South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public

30 June 2022
10.00-12.30

Banstead MRC

Agenda

Item No.	Time	Item	Encl	Purpose	Lead
Administration					
14/22	10.00	Welcome and Apologies for absence	**-**	-	Chair
15/22	10.01	Declarations of interest	**-**	-	Chair
16/22	10.02	Minutes of the previous meeting: 26 May 2022	**Y**	Decision	Chair
17/22	10.03	Matters arising (Action log)	**Y**	Decision	PL
Context					
18/22	10.05	Chair's Report	**Verbal**	Information	Chair
Improvement Journey					
19/22	10.15	Delivery Plan / Response to CQC Inspection Findings	**Y**	Decision	FM
Investments					
20/22	12.15	Model for Non-Registered Clinicians - AAP Business Case	**Y**	Decision	FM
Closing					
21/22	12.25	Any other business	**-**	Discussion	Chair
22/22	-	Review of meeting effectiveness	**-**	Discussion	Chair

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

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting, 26 May 2022

Sandman Hotel, Crawley
Minutes of the meeting, which was held in public.

Present:

David Astley	(DA)	Chairman
Fionna Moore	(FM)	Interim Chief Executive
Ali Mohammed	(AM)	Executive Director of HR & OD
David Ruiz-Celada	(DR)	Executive Director of Planning & Business Development
Emma Williams	(EW)	Executive Director of Operations
Howard Goodbourn	(HG)	Independent Non-Executive Director
Liz Sharp	(LS)	Independent Non-Executive Director
Michael Whitehouse	(MW)	Senior Independent Director / Deputy Chair
Paul Brocklehurst	(PB)	Independent Non-Executive Director
Richard Quirk	(RQ)	Interim Medical Director
Robert Nicholls	(RN)	Executive Director of Quality & Nursing
Subo Shanmuganathan	(SS)	Independent Non-Executive Director
Tom Quinn	(TQ)	Independent Non-Executive Director

In attendance:

Christopher Gonde	(CG)	Associate NED
Janine Compton	(JC)	Head of Communications
Peter Lee	(PL)	Company Secretary
Philip Astell	(PA)	Deputy Director of Finance

Chairman's introductions

DA welcomed members, those in attendance and those observing.

01/22 Apologies for absence

David Hammond	(DH)	Chief Operating Officer and Executive Director of Finance

02/22 Declarations of conflicts of interest

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

03/22 Minutes of the meeting held in public 31.03.2022

The minutes were approved as a true and accurate record.

04/22 Action Log [10.01-10.02]

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

05/22 Chair and CEO Report [10.02–10.10]

DA thanked FM for steeping in as interim CEO, following Philip Astle's resignation. He also thanked Philip Astle for his commitment to SECAmb during his time as CEO.

Setting the context for the meeting, DA confirmed that following a Board development meeting in April, the Board agreed work to reshape our approach to the Integrated Performance Report, which will come to the meeting in July. This meeting therefore will be reflective of both the initial CQC findings and the feedback from the staff survey. DA acknowledged on behalf of Board that we needed to listen more and deliver what we promise. The Non-Executive Directors stands behind the Executive but will be holding to account for delivery. This is an important meeting to review where we are at the start of the journey of improvement.

FM added that the Executive found the feedback from the staff survey very difficult; although we thought we were listening we were not hearing. The Executive is therefore determined to do better.

60/22 BAF Risk Report [10.10–10.20]

PL outlined the usual format of this report, with section 3 outlining for assurance how the BAF risks are integrated with the work of the Board and its committees. PL then summarised the position with the specific risks and how they link to today's agenda:

1. *Patient Quality and Safety* - The principal controls and actions are covered by the programmes within Better by Design. Following staff feedback we are reviewing how we frame this, and some of the programmes now sit within one of the four priorities covered later on the agenda. In addition, under the performance section of the agenda, we will hear about the plan for the coming year in terms of growth in workforce to help better meet the needs of patients.

2. *NHS 111 Single Virtual Contact Centre* – As described in its board report, this was a focus of the most recent Performance Committee. We continue to work with the national team and region, and this risk was discussed at the System Assurance Meeting last week.

3. *Financial Sustainability* – this continues to be a significant risk to our strategic objectives. The conversations with commissioners about the current funding gap continue constructively with several meetings just in the past week. Due to timing and commercial confidentiality this risk will be reviewed in further detail in the part 2 meeting.

4. *Workforce Sustainability* - Based on a number of scenarios we have developed a workforce plan for the year. This is ambitious and therefore has some risk to delivery, as will be picked up later on the agenda.

5. *Education Training & Development* – The Board is committed to ensuring that we provide our workforce with access to education training and development. WWC reinforced this at its recent meeting when it tested the plans in place for the coming year, as set out in the report to the Board. This confirms some progress is being made although there is concern still about the abstraction risk.

DA thanked PL for this update and opened to questions.

MW reflected on whether the narrative brings out effectively enough the risks we are managing and the story it tells. For example, the risks have target dates but the report does not set out clearly how we intend to mitigate the risks over the next 12 months. Therefore, he felt that we need to set out more of the detail and challenged the Executive to ensure this report better demonstrates how we manage risk. RN responded that the new risk policy is to be implemented in the coming days and this will include how we articulate risk and include mitigation. He stated that this should lead to the improvements MW refers to over the coming weeks/months.

SS challenged the way we assess (score) risks and asked if we are too conservative, for example in relation to abstraction and engagement.

DR suggested that we use this as an opportunity to link the associated indicators / metrics for each risk with the IPR.

Action
A revised approach to the BAF risk report to be considered by the Audit and Risk Committee in July, to take account of the feedback provided by the Board at its May meeting. This will refresh how we present the risks and where possible linking to the relevant metrics within the IPR, with narrative describing the 'story' of mitigation and actions planned.

07/22 Board Story [10.20-10.48]
The Board Story this month included a video from members of the executive team, outlining the work to develop the priorities for the Trust's Improvement Journey, which was in response to the feedback from the staff survey and initial findings from the CQC inspection.

The Board reflected on the video noting that it sets the start of the listening process.

CG asked how our workforce were involved in shaping the priorities. FM explained that the extended leadership team came together via a series of workshops (13 to-date), using the feedback provided by staff via the staff survey to shape the framework to then engage further. FM reinforced that this is start of the process. The priorities are therefore based on staff feedback and we will only be able to deliver this working together at every level of the Trust.

SS commended the way the executive directors in the video spoke to areas not within their specific portfolios, reflecting that this is a good signal of coherent leadership. However, on the issue of engagement, SS reinforced that staff have made it very clear that they want ongoing dialogue and so she challenged the Executive on how they will ensure this, so that it really is two-way. FM responded that we have a plan for the entire leadership team to be more visible. RN added that the approach to engagement is not driven by the Executive, instead different groups of staff have come together to help shape the plan. The leadership team reviewed this yesterday and further detail will come to the Board in the coming days and as part of the formal update in June.

EW then outlined the work of her teams to ensure listening and feedback loops, also reinforcing that this is the start of sustained and ongoing engagement. DR explained that we have some pink high-vis vests which are to be worn by leaders visiting services as a way of breaking the ice and raising awareness that we are there to listen. In addition, we have designed a MS Form for any member of staff to provide written feedback on the priorities where the leadership team (EMB and SMG) guarantees a response. EMB and SMG will then jointly review any themes emerging from this and agree how to respond.

HG is encouraged by this but challenged how the Executive and wider leadership team will ensure reach across the entire workforce. AM reflected that when we do things, such as the recent Webinar, there is significant demand and to HG's challenge we are building a structured process including how we cascade and ensure the feedback loop needed.

LS noted how encouraging it is to see through this work the thread of quality with patients at the heart of what we are planning. She asked about the risk to quality related to the current financial challenges. FM reassured the Board that we have been clear with commissioners about the link between funding and quality/patient safety (achieving ARP). PA confirmed that additional funding for the ambulance sector was announced recently which is circa £12-14m for us, which goes some way to closing the funding gap. He

added that our integrated plan is a massive opportunity to improve APR, patient outcomes and staff wellbeing and moral.

DA summarised that the spirit with which we are approaching this is that without effective leadership to ensure staff welfare and wellbeing, we can't achieve what we need to for our patients. We therefore need as a Board to stand together and from this point ensure ongoing and equal focus on patient safety and quality, as both go hand in hand. The Board is untied in dealing with the challenges head on and must model the trust values and what we stand for to deliver quality patient care.

08/22 2022/23 Priorities – Improvement Journey [10.48–11.44]
Following on from the Board Story, FM asked each of the executive leads to talk to the specific priorities.

Quality Improvement
RN started by emphasising that quality is critical to all we do. The best organisations have a robust QI methodology. In recent months we have identified gaps and are in the process of a dynamic journey to shape the quality agenda. RN then summarised the key priority areas, which includes reshaping quality governance (golden thread); improving risk management; developing a new quality dashboard as part of the development of the IPR; and reviewing the SI / harm review processes to ensure works to best effect. RN reinforced that this is not a sprint but will take time for staff to buy-in and embed a culture of quality.

RQ added that the medical and quality directorates are working on this in partnership; it is clinically led with senior clinicians essential to delivery.

HG asked about where we are with introducing a QI methodology. RN responded that we have asked NHSEI to support us with this and the aim will be to use PDSA (Plan Do Study Act), as this is simple and widely used.

DR reflected that it is positive to hear that the medical and quality teams are working better together and added that the BI team is supporting a review of the IPR / quality dashboard. Using data better is key to quality improvement.

MW came back to the QI methodology and asked for a timeline. RN explained that we don't have the internal expertise right now and so working with NHSEI to provide support with an injection of this to help our staff apply the methodology. MW challenged again for clarity on timeline, especially as this has been repeatedly delayed over the past couple of years. He also asked for assurance that we have the resource and skills to deliver each of the priorities, confirming that he cannot sign up to these if it is not achievable. MW therefore asked the Executive to come back to the Board with a realistic timeline for the QI methodology and all the priorities.

Action
Timelines for delivery of the QI methodology and each of the priorities to come to the Board in June.

People and Culture
AM felt the timelines are realistic and set out three priorities:

1. People strategy – delivered by Q3. Being inclusive is critical so will be engaging staff on its development.
2. H&W Strategy - implementation during 2022/23. We are reviewed the existing service and procurement for OH services. The value for money review is complete and this was a positive outcome. The strategy sets out the approach and related investment will be needed to provide the resources to best meet needs of the workforce.

3. B&H / sexualised behaviour – need to take root causes to ensure sustained improvement. AM reinforced that we cannot tolerate this and the work will be based on the equality and human rights framework. The sexualised behaviour campaign is due to be launched in June.

On sexualised behaviours, SS reflected that she continues to hear examples that are purported to be under guise of banter. She asked for a clear timeline for training, noting that people that are in most need will not likely put themselves forward first, and so how will we address this and then determine whether it is effective. AM confirmed that the training is due to start in the coming days and reinforced that staff safety is equally important as patient safety.

MW suggested that the people strategy needs to be referenced in all we do. It must be owned by the Board. So challenged AM to ensure this is developed as quickly as reasonably possible. On new recruits, MW asked if we are we clear enough with them about expectations and where to go with concerns about behaviours they are experiencing. SS added that FTSU issues that come through relate to young newly qualified paramedics and so supervision and mentoring with supportive management culture is critical, with the appraisal system supporting this. NQPs are particular vulnerable as they expect a different form of engagement.

HG agreed the need to focus on training and setting clear expectations but felt that if we want a truly zero tolerance then the single best way to deal with this is to remove people from the Trust when they behave in this way; this will send a clear message of zero tolerance. AM confirmed that this is the spirit of the approach we are taking, but issues are much deeper and the wider cultural change is as important as dealing with individual cases.

EW made the link to inclusivity and diversity as we know senior operations management is male dominated. So this is also part of the aim to change the structure; the last three management posts recruited to were female.

<u>Leadership and Engagement</u>
DR explained that this is multi-tiered. The staff feedback has been clear about a leadership disconnect and understanding of our vision. This framework helps to shape the direction through the priorities and what this means for staff, with a feedback mechanism to ensure we listen and a continuous review process with checks to establish we continue to do the right things. The programme of leadership training is ambitious but really important in terms of leadership and culture. We have already started to see a tangible change in approach with EMB and SMG having fortnightly joint meetings; this will help address the disconnect at this level of leadership.

DA reflected that the Executive can't do it all, so commends this approach to help support all levels of leaders accept responsibility.

DR then provided a short anecdote from an experience he had in aviation, illustrating that we can all be leaders, drawing the distinction between leadership and management.

<u>Responsive Services</u>
EW confirmed that this is deliberately framed as 'responsive' not 'performance' and reinforced how we cannot underestimate the need for additional staff, ensuring clinicians are in the right place, whether that is in front of a patient or in the control room/virtual. We have a realistic, but ambitious workforce plan.

SS asked for the level of confidence there is in the abstraction plan to deliver the education training and development (ETD) needs of the workforce. EW is confident as we now have a have greater baseline and clarity on training needed so we can plan accordingly. While we don't know what the pressures might be

over coming months the challenge at every committee is that we can't sacrifice ETD given all the challenges we have talked about. So while EW remains confident, the next 12 months will be a good test and we need to continue to hold each other to account. So far this year EW noted that training is progressing well and the feedback from staff has been positive. The 'fundamentals' first line managers training starts in July.

PB asked about oversight of programme and how we report progress. FM explained it is important we have one comprehensive delivery plan; this is in development and will come to Board in June with progress reports then at every meeting.

TQ asked about the link with Better by Design. FM responded that the programmes within BBD will form part of this improvement journey / comprehensive plan.

MW stated that he is looking for a high-level document giving assurance that each priority is progressing with clarity on risks to delivery. He asked also that we must carefully communicate to the workforce so they can see where progress is being made and what areas are encountering difficulty, a mechanism for dialogue. FM reinforced the plan to engage with the workforce on a continual basis.

DA summarised that there is a good sense of energy and focus and the plan seems to be coming together. The Board needs realistic objectives and clear timescales with visibility to all key stakeholders.

[Break 11.44-12.02]

09/22 Operational Performance & Quality (12.02-12.39)
DA confirmed that we don't have a full IPR due to the BI team focussing on developing a new report following the Board development session last month with NHSE on 'making data count'. The focus today therefore is on operational performance and clinical outcomes.

EW then set out the position with operational performance / ARP, confirming that across 999 and 111 we are not achieving the standards, which is similar across all ambulance trusts. EW outlined the plans to optimise resources to best effect, but in the past month front line hours was 9% under target which is not good, although but better than in recent months. Dynamic management is in place to move staff around and we have incentivised some shifts.

EW then compared our performance against the ARP standards with other ambulance trusts in England explaining that although we compare well, we are still a long off the required standards. This highlights the pressures nationally and demonstrate that some of our efforts are having a positive impact, relatively.

In terms of areas of focus, EW explained that we need to continue to be a system partner and focus on clinical outcomes, supporting joint clinical decision making. Hospital handovers continue to be a focus and there are some particular challenges, but our teams do a great job to work with emergency department colleagues to improve delays and some areas are showing improvement such as Brighton. This work acknowledges the patient pathway issues across health and social care, and so we all need to work together as a system on these issues.

On 111, EW reflected that there continue to be good overall outcomes, despite some of the performance challenges. Other specific areas to note include staff welfare; 50% have overruns. We are working hard to limit this but it is a continual challenge; if we improve resources, we will reduce overruns. Meal breaks happen regularly with 90% in their dispatch desk areas, less than 2% don't get a break. EW confirmed we have dedicated resources to manage meal breaks.

HG noted that hear and treat has improved and asked if we are expecting this to be sustained to get closer to target. EW responded that we are working to sustain it, with more clinicians in the control room. It is one of the key drivers to improve patient safety. We spoke to West Midlands ambulance service to learn from how they manage this so well and are using this learning to better understand the structural issues that we are picking up with system partners, such as how we use the Directory of Services.

TQ asked about 111 ambulance validation which is strong in the areas we provide 111 but less so in Surrey (where we do not provide it). This led to a discussion about how we work with the provider who have had staffing issues like we have. We have direct conversations in real time but have raised via the ICS a need to ensure equity across the region.

On the single virtual contact centre, a national directive for regional service to share call answering across the South East, the Board noted the challenges, risks and potential benefits. EW confirmed that the likelihood is that this will go ahead (timing unclear) and the expectation is that we resource to need, but we aren't currently being commissioned to this level. DA asked if RN and RQ if they had anything to add and whether they were comfortable with the systems in place to manage risk to patients. They confirmed that they were comfortable.

DR then talked to the forward look and ability to resource to get closer to the levels of demand via the workforce plan. He confirmed that the forecast is showing concerns in the short term with an improving picture in the longer term.

TQ asked for assurance on how we integrate non-registered staff / NQPs. EW explained how we pair with experienced paramedics, and only use two non-registered staff for NET vehicles. She also outlined the process to ensure these crews only attend the patients within their scope of practice. A skills matrix in place that helps map this.

On long term resilience MW noted we have a deficit on the workforce plan and so asked whether we are confident on the trajectory. EW responded that recruitment is a challenge and the focus is not just on workforce commissioned to-date but the uplift we are working with commissioners for this year; this part will be the most significant challenge. MW clarified through EW that haven't adjusted down our workforce plan to align with funding deficit. The Board supported this and hopeful we can make the case on quality with commissioners and in the meantime, we are planning at financial risk.

MW then asked what we plan to do if we get to a position where we cannot meet our workforce plan; at what point would that impact our ability to provide a safe service, noting the recent media report related to West Midlands. EW explained West Midlands is different as their emergency department delays are significantly worse than here. MW came back to ask whether not achieving our workforce plan would put us in a similar position. EW responded that if we continue with the workforce to-date then performance would be as it has been in recent months, which while still way off ARP is improving.

DR added that we clearly understand the link between workforce numbers and ARP standards and the impact on patient safety/quality/harm.

DA summarised that the Board can take some comfort from the work to ensure we meet the needs of patients the best we can with the resources we have and with how we compare nationally, especially in C2 where the majority of demand is. Responsive care is one of the priorities for the year and the Board will monitor closely progress in this area.

10/22 Committee Reports [12.39-13.01]
DA asked for items by exception taking the reports as read.

Performance Committee
HG reflected the good discussion with the integrated plan, which provides much more transparency than we have ever had before. There is good visibility of the performance challenges.

DR added that the Planning Group will monitor all the various metrics of the integrated plan and the first report for month 1 and 2 is due soon and will come to the committee for assurance.

WWC
SS outlined the areas of assurance as set out in the report. She highlighted the assurance sought related to the backlog of marking at Crawley College, and how ETD is forefront to quality improvement. The committee is not assured at all related to the staff survey but received a good sustainable plan.

MW referred to appraisals and our target and asked whether this will result in everyone receiving an appraisal. SS confirmed that the committee challenged the Executive on this and the target is 80% by year end. AM added that this accounts for the transition between financial year and the anniversary of people starting with the trust, with the aim to have 100% completion by the end of Q1 2023/24. MW acknowledged this but didn't quite understand why we aren't aiming for 100% by end of year. He is not content to accept a target of 80%. SS reinforced the need for quality too, not just completion and so the plan needs assurance on quality. AM responded that the new appraisal process aims to deal with this and the committee received assurance that the new system is better.

DA asked whether the Board is content with a target of 80% by year end then 100% by end of Q1 2023/24 given the move to a new system and transition from a financial year cycle to a cycle related to when people started with the Trust. The Board reflected that 100% is not possible due to long term leave, maternity etc. but supported at least 80% with close to 100% by Q1.

QPS
TQ summarised the levels of assurance received as set out in the report. CG asked about learning from other organisations related to our approach to serious incidents. FM outlined the work by the medical and quality teams across the ambulance sector and confirmed that we often have commissioners attend our SI group and we collaborate with hospitals on some incidents.

HG asked if it is appropriate to undertake learning from deaths reviews internally, i.e. is it marking our own homeworking? RQ confirmed the panel is from the medical directorate and so not at service level, which is consistent with what is done elsewhere.

AUC
MW provided a verbal update of last weeks' meeting, which focus on year end. He assured the Board that in light of recent leadership changes there has been no dilution of governance including with the accounting officer responsibilities. There is good progress on the annual accounts and we will be meeting again on 13 June to review the final annual report and accounts and the related audit report. These will come to Board at the meeting on 16 June for sign off. In the meantime the committee can provide positive assurance on this to-date.

11/22 Ockenden Report [13.01-13.04]
RQ confirmed that this has been considered by the quality committee and that the findings of the report have been reviewed against what we need to do. TQ noted the reference to additional resources and FM explained this relates to joint training resource and how we might benefit from being included, despite the training our Consultant Midwife provides.

DR asked whether there is anything that relates to the way the Board works. RQ responded that the key aspect is training as covered in the trust priorities reviewed earlier.

12/22 AOB

None

13/22 Review of meeting effectiveness

DA reflected important discussions. It was a relatively paper-lite meeting which was good; the Board agreed and reflected how much better it was to meet in person.

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

DA then asked if there were any questions from the public in attendance, related to today's agenda.

One observer provided feedback rather than a question related to rotas. He received feedback from staff that some are reluctant to engage. There is also some reluctance to wear body worn cameras. He asked if we could encourage both.

EW responded on rotas that we are starting a rota review, which we have not done for three years. The demand profile has changed and we have more staff and so current rotas can't absorb this. We are working with trade union colleagues and are clear with teams that local teams will determine how rotas will work for them. On body worn cameras, this national pilot was narrowly about violence and aggression prevention. We have engaged staff but some remain reluctant, although others really like it. The outcome of the trial will be assessed nationally, in terms of benefits.

DA noted the recent custodial sentence following an incident of violence against a member of our staff.

A second question was asked about the 111 provider in Surrey and whether they have higher rate of referrals to 999 than SECAmb. EW explained that from the data we are a stronger performer in this regard, but we are in dialogue with them and commissioners.

There were no other questions from the public.

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
25.11.2021	48 21b	WWC to explore whether we are doing all we can do make SECamb an attractive place for students to want to come and work (and then stay).	LM	Q2 2022/23	WWC	IP	Added to the cycle of business for 2022/23 - and reported back to Board via the escalation report.
27.01.2022	63 21	WWC and/or FIC to test that we have allocated adequate resources to ensure education training and development to meet the needs of our workforce.	PL	Q1 2022/23	FIC	C	28.05.2022: Added to next FIC meeting in consideration of the budgets for 2022/23 This forms part of the integrated plan and related budget which the Board considered at its meeting on 16.06.2022
28.05.2022	06 22	A revised approach to the BAF risk report to be considered by the Audit and Risk Committee in July, to take account of the feedback provided by the Board at its May meeting. This will refresh how we present the risks and where possible linking to the relevant metrics within the IPR, with narrative describing the 'story' of mitigation and actions planned.	PL	14.07.2022	AUC	IP	On agenda for the meeting on 14 July.
28.05.2022	08 22	Timelines for delivery of the QI methodology and each of the priorities to come to the Board in June.	FM	30.06.2022	Board	C	On agenda

Key

- Not yet due
- Due
- Overdue
- Closed

South East Coast Ambulance Service NHS
NHS Foundation Trust

		Item No	19-22
Name of meeting	Trust Board		
Date	30 June 2022		
Name of paper	Improvement Journey		
Executive sponsor	Interim CEO, Dr Fionna Moore		

Following the update to the Board in May, the Executive has been developing the Improvement Journey, which has an immediate focus on responding to the issues identified by the Staff Survey results and CQC inspection.

The presentation enclosed reinforces the background and context, and how the Executive will be approaching the governance and reporting to ensure the outcomes expected from the plan(s) are achieved.

Details of the different workstreams are outlined in the Full Plan that is also enclosed.

Meeting as a wider leadership team, the Executive Management Board and Senior Management Group now meets twice a month, to test progress with the plans.

On 24 June, the Executive met with regional and ICS partners and the key feedback included:

- Agreement on the need to avoid duplication and to use our reporting schedule to inform the development of the oversight model at system/region-level
- Focus on outcomes, providing evidence, and ensuring improvements are sustainable.
- Ensuring the most critical elements of the plan such as those related to the Warning Notice are elevated in the plan and how they are reported.
- Engaging our workforce to support them translate what delivery of the CQC findings means for them, so that the improvement journey is seen as a joint effort, not just for the senior leaders.
- Making the reporting framework visible to the workforce so they can see the progress being made.

Noting that the plan will be dynamic, the Board is asked to approve the Improvement Journey Plan and the approach to reporting, and note the progress made to-date.

Improvement Journey Assurance Framework

SECAmb Trust Board

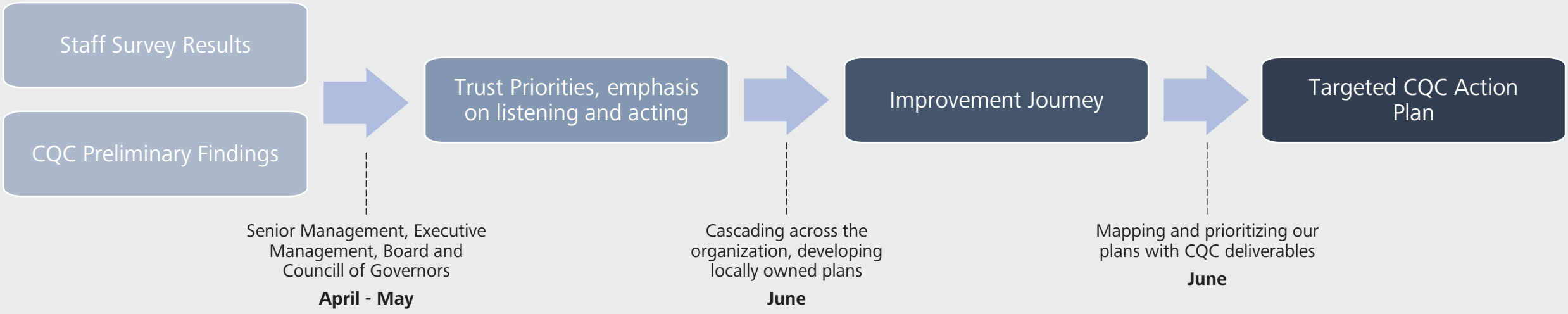
Thursday 30th June 2022

Contents

SECAmb Journey and Supporting our Colleagues

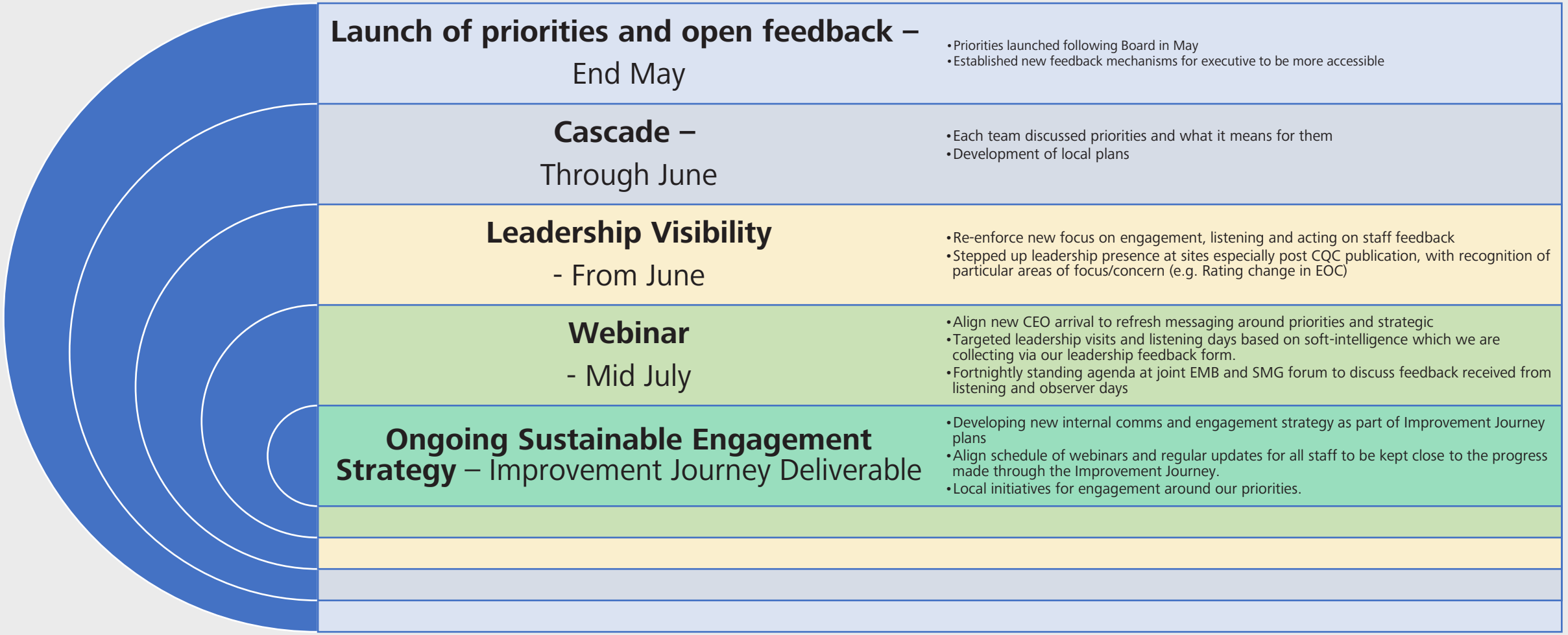
Overview of SECAmb Journey

- Feedback received via the Staff Survey and preliminary CQC findings highlighted a failure to demonstrate the thread of Quality through all we do, a disconnect amongst senior management and the wider organisation, and a lack of understanding of SECAmb's vision and direction of travel across most colleagues.
- The Executive team has worked closely with its immediate senior management, the Board, and Council of Governors, to address this disconnect over April and May, developing 4 key priorities for the year, a leadership delivery plan for each quarter, and setting up new mechanisms for engagement with staff around these priorities:
  - **People and Culture**
  - **Quality**
  - **Leadership and Engagement**
  - **Responsive Care**
- Through June we have been cascading the priorities at all levels, with an emphasis on empowering local teams to develop their own plans for the year around these 4 priorities, recognising the need to commence this ahead of the publication of the CQC report – the first opportunity the majority of staff will be able to access the findings.
- We have developed an **Improvement Journey plan**, designed around the priorities, staff engagement and feedback.
- This plan is designed to deliver short-term targeted plans that will address the CQC Must Do, Should Do and Warning Notices, as well as providing us with a vehicle for delivery of improvement beyond the initial period of recovery.



Supporting and involving our colleagues

- New engagement approach:
  - Stepped up visibility of leaders at all sites, ensuring a focus on listening and structured feedback collated and reviewed regularly
  - Digital leaflet promoting our priorities, how they link to what staff and CQC have told us, and setting direction of travel
  - Open suggestions on priorities sent to leadership guarantee a response from a member of the executive of senior management



Improvement Journey Portfolio

CQC Deliverables

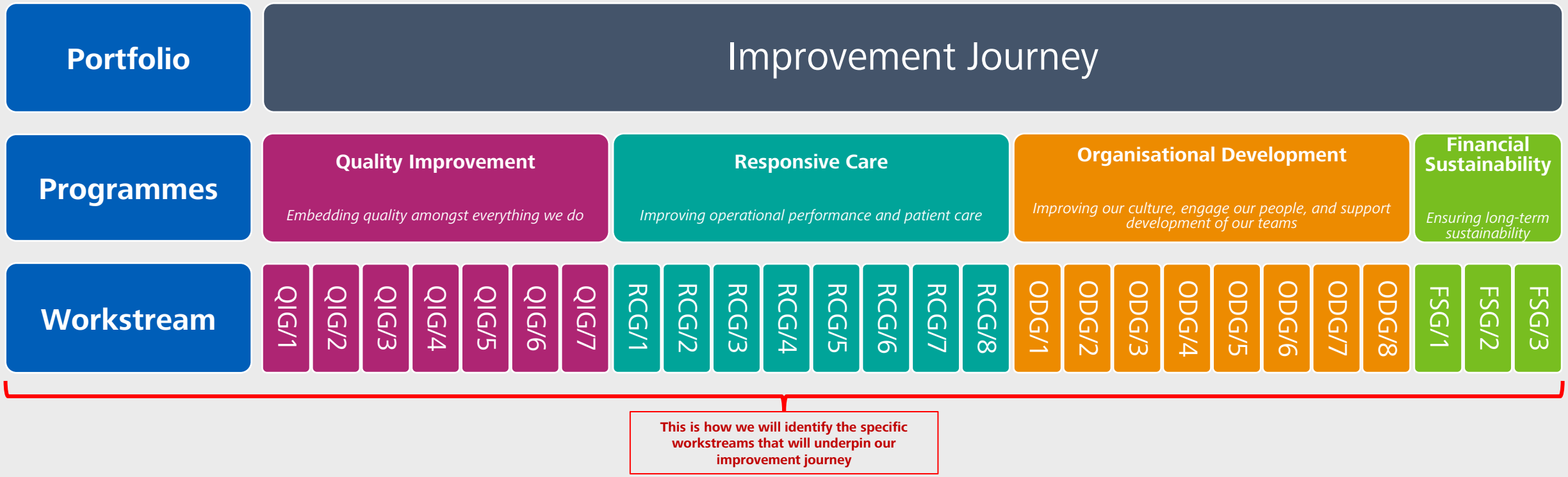
- We have a total of 25 CQC Deliverables, reflecting the findings within the overall CQC report.
- Our Improvement Journey and Trust Priorities has been designed to deliver initially against these CQC Deliverables, with a focus on ensuring sustainable change can be achieved
- The most frequent feedback from colleagues we have received during visits is “what will be different this time”.
- The nature of the CQC Deliverables means that a transactional programme won’t deliver sustainable change, a matrixed portfolio approach is required.
- This means that to address any one specific Deliverable, one or more workstreams will be required.

This is how we will identify the specific CQC deliverables

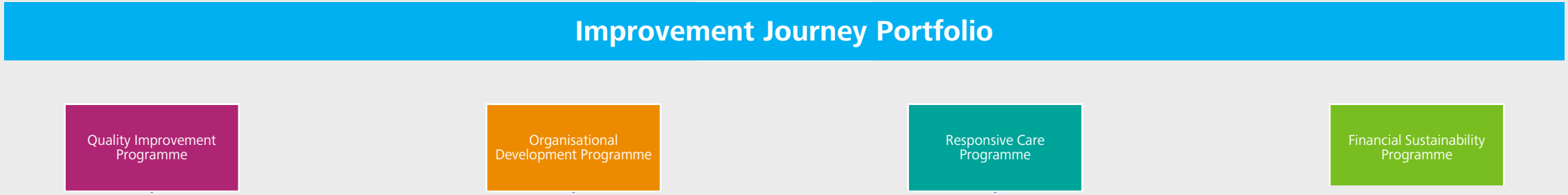
ID	Warning Notice - S29A
WN1	There was a disconnect between the board and the wider organisation and the board was not working effectively together to achieve its full potential.
WN2	The quality of information and assurance was not effective and there was a lack of professional curiosity and challenge.
WN3	Corporate and clinical governance were not working together to provide effective oversight of risks and issues to drive improvements.
WN4	There was a culture of bullying across the organisation. There was a failure to act swiftly to address staff concerns. There was a dismissive culture where staff raising serious concerns did not have their concerns acted upon.
	Must Do's
MD1	The trust must ensure all staff complete mandatory, safeguarding and any additional role specific training in line with the trust target. (Regulation 18 (2) (a))
MD2	The trust must improve the culture and ensure all staff are actively encouraged to raise concerns and improve the quality of care. (Regulation 12 (1) (2i)).
MD3	The trust must ensure it takes staff’s concerns seriously and takes demonstrable action to address their concerns. Regulation 17 (2)(b).
MD4	The trust must ensure that all incidents investigations are completed in a timely way to allow opportunity for action on learning to be shared and action taken swiftly. Regulation 17 (2) (b) (e)).
MD5	The trust must ensure it works collaboratively with system partners to improve category 2, 3 ,4 response times. (Regulation 12, (1) (2) (a) (I)).
MD6	The trust must ensure the governance and risks processes are fit for purpose and ensure the ongoing assessment, monitoring and improve the quality and safety of the services provided. (Regulation 17, (1) (2) (a) (b)).
MD7	The trust must ensure it seeks and acts on feedback from relevant persons and other persons on the services provided for the purpose of continually evaluating and improving services. (Regulation 17, (2) (e)).
MD8	The trust must collect and analyse the End of Life (EoL) calls and share the analysis with ICS stakeholders, with the objective of reducing the needs for unanticipated EoLcare by emergency and urgent care services (Regulation 17, (1) (2) (a) (b) (c))
	Should Do's
SD1	The trust should ensure it provides appraisals and continuous professional development to all staff.
SD2	The trust should ensure blood glucose (sugar) machines are calibrated.
SD3	The trust should consider how to recruit to staff vacancies.
SD4	The trust should consider how to improve communication and relationships between staff and senior leaders.
SD5	The trust should consider a consistent approach in the management of ambulance response to categories 2, 3 and 4 calls.
SD6	The trust should ensure that it continues to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times.
SD7	The trust should ensure it continues working towards supporting the workforce in order to reduce the pressure and improve staff morale.
SD8	The trust should consider how to improve engagement with staff.
SD9	The trust should consider how to improve engagement with patients.
SD10	The trust should better understand the role of the FTSUG to improve the speak up culture.
SD11	The trust should consider how to drive the improvements needed to achieve key performance indicators on clinical call back times, call abandonment rates and call response times in 111.
111SD1	Continue to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times.
111SD2	Continue working towards supporting the workforce in order to reduce the pressure and improve staff morale.

Improvement Journey Portfolio

- We have setup a Improvement Journey Portfolio approach that aligns to:
  - Our Trust Priorities
  - Staff Feedback
  - CQC Deliverables
- This portfolio approach till take us beyond November, with future workstreams able to be added or removed, responding dynamically to the needs of the service
- This will ensure we are being consistent across our delivery approach, and ensure sustainable long-term improvement.



Programme workstreams



Workstreams have been identified as a priority to progress our Improvement Journey Portfolio

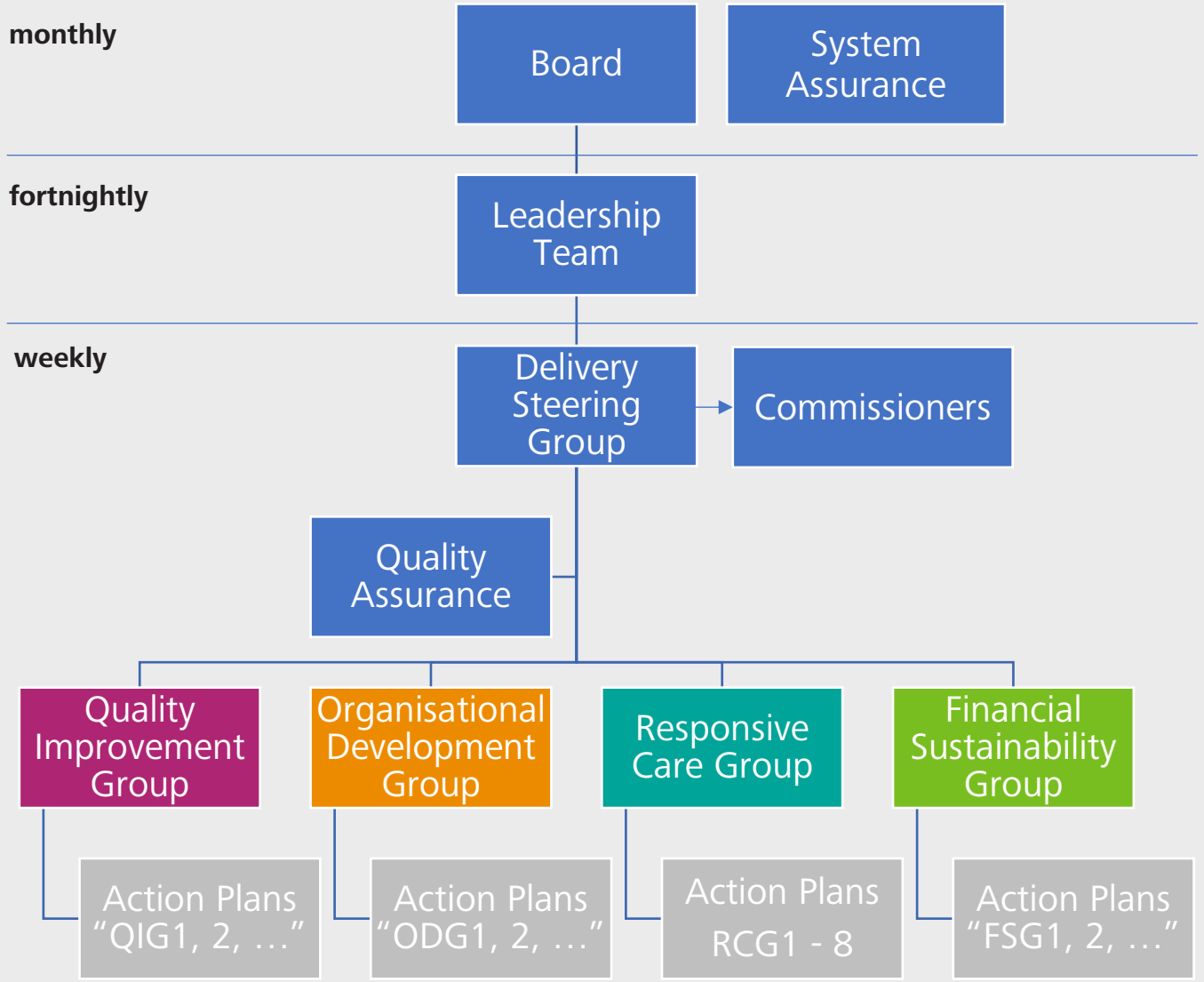
Reporting hierarchy

Monthly Progress Report

Fortnightly progress report

Weekly progress dashboard

Weekly highlight reports



Reporting regime

- Single system assurance meeting every month will streamline internal governance and avoid abortive work.
- We will welcome and request support and involvement from partners throughout this programme, minimising ad-hoc reporting.
- Weekly highlight and flash reports generated for each workstream will be available and a source of interim assurance on progress, risk, and evidence, which we will be giving open access to system partners.
- Focus of reporting will be to assure outcomes deliver against CQC in a way that benefits patients and colleagues.

Date	Trust Board	Date	SAM	
30th June	Sign off Action plan with accompanying progress report	8 July	Action plan and progress to date	
28th July	Progress Report	5th August	Progress report	
Week beginning 15th Aug	Mini-mock inspection			
25th August	Progress report including results of mock inspection	1st Sept	Progress report including results of mock inspection	
Week beginning 12th September	Full mock inspection			
29th September	Progress report	7th Oct	Progress report	
27th October	Progress report	4th Nov	Progress report	
Target completion for CQC action 18th November				

	Week 1					Week 2					Week 3					Week 4					Week 5				
	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri
System Assurance Meeting (monthly)																									X
Trust Board (monthly)																			X						
Leadership Team (bi-weekly)								X										X							
Delivery Steering Group		X		*x*			X		*x*			X		*x*			X		*x*						
Quality Improvement Core Delivery Group		X					X					X					X								
Organisational Development Core Delivery Group	X					X					X					X									
Responsive Care Assurance Core Delivery Group	*x*		X			*x*		X			*x*		X			*x*		X							
Financial Sustainability Core Delivery Group																									

Formal meeting	X	Informal meeting	*x*

How do we assure against each CQC Deliverable?

ID	Warning Notice - S29A
WN1	There was a disconnect between the board and the wider organisation and the board was not working effectively together to achieve its full potential.
WN2	The quality of information and assurance was not effective and there was a lack of professional curiosity and challenge.
WN3	Corporate and clinical governance were not working together to provide effective oversight of risks and issues to drive improvements.
WN4	There was a culture of bullying across the organisation. There was a failure to act swiftly to address staff concerns. There was a dismissive culture where staff raising serious concerns did not have their concerns acted upon.
	Must Do's
MD1	The trust must ensure all staff complete mandatory, safeguarding and any additional role specific training in line with the trust target. (Regulation 18 (2) (a))
MD2	The trust must improve the culture and ensure all staff are actively encouraged to raise concerns and improve the quality of care. (Regulation 12 (1) (2i)).
MD3	The trust must ensure it takes staff's concerns seriously and takes demonstrable action to address their concerns. Regulation 17 (2)(b).
MD4	The trust must ensure that all incidentsinvestigations are completed in a timely way to allow opportunity for action on learning to be shared and action taken swiftly. Regulation 17 (2) (b) (e)).
MD5	The trust must ensure it works collaboratively with system partners to improve category 2, 3 ,4 response times. (Regulation 12, (1) (2) (a) (I)).
MD6	The trust must ensure the governance and risks processes are fit for purpose and ensure the ongoing assessment, monitoring and improve the quality and safety of the services provided. (Regulation 17, (1) (2) (a) (b)).
MD7	The trust must ensure it seeks and acts on feedback from relevant persons and other persons on the services provided for the purpose of continually evaluating and improving services. (Regulation 17, (2) (e)).
MD8	The trust must collect and analyse the End of Life (EoL) calls and share the analysis with ICS stakeholders, with the objective of reducing the needs for unanticipated EoLcare by emergency and urgent care services (Regulation 17, (1) (2) (a) (b) (c))
	Should Do's
SD1	The trust should ensure it provides appraisals and continuous professional development to all staff.
SD2	The trust should ensure blood glucose (sugar) machines are calibrated.
SD3	The trust should consider how to recruit to staff vacancies.
SD4	The trust should consider how to improve communication and relationships between staff and senior leaders.
SD5	The trust should consider a consistent approach in the management of ambulance response to categories 2, 3 and 4 calls.
SD6	The trust should ensure that it continues to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times.
SD7	The trust should ensure it continues working towards supporting the workforcein order to reduce the pressure and improve staff morale.
SD8	The trust should consider how to improve engagement with staff.
SD9	The trust should consider how to improve engagement with patients.
SD10	The trust should better understand the role of the FTSUG to improve the speak up culture.
SD11	The trust should consider how to drive the improvements needed to achieve key performance indicators on clinical call back times, call abandonment rates and call response times in 111.
111SD1	Continue to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times.
111SD2	Continue working towards supporting the workforce in order to reduce the pressure and improve staff morale.

Example of CQC Assurance Unique ID: WN1

Lead programme	**Organisational Development**
Reporting period	June 2022
Lead Executive	CEO

CQC requirement	SECAmb planned outcome	Action type
There was a disconnect between the board and the wider organisation and the board was not working effectively together to achieve its full potential.	Board working together to assure progress made against Improvement Journey is benefitting patients and staff. There is alignment between strategic objectives and delivery plans, and there is quality information and evidence to support effective challenge at Board. The Board effectively measures how it's plans are impacting our people, and seeks to engage and communicate it's work with the entire workforce.	**Warning notice (Section 29A)**

Summary of progress since CQC inspection / during reporting period	Latest status
Establishment of Trust Priorities with the Board, cascaded through teams, and empowering local plans to develop within the framework. Implementation of immediate new engagement initiatives to focus on listening. Plans in place to align Improvement Journey with quasi-live feedback received. Revamp of quality dashboards using SPC and re-alignment of IPR to Trust Priorities to ensure alignment between strategic objectives and priorities, BAF	**Amber**

Workstream	Programme	Source of evidence (link to electronic document)	RAG status
QIG 1 – Quality of Information for QPSC	*Quality Improvement*	*Link: Quality Dashboard for QPSC*	
QIG 2 – Make Data Count	*Quality Improvement*	*Link: IPR; Link: Sub-committee Quality Dashboards*	
QIG 5 – Service User Engagement	*Quality Improvement*	*Link: Highlight report*	
ODG 1 – Immediate Engagement	*Organisational Development*	*Link: Evidence of stepped up visible leadership mechanisms*	
ODG 2 – Board Development Plan	*Organisational Development*	*Link: Board Development Plan*	
ODG 5 – Long term engagement	*Organisational Development*	*Link: Internal engagement and communication strategy*	

Because of the scope of the CQC deliverables, each of the 25 WN/MD/SD's will map against multiple workstreams. We will be providing assurance in a matrix way, and access to the live evidence SharePoint folder structure will be made available to all partners

Progress update on Quality Improvement Programme

Quality & Governance

	Issues	Actions	Examples of progress against QI Programme
QIG1 - QPSC quality of information	• Disconnect • Quality of information and triangulation • Evidence of Challenge • Evidence Outcome • Oversight of all patient safety agenda	• Review ToR and agenda of all groups and committee • The appropriate granularity of information at each level of the organisation • Reporting schedule and quality of reports • Quality Dashboard • Evidence of learning • Environment of high support and high challenge	• ToR & Agenda progressing • Quality dashboard on track first reiteration to be presented in July QGG • Revised SI report template provides transparent view and oversight of all aspects of the process, with clear cross reference to the dashboard • Integrated Quality paper in development that includes evidence of learning to be trialled in Sept for Oct implementation
QIG2 - Incident and Harm governance	• Backlog in 3 areas dating back to 2019; overdue Datix, breached SIs and overdue SI actions. • No Trust collective oversight of 'no' and 'low harm' • Harm review – weekly method of harm review of C1 and C3 currently not providing effective assurance • Insufficient frontline training • No evidence of organisational learning	• Focus approach to tackling the backlog working with staff across directorates • Systematic approach that identifies learning • Suspended the weekly harm reviews to concentrate effort on training and 72 hrs reports • Harm Reviews looking at clusters or themes • Review of incident management process (inc. SI process) workshops with commissioners. • Quality Summit planned for July 2022	• Trajectory set and is ahead of targets i.e. 50% outstanding closed by end of July • Datix to be received by the OUMs to alert, review LOH and intervene as early as possible • EOC/111 bespoke training underway, to be rolled out to OTLs in July • OUMs to report own dashboards and actions into QUAPPs for reporting into QGG • Cluster review of 12 cardiac cases completed • Incident Management workshops x 2 done • Pilot SI case reviews incorporated into staff training to commence this month
QIG6 - Medicines management	• 19 Risks on the Risk Register • 8 risks identified as not having assurance around the controls in place	• In collaboration with CCG conduct a thematic review of risks related to medicines incidents	• Multiprofessional review conducted on 16th June with CCG and 7 key actions identified and will be monitored via ENB and QPSC

Our approach to Quality Improvement

Outstanding resources required to improve delivery:

- QI expertise
- SI training including Human Factors
- Project managers to support delivery of the medicines actions

Further Partnership Working:

- Quality Surveillance Visits
- Mock CQC Inspection
- System Level Integrated Quality Governance
- Check & Challenge

Resource and Support

Resource & Support Requirements

Expertise/other Support

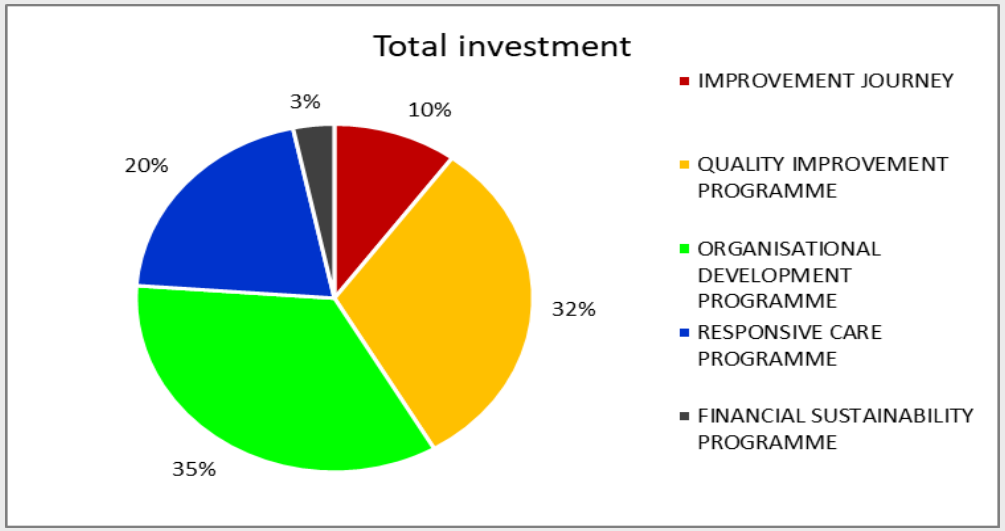
Requirement for support in specific areas of work, including:

- From NHS Futures Making Data Count Team
- NHSE/I Patient Experience Team
- NHSE/I People Directorate teams for peer support on policy reviews, plan development
- NHS Supply Chain network & learning support
- Top team development & e-learning programmes

Capacity/Resource Support

Quantification of additional resources required broken down by programme. Roles identified include:

- Senior leadership
- Programme and delivery leads
- Support for specialist areas (e.g. FTSU, EDI & safeguarding)



Portfolio Overview

CQC deliverables

ID	Warning Notice - S29A
WN1	There was a disconnect between the board and the wider organisation and the board was not working effectively together to achieve its full potential.
WN2	The quality of information and assurance was not effective and there was a lack of professional curiosity and challenge.
WN3	Corporate and clinical governance were not working together to provide effective oversight of risks and issues to drive improvements.
WN4	There was a culture of bullying across the organisation. There was a failure to act swiftly to address staff concerns. There was a dismissive culture where staff raising serious concerns did not have their concerns acted upon.

ID	Must-do action
MD1	The trust must ensure all staff complete mandatory, safeguarding and any additional role specific training in line with the trust target. (Regulation 18 (2) (a)).
MD2	The trust must improve the culture and ensure all staff are actively encouraged to raise concerns and improve the quality of care. (Regulation 12 (1) (2i)).
MD3	The trust must ensure it takes staff's concerns seriously and takes demonstrable action to address their concerns. Regulation 17 (2)(b).
MD4	The trust must ensure that all incidents investigations are completed in a timely way to allow opportunity for action on learning to be shared and action taken swiftly. Regulation 17 (2) (b) (e)).
MD5	The trust must ensure it works collaboratively with system partners to improve category 2, 3 ,4 response times. (Regulation 12, (1) (2) (a) (I)).
MD6	The trust must ensure the governance and risks processes are fit for purpose and ensure the ongoing assessment, monitoring and improve the quality and safety of the services provided. (Regulation 17, (1) (2) (a) (b)).
MD7	The trust must ensure it seeks and acts on feedback from relevant persons and other persons on the services provided for the purpose of continually evaluating and improving services. (Regulation 17, (2) (e)).
MD8	The trust must collect and analyse the End of Life (EoL) calls and share the analysis with ICS stakeholders, with the objective of reducing the needs for unanticipated EoL care by emergency and urgent care services (Regulation 17, (1) (2) (a) (b) (c)).

ID	Should-do action
SD1	The trust should ensure it provides appraisals and continuous professional development to all staff.
SD2	The trust should ensure blood glucose (sugar) machines are calibrated.
SD3	The trust should consider how to recruit to staff vacancies.
SD4	The trust should consider how to improve communication and relationships between staff and senior leaders.
SD5	The trust should consider a consistent approach in the management of ambulance response to categories 2, 3 and 4 calls.
SD6	The trust should ensure that it continues to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times.
SD7	The trust should ensure it continues working towards supporting the workforce in order to reduce the pressure and improve staff morale.
SD8	The trust should consider how to improve engagement with staff.
SD9	The trust should consider how to improve engagement with patients.
SD10	The trust should better understand the role of the FTSUG to improve the speak up culture.
SD11	The trust should consider how to drive the improvements needed to achieve key performance indicators on clinical call back times, call abandonment rates and call response times in 111.
111SD1	Continue to work towards meeting the key performance indicators on clinical call back times, call abandonment rates and call response times.
111SD2	Continue working towards supporting the workforce in order to reduce the pressure and improve staff morale.

CQC deliverable workstream allocation

		Quality Improvement							Responsive Care								Organisational Development								No. of applicable workstreams
Lead programme	Code	QIG/1	QIG/2	QIG/3	QIG/4	QIG/5	QIG/6	QIG/7	RCG/1	RCG/2	RCG/3	RCG/4	RCG/5	RCG/6	RCG/7	RCG/8	ODG/1	ODG/2	ODG/3	ODG/4	ODG/5	ODG/6	ODG/7	ODG/8	
Organisational Development	WN1																x	x			x			x	4
Quality Improvement	WN2	x					x											x							3
Quality Improvement	WN3	x	x	x		x	x	x																	6
Organisational Development	WN4																		x	x					2
Organisational Development	MD1																					x			1
Organisational Development	MD2																x		x	x	x			x	5
Organisational Development	MD3																		x	x				x	3
Quality Improvement	MD4		x																						1
Responsive Care	MD5							x	x	x	x	x	x	x	x										8
Quality Improvement	MD6	x	x	x		x		x					x												6
Quality Improvement	MD7				x				x	x	x		x				x			x					7
Responsive Care	MD8															x									1
Organisational Development	SD1																					x			1
Responsive Care	SD2												x												1
Organisational Development	SD3													x									x		2
Organisational Development	SD4									x	x						x	x			x			x	6
Responsive Care	SD5							x	x	x	x	x													5
Responsive Care	SD6										x				x										2
Organisational Development	SD7								x	x	x	x	x	x			x		x				x	x	10
Organisational Development	SD8								x	x	x						x				x				5
Quality Improvement	SD9				x																				1
Organisational Development	SD10																			x					1
Responsive Care	SD11																								1
Responsive Care	111SD1																								1
Organisational Development	111SD2																								3

Flash report (by programme)

Portfolio	**Improvement Journey**
Portfolio Lead	Matt Webb
Reporting month	June 2022

Code	Programme	Scope	Resource	Time	Cost	Overall progress	Linked CQC actions
QIG	**Quality Improvement Programme**						WN2, WN3 MD4, MD5, MD6, MD7 SD5, SD9
RCG	**Responsive Care Programme**						MD5, MD6, MD7, MD8 SD2, SD3, SD4, SD5, SD6, SD7, SD8, SD11, 111SD1, 111SD2
ODG	**Organisational Development Programme**						WN1, WN2, WN4 MD1, MD2, MD3, MD7 SD1, SD3, SD4, SD7, SD8, SD10, 111SD2
FSG	**Financial Sustainability Programme**	tbc	tbc	tbc	tbc	tbc	

Flash report / Portfolio RAG status key

RAG status key	Scope	Resource / Capacity	Time	Cost/Budget	Individual programme progress	Overall portfolio progress
Red (Off-track, significant risks identified)	• Requirements are unclear • Significant uncertainty in scope and deliverables	• Resource not in place/unavailable • Roles/responsibilities unclear	• Timelines are unclear • Critical path not identified • Completion date unachievable unless intervention	• Costs not understood • Budget not available • Actual or high risk of overspend >10%	• One or more red sub-category • Significant risk or issue without appropriate treatment plan • Ability to deliver programme impacted	• Serious issue or risk that portfolio is unlikely to meet expected outcomes within agreed time constraints
Amber (Risks identified but still on track)	• Requirements lack clarity • Only key deliverables are identified • Scope still lacking clarity • Plan in place to address	• Gaps in resourcing • Lack of clarity regarding roles/responsibilities • Plan in place to address	• Timelines lack clarity • Critical path not identified • Programme slippage, but not expected to impact planned completion date • Plan in place to address	• Uncertainty about costs • Budget identified but not approved • Programme will result in overspend ≤10%	• No red sub-categories • More than one amber sub-category • Risk and issues exist with plans to manage them • Programme delivery at risk but manageable	• Portfolio delivery is at risk but still manageable within agreed constraints
Green (On track and expected to deliver on time)	• Requirements are clear • All deliverables are identified • Scope (what is in/out) is clear	• Delivery team in place • Clear roles/responsibilities • No significant gaps in resourcing	• Clear on timelines • Critical path identified • On track to deliver milestones	• Costs clearly defined • Budget allocated to programme • Programme forecast as on track / under budget	• No red sub-categories • No more than one amber sub-category with clear path to return to Green • No risk or issue material to programme success • No risk to programme delivery	• Portfolio is on track and scheduled to deliver the expected outcomes within agreed constraints
Blue	Programme and associated workstreams completed					
Grey	*Not applicable to programme*					

Quality Improvement Programme

Executive Lead – Robert Nicholls, Executive Director of Quality & Nursing

Plan on a Page (Level 1)

Current RAG status	Green

Programme	Quality Improvement
Lead Executive	Robert Nicholls
Delivery Lead	Victoria Baldock

Quality Improvement Programme

Workstream	June	July	August	September	October	November	December	Q4 2022/23
QIG 1 - Quality of information (QPSC)			Review of QPSC ToR, templates for review of information and data, assuring sufficient detail is presented at committee for effective challenge					
		Requirements definition for external providers to review Well-Led					External review for Well-Led	
			4 key messages process implemented for QPSC, EMB, QGG	Effective digital means of communication of key messages				
QIG 2 - Incident and harm governance	Review of full Incident Management Structure completed	Implementation of recommendations following review						
			50% reduction in all open incidents (Datix)			100% reduction in open incidents (Datix)	(May 2023) All incidents reviewed by experienced clinician within 72hrs	
	Independent review of Harm Review process							
		Establishment of a new process for learning from SI and implementation of a learning platform covering all aspects of patient safety and experience						
				Get to 0 SI open actions beyond their due date				
QIG 3 - Risk management								
	New risk management policy approved and Datix (risk management) system migration to the Cloud started							
		Targeted risk training completed						
	Review of existing moderate and above risks ensuring there are up to date SMART actions against each							
					Implementation of new risk reporting framework and on-going review of new risks and emerging trends through relevant groups (QPSC, QGG, and other corporate groups)			

Plan on a Page (Level 1)

Current RAG status	Green

Programme	Quality Improvement
Lead Executive	Robert Nicholls
Delivery Lead	Victoria Baldock

Quality Improvement Programme

Workstream	June	July	August	September	October	November	December	Q4 2022/23
QIG 4 - Service user engagement				Review ToR for patient experience group completed	Re-launch of Patient Experience Group bi-monthly			
	Develop collaborative working model with system partners							
	Focus on the experience and engagement of vulnerable groups such as people with dementia, learning disabilities and mental health							
	Inclusion of patients in quality improvement programmes, ensuring representation in key groups such as QGG, QPSC and Trust Board							
QIG 5 – Medicines management	Deep dive completed							
	Implementation of action plan from the deep dive, inclusive of full review of medicines estate, resourcing key programmes such as pouch review and stepping up support for Medicines management team							
QIG 6 – Make Data Count		Rollout of Make Data Count framework and training of all departments						
		Data clinics completed to identify Quality metrics underpinning each area of the Trust, mapped against Priorities framework						
			Initial IPR version following MDC methodology					
		On-going development of Quality Dashboards (achieving maximum data automation)				All quality dashboards with most data available and full IPR completed following MDC		
QIG 7 – Ensuring patient safety during REAP 3/4			Completed process mapping of the current arrangements including assurances for keeping patients safe					
			Development of an updated patient safety framework for how we keep our patients safe at high levels of surge/escalation			Regular reports on clear visibility of how we keep patient safe, triangulated with performance to relevant groups		
QIG 8 – Quality Improvement			Development of a Trust QI strategy/Framework with SMG and Consultant Paramedics, and system partners					
						Sign-off of QI Strategy at EMB and QPSC/Board		
						Clinically led implementation and embedding of the approved QI Strategy, may involve multiple teams		

Flash report (by workstream)

Programme	**Quality Improvement**
Lead Executive	Robert Nicholls
Reporting month	June 2022

Code	Workstream	Scope	Resource	Time	Cost	Overall progress	Linked CQC actions	Expected outcome
QIG/1	**Quality of information**						WN2, WN3, MD6	Information is of high quality and presented in a standardised, consistent format trust-wide, with clear professional challenge which achieves assurance and improved decision-making regarding **staff** and **patients**.. **Monitored** through framework developed through workstream.
QIG/2	**Incident and harm governance**						WN3, MD4, MD6,	Improved and consistent incident management processes for **patients** and **staff**, including a new learning strategy, together with the elimination of backlog in Datix and SI reporting and associated actions. **Measured** through independent harm review and Integrated Performance Report.
QIG/3	**Risk management**						WN3, MD6	New related risks identified and managed consistently following implementation of a robust structure and associated processes, focussed on early recognition, allocation and control or mitigating measures **Monitored** through a revised Risk Management Policy, developed through this workstream, and the Integrated Performance Report.
QIG/4	**Service user engagement**						MD7, SD9	Opportunities are improved for **service-user** involvement within quality improvement programmes and relevant governance groups, ensuring patient stories and learning is communicated and acted upon appropriately. **Measured** through the Friends and Family Test (FFT) and locally defined feedback processes within this workstream.
QIG/5	**Medicines management**						WN3, MD6	Clear recommendations and actions determined, with clarity regarding reporting and escalatory processes for **staff**, following review of Medicines Management systems and processes. **Measured** through locally defined framework as produced within this workstream.
QIG/6	**Making data count**						WN2, WN3	Improved use of data trust-wide, through the implementation of a consistent approach to reading and analysing **patient** and clinical data to enhance decision-making and its consistency. **Monitored** against Making data count practical guide, Integrated Performance Report and contractual Data Quality Improvement Plan.
QIG/7	**Ensuring patient safety during periods of escalation**						WN3, MD5, MD6, SD5	Improvement in **patient** safety events during periods of extreme pressure, identified, shared and reported on through a visible framework embedded within the Trust. **Monitored** through Integrated Performance Report, SI and harm reviews.

Responsive Care Programme

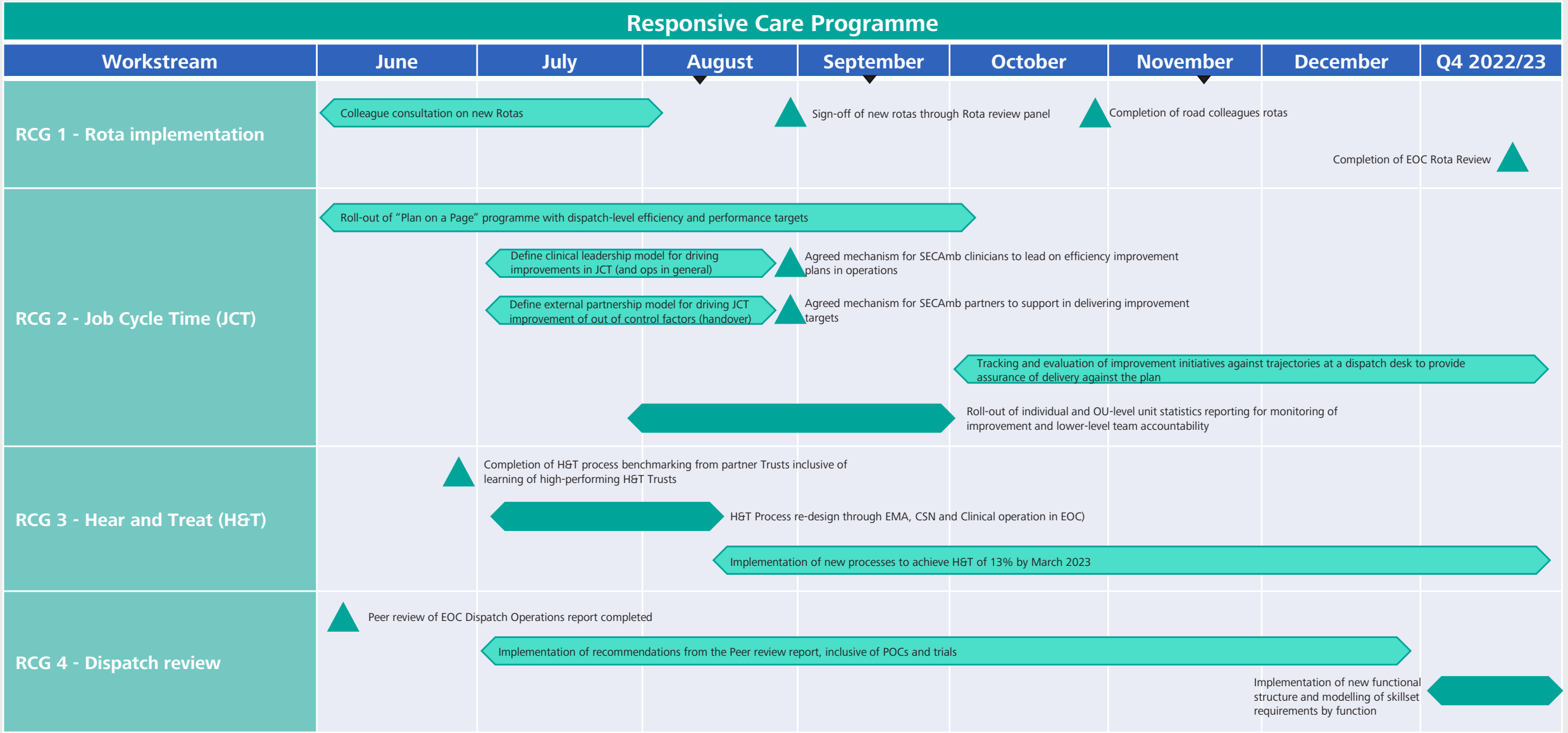
Executive Lead – Emma Williams, Executive Director of Operations

Plan on a Page (Level 1)

Current RAG status	Amber

Programme	Responsive Care
Lead Executive	Emma Williams
Delivery Lead	Louisa Guerin-Collard

Responsive Care Programme

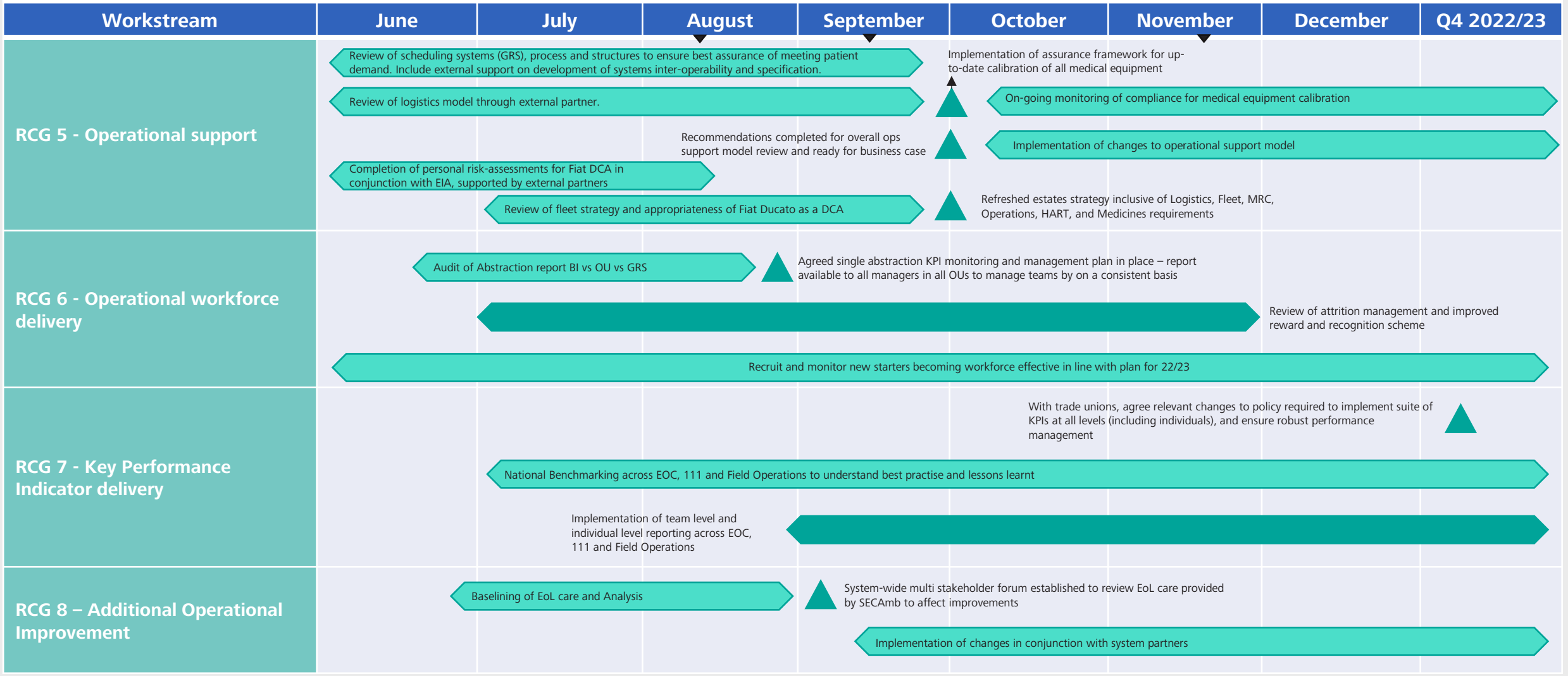


Plan on a Page (Level 1)

Current RAG status	Amber

Programme	Responsive Care
Lead Executive	Emma Williams
Delivery Lead	Louisa Guerin-Collard

Responsive Care Programme



Flash report (by workstream)

Programme	**Responsive Care**
Lead Executive	Emma Williams
Reporting month	June 2022

Code	Workstream	Scope	Resource	Time	Cost	Overall progress	Linked CQC actions	Expected outcome
RCG/1	**Rota implementation**						MD5, MD7, SD5, SD7, SD8	Improved staffing allocations delivered through new rotas by day/hour according to demand/activity, delivering improved **staff** experience, more efficient utilisation of limited resources, timely responses to the highest-acuity calls, and improved **patient** outcomes and experience. **Monitored** through Ambulance Quality Indicators.
RCG/2	**Job Cycle Time (JCT)**						MD5, MD7, SD4, SD5, SD7, SD8,	Improved overall ambulance availability through a reduction in job cycle time providing timely responses to the highest-acuity calls, improved **patient** outcomes and experience, and improved **staff** experience. **Monitored** through the Integrated Performance Report.
RCG/3	**Hear and Treat (H&T)**						MD5, MD7, SD4, SD5, SD6, SD7, SD8	Increased number of incidents where 999 calls are successfully completed without dispatching a physical resource, resulting in improved **patient** outcomes and experience, and improved **staff** experience, i.e., dispatching staff to the most appropriate calls. **Monitored** through Ambulance Quality Indicators.
RCG/4	**Dispatch review**						MD5, SD5, SD7	Efficiency and effectiveness of dispatch function improved, contributing to greater **patient** outcomes, experience and ARP performance across all categories. **Monitored** through Ambulance Quality Indicators.
RCG/5	**Operational support**						MD5, MD6, MD7, SD2, SD7	Improvement in efficiency in the delivery of operational support functions, particularly where these interface directly with operational delivery, improving **staff** experience, wellbeing and service responsiveness. **Monitored** through the Integrated Performance Report.
RCG/6	**Operational workforce delivery**						MD5, SD3, SD7, 111SD2	Delivery of all components of the 2022-23 workforce plan, including recruitment, retention and abstraction management, ensuring resource availability, and improving **patient** and **staff** experience. **Monitored** through the Integrated Performance Dashboard.
RCG/7	**Key Performance Indicator delivery**						MD5, SD6, SD11, 111SD1	Service and **staff** development and capability are supported in order to improve overall trust performance and responsiveness through the implementation of a KPI framework. **Monitored** through the Integrated Performance Dashboard
RCG/8	**Additional operational improvement**						MD8	Improvement in the response to and management of End of Life Care patients, working in partnership with health & care system partners to reduce the need for unanticipated care, resulting in improved **patient** experience and outcomes. **Monitored** through feedback from systems and framework developed within the workstream.

Organisational Development Programme

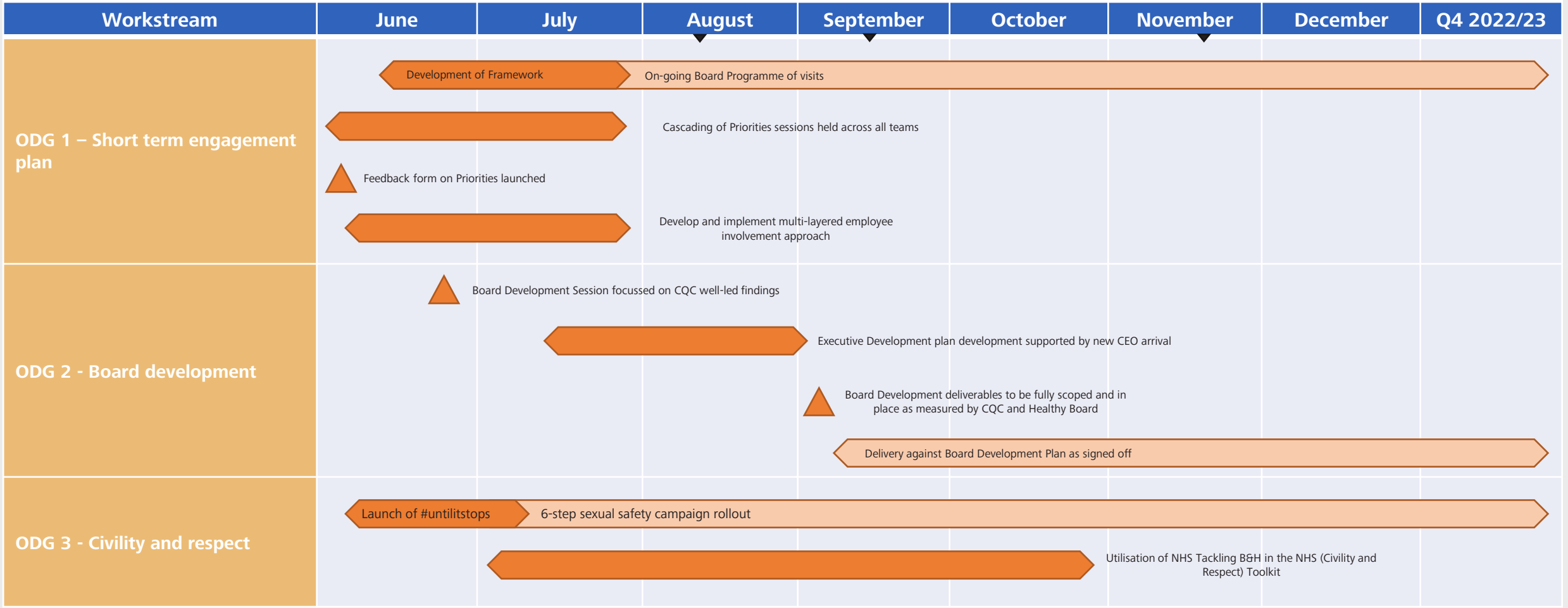
Executive Lead – Ali Mohammed, Executive Director of Human Resources & Organisational Development

Plan on a Page (Level 1)

Current RAG status	Amber

Programme	Organisational Development
Lead Executive	Ali Mohammed
Delivery Lead	Claire Webster

Organisational Development Programme

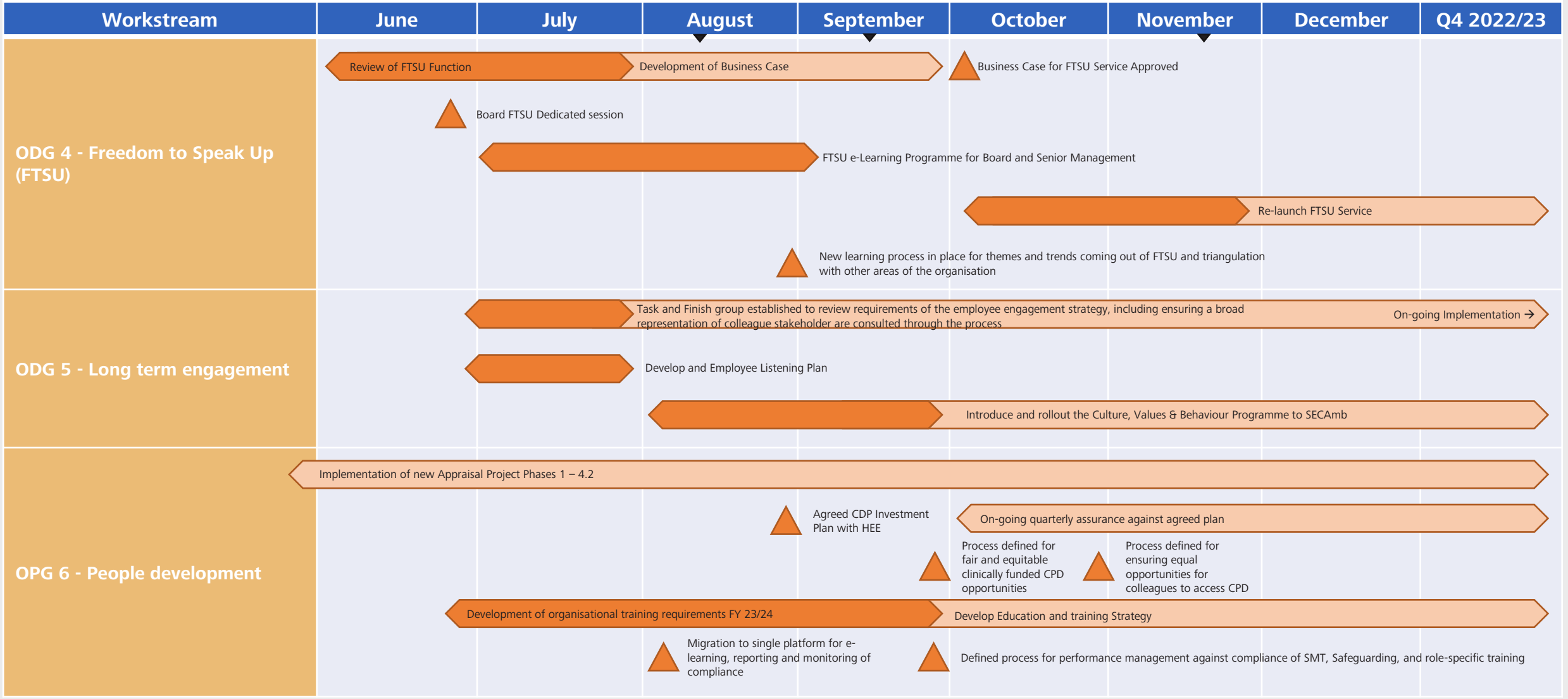


Plan on a Page (Level 1)

Current RAG status	Amber

Programme	Organisational Development
Lead Executive	Ali Mohammed
Delivery Lead	Claire Webster

Organisational Development Programme



Plan on a Page (Level 1)

Current RAG status	Amber

Programme	Organisational Development
Lead Executive	Ali Mohammed
Delivery Lead	Claire Webster

Organisational Development Programme

Flash report (by workstream)

Programme	**Organisational Development**
Lead Executive	Ali Mohammed
Reporting month	June 2022

Code	Workstream	Scope	Resource	Time	Cost	Overall progress	Linked CQC actions	Expected outcome
ODG/1	**Immediate engagement**						WN1, MD2, MD7, SD4, SD7, SD8	**Staff** across the Trust are aware of the Trust's priorities and understand the plans being put in place and how they can engage with these. **Measured** through Leadership visits, mock CQC inspections and national pulse surveys.
ODG/2	**Board development**						WN1, WN2, SD4	Effective Board in operation, as **measured** through the agreed framework from the Board Development Plan.
ODG/3	**Civility and respect**						WN4, MD2, MD3, SD7	Significant reduction in **staff** bullying and harassment prevalence, as **monitored** through the Integrated Performance Dashboard and NHS Staff Survey.
ODG/4	**Freedom to Speak Up (FTSU)**						WN4, MD2, MD3, SD7, SD10	**Staff** are empowered and supported, through a safe mechanism, to raise concerns, promoting changes and learning as a result of speaking up, and this informs more effective decision-making at Board-level. **Monitored** through the Integrated Performance Dashboard and NHS Staff Survey.
ODG/5	**Long term engagement**						WN1, MD2, SD4, SD8	**Staff** are aligned with the Trust's values, and feel appreciated and informed through the implementation of the Trust Employee Engagement Strategy. **Measured** through NHS Staff Survey and local feedback mechanisms.
ODG/6	**People development**						MD1, SD1	Opportunities for education, training and CPD are identified and accessible through a fair and equitable process, with improvement in **staff** retention and wellbeing rates, as **measured** through the NHS Staff Survey and national pulse surveys.
ODG/7	**Recruitment**						SD3, SD7, 111SD2	Achievement of recruitment plan, including diversity targets, with a significant reduction in **staff** bullying, harassment and discrimination, provision of a workforce that is representative of the communities served, and improved inclusivity increasing retention over time. **Monitored** through the Integrated Performance Dashboard and NHS Staff Survey.
ODG/8	**People strategy** (including NHS People Plan)						WN1, MD2, MD3, SD4, SD7, 111SD2	Improvement of the **staff** experience, with a particular focus on health and wellbeing, staff feeling valued, retention, and development of the workforce through a clear People Strategy. **Monitored** through the Integrated Performance Dashboard and NHS Staff Survey.

Financial Sustainability Programme

Plan on a Page (Level 2)

Current RAG status	Amber

Programme	Financial Sustainability
Lead Executive	David Hammond
Delivery Lead	TBC

Financial Sustainability Programme								
Workstream	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**Q4 2022/23**
Procurement and spend								
Efficiency programme (CIP)				*Workstreams tbc*				
Cost baseline review								

Flash report (by workstream)

Programme	**Financial Sustainability**
Lead Executive	David Hammond
Reporting month	June 2022

Code	Workstream	Scope	Resource	Time	Cost	Overall progress	Linked CQC actions	Expected outcome
FSG/1	**Procurement and spend**	tbc	tbc	tbc	tbc	tbc	n/a	Review of all current procurement processes and compliance against SFIs and relevant regulations. Definition of a target operating model for procurement that supports the Trust achieve and demonstrate VFM, as well as delivery against critical upcoming procurement exercises (i.e. CAD). Ensure procurement data is robust to conduct detailed spend analysis to drive cost-efficiencies. Achieving strong procurement processes will ensure our resources can be directed to supporting **colleagues** more directly, and in turn ensure that **patients** receive the best care. **Monitoring** will be achieved through involving external partners, inclusive of internal audit, to conduct a review and co-develop the improvement plan.
FSG/2	**Efficiency programme (CIP)**	tbc	tbc	tbc	tbc	tbc	n/a	
FSG/3	**Cost baseline review**	tbc	tbc	tbc	tbc	tbc	n/a	

Trust Board

Monthly progress report

(by CQC action)

To be completed by: Improvement Journey Portfolio Lead

Oversight group: Trust Board

Unique ID: WN1

Lead programme	**Organisational Development**
Reporting period	June 2022
Lead Executive	Ali Mohammed

CQC requirement	SECAmb planned outcome	Action type
There was a disconnect between the board and the wider organisation and the board was not working effectively together to achieve its full potential.	Effective Board in operation, following a programme of development, with staff aligned to the Trust's values, feeling valued and engaged with the Trust's priorities and wider direction of travel.	**Warning notice (Section 29A)**

Summary of progress since CQC inspection / during reporting period	Latest status
To be inserted	**Amber**

Workstream	Source of evidence (link to relevant folder / electronic documents)	RAG status
ODG/1 - Immediate engagement	*Link to be inserted*	
ODG/2 - Board development	*Link to be inserted*	
ODG/5 - Long term engagement	*Link to be inserted*	
ODG/8 - People strategy	*Link to be inserted*	

Unique ID: WN2

Lead programme	**Quality Improvement**
Reporting period	June 2022
Lead Executive	Robert Nicholls

CQC requirement	SECAmb planned outcome	Action type
The quality of information and assurance was not effective and there was a lack of professional curiosity and challenge.	Information is of high quality and presented in a standardised, consistent format trust-wide, with clear professional challenge which achieves assurance and improved decision-making, supported by the improved use of data trust-wide.	**Warning notice (Section 29A)**

Summary of progress since CQC inspection / during reporting period	Latest status
To be inserted	**Green**

Workstream	Source of evidence (link to electronic document)	RAG status
QIG/1 - Quality of information	*Link to be inserted*	
QIG/6 - Making data count	*Link to be inserted*	
ODG/2 - Board development	*Link to be inserted*	

Unique ID: WN3

Lead programme	**Quality Improvement**
Reporting period	June 2022
Lead Executive	Robert Nicholls

CQC requirement	SECAmb planned outcome	Action type
Corporate and clinical governance were not working together to provide effective oversight of risks and issues to drive improvements.	Greater oversight of clinical risks and issues through an integrated governance framework, supporting the consistent use of high-quality information and improved incident management and harm review processes, which drive improvements for patients and staff.	**Warning notice (Section 29A)**

Summary of progress since CQC inspection / during reporting period	Latest status
To be inserted	**Green**

Workstream	Source of evidence (link to electronic document)	RAG status
QIG/1 - Quality of information	*Link to be inserted*	
QIG/2 - Incident and harm governance	*Link to be inserted*	
QIG/3 - Risk management	*Link to be inserted*	
QIG/5 - Medicines management	*Link to be inserted*	
QIG/6 - Making data count	*Link to be inserted*	
QIG/7 - Ensuring patient safety during periods of escalation	*Link to be inserted*	

Unique ID: WN4

Lead programme	**Organisational Development**
Reporting period	June 2022
Lead Executive	Ali Mohammed

CQC requirement	SECAmb planned outcome	Action type
There was a culture of bullying across the organisation. There was a failure to act swiftly to address staff concerns. There was a dismissive culture where staff raising serious concerns did not have their concerns acted upon.	Significant reduction in bullying and harassment prevalence, with staff feeling empowered and supported, through a safe mechanism, to raise concerns, promoting changes and learning as a result of speaking up in a timely manner.	**Warning notice (Section 29A)**

Summary of progress since CQC inspection / during reporting period	Latest status
To be inserted	**Green**

Workstream	Source of evidence (link to electronic document)	RAG status
ODG/3 - Civility and respect	*Link to be inserted*	
ODG/4 - Freedom to Speak Up (FTSU)	*Link to be inserted*	

Line	Task Name	CQC Must do/should do	Trust Group accountable	Status	Executive Lead	Executive Lead 2	SMG lead	Action Owner	Delivery Manager: Programme/Project Delivery	Start Date	End Date
1											
2	***Improvement Journey- through wide engagement, understand priorities for change and take an inclusive approach to developing a clear plan that is openly communicated***		Leadership Group (SMG and EMB)	In Progress							
3	***Trust Objective U1: Establish the building blocks around our purpose, vision and values, with our staff, ensuring we have a Strategy that our people understand and have had a voice in, as well as our system partners.***		Improvement Journey Steering Group	In Progress							
4	***Trust Objective U2: Align our strategic objectives with our long-term transformation aspirations based on staff and patient feedback***		Improvement Journey Steering Group	In Progress							
5	***Trust Objective U3: Create a plan for long term-service improvement which is built through staff and patient engagement, aligning our strategic objectives***		Improvement Journey Steering Group	In Progress							
6	**Portfolio Governance and Communication**		Improvement Journey Steering Group							16/05/22	24/05/22
7	***Objective: to have a robust and clear programme management methodology and Governance to enable delivery against this action plan***		Improvement Journey Steering Group	In Progress	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		10/05/22	29/07/22
8	Programme scope defined and PID/MANDATE developed		Improvement Journey Steering Group	Complete	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		16/05/22	24/05/22
9	Workstreams identified		Improvement Journey Steering Group	Complete	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		16/05/22	01/06/22
10	Plan developed		Improvement Journey Steering Group	In Progress	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		16/05/22	24/05/22
11	Programme and workstream Governance agreed		Improvement Journey Steering Group	Complete	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		16/05/22	24/05/22
12	Programme group in place		Improvement Journey Steering Group	Complete	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		16/05/22	24/05/22
13	TOR for Programme group agreed		Improvement Journey Steering Group	Complete	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		01/06/22	22/06/22
14	Reporting mechanisms in place		Improvement Journey Steering Group	Complete	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		01/06/22	22/06/22
15	Risks, issues and decision log set up		Improvement Journey Steering Group	Complete	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		10/05/22	08/06/22
16	Dependencies identified- between workstreams and other programmes/projects		Improvement Journey Steering Group	In Progress	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		01/06/22	29/07/22
17	Create Benefits realisation tracker		Improvement Journey Steering Group	In Progress	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		22/06/22	15/07/22
18	Define and agree evaluation criteria for programme and each workstream with clear measures		Improvement Journey Steering Group	In Progress	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		22/06/22	15/07/22
19	**Expected Outcome: PROGRAMME GOVERNANCE SET UP**		Improvement Journey Steering Group								
20	Portfolio Communication Delivery Plan		Improvement Journey Steering Group	In Progress	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		01/06/22	31/03/23
21	Development of Portfolio Communication plan		Improvement Journey Steering Group	In Progress	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		01/06/22	15/07/22
22	Share plan with EMB and Trust board as well as wider stakeholders		Improvement Journey Steering Group	Not Started	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		18/07/22	20/07/22
23	Implement Portfolio Communication plan		Improvement Journey Steering Group	Not Started	Robert Nicholls	Fionna Moore	Jonathan Porter, Margaret Dalziel	Matt.Webb		21/07/22	31/03/23
24	**QUALITY IMPROVEMENT**				**Robert Nicholls**	**Richard Quirk**					
25	**QIG 1. QPSC quality of information improvement plan**	**WN2 Warning notice** **WN3 Warning notice**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Julie Harris		Victoria Baldock	01/05/22	28/07/22
26	The terms of references of QPSC are reviewed and updated in line with the annual review cycle. Reset and update the committee's agenda to reflect the revised TOR	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Julie Harris	Peter.lee	Victoria.Baldock@secamb.nhs.uk	28/07/22	28/07/22
27	Templates and process developed for review of information and data (including agreed minutes format) for each meeting so that information presented at the committee meetings are of sufficient detail that supports sufficient challenge and learning	**WN2 Warning notice** **WN3 Warning notice**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Julie Harris	Peter Lee	Victoria.Baldock@secamb.nhs.uk	01/05/22	28/07/22
28	Collate and review Programme of works for 2022/23 for QPSC	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	Complete	Robert Nicholls	Richard Quirk	Julie Harris	Peter Lee	Victoria.Baldock@secamb.nhs.uk	19/05/22	19/05/22
29	Programme of work for 2022/23 agreed by QPSC	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	Complete	Robert Nicholls	Richard Quirk	Julie Harris	Peter Lee	Victoria.Baldock@secamb.nhs.uk	19/05/22	19/05/22
30	**Expected Outcome: QPSC TOR's, structure and standard of information presented is of high quality with clear professional challenge in order to achieve assurance**	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)								
31	**Expected Outcome: All groups reporting into QPSC provide evidence to support the committee in decision making through high quality reporting and quality dashboards**	**WN2 Warning notice** **WN3 Warning notice**	Quality Governance Group Quality and Patients Safety Committee (QPSC)								
32	**External review**	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	Not Started	Robert Nicholls	Richard Quirk	Jonathan Porter	Peter Lee	Victoria.Baldock@secamb.nhs.uk	30/06/22	04/05/23
33	Board to agree scope for review	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	Not Started	Robert Nicholls	Richard Quirk	Jonathan Porter	Peter Lee	Victoria.Baldock@secamb.nhs.uk	01/07/22	07/11/22
34	Define requirements for potential providers for external review	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	Not Started	Robert Nicholls	Richard Quirk	Jonathan Porter	Peter Lee	Victoria.Baldock@secamb.nhs.uk	01/07/22	07/11/22
35	A Well Led self-assessment should be conducted and included in the external review and as part on an annual review programme	**WN2 Warning notice** **WN3 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Jonathan Porter	Peter Lee	Victoria.Baldock@secamb.nhs.uk	30/06/22	31/03/23
36	Procurement of suitable provider against agreed requirements	**WN2 Warning notice** **WN3 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Jonathan Porter	Peter Lee	Victoria.Baldock@secamb.nhs.uk	01/08/22	07/12/22
37	External review	**WN2 Warning notice** **WN3 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Jonathan Porter	Peter Lee	Victoria.Baldock@secamb.nhs.uk	08/12/22	04/05/23
38	**Expected outcome: Assurance complete on Well Led Framework review and recommendations**	**WN2 Warning notice** **WN3 Warning notice**	Quality Improvement Group								
39	**Expected Outcome: Well Led framework review completed, recommendations implemented and progress is being monitored by Board**	**WN2 Warning notice** **WN3 Warning notice**	Trust Board								
40	**Key messages and communication**	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	N/A	Rob Nicholls	Victoria.Baldock@secamb.nhs.uk	01/06/22	24/08/22

41	Chairs of QPSC, EMB and Quality Governance Group to agree 4 key messages for dissemination at the end of each meeting to send to all managers within 48 hours of a meeting via message of the week;	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	N/A	Rob Nicholls	Victoria.Baldock@secamb.nhs.uk	28/06/22	08/08/22
42	Utilise different digital media, teams meetings and huddles to share messages and encourage discussion and professional challenge- Chairs to agree message, administrators to complete template	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Janine Compton, AG Carter	Janine Compton	Victoria.Baldock@secamb.nhs.uk	01/06/22	24/08/22
43	**Expected outcome: quality of information review and assurance process is in place**	**WN2 Warning notice** **WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)								
44	**Expected outcome: Assurance of completed tasks and their effectiveness completed**	**WN2 Warning notice** **WN3 Warning notice**	Quality Improvement Group								
45	**QIG 2. Incident and harm governance improvement plan**	**MD4 Must do**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel		Victoria. Baldock	01/05/22	11/05/23
46	**Incident Management**	**MD4 Must do**	EMB Quality Improvement Group Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	margaret.dalziel@secamb.nhs.uk	Victoria.Baldock@secamb.nhs.uk	01/05/22	11/05/23
47	Review and revise the Trusts Incident Management structure, system, process and reporting up to the Quality & Patient Safety Committee (QPSC) with representative from Q&N, Medical and Ops directorates, and Commissioners	**MD4 Must do**	EMB Quality Improvement Group Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	margaret.dalziel@secamb.nhs.uk	Victoria.Baldock@secamb.nhs.uk	15/05/22	07/07/22
48	Set out phased approach to establishing proposed format in line with the implementation of Datix Cloud and PSIRF	**MD4 Must do**	Quality Improvement Group Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	margaret.dalziel@secamb.nhs.uk	Victoria.Baldock@secamb.nhs.uk	05/06/22	29/07/22
49	Present proposed model to joint Quality summit/workshop between SECAmb and CCGs for further input and revision of external incident managment processes	**MD4 Must do**	Quality Improvement Group	Not Started	Robert Nicholls	Richard Quirk	Margaret Dalziel	margaret.dalziel@secamb.nhs.uk	Victoria.Baldock@secamb.nhs.uk	18/07/22	03/08/22
50	Develop templates for integrated patient safety reports and slide packs for QPSC and all relevant Quality external forums in collaboration with QPSC chair	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	margaret.dalziel@secamb.nhs.uk	Victoria.Baldock@secamb.nhs.uk	04/07/22	23/09/22
51	Review investigation templates including recommendations and action plan to make fit for purpose	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	27/06/22	26/08/22
52	All incidents reviewed by an experienced clinician/manager within 72 hours of being logged onto datix	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/05/22	11/05/23
53	The trust must ensure that all incidents investigations are completed in a timely way to allow opportunity for action on learning to be shared and action taken swiftly. Regulation 17 (2) (b) (e)).	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Sarah Blatchly	Victoria.Baldock@secamb.nhs.uk	01/05/22	11/05/23
54	Zero open datix cases that are overdue to be investigated Above 90% datix incidents are within investigation timeline There are plans in place to address those investigations that are off track	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/05/22	30/06/22
55	Reduction of the 1500 datix (backlog) open incidents by 50% by 31 July 2022	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/05/22	29/07/22
56	Reduction to zero (of backlog) of the remaining 750 by 30 October 2022	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	30/09/22
57	Compliance data reviewed at the weekly quality governance meeting and at the monthly quality governance group	**MD4 Must do**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	13/07/22	11/05/23
58	Compliance data incorporated in the quality dashboard	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/07/22	29/07/22
59	Incident trend data presented at the monthly quality governance group	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	30/03/23
60	**Harm review**	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Julie Ormrod	Victoria.Baldock@secamb.nhs.uk	01/05/22	20/01/23
61	Conduct an independent review of Harm Reviews. The review should involve the lead commissioner and focus on the methodology; assessment carried out; the level of clinical staff conducting the review; accuracy of decision on identifying the level of harm; assessment of the outcome; how is actions determined and learning implemented. To involve as joint owners Julie Ormrod, Andy Collen and Margaret Dalziel	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Julie Ormrod	Victoria.Baldock@secamb.nhs.uk	01/05/22	20/01/23
62	**Serious Incidents**	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Sarah Blatchly	Victoria.Baldock@secamb.nhs.uk	01/05/22	20/01/23
63	Review all SI open actions to reduce and have zero actions that have passed their target dates	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Sarah Blatchly	Victoria.Baldock@secamb.nhs.uk	01/06/22	30/09/22
64	Review all SI cases that have breached the SI timeline standards (are overdue). Regular escalation reports to be submitted to QPSC (50% by end of July and 100% of backlog by October 2022)	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Sarah Blatchly	Victoria.Baldock@secamb.nhs.uk	01/05/22	15/11/22
65	The SI team to provide an update to the Quality Governance Group on progress toward compliance with the national PSIRF	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	29/07/22
66	Update the SI policy to ensure that it aligns with PSIRF	**MD4 Must do**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	25/07/22	20/01/23
67	Ensure that a training/briefing programme is in place prior to launching the new framework	**MD4 Must do**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	25/07/22	20/01/23
68	Assurance that new/revised processes for SIs are in line with agreed requirements	**MD4 Must do**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	07/06/22	31/08/22
69	**Learning**	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Vikki Baldock	Victoria.Baldock@secamb.nhs.uk	15/05/22	09/12/22
70	To establish a process of learning from SI investigation providing evidence of change across organisational learning	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Vikki Baldock	Victoria.Baldock@secamb.nhs.uk	05/07/22	30/09/22
71	Develop a multi-pronged learning platform and system so that learning from all aspects of patient safety and experience can be captured and disseminated - relies heavily on internal communications	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Vikki Baldock	Victoria.Baldock@secamb.nhs.uk	05/07/22	09/12/22
72	SI reports to sent to the learning team (once signed off by SIG) for sharing as a case study. Explore team presentations on selected SIs for shared learning- first session in July	**MD4 Must do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Danny Dixon	Victoria.Baldock@secamb.nhs.uk	15/05/22	04/07/22
73	**Expected Outcome: Incident management processes and associated policies reviewed and updated including Harm reviews processes, and elimination of backlogs in Datix, SI reporting and SI actions. New learning strategy and platform developed and launched.**	**MD4 Must do**	Quality Governance Group								
74	**QIG 3. Risk Management (including risk stratification)**	**MD6 Must do**	Quality Improvement Group	In Progress	**Robert Nicholls**	**Richard Quirk**	**Margaret Daziel**		**Victoria. Baldock**	**01/01/22**	**22/07/22**
75	New risks management policy developed and ratified however, there is a planned launch for June 2022	**MD6 Must do**	Quality and Patients Safety Committee (QPSC)	Complete	Robert Nicholls	Richard Quirk	Margaret Daziel	Stephen Henderson-Reid	Victoria.Baldock@secamb.nhs.uk	01/01/22	17/06/22

76	Targeted risk training developed	**MD6 Must do**	Quality and Patients Safety Committee (QPSC)	Complete	Robert Nicholls	Richard Quirk	Margaret Daziel	Stephen Henderson-Reid	Victoria.Baldock@secamb.nhs.uk	01/01/22	15/07/22
77	Agree a specific launch date and outline a plan on how staff would be informed of the new policy	**MD6 Must do**	Quality and Patients Safety Committee (QPSC)	Complete	Robert Nicholls	Richard Quirk	Margaret Daziel	Stephen Henderson-Reid	Victoria.Baldock@secamb.nhs.uk	01/01/22	17/06/22
78	Start to review existing moderate and above risks ensuring that the risk description is clear; actions are SMART; risks are rated appropriately and are up to date	**MD6 Must do**	Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Stephen Henderson-Reid	Victoria.Baldock@secamb.nhs.uk	01/05/22	22/07/22
79	Establish a monthly Corporate Risk review meeting incorporating SMG; MD and DOQN. The group will review actions; evidence to support controls are effective; actions for any inadequate controls; upgrading or downgrading any risks. Reporting to Quality Governance on the outcome.	**MD6 Must do**	Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Stephen Henderson-Reid	Victoria.Baldock@secamb.nhs.uk	25/05/22	22/07/22
80	Establish and present a risk report to Quality Governance Group and QPSC including • Number of risks on the corporate risk register including risk rating • Risks rating post review i.e. number of risks rating that remained the same, increased or decreased • Escalation of risks where there is inadequate controls or evidence that controls are not working • Emphasis on extreme risks and the impact on patients' safety, quality, and patient experience also repetitional • Assurance that directorates risks are being managed and that there is clear oversight of this. • An assessment of directorates risks that may be tracking upwards without further interventions	**MD6 Must do**	Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Stephen Henderson-Reid	Victoria.Baldock@secamb.nhs.uk	01/05/22	22/07/22
81	Work with the Datix team to understand trends and possible risks that is likely to be logged onto the risk register	**MD6 Must do**	Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Stephen Henderson-Reid	Victoria.Baldock@secamb.nhs.uk	ongoing	ongoing
82	Risks associated with projects to be logged onto a project specific risk register with links to the corporate risk register	**MD6 Must do**	Quality and Patients Safety Committee (QPSC)	Complete	Robert Nicholls	Richard Quirk	Margaret Daziel	Stephen Henderson-Reid	Victoria.Baldock@secamb.nhs.uk	01/05/22	17/06/22
83	**Expected outcome: Assurance that new risk policy is completed and communicated, and review processes are in place**	**MD6 Must do**	Quality Improvement Group	Complete							
84	**Expected Outcome: Robust infrastructure of identifying risks, allocating level of harm and review and monitoring of all risks on the risk register**	**MD6 Must do**	Quality and Patients Safety Committee (QPSC)								
85	**QIG 4. Service user engagement improvement plan**	**MD7 Must do SD9 Should do**	Quality Improvement Group	In Progress	**Robert Nicholls**	**Richard Quirk**	**Margaret Daziel**		Victoria Baldock	01/06/22	09/05/23
86	Patient Experience Group	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	31/08/22
87	Review TOR, agenda and Programme of work	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	31/08/22
88	Clearly defined TOR and agenda developed with a clear programme of work for 2022/23	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	31/08/22
89	TOR disseminated to all members for comment and input	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	31/08/22
90	Final draft ratified by Quality Governance group	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	31/08/22
91	Patient Experience Group reviewed and relaunched with bi-monthly meetings	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	31/08/22
92	Develop collaborative working with partners	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	29/07/22
93	Develop key links with Kent Community Health NHS FT and Medway Community Healthcare	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	29/07/22
94	Develop opportunity to work together on patients' engagement presented to the PEG in July.	**MD7 Must do SD9 Should do**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	29/07/22
95	Scope joint initiatives or projects that would enable SECAmb to extend the reach to patients including hard to reach groups with partners such as Community Trusts and Primary care	**MD7 Must do SD9 Should do**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	29/07/22
96	Focus on the experience and engagement of vulnerable groups such as people with dementia; learning disabilities and mental health.	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Vikki Baldock	Victoria.Baldock@secamb.nhs.uk	01/06/22	30/12/22
97	Understand through a review of clinical pathways how the Trust identify people with dementia, LD and MH	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Vikki Baldock	Victoria.Baldock@secamb.nhs.uk	01/06/22	17/11/22
98	Understand how the Trust makes reasonable adjustments to support these vulnerable groups	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Vikki Baldock	Victoria.Baldock@secamb.nhs.uk	01/06/22	17/11/22
99	Identify any patients' stories that promotes best practice	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Vikki Baldock	Victoria.Baldock@secamb.nhs.uk	01/06/22	17/11/22
100	Share learning from this review	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Vikki Baldock	Victoria.Baldock@secamb.nhs.uk	01/06/22	17/11/22
101	Determine how the Trust will engage with vulnerable people starting with people with dementia and their carers	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Vikki Baldock	Victoria.Baldock@secamb.nhs.uk	01/06/22	30/12/22
102	Work with the Local Alzheimer's Society and establish and implement a process of engagement	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Vikki Baldock	Victoria.Baldock@secamb.nhs.uk	01/06/22	30/12/22
103	**Expected outcome: Engagement with partners strengthened in place for ongoing collaborative working**	**MD7 Must do SD9 Should do**	Quality Improvement Group								

104	Patients are included in quality improvement programmes; patient representation on groups such as quality governance group and ensuring patients stories and learning are communicated from board to directorates. CQC Objective: The trust should consider how to improve engagement with patients.	**MD7 Must do SD9 Should do**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	09/05/23
105	There is patient representation on the Quality Governance Group. A suitable person should be sourced from Healthwatch	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	30/12/22
106	Provide patients stories to Quality Governance Group; Quality and Patient Safety Committee and Trust Board	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	24/08/22
107	Report to Quality Governance Group a report on Friends and Family Test; Complaints; Duty of Candour and Plaudits. The report should include trends and learning	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	06/10/22
108	Work with the Communication Team to develop a digital approach to giving patients more opportunities to feedback to the organisation.	**MD7 Must do SD9 Should do**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Daziel	Tam Moorcroft	Victoria.Baldock@secamb.nhs.uk	01/06/22	09/05/23
109	**Expected outcome: Patients are included in quality improvement of the Trust and feedback processes are developed**	**MD7 Must do SD9 Should do**	Quality Improvement Group								
110	**QIG 5. Medicines management improvement plan**	**WN2 Warning notice**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Andy Collen		**Victoria Baldock**	01/06/22	30/12/22
111	Medicine Deep Drive ToR developed and agreed	**WN2 Warning notice**	Quality Improvement Group	Complete	Robert Nicholls	Richard Quirk	Andy Collen	Carol-Anne Davies-Jones	Victoria.Baldock@secamb.nhs.uk	01/06/22	10/06/22
112	Medicines Deep Dive conducted on 16th June 22. Members includes Surrey Heartlands CCG	**WN2 Warning notice**	Quality Improvement Group	Complete	Robert Nicholls	Richard Quirk	Andy Collen	Carol-Anne Davies-Jones	Victoria.Baldock@secamb.nhs.uk	16/06/22	16/06/22
113	Output from Deep Dive defined into an action plan	**WN2 Warning notice**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Andy Collen	Carol-Anne Davies-Jones	Victoria.Baldock@secamb.nhs.uk	16/06/22	08/07/22
114	**Expected outcome: Review of Medicines Management systems and processes conducted and there is clear recommendations and actions with clarity of reporting and escalation**	**WN2 Warning notice**	Quality Improvement Group								
115	**Expected Outcome of the Medicines Deep Dive presented at EMB 13th July 22 and QPSC on 21st July 22**	**WN2 Warning notice**	Quality Improvement Group								
116	Risk Register and Action Plan to be reviewed at each Quality Governance meeting.	**WN2 Warning notice**	Quality Improvement Group	Not Started	Robert Nicholls	Richard Quirk	Andy Collen	Carol-Anne Davies-Jones	Victoria.Baldock@secamb.nhs.uk	24/07/22	30/12/22
117	**Expected outcome: Action plan in place and regularly monitored by Quality Governance Committee**	**WN2 Warning notice**	Quality Improvement Group								
118	**QIG 6. Make data count implementation plan**	**WN3 Warning notice**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Julie Harris	Peter Lee	Victoria.Baldock	01/04/22	30/11/22
119	Review and revise the governance structure, system and process from directorate to EMB for sign off and implementation.	**WN3 Warning notice**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Julie Harris	Peter Lee	Victoria.Baldock@secamb.nhs.uk	01/04/22	30/09/22
120	Terms of Reference (TOR) agenda template and format updated for SMG- to include a standard agenda item on quality dashboard	**WN3 Warning notice**	Quality Improvement Group	Not Started	Robert Nicholls	Richard Quirk	Julie Harris	Peter Lee	Victoria.Baldock@secamb.nhs.uk	03/10/22	19/10/22
121	Terms of Reference (TOR) , agenda Template and format updated for Quality Governance Group (QGG)- to include a standard agenda item on quality dashboard escalation and the corporate risks register	**WN3 Warning notice**	Quality Improvement Group	Complete	Robert Nicholls	Richard Quirk	Julie Harris	Peter Lee	Victoria.Baldock@secamb.nhs.uk	01/05/22	30/05/22
122	Develop and implement template for SI assurance paper for QPSC	**WN3 Warning notice**	Quality Improvement Group	Complete	Robert Nicholls	Richard Quirk	Margaret Dalziel	margaret.dalziel@secamb.nhs.uk	Victoria.Baldock@secamb.nhs.uk	23/05/22	13/06/22
123	Develop template for an integrated Patient Safety report and slide pack for QPSC	**WN3 Warning notice**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	margaret.dalziel@secamb.nhs.uk	Victoria.Baldock@secamb.nhs.uk	04/07/22	30/11/22
124	External review on group effectiveness (3 months) QPSC	**WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	Not Started	Robert Nicholls	Richard Quirk	Margaret Dalziel	Rob Nicholls	Victoria.Baldock@secamb.nhs.uk	01/11/22	30/11/22
125	Develop a Quality Dashboard with input from Director of Quality and Nursing, the Medical Director and all key stakeholders which gives Trust wide visibility of quality metrics. This needs to evidence areas that are performing as expected, those that are under-performing and allow trend analysis to allow early warning of areas that are declining	**WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Giles Adams	Victoria.Baldock@secamb.nhs.uk	19/05/22	20/09/22
126	New Quality Dashboard in place. CGG in July, Comments included for August, actioned and on EMB and QPSC agenda for September	**WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Giles Adams	Victoria.Baldock@secamb.nhs.uk	20/07/22	14/10/22
127	Director of Quality & Nursing and Medical Director for Quality to agree when indicators will trigger a countermeasure report to the QPSC and to be reported through the final version of the dashboard	**WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)	Not Started	Robert Nicholls	Richard Quirk	Margaret Daziel	Giles Adams	Victoria.Baldock@secamb.nhs.uk	01/08/22	30/09/22
128	**Expected Outcome: Governance Structure revised and implemented including new documentation as appropriate**	**WN3 Warning notice**	Quality and Patients Safety Committee (QPSC)								
129	**QIG 7. Ensuring patient safety during REAP 3/4 plan**	**WN2 Warning notice**	Quality Improvement Group	**In Progress**	Robert Nicholls	Richard Quirk	Margaret Dalziel		**Victoria Baldock**	**17/06/22**	**18/10/22**
130	Mapping exercise to understand the current arrangement including assurances	**WN2 Warning notice**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Giles Adams	Victoria.Baldock@secamb.nhs.uk	17/06/22	29/07/22
131	Develop a Framework that is accessible on all intervention carried out by the Trust to keep patients safe whilst not able to meet our response time.	**WN2 Warning notice**	Quality Governance Group	In Progress	Robert Nicholls	Richard Quirk	Margaret Dalziel	Giles Adams	Victoria.Baldock@secamb.nhs.uk	17/06/22	16/08/22
132	Develop process for cross referencing the framework to monitor arrangements; gap analysis; incidents and the risk register	**WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Margaret Dalziel	Giles Adams	Victoria.Baldock@secamb.nhs.uk	17/06/22	20/09/22
133	Develop a visible framework that clearly outlines how patients are kept safe; monitoring; reporting and escalations; shared learning; how patients are engaged and involved in improving the service	**WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Margaret Dalziel	Giles Adams	Victoria.Baldock@secamb.nhs.uk	17/06/22	20/09/22
134	Regular reports are developed for the Trust's Quality and Governance Group and Lead Commissioner Quality Forums	**WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Margaret Dalziel	Giles Adams	Victoria.Baldock@secamb.nhs.uk	17/06/22	18/10/22
135	**Expected outcome Visible Framework for patient safety is shared and embedded and reported on regularly**	**WN2 Warning notice**	Quality Improvement Group								
136	**QIG 8. Quality Improvement**	**MD7 Must do WN2 Warning notice**	Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Andy Collen		Victoria.Baldock	01/07/22	23/02/23
137	Develop a Trust QI strategy/Framework with the Senior Management Group and Consultant Paramedics including methods for sustaining change	**MD7 Must do WN2 Warning notice**	Quality Governance Group Quality Improvement Group	In Progress	Robert Nicholls	Richard Quirk	Andy Collen	To be recruited	Victoria.Baldock@secamb.nhs.uk	01/07/22	31/10/22
138	Final draft document presented to the Quality Governance Group and final signoff at EMB and QPSC informed of the agreed framework.	**MD7 Must do WN2 Warning notice**	EMB Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Andy Collen	To be recruited	Victoria.Baldock@secamb.nhs.uk	01/10/22	30/11/22
139	Engage with external partners on development of framework as appropriate	**MD7 Must do WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Andy Collen	To be recruited	Victoria.Baldock@secamb.nhs.uk	01/08/22	28/10/22
140	Consultant Paramedic to implement building improvement skills and knowledge at every level	**MD7 Must do WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Andy Collen	Andy Collen	Victoria.Baldock@secamb.nhs.uk	01/08/22	29/12/22
141	Dep DQN and Consultant Paramedic and team to support staff in identifying the quality issues	**MD7 Must do WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Mark Eley	Andy Collen	Victoria.Baldock@secamb.nhs.uk	01/07/22	02/01/23

142	Consultant Paramedic and team to support staff in understanding the problem from a range of perspectives, with a particular emphasis on using and interpreting data	**MD7 Must do** **WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Andy Collen	Andy Collen	Victoria.Baldock@secamb.nhs.uk	01/07/22	02/01/23
143	Consultant Paramedic and team to identify and test potential solutions; using data to measure the impact of each test and gradually refining the solution to the problem	**MD7 Must do** **WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Andy Collen	Andy Collen	Victoria.Baldock@secamb.nhs.uk	01/08/22	31/01/23
144	Define and implement the Model of Improvement – PDSA.	**MD7 Must do** **WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Margaret Dalzie	To be recruited	Victoria.Baldock@secamb.nhs.uk	01/11/22	23/01/23
145	Develop with staff a sustainable programme of QI ensuring that it is embedded across the organisation.	**MD7 Must do** **WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Andy Collen	To be recruited	Victoria.Baldock@secamb.nhs.uk	01/11/22	23/01/23
146	Define and allocate resources including teams that are necessary to develop and embed a QI culture	**MD7 Must do** **WN2 Warning notice**	Quality Governance Group	Not Started	Robert Nicholls	Richard Quirk	Jon Porter/Philip Astle	To be recruited	Victoria.Baldock@secamb.nhs.uk	30/12/22	23/02/23
147	**Expected Outcome Assurance that appropriate QI processes are in place and embedded**	**MD7 Must do** **WN2 Warning notice**	Quality Improvement Group								
148	**Organisational Development**	MD2 Must do SD4 Should do SD8 Should do WN 1 Warning notice	Organisational Development Group	**In Progress**	**Ali Mohammed**	**Emma Williams**	**Jonathan Porter**		**Claire.Webster@secamb.nhs.uk**	**01/11/21**	**06/06/25**
149	**ODG-1 Short-term Engagement Plan**	MD2 Must do SD4 Should do SD8 Should do WN 1 Warning notice	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter		Claire.Webster@secamb.nhs.uk	**09/05/22**	**31/03/23**
150	The Board to undertake an ongoing programme of visits to services. With feedback / observations collated to establish any themes. Directors will also use this sift intelligence to triangulate with the more formal sources of assurance to inform the focus at Board and at one of the board committees	WN 1 Warning notice	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Peter Lee	Claire.Webster@secamb.nhs.uk	26/05/22	31/03/23
151	Trust Priorities - Ensure Trust wide effective and responsive feedback process is in place	MD2 Must do SD4 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Emma Saunders	Claire.Webster@secamb.nhs.uk	09/05/22	31/03/23
152	Rollout Trust Priorities Cascade Process	MD2 Must do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Emma Saunders / Liz Spiers	Claire.Webster@secamb.nhs.uk	09/05/22	29/07/22
153	Develop & Implement a Multi-Layered Employee Involvement Approach	SD4 Should do SD8 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Emma Saunders	Claire.Webster@secamb.nhs.uk	08/06/22	29/07/22
154	**Expected Outcome: Staff across the Trust are aware of the Trust's priorities and understand the plans being put in place and how they can get involved in shaping these. Measured through Leadership visits, mock CQC inspections and national pulse surveys.**	MD2 Must do SD4 Should do SD8 Should do WN 1 Warning notice	Organisational Development Group								
155	**ODG-2 Board Development Plan**	WN 1 Warning notice	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter		Claire.Webster@secamb.nhs.uk	**30/06/22**	**05/09/22**
156	The findings of the CQC well led inspection related to Board dynamics and effectiveness will be considered at the development session on 30 June to establish the development priorities of the Board for the coming months.	WN 1 Warning notice	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Peter Lee	Claire.Webster@secamb.nhs.uk	30/06/22	30/06/22
157	Once the new interim CEO is in post, the executive will reflect on its development needs and agree a programme.	WN 1 Warning notice	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Peter Lee	Claire.Webster@secamb.nhs.uk	12/07/22	02/09/22
158	Board Development deliverables to be added following the agreed programme ODG Note: looking for outcomes against healthy board document (benchmark)	WN 1 Warning notice	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Peter Lee	Claire.Webster@secamb.nhs.uk	05/09/22	05/09/22
159	**Expected Outcome: Effective Board operating as measured by the agreed framework from the Board Development Plan.**	WN 1 Warning notice	Organisational Development Group								
160	**ODG-3 Civility and Respect**	WN4 Warning notice	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter		Claire.Webster@secamb.nhs.uk	**10/06/22**	**31/03/23**
161	Until it Stops 6 step Sexual Safety Campaign 1. Develop our policy 2. Engage our staff 3. Reduce the risk 4. Encourage reporting 5. Provide training 6.Take action	WN4 Warning notice	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Ian Jeffreys & Yvette Bryan	Claire.Webster@secamb.nhs.uk	10/06/22	31/03/23
162	Utilisation of the NHS Tackling B&H in the NHS (Civility and Respect) Toolkit	WN4 Warning notice	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Ian Jeffreys & Yvette Bryan	Claire.Webster@secamb.nhs.uk	04/07/22	28/10/22
163	**Expected Outcome: Significant reduction in bullying and harassment at work, as monitored through the employee relation dashboard and staff survey.**	WN4 Warning notice	Organisational Development Group								
164	**ODG-4 Freedom to Speak Up Improvement Plan**	MD2 Must do MD3 Must do SD10 Should do WN4 Warning notice	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter		Claire.Webster@secamb.nhs.uk	**23/05/22**	**31/03/23**
165	Undertake a review of the FTSU service & create a business plan for the strategy of the service, to be approved through governance channels. (review to include resource & demand and benchmarking against other organisations)	SD10 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Kim Blakeburn	Claire.Webster@secamb.nhs.uk	23/05/22	30/09/22
166	Undertake a Trust Board session on the FTSUG Role	SD10 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Kim Blakeburn	Claire.Webster@secamb.nhs.uk	30/06/22	30/06/22
167	Directors & Board Members to complete Freedom to Speak Up e-learning programme	SD10 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Kim Blakeburn	Claire.Webster@secamb.nhs.uk	04/07/22	02/09/22
168	Relaunch FTSU service to all Trust employees	MD2 Must do MD3 Must do SD10 Should do WN4 Warning notice	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Kim Blakeburn	Claire.Webster@secamb.nhs.uk	03/10/22	31/03/23
169	FTSU - Implement a process that can demonstrates outcomes/impacts, ensures themes & trends are understood and a mechanism for the triangulation of information, including response, with other areas of the organisation	MD3 Must do SD10 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Kim Blakeburn & Rob Nicholls	Claire.Webster@secamb.nhs.uk	04/07/22	02/09/22
170	**Expected Outcome: Safe mechanism is embedded for Trust staff to raise concerns, promoting changes and learning as a result of speaking up, and that this informs more effective decision making at Board-level.**	MD2 Must do MD3 Must do SD10 Should do WN4 Warning notice	Organisational Development Group								
171	**ODG-5 Long-term Engagement Improvement Plan**	MD2 Must do SD4 Should do SD8 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter		Claire.Webster@secamb.nhs.uk	**27/06/22**	**31/03/25**

172	Develop & Implement an improved approach to Employee Engagement (long term strategy)	MD2 Must do SD4 Should do SD8 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Yvette Bryan	Claire.Webster@secamb.nhs.uk	27/06/22	31/03/25
173	Identify & establish a task and finish group to review the requirements of the Employee Engagement Strategy to develop the SECAmb Employee Engagement strategy	MD2 Must do SD4 Should do SD8 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Yvette Bryan	Claire.Webster@secamb.nhs.uk	28/06/22	31/03/23
174	Develop an Employee Listening Plan	MD2 Must do SD4 Should do SD8 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Emma Saunders	Claire.Webster@secamb.nhs.uk	28/06/22	29/07/22
175	Introduce the Culture, Values & Behaviour programme to SECAmb	MD2 Must do SD4 Should do SD8 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Yvette Bryan	Claire.Webster@secamb.nhs.uk	01/08/22	31/03/23
176	**Expected Outcome: Trust Employee Engagement Strategy is implemented to align staff with the Trust's values, ensuring staff feel appreciated. Measured through NHS Staff Survey and local feedback mechanisms.**	MD2 Must do SD4 Should do SD8 Should do	Organisational Development Group								
177	**ODG-6 People Development Plan**	MD1 Must do SD1 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter		Claire.Webster@secamb.nhs.uk	**01/11/21**	**31/03/23**
178	Implementation of Appraisal Project - Phase 1	SD1 Should do	Education, Training and Development Board Organisational Development Group	Complete	Ali Mohammed	Emma Williams	Jonathan Porter	Yvette Bryan	Claire.Webster@secamb.nhs.uk	01/11/21	30/11/21
179	Implementation of Appraisal Project - Phase 2	SD1 Should do	Education, Training and Development Board Organisational Development Group	Complete	Ali Mohammed	Emma Williams	Jonathan Porter	Yvette Bryan	Claire.Webster@secamb.nhs.uk	01/03/22	31/03/22
180	Implementation of Appraisal Project - Phase 3	SD1 Should do	Education, Training and Development Board Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Yvette Bryan	Claire.Webster@secamb.nhs.uk	01/06/22	29/07/22
181	Implementation of Appraisal Project - Phase 4.1	SD1 Should do	Education, Training and Development Board Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Yvette Bryan	Claire.Webster@secamb.nhs.uk	03/10/22	30/11/22
182	Implementation of Appraisal Project - Phase 4.2	SD1 Should do	Education, Training and Development Board Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Yvette Bryan	Claire.Webster@secamb.nhs.uk	01/12/22	28/02/23
183	Agree CPD Investment plan with HEE and ongoing quarterly assurance meetings are in place (delivery against investment plan)	SD1 Should do	Education, Training and Development Board Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Ash Richardson	Claire.Webster@secamb.nhs.uk	01/04/22	31/08/22
184	Review current TED Process to ensure it is fit for purpose & produce a recommendations paper for any required improvements & amendments, through the Education, Training and Development Board, for onward implementation	SD1 Should do	Education, Training and Development Board Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Ash Richardson	Claire.Webster@secamb.nhs.uk	16/06/22	30/09/22
185	Ensure there is a robust fair and equitable process to for identifying clinical funded CPD opportunities	SD1 Should do	Education, Training and Development Board Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Ash Richardson	Claire.Webster@secamb.nhs.uk	16/06/22	30/09/22
186	Ensure that there are equal opportunities for staff members to access CPD opportunities	SD1 Should do	Education, Training and Development Board Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Ash Richardson	Claire.Webster@secamb.nhs.uk	14/07/22	31/10/22
187	Develop the Education and Training Strategy,	MD1 Must do	Education, Training and Development Board Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Ash Richardson Yvette Bryan	Claire.Webster@secamb.nhs.uk	04/07/22	31/03/23
188	To define the organisational requirements for all of its staff in regards to training for 2023/24	MD1 Must do	Education, Training and Development Board Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Education, Training and Development Board	Claire.Webster@secamb.nhs.uk	22/06/22	30/09/22
189	To move to a single platform for the provision of e-learning, reporting and monitoring compliance	MD1 Must do	Education, Training and Development Board Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Yvette Bryan	Claire.Webster@secamb.nhs.uk	01/06/22	03/08/22
190	Define process performance management / accountability of statutory & mandatory, safeguarding & role specific training	MD1 Must do	Education, Training and Development Board Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Ali Mohammed	Claire.Webster@secamb.nhs.uk	22/06/22	29/07/22
191	**Expected Outcome: Opportunities for education, training and CPD are identified and accessible through a fair and equitable process, with improvement in staff retention and wellbeing rates, as measured through the NHS Staff Survey and national pulse surveys.**	MD1 Must do SD1 Should do	Organisational Development Group								
192	**ODG-7 Recruitment Improvement Plan**	SD3 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter		Claire.Webster@secamb.nhs.uk	**01/05/22**	**06/06/25**
193	Establish a process to review and act upon the Frontline workforce recruitment plans and provide assurance and/or mitigations against plan.	SD3 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Nicky Burgess & Sophie May	Claire.Webster@secamb.nhs.uk	01/05/22	31/03/23
194	Establish a process to review and act upon the EOC / 111 workforce recruitment plans and provide assurance against plan.	SD3 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Nicky Burgess & Sophie May	Claire.Webster@secamb.nhs.uk	20/06/22	31/03/23
195	Integrated plan dashboard developed, including workforce plan	SD3 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Alex Croft	Claire.Webster@secamb.nhs.uk	01/06/22	31/08/22
196	Ensure gender, ethnicity & diversity on interview panels	SD3 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Nicky Burgess & Sophie May	Claire.Webster@secamb.nhs.uk	04/07/22	30/11/22
197	Increase gender in management roles (Band 7 upwards) and increase ethnicity 1 in 6 appointees to be BME by 2025/26	SD3 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Nicky Burgess & Sophie May	Claire.Webster@secamb.nhs.uk	06/06/22	06/06/25
198	Implement revised Recruitment Policy	SD3 Should do	Organisational Development Group	In Progress	Ali Mohammed	Emma Williams	Jonathan Porter	Nicky Burgess & Sophie May	Claire.Webster@secamb.nhs.uk	02/05/22	31/10/22
199	**Expected Outcome: Achievement of recruitment plan, including diversity targets, with a significant reduction in bullying, harassment and discrimination, provision of a workforce that is representative of the communities served, and improved inclusivity increasing retention over time. Monitored through the employee relation dashboard and NHS Staff Survey.**	SD3 Should do	Organisational Development Group								
200	**ODG-8 People Strategy**	111SD2 Should do MD3 Must do SD7 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter		Claire.Webster@secamb.nhs.uk	28/06/22	31/03/23
201	SECAmb People Strategy Phase 1: Strategy align and planning	111SD2 Should do SD7 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	ian.jeffreys@secamb.nhs.uk	Claire.Webster@secamb.nhs.uk	04/07/22	22/07/22
202	SECAmb People Strategy Phase 2: Environmental assessment	111SD2 Should do SD7 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	ian.jeffreys@secamb.nhs.uk	Claire.Webster@secamb.nhs.uk	25/07/22	19/08/22
203	SECAmb People Strategy Phase 3: Future state design	111SD2 Should do SD7 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	ian.jeffreys@secamb.nhs.uk	Claire.Webster@secamb.nhs.uk	22/08/22	11/11/22
204	SECAmb People Strategy Phase 4: Implementation roadmap	111SD2 Should do SD7 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	ian.jeffreys@secamb.nhs.uk	Claire.Webster@secamb.nhs.uk	07/11/22	25/11/22

205	Ensure all supporting actions from the NHS People Plan are completed and their effectiveness evaluated	111SD2 Should do SD7 Should do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	ian.jeffreys@secamb.nhs.uk	Claire.Webster@secamb.nhs.uk	04/07/22	31/03/23
206	Review of employee relation dashboard to identify and act upon trends for improvement (Monthly at SMG, Bi-monthly WWC)	MD3 Must do	Organisational Development Group	Not Started	Ali Mohammed	Emma Williams	Jonathan Porter	Jonathan Porter	Claire.Webster@secamb.nhs.uk	28/06/22	31/03/23
207	**Expected Outcome: Secamb People Strategy approved**	111SD2 Should do MD3 Must do SD7 Should do	Organisational Development Group								
208	**Responsive Care**		Responsive Care Assurance Group (PAG)	**In Progress**	**Emma Williams**	**David Ruiz Celada**			**Louisa.Guerin-Collard@secamb.nhs.uk**	**03/01/22**	**16/06/23**
209	**RCG/1 NEW ROTA IMPLEMENTATION PLAN**	**MD5 Must do MD7 Must do SD5 Should do SD7 Should do SD8 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada			Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
210	**EXPECTED OUTCOME: New rotas in place delivering improved staffing allocations by day/hour according to demand/actvitiy; Field ops to be complete by end Oct 2022 & EOC rotas b end March 2023**	**MD5 Must do SD5 Should do SD7 Should do SD8 Should do**	Responsive Care Assurance Group (PAG)								
211	**1.1 EOC rota development & implementation**	**MD5 Must do SD5 Should do SD7 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	John O'Sullivan	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
212	EMA rotas - confirm requirement for change and implement as required (implementation timeline linked to move to new Medway site)	**MD5 Must do SD5 Should do SD7 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Penny Green,Luke Nebbett	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
213	Dispatch rotas - confirm requirement for change and implement as required (implementation timeline linked to move to new Medway site)	**MD5 Must do SD5 Should do SD7 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis , Luke Nebbett	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
214	Clinician rotas - confirm requirement for change and implement as required (implementation timeline linked to move to new Medway site)	**MD5 Must do SD5 Should do SD7 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Claire Seels	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
215	**1.2 Field Ops rota development & implementation**	**MD5 Must do MD7 Must do SD5 Should do SD7 Should do SD8 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	06/06/22	18/11/22
216	Initial engagement sessions with staff delivered on each dispatch desk to share understanding of drivers of change and listen to concerns	**MD5 Must do MD7 Must do SD5 Should do SD8 Should do**	Responsive Care Assurance Group (PAG)	Complete	Emma Williams	David Ruiz Celada	Mark Ely	andy.rowe@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	12/06/22	01/07/22
217	Rota Parameters Policy - Developed through consultation with staff & unions	**MD5 Must do MD7 Must do SD5 Should do SD8 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	andy.rowe@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	14/06/22	05/07/22
218	Staff consultation via survey and F2F sessions complete	**MD5 Must do MD7 Must do SD5 Should do SD8 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	andy.rowe@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	06/06/22	03/08/22
219	Rotas submitted and approved via Rota Review Panel (Management & Union Reps)	**MD5 Must do SD5 Should do SD7 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	andy.rowe@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	15/08/22	31/08/22
220	Scheduling information fully uploaded to enable rotas to go 'live'	**MD5 Must do SD5 Should do SD7 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	andy.rowe@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	29/08/22	30/09/22
221	Agreed rotas fully implemented across all dispatch desks	**MD5 Must do SD5 Should do SD7 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	andy.rowe@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	03/10/22	31/10/22
222	Project closure signed off by SRO	**MD5 Must do SD5 Should do SD7 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	andy.rowe@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	01/11/22	18/11/22
223	**RCG/2 JOB CYCLE TIME (JCT) IMPROVEMENT PLAN**	**MD5 Must do SD4 Should do SD5 Should do SD7 Should do SD8 Should do WN2 Warning notice WN3 Warning notice**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada			Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	31/03/23
224	**EXPECTED OUTCOME : JCT reduction of at least 10mins across all 14 dispatch desks**	**MD5 Must do**	Responsive Care Assurance Group (PAG)								
225	**2.1 Roll-out of the 'Plan on a page' programme - Dispatch Desk level efficiency and performance dashboard**	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	07/10/22
226	Draw up implementation plan with links to other areas of work (Unit statistics report & clinical considerations of JCT components)	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Complete	Emma Williams	David Ruiz Celada	Mark Ely	Louisa Guerin-Collard	Louisa.Guerin-Collard@secamb.nhs.uk	06/06/22	16/06/22
227	Plan-on-a-page' for all dispatch desks worked up ahead of engagement with OUMs	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Alex Croft	Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	05/08/22
228	Dispatch desk level discussions with OUMs regarding dispatch desk level metrics, implications for localised actions and team engagement work required	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Alex Croft	Louisa.Guerin-Collard@secamb.nhs.uk	14/06/22	31/08/22
229	Following feedback from DD level discussion, all final 'plans on a page' with associated specific action plans to be approved by EW and ME	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	15/08/22	16/09/22
230	Commence 'soft' launch for 'Plans on a page' at OU level ('hard' go live when unit statistics report programme of work is complete)	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	21/08/22	07/10/22
231	**2.2 Units statistics BI report - Utilisation from Trust level down to individual staff level performance**	**MD5 Must do SD4 Should do SD5 Should do SD8 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	30/09/22

232	Stakeholder group - Validation and recognition of data (Ops, BI, HR etc)	**MD5 Must do SD4 Should do SD5 Should do SD8 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	22/07/22
233	Stakeholder group - Utilisation of report including potential policy implications (Ops multi-level, unions, HR etc)	**MD5 Must do SD4 Should do SD5 Should do SD8 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	22/07/22
234	Roll-out of Unit Statistics report : reporting tool for OUs ('hard launch')	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Alex Croft	Louisa.Guerin-Collard@secamb.nhs.uk	25/07/22	30/09/22
235	**2.3 JCT components focus - Process & component considerations**	**MD5 Must do SD5 Should do SD7 Should do WN3 Warning notice**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	26/08/22
236	Process map the component parts of JCT, including actions required at each step	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	mark.eley@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	26/07/22
237	Clinical considerations - efficiency/effectiveness & outcomes; stakeholder group to review and make recommendations	**MD5 Must do SD5 Should do WN3 Warning notice**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	24/07/22	26/08/22
238	External factors - Hospital handover etc; stakeholder group to review & make recommendations	**MD5 Must do SD7 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	24/07/22	26/08/22
239	**2.4 Collation of action plans with outcomes/recommendations from all sections of RCG/2**	**MD5 Must do SD5 Should do SD7 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	03/10/22	31/03/23
240	Monitoring of all plans & trajectories at a dispatch desk level with assurance of delivery, mitigations where appropriate and additional actions to keep trajectories of improvement on track	**MD5 Must do SD5 Should do SD7 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	03/10/22	31/03/23
241	**RCG/3 HEAR AND TREAT IMPROVEMENT PLAN**	**MD5 Must do MD7 Must do SD4 Should do SD5 Should do SD6 Should do SD7 Should do SD8 Should do WN3 Warning notice**	Responsive Care Assurance Group (PAG)		Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	03/01/22	31/03/23
242	**EXPECTED OUTCOME : To sustainably improve the Trust's hear & treat rate to 13% or higher by 31/03/23**	**MD5 Must do**	Responsive Care Assurance Group (PAG)								
243	**3.1 Overview - Set-up, process map completion and learning from other Trusts**	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	02/05/22	12/08/22
244	Initial task & finish group set-up to commence a review of current activities and plans related to H&T	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Complete	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	06/06/22	24/06/22
245	Process map call journey for a H&T options (EMA, CSN & Clinician options) including estimation/prediction of contribution to desire outcome by each component	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	01/07/22	12/08/22
246	Collate lessons learned from engagement with other ambulance trusts & NHSE programme	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	02/05/22	29/07/22
247	**3.2 H&T completion/processes by EMAs through NHS Pathways**	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	04/11/22
248	Baseline H&T/call closure at an individual level, identifying trends and patterns of good practice and outliers	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	18/07/22	26/08/22
249	Identify thematic areas for missed H&T opportunities - from these develop support/training packages for improvement	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Penny Green	Louisa.Guerin-Collard@secamb.nhs.uk	26/08/22	30/09/22
250	Development & implementation of agile in-line clinical support for EMAs to support improved access	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Claire Seels	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	04/11/22
251	**3.2 H&T completion/processes by EOC clinicians through NHS Pathways/PACCs**	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	31/03/23
252	Clinical demand modelling to establish baseline activity predictions	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Alex Croft	Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	30/09/22
253	Establish baseline for clinical staff requirement to meet predicted activity levels to deliver increase in H&T	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Alex Croft	Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	30/09/22
254	Develop recruitment plan to meet baseline	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Claire Seels	Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	31/03/23
255	Review demand model with rota requirements	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Claire Seels	Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	02/09/22
256	KPI metrics - identification of KPIs & development of a reporting tool in collaboration with staff	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Claire Seels	Louisa.Guerin-Collard@secamb.nhs.uk	06/06/22	28/10/22
257	**3.5 Other clinicians to support the clinical function in EOC**	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	03/01/22	03/03/23
258	Complete scoping of NQP cycle within the EOC Clinical team, making recommendations for implementation as appropriate	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	03/03/23
259	PPs hubs use of PACCS - optimisation and completion of mentoring	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	03/01/22	29/07/22
260	Introduction of Field Operations Band 6 Hubs	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	03/03/23
261	**3.6 Cat 3 & 4 revalidation enhancement**	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Emma.webber@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	14/10/22
262	Initiate review for proposal that all C3 and C4 cases be considered for validation outlining core principles	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Emma.webber@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	29/07/22
263	Proposal to EMB//Board to extend Cat 3 & 4 revalidation to additional codes	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Emma.webber@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	25/07/22	05/08/22
264	Engagement with AACE to support proposal - share proposal with other ambulance services	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Emma.webber@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	25/07/22	05/08/22
265	Complete required technical changes to the CAD to support this workstream, and to enable 'go live'	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Emma.webber@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	14/10/22
266	**RCG/4 DISPATCH REVIEW AND IMPROVEMENT PLAN**	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)		Emma Williams	David Ruiz Celada	John O'Sullivan	Dean.Jarvis:secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	16/06/22	31/03/23

267	**EXPECTED OUTCOME : To sustainably deliver a improvement in efficiency and effectiveness metrics for the dispatch function, contributing to an improvement in ARP performance across all categories**	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)								
268	**4.1 Peer dispatch review - Review & implementation of recommendations**	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	16/06/22	31/03/23
269	Process mapping of a call through dispatch to identify specific steps for improvement	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	11/07/22	05/08/22
270	Peer dispatch review received - recommendations considered and prioritised (note: report received 16/06/22)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	16/06/22	04/07/22
271	Recommendation: Review the current operating model in terms of 999 patient signposting in-line with recommendations on call flow (from peer report)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	31/03/23
272	Recommendation: Consider to implement a "Zone" approach to resource deployment which provides sufficient capacity across the recommended roles including clinical support to dispatch (from peer report)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	31/03/23
273	Recommendation: Consider the funding and implementation of Dispatch Support Assistants inline with the Dispatch Zone model (from peer report)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	31/03/23
274	Recommendation: Review and re-set the role of the DTL and provide "re-launch" events for all DTLs to attend (from peer report)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	31/03/23
275	Recommendation: Review and re-set the role of the EOCM to create greater consistency and clarification from DTL role (from peer report)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	31/03/23
276	Recommendation: In line with SECAmb strategy around volunteering, assess the need for one RDC in each EOC, particularly at night (from peer report)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	31/03/23
277	Recommendation: Once the new dispatch functional structure has been agreed there should be a comprehensive modelling exercise undertaken which establishes the required number of roles (DTL, Dispatcher, Dispatch Support Asst and Dispatch Clinician) at the verifying times of day / night which takes into account productivity and efficiency to establish any funding requirements for consideration	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	31/03/23
278	Recommendation: Conduct a review the best practice approaches to tactical command and complex incident management across the Country and seek to establish how this can be implemented within the Trust to develop / compliment the current approach	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	31/03/23
279	Recommendation: Consider a dispatch principle "quick reference guide" for dispatchers which provide guidance on the key principles of resource deployment and crew staff welfare	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	31/03/23
280	**4.2 Additional Dispatch actions for consideration/implementation to improve efficiencies/reduce lost hours**	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	14/07/22	30/09/22
281	Review and implement improvements in the management of field ops managed functions (e.g. late sign on)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	14/07/22	30/09/22
282	Review and implement improvements in the management of wasted hours/optimisation of dispatched managed based functions (e.g. management of out-of-service)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	14/07/22	30/09/22
283	**4.3 Improved management of demand/activity and/or specific resources**	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	01/11/22
284	Review and implement improvements in PAP utilisation (internal stakeholders)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	31/10/22
285	Review and implement improvements in NET utilisation (internal stakeholders)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	01/11/22
286	Review and implement improvements in the the utilisation of CFRs and FRS responders (internal & external stakeholders)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	01/11/22
287	Review and implement improvements in the management of calls originating from Police Service (internal & external stakeholders)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	01/11/22
288	Review and implement improvements in the management of HCP calls (internal & external stakeholders)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	01/11/22
289	Review and implement improvements in the management of IFT calls (internal & external stakeholders)	**MD5 Must do SD5 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Dean Jarvis	Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	01/11/22
290	**RCG/5 OPERATIONAL SUPPORT MODEL IMPROVEMENT PLAN**	**MD5 Must do**								28/03/22	31/03/23
291	**EXPECTED OUTCOME : To sustainably deliver a improvement in efficiency in the delivery of operational support functions particularly where these interface directly with operational delivery**	**MD6 Must do SD2 Should do**	Responsive Care Assurance Group (PAG)								
292	**5.1 Implementation of actions to improve efficiency and effectiveness in resource scheduling functions**	**MD7 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John Griffiths	James Pavey	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	30/09/22
293	Review of scheduling systems to identify any potential need for change (within existing systems or with regards to a new system)	**MD7 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John Griffiths	James Pavey	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	30/09/22
294	Through engagement with all key stakeholders, complete a review of the current scheduling model - central v local, identifying risks, benefits etc and ratify next steps for implementation	**MD7 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John Griffiths	James Pavey	Louisa.Guerin-Collard@secamb.nhs.uk	06/06/22	30/09/22
295	**5.2 Implementation of actions to improve efficiency and effectiveness in logistics functions**	**MD6 Must do SD2 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John Griffiths	John.Griffiths@Secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	02/05/22	31/03/23
296	Complete a review of logistics functions with external partner, specifically to consider personal/vehicle issued assessment kit - its issues, maintenance and calibration	**MD6 Must do SD2 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John Griffiths	John.Griffiths@Secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	02/05/22	30/09/22
297	Implementation of recommendations, inclusive of scoping of equipment track and trace and stock management systems if deemed appropiate and business case is supported. Additional detail to be added once preliminary scoping work has been completed.	**MD6 Must do SD2 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John Griffiths	John.Griffiths@Secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	02/10/22	31/03/23
298	**5.3 Implementation of actions to improve efficiency and effectiveness in fleet functions**	**MD7 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John Griffiths	John.Griffiths@Secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	28/03/22	30/09/22
299	Develop and implement an evidence-based safe driving assessment programme to support all staff required to undertake driving duties within the Trust (incl. EIA & QIA)	**MD7 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John Griffiths	John.Griffiths@Secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	28/03/22	12/08/22
300	Develop and approve a Trust fleet strategy aligned to the findings of the safe-driving assessment programme	**MD7 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John Griffiths	John.Griffiths@Secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	01/07/22	30/09/22
301	**5.4 Refreshing of the Estates Strategy to reflect new infrastructure and development needs to support operations**	**MD7 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John Griffiths	paul.ranson@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	28/03/22	24/11/22
302	Implementation of short-term capacity release for key OUs where additional workforce numbers will cause issues with lockers and parking spaces as identified through the Integrated plan for 22/23	**MD7 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John Griffiths	paul.ranson@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	28/03/22	12/08/22
303	Development of refreshed Estates Strategy based on our developing needs accross Logistics, Fleet, HART, EOC, 111, Medicines	**MD7 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John Griffiths	paul.ranson@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	01/07/22	24/11/22
304											
305	**RCG/6 OPERATIONS WORK FORCE DELIVERY INCLUDING ABSTRACTIONS**	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely		Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	30/11/22

306	Workforce Plan in place for year 22/23 (not training but interdependency	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Complete	Emma Williams	David Ruiz Celada	Mark Ely	mark.eley@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	01/04/22
307	Scoping meeting to section off the workforce plan in to manageable tasks	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	mark.eley@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	29/07/22
308	Recruitment and Retention	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	mark.eley@secamb.nhs.uk	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	30/11/22
309	Attrition Review report	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Matthew Harris	Louisa.Guerin-Collard@secamb.nhs.uk	04/07/22	29/07/22
310	reward and recognition	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely		Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	30/11/22
311	Abstraction Plan (not training but interdependency)	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Matthew Harris	Louisa.Guerin-Collard@secamb.nhs.uk	15/06/22	31/08/22
312	Initial scoping discussion EW,LG,MH	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Complete	Emma Williams	David Ruiz Celada	Mark Ely	Louisa Guerin-Collard	Louisa.Guerin-Collard@secamb.nhs.uk	15/06/22	15/06/22
313	Review of abstraction grouping	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Matthew Harris	Louisa.Guerin-Collard@secamb.nhs.uk	29/07/22	31/08/22
314	Set up task and finish group	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Louisa Guerin-Collard	Louisa.Guerin-Collard@secamb.nhs.uk	16/06/22	31/08/22
315	Align group across trust	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Mark Ely	Louisa Guerin-Collard	Louisa.Guerin-Collard@secamb.nhs.uk	16/06/22	31/08/22
316	Review potential discrepancies in current Power BI report	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Matthew Harris	Louisa.Guerin-Collard@secamb.nhs.uk	21/06/22	31/08/22
317	Audit of Abstraction reports , BI , GRS and OU data	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Matthew Harris	Louisa.Guerin-Collard@secamb.nhs.uk	21/06/22	31/08/22
318	**Exepcted outcome: for all managers to have access to an accurate report to manage and deliver abstraction targets by**	**MD5 Must do**	Responsive Care Assurance Group (PAG)								
319	**EXPECTED OUTCOME: DELIVERY OF ALL COMPONENTS OF 22/23 WORKFORCE PLAN AND EVIDENCE ROBUST MANAGMENT OF ABSTRACTION PROCESS**	**MD5 Must do**	Responsive Care Assurance Group (PAG)								
320	**RCG/6 OPERATIONS WORK FORCE DELIVERY INCLUDING ABSTRACTIONS**	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely		Louisa.Guerin-Collard@secamb.nhs.uk	03/01/22	31/03/23
321	**EXPECTED OUTCOME: Delivery of all components of the 2022-23 workforce plan including recruitment, retention and abstraction management**	**MD5 Must do**	Responsive Care Assurance Group (PAG)								
322	**6.1 Implementation of the workforce plan for 2022-23**	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/02/22	31/03/23
323	Confirm financial commissioning envelope for 2022-23 to validate baseline workforce numbers for the field operations and EOC service lines	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Delayed	Emma Williams	David Ruiz Celada	Mark Ely	David hammond	Louisa.Guerin-Collard@secamb.nhs.uk	07/02/22	29/04/22
324	Confirm financial commissioning envelope for 2022-23 to validate baseline workforce numbers for the 111 service line	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Delayed	Emma Williams	David Ruiz Celada	Mark Ely	David hammond	Louisa.Guerin-Collard@secamb.nhs.uk	07/02/22	29/04/22
325	Field Ops: Workforce plan drawn up in collaboration with stakeholders mapping recruitment of all grades/roles into the Trust, including forecast turnover and capacity within colleges/university for training, and including international recruitment where appropriate	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Complete	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/02/22	20/05/22
326	Field Ops: Monitor turnover rates to support continuing adaption & monitoring of the workforce plan - where this may be higher than planned, undertake activities to gain understanding of the trend and take mitigating actions	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
327	EOC: Workforce plan drawn up in collaboration with stakeholders mapping recruitment of all grades/roles into the Trust, including forecast turnover and capacity within the Trust for training and including international recruitment where appropriate	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Complete	Emma Williams	David Ruiz Celada	John O'Sullivan	John O'Sullivan	Louisa.Guerin-Collard@secamb.nhs.uk	01/02/22	20/05/22
328	EOC: Monitor turnover rates to support continuing adaption & monitoring of the workforce plan - where this may be higher than planned, undertake activities to gain understanding of the trend and take mitigating actions	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	John O'Sullivan	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
329	111: Workforce plan drawn up in collaboration with stakeholders mapping recruitment of all grades/roles into the Trust, including forecast turnover and capacity within the Trust for training	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	John O'Sullivan	Louisa.Guerin-Collard@secamb.nhs.uk	01/02/22	20/05/22
330	111: Monitor turnover rates to support continuing adaption & monitoring of the workforce plan - where this may be higher than planned, undertake activities to gain understanding of the trend and take mitigating actions	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	John O'Sullivan	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
331	**6.2 Development and implementation of improved abstraction management plan**	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	John O'Sullivan	Louisa.Guerin-Collard@secamb.nhs.uk	03/01/22	31/03/23
332	Review abstraction data & information to present a methodology to manage abstractions as separate components/groups against baselines and targets	**MD5 Must do**	Responsive Care Assurance Group (PAG)	Complete	Emma Williams	David Ruiz Celada	Mark Ely	Emma Williams	Louisa.Guerin-Collard@secamb.nhs.uk	03/01/22	18/03/22
333	Develop and implement a BI report into abstractions, validating underlying data and groupings of reasons through user stakeholder engagement across all service lines and corporate services teams	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Matthew Harris	Louisa.Guerin-Collard@secamb.nhs.uk	03/01/22	29/07/22
334	Field Ops: Confirm targets/trajectories for each abstraction grouping by service line/team	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	29/07/22
335	EOC: Confirm targets/trajectories for each abstraction grouping by service line/team	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	John O'Sullivan	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	29/07/22
336	111: Confirm targets/trajectories for each abstraction grouping by service line/team	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	John O'Sullivan	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	29/07/22
337	Field Ops: Monitoring of abstractions against target/trajectories, taking mitigating actions where appropriate, reporting through Trust governance structures	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Ely	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
338	EOC: Monitoring of abstractions against target/trajectories, taking mitigating actions where appropriate, reporting through Tru	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	John O'Sullivan	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
339	111: Monitoring of abstractions against target/trajectories, taking mitigating actions where appropriate, reporting through Tru	**MD5 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	John O'Sullivan	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
340	**RCG/7 KPI DELIVERY PLAN**	**MD5 Must do**		In Progress						01/04/22	31/03/23
341	**EXPECTED OUTCOME : KPI Framework in place and being used to support staff development and capability in order to improve overall trust KPI performance by March 23'**	**SD11 Should do** **SD6 Should do**	Responsive Care Assurance Group (PAG)								
342	**7.1 Development & implementation of a suite of KPIs for staff working in EOC**	**MD5 Must do** **SD11 Should do** **SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Simon Clarke	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/03/23
343	Undertake national benchmarking with other ambulance services to compare/contrast what has been learnt/implemented elsewhere	**SD11 Should do** **SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Simon Clarke	Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	31/03/23
344	Through engagement with all key stakeholders agree the suite of KPIs for EMAs (e.g. average handling time - AHT, calls per hour, disposition outcomes etc)	**SD11 Should do** **SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Simon Clarke	Louisa.Guerin-Collard@secamb.nhs.uk	01/05/22	31/10/22
345	Through engagement with all key stakeholders agree the suite of KPIs for Dispatchers (e.g time to dispatch, pross-border working, RPI & crew stand-down rate etc) - Note this is closely linked with RGC - Dispatch review & improvement plan	**MD5 Must do** **SD11 Should do** **SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Simon Clarke	Louisa.Guerin-Collard@secamb.nhs.uk	01/04/22	31/01/23

346	Through engagement with all key stakeholders agree the suite of KPIs for Clinicians (eg. clinical call-back times, average call length, outcomes etc)	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	01/05/22	30/09/22
347	In collaboration with the Trust performance Cell, implement a reporting mechanism for all the KPIs agreed, ensuring accessibility for all	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Simon Clarke	Louisa.Guerin-Collard@secamb.nhs.uk	05/09/22	21/10/22
348	**7.2 Development & implementation of a suite of KPIs for staff working in 111**	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Simon Clarke	Louisa.Guerin-Collard@secamb.nhs.uk	01/05/22	02/12/22
349	Undertake national benchmarking with other 111 services to compare/contrast what has been learnt/implemented elsewhere	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Simon Clarke	Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	09/09/22
350	Through engagement with all key stakeholders agree the suits of KPIs for HAs (e.g. average handling time - AHT, calls per hour, disposition outcomes etc)	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Simon Clarke	Louisa.Guerin-Collard@secamb.nhs.uk	01/05/22	02/12/22
351	Through engagement with all key stakeholders agree the suits of KPIs for Clinicians (eg. clinical call-back times, average call length, outcomes etc)	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	John O'Sullivan	Scott Thowney	Louisa.Guerin-Collard@secamb.nhs.uk	01/05/22	02/12/22
352	In collaboration with the Trust performance Cell, implement a reporting mechanism for all the KPIs agreed, ensuring accessibility for all	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Simon Clarke	Louisa.Guerin-Collard@secamb.nhs.uk	05/09/22	21/10/22
353	**7.3 Development & implementation of a suite of KPIs for staff working in field operations**	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Eley	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/05/22	31/03/23
354	Undertake national benchmarking with other 999 services to compare/contrast what has been learnt/implemented elsewhere	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Eley	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/06/22	09/09/22
355	Through engagement with all key stakeholders agree the suits of KPIs for clinical staffs (e.g. JCT, clinical outcomes etc) - note this links to RCG/2 JCT	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Mark Eley	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/05/22	31/03/23
356	In collaboration with the Trust performance Cell, implement a reporting mechanism for all the KPIs agreed, ensuring accessibility for all (note this is closely aligned with RCG/2 - unit statistics report	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	05/09/22	31/03/23
357	**7.4 Review and address policy implications of implementation of a full suite of KPIs at every level**	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	31/01/23
358	In relation to all KPI development work in partnership with trade union colleagues and other Trust departments to work through and implement policy changes as appropriate	**SD11 Should do SD6 Should do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	John O'Sullivan	Mark Eley	Louisa.Guerin-Collard@secamb.nhs.uk	01/08/22	31/01/23
359	**RCG/8 Additional operational Improvement**									08/06/22	16/06/23
360	**End of Life Care**	**MD8 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Richard Quirk	Richard Quirk	Louisa.Guerin-Collard@secamb.nhs.uk	08/06/22	16/06/23
361	**EXPECTED OUTCOME : Improvement in the response to and management of EOL calls, working in partnership with health & care system partners**	**MD8 Must do**	Responsive Care Assurance Group (PAG)								
362	**8A.1 Baseline current EOL care incidents - review responsiveness, outcome, and quality of care delivery**	**MD8 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Richard Quirk	Richard Quirk	Louisa.Guerin-Collard@secamb.nhs.uk	14/06/22	02/09/22
363	Implement multi-stakeholder group to consider activity seen within SECAmb for EOL care patients (consider demand/activity, performance against ARP standards, quality impact/harm etc)	**MD8 Must do**	Responsive Care Assurance Group (PAG)	In Progress	Emma Williams	David Ruiz Celada	Richard Quirk	Richard Quirk	Louisa.Guerin-Collard@secamb.nhs.uk	14/06/22	02/09/22
364	In conjunction with Trust & system EoL care leads, complete a process map relating to the care of EOL care patients identifying pathways in the community and those into/out of SECAmb to establish key locations of patient support and decision-making	**MD8 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Richard Quirk	Richard Quirk	Louisa.Guerin-Collard@secamb.nhs.uk	14/06/22	02/09/22
365	**8A.2 From mapping and baselining activity identify and implement areas for improvement**	**MD8 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Richard Quirk	Richard Quirk	Louisa.Guerin-Collard@secamb.nhs.uk	15/08/22	31/03/23
366	Present/share findings to appropriate groups/teams/committees for engagement, information and to gather feedback	**MD8 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Richard Quirk	Richard Quirk	Louisa.Guerin-Collard@secamb.nhs.uk	05/09/22	03/10/22
367	Explore and implement options for improved data sharing to support decision-making	**MD8 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Richard Quirk	Richard Quirk	Louisa.Guerin-Collard@secamb.nhs.uk	15/08/22	03/10/22
368	Explore and publicise to SECAmb staff all appropriate EoL care pathways to support patient care and family support	**MD8 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Richard Quirk	Richard Quirk	Louisa.Guerin-Collard@secamb.nhs.uk	03/10/22	30/12/22
369	Develop and implement an EoL care dashboard to be able to monitor demand, activity, outcomes etc	**MD8 Must do**	Responsive Care Assurance Group (PAG)	Not Started	Emma Williams	David Ruiz Celada	Richard Quirk	Richard Quirk	Louisa.Guerin-Collard@secamb.nhs.uk	05/09/22	31/03/23
453	**Programme closure and evaluation**										
454	Evaluation of Programme and each project against agreed measures		Leadership Group (SMG and EMB)	Not Started	Rob Nicholls			matthew.webb@secamb.nhs.uk	julia.hilger-ellis@secamb.nhs.uk	01/04/23	27/04/23
455	Review of mandate. Where expected outcomes achieved		Leadership Group (SMG and EMB)	Not Started	Rob Nicholls			matthew.webb@secamb.nhs.uk	julia.hilger-ellis@secamb.nhs.uk	28/04/23	08/05/23
456	Review of KPIS and benefits		Leadership Group (SMG and EMB)	Not Started	Rob Nicholls			matthew.webb@secamb.nhs.uk	julia.hilger-ellis@secamb.nhs.uk	28/04/23	25/05/23
457	Risk and issues review		Leadership Group (SMG and EMB)	Not Started	Rob Nicholls			matthew.webb@secamb.nhs.uk	julia.hilger-ellis@secamb.nhs.uk	28/04/23	11/05/23
458	Lessons learned review complete		Leadership Group (SMG and EMB)	Not Started	Rob Nicholls			matthew.webb@secamb.nhs.uk	julia.hilger-ellis@secamb.nhs.uk	01/04/23	11/05/23
459	Action logs review for each project still ongoing to confirm progress and post closure actions		Leadership Group (SMG and EMB)	Not Started	Rob Nicholls			matthew.webb@secamb.nhs.uk	julia.hilger-ellis@secamb.nhs.uk	28/04/23	08/06/23
460	Programme closure documentation complete		Leadership Group (SMG and EMB)	Not Started	Rob Nicholls			matthew.webb@secamb.nhs.uk	julia.hilger-ellis@secamb.nhs.uk	09/06/23	22/06/23
461	Programme closure meeting		Leadership Group (SMG and EMB)	Not Started	Rob Nicholls			matthew.webb@secamb.nhs.uk	julia.hilger-ellis@secamb.nhs.uk	23/06/23	29/06/23
462	**Milestone - Programme closed**		Leadership Group (SMG and EMB)	Not Started	Rob Nicholls			matthew.webb@secamb.nhs.uk	julia.hilger-ellis@secamb.nhs.uk	30/06/23	30/06/23

South East Coast Ambulance Service NHS
NHS Foundation Trust

		Agenda No	20-22
Name of meeting	Trust Board		
Date	30 June 2022		
Name of paper	AAP Business Case Cover Paper		
Executive Lead	Emma Williams, Executive Director of Operations		

This business case (Appendix A) was considered by the Finance and Investment Committee on 23 June and based on its assessment outlined below, recommends it to the Board for approval.

AAP Re-banding BC	
Whole Life Cost	**Source of Funding**
Total capital - £NIL Total operating cost - £904,738 Total Whole Life Cost - £904,738	This will be funded by the ongoing costs of operating the frontline resources and should be met by funding from the commissioners. This is more of a longer term funding plan and in the short term it will need to be funded from reserves.
Revenue Impact (Operating and Non-Operating Costs)	
In year revenue impact (2022/23) - £140k Next year's revenue impact (2023/24) - £165k	

Brief description of proposal

This proposal sets out how and why the Trust should change the model for its non-registered workforce to a Band 3 (entry level clinicians) and Band 5 (mid-grade clinicians) structure. This involves removing all Band 4 roles and one of the Band 5 roles (AAP2), resulting in one middle grade clinician title for all non-registered staff in the organisation; simplifying the mix of clinical grades and enabling more efficient working.

Recommendation

The Finance and Investment Committee recommends the case for approval by the Trust Board.

Comments from the Finance and Investment Committee

This case states that in practice AAP 1, AAP2, AP and Technicians scope of practice are all the same, therefore they should have the same job description and banding. A band 4 shouldn't contain any requirement for supervision, as in practice our band 4 staff undertake this task, due to the low percentage of clinical staff in post; the role should be a band 5.

The increase in pay from a Band 3 ECSW to a band 4 AAP1 is minimal and is causing staff to

leave to undertake better roles elsewhere. Most other Ambulance Trusts, including London, do not have a band 4 role and band 3s move straight to a 5.

This will simplify the current frontline roles, merging the four current job descriptions into one. The committee agreed that this is one of the most important parts of the proposal.

The costing assumption is based on current WTE baseline and the year-on-year impact of re-banding. This doesn't consider attrition and recruitment, as it's not possible to predict this.

The committee supported this simpler approach, which is easier to explain on recruitment and easier to deliver; it noted that there have historically been many grievances linked to the current system. Acknowledging the additional cost, which in the context of the overall pay budget is relatively small, the committee felt that this is outweighed by the likely benefits. For example, it will support recruitment and retention, support quality, and improve moral for this small cohort of staff.

South East Coast Ambulance Service NHS
NHS Foundation Trust

BUSINESS CASE TEMPLATE

AAP Re-banding

7 June 2022

Author(s): Andy Rowe, Associate Director of Operations - West
Executive Lead: Emma Williams, Executive Director of Operations
Directorate: Operations, Clinical Education, HR
Business Case Ref: 2022-23 - 08
Version: V0.6
Date of approved summary QIA: 11/04/22

Final Decision:

Date proposal reviewed	By	Decision made

Document Control:

Version Control:

Please record all key changes made to the document and how these have been approved (either person or committee				
Version	Date	Author and title	Summary of key changes	Approval by
V0.1	04/04/22	Imogen Banks, BSM, Andy Rowe ADOW	Initial draft	
V0.2	10/05/22	Imogen Banks	Updates following initial comments	
V0.3	18/05/22	Imogen Banks	Minor updates	
V0.4	26/05/22	Mark Jetten	Finance input	
V0.5	06/06/22	Imogen Banks	EA updated and a new equality benefit added	
V0.6	07/06/22	Rachel Murphy	Clean version for distribution	

Review and Approvals log:

Please ensure you log (in chronological order) all reviews and approvals to show the audit trail for support for your proposal				
Version shared	**Person and title or Committee**	**Date reviewed**	**Recommendation**	**Rationale**
V0.6	HRBP – Dawn Chilcott	07/06/22	Supported	
V0.6	Executive Sponsor – Emma Williams	07/06/22	Supported	
V0.6	Associate Director of Finance – Philip Astell	07/06/22	Agreed to go forward to BCG	
V0.6	Business Case Group	14/06/22	Supported	
	EMB	22/06/22	Supported	
	FIC	23/06/22	Supported	
	Board			

1. Proposal Overview

Provide a summary of the whole case and include a brief background of the relevant area, proposal aim, current state, business need, all options considered and why they have been discounted and the preferred Solution. State the whole life cost.

Background

The Trust employs staff in a range of clinical grades and uses a 'skills matrix' alongside the clinical scope of practices to show which clinical grades can work together. The current mix of different clinical grades is over complicated and would benefit from being simplified. This proposal relates to entry level and mid-grade roles for our unregistered clinical workforce, registered roles are not in-scope.

Aim

The aim of this proposal is to set out how and why the Trust should change the model for our non-registered workforce to a Band 3 (entry level clinicians) and Band 5 (mid-grade clinicians) structure. This involves removing all Band 4 roles and one of the Band 5 roles (AAP2). This would mean the Trust has one middle grade clinician title for all non-registered staff in the organisation, simplifying the mix of clinical grades.

Current State

The current state holds several Trust risks that are likely to materialise without any mitigating action.

- Financial:- The scope of practice and drug formulary for the Band 4 TAAP and Band 5 AAP roles are the same (see appendix C3) which illustrates how closely these roles mirror each other. In addition, the Trust recruits to Band 5 Technician roles on the basis that applicants hold a BTEC qualification which the Band 4 TAAPs also hold. This overlap can be considered grounds for a fair pay claim or grievance. If either are raised, there is a risk the Trust may have to allocate non-forecasted funds on an unspecified amount of backpay depending on the timescale or award given
- Reputational:- Without resolution, there could be a reputational risk to the Trust with internal and staff side colleagues if grievances were to be upheld
- Operational:- To continue without action with a wide range of clinical grades with complex parameters around who can work with one another currently contributes to operational pressure and lost hours, despite the mitigation in place from the skills matrix

Business Need

Currently, there are numerous clinical grades for the Trust's unregistered clinical workforce and the Trust has set parameters around which grades are able to work with one another (outlined in the skills matrix). It is challenging operationally to manage staffing because the structure of who can work with one another is so complex. We don't have the right skill mix to ensure that our Band 4 staff aren't supervising Band 3 staff (which should not happen) and it would require a full change to our operational model to adapt to this. This at times leads to lost operational hours, adding to operational pressures.

Updating the structure to a Band 3 / Band 5 approach would bring the Trust in line with Job Evaluation for these roles. Simplification of the clinical grades would also promote patient safety through reducing human error because of reduced confusion on roles and responsibilities at complex scenes. Furthermore, it would mitigate the financial risk of

potential unfair pay claims due to the overlap in roles (see section 4).

Benchmarking

The closest match to us is London Ambulance Service (LAS) who employ middle grade staff on Band 5 as soon as they are qualified and acting in a supervisory role. Whereas SECAmb currently require 3500 hours before AAP1s can move into Band 5. This poses significant challenges to our recruitment of this role (affecting both attraction and retention), particularly in the M25 corridor (Chertsey, Banstead, Dartford), see appendix C2.

There have also been some cases of APs leaving the Trust on completion of their BTEC Level 3 and then returning to SECAmb as Technicians as this qualification meets the essential criteria for the Band 5 role.

Options

There are two options set out in this proposal, see summary below.

Option 1 (do nothing)

- No change to the current status quo
- Role structure remains the same

Option 2 (preferred option) (see tables 1 and 2 below)

- Simplification of clinical grades through removal of all Band 4 roles and one Band 5 role
- Improved model of Band 3 (entry level clinicians) and Band 5 (mid-grade clinicians) for our non-registered workforce

Table 1 – Current Structure

Current Structure		
Band 3	**Band 4**	**Band 5**
Emergency Care Assistant Emergency Care Support Worker Trainee Associate Ambulance Practitioner	Associate Ambulance Practitioner 1 (AAP1) Associate Practitioner (AP1) Newly Qualified Associate Ambulance Practitioner	Ambulance Technician Associate Ambulance Practitioner 2 (AAP2)

Table 2 – Proposed Structure

Proposed structure	
Band 3	**Band 5**
Emergency Care Assistant Emergency Care Support Worker Trainee Associate Ambulance Practitioner	Ambulance Technician *Newly Qualified Paramedic (NQP)**

*NQP is a registered qualified role, therefore not in-scope for this proposal, however it is shown here to illustrate the cross-over between registered and non-registered roles.

Preferred Option

The preferred option is option 2 (see above).

There are three Band 4 roles for unregistered clinicians in the Trust which would be phased out as part of this approach:

- Associate Practitioner (AP)
- Associate Ambulance Practitioner 1 (AAP1)
- Newly Qualified Associate Practitioner (NQAAP)

In addition, the following Band 5 role would be removed:

- Associate Ambulance Practitioner 2 (AAP2)

Whole Life Cost

The whole life cost of the proposal over a recurrent five years is £904,738.

2. Strategic Case

a) What will happen if we do not support the proposal? Is it a must do i.e. due to a regulatory requirement? Please highlight if this relates to a risk on the Corporate Risk Register

There are several organisational risks to the Trust which are likely to materialise without any mitigating action.

Financial

- If a fair pay claim or grievance is raised, there is a risk the Trust may have to allocate non-forecasted funds on an unspecified amount of backpay depending on the timescale or award given.

Reputational

- Without resolution, there could be a reputational risk to the Trust with internal and staff side colleagues if grievances were to be upheld.

Operational

- To continue without action with the current structure of a wide range of clinical grades with complex parameters around who can work with one another, could contribute to operational pressure and lost hours, despite the mitigation in place from the skills matrix.

In addition, it is recognised that the current structure has a significant negative impact on our ability to recruit and retain staff in these roles. This is particularly stark in the border areas including Dartford, Chertsey, and Banstead where there is an ongoing issue with staff leaving the Trust to work for LAS and other organisations. This causes increased attrition and high turnover of staff which has a knock on financial and operational impact.

b) How does the proposal fit with the Trust's current strategies and Trust Objectives?

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

The Trust's strategy recognises that it will be our people who will turn the Trust's ambition of delivering caring, compassionate, sustainable, and innovative healthcare into reality. It also says that the Trust remains passionately committed to the people who work in SECAmb.

The recommendations set out in this proposal have been developed in collaboration

between operations, clinical education, and HR as the right direction of travel for the Trust to improve our approach to our unregistered clinician workforce.

The change has also been supported by cross-directorate representation at the Senior Management Group (SMG) (see SMG paper, appendix C1).

Implementation of the updates will support the following priorities identified during the recent review of the Trust strategy:

- A Focus on People: everyone is listened to, respected, and well supported
- Delivering Quality: we listen, learn, and improve

3. Economic Case

a) What options have been considered? Please provide a high-level summary narrative of the options.

Options	*Brief description*	*Benefits*	*Risks*
Option 1 - Do Nothing	• Maintain the current status quo • Allow natural churn of current AP's • Allow AAP1 – AAP2 to continue	• No implementation of changes required • No forecasted financial outlay	• Significant non-forecasted financial outlay if backpay rewarded or unfair pay claim (AP only) • Reputational risk (e.g. grievances) • Continuance of overly complex clinical grades matrix • Ongoing recruitment and retention issues (see appendix C2 for attrition rates)
Option 2 (preferred option)	• Phase out all Band 4 non-registered clinician roles (AP1, AAP1, NQAAP) • Remove the Band 5 AAP2 role • Those staff (AP only) who do not wish to transition will be re-graded to Band 3 ECSW as was the original intention • Move to one mid-grade clinician title for all staff in the organisation • The process will follow the Organisational	• Definitive approach that fully removes the Band 4 roles • Reduces the number of clinical grades, simplifying the skills matrix • Minimal financial risk to the organisation as PPEd course completion and signing of a new contract is the trigger point for Band 5 • Removes the risk of a future unfair pay claim • Reduction in loss of	• Will require consultation with all affected Band 4 staff • May necessitate pay protection for fixed term for any that do not undertake transition to AAP2/Technician role • Financial impact of the band uplift based on current headcount at time of change and then 75 headcount per year ongoing (as per establishment) • Potential costing for AAP1 estimated to be an ongoing cost of £150,150.00 per annum

	Change policy to ensure a smooth and fair transition	operational hours on day due to skill mix issues (as all Band 5s can work with all Band 3s) • Reduction in attrition from staff leaving to other organisations • Increased attraction to SECAmb as an employer, especially in challenging border areas • More Reward (greater renumeration) for staff progressing may mitigate need for some to undertake overtime whilst studying • Improved reporting – ESR currently assumes AAP1 and AAP2 staff are Band 5 due to the JDs automatically matching via Job Evaluation. This currently creates false data requiring manual records to be maintained to manage workforce predictions and monitor actual success and attrition	• Potential costing for AP based on a forecastable recurring cost of c £31,031 per annum across the organisation (The difference between Band 4 and beginning of Band 5)

4. Preferred Option *(all sections from now refer to the preferred option)*

a) Please expand upon the preferred option, by providing full details of the proposal and provide rationale for why this will be the best way forward. Include consideration to strategic fit, deliverability and ease of implementation. What resources are needed; will it affect any other departments. What is the proposals impact on the environment and sustainability?

The preferred option set out in this proposal is option 2:

- Simplification of clinical grades through removal of the Band 4 roles and one Band 5 role
- Improved model of Band 3 (entry level clinicians) and Band 5 (mid-grade clinicians) for our non-registered workforce

Tables illustrating the current and proposed structure can be found in *Section 1, Options*.

An outline of the impact of the change on each of the directly affected roles is shown below.

Associate Practitioner (AP) – Band 4

This is a legacy role which was designed to be a transitional role to Paramedic and was never intended to be a sustained position. There are currently ~18 FTE APs in the Trust.

There is significant overlap between the AP Band 4 and the Technician Band 5 role:

- APs have a BTEC Level 3 qualification which is also an accepted qualification for the Technician role (this is true of the Trust's active external recruitment for Technicians)
- APs are working to the same scope of practice and drug formulary as Technicians

Therefore, it is recommended that this role is phased out and the existing member of staff is moved to the Band 5 Ambulance Technician role on the basis that they hold the BTEC Level 3 qualification required for the Band 5 role.

There is a possibility that staff could instead opt to move to a Band 3 ECSW role. In this case the member of staff would be supported through the consultation process and may be awarded pay protection as per Agenda for Change (although this is extremely unlikely as the course isn't pass/fail) for a fixed period.

Associate Ambulance Practitioner 1 (AAP1) – Band 4

A Trust Job Evaluation panel reviewed the AAP role and advised that this should be disbanded in support of the Trust moving to a model of Band 3 and Band 5 for our non-registered workforce. There are 82.4 FTE AAP1s in the Trust (see appendix E) – most affected Band 4 staff are in this cohort.

- AAP1s are paid Band 4 for 3500 hours, then move to Band 5
- In any one financial year there are a maximum of 150 AAP1s (75 year 1, and 75 year 2) transitioning from TAAP (Band 3)
- Band 4 AAP1s are working to the same scope of practice and drug formulary as Band 5 Technicians

Although there is a national job profile for Band 4, the Trust's ability to prove that the Band 4 staff do not mentor / formally supervise due to the skill mix matrix and balance of skill mix would be hard to prove if challenged. It is recommended that this role is removed, and all existing members of staff transferred to a Band 5 Ambulance Technician role.

There is a possibility that staff could instead opt to move to a Band 3 ECSW role. In this case the member of staff would be supported through the consultation process and may be awarded pay protection as per Agenda for Change (although this is extremely unlikely as the course isn't pass/fail) for a fixed period.

Newly Qualified Associate Ambulance Practitioner (NQAAP) – Band 4

There are 10.2 FTE NQAAPs in the Trust (see appendix E). It is recommended that this role is removed, and all existing members of staff transferred to a Band 5 Ambulance Technician role for the purposes of this overall grade realignment. The process will then be updated to show that on completion of the Trainee AAP programme (TAAP), staff will be employed directly as Band 5 Ambulance Technicians.

Associate Ambulance Practitioner 2 (AAP2) – Band 5

In addition to the removal of the Band 4 roles listed above, it would be beneficial to take the opportunity to withdraw the AAP Band 5 role. This will ensure the clinical grade structure for our non-registered workforce is fully simplified and fit for purpose. There are 61.52 FTE AAP2s in the Trust (see appendix E).

- Band 5 AAP2s are working to the same scope of practice and drug formulary as Band 5 Technicians
- Generally, there is greater public recognition of the Ambulance Technician role than the AAP2 role

It is recommended that this role is removed, and all existing members of staff transferred to a Band 5 Ambulance Technician role. In future, on completion of the TAAP staff will be employed as Ambulance Technicians (equivalent Band 5 role).

All affected Band 4 staff will go through a formal consultation process and the change will be implemented using the Trust's Organisational Change policy and procedure to ensure staff are supported and the process is fair and smooth. Affected Band 5 staff will not require a formal consultation. Instead, a spreadsheet listing all staff will be collated and staff will receive letters to inform them of the change.

The new structure would have a significant impact on attraction and retention for these roles, particularly in border areas which tend to be higher cost of living areas, where neighbouring Trusts offer London weighting (see benefits below). For this year to date, our recruitment shortfall in Dartford was 18 (15% of total establishment), in Chertsey was 23 (11.5% of total establishment). In Banstead, the team have just reached establishment after an intensive recruitment drive with 7 adverts leading to 11 employees. It is worth noting that there are several staff in Banstead waiting to transfer out.

It is anticipated that the change will be received positively by staff, and staff wellbeing improved through validation of their role within the organisation. This has been indicated anecdotally by staff.

It is noted that the Scope of Practice Policy is currently under consultation and the changes set out in this proposal will be included in the updated policy if agreed.

The proposal has cross directorate support and will ensure that the model for unregistered clinical roles in the Trust is fit for purpose.

b) How will you measure the benefits of the preferred option? What Key performance indicators (KPIs) will you use? Please note that proposals will be rejected if there is no benefits realisation plan

No.	Benefit Description	Indicator and how is it recorded	Current and Target Measure and Change	Financial Saving if applicable	Timescale	Assumptions
1	Trust/Patients - simplification of the clinical grades leads to a reduction in operational hours lost on-day through skill mix issues	Not directly recorded but feedback from OTLs/OUMs gathered via Teams B	Monitor via Teams B and target is for all Band 5 roles to be able to work with all Band 3 roles	There is a potential saving in avoiding lost operational hours	Immediate on implementation	This would ensure that there is no risk of Band 4 staff supervising Band 3 staff which should not happen
2	Trust - removes challenges with recruitment of mid-grade clinicians (attraction & retention)	Number of applications, vacancies filled and leavers	Current attrition rates: 19 leavers within 18 months of start date (see appendix C2) Target: less than current	There is a cost associated with continuous recruitment due to the level of turnover	Immediate on implementation	Affect will be more pronounced in border areas (e.g. M25 corridor)
3	Trust – the change	Number of unfair pay claims via	Current: ongoing	Financial impact	Immediate on	This could save the Trust a

	mitigates entirely the organisational risk of a potential unfair pay claim	legal team records	risk Target: no unfair pay claims from these staff groups	unspecified (potential award amount is variable)	implementation	significant unplanned financial outlay
4	Staff - affected staff will benefit from increased renumeration and feel valued / listened to	Staff pay grade via ESR	Current: 101 staff on Band 4 Target: 101 staff move to Band 5	N/A	Immediate on implementation	This may mitigate the need of some staff to complete overtime whilst studying, thereby improving staff wellbeing
5	Trust & staff – improved representation of women and people with disabilities in band 5 roles. This could also have a positive impact on the Trust's gender pay gap.	Staff pay grade via ESR and gender pay gap reporting	Women in B5 increased from 172 to 216 People with disabilities in B5 roles increased from 26 to 35	N/A	Immediate on implementation	Women and people with disabilities are generally concentrated in lower pay bands across the organisation (see EA) Workforce figures are found in appendix C4

c) When will the post project evaluation be completed?

The process will be completed through the Trust's Organisational Change Policy and Procedure and ongoing reporting on staff roles will be via ESR.

5. Financial Case - Analysis and Affordability *(of preferred option)*

Please include VAT, where not claimable, within all costs stated.

a) Whole life costs of the preferred option (Please specify what this spend is related to) Net Cost/(Savings). All possible costs should be included, a list of costs that you should consider is included at appendix B.

Whole Life Costs, £	Proposed structure	Year 1 (2022-23)	Year 2 (2023-24)	Year 3 (2024-25)	Year 4 (2025-26)	Year 5 (2026-27)	Total
	WTE	Costs, £	Costs, £	Costs, £	Costs, £	Costs, £	Costs, £
Operating Expenditure							
Increase in staff costs							
Current band 4 staff							
Uplifted to band 5	90.14	3,487,332	3,487,462	3,787,116	3,787,445	3,787,116	18,336,471
current band 4 pay budget	-90.14	(3,347,748)	(3,322,075)	(3,487,332)	(3,487,462)	(3,787,116)	(17,431,733)
Total Operating Expenditure	-	**139,584**	**165,387**	**299,784**	**299,983**	**0**	**904,738**
Whole Life Cost	-	**139,584**	**165,387**	**299,784**	**299,983**	**0**	**904,738**

b) Impact on the Trusts Statement of Comprehensive Income (please specify what this spend is related to and if operating or non-operating) Net Cost/(Savings)

Statement of Comprehensive Income, £	Year 1 (2022-23)	Year 2 (2023-24)	Year 3 (2024-25)	Year 4 (2025-26)	Year 5 (2026-27)	Total
Net Operating Expenditure/(Savings)	139,584	165,387	299,784	299,983	0	**904,738**
Non-Operating Expenditure						
Depreciation	0	0	0	0	0	**0**
PDC Dividend	0	0	0	0	0	**0**
Total Non-Operating Expenditure	**0**	**0**	**0**	**0**	**0**	**0**
Total Impact on I&E	**139,584**	**165,387**	**299,784**	**299,983**	**0**	**904,738**

c) Impact on the Trusts Cash Flow

Cash flow, £	Year 1 (2022-23)	Year 2 (2023-24)	Year 3 (2024-25)	Year 4 (2025-26)	Year 5 (2026-27)	Total
Capital	0	0	0	0	0	**0**
Net Operating Expenditure/(Savings)	139,584	165,387	299,784	299,983	0	904,738
PDC Dividend	0	0	0	0	0	**0**
Impact on Cash flow	**139,584**	**165,387**	**299,784**	**299,983**	**0**	**904,738**

d) What is the required funding source

This would be funded by the ongoing costs of operating the frontline resources and must be met by funding from the commissioners

The above has been confirmed by:	Mark Jetten

e) Please provide answers to all the assessment categories, working with your relevant finance business partner. If not applicable, then insert N/A

Categories	Detailed answer:	Confirmed by
Has any capital expenditure been included in the current year's capital plan? If not, why was it not raised during budget setting?	N/A	Mark Jetten
Has any revenue expenditure been included in this year's planning, as a cost pressure? If not, why was it not raised during budget setting?	There is no provision for specific uplift in the current revenue budget, as the detail of the numbers where not know in time, however, the budget includes an uplift naturally for some of the cohort in the plan	Mark Jetten
Has any external funding been sought?	Not specifically for this proposal	Mark Jetten
Please state the virement required to cover any additional revenue expenditure, include financial coding.	This would depend on the exact people and locations at the time and for the future cohorts this would not be known	Mark Jetten
What savings will be generated because of this investment?	Difficult to measure specific savings	Mark Jetten

f) Please include narrative of workings of costs, savings and all financial and activity assumptions

Please see imbedded detailed workbook on this.

AAP%20Re-banding%20BC%20costing.xls

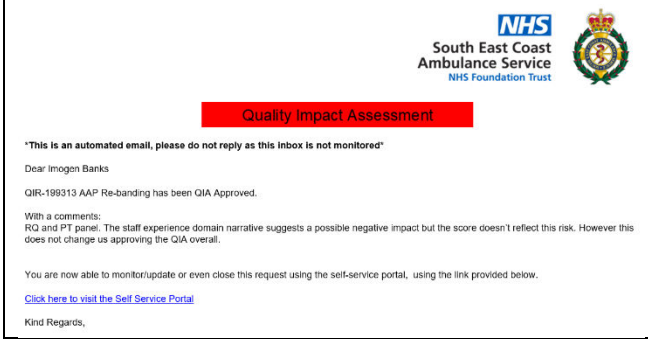
In general it assumes that 90.14 current WTE are uplifted now (with some back pay, which there is an accrual for this from last year).

6. Quality Impact assessment (of preferred option)

Please embed the signed summary Quality Impact Assessment (QIA) below. The guidance and template can be found on the zone.

Approved QIA:

QIA%20-%20AAP%20Re-banding%20BC%2



NHS
South East Coast Ambulance Service
NHS Foundation Trust

Quality Impact Assessment

This is an automated email, please do not reply as this inbox is not monitored

Dear Imogen Banks

QIR-199313 AAP Re-banding has been QIA Approved.

With a comments:
RQ and PT panel. The staff experience domain narrative suggests a possible negative impact but the score doesn't reflect this risk. However this does not change us approving the QIA overall.

You are now able to monitor/update or even close this request using the self-service portal, using the link provided below.

Click here to visit the Self Service Portal

Kind Regards,

7. Equality Analysis (of preferred option)

Please embed the completed equality analysis below. The guidance and template can be found on the zone.

Approved EA:

Equality Analysis - AAP Re-banding BC V

8. Risk Assessment (of preferred option)

Please ensure you undertake a thorough assessment of the risks associated with implementing the proposal and mitigating actions (using the Trust Risk Management Approach). Include the top five here

Risk Description	Mitigation	Likelihood (1-5)	Consequence (1-5)	Owner
Misalignment between GRS / ESR affecting the	Manual spreadsheet used to cross-check	3	2	Andy Rowe /

implementation. Risk of timesheets (via GRS) being affected	changes			HRBP / Nicky Burgess
Staff experience risk: affected staff cannot opt out of the change and will receive new contractual terms and conditions	There should be no negative implications for staff. Vast majority of affected staff are either remaining in the same Band or moving up a Band. Extremely unlikely for staff to move down a band	2	2	Andy Rowe / HRBP
Financial risk: increased spend associated with this budget	To be defined	3	2	Andy Rowe / FBP

9. Commercial Case (of preferred option)

a) Commercial detail. Explain how you intend to deliver the proposal? Did you go through a tender process, acquire supplier quotes, who is the preferred supplier and what selection process did you go through.

Not relevant as all costs are staff related.

10. Management Case (of preferred option)

a) Project management detail. How will you track implementation, what governance group will the proposal report to during implementation and where does that group report into? What reports will be produced, what will they cover and how often will they be produced?

The consultation process will be managed through the Organisational Change Policy and Procedure to ensure a smooth and fair process.

Successful implementation will be tracked by ESR reports to show all moves made, and redundant positions closed. Outstanding staff not moved will be fed back to OUMs and OUs for investigation and action.

For Operations, OUMs and OUAs will work to deliver the proposed changes, reporting into Teams B / Teams A for oversight and monitoring of the implementation.

Teams B / Teams A will then report into SMG for assurance. Reporting will consist of a mixture of verbal updates and papers, to be agreed.

b) Include a high-level implementation plan and key milestones and dates? This must be included otherwise the proposal will be rejected

Pending approval at BCG (and subsequent forums as appropriate), a draft outline of the key milestones and dates is shown below.

Planning *(June 2022)*

- All affected individuals to be identified
- Resource allocated to implement change

Delivery *(June-July 2022)*

- The Organisational Change Policy and Procedure will be followed
- All affected Band 4 staff will be supported through a formal consultation process
- All affected Band 5 staff will be informed of the change in job title in writing and

supported as needed
- Updates made to ESR and GRS (c1200 staff to be re-aligned)
- Staff members must complete the Practice Placement Educator (PPEd) course in-house to transition to Band 5 and sign a new contract. Several practice education training sessions will be laid on by the clinical education team to support
- Scope of practice policy updated – move to a single scope of practice which covers all 'associate practice' level roles
- Skills matrix to be updated

Post Implementation *(August 2022)*

- Review of implementation

11. Stakeholder engagement/consultation (of preferred option)

a) Does the proposal require/have commissioner, STP or other external support? If yes, provide evidence of discussions

External support is not required for this change.

b) Does the proposal have a requirement for consultation (staff/union/JPF/public)? If yes, what consideration have you given to enacting this? How have affected staff groups been engaged and how have their responses been taken into account.

Yes – all affected Band 4 staff will require consultation. However, affected Band 5 staff will not require a formal consultation process.

At the time of writing APs have been engaged with regarding the proposed change. Other staff groups have not been approached however it is noted the amendments are anticipated to have a positive outcome for the staff involved.

Engagement with the unions has been undertaken as this work has developed. If approved, the proposal will be taken to JPPF.

Appendix C

Reference	Title	Document
C1	SMG paper	AAP Paper AP Paper proposal - OPs 16.03.
C2	Leavers 2015 - 2022	Leavers 2015 - 2022.pdf
C3	Scope of Practice	Scope Of Practice And Clinical Standards
C4	Workforce data in support of equality benefit	NHS%20Diversity%20Detail%20-%20EA.xlsx

Appendix D

Applications for AAP programmes received January 2021 – January 2022 were:

- Internal – 89
- External – 18
- Experienced – 3

Of these applicants, seven applicants were for vacancies in Chertsey and Dartford and none for Banstead. These are the highest cost living areas within the Trust and as a result of their close proximity to London, we are more likely to lose these applicants to LAS, where high-cost allowances will be higher as standard.

The AAP role comes with a requirement for Maths and English Level 2. Some areas of the Trust have a lower pass rate at GCSE, so applicants are lower for this post in comparison to other non-apprenticeship positions.

Appendix E

Table showing the current structure of Band 3, 4 and 5 non-registered clinician roles within the Trust, with Total FTE staff as of January 2022.

Pay Scale	Position Title	Total
Band 3	Emergency Care Assistant	3.00
	Emergency Care Support Worker	396.45
	Trainee Associate Ambulance Practitioner	273.82
Band 3 Total		**673.27**
Band 4	Associate Ambulance Practitioner 1 (AAP1)	82.40
	Associate Practitioner (AP1)	1.00
	Newly Qualified Associate Ambulance Practitioner	10.22
Band 4 Total		**93.62**
Band 5	Ambulance Technician	236.39
	Associate Ambulance Practitioner 2 (AAP2)	61.52
	Newly Qualified Paramedic (NQP)	414.51
Band 5 Total		**712.42**
Grand Total		**1479.31**