South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public.

26 November 2020
10.00-12.30

Via Video Conference

Agenda

Item No.	Time	Item	Encl	Purpose	Lead
49/20	10.00	Welcome and Apologies for absence	-	-	Chair
50/20	10.02	Declarations of interest	-	-	Chair
51/20	10.02	Minutes of the previous meeting: 24 September 2020	**Y**	Decision	Chair
52/20	10.03	Matters arising (Action log)	**Y**	Decision	PL
53/20	10.05	Board Story	-		
54/20	10.15	Chairs Report Incl: ▪ Enforcement Undertakings ▪ BAF Risk Report	**Y** **Y** **Y**	Information Information Decision	Chair Chair PL
55/20	10.40	Chief Executive's report	**Y**	Information	PA
56/20	10.55	Integrated Performance Report Incl: ▪ 999 Improvement Plan ▪ Committee Reports	**Y** **Y** **Y**	Information	PA EW -
57/20	12.05	Winter Planning / EU Transition	**Y**	Assurance	JG
Closing					
59/20	12.25	Any other business	-	Discussion	Chair
60/20	-	Review of meeting effectiveness	-	Discussion	ALL

Close of meeting
After the meeting is closed questions will be invited from members of the public

Date of next Board meeting: 28 January 2021

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting, 24 September 2020

Via Video Conference
Minutes of the meeting, which was held in public.

Present:

David Astley	(DA)	Chairman
Philip Astle	(PA)	Chief Executive
Alan Rymer	(AR)	Independent Non-Executive Director
Ali Mohammed	(AM)	Executive Director of HR & OD
Bethan Haskins	(BH)	Executive Director of Nursing & Quality
David Hammond	(DH)	Executive Director of Finance & Corporate Services
Fionna Moore	(FM)	Executive Medical Director
Howard Goodbourn	(HG)	Independent Non-Executive Director
Joe Garcia	(JG)	Executive Director of Operations
Laurie McMahon	(LM)	Independent Non-Executive Director
Lucy Bloem	(LB)	Senior Independent Director / Deputy Chair
Michael Whitehouse	(MW)	Independent Non-Executive Director
Terry Parkin	(TP)	Independent Non-Executive Director

In attendance:

Janine Compton	(JC)	Head of Communications
Peter Lee	(PL)	Company Secretary

Chairman's introductions

DA welcomed members and those in attendance and confirmed that the meeting is being recorded via Teams.

37/20 Apologies for absence

No apologies

38/20 Declarations of conflicts of interest

The Trust maintains a register of directors' interests. No additional declarations were made in relation to agenda items.

39/20 Minutes of the meeting held in public 30.07.2020

The minutes were approved as a true and accurate record.

40/20 Action Log

The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.

41/20 Board Story [10.03 -10.15]

DH introduced the video, which was filmed before COVID, relating to the introduction of the electronic patient care record (EPCR), and the improvements this has brought about. After watching the film, the Board reflected on the impact this has had, including it being quicker than a paper record; more complete; and enables the transfer of automated data between the control room and hospitals. FM added that it helps to

capture more data than before and enables access to things like photos and ECGs. It is well received by hospitals who receive a PDF by email. On behalf of the Board DA thanked all involved in the implementation of EPCR.

42/20 Chair's Report / BAF Risk Report [10.15 – 10.23]
DA introduced his report and outlined the new approach to the agenda which is aimed at helping join things up more coherently, using the BAF risks which are annexed to the report.

DA reinforced that the reason we are here is to look after patients and ensure staff providing care are properly supported. Since the Board meeting in July the focus has been on timeliness of response and ensuring we are resilient, in addition to the mobilisation of our extended 111 clinical assessment service. He then outlined the plan for the meeting which is framed around the new format IPR.

The BAF risk report was received and there were no specific questions.

43/20 Chief Executive Report [10.23 – 10.38]
PA highlighted the following from his report:

- Pandemic – the rate of infection is still increasing hence the measures announced by the Prime Minister this week. In terms of the impact in the South East we have lower rates compared with the North, although rates in London are increasing. For our staff, there are a number symptomatic and self-isolating; double the numbers compared with August, which has an adverse impact on the provision of hours. 111 demand is increasing significantly, which is a separate escalation item in the IPR.
- 111 CAS – PA commended the team that has been supporting mobilisation including our delivery partner IC24.
- Talent and Diversity Gold Award – this is a good springboard and recognises our progress, but much still to do.

PA then turned to the areas of escalation touching on each ahead of the review of the IPR:

- 999 performance – the improvement plan includes a number of assumptions that have not materialised, e.g. COVID related abstraction and sickness. Despite this, hours have gone up very slightly and performance is marginally better, but not nearly as much as we had initially set out to achieve. However, compared with other ambulance trusts we are middle of the pack and so the plan has helped. It will continue to receive significant focus.
- 111 performance – this service has seen significant increase in demand; at least 50% higher than we predicted/staffed for. Similar issues are being seen across the country and relative to other providers we are in a good position
- Assaults on staff has increased over the past few months and the report outlines some of the reasons and what we are doing in response.

DA confirmed that we will come to these issues under the IPR and in the meantime opened up to any questions.

LB asked about closing the East EOC and asked for assurance that we will use the learning from the move to Nexus House in 2017. PA confirmed that we would be using the learning, including how to support staff. He has been to talk to staff there and understandably there is some anxiety, in particular with some increased travel time, and so some will inevitably not move. Other learning includes need for clear and robust travel plans and parking arrangements. DH added that the learning is also to ensure local managers are engaged from planning to delivery. This is why we are working through this now to ensure local managers are as informed as those managing the project.

DA acknowledged this great opportunity to provide a much better working environment and facilities.

44/20 IPR /Committee Reports (10.38 – 12.11)

HG talked to the report, covering finance, investment and operational performance. He referred initially to the focus of the meeting being the 999 improvement plan, explaining that some of the actions in the plan have been successful, but some less so. For example, we have been able to increase provision of private ambulances and overtime had improved. However, increased COVID related abstraction and higher sickness in particular has caused a problem resulting in us being well short of the planned trajectory. On sickness, HG confirmed that the NHS staff council had suspended the usual policy, which hampered our ability to manage sickness. The net impact of the plan is a slight improvement in performance, but abstraction is much higher. HG also explained that relative to other ambulance trusts we have improved, and we are no longer an outlier, but clearly not where we want to be. The latest figures in the IPR confirm we are still struggling across APR standards, especially in Cat 3 and Cat 4.

In terms of next steps, HG confirmed that the committee has challenged the executive to focus on the actions in the short term improvement plan and then look at a strategic review of resources and establishment, i.e. longer term structural issues. This includes rotas and some of the policies, such as end of shift and meal breaks. In combination, this will help future resilience.

HG reinforced the good work of management in progressing the development of the 111 CAS service; the committee is particularly impressed with way we managed the IT integration issues.

HG then updated on financial performance, and the committee is assured with the plan to achieve a breakeven position, despite the risks and the gap in the cost improvement plan.

DA opened to questions, reminding Board members that the 999 improvement plan is in the pack.

DH referred to the point on the cost improvement plan confirming that we will continue to work on this to ensure we are both efficient and effective in our use of resources. He then reminded the Board that the financial framework has changed from 1 October and we only received guidance in the past week and are now working with system partners to agree how this will impact our plan. The main change is that funding will be devolved into the ICS and managed through it.

LB asked for assurance that the executive is ensuring focus not just on the inconsistent 999 performance, but also in ensuring completion of tail audits and welfare call compliance. JG explained that we are working hard to ensure the right approach to welfare calls and tail audits and confirmed that tail audits are a concern especially when we are in surge. We have a higher number of EOC clinicians than we have ever had, and we are ensuring we task them effectively. The clinical team is also exploring how best to respond to patients that don't require an ambulance, e.g. tasking to the most appropriate incidents. In addition, we are working to ensure we prioritise appropriately; this is why we have a higher percentage of Cat 2. LB responded by confirming that between the last two meetings of the quality and patient safety committee, we have seen little improvement in welfare calls. So, it is really important we set robust targets to ensure improvement. JG agreed and the improvements in this area will be reported to the next committee meeting. FM then added for reassurance that the clinical governance group she chairs does scrutinise tail and surge audits and there is improvement.

MW acknowledged that there is some improvement in 999 performance when compared with our peers but looking at the benchmark data we are also quite behind some Trusts. He therefore asked what we are learning from other Trusts who perform better. He then asked whether we have looked at market for private ambulance provision in its entirety to ensure we understand the capacity and develop strategic relationships. JG responded on benchmarking that we constantly look at how others perform and what approaches they take. We are exploring how we can maximise the resources we have as for example we know we can't put a paramedic on every ambulance, but we do have a qualified member of staff on 98% of

ambulances, which is direct learning from our peers. On private capacity and strategic relations JG explained that we have good relations with some providers, increasingly so over the past 18 months. During that time we made an assessment and consolidated with two key providers who can deliver what we need, cost effectively.

MW reinforced the significant concerns with performance and the need in due course to review our operating model.

PA reassured the Board that performance is reviewed daily, and detailed scrutiny of the improvement plan is undertaken weekly at both ORMG and EMB, so he is assured it has primary focus. He also expressed confidence that we know the issues and what we need to do.

DA summarised that we the need to gain assurance (via QPS) that we are completing and taking the learning from welfare calls and tail audits. The Board acknowledges the effort of management to manage performance but recognises the need to ensure delivery of a quality service. We are learning from others and we encourage the executive to continue talking to our peers. Finally, the Board supports the need to further improve relationships with the private providers.

DA then asked LB to introduce the key issues arising from the QPS committee. LB highlighted the main escalations, which include:

- Welfare calls / tail audits - as previously discussed.
- 111 CAS clinical model – the committee reviewed the interim electronic prescribing service solution and accepted that it will impact patient experience in terms of more than one clinical contact, but it is necessary temporary solution. We are also seeing an increase in demand so the committee acknowledged there will continue to be issues.
- Frequent callers – this is a really robust quality service that manages extremely well. While it is a challenge for Trust and resources-intensive it definitely demonstrates 'patients first'.

LB outlined the review of the annual reports that the Board is asked to receive and confirmed the revisions the committee asked for which have been completed. LB then highlighted the key issues from each of the reports that are commended to the Board. The Board formally acknowledged receipt of the annual reports.

There was then a discussion about PPE, and the section of the IPR that confirms 88% of staff are fit tested. The executive were asked to confirm the confidence in the data to which JG provided good assurance, explaining the new process to capture this by individual staff name; 88% is 2908 staff and includes those that need to be fit tested and have been. There are then staff who have failed fit testing and staff not in the workplace requiring a mask. Everyone on the road now are fit tested and those who failed have hoods, so no test is required. Having said this, JG then went on to explain that we do have a number of staff reliant on a particular type of mask and stocks are diminishing, with new models being provided through NHS supply chain. We have completed over 14 thousand fit tests since March 2020.

DA summarised that the message from this is that we are doing all we can to comply with the relevant standards and ensure safe working environments for our staff, but we note the risk with supply of masks.

JG reminded the Board that the decision we took to withdraw staff at the end of May not fit tested was unique in ambulance services and had a significant impact in terms of hours / performance. DA acknowledged this and confirmed that the Board supported this approach.

[break 11.26 – 11.39]

After the break, LM introduced the report from the workforce and wellbeing committee, confirming that much of the focus from its recent meeting was on HR processes, workforce planning and delivery and clinical education. The committee is confident there is good grip on HR process improvement and management continues to be open about the difficulties, so there are no surprises. This is often seen as just a HR issue, but the committee acknowledges this relates to relations between managers and staff and it is good to see how we are engaging staff as changes are taken forward.

With regards workforce, this remains a significant issue. There is some good progress despite being 40 short of plan and some good ideas to approach these challenges, which the committee supported. The suggestion is that we aim to over-recruit to maintain hours and make us more resilient, taking account of the financial implications of this. The committee has a good sense that the resource area is now much more future facing. However, there remains some anxiety and we may need to reconsider the operating model, as MW referred to earlier.

The committee was not assured on clinical education. It recognises the great effort of the team to recover following the issues identified last year and an assurance paper is scheduled for next month. This raises a more general issue about how the whole education training and development function is organised and managed, to ensure the best balance of cost and benefit. The committee will review this going forward.

DA opened up for questions.

In the context of us being so dependent on workforce MW asked AM whether we need clarity the future projections within the workforce plan that looks at the medium-long term, to bring in all the interdependencies e.g. clinical education. AM confirmed there is a numbers-based plan, but this needs development. We also need to clarify the longer term workforce model. The in-year corrections are aimed at recruiting more staff; the longer we look into the future the more fundamental the question of skill mix and workforce model.

LB referenced the IPR and the data showing some training below plan and asked about first line manager leadership training more generally to-date . AM responded that in terms of the IPR and management training, we offer very little and a set of proposals was considered by the committee and EMB and agreed in principle. For stat/man training this is all online so no reason for staff not to do it. In terms of reporting, AM confirmed that we have moved this to a rolling year.

The Board acknowledged the concern about assaults on staff and the action being taken.

The Board then formally acknowledged receipt of the WRES Report, which focusses on appointments; progression; and the treatment of staff. In high level terms, AM confirmed there is some good progress, but many areas still require focus. Also, the new People Plan sets out new targets for WRES in terms of representation and this will inform our future workforce plans. We are accelerating work with staff networks.

Action
DA asked that the Board schedules some time to discuss the tangible progress being made against our WRES plan.

MW then introduced the report from the audit and risk committee. He reminded the Board that the role of the committee is to ensure appropriate governance is in place and it takes assurance in two ways:

1. Composition of the committee (Chairs of each board committee to ensure integration)
2. Internal Audit which is provided by independent external provider

The most recent meeting noted that the most key internal audit reports will come later in the year due to being rescheduled following COVID. In terms of COVID funding, there was good assurance on the governance and controls in place to use the additional money effectively and in accordance with principles of probity.

The meeting reviewed the governance for the 111 CAS service, which will be delivered in conjunction with a sub-contractor. There is good governance in place to ensure an effective relationship.

Another area of focus was planning for winter and the resurgence of COVID at time of the UK's departure from the EU. The committee was assured that all the appropriate processes are in place and plans are being developed for the winter period. Having said that, despite best planning we can be at the mercy of external events, which requires a whole system response.

45/20 Winter Planning / EU Transition [12.11 – 12.41]
JG confirmed there are two documents; the winter plan which is a live document and a presentation outlining the plan for EU transition. He then explained that we developed much of these plans last year and this main difference this time is COVID.

Ian Shaw, Associate Director, attended to talk to the presentation. He set out the approach to the Trust's planning for EU transition, highlighting the key issues and risks, and outlining the workstreams in place to manage these, much of which is being worked through in conjunction with our partners.

The Board explored how the governance arrangements will work to ensure all the different plans are brought together to make decisions. In broad terms this is through the existing command and control system, which is to be augmented to link with other agencies, e.g. police and highways agency. JG confirmed that we have learnt from COVID of the benefit of forming a multi-disciplinary team to ensure cross directorate response; this is now ORMG, which gives complete oversight. It meets three days per week at least and one day is devoted to resilience of which EU transition is a part.

There was then a discussion about how we link our comms through the regional and national comms, to ensure it is all joined up. The Board accepted that the messaging is controlled centrally, as last year, but links are in place.

PA reinforced the specific risks in Kent, in particular, in terms of road blockages. The Board reflected on this and the need to be aware of likely issues and how the Board oversees this, balancing not overburdening management through more meetings, and the need for Board scrutiny.

DA summarised that the Board is as assured as it can be for what is within our control.

46/20 111 CAS Mobilisation [12.41 – 12.44]
DH assured the Board that we have passed all assurance processes / milestones through the NHSE gateway. Some mobilisation risks remain, but benefits of this enhanced service far outweigh these risks. Ongoing issues include rota fill, given increased pressure on service as PA mentioned at start of meeting.

MW added that as a NED on the programme board he is really assured with mobilisation and the balance of risk.

47/20 AOB
None

48/20 Review of meeting effectiveness

PA felt the new format of the IPR felt a little too NED heavy and suggested some time to reflect and adjust for next time.

Framing the majority of the agenda around IPR appeared to work well, subject to the feedback above.

There being no further business, the Chair closed the meeting at 13.06

Signed as a true and accurate record by the Chair: _____

Date _____

South East Coast Ambulance Service NHS FT Trust Board Action Log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
26.09.2019	57 19	FIC to confirm that the fleet data has been transferred to the new fleet management system and confirm the same in its report to the Board.	DH	Q2 2020	FIC	C	See FIC escalation report 26.11.2020
30.01.2020	95 19	In Q2 2020/21 WWC to review the steps being taken to reduce incidents of violence and aggression against staff and update the Board accordingly.	AM	Q3 2020/21	WWC	IP	Added to COB and WWC will update the Board via the escalation report
30.07.2020	26 20	FIC to review the operational establishment to establish whether this is sufficient to meet the demand and anticipated peaks.	JG	Q3	FIC	C	See FIC escalation report 26.11.2020
30.07.2020	28 20	QPS to seek assurance that actions taken as a result of clinical audit findings are taken promptly	FM	Q3	QPS	IP	Added to QPS action log and an update is scheduled for January 2021
24.09.2020	44 20	DA asked that the Board schedules some time to discuss the tangible progress being made against our WRES plan.	PL	Q4	Board	IP	

Key

	Not yet due
	Due
	Overdue
	Closed

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	42-20

Name of meeting	Trust Board
Date	26.11.20020
Name of paper	Chair's Report
Report Author	David Astley, Chairman

My report this month outlines the main focus of the meeting and, in the context of our Board Assurance Framework (BAF) risks, which can be found annexed to this report, confirms how the agenda has been planned.

The enduring purpose of SECAmb is to *respond to the immediate needs of our patients and to improve the health of the communities we serve*. Our strategy and everything we do is aimed at helping to achieve this purpose. Since September's meeting, the primary focus of the Board and its committees have included:

- Ensuring continued action to improve the timeliness of our responses to patients; delivered principally through the 999 improvement plan. This is one of our biggest BAF risks and on behalf of the Board, the Finance and Investment Committee has scheduled extraordinary meetings to focus on delivery of the plan. The first such meeting was in October and the escalation report later on the agenda sets out the level of assurance received by the committee.

  In addition to these extra meetings, I instigated Board briefing calls (one hour) to ensure the full Board continues to be up to date with how the executive is ensuring we manage the winter period as best we can, given all the expected challenges. These meeting started earlier in the month and are scheduled until the end of January, to ensure the Board meets at least fortnightly.

- Another focus has been the safe mobilisation of the extended 111 clinical assessment service, from 1 October. There were some issues, all of which were anticipated, but I am really pleased this went so smoothly. As I mentioned last time, this service is essential to us providing leadership in the integration of urgent and emergency care, which is one of our strategic aims.

- There has also been much focus on Winter Planning, including EU transition, which has the potential to have a significant impact in the region we cover, especially in Kent. There is a specific agenda item on this.

One of the aims of this Board meeting therefore will be to hold management to account for the delivery of the 999 improvement plan and the approach and management of winter.

The IPR will be the main agenda item and I will be asking the relevant executive directors to first report by exception. The IPR itself contains good quality data and information, and we will use the report to frame the discussion on the key issues and risks.

The committee Chairs will then provide their escalation reports, and the executive will respond to the Board on any identified gaps in assurance.

As reflected in the report from the Finance and Investment Committee, there are some investment decisions for the Board to consider, and these are in Part 2 due to the commercial sensitivities.

The BAF risks are used to help shape the agenda of the Board and its committees. Our company secretary helps to collate the report and he will outline the current principal risks to achieving our strategic aims.

Before we move on to the main part of the agenda, I also wanted to take this opportunity to update on a few things that have happened since the last Board meeting:

- On 22 October we received confirmation from NHS England and NHS Improvement that they will be issuing us with a compliance certificate, closing all of the Trusts s.106 enforcement undertakings and removing the s.111 additional licence condition. These were from 2015 and 2016. At the time of writing we have yet to receive a copy of the compliance certificate, but we hope this will be received by 26 November. Although somewhat a legacy issue, this is further reinforcement of the improvements the Trust has made.

- The Chief Executive and I held virtual meetings with South Eastern MPs in October. We briefed them on the management of the COVID pandemic and our preparations for the UK exit from the European Union and the expected impact of traffic congestion on our staff and health services.

- Saffron Cordery, Deputy Chief Executive of NHS Providers made a virtual visit to meet with the Chief Executive and myself. We were updated on representations NHS Providers were making to Government. In turn we were able to brief Saffron on challenges faced by SECAmb.

- I attended a meeting of Chairs of UK Ambulance Trusts and a Council meeting of the Association of Ambulance Service. The pressures of increased demand for ambulance services particularly in areas hard hit by COVID 19 was prominent in our discussion. The Chair of Yorkshire Ambulance Trust thanked SECAmb Emergency Operations Centre (EOC) staff for supporting their EOC with call answering which had been affected by a COVID outbreak.

- I was pleased to visit our new 111/Clinical Assessment Service in Ashford and meet with staff. I also took the opportunity to visit the office of our sub-contractor IC24 which is nearby. I was impressed by the good working relations between staff of SECAmb and IC24. Mobilisation of the new service has gone well. On behalf of the Board I thank all the

staff who work within this service and commend those involved in developing and implementing these new arrangements.

Finally, as this is our last meeting in public of 2020 and with the festive season approaching, I wanted to take the opportunity to send season greetings to SECAmb colleagues and wish them every success in 2021. This last nine months have been very difficult for all. We are all suffering from being separated from family and friends. The economic and social impact of COVID has been profound. In spite of acclaim from the public, all our staff are feeling the effects of a protracted period whether they provide clinical care in challenging circumstances or working remotely in support of our front line services. Working at such intensity inevitably has had an impact on the physical and mental health of colleagues. I wanted to take this opportunity to thank staff for all they are doing for patients and ask for their continued commitment and professionalism over what promises to be a busy winter period. There is cautious optimism about the development of a vaccine, which should gradually bring some respite in 2021. However, Board members are only too aware of the impact of working through this challenging time. Our sincere thanks.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	54-20

Name of meeting	Trust Board
Date	26.11.20020
Name of paper	Board Assurance Framework Risk Report
Author	Peter Lee, Company Secretary
Synopsis	The BAF Risk Report includes the principal risks to meeting the Trust's strategic priorities and sets out the controls, assurances, and actions. It is used by the Board and its committees to inform the areas it needs to focus, when setting agendas.
Recommendations, decisions or actions sought	The Board is asked to review the BAF risks and confirm it is satisfied that it is sufficiently focussed on the most relevant risk areas.

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**

Board Assurance Framework (BAF) Risk Report

1. Introduction

The BAF risk report is regularly considered by the Executive to ensure the risks reflect the current position. Specific risks are also scrutinised by the relevant Board committee.

Should the Executive consider it necessary to add or remove a risk, it will make a recommendation to the Trust Board, directly or via the relevant Board committee, for decision. A number of amendments are proposed as set out in section 4.

2. Structure of the BAF Risk Report

This report helps to focus the Executive and Board of Directors on the principal risks to achieving the Trust's strategic priorities and to seek assurance that adequate controls are in place to manage the risks appropriately.

Appendix A describes the controls, actions, and assurances against each risk. These are the fields within Datix; the database used by the Trust to record all risks.

The **Risk Radar** provides an illustration of the risk score (with controls) against each strategic priority. This also confirms where there has been movement in score since the previous report.

The risks are quantified in accordance with the 5x5 matrix in Figure 1 below. The guide used to assess the likelihood and impact is found at Appendix C.

	Likelihood				
Impact	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost certain**
Catastrophic 5	5	10	15	20	25
Major 4	4	8	12	16	20
Moderate 3	3	6	9	12	15
Minor 2	2	4	6	8	10
Negligible 1	1	2	3	4	5

Low	Moderate	High	Extreme

Figure 1

3. Board Committee Review

Each BAF Risk is aligned to a committee of the Board, with the relevant risks being considered at each meeting. In addition, the Audit & Risk Committee takes an overview of all BAF risks. Based on its most recent meeting(s), the table below illustrates how the focus of each Board committee reflects the BAF risks.

Committee	Agenda Item	BAF Risk
Finance and Investment	Financial Performance / Planning Capital Plan	178
	Operational Performance 111 Mobilisation	123 966
Quality and Patient Safety	EOC clinical safety	579
Workforce and Wellbeing	Clinical Education	1300

4. Management Review & Recommendation

As set out in Appendix A, each risk has a nominated scrutinising forum, where the subject matter experts consider the risk, and update accordingly. Where the forum is not EMB, it will make recommendations to EMB about any changes to the risk. When applicable, EMB will recommend removal and / or an addition of a BAF risk(s). The following changes are proposed:

a) Risk 178 *Risk that the funding available to the Trust does not allow it to deliver appropriate patient care due to insufficient resources*. This risk will be removed from the BAF report and closed in the Risk Register, as it is not applicable this year given the way the Trust is commissioned.

   A new risk related to the financial planning for 2021 and beyond will be included in the next version of this report.

b) Risk 495 *Risk that IT does not enable delivery of services as a result of system development maturity and integration not achieved at right pace and inability to respond to a major cyber-crime. This may lead to inability or delay to provision of care*. This risk will be removed and managed via the Risk Register.

c) Inclusion of Risk 587 *There is a risk that the Trust's ability to provide effective services is significantly affected by the UK's exit from the European Union.*

5. Conclusion

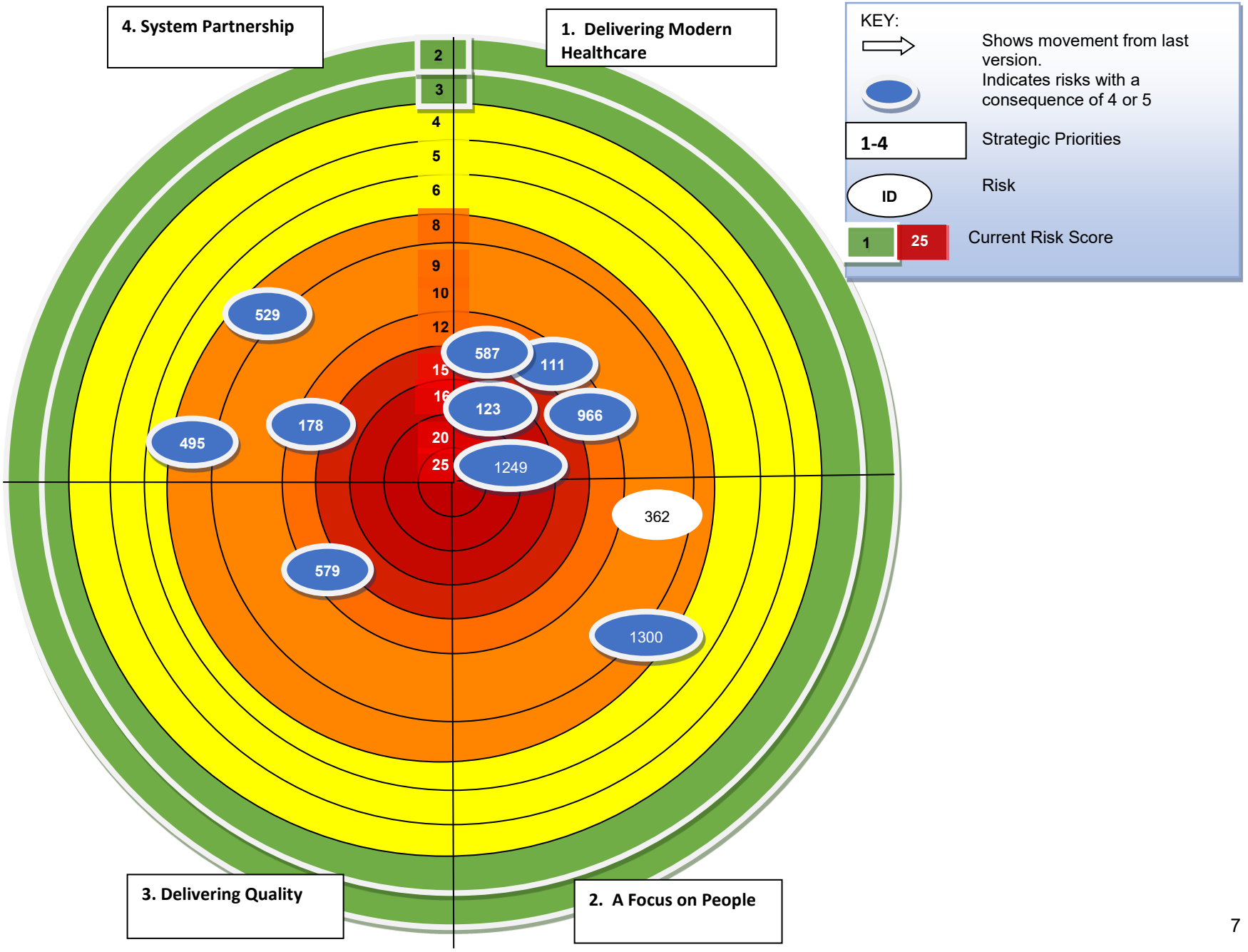
The Executive believes that with these proposed changes the BAF risk report is sufficiently focussed on the right high-risk areas that affect the Trust's ability to meet its strategic goals. The Executive will continue to refine the report, so that is clearly sets out the controls, actions and sources of assurance it relies on. The BAF risk report will continue to be used by the Board and its committees, to ensure a risk-based approach is taken to seeking assurance that the risks are being robustly managed.

Dashboard

Link to Priorities	Risk ID / Theme	BAF Dashboard	Initial Score	Current Score	Target Score	Target Date	Board Oversight
1	Risk ID 123 ARP	Risk that the Trust does not consistently achieve ARP standards as a result of insufficient resources, which may lead to patient harm. Currently, the principal risk relates to Cat 3 patients.	20	16	08	TBC	FIC
1	Risk ID 587 EU Transition	There is a risk that the Trust's ability to provide effective services is significantly affected by the UK's exit from the European Union	20	15	05	31.12.2020	AUC
1	Risk ID 1249 COVID 19	There is a risk that in the event of an outbreak of COVID-19 in the United Kingdom, the Trust will experience severe disruption to key elements of its service. There would be both immediate and longer-term negative impacts on Trust activity such as; • Reduction in the provision of workforce • Access to sufficient medical consumables equipment (particularly PPE) • Consequent inability to achieve national performance targets	20	15	10	April 2021	AUC

1	Risk ID 111 Workforce	Risk that we will not deliver the planned workforce as a result of; •inability to recruit to the current gaps •not retaining current staff •inability to recruit to the future needs Due to; •not having optimal HR support functions •not having optimal education and training This may lead to poor patient (and staff) outcomes and experience, and not meeting national performance targets.		25	15	10	TBC	WWC
3	Risk ID 579 Care & Treatment	Risk that patients waiting for a response are not appropriately prioritised, as a result of lack of clinical resource; suboptimal IT systems; and an inability to respond to demand, which may lead to patient harm.		20	12	04	April 2021	QPS
1	Risk ID 966 111 Service	Risk that the Trust does not achieve operational standards for 111 as a result of increased pressure on the service, which may lead to patient harm.		16	12	04	TBC	FIC
2	Risk ID 362 Safer Recruitment	Risk that the Trust is not able to always provide evidence of the relevant employment checks, as a result of inadequate internal controls / record keeping, which may lead to sanctions and reputational damage.		15	09	06	December 2020	WWC
2	Risk ID 1300 Clinical Ed	Risk that we will not train and develop sufficient staff to meet the needs of our patients as a result of a historically poorly functioning Clinical Education service		20	08	04	December 2020	WWC
4	Risk ID 529 System Leadership	Risk that the Trust is unable to substantively engage with Integrated Care Services and the service delivery architecture in place across region, as a result of capacity. This may lead to the inability to pursue the Trust's overall strategy and supporting objectives.		12	08	04	TBC	Board
~~4~~	~~Risk ID 178 Finance~~	~~Risk that the funding available to the Trust does not allow it to deliver appropriate patient care due to insufficient resources~~		~~16~~	~~12~~	~~04~~	~~March 2021~~	~~FIC~~

~~4~~	~~Risk ID 495 IT~~	~~Risk that IT does not enable delivery of services as a result of;~~ ~~•system development maturity and integration not achieved at right pace~~ ~~•inability to respond to a major cyber crime~~ ~~This may lead to inability or delay to provision of care~~		~~16~~	~~08~~	~~04~~	~~TBC~~	~~FIC~~


4. System Partnership
1. Delivering Modern Healthcare
3. Delivering Quality
2. A Focus on People
2
3
4
5
6
8
9
10
12
15
16
20
25
529
587
111
123
966
178
495
1249
362
579
1300
KEY:
Shows movement from last version.
Indicates risks with a consequence of 4 or 5
1-4
Strategic Priorities
ID
Risk
1
25
Current Risk Score

Appendix A

Priority 1	**BAF Risk ID 123** ARP – national standards	**Date risk opened: 13.04.2017**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of Operations
Risk that the Trust does not consistently achieve ARP standards as a result of insufficient resources, which may lead to patient harm. The principal risk relates to Cat 3 patients.	**Scrutinising Forum**	ORMG
	Initial Risk Score	**20** (Consequence 4 x Likelihood 5)
	Current Risk Score	**16** (Consequence 4 x Likelihood 4)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**08** (Consequence 4 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)

Over 100 new vehicles, include NET vehicles to ensure focus on Cat 3 / 4
EMA recruitment in the EOC (see BAF Risk 111)
Recruitment (see BAF risk 111)
External review through AACE of EOC Practice & Process completed / External review of EOC by NHS I Commissioned Project (National work)
Demand and Capacity Review agreed / additional funding provided
Support from NHS England Performance Team, NHSI and the Ambulance Advisor to the Department of Health
Incentivising shifts / overtime
Oversight of ORMG / EU Programme Board

Gaps in Control

Abstraction rates linked to COVID, e.g. sickness / self-isolation / vaccination
Hospital Handover delays – lost hours
Impact of EU Transition – specifically road congestion

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(- /+) Current Performance (-) Lost hours from handover delays (+) recovery efficiency metrics (+) Call answer performance (+) Hours	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
1. Handover Programme 2. 999 Improvement Plan 3. EU Transition Workstreams	1. On-going 2. Plan focussed on increasing hours 3. Developed and being delivered

Last management review	Executive Management Board	**Last committee review**	12.11.2020 Finance and Investment Committee

Priority 1	**BAF Risk ID 587** EU Transition	**Date risk opened: 27.09.2018**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of Operations
There is a risk that the Trust's ability to provide effective services is significantly affected by the UK's exit from the European Union	**Scrutinising Forum**	ORMG
	Initial Risk Score	**20** (Consequence 5 x Likelihood 4)
	Current Risk Score	**15** (Consequence 5 x Likelihood 3)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**05** (Consequence 5 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)
Engagement at LHRP, LRF, horizon scanning meetings Gov.UK documentation in place ORMG Group (internal) established to support Trust EU SRO appointed and in place EU programme board established.

Gaps in Control
Outcome of the EU transition plan and impact on congestion especially near ports.

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(- /+) Current Performance	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Continue with engagement at arranged meetings (internal and external) All Departments to update and circulate their Business Continuity Plans to be stored on CLIO/SharePoint Workstream development and delivery	

Last management review	Executive Management Board	**Last committee review**	

Priority 1	BAF Risk ID 1249 COVID-19	Date risk opened: 28.03.2020

Underlying Cause / Source of Risk:		
There is a risk that in the event of an outbreak of COVID-19 in the United Kingdom, the Trust will experience severe disruption to key elements of its service. There would be both immediate and longer-term negative impacts on Trust activity such as; • Reduction in the provision of workforce • Access to sufficient medical consumables equipment (particularly PPE) • Consequent inability to achieve national performance targets	**Accountable Director**	Director of Nursing & Quality
	Scrutinising Forum	ORMG
	Initial Risk Score	**20** (Consequence 5 x Likelihood 4)
	Current Risk Score	**15** (Consequence 5 x Likelihood 3)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**10** (Consequence 5 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)	
• Business Continuity Incident (20.03.2020) • Establishment of BCI COVID-19 Management Group to act as a single point of decision making (23.03.2020) • Creation of an over-arching COVID-19 Strategic Plan (V2 approved by EMB 31.03.2020) • Creation of an Incident Operating Model (approved by EMB 15.04.2020) • Weekly review of Risk Register at COVID-19 Management Group • Receipt and implementation of national guidance • Continued regular liaison with NACC, NARU, NDOG • Daily SECAmb sitreps shared with external agencies include specifics on staffing cover, supply chain issues and performance impact • Refresh of departmental Business Continuity Plans (March 2020) • Cessation of training programmes, including key skills 2019/20 (18.03.2020). • Deferral of 2020/21 key skills to July 2020. Suspension of Fundamentals first line manager / leadership training • Staff provided with option to cancel A/L booked during April, May or June 2020 (30.03.2020) • Decision to adopt a fast track recruitment process (DBS & references) as a temporary measure (approved by QPS 30.03.2020) • Hotel accommodation offered to staff impacted by household isolation guidelines (30.03.2020)	• Nationally approved extension of visas for NHS staff due to end 01.10.2020 (31.03.2020) • Launch of a centrally coordinated alternative duties hub to identify and match available staff to COVID related workstreams (08.04.2020) • Additional senior management support has been provided to the existing Logistics team • Establishment of county-based equipment hubs at Paddock Wood, Worthing and Banstead to oversee delivery of equipment (18.03.2020) • Restriction of entry into the EOCs and 111 to prevent the spread of infection • Creation and continued issue of Action Cards to guide managers and staff through COVID-related scenarios (17.03.2020) • Implementation of Workplace Pyrexia Checks Protocol (V1.2 issued 20.03.2020) • Expansion of West EOC into the first floor of Trust HQ to follow national social distancing guidelines (approved by EMB 25.03.2020) • Issue of Covid-19 SECAmb Guidance relating to PPE (V1 issued 20.02.2020. V6 issued 03.04.2020) • Provision of serology testing programme (3,260 staff, volunteers and contractors were tested up to 12.07.20) • Introduction (June 2020) of risk assessments, initially for identified at risk groups - BAME staff, and those who are shielding or clinically vulnerable

Gaps in Control

Sources of Assurance: Positive (+) or Negative (-)	Gaps in assurance
Performance for Q1 (+) QPS (+)	

Mitigating actions planned / underway	Progress against actions (including dates, notes on slippage or controls/ assurance failing.
The Test & Trace cell are continuing to manage staff absence due to covid-related reasons, but the full impact is not yet known. Access to PPE: There has been a significant improvement in the supply and provision of medical equipment. Isolated incidents occur but the short-term supply chain is now working effectively. Financial implications: Reminders are shared with staff to continue to log covid-related costs with the finance team. Technology: Systems are being changed and developed to record covid-related absence, to enhance the work of the Test & Trace cell and to record vaccinations. This has to be absorbed into the work of the IT teams. There is an added requirement to support the Trust with potential cyber-crime incidents and shielding clinically extremely vulnerable staff need IT equipment to take on roles at home Staffing Provision and Wellbeing • Agreement to onboard 16 clinical conversion paramedics without full transition course • Adoption of expedited recruitment pathways to support the return of staff who have left the Trust, and to onboard students and members of the public •A fast track recruitment process being adopted for up to 70 experienced clinicians, to join the Trust on a bank contract (31.03.2020) • Consideration is being given to redeploying staff with clinical qualifications to a frontline response • Alternative roles are being identified for volunteers • Exploring opportunities to use co-responders in different roles • Agile working pilot for 111 Health Advisors / experienced clinicians (06.04.2020) • Testing to be introduced for staff in self-isolation • Daily review of action cards by the COVID-19 Management Group Staff and Volunteer Safety • Regular liaison with NHS Supply Chain re PPE • Guidance shared relating to uniform and security for staff (uniform and identity cards) • Daily stock take of PPE Patient Care • Introduction of the 'Jumbulance', which can transport up to 5 fully ventilated patients • Prompt issue of relevant clinical and operational bulletins is continuing Staff and Volunteer Experience • Identification of alternate roles for volunteers is underway, e.g. temperature testing at Trust premises.	

Last management review	Executive Management Board	Last committee review	10.09.2020 Audit & Risk Committee

Priority 1	**BAF Risk ID 111** Workforce – planned workforce	**Date risk opened:** **14.04.2016**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of HR & OD
Risk that the Trust will not deliver the planned workforce as a result of; •inability to recruit to the current gaps •not retaining current staff This may lead to poor patient (and staff) outcomes and experience, and not meeting national performance targets.	**Scrutinising Forum**	HR Working Group
	Initial Risk Score	**25** (Consequence 5 x Likelihood 5)
	Current Risk Score	**15** (Consequence 5 x Likelihood 3)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**10** (Consequence 5 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)	
Resourcing improvement plan (IP) delivered Improved EMA recruitment in to the EOC– Manchester Triage (enabler to increase clinical capacity within EOC) PP Rotational Pilot complete	Different approach to student paramedics ensuring higher number of job offers Increase in bank staff Retention Strategy Reduced time to hire

Gaps in Control
Inability to recruit experienced paramedics in sufficient numbers

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) sickness rates above the 5.2% target. (+) Turnover improved (-) skill mix (+) leavers reduced (+) NQP and AAP pipeline numbers in line with plan (-) October 2020 Workforce Planning Internal Audit – Partial Assurance	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Maximise Bank to Substantive recruitment opportunities, and creative deployment arrangements Increase internal AAP training for existing ECSWs in 2021/22 Actions arising from the Internal Audit Report – October 2020	

Last management review	Executive Management Board	**Last committee review**	17.09.2020 Workforce & Wellbeing Committee

Priority 3	**BAF Risk ID 579** [link to BAF Risks 123, 111, 269] Care & Treatment – clinical management of calls waiting	**Date risk opened: 13.09.2018**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of Nursing & Quality
Risk that patients waiting for a response are not appropriately prioritised, as a result of lack of clinical resource; suboptimal IT systems; and an inability to respond to demand, which may lead to patient harm.	**Scrutinising Forum**	Executive Management Board
	Initial Risk Score	**20** (Consequence 4 x Likelihood 5)
	Current Risk Score	**12** (Consequence 4 x Likelihood 3)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**04** (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)
CAD upgrade provides better visibility of the types of calls requiring triage. Specific EOC improvement plan completed Implementation of Clinical Support Worker to support patient welfare calling Clinical recruitment – target of 76 exceeded Agency pathways clinicians introduced. Revised EOC/111 governance group
Gaps in Control
Pathways & Clinician Audits / Live feedback

Sources of Assurance: Positive (+) or Negative (-)		**Gaps in assurance**
(+) CQC – assured re improvements (+) clinical support (+) ARP performance, esp. Cat 3-4	(+) compliance with welfare calls / application of SMP as reported to QPS in November. (+) staff retention	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
1. See also linked mitigation within BAF risks 111, 123 2. Review of welfare call policy 3. EOC Audit Restructure	

Last management review	Executive Management Board	**Last committee review**	19.11.2020 Quality & Patient Safety Committee

Priority 1	**BAF Risk ID 966** 111 (current) –operational standards	**Date risk opened: 25.05.2018**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of Operations
Risk that the Trust does not consistently achieve operational standards for 111 as a result of increased pressure on the service, which may lead to adverse patient experience and / or harm.	**Scrutinising Forum**	Teams A/B (111)
	Initial Risk Score	**16** (Consequence 4 x Likelihood 4)
	Current Risk Score	**12** (Consequence 4 x Likelihood 3)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**04** (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)	
Enhanced recruitment of Health Advisors Regular review of performance data to monitor service improvement Review of training / mentoring process to ensure optimum performance of new staff Reduce overall call handling time by increasing coaching Learn best practice from other cleric users Effectively manage unplanned absence	Improve adherence through use of Real Time Analyst tools Strengthen the role of Senior Health Advisor through migration to HATL role Increase numbers of HATLs from 10 to 12 Explore closer working with EOC colleagues to implement satellite working Blend 999 and 111 calls to a larger workforce gaining benefits of economies of scale Over Recruitment taking place Service Development Improvement Plan Complete

Gaps in Control
EPS interim solution

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) (+) clinical performance not meeting national standards but compares well to national average (-) number of referrals to 999 (+) Impact of the additional Service Advisors and the use of Patient Safety callers (+) Maintenance of full NHS Pathways compliance with regards to audit	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
Implementation of extended 111 CAS service Review of the EPS interim solution by the end of November 2020	

Last management review	Executive Management Board	**Last committee review**	12.11.2020 Finance and Investment Committee

Priority 2	**BAF Risk ID 362** Safe Recruitment – evidencing employment checks	**Date risk opened: 26.03.2018**

Underlying Cause / Source of Risk:	**Accountable Director**	Director of HR & OD
Risk that the Trust is not able to always provide evidence of the relevant employment checks, as a result of inadequate internal controls / record keeping, which may lead to sanctions and reputational damage.	**Scrutinising Forum**	HR Working Group
	Inherent Risk Score	**15** (Consequence 3 x Likelihood 5)
	Current Risk Score	**09** (Consequence 3 x Likelihood 3)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**06** (Consequence 3 x Likelihood 2)

Controls in place (what are we doing currently to manage the risk)
Project established to review the various issues relating to personnel files DBS checks (renewals/no initial) are being regularly monitored. DBS policy has been reviewed Trac ensures candidate files are not approved unless they fulfil the NHS pre-employment check standards. ORMG oversight of the P Files Project New electronic system for uploading documents that staff can use from home
Gaps in Control
Completion of the P Files project

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(-) Internal Audit Reports – pre-employment checks (2017/18); DBS Checks (2018/19); Staff Records (2018/19) (-) Number of files incomplete (+) complete files for recent starters. (+) All staff have an initial DBS check in place	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
1. Revised P Files Project	1. Commenced 6 July and due to be completed by December 2020

Last management review	Executive Management Board	**Last committee review**	17.09.2020 Workforce & Wellbeing Committee

Priority 2	**BAF Risk ID** 1300 Clinical Education	**Date risk opened: 11/02/2020**

Underlying Cause / Source of Risk:	**Accountable Director**	Executive Medical Director
Risk that we will not meet the educational; requirements of staff to meet the needs of our patients as a result of a historically poorly functioning Clinical Education service due to:- • Insufficient leadership • Lack of clearly defined clinical education strategy • Insufficient numbers of qualified education staff • Inadequate facilities	**Scrutinising Forum**	Transforming Clinical Education Programme Board
	Initial Risk Score	**20** (Consequence 4 x Likelihood 5)
	Current Risk Score	**08** (Consequence 4 x Likelihood 2)
	Risk Treatment (tolerate, treat, transfer, terminate)	**Treat**
	Target Risk Score	**04** (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)
Established leadership arrangements Clinical Education Courses – 2020/21 training plan developed, aligned to current workforce planning requirements. FutureQuals interim re-audit undertaken with a successful level 1 outcome achieved and significant gaps in actions completed to date Departmental vacancies almost completely recruited
Gaps in Control
Clinical Education strategy Centre Relocation Vacancies

Sources of Assurance: Positive (+) or Negative (-)	**Gaps in assurance**
(+) FutureQuals interim re-audit (+) Ofsted initial audit findings (October) (-) Current issues relating to the inadequate completion of students' portfolios (+ / -) WWC 12.10.2020	

Mitigating actions planned / underway	**Progress against actions (including dates, notes on slippage or controls/ assurance failing.**
1. Clinical Education Strategy under development / Board discussion in November re ETD strategy. 2. Centre relocation	1. consultation with the clinical education team underway / Part 2 discussion 26 Nov. 2. Weekly project group meetings continue; commissioning of new site underway; mapping estates/facilities/IT requirements; staff consultation commenced in August 2020

Last management review	Executive Management Board	**Last committee review**	12.10.2020 Workforce & Wellbeing Committee

Priority 4	BAF Risk ID 529 System Leadership – influencing the healthcare system	Date risk opened: 25.05.2018

Underlying Cause / Source of Risk:		
Risk that the Trust is unable to substantively engage with Integrated Care Services and the service delivery architecture in place across region, as a result of capacity. This may lead to the inability to pursue the Trust's overall strategy and supporting objectives.	**Accountable Director**	Director of Nursing & Quality
	Scrutinising Forum	Executive Management Board
	Initial Risk Score	**12** (Consequence 4 x Likelihood 3)
	Current Risk Score	**08** (Consequence 4 x Likelihood 2)
	Risk Treatment **(tolerate, treat, transfer, terminate)**	**Treat**
	Target Risk Score	**04** (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)
Members of the relevant Boards Identified Trust personnel attend core work-stream and pathway development meetings within local systems. Reciprocate sharing and agreement of overall strategic planning with ICSs in terms of clinical case for change and to support work of Trust services. Re-focussed System Assurance Meeting where the Trust and its partners consider development risks and issues in the context of urgent and emergency care.

Gaps in Control
Programmes of work within the systems across the region will be reflected in the Trust's review of its strategy. Cannot always attend core work-stream and pathway development meetings within local systems.

Sources of Assurance: Positive (+) or Negative (-)	Gaps in assurance

Mitigating actions planned / underway	Progress against actions (including dates, notes on slippage or controls/ assurance failing.
Strategic Delivery Plan – system leadership and engagement	Scoping how best to engage with ICSs and ICPs

Last management review	Executive Management Board	Last committee review	October Board Development Session

Priority 4	BAF Risk ID 178 Funding	Date risk opened: 01.04.2020

Underlying Cause / Source of Risk:	Accountable Director	Director of Finance & Corporate Services
Risk that the funding available to the Trust does not allow it to deliver appropriate patient care due to insufficient resources	Scrutinising Forum	Heads of Finance
	Initial Risk Score	16 (Consequence 4 x Likelihood 4)
	Current Risk Score	12 (Consequence 4 x Likelihood 3)
	Risk Treatment (tolerate, treat, transfer, terminate)	Treat
	Target Risk Score	04 (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)
Cost improvement programme (CIP) Robust financial governance processes to support sound financial management. Approved budgets and a system of budgetary control. Promotion and increased awareness of financial governance issues across the organisation. Long term financial plan in place Active part in SE region system Mid-Year planning review
Gaps in Control
Macro-economic issues facing the NHS Uncertainty of financial architecture of the system Robust & recurrent CIP plans Identity of additional income opportunities.

Sources of Assurance: Positive (+) or Negative (-)	Gaps in assurance
(+) Use of Resource Metric for I&E Margin 2 or better on a consistent basis (+)The Trust met its Control Total 2019/20 (-) level of cost pressures / (-) CIP shortfall	

Mitigating actions planned / underway	Progress against actions (including dates, notes on slippage or controls/ assurance failing.
Productivity Group review of efficiency Learning & Improvement Group	

Last management review	Executive Management Board	Last committee review	10.09.2020 Finance and Investment Committee

Priority 4	BAF Risk ID 495 IT – enabling service delivery	Date risk opened: 25.05.2018

Underlying Cause / Source of Risk:	Accountable Director	Director of Finance & Corporate Services
Risk that IT does not enable delivery of services as a result of; •system development maturity and integration not achieved at right pace pace of change (due to COVID) is significant putting pressure on Trust being able to keep up with demand from the system •inability to respond to a major cyber crime This may lead to inability or delay to provision of care	Scrutinising Forum	IT Group
	Initial Risk Score	16 (Consequence 4 x Likelihood 4)
	Current Risk Score	08 (Consequence 4 x Likelihood 2)
	Risk Treatment (tolerate, treat, transfer, terminate)	Treat
	Target Risk Score	04 (Consequence 4 x Likelihood 1)

Controls in place (what are we doing currently to manage the risk)	
CareCERT monitoring in place and reported monthly Patching carried out as appropriate 2 separate versions of Antivirus software in place (server and desktop) Alerts on helpdesk through system monitoring Data is backed up to tape and kept in data safes Servers and key infrastructure items are covered by maintenance/warranty Servers are protected by UPS battery systems Adoption of Cloud First approach for new systems and potential migration of existing systems against IM&T Cloud Services Adoption template. Resilience improvements designed into the arrangements for new HQ. Infrastructure being moved into purpose built data centre in Crawley with high resilience on power and cooling	New WAN links installed to Coxheath and Crawley with diverse routing through different BT exchanges. Banstead decommissioned and relocated to Crawley and Crawley made primary site. Testing on failover between sites complete Network config upgraded and complexity reduced in Coxheath Review of power requirements ongoing Coxheath and Crawley Projects overseen by Digital Programme Board and Sustainability Board Application made for adoption of Cyber Essentials Plus standards in partnership with NHS England/Digital New telephone system live

Gaps in Control

Sources of Assurance: Positive (+) or Negative (-)	Gaps in assurance
(+) Digital Programme Board (-) BCI Coxheath	

Mitigating actions planned / underway	Progress against actions (including dates, notes on slippage or controls/ assurance failing.
1. Trust wide Cyber programme 2. Compliance with Cyber Essential Plus through NHS Digital programme of work 3. Continued work on removing redundant systems - Banstead closure 4. Removal of vulnerable systems - website, info.secamb, ibis 5. Share Point review	1. Paused due to COVID 2. Paused due to COVID

~~**Last management review**~~	~~Executive Management Board~~	~~**Last committee review**~~	~~10.09.2020 Finance and Investment Committee~~

Appendix B
Strategic Priorities

1	2	3	4
Delivering Modern Healthcare for our patients	**A Focus on People**	**Delivering Quality**	**System Partnership**
A continued focus on our core services of 999 & 111 Clinical Assessment Service	Everyone is listened to, respected and well supported	We Listen, Learn and improve	We contribute to sustainable and collective solutions and provide leadership in developing integrated solutions in Urgent and Emergency Care

Appendix C

Table of Consequences					
	Consequence Score and Descriptor				
	1	2	3	4	5
Domain:	Negligible	Minor	Moderate	Major	Catastrophic
Injury or harm Physical or Psychological	Minimal injury requiring no / minimal intervention or treatment No Time off work required	Minor injury or illness requiring intervention Requiring time off work < 4 days Increase in length of care by 1-3	Moderate injury requiring intervention Requiring time off work of 4-14 days Increase in length of care by 4-14 days RIDDOR / agency reportable incident	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days	Incident leading to fatality Multiple permanent injuries or irreversible health effects
Quality of Patient Experience / Outcome	Unsatisfactory patient experience not directly related to the delivery of clinical care	Readily resolvable unsatisfactory patient experience directly related to clinical care.	Mismanagement of patient care with short term affects <7 days	Mismanagement of care with long term affects >7 days	Totally unsatisfactory patient outcome or experience including never events.
Statutory	Coroners verdict of natural causes, accidental death or open No or minimal impact of statutory guidance	Coroners verdict of misadventure Breech of statutory legislation	Police investigation Prosecution resulting in fine >£50K Issue of statutory notice	Coroners verdict of neglect/system neglect Prosecution resulting in a fine >£500K	Coroners verdict of unlawful killing Criminal prosecution or imprisonment of a Director/Executive (Inc. Corporate Manslaughter)
Business / Finance &	Minor loss of non-critical	Service loss in a number of	Service loss of any critical area	Extended loss of essential	Loss of multiple essential services

Service Continuity	service Financial loss of <£10K	non-critical areas <6 hours Financial loss £10-50K	Service loss of non- critical areas >6 hours Financial loss £50-500K	service in more than one critical area Financial loss of £500k to £1m	in critical areas Financial loss of >£1m
Potential for patient complaint or Litigation / Claim	Unlikely to cause complaint, litigation or claim	Complaint possible Litigation unlikely Claim(s) <£10k	Complaint expected Litigation possible but not certain Claim(s) £10-100k	Multiple complaints / Ombudsmen inquiry Litigation expected Claim(s) £100-£1m	High profile complaint(s) with national interest Multiple claims or high value single claim .£1m
Staffing and Competence	Short-term low staffing level that temporarily reduces patient care/service quality <1day Concerns about skill mix / competency	On-going low staffing level that reduces patient care/service quality Minor error(s) due to levels of competency (individual or team)	On-going problems with levels of staffing that result in late delivery of key objective/service Moderate error(s) due to levels of competency (individual or team)	Uncertain delivery of key objectives / service due to lack of staff Major error(s) due to levels of competency (individual or team)	Non-delivery of key objectives / service due to lack/loss of staff Critical error(s) due to levels of competency (individual or team)
Reputation or Adverse publicity	Rumours/loss of moral within the Trust Local media 1 day e.g. inside pages or limited report	Local media <7 days' coverage e.g. front page, headline Regulator concern	National Media <3 days' coverage Regulator action	National media >3 days' coverage Local MP concern Questions in the House	Full public enquiry Public investigation by regulator
Compliance Inspection / Audit	Non-significant / temporary lapses in compliance / targets	Minor non-compliance with standards / targets Minor recommendations from report	Significant non-compliance with standards/targets Challenging report	Low rating Enforcement action Critical report	Loss of accreditation / registration Prosecution Severely critical report

Description	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost Certain**
Frequency (How often might it / does it occur)	This will probably never happen/recur Not expected to occur for years	Do not expect it to happen/recur but it is possible it may do so Expected to occur at least annually	Might happen or recur occasionally Expected to occur at least monthly	Will probably happen/recur, but it is not a persisting issue/circumstances Expected to occur at least weekly	Will undoubtedly happen/recur, possibly frequently Expected to occur at least daily
Probability	Less than 10%	11 – 30%	31 – 70 %	71 - 90%	> 90%

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	55-20

Name of meeting	Trust Board
Date	26 November 2020
Name of paper	Chief Executive's Report

1 This report provides a summary of the Trust's key activities and the local, regional and national issues of note in relation to the Trust during October and November 2020. Section 4 identifies management issues I would like to specifically highlight to the Board.

A. Local Issues

2 **Executive Management Board**
The Trust's Executive Management Board (EMB), which meets weekly, is a key part of the Trust's decision-making and governance processes.

3 As part of its weekly meeting, the EMB regularly considers quality, operational (999 and 111) and financial performance. It also regularly reviews the Trust's top strategic risks.

4 As the pandemic continues, EMB is continuing to focus and monitor the impact of COVID-19 on the Trust. In addition to the main weekly meeting, we hold short daily Executive 'huddles' to ensure that there is a frequent opportunity for issues to be raised and discussed and action taken. Specific COVID-related issues discussed recently have included: on-going risk assessments for staff, the impact on the Trust of the national move to a 'tier' system and preparation for staff testing and vaccination.

5 Other issues covered by EMB during this period include:

- Focus on 999 improvement plan; COVID response; Winter/EU transition planning; Flu vaccinations.
- Approach to agile working
- Development of an interim model for adult critical care transfers across the region
- Agreement to a new neurodiversity charter (see below)
- Financial planning for rest of year

6 EMB have also continued to monitor improvements in clinical education and how we mitigate and respond to assaults on staff.

7 The following investment decisions have also been agreed by the EMB during this period:

- New ‘all seasons’ coats for frontline staff
- New post to support Chief Pharmacist
- Driving instructors – revised JD and pay band to improve quality and recruitment.
- Critical systems support (people)

Engagement with stakeholders and staff

8 During recent weeks, I have continued my on-going programme of meeting with local stakeholders and spending time at our Trust locations, although this has been more limited than usual. Specific locations visited have included our sites at Hastings, Chertsey, Coxheath, Tongham and Tangmere as well as frequent drop in opportunities to the 111 operation and the EOC at Nexus House.

9 On 12th November, I visited the ambulance station on the Isle of Sheppey, which has recently been subject to an extensive re-development programme. I was very impressed with the developments made and delighted to hear first-hand how well the improvements have been received by local staff.

10 On 11th November, the Chair, David Astley and I also hosted a virtual visit from NHS Providers, the membership organisation for NHS trusts in England, regarding the impact that the COVID pandemic has had and continues to have on SECAmb and the challenges we anticipate facing moving forwards.

11 This was an extremely constructive meeting and we were pleased to have the opportunity to discuss the challenges we have faced during the past nine months, as well as how best NHS Providers can support us moving forwards.

12 **Progression of key estates developments**

During recent weeks, we have continued to see good progress being made on our key estate developments.

13 Medway: Planning permission for the Bredgar Road development in Gillingham was granted in August, to house a combined Medway MRC & East EOC/111 Contact Centre. Works are due to commence in the Spring of 2021, subject to approval of the business case by the Trust Board and the Department of Health and Social Care.

14 Banstead: Following approval of both the planning permission and the business case in September, the existing Banstead site will be fully vacated by 20th November 2020 in preparation for works to commence. As a result of this, our Clinical Education team have moved to the Crawley College site at Haywards Heath, and colleagues from Fleet, Medical Equipment and Stores & Logistics have moved to alternatives sites in Crawley and Paddock Wood.

15 Brighton: Significant progress has been made in recent weeks and preparation is being made for staff from Brighton, Lewes and Hove Ambulance stations to start reporting from the new Make Ready site from 30th November 2020, and for the site to be fully operational by 6th December. This represents the Trust’s ninth Make Ready Centre.

16	**OFSTED Monitoring Visit** On 28th and 29th October, we received an OFSTED monitoring visit looking at our provision as an apprenticeship provider.
17	We have now received the formal report following their visit, reporting that as a Trust we had made 'reasonable progress' since their last visit in the three areas inspected - leadership and management, quality of training/education and Safeguarding.
18	We know that we still have a long way to go to continue the improvements that need to be made in our approach to education and training but this is a big step in the right direction. Well done to the Clinical Education team for their hard work both ahead of and during the visit.
19	**Poppy Ambulances** I was very proud to see front-line vehicles across the SECAmb fleet, once again, carry poppy stickers this year to publicly show our support for the national Poppy Appeal. This included twelve ambulances which were 'wrapped' with a large remembrance design.
20	Well done to Rob Martin and the Fleet Team for arranging this great tribute, especially at a time when there are many conflicting demands on their time. The response to the 'poppy ambulances' from staff and members of the public has been extremely positive.
21	**Neurodiversity Charter** On 27th October, SECAmb became the first NHS Ambulance Trust in the country to sign a charter to support greater awareness and support for Neurodiversity in the workplace.
22	The GMB national congress recently passed a motion for an awareness campaign titled 'Thinking Differently at work' focussing on Neurodiversity – a wide range of neurological differences, such as autism, ADHD, dyslexia, dyspraxia, dyscalculia and specific language impairment - in the workplace.
23	The focus of the motion is around hidden disabilities, providing practical support, and developing advice and learning materials on Neurodiversity in the workplace and the SECAmb GMB branch was chosen to lead this campaign as a national first.
24	As part of our commitment to the charter, we will be pulling together a multi-disciplinary team, including our other SECAmb trade unions, to produce a strategy to ensure we are best placed to support our Neurodivergent colleagues.
	B. Regional Issues
25	**Flu vaccination programme for staff** Our flu vaccination programme began at the start of October, with an ambitious target of having all of our staff vaccinated this year. Due to the way our vaccines were delivered this year, we focused our campaign firstly on patient-facing staff, followed by EOC, 111 and CFRs in late October. We then began offering support staff the flu vaccine from early November.

26	We began our programme with a good uptake amongst our patient-facing staff and in the first two weeks of the programme, 1,508 patient-facing staff had the vaccine compared to 789 of all our staff during the same period in last year's programme. As of 19th November, 70% of our patient-facing staff have now had their flu vaccine, with an overall Trust-wide figure of 57%.
27	We are continuing to work hard to encourage staff to have their vaccine with regular communications through various mechanisms as well as targeted work with the areas that have a lower uptake. Communications activity has included sharing a very poignant case study from one of our CFRs, Fergus Chalmers, who passed on flu to his father Keith, who subsequently became very unwell and nearly died as a result of developing sepsis. You can watch the video here.
	C. National Issues
28	**COVID-19 outbreak** I remain extremely proud of the way that the Trust has remained focussed on delivering the best service possible, despite the changing circumstances and the on-going impacts of the pandemic.
29	As we continue to see the pandemic continuing unabated, we need to recognise that, as an organisation, we have had to operate in a very different way for the past nine months in order to respond to the pandemic, as well as delivering our 'business as usual' services. We must acknowledge the impact of this on our staff, not just at work but also at home and the unseen impact on people whether it be emotional, financial or physical. We need to ensure that, more than ever, we focus on supporting our staff through a wide variety of mechanisms.
30	Governance**:** The Operational Response Management Group (ORMG) continues to meet regularly during the week and at weekends, ensuring that all decisions and actions related to COVID are considered appropriately. ORMG now also oversees workstreams covering 999 performance, EU Transition planning and our flu vaccination programme, given the inter-dependencies with the COVID workstreams.
31	National Lockdown/Tier system: Following the initial national move to a 'tier' system in terms of restrictions and the subsequent move to a second national four-week lockdown period on 5th November, we have worked hard to understand the implications of these on our staff, especially those who are considered clinically vulnerable or clinically extremely vulnerable.
32	We also continue to review our COVID Risk Assessment processes, to ensure that we identify any staff members who are at greater risk due to COVID and take appropriate actions.
33	Lateral Flow Device (LFD) testing: On 20th November and in line with national requirements, we launched our internal Lateral Flow Device testing programme to ensure patient-facing

	staff, EOC, 111 and those in critical functions can undertake a regular test for COVID. The testing is not mandatory, however we are strongly encouraging all eligible staff to participate in the testing programme.
34	This has seen testing kits distributed to staff to enable self-testing to take place on a twice-weekly basis for an initial three-month period. Staff are asked to report the results of each test to our internal Test and Trace Cell and, if any staff members receive a positive LFD test, they will then require a further PCR/swab test to be taken.
35	<u>COVID Vaccination programme:</u> We have also worked hard to prepare for the potential introduction in coming weeks of a COVID-vaccination programme for NHS staff. We are still awaiting confirmation of the detailed approach but it is likely to see us responsible for vaccinating our own staff who are eligible, rather than our staff being vaccinated by another provider.
36	<u>Test & Trace</u>**:** In line with the national model, our internal COVID Test and Trace Cell is continuing to undertake the contact tracing of SECAmb employees, collation of information on Covid-19 positive staff and communication with line managers to establish contacts of the Covid-19 positive staff member. The Test and Trace Cell are also responsible for the declaration and investigation of any internal outbreaks, involving two staff members or more.
37	**NHS Staff Survey** We launched the annual NHS Staff Survey 2020 in SECAmb on 21st September, with all eligible staff receiving an email directly from our chosen survey provider, Quality Health. Recognising the on-going pandemic, this year survey is a little different to previous years and includes a new section specifically about the COVID pandemic, designed to help understand the impact of the pandemic on staff.
38	The survey period closes on 27th November but I am delighted that, as I write, we have reached our target of a 60% return rate across the Trust, our highest return rate ever! This means that we will be hearing a more representative view from our staff when the results are published.
39	Thank you to our Staff Engagement Team for their hard work in encouraging this improved response rate and to all those who took the time to complete the survey. I look forward to receiving the results, when these are published in the Spring of next year and, most importantly, ensuring that we take real action in response to the results.
40	**Black History Month** I was very pleased to see SECAmb join in celebrating Black History Month during October, with a range of specially-arranged events for staff to participate in and the creation of a Black History Month 'microsite' on The Zone, containing lots of background information on BHM, as well as links to relevant and interesting music, films and books. It was also great to see colleagues sharing a wide range of personal experiences during the month.
41	Well done and thank you to Asmina Islam Chowdhury, our Inclusion Manager and members of our re-named staff network, Inspire, for all of their work and enthusiasm in planning for

	Black History Month.
	D. Escalation to the Board
42	**999 Operational Performance** Response time performance during October and November to date remains challenged and variable, although our performance is not out of line with many of our colleagues nationally. We have not consistently met either the Category 1 or Category 2 standards during this period, which is of concern, given that these are most seriously ill and injured patients, although our Category 2 performance has been stronger overall. Our performance against the Category 3 and 4 standards continues to also be challenged and on occasion we are still seeing unacceptably long waits to a small number of calls in these categories.
43	Our 999 call answer performance continues to remain strong, despite peaks in 999 demand. This has enabled us to provide virtual call-taking support to colleagues nationally on occasion, including Yorkshire Ambulance Service.
44	As we see the impact of the 'second wave' of the pandemic begin to have an impact in our region in terms of increasing numbers of COVID cases, we are starting to see this impact on the regional NHS system. This is resulting in periods where we are seeing lengthy handover delays at some of our local hospitals. We are continuing to work with the wider NHS system to address these. The Integrated Care Systems are working to co-ordinate the response across all providers with the local health economies and SECAmb continue to be an active participant in those conversations. The Trust continues to ensure that the system is aware of the risk to our patients left in the community whilst Ambulances are delayed at hospitals.
45	The delivery of the 999 Performance Improvement Plan and the impact of the actions being taken is closely monitored by the Operational Response Management Group and by the Executive Management Board. Through the Plan, there continues to be close focus on maximising the resources available on the road and in our EOCs to respond to patients, including planning ahead as far as possible and practicable. This remains a key area of concern, as we continue to see the availability of resources significantly impacted by abstractions, including the numbers of staff in self-isolation.
	EU Transition Planning
46	With uncertainties over the impact and structure of EU Transition we have established a governance structure to support our planning. SECAmb's response is being overseen via Programme Board with a number of supporting workstreams covering command and control, the operational model, scheduling, production, fleet and logistics, EOC & 111 and a corporate workstream. This then reports into ORMG, then through the EMB to the Trust Board.
47	Despite a number of uncertainties, we are continuing to develop plans as best we can, and we are working closely with local and national resilience leads. The key objective of this work is to ensure the resilience of our response to patients, despite any challenges that may arise as a result of the UK's Transition from the EU.

[redacted]	

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Performance Report

Trust Board
November 2020

Data up to and including October 2020

Best placed to *care*, the *best* place to *work*

Contents

CQC Rating and Oversight Framework

NHSI Oversight Framework*	2	▲
CQC Rating **	GOOD	●
Information Governance Toolkit Assessment ***	Level 2 Satisfactory	●
REAP Level ****	3	●

*	NHSI segments Trusts (1-4) according to the level of support each Trust needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability, with level 4 requiring the most support (Trusts in special measures).
**	Our rating following the most recent CQC inspection. These can help patients to compare services and make choices about care. There are four ratings that are given to health and social care services: outstanding, good, requires improvement and inadequate. **GOOD:** We are performing well and meeting CQC expectations.
***	The Information Governance Toolkit is a system which allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit Assessments. Levels range from 0 to 3; 3 being the highest.
****	Resourcing Escalatory Action Plan (REAP) is a framework designed to maintain an effective and safe operational and clinical response for patients and is the highest escalation alert level for ambulance trusts. Level 3: Major pressure (September 2020)

Symbol Key

▲ Improving performance	▼ Deteriorating performance	-	Data not provided
● No change	■ Aspirational metric	PD	Performance direction

How to use this report

A New Format & Reporting Aspirations

- The aim is to present a more holistic overview of Trust performance, under CQC domains, which brings together the most helpful indicators to allow the Board to better understand performance across the totality of the Trust.
- There is much more to do, but in building this new IPR within the Trust's Business Intelligence Power BI Platform, we have put in place the foundations for much-improved performance management across the Trust using accessible data that can be drilled down into as required, and datasets selected and exported according to the user's needs.
- We have begun to provide reporting a month in arrears, where this is possible.

Performance Dashboards

- The Board is presented with additional data sets this month. The Board will note that for some of these, we have been unable to provide historic data, however the data sets will grow in coming months to give a better sense of trends etc.
- As an indication of the types of metrics we will seek to report on in the coming months, 'aspirational' metrics are included (with no data attached). Where there is no data this does not mean the Trust does not monitor these areas of performance, merely that those metrics are not routinely presented to the Board and work is still to be done to provide them in this format.
- The vision for the IPR is that it is dynamically generated, with RAG ratings and performance direction automatically populated, giving us the ability to maintain a core set of metrics but also to select those most relevant for the Board in order to tell our story more fully.
- More work is to be done to include all targets and to distinguish internal targets from national ones.

Performance Charts

- In the future, we intend to include trend lines on charts, where it will help the viewer understand the data better, and where possible targets too. We also aspire to include forecasting and performance versus forecast wherever possible.
- **Please note** that the SPC charts are no longer functioning as a licence has lapsed, according to the BI Team. The Team are working on replacing this functionality.

A Focus on CQC Domains

- Our suite of 'aspirational' metrics includes numerous across all domains, and when populated will provide a far more rounded snapshot of performance to the Board.

Reporting Performance Highlights & Exceptions

- Rather than provide commentary against all metrics, which was often repetitive or uninformative, we are keen to focus the Board's attention on what is going well, and what requires improvement.
- In order to sharpen this focus, exception reporting has not been provided for every instance of performance deterioration – rather only where the deterioration is sustained or outside acceptable tolerances.

Chief Executive Overview

This is the third time the Board has received this new version of the IPR and, as set out on page 3, there have been some additions since September and further developments in progress.

The aim of this integrated report is to show the key performance indicators and highlight to the Board through the exception reports where the executive is most concerned. Directors will talk to these areas at the meeting, but I just wanted to specifically draw the Board's attention to the following:

Oversight Framework

As the Chairman has confirmed in his report, we are now placed in segment two of the NHS Oversight Framework. This recognises the sustained improvements the Trust has made.

NHS Pathways Licence

I am really pleased to be able to report that the focus we have given to EMA and clinical supervisor audits has resulted in us continuing to achieve the levels set by NHS Pathways. This is a really important measure as we use audit in this way as a tool to support continual improvement.

Incidents of violence and aggression

I continue to be concerned about the number of incidents of violence and aggression towards our staff. As this report shows, the number of incidents in the reporting period has increased and this is an area me and my executive team are keeping under close review. Bethan Eaton-Haskins, Executive Director of Nursing & Quality will update the Board on this and the steps we are taking.

999 Performance / Front Line Hours

I updated the Board in September about how we are approaching the issue of front line hours as a separate improvement plan. The Executive Management Board has established an Organisational Response Management Group, which dedicates one of its three main weekly meetings to the plan. We have seen some marked improvement in recent weeks, which has resulted in performance against the ARP standards stabilise. However, I am acutely aware of the risks we face over the next period related to COVID; sickness and self-isolation; testing; and the vaccination programme, which will all adversely impact on abstraction. Emma Williams, Deputy Director of Operations, who will be standing in for Joe Garcia this month while Joe recovers from surgery, will provide a fuller update on the improvement plan and the steps we are taking to help mitigate the current risks.

Philip Astle
Chief Executive

Trust Overview:
Strategy, Values & Ambition

Our Purpose

As a regional provider of urgent and emergency care, our prime purpose is to respond to the immediate needs of our patients and to improve the health of the communities we serve – using all the intellectual and physical resources at our disposal.

Our Strategy

SECAmb will provide high quality, safe services that are right for patients, improve population health and provide excellent long-term value for money by working with Integrated Care Systems and Partnerships and Primary Care Networks to deliver extended urgent and emergency care pathways.

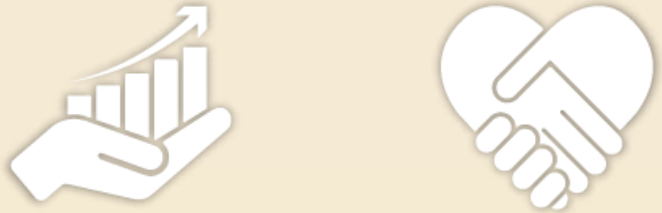
Our Priorities

- *Delivering modern healthcare for our patients* – a continued focus on our core services of 999 and 111 CAS;
- *A focus on people* – they are listened to, respected and well supported;
- *Delivering quality* – we listen, learn and improve;
- *System partnership* – we contribute to sustainable and collective solutions and provide leadership in developing integrated solutions in Urgent & Emergency Care

Our Values

Our values of *Demonstrating Compassion and Respect*, *Acting with Integrity*, *Assuming Responsibility*, *Striving for Continuous Improvement* and *Taking Pride* will underpin what we do today and in the future.

***Best** placed to **care**,*
*the **best** place to **work***



Trust Overview:
Domain Overview Dashboard (November 2020)

Key indicators at a glance for October 2020 (unless otherwise indicated)

Safe

Metric	Oct-20	PD
999 Frontline Hours Provided %	94.60%	▲
Number of Incidents Reported as SIs	4	▼
Hand Hygiene Compliance %	99.00%	▲
Physical Assaults (Number of Victims - Staff)	18	●
Medicines Management % of Audits Completed	98.00%	●
DBS Compliance %	100.00%	●
Number of RIDDOR Reports	16	▼

Effective

Metric	Oct-20	PD
**Cardiac ROSC Utstein %	45.00%	▼
**Stroke - Assessed F2F Diagnostic Bundle %	97.00%	▼
**Sepsis Care Bundle %	87.00%	▼
**Acute STEMI Care Bundle Outcome %	67.00%	▼
ECAL Mean Response Time	00:23:41	▲
999 Operational Abstraction Rate %	38.30%	▲
Statutory & Mandatory Training Compliance %	75.00%	▼

**Latest data: Sep-20

Caring

Metric	Oct-20	PD
Proportion of Complaints Relating to Crew Attitude %	23.00%	▲
End of Life Care Performance		■
Falls Performance		■
Proportion of Complaints Relating to Dignity and Respect %		■
Dementia Performance		■

Responsive

Metric	Oct-20	PD
Cat 1 Mean	00:07:33	▲
Cat 1 90th Centile	00:13:59	▲
Cat 2 Mean	00:18:20	▲
Cat 2 90th Centile	00:33:41	▲
Cat 3 90th Centile	03:06:47	▲
Cat 4 90th Centile	04:28:26	▲
999 Call Answer Mean	00:00:02	▲
111 Calls Answered in 60 Seconds %	66.60%	▲
111 Calls Abandoned - (Offered) %	5.40%	▲
111 to 999 Referrals (Answered Calls) %	11.80%	▼
Complaints Reporting Timeliness %	88.00%	▲

Well-Led

Metric	Oct-20	PD
Cost Improvement Plan (CIP) (£000s) Month	£71.00	▼
Surplus/Deficit (£000s) Month	£-590.10	▼
Disciplinary Cases	3	▲
Collective Grievances	0	▲
Bullying & Harrassment Internal	3	●
Annual Rolling Turnover Rate	11.70%	▲
Annual Rolling Sickness Absence	6.20%	▼
Absence Relating to Mental Health %	10.80%	▼
Absence Relating to MSK %	4.20%	▼
999 Frontline Late Finishes/Over-Runs %	50.60%	●
Staff Successfully FIT-Tested %	90.50%	–

Symbol Key

▲	Improving performance	▼	Deteriorating performance
●	No change	■	Aspirational metric
–	Data not provided	PD	Performance direction

Current Operational Performance
999 Emergency Ambulance Service (as of 17/11/20)

	Target		Month to Date			Quarter to Date		
Category	Mean	90th Centile	Incidents	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	2064	00:07:30	00:13:47	6124	00:07:34	00:13:56
C1T	00:19:00	00:30:00	1242	00:09:09	00:16:59	3814	00:09:17	00:17:25
C2	00:18:00	00:40:00	16727	00:17:31	00:32:17	48936	00:18:05	00:33:15
C3		02:00:00	11165	01:12:36	02:47:48	32116	01:20:11	03:01:05
C4		03:00:00	203	01:50:56	04:10:15	549	01:54:05	04:33:19
HCP 3			644	01:59:07	03:52:39	1726	01:58:10	03:53:01
HCP 4			465	02:47:29	05:04:19	1186	02:51:18	05:16:30
IFT 3			280	01:51:35	03:40:26	797	01:52:40	03:52:12
IFT 4			67	02:22:37	05:15:17	151	02:25:14	05:16:36
ST			11484	34.20%		32665	33.57%	
SC			20045	59.70%		58487	60.11%	
HT			2048	6.10%		6148	6.32%	
Count of Incidents			33577			97300		
Count of Incidents with a Response			31529			91152		
999 Mean	Call Answer Target 00:05		34776	00:02		101980	00:02	
999 90th	Call Answer Target 00:10			00:01			00:01	
Trust EOC 999 Abandoned Calls			8	0.0%		45	0.0%	
A0	EOC All Calls		41897			123642		

Current Operational Performance
999 Emergency Ambulance Service (16/10/20 – 15/11/20)

CAT 1

	26/10	02/11	09/11	Last 13 Weeks
Mean	00:07:39	00:07:20	00:07:33	
90th Centile	00:13:59	00:13:30	00:14:02	
RPI	1.59	1.58	1.60	
Count of Incidents	918	896	819	

CAT 1T

	26/10	02/11	09/11	Last 13 Weeks
Mean	00:09:14	00:08:47	00:09:10	
90th Centile	00:18:01	00:16:29	00:16:12	
RPI	1.59	1.59	1.60	
Count of Incidents	571	527	504	

999 Call Handling

	26/10	02/11	09/11	Last 13 Weeks
Mean Call Pickup Time (Seconds)	2	3	1	
Call Pickup Time 90th Percentile (Seconds)	1	1	1	
Call Pickup Time 95th Percentile (Seconds)	2	7	1	
Call Pickup Time 99th Percentile (Seconds)	34	60	13	
Average Call Length (seconds)	383	392	386	
Abandon Rate	0.03%	0.01%	0.03%	
Staff Hours Provided Vs 4783 target	118.4%	111.8%	123.5%	

CAT 2

	26/10	02/11	09/11	Last 13 Weeks
Mean	00:19:30	00:17:07	00:17:07	
90th Centile	00:35:30	00:31:51	00:31:15	
RPI	1.07	1.07	1.07	
Count of Incidents	7277	7007	7222	

CAT 3

	26/10	02/11	09/11	Last 13 Weeks
Mean	01:32:37	01:12:35	01:06:07	
90th Centile	03:26:39	02:43:12	02:36:01	
RPI	1.05	1.05	1.05	
Count of Incidents	4397	4780	4911	

Incident Outcome

	26/10	02/11	09/11	Last 13 Weeks
See and Convey	60.2%	60.6%	59.4%	
See and Treat	33.4%	33.4%	34.6%	
Hear and Treat	6.3%	6.0%	6.0%	

CAT 4

	26/10	02/11	09/11	Last 13 Weeks
Mean	02:33:02	01:53:12	01:36:51	
90th Centile	05:50:51	03:48:44	03:54:21	
RPI	1.04	1.02	1.05	
Count of Incidents	83	84	84	

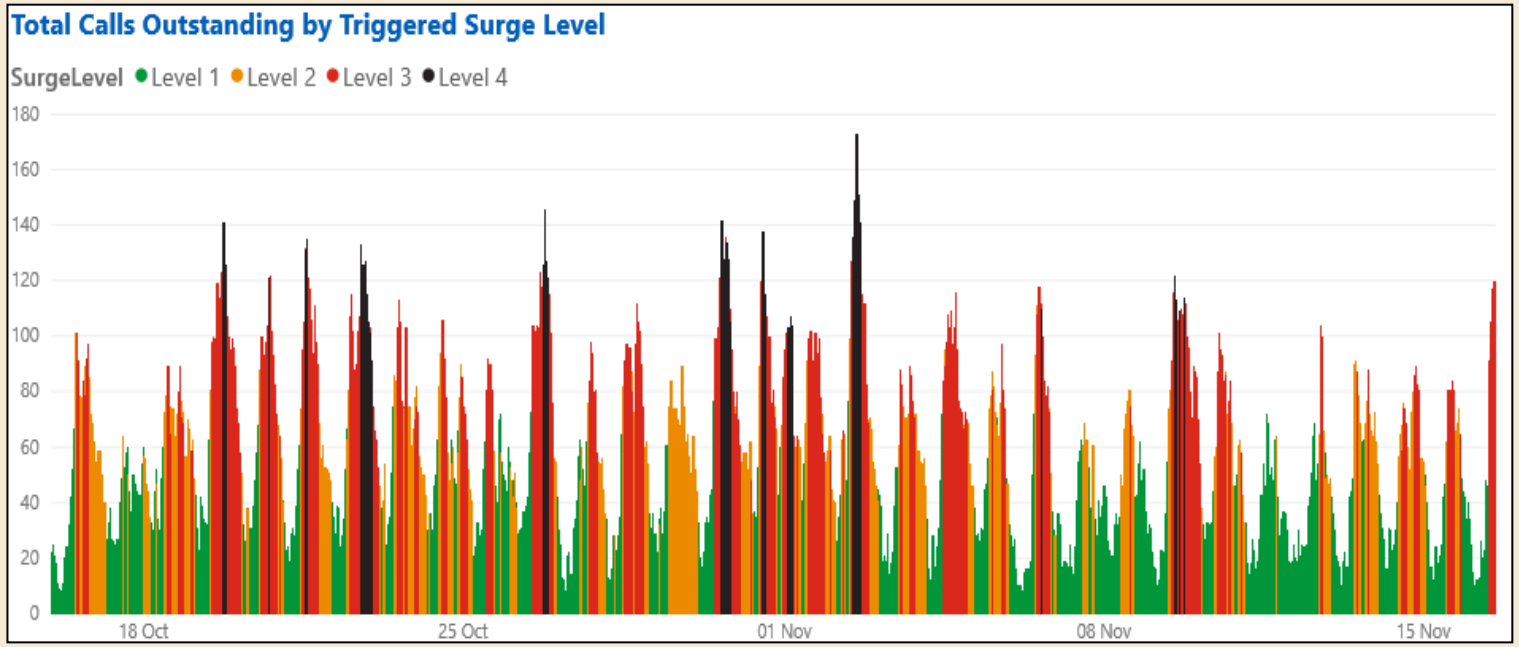
Demand/Supply

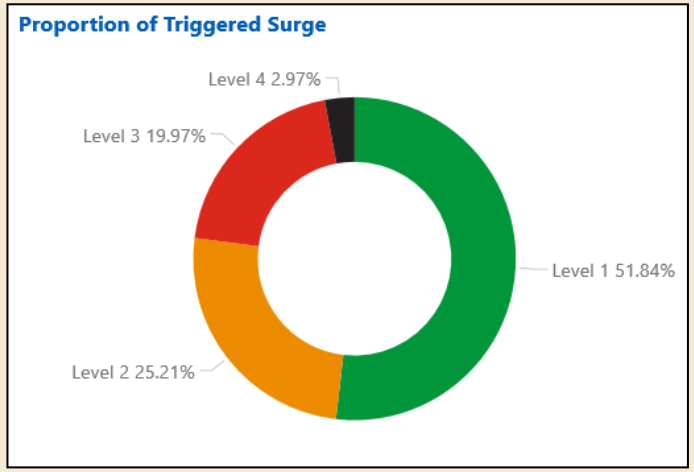
	26/10	02/11	09/11	Last 13 Weeks
999 Call Volume	15642	15181	14399	
Incidents	14124	14246	14482	
Transports	8507	8638	8617	
Staff Hours Provided Vs 67635 target	94.0%	98.1%	100.5%	

Call Cycle Time

	26/10	02/11	09/11	Last 13 Weeks
Clear at Scene	01:17:59	01:20:00	01:19:00	
Clear at Hospital	01:50:25	01:52:00	01:51:00	
Hours Lost at Hospital	1080	1219	1198	

Current Operational Performance
999 Emergency Ambulance Service (16/10/20 – 16/11/20)





Surge Management Plan Triggers	
Level 1	Business as Usual (BAU) Ability to dispatch and respond to meet patient needs as identified within Ambulance Response Programme (ARP) metrics
Level 2	**Any of the triggers below:** • 2x Category 1 unassigned for >7 Minutes **or** • 8x Category 2 unassigned for >9 Minutes **or** • 20x Category 3 unassigned for >60 Minutes **or** • 20x Category 4 unassigned for >120 Minutes **or** • 20x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 30 from any of the above triggers**
Level 3	**Any of the triggers below:** • 5x Category 1 unassigned for >7 Minutes **or** • 15x Category 2 unassigned for >9 Minutes **or** • 35 x Category 3 unassigned for >60 Minutes **or** • 35 x Category 4 unassigned for >120 Minutes **or** • 35x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 45 from any of the above triggers**
Level 4	**Any of the triggers below:** • 10x Category 1 unassigned for >7 Minutes **or** • 30x Category 2 unassigned for >9 Minutes **or** • 60 x Category 3 unassigned for >60 Minutes **or** • 60 x Category 4 unassigned for >120 Minutes **or** • 60x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) **or** • **A combined total of 80 from any of the above triggers**

Trust Overview:
Summary of Performance Highlights

Domain	ID	Performance Highlight
Safe	Required NHS Pathways Audits Completed	Despite staffing challenges in EOC audit, the proportion of EMA and Clinical Supervisor audits completed continues to meet the level set by NHS Pathways
Effective	n/a	Nothing new to report
Caring	n/a	Nothing new to report
Responsive	n/a	Nothing new to report
Well-led	n/a	Nothing new to report

Trust Overview:
Summary of Exceptions

Domain	ID	Exception
Safe	Datix incidents	The number of incidents recorded on Datix during October increased to 1342 from 952 during September, which although is quite a large increase is as a direct result of the KMS 111 CAS Service going live on 1 October 2020. This new service generated new types of incidents and has inevitably resulted in an increase of concerns and incidents being raised by external organisations, which are captured on the system. These are being investigated as per the usual process. However, Datix is used as a monitoring system during mobilisation and the EOC/111 have undertaken the usual one-hour, one-day, one-week, one-month reviews to ensure safety during any major change.
Safe	Violence and aggression	During the month of October, our staff reported 124 violence and aggression related incidents. This was the highest number of monthly incidents reported for this category. Staff reported 18 physical assaults, 56 verbal abuse incidents, 35 anti-social behaviour incidents and 15 attempted physical assaults. 43 of the verbal abuse incidents were reported from our EOC. A large proportion of the EOC incidents were attributable to one-patient calling on a considerable number of occasions.
Safe	RIDDOR	During the month of October, 16 RIDDOR incidents were reported to the Health and Safety Executive. 13 incidents were reported on time to the HSE and the 3 late reports were due to late incident reporting internally. The highest sub-category linked to the RIDDOR incidents were manual handling related.
Safe	Outstanding actions relating to SIs outside of timescales	The overall number of open actions has reduced significantly, as has the breach total. However, this is not reflected when shown as % compliance. By way of explanation of the previous statement, the following numbers evidence the significant improvement that has been made in reducing the outstanding SI actions. During April 2020, the overall number of open actions was 509, with 500 of them overdue (98%); whereas the 87.3% in September reflects 197 overall actions with 172 overdue; and the 87.2% in October equates to 181 open actions with 158 of them overdue. This metric evidenced as a number does show the reduction better than a % figure.
Safe	Frontline hours (999)	The total 999 frontline hours provided remain under plan, however we have seen improvements as the Performance Improvement Plan is implemented.
Effective	STEMI care bundle	Although the Trust has seen improvements in delivery of the STEM Care Bundle, performance remains below the national average.
Effective	Frontline workforce skills mix	The Demand & Capacity Review 2017/18 set out a requirement for the frontline workforce to grow, and for its skills mix to be made up of: 16% ECSWs, 17% AAP/Techs and 67% registered paramedics (NQP+P+CCP+PP).
Responsive	Complaints reporting timeliness	The timeliness of complaints reporting has deteriorated due to operational units failing to return reports within the required timescales as a result of Covid-19 operational pressures. Regrettably, this has affected some joint complaints with EOC/Ops. There was also an increase in the number of complaints received during September. On average the Trust receives an average of 14 complaints per week,. This rose to 17.75 in September. However, in October the average returned to within the normal range of 14.25.

Trust Overview: Summary of Exceptions

Domain	ID	Exception
Responsive	999 Operational Performance	Ongoing poor performance against Cat 3 and 4 90th percentile is being addressed through a Performance Improvement Plan. There were improvements in August - October. Mitigations are also in place to improve Hear & Treat, See & Treat, and therefore reduce See & Convey where appropriate.
Responsive	111 Operational Performance	The new 111 IUC CAS (Clinical Assessment Service) went live on the 1 October 2020. Although the service is appropriately staffed current activity is significantly higher and different in nature to that which was commissioned. As a result, the service is currently performing below some of its contractual targets and this is most obvious with the service's operational metrics of calls answered in 60 seconds, and the abandonment rate. However, the Trust is using the additional funding that has been provided to support the delivery of the NHS E 111 First national initiative, to ensure that the KMS 111 CAS remains safe and effective in protecting the wider healthcare system.
Well-led	Policies and procedures outstanding review	During Covid, the regular three-year review of policies and procedures was paused to enable focus on operational response. This has created a backlog and we are seeing the percentage of documents overdue review creeping up. In addition, a similar number of documents will be due for review over the coming winter/EU transition/second wave period. A risk-assessment has been undertaken at senior level and document review dates extended (up to 12 months) where it is safer to continue using the current document than shifting management focus from operational delivery.
Well-led	Gender pay gap	The Trust reports against the metrics of the Gender Pay Gap annually, and this is published each year in arrears. SECAmb has reported a worsening gender pay gap in both 2019 and 2020. Although, Agenda for Change (AfC) ensures that we are proving equal pay for equal work, we can see discrepancies in the ratio of males to females within pay bands. The latest figures reflect improvements at pay band 8C and above for those reported in the 2020 Gender Pay Audit, as well as increasing number of females in the overall workforce. The data also shows that women continue to be over-represented in the lower pay bands, and there is a marked difference for band 6 - band 8b in particular.
Well-led	Disability monitoring	The Trust is contractually required to report workforce disability data annually as part of the Workforce Disability Equality Standard, which includes declaration rates. In 2020, the Trust reported a 3.5% disability declaration on ESR against an NHS average of 3%. However, this is in contrast to a Trust declaration of 27% (564 responses) on the 2019 NHS staff survey. Reasons for non-declaration are numerous, including lack of understanding for disclosure; an individual's perception of their disability, access to systems to update, lack of trust / fear that declarations would be accessed inappropriately. The level of positive disability declaration via ESR continues to decline, and we continue to see increases in the number of staff whose disability declaration is required as unspecified.
Well-led	Workforce ethnicity monitoring	The Trust is contractually required to report workforce ethnicity data annually as part of the Workforce Race Equality Standard, which includes declaration rates by pay band. In 2020, the Trust reported 5% of its workforce were from Black, Asian and minority ethnic backgrounds, and this figure has increased (now at 5.32%). The NHS People Plan and Long Term Plan set out that organisations should be representative of the population they serve and this should be reflected throughout all levels of the organisation.

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
Datix Incidents	Standard: Datix incidents Definition: No. of Datix incidents	The number of incidents recorded on Datix during October increased to 1342 from 952 during September, which although is quite a large increase is as a direct result of the KMS 111 CAS Service going live on 1 October 2020. This new service generated new types of incidents and has inevitably resulted in an increase of concerns and incidents being raised by external organisations, which are captured on the system. These are being investigated as per the usual process. However, Datix is used as a monitoring system during mobilisation and the EOC/111 have undertaken the usual one-hour, one-day, one-week, one-month reviews to ensure safety during any major change. The Trust has been working towards increased reporting with lower or no levels of harm. This is supported by this trend.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The incidents will continue to be recorded and investigated in the usual way, and any themes identified and explored further for learning purposes.	Named person: Executive Director for Nursing & Quality Complete by date: Ongoing

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
Violence & Aggression	Standard: Violence and aggression towards our staff Definition: No. of physical assaults No. of attempted physical assaults No. of direct verbal abuse incidents No. of antisocial behaviour incidents	During the month of October, our staff reported 124 violence and aggression related incidents. This was the highest number of monthly incidents reported for this category. Staff reported 18 physical assaults, 56 verbal abuse incidents, 35 anti-social behaviour incidents and 15 attempted physical assaults. 43 of the verbal abuse incidents were reported from our Emergency Operation Centres. A large proportion of the EOC incidents were attributable to one-patient calling on a considerable number of occasions.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The Trust is monitoring the number of incidents on a weekly basis to identify early key trends and provide additional support and guidance to our staff. Significant progress has been made with Sussex Police to implement Operation Cavell. The same process will be repeated with Kent and Surrey police forces to ensure a Trust wide implementation of Operation Cavell.	Named person: Executive Director for Nursing & Quality Complete by date: Ongoing

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
RIDDOR	Standard: RIDDOR Manual handling incidents Definition: No. of RIDDOR report submitted No. of manual handling incidents reported	During the month of October, 16 RIDDOR incidents were reported to the Health and Safety Executive. 13 incidents were reported on time to the HSE and the 3 late reports were due to late incident reporting internally. The highest sub-category linked to the RIDDOR incidents were manual handling related.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Ongoing monitoring by the Health and Safety Management Team	Named person: Executive Director for Nursing & Quality Complete by date: Ongoing

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
SIs	Standard: Outstanding actions relating to SIs outside of timescales Definition: % of outstanding actions relating to SIs outside of timescales	The overall number of open actions has reduced significantly, as has the breach total. However, this is not reflected when shown as % compliance. By way of explanation of the previous statement, the following numbers evidence the significant improvement that has been made in reducing the outstanding SI actions. During April 2020, the overall number of open actions was 509, with 500 of them overdue (98%); whereas the 87.3% in September reflects 197 overall actions with 172 overdue; and the 87.2% in October equates to 181 open actions with 158 of them overdue. This metric evidenced as a number does show the reduction better than a % figure.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Targeted work to reduce the breach rate is ongoing and proving to be effective.	Named person: Executive Director for Nursing & Quality Complete by date: Ongoing

Performance by Domain
Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
999 hours	Standard: 999 frontline hours provided Definition: % of 999 frontline hours provided against plan	The performance improvement plan (PIP) has specifically been focused on actions to increase the total number of hours available for front-line response - the trend during Oct has been improvement although overall hours remains under plan.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: All actions within the PIP are reported on weekly to the Executive Team & the Organisational Response Management Group.	Named person: Executive Director of Operations Complete by date: Ongoing

Performance by Domain
Effective: Exception Report

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Standard	Background
STEMI Care Bundle	Standard: STEMI Care Bundle Definition: STEMI Care Bundle delivery	Although the Trust has seen improvements in delivery of the STEMI Care Bundle, performance remains below the national average.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The Trust is working with the National Ambulance Service Clinical Quality Group to support a review and potential redesign of all care bundles to ensure that are fit for purpose. The Trust's Quality Improvement Lead is also leading a programme of work to improve the quality of feedback delivered to clinicians in relation to clinical outcome indicators.	Named person: Medical Director Complete by date: Ongoing

Performance by Domain
Effective: Exception Report

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Standard	Background
Frontline workforce skill mix	Standard: Frontline workforce skill mix Definition: % of ECSWs against plan % of AAP/Techs against plan % of Registered Paramedics against plan	The Demand & Capacity Review 2017/18 set out a requirement for the frontline workforce to grow, and for its skills mix to be made up of: 16% ECSWs, 17% AAP/Techs and 67% registered paramedics (NQP+P+CCP+PP).

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The proportion of registered paramedics is being improved through: 1) maximum recruitment of NQPs each year; and 2) enabling as many AAP/Techs as Ops is able to abstract to enter into in-service Paramedic training.	Named person: Executive Director of Operations Complete by date: Ongoing

Performance by Domain
Responsive: Exception Report

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Standard	Background
Complaints Reporting	Standard: Complaints reporting timeliness Definition: Complaints reporting timeliness %	The timeliness of complaints reporting has deteriorated due to operational units failing to return reports within the required timescales as a result of Covid-19 operational pressures. Regrettably, this has affected some joint complaints with EOC/Ops. There was also an increase in the number of complaints received during September. On average the Trust receives an average of 14 complaints per week,. This rose to 17.75 in September. However, in October the average returned to within the normal range of 14.25.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: During this period of additional pressure a collaborative approach to assist Operations with patient safety investigations is being taken; a plan is being developed to form a central team of staff made up of operational staff on alternative duties that will lead on investigations full time, this will significantly reduce the pressure on the operational areas, and the patient safety teams.	Named person: Executive Director of Nursing & Quality Complete by date: Ongoing

Performance by Domain
Responsive: Exception Report

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Standard	Background
999	Standard: 999 Operational Performance Definition: Cat 3 & Cat 4 90th centile performance, Hear & Treat %, See & Treat v See & Convey %	Cat 3 & Cat 4 90th centile performance: Ongoing poor performance against these metrics, however with improvements noted during August - October. This improvement is primarily driven by the Performance Improvement Plan and associated actions. Hear & Treat %: Deteriorating position across August - October. Overall unclear on rationale as clinical staffing in EOC is strong, however work to baseline this activity within a specific workstream reporting into Covid Recovery, Learning and Improvement Group (CRLIG) is identifying significant process and structural issues contributing to this overall poor performance. See & Treat v See & Convey %: Marginally off target - these two metrics are mutually exclusive of each other. It is expected as we progress into winter that the See & Convey rate would increase due to the overall increase in acuity of patients at this time of year. The See & Treat rate is being actively supported by Paramedic Practitioner hubs.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: Performance Improvement Plan actions are reported weekly at to the Executive Team and Organisational Response Management Group. Actions around Hear & Treat are managed under the Operations CRLIG workstream, monitored bi-weekly at programme boards. On See & Treat v See & Convey, no active actions beyond Paramedic Practitioner Hub support for local decision-making. Crews are also cognisant of the impact of conveyances to ED and the impact on those services so will, where appropriate and possible, use alternate pathways.	Named person: Executive Director of Operations Complete by date: Ongoing

Performance by Domain
Responsive: Exception Report

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Standard	Background
111	Standard: 111 Operational Performance Definition: 111 calls answered in 60 seconds 111 calls abandoned 111 referrals to 999 A&E dispositions	The new 111 IUC CAS (Clinical Assessment Service) went live on the 1 October 2020. Although this has been a very challenging and complex service mobilisation, not least because it has been undertaken with the back-drop of the COVID-19 pandemic, the service has gone live as planned and is already making a positive difference and protecting the wider healthcare system, as referenced in feedback from Commissioners and other downstream providers. This is achieved by being a first point of contact within the urgent and emergency care system, helping to avoid inappropriate referrals to 999, EDs and to Primary Care. However, the challenge presented to the KMS 111 CAS is huge, with a significantly elevated call volume associated with winter pressures, COVID-19 and the NHS E national initiative of 111 First. Although the service is appropriately staffed and profiled to meet the original forecasted demand, current activity is significantly higher and different in nature to that which was commissioned almost two years ago. As a result, the service is currently performing below its contractual targets and this is most obvious with the service's operational metrics of calls answered in 60 seconds, and the abandonment rate. In addition, the way that the CAS disposition outcomes are measured has also changed because the new CAS uses the NHS E Aggregated Data Set (ADS) guidance and as such, this has increased the actual % 999 and ED referral rates in the short term. NHS E is also launching its 111 First initiative nationally from the 1 December (KMS 111 CAS already has three pilots which have gone live across Kent, Medway and Sussex). This will increase (and already has) incoming call activity, as the public will be encouraged to access EDs by calling 111 First. KMS 111 CAS also has to operate currently with an interim Electronic Prescribing Service (EPS) solution, which necessitates the use of two systems and is inefficient. The delay for the new solo CAD solution with SECAmb, and IC24 as our sub-contractor both using Cleric with a permanent EPS solution is as a result of NHS Digital not yet accrediting our EPS solution. Continues overleaf …

Performance by Domain
Responsive: Exception Report

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Standard	Background
111	Standard: 111 Operational Performance Definition: Calls answered in 60 seconds 111 referrals to 999 A&E dispositions	Continued …

Action Plan

Actions being taken to mitigate issues:

The service is mitigating the risk to its current performance by:

- Converting NHS Pathways trained bank staff to substantive contracts to ensure more appropriate rota fill
- Recruiting additional clinicians via agencies and training them to support the management of the CAS
- Training the existing Trust Video Consultation GPs to support 111 First if required
- Continuing the dual-skilling of the Trust's 999 EMAs to support the handling of 111 calls, when safe and appropriate, and without adversely impacting 999 call handling which remains very good
- Extension of agile working to more 111 and 999 clinicians, providing greater flexibility and availability of clinicians when required
- Undertaking a comprehensive review of rota planning and rotas, amending to reflect the new call profiles and demands experienced in 111 since the onset of COVID-19
- Escalating the ongoing delays with the accreditation of the Trust's permanent EPS solution to NHS E's executive team
- Meeting with Commissioners to discuss and agree the way to calculate and present the contractual KPIs, as per the NHS E ADS requirements
- Maintaining the current degree of scrutiny and focus internally via the SLT and CAS Program Board meetings, whilst also ensuring that both SECAmb and IC24 has daily contact at an operational/clinical level to address issues as and when they arise
- Continuing to have daily performance meetings with Commissioners and monthly Joint Assurance Committee meetings with Commissioners, NHS E and other stakeholders to enable the Trust to continue to operate in a transparent and collaborative manner.

Accountable Executive

Named person:
Executive Director of Operations

Complete by date:
Ongoing

Performance by Domain
Well-Led: Exception Report

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Standard	Background
Policies	Standard: Policies & Procedures Outstanding Review Definition: No. of Policies & Procedures Outstanding (3-Year Review)	During Covid, the regular three-year review of policies and procedures was paused to enable focus on operational response. This has created a backlog and we are seeing the percentage of documents overdue review creeping up. In addition, a similar number of documents will be due for review over the coming winter/EU transition/second wave period.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The documents already overdue review and those due for review by the end of March 2021, have been risk assessed by both SLT and then the Joint Partnership Policy Forum (involving Union colleagues) to consider formally extending the review dates of some of these documents. The risk assessment considered the risk to our patients, staff and the Trust of an extended review date for existing policies and procedures (i.e. currently in good use by the Trust) versus the risk of undertaking rushed or lightly resourced reviews, drawing resources away from other urgent areas of Trust focus. The risk assessment identified a small number of documents which would present unacceptable risk if not reviewed. The remainder will have their review date extended by 6-12 months to enable us to plan to reduce the backlog, and allocate appropriate resources.	Named person: Company Secretary Complete by date: Ongoing

Performance by Domain
Well-Led: Exception Report

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Standard	Background
Diversity & Inclusion	Standard: Gender Pay Gap Definition: Gender pay gap by pay band (by month)	The Trust reports against the metrics of the Gender Pay Gap annually, and this is published each year in arrears. SECAmb has reported a worsening gender pay gap in both 2019 and 2020. Although, Agenda for Change (AfC) ensures that we are proving equal pay for equal work, we can see discrepancies in the ratio of males to females within pay bands. The latest figures reflect improvements at pay band 8C and above for those reported in the 2020 Gender Pay Audit, as well as increasing number of females in the overall workforce. The data also shows that women continue to be over-represented in the lower pay bands, and there is a marked difference for band 6 - band 8b in particular.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The Trust was due to launch a Gender Equality Staff Network in March 2020, which was delayed due to the Covid-19 pandemic. This launch is now scheduled for January 2021. The network will help shape the priorities for the next 12 months. The Trust approved a pilot cohort of the Springboard Women's Development Programme, which is planned for Q4 2020/21. The Trust has committed to continue to explore opportunities for more flexible or alternative shift working across the organisation, including how this could be introduced into a wider range of roles. The Trust has committed to ensuring that gender diverse interview panels are in place for all roles at band 8 and above. This is being delivered as part of the Integrated Equality Plan.	Named person: Executive Director for HR & OD Complete by date: Ongoing

Performance by Domain
Well-Led: Exception Report

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Standard	Background
Diversity & Inclusion	Standard: Disability monitoring Definition: Workforce disability monitoring	The Trust is contractually required to report workforce disability data annually as part of the Workforce Disability Equality Standard, which includes declaration rates. In 2020, the Trust reported a 3.5% disability declaration on ESR against an NHS average of 3%. However, this is in contrast to a Trust declaration of 27% (564 responses) on the 2019 NHS staff survey. Reasons for non-declaration are numerous, including lack of understanding for disclosure; an individual's perception of their disability, access to systems to update, lack of trust / fear that declarations would be accessed inappropriately. The level of positive disability declaration via ESR continues to decline, and we continue to see increases in the number of staff whose disability declaration is required as unspecified.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The Workforce & Planning Team are undertaking a data cleanse following identification of an issue within ESR and will provide us with a better understanding of non disclosure rates. This data will be reported in the next quarter. However, the large discrepancy between positive declaration rates on ESR and in the NHS staff survey highlights that we need to continue to promote awareness of the importance of declaration to help us to meet the needs of staff. The Trust is currently working towards the launch of a Neurodiversity Charter, and further promotion of why we should declare will be included as part of the messaging to launch this. A declaration section of ESR has been repositioned to make this more prominent on login.	Named person: Executive Director for HR & OD Complete by date: Ongoing

Performance by Domain
Well-Led: Exception Report

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Standard	Background
Diversity & Inclusion	Standard: Workforce ethnicity monitoring Definition: Workforce ethnicity monitoring	The Trust is contractually required to report workforce ethnicity data annually as part of the Workforce Race Equality Standard, which includes declaration rates by pay band. In 2020, the Trust reported 5% of it's workforce were from Black, Asian and minority ethnic backgrounds, and this figure has increased (now at 5.32%). The NHS People Plan and Long Term Plan set out that organisations should be representative of the population they serve and this should be reflected throughout all levels of the organisation.

Action Plan	Accountable Executive
Actions being taken to mitigate issues: The Trust has an integrated Equality Objective Plan to deliver further improvements in the ethnicity of its workforce. The HRWG will be looking to make a recommendation regarding targets for improvement.	Named person: Executive Director for HR & OD Complete by date: Ongoing

Performance by Domain
Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-1	Number of Datix Incidents	868	1024	1042	1019	1043	1028	834	973	905	940	861	952	1342					▼
QS-2	Number of Incidents Reported as SIs	8	9	12	7	9	2	5	7	9	10	5	2	4					▼
999-12	999 Frontline Hours Provided %	86.80%	89.20%	92.70%	94.80%	90.70%	87.50%	97.30%	99.10%	93.80%	89.30%	92.50%	91.20%	94.60%	100.00%		-		▲
QS-3	Duty of Candour Compliance %	100.00%	90.00%	91.00%	100.00%	90.00%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		=		●
QS-7	Hand Hygiene Compliance %	89.00%	89.00%	92.00%	90.00%	93.00%	92.00%	95.00%	95.00%	92.00%	82.00%	97.00%	93.00%	99.00%	95.00%		+		▲
QS-8	Safeguarding Training Completed (Children) Level 2 %	62.20%	65.80%	66.30%	69.80%	72.30%	86.90%	12.30%	35.60%	60.20%	67.10%	69.90%	72.70%	74.90%	95.00%		-		▲
QS-13	Physical Assaults (Number of Victims - Staff)	2	2	4	10	3	5	3	18	22	16	29	18	18					●
MM-1	Number of Medicines Incidents	111	162	139	149	165	135	112	168	111	146	103	89	162					▼
MM-3	Single Witness Signature Use CDs Omnicell	4	9	4	6	4	5	4	2	0	0	14	0	3	0		-		▼
MM-4	Single Witness Signature Use CDs Non-Omnicell	0	3	3	3	3	4	0	1	0	0	0	0	0	0		=		●
MM-5	Number of CD Breakages	14	18	19	21	21	11	20	17	17	16	14	14	17					▼
MM-7	Medicines Management % of Audits Completed	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	99.00%	100.00%	99.00%	99.00%	99.00%	98.00%	98.00%	100.00%		-		●
WF-1	Number of Staff WTE (Excl bank and agency)	3624	3710	3689	3685	3667	3667	3734	3768	3784	3793	3806	3859	3888					▲
WF-2	Number of Staff Headcount (Exc bank and agency)	3940	4034	4016	4020	4001	4005	4075	4120	4141	4154	4173	4231	4271					▲
WF-3	Finance Establishment (WTE)	3811	3860	3940	3920	3924	3905	3905	3905	3905	3800	3816	3818	3880					▲
WF-4	Vacancy Rate %	4.90%	3.90%	6.40%	6.00%	6.50%	6.10%	4.40%	3.50%	3.10%	0.20%	2.60%	-1.10%	-0.20%					▼
QS-9	Number of RIDDOR Reports	8	5	4	2	6	12	2	8	6	11	8	7	16					▼
WF-16	DBS Compliance %									100.00%	98.00%	100.00%	100.00%	100.00%	100.00%		=		●
M-20	Compliant NHS Pathways Audits (Clinical) %	84.00%	80.00%	83.00%	79.00%	80.00%	74.00%	77.00%	80.00%	84.00%	95.00%	95.00%	83.00%	96.00%					▲
M-21	Required NHS Pathways Audits Completed (EMA) %									82.00%	102.00%	102.00%	100.00%	100.00%					●

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
M-22	Compliant NHS Pathways Audits (EMA) %									84.00%	84.00%	84.00%	90.00%	100.00%	100.00%		=		▲
M-23	Required NHS Pathways Audits Completed (Clinical) %												85.00%	85.00%					●
QS-17	Outstanding Actions Relating to SIs, Outside of Timescales %											97.20%	87.30%	87.20%	0.00%		-		▲
QS-19	Deep Clean Compliance %							77.00%	107.00%	105.00%	103.00%		92.00%	95.00%					▲
QS-20	Health & Safety Incidents									43	42	35	42	37					▲
WF-24	Current licence details held for Operational Staff %											79.30%	88.80%	88.50%	100.00%		-		▼
QS-22	Manual Handling Incidents									22	46	30	26	29					▼
QS-23	Direct Verbal Abuse Incidents									5	15	16	23	56					▼
QS-25	Flu Vaccine Compliance (Winter 2020-21)													58.00%	45.00%		+		-

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Effective: Performance Dashboard

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

** Latest data: Sep-20

ID	Metric	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-11	JCT Allocation to Clear at Scene Mean	01:16:58	01:18:03	01:14:23	01:15:07	01:15:55	01:19:00	01:22:33	01:19:55	01:19:20	01:16:03	01:14:37	01:15:23	01:16:39					▼
999-11	JCT Allocation to Clear at Hospital Mean	01:49:14	01:50:19	01:50:13	01:50:34	01:50:08	01:51:21	01:50:08	01:47:51	01:46:43	01:46:34	01:47:37	01:47:30	01:49:01					▼
M-1	**Cardiac ROSC Utstein %	54.00%	52.00%	50.00%	55.00%	22.00%	42.00%	33.00%	43.00%	45.00%	32.00%	46.00%	45.00%						▼
M-2	Cardiac ROSC ALL %	25.00%	27.00%	23.00%	28.00%	25.00%	18.00%	24.00%	22.00%	24.00%	15.00%	24.00%	29.00%						▲
M-12	**Sepsis Care Bundle %	61.00%	86.00%	87.00%	87.00%	87.00%	87.00%	88.00%	84.00%	81.00%	87.00%	88.00%	87.00%						▼
M-3	Cardiac Survival Utstein %	31.00%	22.00%	29.00%	33.00%	9.00%	31.00%	14.00%	24.00%	31.00%	8.00%	19.00%							-
M-4	Cardiac Survival ALL %	11.00%	5.00%	8.00%	10.00%	7.00%	7.00%	9.00%	11.00%	9.00%	4.00%	7.00%							-
M-11	Cardiac Arrest - Post ROSC %	78.00%	82.00%	75.00%	80.00%	77.00%	78.00%	81.00%	62.00%	74.00%	80.00%	79.00%	78.00%						▼
M-5	**Acute STEMI Care Bundle Outcome %	56.00%	63.00%	65.00%	71.00%	69.00%	73.00%	71.00%	73.00%	64.00%	64.00%	68.00%	67.00%						▼
M-6	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	02:07:00	02:14:00																-
M-7	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	02:37:00	03:09:00																-
M-8	Stroke - Call to Hospital Arrival Mean	01:26:00	01:30:00																-
M-9	Stroke - Call to Hospital Arrival 90th Centile	02:25:00	02:24:00																-
M-10	**Stroke - Assessed F2F Diagnostic Bundle %	92.00%	94.00%	96.00%	97.00%	99.00%	97.00%	98.00%	98.00%	97.00%	98.00%	98.00%	97.00%						▼
M-13	Sensitivity of Cardiac Arrest Detection During Telephone Triage %												96.00%						-
M-14	Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %												79.00%						-
M-15	Time to Commence Telephone-Guided CPR Mean																■	■	■
M-16	Proportion of Non-EMS Witnessed Cardiac Arrests with PAD Applied to Patient %												6.00%						-

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Effective: Performance Dashboard

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

** Latest data: **Sep-20**

ID	Metric	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-13	ECAL Mean Response Time	00:28:27	00:27:42	00:25:55	00:27:03	00:27:49	00:26:21	00:23:15	00:23:51	00:24:00	00:25:49	00:23:34	00:24:10	00:23:41					▲
999-12	999 Operational Abstraction Rate %									32.50%	32.50%	32.60%	38.40%	38.30%	28.00%		-		▲
WF-6	Statutory & Mandatory Training Compliance %	68.80%	70.20%	70.60%	73.60%	76.60%	83.70%	68.60%	70.80%	75.10%	76.10%	75.90%	75.40%	75.00%	100.00%		-		▼
999-17	Responses Per Incident	1.10	1.11	1.10	1.11	1.10	1.08	1.08	1.09	1.10	1.12	1.12	1.08	1.08	1.09		+		●
999-18	Section 136 Mean Response Time									00:19:17	00:17:16	00:16:57	00:18:30	00:16:38					▲
999-19	Section 135 Mean Response Time									00:22:07	04:44:00	00:54:56	00:05:19	00:03:44					▲
999-20	ePCR Usage									94.70%	93.80%	95.30%	93.70%	94.80%	95.00%		-		▲
999-24	Number of Hours Lost at Hospital Handover	3929	4022	4428	4268	3753	3192	2289	2046	1916	3610	4202	3958	4435					▼
999-25	Hours Lost at Handover as a Proportion of Provided Hours %	1.40%	1.40%	1.50%	1.40%	1.40%	1.10%	0.80%	0.70%	0.70%	0.20%	1.50%	1.40%	1.60%					▼
WF-23	Recruitment: Advert to Start Date														100.00%		■	■	■
WF-31	ClinEd: Course capacity utilisation %																■	■	■
WF-32	ClinEd: Qualification obtained when expected %																■	■	■
WF-33	ClinEd: Course satisfaction score																■	■	■
WF-34	Frontline Workforce Skillmix: ECSWs vs plan (Trust average)	30.00%	30.20%	30.80%	30.90%	31.00%	31.10%	31.10%	31.30%	31.50%	31.90%	31.40%	30.80%	30.50%	29.00%				
WF-35	Frontline Workforce Skillmix: AAP/Techs vs plan (Trust average)	22.30%	22.30%	22.10%	22.10%	22.10%	22.00%	22.30%	22.10%	22.70%	22.80%	20.50%	20.20%	20.00%	23.00%				
WF-36	Frontline Workforce Skillmix: Registered clinicians vs plan (Trust average)	47.70%	47.50%	47.10%	47.10%	46.80%	46.90%	46.60%	46.60%	45.80%	45.30%	48.10%	49.00%	49.40%	48.00%				

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

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Performance by Domain
Caring: Performance Dashboard

Our staff involve and treat our patients with compassion, kindness, dignity and respect

ID	Metric	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-12	Proportion of Complaints Relating to Dignity and Respect %																■	■	■
QS-10	Proportion of Complaints Relating to Crew Attitude %									48.00%	42.00%	40.00%	37.00%	23.00%					▲
M-17	Dementia Performance																■	■	■
M-18	End of Life Care Performance																■	■	■
M-19	Falls Performance																■	■	■
111-6	111 SMS Feedback																■	■	■
QS-11	Patient Experience																■	■	■

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■ Aspirational metric

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Performance by Domain
Responsive: Performance Dashboard

Our services are organised so that they meet our patient's needs

ID	Metric	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
111-1	111 Calls Offered	72487	78017	92173	75904	85080	162194	89757	81333	70230	71925	85338	90438	104059					-
111-2	111 Calls Answered in 60 Seconds %	78.30%	77.50%	78.20%	86.30%	61.50%	16.50%	48.70%	87.90%	93.50%	91.20%	84.00%	60.10%	66.60%	95.00%		-		▲
111-3	111 Calls Abandoned - (Offered) %	3.80%	3.60%	3.00%	1.90%	8.00%	50.20%	18.60%	1.40%	0.60%	1.00%	2.00%	9.70%	5.40%	6.00%		+		▲
111-4	111 to 999 Referrals (Answered Calls) %	16.90%	15.80%	15.10%	14.50%	12.70%	9.80%	11.90%	13.00%	13.80%	13.60%	12.40%	11.60%	11.80%					▼
111-4	999 Referrals	9454	9638	10672	8726	7960	5443	6734	8768	8443	8407	8864	7943	11110					▼
111-5	A&E Dispositions %	10.20%	9.70%	9.50%	10.70%	9.70%	6.00%	9.20%	11.60%	13.40%	13.80%	12.70%	12.10%	12.00%					▲
111-5	A&E Dispositions	5697	5903	6676	6443	6047	3316	5235	7795	8161	8544	9102	8320	11350					▼
QS-15	Complaints per 1000 999 Calls Answered									1.00	1.16	0.79	1.28	0.97					▲
QS-16	Compliments per 1000 999 Calls Answered									3.26	3.66	2.75	3.25	2.49					▼
999-10	999 Calls Answered	69301	68437	73898	65125	63620	77690	56319	54224	55915	62772	69541	64025	67031					-
999-10	Incidents	64407	64620	68798	65363	61110	64209	58064	60484	58653	61196	64489	61313	63644					-
999-1	999 Call Answer Mean	00:00:06	00:00:03	00:00:03	00:00:02	00:00:02	00:00:07	00:00:01	00:00:01	00:00:02	00:00:02	00:00:03	00:00:03	00:00:02	00:00:05		+		▲
999-1	999 Call Answer 90th Centile	00:00:11	00:00:01	00:00:01	00:00:01	00:00:01	00:00:12	00:00:01	00:00:01	00:00:01	00:00:01	00:00:02	00:00:01	00:00:01	00:00:10		+		●
999-2	Cat 1 Mean	00:07:43	00:07:39	00:07:55	00:07:36	00:07:43	00:07:52	00:07:05	00:07:00	00:07:31	00:07:38	00:07:53	00:07:42	00:07:33	00:07:00		-		▲
999-2	Cat 1 90th Centile	00:14:37	00:14:39	00:14:46	00:13:59	00:14:30	00:14:55	00:13:32	00:12:10	00:14:01	00:14:34	00:14:50	00:14:22	00:13:59	00:15:00		+		▲
999-3	Cat 1T Mean	00:09:31	00:09:26	00:09:49	00:09:22	00:09:26	00:09:25	00:08:28	00:07:59	00:08:59	00:09:18	00:09:43	00:09:20	00:09:20	00:19:00		+		●
999-3	Cat 1T 90th Centile	00:17:59	00:18:09	00:18:19	00:17:14	00:17:44	00:17:32	00:15:38	00:14:31	00:16:40	00:17:51	00:17:38	00:17:40	00:17:41	00:30:00		+		▼
999-4	Cat 2 Mean	00:20:06	00:20:54	00:21:42	00:18:06	00:19:15	00:21:26	00:14:50	00:14:28	00:16:43	00:18:31	00:18:57	00:18:55	00:18:20	00:18:00		-		▲
999-4	Cat 2 90th Centile	00:38:01	00:39:48	00:41:32	00:34:10	00:36:29	00:41:02	00:27:32	00:26:58	00:31:02	00:34:56	00:34:57	00:35:28	00:33:41	00:40:00		+		▲
999-5	Cat 3 90th Centile	03:52:51	04:03:22	04:11:54	02:50:33	03:25:09	04:00:52	01:54:57	01:40:20	02:38:05	03:19:04	03:31:37	03:15:36	03:06:47	02:00:00		-		▲
999-6	Cat 4 90th Centile	05:34:12	04:46:20	05:21:05	03:33:38	04:46:32	04:56:30	02:42:46	02:14:44	03:30:44	04:40:05	05:01:24	04:50:26	04:28:26	03:00:00		-		▲
999-7	HCP 3 Mean	02:20:25	02:05:07	02:25:37	01:50:21	02:00:42	02:18:26	01:11:25	01:11:14	01:41:16	02:06:57	02:20:06	01:51:46	01:56:51					▼
999-7	HCP 3 90th Centile	05:03:44	04:46:42	05:34:57	03:53:48	04:09:57	04:59:29	02:43:28	02:40:50	03:39:26	04:20:06	05:01:43	04:10:32	03:52:35					▲
999-7	HCP 4 Mean	03:25:25	03:17:34	02:59:04	02:32:29	02:49:16	03:08:44	01:32:09	01:34:23	02:28:17	02:53:34	03:09:26	02:21:41	02:52:18					▼

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Performance by Domain
Responsive: Performance Dashboard

Our services are organised so that they meet our patient's needs

ID	Metric	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-7	HCP 4 90th Centile	06:51:36	06:43:46	05:43:16	05:44:15	05:44:04	07:17:56	03:50:42	04:00:58	05:23:41	06:15:50	06:29:29	05:33:15	05:23:36					▲
999-9	Hear & Treat %	5.80%	6.20%	6.70%	5.60%	6.50%	8.40%	6.70%	5.90%	6.30%	6.60%	7.20%	6.40%	6.20%	7.80%		-		▼
999-9	See & Treat %	31.30%	30.80%	31.70%	31.50%	31.80%	37.10%	42.40%	37.10%	34.60%	33.60%	33.80%	33.30%	33.40%	35.00%		-		▲
999-9	See & Convey %	62.90%	63.00%	61.60%	62.90%	61.70%	54.40%	50.90%	57.00%	59.10%	59.80%	59.00%	60.40%	60.40%	57.20%		-		●
999-10	CFR Attendances	1340	1242	1321	1185	1051	785	0	0	75	152	520	614	673					▲
999-10	FFR Attendances	221	338	398	427	261	243	144	180	192	171	201	171	190					▲
QS-4	Complaints Reporting Timeliness %	55.00%	55.00%	73.00%	72.00%	78.00%	90.00%	92.00%	86.00%	95.00%	95.00%	96.00%	83.00%	88.00%	95.00%		-		▲
QS-5	Number of Complaints	111	91	68	79	66	56	43	48	56	73	55	82	65					▲
QS-6	Number of Compliments	147	231	148	213	187	197	169	168	191	224	177	208	167					▬
QS-14	Learning from deaths: Number of Structured Judgment Reviews				20	20	20	20	20	20	20	20	20	20	20		=		●
QS-26	Learning from deaths: Number of SJRs showing harm																■	■	■
999-14	Time Spent in SMP 3 or Higher %	42.10%	45.40%	49.90%	15.00%	31.70%	43.90%	3.90%	0.60%	13.70%	29.10%	38.10%	27.90%	25.90%					▲
C-2	Number of BCIs									2	2	3	1	2	0		-		▼

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▼ Deteriorating performance
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■ Aspirational metric

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Performance by Domain
Well-Led: Performance Dashboard

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Metric	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Plan	Vs Plan	Full Year Forecast	Full Year Forecast vs. Plan	Perf Direction
F-1	Income (£000s) (Month)	20,390	22,456	21,049	19,410	23,189	21,877	22,787	22,394	22,042	22,557	22,397	22,430	22,521	(91)			+
New	Income (£000s) (Year to date)						21,877	44,665	67,058	89,100	111,658	134,054	156,484	152,752	3,733	276,908	14,984	+
F-2	Operating Expenditure (£000s) (Month)	20,024	20,877	20,227	19,428	22,281	21,877	22,787	22,394	22,052	22,559	22,399	23,020	22,521	499			-
New	Operating Expenditure (£000s) (Year to date)						21,877	44,665	67,058	89,110	111,669	134,069	157,089	152,752	4,337	283,161	(21,238)	-
F-6	Surplus/Deficit (£000s) (Month)	367	1,579	822	(18)	908	0	0	(0)	(10)	(2)	(3)	(590)	0	(590)			-
New	Surplus/Deficit (£000s) (Year to date)						0	0	0	(10)	(12)	(15)	(605)	0	(605)	(6,253)	(6,253)	-
F-4	Cost improvement plans (CIPS) (£000s) (Month)	337	627	575	700	776	0	0	1,022	252	148	681	71	508	(437)			+
New	Cost improvement plan (CIPS) (£000s) (Year to date)						0	0	1,022	1,274	1,422	2,103	2,174	2,974	(800)	5,515	0	-
F-3	Capital expenditure (£000s) (Month)	845	1,022	851	1,012	1,860	1,262	254	862	687	1,196	1,237	834	2,437	(1,603)			+
New	Capital expenditure (£000s) (Year to date)						1,262	1,516	2,378	3,064	4,260	5,497	6,332	9,532	(3,200)	18,499	(11)	-
F-7	Cash position (£000s) (Month)	24,966	26,136	25,758	26,577	28,326	48,150	44,676	43,742	46,283	46,647	46,862	48,231	27,175	21,056	16,877	(5,258)	-
F-7	Agency Spend (£000s) (Month)	364	432	356	(145)	146	232	69	285	211	175	259	85	355	(270)			+
New	Agency Spend (£000s) (Year to date)						232	301	586	797	972	1,231	1,316	2,610	(1,294)	3,438	860	+

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Performance by Domain
Well-Led: Performance Dashboard

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ID	Metric	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-24	Organisational Risks Outstanding Review %											14.00%	10.00%	18.00%	0.00%		-		▼
WF-5	Objectives & Career Conversation	42.60%	45.60%	49.60%	56.20%	61.30%	71.70%	5.40%	16.50%	22.90%	28.20%	31.70%	34.10%	36.70%	80.00%		-		▲
WF-7	Annual Rolling Turnover Rate	15.90%	15.40%	14.90%	15.60%	15.90%	15.80%	15.60%	14.80%	13.90%	13.40%	12.60%	11.90%	11.70%					▲
WF-8	Annual Rolling Sickness Absence	5.40%	5.60%	6.00%	5.70%	5.70%	5.80%	6.10%	6.00%	6.00%	5.90%	6.00%	6.10%	6.20%	5.00%		-		▼
WF-9	Disciplinary Cases	1	4	8	6	5	2	6	4	9	6	4	4	3					▲
WF-10	Individual Grievances	7	10	7	8	8	6	4	4	8	7	5	10	11					▼
WF-11	Collective Grievances	5	1	0	1	2	1	1	0	1	0	0	2	0					▲
WF-12	Bullying & Harrassment Internal	5	0	4	2	1	2	2	1	2	2	5	3	3	0		-		●
WF-13	Whistleblowing	0	0	0	0	0	0	0	0	0	0	0	0	0					●
WF-26	Vacancy Rate for Leadership Roles %																■	■	■
WF-28	Staff Affected by Restructures %																■	■	■
WF-29	Staff Acting Up/Secondments %												3.30%	2.50%					▼
WF-37	Diversity: Disability - declared %												3.40%	3.40%					●
WF-38	Diversity: Disability - declined to declare %												46.30%	46.30%	0.00%		-		●
WF-39	Diversity: Ethnicity - BAME %												5.30%	5.30%					●
WF-27	First Line Managers who have had Leadership Training (Fundamentals) %									0.00%	0.00%	0.00%	0.00%	0.00%	100.00%		-		●
WF-18	Absence Relating to Mental Health %									12.10%	12.00%	12.10%	9.90%	10.80%					▼
WF-19	Absence Relating to MSK %									4.60%	2.80%	3.60%	3.60%	4.20%					▼
WF-25	Number of Wellbeing Hub Referrals										112	104	112	124					-
WF-30	Time from referral to offered wellbeing appointment (days)													14					-
FL-1	Vehicles Older Than Target Age %									55.00%	55.00%	55.00%	35.00%	35.00%	0.00%		-		●
999-15	999 Frontline Late Finishes/Over-Runs %									47.60%	51.10%	52.20%	50.60%	50.60%					●

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Performance by Domain
Well-Led: Performance Dashboard

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation, and that it promotes an open and fair culture

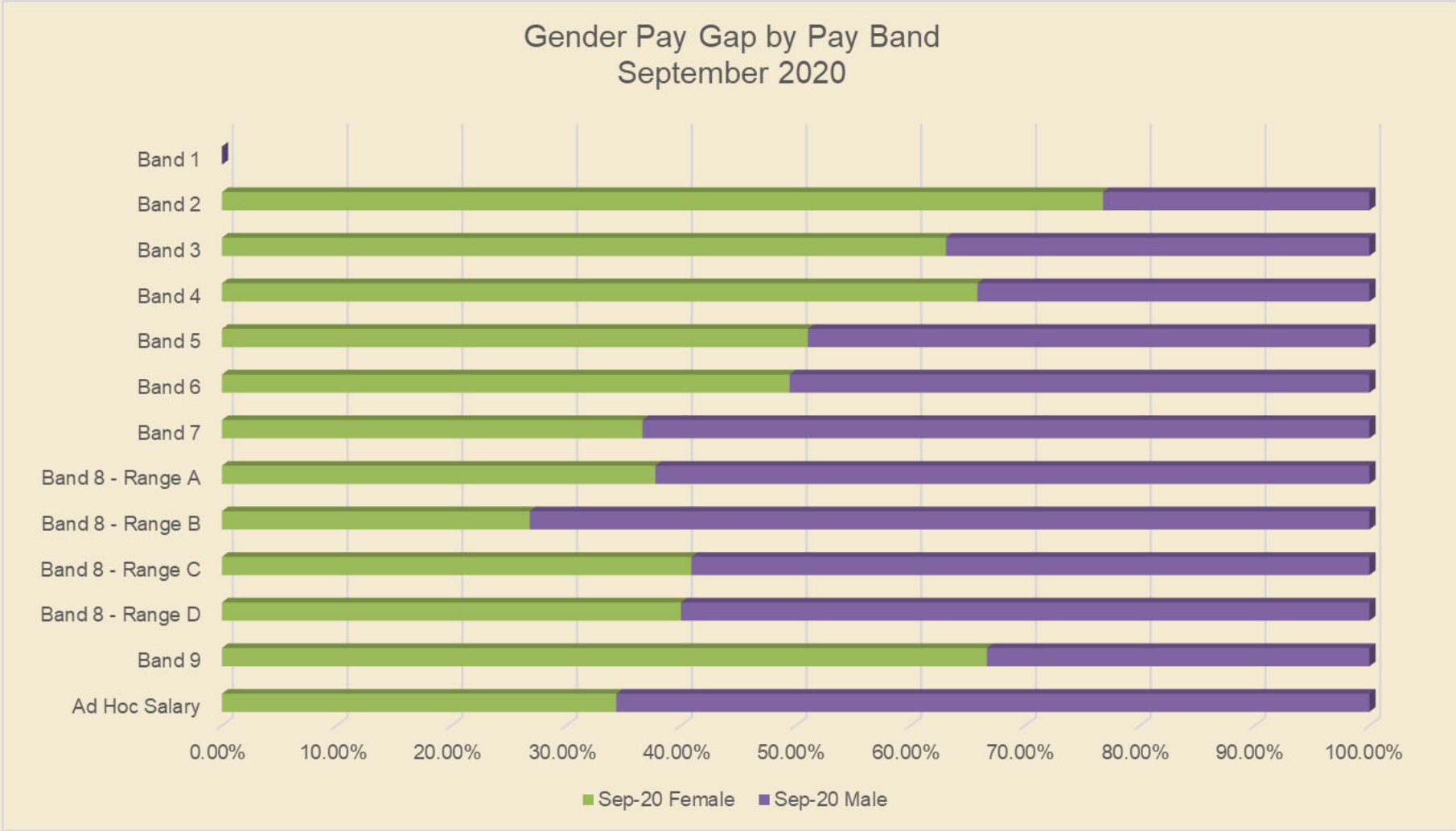
ID	Metric	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-15	Average Late Finish/Over-Run Time									00:45:44	00:45:44	00:43:40	00:47:24	00:40:46					▲
999-16	Staff Successfully FIT-Tested %										93.90%	88.30%		90.50%	100.00%		-		=
999-21	Provided Bank Hours %									2.90%	2.80%	2.80%	3.00%	2.80%					=
999-21	Provided Overtime Hours %									7.40%	7.90%	8.10%	9.30%	9.10%					=
999-21	Provided PAP Hours %									9.10%	6.80%	7.20%	6.50%	6.40%					=
999-22	999 Remaining Annual Leave FY											42.50%	44.90%	50.70%	58.30%		-		▲
C-1	Policies & Procedures Outstanding Review %										11.90%	12.60%	11.90%	13.20%	0.00%		-		▼

▲ Improving performance
▼ Deteriorating performance
● No change
■ Aspirational metric

\+ Outperformed target
\- Underperformed target
= On target
\- Data not provided

Performance by Domain
Well-Led: Gender Pay Gap by Pay Band – September 2020

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture



National Benchmarking
999 Emergency Ambulance Service (October 2020)

Key indicators at a glance for October 2020

Primary Triage Software	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
	NHS Pathways	NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	AMPDS

999 Call Answer	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Call Answer Time	00:00:17	00:00:01	00:00:04	00:00:15	00:00:14	00:00:01	00:00:27	00:00:39	00:00:04	00:00:03	00:00:01	00:01:55
Calls Answered	742617	67031	70950	77401	1441	116556	35221	124987	41587	82243	82720	42480
Mean Call Answer Time	00:00:07	00:00:02	00:00:02	00:00:08	00:00:10	00:00:02	00:00:12	00:00:13	00:00:06	00:00:04	00:00:01	00:00:37

Incident Proportions (Over All Incidents)	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
All Incidents	745327	63696	77709	67909	2203	104710	36786	97839	51288	76648	95468	71071
C1 Incidents %	8.14%	6.42%	8.10%	9.88%	5.22%	7.01%	6.98%	9.57%	7.10%	10.57%	7.05%	8.10%
C2 Incidents %	52.73%	50.60%	55.23%	58.49%	42.81%	55.70%	56.51%	53.22%	43.36%	52.87%	45.08%	56.54%
C3 Incidents %	22.70%	32.90%	17.10%	17.15%	33.68%	22.66%	18.20%	15.48%	32.84%	20.25%	34.71%	16.19%
C4 Incidents %	1.23%	0.53%	0.51%	0.24%	2.13%	1.48%	1.13%	2.56%	2.11%	0.68%	1.88%	0.50%

Incident Outcomes	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Hear & Treat %	7.88%	6.24%	8.98%	8.91%	7.31%	7.99%	9.58%	10.61%	8.94%	5.30%	4.45%	9.03%
See & Convey %	54.03%	58.66%	56.20%	53.70%	57.60%	55.59%	54.58%	52.60%	50.71%	52.32%	52.14%	53.89%
See & Treat %	32.67%	33.40%	32.21%	31.19%	33.86%	31.01%	27.57%	29.83%	34.11%	37.99%	37.69%	29.37%

Response Performance	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Response Time: C1	00:13:11	00:13:59	00:13:13	00:13:52	00:16:09	00:10:35	00:11:25	00:13:22	00:11:43	00:14:46	00:12:31	00:15:00
90th Centile Response Time: C2	00:52:06	00:33:41	00:48:43	01:03:15	00:46:05	00:29:13	01:05:29	01:40:28	00:29:54	00:55:02	00:24:43	01:01:55
90th Centile Response Time: C3	02:47:38	03:06:47	02:32:25	04:02:08	02:47:17	01:31:38	04:53:30	05:36:30	01:45:17	03:14:49	01:33:39	03:23:52
90th Centile Response Time: C4	03:52:00	04:28:26	03:19:22	04:23:32	02:55:15	02:52:32	03:56:46	05:57:11	02:37:28	04:16:45	02:22:11	04:00:47
Mean Response Time: C1	00:07:29	00:07:33	00:07:07	00:07:47	00:09:10	00:06:21	00:06:40	00:08:03	00:06:23	00:07:56	00:07:11	00:08:42
Mean Response Time: C2	00:25:21	00:18:20	00:23:45	00:30:11	00:22:31	00:15:13	00:32:20	00:45:40	00:15:27	00:27:08	00:13:23	00:29:13

National Benchmarking
999 Emergency Ambulance Service Clinical Outcomes (October 2020)

Key indicators at a glance for October 2020

Cardiac Arrest	ENG	SECAmb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Proportion of cardiac arrests discharged alive %	8.02%	8.99%	10.19%	4.50%	0.00%	6.18%	4.17%	5.38%	12.22%	8.94%	12.07%	6.67%
Proportion of cardiac arrests discharged alive utstein %	25.48%	30.77%	38.10%	18.18%	0.00%	19.35%	22.22%	25.00%	31.82%	15.00%	28.95%	20.69%
Proportion who had ROSC on arrival at hospital %	27.64%	24.74%	30.00%	16.18%	11.11%	31.10%	28.30%	28.38%	25.56%	29.20%	34.44%	25.00%
Proportion who had ROSC on arrival at hospital utstein %	50.59%	45.24%	62.79%	39.13%	100.00%	56.10%	40.91%	51.61%	54.55%	46.34%	57.50%	41.18%

National Benchmarking
NHS 111 Service (October 2020)

Key indicators at a glance for October 2020

Metric	SECAmb	Care UK	Devon Doctors	DHC	DHU	HUC	IC24	IOW	Kernow Health	LAS	LCW	Medvivo	NEAS	NWAS	SCAS	Vocare	WMAS	YAS
Calls Answered in 60 secs %	57.59%	87.17%	68.53%	43.87%	84.12%	78.85%	91.71%	84.65%	76.76%	94.81%	95.63%	71.40%	30.91%	13.50%	59.42%	71.89%	83.18%	69.75%
Abandoned Calls %	5.38%	1.32%	9.28%	12.19%	0.51%	1.36%	0.33%	3.12%	2.70%	0.26%	0.43%	3.94%	19.93%	28.80%	7.43%	4.12%	1.00%	1.80%
111 to A&E Transfer %	12.61%	10.59%	8.01%	10.88%	5.02%	5.67%	11.44%	14.73%	2.49%	12.06%	13.61%	8.94%	10.05%	9.94%	8.04%	8.75%	9.34%	11.45%
111 to 999 Transfer %	12.35%	12.89%	15.06%	13.04%	11.48%	8.35%	13.02%	13.38%	8.05%	8.25%	9.31%	11.33%	14.15%	11.91%	10.44%	10.68%	11.84%	10.69%

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Appendix 1

Performance Charts

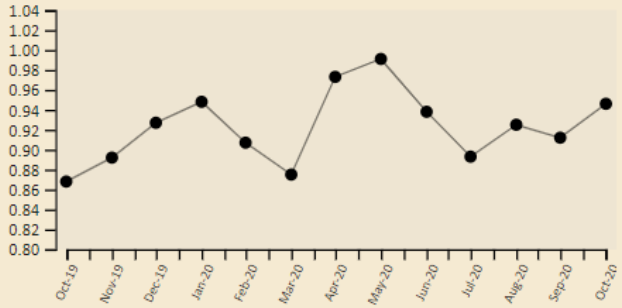
Best placed to *care*, the *best* place to *work*

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

999-12

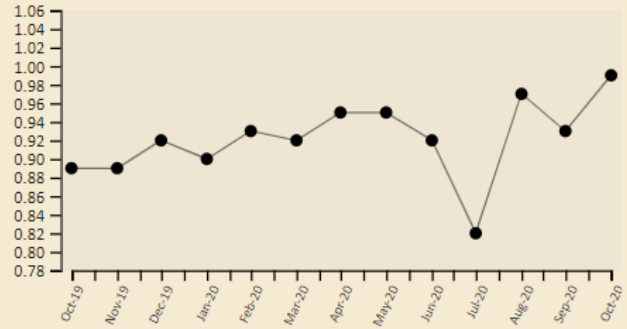
999 Frontline Hours Provided %



October 2020	94.60%
Target	100.00%

QS-7

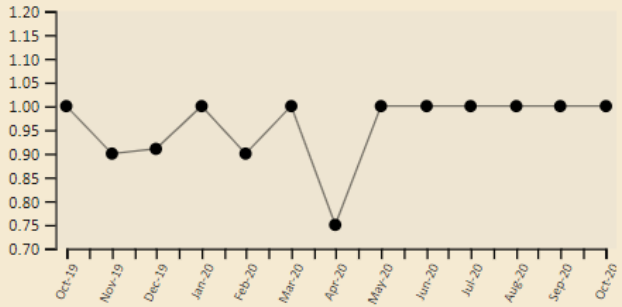
Hand Hygiene Compliance %



October 2020	99.00%
Target	95.00%

QS-3

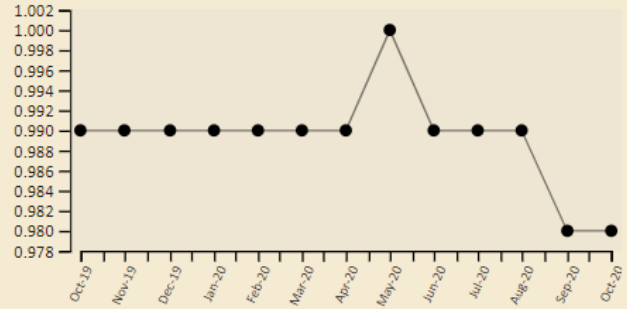
Duty of Candour Compliance %



October 2020	100.00%
Target	100.00%

MM-7

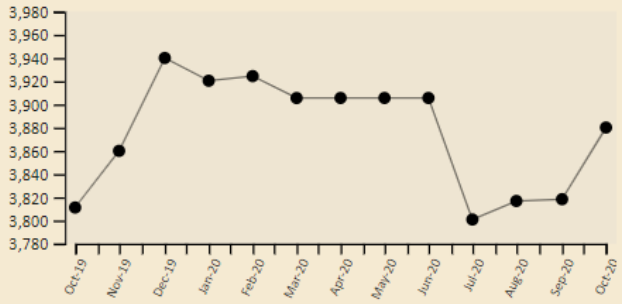
Medicines Management % of Audits Completed



October 2020	98.00%
Target	100.00%

WF-3

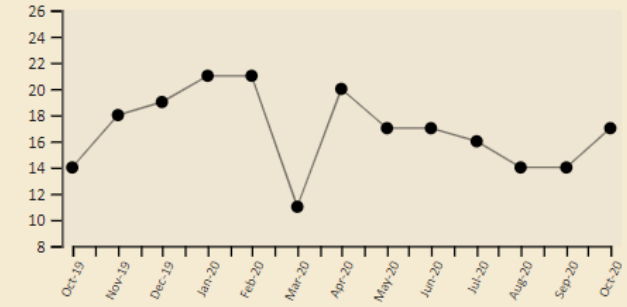
Finance Establishment (WTE)



October 2020	3880
Target	N/A

MM-5

Number of CD Breakages



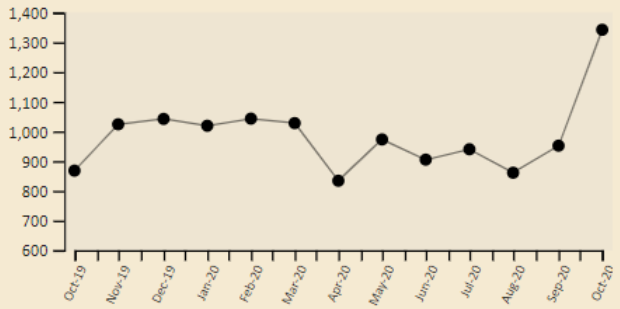
October 2020	17
Target	N/A

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

QS-1

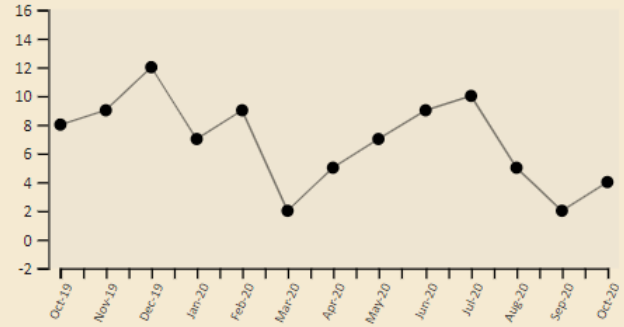
Number of Datix Incidents



October 2020	1342
Target	N/A

QS-2

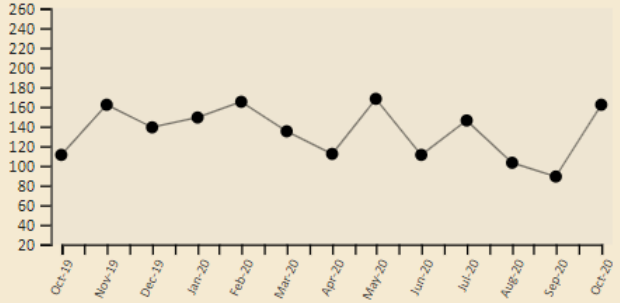
Number of Incidents Reported as SIs



October 2020	4
Target	N/A

MM-1

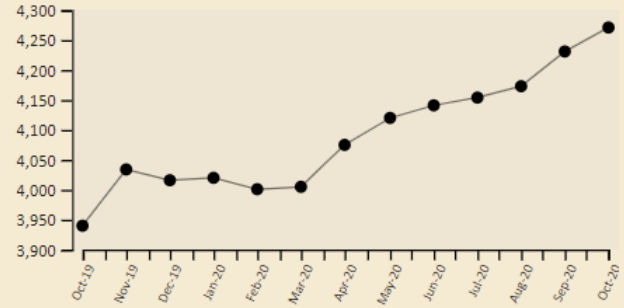
Number of Medicines Incidents



October 2020	162
Target	N/A

WF-2

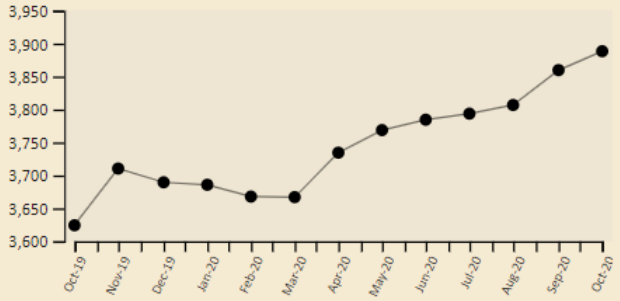
Number of Staff Headcount (Excl bank and agency)



October 2020	4271
Target	N/A

WF-1

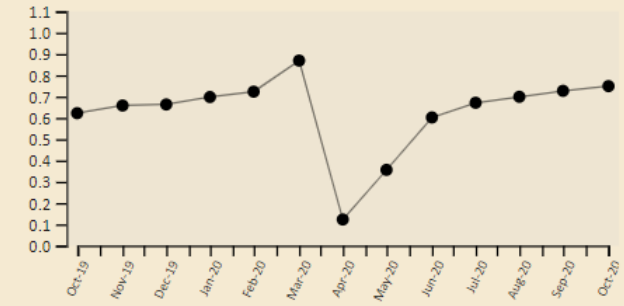
Number of Staff WTE (Excl bank and agency)



October 2020	3888
Target	N/A

QS-8

Safeguarding Training Completed (Children) Level 2 %



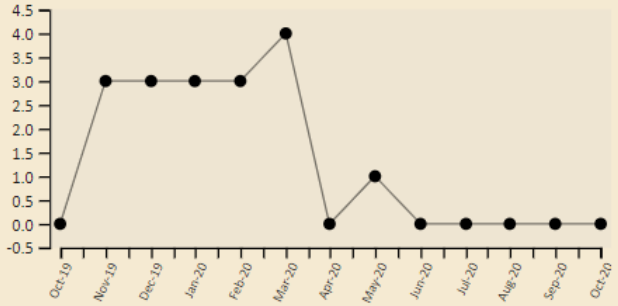
October 2020	74.90%
Target	95.00%

Performance by Domain
Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

MM-4

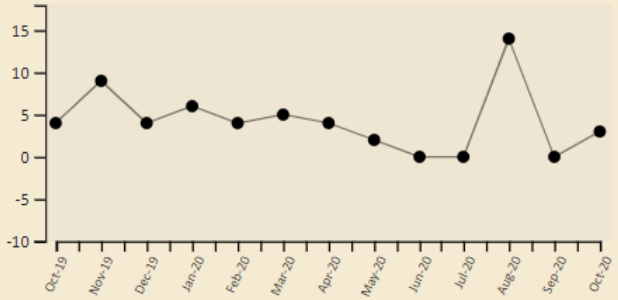
Single Witness Signature Use CDs Non-Omnicell



October 2020
0
Target
N/A

MM-3

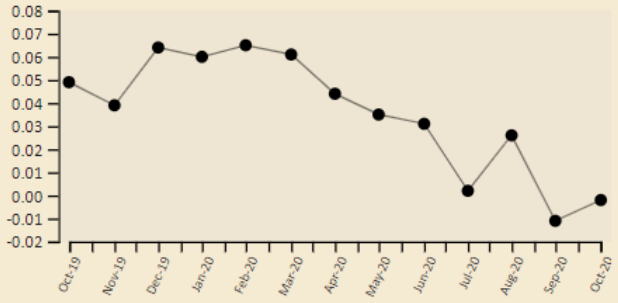
Single Witness Signature Use CDs Omnicell



October 2020
3
Target
N/A

WF-4

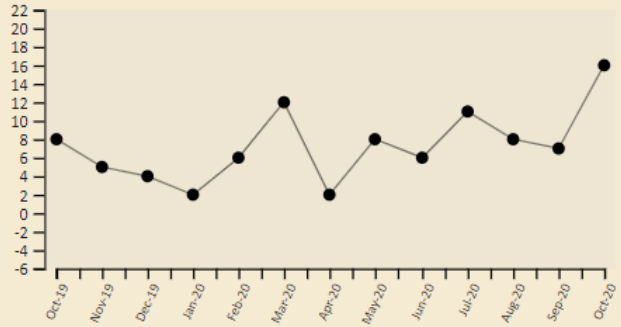
Vacancy Rate %



October 2020
-0.20%
Target
N/A

QS-9

Number of RIDDOR Reports



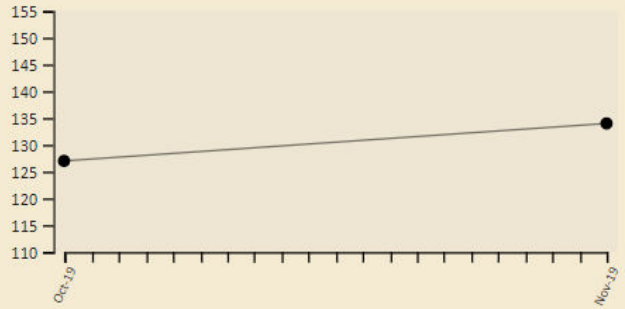
October 2020
16
Target
N/A

Performance by Domain
Effective: Performance Charts

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

M-6

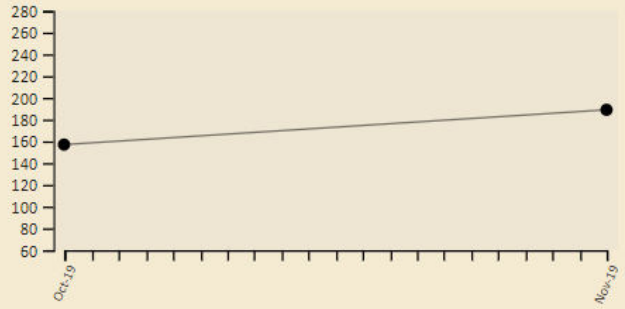
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean



Nov-19
02:14:00
Target
N/A

M-7

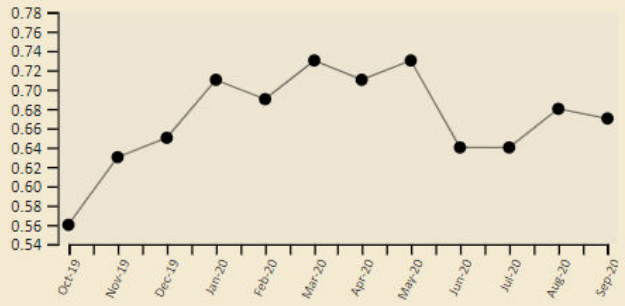
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile



Nov-19
03:09:00
Target
N/A

M-5

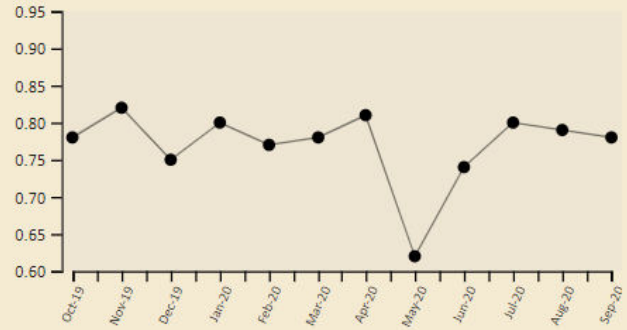
**Acute STEMI Care Bundle Outcome %



Sep-20
67.00%
Target
N/A

M-11

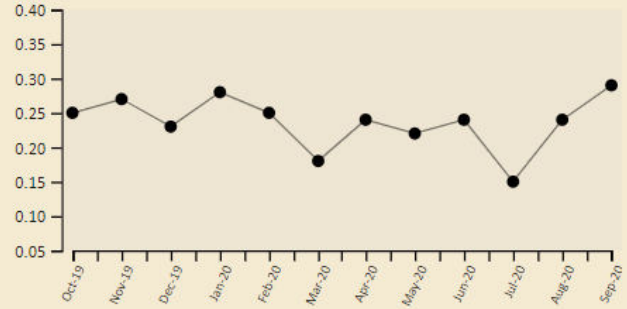
Cardiac Arrest - Post ROSC %



Sep-20
78.00%
Target
N/A

M-2

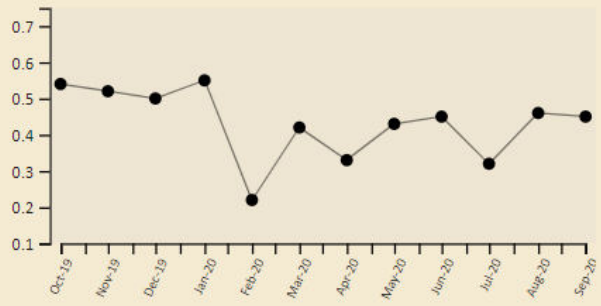
Cardiac ROSC ALL %



Sep-20
29.00%
Target
N/A

M-1

**Cardiac ROSC Utstein %



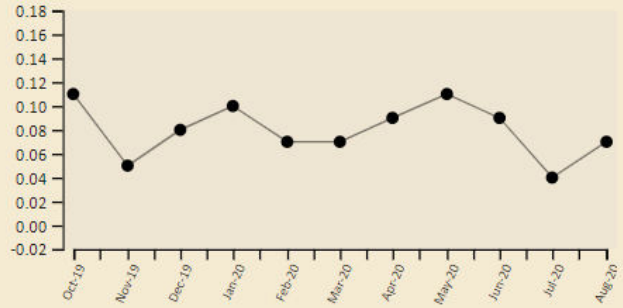
Sep-20
45.00%
Target
N/A

Performance by Domain
Effective: Performance Charts

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

M-4

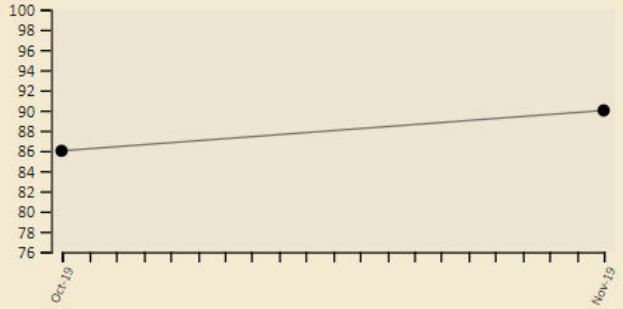
Cardiac Survival ALL %



Sep-20
(Blank)
Target
N/A

M-8

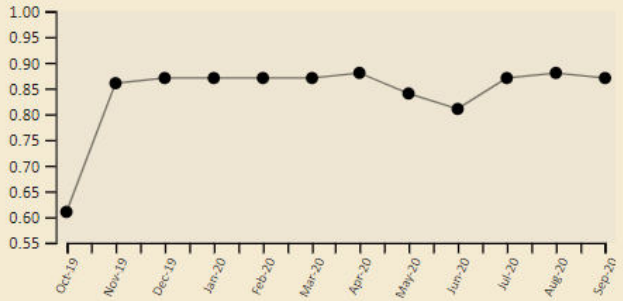
Stroke - Call to Hospital Arrival Mean



Nov-19
01:30:00
Target
N/A

M-12

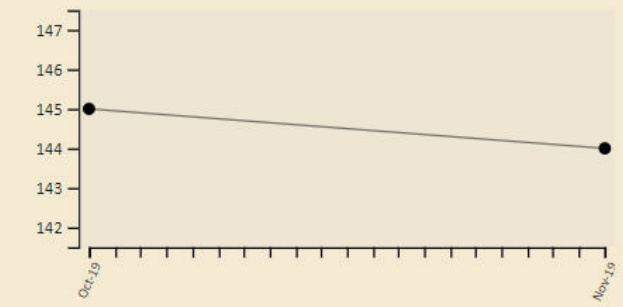
**Sepsis Care Bundle %



Sep-20
87.00%
Target
N/A

M-9

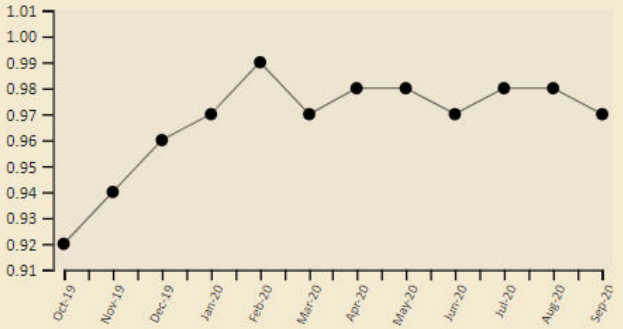
Stroke - Call to Hospital Arrival 90th Centile



Nov-19
02:24:00
Target
N/A

M-10

**Stroke - Assessed F2F Diagnostic Bundle %



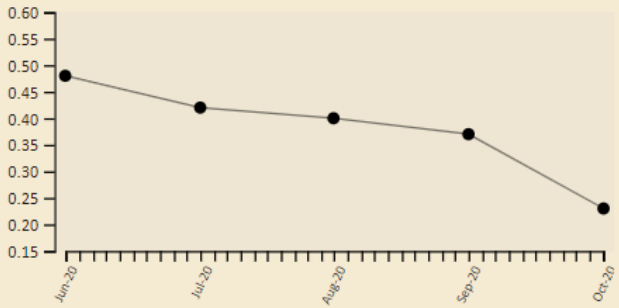
Sep-20
97.00%
Target
N/A

Performance by Domain
Caring: Performance Charts

Our staff involve and treat our patients with compassion, kindness, dignity and respect

QS-10

Proportion of Complaints Relating to Crew Attitude %



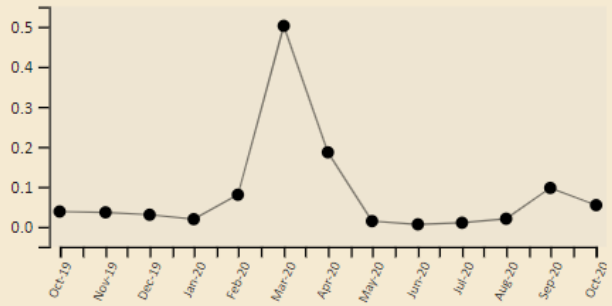
October 2020
23.00%
Target
N/A

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

111-3

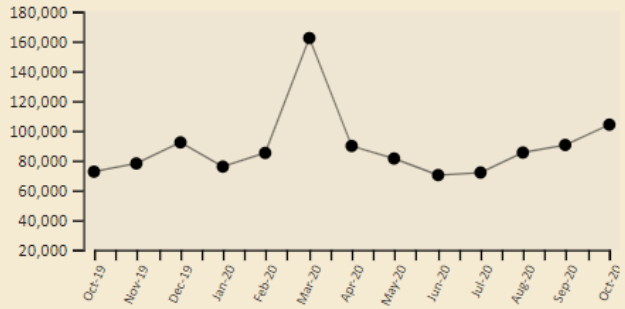
111 Calls Abandoned - (Offered) After 30 Seconds %



October 2020: 5.40%
Target: 6.00%

111-1

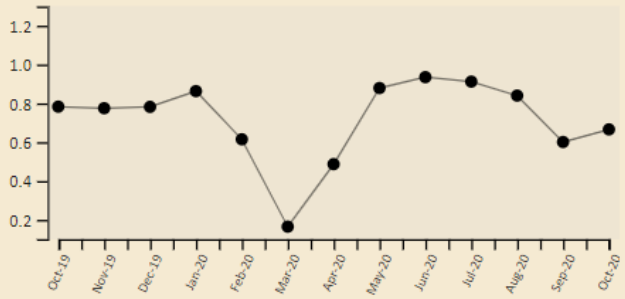
111 Calls Offered Actual



October 2020: 104059
Target: N/A

111-1

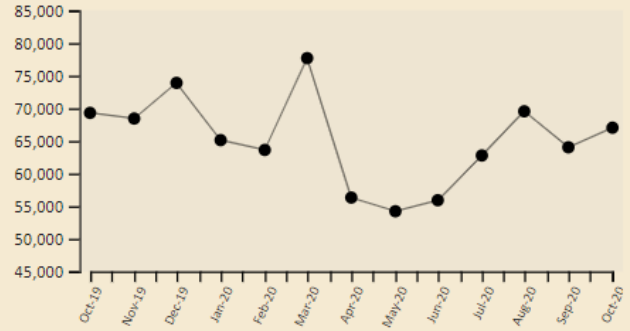
111 Calls Answered in 60 Seconds %



October 2020: 66.60%
Target: 95.00%

999-10

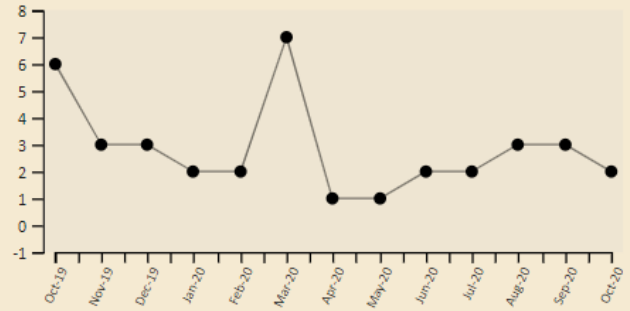
999 Calls Answered



October 2020: 67031
Target: N/A

999-1

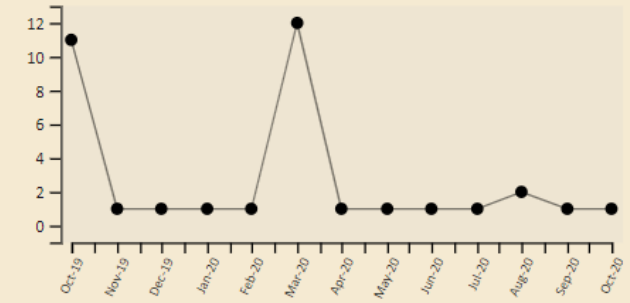
999 Call Answer Mean



October 2020: 00:00:02
Target: 00:00:05

999-1

999 Call Answer 90th Centile



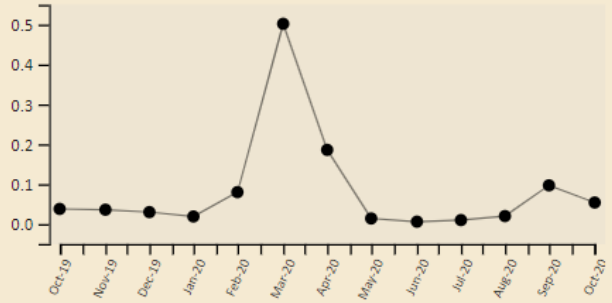
October 2020: 00:00:01
Target: 00:00:10

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

111-3

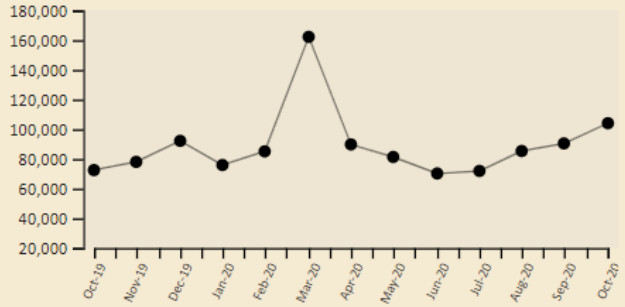
111 Calls Abandoned - (Offered) After 30 Seconds %



October 2020
5.40%
Target
6.00%

111-1

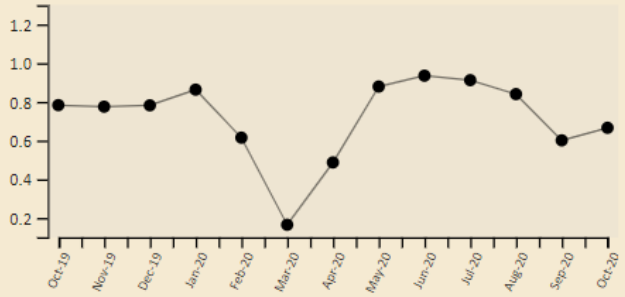
111 Calls Offered Actual



October 2020
104059
Target
N/A

111-1

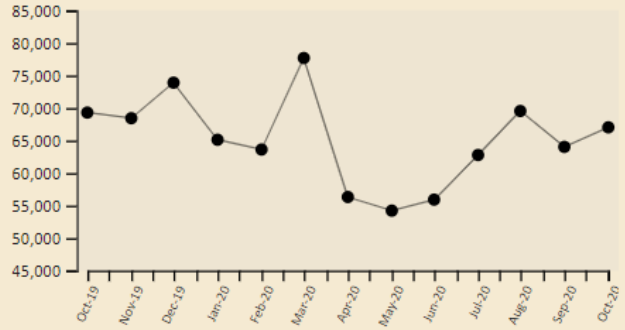
111 Calls Answered in 60 Seconds %



October 2020
66.60%
Target
95.00%

999-10

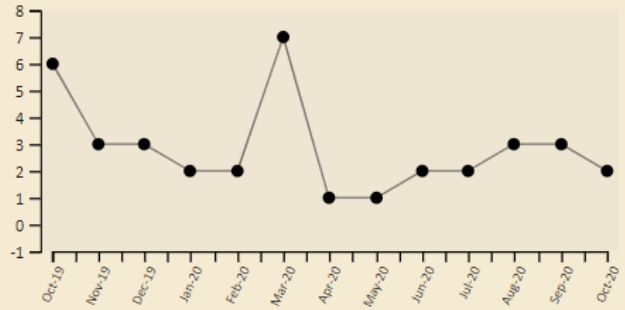
999 Calls Answered



October 2020
67031
Target
N/A

999-1

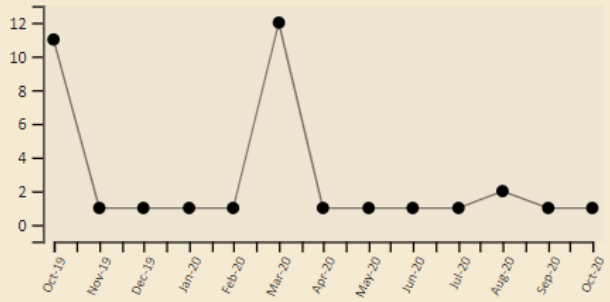
999 Call Answer Mean



October 2020
00:00:02
Target
00:00:05

999-1

999 Call Answer 90th Centile



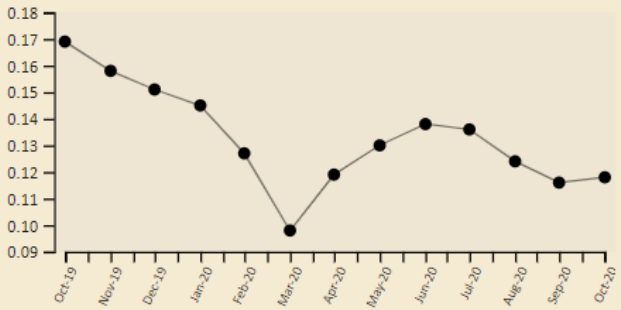
October 2020
00:00:01
Target
00:00:10

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

111-4

999 Referrals (Answered Calls) %

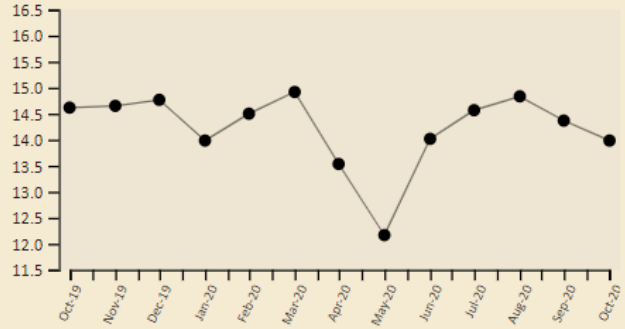


October 2020: 11.80%

Target: N/A

999-2

Cat 1 90th Centile

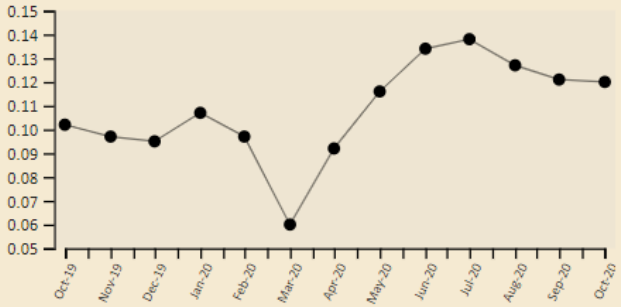


October 2020: 00:13:59

Target: 00:15:00

111-5

A&E Dispositions %

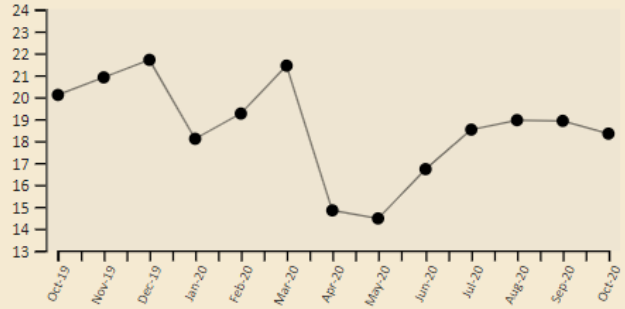


October 2020: 12.00%

Target: N/A

999-4

Cat 2 Mean

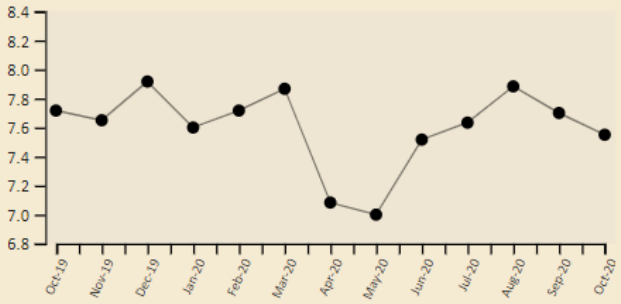


October 2020: 00:18:20

Target: 00:18:00

999-2

Cat 1 Mean

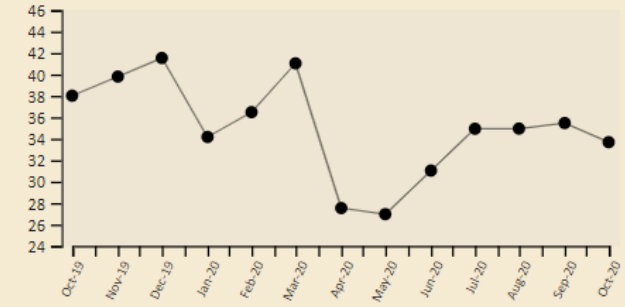


October 2020: 00:07:33

Target: 00:07:00

999-4

Cat 2 90th Centile



October 2020: 00:33:41

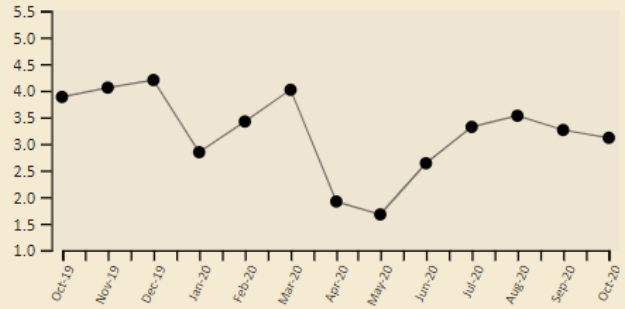
Target: 00:40:00

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

999-5

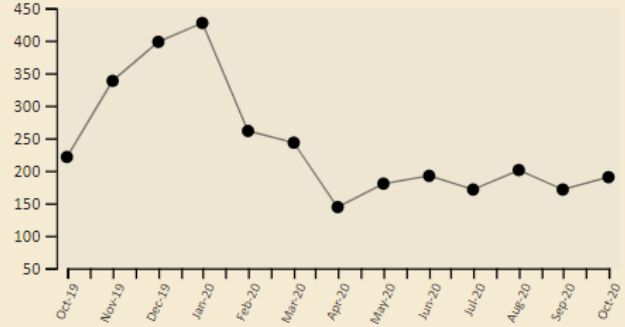
Cat 3 90th Centile



October 2020	03:06:47
Target	02:00:00

999-10

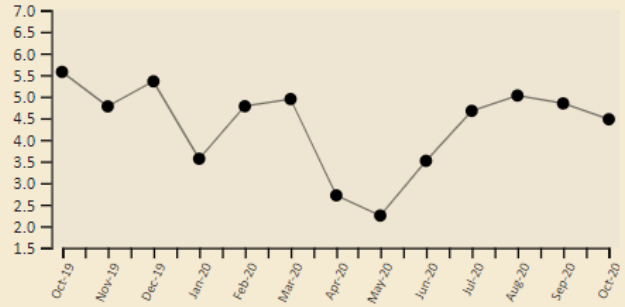
Fire First Responder Attendances



October 2020	190
Target	N/A

999-6

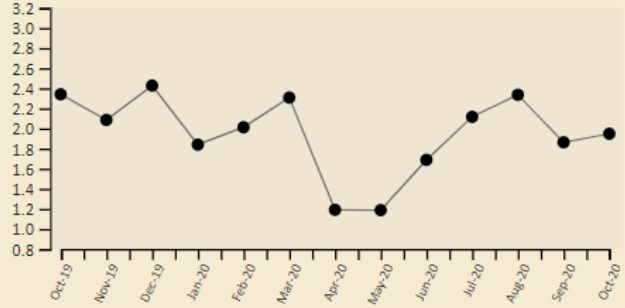
Cat 4 90th Centile



October 2020	04:28:26
Target	02:14:44

999-7

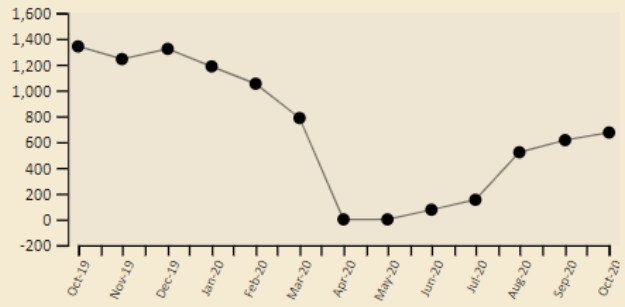
HCP 3 Mean



October 2020	01:56:51
Target	N/A

999-10

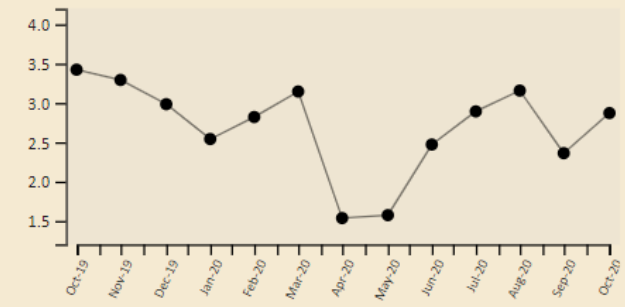
Community First Responder Attendances



October 2020	673
Target	N/A

999-7

HCP 4 Mean



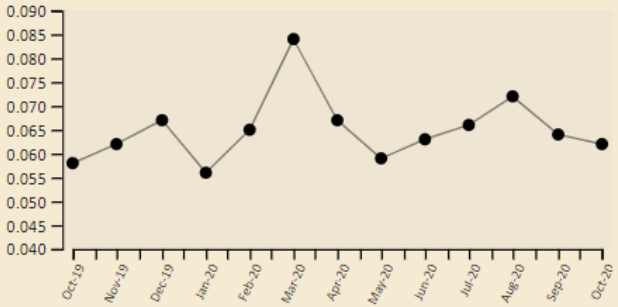
October 2020	02:52:18
Target	N/A

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

999-9

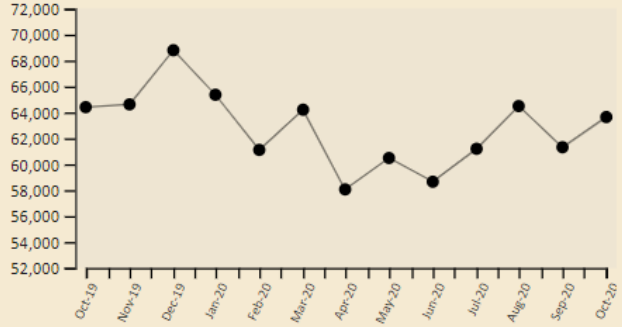
Incident Outcome Hear & Treat %



October 2020
6.20%
Target
N/A

999-10

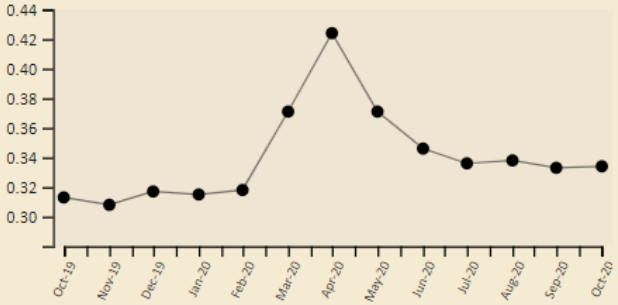
Incidents A7



October 2020
63644
Target
N/A

999-9

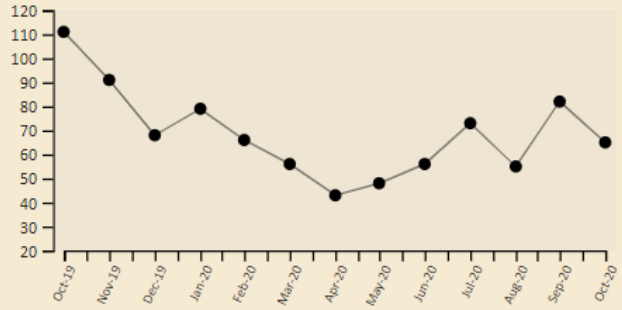
Incident Outcome See & Treat %



October 2020
33.40%
Target
N/A

QS-5

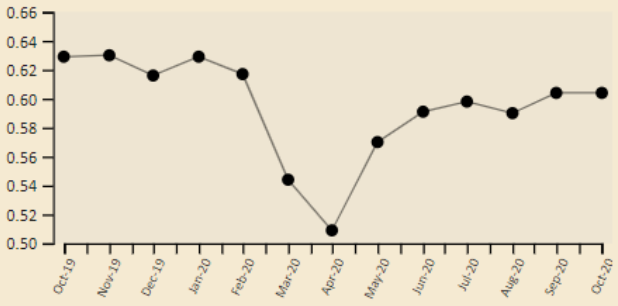
Number of Complaints



October 2020
65
Target
N/A

999-9

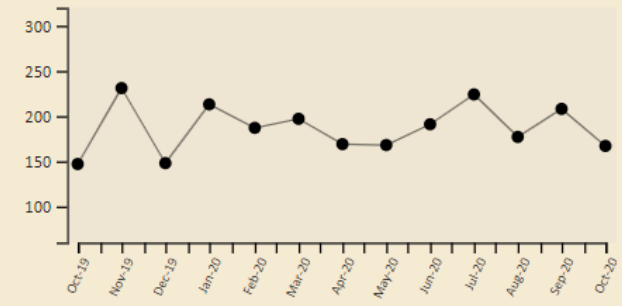
Incident Outcome See & Convey %



October 2020
60.40%
Target
N/A

QS-6

Number of Compliments



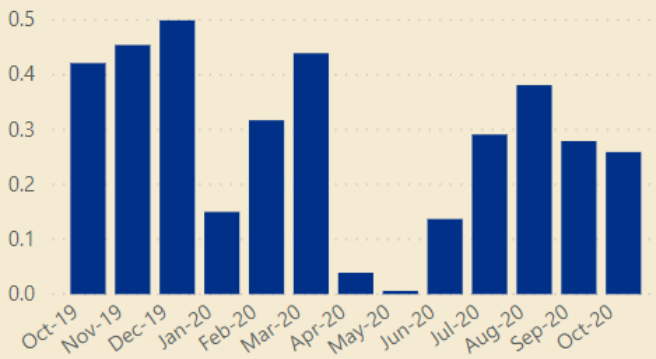
October 2020
167
Target
N/A

Performance by Domain
Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

999-14

Surge Managemnt Plan Level 3 or Higher %



October 2020
25.90%
Target
N/A

Performance by Domain
Well-Led: Performance Charts

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

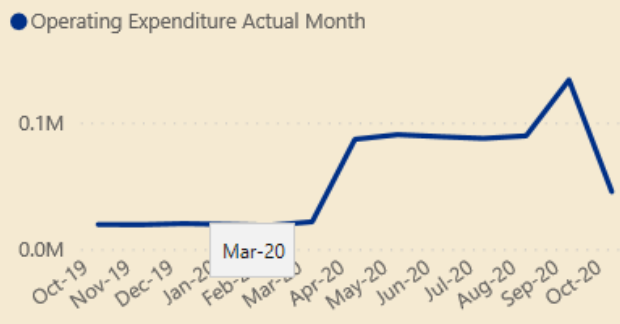
F-1

Income Actual Month

October 2020	Plan
£22430.00	£22521.30

F-2

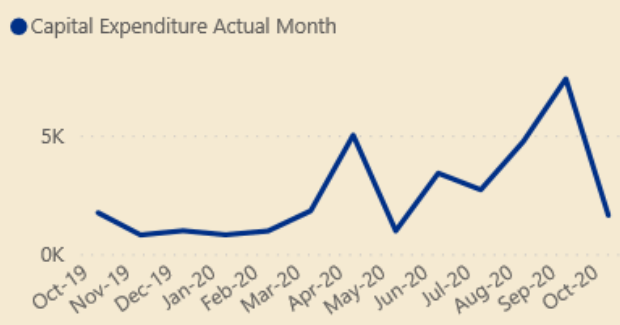
Operating Expenditure Actual Month



October 2020	Plan
£23020.10	£22521.30

F-3

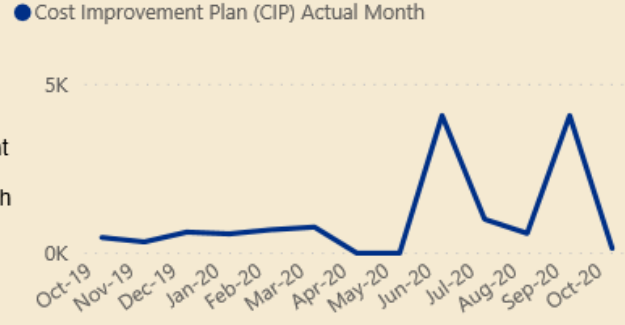
Capital Expenditure Actual Month



October 2020	Plan
£254.00	£2487.14

F-4

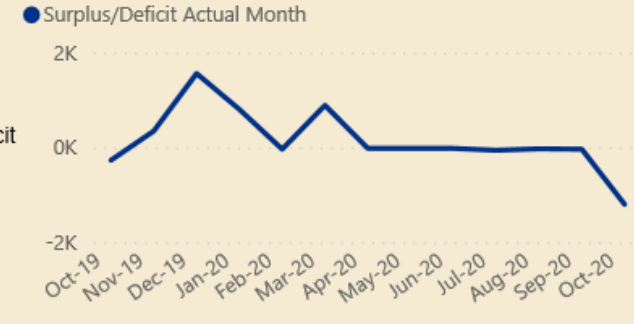
Cost Improvement Plan (CIP) Actual Month



October 2020	Plan
£71.00	£508.00

F-6

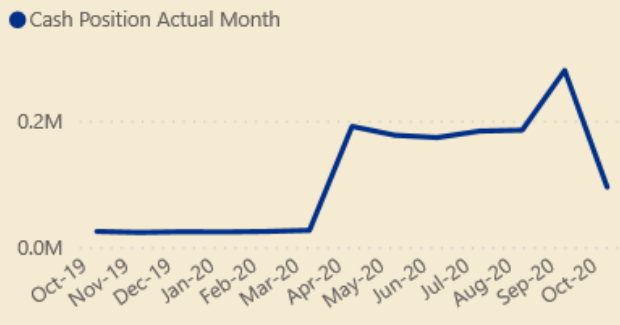
Surplus/Deficit Actual Month



October 2020	Plan
£-590.10	£0.00

F-7

Cash Position Actual Month



October 2020	Plan
£48231.00	£27175.10

Performance by Domain
Well-Led: Performance Charts

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

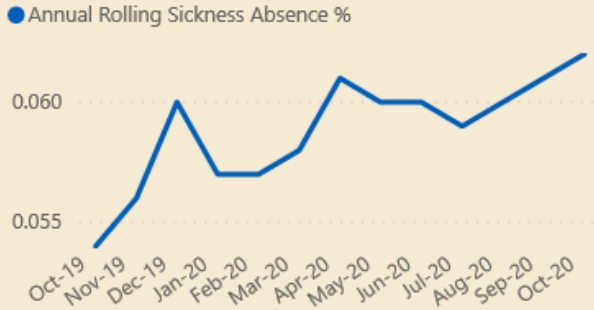
F-8

Agency Spend (£000s) Month

October 2020	Plan
£84.98	£355.00

WF-8

Annual Rolling Sickness Absence %



October 2020	Target
6.20%	5.00%

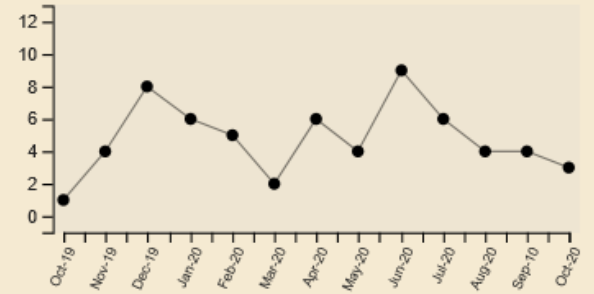
WF-5

Objectives & Career Conversations

October 2020	Target
36.70%	80.00%

WF-9

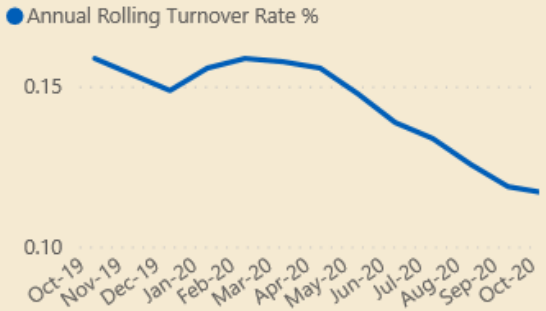
Disciplinary Cases



October 2020	Target
3	N/A

WF-7

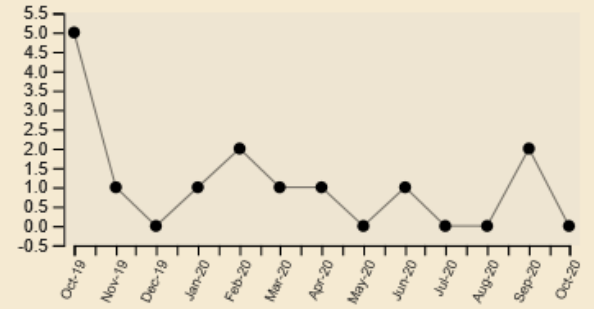
Annual Rolling Turnover Rate %



October 2020	Target
11.70%	N/A

WF-11

Collective Grievances



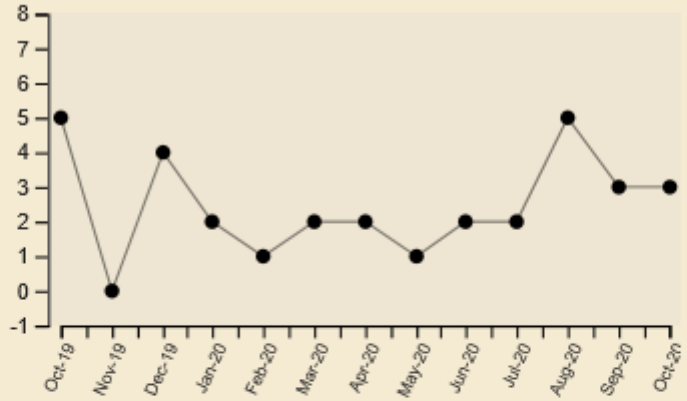
October 2020	Target
0	N/A

Performance by Domain
Well-Led: Performance Charts

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

WF-12

Bullying & Harrassment Internal



October 2020

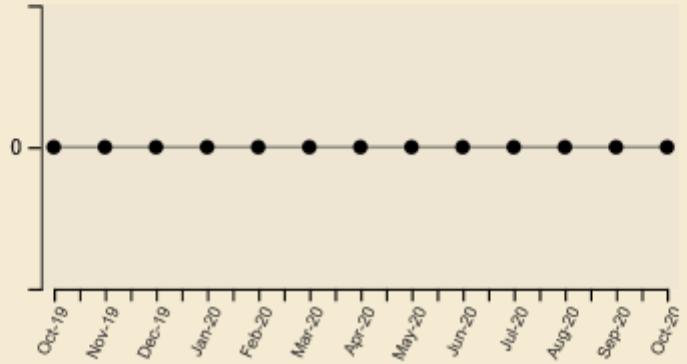
3

Target

0

WF-13

Whistleblowing



October 2020

0

Target

N/A

Appendix 2

Glossary

A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ED	Emergency Department
F2F	Face to Face
FFR	Fire First Responder
HCP	Healthcare Professional
ICS	Integrated Care System
Incidents	AQI (A7)
JCT	Job Cycle Time
MSK	Musculoskeletal conditions
NHSE/I	NHS England/Improvement
OmniceII	Secure storage facility for medicines
PAD	Public Access Defibrillator
RIDDOR	Reporting of Injuries Diseases and Dangerous Occurrences Regulations
ROSC	Return of spontaneous circulation
SI	Serious Incident
STEMI	ST-Elevation Myocardial Infarction
Transports	AQI (A53 + A54)
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
TIA	Transient Ischaemic Attack (mini-stroke)
WTE	Whole Time Equivalent (staff members)

Appendix 3

Symbol Key

PD	Performance Direction		
▲	Improving performance	+	Outperformed target
▼	Deteriorating performance	-	Underperformed target
●	No change	=	On target
■	Aspirational metric	-	Data not provided

Chart Key

Data Point	This represents the value being measured on the chart.	AVG	This line represents the average of all values within the chart.	Above UCL Below LCL	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.
Target	The target is either an internal or National target to be met.	Upper Control Limit Lower Control Limit	These lines are set two standard deviations above and below the average.	Run of 8 improving against average Run of 8 deteriorating against average	These points will show on a chart when the value is above or below the average for 8 consecutive points. This is seen as statistically significant and an area that should be reviewed.

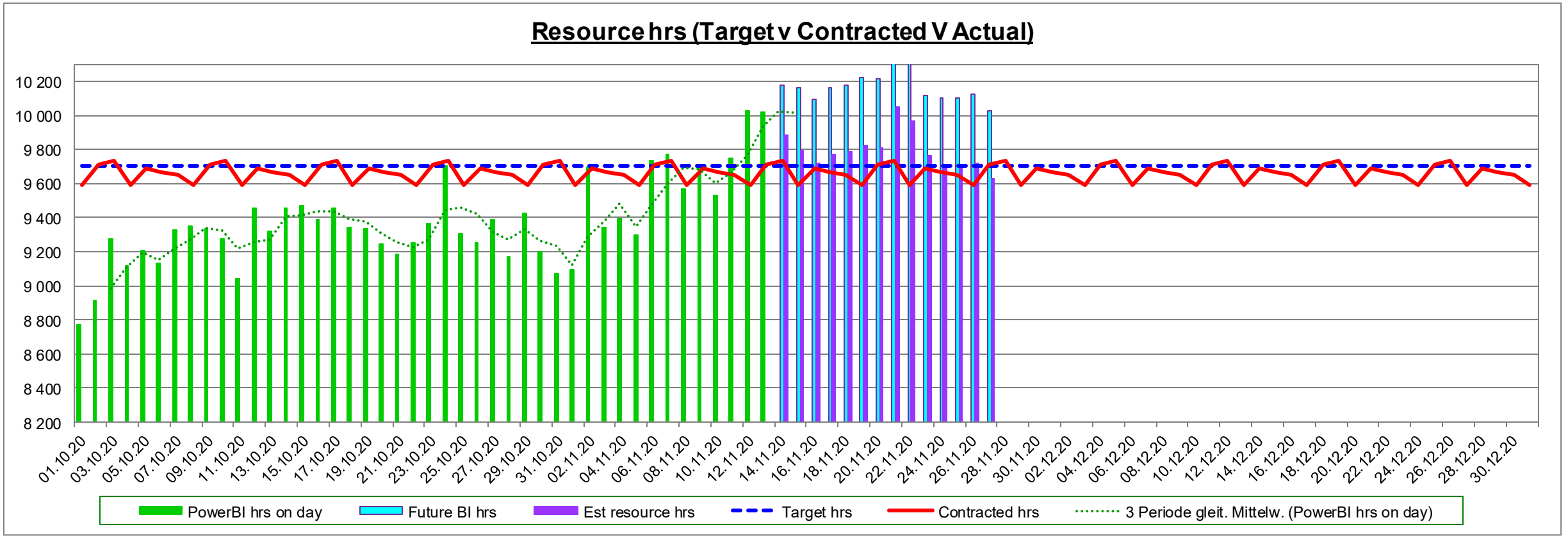
999 Performance Improvement Plan

Key Actions Update: 13/11/20

Emma Williams, Deputy Director of Operations

Position to date: Overview

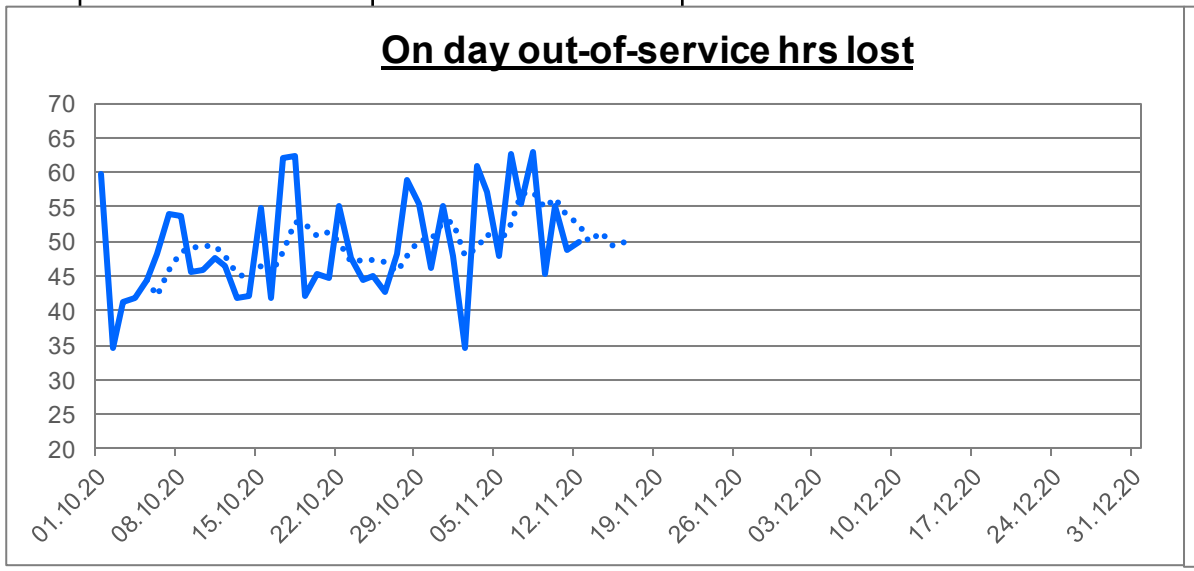
- The 999 Performance Improvement Plan (999 PIP) continues from the earlier plan
- The plan focused on putting additional hours out and improving efficiencies
- Two-week prediction of hours is based on a running average daily abstraction rate

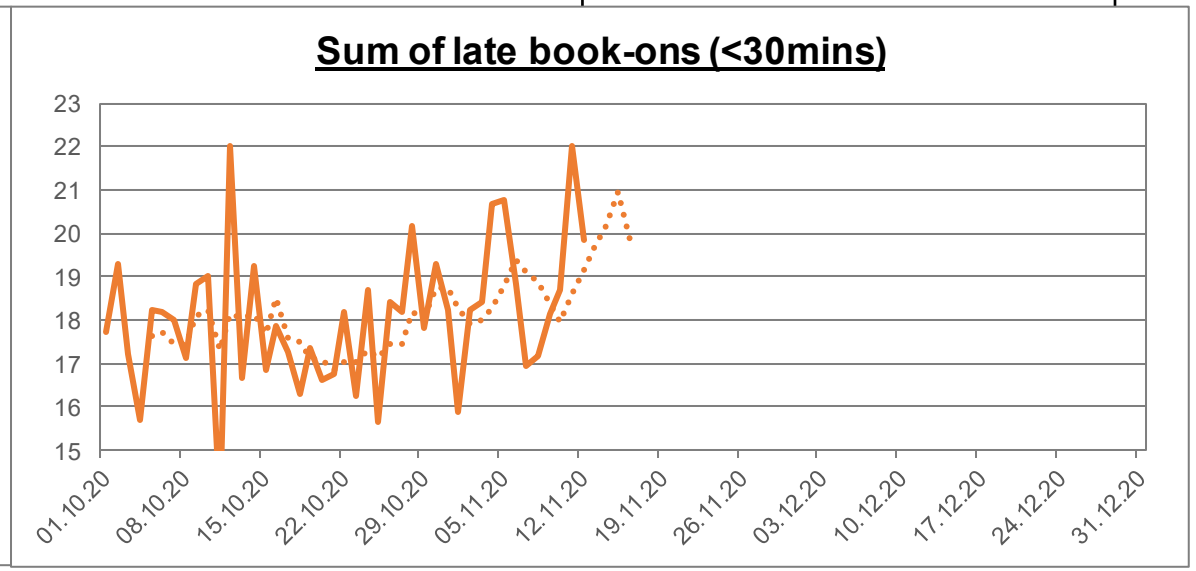


Note: data collated COP day before publishing – blue bars are hrs showing for the next 14 days; Est hrs (purple bars) are estimated hrs post modifier

PIP Action 1: On-day-out-service & shift late book-ons

ITEM	ACTION	IMPACT	TREND
Refocus of daily 08:30 teams call to improve productivity & efficiency	Daily review of on-day lost hrs from on-day issues and shift late book-ons	ODOOS reporting shows a stable position for losses attributable to administrative tasks, drug and equipment based issues. Some of the additional on day losses is due to seasonable flu vaccination administration. Worsening shift late book-ons often related to over-runs on previous shifts	ODOOS reasonably stable however late book-ons worsening





PIP Action 2: Abstraction – Key skills

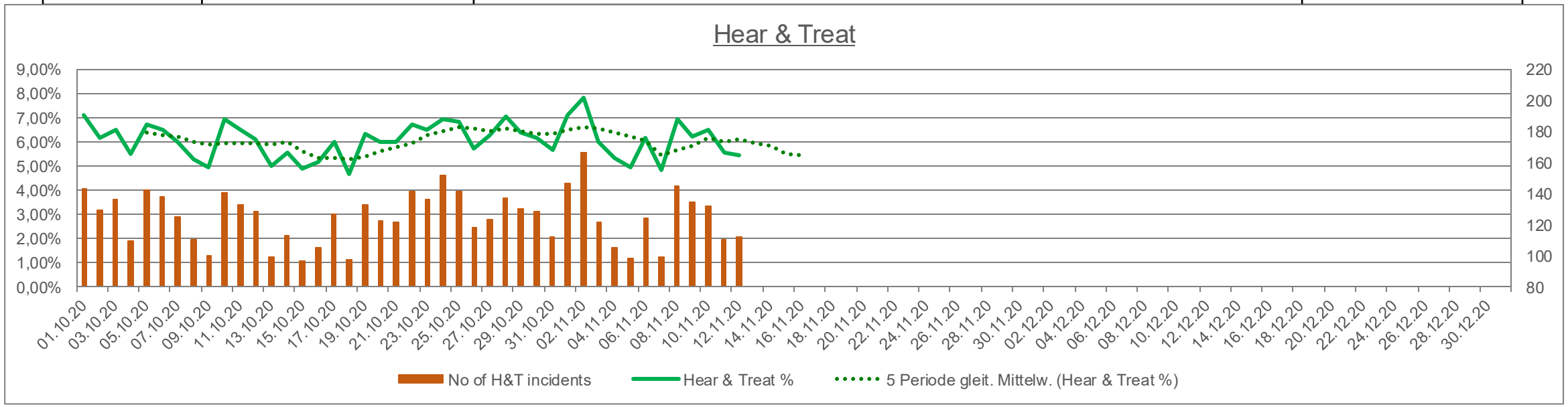
ITEM	ACTION	IMPACT	TREND
Key skills delivery	This is in-line with the plan agreed in Feb/Mar 2020	Position as of early Sept is that field ops are 5% behind where they should be due to Covid – this is a positive position. Training re-commenced as per plan mid-Sept following a month (August) of no delivery. Consideration is being given as to implications of continued delivery at a time of resource challenge.	On track – delivery against plan

	Jun-20	*Jul-20*	*Aug-20*	*Sep-20*	*Oct-20*	*Nov-20 (planned)*
Total no of Key Skills sessions delivered to front-line staff	427	470	0	428	469	499
Total no of hrs of key skills delivered to front-line staff	3202.5	3,525.0	0.0	3,210	3517.5	3,742.5

Overall plan is 2 staff per OU per session

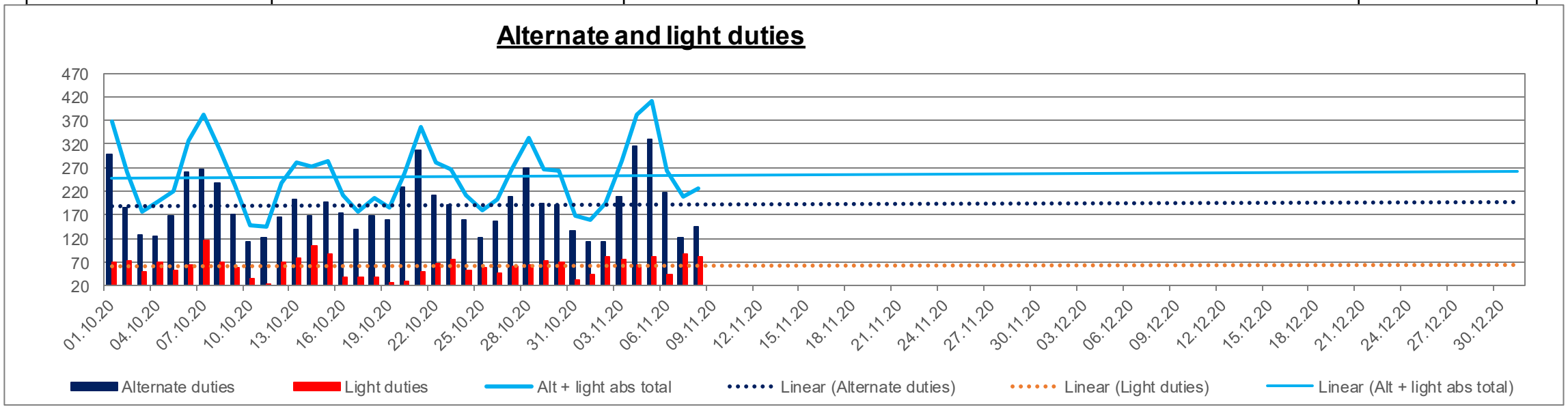
PIP Action 3: Hear and Treat

ITEM	ACTION	IMPACT	TREND
999 Hear and Treat responses	Focus on overall increase in the % of calls closed via hear and treat	Calls managed through H&T do not require a face-to-face response so support improved on-hours resource hrs availability. It also supports an improved patient experience. It is recognised that as overall ARP performance improves, this reduces some of the availability of calls suitable for H&T. This action is being managed via a CRLIG workstream	No improvement seen to date – significant fluctuations between days



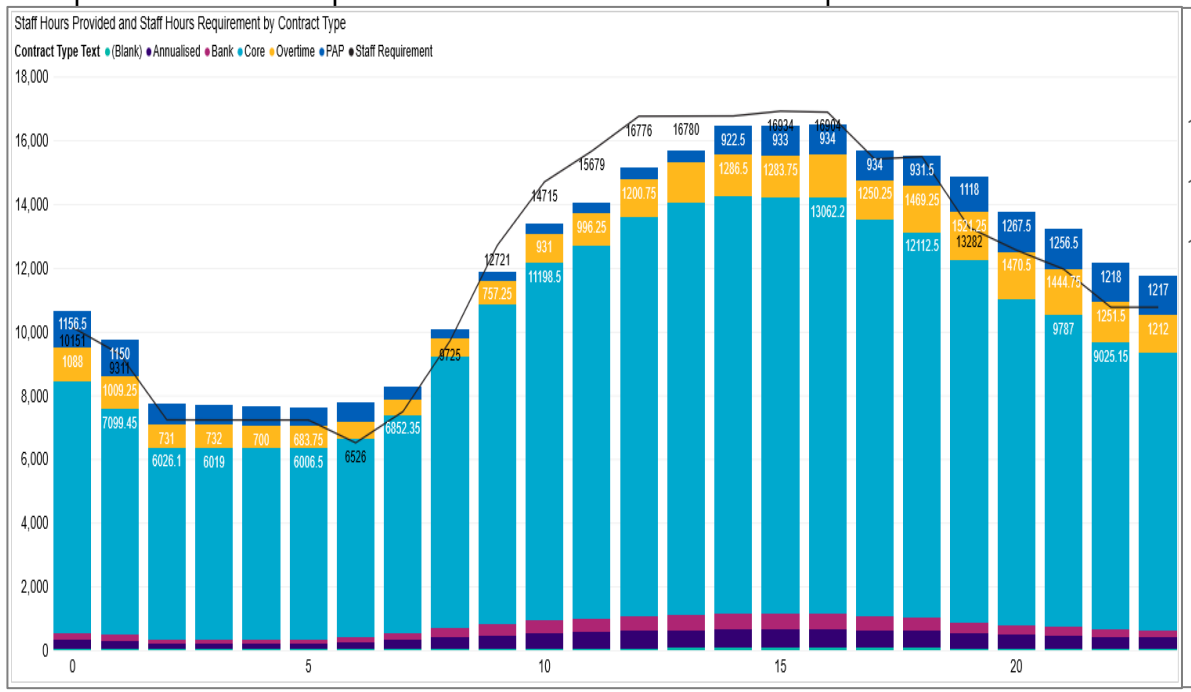
PIP Action 4: Clinical staff on alternative & light duties

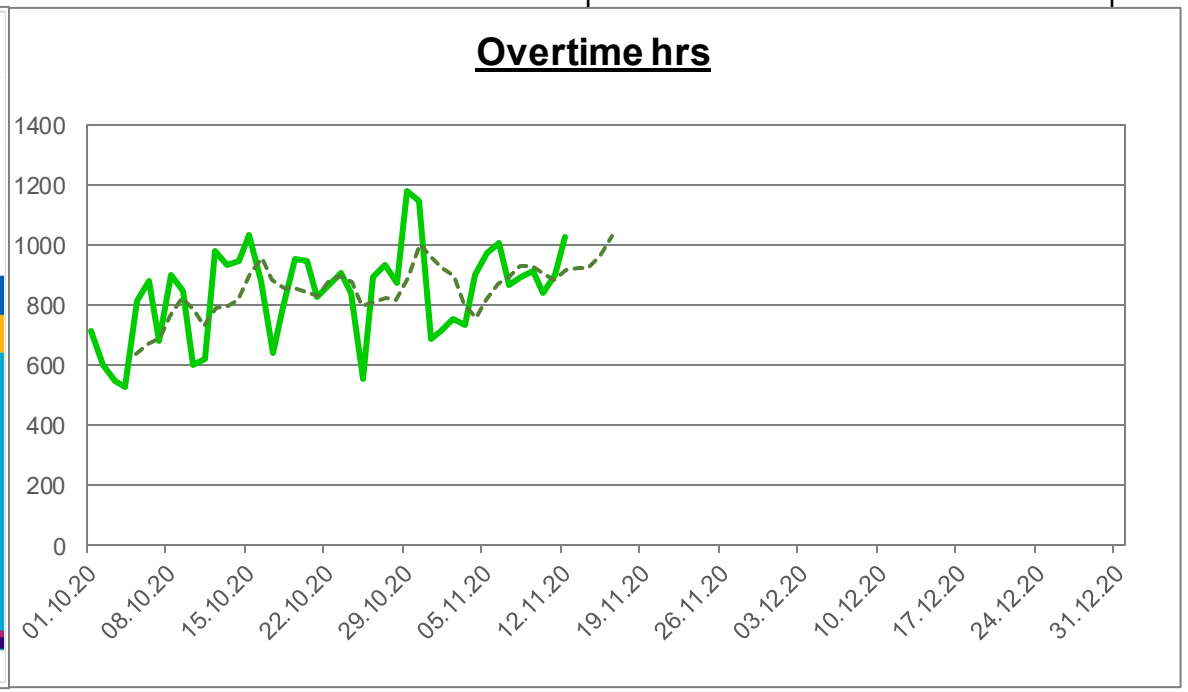
ITEM	ACTION	IMPACT	TREND
Clinical staff out of post – review for returning to patient facing duties.	Ops working with Well-being hub team on improved oversight and processes.	Some early signs of focus on this area of work has resulted in small numbers of staff supporting service delivery in a more structured way (e.g. Covid track & trace team). However, it is recognised that this may be impacted with the lockdown in Nov '20.	Overall Static position



PIP Action 5: Incentivising DCA overtime

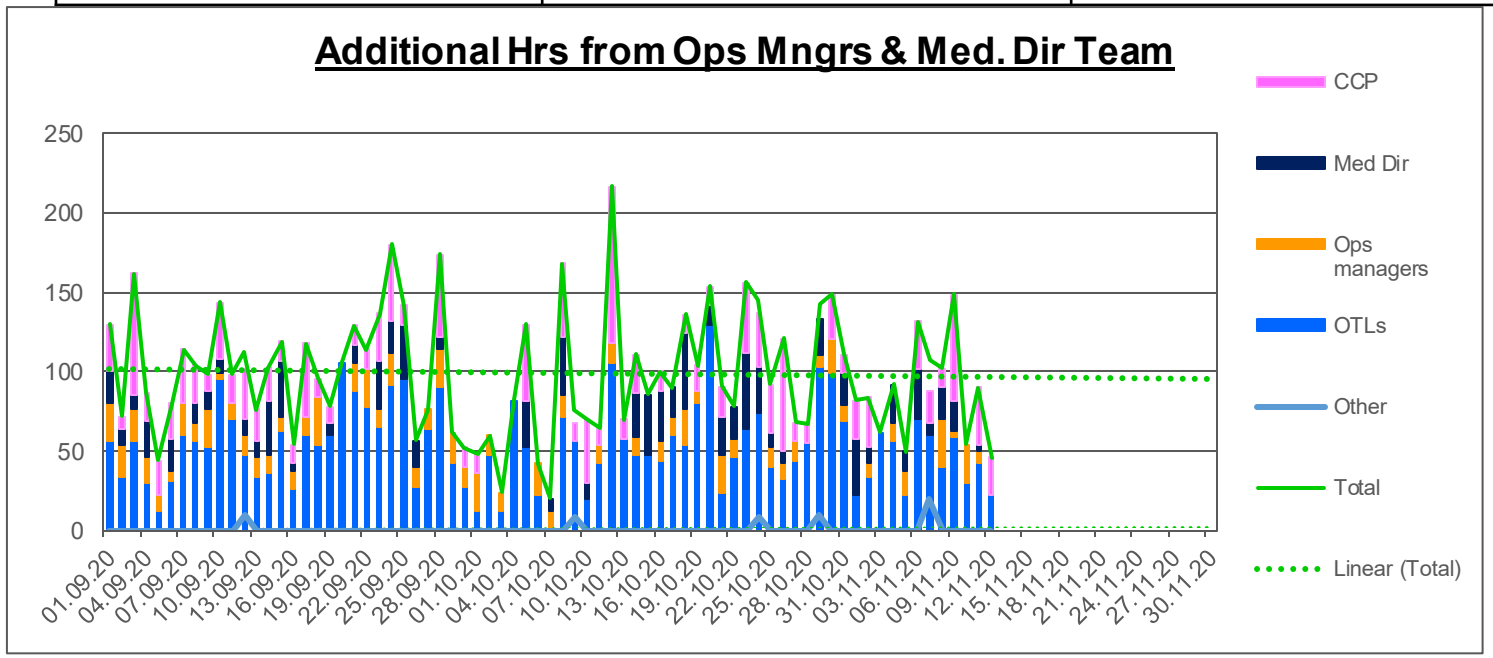
ITEM	ACTION	IMPACT	TREND
Incentivise key shifts	Incentivisation plan implemented between 17/08 and 21/09 for DCA shifts between 12:00 and 07:00	This has had an impact on the overall volume of overtime but it is demonstrating prioritisation to the incentivised period. **The yellow band is Overtime – data is for Oct to date.**	Overall improvement (total no of hrs at key times, overall total remaining consistent)





PIP Action 6: Clinical managers undertaking DCA shifts

ITEM	ACTION	IMPACT	TREND
Additional DCA hours to be provided by clinical managers, CCPs & PPs	Individual team responsibility. Max number of PP hubs set and monitored on 08:30 call.	Action relating to supporting all clinical response capable managers to undertake shifts continues;	Recent improvement (past week) but needs to be sustained



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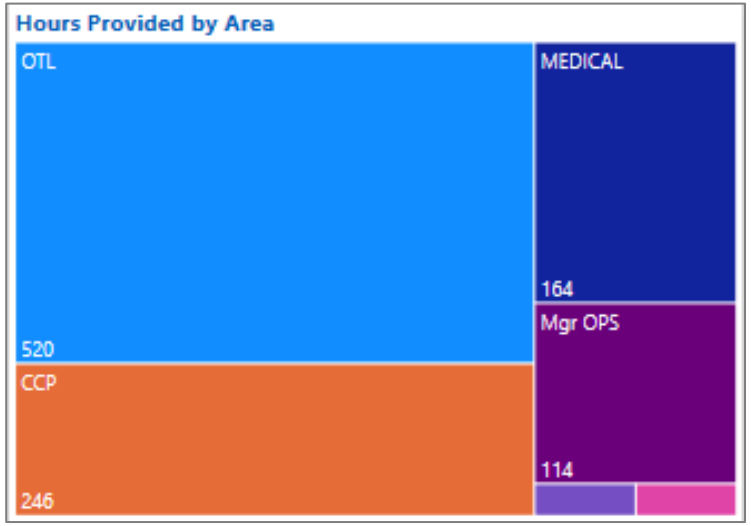
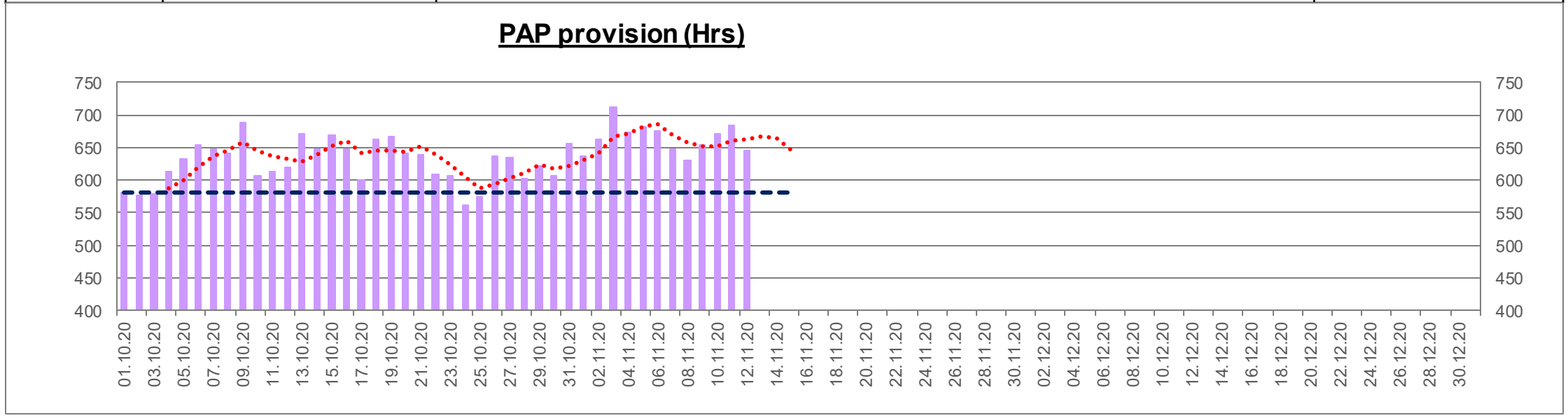


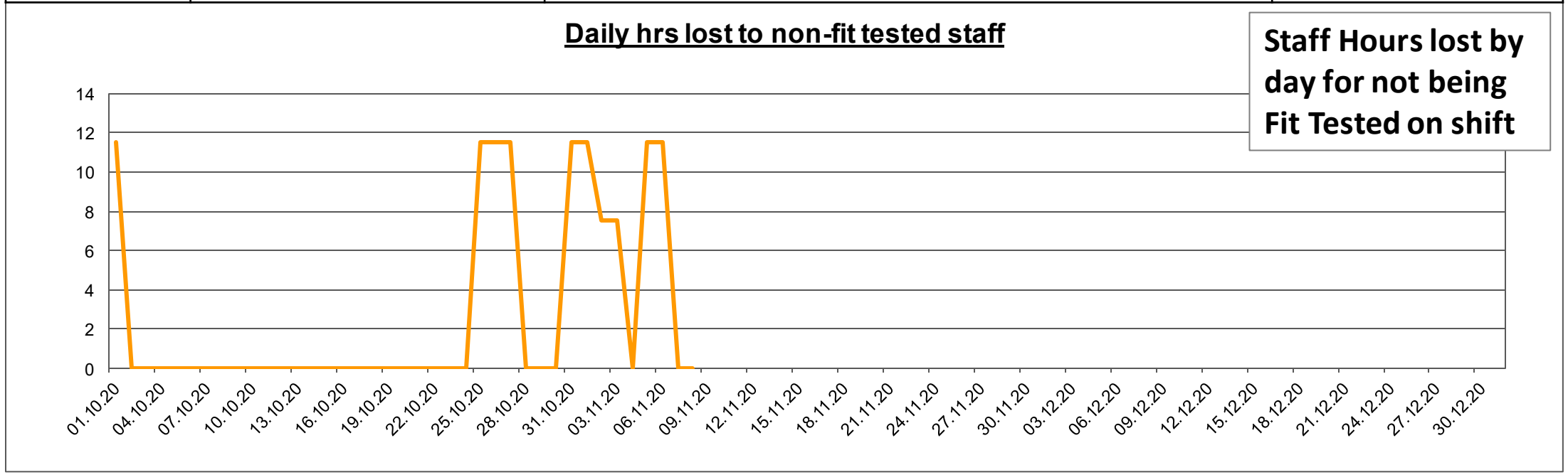
PIP Action 7: PAP Provision

ITEM	ACTION	IMPACT	TREND
Increase PAP provision	Work with existing PAP organisations to increase total hrs provided above those contracted.	This has resulted in additional resources on most days during mid-August but this has reduced in Sept and returned to only slightly above the contracted levels. Work is now underway to secure additional hours to compensate for the planned reduction to meet the planned workforce increases during the latter part of the year.	Sustained level delivery above average contracted hours (blue line)



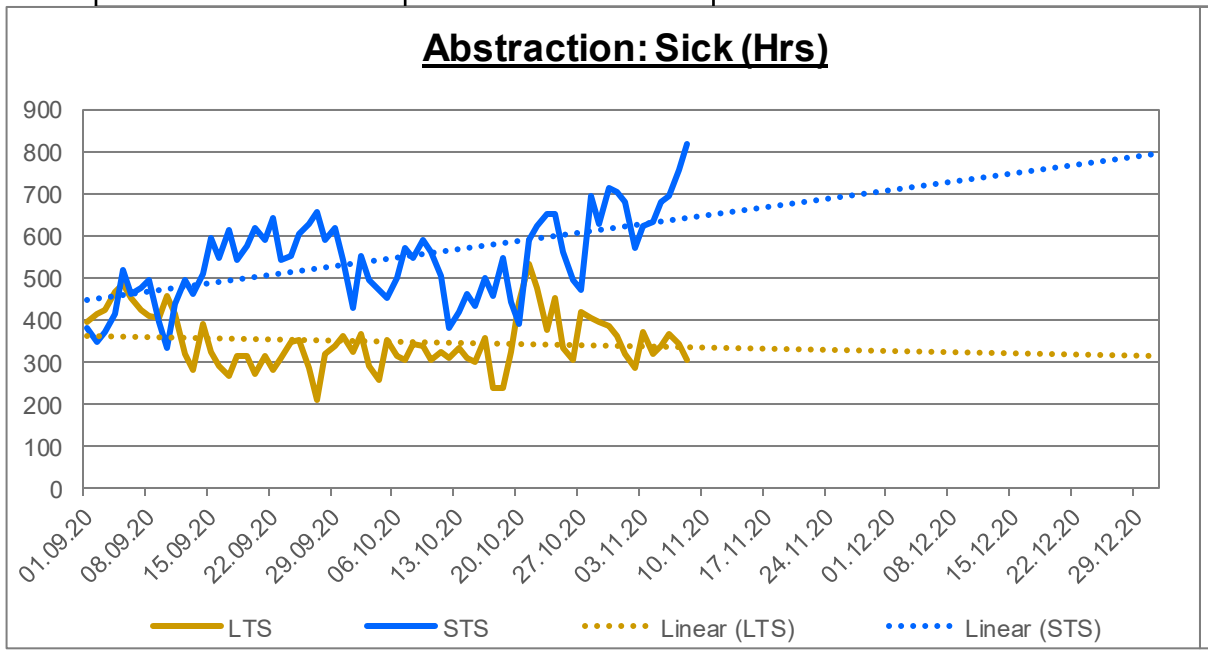
PIP Action 8: Non fit-tested staff

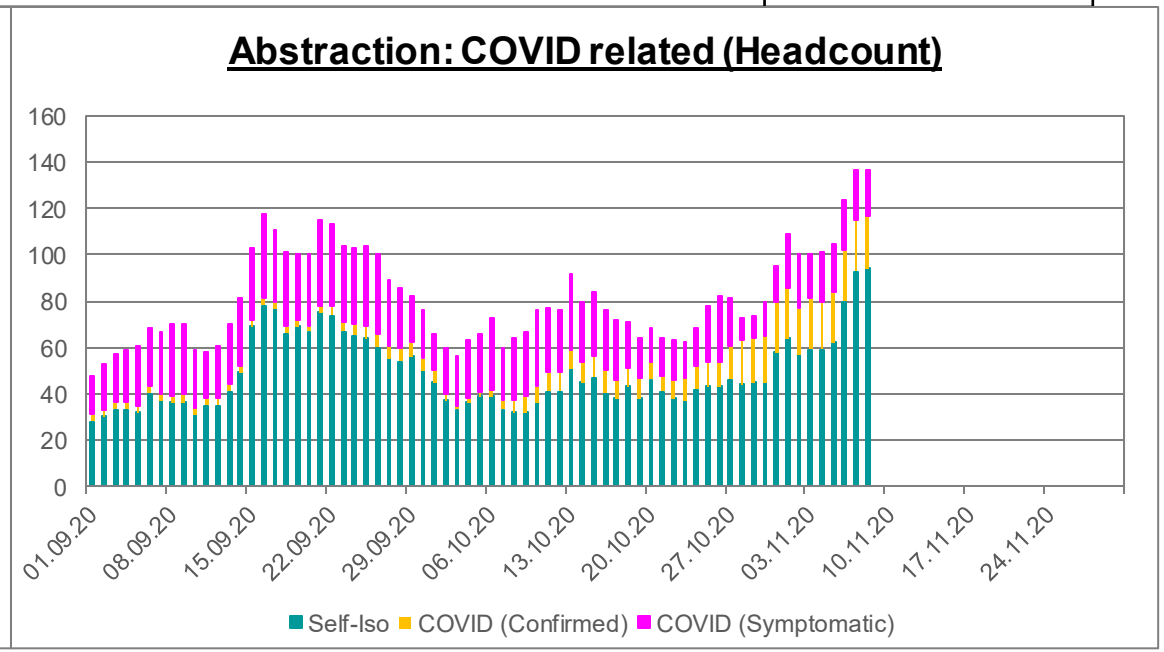
ITEM	ACTION	IMPACT	TREND
All staff to have an RPE option	Fit-test all staff on disposable and/or reusable RPE to ensure adequate provision	Significant reduction in loss of hours as a result of non-fit tested/no RPE staff. Low levels remain associated with new staff/trainees & students and staff returning from shielding.	Consistent and low impact Note: data being refreshed/checked



PIP Action 9: Sickness absence

ITEM	ACTION	IMPACT	TREND
Sickness management	Significant impact on resources due to national HR guideline	On going issue – this has been raised within the Trust, locally and nationally. Return to Trust policy	Worsening position – overall increase in Covid related absence





What next?

1. Consideration of actions within the plan – do any need to be removed and/or replaced?
2. Need for urgent development/resourcing of planning/forecasting capability within the trust – at present reporting is either live or retrospective
3. Continued focus on abstractions – particularly sickness and the ‘other’ category and alternate/light duties
4. Development of productivity and efficiency dashboard. This is underway and expected around the end of Sept and will support continuing actions to reduce on-day out-of-service etc
5. Progress on structural review of rotas and updating of key policies (e.g. end-of-shift and meal break)

SECAMB Board

Finance and Investment Committee Escalation report to the Board

Date of meetings	12 October and 12 November 2020
	Since the last Board meeting the committee has met twice. The meeting in October was an extraordinary meeting, which was also attended by the Chair and the Chief Executive. It was scheduled to focus on the 999 improvement plan, and also received two business cases. These required 'urgent decisions' provided by the Standing Orders and are included in Part 2 for ratification.
Overview of key issues/areas covered at the meeting:	At the meeting in October the committee explored the steps being taken to improve the provision of front line hours, as part of the specific 999 improvement plan. This included a trajectory, which demonstrated a concerning loss of on-day planned hours, e.g. self-isolation and short term sickness. The committee focussed on the key actions within the plan, and specifically what impact they have had and expected to have during the next period. It was assured by the increasing level of understanding there is about the issues and how best to address them, although there are few simple fixes. One of the most challenging issues the executive has considered is the position with key skills and whether to pause or even cancel this for the remainder of the year. The committee recognised the difficult balance of risk and supported the decision that was taken to continue with this. The range of actions in the plan include supporting clinical staff not in patient facing roles to take some shifts, which includes two of the executive board members, and increasing the provision of private providers; itself not as simple as it might appear due to the limited resources available in the region. The committee also explored the longer term strategy and actions, such as a rota review, and challenged the executive to ensure this receives the right level of focus and priority. It will support management to develop a longer term plan during Q4. The committee reinforced that the earlier the planning can be undertaken the greater the ability to test planning assumptions and ensure that all impacts are considered. In summary, the committee is assured that the measures are helping to maintain performance but acknowledges how fragile this is in terms of any changes in demand. The planned meeting in November considered several ***Scrutiny Items*** *(where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas),* including; **999 Operational Performance** **Partial Assurance** Following on from the meeting in October the committee tested the key actions within the plan and was as assured by the grip and focus being given. It acknowledged the strong performance within the EOC, in particular with call answer performance

	standards being met (one of the best performing compared with other ambulance trusts), which is all the more impressive given we were providing mutual aid support to Yorkshire Ambulance Service. The committee noted that the provision of hours and related performance had improved over recent weeks and explored the reasons, which included better management of abstractions and annual leave. Performance has improved in comparison with our peers, save for in Cat 4. There was also an exploration of the principal risks over the next period, both internal and external, e.g. COVID impact, EU Transition and staff fatigue in front line and support / management services. The committee specifically challenged management to ensure it distinguishes between the actions that are short term (not sustainable) and longer term (sustainable), in the context that we are not holding anything in reserves. The committee is assured that management is doing all it reasonably can to maintain performance. The committee acknowledges that the structural changes need to ensure sustained improvement over time will take time and so over the next few months it is unlikely performance will improve. Therefore, all the effort will be in ensuring as safe a service as possible during what will be an uncertain and challenging period. **111 / CAS Mobilisation** **Assured** A review was undertaken by management to learn lessons from the mobilisation and the committee noted that there were no major issues to escalate. Some of the learning included to ensure the right level of resource at beginning to ensure greater understanding of the likely risks and issues, in addition to the commercial considerations. The executive will use these lessons in its consideration of future (new) services, the first of which is potentially PTS, which the Board will consider following the market event in December 2020. The committee congratulated the executive and everyone else who was involved in the mobilisation of the new clinical assessment service for delivering this so well especially during the Pandemic. **Capital Programme Plan – Development & Delivery** **Assured** The Committee noted the status of the Capital Programme and the changes required as part of the Five-Year Plan that is currently being developed. It is a substantial capital programme, which unsurprisingly identifies a funding gap over the five years, in particular years 3-5. The committee confirmed that it is quite normal to have an indicative plan for years 3-5 with related decisions to be taken at the time. **Fleet Strategy Delivery Plan** **Partial Assurance** There was a review of the fleet delivery plan, including the factors that influence the Vehicle Relief Rate (VRR) as a core indication of fleet system efficiency, and the planned activity.

	While the paper was helpful it did not quite set out the levers that need to change to improve the VRR, which is currently quite far adrift of the target. The committee acknowledged that the new fleet management system is now starting to provide the information needed to assess vehicle usage (ideally we require at least 12 months to ensure the data is reliable enough to make well-informed decisions) and management confirmed that there are processes in place to ensure efficient deployment, although full assurance could not be given that this is always the case. The committee was partially assured. This is an area the Trust hasn't focussed on for a long time so what we are seeing is better awareness and the next step is to resource correctly to ensure the right actions can be taken. There was just one item under ***monitoring performance,*** and this was a review of the finances at **month 6** and the **financial planning** for the remainder of the year. Month 6 is in line with the previous five months and we are on plan to achieve a breakeven position. There is at month 6 a net underlying underspend in the operations budget, due to hours being below the planned levels, and this partly offset by more expensive resource, e.g. PAPs. A verbal update was provided on the Month 7 position, which was being finalised at the time of the meeting. The underlying themes are the same as previous months. The main difference is that as we move in to the second half of the year, the 'top up' funding ceases; we will now fall within the ICS. The agreed fixed level of funding matches our projected spend with a reserve held at ICS, which we expect will cover reasonable COVID spend, although this is not certain. The plan we have submitted for the second half of the year shows a provisional gap (related to issues like COVID) and the committee explored these items noting the related risks. It will continue to keep a close eye on this over the coming weeks and months. There was a separate paper on COVID spend and the committee acknowledged the substantial assurance provided by Internal Audit, which demonstrated appropriate spend (see Appendix A). The committee noted that the paper referenced some of the business cases now require revising, as when they were approved, they were for a specific period of time due to the uncertainty over how long the pandemic would last. The executive assured the committee that this is in progress. The committee also consider the **Medway MRC Full Business Case.** This is recommended for approval by the Board, following the outline case the Board approved earlier in the year. This is in part 2 due to commercial sensitivity.
Any other matters the Committee wishes to escalate to the Board	The committee received a new commissioning contract report, which will become a regular report to update the committee on the Trust's NHS commissioned contracts and services and any ongoing discussions or escalations with providers and/or commissioners. Its aim is to provide assurance of effective contract management, and to provide an alert function of early awareness of potential issues or decisions that may arise. This will link to the horizon scanning report the Board will receive from November, in part 2.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Financial Governance and Sustainability

Internal audit report 6.20/21

FINAL

1 September 2020

1. EXECUTIVE SUMMARY

Background

An audit of Financial Governance and Sustainability has been undertaken as part of the approved internal audit plan for 2020/21. The objective of the review was to provide assurance that financial controls in place to manage the risks of fraud and error during the Covid-19 period are adequately designed and effective.

The NHS Chief Executive and Chief Operating Officer wrote to the Chairs of all NHS organisations on 17 March 2020 to communicate the 'important and urgent – next steps on NHS response to Covid-19'. Within this letter issued on behalf of the Healthcare Financial Management Association (HMFA) it was recommended that NHS organisations undertake an urgent review of financial governance to ensure decisions to commit resources in response to Covid-19 are robust. It was also emphasised that despite some relaxation of 'business as usual' activities the maintenance of financial controls and stewardship of public funds will remain critical during the NHS response to Covid-19.

The letter highlighted some areas where early action was needed to enable the speeding up of financial transactions while maintaining appropriate controls and governance. These included:

- Standing Financial Instructions and Schemes of Delegation
- Changes to financial processes / systems to allow this to work
- Collecting and coding financial information that is auditable and evidenced
- Documentation of key decisions
- Review of Business Continuity Plans

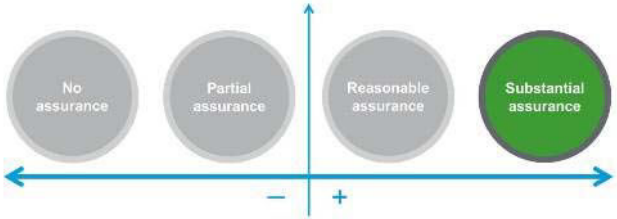
Covid-19 presents the NHS with arguably the greatest challenge it has faced since its creation. Management are naturally concerned that in unprecedented times controls may knowingly be relaxed to provide resilience and continuity of business, but this does heighten the risk of fraud and error.

Whilst there have been new ways of working including through staff being home based and operating remotely, existing controls have largely continued. In certain aspects such as review and approval of business cases there has been an increase in speed and review by the Covid Management Group, a group dedicated to dealing with the Trust response to the pandemic.

Conclusion

The Trust did not make any significant changes to financial processes in response to Covid-19 that would have resulted in additional financial risk during this period, although processes have been fast tracked such as in cases where a faster than usual approval was required. Based on this review Covid-19 expenditure has been well monitored through the financial systems and approved in line with existing Standing Financial Instructions and Scheme of Delegation. Additional oversight has been provided by both the existing governance structure such as through the Finance and Investment Committee and Business Case Group, in addition to the Covid-19 Management Group which was introduced directly to address Covid-19 issues and will only operate whilst Covid-19 is having an impact. Whilst we have not included a specific recovery workstream review as part of this audit we are aware of an area of good practice whereby a Covid-19 Recovery, Learning and Improvement Group (CRLIG) has been set up. The aim of the group is to review changes made during the Covid-19 response including learning from experiences and building on them. No further management actions have been raised as a result of our review.

Internal audit opinion:
Taking account of the issues identified, the Board can take substantial assurance that the controls upon which the organisation relies to manage the identified risks are suitably designed, consistently applied and operating effectively.



Key findings

	The Trust's key financial governance documents including the Standing Financial Instructions and Scheme of Delegation were reviewed and updated as part of the routine cycle with no specific updates being made in response to Covid-19. Review is next due in September 2020, one year on from the last review in September 2019.
	We were provided with official documentation on the changes to Covid-19 finance and reporting approval processes from NHSE, dated 19th May 2020. The guidance outlines changes to the processes for reporting revenue expenditure and claiming reimbursement for capital expenditure related to Covid-19. The guidance provides a detailed outline of the areas of spend expected to be seen during the NHS's response to Covid-19, and Covid-19 reporting aligns with these categories. The guidance also outlines that due to an expected fall in urgent cases requiring immediate capital investment decisions, as of the 19th May 2020, all Covid-19 cases requiring national funding require national pre-approval. Management are aware of and are utilising this document.
	Guidance from HFMA states Boards remain accountable for all their functions during Covid-19 and should put in place arrangements to be kept informed and maintain their monitoring role, including delegated functions. Where possible, meetings should be held remotely / electronically in order to continue exercising their functions safely. A review of the Trust's Board papers confirmed these meetings have been held remotely on 28 May and 30 July 2020 in line with HFMA guidance, with minutes being signed off electronically. The 26 March 2020 meeting was held at the Crawley HQ. Both meetings held remotely (May and July 2020) had sections on the agenda specific to the Covid-19 response. There is a clear awareness and understanding that NHS Trusts will be paid under a centrally determined block contract for the first four months of 2020/21, with a further top-up payment in line with expenditure to ensure that costs of the response to Covid-19 are covered.
	We reviewed a copy of a paper setting out details on Covid Expenditure taken to the Finance and Investment Committee on the 23rd July 2020. In terms of Covid-19 expenditure, the Trust had a total spend of £6.2m to date as at 30th June 2020. This mainly pertained to backfill for higher sickness absence, remote management of patients and expanding medical, nursing, and other areas of the workforce. £0.7m related to a year end annual leave accrual that has not yet been reimbursed. From discussion with management we were informed that the £0.7m is expected to be reimbursed in future once a claim can be made based on a cost rather than an accrual basis in line with NHS requirements. £1.7m of the £6.2m related to expenditure to the end of March 2020, whilst to the quarter ending 30th June 2020 expenditure was £4.5m. A projected total spend of £6.5m was reported for 2020/21 compared to £7.1m approved business case value. The difference is attributed to centrally funded PPE and lower 111 staffing requirements. The paper made reference to Covid-19 related business cases being considered in line with agreed governance processes, although they are fast tracked, and listed all approved and pending Covid-19 business cases to date.

	The Trust was reported as having one of the lowest levels of Covid related expenditure in a benchmarking report providing a comparison against other ambulance services. The Ambulance Benchmarking Covid-19 Month 2 document reported that the Trust had a total expenditure of £1,831,000 and £1,470,000 in April and May 2020, respectively. In month 1, the Trust had the second lowest total amount of Covid-19 expenditure when compared to other ambulance services in England. This level of expenditure is driven by lower than expected expenditure on PPE due to central supply, and underspending under the heading of hotel costs.
	A separate Covid-19 Cost Centre was set up to allow recording of Covid-19 related costs, and analysis codes are used to allocate and record where departments are spending. We selected a sample of 30 payments from a report of transactions against the Covid-19 cost centre. The sample comprised 10 payments from each month of the three month period to 30th June 2020 and included both purchase and payroll related expenditure. Testing was completed to confirm the payments were valid and reasonable Covid-19 expenditure and included key documents including purchase orders. We worked through the sample in detail with the Head of Financial Management and reached a satisfactory conclusion with all queries being answered. Payroll costs relating to Covid-19 were recorded via a spreadsheet staff list maintained to record all staff who have been drafted to work in the Covid Hub and cross charge. We noted that all staff working in the Covid Hub were already employed by the Trust. In addition, we compared the Covid-19 pay spreadsheet to the record of all Covid related expenditure and confirmed the values (i.e. between payroll and financial records) reconciled.
	We reviewed a copy of the Trust's Cost Reimbursement Template 2019/20 used in preparing the Covid-19 return to NHSE. The document is in the form of a spreadsheet which includes detailed instructions for completion and guidance into allowable cost types. For example, for "Increase administrative capacity" the guidance "to manage the increased requirement for information to determine demand and operational pressures" is given. Details on the spreadsheet include a revenue tab containing details of the schemes / proposals, spend category, allowable cost type, and the total revenue costs. The totals of each category feed through to the CEO sign off section which gives a summary of Cost Reimbursement. We reviewed the spreadsheet and confirmed that costs outlined on the revenue tab had been accounted for in the electronic CEO sign off.
	The Trust issued an instruction to SBS to support the payment of supplier invoices within 14 days to help safeguard supplier cash flow and prevent any barriers to service provision. National guidance requires a seven day payment period however the Trust opted for what is considered to be an achievable 14 day period. This is due to the lead time of SBS scanning invoices on to the finance system, PO matching, and receipting. We were provided with a copy of the request made to SBS. The Trust received a payment on account of £500k in March 2020 and a payment in respect of June 2020, received in May 2020, to ensure adequate cashflow to meet the costs of Covid-19, including additional supplier payments. The Trust is submitting returns to NHSI, which we were provided access to, to inform them of the funding required to continue covering costs under the government's Covid-19 funding regime.
	Preparation work for the initial 2020/21 budget was progressing as planned in the approach to the Covid-19 period. Before being finalised and subsequently signed off, the budget was revised to factor in the potential impact of Covid-19 and due to changes in income arrangements where the original arrangements were changed in response to Covid-19. The 2020/21 budget was signed off

	by the Trust Board at its meeting held 28th May 2020. Routine processes such as ongoing monitoring and budget management have been based around the signed off budget. Interim Financial Planning Arrangements for 2020/21 were documented in April 2020. The planning document outlined the proposed interim arrangements for financial planning and budgeting for 2020/21 in light of Covid-19. The interim approach to budget setting was a rollover of the budgets from 2019/20 adjusted for known and unavoidable cost pressures such as pay inflation, contractual non-pay increases and other non-pay inflation. The profiling of budgets was aligned to expected spend patterns and agreed with budget holders. The interim approach outlines plans for returning back to working in post Covid-19. As part of this the Trust will undertake a reforecast to estimate and reset the budgets for the remainder of the 2020/21 financial year.
	There have been no changes in payroll processes during the Covid-19 period with work continuing remotely as required. To date there has not been significant staff absence due to the virus which would impact the payments made to staff. No alterations to existing processes have been required to facilitate the additional recruitment or payment of staff. We obtained bank statements for the four months March, April, May, June 2020 and confirmed payroll payments had been made on time, in addition to the monthly supplementary pay runs. Regarding staffing it was noted that agency staff usage was minimised and other measures including bank staff and previously employed, returning staff, prioritised. Covid-19 related agency expenditure was £37k between April and June 2020.
	All business cases are considered by the Business Case Group (BCG) which is chaired by the Associate Director of Finance. As part of responding to the pandemic the Trust set up a Covid-19 Management Group (CMG) in March 2020, chaired by the Director of Finance and Performance, and Director of Nursing and Quality. The Group met regularly throughout the period impacted by Covid-19 and it is planned to continue from August 2020 to be a group that meets each Monday, Friday, Saturday, and Sunday, with flexibility as required. Actions and decisions are recorded on a spreadsheet log, as at mid July 2020 decision log contained approximately 400 decisions. The CMG reports to the Executive Team and in turn to the Finance and Investment Committee. Due to the speed required for approval of some business cases BCG meetings have been more flexible than in business as usual times. All meetings of both Groups have been held remotely. We understand based on conversation that this has positive in respect of the speed required as it avoids having to find a meeting location / room, it has reduced travel, and allowed meetings to be arranged at shorter notice.
	We selected a sample of three business cases from a total of 16 approved cases and tracked them through the Trust's process of scrutiny and approval. The business cases sampled were: • Transfer Service – Jumbulance; • Video conferencing for EOC / 111 Clinical Decisions; and • 111 - Accelerated Health Advisor Staffing.

	We confirmed that all three had a completed business case template document that had been approved by the Trust Board. Each business case had been discussed at the Business Case Management Group and we were able to confirm this via relevant meeting minutes. Finally, we were able to view the Trust's Business Case Tracker that contained details of all Business Cases and the key dates associated with the cases. Each Business Case was present on the tracker and the dates recorded on the tracker were correct.
	We reviewed the listing of Trust waivers completed as at July 2020 and noted that there was only one waiver completed to date which was similar to last year. The waiver listing contained a description of the waiver, approval date, value, and details of the budget holder. The request was made by the budget holder (Associate Director of IT) and approved by the Executive Director of Finance. The reason for the waiver was that of three suppliers, two advised they cannot compete with a preferential price offered by the first so it was not in their interest to provide a quote. In the context of this review it should be noted that the waiver did not directly relate to Covid-19. Following completion of the waiver documentation a summary will be provided to the Audit Committee for scrutiny.

APPENDIX A: CATEGORISATION OF FINDINGS

Categorisation of internal audit findings	
Priority	**Definition**
Low	There is scope for enhancing control or improving efficiency and quality.
Medium	Timely management attention is necessary. This is an internal control risk management issue that could lead to: Financial losses which could affect the effective function of a department, loss of controls or process being audited or possible reputational damage, negative publicity in local or regional media.
High	Immediate management attention is necessary. This is a serious internal control or risk management issue that may lead to: Substantial losses, violation of corporate strategies, policies or values, reputational damage, negative publicity in national or international media or adverse regulatory impact, such as loss of operating licences or material fines.

The following table highlights the number and categories of management actions made as a result of this audit.

Risk	Control design not effective*		Non Compliance with controls*		Agreed actions		
					Low	Medium	High
Inadequate financial governance results in an increased risk of fraud and error during Covid-19. Failure to streamline financial processes results in delayed decision-making and payment to suppliers.	0	(14)	0	(14)	0	0	0
Total					**0**	**0**	**0**

* Shows the number of controls not adequately designed or not complied with. The number in brackets represents the total number of controls reviewed in this area.

APPENDIX B: SCOPE

This document sets out the key information relating to the internal audit assignment, including the dates and agreed deadlines, the internal audit team and client staff to be involved, and most importantly the scope of the assignment, including the limitations to the scope.

1.1 Objectives and risks relevant to the scope of the review

The internal audit assignment has been scoped to provide assurance on how the Trust manages the following area.

Objective of the area under review
The NHS Chief Executive and Chief Operating Officer wrote to the Chairs of all NHS organisations on 17 March 2020 to communicate the 'important and urgent – next steps on NHS response to Covid-19'. Within this letter, it was recommended that NHS organisations undertake an urgent review of financial governance to ensure decisions to commit resources in response to Covid-19 are robust. It was also emphasised that the maintenance of financial controls and stewardship of public funds will remain critical during the NHS response to Covid-19. We will therefore provide assurance that there are adequately designed and effective financial governance controls in place to manage risks within the Organisation during Covid19.

1.2 Additional management concerns

Covid-19 presents the NHS with arguably the greatest challenge it has faced since its creation. Management are naturally concerned that in unprecedented times, controls may knowingly be relaxed to provide resilience and continuity of business but this does heighten the risk of fraud and error.

1.3 Scope of the review

The following areas will be considered as part of the review following communication from NHSE to NHS organisations on the NHS Covid-19 response regarding controls in the following areas:

- How the Standing Financial Instructions and Scheme of Delegation have been amended to account for the changes in the current operating environment.
- How general spend and spend for Covid-19 is being accounted for, authorised, recorded and reported/reviewed.
- How general and Covid-19 specific procurement and contractual decisions are made.
- Given the urgency to procure goods and services, how do you ensure value for money when carrying out procurement activity such as tenders and waivers, whilst not delaying vital procurement decisions.

- The arrangements for ensuring that the organisation pays suppliers promptly during this time, so that cash flow for NHS and non-NHS suppliers of goods and services does not become a barrier to service provision.
- Given the reduced team / potential for non-availability of staff due to revised ways of working how do you ensure staff members and new staff members are paid.
- Process for maintaining a record of the initial budget and the revised budget following the outbreak.

The following limitations apply to the scope of our work:

- Any testing undertaken as part of this audit will be on a sample basis only from March 2020.
- Our review may involve interviews with a sample of staff, and as such, conclusions will be drawn from our discussions.
- In addition, our work does not provide any guarantee against material errors, loss or fraud or provide an absolute assurance that material error, loss or fraud does not exist.
- We will not guarantee that the services and items being invoiced and paid for are correct with the events having actually taken place.
- We will not provide assurance on whether employees have been paid correctly.
- The scope of the work will be limited to the areas listed in the ‘areas for consideration’ section above. The areas are quite specific and relate to the expectations of NHSE/I of the organisation during the period of Covid-19.
- Any testing undertaken as part of this audit will be subject to being completed remotely.
- The results of our work are reliant on the quality and completeness of the information provided to us.

Debrief held	17 August 2020	**Internal audit Contacts**	Nick.Atkinson@rsmuk.com - Head of Internal Audit David.May@rsmuk.com - Manager
Draft report issued	20 August 2020		
Responses received	1 September 2020		
Final report issued	1 September 2020		
		Client sponsor	David Hammond, Executive Director of Finance and Performance
		Distribution	David Hammond, Executive Director of Finance and Performance Philip Astell, Associate Director of Finance Priscilla Ashun-Sarpy, Head of Financial Management Peter Lee, Company Secretary

rsmuk.com

SECAmb Board

QPS Committee Escalation Report to the Board

Date of meeting	Thursday 19 November 2020
	This meeting was observed by members of the Council of Governors.
Overview of key issues/areas covered at the meeting:	There was one ***management response,*** which the committee had requested following a report in September on **safety of discharge** (**patrial assurance**) . It was specifically concerned with the arrangements for discharge by non-registered clinicians. The paper demonstrated there has been a good examination of the issues raised by the committee, and there was good evidence related to recontacts and discharges at scene where shared decision making is required. However, the committee was concerned with compliance against standard 6 (shared decision with an experienced paramedic or ECAL clinician will take place). The data shows that there were a number of incidents where shared decision making did not take place. A re-audit is due in the summer 2021 and the committee has asked the medical director if this could be brought forward.
	The meeting considered several ***scrutiny items*** *(where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas),* including; **Section 136 Transfers Assured** The committee was pleased to note the significant progress that has been made in ensuring people detained under section 136 of the Mental Health Act who require an ambulance, receive a timely response. Acknowledging the historical issues, particularly in Sussex, a good update was provided to clarify the reasons for this and how the approach to data collection is expected to help ensure resolution. Finally, the committee really welcomed the steps we are taking in support of our blue-light partners to reduce the overall incidences of section 136. **EOC Clinical Safety Assured** Although they are linked, three separate papers were received to help draw out the specific issues: 1. Application of the surge management plan The committee explored the actions the Trust takes during periods of high demand and the reviews undertaken following these periods to understand any clinical harm which may have occurred. Firstly, the committee received good assurance by the well thought through surge management plan. Management has set clear criteria and decision making processes, with good communication, as there is a need to move through the different levels of the plan. It is a well-established and governed process. It is also reassuring that we have routine harm reviews and the committee noted that no harm has been identified. Overall, the committee is assured that plans are in place and enacted when we are unable to meet demand, and this helps to ensure patients with greater need are prioritised. There is a clear decision making process, with triggers on a real time basis. In addition, no send and clinical tail audits are up to date which is important to ensure we learn lessons.

2. EOC clinical recruitment

We now have greater clinical capacity and support in the EOC than at any time in the past. The committee received a good paper that gave assurance that this is areas with real focus. The improvement is also down to the really good partnership working between operations and HR. . The committee questioned the risk on the low staffing levels for midwives and mental health practitioners, and received assurance that these were mitigated due to the integrated nature of 999 with 111, whereby these practitioners could be accessed if needed.

3. EOC welfare call compliance

The committee has kept welfare call compliance under close review over the past 12-24 months and, linked to the improved clinical support in the EOC, is really pleased to see the improvement over the past couple of months, specifically in terms of compliance with the standards we have set.

At this meeting it explored not just levels of compliance but the impact on patients, e.g. to what extent does compliance result in better patient outcomes and experience. While the data is showing that we are currently demonstrating full compliance, the committee noted some caution; both in terms of ensuring the quality of the data and the risks we have upcoming with the usual and exceptional winter pressures. It has therefore requested the following:

- That there is some independent validation of the data
- That the revision of the welfare call policy comes to the committee to ensure any changes (specifically to reducing frequency) have clear clinical rationale and governance.

Review of the 111/CAS Clinical Model Assured

The committee asked for this update to specifically test whether the introduction of this new modified service has been mobilised safely. It requested for example data on any rise in incidents or complaints.

As the Board knows, the service was mobilised from 1 October, with an interim solution to electronic prescribing. As expected, this has resulted in some inefficiency, which mostly impacts the patient experience, due to additional touchpoints. Work is progressing to address this through delivery of the scheduled permanent solution.

Since 1 October there has been one serious incident, but this is not related to the introduction of the new service. Reported incidents were initially high, due to the need to capture all the issues, but now the service is mobilised, we are seeing similar patient care-related incidents as before. In terms of patient feedback, the committee noted that we have received much positive feedback through patient surveys and there has been no relative increase in complaints.

Overall, the committee is assured that the mobilisation of this new service has gone as well as we could have expected. However, call answer performance is not where we want it to be, and the electronic prescribing service is still outstanding, as this hasn't been signed off by NHS Digital, and the work-around takes additional time and effort. This is particularly frustrating as there will also be increasing pressure on the service through December, which is also when Think 111 First is rolled out across the country.

HART: Governance Assured

There was a thorough review of the HART team, which demonstrated good adherence to the mandated standards, full establishment and up to date training. The committee noted that the annual NARU audit is deferred to 2021, due to COVID. There was also a sense that HART is increasingly productive and more integrated, which is really positive.

	Critical Care Paramedics (CCPs) – Scope of Practice **Partially Assured** The committee explored the CCP role, structure and governance processes in place for CCPs. It noted that CCPs have access to 24/7 consultant physician support ('top cover') and that there is a good training programme, full establishment, good peer support and welfare arrangements. However, it was only partially assured as the paper did not fully set out the design and effectiveness of the governance processes and the committee also wanted to see the outcomes of the audits. It has asked for this to come back as a management response. **Paramedic Practitioners (PPs) – Scope of Practice** **Partially Assured** There was a detailed review of the governance processes that enable safe patient centred care by the Paramedic Practitioner's (PPs), including the status of the PP programme, the risks, issues, development goals and overarching safety and effectiveness profile. The committee received some good assurance about the reporting lines, clinical governance arrangements and scope of practice. However, it asked for a management response to respond to a number of questions posed by committee members, relating to areas such as non-medical prescribing; training needs (see the section on 'other matters' below); use of medicines; and how we are engaged with COVID virtual wards.
	There was just one item under ***monitoring performance,*** and this was the **2019/20 Quality Account**. As the Board knows, publication of all NHS Quality Accounts was deferred to December 2020 due to COVID. Noting that this year there is no external audit review, the committee acknowledged the good engagement there has been with internal and external stakeholders in the development of the Account. It provided some specific feedback but otherwise recommends this to the Board for publication next month.
Any other matters the Committee wishes to escalate to the Board	Under any other business the committee considered the planning for the transferring of critical care patients between hospitals. An update was received on the plans that had been put in place to support this activity which involves transportation only; patient care which will be provided by the hospital. Emerging from the items considered at this meeting was the need for (clinical) education and training, reinforcing the need to have a single education offering. The committee notes this is an issues also identified by the workforce and wellbeing committee.

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

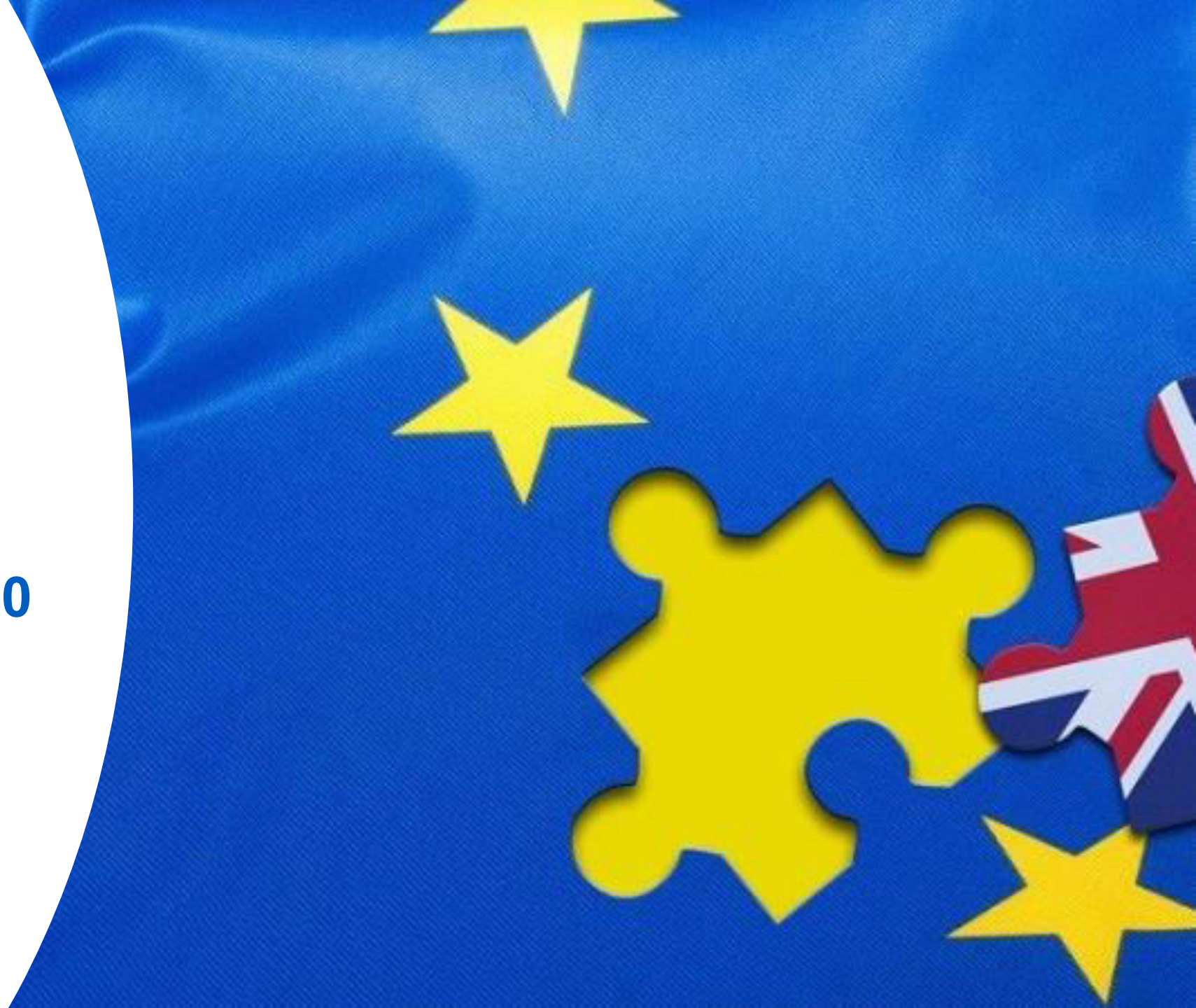
Date of meeting	**22 October 2020**
Overview of issues/areas covered at the meeting:	This meeting was one of the additional meetings scheduled this year and focussed on BAF Risk 1300 – **Clinical Education** (**partial assurance**). The Board will recall that in September the committee confirmed that the paper received then was not able to provide assurance, as it did not clearly enough define the issues, the actions taken and then specifically how these actions have ensured sustained improvement. The assurance paper received this time was really strong. As the Board will know, the issues are complex, but broadly speaking they relate to the management and governance of the education process, rather than the education itself. The committee received a good level of assurance by the progress the team has made in making good the deficiencies. The shift to online is exemplar. The committee tested the depth of understanding by management of what went wrong and why. Fundamentally, there was a lack of understanding of the requirements. This and the action taken to address this was clearly set out in the paper. There is greater expertise in the team now, and while there are still some gaps, there are clear actions in place to ensure every member of staff in the team is sufficiently well qualified for purposes of clinical education. There was a good discussion about the very ambitious recruitment targets and the resources available to deliver, in the context of high levels of sickness and stress within the team. The executive is more confident now the team is almost at establishment, although it is deemed unlikely this will be sufficient to deliver everything. The management team are therefore exploring how they work differently, for example, having more education staff in the Trust, which aren't necessarily clinical education. The committee was really positive about the recent additions to the team and the excellent leadership from Michael Bradfield and Nicola Brooks, in particular. In the past we hadn't really had a good understanding of what is required to run an apprenticeship scheme, this is why we have now outsourced to Chichester College to deliver as they have the skills and experience needed. The committee then explored education more broadly. It noted the various education and training that happens within HART and for our specialist paramedics, some of which is bespoke and not all is managed under clinical education. There are also potential gaps identified, e.g. EOC. The committee wondered whether all education and training should come under one remit, including clinical education. It also explored how management assesses the impact of education and how this flows through the executive to Board. It

	concluded that we have education across the Trust probably at different standards and using different systems, and so there is likely to be a lack of consistency in education and training. The aim therefore must be to ensure an approach that provides consistency and feels the same wherever it is provided. In summary, the committee received good assurance that the issues from the recent past have been well understood and therefore confidence the improvement will be sustained. However, it is not assured we have a clear strategy for education training and development (ETD), although it did note that the Chief Executive has asked the Executive Director of HR & OD to review this. The committee therefore requested that there is a discussion at the Board meeting in November about the guiding principles for developing an ETD strategy. The committee also reviewed the current position with **employee relations** (**partial assurance**)**.** The problem statement is that we have had a culture enshrined in formal processes rather than engagement, understanding, and learning. This is demonstrated by the number of formal grievances we have had. Management confirmed there is still too much formal activity; under development of managers / lack of training; and under investment in professional development of HR staff. The committee explored the new approaches being considered to better manage ER issues, which includes the need to maintain a matrix approach and support to OUs/support services. The vision is that the Trust would like to develop a multidisciplinary forum early resolution model, including a resolution policy and integration plan, to align our core values and strategic principles with our HR processes, management systems and leadership behaviours. The aim of this will be to see an 80% reduction in ER cases across the Trust within a period of 6 months. The committee acknowledged that the ER climate has improved over the last 18 months, evidenced by a reduction in number of compared to 2018. Also, more recently cases are being better monitored through Selenity. However, the pace of change has overall been too slow. It also explored the balance of training need between good investigations and supporting managers to avoid things escalating in the first place. In summary the committee thanked management for the clarity provided of the issues and what has been put in place to-date and the initial thinking of the next steps. The committee will review this again as the proposals are more developed.
Any other matters the Committee wishes to escalate to the Board	None

EU Transition plan

David Hammond

26th November 2020



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Overview & introduction - Assurance, Programme Governance and Workstreams

South East Coast Ambulance Service NHS Foundation Trust

Expectation:

EU transition plan and mobilisation actions complete by Monday 7th December for a soft launch.

This includes liaison with the centre and approval of a business case to secure funding.

South East Coast Ambulance Service NHS Foundation Trust

Programme methodology and assurance process:

A 6 week sprint programme starting on the 26th October.

Using a simple project methodology with 5 task and finish workstreams reporting into a weekly Programme Board chaired by SECAmb DCEO.

Assurance to ORMG and then from ORMG to the Executive. Trust Board has direct oversight (not via a subcommittee).

South East Coast Ambulance Service NHS Foundation Trust

Timeframes and weekly schedule

Friday 16th October: conclude discussions on programme structure, management etc and communicate to those involved.

Thursday 22nd October: meeting with all involved to reset, outline programme structure and workstreams, agree deliverables and introduce project methodology.

Friday 23rd October: all supporting personal identified and confirmed; first draft of tasks and due dates populated in a project plan for workstreams and overarching programme plan.

From 26th October: drumbeat established for workstreams and weekly programme board (Tuesday) so can report to ORMG on Wednesday which will escalate issues and provide assurance to the weekly EMB on Wednesday and to the Trust Board as required.

W/C 7th December: Project handed over to Ops strategic cell as BAU

South East Coast Ambulance Service NHS Foundation Trust

Lead managers required to deliver the programme:

SRO
David Hammond – Deputy CEO
Bethan Eaton-Haskins (Deputy SRO) and Executive cover / support – Executive Director of Nursing and COVID lead Director

Project management
Julia Hilger Ellis
Imogen Banks
PMO support
BSM support – Justine Buckingham / Sharon Gasson

Programme Lead
Ian Shaw - Associate Director of Resilience

Workstream Leads
Ian Shaw – Associate Director of Resilience
Emma Williams – Deputy Director of Operations
James Pavey – Operational Senior Manager and Strategic Commander
John O'Sullivan – Head of EOC and 111
Ali Mohammed – Executive Director of HR

South East Coast Ambulance Service NHS Foundation Trust

Workstreams

- **Command & Control:** NHSE Regional, SCG/TSG, On-Call, Mutual Aid, link to MAIC: ***Lead;*** *Ian Shaw,* ***Support:*** *EPRR team*
- **Operational model to be deployed includes clinical evaluation and risk management:** ***Lead;*** *Emma Williams,* ***Support:*** *Operational Senior Management and Deputy Medical and Clinical Directors*
- **Scheduling, Production, Fleet and Logistics:** Abstraction, Illness, Forecasting, Hotel booking etc, Stock, Medicines and Equipment : ***Lead;*** *James Pavey,* ***Support:*** *Head of Fleet, Head of Logistics. Head of Workforce Planning*
- **Impact on EOC and 111***: **Lead;** JOS* ***Support;*** *Senior EOC and 111 management*
- **HR and people issues** ***: Lead;*** *Ali M* ***Support;*** *Senior HR Management*

Finance, system engagement, communications, BI, external system liaison, Governance: *Overseen by the programme Board* ***led by;*** *David Hammond,* ***Support:*** *Finance, Contracting, BI, Communications, System engagement and Company Secretary*

The PMO support will ensure that for each workstream the dependencies such as risks, financial implications etc are passed across to the relevant areas. Workstreams meet as frequently as deemed necessary and report back weekly on progress to the Programme Board

EU Transition Programme

South East Coast Ambulance Service NHS Foundation Trust

EXTERNAL

Regional co-ordination centre established for COVID-19 (according to KW letter 4/11/20)

INTERNAL

Trust Board/EMB

Programme Board

Frequency: weekly
Format: MS teams (F2F if required)
Chair: David Hammond
Purpose: Exception and progress reporting oversight, escalate issues, assurance
Documentation: Mobilisation/project plan, assurance documents, highlight report, action log, risk and issue logs

Workstreams

Frequency: weekly
Format: MS teams
Chair: Workstream leads
Purpose: review & update of actions and progress against plan, highlight reports, workstream risks and issues.
Documentation: Mobilisation plan, highlight report, action log, risk and issues logs

- **Command & Control**
- **Operational Model includes clinical evaluation and risks**
- **Scheduling, Production, Fleet and Logistics**
- **Impact on EOC and 111**
- **HR and People**

Workstreams & Leads

EU Transition Programme 2020

Reporting Period: 10/11/20-17/11/20

RAG Key:

Red	Serious risk that the project is unlikely to meet business case/ mandate objectives within agreed time constraints; requires escalation.
Amber	Significant risk that project may not deliver to business case/ mandate objectives within agreed constraints,
Green	On track and scheduled to deliver business case/ mandate objectives within agreed constraints
Blue	Completed

Last Updated date and version

Key Points

Workstream	Brief Summary
C2	Equipment request submitted and request for EOC to fill roles - Identified the need to increase loggist resources (role is being reviewed). Established Battle rhythm and reviewed meeting attendance and reporting . Equipment list confirmed. On call commitment defined.
Operations	Each OUM refreshed dot map with concentric distances to assess potential implications of transport disruptions. Diary of forthcoming meetings with stakeholders shared. Paddock wood table top exercise completed. GP closure for training- PLT/Primary care confirmed- no training over the next 3 months. Page turner on Dispatch plan completed.
HR	The team have updated their plan which is reviewed as part of the weekly SLT meeting Priorities for 7/12 identified: 1. Legal Advice on WTD implications confirmed 2. Agenda for Change implications researched and confirmed 3. ALL 85 EU Nationals have reported back through the Microsoft Forms Survey their current settled status and any requirements for support 4. The 29 staff on ESR with no Nationality recorded have confirmed their Nationality and provided appropriate ID 5. ESR updated accordingly 6. Attendance management considerations have been concluded 7. Annual Leave Buy Back has a first draft of the considerations/plan
Scheduling Logistics and Fleet	Logistics BCP identified. University Students Crewing DCAs discussed at Programme board. Medicines tasks added to the plan. Discussion with PAPs on contracted hours. Procurement data sent to Logistics to understand average order volumes per month during COVID.
EOC and 111	27 tasks are now complete, including work to optimise agile working for clinicians in both 999 and 111. The previous Brexit plan has been reviewed and update as has the leadership framework. Local well being strategies have also been reviewed and actioned,

Workstream	Expected End date	Current RAG	Previous RAG
C2	17/12/20		
Operations	17/12/20		
HR	17/12/20		
Scheduling, Production, Fleet & Logistics	17/12/20		
EOC and 111	17/12/20		

Key Risks / Issues

Brief Summary	Score
111 Call Handler Capacity Patient safety may be compromised and contractual KPI's not met.	12
Business Continuity Incident Emergency preparedness: if mutual aid not sustained there may be a failure to achieve ARP standards and put staff/patients at risk.	12
End and Increased Traffic Congestion (HGVs) Ashford MRC and Ashford 111 site access limited by traffic congestion. May delay responses, impacting patient safety and care.	12
EOC Staffing Patient safety/experience compromised as a result of EOC staff facing challenges with getting in to work (inc. dispatch/call handlers/mgt.).	12
Medicines Management Impacts on our medicines stock levels, availability of supply and our ability to distribute medical packs across the Trust.	12
Funding Significant additional costs due to needing to modify the way we deliver services; additional funding and external support needed.	12
Loss of Power and Communication Methods Regarding command and control for EU Transition, loss of gas / electricity / telecommunications such as broadband which would also impact staff working remotely.	12

Achievements this period

- Hotel proposal developed and agreed with Procurement for approval by Programme board.
- IT and estates list have been shared with all workstream leads for review and confirmation
- The number of staff potentially affected by the settlement scheme has been identified.
- The programme escalation log has been updated,
- Workstream leads have update the risks and commented on the QIA where appropriate.
- All plans continue to be reviewed and updated weekly.
- The engagement element of the Programme plan is also being updated by GW
- IG work has been completed.
- New date for webinar to be agreed.
- Overall Programme rating: Amber

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Issues to raise with the system

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Questions