South East Coast Ambulance Service
NHS Foundation Trust

Trust Board Meeting to be held in public

8 August 2024

10.00-13.00

Trust HQ, Nexus House, Crawley

Agenda

Item No.	Time	Item	Purpose	Lead
Board Governance				
30/24	10.00	Welcome and Apologies for absence	-	UK
31/24	10.01	Declarations of interest	To Note	UK
32/24	10.02	Minutes of the previous meeting: 06 June 2024	Decision	UK
33/24	10.03	Matters arising (Action log)	Decision	PL
34/24	10.05	Chair's Report	Information	UK
35/24	10.10	Audit & Risk Committee Report	Information	MW
36/24	10.20	Chief Executive's Report	Information	SW
Strategy & Performance				
37/24	10.35	Board Story	-	SWa
38/24	10.45	Launch of Trust Strategy	Information	DR
39/24	10.55	Launch of Trust Values	Decision	SWa
40/24	11.15	**Strategic Aim: We Deliver High Quality Care**	Assurance	
		Supporting Papers: a) BAF – Progress / Risks (Pages 9-17) b) Integrated Quality Report c) Quality & Patient Safety Committee Report		
	11.40	Break		
41/24	11.50	**Strategic Aim: Our People Enjoy Working at SECAmb**	Assurance	
		Supporting Papers: a) BAF – Progress / Risks (Pages 18-26) b) Integrated Quality Report c) People Committee Report		
42/24	12.15	**Strategic Aim: We are a Sustainable Partner as Part of an Integrated NHS**	Assurance	
		Supporting Papers: a) BAF – Progress / Risks (Pages 27-37) b) Integrated Quality Report		

		c) Month 3 Finance Report d) Finance & Investment Committee Report		
43/24	12.40	Sussex ICB Delivery Plan	Decision	DR
44/24	12.50	BAF - Recovery Support Programme (Pages 38-49)	Information	DR
Board Meeting Effectiveness Review				
45/24	12.55	Our Leadership Way: ▪ Compassion ▪ Curiosity ▪ Collaboration		UK
Closing				
46/24	13.00	Any other business		UK

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

06 June 2024

Nexus House, Crawley

Minutes of the meeting, which was held in public.

Present:

Usman Khan	(UK)	Chair
Simon Weldon	(SW)	Chief Executive
David Ruiz-Celada	(DR)	Executive Director of Strategic Planning & Transformation
Emma Williams	(EW)	Executive Director of Operations
Howard Goodbourn	(HG)	Independent Non-Executive Director
Liz Sharp	(LS)	Independent Non-Executive Director
Margaret Dalziel	(MD)	Executive Director of Quality & Nursing
Max Puller	(MP)	Independent Non-Executive Director
Michael Whitehouse	(MW)	Senior Independent Director / Deputy Chair
Paul Brocklehurst	(PB)	Independent Non-Executive Director
Simon Bell	(SB)	Chief Finance Officer
Subo Shanmuganathan	(SS)	Independent Non-Executive Director
Richard Quirk	(RQ)	Acting Chief Medical Officer
Sarah Wainwright	(SWa)	Interim Director of HR & OD
Mojan Sani	(MS)	Independent Non-Executive Director

In attendance:

Janine Compton	(JC)	Head of Communications
Peter Lee	(PL)	Company Secretary
Stephen Bromhall	(SBr)	Chief Digital & Information Officer

Chairman's introductions

UK welcomed members, in particular MS and SBr to their first meeting, and MD following her substantive appointment, and those in attendance and observing.

16/24 Apologies for absence

Rachel Oaten	(RO)	Chief Medical Officer
Steve Lennox	(SL)	Improvement Director

17/24 Declarations of conflicts of interest

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

18/24 Minutes of the meeting held in public 04.04.2024.

The minutes were approved as a true and accurate record.

19/24 Action Log [10.05-10.07]
The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.

20/24 Chair's Report [10.07–10.13]
UK outlined the approach to the meeting, in the context of the pre-election period. He reinforced the importance of the BAF to ensure good board governance, and how we bring to life our work via the Board Story, balancing quantitative and qualitative information.

UK is looking forward to supporting SECAmb and has been made to feel very welcome. He reflected that since April, there has been a strengthening of the Executive with the appointment of a CDIO; digital is central to what we need to do to support delivery of the strategy.

UK Referred to the Council of Governors and thanked them for the work they do, which is a really important role in the governance of the Trust.

In terms of engagement, UK outlined his meetings with stakeholders.

21/24 Audit & Risk Committee Report [10.13–10.18]
MW summarised the output of the most recent meeting, which focussed on the year end regulatory reporting. He paid tribute to the executive team for their work over the year and to the finance team in concluding the end of year financial accounts.

MW explained the Head of Internal Audit Opinion on governance and internal control. This year like last it is Partial Assurance, which reflects some of the issues in the past year and the need to embed the good improvements put in place. MW felt that despite this below the line opinion, the trajectory for the trust is very positive.

The Board noted the extraordinary meeting of the committee on 20 June to sign off the final Annual Report and Accounts.

UK thanked MW and having observed the meeting felt there was good rigour demonstrated by the committee.

22/24 Chief Executive's Report [10.18–10.34]
UK thanked SW for his efforts in providing induction and support, highlighting the importance of the relationship between the Chair and CEO.

SW referred to the main focus of today, agreeing the objectives for the year ahead and made the following points to frame this:

1. There is an obligation to deliver C2 30-mnute mean performance. We have made a strong start to the year, but we should not take delivery of this for granted given the challenges in other parts of the country.
2. Year one implementation of the strategy – the objectives are the start of this.
3. We need to keep our people with us, by building on the positive signs of engagement.

SW then picked out the following from his report.

- We are in the final stages of recruiting a Chief Paramedic Officer with the expectation to make an appointment by the end of the month. There is a strong field of candidates.

- There has been good engagement on the revision of our Trust values, which will come to Board in August.
- The 999 emergency services event last weekend was the 37th running and this year SECAmb organised it. It was a great event to see how we demonstrably work together. It paid tribute to all volunteers who support emergency services, including our own CFRs.
- The inaugural event of the Southern Collaboration is tomorrow where we will all be exploring the opportunities. We all have things to learn from each other and so this is the spirit we approach this collaboration.
- Since the last Board we received a letter from the National FTSU Guardian as we were the most improved Trust in the country on all speak up measures from the Staff Survey. There is more to do but it is important to acknowledge this progress.

UK thanked SW for his update and opened to questions.

SS added her thanks to the FTSU team and reinforced how hard Kim and the team have worked.

HG asked about the collaboration event tomorrow and, in the context of Patient Level Information and Costing (PLICS) it is a good opportunity to compare costs against each Trust to assess our cost base and relative efficiencies. This will give pointers to where opportunities might be. SW agreed, explaining there are five themes identified; workforce and wellbeing; procurement; technology; digital and AI; operational model. He added that we do things quite differently and so the challenge for the year ahead is to explore which models gives the best balance between clinical and cost effectiveness. The session tomorrow will start this conversation and by the end of the summer we should have signed off where we will collaborate in year one.

PB asked if we will we get a longer-term view on collaboration. SW responded that we will get a write up of the day and prospectus for action. However, we are trying to balance generating momentum (year 1) and setting aspirations for longer term goals.

23/24 Board Story [10.34-10.50]

MD introduced the story, which arose from a compliment from a care home manager, illustrating the positive impact of the hub model, which is central to our strategy. Joint clinical decision making at the clinical hubs helps to mitigate some of the fragmentation in clinical pathways.

The video was then played and afterwards MD outlined the clinical history of the patient in the Story and how the hub found a way through such a complex situation to ensure the right outcome.

SS asked about mental health care and Right Care Right Person, and how this is being implemented. RQ responded that we are working with our police colleagues and so far, very successfully. There has been no increase in activity, and we sit in the police control rooms to support right care.

MW was really pleased to hear that the patient impact is so positive from the Hubs. He reflected that when we have such initiatives in the NHS we aren't always good at scaling them up and so asked what is the extent of acceptance from partners that this is the way forward. DR responded that there is much support. It is one of our key priorities and is in the clinical strategies of our partners. We are therefore confident we can roll out the concept over the coming year. EW added that there will be different implementations based on the needs of local people / areas.

LS asked how we switch from in hours to out of hours given the variation in service availability. EW responded that our clinicians are embedded in the Hubs both in and out of hours, but we do recognise the different capacity in pathways.

UK thanked the team for producing the story in such a way that helps communicate the positive impact on patients and how our strategy will take this forward.

24/24 Board Assurance Framework 2024-25 – Structure [10.50-10.54]
PL set out the structure on the new BAF, explaining the following:

- The framework aims to ensure the Board is focussed on the right things, as Simon outlined earlier, in line with the new strategy agreed in April.

- It aims to balance the need to look forward and focus on the here and now, so covers priorities and principal risks for phase 1 of the strategy; our in year operating plan commitments; in addition to key areas of compliance.

- Like the Board Agenda the BAF is organised by strategic aim – Patients; People & Sustainability / Partners.

- The detail under each section has been developed following a number of workshops with senior leaders that informed the Board session last month. The Board feedback that we might be trying to do too much has been reflected and the executive believe that what is included is reasonably achievable.

- The Board is asked to agree the structure and executive colleagues will then through today's agenda set out the detail under each strategic aim, asking for the Board's support. This will then inform the focus of the Board for the year ahead. Progress will be reported from August.

The Board indicated its support to the structure of the BAF, and the use of this to frame its focus for the next year.

25/24 We Deliver High Quality Care [10.54-11.40]
MD took the Board through the priorities under this strategic aim, which builds on the previous improvement journey, reinforcing that the objectives are cross directorate. The IQR will be re formatted to align outcomes to the BAF. MD confirmed there are no escalations this month, but RQ did refer the Board to slide 16, which demonstrates a positive improvement on Patient Group Directive (PGD) compliance, and also the resilient medicines stock, which is also improved.

UK reflected that there is much here, and he would like the Board to sense check that this includes what we need to focus on. LS responded first to say this new framework and reporting is more manageable.

MW is also supportive. He asked about how we report to show levels of consistency across the region, so that we are not always looking in aggregate and asked how the executive seeks assurance on this. He also asked how we embed this through the organisation. MD responded that the local information is used to inform the system-based governance groups, and this will be the minimum standards for all and used as a benchmark. We then have regional governance groups. MD added that local variation will be highlighted through this structure and action taken. On the second question re emending, MD responded that this BAF came from all the engagement on our strategy and was then distilled so should be recognised by our people. DR added that what MD mentions will ensure a golden thread connecting the strategy to what we do throughout SECAmb, as it has been fully codesigned and developed.

MW came back on the first point to say that we need to be more explicit in our governance to give a better view of the consistency of our services across the region. EW acknowledged this, which builds on the Quality and Performance Framework.

SS asked about health inequalities and how we align with the system given our reliance on them for data. MD explained that we have agreed maternity and mental health in our Quality Account and the detail behind this is well set out. We do need however to set out our overall plan and clarity on the strategy over the next years and our part in the wider system. SW added that within the objectives is being more active in agreeing clinical pathways. This is core partnership work to address health inequalities, i.e. how we maintain access in every pathway we develop, to ensure a service equal for all.

PB asked about digital strategy and SBr explained his assessment of the data we have and how it is used and joined up with system partners, to help automate more than we do currently.

UK summarised that the Board supported the outcomes, priorities, risks and objectives set out in the BAF. Next step is to operationalise it and report on progress.

QPSC Report & Quality Account

LS provided an overview of the last meeting, highlighting the great work of the Consultant Midwife, and confirmed the review of the Quality Account this week, which is recommended to the Board for approval. LS confirmed how well received this document was, which includes really positive comments from our partners too.

UK thanked LS and other committee chairs for their work.

The Board approved the Quality Account.

[Break at 11.40-11.45]

26/24 Our People Enjoy Working at SECAmb [11.45-12.15]

Before handing over to SWa, UK noted the recent Quarterly Pulse Survey results, confirming the following:

- The latest wave of the National Quarterly Pulse Survey ran during April 2024. The last one in January saw improvement and this build further on this.
- We had 616 responses, with feedback putting us above the national average for NHS Trusts.
- We saw noticeable improvements in the scores for each of the eight key metrics compared to January 2024, including staff engagement; 'colleague mood'; how well colleagues feel supported by their team; and how well colleagues feel informed about important changes in the organisation.
- We know we have more to do but great to see the improvement we have seen during recent waves of the survey continue.

SWa echoed these comments and thanked staff for their feedback. She then set out the priorities within the BAF. On appraisals, she noted the work still to do to get from the current 63% and the recent Internal Audit review highlighting some actions that will be taken forward over the next weeks and months.

MW commented that culture is difficult, and we monitor symptoms which we need to do, but others need to tell us we are changing the dial, e.g. great place to work / feeling valued. As a Board we need to feel the dial is moving, and so asked if we can be clearer on the KPIs. SWa responded that that we try to do here in the outcomes section of the BAF, is confirm the initial deliverables. For example, retention is an important metric as are employee relations metrics.

MD pointed out that FTSU is about psychological safety and through the speak up measures included is a reduction in anonymous concerns and perceived detriment; this is a good cultural message about feeling safer.

HG observed that the starting position for this strategic aim is stark when you look at the IQR with the number of 'fails' compared to the other two aims. so felt that as a Board we need to acknowledge this starting position.

UK agreed this is an important point to make that we are not looking at the same level of challenge between the three aims.

SS felt that one good thing about this new BAF is we see a shift from looking backwards at data to looking forward to things like career development and leadership management. On MW's point about clearer KPIs. SS explained that the People Committee has challenged the executive on developing a culture dashboard so we can get a more rounded view on the culture shift / improvement.

SW acknowledged the progress in the past couple of years, but this (people and culture) is the one of the pillars that is a long-term journey. These are long term indicators and so we should stick with them. He felt that it will likely be a three year journey to really drive improvement. In terms of how we will be judged, externally, NHSE is focussed on retention and so success of our retention plan will be key. Internally, through our new Chief Paramedic Officer, the area of education training and development requires much focus and worth returning to when the post holder is appointed. SW reflected that SECAmb has a good record of clinical development, but has not had the same emphasis around professional management and so a key theme will be to ensure we treat leaders/managers with the same consideration as clinicians.

The Board agreed the objectives in the BAF.

<u>People Committee</u>
SS summarised the outputs of the most recent meeting, highlighting the ambulance culture review, which the committee has asked to be included in one overarching people plan, and leadership and management, where concern was expressed about the pace with the development programme.

SW added that with appraisals, each executive director has a specific objective to meet the target this year. And regarding training and development, we have had a programme for OUMs and it might help to hear from them at Board on how this has been for them. EW added that this programme was more focussed on personal resilience and how we can support them to lead. It has been very well received.

27/24 Sustainable Partnerships [12.15-12.33]
DA set out the priorities within the BAF, aimed at ensuring a more sustainable organisation.

PB noted that there are some significant benefits as part of this and asked how we will track and measure them, e.g. reduce conveyance / bed days etc. which are a big benefit to the system. DR responded that we have set out a number of system benefits as part of our strategy, and so the outcomes in the BAF are based on this.

The Board approved the objectives.

<u>Partnerships Report</u>
The Board noted the report, setting out an update on activities of the work with partners.

<u>Month 1 Finance Report</u>
SB update on the position at month 1, which is in line with plan. Planning continues with a further submission on 12 June.

UK reinforced the constraints we have on discussion about the money, given we are in the pre-election period.

There were no questions on the M1 position.

FIC Report

HG summarised the outputs of the last meeting. Highlighting re performance the strong C2 mean which is great, but operational hours are above plan and so we need to be mindful to balance this with the financial challenges. SW agreed that need to ensure our controls are calibrated. There will be more about this in part 2.

Southern Ambulance Service Collaboration

The update was noted.

14/24 Review of Board Effectiveness [12.33-12.35]

The Board reflected on the meeting, broadly in agreement that is was effective in achieving the outcomes, in the context of the pre-election period.

15/24 AOB

None.

There being no further business, the Chair closed the meeting at 12.34.

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

Not a question, but an observer who works at London Ambulance Service fed back that the meeting felt joined up and collaborative. Also, the BAF is excellent focussed on the right priorities. UK thanked the individual for this and for their attendance.

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

Date _____

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP)
07.12.2023	67 23	Delivery of the improvements identified by the IT external review to be overseen by the audit committee. With a report to the Board in 2024-25 (date tbc) confirming all the actions have been closed and assurance on their impact.	SB	05.12.2024	Audit Committee / Board	IP
08.02.2024	79 23	Once the remedial work at the MDC at Paddock Wood is complete, the Board will receive an update giving assurance it is operating effectively.	RQ	Q2	Board	C

Key

	Not yet due
	Due
	Overdue
	Closed

ɔard Action Log

Comments / Update
A report to audit committee was received in July - see escalation report.
06.06.2024: The Board noted that FIC received a paper last about the revised timeframe - so the final report to Board on the impact of the work on the operation of the MDC will now be toward the end of the year. An assurance report is scheduled for the meeting in December.

	Item No	34-24
Name of meeting	Trust Board	
Date	08.08.2024	
Name of paper	Chair Board Report	
Report Author	Usman Khan, Chair	

Board Meeting Overview

I am pleased that at this meeting we will be formally launching our new strategy, along with the revision to our Trust values. This is a really important milestone for SECAmb, as we set our new direction at a time of significant challenge for the NHS. This new strategy and the values that will guide how we implement change will place us in a strong position to support better patient care and staff welfare.

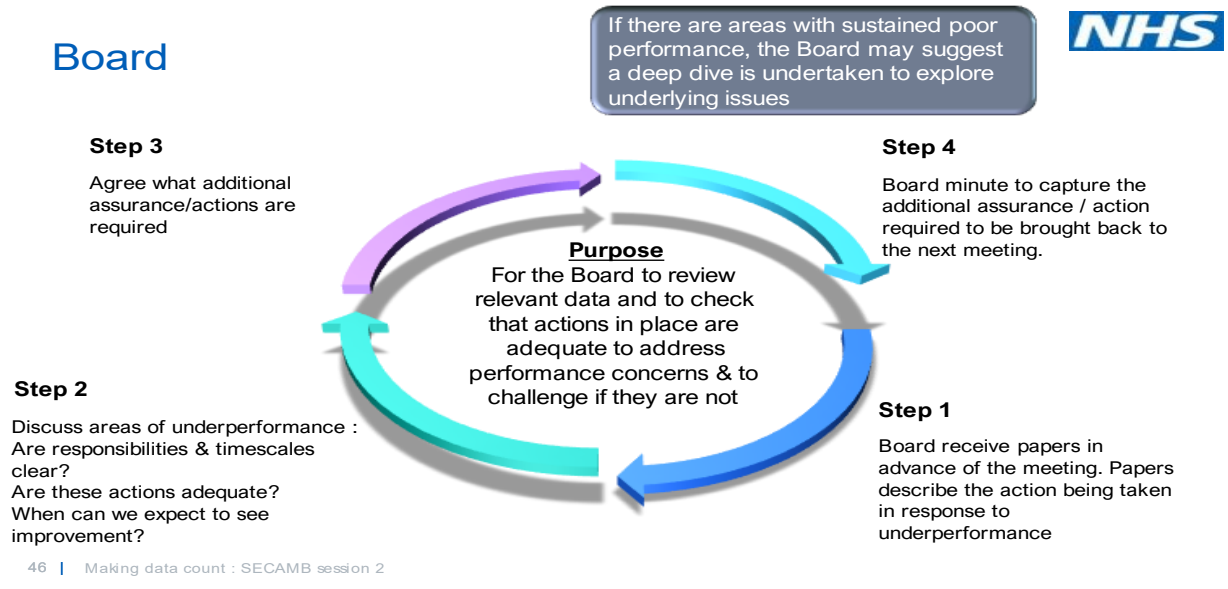
Meetings of the Board are framed against the three strategic aims:

We deliver high quality patient care

Our people enjoy working at SECAmb

We are a sustainable partner as part of an integrated NHS

The Board Assurance Framework has been revised to reflect the new strategy, ensuring Board oversight of the delivery of our strategic priorities; in year planning commitments; and compliance. Providing the Board with clarity on progress against the organisational objectives and the main risks to their achievement, thereby informing the Assurance Cycle.



Board Development

We had a really constructive board development session in July. We continued to be joined by our operational and clinical leaders, to help us as a Board strengthen the connections between us.

The discussion on **sexual safety** was very timely and the national speaker, Bron Briddle, helped to increase our awareness of the national ambulance infrastructure being built around this crucial area of culture change. This also helped to set into context the discussion that followed about what we are doing locally, in line with the five workstreams linked to the Charter. This will be an area we keep returning to, with the session in October being used to formalise the Board's approach to zero tolerance.

The session led by the executive setting out how as a team they will be leading the **delivery of the new strategy** was a culmination of the Board sessions earlier in the year where we helped define the areas of priority, as set out in the BAF. The Board is fully supportive of the approach and as I mentioned earlier, this will frame the Board's focus for the year ahead.

Lastly, we had a helpful session on **Digital** and supported by an international speaker, explored our ambitions to enable our strategy. This will also be an area the Board keeps returning to and we look forward to receiving the new Digital Strategy in October.

To demonstrate the impact digital innovation can have, one relatively small example arising for a QI project is automated 'welfare' text messaging. Just one week after this was launched in July:

- 9264 welfare texts were sent.
- 454 cancellations were received as a result.
- 308 hours saved in welfare calling.
- 22 hours saved in call handling.
- 15 hours saved in closing duplicate calls.

Board Succession

Since the last Board meeting in June, we have made two new appointments to the Board, with Jaqualine Lindridge, Chief Paramedic Officer, and Jen Allan, Executive Director of Operations, both due to join in October 2024.

This will be Emma Williams' last Board meeting, and on behalf of the Board I would like to thank Emma for her excellent leadership during her time at SECAmb. I wish her all the very best in her new role in the North West.

Council of Governors

Since I joined SECAmb I have been very impressed with the commitment of our Governors. My first meeting of the Council of Governors was in July, and this was a constructive meeting that centred its focus of assurance on our confidence in exiting the Recovery Support Programme this year; the financial challenges; and the impact of this on delivery of the strategy. There was good discussion between Governors and the Non-Executive Directors.

At the meeting, the outcome of the Lead Governor elections was announced, and I am pleased to confirm that Andrew Latham is the new Lead Governor. My congratulations to him and my thanks to Leigh Westwood who has undertaken this role for the past three years.

Engagement

As part of my first weeks as Chair, I have tried to meet as many internal and external stakeholders as possible and I thank everyone for their warm welcomes.

Sussex – work has focussed on establishment of a Committee in Common which I attend alongside Simon and Subo, the Kaleidoscope Sussex Leadership Development Day on July 17th with system partners that I attend with Simon and then my 121 which I have monthly with Stephen (Lightfoot).

Surrey – I have regular meetings with Ian Smith, Chair of the ICB and I have also met with Surrey Provider Chairs and had a meeting with NEM Micheal Parker at Surrey Heartlands ICB.

Kent – I meet with Provider Chairs and will have a meeting with Cedi Frederick later in August.

Southern Ambulance Collaborative – Attended the launch event on 7 June in Reading and subsequent management meetings with Chairs and CEOs.

Clinical Research Summit – on Thursday 11th July with colleagues at the University of Greenwich campus at Chatham

SCAS – Had two meetings of Chair/CEO with Keith and David to discuss collaboration and alignment for our respective Trusts.

South East Coast Ambulance Service NHS Foundation Trust

Agenda No	35-24

Name of meeting	Trust Board
Date	08 August 2024
Name of paper	Audit & Risk Committee Escalation Report – July 2024
Author	Michael Whitehouse, Independent Non-Executive Director – Committee Chair

This report provides an overview of issues covered at the meeting on 18 July 2024.

At the start of the meeting the committee reflected on the process for the annual report and accounts. The submission was delayed this year and following a final review of the audited final report, it approved the version for sign off, as delegated by the Board.

There was a frank discussion about the learning from this, which the committee has asked to be set out in a report for its next meeting in September. The Chief Finance Officer was very open with his assessment, which identifies a greater level of concern about the financial control environment. This reinforces the need for greater financial control that the Executive Management Board recently agreed, which is coming to the Finance Committee on 1 August. In addition to this, and the learning report in September, the committee has also asked for a month 9 draft set of accounts to include the planning for the annual audit process.

Internal Audit

BDO are the Trust's new Internal Audit provider and the annual audit plan for the year was agreed by the committee in May. There were no final reports to consider at this meeting, other than review of the Data Security & Protection Toolkit (DPST). This is always undertaken ahead of the 30 June deadline for submission and the issues identified were dealt with ahead of what was a compliant submission for the Trust.

As confirmed to the Board in June, the committee will be considering in September, the executive's plan to improve the key internal controls such that the Head of Internal Audit Opinion for the year is improved from the below the line opinion in 2023-24. This will include its approach to Internal Audit findings and the related management actions.

The Counter Fraud progress report was reviewed, noting the focus on training on procurement fraud and process and compliance with contracts. The Local Counter Fraud Specialist is receiving a number of referrals and working with HR on awareness and getting best use of our resources.

There was also a discussion linked to the national data highlighting themes about working while sick, and overpayments. Work is ongoing to improve the controls and limit fraud in these areas.

Governance & Risk Management

The committee received a number of reports helping it to form a view on the related governance and controls.

IG Annual Report

As evidenced by the compliant DSPT submission referred to earlier, we have relatively strong controls in place to ensure we maintain compliance with the relevant legislation. The Head of IG is well integrated within the operations of the trust, and IG awareness is good, demonstrated by the increasing workload of the IG team, who are working hard to ensure IG is always seen as an enabler, balancing the need to ensure robust processes to assure we compliance, with making it as simple as possible for our people.

Noting the move from the DPST to the new Cyber Assessment Framework, the committee asked for an update position against this new framework, in December. In addition to the outcome of the new cyber risk survey being undertaken.

Risk Management

The committee will provider even greater focus on risk management this year, to support the development needed. It acknowledges the good work that has been done to improve our approach in the last 18-24 months, but as reflected in last year's Head of Internal Audit Opinion, these improvements need to be more consistently applied to ensure effective arrangements are in place. The director of corporate governance outlined the approach to tacking the underlying cultural shift needed, rather than just some of the symptoms, such as compliance with the risk register, which the committee supported.

The committee also acknowledged the good engagement on the BAF-level risks, which set out an improved set of strategic risks, when compared with last year. The BAF will shape the focus of the Board and its committees.

There was a query about whether there should be a BAF-level risk related more specifically to the HR function, and it agreed to defer this to the schedule Board development session in September when we will be assessing the diagnostic and subsequent HR improvement plan.

Procurement

As previously reported, the procurement controls require strengthening, significantly. This update from the Chief Finance Officer set out the work to-date, led by the new head of procurement who is making a really positive impact. There is a shift in culture needed to ensure greater ownership for contracts and a clearer distinction between the role of management and the support provided by procurement. This is the immediate focus, through the introduction of a new procurement strategy and the need to identify support and training needs, which has been lacking in the recent past.

The committee noted the improvement still needed but supported the direction. The Finance Committee will oversee the implementation of the procurement strategy. It reflected that a great majority of procurement spend is predictable and so tighter controls are needed to assess the pipeline and ensure the governance is right with business cases. This is being picked up by the enhanced finance controls that the Finance Committee will also be reviewing at its next meeting.

Digital
There were two parts to this item. Firstly, the committee reviewed the progress against the external review last year. Most of these have been completed or in train. However, the CDIO explained how the team need support in what to prioritise which linked to the second part – the new digital strategy. An initial overview was provided, and the draft strategy will be considered in September along with the investment requirements. In the meantime, the committee reinforced the importance of digital as a key enabler to the trust's strategy.

Resilience Sub Committee
Emergency Preparedness Response & Resilience was another area identified last year as a weakness in our governance and internal control. The committee agreed the establishment of a sub committee to ensure more dedicated focus, at least until greater assurance is sought, and it approved the terms of reference. The first meeting is scheduled for 8 August 2024.

RSP Funding
One of the requirements of receiving RSP funding is to ensure Board oversight, via the Audit Committee, that the funding is used as agreed, and achieves the outcomes cited. The committee noted the funding approved by NHSE, and will receive a report in March 2025, to seek this assurance.

Specific Escalation(s) for Board Action	The Board is asked to specifically note the discussion on financial controls and the additional scrutiny there will be in the coming months between both the audit and finance committees.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	36-24

Name of meeting	Trust Board
Date	08.08.2024
Name of paper	Chief Executive's Report

1 This report provides a summary of the Trust's key activities and the local, regional, and national issues of note in relation to the Trust during June and July 2024.

A. Local Issues

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

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

4 The key issues for EMB have remained operational performance, the issues most affecting our people and our financial plans. Other actions taken include:

- Discussing the emerging Operating Plan for 2024/25
- Review of our approach to Risk, including the on-going development of our Risk Register and alignment with the Board Assurance Framework (BAF)

5 When considering our operational performance, it has been heartening to note our strong start to the year in terms of our response time performance and our achievement of the national call answering standard.

6 EMB also continues to hold a meeting each month as a joint session with the Trust's Senior Management Group to discuss a range of leadership issues, including delivery of our Cost Improvement Programme and the key risks on our Corporate Risk Register.

New Trust Strategy

7 I am delighted that today the Board will formally approve our new Trust Strategy.

8 Through many months of work, the strategy has been developed through close collaboration with our patients, communities, people, and partners, ensuring that it reflects the needs and aspirations of those we serve.

9	As the demand for our services continues to grow, we recognise the urgent need for change to improve patient outcomes and ensure long-term sustainability and the new strategy provides the framework for us to do this.
10	Our purpose going forward is clear - we are here to save lives and serve our communities, and we will do so by embracing our new core values of Kindness, Integrity and Courage.
11	You will read and hear more today about the new strategy elsewhere in the Board meeting, but I want to be clear that this is very much just the starting point - our transformation journey begins now and the task ahead of us is to make the strategy a reality.
12	There will no doubt be challenges along the way, but I am excited and keen to see us now start to make the strategy come to life and implement the changes we need to see.
	Roll out of Trust Values
13	Integral to our new strategy are our new Trust values of Integrity, Kindness and Courage, which we will now begin to socialise and roll out across the Trust, and which were developed through an extensive programme of engagement with a wide range of colleagues.
14	During this engagement we heard clearly from our people that bringing the values to life in the organisation was absolutely essential and as important as the values themselves.
15	I look forward to being part of the onward discussions over coming weeks about how we make the values feel real for our people.
	Sexual Safety in the workplace
16	Following our signing of the national NHS Sexual Safety Charter in December of last year, I am pleased to see the progress being made in how we are addressing this issue within SECAmb and the work underway to ensure we keep all of our people safe in the workplace.
17	Led by our Director of Nursing & Quality, Margaret Dalziel, who is our Sexual Violence and Domestic Violence Lead, our Sexual Safety Policy has been published recently and an awareness campaign launched in late July, centred around a series of podcasts and supported by a poster campaign which is using examples of lived experiences of people within the ambulance sector.
18	As we made a commitment to take a zero tolerance to sexual harassment, we will also be holding a cross-organisational summit next month to determine what this means for our Trust.
19	**Important appointments to leadership team** On 24 June, we were pleased to announce the appointment of Jennifer Allan as the new Director of Operations.

20	Jen will join us in the autumn from her current role as Chief Operating Officer at St George's (SWLSG) Mental Health NHS Trust, having previously worked at a senior level in a number of hospital and community trusts across the capital.
21	She will replace Emma Williams in the Director of Operations role following Emma's decision to relocate to the North West where she will join Mersey & West Lancashire Teaching Hospitals NHS Trust as a Divisional Director of Operations. We will have time to recognise Emma's service to the Trust in due course but can I start here by paying my tribute to her leadership and in particular the achievement of the C2 mean response time.
22	In a second key appointment to our Executive Team, on 11 July we were also pleased to announce the appointment of Jaqualine Lindridge into the new role of Chief Paramedic Officer. Jaqui is currently Director of Quality Improvement at London Ambulance Service, having held a number of clinical roles in the capital joining as an ambulance technician in 2000 and qualifying as a paramedic in 2003 and will join us in the autumn.
23	The new role is aligned to our new strategy which is designed to empower our most senior clinicians to work together to lead service delivery and improve patient care. Her responsibilities will include all education and training within SECAmb as well organisational learning and clinical supervision.
24	I am pleased that we have made both appointments and look forward to working with both Jaqui and Jen as part of our wider leadership team. With these latest appointments I believe we now have the right leadership structure in place to enable us to deliver our new Strategy and support the work already underway to make SECAmb a better place to work for our patients and our people.
25	**Engagement** During the past couple of months, I have been pleased to attend a number of important national and regional meetings on behalf of the organisation.
26	On 12 and 13 June I attended the NHS Confederation Expo in Manchester, delivered in partnership by the NHS Confederation and NHS England and which brought together health and care leaders and their teams at what is a time of significant challenge and change.
27	Numerous topics were discussed during the two-day conference but for me, the headline issue was around the digital agenda and how data and technology can continue to transform the NHS for both patients and NHS staff. I attended a number of incredibly informative sessions around emerging digital opportunities which, with the launch of our new strategy, could provide real opportunities for us in SECAmb.
28	On 1 June, I was pleased to attend my first ever 999 Emergency Services Display Weekend in Eastbourne and, as SECAmb were the lead agency for this year, was also very proud to officially open the event.

29	The two-day event was a great opportunity for us to share more about the work we do, while demonstrating how we work closely with our blue-light and voluntary partners in the area. It was fantastic to see so many of our people involved in the 999 displays and demonstrations, including our CFRs demonstrating CPR and explaining more about the role. Our Corporate Governance team were also in attendance alongside our Governors who were recruiting new members.
30	Thank you to everyone who was involved, including colleagues who travelled across our region to support the event.
31	I am pleased to continue to host regular 'Big Conversations' for colleagues, where we have a great opportunity to discuss key issues and opportunities that are important to us. I really value the opportunity they provide to engage directly with our people.
32	Our latest Big Conversation, held on 8 July, focussed on our new Trust Strategy and it was fantastic to see our highest number of colleagues to date – more than 220 - join the session.
33	We were able to take people through the three clear aims of the strategy - Delivering high quality care, Creating a SECAmb where colleagues enjoy working and Being a sustainable partner – and give more details on the work already getting underway to deliver these.
34	It was a fantastic space for colleagues to share their ideas and feedback on the new strategy and how we embed it in the organisation.
	Stars of the Month
35	I am delighted to see that our Star of the Month recognition programme, launched in January 2024 as part of our new digital Reward & Recognition platform, continues to go from strength to strength and, meeting with the winners each month to present them with their awards, is a real highlight for me.
36	Since it's launch, we have seen more than 150 nominations made and the judging panels have had a tough job each month to pick a winner. Our winners to date have come from across the Trust and, regardless of role, their embodiment of our Trust values has been clearly evident.
37	I look forward to seeing the programme continue to grow and evolve.
	B. Regional Issues
	First anniversary of 111 move to Medway
38	At the end of June, we celebrated the first anniversary of our 111 colleagues moving from Ashford into their new, purpose-built facility at Medway and I was pleased to see the teams celebrating some of the real successes they have achieved during the year.

39	Since they moved in on 28 June 2023, our 111 teams have had a busy year, answering a staggering 822,921 calls, standing down 29,160 ambulances and redirecting 12,451 patients away from emergency departments.
40	The development of our new facility at Medway, the first of its kind in the country, also enabled the co-location of 111 with 999 and field operations colleagues which has also brought real benefits in terms of closer working and more efficient ways of working.
41	Congratulations to all those involved in bringing us to the significant milestone and I look forward to seeing Medway continue to thrive and flourish.
	C. National Issues
	Latest Pulse Survey results show further improvements
42	In June, the results of the April National Quarterly Pulse Survey (NQPS) were published, and I was pleased to see that we again saw improvements in every area of the survey compared to the previous quarter.
43	616 colleagues completed the survey, which exceeded our internal target and the national average for NHS trusts and I'd like to thank everyone who took the time to complete the survey, which provides a useful snapshot of how our people are feeling.
44	Improvements included: • Our overall engagement score increased by 0.8 and was the highest score we have recorded in this metric so far • An improvement in 'colleague mood' with a further increase in the number of colleagues feeling positive which outweighs the number feeling negative • Significant improvements in all core metrics which focus on health and wellbeing, team support, and how well-informed colleagues feel about important changes taking place across the organisation
45	We recognise that we still have a long way to go in terms of achieving our strategic aim to make SECAmb a great place to work for all of our people. However, it's good to see positive indications of improvement.
	Partnership work shortlisted in HSJ Patient Safety Awards
46	I was delighted to see that our work with our regional partners to maximise the support provided by Urgent Community Response (UCR) teams to patients who have called 999 and who may not need an emergency response, has been shortlisted in this year's Health Service Journal (HSJ) Patient Safety Awards.
47	Our UCR Ambulance Service Optimisation Programme, 'Pulling from the stack', was shortlisted in two awards categories - Best Use of Integrated Care and Partnership Working in Patient Safety and Safety Improvement through Technology – recognising the collaborative project led by us in partnership with all UCR teams across our region, which has resulted in UCR teams being able to select appropriate 999 incidents to attend from the 'ambulance stack' via an innovative web-based portal.

48	The Trust team, led by Kieran Cambell, Clinical Lead for Integrated Care (999 & 111), will now present to a panel of judges in late July, with the winners announced in September.
49	Well done to Kieran and everyone involved in this truly collaborative project – a true recognition of just some of the work which is going on to ensure our patients received the most appropriate care, first time and that our teams are as available as possible to respond to our most seriously ill and injured patients in the community.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	37-24

Name of meeting	Trust Board
Date	08 August 2024
Name of paper	Our Trust Values
Executive sponsor	Simon Weldon, Chief Executive
Author name and role	Janine Compton, Head of Communications & Engagement
Synopsis, including any notable gaps/issues in the system(s) you describe (up to 150 words)	As we launch our new Trust values – Kindness, Courage and Integrity – we asked some of our people to explain why they feel organisational values are important, what these particular values mean to them and how they will display them in their day to day working lives. We will now continue to work with our people and use a wide range of approaches and mechanisms to make our values 'real' and visible in our day to day working lives. Thank you to all colleagues who participated in the film.
Recommendations, decisions or actions sought	For noting

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	38-24

Name of meeting	Board
Date	8 August 2024
Name of paper	Our Trust Strategy 2024-2029
Author / Lead Director	David Ruiz-Celada, Executive Director for Strategy and Transformation

Executive Summary

Today we formally launch our new Trust Strategy, 2024-2029.

Our new, clinically led Strategy was developed by and with our people, our patients and our partners.

It is underpinned by a new set of Trust values - Integrity, Kindness and Courage - and provides the framework for us to deliver our strategic aims:

- Delivering High Quality Care - We are committed to delivering high quality care, ensuring every patient receives the best possible treatment and onward health management.
- Our People Enjoy Working at SECAmb - We strive to make SECAmb a great place to work by promoting a supportive and rewarding work environment where all team members feel valued and motivated.
- We are a Sustainable Partner - We are committed to being a sustainable partner within an integrated NHS, focusing on practices that enhance system integration and promote long-term resilience and efficiency

Recommendations, decisions or actions sought	The Board is asked to support the roll-out of the new Strategy.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Saving Lives, Serving Our Communities

Our Trust Strategy
2024 - 2029

Forward from our Chair

On behalf of the South East Coast Ambulance Service (SECAmb) Board, I am proud to present our strategy for the future. This strategy has been **developed through close collaboration with our patients, communities, people, and partners,** ensuring that it reflects the needs and aspirations of those we serve.

As the demand for our services continues to grow, we recognise the urgent need for change to improve patient outcomes and ensure long-term sustainability. Our purpose going forward is clear - we are here to save lives and serve our communities, and we will do so by embracing our core values of Kindness, Integrity and Courage.

Our vision for the future is to collaborate closely with health and social care providers across the southeast, ensuring the delivery of high-quality patient care and creating an environment where our people enjoy working at SECAmb. We are committed to consistently providing timely and essential ambulance responses for those in critical need, while also expanding our role in care navigation and virtual care for patients requiring non-emergency support.

Our transformation journey begins now, and we have developed plans to start implementing these changes in 2024/25. As we embark on this path, I want to express my sincere gratitude to everyone who has contributed to shaping this strategy and would also like to pay particular tribute to my predecessor, David Astley, who played a pivotal role in it's development. We look forward to working closely with our patients, our people and our partners as we deliver these essential changes.

Together, we will build a stronger SECAmb, ready to face the challenges of the future and provide the highest quality care to the communities we serve.

Usman Khan
Chair

About us

We are **South East Coast Ambulance Service**, providing 999 Services across **Kent**, **Surrey**, **Sussex** and **North East Hampshire**, as well as 111 services across Kent and Sussex.

We answer over **2 million calls** each year through our 999 and 111 services – that's more than 4 calls every minute.

We employ more than **4,300 people** – 80% provide direct care to our patients and are supported by strong corporate teams.

We are truly lucky to be supported by more than **400 volunteers** including CFRs, Chaplains, Welfare Volunteers and Governors. They give thousands of hours every year to support our patients and our colleagues.

Our people work from more than **100 sites across the region**, including twelve Make Ready Centres. We were one of the first ambulance services to introduce the Make Ready system which sees specialist teams clean, check and re-stock our vehicles.

The communities we serve are diverse, including areas of affluence as well as some of the most deprived areas in the country.

Our Vision

Our vision is to transform patient care by delivering prompt, standardised emergency responses while enhancing care navigation with seamless, accessible virtual services for non-emergency patients.

Purpose

Saving Lives, Serving Our Communities

Our Strategic Aims

Delivering High Quality Care

We are committed to delivering high quality care, ensuring every patient receives the best possible treatment and onward health management.

Our People Enjoy Working at SECAmb

We strive to make SECAmb a great place to work by promoting a supportive and rewarding work environment where all team members feel valued and motivated.

We are a Sustainable Partner

We are committed to being a sustainable partner within an integrated NHS, focusing on practices that enhance system integration and promote long-term resilience and efficiency.

Our values

At SECAmb, our values are more than just words - they are the principles that guide our actions and influence how we behave, both internally among our teams and externally in how we deliver our services.

They shape how we want people to experience our organisation, ensuring that every interaction reflects the high standards we uphold. Our commitment to these values fosters a positive, fair, and equitable culture, essential for delivering outstanding patient care and creating a supportive workplace.

We advocate with **courage**, serve with **kindness**, and uphold **integrity** for **exceptional healthcare**.

- **Kindness**
- **Courage**
- **Integrity**

Kindness
Being Compassionate, Caring, and Respectful Towards Others

At the heart of SECAmb, kindness defines our approach to care. We are committed to being compassionate and respectful in every interaction, ensuring that every patient, colleague, and community member feels valued and supported.

Courage
Standing Up for What Is Right and Treating Everyone Fairly to Ensure Exceptional Patient Care

At SECAmb, courage is fundamental to delivering exceptional care. It means standing up for what is right, advocating for fair treatment, and striving for excellence in patient care.

Integrity:
Being Accountable, Honest, and Doing the Right Thing

Integrity underpins every aspect of SECAmb, ensuring we act with honesty and transparency. We are committed to making fair and ethical decisions, maintaining consistency in our practices. By embedding integrity in all we do, we uphold the highest standards of care and build trust with everyone we serve.

Our service model

By doing things differently we will modernise how we care for our patients.

We will do this through:

Fast & accurate triage:

We will improve our triage with the support of artificial intelligence to ensure we rapidly and consistently identify patients who need a prompt physical response.

Faster dispatch of resources:

We will use digital solutions to optimise how we deploy our ambulances to ensure our emergency patients are seen quickly.

Virtual care for non-emergency patients:

For patients who have a non-emergency condition, they will receive a virtual video or audio assessment from a clinician. This initial clinical assessment will enable patients to be cared for directly or seamlessly referred to the most appropriate care provider.

Timely care for emergency patients**:**

We will support our people to deliver the highest possible quality of care and a fast response to our emergency patients.

Connecting patients to the right care:

Following initial assessment, patients whose conditions do not require an ambulance will be seamlessly directed to appropriate health services or agencies. This ensures that every patient receives the right level of care, optimising resource use and patient outcomes.

By ensuring we play a full part as a system partner, we can ensure that patients receive the most appropriate form of care for their condition, that unnecessary admissions to Emergency Departments are avoided and that care is provided in the community where possible.

We are transitioning from a predominantly ambulance-based response model to a more differentiated approach, where the type of response is **tailored to the individual needs of our patients**.

What this means for our patients, our people & partners

Our service model & patient experience

1. We deliver **high quality patient care**

+ **Patients** with emergency care needs will receive timely physical care
+ **We will increase** cardiac arrest survival rates by 5%
+ **We will reduce** the time to specialist treatment for patients having a stroke
+ **Patients** with non-emergency care needs will be cared for remotely by appropriately trained clinicians
+ **Callers** who don't require care from us will be signposted to the most appropriate service
+ **We will** focus on reducing health inequalities within our area

2. Our people **enjoy working** at SECAmb

+ **Our people** will be supported with the right training and feel empowered to effectively care for all their patients
+ **Our culture** will be inclusive, compassionate, and transparent, reflecting all forms of diversity that make up SECAmb
+ **Our people** will have a variety of career pathways and portfolio opportunities
+ **Our Volunteers** will be an integral part of our delivery model

3. We will be a **sustainable partner** as part of an integrated NHS

+ **The gap** between Urgent and Emergency Care and other health services will be narrowed, and patients will get the right response at the right time
+ **We will increase** the utilisation of alternatives to Emergency Departments from 12% to 31%
+ **Data sharing and collaboration** will enable healthier communities and will reduce health inequalities in our region
+ **Investment** in our people, technologies and processes will lead to a financially sustainable model
+ **We will reduce** our operating costs by 8% against our 2023 baseline and configure our services to be able to respond to a forecasted increase of 15% by 2025
+ **Our partners'** Emergency Departments will receive fewer, more appropriate patients, enabling them to provide the best service they can
+ **We will reduce** our conveyance rate to Emergency Departments to 39%

Our service model & patient experience

1. We deliver **high quality patient care**

We will:

Provide **early & effective triage** of patient need

+ **Set up** a smart triage function that will enable us to determine the level of emergency for a patient's needs, using data and new technologies. This will ensure patients receive the right response from us.

Deliver **timely & consistent care** for emergency patients

+ **Ensure patients** who need an emergency physical response will have their care led by a clinician who has the right skills to deliver the most appropriate treatment.

Respond to our **non-emergency patients virtually**

+ **Set up** a virtual consultation capability, led by senior clinicians who will ensure all non-emergency patients receive the right care at the right time.

This will deliver:

+ An improvement in response times, including achievement of both the Category 1 and 2 mean and 90th centile response time targets
+ An increase of 5% in cardiac arrest survival rates
+ A reduction in the time to specialist treatment for patients having a stroke

Our service model & patient experience

2. Our **people enjoy working** at SECAmb

We will:

Create an **inclusive & compassionate environment** where our people are happy

- **Create** a supportive and flexible culture where all our people feel safe, are able to speak up, and benefit from compassionate leadership.
- **Increase** the development offered to our leaders to ensure they can better lead and support our people.
- **Promote and champion** all forms of diversity within our workforce, making SECAmb a truly inclusive and equitable place to work and care.

Invest in our people's careers to better meet patient needs

- **Implement** a new workforce model and training. This will enable our people to develop their skills to better meet the changing needs of the populations we serve.
- **Recognise and support** the career aspirations of our people and support them with clear career pathways and learning and development opportunities for both clinical and non-clinical roles.

This will deliver:

- Improved career development opportunities for all of our people, resulting in 70% agreeing they have the opportunity to develop their careers
- A reduction in our turnover rate from 16% to 10%
- Improvements in workforce race and disability standard indicators, making SECAmb an open and inclusive place to work
- Improvements in our people recommending SECAmb as a place to work, with over 60% of those surveyed agreeing

Our service model & patient experience

3. We are a **sustainable partner** as part of an integrated NHS

We will:

Become a **sustainable, & productive** organisation

- **Invest** in new technologies to help us provide the best care to our patients and ensure we can continue to improve our productivity.
- **Build** an organisation that is financially and environmentally sustainable.
- **Reduce** waste and optimise our corporate and operational functions to ensure we can deliver a service that can sustain itself financially in the long term.
- **Reduce** the number of unnecessary journeys that our fleet make, helping us to achieve our green ambitions.

Collaborate with our partners to establish our role as a UEC system leader

- **Work with** our health and care partnerships, integrated care systems and regional partners to co-design our role as the navigator of urgent and emergency care. This will ensure that we are seen as a leading partner for assessing, referring, and signposting non-emergency patients for further care.
- **Utilise data** to continuously refine our service delivery, ensuring that our decisions are informed by real-time data and evidence-based practices.

This will deliver:

- A reduction of 50% in our direct carbon emissions, compared to the 2019/20 baseline
- A reduction in avoidable conveyances to emergency departments from 54% to 39%.
- A change in how we deliver our services to avoid the need to increase our annual expenditure by 32% just to achieve the same standard of service

Our Improvement Journey

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Our Preceding Trust Strategy (2017-22)

Through the previous strategy cycle, the Trust delivered a number of key programmes, including new Make Ready Centres at Banstead and Brighton, and a multi-million pound centre at Medway housing 999, 111 and field operations.

CQC Inspection
June 2022

In 2022 SECAmb was inspected by the CQC and we were found to require improvements in Board effectiveness and connectivity to frontline services, governance and culture. The quality of care provided by our people was deemed to be good.

Having an impact through improvement

We started an Improvement Journey which was focussed on four core pillars:

- **Delivering Quality Improvements**
- **Providing Responsive Care**
- **Improving the Culture for our People**
- **Sustainability & Partnerships**

Shaping **our future** together

In 2023 the Board began the process to start shaping the new direction for the Trust.

Development of the strategy was based on a strong programme of engagement with our people, our communities and our partners.

We set an aspiration to develop a strategy that secures long-term sustainability for the organisation, meets the needs of our patients, supports our people to provide the best possible care and integrates us fully with our partners.

Saving Lives & Serving Our Communities

After extensive engagement, our new strategy was presented to the Trust Board in June 2024. This marks the start of a transformation journey that will build on our earlier Improvement Journey.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

We would like to thank everyone who has contributed to the development of this strategy. Extensive engagement with our people, our partners, and our patients has been crucial.

From local engagement sessions to town halls, design workshops, and direct community interactions across our region, we have clearly heard the imperative to change our service for better patient outcomes. These voices have directly shaped the content of this strategy.

This strategy has been co-designed by everyone at SECAmb, our partners, and our communities. It is intended for our people and our partners, all in service of our patients and the communities we serve.

The Board looks forward to embarking on the next stage of our transformation and is eager to track progress against the ambitious outcomes we have set for the coming months and years.

Saving Lives, Serving Our Communities

Our Trust Strategy 2024 - 2029

Contact us at Head Office: Nexus House, Gatwick Road, Crawley, West Sussex, RH10 9BG

0300 1230999 enquiries@secamb.nhs.uk www.secamb.nhs.uk @SECAmbulance facebook.com/SECAmbulance

This document is available in alternative formats upon request, such as large print, electronically or another language. Please contact us at enquiries@secamb.nhs.uk or call 0300 123 0999

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	39-24

Name of meeting	Trust Board
Date	8 August 2024
Name of paper	Our Trust Values
Executive sponsor	Simon Weldon, Chief Executive
Author name and role	Janine Compton, Head of Communications & Engagement

As part of the development of our new Trust Strategy, we also engaged widely with our people to develop a new set of Trust Values.

Using their feedback and starting with a 'long list' of potential values, we worked through a refinement process before we ended up with our final three values:

- Kindness - Being Compassionate, Caring and Respectful Towards Others
- Courage - Standing Up for What Is Right and Treating Everyone Fairly to Ensure Exceptional Patient Care
- Integrity - Being Accountable, Honest, and Doing the Right Thing

Launching our values today is just the start of the journey to bring them to life in the organisation.

As we deliver our Culture Programme, we will work with our people and use a wide range of approaches and mechanisms to make our values 'real' and visible in our day to day working lives.

Recommendations, decisions or actions sought	The Board is asked to support the new Trust values and the roll-out approach as detailed in the paper.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Our new Trust Values

Developing our Values

The development of our new Strategy gave us a great opportunity to develop new values to underpin everything we do.

What our people told us:

- People prefer values statements or a value proposition
- A smaller number of values is better (preference is three)
- Values need to be meaningful, truly lived and embodied by everyone
- The values should promote fairness and equity in how people are treated and help breed a positive culture
- There must be accountability within the values
- For the values to have real impact, there needs to be strong commitment and shared responsibility amongst all our people to champion the values

Engagement

Regional Workshops

Directorate Sessions

Local Operational Sessions

Unions & Staff Networks

Through these sessions we have feedback from 180+ people, plus more feedback and engagement at a local level

Values Refinement

South East Coast Ambulance Service NHS Foundation Trust

Engagement during March & April 2024

Initial long-list
Values Workshops
Low votes:
Patient Focus, Sustainability
Community Impact, Agility
Did not resonate:
Excellence, transparency, passion, well-being

Short-list - Top 5
Directorate & Local Engagement Sessions
Rationale:
+ Associated with another meaning
+ An action (not a value)
+ Did not resonate

Top 3
SMG and EMB
Rationale:
+ What three values would work best in the value triad?
+ What resonates most with our people?

Empowerment, Innovation, Kindness, Communication, Pride, Collaboration, Quality, Teamwork, Trust, Accountability, Integrity, Continuous Learning, Respect, Courage

→ Kindness, Trust, Integrity, Respect, Courage

→ **Kindness**
Integrity
Courage

Our new values are interlinked - if you remove one, the others will not work

Kindness

Being Compassionate, Caring, and Respectful Towards Others

Courage

Standing Up for What Is Right and Treating Everyone Fairly to Ensure Exceptional Patient Care

Integrity

Being Accountable, Honest, and Doing the Right Thing

Embedding our Values – the start of the journey

Launching our values today is just the start of the journey to bring them to life in the organisation.

As we deliver our Culture Programme, we will work with our people and use a wide range of approaches and mechanisms to make our values ‘real’ and visible in our day to day working lives.

Underpinning framework

- Embed into all recruitment, induction, and appraisal activities
- Transition all policies and procedures to reflect new values
- Explicit in our Sexual Safety approach

Visible

- Refresh signage, templates and visuals to reinforce values across the Trust
- Roll out new branding reinforcing new values

Courage, Kindness & Integrity

Embedding our Values – the start of the journey

Launching our values today is just the start of the journey to bring them to life in the organisation.

As we deliver our Culture Programme, we will work with our people and use a wide range of approaches and mechanisms to make our values ‘real’ and visible in our day to day working lives.

Celebrate success

- Use our Staff Awards and Graduation Ceremonies to celebrate our values in action
- Utilise The Star Zone to allow colleagues to specifically celebrate our values in their colleagues – Values Cards/Values Competition
- Celebrate how our Stars of the Month bring our values alive
- Ensure how we recognise compliments reinforces and celebrates our values being lived

Courage, Kindness & Integrity

Embedding our Values – the start of the journey

Launching our values today is just the start of the journey to bring them to life in the organisation.

As we deliver our Culture Programme, we will work with our people and use a wide range of approaches and mechanisms to make our values ‘real’ and visible in our day to day working lives.

Work together

- Co-design a new values and behaviour framework with our people to underpin our day to day working lives, including defining and developing values and behaviour competencies

An army of advocates

- Embed new values in our leaders through our Leadership Development programmes at every level
- Work with different teams, Staff Networks & others to act as Values Champions

Courage, Kindness & Integrity

How will we know it's working?

We will hear people speaking openly about our values (without prompting!)

They will be used routinely as both a benchmark and an anchor in informal and formal conversations

Our values will be physically visible wherever you go in SECAmb

We will see the values referenced in Award & Star of the Month nominations

People will join us specifically because of our values

Our values will be front & centre in how the Trust is led

We will identify our values as a 'golden thread' running through all of our Trust communications

Our values will resonate with our patients through their interactions with our people

Courage, Kindness & Integrity

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

15 July 2024

Contents:

Our Strategy 2024-2029

- **Our Vision:** To transform patient care by delivering prompt, standardised emergency responses while enhancing care navigation with seamless, accessible virtual services for non-emergency patients

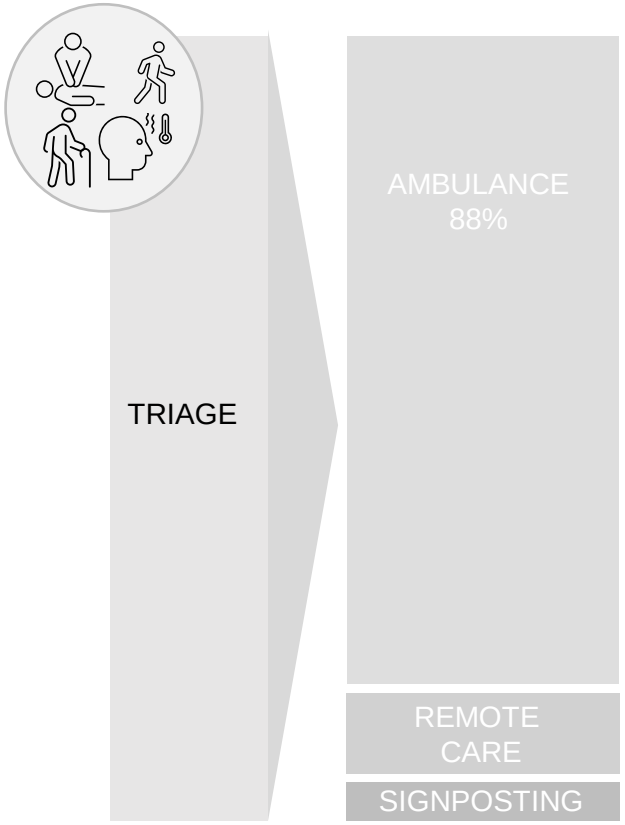
- **Our Purpose:**

Saving Lives,

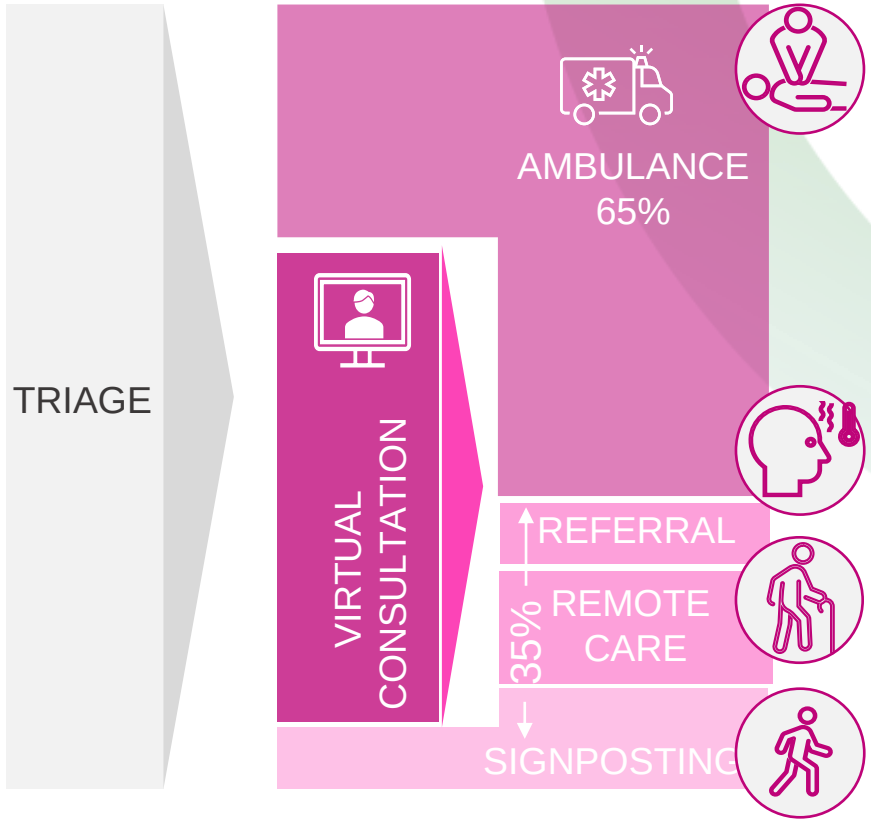
Serving Our Communities

Our Strategy 2024-2029

NOW: We have the same response for most of our patients - we send an ambulance.



FUTURE: We will provide a different response according to patient need.



Timely care for emergency patients:

Resources will be refocused to provide a better and faster response to our emergency patients.

Virtual care for non-emergency patients:

Patient needs are thoroughly assessed by a senior clinician remotely. This clinical assessment will enable patients to be cared for directly or referred to the most appropriate care provider.

Connecting other patients with the right care, if they don't need us:

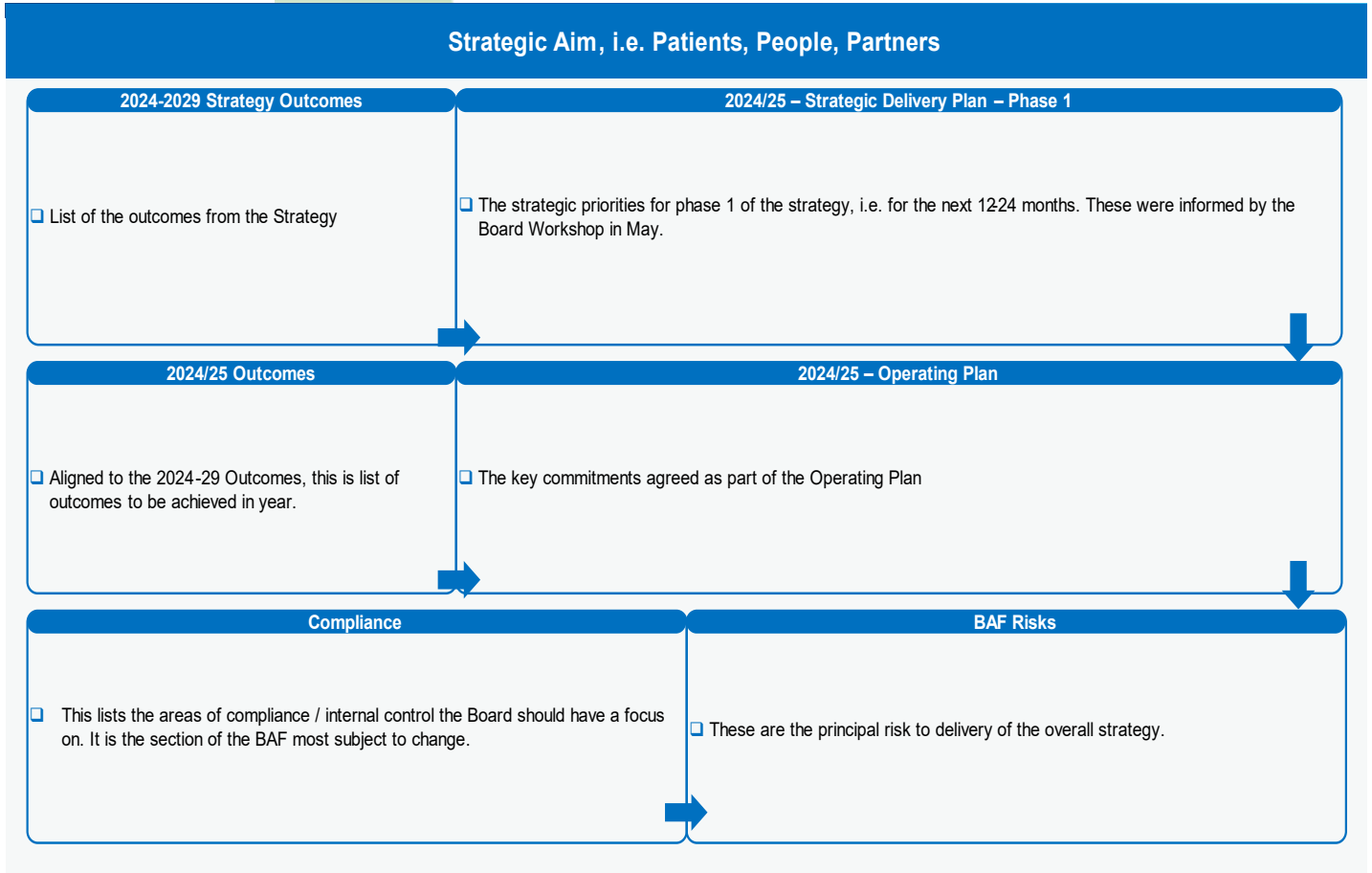
If, once assessed, the patient's needs do not require a SECAmb response, they will be signposted to an appropriate agency or service.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

How our Board Assurance Framework (BAF) Works

Our BAF:

- The BAF is designed to bring together in a single place all the relevant information to help the Board assess progress against its strategic vision and the principal risks to delivery. This will support the Board's assurance on both the longer-term vision and in-year delivery.
- **Strategic Priorities** – this sets out the key priorities for the coming 12-24 months that will help set the foundations for delivery of the overall strategic vision.
- **Operating Plan** – this section of the BAF includes the key commitments the Board has made for the current financial year.
- **Compliance** – these are the internal control issues that are either most critical, or where the Board has greatest concern; they may therefore change over the course of the year subject to the level of the Board's assurance.



How our BAF reflects our Strategy :

South East Coast Ambulance Service NHS Foundation Trust

- The Trust's priorities are aligned with three strategic aims, which help frame each meeting agenda of the Trust Board.
- Taken together with the related risks and sections of the IQR, The BAF provides the Board with the data and information to help inform its level of assurance in meeting the agreed aims:

Delivering High Quality Care

We are committed to delivering high quality care, ensuring every patient receives the best possible treatment and onward health management.

Our People Enjoy Working at SECAmb

We strive to make SECAmb a great place to work by promoting a supportive and rewarding work environment where all team members feel valued and motivated.

We are a Sustainable Partner

We are committed to being a sustainable partner within an integrated NHS, focusing on practices that enhance system integration and promote long-term resilience and efficiency.

Include here how to use guide - PL

South East Coast Ambulance Service NHS Foundation Trust

We deliver high quality patient care

2024/25 – Strategic Transformation Plan – Phase 1

Project	Milestone	Baseline Target	Forecast Target	Current RAG	Previous RAG	Executive Lead	Oversight Committee
Unscheduled Care Navigation Hub – Design & Implementation	Define scope of hub models agreed by ICBs	June 2024				Director of Operations	Quality & Patient Safety
	Implement first new hub	October 2024					
	Evaluation to inform future scope of virtual care	March 2025					
Clinical models of Care – Design and Agreement with ICBs	Scope determined with ICBs	Q2				Chief Medical Officer	Quality & Patient Safety
Patient Experience & Engagement	Enabling strategy for 2025 – 2035 developed	End of Q3				Director of Quality / Chief Nurse	Quality & Patient Safety

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Oversight Committee	Date last reviewed at Committee
Operational performance plan					
Deliver the three Quality Account Priorities	Post-discharge reviews				
	Reduction in Health Inequalities				
	Patient Care Records Review Implementation				
Expand number of volunteers by 150					
Implementation of 80% of NHSE PSRIF Standards/Principles					
Deliver 2 Clinical QI priorities	Safety in the Waiting List				
	IFTs				

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
There is an ongoing, multi-year risk that the financial environment for the NHS prevents local commissioners from supporting our clinical strategy	20	04	SP&T
There is a risk that, as a consequence of the NHS funding environment we have insufficient levels of leadership capacity to deliver our strategy and/or that our leadership structure does not allow for effective strategic delivery.	12	08	CEO

Exception reporting will be provided as required following committee oversight

Board Highlight Report – Unscheduled Care Navigation Hubs

Progress Report Against Milestones:	SRO / Delivery Lead:	Previous RAG	Current RAG
Key achievements against milestone • • • **Upcoming activities and milestones** • • • **Escalation to Board of Directors** • • •	Emma Williams		

Risks & Issues:	Score	Mitigation
Funding & Financial Stability		
Stakeholder Engagement and Buy In		
IT & Estates Infrastructure		

Q1	Q2	Q3	Q4
◆ Define scope of hub models ◆ Develop evaluation & ROI model & programme governance	◆ Completion of final evaluation model ◆ Governance structures & stakeholder engagement approaches confirmed ◆ Go/No-Go criteria developed & reviewed to ensure readiness	◆ Staggered GO LIVE of 5 new hubs ◆ QI / Evaluation Phase 1 (Local ICB Level – continuous monitoring)	◆ QI / Evaluation Phase (Local ICB Level – continuous monitoring)

Each of our strategic delivery programs will receive a Board-Level highlight report at every meeting

BAF Risk 537 – Funding

There is an ongoing, multi-year risk that the financial environment for the NHS prevents local commissioners from supporting our clinical strategy

Controls, assurance and gaps

Controls: we have the vision and a strategy which has been signed off by the Board. There is an agreed financial plan, with enhanced financial controls to be implemented. Our partners have signed up to the vision, however the available funding has not yet allowed them to commit to delivery.

Gaps in control: there is no agreement in place with commissioners for the 2024/25 financial year. No agreed multi-year plan with associated funding to support implementing our clinical model.

Positive sources of assurance: ICB clinical plans and strategy delivery plans refer to our strategy e.g.: Surrey Heartlands, shared delivery plan for Sussex. Strategic Commissioning group set up as formal governance route between SECAmb and ICB partners to develop a multi-year plan. NHSE through RSP has an expectation that we will develop this multi-year plan as part of our exit criteria. Our strategic delivery plan derives from our Strategy and is reflected in the BAF for 2024/25.

Negative sources of assurance: This year we are planning for a £16.5 million deficit. Current plans for ICBs do not support a multi-year funding arrangement to get SECAmb to financial sustainability.

Gaps in assurance: The Board has not yet seen the plan between June 2024 and December 2024 to develop the multi-year plan to exit RSP. There is a significant challenge in coordinating and aligning the multiple stakeholders involved in developing the multi-year plan, given the complexity and scale of the work. The Board has not yet seen the recommendations from the Southeast Ambulance Commissioning review or how the recommendations will affect the ability to deliver the multi-year plan.

Accountable Director	Strategic Planning and Transformation
Committee	Finance and Investment Committee
Initial risk score	Consequence 5 X Likelihood 4 = 20
Current Risk Score	Consequence 5 X Likelihood 4 = 20
Target risk score	Consequence 4 X Likelihood 1 = 04
Risk treatment	Treat
Target date	Q4 2024/25

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
We are developing a multi-year plan to exit RSP in collaboration with ICB partners and our region	SP&T, CFO	Q3 2024	The work is due to commence at the end of June, once the year one funding round is resolved.

Each of our BAF Risks has a detailed risk page

Delivering High Quality Patient Care

Delivering High Quality Patient Care Executive Summary

South East Coast Ambulance Service NHS Foundation Trust

- There are no exceptions to highlight from the Quality & Safety section of the IQR, only to note that the Patient Safety and BI teams will be developing metrics that reflect the shift to PSIRF from the SI frameworks, as cases are not reported as SIs any longer.
- We continue to see a drop on the graph of 'Harm Incidents per 1000 incidents' which on the graph looks statistically significant. However, with the changes to PSIRF 'Harm' is not allocated to any cases until it goes through final stages of analysis, so there is a lag in allocation. Overall, our harm profile hasn't particularly changed in recent years, with an average of 1% of incidents being mod+
- The QI Trust project 'Safety in the EOC waiting list' that commenced in January 2023 has seen one of its three main improvement interventions, automated texting, implemented and resulting in significant benefits as outlined below. This intervention looks to address the fact that more than 43,000 welfare calls made over a 12-month period, were each lasting up to two minutes and totalling almost 1,500 hours with over 84% making no change to outcome of the patient.

  From 17 July 2024, patients with a disposition of C2, C3, and C4 now receive an automated text message when there are delays in receiving a call back. This also includes an option to cancel a callback. Just one week after automated text messaging was launched, we have seen significant benefits outside of what was anticipated from the welfare calling element, allowing us to reach more patients in a timely manner, and maximising clinician and call handler time for the most critically-unwell patients. All text messages sent to date have been received by the patient. Below are some high-level numbers showing the benefits to date following the first week of the new system being in place.

  More than 9,000 SMS welfare texts sent
  More than 300 hours saved in welfare calling
  More than 22 hours saved in call handling
  More than 15 hours saved in closing duplicate calls
  More than 450 cancellations received

We deliver high quality patient care

2024-2029 Strategy Outcomes

- ❑ Deliver virtual consultation for 55% of our patients
- ❑ Answer 999 calls within 5 seconds
- ❑ Deliver national standards for C1 and C2 mean and 90th
- ❑ Improve outcomes for patients with cardiac arrest and stroke
- ❑ Reduce health inequalities

2024/25 – Strategic Transformation Plan – Phase 1

- ❑ Unscheduled Care Navigation Hub - Design & implementation
  - Define scope of hub models agreed by the ICBs **by June 2024**
  - Implement new hubs, first **by October 2024**
  - Evaluation to inform future scope of virtual care **by March 2025**
- ❑ Clinical Models of Care – Design and Agreement with ICBs
  - Scope to be determined with ICBs **by Q2**
- ❑ Patient Experience and Engagement enabling strategy for 2025-2030 **by end of Q3**.

2024/25 Outcomes

- ❑ C2 Mean 30 mins **for the full year**
- ❑ Call Answer 5 secs **for the full year**
- ❑ H&T 16% **by Q4**
- ❑ Cardiac Arrest outcomes – increase in survival by 2% **in year 2 vs a 9.5% baseline**
- ❑ Work with partners to improve stroke outcomes by improving diagnostic accuracy and reduce time to definitive intervention **by Q4**

2024/25 – Operating Plan

- ❑ Operational Performance Plan – **continuous monitoring**
- ❑ Deliver our three Quality Account priorities (post-discharge reviews, reduction in health inequalities focus on maternity and mental illness, and implement Patient Care Records review and feedback) **by Q4**
- ❑ Expand number of volunteers from 435 by 150, with an expansion of their role **by Q4**
- ❑ Implementation of 80% of our NHSE PSIRF Standards/Principles **by Q4**
- ❑ Deliver 2 clinical QI priorities (Safety in the waiting list, IFTs) **by Q4**

Compliance

- ❑ Compliance to CQC standards
- ❑ Compliance against our EPRR assurance cycle – including delivery of HART/Specialist Operations Improvement Plan
- ❑ Deliver improvements in medicines management
- ❑ Improvements in the NHS Impact self-assessment
- ❑ Deliver the Patient Safety Incident Response Plan
- ❑ Compliance to Incident Management Cycle and The Statutory Duty of Candour

BAF Risks

- ❑ **Delivery of our Clinical Strategy:** There is a risk that we are unable to achieve improved patient outcomes through delivery of our clinical strategy, due to the impact of the challenging financial environment on local commissioning decisions.
- ❑ **Clinical Model:** There is a risk that the leadership structure needed to support delivery of our long-term strategic aims and clinical model is not adequately implemented, as a consequence of the NHS funding environment.

We deliver high quality patient care

2024/25 – Strategic Transformation Plan – Phase 1

Project	Milestone	Baseline Target	Forecast Target	Current RAG	Previous RAG	Executive Lead	Oversight Committee
Unscheduled Care Navigation Hub – Design & Implementation	Define scope of hub models agreed by ICBs	June 2024	Complete			Director of Operations	Quality & Patient Safety
	Implement first new hub	October 2024	October 2024				
	Evaluation to inform future scope of virtual care	March 2025	March 2025				
Clinical models of Care – Design and Agreement with ICBs	Scope determined with ICBs	Q2				Chief Medical Officer	Quality & Patient Safety
Patient Experience & Engagement	Enabling strategy for 2025 – 2035 developed	End of Q3	December 2024			Director of Quality / Chief Nurse	Quality & Patient Safety

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Oversight Committee	Date last reviewed at Committee
Operational performance plan					
Deliver the three Quality Account Priorities	Post-discharge reviews		N/A	QPSC	Due for review on 22/08/2024
	Reduction in Health Inequalities		N/A	QPSC	Not yet reviewed
	Patient Care Records Review Implementation		N/A	QPSC	Due for review on 22/08/2024
Expand number of volunteers by 150					
Implementation of 80% of NHSE PSRIF Standards/Principles			N/A	QPSC	06/2024
Deliver 2 Clinical QI priorities	Safety in the Waiting List			QPSC	03/2024 - Board
	IFTs		N/A	QPSC	Starts 08/2024

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
Delivery of our Clinical Strategy: There is a risk that we are unable to achieve improved patient outcomes through delivery of our clinical strategy, due to the impact of the challenging financial environment on local commissioning decisions.	20	04	SP&T
Clinical Model: There is a risk that the leadership structure needed to support delivery of our long-term strategic aims and clinical model is not adequately implemented, as a consequence of the NHS funding environment.	12	08	CEO

Board Highlight Report – Unscheduled Care Navigation Hubs

Progress Report Against Milestones:

Key achievements against milestone

- **Virtual Care Programme Board Launched:** July 2024, with confirmation of Strategic & Delivery Teams.
- **Key Metrics & Evaluation Approach Approved:** Signed off by all ICBs in July 2024.
- **Implementation Phase Initiated:** Launched in July 2024 following approval at Strategic Commissioning Group with commissioners

Upcoming activities and milestones

- **Phase 2:** Deliver a comprehensive communications and engagement plan, including key briefings for forums and stakeholders that cover both operational and clinical updates.
- **Phase 3:** Implementation Planning to be completed by the end of September 2024, with all governance approvals secured.
- **Phase 4:** Phased Go Live scheduled for October 2024, adhering to the agreed Go/No Go criteria established by the Programme Board.
- **Phase 5:** Continuous Quality Improvement & Evaluation beginning November 2024, with local ICB teams overseeing implementation and quality governance, while the Strategic Commissioning Group monitors benefits and improvements for 2025/26.

Escalation to Board of Directors

- **Funding Concerns:** Addressing the feasibility of the Go Live without secured funding as outlined in the Business Case.

SRO / Delivery Lead:	Previous RAG	Current RAG
Emma Williams		

Risks & Issues:	Score	Mitigation
Funding & Financial Stability	16	▪ ICB Agreement allocates funds from existing budgets via 'invest to save' initiatives, anticipating savings from reduced conveyances, ED visits, and fewer admissions and discharges of decompensated patients to community services. – Plan B scope based on affordability being developed. ▪ SECAmb completed Business Case for funding of Yr1 – submitted to region.
Stakeholder Engagement and Buy In	9	▪ ICB/SECAmb are providing support for conversations with provider partners to ensure adequate staffing. ▪ Comprehensive joint communication and engagement plans are being developed to secure stakeholder buy-in and collaboration
IT & Estates Infrastructure	12	▪ Confirmation of the clinical delivery model early in the process to inform and guide the formulation of a robust IT infrastructure plan. ▪ ICB Digital lead involved in project.

Q1	Q2	Q3	Q4
◆ Define scope of hub models ◆ Develop evaluation & ROI model & programme governance	◆ Completion of final evaluation model ◆ Governance structures & stakeholder engagement approaches confirmed ◆ Go/No-Go criteria developed & reviewed to ensure readiness	◆ Staggered go-live of 5 new hubs ◆ QI / Evaluation Phase 1 (Local ICB Level – continuous monitoring)	◆ QI / Evaluation Phase (Local ICB Level – continuous monitoring)

Board Highlight Report – Clinical Models and Pathways of Care

Progress Report Against Milestones:

Key achievements against milestone

- 11 Pathways of Care (PoC) have been developed
- All 11 PoC have had touchpoint sign off at Professional Practice Group (PPG)
- All 11 PoC have been discussed and developed at the Clinical Advisory group
- Three PoC have been presented to Quality & Clinical Governance Group (QCGG), Maternity & Obstetrics, Mental health & addiction and medical & illness

Upcoming activities and milestones

- Initial meetings with ICB colleagues to be planned to develop PoC further
- Continue to present PoC to QCGG monthly
- Agree which PoC to implement first
- Develop implementation plan once agreed

Escalation to Board of Directors

- N/A

SRO / Delivery Lead:	Previous RAG	Current RAG
Richard Quirk		

Risks & Issues:	Score	Mitigation
Local urgent care capacity restraints	9	▪ Work will be required with the data & analytics team to understand the workforce requirements to deliver this work ▪ Close work with the workstream lead for Urgent Care Navigation Hubs
Patient safety risk of new clinical pathway definition	12	▪ Communication both internally and externally about what these Pathways of Care are not, including what is in scope or not.
Transition from current model to new Pathways of Care	9	▪ Communicating clearly the difference between the service models
Capacity of Medical team to deliver this workstream	12	▪ Review of current work streams to pause what it is not required ▪ Two senior vacancies uncovered with workstreams being reviewed

Q1

- Two PoC developed and presented to QCGG
- All PoC have been through the first checkpoint at PPG

Q2

- Continue to present PoC at monthly QCGG meetings
- Initial meetings planned with ICB
- Develop implementation plan with Programme lead
- Agree which PoC are implemented first
- Work with the Data & Analytics team to understand the workforce requirements for the new PoC

Q3

- Begin implementation of agreed Pathways of Care
- Dependency with pathways development work which is being led regionally as part of the SE Ambulance Commissioning Review

Q4

- Continue implementation of Pathways of Care
- Review early Pathways of Care implementation

Board Highlight Report – Patient Engagement & Experience

Progress Report Against Milestones:

Key achievements against milestone

- Published Quality Account (QA) early on the 11th June 2024.
- Connected with numerous VCSE organisations for Learning Disabilities /Neuro Diverse, mental health, physical disabilities, BAME and LGBT+ groups. This has enabled us to use this information and data set from a more diverse group of individuals, ensuring that less heard voices are represented which allows to develop quality improvement projects which reflects the views of a wider group of patients.
- Doubled our average response rate on 999 PEQ. Following a soft launch October 2023, response rates have been low but with work completed to advertise this more effectively with staff and patients, this has increased to 57 responses being received to date in July 2024 which is 50% of our target of 100 responses per month in Q1 & Q2.

Upcoming activities and milestones

- Desk top review and literature search to support evidence base for patient and public engagement strategy.
- Gap analysis to assess current position regarding patient and public engagement.
- Microsoft Form survey to be developed to gain stakeholder engagement to support development of patient and public engagement strategy.

Escalation to Board of Directors

- None at the current time.

SRO / Delivery Lead:	Previous RAG	Current RAG
Margaret Dalziel		

Risks & Issues:	Score	Mitigation
There is a risk that due to the patient engagement team being only a team of two people, there will not be capacity to support all the plans for patient and public engagement across the Trust and our local communities..	8	• Urgency vs importance matrix completed to support prioritisation. This has been translated into a Gantt chart to map out plan for actions over next 3 months.
There is a risk that the lead for patient engagement cannot fulfil the role and meet the plan as Quality Accounts are held in that portfolio, taking 25-30% of capacity of small team.	8	▪ As above ▪ Review of the team and expected workload to be undertaken in Q3 for consideration into Directorate workforce.

Q1	Q2	Q3	Q4
◆ Publish 2023/24 Quality Account ◆ Network with VCSEs to boost inclusion and diversity from seldom heard voices in engagement sessions and involvement opportunities ◆ Initiatives to increase PEQ responses ◆ Gather examples of patient and public engagement strategies from other ambulance and NHS Trusts nationally.	◆ Initial workshop for planning patient and public engagement strategy ◆ Literature review and gap analysis to support strategy ◆ Develop MS Forms survey to gain views of patients and stakeholders to inform the patient and public engagement strategy ◆ Meet with key internal stakeholders to agree 3-5 potential priorities for 2024/25 QA ◆ Agreed QA priorities aligned to Trust strategy and objectives to be shared with stakeholders for consultation.	◆ Final QA priority discussed at CQGG (21st November) ◆ First draft of Patient and Public Engagement Strategy 2025-2029 to be available for review.	◆ Identify three indicators per domain (clinical effectiveness, patient safety and patient experience) for the 2024/25 QA ◆ Submit working draft of Quality Account to EMB for review ◆ Publish final version of patient and public engagement strategy and share widely.

BAF Risk 537 – Delivery of our Clinical Strategy

There is a risk that we are unable to achieve improved patient outcomes through delivery of our clinical strategy, due to the impact of the challenging financial environment on local commissioning decisions.

Controls, assurance and gaps

Controls: we have the vision and a strategy which has been signed off by the Board. We have a financial plan and enhanced controls that achieves delivery of the priorities for year one of the strategy. Our partners have signed up to the strategy.

Gaps in control: While we have agreed with commissioners a financial plan for 2024/25, there is no agreed multi-year plan with associated funding to support implementing our clinical model.

Positive sources of assurance: ICB clinical plans and strategy delivery plans refer to our strategy e.g.: Surrey Heartlands, shared delivery plan for Sussex. Strategic Commissioning group set up as formal governance route between SECAmb and ICB partners to develop a multi-year plan. NHSE through RSP has an expectation that we will develop this multi-year plan as part of our exit criteria. Our strategic delivery plan derives from our Strategy and is reflected in the BAF for 2024/25.

Negative sources of assurance: This year we are planning for a £10 million deficit. Current plans for ICBs do not support a multi-year funding arrangement to get SECAmb to financial sustainability.

Gaps in assurance: The Board has not yet seen the multi-year plan to exit RSP. There is a significant challenge in coordinating and aligning the multiple stakeholders involved in developing the multi-year plan, given the complexity and scale of the work.

Accountable Director	**Strategic Planning and Transformation**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 5 X Likelihood 4 = 20**
Current Risk Score	**Consequence 5 X Likelihood 4 = 20**
Target risk score	**Consequence 4 X Likelihood 1 = 04**
Risk treatment	**Treat**
Target date	**Q4 2024/25**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
We are developing a multi-year plan to exit RSP in collaboration with ICB partners and our region	SP&T, CFO	Q3 2024	The work is due to commence at the end of June, once the year one funding round is resolved.

BAF Risk 538 – Clinical Model

There is a risk that the leadership structure needed to support delivery of our long-term strategic aims and clinical model is not adequately implemented, as a consequence of the NHS funding environment.

Controls, assurance and gaps

Controls: the Executive structure for 2024/25 has been agreed to meet today's challenges. The following appointments have recently been completed: Director of Nursing and Quality, Director of HR and OD (FTC), Director of Operations (FTC), Chief Paramedic and Chief Digital Information Officer (FTC.)

Gaps in control: work is underway to review the wider leadership structure, which is contingent upon reaching agreement with the 2024/25 funding package.

Positive sources of assurance: Appointments and Remuneration Committee support the new Executive Structure. Leadership competency framework – refreshed appointments process has been developed. Recovery Support Plan.

Negative sources of assurance: Current Programme Director leaves in June and there is no replacement identified although plans are in train to secure this resource.

Gaps in assurance: none currently identified.

Accountable Director	**Chief Executive**
Committee	**People Committee** **Audit and Risk Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q3 2025/26**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Posts critical for strategic delivery are open, namely Programme and Regional Directors	CEO, SP&T	Q3 2024	First round of recruitment for Programme Director in June 2024 unsuccessful. Funding not yet agreed for Regional Director roles but has SP&T focus.
Define Operating model	CEO, Operations	Q3 2024	

Our People Enjoy Working at SECAmb

Our People enjoy working at SECAmb Executive Summary

- Improving our response to Employment Relations casework has been a focus in Q2 with a deep dive on the management of casework completed and a two-year improvement plan in development. Immediate investment has been agreed to focus on the resolution of complex cases, improving the quality of investigations and training for HR staff and managers. We have trained

- The leadership

- The People QI priority focused on EOC Audits (slide 21) has been postponed as BDO are currently undertaking an audit across both East & West EOC focused on the robustness and effectiveness of the current process, that will inform the QI project and act as a benchmark for change.

Our people enjoy working at SECAmb

2024-2029 Strategy Outcomes

- Career development opportunities for all staff across the Trust – 70% staff surveyed agree
- Our staff recommend SECAmb as place to work – over 60% staff surveyed agree
- Staff turnover reduced to 10%
- Our Trust is an open and inclusive place to work - demonstrate improvements in workforce race and disability standards indicators

2024/25 – Strategic Transformation Plan – Phase 1

- Restructure
  - Implement new senior leadership structure **by Q2**
  - Define the operating model for Ops Directorate – structure under exec / regional model **by Q3**
- Definition of workforce plan from 2025
  - Scope to be developed by Q3 following the development of our Clinical Models of Care
- Getting things right for our people
  - Roll out Leadership Development Programme **by Q3**
  - Roll out values **(quarterly)**
  - Deliver retention plan 24/25 **(quarterly)**
  - Establish clear career pathways and talent management **by Q4**

2024/25 Outcomes

- Improve retention **to 15% by April 25**
- Improve staff reporting they feel safer in speaking up – **NQPS and Staff Survey**
- Improve staff recommending SECAmb as a place to work **(23/24 survey)**
- Improve response to ER casework and reduce backlog **by Q3**
- Over 85% of staff have an annual appraisal **by Q4**
- over 85% of identified managers have completed or commenced their leadership development program **by Q4**

2024/25 – Operating Plan

- Deliver 24/25 education, training and development plan **(quarterly)**
- 80% rollout clinical supervision **by Q1 25/26**
- Deliver workforce plan, including sickness, retention and recruitment trajectories – **continuous monthly monitoring**
- Deliver HR Improvement plan to increase capacity and capability **by Q4**
- Deliver 1 People QI priority (EOC Clinical Audit process) **by Q4**

Compliance

- Delivery of EDI Plan - WRES/DES
- Meet our Sexual Safety Charter commitments
- Meet our HSE obligations
- Delivery of Improvement in the FTSU Plan – measured by a reduction in anonymous reporting and perceived detriment

BAF Risks

- **Culture and Staff welfare:** There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy without continued effective trade union engagement.
- **Staff Morale:** There is a risk that the failure to correct the historic pay issues (in relation to ECSW pay and section two concerns) could have a significant impact on morale.

Our people enjoy working at SECAmb

2024/25 – Strategic Transformation Plan – Phase 1

Project	Milestone	Baseline Target	Forecast Target	Current RAG	Previous RAG	Executive Lead	Oversight Committee
Restructure	Implement new senior leadership structure	Q2	Q2			Chief Executive Officer	People
	Defined the operating model for Ops Directorate	Q3	Q3			Director of Operations	Finance & Investment
Getting things right for our people	**Culture** | Roll out leadership development programme and values	Q3	Q3			Director of Human Resources & Organisational Development	People
	Retention | Develop and deliver refreshed retention plan	Quarterly	Quarterly				
	Employee Relations | Improve response to ER casework and reduce backlog	Quarterly	Quarterly				
	Career Pathways Framework| Define career pathways framework (Phase 1)	Q4	Q4				
People Improvement Plan	**HR Operating Model** | Launch new HR Operating Model	Q4	Q4				
Workforce Plan from 2025	Scope to be developed following development of Clinical Models of Care	Q3					People

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Oversight Committee	Date last reviewed at Committee
Deliver 24/25 education, training and development plan				People Committee	N/A
80% rollout clinical supervision			**Medical To Update**		
Deliver workforce plan including sickness, retention and recruitment trajectories				People Committe	N/A
Deliver 1 People QI priority	EOC Clinical Audit Process	NA Paused	N/A	QPSC	N/A

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
Culture & Staff Welfare: There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy without continued effective trade union engagement.	16	08	HR &OD
Staff Morale: There is a risk that the failure to correct the historic pay issues (in relation to ECSW pay and section 2) could have a significant impact on morale.	15	04	CFO

Board Highlight Report – Leadership Restructure

Progress Report Against Milestones:

Key achievements against milestone

- Substantive appointments made to Chief Paramedic and Executive Director of Quality and Nursing roles.
- Executive Director of Operations (FTC) appointed
- Interim Chief Digital and Information Officer appointed

Upcoming activities and milestones

- Roles, responsibilities and accountabilities of the new executive structure finalised and agreed.
- Governance arrangements agreed to ensure oversight of the work packages.
- Operating model agreed for the Data and Technology, work package 2
- Operating model agreed for the Clinical Triumvirate, work package 4
- Regional Operating model agreed, work package 5
- Identification and appointment of leads for individual work packages

Escalation to Board of Directors

- None during this reporting period

SRO / Delivery Lead:	Previous RAG	Current RAG
Simon Weldon / Eileen Sanderson		

Risks & Issues:	Score	Mitigation
The pace of delivery for workstream 5 (Regional Delivery Operating Model)	Medium	Exploring external options to bring in additional capacity to support delivery
Lack of resources and funding to fully implement the programme	Medium	Review existing priorities and re-align resources and funding
There is a risk that we may not have sufficient HR expertise to support with any change resulting from the redesign of the operating model	Medium	To work closely with HR to develop a resource plan which will identify pinch points.
There is a risk that implementation of the regional model may be impacted during the transition of Executive Director of Operations	Medium	To have a robust transition plan and ensure we have a SME who is the point of contact for this workstream.

Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25
• Appointment of Executive Directors as per the Executive Leadership Structure for 2024/25	• Identification and appointment of leads for individual work packages • Governance structure agreed and full resource plan appointed to oversee the Programme of works	• Implementation plans agreed for all work packages • Regional model design progressed and consulted on	• Operating models for all work packages designed and agreed

Board Highlight Report – Getting Things Right for our People

Progress Report Against Milestones:

Key achievements against milestone

- Programme scope and milestones identified and action plan under development

Upcoming activities and milestones

- **Programme Team** appointment + governance sign off
- **Employee Relations** | Launch JPF Terms of Reference review (01/08-30/09/24)
- **Employee Relations** | Launch Mediation Services (26/08/2024)
- **Culture** | Launch Middle Management Programme (01/09/2024)
- **Wellbeing** I Progress to appoint new EAP provider for staff (01/08/24 - 30/09/24)

Escalation to Board of Directors

- N/A

SRO / Delivery Lead:	Previous RAG	Current RAG
Sarah Wainwright		

Risks & Issues:	Score	Mitigation
Issue: We cannot sustainably improve the ER casework, training and investigations without a large investment and external provider support in the short term.		EMB have agreed short term investment whilst longer term plan is developed to support ER investigations, complex cases and training for managers and HR team

Q1	Q2	Q3	Q4
N/A	❑ **Culture** | Roll out Middle Management Development Programme	❑ **Culture** | Over 85% of identified managers enrolled in a leadership development programme	❑ **Culture** | Roll out Mangers Induction Programme
		❑ **Culture** | Roll out OUM/OM Intensive Leadership Programme Phase 2	❑ **Culture** | Define career pathways framework (Phase 1)
	❑ **Culture** | Roll out values (quarterly)		
	❑ **Retention** | Confirm and launch retention plan	❑ **Retention** | Deliver retention plan	❑ **Retention** | Improve retention to 15%
	❑ **Wellbeing** | Launch Employee Assistance Programme		❑ **Wellbeing** | Launch Clinical Supervision Programme
			❑ **Wellbeing** | Launch Sickness Management Toolkit
			❑ **Wellbeing** | Launch Wellbeing Plan
	❑ **ER** | Improve ER casework response and reduce backlog of legacy cases	❑ **ER** | Launch Informal Resolution Programme	❑ **ER** | Confirm agreed schedule of policies for 25-26
		❑ **EDI** | Launch Reverse Mentoring Programme	❑ **EDI** | Launch Inclusion Ambassador Programme
			❑ **EDI** | Launch Staff Network Leads Programme

Board Highlight Report – People Improvement Plan

Progress Report Against Milestones:	SRO / Delivery Lead:	Previous RAG	Current RAG
Key achievements against milestone • Programme scope and milestones identified and action plan under development • **HR Diagnostic** - completed a diagnostic on each function within HR with risks scoped and immediate actions prioritised • **Develop new Operating model** - Designing new model for HR service, including assessment of current structures, roles and new structures to improve capacity and capability – initial focus on Employment Relations, Wellbeing and Learning and Development teams • **Deep dive on Employment Relations –** completed June 24 with a priority list of actions agreed by EMB whilst full improvement plan developed, including immediate specialist ER training for managers and HR staff in Q3 • **HR Systems |** Education & Digital Systems Scoping Session #2 for an integrated LMS to record appraisals and training **Upcoming activities and milestones** • **Programme Team** appointment + governance sign off • **Operating Model |** Develop new service specifications for each HR service • **Board Engagement |** Planning Board Development Day **Escalation to Board of Directors** • N/A	Sarah Wainwright		

Risks & Issues:	Score	Mitigation
There is a risk that performance will be impacted during the operating model change process, which may delay both the delivery of the improvement plan and HR supported activities in other departments		Full resource requirements to be confirmed and planned against all activities, before final approval of programmes of work.
Issue: Resources and funding to support HR system upgrades yet to be established, causing potential delays to roll out.		Upgrades to be planned within the Digital Strategy workplan

Q1	Q2	Q3	Q4
N/A	❑ **Operating Model** | Amend and align roles and responsibilities to increase capacity and capability	❑ **Operating Model** | Launch new Operating Model	
	❑ **HR systems** | Education & Digital Systems Scoping (Learning Management System/Appraisal)	❑ **HR systems** | Learning Management System & Appraisals (Business Case for Change)	❑ **HR systems** | Release new appraisal system
	❑ **ER I** develop detailed action plan for improvement and any skills/ capacity issues within HR	❑ **ER I** design and deliver specialist training to HR team and managers on ER	
	❑ **HR Services** | Review existing structures and roles to support new delivery model	❑ **HR Services** | Consult with staff on changes to HR structures and roles	❑ **HR Services** | Implement changes

BAF Risk 539 – Culture and Staff Welfare

There is a risk that we will not achieve the culture and staff welfare improvements identified in our strategy without continued effective trade union engagement.

Controls, assurance and gaps

Controls: JPF meetings re-established. Programme to define the future work programme of JPF. Working in partnership with union colleagues into internal improvement programmes (e.g. employment relations, fair recruitment). Successful partnership working such as the agreement on the re-banding of ECSWs – see risk 540. Plan to improve the approach to employee relations (ER) agreed by EMB, which will form part of the wider HR plan to develop a proposal for training co-design and co-delivery initiative to include Trade Unions in ER training. Additional HR support for complex case resolution.

Gaps in control: Inconsistencies in approach to ER casework within HR function which is impacting Trade Union relationships. Training for managers in key people-related policies. Updated Terms of Reference for JPF required.

Positive sources of assurance: Positive engagement with TU colleagues around ECSW rebanding and Section 2. Improvement in the management of polices with more best practice examples co-developed with TUs and fewer out of date.

Negative sources of assurance: Grant Reviews (2022 and 2023) and Hunter Healthcare diagnostics report (2024) both identified risks in relation to SECAmb's management of ER cases. Notwithstanding the total number of ER cases has fallen, the number of formal cases remains high, and the root causes have not yet been resolved.

Gaps in assurance: We have yet to agree a joint-forward workplan with Union colleagues.

Accountable Director	**Human Resources and Organisational Development**
Committee	**People Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 4 X Likelihood 4 = 16**
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q4 2025/26**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Agree joint-forward workplan.	HR & OD	Q2 2024	Meetings with Trade Unions being scheduled in August & September 2024.
Co-design and co-delivery of management ER training with TU partners	HR & OD	Q3 2024	Needs known and with documents are with Procurement.
Procurement of specialist investigation support	HR & OD	Q3 2024	Needs known and with documents are with Procurement.
Establishing a new process of Bulletins	Corporate Governance	Q3 2024	Engagement sessions have been held to inform the new process.
HR improvement Plan	HR & OD	Q2 2024	Plan is being developed and will be considered by the Board at the development session in September.

BAF Risk 540 – Staff Morale

There is a risk that the failure to correct the historic pay issues (in relation to ECSW pay and section 2 concerns) could have a significant impact on morale.

Controls, assurance and gaps

Controls: Employment of an experienced consultant who will by the end of June 2024: describe the issue in relation to the deployment of ECSW into band 4 roles, identify the extent of the section 2 errors in application, provide an estimate of the financial exposure to the Trust of rectifying errors and propose a recommended set of actions and timescales to mitigate the risk to the Trust of TU or legal challenge. There is evidence of positive working with Trade Union through the working group and a strong partnership framework to allow constructive and honest working to resolve historical issues. An initial provision has been made for the 2024/25 budget.

Gaps in control: Evidence- based estimate of the financial exposure and therefore the current provision may need revising with a resultant impact on budget. Clear and agreed process for rectification of past error including any time limitations. Revised Partnership Framework for Trade Union engagement.

Positive sources of assurance: Board and EMB sighted on the issues underlying the risk.

Negative sources of assurance: none yet identified.

Gaps in assurance: Rectification programme with time limits and no estimate of financial exposure.

Accountable Director	**Chief Finance Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 5 X Likelihood 3 = 15**
Current Risk Score	**Consequence 5 X Likelihood 3 = 15**
Target risk score	**Consequence 4 X Likelihood 1 = 04**
Risk treatment	**Treat**
Target date	**Q4 2024/25**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Funding estimates will be confirmed	CFO	Q2 2024	
Paper to EMB for ESCW rectification	HR & OD	Q2 2024	
Paper to EMB for section two rectification	HR & OD	Q2 2024	

We Are a Sustainable Partner

We are a sustainable partner
Executive Summary

- Control total compliant deficit plan of £10.5million agreed with NHSE and year to date and forecast are in line with the plan and reported accordingly to Board and NHSE. This includes CIP plans.
- A review of internal controls has been undertaken by CFO and improvements reported to and agreed by EMB. Implementation and monitoring will be managed by EMB.
- Recovery plan first draft process and principles agreed with ICBs. First draft three-year recovery plan due to EMB by 28th August
- Digital Strategy development is in line with the plan
- We are working collaboratively with partners to progress our strategy. Through Q1 we have developed a specification and evaluation framework with Kent, Surrey, Sussex and Frimley ICBs for our Unscheduled Care Navigation Hubs, and we have progressed one new Hub in West Kent.

We are a sustainable partner as part of an integrated NHS

2024-2029 Strategy Outcomes

- ❑ Breakeven / 8% reduction in cost base: £26m annually. Avoid 100m additional expenditure / growth
- ❑ Increase utilisation of alternatives to ED from 12 to 31%
- ❑ Reduce conveyance to ED 54 to 39%,
- ❑ Saving 150-200k bed days per year
- ❑ Reduce direct scope 1 CO2e emissions by 50%
- ❑ Achieve a top-quartile Digital Maturity Assessment

2024/25 – Strategic Transformation Plan – Phase 1

- ❑ Develop a multi-year plan that is agreed with ICBs, delivers our strategy, and achieves break even within 3 years, **by Q3**
- ❑ Refresh our strategic commissioning framework to support our sustainability plan **by Q3**
- ❑ Develop an enabling Digital Strategy that support delivery of our Trust-wide Strategy **by Q3**
- ❑ Engage in collaboration opportunities with other services to improve productivity by at least £0.5m **by Q4**
- ❑ Refresh our core enabling strategies to support our '24-'29 Trust-wide Strategy, **by Q4**

2024/25 Outcomes

- ❑ Deliver a £16.5m deficit plan
- ❑ Handover delay mean of 18 min for the full year, with no single site exceeding 19 min (S)
- ❑ Maximise utilisation of UCR services, measured against available capacity (S)
- ❑ Manage growth in activity under 2.4% Y-o-Y (S)

S – indicates this is a jointly owned target with partners

2024/25 – Operating Plan

- ❑ Deliver financial plan **(continuous monthly monitoring)**
  - Meet our CIP Plan of £23.9m
  - Deliver 1 Sustainability QI priority (Logistics Waste reduction) **by Q4**
- ❑ Review our service delivery model for Make Ready
- ❑ Deliver 6 priority Green Plan initiatives **by Q4**

Compliance

- ❑ Meet our Recovery Support Programme priorities to exit NOF4
- ❑ Environmental sustainability report
- ❑ FT License

BAF Risks

- ❑ **System Collaboration:** There is a risk that the Board is unable to collaborate effectively with ICBS, due to the regional footprint and capacity to engage.
- ❑ **Sustainable Financial Plan:** There is a risk that due to uncertainty over medium to long term funding (3-5 years), that the Trust is unable to agree with Commissioners a sustainable financial plan which delivers safe and effective services and improves value for money.
- ❑ **Internal Financial Control:** There is a risk our internal financial controls are not robust enough to ensure we are managing within our budget.
- ❑ **Cyber-attack:** There is a risk of loss of data or system outage due to a cyber-attack resulting in significant service disruption and/or patient harm.

We are a sustainable partner as part of an integrated NHS

2024/25 – Strategic Transformation Plan – Phase 1

Project	Status	Baseline Target	Forecast Target	Current RAG	Previous RAG	Executive Lead	Oversight Committee
Develop multi-year plan	Approach agreed internally and with ICBs. Baseline three-year plan to EMB end August	Q3				CFO	Finance & Investment
Refresh strategic commission framework to support sustainability plan	Programme being scoped as part of the response to SE Ambulance Review	Q3				SP&T	Finance & Investment
Develop enabling Digital Strategy	Strategy due at August FIC	Q3				CDIO	Finance & Investment
Engage in productivity collaboration opportunities	Collaborative work with SCAS led by SP&T. Southern Ambulance Collaborative launched. Collaboration plan to be shared with Board in October 2024.	Q4				SP&T	Finance & Investment
Refresh core enabling strategies	Draft Procurement Strategy produced, Estates strategy being refreshed	Q4				CFO	Finance & Investment

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Oversight Committee	Date Last reviewed by Committee
Deliver financial plan	Meet CIP plan of £23.9m			FIC	August 24
	Deliver logistics waste reduction (QI)			FIC	*TBD*
Review service delivery model for Make Ready				FIC	*TBD*
Deliver 6 priority green initiatives	The introduction/trial of an electric DCA			FIC	*TBD*
	The removal of single use cups			FIC	
	The introduction of 3 Evitos on the PP rota			FIC	
	Amending the Lease car and support vehicle policy to mandate the use of hybrid/electric			FIC	
	The potential reduction of CO^2 Emissions from vehicles due to the intended target of increasing Hear and Treat from 11% to 16+%pa			QPSC	
	A trial to determine the benefits of Eco run			FIC	
	The introduction of an Entonox Track and Trace system			QPSC	

BAF Risks

Risk Detail	Risk Score	Target Score	Owner
System Collaboration: There is a risk that the Board is unable to collaborate effectively with ICBs, due to the regional footprint and capacity to engage.	12	04	SP&T
Sustainable Financial Plan: There is a risk that due to uncertainty over medium to long term funding (3-5 years), the Trust is unable to agree with Commissioners a sustainable financial plan which delivers safe and effective services and improves value for money.	16	12	CFO
Internal Financial Control: There is a risk our internal financial controls are not robust enough to ensure we are managing within our budget.	12	04	CFO
Cyber Attack: There is a risk of loss of data or system outage due to a cyber-attack resulting in significant service disruption and/or patient harm.	12	08	CDIO

Board Highlight Report – Multi-Year Plan Development

Progress Report Against Milestones:

Key achievements against milestone
- Produce and agree with ICBs plan and timeline

Upcoming activities and milestones
- Begin work on aligned workforce, performance, and finance 3 year plan
- Review with EMB end August 24

Escalation to Board of Directors
- None – normal reporting cycle to EMB

SRO / Delivery Lead:	Previous RAG	Current RAG
Simon Bell		

Risks & Issues:	Score	Mitigation
Capacity of Finance Team to produce and maintain a 3 year finance plan	12	▪ Review of capacity in hand
Commissioners unable to commit to multi-year plan as one year funding settlement for 25/26 likely	9	▪ Known issue. Working with ICBs to gain agreement in princi0ple through Finance Committees
Lack of financial clarity from ICBs means Trust income is unclear	9	▪ Request to ICBs to provide a senior finance resource into the SCG

Q1	Q2	Q3	Q4
◆ Agree 24/25 deficit plan with NHSE in line with supportable control total	◆ Produce first draft baseline plan (assuming 0% uplift in funding and 27/28 break-even trajectory) by end August 24	◆ All business cases (workforce, capital, and revenue) aligned and prioritised against strategic objectives by end October. ◆ Comprehensive version of recovery plan shared with ICBs and NHSE by End of November ◆ RSP Exit Criteria Assessment	◆ Ongoing iterative development of plan in line with planning guidance and commissioning intentions

Board Highlight Report – Digital Strategy

Progress Report Against Milestones:

Key achievements against milestone

- Draft Strategy completed and went through board development session in July
- Lead NED providing check and challenge

Upcoming activities and milestones

- Further review to combined SMB/EMB in August
- Final review with Trust Board in September
- Presentation to public Board in October

Escalation to Board of Directors

- None

SRO / Delivery Lead:

Stephen Bromhall

Previous RAG	Current RAG

Risks & Issues:	Score	Mitigation
Revenue Funding will be required in Future years	▪ 6	▪ Build into future budget cycles
Cyber	▪ 12	• Strategy to provide remediation options

Q1	Q2	Q3	Q4
◆ Develop Digital Strategy	◆ Board Development Session ◆ Digital & Data Strategy Approved	◆ Approval of Cyber Future Model	◆ Creation of Next Generation funding business cases

Board Highlight Report – Productivity and Collaboration

Progress Report Against Milestones:

Key achievements against milestone

- Weekly SE transformation programme mobilisation group establish for collaborative review of the report recommendations to plan and define areas of opportunity (T&F Group).
- Design workshop held with SCAS to define collaboration principles, feasibility criteria and narrative of each T&F group.
- Feasibility workplan created for each T&F group covering key priority actions, resource requirements, overlaps with existing problems and potential risks and issues.

Upcoming activities and milestones

- SE transformation steering group (29/07).
- Formation of T&F groups (resource dependant).
- Undertake feasibility studies to understand high level cost and benefits of each opportunities, with the output of a summary report of recommendations for EMB review and agreement to take forward.

Escalation to Board of Directors

- Minimal cost saving opportunities for in-year recommendations.
- Resource support is required to take opportunities forward to feasibility (regional & national request).

SRO / Delivery Lead:	Previous RAG	Current RAG
David Ruiz-Celada		

Risks & Issues:	Score	Mitigation
Capacity to deliver collaboration workstreams on top of core delivery of our strategy	12	Additional support is being sourced from regional teams and SCAS/SECAmb have allocated additional programme support. Each feasibility study has its own resource requirement identified so work can be progressed across discrete areas

Q1	Q2	Q3	Q4
◆ Mobilisation group meetings establish ◆ Review and planning of T&F groups	◆ Design workshop with SCAS ◆ Plan & refinement of opportunities ◆ Steering Group: T&F group feasibility workplan and resource requirements	◆ Feasibility studies to analyse the high-level cost/benefits ◆ Implement of in-year benefits ◆ Response report to be presented to Boards	◆ Planning and preparation for opportunities to be realised in 25/26

BAF risk 541 – System Collaboration

There is a risk that the Board is unable to collaborate effectively with ICBs, due to the regional footprint and capacity to engage.

Controls, assurance and gaps

Controls: A roadmap and blueprint for change has been produced and agreed by EMB, including establishment of a Leadership and Operating Model Programme (the 'Programme') for the work required in 2024/25. Funding has been identified in the 2024/25 budget, subject to ratification. The appointment of a Programme Director (and resource) has been agreed and is underway. Financial control of the Programme established via the Recruitment Panel System. Partnerships team and Executive Lead for each ICB.

Gaps in control: Programme Director not yet appointed. Gap between the work of the Executive Structure Project Group and handover to the Programme (with HR Consultant leaving at end of June 2024). Revised Partnership Framework for Trade Union engagement. The funding for the appointment of Regional Directors is currently uncertain. Without these roles, the Board will struggle to have sufficient capacity for effective collaboration. The Board does not have full visibility of all the ICB meetings and the expectations for their involvement. No clear process to ensure that the board can attend and engage with the ICBs. The scheduling of the ICB meetings is not well coordinated and there is no mechanism for delegating attendance.

Positive sources of assurance: Report from Recruitment Panel on meeting financial commitments. Reports to EMB setting out position of Programme and identifying risks. Ad-hoc invitations to and attendance at Senior system meetings (Sussex Committee in common). 2023/24 External Well-Led Review provided confidence that organisation had made good progress.

Negative sources of assurance: Executives cannot always attend Senior meetings and rely upon more junior staff members.

Gaps in assurance: Programme not yet established, therefore no oversight or additional governance to gain visibility of emerging issues. Board members do not have system engagement in objectives. No board-level partnership management strategy.

Accountable Director	**Strategic Planning and Transformation**
Committee	**Trust Board**
Initial risk score	**Consequence 4 X Likelihood 3 = 12**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 1 = 04**
Risk treatment	**Treat**
Target date	**Q4 2024/25**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Board level partnership management strategy	SP&T	Q2 2024	EMB are reviewing the partnership strategy approach for 2024/25.
Board members have objectives relating to system engagement and collaboration	SP&T	Q3 2024	Not yet started
Appointment of Regional Directors	SP&T	Q3 2024	Funding for posts currently under discussion.
Appointment of Programme Director, project manager and HRBP	SP&T, HR, Chief of Staff	Q2 2024	Programme HRBP in post by 1st week July. Programme Director following.
Execution of MARS	HR & OD	Q2 2024	Scheme support in place with CSU, TU engagement early July.

BAF Risk 542 – Sustainable Financial Plan

There is a risk that due to uncertainty over medium to long term funding (3-5 years), the Trust is unable to agree with Commissioners a sustainable financial plan which delivers safe and effective services and provides value for money.

Controls, assurance and gaps

Controls: The Trust is in dialogue with the national and regional team about the medium-term financial settlement. SECAmb will draft a recovery plan, which will include additional cost savings within two years.

Gaps in control: Allocated funding largely outside of SECAmb control.

Positive sources of assurance: Trust strategy in place and communicated to ICBs and NHSE region. Monthly updates provided to Finance and Investment Committee and Trust Board.

Negative sources of assurance: None yet identified.

Gaps in assurance: Annual planning cycle in NHS and likely CSR will impact commissioner and NHSE ability to confirm longer term funding. SECAmb still in RSP due to lack of sustainable financial plan.

Accountable Director	**Chief Finance Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 4 = 16**
Current Risk Score	**Consequence 4 X Likelihood 4 = 16**
Target risk score	**Consequence 4 X Likelihood 3 = 12**
Risk treatment	**Treat**
Target date	**Q4 2024/25**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Continue to engage positively with ICB, regional and national colleagues particularly through SAM (regional strategic assurance meeting) in relation to additional income.	CEO, CFO, SP&T	Ongoing	
Extension of RSP for up to twelve months. Sustainable financial plan to be drafted within that timeframe.	CFO	Q3 2024	

BAF Risk 543 – Internal Financial Control

There is a risk our internal financial controls are not robust enough to ensure we are managing within our budget.

Controls, assurance and gaps

Controls: EMB are reviewing and revising financial controls in June 2024. Proposals include:
- A recruitment panel managing corporate vacancies and the Executive Restructure.
- Moving to an annualised financial planning cycle where business cases are assessed annually and incorporated into financial plans according to priority.

SMG have ownership of CIP which will be enhanced to include recurring cost savings. SECAmb will draft a recovery plan, to include cost savings likely within two years. Continued conversations with national and regional colleagues about additional monies.

Gaps in control: controls listed above not currently "live".

Positive sources of assurance: Recent internal audit gave reasonable assurance on financial controls. 23/24 financial year ended in line with financial plan. Monthly reporting to FIC and Board. SMG looking at CIP monthly. Monthly meeting with Directorates to consider CIP.

Negative sources of assurance: Underlying deficit.

Gaps in assurance: Proposals due to go to EMB in June 2024 and are therefore yet to be agreed. Reporting mechanisms for some elements of the plan are not in place (for example, around contract reporting.)

Accountable Director	**Chief Finance Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 4 X Likelihood 3 = 12**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 1 = 04**
Risk treatment	**Treat**
Target date	**Q4 2024/25**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Paper on financial controls to EMB	CFO	Q1 2024	
CIPs reported on a bi-monthly basis to EMB	CFO	Ongoing	
£8.6 million outstanding in additional funding bids	CFO	Q4 2024/ 25	

BAF Risk 544 – Cyber Attack

There is a risk of loss of data or system outage due to a cyber-attack resulting in significant service disruption and/or patient harm.

Controls, assurance and gaps

Controls: SECAmb: Firewalls around network perimeter; Permissions based privileges; Anti-virus/ anti-malware software on all devices which are regularly patched; Trust and CAD vendor alerted to specific risks by NHS digital; In and out of hours responses to disable impacted devices; NHS secure boundary and Imperva; Penetration testing and social engineering testing; Remote monitoring of end points by Sophos. Supply chain: NHSE mandate that supply chain risks considered as part of the procurement process.

Gaps in control: SECAmb: some servers not immediately patched; No standardised action card re: handling cyber-security events; No security on-call team; Trust not fully compliant with DPST re: frequency of penetration testing; No business continuity plan for cyber-attack; No programme of training or awareness focussing on cyber-security; No ID verification for in-person or telephone users approaching IT for support; Multiple network providers in place – increased complexity and chance of a breach. Controls around social engineering for staff are not sufficiently robust. Robustness of leavers process. Supply chain: NHSE mandate not in place for products which have been procured historically

Positive sources of assurance: SECAmb asked to do cyber-preparedness review for all Ambulance Trusts. Will be an external review covering BCP, preparedness plans.

Negative sources of assurance: SECAmb asked to do cyber-preparedness review for all Ambulance Trusts. Will be an external review covering BCP, preparedness plans.

Gaps in assurance: Cyber-preparedness review scheduled for July 2024 – learning from the review not yet identified.

Accountable Director	**Chief Digital and Information Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 5 X Likelihood 4 = 20**
Current Risk Score	**Consequence 4 X Likelihood 3 = 12**
Target risk score	**Consequence 4 X Likelihood 2 = 08**
Risk treatment	**Treat**
Target date	**Q1 2025/26**

Mitigating Actions planned/ underway	Executive Lead	Due Date	Progress
Automation of leavers process to reduce risk	CDIO, HR&OD	Q1 2025/26	NHS wide HR future strategy working group have identified this as a risk. The inaugural meeting was 14 June 2024.
Increasing penetration testing	CDIO	Q3 2024	Digital Strategy due to be signed off at Board August 2024.
Procurement of social engineering tool to expose vulnerabilities.	CDIO	Q1 2025/26	Digital Strategy due to be signed off at Board August 2024.
Privilege access management (PAM) starting with suppliers and then internal stakeholders.	CDIO	Q2 2025/26	Subject to funding following the National Ambulance Cyber Security review finalising in Q3 2024.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Compliance: RSP Review

July 2024

Progress Against Exit Criteria

South East Coast Ambulance Service NHS Foundation Trust

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit
RSP-D1	Interim CEO appointed and the Trust's Board-level leadership seen as stable by the Trust Chair, Surrey Heartlands ICB and NHS England.	**Achieved**: • A substantive CEO is currently in place. • A new Chair has been appointed as of December 2023 and will assume the role in May 2024. • An Executive and Senior Leadership Development Programme was initiated in September 2023. • 2 appointments to clinical NED positions have been completed. • An Executive structure review commenced in Q3 23/24 to support the strategy implementation. • Appointments to substantive Director of Quality & Nursing, Chief Paramedic, Director of Operations and interim CDIO, completed in Q1 24/25 **Plan to Exit**: • An interim Executive structure will be maintained throughout 2024/2025, with interim positions for CFO and Director of HR and OD. • A Chief Paramedic Officer role will be established as part of the clinical leadership team, along with a new DOO. • Embedding of the clinical triumvirate model from Q3 24/25 once new Executive appointments in place. **Evidence Required**: • Leadership stability measured through re-benchmarking Organisational and Leadership Trust Index (as done by the Executive Development Programme)		

Progress Against Exit Criteria

South East Coast Ambulance Service NHS Foundation Trust

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit
RSP-D3	There is sustained improvements in executive cohesion and collaboration as measured through the well-led review.	**Achieved**: • There are sustained improvements in executive cohesion and collaboration as measured through the well-led review. • An Executive Development Plan was initiated at the end of September 2023. • Informal executive meetings have been taking place, encouraging proactive engagement. • Cross-referencing is evident through board papers and during the execution of the Quality Summit. • A Well-Led report was undertaken in February 2024. **Plan to Exit**: • The Trust Index, as measured by the development programme, will show improvement. • The development plan for the executive team will clearly outline how it will support cohesion of the executive team structure resulting from the structure review. • The stability of the leadership, as perceived by NHS England, will be clearly demonstrated. • Outputs of the development plan for year 2 will be developed in collaboration with the CEO and ID. • Strengthening of deputy layer of the organisation (Senior Manager Group) with clear accountabilities in delivery of the annual plan and strategic plan in line with the Board BAF, ensuring year workplan maintains a golden thread throughout the organisation. **Risk:** • The successful implementation of the new executive team structure is crucial for the long-term sustainability of the leadership team. **Evidence Required**: • Board and new Chair working as a stable and cohesive team to collectively manage risk and issues as seen by NHSE, ICB and Improvement Director • Succession plans in place for executive board roles		

Progress Against Exit Criteria

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit
RSP-C3	The Trust has a vision for clinical leadership that is supported by a Board approved clinical education strategy.	**Achieved**: • New Head of Clinical Education appointed and due to start in September 2024. (Phase 2 of strategy). • Phase 2 of strategy in planning (local Education Leads in each Operating Unit). • The Clinical Education Strategy has been presented to and approved by the Board, providing necessary support for the investment in the Clinical Education team. • ADD System-level governance forums **Plan to Exit**: • Phase 2 of the clinical education strategy investment is expected to align with the workforce plan, which will be developed by Q4 as part of the Trust-wide strategy and subject to approval by ICBs and Commissioners. • Implementation of the Clinical Triumvirate, including Clinical Quality Leads and a reshaped Clinical Leadership structure. • Setting out of a clinical leadership development model from the Clinical Triumvirate. • Clarification of roles and responsibilities within the Clinical Leadership team and target operating models that will support a new operating regional delivery model. • The triumvirate in each Region to be developed in line with the operational restructure. **Evidence Required**: • Key appointments in place to strengthen clinical governance, setting of clinical standards and delivery of the clinical and non-clinical education portfolios.		

Progress Against Exit Criteria

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit
RSP-G1	Clear lines of responsibility and accountability for individual executives.	**Achieved**: • Clear lines of responsibility and accountability for individual executives are established. • An Executive structure review began in Q3 23/24 and is completed to align with the new strategy. • The Executive Development Plan for 2023/2024 has completed and the phase 1 executive structure for 24/25 is completed with individual roles and accountabilities clearly mapped out. **Plan to Exit**: • The executive structure needs to embed with key new appointments in place for Chief Paramedic, CDIO and director of operations. • Re-structuring of portfolios due to happened through Q2 and Q3 24/25. **Evidence Required**: • In line with updated leadership structure, updated corporate governance developed and reflecting of new operating models for the new portfolio which clearly defines accountability and responsibility matrixes for each executive		

Progress Against Exit Criteria

South East Coast Ambulance Service NHS Foundation Trust

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit
RSP-G2	Trust Board sighted on all key risks through an effective Board Assurance Framework and improved quality reporting aligned to the BAF and the comprehensive improvement plans.	**Achieved**: • An updated BAF is in place. Our annual plan and objectives feature clear SMART objectives and milestone deliverables, integrated into the new BAF, driving the Board's business cycle. • Subcommittees are showing improvements in discussions related to risk and assurance, with positive progress in implementation. Subcommittee Chairs report better insights. • The new BAF 24/25 has been signed off with in-year objectives, operating plans, and strategic programmes aligned with the strategy. • This was approved at the last public board meeting in June, and progress will be reported starting from the August 8th Board meeting. There is an agreement to recalibrate BAF risks to align with the strategy and reflect them in the Risk Register. **Plan to Exit**: • Further work is needed to fully embed strategic risks emerging from the strategic planning process in Q3/Q4, and to provide evidence that the Board is dynamically managing these risks. • Appointment of a Head of Compliance is scheduled to be completed in August 2024. **Evidence Required**: • Key changes to strengthen board assurance and governance in line with the new approved strategy and executive are implemented within what is affordable, including appointment to a Head of Compliance, re-aligning the governance to a fit-for-purpose executive structure and updating BAF objectives and risks in light of the new structure • Evidence that business discussion and Board and Committee agendas are driven by the most significant risks on the BAF		

Progress Against Exit Criteria

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit
RSP-G3	Board leadership development plan in place aligned to CQC, Staff Survey and WLR key issues.	**Achieved**: • In Q4 2022/23, a review of Board effectiveness and Well-Led was conducted by an NHSE Improvement Director. • All recommended actions have been adopted and are actively monitored by the relevant committees and the Board. These actions are now integral to the Board Development Plan for 2023/24. • Valuable input has been received from frontline colleagues and Operational Unit Managers (OUMs), who shared their experiences working for SECAmb during Board development sessions. Our leadership development plan is designed to support our Executives based on this feedback. **Plan to Exit**: • There will be a continued focus on Board engagement with OUMs to ensure the embedding of meaningful autonomy. • Continuation of the Board-approved development plan for 24/25 **Evidence Required**: • WLR recommendations taken into a comprehensive 2024/25 Board development plan that links to the trust's strategy		

Progress Against Exit Criteria

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit

RSP-G6	Comprehensive financial sustainability plan in place supported by diagnostic of deficit drivers, Quality Impact Assessment, robust efficiency plans and agreed levels of ICS investment.	**Achieved**:
		• An external review has been completed, with most actions and recommendations implemented. (22/23)
		• The Trust has broken even in 2023/24. This plan has been agreed upon and signed off by commissioners and scrutinised by NHSE, with trajectories met for the last two quarters.
		• Implementation of an internal financial recovery plan. Actions taken approved by executive management board in July including additional controls e.g. recruitment panel.
		
		Plan to Exit:
		• Development of a multi-year plan will require joint approach with commissioners and region to agree activity, commissioning and model assumptions.
		• The Trust is developing this multi-year plan in the context of the SE Ambulance Commissioning review, including maximising opportunities for collaboration with SCAS.
		
		Evidence Required:
		• Long-term roadmap identified with system partners to achieve financial sustainability through the lens of the new strategy, including a multi-year plan developed and signed off by Trust Board and ICBs with activity, income investment, workforce and clinical outcome assumptions.
		• The financial recovery plan needs to achieve:
		  • The plan sets a trajectory to recurrent financial balance and has been stress-tested to ensure timescales for this are optimised.
		  • It enables the Trust to make progress with implementation of its refreshed strategy to deliver better care and financial sustainability in a way that is financially affordable to the Trust and ICBs.
		  • The plan will incorporate the opportunities from the SE-wide ambulance review as these are worked up through the new steering group.		

Progress Against Exit Criteria

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit
RSP-G7	Shared Trust and system understanding of risks to financial delivery with agreed mitigations in place.	**Achieved**: • An external review has been completed, with most actions and recommendations implemented. (22/23) • The Trust has broken even in 2023/24. This plan has been agreed upon and signed off by commissioners and scrutinised by NHSE, with trajectories met for the last two quarters. • Implementation of an internal financial recovery plan. Actions taken approved by executive management board in July including additional controls e.g. recruitment panel. **Plan to Exit**: • In developing our strategy, the Trust will agree on a cost model to support its proposed operating model with system leads. • The Trust is developing this multi-year plan in the context of the SE Ambulance Commissioning review, including maximising opportunities for collaboration with SCAS. **Evidence Required**: • Agreement with system partners what is the multi-year plan approach to support implementation of the trust strategy		

Progress Against Exit Criteria

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit
RSP-HR3	Strengthened HR systems and Board oversight of grievances, whistleblowing, training, staff turnover and exit interviews: themes, trends and learning.	**Achieved**: • HR reporting has improved, providing a clear understanding of ER caseload and challenges. • New HRD appointed in Q1 of 24/25 – diagnostics has been completed and shared, including of previous external review of HR (SG report) • Re-started JPF following ACAS mediation with Unions • HR Improvement Plan at Board Development in September 24. **Plan to Exit**: • Re-structuring of HR team to increase capacity and capability across specific functions (ER, HRBP, Wellbeing, L&OD) • Agreeing new TOR for JPF and re-starting ACAS mediation discussions to develop 12 month joint forward plan • Solution requirements are being captured for Learning Management and Digital Appraisal products, capable of linking to ESR to support Employee, Supervisor and Manager Self Service. Once the requirements are captured, these will be signed of by the Exec Team (Board) and procurement will commence. **Evidence Required**: • Conclusion of ACAS mediation and evidence of a functioning JPF for 12 months, including approval of a new recognition agreement, agreed updated JPF TOR and a 12-month joint forward plan • Evidence of implemented changes in line with an agreed recovery plan by interim HRD		

Progress Against Exit Criteria

South East Coast Ambulance Service NHS Foundation Trust

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit
RSP-Co2	Improved staff engagement as measured through response levels to the Staff Survey and regular pulse checks.	**Achieved**: • There has been a significant increase in leadership visibility and Pulse Survey responses, which improved from 812 (April 2023) to 901 (July 2023). This positive change spans various areas, including employee engagement, advocacy, involvement, motivation, colleague mood, support from team members, being well informed about changes, and proactive support in health and wellbeing. • The Staff Survey was completed by over 60% of respondents. • National Quarterly Pulse Survey (NQPS) Engagement Scores improved from 4.3 to 5.3 between July 2022 and July 2023. • Staff Survey Results Engagement Scores improved from 5.4 to 5.9 between autumn 2022 and autumn 2023. • Completion of year 1 of the People and Culture implementation plan, addressing approximately 40 issues identified by colleagues. • Star of the month, recognition platform **Plan to Exit**: • Integrated people plan for year 2 is under development in line with the strategy. Focus on retention, EDI, and wellbeing. • Re-structure of HR directorate includes creation of a “Communications and Engagement” team – historically, separate teams. This will be followed by a new engagement framework. **Evidence Required**: • Evidence of the engagement plan implemented • Continued improvement in survey results		

BRAGG Scoring Criteria

South East Coast Ambulance Service NHS Foundation Trust

	Project, **Milestone** or **Criteria** has been achieved and embedded **Risks** have been fully mitigated
	Project, **Milestone** or **Criteria** is at high risk of not being met or already off-track **Risks** have significant impact on project outcomes and/or timeline
	Project, **Milestone** or **Criteria** is at some risk of not being completed **Risks** have moderate impact on project outcomes and/or timeline
	Project, **Milestone** or **Criteria** is on track to be completed in time **Risks** have low impact on the delivery of the project
	Project, **Milestone** or **Criteria** has just started being worked on, resources have not been deployed, and it's too early to tell

South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board – August 2024

Reporting Period: May & June 2024

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

Contents

Improving Quality of Information to Board – August 2024

- Following additional Board development sessions with NHSE in 22/23, we have made further improvements to our IQR:
  - Control Limits have been recalculated for metrics where there are clear signs of process change.
  - Assurance grids have been introduced for every pillar of the Improvement Journey.
  - Addition of Bullying and Harassment Metrics added in under Employee Experience and Suspensions in People and Culture. This will strengthen the Board's visibility to some of the key metrics that help us assure how swiftly we are addressing ER cases.
  - A technical Narrative has been added to the side of each SPC chart, to help the data trends be better understood.
  - Operational Narrative training has been delivered to the Trust in sessions both in September and November.
  - Board timetable has been updated to ensure there's sufficient time to develop a quality report.
  - Several metrics have been updated and included in the report, including: Safeguarding Level 3, Harm, Call handling performance in 999 and 111.
  - Where appropriate, both annual rolling and monthly SPC charts are provided to see the trends better (i.e. in areas like attrition).
  - The executive summary matrix has been included for all section, included of a breakdown of the key areas of assurance under each key pillar (see next slide).
  - Performance benchmarking has been included against other Ambulance providers for the month of October.
  - *(New February 2023)* Financial reporting run charts have been added against plan for the main indicators. This is supported by the standalone Finance Report received now monthly.
  - Several Targets have been included or reviewed in this iteration of the IQR, meaning more SPC icons will become apparent to the Board in the review of this version. Absolute targets of 0 or 100 are still in place where compliance requires it, and still add value as Failing processes will still indicate that even with standard variation we are not expecting our processes to be capable of meeting the required standards.
- In addition, the BAF Risk report now includes a direct link to the key assurance metrics and SPC icons to strengthen how the reports are considered together.
- The focus will also shift during the upcoming period to start on-boarding key data sources to the data warehouse, as we remain with 75% of data not being available, which creates a data quality and validation risk. The priority datasets will be Datix and workforce systems. The **Data Strategy** development has begun but the timing of it's completion is now aligned to the Trust-wide strategy to ensure alignment.
- We have now updated an initial cover page under "Annual Plan" to provide the Board with performance against in-year objectives at a glance. This is under development but >80% of the KPIs are available and therefore included in this version to support improving the quality of the discussion.
- In addition, we now have incorporated medicines governance key reporting such as PGD compliance (CQC Must Do), and stock levels, as part of the Continuous Improvement of the report.
- **No further changes have been included in the latest period. A review of the IQR will be due in 24/25 to align to the updated BAF and aligned to the new strategic objectives for the organisation.**

Icon Descriptions

				
	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided.
	Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided.
	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently **HIT OR MISS** the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measure is significantly **HIGHER**. The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided.

				Special cause variation where **UP** is neither improvement nor concern.
				Special cause variation where **DOWN** is neither improvement nor concern.
				Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

Our Objectives for 24/25

NHS South East Coast Ambulance Service NHS Foundation Trust

We deliver high quality patient care

- Delivery of Performance Targets
- Increase our volunteer workforce by 150
- Improve Cardiac Arrest outcomes and Stroke outcomes
- Implement 5 unscheduled care navigation hubs
- Rollout of Clinical Supervision
- Quality Account and Patient Safety Framework
- Quality Improvement

Our people enjoy working at SECAmb

- Leadership Re-structure
- Leadership Development
- Review our HR and OD Model
- New engagement framework
- Culture Improvement
- Honour the forward liabilities for legacy pay issues

We are a sustainable partner as part of an integrated NHS

- Improve our internal controls and deliver our deficit plan
- Develop an agreed multi-year plan to break-even
- Progress collaboration opportunities with partners
- Refresh our strategic commissioning framework supported by our new models of care
- Develop and begin to deliver on a digital strategy

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Quality & Safety

QUALITY & SAFETY

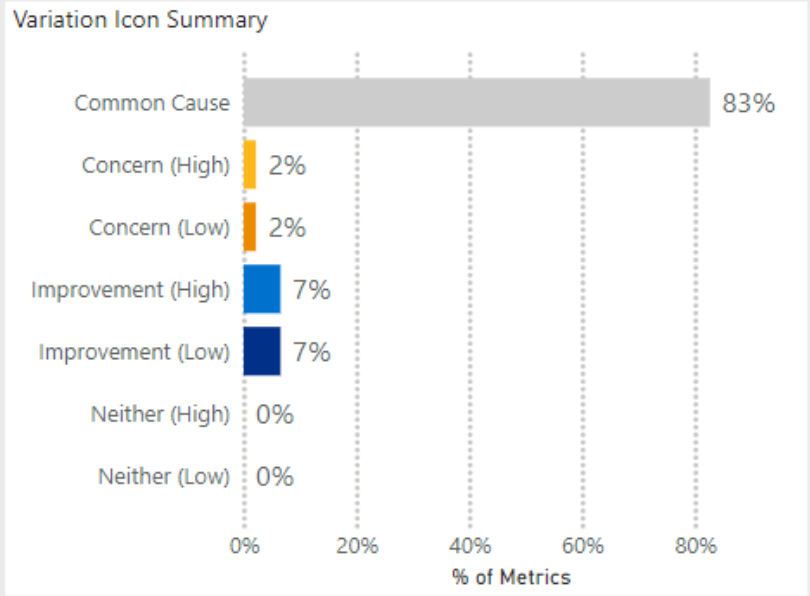
Summary

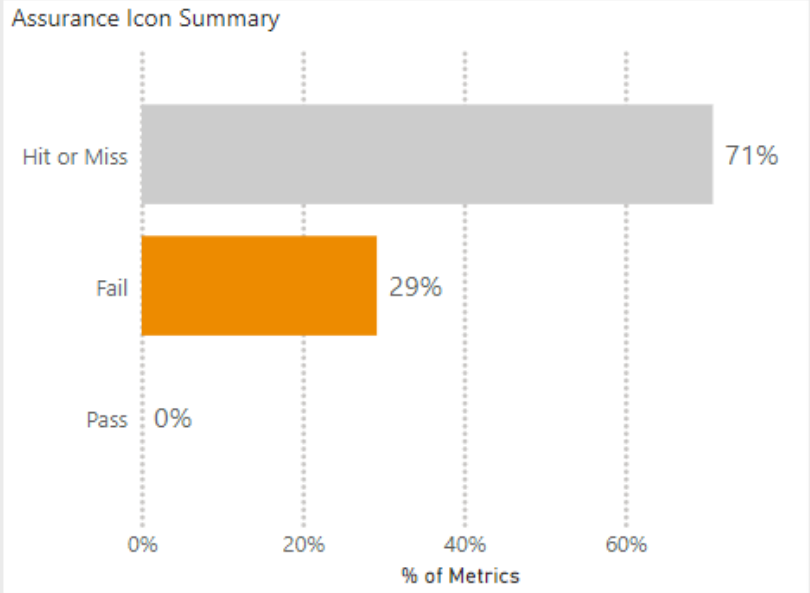
June 2024	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement		**Cardiac Arrest - Post ROSC % Resilience Stock Holding of Medicines in the Trust	PGD Compliance %	Count of Low Harm Incidents Harm Incidents per 1000 Incidents Complaints per 1000 999 Calls Answered
Common Cause		Duty of Candour Compliance % Hand Hygiene Compliance % Deep Clean Compliance % Complaints Reporting Timeliness %	Medicines Management % of Audits Completed Number of CD Breakages Single Witness Signature Use CDs Non-Omnicell Single Witness Signature Use CDs Omnicell	Number of Medicines Incidents Number of Datix Incidents Number of Incidents Reported as SIs Outstanding Actions Relating to SIs, Outside of Timescales Health & Safety Incidents Manual Handling Incidents Proportion of Complaints Relating to Crew Attitude % Number of Complaints Number of Compliments No Harm Incidents per 1000 Incidents Count of No Harm Incidents Count of Moderate Harm Incidents Count of Severe & Death Harm Incidents
Special Cause Concern			Compliant NHS Pathways Audits (EMA) %	Violence and Aggression Incidents (Number of Victims - St...

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

QUALITY & SAFETY

Overview (1 of 3)





Incidents

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Medicines Incidents	Quality Improvement	Jun-2024	184		119.63	173.95	228.27		
Number of CD Breakages	Quality Improvement	Jun-2024	12	0	4.79	21.45	38.11		
Number of Datix Incidents	Quality Improvement	Jun-2024	1600		1141.94	1484.8	1827.66		
Number of Incidents Reported as SIs	Quality Improvement	Jun-2024	0		-3.11	3.05	9.21		
Duty of Candour Compliance %	Quality Improvement	Jun-2024	100%	100%	78.64%	91.05%	103.47%		
Violence and Aggression Incidents (Number of Victims - Staff)	Quality Improvement	Jun-2024	131		83.15	123.75	164.35		
Number of RIDDOR Reports	Quality Improvement	Jun-2024	9		1.76	9.6	17.44		
Outstanding Actions Relating to SIs, Outside of Timescales	Quality Improvement	Jun-2024	12		-5.5	11.3	28.1		
Health & Safety Incidents	Quality Improvement	Jun-2024	36		13.83	32.45	51.07		

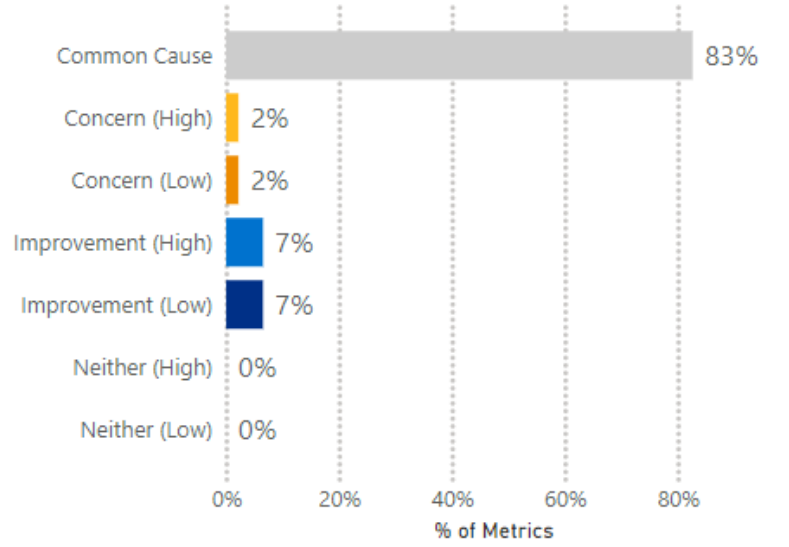
Patient Experience

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Complaints relating to privacy and respect %	Quality Improvement	Jun-2024	0%		0%	0%	0%		
Proportion of Complaints Relating to Crew Attitude %	Quality Improvement	Jun-2024	53%		34.32%	59.8%	85.28%		
Complaints Reporting Timeliness %	Quality Improvement	Jun-2024	100%	95%	61.83%	86.75%	111.67%		
Number of Complaints	Quality Improvement	Jun-2024	66		16.59	65.45	114.31		
Complaints per 1000 999 Calls Answered	Quality Improvement	Apr-2024	0.77		-50.55	116.16	282.88		
Number of Compliments	Quality Improvement	Jun-2024	173		23.2	167.4	311.6		
No Harm Incidents per 1000 Incidents	Quality Improvement	Jun-2024	8.98		6.74	10.1	13.46		
Harm Incidents per 1000 Incidents	Quality Improvement	Jun-2024	0.82		0.69	1.34	1.99		

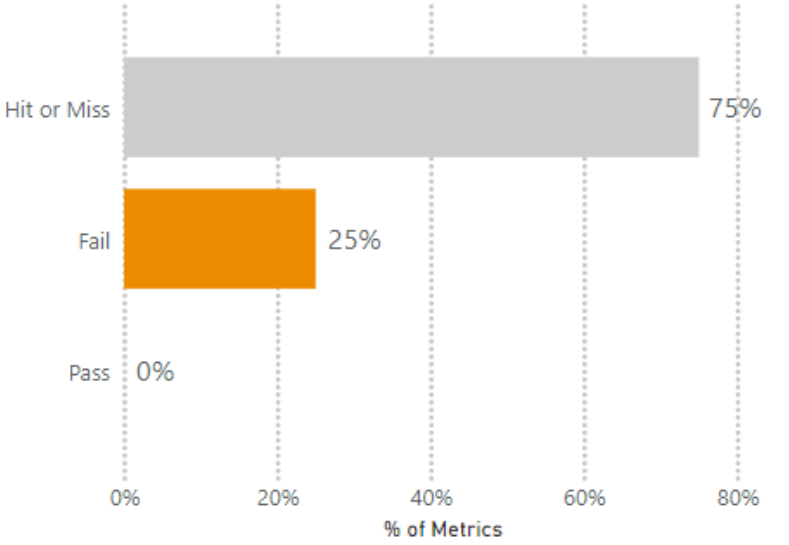
QUALITY & SAFETY

Overview (2 of 3)

Variation Icon Summary



Assurance Icon Summary



Clinical Effectiveness & Patient Outcomes

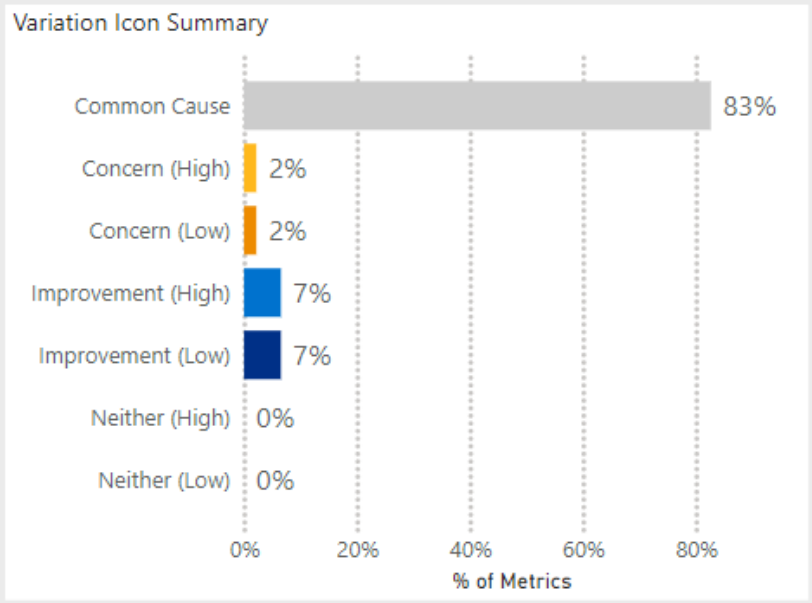
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
**Cardiac ROSC Utstein %	Quality Improvement	Apr-2024	65.9%	45.1%	31.65%	51.76%	71.86%		
**Cardiac ROSC ALL %	Quality Improvement	Apr-2024	32.1%	23.8%	16.97%	28.08%	39.19%		
**Sepsis Care Bundle %	Quality Improvement	May-2024	91.9%	85%	82.23%	87.21%	92.19%		
**Cardiac Survival Utstein %	Quality Improvement	Mar-2024	40%	25.6%	4.62%	29.76%	54.9%		
**Cardiac Survival ALL %	Quality Improvement	Mar-2024	13.4%	9.6%	2.52%	10.93%	19.34%		
**Cardiac Arrest - Post ROSC %	Quality Improvement	Apr-2024	74.2%	76.8%	62.91%	71.42%	79.93%		
**Acute STEMI Care Bundle Outcome %	Quality Improvement	May-2024	67.6%	64.7%	59.05%	69.47%	79.89%		
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	Quality Improvement	Dec-2023	02:41:00	02:22:00		02:33:13			
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	Quality Improvement	Dec-2023	04:07:00	03:14:00		03:31:00			
Stroke - Call to Hospital Arrival Mean	Quality Improvement	Dec-2023	01:28:00	01:29:00		01:32:43			
Stroke - Call to Hospital Arrival 90th Centile	Quality Improvement	Dec-2023	02:08:00	02:20:00		02:22:39			
**Stroke - Assessed F2F Diagnostic Bundle %	Quality Improvement	Feb-2024	98.6%	96.3%	95.76%	97.64%	99.52%		
**Sensitivity of Cardiac Arrest Detection During Telephone Triage %	Quality Improvement	Apr-2024	94.2%	93.8%	88.01%	92.69%	97.38%		
**Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %	Quality Improvement	Apr-2024	78.7%	77.9%	69.94%	78.42%	86.9%		
Required NHS Pathways Audits Completed (EMA) %	Quality Improvement	Jun-2024	83.2%		81.42%	102.12%	122.81%		
Compliant NHS Pathways Audits (EMA) %	Quality Improvement	Jun-2024	81.3%	100%	76.57%	83.25%	89.93%		
Compliant NHS Pathways Audits (Clinical) %	Quality Improvement	Jun-2024	83.9%	100%	69.73%	85.28%	100.83%		
Required NHS Pathways Audits Completed (Clinical) %	Quality Improvement	Jun-2024	100.3%	100%	93.83%	100.34%	106.85%		
Time Spent in SMP 3 or Higher %	Quality Improvement	Jun-2024	54.3%		7.23%	49.24%	91.25%		

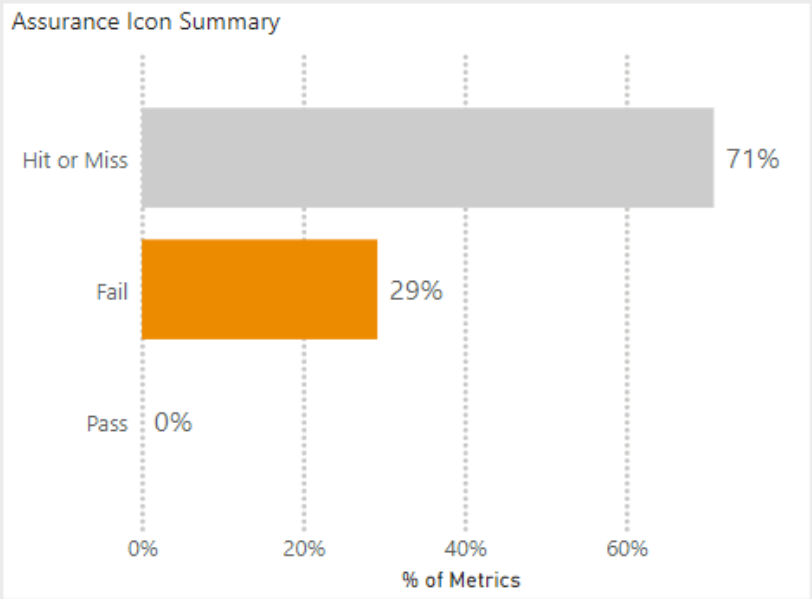
Infection Prevention Control

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Hand Hygiene Compliance %	Quality Improvement	Jun-2024	94.4%	90%	73.76%	86.34%	98.91%		
Deep Clean Compliance %	Quality Improvement	Jun-2024	78%	100%	64.95%	86.01%	107.07%		

QUALITY IMPROVEMENT

Overview (3 of 3)





Health & Safety

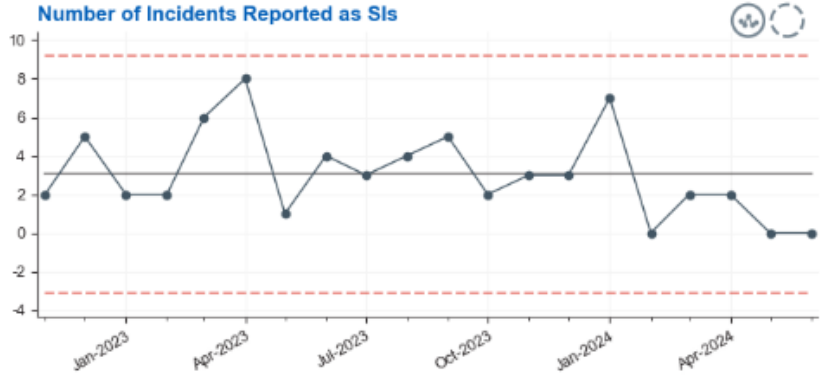
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Manual Handling Incidents	Quality Improvement	Jun-2024	19		11.1	26.5	41.9		
Organisational Risks Outstanding Review %	Quality Improvement	Jun-2024	17.5%	30%	5%	33.52%	62.05%		

Medicine Management

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Single Witness Signature Use CDs Omnicell	Quality Improvement	Mar-2024	35	0	8.71	38.5	68.29		
Single Witness Signature Use CDs Non-Omnicell	Quality Improvement	Mar-2024	17	0	5.68	30.69	55.69		
Medicines Management % of Audits Completed	Quality Improvement	Jun-2024	95.2%	100%	86.67%	93.26%	99.85%		
PGD Compliance %	Quality Improvement	Jun-2024	88.5%	100%	70.74%	80.31%	89.89%		
Resilience Stock Holding of Medicines in the Trust	Quality Improvement	Jun-2024	156%	100%	14.99%	87.65%	160.31%		

QUALITY & SAFETY

SIs, Incidents, & Duty of Candour



QS-2

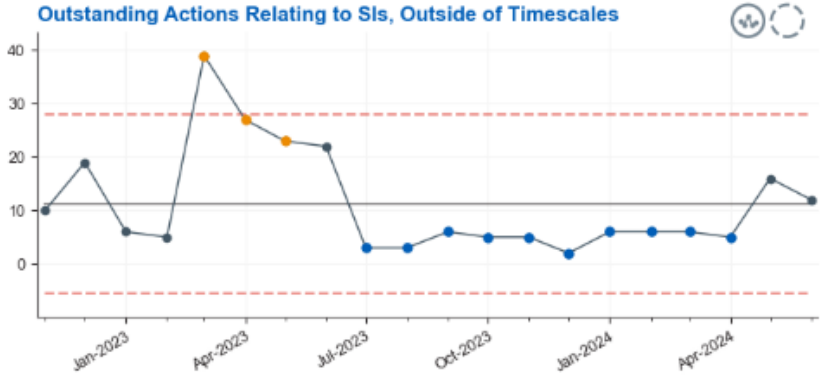
Dept: Quality & Safety
IP: Quality Improvement
Latest: 0

Common cause variation, no significant change.

QS-1

Dept: Quality & Safety
IP: Quality Improvement
Latest: 1600

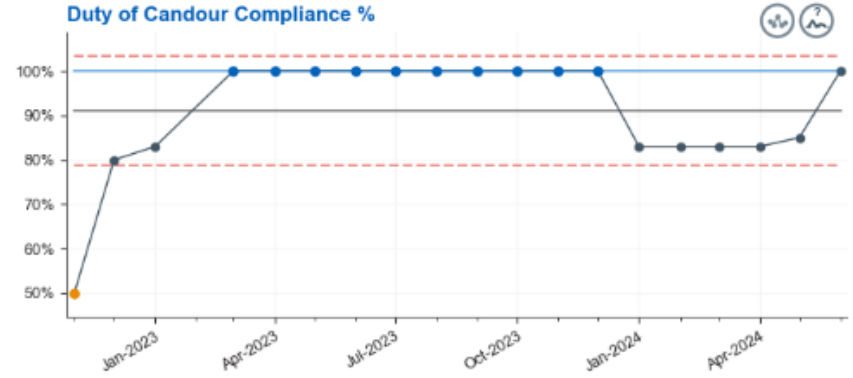
Common cause variation, no significant change.



QS-17

Dept: Quality & Safety
IP: Quality Improvement
Latest: 12

Common cause variation, no significant change.



QS-3

Dept: Quality & Safety
IP: Quality Improvement
Latest: 100%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

(QS-1) Number of Datix incidents - Incident reporting numbers have increased within normal variation, demonstrating a positive reporting culture. The targeted approach to the management of breached incidents is ongoing and good progress is being made. From the next slide, it is evidenced that the increase is being seen in no harm incidents rather than harm incidents.
(QS-17) Outstanding actions relating to SIs– Regular monitoring and scrutiny of actions continues to help keep them on track. Updates on longer term actions are regularly sought.
(QS-2) Number of incidents reported as Serious Incidents– We are no longer declaring SIs having transitioned to PSIRF.
(QS-3) Duty of Candour Compliance – May saw two cases completed outside of timescale due to difficulties in obtaining contact details. However, June was back to 100% compliance. The Incident Review Groups (IRGs) monitor the completion of DoC and have noted good adherence to required timescales.

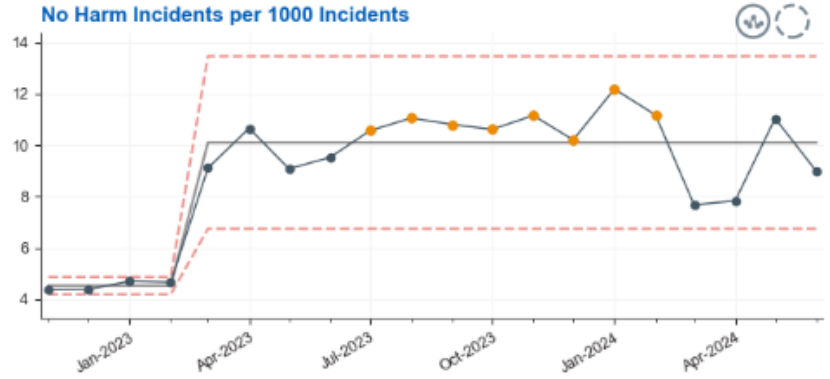
What actions are we taking?

(QS-1) Non-SI incidents and (QS-2 / 17) SI actions

- Requirement to freeze the SI metric, and construct ones to reflect PSII – BI to work with PS team to develop
- Ongoing actions around incident reporting relate to the timeliness of the management of these, which is demonstrating good progress.
- The last of the outstanding SI reports and actions are being progressed and reviewed by all teams.. There are SI reports from SIs declared in January 2024 that are still being investigated as per the SI Framework. Consequently, the actions identified from these reports will also need to be added to the outstanding action list so this will potentially increase before improving. We aim to have all actions completed and closed for SIs by the end of 2024 in line with our transition plan to PSIRF.

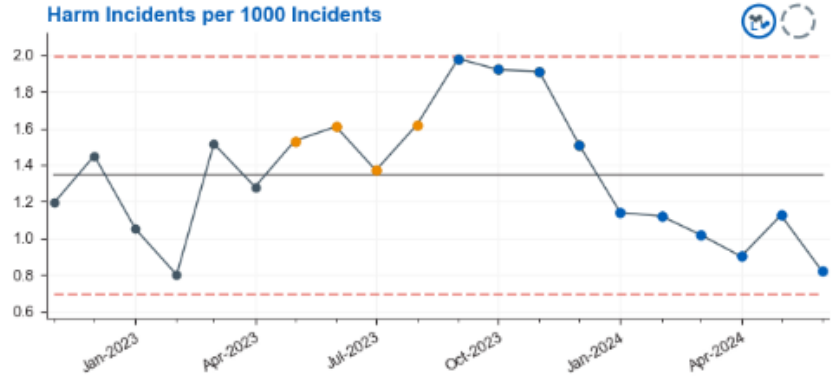
QUALITY & SAFETY

Harm



QS-28
Dept: Quality & Safety
IP: Quality Improvement
Latest: 8.98

Common cause variation, no significant change.



QS-29
Dept: Quality & Safety
IP: Quality Improvement
Latest: 0.82

Special cause of an improving nature where the measure is significantly LOWER.

Summary

QS-28 No Harm incidents per 1000 incidents – This data is showing normal variation. Many of June's incidents have not yet been through the complete management process so will not have a final grade of harm, meaning that this data may not be fully reflective of the true picture until September 2024. As incidents progress through the PSIRF process the grade of harm will be completed on the incident record.

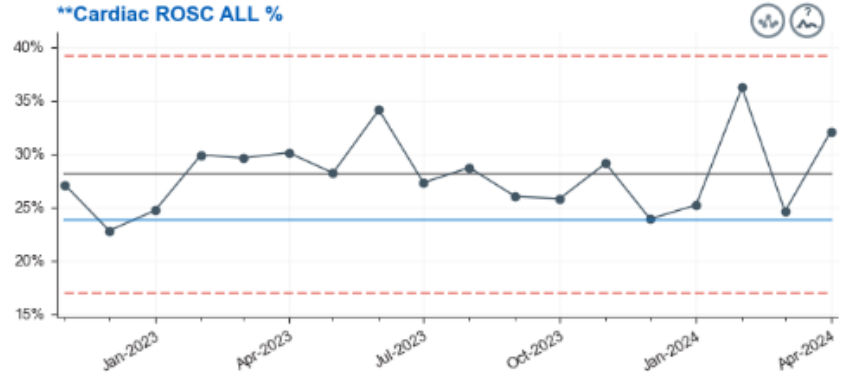
QS-29 Harm incidents per 1000 incidents – Harm incidents show a decreasing trend which is a statistically significant improvement. As above, June's incidents have not yet been through the complete management process so will not have a final grade of harm meaning that this data may not be fully reflective of the true picture until September 2024.

What actions are we taking?

- PSIRF continues to embed across the Trust, and the function of the Incident Review Groups remains effective and responsive to development when required.
- Engagement and attendance of the IRGs is encouraged and continues to improve. Feedback is gleaned from all those involved and ongoing improvement continue to be made to the process and approach.
- The development of our organisational learning framework continues, along with the commencement of an organisational learning forum which is due to launch shortly. The Group's terms of reference has been drafted. There is a good appetite for this forum with many staff interested in attending.
- Discussions are being held between Operations and Patient Safety to find a way to ensure that incident learning outcomes are completed more swiftly to allow for quicker learning, family updates and accurate pictures of harm.

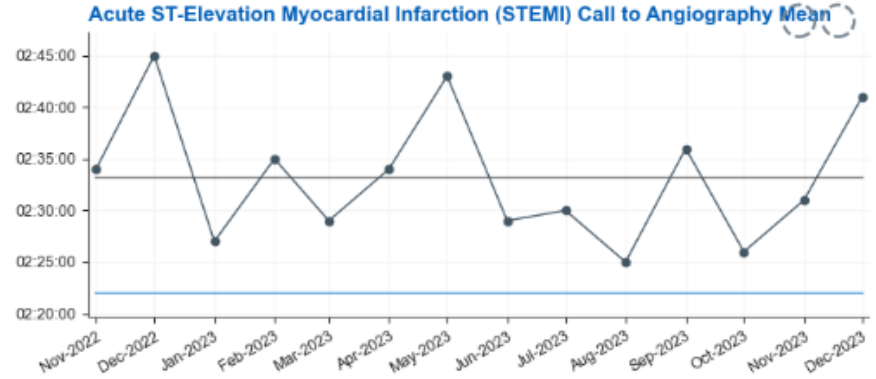
QUALITY & SAFETY

Impact on Patient Care - Cardiac



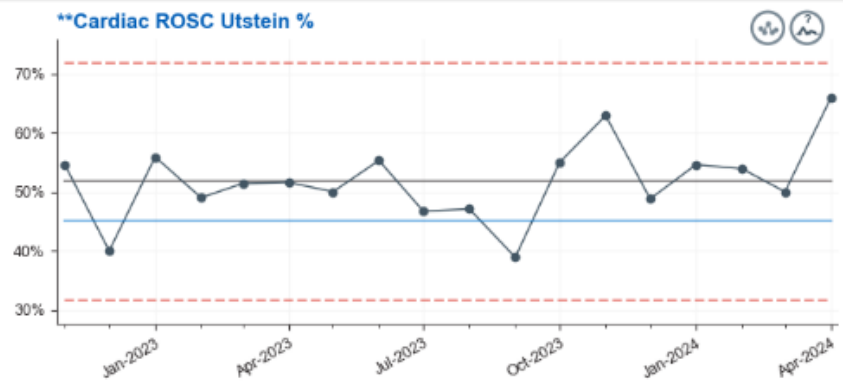
M-2

Dept: Medical
IP: Quality Improvement
Latest: 32.1%
Target: 23.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



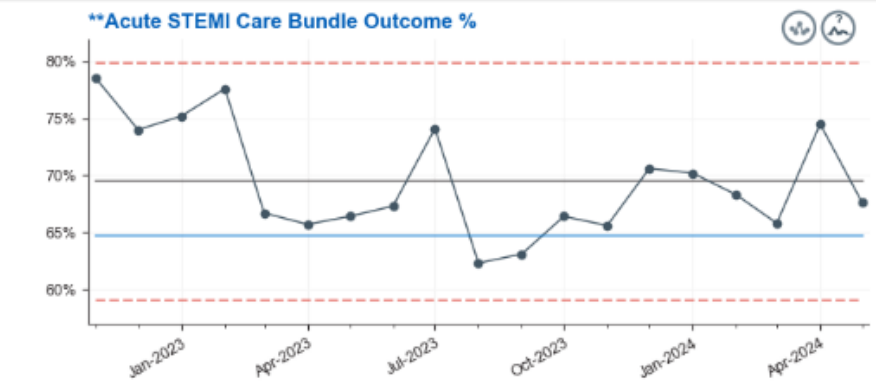
M-6

Dept: Medical
IP: Quality Improvement
Latest: 02:41:00
Target: 02:22:00
Special cause or common cause cannot be given as there are an insufficient number of points.



M-1

Dept: Medical
IP: Quality Improvement
Latest: 65.9%
Target: 45.1%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



M-5

Dept: Medical
IP: Quality Improvement
Latest: 67.6%
Target: 64.7%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

Cardiac Arrest Survival: – The survival rates for cardiac arrest patients show a positive trend, remaining consistently above the national average. This reflects the impact of our focused initiatives on improving cardiac arrest outcomes. The annual report published in Q4 will provide a comprehensive overview of our performance and offer valuable benchmarking data against other services, allowing us to continually refine our strategies for even better results.

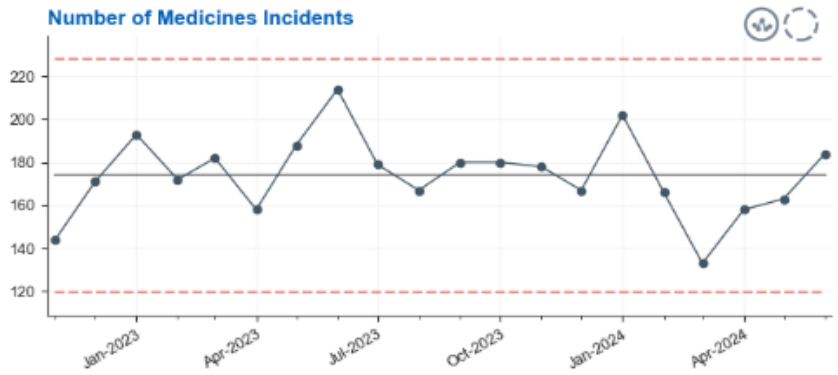
STEMI Call to Angiography – Our data indicates that the time from STEMI call to angiography is influenced by a variety of factors, including scene arrival delays and crew actions on scene. Despite these challenges, our performance remains within expected variations. Understanding and addressing these factors is critical to enhancing the timely delivery of care to STEMI patients.

What actions are we taking?

STEMI call to Angiography and Care Bundle outcomes

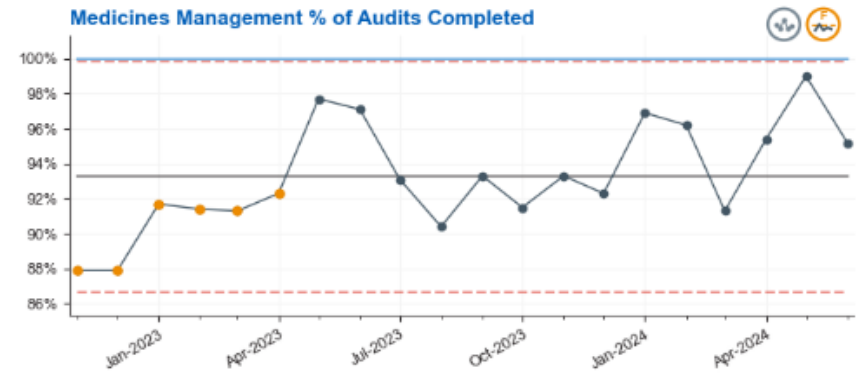
To address the delays in STEMI call to angiography times, we are exploring the establishment of an additional primary PCI centre in Kent to reduce travel times. We are also enhancing training programs to minimise on-scene time and developing dashboards for local units to monitor performance closely. Our Quality Improvement project aims to improve communication and efficiency during pPCI cases. Additionally, the national review of the STEMI care bundle will ensure that our practices align with the latest standards and best practices, ultimately improving patient outcomes.

QUALITY & SAFETY Medicines Management (1 of 2)



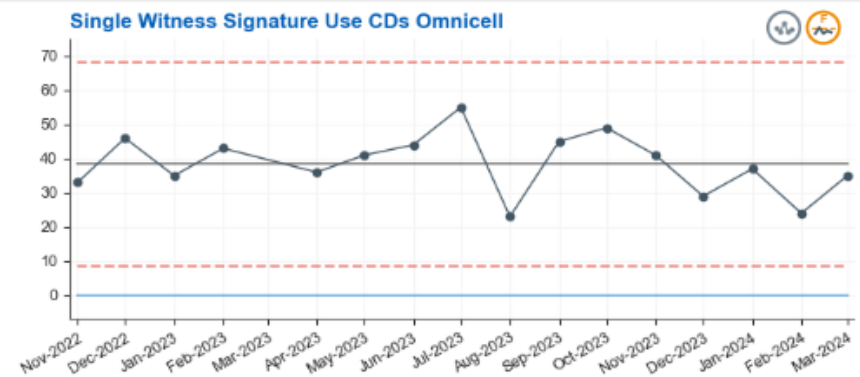
MM-1
Dept: Medicines Management
IP: Quality Improvement
Latest: 184

Common cause variation, no significant change.



MM-7
Dept: Medicines Management
IP: Quality Improvement
Latest: 95.2%
Target: 100%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

MM-5
Dept: Medicines Management
IP: Quality Improvement
Latest: 12
Target: 0
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



MM-3
Dept: Medicines Management
IP: Quality Improvement
Latest: 35
Target: 0
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary

MM-1: Incidences are being themed and considered alongside the PSIRF and LFPSE. The Medicines Safety Officer is also reviewing complex incidents where medicines are involved but not categorised as such. From July, the process by which medicines incidences are reviewed by Medicines Governance is changing. This will result in a more accurate picture due to the way they are currently counted.

MM-3: The metric around Single Witness signature for CDs needs refining as it is not capturing the correct information.

MM-5: The presence of human factors means that a target of 0 for CD breakages is unachievable and therefore this metric needs to be reviewed.

MM-7: The team are doing well with >95% Med Man audits. The metric needs adjusting to reflect an achievable target and the hard work that is being undertaken.

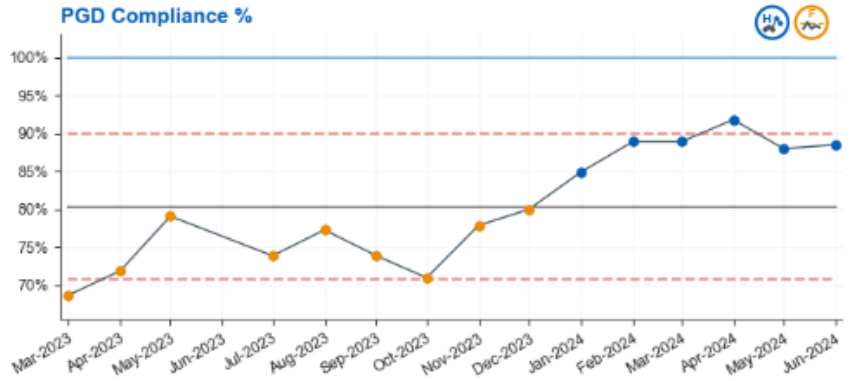
What actions are we taking?

MM-3: Action needs to be taken to redefine the metric as it should focus on the number of *unauthorised* single returns. This is being taken forward to the Medicines Leads subgroup next week for discussion.

MM-5: Work is being undertaken to establish an acceptable level of breakages as a proportion of the amount of dose units we carry.

MM-7: It is unrealistic to expect 100% of audits to be completed in any given month. Work to be undertaken to agree "what good looks like" as target.

QUALITY & SAFETY Medicines Management (2 of 2)



MM-8

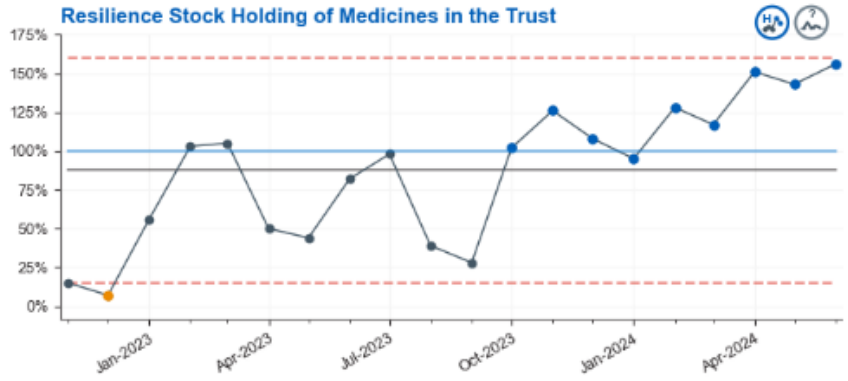
Dept: Medicines Management

IP: Quality Improvement

Latest: 88.5%

Target: 100%

Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



MM-9

Dept: Medicines Management

IP: Quality Improvement

Latest: 156%

Target: 100%

Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

Summary

MM-8: The downward trend for compliance is seen in the new PGDs that have been published in the last two months. This is due to the number of PGDs that were reviewed in the same period.

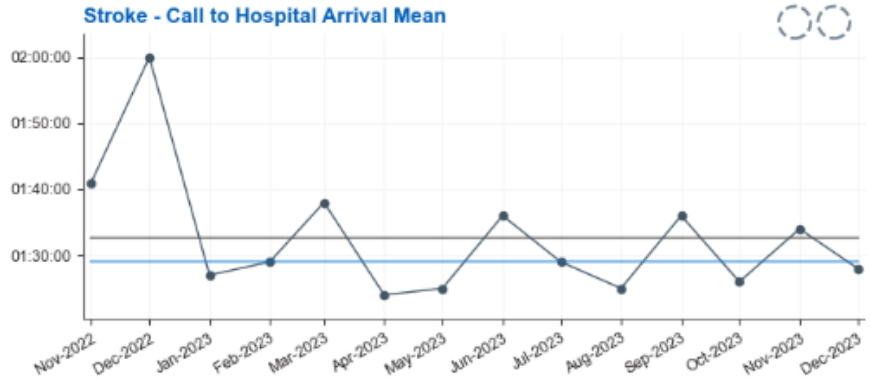
MM-9: Resilience stock at the MDC is running high in preparation for the refurbishment and potential disruption to packing activity.

What actions are we taking?

MM-8: The Medicines Governance Administrator will be cascading details of updated PGDS to OTLs to raise awareness for action.

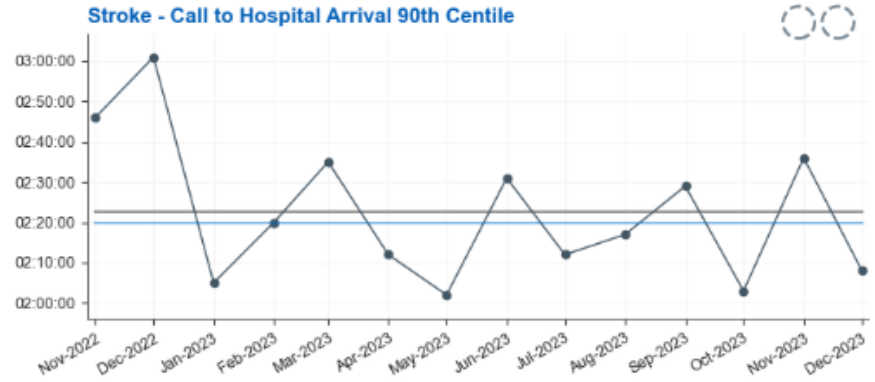
QUALITY & SAFETY

Impact on Patient Care – Stroke



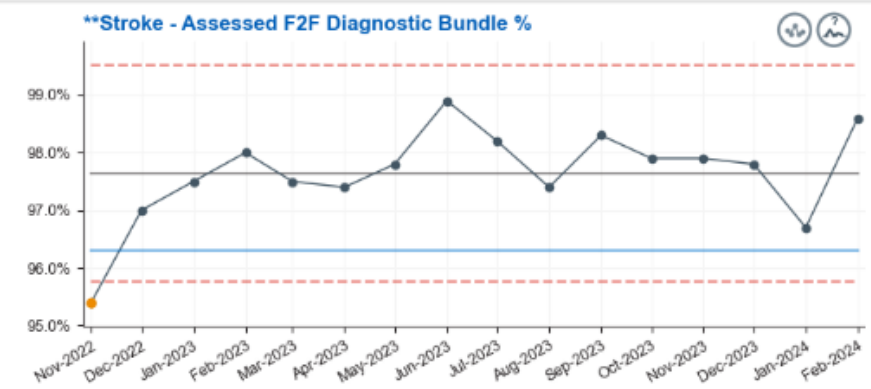
M-8

Dept: Medical
IP: Quality Improvement
Latest: 01:28:00
Target: 01:29:00
Special cause or common cause cannot be given as there are an insufficient number of points.



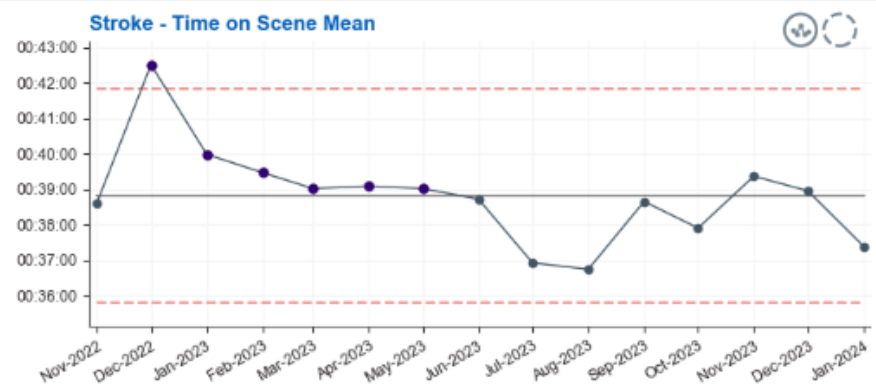
M-9

Dept: Medical
IP: Quality Improvement
Latest: 02:08:00
Target: 02:20:00
Special cause or common cause cannot be given as there are an insufficient number of points.



M-10

Dept: Medical
IP: Quality Improvement
Latest: 98.6%
Target: 96.3%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



M-28

Dept: Medical
IP: Quality Improvement
Latest: 00:37:23

Common cause variation, no significant change.

Summary

Stroke – Call to hospital Arrival mean. – continues to show common cause variation with SECAmb hovering just below the target. A nationally mandated move towards Telemedicine will further challenge the Trust's ability to meet this target.

Stroke: diagnostic bundle: Compliance against the Diagnostic Bundle continues to remain above the target in most months, with common cause variation shown..

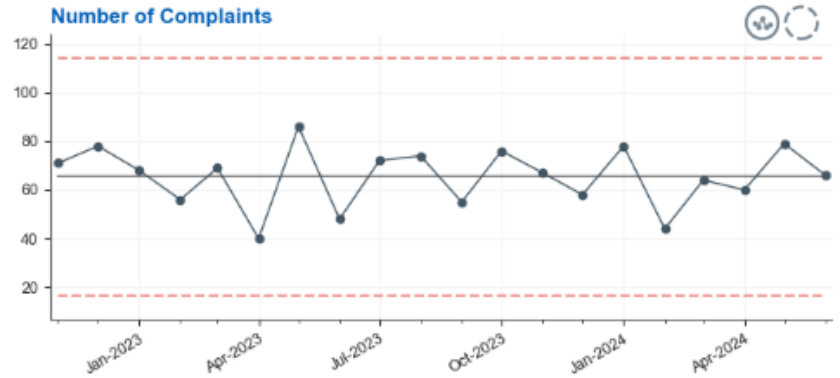
Stroke Time on scene mean. Common Cause variation but with an improving trend, though the nationally mandated move to Telemedicine in all areas will continue to challenge this.

What actions are we taking?

An ongoing UCL study will provide data on the impact of Telemedicine on these metrics, whilst integration in to the key skills curriculum continues to remind front line crews in the importance of time in these incidents. A continued improvement in the Trust's C2 response times should reflect in the 'call to hospital arrival' metrics, whilst enhanced ePCR functionality should aid in 'diagnostic bundle %' performance.

QUALITY & SAFETY

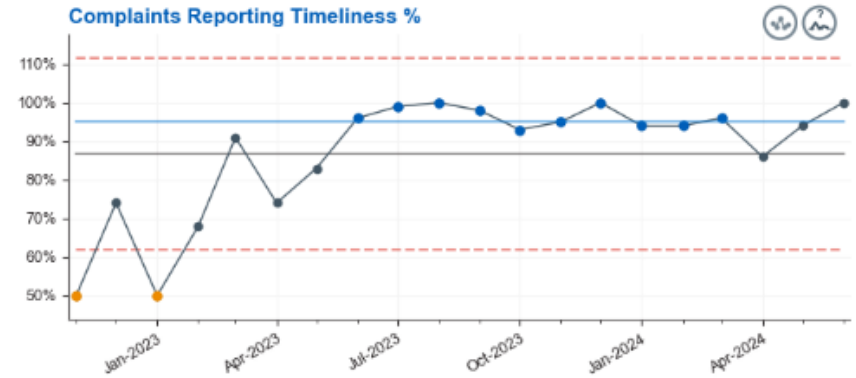
Patient Experience



QS-5

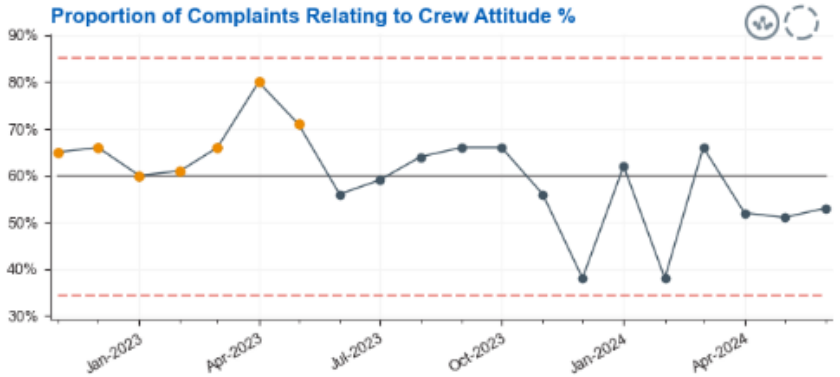
Dept: Quality & Safety
IP: Quality Improvement
Latest: 66

Common cause variation, no significant change.



QS-4

Dept: Quality & Safety
IP: Quality Improvement
Latest: 100%
Target: 95%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



QS-10

Dept: Quality & Safety
IP: Quality Improvement
Latest: 53%

Common cause variation, no significant change.

Summary

- After a slight dip in response timeliness, we are back on target of greater than 95% following support from operational colleagues in investigating complaints in a timely manner.
- As anticipated following a deep dive into this area and associated actions being undertaken, complaints relating to crew attitude has levelled out and remains lower than the same period in 2023.
- The number of complaints received is showing normal variation.

What actions are we taking?

- The PALS report for Q1 has been circulated.
- Complaint training for new OTL's has taken place in June and July with further dates in July, August and September.
- A deep dive into complaints relating to Pathways and Inappropriate treatment is being planned to support learning and continuous improvement.
- The investigation report template has been amended to allow investigating managers to provide details of the learning they have identified split into three categories. Trust wide learning, individual learning or no specific learning identified. Where no specific learning is identified, these complaints are still included in thematic analysis to support wider Trust learning. The new DCIQ database allows us to include these details and report on them which we have not previously been able to do.

QUALITY & SAFETY

Safety in the Workplace (1 of 3)

QS-20
Dept: Quality & Safety
IP: Quality Improvement
Latest: 36

Common cause variation, no significant change.

QS-22
Dept: Quality & Safety
IP: Quality Improvement
Latest: 19

Common cause variation, no significant change.

Health & Safety Incidents

There were 105 Health & Safety incidents reported in total during Q1 2024 . During the same period last year 90 incidents were reported. The SPC chart showing monthly data shows normal variation and demonstrates a positive safety reporting culture.

Highest reported categories

- Slips, trips and falls
- Cuts and Abrasions
- Environmental issues

What are we doing

Health & Safety internal reviews went live in June2024 with four reviews completed to date. The Programme will run until December 2024 and 21 sites in total will be reviewed.

The team undertake regular visits to local Operating Units to support, review and complete annual audits to identify opportunities for improvement.

The regional and Trust-wide Health & Safety groups will continue monitoring incident trends.

Manual Handling Incidents

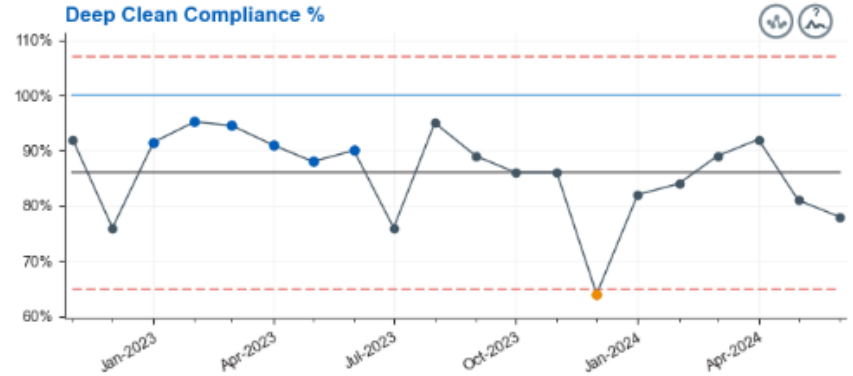
Manual handling incidents reported during Q1 2024 were 72 incidents. During the same period last year 71 incidents were reported. The SPC chart showing monthly data shows normal variation.

What are we doing

- Task & Finish group to be created in Q2 2024 to identify ways to reduce Manual Handling injuries and RIDDOR incidents.
- A Task & Finish group are currently working in collaboration with Union colleagues to review safe systems of work in utilising the carry chair.
- The H&S team are currently reviewing governance processes to ensure the Trust receives assurance on all H&S matters.

QUALITY & SAFETY

Safety in the Workplace (2 of 3)



QS-19
Dept: Quality & Safety
IP: Quality Improvement
Latest: 78%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

QS-7
Dept: Quality & Safety
IP: Quality Improvement
Latest: 94.4%
Target: 90%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Deep Clean Compliance %

Deep Clean is provided by Churchill as part of the Make-Ready service. We have had a performance improvement plan in place however this has not resulted in a marked improvement in performance, driven primarily by workforce challenges and productivity challenges within the operating model for Churchill. Current Deep Clean % for Q1 is an average of 82% Vs a Target of 100%.

Other key indicators include the % of vehicles Made Ready which stands at 79% for Q1 24/25 up to and including June 2024, This is the figure of vehicles that have been Made Ready Vs Vehicle Shift Starts, however the current contract agreement with Churchill is that 95% of 90% vehicle shifts start is the target and therefore the % for Q1 24/25 April - June is 88%. The shortfalls are largely driven by the hours provided by the contractor against the contract, the average hours provided are 78% of what is agreed in contract.
Note – there is significant variation in compliance score depending on the site, so whilst the average is near or on target, there remain sites where delivering the Deep Cleans remains a challenge for example the VPP sites non full MRCs) along with sites where the contractors have higher staff vacancies. This is driven by the infrastructure of the VPP sites (need to move vehicles to deliver Make Ready), and workforce challenges, due to a 16% vacancy rate against Churchill establishment (updated June 2024).

What actions are we taking?

Contract Management and cost control: Churchill wages were increased in April 23 above the contract to meet the national living wage uplift – this has seen a slight improvement from a vacancy rate of 25% to a current vacancy rate of 16%. We are in contractual and performance negotiations with Churchill at this moment as there is further cost pressure due to living wage increased in 2024.
Patient harm and risk: We have commissioned a harm review to identify the risk to patient safety. Feedback is the incidents are very little harm / low harm coming through.
Quality auditing: The Joint vehicle audit regime has been reviewed and improved upon significantly. We are now seeing high returns of joint audits between MRCMs and Churchill. Churchill are reporting a 78% compliance score of their internal audits. (Update June 2024 - we are aiming to increase the joint Audit frequencies).
Churchill Recruitment: We have agreed that Churchill can advertise on our Vacancy bulletins to try and reach a further audience.

In addition to the measures above, we are reviewing our overall approach to provisioning services for Make-Ready as part of the review of the operating model for operational support. The contract with Churchill has now been extended on a 3-month rolling basis giving us the opportunity to maintain current arrangements whilst we work with them on improvement plans, or changes to how we supply this service as a whole.. We are reviewing our options and plan to bring these to FIC no later than Q2 2024.(Update June 2024 – we are looking at extending the Churchill contract for a further year whilst aiming to improve recruitment and performance delivery)

Hand Hygiene Compliance

Following the introduction of IPC Practice Reviews back in April 2024, we are seeing a steady improvement in compliance to hand hygiene. Feedback from the staff completing the reviews is very positive and no longer seen as just a tick box exercise.

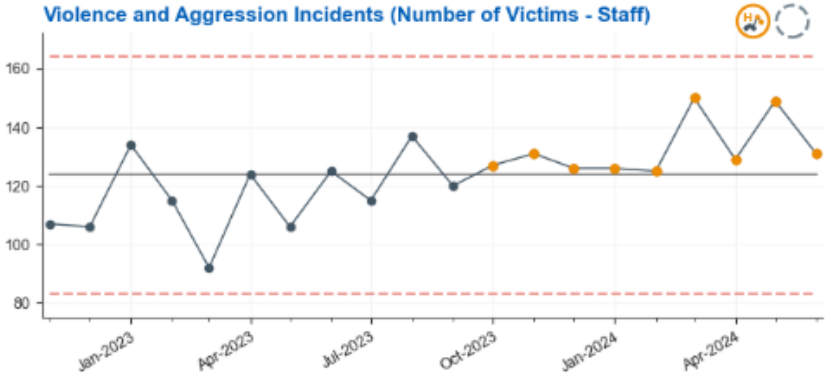
The reviews also include other elements of IPC practice, and this will allow the IPC Team to focus on any issues with non-compliance either across the whole Trust or at individual Despatch Desk level.

What Actions are we taking?

- New dashboard for local Dispatch Desks will also be introduced to monitor compliance locally, but this is still in development.
- Full review of the new practice review process to take place at the end of Q2.

QUALITY & SAFETY

Safety in the Workplace (3 of 3)



QS-13
Dept: Quality & Safety
IP: Quality Improvement
Latest: 131

Special cause of a concerning nature where the measure is significantly HIGHER.

Violence & Abuse

There continues to be an increase in the number of violence and abuse incidents reported since October 2023 and this is considered a positive increase in reporting culture.

Reported incidents have risen to be on average 130 per month. There was a spike in May 2024 with significantly more incidents of ASB (37) reported. There is a continued rise in verbal abuse that can be attributed to incidents reported by call handling centres. Assaults have remained at a consistent level.

Staff reported 150 violence and aggression related incidents in May 2024.
The sub-categories of these incidents are shown below:

- 69 verbal abuse
- 37 Anti-Social Behaviour
- 31 assaults

Staff reported 132 violence and aggression related incidents in April 2024.
The sub-categories of these incidents are shown below:

- 62 verbal abuse
- 19 Anti-Social Behaviour
- 32 assaults

What actions are we taking?

- Face to Face Conflict Resolution Training (CRT) commenced for road staff in April 2024. As of 12th July, 625 staff (20+%) have been trained.
- Monthly monitoring at the Violence Reduction working group and Health & Safety group continues.
- We continue to triage incidents and provide contact and support to staff if appropriate in reporting to police for investigation.
- Monthly partnership meetings are held with police to provide updates on cases involving our staff.
- Carriage of Body Worn Cameras (BWC) has been maintained.
- Increased partnership working internally with frequent caller team and 111 supervisors to understand the recent spike in verbal abuse and identify possible interventions that may be available.

What changes do we expect from these actions ?

- An increase in staff confidence and satisfaction that we are taking violence and aggression seriously as a Trust
- Increased use and sharing of BWC and CCTV Data with police partners to increase sanctions.
- A possible shift in trend during 2024. Comparison of data continues to show steady increases month by month in comparison to last year.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Responsive Care

RESPONSIVE CARE

Summary

June 2024

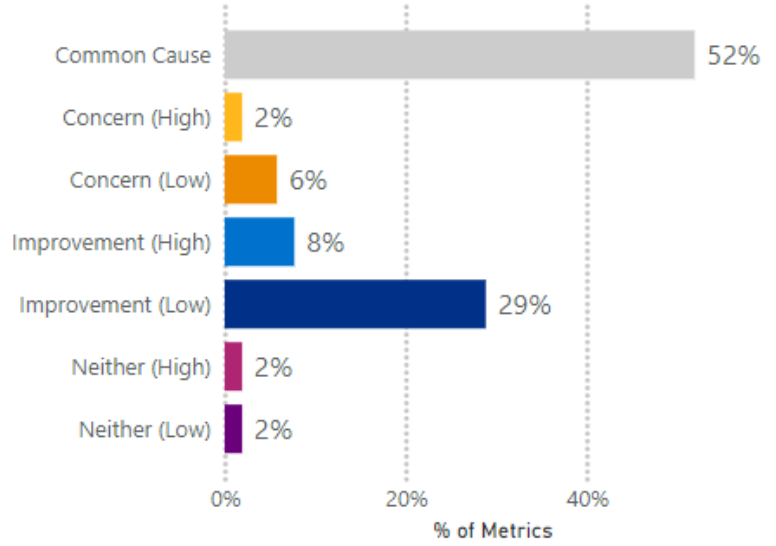
	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement	Cat 1T Mean Cat 1T 90th Centile	999 Frontline Hours Provided % 111 Calls Abandoned - (Offered) % 999 Call Answer Mean 999 Call Answer 90th Centile Cat 1 90th Centile Cat 4 90th Centile	Hear & Treat % See & Convey % Average Wrap Up Time 111 Calls Answered in 60 Seconds % Cat 1 Mean	CFR Attendances Proportion of Wrap Up Times > 15 minutes HCP 3 Mean HCP 3 90th Centile HCP 4 Mean HCP 4 90th Centile
Common Cause	111 to 999 Referrals (Calls Triaged) %	A&E Dispositions % Cat 2 Mean Cat 3 90th Centile	See & Treat % Vehicles Off Road (VOR) %	JCT Allocation to Clear at Scene Mean JCT Allocation to Clear at Hospital Mean Number of Hours Lost at Hospital Handover Critical Vehicle Failure Rate (CVFR) % of planned vehicle services completed Incidents Cat 2 Proportion (Cat 1-4) Duplicate Calls % 999 Calls Answered
Special Cause Concern		Clinical Contact %	Ambulance Validation %	ECAL Mean Response Time FFR Attendances

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

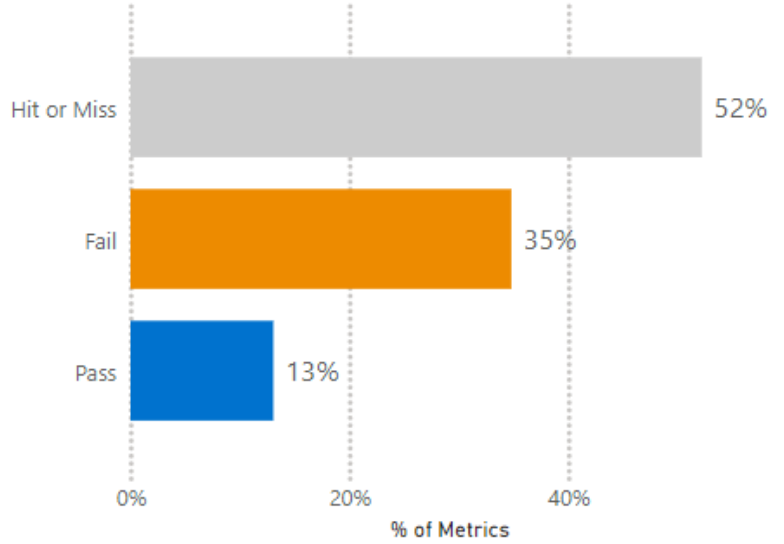
RESPONSIVE CARE

Overview (1 of 3)

Variation Icon Summary



Assurance Icon Summary



Response Times

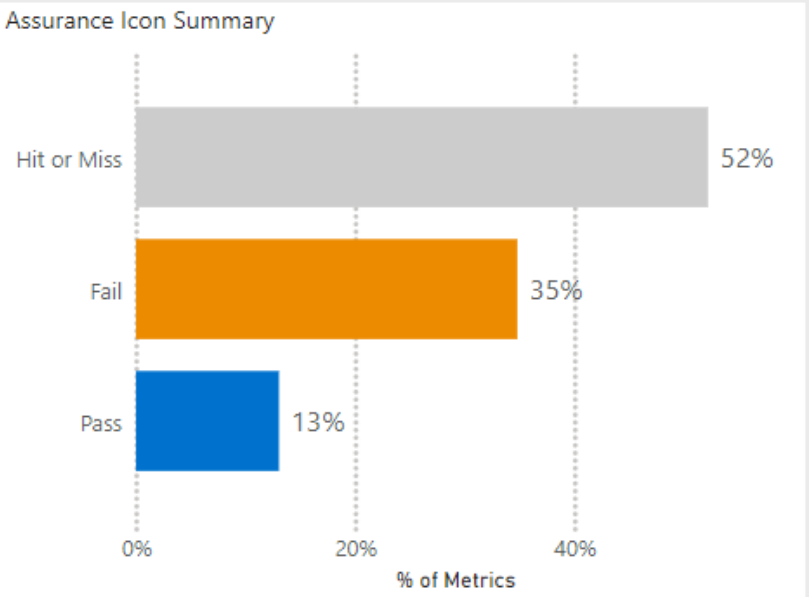
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Section 135 Mean Response Time	Responsive Care	Jun-2024			01:22:01		02:11:56		
Section 136 Mean Response Time	Responsive Care	Jun-2024	00:26:53		00:15:14	00:25:00	00:34:46		
Cat 1 Mean	Responsive Care	Jun-2024	00:08:24	00:07:00	00:07:18	00:08:44	00:10:10		
Cat 1 90th Centile	Responsive Care	Jun-2024	00:15:30	00:15:00	00:13:31	00:15:55	00:18:19		
Cat 1T Mean	Responsive Care	Jun-2024	00:09:47	00:19:00	00:08:33	00:10:13	00:11:53		
Cat 1T 90th Centile	Responsive Care	Jun-2024	00:18:17	00:30:00	00:15:43	00:18:48	00:21:54		
Cat 2 Mean	Responsive Care	Jun-2024	00:30:00	00:30:00	00:16:55	00:29:06	00:41:17		
Cat 2 90th Centile	Responsive Care	Jun-2024	01:01:50	00:40:00	00:32:28	00:59:17	01:26:06		
Cat 3 90th Centile	Responsive Care	Jun-2024	05:27:55	02:00:00	01:28:32	05:04:33	08:40:35		
Cat 4 90th Centile	Responsive Care	Jun-2024	06:07:57	03:00:00	01:39:03	06:33:46	11:28:28		
HCP 3 Mean	Responsive Care	Jun-2024	01:45:09		00:56:51	02:09:34	03:22:17		
HCP 3 90th Centile	Responsive Care	Jun-2024	03:49:06		01:22:54	04:49:17	08:15:40		
HCP 4 Mean	Responsive Care	Jun-2024	02:35:07		01:06:18	02:46:10	04:26:02		
HCP 4 90th Centile	Responsive Care	Jun-2024	05:52:28		02:06:25	06:28:54	10:51:23		

Emergency Operations Centres (EOC)

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Duplicate Calls %	Responsive Care	Jun-2024	24.2%		19.26%	23.1%	26.94%		
999 Calls Answered	Responsive Care	Jun-2024	73455		51373.64	70459	89544.36		
999 Call Answer Mean	Responsive Care	Jun-2024	00:00:05	00:00:05	00:00:28	00:00:30	00:01:28		
999 Call Answer 90th Centile	Responsive Care	Jun-2024	00:00:02	00:00:10	00:01:03	00:01:34	00:04:12		

RESPONSIVE CARE

Overview (2 of 3)



Utilisation

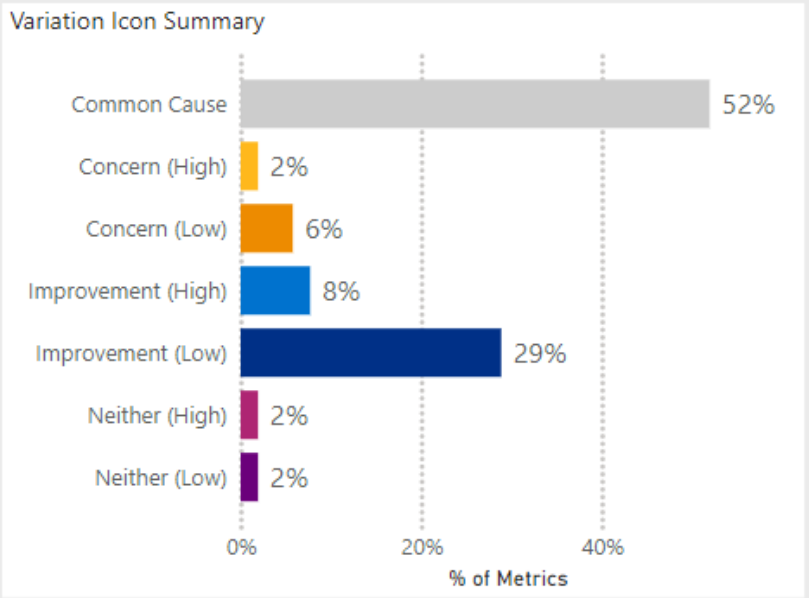
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
999 Frontline Hours Provided %	Responsive Care	Jun-2024	99.6%	100%	87.89%	99.36%	110.82%		
Provided Bank Hours %	Responsive Care	Jun-2024	0.7%		0.57%	0.75%	0.93%		
Provided Overtime Hours %	Responsive Care	Jun-2024	5.5%		3.67%	7.13%	10.59%		
Provided PAP Hours %	Responsive Care	Jun-2024	2.5%		3.33%	4.32%	5.31%		
999 Operational Abstraction Rate %	Responsive Care	Jun-2024	24.5%	28%		27.84%			
999 Remaining Annual Leave FY	Responsive Care	May-2024	39%			26.71%			
Vehicles Off Road (VOR) %	Responsive Care	Jun-2024	14.8%	10%	10.38%	13.52%	16.65%		
% of DCA vehicles off road (VOR)	Responsive Care	Jun-2024	16.1%		11.43%	14.36%	17.28%		
% of SRV vehicles off road (VOR)	Responsive Care	Jun-2024	4%		-15.45%	7.78%	31%		
Critical Vehicle Failure Rate (CVFR)	Responsive Care	Jun-2024	92		51.83	116.65	181.47		
Number of RTCs per 10k miles travelled	Responsive Care	Jun-2024	0.58		0.24	0.73	1.21		
% of planned vehicle services completed	Responsive Care	May-2024	80%		56.19%	71.65%	87.11%		
% of statutory estates compliance (gas, water, electrical, asbestos, fire, LOLER)	Responsive Care	Jun-2024	95%	95%		93.41%			
Incidents Cat 2 Proportion (Cat 1-4)	Responsive Care	Jun-2024	64.4%		60.44%	63.53%	66.62%		
111 to 999 Referrals (Calls Triaged) %	Responsive Care	Jun-2024	6.1%	13%	5.18%	6.39%	7.59%		
Incidents	Responsive Care	Jun-2024	62272		54432.63	62228.95	70025.27		

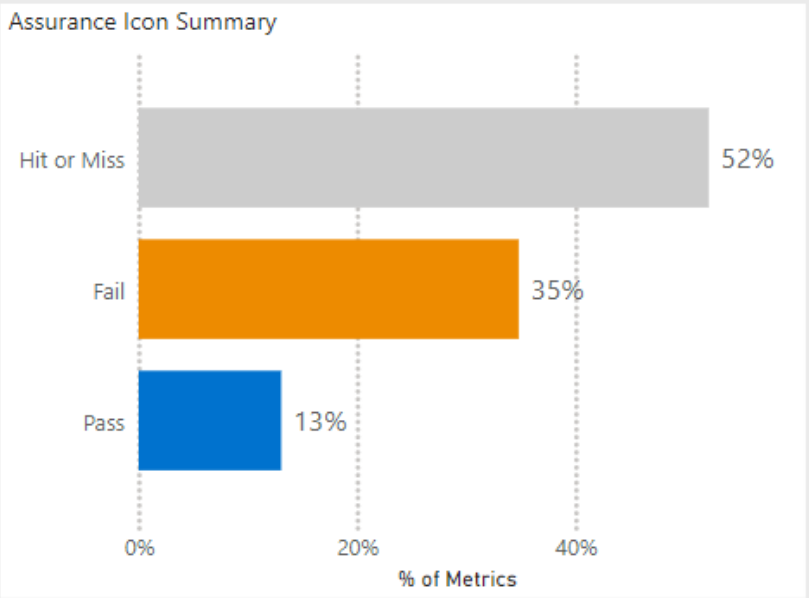
111

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
111 Calls Offered	Responsive Care	Jun-2024	83237		64291.65	100545.35	136799.05		
111 Calls Answered in 60 Seconds %	Responsive Care	Jun-2024	68.9%	95%	15.51%	40.88%	66.25%		
111 Calls Abandoned - (Offered) %	Responsive Care	Jun-2024	4.7%	5%	0.73%	15.7%	30.67%		
999 Referrals	Responsive Care	Jun-2024	4561		3558.58	4837.9	6117.22		

RESPONSIVE CARE

Overview (3 of 3)





999 Frontline

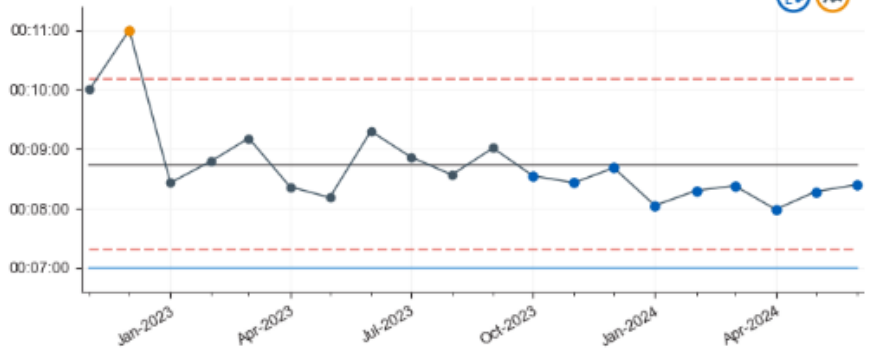
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
JCT Allocation to Clear at Scene Mean	Responsive Care	Jun-2024	01:15:53		01:15:47	01:17:23	01:19:00		
JCT Allocation to Clear at Hospital Mean	Responsive Care	Jun-2024	01:51:41		01:48:56	01:53:02	01:57:09		
Responses Per Incident	Responsive Care	Jun-2024	1.1	1.09	1.09	1.1	1.11		
CFR Attendances	Responsive Care	Jun-2024	1736		642.23	1164.15	1686.07		
FFR Attendances	Responsive Care	Jun-2024	112		55.05	131.35	207.65		
ECAL Mean Response Time	Responsive Care	Jun-2024	00:25:51		00:22:25	00:24:31	00:26:38		

111/999 System Impacts

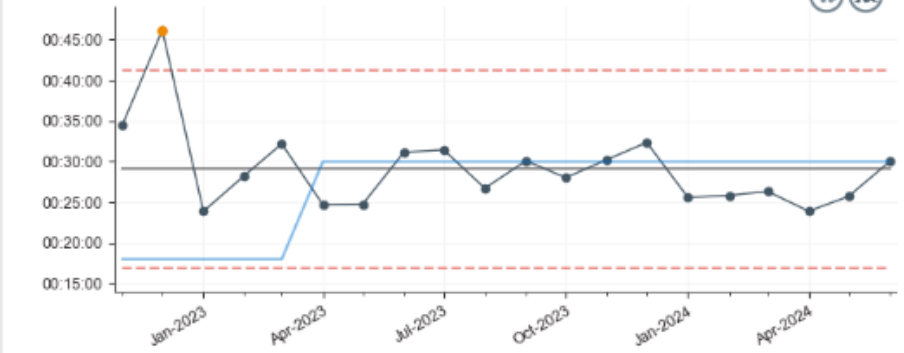
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Hear & Treat %	Responsive Care	Jun-2024	13.4%	14%	10.16%	11.68%	13.19%		
See & Treat %	Responsive Care	Jun-2024	30.5%	35%	29.58%	31.16%	32.74%		
See & Convey %	Responsive Care	Jun-2024	55.9%	55%	55.23%	57.02%	58.81%		
Hours Lost at Handover as a Proportion of Provided Hours %	Responsive Care	Jun-2024	1%		0.53%	1.05%	1.57%		
Number of Hours Lost at Hospital Handover	Responsive Care	Jun-2024	3011.1		1653.31	3201.83	4750.35		
Average Wrap Up Time	Responsive Care	Jun-2024	00:16:38	00:15:00	00:16:31	00:17:04	00:17:38		
Proportion of Wrap Up Times > 15 minutes	Responsive Care	Jun-2024	43.4%		42.38%	45.32%	48.26%		
A&E Dispositions %	Responsive Care	Jun-2024	8.5%	9%	6.38%	8.13%	9.88%		
A&E Dispositions	Responsive Care	Jun-2024	6371		4230.96	6168	8105.04		
Clinical Contact %	Responsive Care	Jun-2024	44.2%	50%	45.02%	49.59%	54.15%		
Ambulance Validation %	Responsive Care	Jun-2024	56.3%	85%	60.4%	71.18%	81.96%		

RESPONSIVE CARE

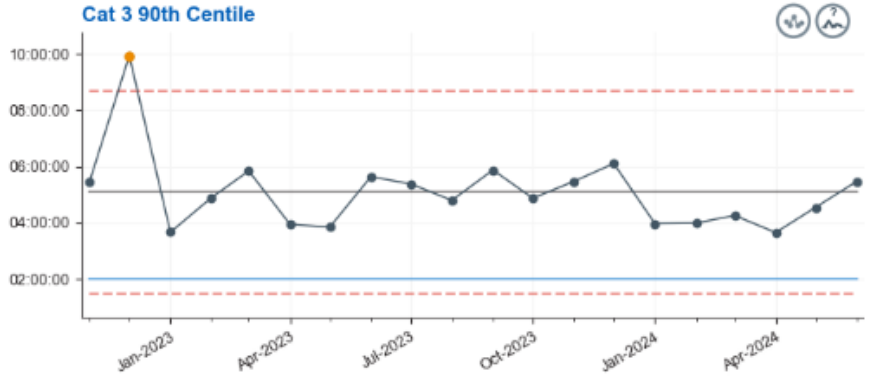
Response Times



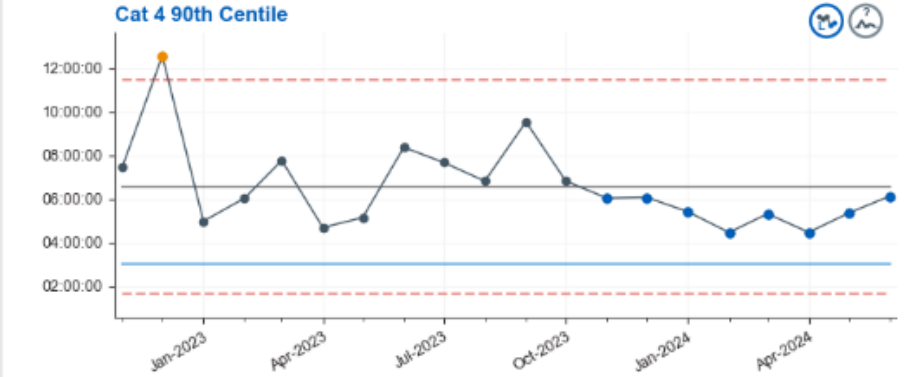
999-2
Dept: Operations 999
IP: Responsive Care
Latest: 00:08:24
Target: 00:07:00
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.



999-4
Dept: Operations 999
IP: Responsive Care
Latest: 00:30:00
Target: 00:30:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-5
Dept: Operations 999
IP: Responsive Care
Latest: 05:27:55
Target: 02:00:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-6
Dept: Operations 999
IP: Responsive Care
Latest: 06:07:57
Target: 03:00:00
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

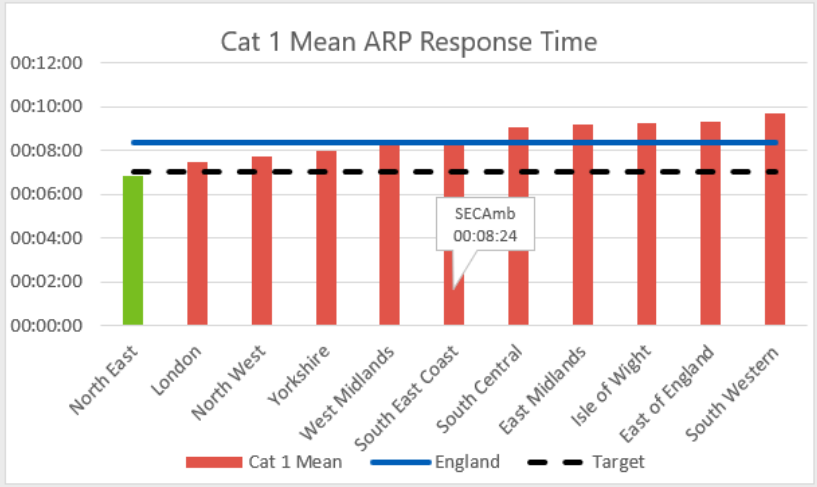
Summary

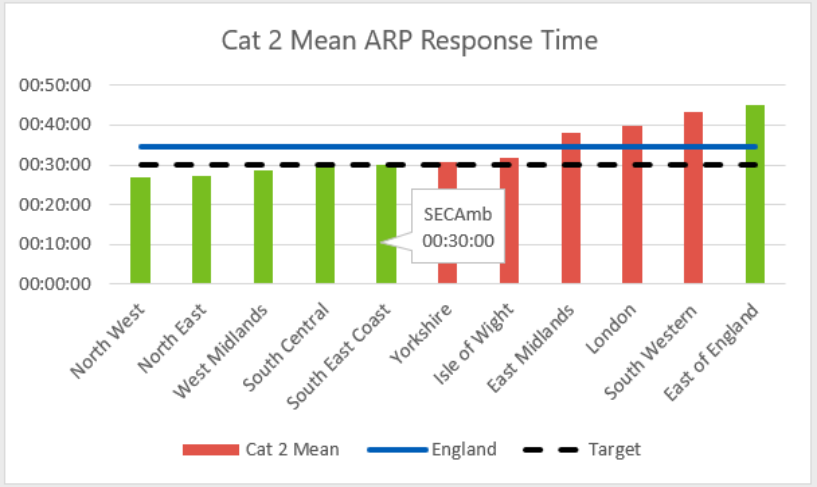
- As can be seen from the charts above, the Trust is failing to meet the ***national ARP standards*** for all categories of call and has been in this position reasonably consistently over the past 2 years.
- The key metric for the financial year, being C2 mean, remains in a positive position against the delivery plan – in June 2024, performance was 30min, against a national average of 34min 38sec.

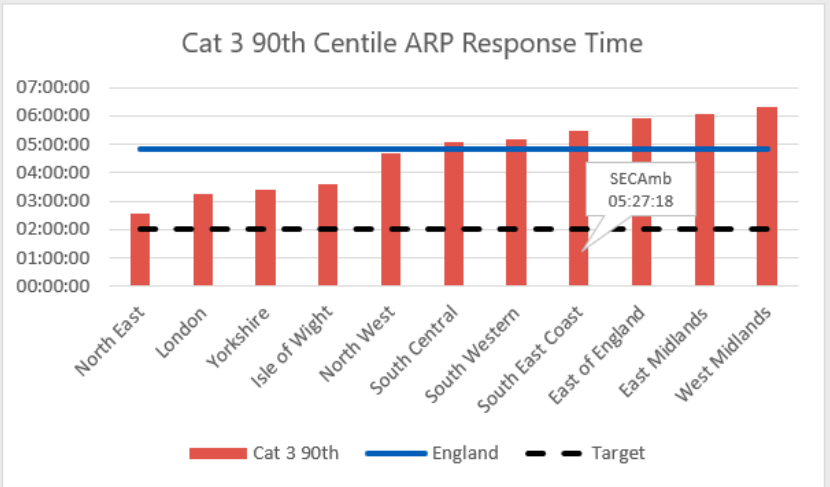
What actions are we taking?

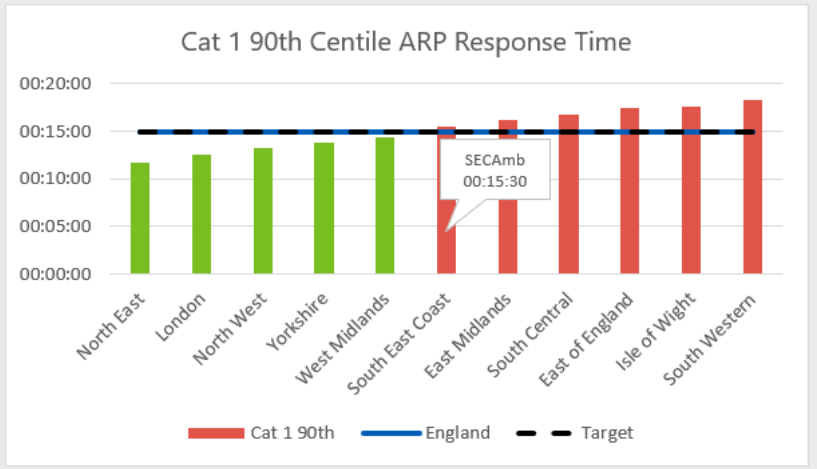
- Ongoing Expansion of PACCs across Field Ops to support appropriate alternative pathways for C3 & C4 validation,
- Continued focus on recruitment for clinical staffing in EOC to maintain patient safety and support ambulance dispatch, with a cohort of international clinicians now undergoing induction
- Focused attention on abstraction management for sickness management & training planning.
- Lower than planned attrition and over 100 new starters arriving for Field Ops
- Continued engagement on a local and strategic level regarding hospital handover process to minimise lost hours where possible; this has been supported by local commissioning/ICB leads to drive improvements. Specific work at Royal Sussex University Hospital ongoing between Brighton QI team, Sussex ICB & Hospital clinical leaders

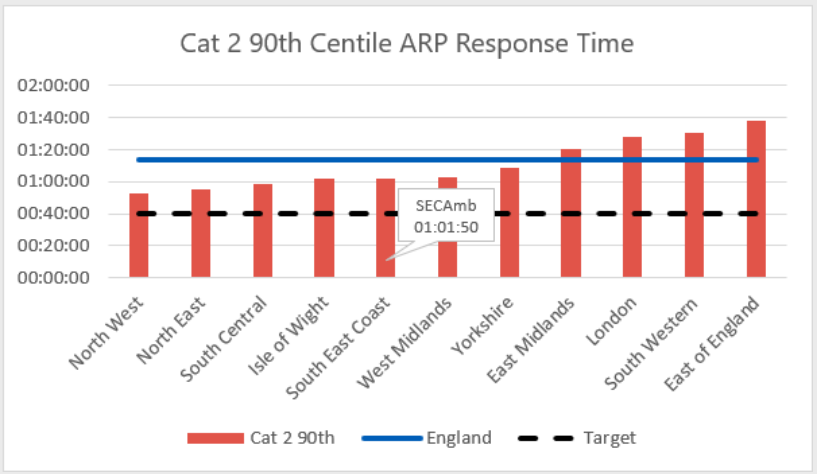
ARP Response Time Benchmarking (data provided for June 2024)

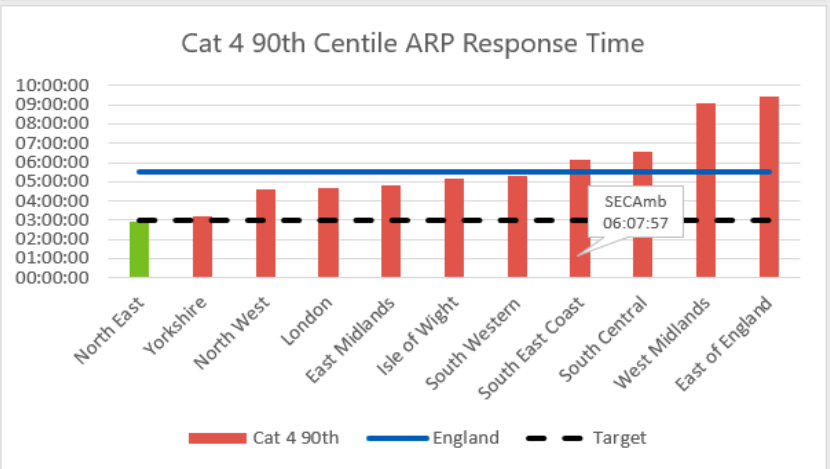










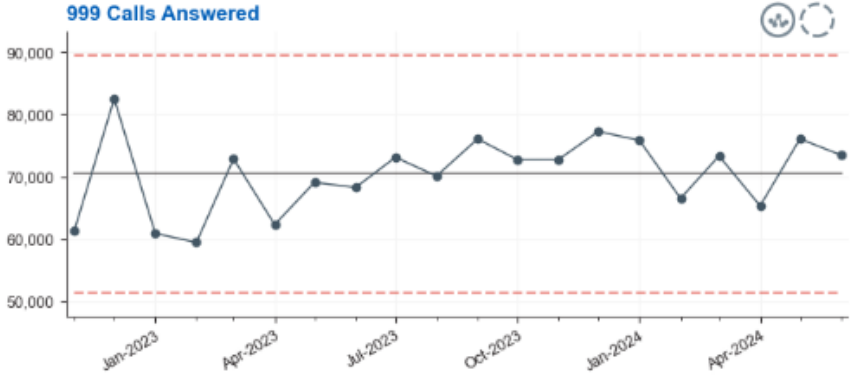


Summary

- C2 mean (a focus for the UEC recovery plan) is on track against the plan for 2024-25. Additional ongoing work to look at C2 segmentation and the role out of 5 regional based unscheduled care hubs.
- Other ARP metrics continued to be notably under-performing against ARP target metrics but are under the English mean for all measures and we are working on Dispatch Phase two to improve performance .

RESPONSIVE CARE

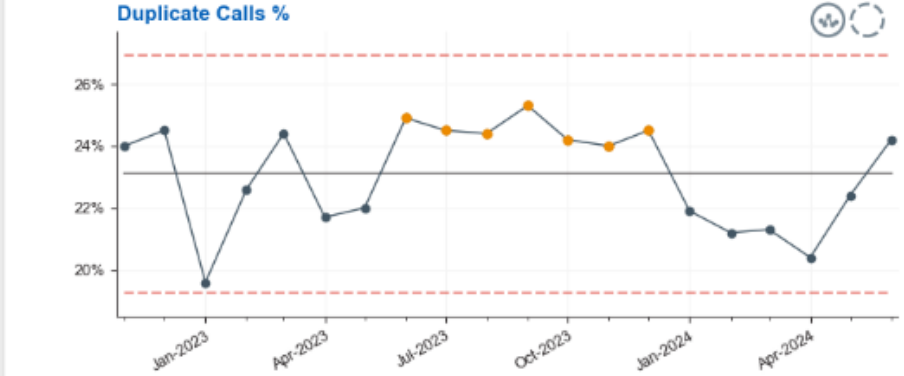
EOC Emergency Medical Advisors



999-10

Dept: Operations 999
IP: Responsive Care
Latest: 73455

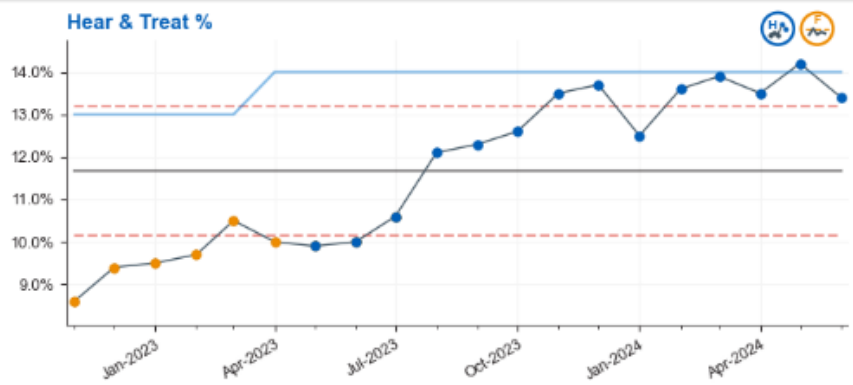
Common cause variation, no significant change.



999-33

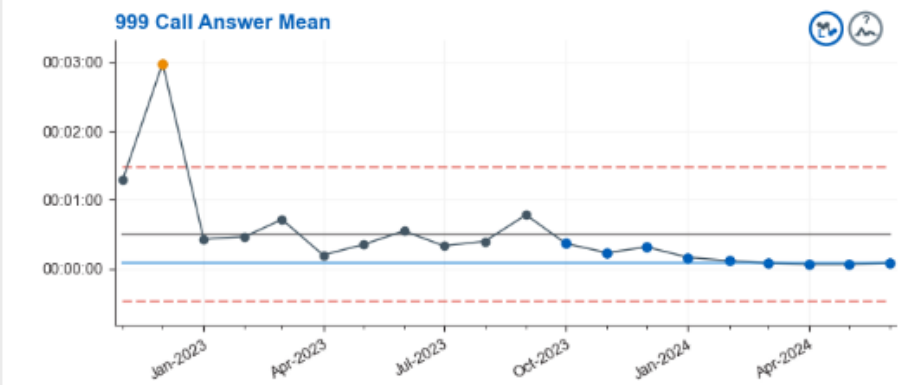
Dept: Operations 999
IP: Responsive Care
Latest: 24.2%

Common cause variation, no significant change.



999-9

Dept: Operations 999
IP: Responsive Care
Latest: 13.4%
Target: 14%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



999-1

Dept: Operations 999
IP: Responsive Care
Latest: 00:00:05
Target: 00:00:05
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

Summary

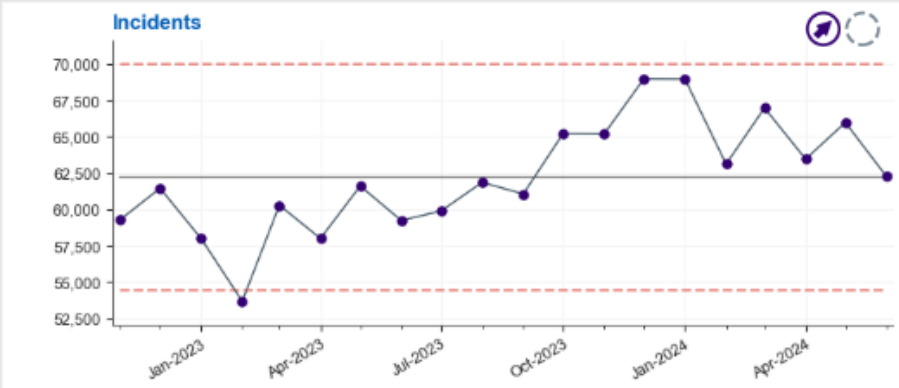
- Call answer mean time is consistently in line with national AQI targets; some on the day-to-day fluctuation is attributable to ongoing staffing challenges and rota inequalities, with a higher proportion of newer staff who are developing.
- EMA recruitment and the staff retention remain the service's key areas of focus, to improve performance and create 999 call handling resilience.
- Hear and Treat performance is attributable to multiple factors including a significant numbers of new overseas clinicians still in training and requiring mentoring and support, and the Trust still not making progress in being able to deploy additional clinicians to undertake H&T beyond that which was in place at the end of 23/24.

What actions are we taking?

- EMA establishment is above plan for the funded establishment of 265WTE – despite the challenge presented by recruitment in the Gatwick area, recruitment in Medway following the move in 2023 progresses well. The current position being 277 WTE of which 256 WTE are live and 21 WTE in training and/or mentoring.
- The 999 Call Answering project phase 2 has started, with a focus on the quality of call handlers and their productivity. The EOC operations rota review project is on track with a view to have new rotas in place prior to Xmas 2024.
- *C3 & C4 clinical validation model* and *C2 segmentation continues.*
- The *Hear and Treat* trajectory is for 16% end of Q4 and the service is on track with these milestones. As the overseas nurses go-live on the phones, this will augment clinical capacity in EOC with circa. 20 WTEs expected to be fully operational by the end of H1. The Hear & Treat project phase 2 has started, with a suite of actions and milestones to ensure the service remains on track with achieving 16% H&T by the end of Q4.

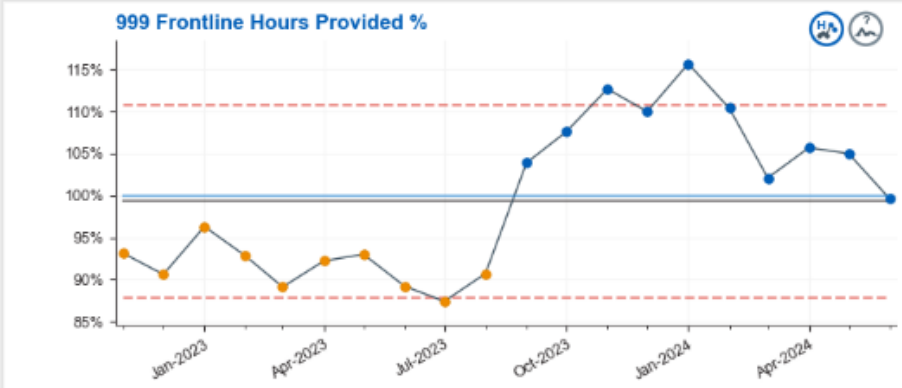
RESPONSIVE CARE

Utilisation

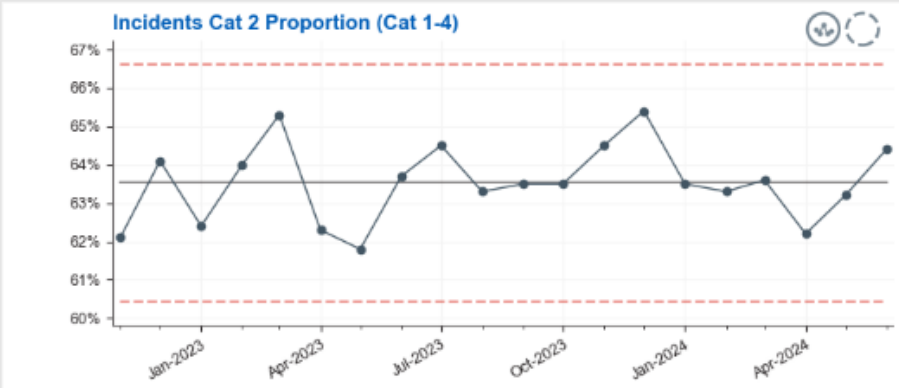


999-10
Dept: Operations 999
IP: Responsive Care
Latest: 62272

Special cause variation where UP is neither improvement or concern

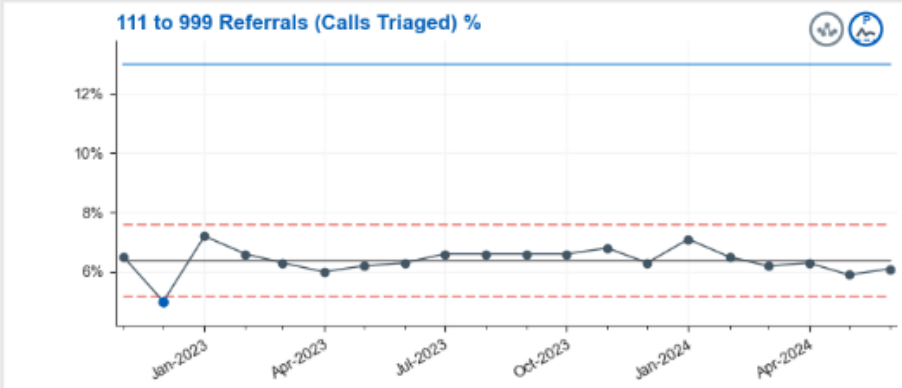


999-12
Dept: Operations 999
IP: Responsive Care
Latest: 99.6%
Target: 100%
Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.



999-32
Dept: Operations 999
IP: Responsive Care
Latest: 64.4%

Common cause variation, no significant change.



111-4
Dept: Operations 111
IP: Responsive Care
Latest: 6.1%
Target: 13%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Summary

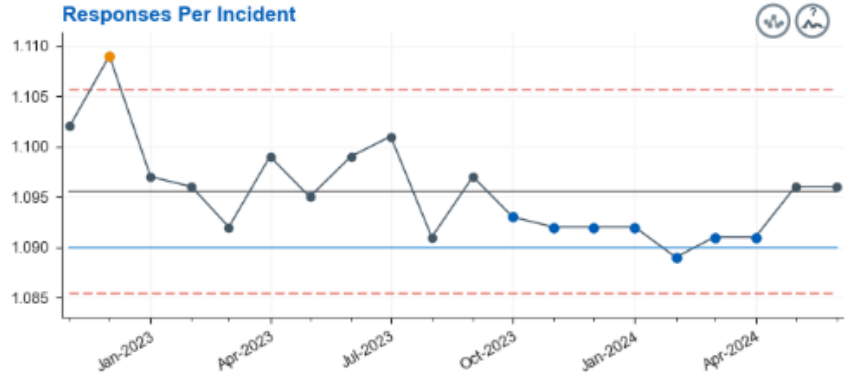
- A focus on the quality of NHS Pathways triage and clinical validation of ambulance referrals has resulted in a national best in class, low ambulance referral rate from 111 to 999 in Kent and Sussex.
- There have been fluctuations in ***frontline hours*** provided monthly over the past 12 months, however with reduction in abstraction (sickness) and turnover, staffing is more stable overall.
- Training continues to be delivered against plan.
- End of PAP provision

What actions are we taking?

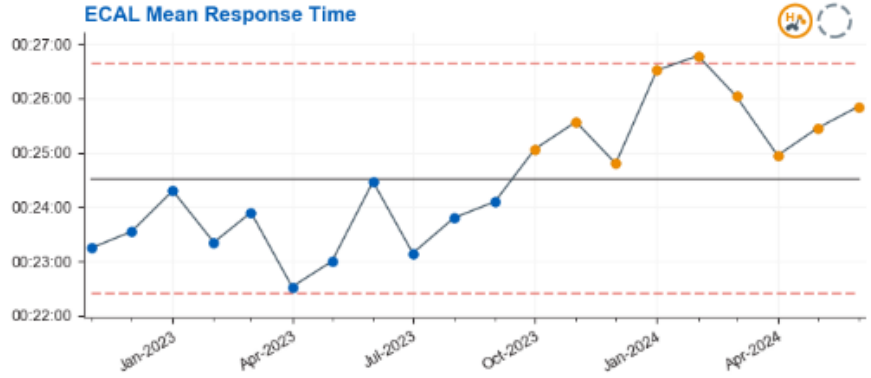
- Greater flexibility between the Trust's 111 and 999 services to flex clinicians to maintain C3/C4 validation at a high level, prior to ambulance dispatch.
- Continued focus on ***optimising resources*** through abstraction management and optimisation of overtime to provide additional hours – continued management of sickness and reduction in annual leave levels have improved resourcing.
- Ongoing focus on optimising ***clinical validation in EOC*** in real-time, coordinated by Clinical Safety Navigators and overseen by the Trust's Operations Managers Clinical (OMC) to mitigate risk and optimise clinical effectiveness across 999.
- Urgent Community Response (UCR) Portal is fully live for Sussex and almost for Surrey. However, the service is still having to undertake time consuming MS Teams calls daily for UCR providers across Kent. Looking ahead, the focus is on extending the roll-out of the UCR Portal across Kent and optimising this digital solution.
- Tiresias 2 launched to get more accurate resourcing planned.

RESPONSIVE CARE

999 Frontline

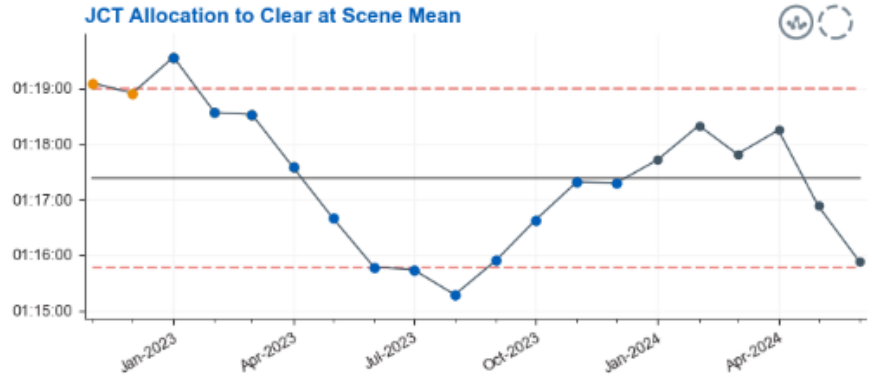


999-17
Dept: Operations 999
IP: Responsive Care
Latest: 1.1
Target: 1.09
Common cause variation, no significant change. This process will not consistently hit or miss the target.



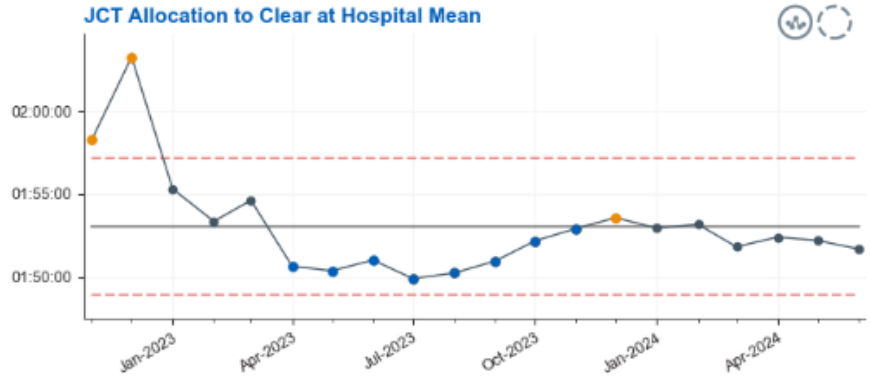
999-13
Dept: Operations 999
IP: Responsive Care
Latest: 00:25:51

Special cause of a concerning nature where the measure is significantly HIGHER.



999-11
Dept: Operations 999
IP: Responsive Care
Latest: 01:15:53

Common cause variation, no significant change.



999-11
Dept: Operations 999
IP: Responsive Care
Latest: 01:51:41

Common cause variation, no significant change.

Summary

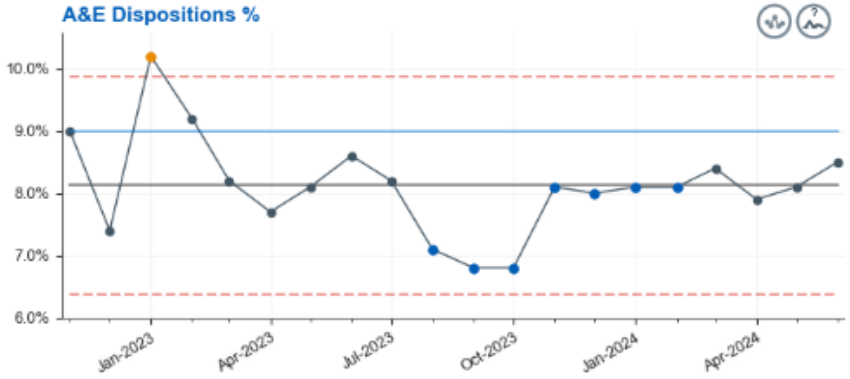
- The number of ***resources allocated per incident*** is an ambulance industry standard which provides an overview of dispatch efficiencies – as can be seen from the above the performance has been below or on target for several months, with common cause variation.
- ***Job cycle time*** (JCT) provides a single metric between two points in the incident journey and is directly impacted by several activities including running time to the incident (local or distant depending on demand and resource availability) and duration of time spent on scene. The latter is usually dependent on the patient's presenting complaint where often the sickest patients are moved from scene more quickly whereas the lower acuity incidents may require longer to make referrals for ongoing care within the community. JCT has seen a recent increase, potentially associated with increasing complexity of clinical presentations with winter illnesses that are more complex.

What actions are we taking?

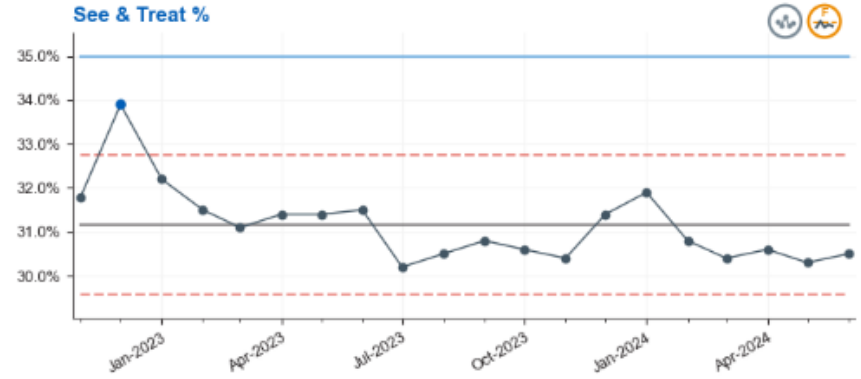
- The Trust commissioned an external ***AACE review of the Dispatch function***, and the recommendations are currently being addressed as part of the Responsive Care Group plan. Phase 1 of this plan was completed at the end of October 2023 – phase 2 has commenced in Q1 of 2024-25.
- Continued focus on delivery of ***Advanced Paramedic Practitioner Hubs*** to ensure optimal response to ECALs from crew staff to assist with on-scene decision making and signposting to clinical pathways; also support to work with OOH GP/primary care call-backs; this has been impacted in some areas by the implementation of new unscheduled care navigation hubs.
- Specific work has been undertaken in local dispatch desk areas focusing on hospital handover and on-scene times. As system pressures increase, as do hospital handover time across multiple acute trust sites – this is expected over the winter period.

RESPONSIVE CARE

111/999 System Impacts



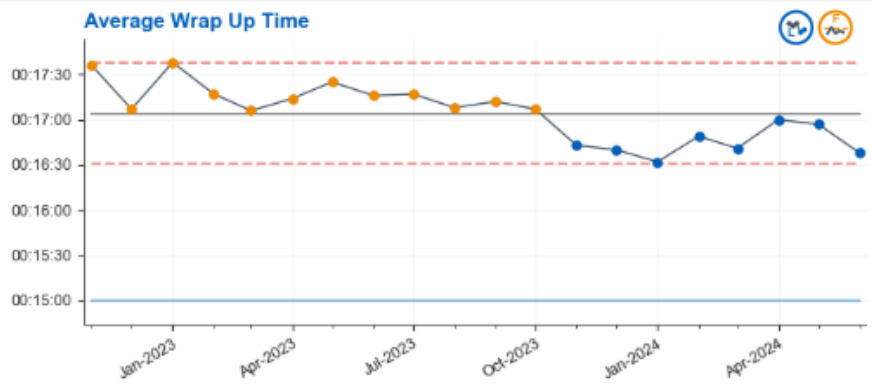
111-5
Dept: Operations 111
IP: Responsive Care
Latest: 8.5%
Target: 9%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-9
Dept: Operations 999
IP: Responsive Care
Latest: 30.5%
Target: 35%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

999-24
Dept: Operations 999
IP: Responsive Care
Latest: 3011.1

Common cause variation, no significant change.



999-31
Dept: Operations 999
IP: Responsive Care
Latest: 00:16:38
Target: 00:15:00
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Summary

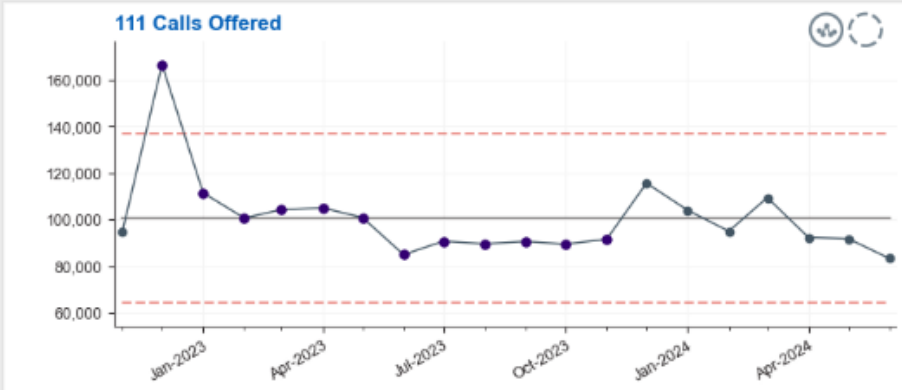
- The ***111 to ED disposition rate*** has been maintained at a very low level since the introduction of "111 First", Direct Access Booking (DAB) and ED validation. The Trust's 111 service has excelled at DAB and ED validation, resulting in an ED referral rate significantly better than the NHS E 111 national average
- The Trust ***See and Treat*** rate has improved to a level of 30.5%, noting that there is significant variation between geographical dispatch desk areas heavily influenced by the availability and accessibility of ***community care pathways*** as alternatives to Emergency Depts. This variation will be influenced by the availability and accessibility of the services, and the confidence of local teams to use them.
- ***Wrap-up time*** had shown some improvements, however, there has been some deterioration in the most recent months.

What actions are we taking?

- The Trust has embarked on a programme to lead collaboration with local teams regarding the engagement with local systems and utilisation of community pathways of care i.e., ***Urgent Community Response (UCR)*** and other services.
- The UCR portal is now active across Sussex and Surrey, with a plan to implement across Kent before the end of H1 2024/25. In the meantime, daily UCR calls are held with the respective downstream UCR service providers.
- Continued partnership working with hospitals relating to hand over time, both on a local and strategic level, monitored at the weekly (Friday) system (Commissioners + SECAmb + NHSE) calls. To note: as a Trust, SECAmb continues to see significantly ***lower handover times*** across all hospitals than many other English ambulance services because of this collaborative work.
- Overall, Trust level performance is just above the 18 min target at 18.28. Wrap up times are at 16:38. A target of 15 mins is set as a KPI for operational teams with weekly review meeting held by ADOs and OUMs

RESPONSIVE CARE

111



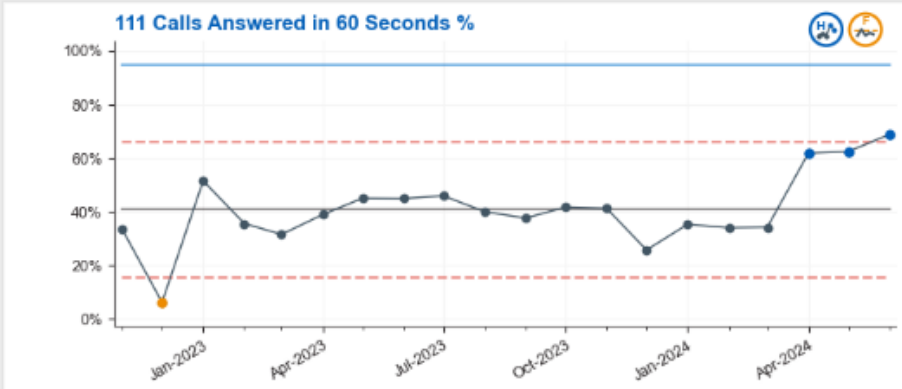
111-1

Dept: Operations 111
IP: Responsive Care
Latest: 83237

Common cause variation, no significant change.

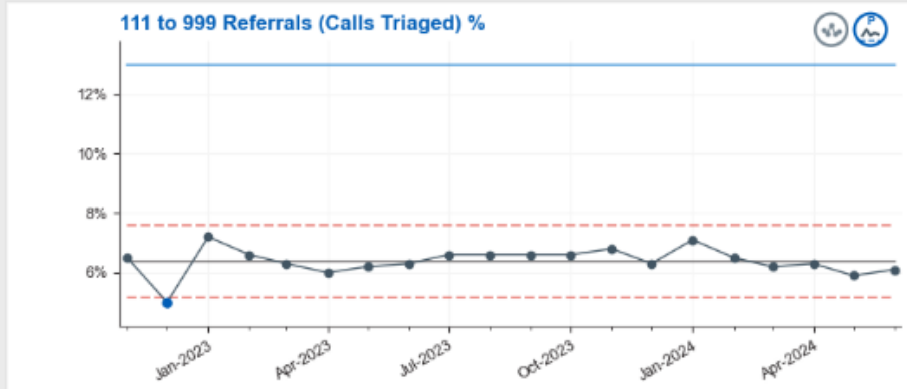
111-3

Dept: Operations 111
IP: Responsive Care
Latest: 4.7%
Target: 5%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



111-2

Dept: Operations 111
IP: Responsive Care
Latest: 68.9%
Target: 95%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



111-4

Dept: Operations 111
IP: Responsive Care
Latest: 6.1%
Target: 13%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Summary

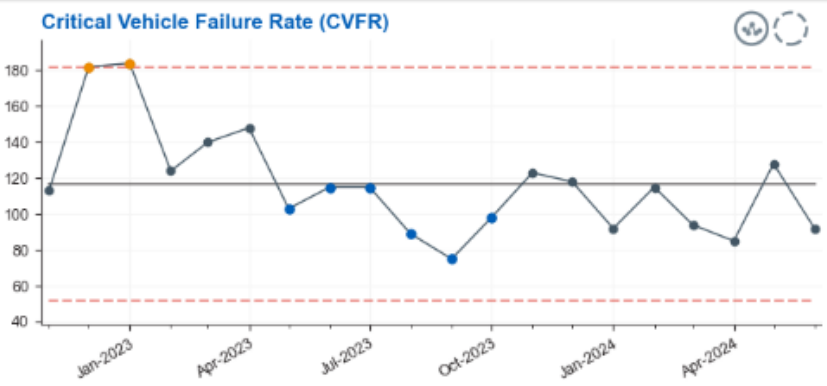
- Although the 111 call volume year to date has decreased, the actual calls answered has increased because of greater staff availability.
- The service's operational responsiveness has noticeably improved in Q1 of 2024/25l, as reflected in the increase of calls answered in 60 seconds and lower percentage of abandoned calls.
- The performance of the service is directly related to the increased Health Advisor numbers, due to lower attrition and good recruitment numbers.
- The clinical outcomes remain strong, and the service leads the country in terms of ED and 999 referral rates.
- The service continues to be effective in protecting the wider integrated urgent and emergency care system, as reflected in its high levels Direct Appointment Booking (DAB) significantly above the NHS E national average, whilst maintaining its clinical contact for the service.

What actions are we taking?

- The service continues to protect the wider healthcare economy by being a benchmark nationally for 999 and ED validation, in addition to Direct Appointment Booking (DAB).
- The Trust has been successful in working with NHS E and has *secured additional support* from an established 3rd party 111 provider, to support operational performance delivery until H2 2023/24, starting at 10% capacity and reducing to 5% in September.
- The service has addressed its previous staff shortfall prior to moving to Medway. The funded Health Advisor call handler target of 252.6 WTE, has been surpassed with a current established staffing of 277 WTE, including 15 WTE in training.

RESPONSIVE CARE

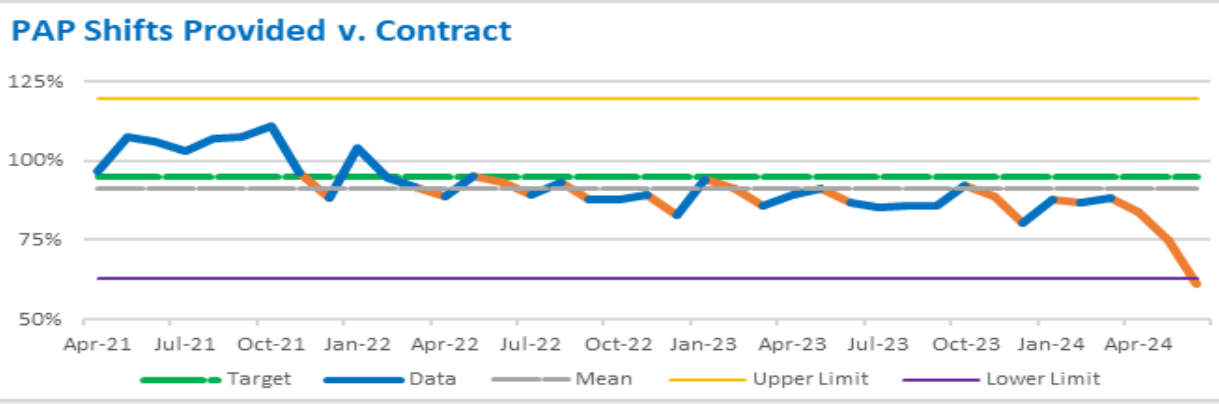
Support Services
Fleet and Private Ambulance Providers

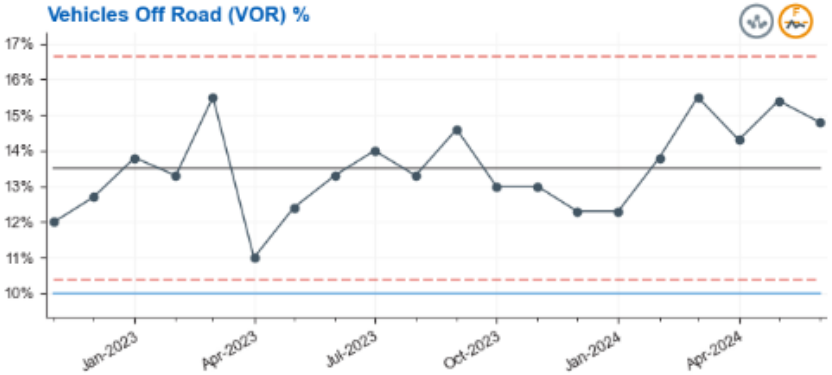


FL-12

Dept: Fleet
IP: Responsive Care
Latest: 92

Common cause variation, no significant change.





FL-13

Dept: Fleet
IP: Responsive Care
Latest: 14.8%
Target: 10%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

FL-3

Dept: Fleet
IP: Responsive Care
Latest: 80%

Common cause variation, no significant change.

Summary and Action Plans

Critical Vehicle Failure Rate and VOR Currently 16% of our operational DCA fleet is above recommended design life (5 years for Fiat, 7 years for Mercedes), against 38% on the 1st of April 2022.
VOR remains above target of 10% due to the known issues associated with delayed parts and reliability of FIAT and reliability of older Mercedes Fleet. In addition, vacancies within the Vehicle Maintenance Technicians (VMT) team are impacting the capacity we have to address issues within our workshops (vacancies down from c. 10% to 2%). We currently have 2 vacancies as of June 2024. We are still exploring the use of the apprenticeship scheme to increase our capacity. This is aligned to Risk ID 333.
The planned vehicle services has improved since the last period and is currently at 93% for June. This is due to filling some of the current Fleet staff vacancies, dedicated agency workers for this work and increased staff overtime. There is a requirement to increase our VMT workforce to increase available workshop hours to meet the required demand of hours required to complete planned vehicle maintenance for our fleet size. Recruitment remains a challenge and a apprenticeship scheme is to be introduced in 24/25.

Concerns around parts supply continue to be raised nationally by Fleet Managers and escalated to suppliers regularly

A recommendation paper for a replacement Trust DCA has now been approved and a business improvement template is being drafted for submission to secure capital funding for this replacement vehicle investment.

PAP contract as part of the 24/25 plan, the Trust has ceased its Private Ambulance provision as of 1st July 2024. This was because the Trust is over established with substantive workforce and timing of renewals for contracts and expected uplifts in PAP costs means it was no longer sustainable to continue with the existing provision. PAP make up around 5% of our hours on the road, and we are over established by c. 1%. The current picture is to backfill with substantive NHS staff over the course of the year and the use of planned overtime until these come on-line during the Summer months, ahead of winter to maintain our C2 Mean trajectory under 30 minutes. In addition, efficiencies brought about by the increase in H&T are expected to reduce pressures on physical responses

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Appendix

Appendix 1: Glossary

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations
F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	40/24

Name of meeting	Trust Board
Date	1 August 2024
Name of paper	Quality & Patient Safety Committee Escalation Report – June 2024
Author	Liz Sharp, Independent Non-Executive Director – Committee Chair

This report provides an overview of issues covered at the meeting on 20.06.2024 and confirms whether any matters require specific intervention by the Trust Board.

Management Responses

There were two management responses, addressing gaps in assurance from previous meetings:

- Safeguarding Training 111
  Following the last meeting where the low training was reported, significant improvement has been made, achieved through good engagement between the safeguarding and 111 leadership teams. Levels 1 & 2 are up to 85%, with level 3 up from 45% to 68%.

- Review of Clinical Concern in Deceased Patients
  This arose from staff survey feedback related to the way we managed deceased patients. A look back was undertaken to review patients who died between Sept 2022 and Feb 2023, with a sample tested to assess the level of care. This demonstrated appropriate care, which led the team to believe the concern raised is due to a gap in the feedback loop. The Head of Patient Safety set out the work to address this as part of the development of the new learning framework.

- Right Care Right Person
  The committee is assured on the roll outs across our region.

- Clinical Audit Actions
  This was requested by the committee earlier in the year following a number of older actions remaining open. Good progress has been made in closing these with now only five outstanding and there is increasing focus on outcomes for patients. The committee challenged the executive to push harder and faster in improving the levels of compliance against specific standards; the aim is 90%. This is improving but still further to go.

Patient Safety - Impact of Removing PAP Provision

In March 2024 the decision was taken to terminate PAP contracts. The committee supported this decision linked to the new strategy and direction from NHSE to reduce agency and sought additional assurance that there would be no adverse impact on patient safety. This risk is identified in the risk register (ID 526). The committee is assured with the workforce plan and related provision of hours to ensure delivery of performance in line with the national focus of C2 30-minute mean. It noted the assumptions with retention and recruitment and expressed some concern about this and the obvious reduction in flexibility provided by PAPs, at times of specific pressure. The People Committee will be keeping the workforce plan under close review.

The committee noted the really good support from our private ambulance providers and noted the efforts of the executive to ensure a good exit and maintaining relationships; they have supported us well over recent years.

Acute Behavioural Disturbance (ABD)

The committee received a helpful report on how the introduction of the treatment of patients experiencing ABD has been embedded. In summary, there is good evidence demonstrating how over the last two years (linked to a prevention of future deaths report from the Coroner) we have provided good care relating to the recognition, appropriateness of our response and effectiveness of treatment. SECAmb are one of the leading ambulance services in the clinical elements in this area of practice and have also contributed to a national consensus document - Consensus on acute behavioural disturbance in the UK: a multidisciplinary modified Delphi study to determine what it is and how it should be managed | Emergency Medicine Journal (bmj.com).

Integrated Patient Safety

The committee receives this report each quarter and focussed this time on the way it could be developed, noting the ongoing development to align with PSIRF and focus on how we identify and share learning to improve care. The committee reinforced the clear message from the Board development session in September 2023, when it heard Joshua's Story, that PSIRF can't be seen as a process. The next version of this report will pull out more of the themes across the areas of patient safety to help the committee form a better view on its level of assurance. In its current format this is not very easy to pull through from all the data / information. That said, there was nothing in the report that caused the committee any significant concern requiring escalation to the Board.

Annual Reports

1. Clinical Audit Clinical
2. EOC Practice Development EOC
3. Research & Development Research & Development
4. Learning from Deaths Q2 2023-24 Learning from Deaths
5. PALS Annual Report PALS

These annual reports (links above) were considered by the committee, each one having gone through the relevant quality governance group, summarising the work in the past 12 months.

The committee noted the good work in both Clinical Audit and EOC Practice Development; there is nothing specific to highlight to the Board.

The committee is really impressed with the work of the R&D team and noted the increase in being part in active research. The team however still do not have a high enough profile and the committee suggests that as part of the Board development plan for the year we could use some time to improve our insight into how R&D can help deliver against our strategic priorities.

There is nothing new to report from Learning from Deaths, although the Board should note the steps being taken to ensure independence into the reviews, via the ICB.

Lastly, the PALS Annual Report was largely positive, and the committee acknowledged the deep dive undertaken by the People Committee, into the theme from complaints related to staff attitude.

Specific Escalation(s) for Board Action	The papers are continuing to improve in providing clear and concise information to help when seeking assurances. As stated above, there is development needed to pull out more clearly the issues from the Integrated Patient Safety Report, but the committee is confident the executive has this in hand. The committee's cycle of business will be updated in July to reflect the new strategic priorities, and this will guide the committee's focus for the next 12-18 months.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board – August 2024

Reporting Period: May & June 2024

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

Icon Descriptions

			
	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided.
	Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided.
	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently **HIT OR MISS** the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measure is significantly **HIGHER**. The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided.
	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided.

			Special cause variation where **UP** is neither improvement nor concern.
			Special cause variation where **DOWN** is neither improvement nor concern.
			Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

Our Objectives for 24/25

NHS South East Coast Ambulance Service NHS Foundation Trust

We deliver high quality patient care

- Delivery of Performance Targets
- Increase our volunteer workforce by 150
- Improve Cardiac Arrest outcomes and Stroke outcomes
- Implement 5 unscheduled care navigation hubs
- Rollout of Clinical Supervision
- Quality Account and Patient Safety Framework
- Quality Improvement

Our people enjoy working at SECAmb

- Leadership Re-structure
- Leadership Development
- Review our HR and OD Model
- New engagement framework
- Culture Improvement
- Honour the forward liabilities for legacy pay issues

We are a sustainable partner as part of an integrated NHS

- Improve our internal controls and deliver our deficit plan
- Develop an agreed multi-year plan to break-even
- Progress collaboration opportunities with partners
- Refresh our strategic commissioning framework supported by our new models of care
- Develop and begin to deliver on a digital strategy

NHS
South East Coast Ambulance Service
NHS Foundation Trust

People & Culture

PEOPLE & CULTURE

Summary

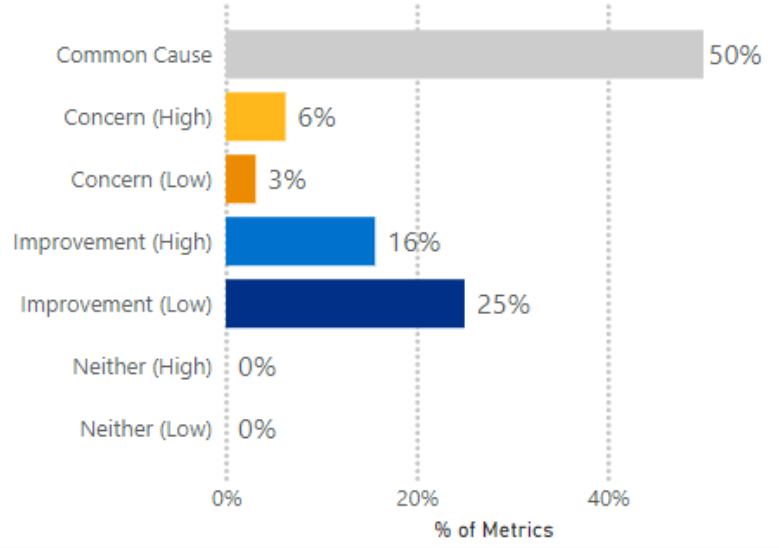
June 2024	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement		999 Frontline Late Finishes/Over-Runs % Mean Suspension Duration (Days)	Number of Staff WTE (Excl bank and agency) Annual Rolling Turnover Rate Sickness Absence % Appraisals Rolling Year % Grievances Mean Case Length (Days) Current licence details held for Operational Staff % Until it Stops Average Case Length Time to Hire - Volume (Days)	% of Meal Breaks Outside of Window Fundamentals Training Completion % Sexual Safety Workshop Completion %
Common Cause		Vacancy Rate % Turnover Rate % Individual Grievances Open Count of Grievances Closed % of Meal Breaks Taken Suspension Closures Number of Wellbeing Hub Referrals	Statutory & Mandatory Training Rolling Year %	Freedom to Speak Up: Total Open Cases
Special Cause Concern	DBS Compliance %	Active Suspensions Bullying & Harrassment Internal		

Not included: Metrics that are not on a story board, metrics with common cause variation with hit or miss assurance and metrics with common cause variation without a target.

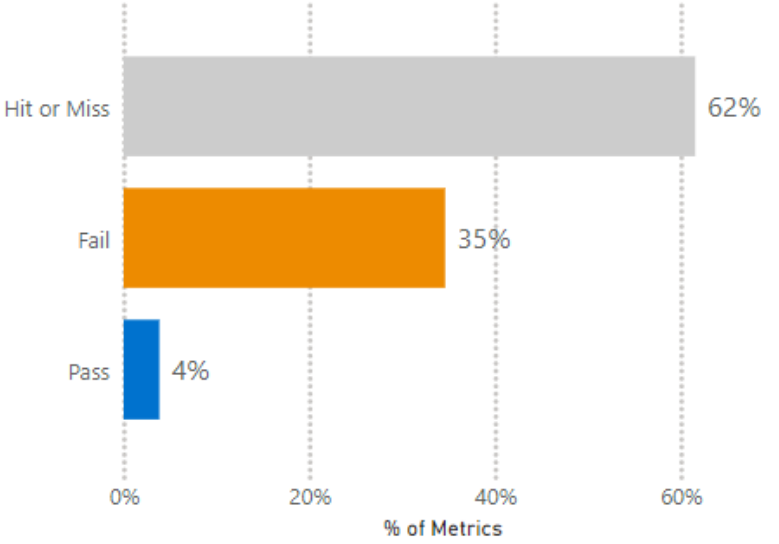
PEOPLE & CULTURE

Overview (1 of 2)

Variation Icon Summary



Assurance Icon Summary



Workforce

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Staff WTE (Excl bank and agency)	People & Culture	Jun-2024	4468.31	4503.25	4137.84	4235	4332.16		
Vacancy Rate %	People & Culture	Mar-2024	2.1%	5%	-0.22%	5.78%	11.78%		
Turnover Rate %	People & Culture	Jun-2024	1.3%	0.8%	0.47%	1.37%	2.26%		
Annual Rolling Turnover Rate	People & Culture	Jun-2024	17.1%	15%	17.16%	18.04%	18.92%		
Sickness Absence %	People & Culture	Jun-2024	5.9%	5%	5.62%	7.16%	8.7%		
DBS Compliance %	People & Culture	Jun-2024	88%	90%	93.05%	98.03%	103.01%		
Current licence details held for Operational Staff %	People & Culture	Jun-2024	99.1%	100%	96.77%	97.85%	98.92%		
Time to Hire - Volume (Days)	People & Culture	Jun-2024	117	60	63.8	137.5	211.2		
Time to Hire - Individual Recruitment (Days)	People & Culture	Jun-2024	72	60	29.17	71.89	114.61		

Employee Development

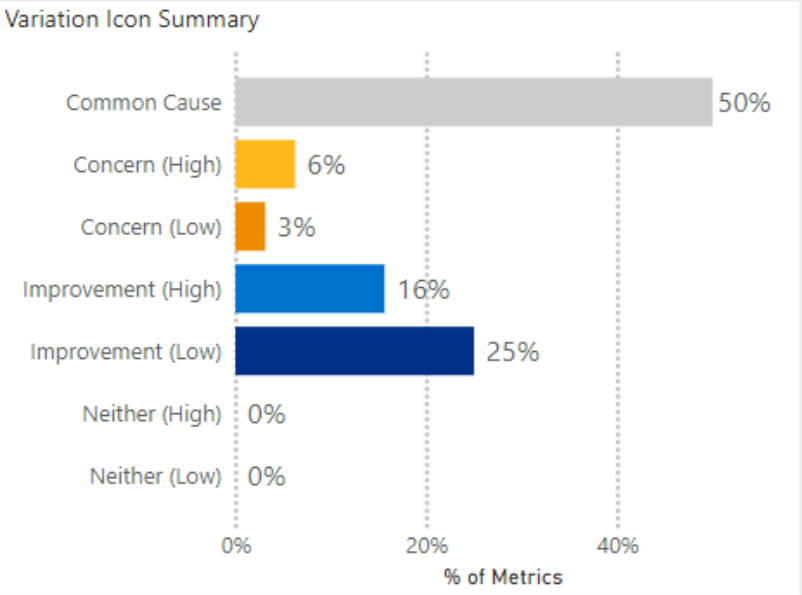
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Statutory & Mandatory Training Rolling Year %	People & Culture	Jun-2024	73.3%	85%	67.44%	75.9%	84.35%		
Appraisals Rolling Year %	People & Culture	Jun-2024	63.2%	85%	52.97%	60.4%	67.83%		

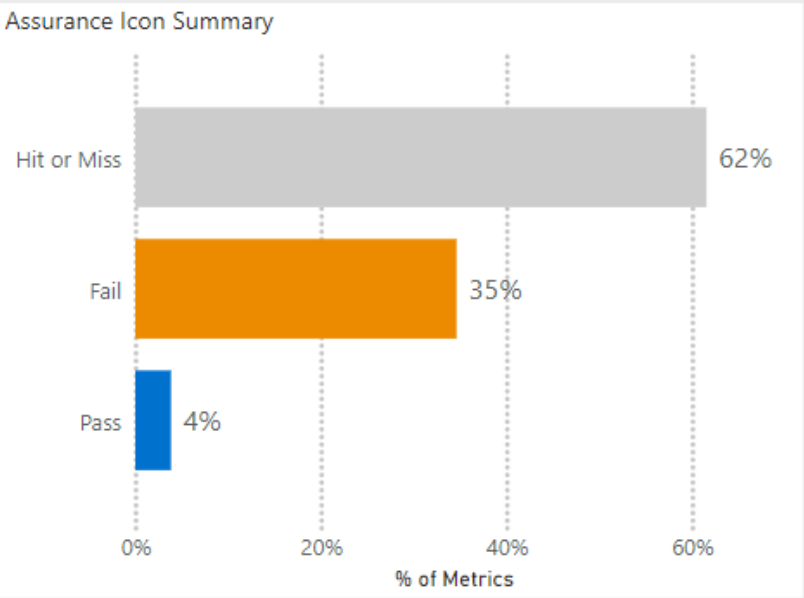
Employee Experience

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
999 Frontline Late Finishes/Over-Runs %	People & Culture	Jun-2024	42.8%	45%	41.65%	46.65%	51.65%		
Average Late Finish/Over-Run Time	People & Culture	Jun-2024	00:39:00		00:35:43	00:37:57	00:40:11		
% of Meal Breaks Taken	People & Culture	Jun-2024	98.4%	98%	97.36%	98.31%	99.26%		
% of Meal Breaks Outside of Window	People & Culture	Jun-2024	48.9%		41.14%	52.79%	64.44%		

PEOPLE & CULTURE

Overview (2 of 2)





Culture

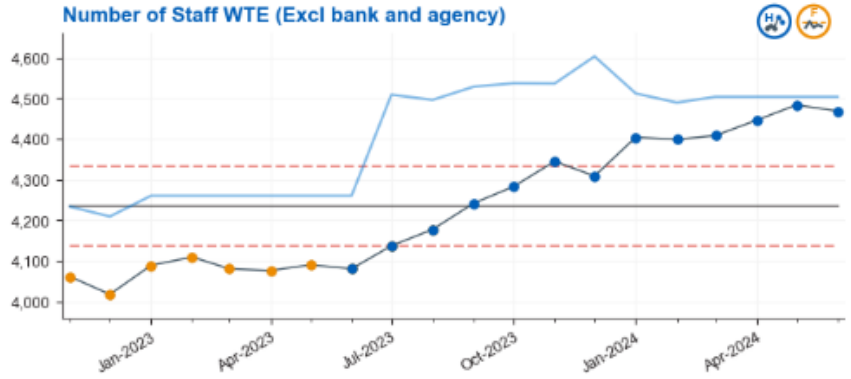
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Individual Grievances Open	People & Culture	Jun-2024	15	5	0.86	12.9	24.94		
Collective Grievances Open	People & Culture	Jun-2024	0	1	-1.76	0.9	3.56		
Count of Grievances Closed	People & Culture	Jun-2024	15	3	1.25	13.85	26.45		
Grievances Mean Case Length (Days)	People & Culture	Jun-2024	87	93	116.92	152.29	187.66		
Bullying & Harrassment Internal	People & Culture	Jun-2024	3	2	-1.32	1.2	3.72		
Disciplinary Cases	People & Culture	Jun-2024	5	3	-0.68	6.6	13.88		
Freedom to Speak Up: Total Open Cases	People & Culture	Jun-2024	29		10.3	25	39.7		
Freedom to Speak up: Cases Opened in Month	People & Culture	Jun-2024	21	3	-2.69	9.35	21.39		
Freedom to Speak up: Cases Closed in Month	People & Culture	Jun-2024	8		-2.94	10.5	23.94		
Count of Until it Stops Cases	People & Culture	Jun-2024	7	3	-3.38	3.2	9.78		

Health & Wellbeing

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Wellbeing Hub Referrals	People & Culture	May-2024	138	86	67.47	113.58	159.69		

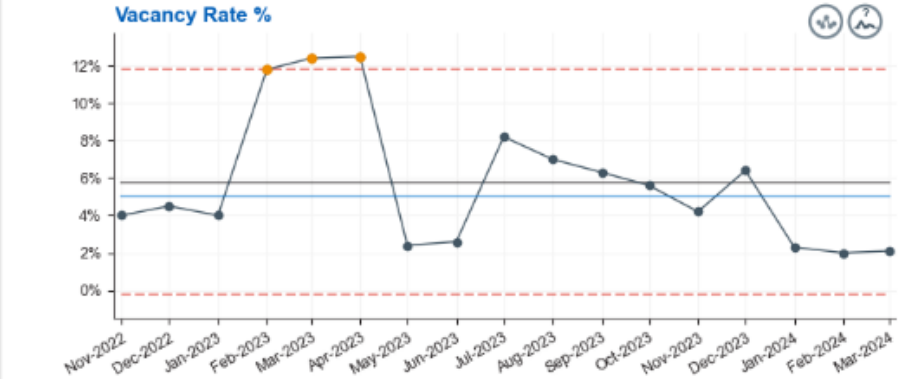
PEOPLE & CULTURE

Workforce (1 of 3)



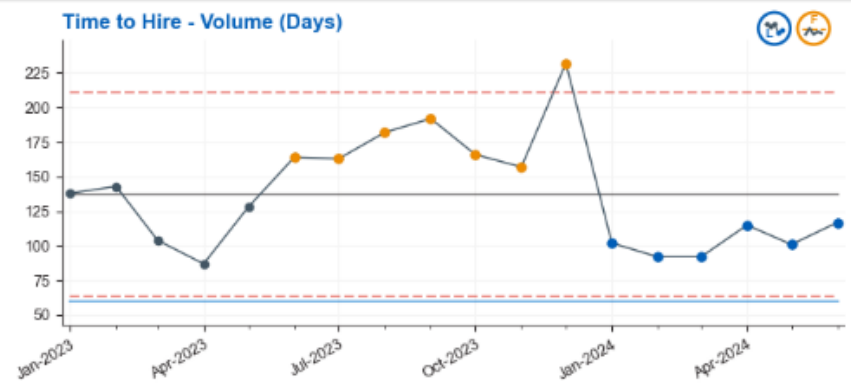
WF-1

Dept: Workforce HR
IP: People & Culture
Latest: 4468.31
Target: 4503.25
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



WF-4

Dept: Workforce HR
IP: People & Culture
Latest: 2.1%
Target: 5%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-43

Dept: Workforce HR
IP: People & Culture
Latest: 117
Target: 60
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

WF-51

Dept: Workforce HR
IP: People & Culture
Latest: 72
Target: 60
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

The vacancy rates for the new financial year are not available, due to a delays in confirming the financial establishment.

Time to Hire (TTH) for volume recruitment has increased slightly from the previous month as we move into the NQP recruitment cycle for this year. This is an anticipated rise and not due to any processes failing*.

TTH reporting is now available for both working and calendar days. This allows us to benchmark appropriately with other Trusts, as there is an inconsistency with what is used and disparity for comparison. June TTH (working days) for volume was 85, and individual recruitment was 52.

**Certain cohorts such as NQPs will have no room to reduce the TTH as the campaigns are in line with university end of course dates. Attraction and targeted recruitment of NQPs starts months in advance of hire dates.*

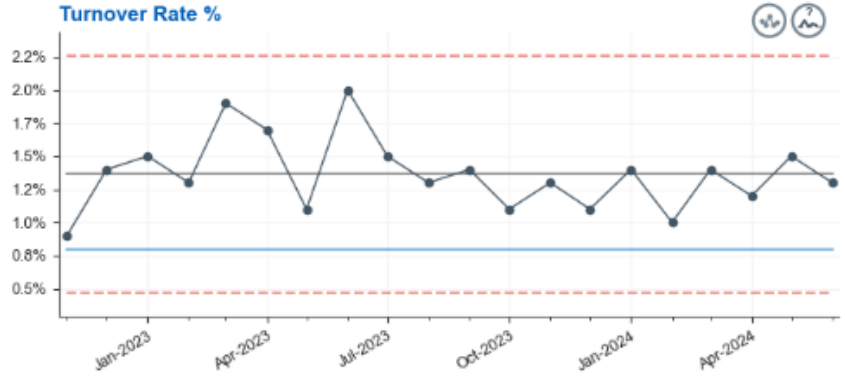
What actions are we taking?

We will continue to work with finance to obtain the financial establishment so an accurate vacancy rate can be reported – data at end Q4 23/24 was at 2.1% exceeds the target of 5% or under. The Trust will continue to have a target of fill courses to capacity and ensure alignment with the trajectories in the workforce plan.

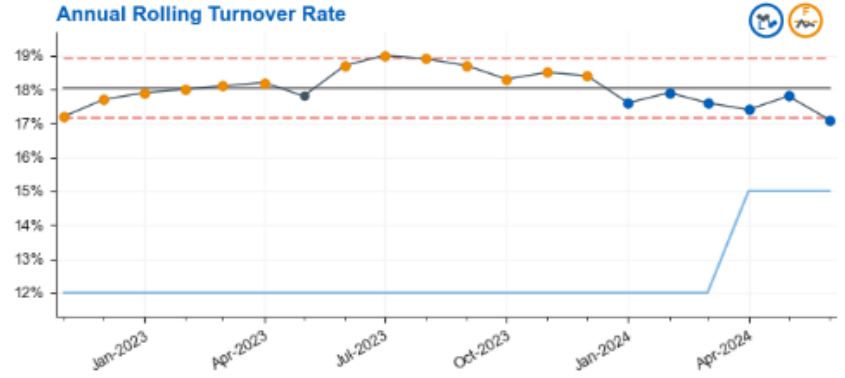
The Recruitment Team continue to focus on ensuring vacancies are filled with good quality candidates. There is work planned to improve processes to reduce the time to hire metric. The Quality Improvement project has ended and all actions from this have moved to implement as HR BAU.

PEOPLE & CULTURE

Workforce (2 of 3)



WF-48
Dept: Workforce HR
IP: People & Culture
Latest: 1.3%
Target: 0.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-7
Dept: Workforce HR
IP: People & Culture
Latest: 17.1%
Target: 15%
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Summary:

Except for a increase in May, turnover continues to decline and currently stands at 17.15%. This compares to 18.79% for the same period in 2023.

The rate of decline will not achieve our 15% by end of March 25 without further intervention. We are in the process of reviewing the Retention Plan and focusing some targeted interventions and actions in areas of highest risk of staff turnover.

The Trust continues to focus on leadership development and staff engagement through the Big Conversation with topics such as Trust Values and a session on Retention planned for September 24 . To underpin this, the Year 2 Culture Plan has been developed.

Sickness absence continues on a downward trend towards the 5% target which is positive The current position is at 6.63%. This is in part due to some high long terms sickness absence rates dropping off our rolling 12-month figure.

What actions are we taking?

We continue to work with the Trade Unions to address two long standing terms and conditions issues. These are about the application of Section 2 of Agenda for Change and the ECSW re-grading from Band 3 to Band 4. The approach to address ECSW re-grading has been agreed by EMB and at JPF in August with regard to re-grading during 24/25 but this excludes any legacy pay claims which are still to be negotiated with our Trade Unions

Our review and refresh of the Retention Plan to enable a more focused and segmented approach to our biggest retention challenges is progressing well. Our plan is to relaunch the refreshed and more targeted approach during Q2.

The HR team are working with NHSE on a project linked to recovery and sustainability with a particular focus on reducing sickness absence. The team have shared some examples of the work that has been done to support staff through our wellbeing provision and working with other Trusts to learn from any best practice so we can continue the improvement towards the 5% target.

PEOPLE & CULTURE

Workforce (3 of 3)

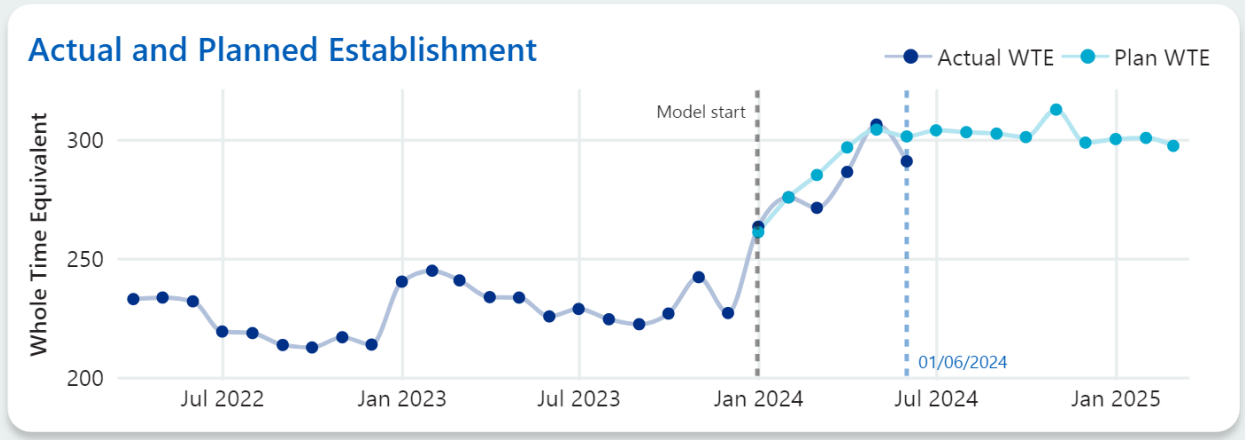
(999 Frontline)

Summary – 999 Frontline
Total budget for field ops is 2407.9 for 2024/25. June's data shows an increase in WTE ahead of the workforce plan (28.56WTE).
For AAP/Technicians, we saw new starters with 18.29WTE in May and 4.61WTE in June. In both May and June, we saw less actual leavers against the planned (total of 1.57WTE retained).
For ECSWs, we saw new starters with 1.12WTE in May and 10.44WTE in June. In May we saw the actual leavers matching the planned leavers, but in June we saw more leavers than planned (total -9.76WTE against planned –3.53WTE).

Mitigating actions – 999 Frontline
The main risk for this financial year is not related challenges in meeting the workforce plan, but rather that attrition continues to reduce and the Trust meets its recruitment goals, resulting in an over establishment, and therefore an overspend. To mitigate this, the workforce plan will be re-forecasted quarterly with recruitment plans being adjusted accordingly to partially compensate for this scenario if it were to occur.

Additional Information
Attrition for field operations is planned to be 9.2% in 24/25 which is a 0.5% reduction on the 23/24 plan. The Trust has also seen positive trends, with attrition rates in field operations consistently falling below plan in 23/24. However, if this trend continues it may result in further over establishment in some areas, creating a financial challenge in an already pressured year. The workforce plans will be revisited quarterly through 24/25, and recruitment plans will be adjusted accordingly if attrition does continue to reduce, in an attempt to correct the financial challenge this will create.

(EOC EMA)



Summary – EOC EMA
EMA establishment in June saw a reduction in WTE from being above planned to below, with a difference of –10.5WTE (-3.6%). Although May and June saw 51 new starters (against planned of 32), we saw more leavers than planned with 44.97WTE leaving against planned 26.57WTE.

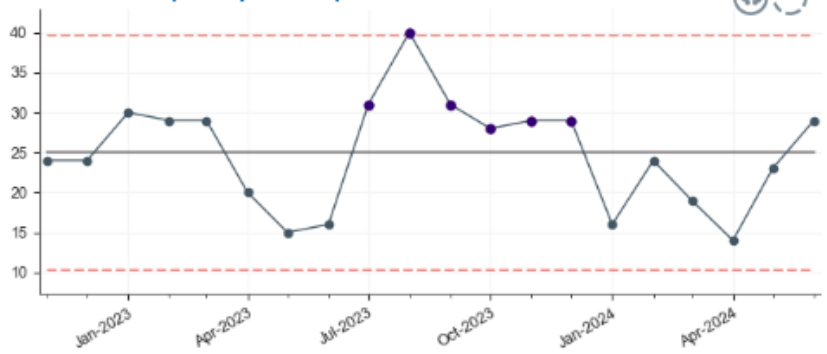
Mitigating actions – EOC EMA
The main risk for this financial year is not related challenges in meeting the workforce plan, but rather that attrition continues to reduce and the Trust meets its recruitment goals, resulting in an over establishment, and therefore an overspend. To mitigate this, the workforce plan will be re-forecasted quarterly with recruitment plans being adjusted accordingly to partially compensate for this scenario if it were to occur.

Additional Information
Attrition is planned at 55.3% across 24/25, representing a 17% reduction on 23/24. However, it is worth noting that 23/24 also factored in an increase in attrition as a result of the Emergency Operations Centre move from Coxheath to Medway, which has now completed and no further attrition is expected as a result of this. Similarly to field operations, EMA attrition also fell below plan by 17%, a potential early indicator that we can expect attrition to fall below plan again for this year.

PEOPLE & CULTURE

Culture (1 of 2)

Freedom to Speak Up: Total Open Cases

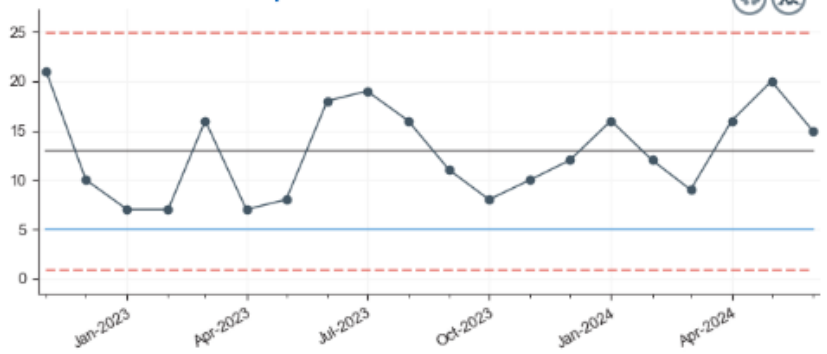


QS-27

Dept: Quality & Safety
IP: People & Culture
Latest: 29

Common cause variation, no significant change.

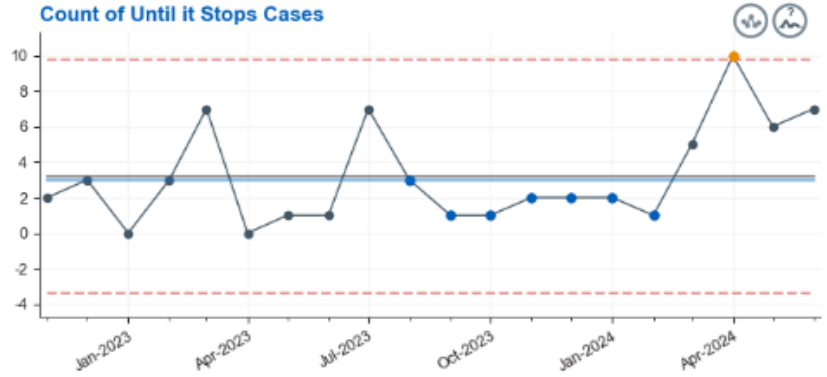
Individual Grievances Open



WF-10

Dept: Workforce HR
IP: People & Culture
Latest: 15
Target: 5
Common cause variation, no significant change. This process will not consistently hit or miss the target.

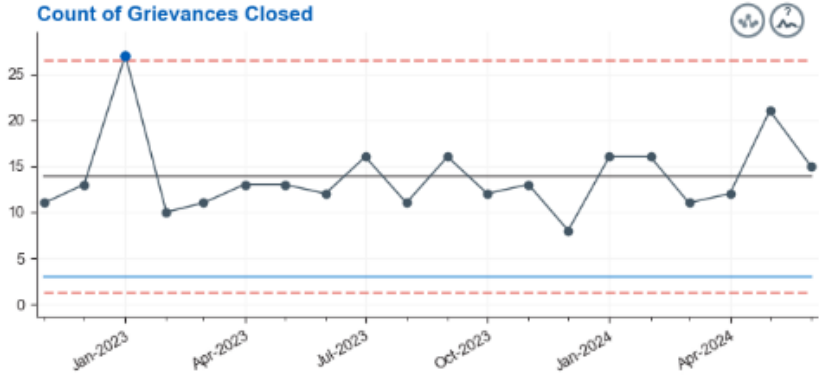
Count of Until it Stops Cases



WF-41

Dept: Workforce HR
IP: People & Culture
Latest: 7
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

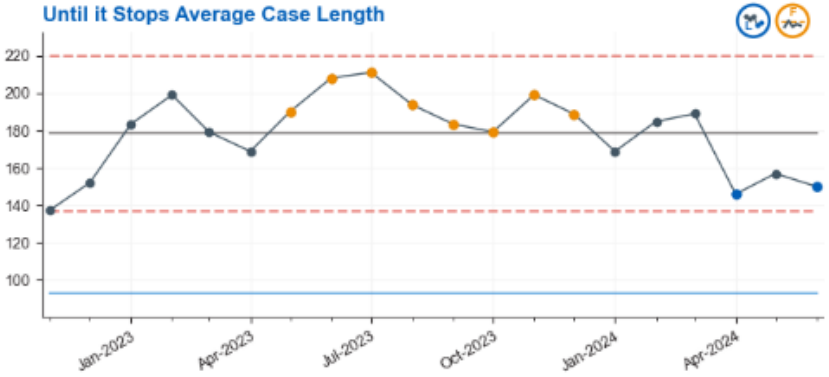
Count of Grievances Closed



WF-42

Dept: Workforce HR
IP: People & Culture
Latest: 15
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.

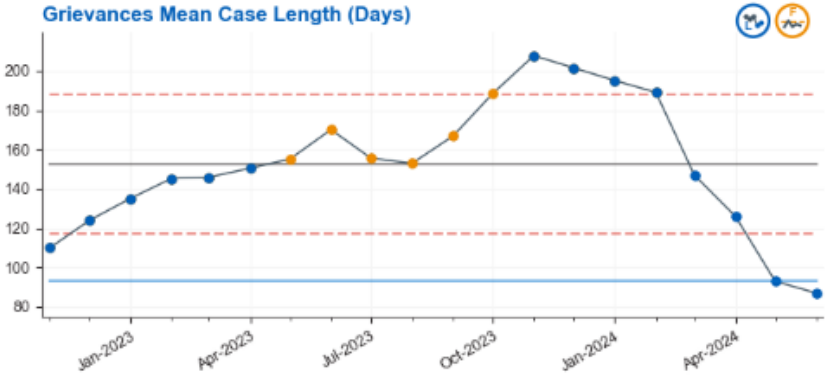
Until it Stops Average Case Length



WF-50

Dept: Workforce HR
IP: People & Culture
Latest: 150
Target: 93
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Grievances Mean Case Length (Days)



WF-44

Dept: Workforce HR
IP: People & Culture
Latest: 87
Target: 93
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.

Note: Until it stop cases relate to inappropriate sexualised behaviours

PEOPLE & CULTURE

Culture (2 of 2)

Summary

Grievances

We have 63 grievances outstanding, 2 of which are legacy cases. Triaging cases continues to be used to direct cases appropriately at an early stage. A focus on informal resolution is being progressed and there are plans to train managers to improve this competence.

FTSU

55 concerns were raised during May and June 24 which is an increase from the 33 concerns raised to FTSU for the same period of the previous year.
Of the 55 concerns raised, approx 11% of these were raised anonymously, this is a reduction from the previous year which showed almost 19% cases raises anonymously. In addition, for this period, 9% of the concerns raised highlighted detriment from speaking up, this is a significant improvement from the same period last year, which showed 47% of people highlighting detriment.

What actions are we taking?

Grievances

There are two legacy cases currently being reviewed. The type of grievances fall into the following categories: application of terms and conditions, grievances linked to alleged poor behaviours or sexual safety concerns .

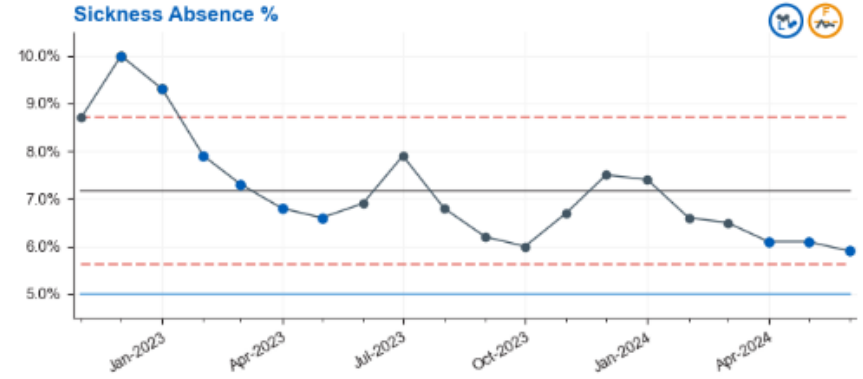
To reduce the number of formal grievances there is a focus is on informal resolution within the Trust and we have recently trained two cohorts of mediators so we can provide a mediation service for cases that could be appropriately managed by agreement, in this way.

FTSU

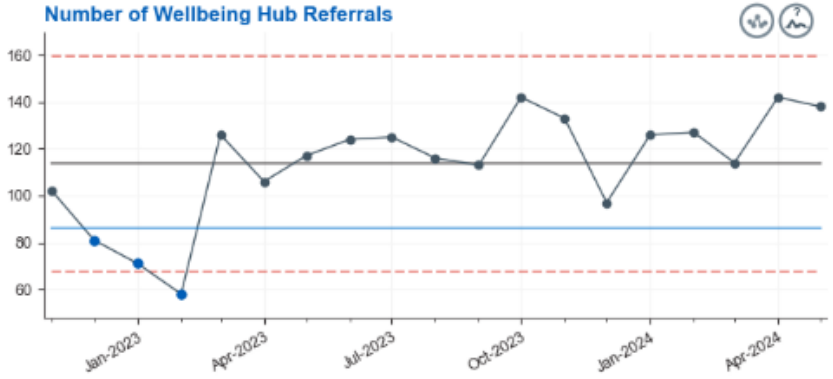
FTSU continue to engage with local leadership teams, including presenting non identifiable data at Teams C meetings, to encourage curious conversations and promote a positive response to staff speaking up. This action has helped in reducing the number of people experiencing detriment and the number of concerns raised anonymously, both of which are indicators are poor culture.

PEOPLE & CULTURE

Employee Sickness



WF-49
Dept: Workforce HR
IP: People & Culture
Latest: 5.9%
Target: 5%
Special cause of an improving nature where the measure is significantly LOWER. This process is still not capable. It will FAIL the target without process redesign.



WF-25
Dept: Workforce Wellbeing
IP: People & Culture
Latest: 138
Target: 86
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

Sickness absence continues on a downward trajectory which is positive, and all indicators point towards us achieving or exceeding our target of 5% by the end of Q4.

Compared to the same period last year, a downward trend continues. For April 2023 sickness levels were 8.76%, and in April 2024 they are 6.63%.

We continue to explore approaches to managing long term sickness, as this accounts for 3.43% of total absence. This is an improvement against the last IQR of 0.22%

Demand in the Wellbeing Hub continues to increase,. Currently 22% of all sickness in the Trust (1.49%) is mental health related. This is higher than at the peak of COVID-19 and presents a significant risk to the Trust. In EOC and 111 this reaches 30% of all sickness.
Our new Wellbeing Practitioner - Mental Health is starting to have a positive impact in the EOC's.

What actions are we taking?

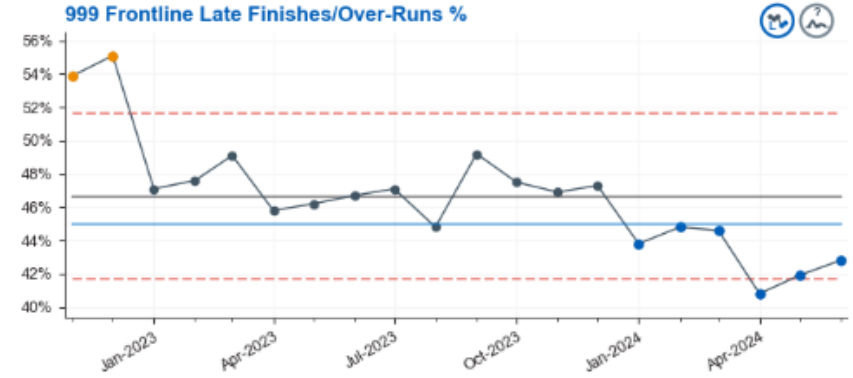
We are currently exploring approaches to managing long term sickness as this accounts for 3.43% of the total absence. To support this, we have reviewed all the Alternative Duties Pathways to ensure they meet the need, and that they are easier to understand in terms of eligibility and pay protection. Alternative duties is an important tool in supporting colleagues back to work. We have just recruited to a secondment position to ensure we have sufficient Wellbeing resource to support Alternative Duties pathway.

The Wellbeing Hub, working with Director of Nursing and her team of Mental Health Specialists, have used the Quality Improvement methodology to review our processes to help mitigate the increase in demand and to free up potential capacity so we are able to provide support for staff who refer more quickly. Following initial meetings using the continuous improvement methodology there is a plan in development to inform changes to current processes.

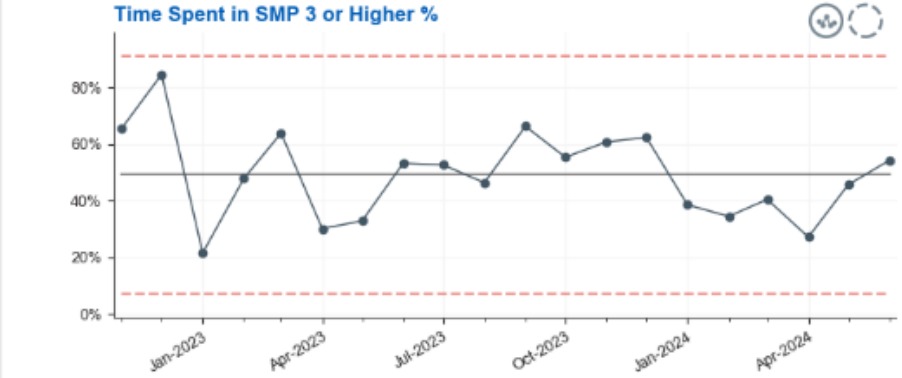
A separate piece of work is also under way to review the function and its operating model.

PEOPLE & CULTURE

Employee Experience

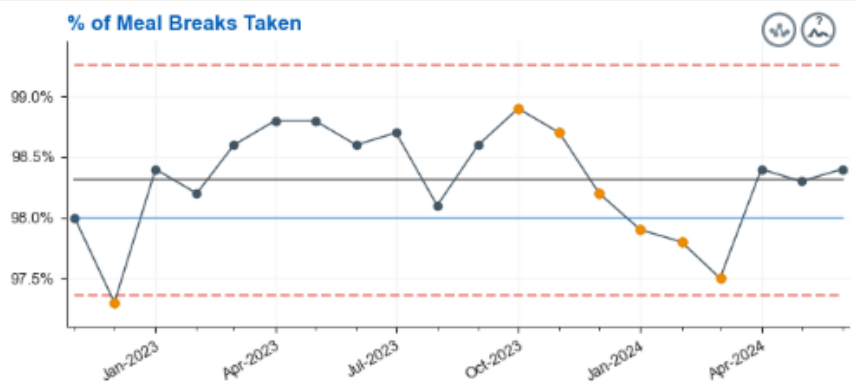


999-15
Dept: Operations 999
IP: People & Culture
Latest: 42.8%
Target: 45%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



999-14
Dept: Operations 999
IP: Quality Improvement
Latest: 54.3%

Common cause variation, no significant change.



999-27
Dept: Operations 999
IP: People & Culture
Latest: 98.4%
Target: 98%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

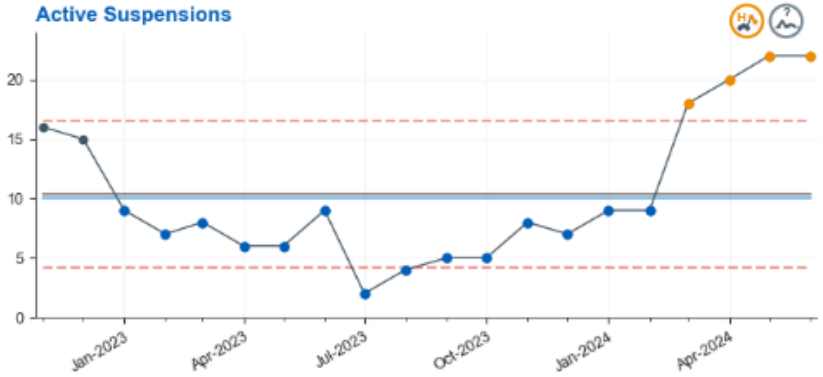
- This compilation of charts has been designed to provide a view of the key metrics that are directly related to the factors staff report as important to them.
- Whilst the late finishes and meal break metrics related directly to field operations, the impact of time spent at higher levels of SMP has a real impact on EOC staff, particularly those trying to manage response and flow (dispatchers and clinicians).

What actions are we taking?

- Continue to review and update of the Meal break policy.
- Implemented 'Ready to Respond' a programme to ensure all front-line staff have all relevant PPE, Uniform & equipment to undertake their role
- Introduced a pilot of placed based educators to deliver an enhanced key skills programme
- Invited interested staff to attend T&F groups to address concerns they have raised

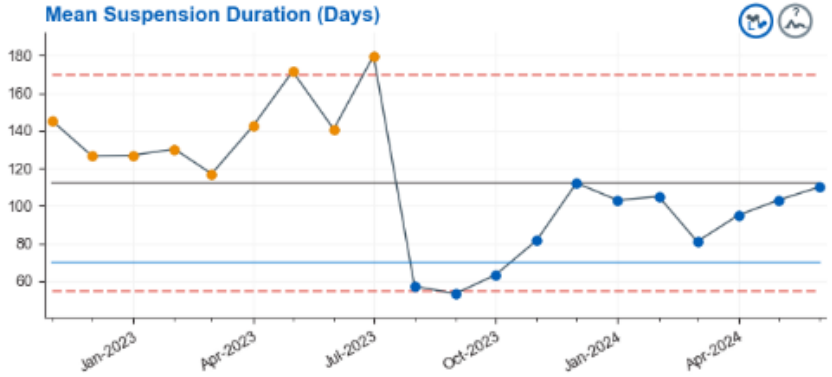
PEOPLE & CULTURE

Employee Suspensions



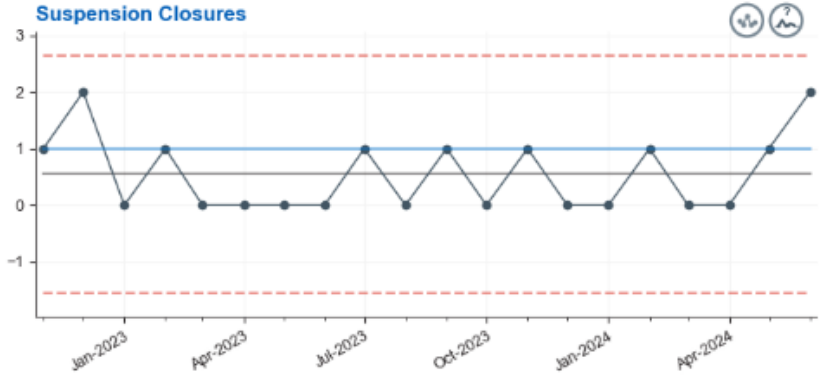
WF-46

Dept: Workforce HR
IP: People & Culture
Latest: 22
Target: 10
Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.



WF-47

Dept: Workforce HR
IP: People & Culture
Latest: 110
Target: 70
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



WF-45

Dept: Workforce HR
IP: People & Culture
Latest: 2
Target: 1
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

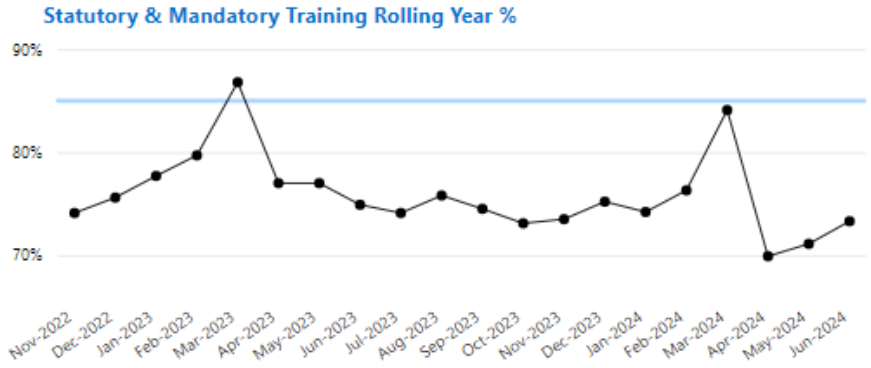
There are currently 16 active suspensions of which (>5 and under 10) cannot be progressed due to involvement of external agencies. This small number of cases are where delays can be significant and this impacts the mean suspension duration as a result.

What actions are we taking?

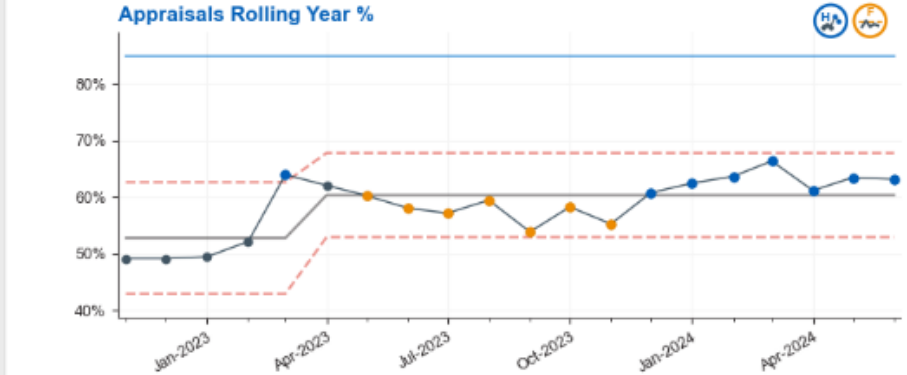
Full risk assessments are completed before any suspensions are authorised. Weekly reviews take place to ensure that individual cases are continually monitored and a review every fortnight that involves two Executive Directors to provide appropriate checks and challenge, as well as ensuring cases are progressing take place.

PEOPLE & CULTURE

Employee Development



WF-6
Dept: Workforce HR
IP: People & Culture
Latest: 73.3%
Target: 85%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-40
Dept: Workforce HR
IP: People & Culture
Latest: 63.2%
Target: 85%
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.

Summary

Statutory & Mandatory training and Appraisals continue to under-perform against the Trust's target of 85%.

Statutory & Mandatory Training - As of June 2024, the rolling overall compliance rate for statutory and mandatory training stands at 73.33%, showing a 2.16% increase from previous month. Compliance has been steadily increasing since April, which was at 69.93%.

The Trust acknowledges the importance of achieving 85% compliance and report all eleven Core Skills Training Framework (CSTF) subjects, plus additional Trust mandatory training subjects. These include Patient Group Directions at 84.88% compliance and Resilience and Specialist Operations at 34.60%. The current compliance percentage for CSTF subjects is **80.26%** The Trust is now reports in alignment with the CSTF standards, providing greater assurance of Statutory and Mandatory Training compliance.

Appraisals - As of July 2024, appraisal compliance stands at 63%. This represents a significant improvement from the 40% recorded in June 2022, demonstrating considerable progress over the past two years. However, this still falls short of the Trust's target of 85%, indicating a need for further enhancements to meet and exceed this benchmark.

To address the findings of the recent RSM audit report and improve appraisal completion rates, a cross organisational Appraisals Working Group has been established. This dedicated group was tasked with addressing the ten management actions outlined in the audit report. The ESR Appraisal system has been criticised for being user-unfriendly, leading to practical issues affecting engagement. The HR&OD directorate is conducting market research to identify a potential future replacement. In the meantime, the ESR appraisal form will be updated to include the new Trust Values following their formal launch on 8 August 2024.

What actions are we taking?

Statutory and mandatory training

1. Socialising the new Power BI Dashboard continues: We are introducing the new Power BI Dashboard to key stakeholders to ensure that the entire organisation understands how statutory and mandatory training is measured and reported. The dashboard provides managers with the necessary information to effectively manager, engage and empower their colleagues to complete their statutory and mandatory training in a timely and meaningful manner.
2. Ongoing monitoring: We continue to monitor training compliance rigorously to ensure that any implemented changes lead to sustainable improvement.

Appraisals

The Learning and OD team is implementing the following actions to achieve the 10 management actions recommended in the May 2024 internal audit including:

1. Establish a new cross-organisation working group with key stakeholders to develop an improvement plan addressing the management actions, ensure leadership buy-in and define the vision for appraisals at SECAmb. The first meeting is scheduled for Monday 22 July 2024.
2. Collaboration with the HR Business Partnering team to implement management action 7 (b) and to support the cultural shift in the quality of appraisals.
3. Working with SECAmb colleagues to develop an internal appraisal moderation process.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Appendix

Appendix 1: Glossary

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations
F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	26c/24

Name of meeting	Trust Board
Date	8 August 2024
Name of paper	People Committee Escalation Report – 09 July 2024
Author	Subo Shanmuganathan Independent Non-Executive Director – Committee Chair

This report provides an overview of issues covered at the meeting on 09 July 2024 and confirms whether any matters require specific intervention by the Trust Board.

Before the main agenda the HR Director updated on the steps being taken as part of the overarching integrated people plan, to review the priorities for retention. The Board approved the current Retention Plan in December, noting then it would require an early review. This is one of the priorities within the Board Assurance Framework.

Management Responses

There were four management responses, addressing gaps in assurance from previous meetings:

HR Diagnostic
The committee acknowledged the good agreement in this to help inform the priorities and sequencing that will help shape the plan. Although the HR Director is the lead director, the committee sought assurance from the wider executive that there is shared responsibility for this. It is confident that the executive team is behind this and that there is a good understanding of the challenges.

The diagnostic was very clear, transparent and actionable. It supported the priorities and asked that in the development of the plan we ensure realism on what can be expected. The Board will consider this at the development session on 5 September.

Clinical Education Estate
This related specifically to providing assurance there is a clear plan for the estate, given the current lease is due to expire next year. The committee is assured by the plan in place for the short-medium term, with options being considered by the management team, possibly splitting the team across two sites, to build in greater resilience. The committee will receive information later in the year about the longer term, in line with the new strategy and workforce requirements.

P&C Housekeeping Closure
This report provided assurance that the actions from the people and culture plan last year framed as 'housekeeping', are either complete or moved into other workstreams. This has helped to demonstrate

action taken in direct response to staff feedback. The committee supports the priorities for the coming year, which are set out in the BAF.

HART Culture

There has been an open approach to understanding the issues within the HART team. This has led to four workstreams which the committee considered each one aimed at supporting the leadership. There is confidence in the plan, but the committee is clear more targeted interventions are needed and that this will take ongoing effort over time to ensure the improvement.

Culture Dashboard

The committee reviewed the culture programme's three ambitions for the year, linked to the feedback from the staff survey; 1 Speak Up & Call Out; 2 Fair Opportunity; 3 Conversational Leadership. It supported the approach whereby culture will be a golden thread through the other programs of work within the Trust, with each one asked to identify their contribution to the three ambitions. The five related projects seen as the drivers for change are retention, recruitment, leadership development, EDI improvement, and sexual safety.

A draft dashboard was presented including the cultural change metrics, to supplement both project metrics and workforce and IQR metrics. Work is still needed to make this work, through the BI capability and the aim is to get this in place by Q3. It will then be used by the committee to test the impact of the culture programme.

Appraisals

The purpose of this item was to seek assurance that our approach to appraisals is improving, and to consider this in light of the recent internal audit on 'appraisals, career development, and succession planning'. As of June 2024, appraisal compliance stands at 63.25%, a significant increase from the same period last year, although still well below the 85% target. The internal audit highlighted improvements in appraisal rates but identified cultural and system-related challenges. The actions to address the required improvements include forming a cross-organisational working group, collaborating with HR to support cultural shifts, and developing an internal appraisal moderation process.

The committee welcomed the ownership of this issue by the executive with each director having a specific personal objective this year to improve appraisals. The committee also noted that for operational staff there is dedicated extracted time set aside to ensure appraisals can be completed. It will monitor this as a key element of culture and leadership.

Professional Standards

The committee had a helpful discussion about what a future model for professional standards could look like to support effective leadership and compliance with regulatory standards. There were a range of views expressed, and the committee acknowledged this is one of the initial priority areas for the new Chief Paramedic, who starts in October.

In the meantime, the committee provided its view that it sees professional standards in its wider sense, to include clinical and non-clinical. It is excited by the opportunities and asked that the searching questions considered are properly explored to get the right answers. The committee will return to this in Q4.

Specific Escalation(s) for Board Action	This was another constructive meeting with the committee increasingly assured that there is improvement in the integration and shared responsibility and ownership of the executive on these really important issues.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board – August 2024

Reporting Period: May & June 2024

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

Icon Descriptions

	P	?	F	
H	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided.
L	Special cause of an improving nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of an improving nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of an improving nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided.
	Common cause variation, no significant change. This process is capable and will consistently **PASS** the target.	Common cause variation, no significant change. This process will not consistently **HIT OR MISS** the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will **FAIL** to meet target without process redesign.	Common cause variation, no significant change. Assurance cannot be given as a target has not been provided.
H	Special cause of a concerning nature where the measure is significantly **HIGHER**. The process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **HIGHER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **HIGHER**. Assurance cannot be given as a target has not been provided.
L	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is capable and will consistently **PASS** the target.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process will not consistently **HIT OR MISS** the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly **LOWER**. This process is not capable. It will **FAIL** the target without process redesign.	Special cause of a concerning nature where the measure is significantly **LOWER**. Assurance cannot be given as a target has not been provided.

↗				Special cause variation where **UP** is neither improvement nor concern.
↘				Special cause variation where **DOWN** is neither improvement nor concern.
				Special cause or common cause cannot be given as there are an insufficient number of points. Assurance cannot be given as a target has not been provided.

Our Objectives for 24/25

NHS
South East Coast Ambulance Service
NHS Foundation Trust

We deliver high quality patient care

- Delivery of Performance Targets
- Increase our volunteer workforce by 150
- Improve Cardiac Arrest outcomes and Stroke outcomes
- Implement 5 unscheduled care navigation hubs
- Rollout of Clinical Supervision
- Quality Account and Patient Safety Framework
- Quality Improvement

Our people enjoy working at SECAmb

- Leadership Re-structure
- Leadership Development
- Review our HR and OD Model
- New engagement framework
- Culture Improvement
- Honour the forward liabilities for legacy pay issues

We are a sustainable partner as part of an integrated NHS

- Improve our internal controls and deliver our deficit plan
- Develop an agreed multi-year plan to break-even
- Progress collaboration opportunities with partners
- Refresh our strategic commissioning framework supported by our new models of care
- Develop and begin to deliver on a digital strategy

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Sustainability & Partnerships

Delivered Against Plan

	June 2024 In the month			April 2023 to June 2024 Year to date			Forecast to March 2024		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income	26,971	28,612	1,642	80,771	82,056	1,285	322,886	325,070	2,185
Operating Expenditure	(28,318)	(29,961)	(1,644)	(84,246)	(83,528)	718	(339,381)	(339,569)	(188)
Trust Surplus/(Deficit)	***(1,347)***	***(1,349)***	***(2)***	***(4,871)***	***(1,472)***	***3,399***	***(16,495)***	***(14,498)***	***1,997***
Reporting adjustments:									
Remove Impact of Donated Assets	*0*	*0*	*0*	*0*	*0*	*0*	*2*	*2*	*0*
Remove Impact of Impairments	*0*	*0*	*0*	*0*	*(1,997)*	*1,997*	*0*	*(1,997)*	*1,997*
Reported Surplus/(Deficit)	**(1,347)**	**(1,349)**	**(2)**	**(3,475)**	**(3,469)**	**6**	**(16,493)**	**(16,493)**	**0**

Cash	28,472	23,380	(5,092)	28,472	23,380	(5,092)	29,249	29,249	0
Capital Expenditure	919	2,202	(1,283)	1,506	3,558	(2,052)	22,410	22,410	0
Efficiency Target	2,565	2,565	0	5,385	4,542	(843)	23,926	23,926	0

*values subject to rounding

Summary

1. The Trust is monitored according to it's 'control total' by NHS England, thus the difference between the Trust's position and the reported position which removes such things as depreciation on donated assets, and impairments made to the Trust's assets. The commentary reflects this reported position.

2. The Trust's financial performance was £6k better than planned for 3 months to June 2024 (YTD) compared to plan. Financial pressures in 111 and HR were mitigated by profit on disposal of Trust assets, mainly Redhill and Leatherhead Ambulance Stations and higher than planned bank interest received on cash balances held in the bank.

3. The efficiency programme is £843k behind plan, due to the delays in the planned sale of Trust assets.

4. The Trust's cash position was £33,380k that is £5,092k lower than plan. due to the payment of supplier invoices. This is mainly driven by the reduction of current liabilities, including trade payables that has a favourable variance of £15,171k includes offset by a favourable variance of £2,158k on current assets, including inventories and trade receivables. This is a result of timelier invoicing by suppliers and payment made by the Trust.

5. Capital expenditure of £3,558k is £2,052k above plan. This is due to the timing in receiving DCA (Double Crewed Ambulances) which have been received earlier than planned.

What actions are we taking?

1. Finance continues to work with budget holders to ensure that Trust delivers its plan for future years.

2. Regular updates are being provided to the Joint Leadership Team meetings and Finance and Investment Committee on financial performance, including delivery of the efficiency plans.

3. Monthly executive led directorate financial performance meetings are continuing to take place to ensure that each directorate delivers their element of the financial plan e.g., budget and efficiency target.

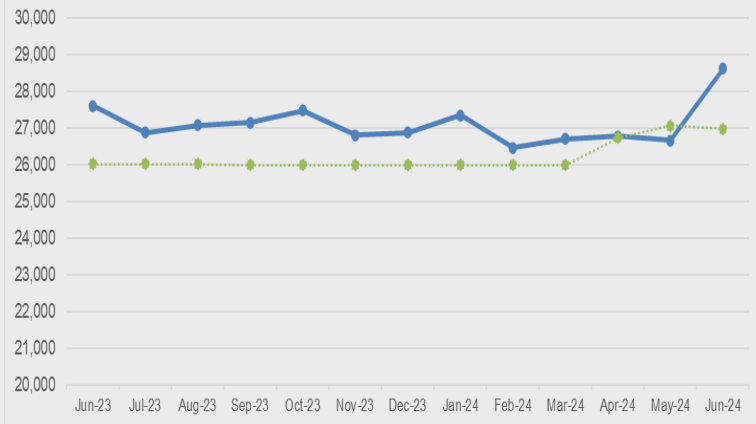
4. The Trust has developed its 2024/25 operating plan that aligns with strategy and partnership working.

SUSTAINABILITY & PARTNERSHIPS

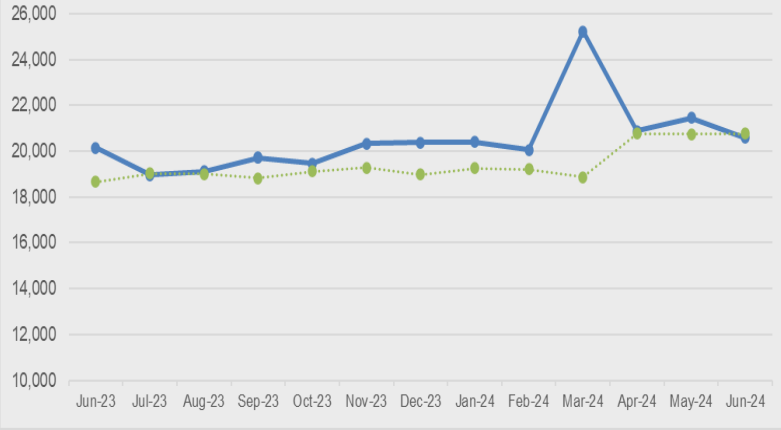
Delivered Against Plan

Actual Plan

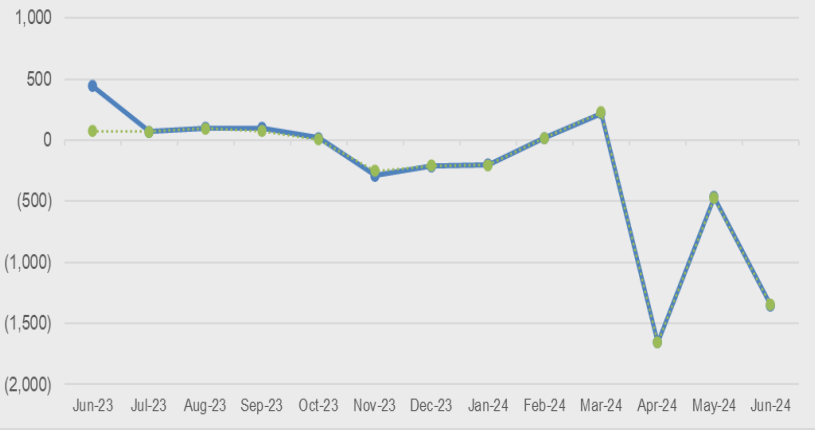
Income £000s



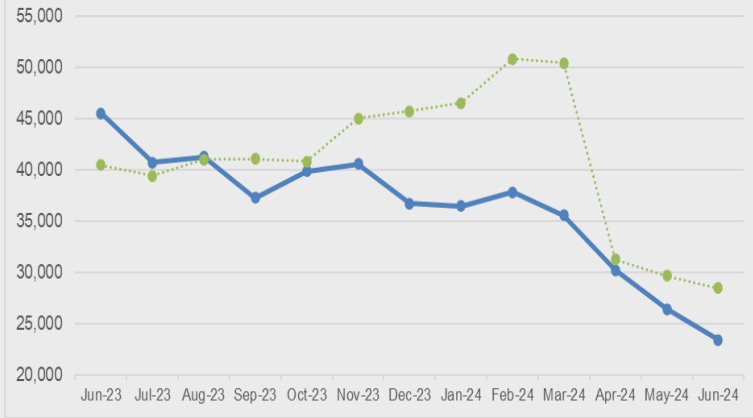
Pay £000s



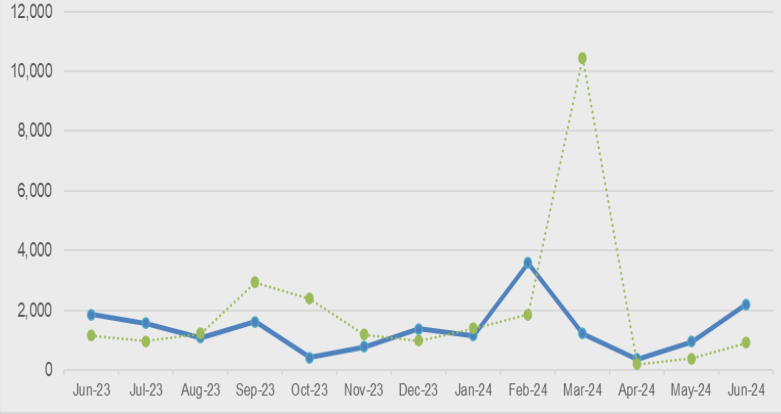
Reported Surplus / (Deficit) £000s



Cash £000s



Capital Expenditure £000s



Summary

- The Trust's financial performance was £6k better than planned for first 3 months of 2024/25 when compared to the plan.
- Financial pressures, notably in field operations, 111 services and HR are mitigated by non-recurrent means, mainly through profit on sale of Trust assets including Redhill and Leatherhead Ambulance Stations and higher than planned interest received on cash in bank.
- The main areas to highlight from the graphs are the surge in March 2023 relating to the additional cost and income due to the NHS pay deal, cash for this was received in June 2023, when payments were made to staff. Capital expenditure was behind plan due to delays in receiving DCA vehicles.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Appendix

Appendix 1: Glossary

AQI A7	All incidents – the count of all incidents in the period
AQI A53	Incidents with transport to ED
AQI A54	Incidents without transport to ED
AAP	Associate Ambulance Practitioner
A&E	Accident & Emergency Department
AQI	Ambulance Quality Indicator
ARP	Ambulance Response Programme
AVG	Average
BAU	Business as Usual
CAD	Computer Aided Despatch
Cat	Category (999 call acuity 1-4)
CAS	Clinical Assessment Service
CCN	CAS Clinical Navigator
CD	Controlled Drug
CFR	Community First Responder
CPR	Cardiopulmonary resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
Datix	Our incident and risk reporting software
DCA	Double Crew Ambulance
DBS	Disclosure and Barring Service
DNACPR	Do Not Attempt CPR
ECAL	Emergency Clinical Advice Line
ECSW	Emergency Care Support Worker
ED	Emergency Department
EMA	Emergency Medical Advisor
EMB	Executive Management Board
EOC	Emergency Operations Centre
ePCR	Electronic Patient Care Record
ER	Employee Relations
F2F	Face to Face
FFR	Fire First Responder
FMT	Financial Model Template
FTSU	Freedom to Speak Up
HA	Health Advisor
HCP	Healthcare Professional
HR	Human Resources
HRBP	Human Resources Business Partner
ICS	Integrated Care System
IG	Information Governance
Incidents	See AQI A7
IUC	Integrated Urgent Care
JCT	Job Cycle Time
JRC	Just and Restorative Culture
KMS	Kent, Medway & Sussex
LCL	Lower Control Limited
MSK	Musculoskeletal conditions
NEAS	Northeast Ambulance Service
NHSE/I	NHS England / Improvement
OD	Organisational Development
Omnicell	Secure storage facility for medicines
OTL	Operational Team Leader
OU	Operating Unit
OUM	Operating Unit Manager
PAD	Public Access Defibrillator
PAP	Private Ambulance Provider
PE	Patient Experience
POP	Performance Optimisation Plan
PPG	Practice Plus Group
PSC	Patient Safety Caller
SRV	Single Response Vehicle

Item No	42/24

Name of meeting	Trust Board
Date	08 August 2024
Name of paper	M03 (June 2024) Financial Performance
Executive sponsor	Simon Bell – Chief Finance Officer
Authors names and roles	Judit Friedl (Deputy Chief Finance Officer) Graham Petts (Head of Financial Planning and Reporting), Priscilla Ashun-Sarpy (Head of Financial Management), Rachel Murphy (Financial Manager - Projects, Business, and Investments) Richard Pike (Interim Head of Financial Accounts and Compliance)

This report provides the year to date (YTD) and full year forecast (FY) financial performance of the Trust.

The Trust reported a £6k favourable variance against its planned deficit of (£3,475k) for the year to June 2024 (YTD M03). This includes an additional £1,682k of funding, matched by cost of the additional resources provided by Operations supporting C2 mean improvement in line with the NHS England approved bid.

The planned efficiency programme was £843k adverse against plan due to the delay in the anticipated Crawley Ambulance Station sale. The buyer is awaiting planning permission from the Local Authority which is required for completion.

The Trust has mitigations in place and is on track to deliver its agreed financial deficit plan of (£10,493k) for the year ending 31 March 2025. The agreement of the final deficit plan was reached following the national deadline for plan submissions, and consequently the internal deficit plan on the Trust's General Ledger remains at a (£16,493k) until confirmation is received from NHS England whether a resubmission is required. The movement relates to funds that the Trust has secured and income generation. In the interim Surrey and Heartland ICB has assumed the Trust reporting a £6.0m favourable variance against its (£16,493k) deficit plan by the end of the year.

In M3 cash payments exceeded receipts and cash decreased by £3,040k, due to earlier than planned capital investments and was £5,092k adverse to plan. This is a timing difference and expected to reverse during the financial year.

Recommendations, decisions, or actions sought	For information

Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans, and business cases).	N/A

2024/25
Finance Report to the Board of Directors
3 Months to 30 June 2024

Contents

Executive Summary

The Trust reported a £3,469k deficit for the year to (YTD) June 2024 in line with plan. The Trust's forecast remains as planned.

	Year to June 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	80,771	82,056	1,285	322,886	325,070	2,185
Expenditure	(85,089)	(83,565)	1,524	(341,103)	(341,212)	(109)
Planned Profit on Sale of Assets	843	37	(806)	1,722	1,643	(79)
Trust Surplus / (Deficit)	**(3,475)**	**(1,472)**	**2,003**	**(16,495)**	**(14,498)**	**1,997**
Reporting adjustments:						
Remove Impact of Donated Assets	0	0	0	2	2	0
Remove Impact of Impairments	0	(1,997)	(1,997)	0	(1,997)	(1,997)
Reported Surplus / (Deficit)*	**(3,475)**	**(3,469)**	**6**	**(16,493)**	**(16,493)**	**0**
Efficiency Programme	5,385	4,542	(843)	23,926	23,926	0
Cash	28,472	23,380	(5,092)	29,249	29,249	0
Capital Expenditure	1,506	3,558	(2,052)	22,410	22,410	0

*Reported Surplus / (Deficit) represents what the Trust is held to account for by the ICB/NHSE

Year to June 2024 (YTD)

- For June 2024, the Trust is reporting a financial position in line with plan. However, the overall financial performance consists of adverse and favourable variances. The adverse variance is due to increased costs in Operations of £1,596k, largely driven by the additional resources of £1,681k to maintain the C2 performance funded from the £2,500k non-recurrent income. Delays in the sale of properties mean the expected profit is below plan by £806k. This is mitigated by favourable variances across other directorates, notably in Medical and Finance. These are outlined more in detail below.

- The Trust's deficit plan of £16,493k, excluding the anticipated £6m income is based on the delivery of £23,926k of efficiencies, which is 6.6% of the Trust's planned operating expenditure.
    - The annual target comprises 19.9% or £4,750k cash releasing and 80.1% (£19,176k) non-cash releasing plans.
    - Cash releasing schemes at a value of £3,475k have been developed, and £1,105k schemes have been fully validated and transferred to delivery. £2,371k of the schemes are subject to Executive Director and/or QIA approval before moving to delivery.
    - The Trust has delivered £4,542k non-cash releasing efficiencies in Month 3 (June 2024), which is 15.7% adverse to the plan due to the timing of anticipated sales of properties.
    - The overall efficiency programme is currently risk rated amber, but work is in place to drive the development of sustainable schemes to ensure the delivery of the 2024/25 target.

- The closing M3 YTD actual cash position of £23,380k has an adverse YTD variance, compared with the updated plan submitted in M3, of £5,092k. This is a timing difference

which is expected to reverse during the financial year, an example being that cash expenditure is front loaded in the 1st quarter cash plan compared to the I&E plan, where some of the cash expenditure will be accounted for as prepayments and matched against prior year accruals. The updated plan M12 closing cash balance is £29,249k.

- Capital expenditure of £3,558k is £2,052k above plan.

- The reversal of £1,997k impairment is based on asset revaluation. Impairment is adjusted for in the financial position and is treated as an allowable impairment against assets which has been agreed with auditors. The reversal of the impairment had a positive impact on the Trust's position, however this benefit from revaluation is removed and adjusts the reported position to (£3,469k) deficit.

Full Year Forecast

- For the year ending March 2024, the Trust is projecting to meet the submitted planned deficit of £16,493k and the agreed £10,493k deficit plan that incorporates £6.0m worth of income.

- As required by SE Region the Trust has mitigations in place to support the delivery of the £10,493k planned deficit agreed with Surrey ICB in July 2024.

- The following provide further detail of the elements of the financial position.

1. Income

	Year to June 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
999 Income	72,523	73,849	1,326	290,092	292,404	2,312
111 Income	6,941	6,913	(28)	27,763	27,743	(20)
HEE Income	672	502	(170)	2,605	2,436	(169)
Other Income	635	792	157	2,426	2,487	62
Total Income	**80,771**	**82,056**	**1,285**	**322,886**	**325,070**	**2,185**

- 999 income is £1,326k greater than plan, this includes the anticipated additional income (£2,500k) from NHS England to support the additional resources provided to maintain the C2 mean.

- 111 income is £28k below plan, this is from the reduction in the cost of prescription fees, that is recharged to commissioners and subsequently is offset by the reduction in expenditure.

- HEE (Health Education England) income is £170k below plan. This reflects the most recent funding schedules received for 2024/25 and the reduced planned expenditure for some the ongoing projects (mainly for the advance clinical paramedic (PP)) and is a timing issue matched to the actual expenditure.

- Other income is £157k above plan, mainly through additional income from the new Adult Critical Care Service and the sale of obsolete equipment.

2. Expenditure

The below table shows expenditure plan and outturn by directorate. The below is offset by corresponding funding the Trust receives and recognised under income.

Expenditure By Directorate*	Year to June 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	(1,108)	(1,067)	41	(4,175)	(4,524)	(349)
Finance	(4,016)	(3,770)	246	(15,780)	(16,537)	(757)
Quality and Safety	(868)	(894)	(26)	(3,440)	(3,497)	(57)
Medical	(4,812)	(4,521)	291	(19,645)	(19,576)	69
Operations	(47,249)	(48,845)	(1,596)	(188,405)	(191,371)	(2,965)
Operations - 111	(7,064)	(6,940)	124	(28,163)	(28,135)	28
Strategic Planning & Transformation	(7,472)	(7,360)	112	(29,668)	(29,988)	(320)
Human Resources	(1,417)	(1,485)	(68)	(5,680)	(5,940)	(260)
Total Directorate Expenditure	**(74,006)**	**(74,882)**	**(876)**	**(294,956)**	**(299,568)**	**(4,611)**
Depreciation	(4,294)	(4,479)	(185)	(19,196)	(19,453)	(257)
Financing Costs	(213)	(168)	45	(854)	(807)	47
Corporate Expenditure	(3,944)	(3,387)	558	(15,631)	(12,918)	2,713
Total Expenditure	**(85,089)**	**(83,565)**	**1,524**	**(341,103)**	**(341,212)**	**(109)**
Planned Profit on Sale of Assets	843	37	(806)	1,722	1,643	(79)
Total Trust Expenditure	**(84,246)**	**(83,528)**	**718**	**(339,381)**	**(339,569)**	**(188)**

*Excludes Income

Month performance against plan

- Total expenditure at year to June 2024 was £83,528k, which is £718k better than plan.

- The net underspend is a combination of adverse variances in Operations of £1,596k, which is driven by £1,681k costs for additional capacity. These are partly offset by favourable variances across other directorates explained below.

- Excluding the £1,681k additional capacity spend matched by income, the net YTD Operations spend is £86k below plan. This is a combination of increased costs in EOC of £219k due to international clinicians not yet operational and the requirement to support the service with additional agencies and overtime. Offsetting this is an underspending of £187k in Specialist Operations relating to the timing of various non-pay spend notably lower protective clothing and vehicle costs. In addition, Field Operations is £115k favourable to plan as detailed below.
  - The 0.3% underspend in Field Operations is driven by the following factors:
    - We are reporting a marginal overprovision of operational hours, due to the over establishment of staff, and the use of bank staff of £325k.
    - This is because the overall abstraction level is positive at 25.9% against the plan of 32.3%, while the sickness level is in line with the target of 7.0%. In addition, recruitment levels are as anticipated, and attrition is 45% better than planned.
    - Mitigating these is the lower provision of Private Ambulance Providers' hours by 27.1% YTD, resulting in an underspent of £355k.

- The YTD financial performance in our NHS 111 service is £124k below plan. This is due to £37k increased overtime and TOIL to ensure the provision of safe service delivery. This is because the overall abstraction level is 35.0% compared to the plan of 32.3%, with high sickness levels of 10.9% compared to the target of 7.0%. In addition, the sub-contract charges with IC24 are below the plan following the review of the operating model.

- Favourable variance across other directorates, include vacancies in support and back-office functions of £228k due to the timing of recruitment. Further, non-pay underspent notably lower than planned facilities costs of £212k as inflation stabilises; reduction in fleet costs by £112k in SP&T driven by improved vehicle preparation performance levels of £84k and the 3% favourable fuel rate against a plan of £1.60p and £104k reduction in planned clinical supplies and drugs spend in Medical, reflecting the low activity.

- Finance cost is contributing an additional £45k of favourable variance, mainly through bank interest received reflecting the high interest rates.

The table below shows the Trust expenditure as categorised by NHS England as part of the Provider Financial Return (PFR).

NHSE Categories	Year to June 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Pay/Staff Costs	(60,749)	(61,731)	(982)	(247,619)	(250,172)	(2,553)
Depreciation	(4,293)	(4,479)	(186)	(19,197)	(19,452)	(255)
Premises Costs	(5,427)	(5,132)	295	(21,942)	(21,895)	47
Transport Costs	(4,492)	(4,116)	376	(17,966)	(17,693)	273
Purchase of Healthcare (PAPs;IC24;HEMS)	(3,792)	(3,402)	390	(10,582)	(10,192)	390
Supplies and Services	(2,529)	(2,365)	164	(10,273)	(10,102)	171
Establishment	(1,432)	(1,199)	233	(5,816)	(5,804)	12
Education Costs	(472)	(531)	(59)	(2,199)	(1,917)	282
Operating Lease Expenditure	(532)	(421)	111	(2,128)	(2,003)	125
Finance Costs	(214)	1,829	2,043	(855)	1,189	2,044
Clinical Negligence (CNST)	(492)	(487)	5	(1,967)	(1,963)	4
Other	(665)	(1,530)	(865)	(558)	(1,208)	(649)
Total Expenditure	**(85,089)**	**(83,565)**	**1,524**	**(341,102)**	**(341,212)**	**(109)**
Planned Profit on Sale of Assets	843	37	(806)	1,722	1,643	(79)
Total Trust Expenditure	**(84,246)**	**(83,528)**	**718**	**(339,380)**	**(339,569)**	**(188)**

Full year performance against plan

- As of June 2024, the Trust is forecasting achievement of plan.

- Additional costs in pay are offset by the additional expected funding to support C2 mean performance.

3. Workforce

- The following table shows the analysis of the movement in WTE by directorate and comparison to the month plan:

WTE* By Directorate	Analysis to June 2024			Month of June 2024			Vacancies* - June 2024		
	May-24	Jun-24	Movt	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	51.8	46.6	(5.1)	50.8	46.6	4.2	50.8	49.4	1.4
Finance	40.0	37.6	(2.4)	44.4	37.6	6.8	44.4	37.7	6.8
Quality and Safety	60.2	60.5	0.3	53.7	60.5	(6.8)	53.7	60.5	(6.8)
Medical	207.8	198.3	(9.6)	224.0	198.3	25.8	224.0	188.0	36.0
Operations	3,744.1	3,617.5	(126.6)	3,622.5	3,617.5	5.0	3,742.5	3,483.2	259.3
Operations - 111	423.2	401.6	(21.6)	428.3	401.6	26.8	428.3	391.2	37.1
Strategic Planning & Transformation	143.6	140.4	(3.1)	138.0	140.4	(2.4)	138.0	139.4	(1.4)
Human Resources	76.7	76.6	(0.1)	74.6	76.6	(2.0)	74.6	76.1	(1.5)
Digital	52.3	51.9	(0.4)	51.0	51.9	(0.9)	51.0	51.0	0.0
Total Whole Time Equivalent (WTE)	**4,799.6**	**4,630.9**	**(168.6)**	**4,687.3**	**4,630.9**	**56.4**	**4,807.3**	**4,476.5**	**330.9**

*Excludes 3rd Party Providers (PAPs)

*Net Funded WTE less Contracted (ESR) WTE

- WTE for June 2024 reduced by 168.6WTE, compared to May 2024 and we were 56.4 WTE below plan.

- 168.6WTE more was provided in June compared to last month, mainly in Operations as additional resources were provided supported by additional income as noted above.

- The Trust is 56.4WTE below plan for June, this is mainly seen in Medical and 111 and is linked to current vacancies. Operational vacancies are supported by overtime and bank.

4. Service Line

- The table below shows the Income and Expenditure attributable to our key service lines, this excludes reporting (system) adjustments.

Trust Position	Year to June 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	80,771	82,056	1,285	322,886	325,070	2,185
Expenditure	(84,246)	(83,528)	718	(339,381)	(339,568)	(188)
Surplus / (Deficit)	**(3,475)**	**(1,472)**	**2,003**	**(16,495)**	**(14,498)**	**1,997**

999 (Emergency Services)	Year to June 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	73,007	74,460	1,453	291,832	294,177	2,345
Expenditure	(76,223)	(75,914)	309	(307,964)	(307,637)	327
Surplus / (Deficit)	**(3,216)**	**(1,454)**	**1,762**	**(16,132)**	**(13,460)**	**2,672**

111 (KMS)	Year to June 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	6,941	6,913	(28)	27,763	27,743	(20)
Expenditure	(7,065)	(6,941)	124	(28,162)	(28,135)	27
Surplus / (Deficit)	**(124)**	**(28)**	**96**	**(399)**	**(392)**	**7**

Other	Year to June 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	823	683	(140)	3,291	3,151	(140)
Expenditure	(958)	(673)	285	(3,254)	(3,797)	(542)
Surplus / (Deficit)	**(135)**	**10**	**145**	**36**	**(646)**	**(682)**

- Assumptions:
  - 999 includes the Hazardous Area Response Team (HART) and Helicopter Emergency Medical Service (HEMs) as well as core functions.
  - 111 reflects the direct cost, including depreciation for delivering the 111 and Clinical Advice Service (CAS) for Kent, Medway, and Sussex.
  - Other includes directly commissioned services and funded projects, including Neonatal, Commercial Events, International Paramedic Recruitment, Specialist Operations Response Team (SORT) and specific HEE Education projects e.g., Placements and development of the Level 7 Advanced Clinical Practitioners.

- 999 is £1,762k better than plan for the YTD, mainly from the reversal of the impairment (£1,997k).

- 111 is £96k better than plan, through reduced telephony costs.

- Other is £145k better than plan from reduced planned expenditure within the HEE education projects, mainly through timing.

5. Efficiency Programme

- The Trust submitted a draft financial plan deficit of £16,493k for 2024/25 predicated on the delivery of a £23,926k efficiency target, which represents 6.6% of operating the expenditure.

- £21,123k or 88.3% of the target is expected to be delivered on a recurrent basis with £2,803k (11.7%) non-recurrently.

- Cash releasing efficiencies represent 80.1% or £19,176k non- cash releasing of the target and 19.9% or £4,750k as shown in the table below.

Pipeline Tracker - Cash Releasing Efficiencies

Scheme Category	Fully Validated	Validated	Scoped	Total Schemes	Proposed	Total
	£000	£000	£000	£000	£000	£000
Discretionary Non Pay	166	-	-	166	-	166
External consultancy & contractors	-	-	51	51	-	51
Fleet - Other Efficiencies	100	-	-	100	-	100
Medicines Management - Drugs	93	-	-	93	-	93
Medicines Management - Equipment	44	-	-	44	-	44
Operations Efficiencies	-	240	1,067	1,307	-	1,307
Optimisation in establishment - non clinical	114	-	23	137	-	137
Policy & Process review	174	347	-	521	-	521
Procurement contracts review	-	-	168	168	298	466
Recruitment & Retention optimisation	-	474	-	474	526	1,000
Savings following sale of property	267	-	-	267	-	267
Supply Chain review	148	-	-	148	-	148
Service Development - SCAS collaboration	-	-	-	-	450	450
Grand Total	1,105	1,061	1,309	3,475	1,275	4,750

- As at 12th July 2024, we have developed 81% of the £4,300k directorate cash-releasing target excluding the £450k SCAS collaboration. This involves 27 schemes at a value of £3,475k. Of these:
  - 13 schemes at a value of £1,105k have been transferred to the delivery phase
  - There are 3 validated schemes for £1,061m currently waiting to be QIAd
  - 11 schemes with a value of £1,310m are pending executive sign-off and before undergoing QIA review.
- 15 further schemes have been identified and are under development to bridge the current gap of £824k and work is underway to realise the planned SCAS collaboration savings of £450k.

Summary of Efficiency Delivery Cash releasing and Non-Cash releasing

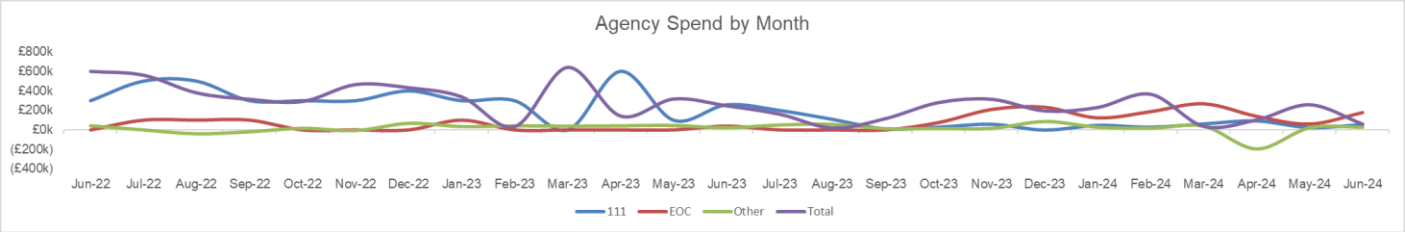
2024-25 Efficiencies Status	YTD M03			Full Year		
	Plan	Actuals	Variance	Plan	Forecast	Variance
	£000	£000	£000	£000	£000	£000
Cash Releasing Efficiencies	0	0	0	4,750	4,750	0
Non-Cash Releasing Efficiencies	5,385	4,542	843	19,176	19,176	0
Total Efficiencies	**5,385**	**4,542**	**843**	**23,926**	**23,926**	**0**

- Delivery of £4,542k non-cash releasing savings YTD month 3, June 2024 is £843k below plan. This is driven by the delays in the planned sale of properties.
- Achievement of the £4,750k cash-releasing efficiencies is profiled to commence delivering from the beginning of quarter two.
- The overall 2024/25 cash releasing efficiency is currently risk rated amber due to dependencies affecting the savings realisation of multiple large value schemes.
- SMG leads are working collaboratively with their Finance Business Partners (FBPs) to drive the development of sustainable schemes and to explore new opportunities to ensure the delivery of the directorate allocated cash releasing target.
- Regular updates are being provided to SMG, the Joint Leadership Team, along with the Finance and Investment Committee.

6. Agency

	Year to June 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Agency Expenditure	**(483)**	**(421)**	**62**	**(1,932)**	**(1,932)**	**0**

- Overall spend with agencies is under plan by £62k. Majority of the agency spend for the year to date was in NHS 111 (£116k) and EOC (£257k).


Agency Spend by Month
£800k
£600k
£400k
£200k
£0k
(£200k)
(£400k)
Jun-22
Jul-22
Aug-22
Sep-22
Oct-22
Nov-22
Dec-22
Jan-23
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Mar-24
Apr-24
May-24
Jun-24
111
EOC
Other
Total

7. Statement of Financial Position and Cash

	£000 Previous Month	£000 Change	£000 Current Month	£000 31 March 2024
NON-CURRENT ASSETS				
Property, Plant and Equipment	98,836	754	99,590	101,712
Intangible Assets	1,871	(139)	1,732	1,241
Trade and Other Receivables	0	0	0	0
Total Non-Current Assets	**100,707**	**615**	**101,322**	**102,953**
CURRENT ASSETS				
Inventories	2,749	20	2,769	3,088
Trade and Other Receivables	12,175	2,466	14,641	6,636
Asset Held for Sale	1,953	0	1,953	0
Other Current Assets	0	0	0	0
Cash and Cash Equivalents	26,420	(3,040)	23,380	29,249
Total Current Assets	**43,297**	**(554)**	**42,743**	**38,973**
CURRENT LIABILITIES				
Trade and Other Payables	(35,285)	1,097	(34,188)	(44,979)
Provisions for Liabilities and Charges	(13,916)	(1,128)	(15,044)	(11,334)
Borrowings	1,132	(307)	825	(5,755)
Total Current Liabilities	**(48,069)**	**(338)**	**(48,407)**	**(62,068)**
Total Assets Less Current Liabilities	**95,935**	**(277)**	**95,658**	**79,858**
NON-CURRENT LIABILITIES				
Provisions for Liabilities and Charges	(9,528)	0	(9,528)	(10,757)
Borrowings	(24,094)	(1,073)	(25,167)	(20,190)
Total Non-Current Liabilities	**(33,622)**	**(1,073)**	**(34,695)**	**(30,947)**
TOTAL ASSETS EMPLOYED	**62,313**	**(1,350)**	**60,963**	**48,911**
FINANCED BY TAXPAYERS EQUITY:				
Public dividend capital	109,537	0	109,537	109,537
Revaluation reserve	5,897	0	5,897	6,871
Donated asset reserve	0	0	0	0
Income and expenditure reserve	(52,999)	0	(52,999)	(52,999)
Income and expenditure reserve - current year	(122)	(1,350)	(1,472)	(14,498)
TOTAL TAX PAYERS' EQUITY	**62,313**	**(1,350)**	**60,963**	**48,911**

- Non-Current Assets increased by £615k in the month arising from new assets of £2,117k offset by monthly depreciation of £1,502k.

- Trade and other receivables are up by £2,466k in M3 and £2,537k higher than YTD plan. The M3 movement is predominantly driven by £2,302k accrued income. Over future periods there will be a decrease in accrued income, and in line with forecast.

- In M3 cash payments exceeded receipts and cash decreased by £3,040k. The closing M3 YTD actual cash position of £23,380k has an adverse YTD variance, compared with the updated plan submitted in M3, of £5,092k. This is a timing difference which is expected to reverse during the financial year, an example being that cash expenditure is front loaded in the 1st quarter cash plan compared to the I&E plan, where some of the cash expenditure will be accounted for as prepayments and matched against prior year accruals. The updated plan M12 closing cash balance is £29,249k.

- Trade and other payables were down by £1,097k which includes a £2,427 decrease in Trade Creditors offset by a £1,188 increase in deferred income.

- The provision balances are up by £1,128k during the month and relate to movements on HEE provisions.

- Borrowings increased by £1,376k mostly arising from an increase in ambulance purchase leases.

- The movement on the I&E reserve represents the Trust's reported deficit for the month and the Full Year.

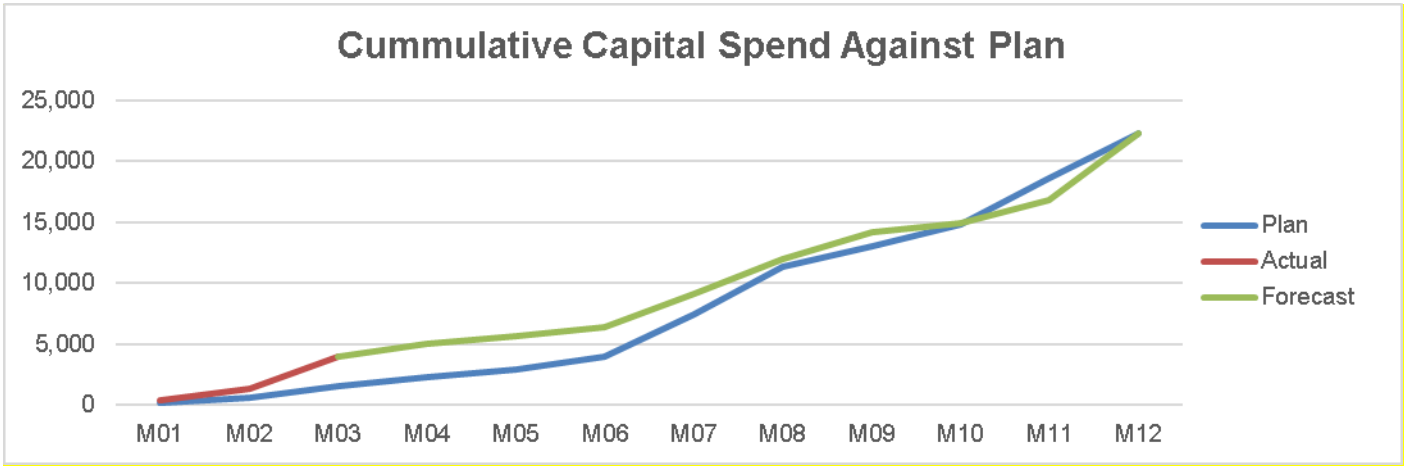
8. Capital

The in-month capital spend is £2,608k which is £1,689k higher compared to the plan of £919k.

	In Month June 2024			Year to June 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Original Plan									
Estates	500	156	344	720	622	98	4,501	4,485	16
Strategic Estates	0	63	(63)	0	92	(92)	0	92	(92)
IT	41	180	(139)	123	265	(142)	3,907	3,907	0
Fleet	62	48	14	186	442	(256)	3,058	3,058	(0)
Medical	0	0	0	0	0	0	45	45	0
Total Original Plan	**603**	**447**	**156**	**1,029**	**1,421**	**(392)**	**11,511**	**11,587**	**(76)**
Extra Allocation*									
Total Extra Allocation	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
CDEL Credit**									
Total Sales Income	0	(76)	76	0	(76)	76	(1,903)	(76)	(1,827)
Total Spend	0	0	0	0	0	0	1,903	0	1,903
Total CDEL Credit	**0**	**(76)**	**76**	**0**	**(76)**	**76**	**0**	**(76)**	**76**
PDC									
Total PDC	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Purchased Assets	**603**	**371**	**232**	**1,029**	**1,345**	**(316)**	**11,511**	**11,511**	**0**
Leased Assets									
Estates	40	498	(458)	105	753	(648)	674	1,141	(467)
Fleet	48	1,739	(1,691)	144	1,866	(1,722)	7,825	7,164	661
Specialist Ops	228	0	228	228	0	228	2,328	2,522	(194)
Total Leased Assets	**316**	**2,236**	**(1,920)**	**477**	**2,619**	**(2,142)**	**10,827**	**10,827**	**0**
Total Capital Plan	**919**	**2,608**	**(1,689)**	**1,506**	**3,963**	**(2,457)**	**22,338**	**22,338**	**0**

The Trust has overspent on the YTD capital plan of £1,506k by £2,457k, this is due to slippage from 2023/24 and the early delivery of the first 16 DCAs and will be offset by future underspends.

The Trust is forecasting to meet its capital plan of £22,338k by year end.



9. Risks and Opportunities

Risk Title	Impact	Likelihood	Rating	Target Rating
New Procurement Regulations (Procurement Act 2023)	3	4	12	8
Outdated Standing Financial Instructions, Standing Orders and Scheme of Delegation	3	4	12	6
Procurement Contract Management	3	4	12	8
Capacity of the Procurement Team	2	2	4	3
e-Procurement Platform	3	1	3	3
Financial Sustainability - Capital Programme 24/25	3	4	12	6
Financial Sustainability - Fraud	3	3	9	6
BAF Risk - Historical Pay Issues	5	3	15	4
BAF Risk - Sustainable Financial Plan	4	4	16	12
BAF Risk - Internal Financial Control	4	3	12	4

- The table above shows those risks to achieving the finance department's objective, some of which impact the organisation's ability to achieve its financial target.

- Potential opportunities for the year have been incorporated into the Trust's plan which mitigate risks initially identified during the first submission of the 2024/25 financial plan.

South East Coast Ambulance Service
NHS Foundation Trust

Agenda No	42-24

Name of meeting	Trust Board
Date	8 August 2024
Name of paper	Finance and Investment Committee Escalation Report
Author	Howard Goodbourn, Independent Non-Executive Director – Committee Chair

This report provides an overview of the meeting on 1 August 2024, which focussed on how the financial plan is helping to deliver performance, in support of our people and our patients.

Financial Performance, Controls & Planning

The M3 financial position was reviewed. The Trust is in line with its plan for the year to June 2024 which includes an additional £1.7m funding, matched by cost of the additional resources provided to support C2 mean improvement. The planned efficiency programme was £843k adverse against plan due to the delay in the anticipated estates disposal.

The committee has reasonable confidence in the mitigations to ensure delivery of the financial plan for the year and explored how this is helping to achieve the quality and performance aims. For example, it sought assurance on the workforce projections for the remainder of the year and how the executive is ensuring resources are allocated across the region, in light of the demand. The projections are in line with the plan as demonstrated by the IQR, including the use of overtime at 3.5% (averaged across the year).

The high attrition in 111 was noted and the committee referred this to the People Committee, to seek assurance with the actions to manage this effectively, acknowledging the mobile nature of this particular workforce. The Board is to use some of its time at the development session in September reviewing the amended retention plan.

While the committee does have reasonable assurance in delivery of the financial plan for the year, supported by the enhanced controls established by the executive, it tested the robustness of the cost improvement plan, which includes £4.8m cash releasing. It reinforced the need to ensure that no decisions taken in this current year will have an adverse impact on the strategic priorities, acknowledging that the plan is designed specifically to mitigate this, which is why we are in deficit. The committee also sought and received assurance that there is no reduction in support services, noting the focus of the financial plan is to improve efficiency. The executive is clear that it is investing more not less in support services to ensure the right skills and capabilities needed to deliver our strategy.

Overall, the committee is assured with the detail supporting delivery of the cash releasing efficiencies but wanted greater assurance on the circa £19m non-cash releasing element. It has asked for further clarity, which it will review in September.

A key risk to delivery of one of our quality priorities (C2 mean) is a rise in activity that significantly exceeds the assumptions agreed with commissioners; 2.3%. It is currently 7.1% and so the Board should be aware of this and the related discussions with commissioners. This will inform if changes to the financial plan are needed.

Looking forward, the committee will be at its next meeting spending time on reviewing the planning for 2025-26, and the development of a three-year recovery plan that aims to ensure the Trust returns to balance by 2027-28.

Digital Strategy

The committee supports the approach to the digital strategy, which will come to Board in October. It challenged the executive to ensure that the strategy reflects more overtly the link to patients given its aim is to improve patient care.

Procurement Strategy

The new Head of Procurement joined to share the draft strategy which professionalises the team to support better controls and help drive better value for money. The strategy aims to assist with enabling the three key elements of the organisation's strategy, i.e. to deliver outstanding patient care, enhance the experience of our people and to build a more sustainable organisation. With particular focus on contributing to becoming a sustainable and efficient organisation. The strategy also takes account of the new Procurement Act due to come in to force from October.

This is very welcomed given the weaknesses in control identified last year. The committee will develop new KPIs to ensure it is able to more clearly track the impact of the new strategy.

Fleet Performance

The committee explored the fleet performance through the lens of specific risks in the risk register. It expressed some concern about the vehicle off road rate and the adverse impact of this on operational delivery and cost. There was a helpful explanation provided about the national issue with parts availability.

In response to the concerns a further report was requested to set out the incidents where crews do not have a vehicle available. The committee also asked for a VOR trend analysis given the decline in the stated tolerance of 10%.

The committee welcomes the collaboration as part of the national fleet group on areas such as vehicle telematics, and the drafting of a national specification.

The Board will recall previous reports highlighting the challenges with technician recruitment. The executive is pursuing an apprenticeship scheme to ensure a more stable position in the future. In the meantime, there are currently now only two vacancies, although this has taken many months of recruitment to achieve and is a fragile position given these role are hard to recruit to.

Operational Performance

The committee reviewed performance and is pleased to report that we are on plan at Q1 to deliver against our operating plan commitments. The steps being taken in line with our strategic direction (more virtual

consultation) are on track to deliver 17% Hear & Treat. The work with system partners the set up the Hubs by October 2024 is ongoing, with good engagement.

While the focus in line with the national direction is to ensure C2 30-minute mean, the committee noted some decline in our response to patients with less serious conditions (C3 and C4). It asked for a report next time on the steps being taken by the executive.

In summary, while the committee acknowledges the risks, it has reasonable confidence in the plans to delivery in line with our operating plan commitments for the year.

Specific Escalation(s) for Board Action	There is nothing to specifically escalate to the Board, requiring its intervention at this time.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	43-24

Name of meeting	Trust Board
Date	8th August 2024
Name of paper	Sussex Integrated Care Board Shared Delivery Plan Year Two Refresh and Terms of Reference for the Committees in Common
Trust Priority Area	Strategic Partnerships
Responsible Executive	David Ruiz-Celada
Author	Ray Savage, Strategic Partnerships Manager
Recommendations, decisions or actions sought	As requested by the Sussex Integrated Care Board, each sovereign organisation receives and approves the Year Two refresh of the Shared Delivery Plan.

Shared Delivery Plan Year Two

The 2023 Sussex ICB Delivery Plan Year Two refresh provides a summary for what has been achieved during year one and outlines the focus for both health and care partners during 2024-25 within the context of a five-year overarching plan.

Context for the SDP is to bring together, in one strategic place operational and partnership working that improves health and care for the population of Sussex, through specific work plans and initiatives reflecting priorities from national policy and guidance.

Year one set out the ambitions and actions to be built on during the five-year SDP period. These include:

- Quicker and easier access to GP services.
- Improving response times to 999 calls and reducing A&E wait times.
- Reducing waiting lists for diagnostics and planned operations.
- Improving discharge times from hospitals.
- Improving Mental Health services.
- Strengthening clinical leadership.
- Get the best use of finances.
- Further develop the health and wellbeing strategies at population health level (place based): West Sussex, East Sussex, and Brighton and Hove.
- Developing a digitally enabled workforce.

Year two will build on what has already been started resulting in Immediate Improvement Priorities:

- Healthier communities
- Better access to services
- Reduced waits
- Better joined up care
- Better staff opportunities and support

These priorities fall into three overarching programmes:

- Long Term Improvement
- Continuous Improvement
- Health and Wellbeing Strategies

Year two will continue to develop the sixteen Integrated Community Teams, joining up health and social care at population health levels. Population health data will be a key enabler for these teams to understand local health and care requirements, inequalities, and priorities.

Expanding care outside hospital will continue to place a focus on virtual ward and urgent community response pathways provided by the community trusts for both ‘set up’ and ‘step down’ beds.

2024-25 will ensure that clinical leadership is at the heart of the SDP.

The SDP will help the NHS to support broader social and economic development.