

Health and Adult Social Care Select Committee

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South East Coast Ambulance Service Update

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Summary

This report updates the committee on the South East Coast Ambulance Service, with special focus on changes since the last report of 19th January 2019, especially in the areas of Performance and the Demand and Capacity Review for the Trust and across West Sussex, the recent Care Quality Commission (CQC) report, Executive leadership development, and other strategic updates and local development initiatives of interest for West Sussex.

Focus for scrutiny

The Committee is asked to consider the detail of the report and provide comment on progress made by the Trust in respect of its recent CQC inspection, in addition to other updates as outlined in the summary above. The Committee may also wish to consider whether there are any issues arising from the report which may require any further scrutiny.

2. Background

- 2.1 On 15 August 2019, the CQC published its most recent report on the Trust, following its inspections in June and July. This saw the Trust receive an overall rating of 'Good', with Urgent & Emergency Care rated as 'Outstanding' overall, including 'Outstanding' for Caring. Each of the CQC domain areas were rated as 'Good' individually and our NHS 111 service was also rated as 'Good'.
- 2.2 Following the recommendation made by the CQC, we were subsequently informed by NHS Improvement that it had also decided to take the Trust out of Special Measures.
- 2.3 Following the NHS England commissioned review of urgent and emergency care in 2013 and the Sheffield University study into ambulance responses in 2015, the subsequent Ambulance Response Programme¹

¹ <https://www.england.nhs.uk/urgent-emergency-care/arp/>

(ARP), went live at SECamb on 22nd November 2017. A reminder of the ARP performance categories is shown at **Appendix A, Table 1**. A subsequent national update to Health Care Professionals / Inter-facility Transfers (HCP/IFT) has been implemented in SECamb from 4th September 2019 to bring these response mechanisms in line with the wider ARP programme and to promote appropriateness of response to request. In the first month to 6th October, as anticipated and in line with peers, this has shown to adversely impact Category 1 response times by 14 seconds, whilst increasing Category 2 performance by 19 seconds.

- 2.4 SECamb is commissioned to deliver to national ARP targets at a Trust-wide level only, as a Clinical Commissioning Group (CCG) level adherence would have required a substantial increase in investment to meet population and geographical demographics. Since ARP implementation, SECamb has performed close to the national average for Category 1, and better than average for Category 2. Category 3 and Category 4 responses remain challenging, as resources available are prioritised to the highest acuity calls, although improved in all categories versus the prior report December 2018 (**Appendix B, Table 2a, 2b**). Of specific mention is the Category 3 performance which has improved by 51 minutes versus the national average. Ongoing recruitment for frontline and Emergency Operations Centre staff will bring about improvements.
- 2.5 The first step in our recovery is taken with performance improving at a Trust-wide level, we are progressing well, but have a significant way still to go. Despite adhering to Demand & Capacity recommendations following the published report in Aug 2018, some areas of performance remain challenging, particularly in the more rural areas. Workforce recruitment is going well, and we are focusing upon initiatives that encourage 'home grown' trained staff.
- 2.6 We are delighted to report that on 7 August 2019, it was announced that our bid to provide the NHS 111 and Clinical Assessment Service (CAS) across Sussex, Kent and Medway from April 2020 was successful. CareUK was awarded the Surrey contract from April 2019.

3. Executive Leadership Development

- 3.1 On 1 September 2019, Philip Astle joined the SECamb Team as Chief Executive Officer (CEO), replacing Dr Fionna Moore, who has acted up as CEO on an interim basis since the departure of Daren Mochrie on 1 April 2019. Philip joins us from South Central Ambulance Service where he held the post of Chief Operating Officer for three and a half years.
- 3.2 Prior to joining South Central Ambulance Service in 2016, Philip held a number of senior operational and leadership roles in the public and private sector including director roles in the Border Force, on the London 2012 Olympics, Chief Operating Officer of Her Majesty's Passport Office and strategist and planner for Army operations in Afghanistan, as part of a successful career in the British Army.

- 3.3 In his early weeks, Philip has been getting to know the geography, the key players and assessing SECAMB's key strengths, areas of risk and opportunities.
- 3.4 With Dr. Fionna Moore moving back into the post of Medical Director, the Executive team will shortly be complete with the imminent announcement of the Director of Human Resources. Until his permanent replacement arrives, Paul Renshaw will remain with the Trust in an interim capacity.

4. SECAMB Commissioning Arrangements

- 4.1 North West Surrey CCG acts as lead commissioner for the 999 Emergency and Urgent Care Contract with SECAMB on behalf of Kent, Surrey and Sussex CCGs (22 in total). Governance of the contract is held across a number of key fora including the Kent, Medway, Surrey & Sussex Executive Collaborative, 999 Joint Commissioner Forum, Contract Review Meeting and Clinical Quality Review Group meetings overseen by a regional System Assurance Meeting which links with regional NHS England / Improvement representation.

5. Care Quality Commission Rating

- 5.1 In November 2018 the CQC, following its inspections during July and August 2018, saw SECAMB rated as 'requires improvement' in recognition of the improvements that the Trust had made through its delivery plan of continuous improvement.
- 5.2 On 15 August 2019, the CQC published its most recent report on the Trust, following its inspections in June and July. This saw the Trust receive an overall rating of 'Good', with Urgent & Emergency Care rated as 'Outstanding' overall, including 'Outstanding' for Caring.
- 5.3 Each of the CQC domain areas - safe, effective, caring, responsive and well-led, were rated as 'Good' individually and our NHS 111 service was also rated as 'Good'. It was also heartening to see many areas of good and outstanding practice within the Trust recognised by the CQC in its report.
- 5.4 Following the recommendation made by the CQC, we were subsequently informed by NHS Improvement that they had also decided to take the Trust out of Special Measures.
- 5.5 Across emergency and urgent care, several areas were highlighted as 'Outstanding' including work to reduce hospital handover times and improve services for mental health patients, with staff receiving particular praise. Inspectors also commended the introduction of Joint Response Units with police services and the Trust's Wellbeing Hub, which provides a range of resources to assist staff with their physical and mental health.
- 5.6 Throughout the report, the CQC spoke positively about a number of aspects of the Trust's service including:

- Staff treating patients with compassion and kindness, respecting their privacy and dignity and taking account of individual needs
- A strong, visible person-centred culture and that staff were highly motivated
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff
- There were clear systems and processes to safely prescribe, administer, record and store medicines. Inspectors observed outstanding practice in the management of controlled drugs.
- Staff were supported following traumatic experiences and events
- Trust leaders, new to the organisation at the last inspection, had now embedded into their roles. The changes had had a positive impact on the organisation.
- Staff told inspectors they felt respected, supported and valued. They were focused on the needs of patients receiving care.
- The service promoted equality and diversity in daily work and provided opportunities for career development.

5.7 This positive report is testament to the huge amount of work that has been ongoing at SECamb for the past couple of years and whilst the Trust is pleased that the CQC has evidenced such significant improvements, it is aware that there are areas where further work is required.

5.8 The Trust is working hard to improve its response times to less seriously ill and injured patients and is also committed to improving staffing levels across the region, including in its Emergency Operations Centres. Progress updates will be provided through our subsequent board meetings.

6. NHS 111 / Clinical Assessment Service

6.1 On 7 August 2019, it was announced that our bid to provide the NHS 111 and Clinical Assessment Service (CAS) across Sussex, Kent and Medway from April 2020 was successful.

6.2 The contract, worth £18.1m in 2020/21, includes being able to issue prescriptions and have access over the phone to a wider range of Healthcare Professionals such as GPs, Paramedics, Nurses and Pharmacists, who will be able to directly book people into urgent care appointments, if they need one. We will act as lead provider with Integrated Care 24 (IC24) working in partnership with us to deliver key elements of the new service.

6.3 A great deal of work is currently underway as part of the pre-mobilisation phase to ensure that the new service to be provided from next year will differ significantly from 111 services provided previously by SECamb.

7. Operational Restructure

7.1 A key piece of work that has been on-going during recent months has been Phase One of the Operational Leadership restructure. This has seen the redesign of the senior leadership team structure, with the aim of

strengthening governance, increasing resilience and introducing clearer accountability.

- 7.2 Following a robust assessment and interview process, the following appointments have been made, with a number of people already in post:
- Emma Williams joined the Trust on 30 September as the Deputy Director of Operations
 - Mark Eley (Associate Director of Operations West), Tracy Stocker (Associate Director of Operations East and Ian Shaw (Associate Director of Resilience) have recently joined SECAMB
 - John O'Sullivan (Associate Director for Contact Centres and Integrated Care)
 - Chris Stamp (Head of Emergency Planning Resilience & Response) and James Pavey (Head of Production and Workforce Planning) all took on their new roles on 1 September 2019, whilst Andy Cashman is joining the Medical Directorate Leadership Team, on a temporary basis, to provide advice and support to the Clinical Education Team
- 7.3 Phase Two of the restructure, which will cover the remaining middle management layers, will commence in Spring 2020.

8. Operational Performance: Overview

- 8.1 Our increased focus on EOC staff recruitment, retention and performance has resulted in significant improvement in our call answer times performance (**Appendix B Table 2d**)
- 8.2 The focussed work to improve our response to patients, especially to our less seriously ill and injured patients and to improve our 999 call answer performance, is continuing and is closely monitored on a daily basis by the Operational Leadership Team and by the Executive Team on a weekly basis.
- 8.3 During the recent months, we have been supported in this by the NHS national performance team. As well as scrutiny of our own performance, the national team has also looked closely at regional system issues, particularly hospital handover delays.
- 8.4 As part of our improvement work, we have established an Operational Strategic Hub, based alongside the EOC, which has allowed us to tightly manage day to day operational pressures and the delivery of our Performance Improvement Plan, including:
- Taking a more proactive approach to planning the resources we need to match demand
 - Targeting overtime to when it's most needed
 - Ensuring we are making the most efficient use of the resources we have available, without impacting on the care we provide to patients, for example, by paying close attention to the number of vehicles we send to incidents

- Working with our system partners to ensure we are working effectively together, including ensuring our staff can access support if needed from other healthcare professionals without significant delays.
- 8.5 We are now seeing real improvements in our response time performance in all categories (**Appendix B, Table 2a and 2b**), especially in our Category 3 response, which has improved by 51 minutes versus the national average. However, we still have a long way to go to hit all our performance targets consistently and we are not yet resilient enough to with stand peaks in demand, as we saw recently around the August Bank Holiday period.
- 8.6 Our ongoing focus in providing clinical expertise in our EOC to support 999 & 111 call outcomes has supported an improvement in our Hear & Treat percentage (H&T%) of incident outcomes. We are targeting further improvement with the introduction of new clinicians such as Mental Health nurses to support improved patient outcomes at time of 999 call, as well as supporting crews on scene for specialist clinical guidance when requested. This should result in increased H&T% and See and Treat percentage (S&T%) outcomes for patients. **Appendix B, Table 2c** illustrates the Trusts activity outcomes performance as better than the national average for S&T% by 1.6% and See and Convey percentage (S&C%) by 1.1%.
- 8.7 Our 111 performance is close to the national average, however we still have areas of focus for improvement such as a reduction in our 111 to 999 transfer rates. Please note this applies for the Sussex and Kent contract only, with other 111 providers operating in Surrey Heartlands and Frimley Health Integrated Care Systems (ICS's).

9. 999 Performance

- 9.1 The variance in performance for SECamb across the three counties (Kent, Surrey, Sussex) is minimal, although some individual CCGs with larger rural populations within the counties have an affected performance as expected. Since ARP implementation, SECamb has performed close to the national average for Category 1 (C1), significantly better than average for Category 2 (C2), Category 3 (C3) and Category 4 (C4) responses remain challenging over the last performance period April19 – September 19 as illustrated in **Appendix B, Table 2a, 2b**. This represents an improving picture across all ARP categories versus the prior report period December 2018, which C3 reducing from 81 minutes to 32 minutes greater than the national average.
- 9.2 In September'19, there was a particularly high level of abstractions due to key skills training and university course requirements, which results in reduced available resource in hours provided. Integral to the improvement initiatives already outlined and continued focus to increase response hours provided, we are placing a strong internal focus on improving efficiency metrics, particularly around incident cycle times, understanding and addressing local operating unit variation and reducing resource duplication.

- 9.3 Whilst we are working to deliver specialist response vehicles, where needed to support system reconfiguration and address gaps in commissioning, the Trust must maintain a consistent approach to retain resource for commissioned 999 activity. As a result, any response models requiring incremental resource versus the current 999 response model must be evaluated on a case by case basis.
- 9.4 West Sussex comprises of 3 CCGs within Sussex Health and Care Partnership sustainability and transformation partnership. **Appendix B, Table 2e** illustrates the ARP Performance Dashboard for April – September 2019 delivered by the three main dispatch desks serving the county - Gatwick, Tangmere and Worthing.
- 9.5 The County is receiving similar response in C1, C1T ²and C2 versus Trust-wide commissioned performance. Focus on C3 & C4 response times continues with a resource review ongoing, especially where we are not hitting performance improvement targets as expected and rural areas are more challenged in this respect.
- 9.6 SECamb is commissioned at a Trust level to deliver to ARP targets and is also working with commissioners in 2019, to further understand and address rural response times collaboratively. Baseline data has been established for quarter 1 and is subsequently provided by County for quarter 2 and attached in **Appendix E**. In order to fully address local rural ARP performance urgent care teams, wider systems and communities must work together to resolve.
- 9.7 Worthing Dispatch desk meets C1 and C2 response targets and delivers improved C3 and C4. Tangmere performs less consistently which is partly due the rurality challenges of the local road networks and is also influenced by deteriorating local handover performance at the Acute.
- 9.8 In West Sussex, the Trust delivers enhanced incident outcomes via increased See & Treat versus Trust-wide performance for all categories as a result of system-wide focus on Falls & Frailty pathways and ease of access via the provision of 24/7 well established Single Point of Access, OneCall operated by Sussex Community NHS Foundation Trust (SCFT).
- 9.9 With new staff, we are focused on inclusion in induction programmes and refreshing knowledge through key skills training for all staff annually. We are working with our community pathway providers SCFT and Sussex Partnership NHS Foundation Trust (SPFT) to create a webinar to share with staff and further update on new community pathways as they develop, such as the recently opened crisis response pathway The Havens @ Millview, which accepts direct referrals from Worthing and Brighton dispatch areas.

² C1T is an Ambulance Response Programme performance category measured with the arrival of a transporting vehicle as opposed to C1 with is measured with the arrival of the first emergency responder.

- 9.10 SPFT has received significant transformation funding during the 2 funding years 2019/20 and the 2020/21, to further establish direct Mental Health community support services such as Urgent Care Lounges, Crisis Cafes and 24/7 Havens. The Ambulance Street Triage response model is being considered for expansion across Sussex, subject to evaluation alongside our new Mental Health Nurses working in the Emergency Operation Centre and a needs-based assessment. Any incremental resource requirement as a result of the enhanced model of care would need to be fully funded.
- 9.11 The Tangmere and Worthing Operating Unit will be developing an Urgent Care Hub during Winter 2019. This aims to further improve C3 & C4 S&T% and enable more referrals to established community and crisis pathways for falls, frailty and mental health.
- 9.12 The Urgent Care hub will provide localised clinical support via our specialist paramedic workforce and work closely with our community services providers to maximise the local urgent care pathways usage and reduce unnecessary conveyance into Emergency Departments, providing improved outcomes and care for patients in the community. This initiative will be ahead of the NHS Long Term Plan Urgent Emergency Care deliverable for the 111/CAS to enable clinical referrals and direct booking into alternate community pathways 24/7, whilst further developing the case for change and community services investment over time.

10. Falls Response Vehicle Update

- 10.1 As reported in the January '19 report, key findings from the top 5 activity areas in the Trust for falls were as follows:-
- Careline calls make up approximately 50% of the falls activity
 - The numbers of falls incidents has steadily declined over the past year
 - See & Convey is on average 30% of all falls incidents
 - Average time on scene to clear for all CCG areas is 01:10:15
- 10.2 Coastal West Sussex CCG is the area with the most Falls incident activity as measured from October '17 to September '18. The Falls Response Vehicle pilot, funded by the CCG, started 14 May 2018 and operated for a full 52 weeks.
- 10.3 The outcomes noted from the Coastal West Sussex pilot were as follows :
- 430 patients responded to
 - Average response time of 46 minutes 35 seconds.
 - Average on scene time of 1 hour 57 minutes
 - Average conveyance rate of 21.53% reduced from 27% pre-trial.
 - There was no visible impact on acute admissions, although this is likely to be more as a result of a long-term effect of reducing the number of future falls due to rapid interventions and this will take longer to establish.
 - This trial did not produce the number of patients expected and could be improved with more proactive incident screening.

- 10.4 A subsequent trial in North West Surrey was more successful as far as activity is concerned and this is also being trialled in the Thanet area. The multidisciplinary falls vehicle model is still the Nationally accepted best model, although long term effects for reducing the number of subsequent falls is still to be established.
- 10.5 Benefits to SECamb of the falls response vehicles are reduced response times for cat 3 and 4 falls patients, reduced conveyance rates, increased skills and knowledge surrounding falls and multidisciplinary working. Reduced conveyance rates to ED also results in less strain on the department.
- 10.6 Benefits for patients includes a reduced length of time on floor thereby reducing the possible complications of the long lie and rapid intervention, assessment and referral to the falls prevention team.

11. Workforce Update

- 11.1 In West Sussex, there has been a significant increase in staff and vehicles which will continue into 20/21. This extra resource, the protected targeted dispatch model and the creation of Urgent Care hubs during Winter 2019, will support increasing our 'see and treat' %, increasing referrals into community care pathways and reduce the time to respond to lower acuity C3 & C4 incidents.
- 11.2 **Appendix C Table 3a** illustrates the Trusts delivery against the Workforce plan derived from the Demand and Capacity Review. Workforce recruitment is going well, and we are focusing upon initiatives that encourage 'home grown' trained staff, whilst the Trust is still working towards recommendations from the Demand and Capacity review.
- 11.3 The Trust has made good progress on its frontline recruitment plans and it's especially positive to see that we currently have 128 external Newly Qualified Paramedics joining the Trust in addition to the 73 internal graduates, meaning that from January 2020 (Q4), we will have these additional resources available as part of our operational delivery hours to aid our work to achieve ARP targets.
- 11.4 The challenge remains to retain our paramedic workforce in light of the Primary Care Network (PCN's³) developments as part of the NHS England long-term plan, which includes 70% additional role reimbursement for community paramedics in 2020/2021. We are commencing work across Integrated Care System (ICS) footprints and in partnership with PCN's to determine requirement and reach a solution to enable shared rotational workforce modelling across the system.
- 11.5 The ECSW (Emergency Care Support Worker) deficit is a planned position since we intend to now focus on Associate Ambulance Practitioner/Trainee paramedic and Experienced Paramedic recruitment for Q4 and into 2020/21. The Trust and Commissioners will be reviewing our frontline

³ <https://www.england.nhs.uk/primary-care/primary-care-networks/>

clinical recruitment plans during November via a workshop facilitated by Deloitte to ensure we have a strategy that gives the best opportunity to reach required performance standards.

- 11.6 We are still experiencing low retention rates within EOC and 111 and therefore we are reviewing recruitment and retention practices during November with the aim to pilot new approaches during Q4.
- 11.7 Our new frontline leadership development programme is being launched in Q4 and is expected to cover over 200 first line managers during 2020/21. The programme is aimed at developing managerial and leadership skills.
- 11.8 The Trust previously became aware of concerns regarding Bullying & Harassment from several sources such as staff surveys and union feedback. An independent review was commissioned by the Trust from Professor Duncan Lewis and a number of recommendations were made to improve the culture.
- 11.9 As a result of the Duncan Lewis report we have completed the following tasks and we will evaluate our interventions thereafter:-
- Invested into a behaviour and values toolkit for all staff.
 - Invested in the Freedom to Speak Up role and ensure that advocates are available across the Trust to support staff to raise issues
 - Embedded our values and expected behaviours into every aspect of the Trust from training to the recruitment process.
 - Invested in new ways to communicate to staff such as the infographic produced in Appendix F.

12. West Sussex Estate

- 12.1 One of our key Trust strategies is our Estates Strategy, which sets out our plans to ensure that the estate portfolio provides a safe, legally compliant, financially sustainable and operationally efficient environment. As part of this, we have committed to continuing to utilise the Make Ready approach for our operational estate.
- 12.2 The Make Ready system, which has been in operation across our area for more than ten years, bring significant and proven benefits for both patients and staff. Specially-trained operatives (who are in addition to our front-line crews) regularly deep-clean, restock and check vehicles for mechanical faults, which minimises the risk of cross-infection, keep vehicles on the road for longer and, vitally, frees up front-line staff, who historically have cleaned and re-stocked ambulances, to spend more time treating patients.
- 12.3 The move to Make Ready Centres, supported by increased numbers of Ambulance Community Response posts, also allows us to provide a much more responsive service to our patients. It is also one of the nine recommendations in the Lord Carter Review of Ambulance Services.
- 12.4 Following on from the capital funding award made to SECamb to invest further in its 'Make Ready Centre' estate, Worthing Ambulance Station was converted to a make ready centre and fully reopened in August 2019.

As part of this conversion, Littlehampton and Shoreham Ambulance Stations were re-designated as Ambulance Community Response Posts (ACRPs). This means that crews still respond from the ACRP's at Littlehampton and Shoreham but just start and finish shifts at Worthing.

- 12.5 During Q2, we finally received the formal agreement to use Midhurst Fire Station as an ACRP, which means that ambulance staff now have somewhere to go when on standby and breaks rather than parked at the roadside in the area. Signage and a designated parking space are now in place.

13. Hospital Handover Delays

- 13.1 A dedicated Programme Director is leading a system-wide programme of work to reduce hours lost at hospital sites due to ambulance handover delays. The programme covers 12 acute hospitals over 18 sites. A steering group is in place and is chaired by the CEO of Ashford and St Peters Hospital. Membership includes NHS England and NHS Improvement (NHSE/I), lead commissioners, CCGs, two acute hospital Chief Operating Officers, SECAMB and a national Emergency Care Intensive Support Team (ECIST) advisor.
- 13.2 Hours lost >30 minute turnaround across Surrey, Sussex and Kent is illustrated in **Appendix 4 Table 4a**. Across the Trust in the last financial year there was a
- 12,000 (17%) reduction in hours lost compared to the previous year.
 - 34% reduction in the numbers of patients who waited over 60 minutes for a handover and a 17% reduction in the numbers of patients who waited between 30 and 60 minutes for a handover.
- 13.3 This achievement was celebrated, and good practice shared at a regional event held in Gatwick in May 2019. Both Royal Surrey County Hospital and East Surrey Hospital were featured in a video produced for the event outlining how the hospitals and SECAMB had worked together collaboratively to reduce handover delays through the use of a dedicated ambulance nurse, Fit2 Sit⁴ and adopting lean methodology to streamline processes.
- 13.4 Although good progress has been made at some hospital sites, ambulance handover delays continue to be a problem particularly with regards to managing surges in demand and when patient flow across hospital sites is reduced. The challenge is maintaining improvements that have been made, when faced with increasing demand. We are working together with hospitals to ensure early warning triggers are in place and associated actions are taken when ambulances start to queue. This includes hospitals now having access to live and retrospective data which enables greater visibility of conveyance trends in terms of time of arrivals, peak surges and delays.

⁴ An NHS Improvement campaign which aims to put a stop to patients lying down on trolleys or stretchers if they are well enough to sit up or walk and so prevent unnecessary muscle deterioration.
<https://improvement.nhs.uk/resources/are-your-patients-fit-sit/>

- 13.5 Live front door conveyance reviews continue to be undertaken to ensure that available community pathways are being optimised by crews and to identify opportunities for new pathways. These include direct conveyances to non-ED destinations for example Same Day Emergency Care departments and Medical and Surgical Assessment Units. This reduces congestion in EDs, reduces handover delays caused by crowding, and provides better patient experience
- 13.6 Joint operational meetings (SECamb and hospitals) supported by the CCG are in place within most hospitals. Progress against trajectories is reviewed and action plans are monitored. Within West Sussex the two Acute hospitals Worthing and St. Richards differ in profile of lost hours >30 minutes as illustrated in **Appendix 2, Table 2f**. Worthing has made good progress in retaining the improvements made in 2018/19, whilst St. Richards has struggled to retain improvements especially since April this year. A live front door conveyance review is planned for early November 2019 to identify key issues for system review.

14. Cardiac and Stroke Pathways

- 14.1 SECamb's Cardiac and Stroke Ambulance Quality Indicators (AQI's) for timeliness of response are shown in **Appendix 2, Table 2f**. The Trust's performance against the stroke diagnostic bundle has been above the national average most months and we continue to build on our success in improving care for STEMI (Acute ST-Elevation Myocardial Infarction) patients to bring our performance above the national average.
- 14.2 We consistently collaborate with our pPCI⁵ stakeholder partners to improve standards of care for patients, resulting in prompt and effective feedback mechanisms and quality improvement initiatives.
- 14.3 Over the last two years, we have focussed on improving STEMI care during our statutory and mandatory annual training days, which has resulted in positive feedback from staff and a reduction of time on scene for this group of time-critical patients. We will continue to actively support our staff in improving care for STEMI patients, for example, through providing ECG ⁶ interpretation support via our specialist paramedics.
- 14.4 We are also working closely with our systems partners involved in stroke reconfiguration in Kent, Sussex and Surrey both operationally and clinically. There is on-going work developing a 'gold standard' clinical framework for pre-hospital stroke care, such as telemedicine and improved assessment training.
- 14.5 Since April 2018, the Trust has also delivered sustained improvements in the proportion of patients who have a ROSC (Return of Spontaneous Circulation) when they arrive at hospital. The Trust has also been highest

⁵ pPCI - Primary Percutaneous Coronary Intervention is a surgical procedure used for the treatment of Myocardial Infarction (Heart Attack).

⁶ ECG - electrocardiogram is a simple test that can be used to check your heart's rhythm and electrical activity

performing in the country for the sepsis and post-ROSC care bundles and continues to perform well above the national average.

- 14.6 The Trust is engaged with the West Sussex Stroke Oversight Group to contribute to the review, case for change and provide impact modelling on options appraisal.

15. Clinical Education

- 15.1 On 31 July and 1 August 2019, the Trust underwent a two-day Ofsted Monitoring Visit, looking specifically at our apprenticeship training provision. This report was published by Ofsted on its website on 29 August 2019.
- 15.2 The results of this visit unfortunately showed that the Trust had made 'insufficient progress' in two of the three areas inspected. These findings, together with the results of a subsequent Peer Review commissioned by the Trust, have clearly shown that we need to take immediate action to address the issues identified. It is important to emphasise, however that the quality of the teaching provided to our students, as well as the commitment of the teaching staff has never been in doubt and was recognised as being of a very high standard, both by the Ofsted team and by our students.
- 15.3 The Trust agreed to undertake a planned, 6-week closure of our Clinical Education Department. During the closure, which began on 11 September 2019, the Executive Management Board (EMB) initiated a series of internal and external reviews in order to fully understand the issues and the rectification plans required. The temporary closure period was due to be for six weeks but unfortunately, there is still a great deal of work to be done.
- 15.4 In response, the Trust Board has implemented a Clinical Education Transformation Project. This Project is led by two executive directors, Dr Fionna Moore, Medical Director and David Hammond, Finance Director. The project consists of two phases.
- 15.5 The initial phase addresses a number of immediate issues, including clearing a backlog of marking, ensuring all students are able to progress to the roles that they have been trained for in a seamless and timely way, and aligning the Trust's Clinical Education function to the needs of the whole organisation. The aim is to have Phase 1 completed by the end of March 2020.
- 15.6 Phase 2 will look at the longer term and will ensure that we are structured, resourced and funded appropriately to deliver the needs of the organisation.

16. EU Exit

- 16.1 SECamb has, as a Category 1 responder, been working closely and responsibly for some time with the NHS and other partners to ensure we

plan ahead to minimise the impact of the UK's exit from the EU. This includes the impact on the Trust, and our ability to provide a responsive service to our patients. We are monitoring the changing situation daily and will update our operational plans accordingly.

- 16.2 As part of our planning, we have agreed mutual aid (for front-line ambulance staff & EOC staff) from the other English Ambulance Services, to provide us with additional resource and help us mitigate against the likely impacts of increased traffic congestion. We have a team in place to ensure that these staff are properly inducted into SECAMB and supported during their time with us. The level of any potential support sought will be dependent on the impact on our region and will be in line with our everyday escalation processes which protect our service to patients.
- 16.3 We take staff welfare extremely seriously and recognise how hard our staff work every day. We are regularly briefing staff and maintaining staff welfare, and this has been a major part of our planning in recent months. The EU Exit plan is currently on hold but can be restarted at very short notice.

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APPENDICES

APPENDIX A : Table 1 : ARP Performance Categories

APPENDIX B : Operational Performance

- Table 2a: National ARP Ambulance Quality Indicators (AQI's) : Cat 1 / Cat 2
Response times : September 2019 vs December 2018
- Table 2b: National ARP Ambulance Quality Indicators (AQI's) : Cat 3 / Cat 4
Response times : September 2019 vs December 2018
- Table 2c: National ARP Ambulance Quality Indicators (AQI's) : September
2019 - Incident Outcomes
- Table 2d: National ARP Ambulance Quality Indicators (AQI's) : Emergency
Operations Centre – Call Answer Times
- Table 2e: ARP Performance Dashboard : April – September 2019
Trust wide, West Sussex County; Dispatch Desk level
- Table 2f: ARP Performance Dashboard : April – September 2019
Tangmere Dispatch : ARP and Turnaround Hours Lost >30 minutes
Worthing Dispatch : ARP and Turnaround Hours Lost >30 minutes
- Table 2g: SECamb Clinical Safety Indicators - Cardiac and Stroke Response
Timeliness

APPENDIX C: Workforce

- Table 3a: September 2019 : Workforce Plan vs Workforce Actual : Trust wide

APPENDIX D: Handover Performance

- Table 4a: Hours lost >30 minute turnaround across Surrey, Sussex and Kent
- Table 4b: April – October 2019 : Hours lost >30 minute per journey by Acute

APPENDIX E: Reporting clinical outcomes for people living in rural areas

APPENDIX F: Staff Survey Infographic : Bullying & Harassment

APPENDIX A : ARP Performance Categories

Table 1:

Category	Types of Calls	Response Standard	Likely % of Workload	Response Details
Category 1 (Life-threatening event)	Previous Red 1 calls and some Red 2s Including <ul style="list-style-type: none"> • Cardiac Arrests • Choking • Unconscious • Continuous Fitting • Not alert after a fall or trauma • Allergic Reaction with breathing problems 	7 Minute response (mean response time) 15 Minutes 9 out of 10 times (90 th Centile)	Approx. 100 Incidents a day (8%)	Response time measured with arrival of first emergency responder Will be attended by single responder and ambulance crews
Category 2 (Emergency, potentially serious incident)	Previous Red 2 calls and some previous G2s Including <ul style="list-style-type: none"> • Stroke Patients • Fainting, Not Alert • Chest Pains • RTCs • Major Burns • Sepsis 	18 minute response (mean response time) 40 minute response (90 th centile)	(48%)	Response time measured with arrival of transporting vehicle (or first emergency responder if patient does not need to be conveyed)
Category 3 (Urgent Problem)	<ul style="list-style-type: none"> • Falls • Fainting Now Alert • Diabetic Problems • Isolated Limb Fractures • Abdominal Pain 	Maximum of 120 minutes (120 minutes 90 th centile response time)	(34%)	Response time measured with arrival of transporting vehicle
Category 4 (Less Urgent Problem)	<ul style="list-style-type: none"> • Diarrhoea • Vomiting • Non traumatic back pain 	Maximum of 180 minutes (180 minutes 90 th centile response time)	(10%)	May be managed through hear and treat Response time measured with arrival of transporting vehicle

APPENDIX B : Operational Performance

Table 2a : National ARP Ambulance Quality Indicators (AQI's) : Cat 1 and Cat 2 Response times
September 2019

C1		Mean
England		00:07:15
1	North East	00:06:39
2	London	00:06:41
3	Yorkshire	00:06:58
4	West Midlands	00:07:00
5	South Western	00:07:11
6	South Central	00:07:15
7	North West	00:07:24
8	East Midlands	00:07:34
9	South East Coast	00:07:35
10	East of England	00:07:55
11	Isle of Wight	00:13:54

C1		90th
England		00:12:44
1	London	00:11:13
2	North East	00:11:29
3	Yorkshire	00:12:02
4	West Midlands	00:12:11
5	North West	00:12:27
6	South Central	00:13:06
7	South Western	00:13:20
8	East Midlands	00:13:36
9	South East Coast	00:13:56
10	East of England	00:14:30
11	Isle of Wight	00:20:44

C1		Mean
England		00:07:06
1	London	00:06:17
2	North East	00:06:29
3	West Midlands	00:06:48
4	South Western	00:06:49
5	South Central	00:06:55
6	Yorkshire	00:07:03
7	East of England	00:07:31
8	North West	00:07:41
9	South East Coast	00:07:44
10	East Midlands	00:07:45
11	Isle of Wight	00:09:40

C1		90th
England		00:12:24
1	London	00:10:29
2	North East	00:11:17
3	West Midlands	00:11:49
4	Yorkshire	00:12:15
5	South Western	00:12:18
6	South Central	00:12:26
7	North West	00:12:55
8	East of England	00:13:42
9	East Midlands	00:13:50
10	South East Coast	00:14:13
11	Isle of Wight	00:18:34

C2		Mean
England		00:22:22
1	West Midlands	00:13:09
2	Yorkshire	00:18:26
3	London	00:18:27
4	South Central	00:18:40
5	South East Coast	00:18:51
6	North West	00:24:06
7	Isle of Wight	00:27:06
8	East of England	00:27:22
9	East Midlands	00:28:34
10	North East	00:29:49
11	South Western	00:30:04

C2		90th
England		00:45:41
1	West Midlands	00:24:10
2	South East Coast	00:35:49
3	London	00:37:09
4	Yorkshire	00:37:32
5	South Central	00:38:31
6	North West	00:51:32
7	East of England	00:56:32
8	Isle of Wight	00:58:02
9	East Midlands	00:58:37
10	North East	01:01:39
11	South Western	01:02:51

C2		Mean
England		00:22:22
1	West Midlands	00:12:29
2	South Central	00:17:13
3	Isle of Wight	00:18:22
4	South East Coast	00:20:24
5	London	00:20:39
6	Yorkshire	00:21:03
7	East of England	00:22:34
8	North West	00:24:52
9	North East	00:26:35
10	South Western	00:27:24
11	East Midlands	00:31:20

C2		90th
England		00:46:21
1	West Midlands	00:22:57
2	South Central	00:34:54
3	Isle of Wight	00:36:37
4	South East Coast	00:38:59
5	London	00:43:20
6	Yorkshire	00:44:17
7	East of England	00:46:13
8	North West	00:53:44
9	North East	00:54:50
10	South Western	00:58:08
11	East Midlands	01:06:31

**Table 2b : National ARP Ambulance Quality Indicators (AQI's) Cat 3 and Cat 4 Response times
September 19**

C3		Mean
England		01:09:03
1	Yorkshire	00:40:18
2	West Midlands	00:47:41
3	London	00:55:56
4	South Central	00:56:48
5	North West	01:19:45
6	Isle of Wight	01:20:11
7	South Western	01:22:15
8	East Midlands	01:24:06
9	South East Coast	01:26:21
10	East of England	01:30:54
11	North East	01:42:39

C3		90th
England		02:44:15
1	Yorkshire	01:33:37
2	West Midlands	01:49:15
3	South Central	02:13:42
4	London	02:16:02
5	North West	03:07:42
6	Isle of Wight	03:09:18
7	South Western	03:14:14
8	South East Coast	03:17:42
9	East Midlands	03:29:12
10	East of England	03:49:55
11	North East	04:13:16

December 2018

C3		Mean
England		01:06:07
1	West Midlands	00:36:15
2	South Central	00:54:22
3	Yorkshire	00:54:59
4	London	01:00:25
5	Isle of Wight	01:02:05
6	East of England	01:06:25
7	South Western	01:10:06
8	North West	01:11:02
9	East Midlands	01:31:53
10	North East	01:40:55
11	South East Coast	01:42:37

C3		90th
England		02:36:23
1	West Midlands	01:23:00
2	South Central	02:10:56
3	Yorkshire	02:15:22
4	Isle of Wight	02:22:50
5	London	02:27:51
6	East of England	02:38:35
7	South Western	02:43:07
8	North West	02:50:33
9	East Midlands	03:39:09
10	North East	03:53:19
11	South East Coast	03:57:30

C4		Mean
England		01:19:34
1	Yorkshire	00:39:36
2	West Midlands	01:10:38
3	South Central	01:17:48
4	London	01:19:07
5	East Midlands	01:24:16
6	East of England	01:25:09
7	North East	01:29:53
8	South Western	01:30:33
9	North West	01:35:51
10	Isle of Wight	01:49:03
11	South East Coast	01:53:03

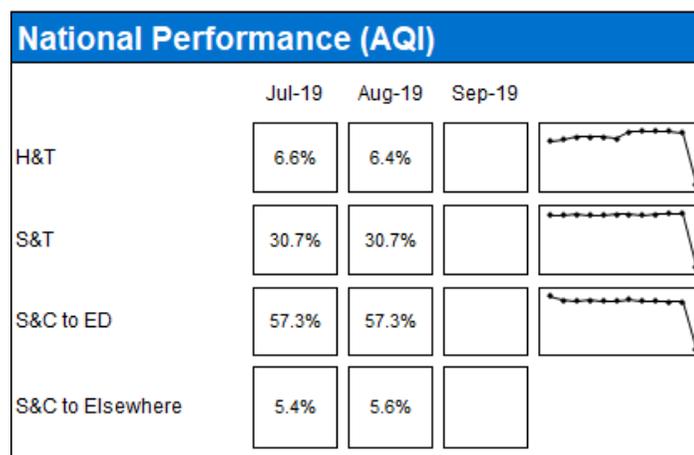
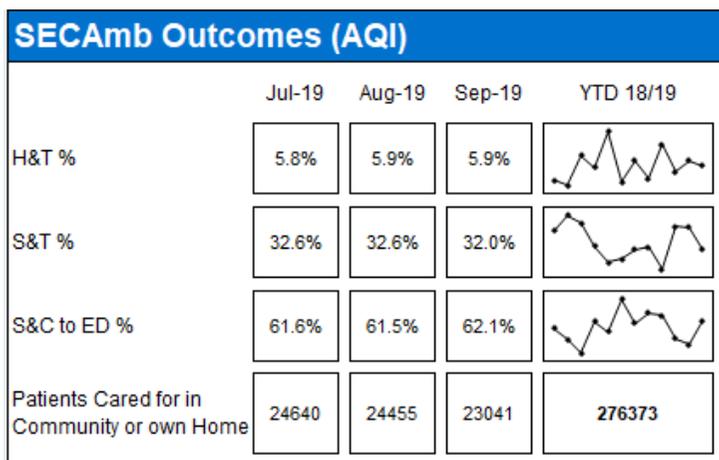
C4		90th
England		03:03:24
1	Yorkshire	01:28:16
2	South Central	02:46:18
3	East Midlands	02:55:35
4	West Midlands	02:55:44
5	London	03:01:50
6	North West	03:29:27
7	North East	03:31:55
8	South Western	03:34:50
9	East of England	03:38:18
10	South East Coast	04:34:31
11	Isle of Wight	04:39:26

C4		Mean
England		01:24:13
1	West Midlands	00:51:41
2	East Midlands	01:06:19
3	Yorkshire	01:08:40
4	East of England	01:15:38
5	London	01:15:44
6	South Central	01:15:47
7	North East	01:27:05
8	North West	01:38:00
9	South Western	01:40:51
10	Isle of Wight	01:45:39
11	South East Coast	02:08:29

C4		90th
England		03:09:39
1	West Midlands	02:01:16
2	Yorkshire	02:43:07
3	East Midlands	02:50:27
4	London	02:52:36
5	South Central	02:56:59
6	East of England	03:06:17
7	North West	03:24:46
8	South Western	03:40:21
9	North East	03:44:09
10	Isle of Wight	04:04:33
11	South East Coast	04:40:58

Table 2c : National ARP Ambulance Quality Indicators (AQI's) : September 2019 - Incident Outcomes

Incident Outcomes		H&T	Incident Outcomes		S&T	Incident Outcomes		S&C (elsewhere)	Incident Outcomes		S&C (to ED)
England		6.3%	England		30.3%	England		5.6%	England		57.8%
1	Isle of Wight	8.7%	1	South Western	35.9%	1	South East Coast	1.2%	1	South Central	53.3%
2	East Midlands	7.9%	2	West Midlands	34.9%	2	Isle of Wight	1.6%	2	South Western	53.5%
3	South Central	7.7%	3	South Central	33.1%	3	East of England	2.4%	3	West Midlands	54.5%
4	North West	7.1%	4	East of England	33.0%	4	East Midlands	4.5%	4	London	58.1%
5	London	6.7%	5	South East Coast	31.9%	5	South Western	4.7%	5	East of England	58.3%
6	East of England	6.3%	6	London	28.5%	6	North West	5.9%	6	North East	58.3%
7	Yorkshire	6.1%	7	North West	28.1%	7	South Central	6.0%	7	North West	58.8%
8	South Western	5.9%	8	Isle of Wight	27.2%	8	West Midlands	6.7%	8	Yorkshire	59.8%
9	South East Coast	5.8%	9	North East	25.9%	9	London	6.7%	9	South East Coast	61.1%
10	North East	5.4%	10	Yorkshire	25.0%	10	Yorkshire	9.2%	10	Isle of Wight	62.5%
11	West Midlands	3.9%	11	East Midlands	24.8%	11	North East	10.3%	11	East Midlands	62.8%



Currently SECamb is only able to record a small number of conveyances to non ED destinations.

This is being addressed through changes to recording final destination currently.

Total S&C % = ED + elsewhere to enable a cross Trust comparator.

Table 2d : National ARP Ambulance Quality Indicators (AQI's) : Emergency Operations Centre – Call Answer Times

Call Answer Times		Mean
England		10
1	East Midlands	3
2	Yorkshire	3
3	West Midlands	4
4	South East Coast	5
5	North East	6
6	Isle of Wight	8
7	East of England	9
8	South Central	10
9	North West	11
10	South Western	11
11	London	26

Call Answer Times		90th centile
England		32
1	Yorkshire	1
2	East Midlands	3
3	South East Coast	4
4	West Midlands	8
5	Isle of Wight	10
6	North East	12
7	South Central	23
8	East of England	28
9	South Western	35
10	North West	37
11	London	98

Call Answer Times		95th centile
England		60
1	East Midlands	4
2	Yorkshire	5
3	West Midlands	20
4	North East	22
5	South East Coast	32
6	Isle of Wight	39
7	East of England	55
8	South Western	57
9	South Central	61
10	North West	70
11	London	160

Call Answer Times		99th centile
England		120
1	East Midlands	44
2	West Midlands	45
3	Yorkshire	57
4	North East	58
5	South East Coast	89
6	South Western	101
7	East of England	106
8	Isle of Wight	119
9	South Central	126
10	North West	130
11	London	277

Table 2e : ARP Performance Dashboard : April – September 2019

Trust wide

Category	Target		Incidents	AQI		H&T %	S&T %	S&C %
	Mean	90th Centile		Mean	90th Centile			
C1	00:07:00	00:15:00	21826	00:07:23	00:13:50		36.89%	63.11%
C1T	00:19:00	00:30:00	13774	00:09:28	00:17:54		36.89%	63.11%
C2	00:18:00	00:40:00	193907	00:19:48	00:37:40	0.00%	27.81%	72.19%
C3		02:00:00	117171	01:34:20	03:38:42	0.02%	46.73%	53.25%
C4		03:00:00	2876	01:59:17	04:44:02	0.10%	42.83%	57.07%

West Sussex County : Gatwick, Tangmere and Worthing Dispatch desks

Category	Target		Incidents	AQI		H&T %	S&T %	S&C %
	Mean	90th Centile		Mean	90th Centile			
C1	00:07:00	00:15:00	3457	00:07:18	00:13:35		38.36%	61.64%
C1T	00:19:00	00:30:00	2131	00:09:52	00:18:10		38.36%	61.64%
C2	00:18:00	00:40:00	34007	00:19:41	00:37:42		29.79%	70.21%
C3		02:00:00	20940	01:38:09	03:55:27	0.01%	48.87%	51.11%
C4		03:00:00	411	02:12:59	05:20:43	0.24%	52.91%	46.84%

Similar response times versus Trust wide commissioned performance for higher acuity Cat 1 and Cat 2. Cat 3 & 4 focus continues with a resources review ongoing, and the larger mid Sussex rural locations, will impact overall performance

Enhanced incident outcomes in increased S&T versus Trust-wide performance for all categories as a result of system wide focus on Falls & Frailty pathways and ease of access via the provision of 24/7 well established Single Point of Access, OneCall operated by Sussex Community Foundation Trust.

The Tangmere and Worthing Operating Unit will be further developing an Urgent Care Hub during Winter 1920. This aims to further improve Cat 3 & 4 S&T and enable more referrals to established community pathways and develop direct pathways for patients in acute mental health crisis jointly with Sussex Partnership Foundation Trust.

Table 2f : ARP Performance Dashboard : April – September 2019

Worthing Dispatch Desk

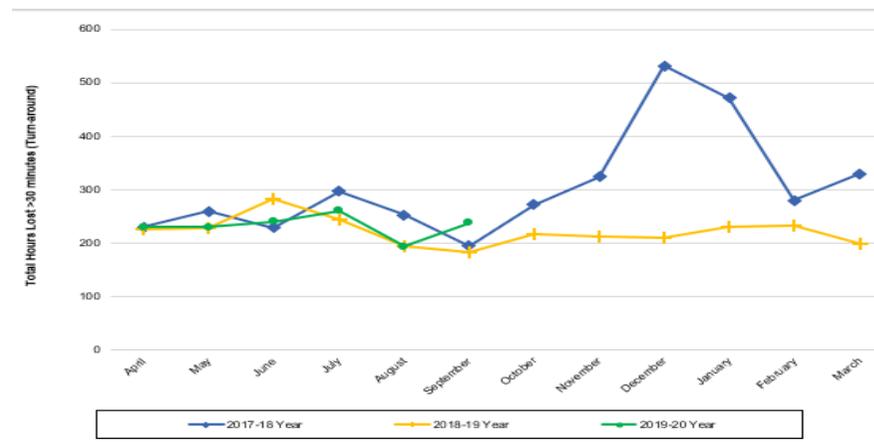
Category	Target		AQI		
	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	1257	00:06:21	00:11:26
C1T	00:19:00	00:30:00	783	00:08:14	00:15:22
C2	00:18:00	00:40:00	11896	00:18:03	00:34:39
C3		02:00:00	7469	01:48:55	04:09:35
C4		03:00:00	143	02:04:60	04:56:35

Tangmere Dispatch Desk

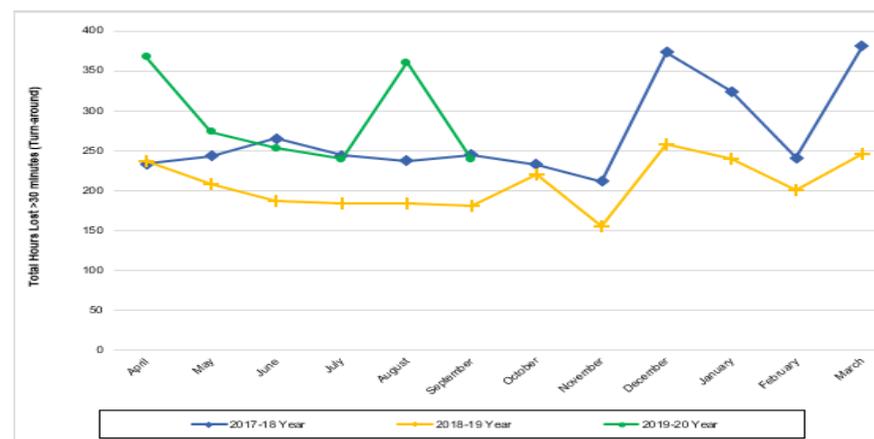
Category	Target		AQI		
	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	943	00:08:38	00:16:20
C1T	00:19:00	00:30:00	570	00:11:32	00:20:41
C2	00:18:00	00:40:00	10000	00:21:21	00:40:34
C3		02:00:00	6649	01:34:11	03:51:15
C4		03:00:00	130	02:27:37	06:06:52

Turnaround Hours Lost >30 minutes

Worthing District General Hospital :



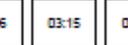
St.Richards District General Hospital



Increased lost hours >30 mins at St.Richards from April 2019 will impact resource availability to respond especially to C1 & C2's.

Table 2g:

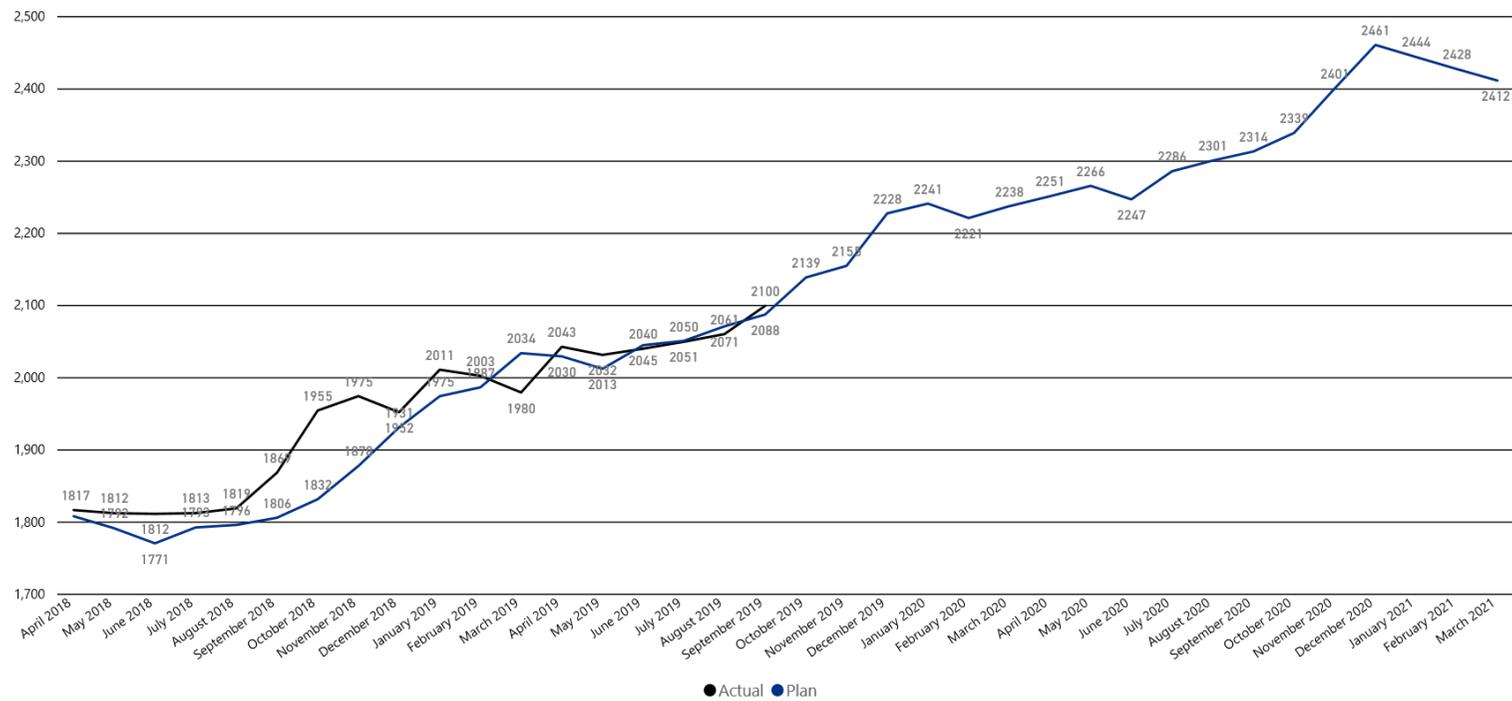
SECAmb Clinical Safety Indicators - Cardiac and Stroke Response Timeliness

Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography					Stroke - call to hospital arrival				
	May-18	Jun-18	Jul-18	12 Month's		May-18	Jun-18	Jul-18	12 Month's
Mean (hh:mm)	02:11	02:19	02:14		Mean (hh:mm)	01:12	01:10	01:14	
National Average	02:09	02:11	02:07		National Average	01:18	01:13	01:15	
90th Centile (hh:mm)	03:06	03:15	03:09		90th Centile (hh:mm)	01:03	01:01	01:04	
National Average	02:56	03:05	02:51		National Average	01:05	01:05	01:06	
					90th Centile (hh:mm)	01:47	01:45	01:52	
					National Average	01:47	01:49	01:52	

APPENDIX C: Workforce

Table 3 : September 2019 : Workforce Plan vs Workforce Actual : Trust wide

Plan	Para Plan	NQPara Plan	Tech Plan	ECSW Plan	PP Plan	CCP Plan
2,087.70	578.70	297.20	424.80	705.70	35.70	45.60
Actual	Para Actual	NQPara Actual	Tech Actual	ECSW Actual	PP Actual	CCP Actual
2,099.74	569.41	312.92	491.33	631.86	44.13	50.09
Difference	Para Difference	NQPara Difference	Tech Difference	ECSW Difference	PP Difference	CCP Difference
12.04	-9.29	15.72	66.53	-73.84	8.43	4.49



APPENDIX D: Handover Performance

Table 4a: Hours lost >30 minute turnaround across Surrey, Sussex and Kent

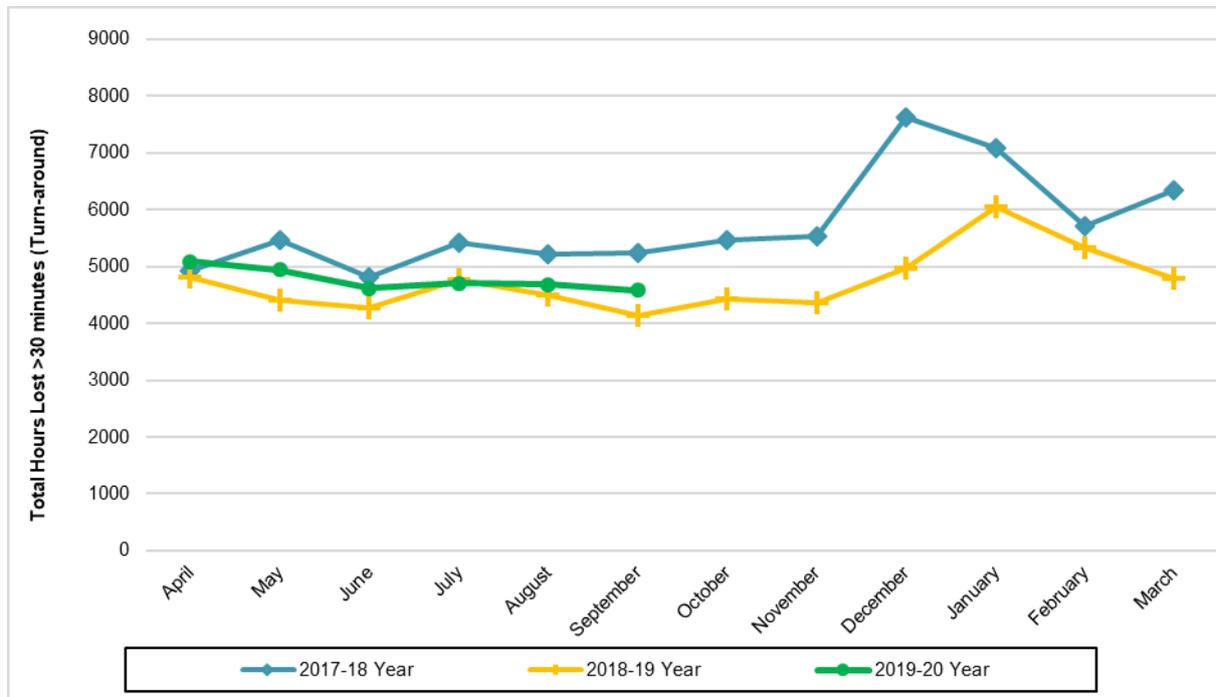
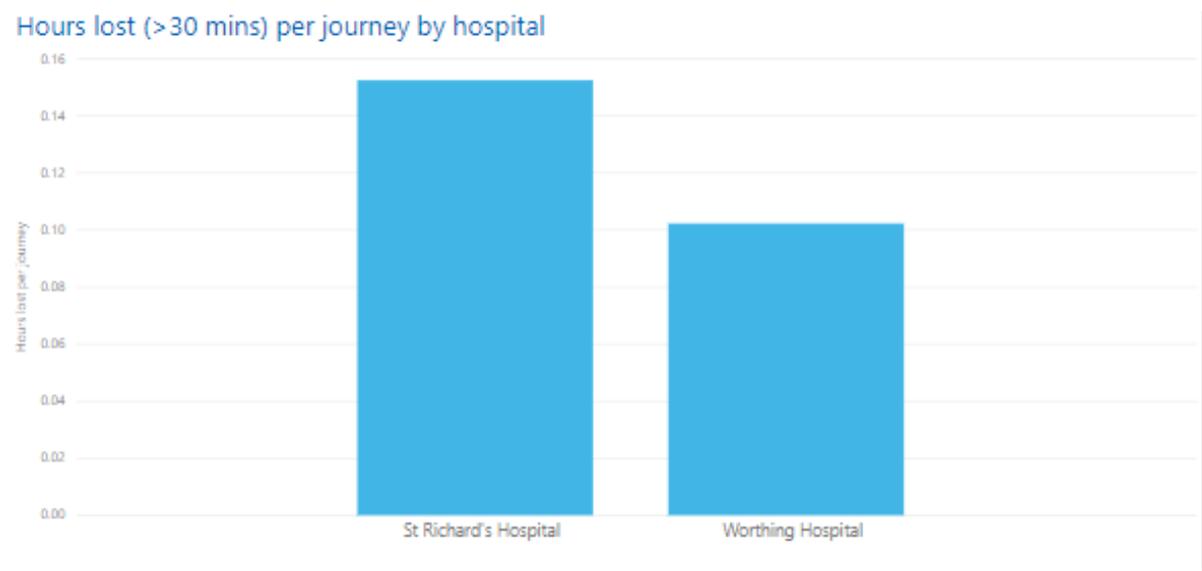


Table 4b: April – October 2019 : Hours lost >30 minute per journey by Acute

Hours lost (> 30 mins) per journey by hospital



APPENDIX E: Reporting clinical outcomes for people living in rural area

Reporting on clinical outcomes for people living in rural areas that are categorised as Cat 1, 2, 3 or 4 :
Quarter 1 Baseline.

There is a perception that patients in rural areas receive a substandard service compared to those in urban areas. The analysis of differences in performance between urban and rural areas showed that this does not hold as a rule, however, living in rural areas could be a contributing factor to increased mortality rates and poorer clinical outcomes.

REF: <https://www.england.nhs.uk/wp-content/uploads/2018/10/ambulance-response-programme-review.pdf>

SECAMB serves an expansive area that comprises large rural communities. The Trust report on national AQIs for example, Stroke, STEMI and out of hospital Cardiac Arrest. However, the impact living in a rural area has on these clinical outcomes and other conditions are not fully understood.

Reporting on these outcomes will support the harm review around long waits and aligns with development of the wider SECAMB Quality Account priorities for example, improving out of hospital cardiac arrest survival and the Clinical and Community Resilience Strategy.

In terms of patient outcome data provided back to SECAMB, only ROSC and survival from cardiac arrest is feasible to include in year due to the reporting delays for STEMI and Stroke.

This focus will be to monitor patient outcomes to determine the necessary actions required to ensure that people in rural areas get the clinical expertise required in a timely way. This will reflect a medium-term intention to measure and to improve the way the Trust gathers intelligence on their care for people in rural communities.

Q1 - Establish current data as a priority

SECAmb have sourced and added ONS reference data to the trust data warehouse. This enables linking incident postcodes to ONS rurality category. There are a small number of records (<0.1%) where the postcode has not matched, this is due to the addition of postcodes after the ONS table was built in 2015. Table 1 below shows the results of this additional data, presenting percentage of incidents and response times by rurality and category. The below table illustrates performance as indicated by ONS rurality categories for April to June 2019:

AQI indicators by Rurality	Percentage of % of incidents					Response times (hummus)					
	Cat 1	Cat 2	Cat 3	Cat 4	Total	Cat 1 mean	Cat 1 90th centile	Cat 2 mean	Cat 2 90th centile	Cat 3 90th centile	Cat 4 90th centile
<i>Target</i>						00:07:00	00:15:00	00:18:00	00:40:00	02:00:00	03:00:00
Urban (less sparse surroundings)	5.5%	46.9%	28.5%	0.8%	81.6%	00:12:37	00:19:38	00:38:02	03:57:23	04:53:22	04:52:20
Town and Fringe (less sparse surroundings)	0.4%	4.7%	2.8%	0.1%	8.1%	00:18:14	00:24:33	00:43:09	04:07:11	04:49:28	04:49:28
Town and Fringe (sparse surroundings)	0.0%	0.0%	0.0%	0.0%	0.0%	00:00:00	00:32:04	00:41:43	01:03:13	00:00:00	00:00:00
Village (less sparse surroundings)	0.0%	0.0%	0.0%	0.0%	0.0%	00:11:21	00:31:26	00:47:05	06:01:21	00:00:00	03:49:23
Village (sparse surroundings)	0.3%	3.7%	2.1%	0.1%	6.2%	00:17:54	00:24:37	00:44:35	04:03:34	03:49:23	00:00:00
Hamlet (less sparse surroundings)	0.2%	2.4%	1.3%	0.1%	4.0%	00:17:59	00:23:58	00:42:32	03:55:20	05:32:49	05:39:39
Unknown	0.0%	0.0%	0.0%	0.0%	0.1%	00:12:33	00:18:54	00:35:35	02:45:28	00:00:00	00:00:00
Trust	6.5%	57.8%	34.7%	0.9%	100.0%	00:07:22	00:13:50	00:20:31	00:39:11	03:58:14	04:50:36

Q2 – Report 50% or more of incidents to be reported in line with denominator

Table 1 below shows the results of this additional data, presenting percentage of incidents and response times by County, rurality and category for 19/20 Q2 (July 2019 to September 2019 inclusive).

	AQI indicators by Rurality	Percentage of % of incidents				County Total	Response times (hh:mm:ss)					
		Cat 1	Cat 2	Cat 3	Cat 4		Cat 1 mean	Cat 1 90th centile	Cat 2 mean	Cat 2 90th centile	Cat 3 90th centile	Cat 4 90th centile
	<i>Target</i>						<i>00:07:00</i>	<i>00:15:00</i>	<i>00:18:00</i>	<i>00:40:00</i>	<i>02:00:00</i>	<i>03:00:00</i>
Sussex	Urban (less sparse surroundings)	5.6%	46.5%	30.5%	0.7%	83.3%	00:06:23	00:11:40	00:18:38	00:36:40	03:45:28	04:24:58
	Town and Fringe (less sparse surroundings)	0.4%	4.2%	2.8%	0.1%	7.5%	00:10:31	00:19:11	00:25:06	00:43:49	03:49:12	04:49:05
	Village (less sparse surroundings)	0.3%	3.0%	1.8%	0.0%	5.2%	00:10:49	00:17:54	00:24:41	00:44:26	03:47:03	04:43:39
	Hamlet (less sparse surroundings)	0.2%	2.3%	1.4%	0.0%	4.0%	00:10:46	00:18:12	00:25:12	00:43:57	03:35:29	06:59:05
	Unknown	0.0%	0.0%	0.0%	0.0%	0.1%	00:05:50	00:10:02	00:20:49	00:35:35	03:15:53	00:00:00

Staff Survey 2018 - The Results

NHS
South East Coast
Ambulance Service
NHS Foundation Trust



You Said:

21% of staff had experienced bullying, harassment or abuse from colleagues or managers.

We Did:

The Duncan Lewis report set out a number of targets to improve the culture at SECAMB. We have now;

- Invested into a behaviour and values toolkit for all staff being released soon.
- Invested in the FTSU role and ensured FTSU advocates are available across the Trust to raise issues to.
- Embedded our values and expected behaviours into every aspect of the Trust from training to the recruitment process.
- Soon to release a 6-day first line manager training course with B&H as a core module.

Staff Survey 2019

The 2019 NHS Staff Survey is out now. Please check your emails for the link. The more people who complete the survey the more useful the information and the more change you can influence.



Taking
Pride



Striving for
Continuous
Improvement



Acting With
Integrity



Demonstrating
Compassion
and Respect



Assuming
Responsibility

#Greatplacetowork