities for the coming year. There has been negative feedback from stakeholders in relation to engagement in this decision making in previous years. In order to facilitate early and proactive discussions, two stakeholder events have been held. In November 2018, an early stakeholder event set out the scene in terms of progress of the current Quality Account priorities; SECAmb strategy; the findings of the recently published Care Quality Commission (CQC) inspection; and to launch the Clinical and Quality strategy. It was envisaged that the Quality Account would embed some of the priorities of the Clinical and Quality Strategy for the coming year.

On January 28th a second stakeholder event has held which was well attended with a wide audience, although Health Watch and Health Oversight and Scrutiny Committees declined to attend. The focus of this event was to consider proposals for the priorities for the coming year. In total 10 proposals were considered which covered the three criteria: Safety, clinical effectiveness and patient experience. The proposals were either directly linked to the Clinical and Quality strategy, the Board assurance framework and findings of the 2018 CQC inspection.

Clear themes emerged from the discussions and are being further developed. The themes are:

- **Patient Experience**:
  Mental health particularly in terms of patient experience and parity of esteem;

- **Safety:**
  Patients who fall with a particular focus on meeting ambulance response programme (ARP) requirements and effectively triaging and keeping patients safe who are waiting to be seen within response time or not seen within timescales at times of surge;

- **Safety:**
  Managing risk in the Emergency Operations Centre (EOC);

- **Effectiveness:**
  Continuing the improvement journey in terms of out of hospital cardiac arrest outcomes.

Ongoing monitoring

In addition to the development of the quality account. Stakeholder engagement in November also considered ongoing monitoring of the Quality Account throughout the year. Currently reporting is via the Quality and Patient Safety Committee, however, wider engagement with Stakeholders has raised a question as to what wider stakeholder monitoring and scrutiny might look like. This is currently being explored further.

Summary

The Board is requested to note the progress of this year's annual quality account and to agree the direction of travel for the key priorities for 2019-20.

Annex 1:

Core indicators for ambulance services

(The numbering scheme used in the table corresponds with the numbering of the indicators in the Regulation 4 Schedule within the quality accounts regulation):

	Prescribed information	Comment
14.	The percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.3	*See note below.
14.1	The percentage of Category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period. 3	*See note below
15.	The percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received /an appropriate care bundle from the trust during the reporting period.	
16.	The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	
25	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	

**NHS Improvement comment: The quality accounts regulations only refer to the 'Category A' ambulance indicators. Many ambulance trusts may no longer be able to report on these standards. NHS Improvement recommends that ambulance providers may replace these disclosures in the quality account with performance against the Category 1, 2, 3 and 4 standards instead if this is considered a better way of communicating the ambulance trust's performance.*