South East Coast Ambulance Service
NHS Foundation Trust

Trust Board Meeting to be held in public

5 December 2024

10.00-13.00

Trust HQ, Nexus House, Crawley

Agenda

Item No.	Time	Item	Purpose	Lead
Board Governance				
66/24	10.00	Welcome and Apologies for absence	-	UK
67/24	10.01	Declarations of interest	To Note	UK
68/24	10.02	Minutes of the previous meeting: 03 October 2024	Decision	UK
69/24	10.03	Matters arising (Action log)	Decision	PL
70/24	10.05	Chair's Report	Information	UK
71/24	10.10	Chief Executive's Report	Information	SW
		Southern Ambulance Collaboration		
Strategy & Performance				
72/24	10.30	Board Story	-	JL
73/24	10.45	NHS 10 Year Plan	Discussion	DR
74/24	11.00	**Strategic Aim: We Deliver High Quality Care**	Assurance	
		Supporting Papers: a) Quality & Patient Safety Committee Report b) Board Assurance Framework – Progress / Risks c) Integrated Quality Report		
75/24	11.20	Clinical Leadership Model	Discussion	JL MD RQ
76/24	11.35	EPRR Annual Assurance	Assurance	JA
	11.45	Break		
77/24	11.55	**Strategic Aim: Our People Enjoy Working at SECAmb**	Assurance	
		Supporting Papers: a) People Committee Report b) Board Assurance Framework – Progress / Risks c) Integrated Quality Report		
78/24	12.20	FTSU Guardian Report	Information	MD
79/24	12.30	**Strategic Aim: We are a Sustainable Partner as Part of an Integrated NHS**	Assurance	
		Supporting Papers:		

		a) Finance & Investment Committee Report b) Board Assurance Framework – Progress / Risks c) Integrated Quality Report d) Month 7 Finance Report		
80/24	12.45	Recovery Support Programme	Decision	DR
Closing				
81/24	12.50	Any other business		UK

After the meeting is closed any questions received[1] from members of the public / observers of the meeting will be addressed.

[1] Only questions submitted at least 24 hours in advance of the Board meeting will be taken. Please see website for further details: Trust Board

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting

03 October 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
Jen Allen	(JE)	Executive Director of Operations
Jacqueline Lindridge	(JL)	Chief Paramedic Officer
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
Richard Quirk	(RQ)	Acting Chief Medical Officer
Subo Shanmuganathan	(SS)	Independent Non-Executive Director
Sarah Wainwright	(SWa)	Interim Director of HR & OD
*Mojan Sani	(MS)	Independent Non-Executive Director
*Karen Norman	(KN)	Independent Non-Executive Director

In attendance:

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

*joined via MST

47/24 Welcome and Apologies for absence

UK welcomed members, in particular JL and JA to their first meeting, and those in attendance and observing.

The following apologies were noted:

Rachel Oaten	(RO)	Chief Medical Officer

48/24 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.

49/24 Minutes of the meeting held in public 08.08.2024.

The minutes were approved as a true and accurate record.

50/24 **Action Log** [10.03-10.04]
The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.

51/24 **Chair's Report** [10.04–10.09]
UK highlighted from his report the work on development of the Board Assurance Framework. Good progress on governance but more still to do. He reflected on the role of the unitary Board, and balancing holding to account with gaining a joint view on assurance. He will be asking for the NED reports first to provide this overview.

We have HR challenges, and there was a helpful Board development session supported by other managers to hear first hand the experiences and what this Plan need to address, which we will come to later on the agenda.

UK reinforced the importance of the relationship with Governors and the work to build this to help ensure they are effective in their critical role in our governance system.

Lastly, the AMM was a great success. UK thanked all for their efforts, which gave the platform to showcase the organisation and its governance.

52/24 **Audit & Risk Committee Report [**10.09–10.17]
MW summarised the output of the most recent meeting. He thanked executive and non-executive colleagues for the constructive discussion. The Board noted the key issues from this meeting, including the work to improve resilience in the finance team related to the year-end audit process. There has been a really positive reflection on the learning from this.

Internal Audit gave a limited assurance outcome related to the control environment and action is in place which the committee will monitor to ensure progress.

In terms of risks, MW confirmed that these reflect the risks the committee would expect to see. Noting the addition of the HR BAF risk which is to be included. We are as part of the strategy moving to a more devolved system of management and so it is important within this that risks are understood and managed ensuring the thread from road to Board; good progress with this is being made.

Lastly, our newly appointed Internal Auditors presented their first report on FTSU. A good outcome overall related to process and controls. MW thanked Kim, our FTSU Guardian, and MD for the work in this area.

Internal Audit also reported on the follow up from previous reviews and there is good progress. On the HR actions the committee took the decision to pause these given the recommendations relate to the root causes that the new HR Plan is now aiming to address. The committee will therefore review against this background.

MW confirmed there is nothing to escalate specifically requiring Board action.

UK thanked MW for his work and that of the committee. There were no questions.

53/24 **Constitution** [10.17-10.19]
PL set out the changes proposed. These were clear and with no questions, the Board approved the changes.

54/24 Chief Executive's Report [10.19–10.47]
SW drew out three things from this report:

1. As we are in the second half of the year, we should reflect on the first half to assess whether we have ended it where we said we would. Given the challenges facing the NHS this is a great achievement for both our operational and financial plans. SW thanked all that helped deliver these both in operational and support services.
2. We launched our new Values at the last meeting, and they will inform an important backdrop to all our conversations. To ensure we live the values.
3. Our commissioners in Kent and Sussex supported as part of our clinical strategy the establishment of the Hubs. We are finalising the approach in Surrey, which is based on a more virtual model but will be moving in to winter with this key milestone in place across the trust; this demonstrates the positive impact of the work in developing our strategy. This will focus on quality impact / patient outcomes. The national policy is reflective of the direction of our strategy.

The **Southern Ambulance Collaboration** paper was noted.

LS asked about the Hubs and if we have adequate clinical resource internally. SW responded that part of the agreement is to have a model of shared clinicians. Surrey we will be working with an on-call clinician so a slightly different approach. LW added that we are using existing rotas and not deploying staff; these are PPs and Band 6 PAACS trained clinicians.

HG asked about the SACS manifesto and best quality assets, which seems to imply we always go for the best assets which in principle might not be right. Instead, we need a minimum standard and procure against this, e.g. we might not always need the very best. SW responded that this will be reflected in debates going forward. In the analysis to date there is variation in our practices and so the plan is to level up to a minimum standard in the way HG suggests.

KN asked how risks will be managed across the collaboration e.g. shared liabilities and 'stealing with pride'. SW responded first by confirming that the Trusts remain sovereign. We therefore have a right to opt out, as a backstop. In terms of liabilities, we have all contributed a sum of money based on turnover and this is the limit of financial liability. Regarding 'stealing with pride', this refers to an expectation that we share better what we do well in the ambulance sector. For example, all five Trusts in the collaboration respond to 999 calls in different ways, and so we need to understand why and what works best.

MW reflected that the NHS is scattered with collaborations, but does not have a good record of delivery, and so we need to keep up the pace. MW would like further assurance that we have a realistic plan for delivery with milestones the Board can assess over say the next six months and beyond. SW responded that we do have a delivery partner and three workstreams will be mobilised, overseen by the CEO and Chair groups. The plans are likely to be developed by the end of November.

Action
A further update on the SACS collaboration to come back to the Board in December, to follow up the request by the Board for further assurance that we have a realistic plan for delivery that includes milestones.

UK summarised that the Board supports the manifesto and related workstreams acknowledging the complex web of issues where we look out to this and our collaboration with SCAS, in addition to our ICBs.

55/24 Digital Strategy [10.47-11.18]
SBr summarised the digital strategy outlining the engagement on the approach, the strategic ambitions with patient outcomes at the centre, and its link to the overarching trust strategy. SBr believes this will ensure we are ready to become a digitally mature organisation and mitigate more robustly our cyber threats.

UK thanked SBr and opened to questions.

PB asked about the achievability and any key barriers. SBr outlined his view on why he thinks it is achievable, but this is subject to funding and some changes in how we deliver services.

PB asked how we flex governance arrangements with changes over time. SBr outlined the work to document processes of how we align with demand and changes. We will keep the strategy under review via the Board.

In the context of the recent IT BCI (failed tech changes) SS asked when we will be able to deliver some of the ambitions in the strategy. SBr outlined what went wrong yesterday and the steps being taken to find a resolution to prevent recurrence. We need a managed partner to support the maintenance of our network; an external review will be undertaken.

HG is pleased the strategy is patient focussed but notes it isn't costed. HG asked how this will align with the collaboration. SBr responded that this will go through the annual planning cycle later this month, to decide what can be funded. In terms of collaboration, what we need is convergence with what is going on elsewhere; SBr is the national chair of all digital services in the ambulance sector and so has good insight into the road maps that will help ensure aligned tech solutions. This will bring us closer together.

KN asked about learning from the past to ensure delivery. SBr explained that digital is just an enabler, and the key is that it is clinically led. UK reflected how positive it is that the focus is on patients.

LS is supportive and thanked SBr for engaging and listening. She asked from the patient perspective how we communicate effectively the changes we are aiming for.

SW reflected that this is a must do as identified in the Darzi report. We need to get good at this and the strategy is a first step. How we communicate with patients is key and as we turn to the Board development session in November, we need to look as a Board at how we communicate all the different things we are doing, e.g. what is the public facing message. Also, we need to maintain coherence; we need to invest in a CDIO, as some of the issues we have is due to a lack of dedicated leadership.

UK thanked SBr and the executive team for the work in developing this. The Board approved this strategy.

57/24 Board Story [11.18-11.32]
RQ introduced Nathan Daxner, Frequent Caller Lead both here and across the ambulance sector in England. Nathan talked to a presentation setting out the frequent caller team, the types of patients the team help to support and the positive impact on patients.

UK thanked Nathan for the helpful overview of challenges and solutions.

JA made the point about shared records and link to the digital strategy where there is opportunity for more collaborative management plans for these patients.

MD noted that team holds high quality clinical safety plans for this group and commended their work.

SS reflected that we seem to carry much system risk and asked what support from system the team gets. Nathan responded that there is understanding of the level of risk we are carrying, but actual support from the system is limited. The Trust however is supportive in particular in ensuring the difficult conversations with partners to find better solutions.

SB shared that this is an impressive clinically led service and with resource that compares really well to other ambulance trusts. It brings much benefit in terms of efficiency and use of resources. This is good example of where we invest to improve patient care at the same time as saving money.

SW asked that if Nathan had a wish list what would be the difference between us and others in terms of investment. Nathan explained Yorkshire had a team of 10, and so would like more investment in ensuring more capacity in the team.

UK thanked Nathan again and reflected the value of Kindness demonstrated by this service.

[Break 11.36-11.46]

56/24 HR Improvement Plan [11.46-12.20]

SW introduced this plan which has been developed with commitment from the whole executive. The Board noted that this is not the first such plan and so it needs to be assured that it covers all the areas and resourced adequately. SW acknowledged that there is much to be done and so the key is to ensure the right priorities.

SWa is pleased to present this which has been six months in the making. We have looked carefully at the problems and through engagement both internally and externally helped to shape the plan to improve HR services. SWa confirmed the four priorities, which picks up feedback from the engagement to ensure focus on the most important areas. The Plan includes milestones. SWa described the priorities as building blocks, to establish a HR function fit for the future to help deliver our strategy.

SWa asked the Board to agree the priorities and milestones set out in the plan.

UK thanked SWa for this which is clearly set out and asked SS first to respond as Chair of People Committee. SS confirmed the review at the committee where it asked the executive to confirm its support and specific role(s) in the Plan; the committee is assured there is much greater shared ownership now compared to previous plans, where it was more siloed for the HRD. Feedback from the committee has been reflected in this Plan including on the governance and how we will know we are making progress. SS added that the Board should note that SWa doesn't have a fully established senior support team, which will likely have some impact notwithstanding the executive lean in SWa has set out.

MS reflected that at the Board development session, managers were saying they needed greater access to HR people with better and more consistent advice to inform decisions. SWa responded that the redesign of the HR operating model will enable a more integrated approach, including more visible presence. In addition, training is being developed to ensure we give managers confidence and clarity to make the right decisions and manage issues effectively.

MP felt the Plan feels right and echoed SS comments related to the positive wider executive support. Related to the lean in plan, he asked for more colour on what this will look like, e.g. assurance the team will remain aligned in the execution of the work. SWa responded that this is an informal mechanism to improve executive capacity and oversight. No formal change to reporting lines are needed but more executive colleagues providing additional support / capacity to enable some of the services.

KN asked about the depth in support in the level below executive. SWa reinforced the transition resource plan which will enable in the immediate term while we appoint to substantive roles, e.g. deputy director.

MW is supportive. He reflected on the number of historical initiatives to re-start HR that have not succeeded, which brings in to focus the very steep hill to climb. He asked in light of this how we manage expectations and comms. SWa responded that part of this is about keeping the confidence of our people and working with comms to ensure ongoing communication so our people are kept updated on what we are doing. We will have a dedicated comms role to ensure this. JC added that the organisation is understandably sceptical but the honesty being shown now about the issues and what we need to do is different to before.

MW accepts this but felt that we need to aim for some quick wins and clarity on what people can expect to see different and by when, some tangible outcomes.

JC agreed and we had similar discussions at EMB related to this being a window of opportunity. This work is being done in relation to other things such as values, sexual safety, resolution, all of which are linked to our strategy. So taken all together people should feel a difference.

UK summarised that there has been good reflections and challenge. We are hearing absolute support for the Plan, noting concern about the resourcing need. In terms of delivery and quick wins, we need to point to tangible markers of change. This must work this time, and much relies on us all getting this right. Lastly, UK thanked SWa for her leadership with this, showing agility and connection with the data and feedback. The Board approved the Plan.

UK then outlined the new approach we are taking to the next part of agenda framed by the three strategic aims, where we are looking not to hear about everything but from the committees and from executive about what the key issues are that will help ensure Board scrutiny to improve richness of Board governance. We start with Quality.

58/24 We Deliver High Quality Care [12.20-12.42]

LS outlined the key issues from the last meeting of QPSC, as set out in the report. The main 'alert' relates to volunteers and concern around how we are managing our volunteers and CFRS in particular; how do we appoint, develop, deploy and retain them. The committee has asked the clinical directors to work through this as it is such a valuable resource.

UK asked if MD or RQ wanted to add anything to this. MD highlighted from the IQR and BAF that we are now fully in PSIRF and linked the conversations across committees, related to an increase in violence and aggression (mostly related to call handling). This spiked during the civil unrest but this has since dropped. RQ added that we making good progress with the medicines distribution centre and are on track to open this by the end of November. Service delivery has not been impacted while this works are being carried out. RQ also confirmed the work as a region on the strategic priority in the BAF, related to models of care; good progress is being made.

SW agrees with the assessment of volunteers, and he has decided to commission an eternal review of the volunteer service. This will help establish if we are set up to deliver against this strategic priority. The review will be led by a national volunteer lead at AACE. This will include not just CFRs but others, such as chaplains.

MS asked for an update on the recent challenges with DCIQ (incident / risk management system). MD responded that this is working well currently with no recurring issues. However, we are working with SBr and his team to market test the right longer-term solution. SBr added that this is about ensuring we have the right products and solutions to run our business effectively.

LS confirmed that we did have reporting issues earlier in the year and have since received assurance at QPSC that there was no patient safety impact.

59/24 Winter Plan

LW updated the Board on the approach to development of the winter plan, which is out to consultation and will remain a live document. It was reviewed at SMG yesterday and also at EMB. Winter will be tough this year and the plan aims to support our delivery of performance and quality. Some key areas identified, e.g. Hubs as discussed earlier. Focus too on wellbeing of our people, and ensuring vaccination. The plan will be tested at a tabletop exercise in October.

MD updated on flu vaccinations as nationally there was low take up last year leading to the country not reaching herd community. In response, lots of work through Public Health England to encourage take up. We were one of highest in country last year at about 70% and started our campaign this year back in March. We are therefore as confident as we can be that we will have positive take up again.

60/24 Our People Enjoy Working at SECAmb [12.42-12.47]

SS outlined the issues from the last meeting noting the constructive exec to exec challenge made in the right spirit. EOC culture is a longstanding issue but staff feedback is that it is improving. The workforce plan is on track to deliver and the main 'Alert' relates to career pathways where we need a more holistic view with a proper plan now JL is in post. The culture dashboard will help provide a temperature check of the impact of the work we are doing to make the Trust good place to work. Lastly, the EDI plan is coming back in November, where we will be reviewing the executive ownership of this.

SWa confirmed the work to update the BAF in light of the new HR improvement plan.

Noting the earlier discussion about the HR Plan, UK thanked the executive for its work in this area.

61/24 Sustainable Partnerships [12.47-13.03]

HG summarised the outputs of the meeting last week where the finance committee is assured on financial performance and operational performance. Activity volume / demand is much higher than assumed in the plan, much from frailty and falls. It is important as this informs where we shape effort through the Hubs.

The main 'Alert' related to the financial sustainability plan. We are doing all we can, but we are heavily reliant on discussions with commissioners. At present there is no clear plan.

SB observed that SH ICB, as lead commissioner, has escalated through the NHSE oversight programme the risk to it plan. If they lapse into Tier 4 they would require specific turnaround. In anticipation of this they have appointed their own turnaround resource, which includes review of all providers' balance sheets. Focus will be on acute providers although we are involved too. We met this week and there is nothing untoward to report from this. However, it reinforces the need to continue to deliver against our commitments and where possible go even further. SW added that there is additional cash being provided from the centre that will technically cover the £10.5m deficit, but non recurrently.

SW drew the threads of this discussion, starting on the precise point on operational performance where we picked up the challenge re ARP. In the context of the winter plan he asked how we will ensure focus across all categories. On activity levels this begs the question if activity was lower could we do more to improve other categories. At the System Assurance Meeting recently it was more system based, leading to discussion about how the system can reduce demand. If the activity trend continues we will have a choice to make between maintaining performance with the funding we have. On the point about further improving ARP performance, some Trusts have done so by spending more cash, highlighting the inconsistency in

commissioning, with some more focussed on performance and others on finance. There are no easy answers.

UK reflected the need to ensure against all our priorities we take account of the wider landscape and all the different moving parts.

62/24 **SFIs** [13.03-13.05]
One of key controls is the SFIs, which SB summarised. They have been updated and approved by EMB and Audit Committee. They have also been shared with Internal and External Audit and are part of the wider work to strengthen our financial controls.

MW supports the review.

UK thanked SB for the work on this and broader controls in place.

The Board approved the updated SFIs.

63/24 **Procurement Strategy** [13.05-13.08]
SB introduced this strategy aimed to support the Trusts overarching clinical strategy. It is aligned with the SFIs and new procurement regulations to ensure compliance and value for money. SB noted the work of Geoff, Head of Procurement, to bring us up to a better standard with procurement.

UK asked how this relates to the collaboration discussed earlier. SB explained Geoff is part of the procurement group of the collaboration, but this is more about getting our house in order.

The Board approved the strategy.

64/24 **Review of Board Effectiveness** [13.08-13.11]
Reviewed meeting and new approach taking NED assurance first. UK asked SL for his immediate view, and he reflected that it feels like the Board continues to improve, demonstrating values. With a good balance between formality and allowing people to ask the silly questions.

65/24 **AOB**
None.

There being no further business, the Chair closed the meeting at 13.11.

UK then confirmed there have been no questions from the Public.

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

Date _____

South East Coast Ambulance Service NHS FT Trust Board Action Log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP)	Comments / Update
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	07.02.2025	Audit Committee / Board	IP	A report to audit committee was received in July - see escalation report. The final report is scheduled for the meeting on 19 December and the outcome of this will be reported to the Board at its next meeting in Febriary 2025.
08.08.2024	40 24	QPSC to review the evaluation /outputs of the provider collaboratives we are involved with and the national transformation group reviewing care pathways.	DR	Q4	QPSC	C	Added to COB
03.10.2024	54 24	A further update on the SACS collaboration to come back to the Board in December, to follow up the request by the Board for further assurance that we have a realistic plan for delivery that includes milestones	SW	05.12.2024	Board	C	On agenda

Key

	Not yet due
	Due
	Overdue
	Closed

	Item No	70-24
Name of meeting	Trust Board	
Date	05.12.2024	
Name of paper	Chair Board Report	
Report Author	Usman Khan, Chair	

Board Meeting Overview

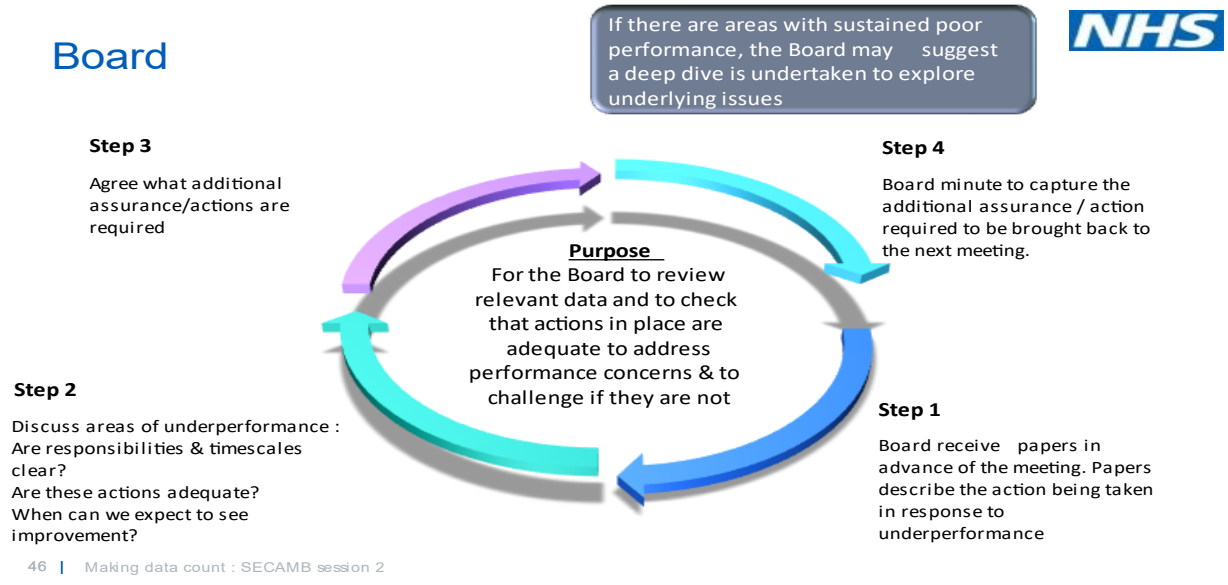
Meetings of the Board are framed by the Board Assurance Framework (BAF), against the three strategic aims:

We deliver high quality patient care

Our people enjoy working at SECAmb

We are a sustainable partner as part of an integrated NHS

The BAF has been revised to reflect the Trust 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.



Since the last meeting of the Board the NHS 10 Year Plan was published. There is good alignment with this and our strategy, which the paper on the agenda confirms. Clinical leadership is key driver for our strategy, and with the introduction of a Chief Paramedic the three clinical directors will outline the new leadership model they are forming to take forward our ambition.

As we turn into a new year, the Board has a good level of assurance with the progress being made. We are on track to deliver against our financial commitments, in the context of significant financial challenges across the NHS, and against our operational performance target for C2 mean, where we are one of the best across the ambulance sector in England. We are also delivering against our strategic ambitions, accelerating the establishment of the Unscheduled Care Navigation Hubs, in time for this Winter. As we develop our integrated plan and strategic priorities for 2025-26, we will need to balance the need for ambition and realism.

Board Development

We had another constructive board development session in November, supported by our operational and clinical leaders, to help strengthen the Board's connection to the wider organisation.

The Deputy Director of Regulatory Leadership at the CQC set out the new CQC framework and approach, to help the Board's understanding and how this might impact the way it operates and/or prepares for inspection. Our strategic plan builds on the improvement journey of the past two years and, following the review of the Exit Criteria, the Board will be reinforcing in December, its readiness for exiting the Recovery Support Programme.

The second half of the session last month focussed on Health Inequalities, which is one of our Quality Account priorities set out in the Board Assurance Framework. Supported by a national lead at AACE, the Board explored the ambition of SECAmb in strengthening its role in reducing health inequalities.

Collaboration

Work continues on the Southern Ambulance Service Collaboration and the paper from the most recent Board is on the agenda. I would like to thank our Board colleagues from South Central Ambulance Service for the really constructive meeting we had last week to explore how the two Trusts could work more closely together.

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	71-24

Name of meeting	Trust Board
Date	5 December 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 October and November 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	Key issues discussed by EMB recently have included our HR Improvement Plan, the pay review for Trainee Associate Ambulance Practitioners (TAAPs) and our response to the emerging NHS Ten Year Plan.
4	Resolving the legacy pay issues for both ECSWs and TAAPs is something that we committed to addressing by the end of the year, so I am pleased that, notwithstanding some complexities still to be worked through, we have delivered on this commitment.
5	We also continue to closely monitor operational performance at EMB. You can read more about our performance elsewhere in our Board papers, but I am pleased that we continue to perform well compared to our ambulance colleagues on Category 2 responses and 999 call answer times. The most recent response time figures for Category 2 show that we were the highest performer nationally, after the Isle of Wight.
6	Our Hear & Treat rate is currently below where we would like it to be, but we are confident that the plans we have in place in this area will lead to improvements.
7	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.

8	**HR Improvement Programme** We continue to make good progress in delivering our HR Improvement Programme under Sarah Wainwright's leadership, which was formally approved at our last Trust Board meeting.
9	The Plan is focussed in four key areas – Developing a new HR Operating Model, Employee Relations (ER), Working with our trade unions and ER Training - and I am pleased that we are starting to see traction in each of these areas.
10	As I have said previously, we need to be under no illusion that this plan will take time to deliver and cannot be delivered all at once. It is also vitally important that, as part of developing our new HR model, we develop and implement a sustainable HR structure, which, in itself, will take time to deliver.
11	However, we know that ensuring HR operates effectively is probably the most important factor in helping us to continue to deliver the improvements we want to see and while we need to take time to make sure our plans are properly thought through, it's also important that our people start to see visible difference in this area.
12	**Engagement** During the past couple of months, I have continued to attend a number of national, regional and local meetings on behalf of the organisation.
13	On 12 and 13 November 2024, I was pleased to attend the NHS Providers Conference in Liverpool, which provides an excellent opportunity to engage with a wide range of NHS leaders. The theme of this year's conference was 'Next Generation' and focussed on our collective efforts as leaders to maximise the social and economic value of the NHS, ensuring it remains responsive, effective, and centred on patient and community needs.
14	The Conference covered specific areas such as Leadership for the future, Digital Innovation & AI and Reducing Inequalities and also provided an opportunity to hear directly from the Secretary of State for Health, Wes Streeting MP, who outlined the case for change as part of the Government's emergency Ten Year Plan.
15	On 26 November 2024, I was pleased, together with our Chair, to welcome Dr Gill Fargher, the High Sheriff of Kent, to our Medway Make Ready, EOC and 111 centre. We were also joined by Chairs from South Central Ambulance Service NHS Foundation Trust and London Ambulance Service NHS Trust, Professor Sir Keith Willett and Andrew Trotter and were very proud to be able to give all our visitors a tour of the fantastic facilities at Medway.
16	I have also been pleased to continue my 'Connect with the Chief' programme internally, with recent visits to Medway and Tongham.
17	This programme sees me many of our sites, where colleagues are able to meet with me for a one-to-one session, attend informal roundtable discussions and showcase anything they would particularly like to share.

18	I continue to thoroughly enjoy the opportunity to engage with our people directly and hear the great work underway locally through this programme, as well as discussing the challenges they are facing locally. Consistent themes arising from my visits include mental health pathways for patients, demand over winter and the future of the 111 service.
19	My visit to Medway on 15 October 2024 took place during national Freedom to Speak up month and I enjoyed visiting the FTSU stand at Medway MRC, as well as Medway Maritime Hospital where I was able to catch up with some of crews, making sure they were fully aware of the FTSU service and how our FTSU Guardian, Kim Blakeburn and her team can help.
20	I am looking forward to the next Connect with the Chief session taking place at Paddock Wood on 10 December 2024.
21	**Celebrating Success Event** I was delighted to attend my second Celebrating Success event on 1 October 2024, together with more than a hundred of our people.
22	This is an important event which honours the academic achievements of colleagues who have undertaken a wide range of courses throughout the Trust and who have successfully completed their learning.
23	As part of our wider Reward and Recognition Framework, we are now regularly honouring these achievements and plan to host two of these events every year to mark the achievements of a wide range of colleagues, from newly qualified ECSWs right through to our advanced practitioners.
24	At the October event, it was a privilege to share in the success of 60 of our colleagues and their families in conjunction with our academic partners, Crawley College, university of Cumbria and St Georges University.
25	I look forward to attending the next event planned for April 2025.
	B. Regional Issues
26	**Collaboration** Within the challenging financial and operational climate facing the NHS at present, it's important that all NHS organisations look to collaborate with each other where appropriate, to ensure that best practice is shared and efficiencies realised wherever possible.
27	We are continuing to work alongside our colleagues at South Central Ambulance Service (SCAS), to ensure that both organisations can provide the best possible care to their local communities and that colleagues have access to the best systems, support and opportunities available.
28	On 29 November 2024, the Boards of both Trusts met to begin to explore opportunities where we can work collaboratively together.

29	Both trusts are also part of the wider Southern Ambulance Service Collaboration (SASC), which also aims to bring benefits from greater joint working across ambulance trusts in the south; an update on this is being covered on today's agenda.
30	**Success and long service celebrated** Throughout November I was honoured and proud to attend our annual awards ceremonies. These three ceremonies, held in Kent, Surrey and Sussex, celebrate the long service and outstanding achievements of colleagues, our volunteers and members of the public.
31	Across all the events we recognised more than 2,000 years' of service – an incredible number! At each event, we were joined by the Vice Lord Lieutenant or Deputy Lieutenants for the counties they represent, as they, as representatives of the King, presented Kings' Medals for Long Service and Good Conduct to colleagues for the first time.
32	We also celebrated volunteers who have dedicated more than 10 years' service and colleagues who have served 20, 30 and an incredible 40 years' NHS service.
33	During the awards ceremonies I was also delighted to present a wide variety of Chief Executive Commendations. These commendations were presented to individuals who have been recognised for their outstanding achievements and who reflect our new Trust values of courage, kindness and integrity. One such story of courage saw us pay tribute to three young children who rescued and saved the life of a man in Minster earlier this year – a particular well done to Ella, Max and Jersie.
34	Our commendations winners represent just a small percentage of the amazing work and care which goes on across our region day-in, day-out.
35	This year saw us introduce a new award for newly qualified paramedics (NQPs). The Alice Clark Award has been introduced in celebration and honour of NQP, Alice Clark, who sadly died in service at the age of 21 in January 2022.
36	The new award will be presented each year to an NQP who has demonstrated significant effort in transitioning from a newly-qualified paramedic, as Alice was, to an experienced practitioner.
37	Our inaugural winner, Nicola Buchan, picked up the award for her dedication to her role and for the work she has done to improve the care SECAmb delivers to certain patients in cardiac arrest.
38	I am pleased that Alice's name will live on through our awards ceremonies in the years to come and was especially pleased that her family were able to join us this year in person to see this first award presented.

39	I would urge everyone to visit our website and social media channels to find out more about all of our amazing winners. Their award-winning actions are truly inspiring!
40	**Additional clinical hubs begin operations** I am pleased that we have now successfully launched an additional five multi-discipline clinical hubs across our region.
41	The introduction of the hubs, along with an overall increase in partnership working, is key to ensuring we deliver on our five-year clinically-led strategy.
42	Earlier this year we set out our ambition to introduce the new hubs this calendar year and I am delighted that we have delivered on this aim.
43	Our Unscheduled Care Navigation Hubs (UCNHs) build on the success of the hubs we established in Ashford and Paddock Wood in Kent.
44	Their introduction means more patients across each of our counties will benefit from receiving the most appropriate response first time and that, by working with our hospital and community partners, we will reduce the number of patients being taken to emergency departments, which are often not the right place for certain patients.
45	The hubs see our highly-skilled clinicians joined by specialist teams from across the local healthcare system to ensure 999 calls are receiving the most appropriate response.
46	The additional hubs are in Rochester, Polegate and Brighton with two further hubs operating virtually to cover east and west Surrey.
47	Getting each of these hubs established has required significant partnership work with our four Integrated Care Boards (ICBs) and provider trusts. There is no doubt in my mind that this this kind of partnership work is needed to ensure we are delivering the best care for our patients.
48	I look forward to each hub realising the benefits that we know they can bring, and I would like to thank everyone, both in SECAmb and beyond for embracing these closer working relationships and new approach to patient care.
	C. National Issues
49	**HSJ Awards** One of the key deliverables of the Trust's five-year plan has been the development of the urgent care hubs and so it was great to see the prototype for the hubs – Ashford's integrated clinical hub – which recently marked it first anniversary – announced as finalist at this year's HSJ Awards, which took place on 21 November 2024.
50	The multi-disciplinary team, made up of colleagues from SECAmb, East Kent Hospitals University NHS Foundation Trust and Kent Community Health NHS Foundation Trust, were shortlisted in the Performance Recovery Award category.

51	While, unfortunately, the team did not win, just to get to the finals is a very admirable achievement and something the team should be immensely proud of. Achieving finalist status is remarkable given the calibre of entries that reach the finals.
52	**NHS Staff Survey 2024** This year's NHS Staff Survey period ran from 4 October to midnight on 29 November 2024 and our aim was to match last year's response rate of 60%.
53	Although, at time of writing, we are waiting for confirmation of our final response rate, we are confident that we will have significantly exceeded the 60% mark, meaning we will have heard from more colleagues than ever before!
54	Ensuring that we hear from as many of our colleagues as possible through the Staff Survey is really important and it is their feedback, on the things that working well as well as less well, that helps us to shape our focus for the coming year.
55	I look forward to the results being published in the Spring of next year.
56	**Recovery Support Programme (RSP)** SECAmb has now completed the Enforcement Undertakings SME review provided by NHS England; this review will undergo continued evaluation and updates over the next week, with the aim of finalising the submission and achieving an outcome that supports SECAmb's exit from RSP in December/January.
57	We are confident of the progress made across a range of domains but remain grateful for the on-going support provided by NHS England and our regional partners in particular areas, including HR Improvement.
60	**NHS Ten Year Plan** As work continues nationally to develop a new national Ten Year Plan, I am keen that we don't miss this important opportunity to help shape how we think the NHS should develop moving forwards.
61	We will be responding alongside the other Ambulance Trusts via the Association of Ambulance Chief Executives (AACE) as part of this initial engagement phase and have taken care to ensure that our SECAmb vision, based on the feedback our people provided during the development of our Trust Strategy, is strongly reflected in our response.
62	However, as there are also further opportunities for us to engage and provide more feedback into the development of the Plan in the coming months, I am keen that we also engage directly with our people to shape this feedback.
63	We have already held an engagement session with our senior leaders to hear their views and on 6 December 2024, we will be using our next Big Conversation to discuss the 10 Year Plan with our people, what it is, how we can influence its development and ultimately how we can support its delivery.

	I look forward to further engagement with our people to hear their views at this important milestone.

SOUTHERN AMBULANCE SERVICES COLLABORATION – BOARD HIGHLIGHT REPORT	
The purpose of this report is to provide high level updates to the boards of EEAST, LAS, SCAS, SECAmb, and SWASFT on progress and escalations from the Southern Ambulance Services Collaboration.	
Summary updates from the Collaboration	
Key updates since last meeting	It was agreed at the SASC Board meeting in August 2024 that a tender, set out in three lots, would be issued to establish delivery support of the collaboration's year 1 priorities. This would be co-ordinated and run by the LAS procurement team. An invitation to tender was issued on 16th August, with 99 companies invited to tender under the NHS SBS framework agreement for consultancy and advisory services for health. Companies could bid for one, two or all three lots. Bids were received from 16 companies who bid either for single or multiple lots. In total there were 9 bids for each of the 3 lots. Technical evaluation was carried out by the CEO workstream lead and the SASC central team with commercial evaluation completed by the Head of Procurement at the LAS. Following moderation, the competitive process awarded Transformation Nous (TN) all three lots, with Lot 2 being won by a joint TN/ IBM bid. The ITT went out for support for the following deliverables in each lot: Lot 1: Shared procurement ▪ Identification & prioritisation of cost-saving initiatives, including 'quick win' initiatives that deliver ROI in 2024/25 and future opportunities (ROI in years 2-5) ▪ Diagnostic detailing a high-level map of current procurement functions (processes, teams, systems, spend etc.) highlighting areas of commonality & misalignment between Trusts ▪ 'Board ready' business case, including learnings from collaborating on 'quick win' cost-saving opportunities, as well as an options appraisal and recommendation for a future Target Operating Model (TOM) with a proposed implementation plan Lot 2: Digital and AI ▪ Diagnostic which sets out a map of opportunities to deploy digital tools & AI in EOCs, with baseline of each Trusts' digital infrastructure, user needs, existing programmes & future ambitions ▪ Methodology for selecting priorities (e.g., improve quality, ROI) ▪ 2 – 3 use cases for AI in EOCs and test across 5 Trusts ▪ Support with preparation of funding requirements Lot 3: DCA operating model ▪ Diagnostic, with current processes & ways of working on DCA shifts

	▪ Set of agreed metrics to benchmark performance, & quantify scale of opportunity in each component of DCA operating model ▪ Recommendations on priority components of the operating model which deliver greatest benefits for patients & staff, and have the potential to deliver ROI for each Trust Work on each lot has begun at pace, including kick-off meetings to agree ways of working, development of work plans, engagement with key stakeholders, completion of initial analysis / download conversations, etc
Escalations	No escalations to note
Key risks to note	The CEOs have identified the delivery of an ROI within the 2024/25 financial year as a key priority. Therefore, engagement and pace of Lot 1 is noted as the key risk. No escalation is required at this point

Specific programme/ initiative updates

Programme	Owner	RAG	Updates
Lot 1: Shared procurement	Daniel Elkeles	Green	▪ Held internal kick-off meeting with Daniel Elkeles, Nic Daw, Andrew Cratchley and Transformation Nous to agree immediate priorities ▪ Held 1:1s with all five procurement leads to develop buy-in and download initial ideas for ROI opportunities ▪ Placed data request with all five Trusts, and received ~85% of data ▪ Developed workplan and risk log ▪ Agreed cadence of meetings, ways of working, initial areas of focus and schedule of topics to discuss ▪ Completed initial analysis and held first two working sessions focusing on quick wins within medical consumables
Lot 2: Digital and AI	Simon Weldon	Green	▪ Held internal kick-off meeting with Simon Weldon, Nic Daw, Andrew Cratchley, Stephen Bromhall, Simon Clarke, IBM and Transformation Nous ▪ Held first round of 1:1s with CIO / CDOs and relevant clinical & operational colleagues ▪ Scheduled all visits to EOCs (completed 4 out of 5) to inform map of current challenges and user needs ▪ Developed workplan and risk log

			▪ Identified problem areas / user needs, and developed emerging hypotheses of opportunities / use cases ▪ Held first working session with CIOs, heads of EOCs, etc and scheduled half day workshop for the 29th of November
Lot 3: DCA operating model	John Martin	Green	▪ Held kick-off meeting with John Martin, Nic Daw, Andrew Cratchley, Tina Cantelo and Transformation Nous to agree on scope and deliverables ▪ Conducted initial 1:1 introduction sessions with workstream leads from all five Trusts ▪ Held kick-off meeting with workstream leads from all five Trusts and the CEO lead on 31st October ▪ Problem solved original data request with Trust leads and the CEO lead during the kick-off. We then updated the request to expedite data sharing and circulated it to all Trusts ▪ Created a list of policies and agreements to collate. Received policies and agreements from three out of five Trusts and started analysing and comparing processes ▪ Conducted 1:1 download sessions with three out of five Trust leads / SMEs. Arranged a fourth session (still awaiting the selection of the fifth SME) ▪ Started arranging site visits to capture start of shift, end of shift and meal break processes on the ground

Admin		
Date of last report	N/A	
Date of this report	08/11/2024	
Report prepared by	Steve King, Nic Daw, Andrew Cratchley	
Report signed off by	Simon Weldon	CEO Chair of Southern Ambulance Collaboration
Summary of outcomes from each board meeting		
EEAST		

LAS	
SCAS	
SECAmb	
SWASFT	

South East Coast Ambulance Service NHS
NHS Foundation Trust

Item No	72-24

Name of meeting	Trust Board
Date	05.12.2024
Name of paper	Board Story
Executive sponsor	Jaqauline Lindridge, Chief Paramedic Officer
Author name and role	Janine Compton, Director of Communications & Engagement

Hearing from our People

Paddock Wood Advanced Paramedic Practitioner Michelle Skillington and her colleague, Emily Ryder, have led a fantastic piece of work locally to improve the care provided to patients through improving the working relationships between care homes and SECAmb in the West Kent area.

We have asked Michelle to join us at the Board today to talk about the programme, as not only does their work absolutely highlight all of our Trust values, it is also a great example of our strategic direction as a Trust in practice and chimes with the emerging national Ten Year Plan.

The aim of the programme is to reduce well-intentioned but unnecessary ambulance calls from care homes in the area. Michelle and Emily have worked very closely with the local Integrated Care Board and Community and primary care partners locally to put in a number of helpful measures.

These have included visiting the care homes with the highest volume of 999 calls and working with the care home teams to provide advice, guidance and support on how best to support their patients in the community, providing training to staff within the homes and developing a flow chart to support decision-making around calling 999.

The approach taken has had a direct impact on the number of unnecessary 999 calls made by care homes locally – reducing them by around one third – as well as fundamentally improving the relationships between local crews and care homes.

Recommendations, decisions or actions sought	For noting

South East Coast Ambulance Service NHS
NHS Foundation Trust

Agenda No	xx-xx

Name of meeting	Trust Board
Date	5 December 2024
Name of paper	Trust response to the 10-Year Health Plan consultation
Trust Priority Area	Strategic Partnerships
Responsible Executive	David Ruiz-Celada
Author	Matt Webb, Associate Director of Strategy & Partnerships
Synopsis	This paper outlines the Trust's organisational response to the 10-Year Health Plan consultation. Building on the Association of Ambulance Chief Executives (AACE) sector-wide submission, the response highlights the Trust's unique strategic priorities, innovations, and local context. The submission emphasises the Trust's commitment to system-wide transformation in urgent and emergency care, enhanced digital integration, and addressing health inequalities through collaborative initiatives.
Recommendations, decisions or actions sought	The Board is asked to: • Note the submitted response, which aligns with the AACE sector-wide position and was submitted as part of the initial 'Change NHS' consultation process (December 2024), now closed. • Note that the response reflects the Trust's strategic priorities and supports its ongoing leadership and influence in system-wide urgent and emergency care transformation. • Consider any additional areas for emphasis or refinement in future Change NHS strategic consultations or policy submissions.

Organisational response

About you

Organisation: South East Coast Ambulance Service NHS Foundation Trust (SECAmb)

This submission represents South East Coast Ambulance Service NHS Foundation Trust's (SECAmb) organisational response to the 10-Year Health Plan consultation. It builds upon the Association of Ambulance Chief Executives (AACE) sector-wide submission, provided on behalf of statutory ambulance services in the United Kingdom, highlighting SECAmb's unique local context, strategic priorities, and ongoing innovations.

The 10 Year Health Plan for England

Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

1.1. The Trust strongly agrees with the sector's recognition that the current Urgent & Emergency Care (UEC) model is unsustainable and requires redesign rather than incremental adjustments (sector response 1.1). Within the Trust's footprint, a projected 15% increase in call demand by 2029 highlights the urgency for transformative change. Incremental measures will not address growing demographic complexities and patterns of illness. This aligns with the Trust's 2024–2029 strategy, which prioritises transformation to deliver high-quality care and ensure long-term system sustainability.

1.2. The Trust supports the sector's call for ambulance services to lead in coordinating unscheduled UEC demand (sector response 1.2). A central element of the Trust's strategy is improving integrated care coordination.

1.2.1. The Trust endorses the sector's recommendation for regional-level call-handling integrated with ICS-level multi-professional care-coordination hubs. This ensures a seamless patient journey while optimising resources. A care-coordination hub trial in East Kent through 2024 achieved a 12.1% reduction in Category 1 mean response times and a 21.0% reduction in Category 2 mean response times, demonstrating how such models have the potential to improve patient outcomes and resource allocation.

1.2.2. The Trust aligns with the sector's recommendation for broader direct referral pathway access to primary, secondary, community, and mental health services (sector response 1.2b). This approach reduces avoidable conveyances and allows emergency departments and ambulance resources to focus on time critical cases. This is central to the Trust's strategy to integrate care and optimise service delivery.

1.3. The Trust supports the sector's advocacy for scaling community paramedicine with broadened clinical capabilities, including prescribing and near-patient testing (sector response 1.3). Advanced Paramedic Practitioners (APPs) and other senior clinicians in the

Trust already support significantly lower conveyance rates, highlighting the potential to safely manage more patients at home while reducing pressure on acute services. The Trust's strategy is to actively invest in workforce development to expand these models further.

1.4. In agreement with the sector (sector response 1.4), the Trust emphasises the need for consolidated, co-designed commissioning models that support ambulance services' evolving role in integrated UEC provision. Single-year funding and disjointed accountability hinder progress. The Trust supports calls for clear delineation of responsibilities between NHS England and Integrated Care Boards, ensuring aligned priorities and integrated service delivery (sector response 1.5). This clarity is critical to the successful design and implementation of the 10-Year Plan.

1.5. Building on the sector's vision, the Trust is committed to reducing unnecessary hospital conveyances and enabling care closer to home. By aiming to support service integration across sectors, the Trust's strategy aligns with NHS England's aims, ensuring high-quality patient outcomes and reducing system pressures.

Shift 1: Moving more care from hospitals to communities

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

2.1. The Trust agrees with the sector's identified **challenges** to achieving this shift (sector responses 2.1–2.10). These challenges are reflected in the Trust's strategic priorities.

2.1.1. The Trust has seen that true integration and co-production are hindered by siloed working and varying levels of engagement (sector response 2.1). The Trust is actively working to enhance relationships with its partner providers, e.g., through its Unscheduled Care Navigation Hubs, otherwise known as care-coordination hubs, however, greater national support is needed to drive system-wide collaboration and encourage those hesitant to engage.

2.1.2. Balancing the distribution of clinical capability across health and social care remains a critical barrier (sector responses 2.2, 2.9). The Trust supports the reallocation of funding between health and social care providers to ensure that out-of-hospital/community-based services, including frailty and End-of-Life Care, are adequately resourced. Additionally, the Trust sees the potential of standardised initiatives, such as 'Skills Passports', to enable workforce sharing and support portfolio working.

2.1.3. A key lesson from the Trust's care-coordination hub trials is the importance of seamless access to care pathways and records across provider organisations, with ambulance clinicians being acknowledged as 'trusted assessors' (sector responses 2.6, 2.7). Interoperable digital systems that enable secure and real-time sharing of clinical data are critical to achieving this.

2.2. The Trust aligns with the sector's **enablers** (sector responses 2.11–2.18) and builds on these with local context and initiatives.

2.2.1. The Trust supports the sector's call for commissioning frameworks to prioritise patient outcomes and equity of access over speed of response (sector response 2.11). Regionally-focused, strategic commissioning will ensure equity of access to unscheduled UEC, whilst enabling place-based pathways development that meets population needs at neighbourhood level.

2.2.2. The Trust's strategy emphasises virtual care as a priority, including effective triage to

validate waiting Category 3/4 calls and identify the sickest Category 2 patients (sector response 2.13). This approach aims to optimise ambulance resources while improving patient outcomes.

2.2.3. Ongoing trials, such as the Trust's virtual and co-located Unscheduled Care Navigation Hubs, underscore the need for effective system workforce planning (sector response 2.16). Supporting rotational roles for UEC clinicians, including paramedics, could ensure adequate workforce supply across geographies while enabling portfolio working without depleting ambulance resources. The Trust's investment in career development and alignment of staff skills with changing population needs is also expected to enhance staff satisfaction and retention.

2.2.4. The Trust's strategic focus on virtual care has demonstrated the potential for improving patient outcomes and reducing pressure on acute care. Expanding virtual ward capacity, as seen in the Trust's ongoing collaboration with system partners, should be prioritised and scaled across all systems (sector response 2.18). Integrating virtual wards with step-down care facilities and robust triage processes will facilitate timely hospital discharge, support rehabilitation, and reduce readmissions.

2.2.5. Beyond clinical records, real-time system data is essential for optimising referrals, patient flow, and resource allocation. Advanced digital tools, such as dashboards and predictive analytics, can provide insights into provider capacity, system pressures, and patient flow challenges (sector response 2.14). For example, directing patients to a service with greater capacity, even if further away, may reduce waiting times, improve outcomes, and ensure resources are utilised effectively.

Shift 2: Analogue to Digital

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

3.1. The Trust aligns with the sector's identification of key **challenges** (sector responses 3.1–3.8), many of which are evident in the Trust's local context.

3.1.1. Sustained funding is critical for developing and maintaining innovative digital solutions. As highlighted in the Trust's new Digital Strategy, equipping staff with the right tools and services is essential to supporting care delivery and improving patient outcomes (sector response 3.1).

3.1.2. Variability across systems and providers remains a significant barrier to data sharing and innovation (sector responses 3.2, 3.5). The Trust is integrating new dashboards with partner providers, such as within its multidisciplinary Unscheduled Care Navigation Hubs, to improve system flow. However, broader interoperability challenges must be addressed to achieve scalable solutions and seamless patient care across systems.

3.1.3. Provider organisations, staff, and patients often vary in their confidence and ability to adopt digital solutions, compounded by limited internal technological expertise (sector responses 3.3, 3.7). The Trust is already working to address this through staff feedback and patient-centred design as part of its evolving Patient & Public Engagement Strategy, ensuring digital solutions are inclusive, user-friendly, and effective.

3.1.4. Barriers to data sharing continue to hinder integrated care. Linking provider governance processes and connecting shared care records remain critical priorities to fully understand the patient journey and ensure safe, effective care (sector response 3.6).

3.1.5. Lastly, there is a need for agreed metrics to evaluate the impact of whole-system healthcare

delivery (sector response 3.8). The Trust's work linking dashboards and governance aims to address this, but broader system-wide agreement is necessary to ensure consistency and meaningful measurement.

3.2. The Trust supports the sector's proposed **enablers** (sector responses 3.9–3.15) and highlights additional local opportunities.

3.2.1. The Trust endorses the sector's focus on designing solutions based on priority patient outcomes (sector response 3.9). This approach aligns with the Trust's strategy to prioritise patient-centred care and use digital innovation to address specific needs.

3.2.2. Linking with local health and social care population health reviews supports prevention-led commissioning and ensures digital solutions address local needs (sector response 3.13). By leveraging ambulance service data to identify health trends and inequalities, the Trust can support targeted interventions and highlight gaps in health and support services. On a national level, the Trust's quality accounts align with the CORE20PLUS5 clinical priorities, driving improvements in areas of health inequality.

3.2.3. The Trust's strategy prioritises advancing virtual care models and shared care records to support out-of-hospital care. Building on the Trust's digital advancements, including integrated dashboards for its Unscheduled Care Navigation Hubs, expanding virtual wards and improving digital interoperability will enable better care for frail or older patients and those with chronic conditions (sector response 3.15). These efforts are essential to addressing demand and alleviating acute care pressures.

3.2.4. The Trust's developing Patient & Public Engagement Strategy reflects the importance of working closely with patients to co-design digital solutions. This ensures technology aligns with their needs and expectations, improving adoption and user experience (sector response 3.14).

3.2.5. Developing integrated digital dashboards, i.e., for the Trust's Unscheduled Care Navigation Hubs, enables better tracking of patient journeys and system flow. This data-driven approach supports predictive analytics and targeted interventions, helping to mitigate risks and improve outcomes (sector responses 3.10, 3.13).

3.2.6. The Trust supports the establishment of national and regional digital 'think tanks' to overcome siloed working and ensure scalable solutions. Partner collaboration discussions already underway demonstrate the potential for coordinated approaches to innovation (sector response 3.11).

Shift 3: Sickness to Prevention

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

4.1. The Trust agrees with the sector's identified **challenges** (sector responses 4.1–4.7) and highlights the following local perspectives.

4.1.1. Ambulance staff frequently encounter patients who have limited engagement with healthcare services. By attending patients in their home environment, ambulance clinicians are uniquely positioned to observe safeguarding concerns, social issues, and signs of deprivation that might otherwise go unnoticed. These opportunities to identify wider determinants of health and intervene upstream are invaluable. However, a shift towards virtual responses also risks reducing these interactions, highlighting the need for other services to play a greater role in bridging this gap (sector response 4.3).

4.1.2. The Trust recognises that factors such as housing quality and education significantly contribute to health disparities (sector response 4.4). This is particularly evident in lower socioeconomic areas within the Trust's footprint, where patients often experience poorer health outcomes. Inequitable access to preventive healthcare in disadvantaged communities limits early detection and interventions, as seen in higher Out-of-Hospital Cardiac Arrest rates in areas with lower socioeconomic status and higher proportions of non-white ethnicity.

4.1.3. Despite being rich in data, ambulance services often operate in silos, limiting collaboration with health and social care counterparts. This disconnect restricts the ability to use ambulance data effectively to inform public health interventions and address inequities (sector response 4.1, 4.6).

4.1.4. The Trust acknowledges the need for greater understanding and targeted solutions for underserved communities, as highlighted by the NHS Race & Health Observatory. This includes improving access to maternal and neonatal care for Black, Asian, and minority ethnic women and addressing unmet needs for vulnerable groups (sector response 4.2).

4.1.5. Current measures of ambulance service performance, which focus heavily on response times, do not fully reflect the transformational role ambulance services can play in reducing health inequalities and improving health outcomes (sector response 4.7).

4.2. The Trust aligns with the sector's proposed **enablers** (sector responses 4.8–4.14) and builds on these with local initiatives.

4.2.1. The Trust's clinicians are well-positioned to provide enhanced assessment and diagnostic functions, contributing to preventive care. Expanding skillsets through public health training will enable ambulance staff to identify risks such as poor housing and chronic conditions (sector responses 4.10, 4.14).

4.2.2. Ambulance data provides a rich source of insights into health trends and inequalities. By integrating this data with health and social care systems, the ambulance service can play a pivotal role in public health interventions. For example, mapping ambulance call data can identify geographical and demographic hotspots for chronic conditions, enabling targeted preventive strategies such as enhanced outreach and community education programmes. This data-driven approach aligns with the Trust's commitment to addressing health inequalities and supporting vulnerable populations (sector responses 4.9, 4.12).

4.2.3. As the Trust works towards the CORE20PLUS5 priorities, targeted interventions aim to reduce inequities and support vulnerable populations. Community wellbeing responders and other outreach models could also enhance health literacy and increase access to preventive services (sector response 4.8).

4.2.3.1. Initiatives such as the East Surrey Community Wellbeing Responder Service demonstrate the value of partnerships in addressing health issues locally. Through collaboration with Urgent Community Response (UCR) teams, 91% of community falls were resolved without ED conveyance during a recent pilot, highlighting the potential of joined-up services (sector response 4.8).

4.2.4. Simplifying referral pathways for ambulance staff to connect patients with public health services can strengthen collaborations and improve outcomes. For example, enabling direct referrals for social support or chronic condition management can ensure a more joined-up approach to care.

4.2.5. Enhancing access to ethnicity data via the NHS Spine will improve equity of care for patients from all ethnic backgrounds, supporting the Trust's commitment to reducing health

disparities (sector response 4.13).

Ideas for change

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

- **Quick to do, that is in the next year or so**
- **In the middle, that is in the next 2 to 5 years**
- **Long term change, that will take more than 5 years**

5.1. **Short-Term Priorities:**

5.1.1. Review the Ambulance Response Programme (ARP) categorisation, particularly learning from Category 2 segmentation processes, to ensure the sickest patients receive an ambulance response within the required clinical timeframe (sector response 5i).

5.1.2. Increase funding for hospices and community end-of-life care teams, as well as expand out-of-hours coverage for mental health crisis teams and urgent community response services (sector responses 5ii, 5iii).

5.1.3. Provide multi-year funding models for ambulance services to support strategic planning and system sustainability. This aligns with the Trust's strategy for long-term resilience and efficiency.

5.2. **Medium-Term Priorities:**

5.2.1. Establish regional NHS 111 contracts linked to ICS-level Clinical Assessment Services and ambulance-led care-coordination hubs. This would streamline services, reduce inefficiencies, and align with the Trust's emphasis on integrated care (sector response 5iv).

5.2.2. Standardise and expand digital enablers, including interoperable systems, shared care records, and predictive analytics. This aligns with the Trust's strategy to improve patient pathways and operational decision-making through data-driven insights.

5.3. **Long-Term Priorities:**

5.3.1. Explore greater integration between NHS 111 and ambulance services to reduce inefficiencies, improve equity, and streamline care coordination. This approach aligns with the Trust's strategy to enhance care navigation and provide unified, patient-centred services while maintaining flexibility in delivery models.

5.3.2. Building on the Trust's insights from integrating digital tools in care-coordination hubs, a nationwide framework for digital standardisation will ensure equity and seamless integration across systems.

Contact:

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South East Coast Ambulance Service NHS Foundation Trust

Agenda No	74/24

Name of meeting	Trust Board
Date	5 December 2024
Name of paper	Quality & Patient Safety Committee Assurance Report – 17 October 2024
Author	Liz Sharp Independent Non-Executive Director – Committee Chair

INTRODUCTION

The Quality & Patient Safety Committee is guided by a cycle of business that algins with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk.

This assurance report provides an overview of the most recent meeting on 17 October 2024, and is set out in the following way:

- **Assure**: where the committee is assured
- **Alert**: issues that requires the Board's specific attention and/or intervention
- **Advise**: items for the Board's information

ASSURE

Patient Safety Incidents – Learning

The committee is overseeing the development of a new learning framework, following the launch of the Patient Safety Incident Response Framework (PSIRF) earlier this year. It acknowledges the challenge to shift the culture from process (driven by the old SI approach) to thematic learning. In terms of the governance, it welcomes the recently established Organisational Learning Group, which focusses on issues from PSIRF and has cross directorate representation. And while still developing the county-level Incident Review Groups assess themes and trends.

The first of the new Learning magazines is due to be published in January 2025 and the Intranet includes a specific area for learning. This responds to feedback from our people about how they wish to access information.

Improving Cardiac Arrest Outcomes

This is one of the priorities within the Board Assurance Framework with the aim by 2025-26 to increase survival by 2% (versus a 9.5% baseline). This target is being exceeded with the average at 13.5% for Q2 and every month since February being above 11.5%. SECAMB is the best performing Trust in the country.

The Cardiac Arrest Improvement Group keeps under constant review what else can be done to improve outcomes further, through a series of focussed projects targeting all aspects of the chain of survival. A

primary focus for the next 12 months will be on community mobilisation; improving PAD site and CFR utility, public CPR training, and the use of GoodSam. It is also analysing the link between deprivation and poorer outcomes.

Clinical Supervision
This is also a priority within the Board Assurance Framework to ensure roll out of clinical supervision over the next two years, with the plan to establish 80% of the workforce in a supervisory relationship by the end of March 2025, and 100% by July 2025. We are currently on track to deliver against this plan.

Our people really welcome this in the context of the ambulance sector being behind other parts of the NHS with clinical supervision.

The main risk to ongoing delivery is the capacity to allow the model to be implemented. Mitigations are in place, but the committee will seek further assurance that this risk continues to be managed.

ALERT

None

ADVISE

Integrated Pt Safety Report
The structure of this report is being revised for the next meeting in January to align to the structure and principles of PSIRF, ensuring more concise and critical analysis of information. In the meantime, the current report was reviewed which sets out the progress on integrating the learning from complaints, incidents, serious incidents, Patient Safety incidents, Learning from Deaths, and claims / inquests for the first quarter of 2024/25. The main headlines are as follows:

- Incidents, claims, and PALS continue to highlight risks from Inter-Facility Transfers (IFTs), confirming relevance in their status as a priority for the Trust's Patient Safety Incident Response Plan (PSIRP). Learning from IFTs is informing a specific Quality Improvement Project.
- The Trust continues to support inquests and can evidence learning, with improvements noted after introducing auto-upgrade procedures, for example.
- Response delays remain a main theme of concern. A principle within the strategy and implementation of UNCH is to address this.
- The Trust is developing an Organisational Learning Forum to enhance learning dissemination across teams, while more incidents are now being reviewed under PSIRF, leading to system-wide and localised learning. Positive incidents and good practices are highlighted to promote reporting and a Just Culture.
- Driving standards is emerging in the low / no harm category. This is positive as demonstrates reporting of concerns. A new panel has been established to ensure the right support and action is taken.
- 17% overdue incident investigations is above the tolerance level. Steps are being taken to address this.

Three annual reports were considered by the committee, each one having gone through the relevant quality governance group.

1. R&D Annual Report

This was the half year report and demonstrates the positive work to impact more broadly on paramedicine. Research interns have supported QI work, e.g. safety in the stack. Also, in the development of a Public Patient Engagement video encourage people to take part in research.

While the committee believes the team does much good work, it challenged the executive to help ensure we link more clearly the work of R&D to improving patient outcomes.

2. Clinical Audit Mid-Year Review

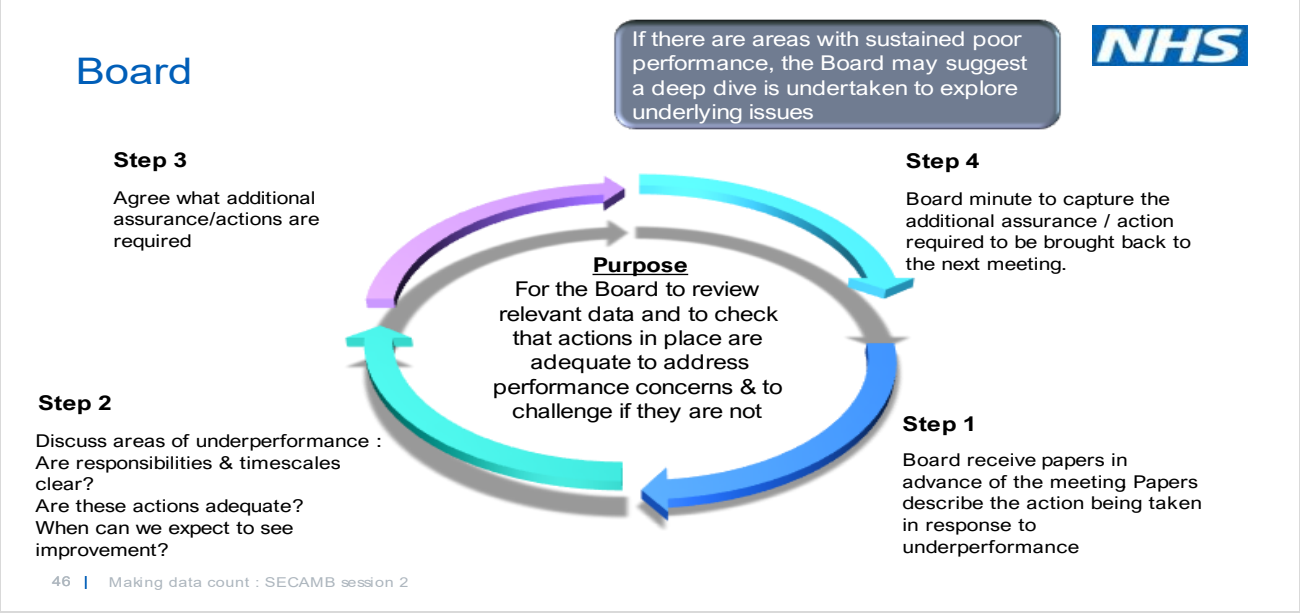
The clinical audit plan is on track to be delivered.

3. Incidents and SIs Annual Report 2023-24

This report summarised the issues from year 2023-24, which the committee has been well sighted on through the regular reports it receives.

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle



NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

December 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:**

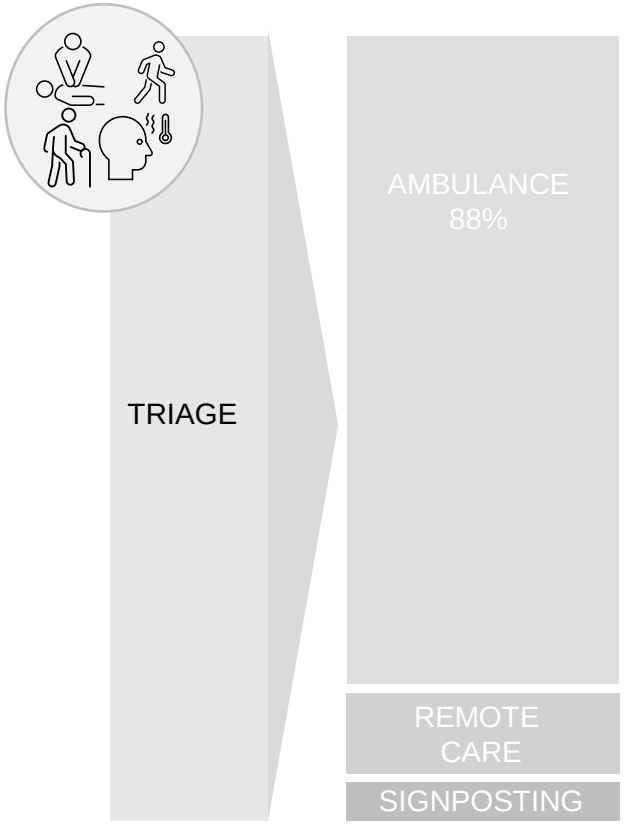
Saving Lives,

Serving Our Communities

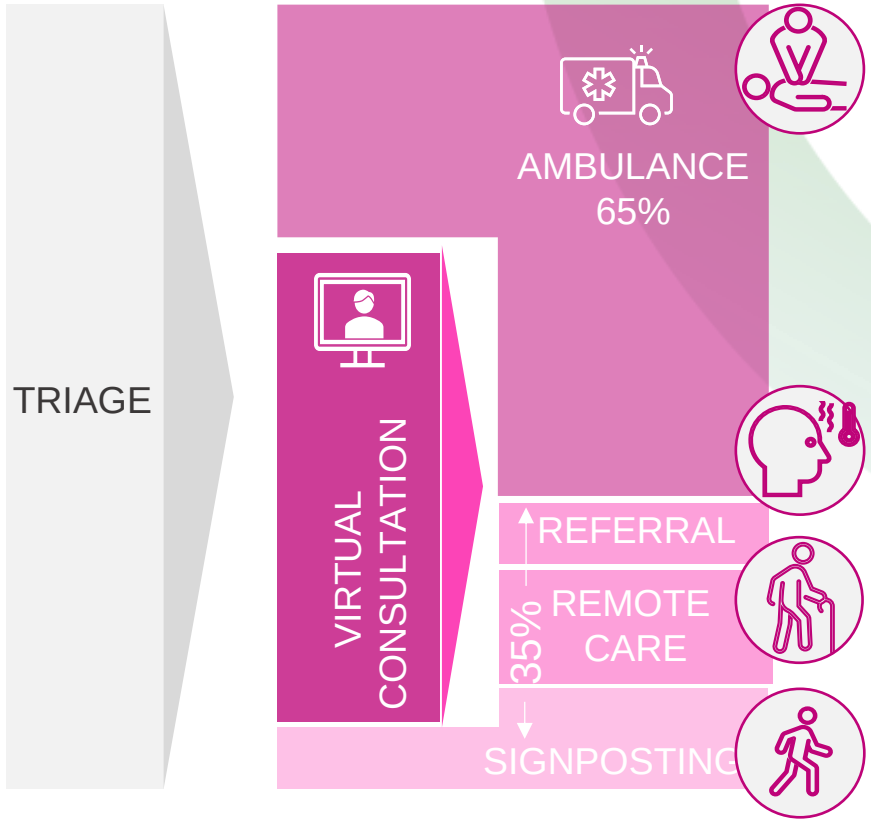
Our Strategy 2024-2029

South East Coast Ambulance Service NHS Foundation Trust

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.

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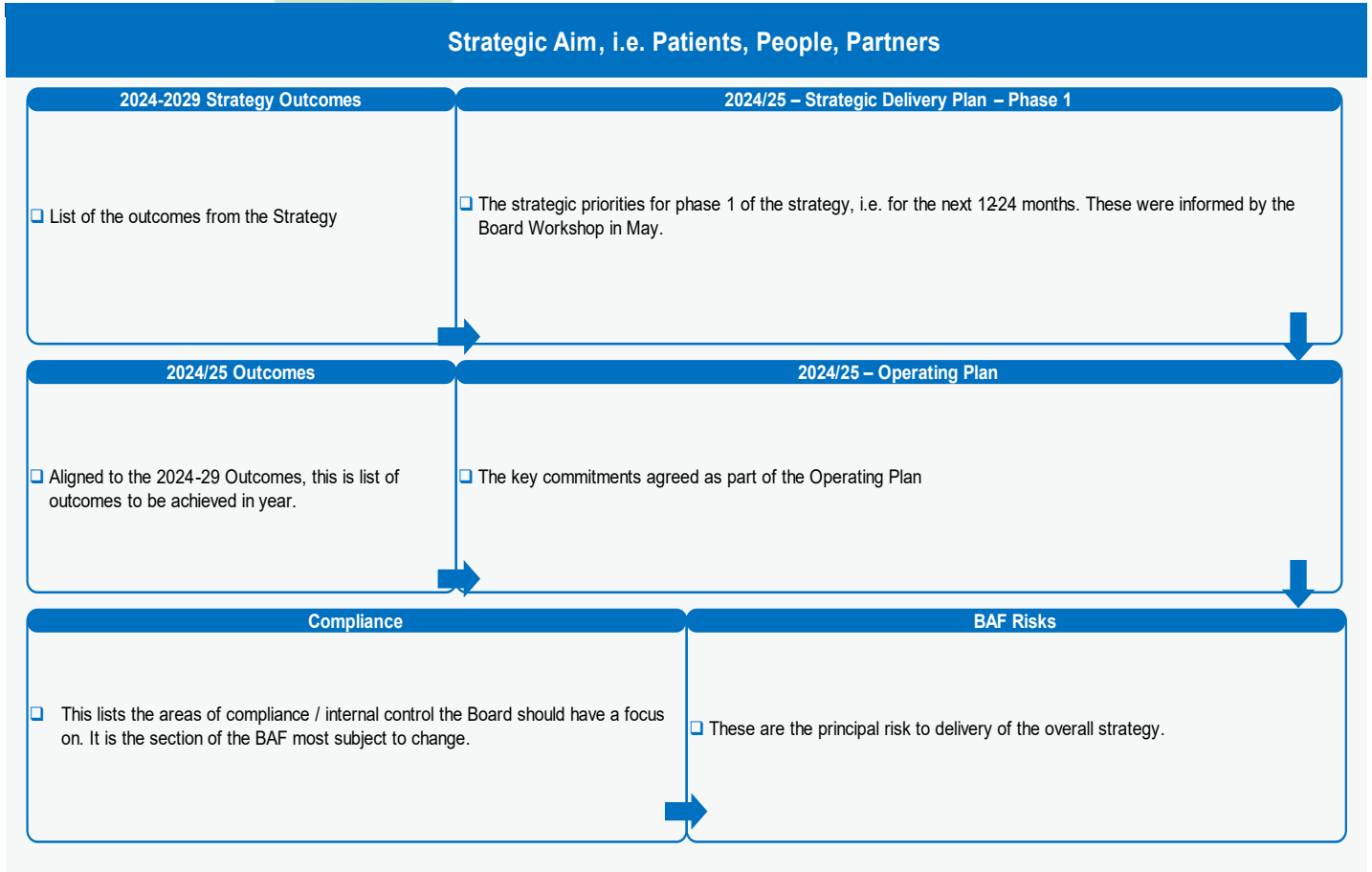
How our Board Assurance Framework (BAF) Works

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.

Reporting Templates

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

South East Coast Ambulance Service NHS Foundation Trust

Board Highlight Report – Unscheduled Care Navigation Hubs

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

- This month our Chief Pharmacist has been adjusting the medicines optimisation indicators to make them more meaningful and provide greater assurance. An example is changing the target for Controlled Drugs breakages as it is impossible to eliminate the risk of breakages completely.
- Target of 80% of PSIRF standards met has been achieved – sitting at 91% currently.
- The Models of Care workstream has kicked off this quarter with an internal and external workstream. The 11 Models of Care created internally are being developed to include implementation plans whilst in parallel, work continues with SCAS and NHSE on pathways of care across the south east.
- The final draft of the Trust's 5-year Patient Engagement Strategy was approved at Quality & Clinical Governance Group on the 21/11/24 – cited as a great example of a public-facing document that is aligned to the Trust strategy and will aptly reflect the dynamic nature of change expected in the NHS during that tenure. To come for full approval to the next QPSC so on track.
- The first formal CQC engagement session since 2022 took place in October where the CQC team linked to SECAMB had the opportunity to be fully briefed on progress across all areas including the Trust Strategy.

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~~ Q4**
- ❑ 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 (structure):** 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

Programme	Milestone	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Unscheduled Care Navigation Hub – Design & Implementation	Define scope of hub models agreed by ICBs	June 2024	Complete	Kate Mackney	EMB for reporting SMG for delivery	Yes	Executive Director of Operations	Quality & Patient Safety
	Implementation of all 7 UCNHs	October 2024	Complete					
	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 and Region as part of the strategic commissioning review	Q2	~~Q3~~ Q4	Rosie Bucknall	EMB	Yes	Chief Medical Officer	Quality & Patient Safety
Patient Experience & Engagement	Enabling strategy for 2025 – 2035 developed	End of Q3	Complete pending QPSC	Victoria Baldock	EMB	No	Director of Quality / Chief Nurse	Quality & Patient Safety

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Programme Manager / Lead	EMB / SMG	PMO	Oversight Committee	Date last reviewed at Committee
Operational performance plan				*n/a*	SMG	No	FIC	
Deliver the three Quality Account Priorities	Post-discharge reviews			Andy Collen	EMB	No	QPSC	17/10/24
	Reduction in Health Inequalities			Julie Ormrod	EMB	No	QPSC	17/10/24
	Patient Care Records Review Implementation			Nicola Brooks	EMB	No	QPSC	09/2024
Expand number of volunteers by 150								N/A waiting external review
Implementation of 80% of NHSE PSRIF Standards / Principles				Neil Salmon	SMG	No	QPSC	10/2024
Deliver 2 Clinical QI priorities	Safety in the Waiting List			Amy Igweonu	SMG	No	QPSC	Due Jan 2025
	IFTs			Amy Igweonu	SMG	No	QPSC	Due Jan 2025

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 (structure): 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	SP&T

Board Highlight Report – Unscheduled Care Navigation Hubs

Progress Report Against Milestones:

Key achievements against milestone

- **Phase 3:** Implementation Planning completed at the end of September 2024, with all governance approvals secured.
- **Phase 4:** Phased Go Live completed through October – November 2024, adhering to the agreed Go/No Go criteria established by the Programme Board.
- **Phase 4:** North Kent, East Kent, West Kent launched w/c 7th October 2024
- **Phase 4:** Surrey Virtual Models launched 31st October 2024
- **Phase 4:** Brighton launched 4th November 2024
- **Phase 4:** Polegate launched 11th November 2024
- **Phase 4:** Operational responsibility handover completed November 2024

Upcoming activities and milestones

- **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.
- **Phase 5**: UCNH Programme merged into the overarching Virtual Care Programme

Escalation to Board of Directors

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

SRO / Executive Lead:

Jen Allan

Previous RAG	Current RAG

Risks & Issues:	Score	Mitigation
Risk of insufficient Funding to achieve full scope & in turn cause financial Instability	12 → 12	▪ 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. ▪ ICBs have agreed to proceed at risk ▪ SECAmb completed Business Case for funding of Yr1 – submitted to region.
Risk of a lack of Stakeholder Engagement and Buy In	9 → 6	▪ 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
Risk of immature IT & Estates Infrastructure	12 → 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 (Apr-Jun 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)
◆ 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 milestones

Integrated Pathways of Care (external):

- Regional Clinical Advisory Group (chaired by NHS England) with SCAS & SECAmb reviewing regional data to identify clinical pathways that should be prioritised for improvement. Delay on anticipated commencement of programme start from Q2 to Q4 due to ensure funding approvals & correct stakeholder engagement.

Clinical Models of Care (internal):

- Internal Project Management Tier 1 group created to oversee the development of the MoC
- Two Consultant Paramedics engaged in clinically leading the implementation process.
- Aligning of internal MoC work with the Regional MoC work as described above.
- Timeline for implementation to be agreed at first Steering Group.

Upcoming activities and milestones

- Chief Clinicians meeting with Consultant Paramedics and Data team to agree next steps for implementation.
- First Steering Group to meet late December – early January

Escalation to Board of Directors

- N/A

SRO / Executive Lead:

Richard Quirk

Previous RAG	Current RAG

Risks & Issues:	Score	Mitigation
Dependency on and complexity of external integrated partner engagement (prioritisation, funding, implementation)	12 → 12	▪ Conduct stakeholder mapping exercise to develop external engagement approach ▪ Develop change control framework to clarify permitted variance/implementation at each level of the ecosystem
Local urgent care capacity restraints	9 → 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 → 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 → 9	▪ Communicating clearly the difference between the service models
Capacity of Medical team to deliver this workstream	12 → 6	▪ Review of current work streams to pause what it is not required

Q1 (Apr-Jun 24)

- 3 of 11 MoC developed and presented to QCGG
- 11 of 11 MoC have completed the first PPG checkpoint

Q2 (Jul-Sep 24)

- External engagement initiated (NHSE SE Region, SCAS, ICBs)
- Complete MoC data analysis down to Place level to inform prioritisation for implementation
- FY24/25 scope and high level programme plan completed

Q3 (Oct-Dec 24)

- Identify priorities for implementation of Models of Care / Pathways of Care
- Develop implementation plan with Programme lead
- Implementation of prioritised Pathways of Care to be informed by overall integrated system delivery approach, plan and timelines
- Prepare funding & approvals for FY25/26 scope and requirements

Q4 (Jan-Mar 25)

- Progress Pathways of Care implementation & planning
- Establish feedback loops to review early Pathways of Care implementation

Board Highlight Report – Patient Engagement & Experience

Progress Report Against Milestones:

Key achievements against milestone

•Following stakeholder events final Quality Account priority agreed to be 'Framework for Staff Decision-Making and Documentation in Managing Suicidal Patients Declining Conveyance'.
•Final Quality Account priority agreed at CQGG on 21*st* November with further work on how to achieve this ambition.
•First draft of Patient and Public Engagement Strategy 2025-2029 agreed at CQGG on 21st November.
•Business case submitted for additional investment in the patient engagement team to enable effective delivery of the Patient and Public Engagement Strategy.

Upcoming activities and milestones

•Patient and Public Engagement Strategy to be agreed at QPSC 09 January 2025.
•Final Quality Account Priority to be agreed at QPSC on 09 January 2025.
•Identify three indicators per domain (clinical effectiveness, patient safety and patient experience) for the 2024/25 Quality Account.
•Submit working draft of Quality Account to EMB for review in Q4.
•Publish final version of Patient and Public Engagement Strategy and share with all internal and external stakeholders.

Escalation to Board of Directors

- None

SRO / Executive Lead:

Margaret Dalziel

Previous RAG	Current RAG

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 → 12	• 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 → 8	▪ As above ▪ Review of the team and expected workload to be undertaken in Q3 for consideration into Directorate workforce.

Q1 (Apr-Jun 24)

- 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.

Q2 (Jul-Sep 24)

- 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.

Q3 (Oct-Dec 24)

- Final QA priority discussed to be agreed at CQGG (21st November)
- First draft of Patient and Public Engagement Strategy 2025-2029 to be available for review.

Q4 (Jan-Mar 25)

- 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. 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. This includes lack of a multi-year investment strategy that assures the Board of having credible plans to deliver changes needed (i.e. digital, clinical pathways, etc)

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. The Executive team are developing the plans for 25/26 as part of the financial recovery, including the development of an investment pipeline 25/26 which will be done during the Autumn 24.

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	Q4 2024/25	We are expecting to complete a 3 year business plan including clinical transformation, productivity, digital, and workforce. This will be completed through Q4 earliest as uncertainty around funding with ICBs still remains. A baseline and initial scenarios will go to FIC in January.
Effectively influence via the Strategic Commissioning review the development of alternative to ED pathways that will support delivery of our workforce trajectories	SP&T	Q4 2024/25	A clinical reference group has been established by region designing the scope of the pathway re-design work. Ambulance Commissioning Workshops with SE Region and Commissioners have started. Timelines are not clear at this point in time and we are seeking clarity from ICBs.

BAF Risk 538 – Clinical Model (Structure)

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. The design work for the regional model in operations and HR is at the core of the future model and the design process is underway

Positive sources of assurance: Appointments and Remuneration Committee support the new Executive Structure.
Leadership competency framework – refreshed appointments process has been developed.
A project and delivery leads have been identified, multiple design workshops have taken place with key SMEs and EMB.

Negative sources of assurance: none currently identified.

Gaps in assurance: none currently identified.

Accountable Director	**Strategic Planning and Transformation**
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 Divisional Directors	CEO, SP&T	Q4 2024/25.	Programme team appointed. Delivery of Divisional model is FY 24/25.
Define Operating model	CEO, Operations, HR	Q3 2024	Design work underway. MARS Scheme now closed.

South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board – December 2024

Reporting Period: September & October 2024

Contents

Improving Quality of Information to Board – December 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

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

Quality of Care

QUALITY OF CARE

Summary

October 2024

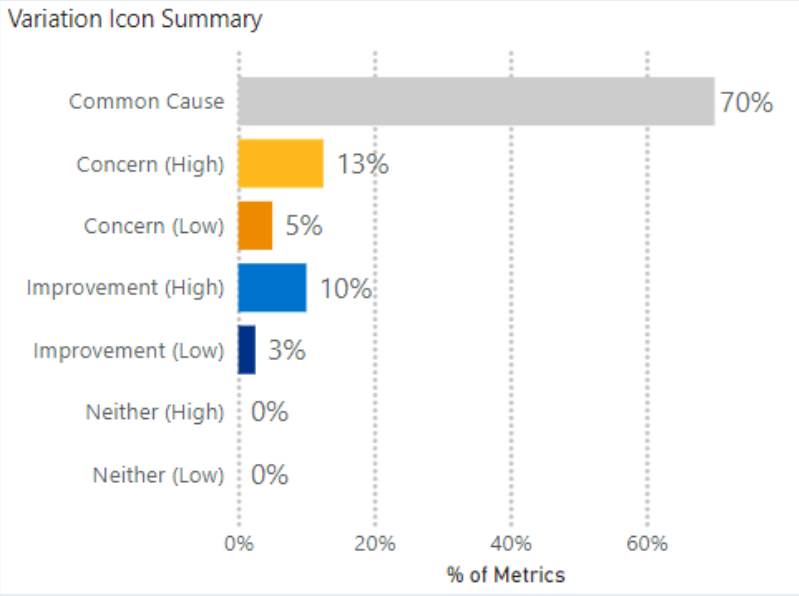
Pass | Hit and Miss | Fail | No Target

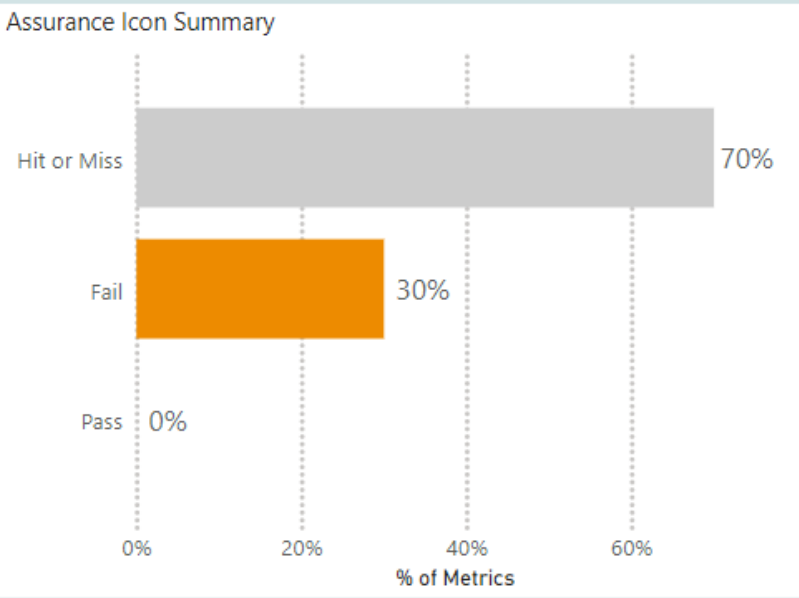
Special Cause Improvement		Resilience Stock Holding of Medicines in the Trust Complaints Reporting Timeliness % **Sepsis Care Bundle %	PGD Compliance %	Proportion of Complaints Relating to Crew Attitude %
Common Cause		Medicines Management % of Audits Completed Hand Hygiene Compliance % Deep Clean Compliance %	Compliant NHS Pathways Audits (Clinical) % 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 Violence and Aggression Incidents (Number of Victims - St... Outstanding Actions Relating to SIs, Outside of Timescales Manual Handling Incidents Number of Complaints Number of Compliments No Harm Incidents per 1000 Incidents Harm Incidents per 1000 Incidents Count of No Harm Incidents Count of Low Harm Incidents
Special Cause Concern		Duty of Candour Compliance %	Compliant NHS Pathways Audits (EMA) %	Count of Moderate Harm Incidents Health & Safety Incidents

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 OF CARE

Overview (1 of 3)





Incidents

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Medicines Incidents	Quality Improvement	Oct-2024	158		117.61	171.65	225.69		
Number of CD Breakages	Quality Improvement	Oct-2024	10	0	3.47	18.45	33.43		
Number of Datix Incidents	Quality Improvement	Oct-2024	1589		1168.65	1501.85	1835.05		
Duty of Candour Compliance %	Quality Improvement	Oct-2024	78%	100%	82.29%	94.05%	105.81%		
Open and Honest Complience	Quality Improvement	Oct-2024	100%	100%		66.5%			
Learning Responses from IRG	Quality Improvement	Oct-2024	6			4			
Violence and Aggression Incidents (Number of Victims - Staff)	Quality Improvement	Oct-2024	142		69.13	126.25	183.37		
Number of RIDDOR Reports	Quality Improvement	Oct-2024	7		1.92	9.2	16.48		
Outstanding Actions Relating to SIs, Outside of Timescales	Quality Improvement	Oct-2024	7		0.09	10.45	20.81		
Health & Safety Incidents	Quality Improvement	Oct-2024	36		15.51	33.85	52.19		

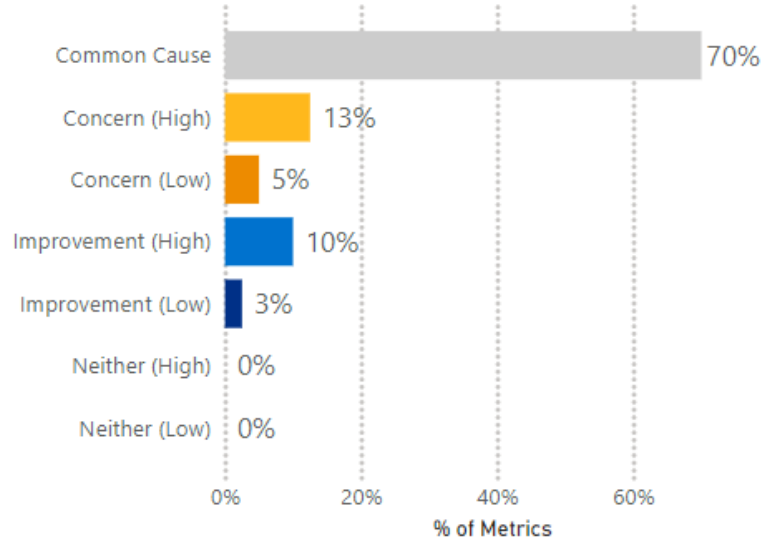
Patient Experience

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Complaints relating to privacy and respect %	Quality Improvement	Oct-2024	0%		0%	0%	0%		
Proportion of Complaints Relating to Crew Attitude %	Quality Improvement	Oct-2024	53%		29.69%	57.55%	85.41%		
Complaints Reporting Timeliness %	Quality Improvement	Oct-2024	96%	95%	80.17%	93.75%	107.33%		
Number of Complaints	Quality Improvement	Oct-2024	69		14.36	65.6	116.84		
Complaints per 1000 999 Calls Answered	Quality Improvement	Oct-2024	0.77		0.18	0.79	1.4		
Number of Compliments	Quality Improvement	Oct-2024	146		35.97	163.65	291.33		
No Harm Incidents per 1000 Incidents	Quality Improvement	Oct-2024	19.34		6.42	11.04	15.65		
Harm Incidents per 1000 Incidents	Quality Improvement	Oct-2024	3.4		0.65	1.57	2.49		

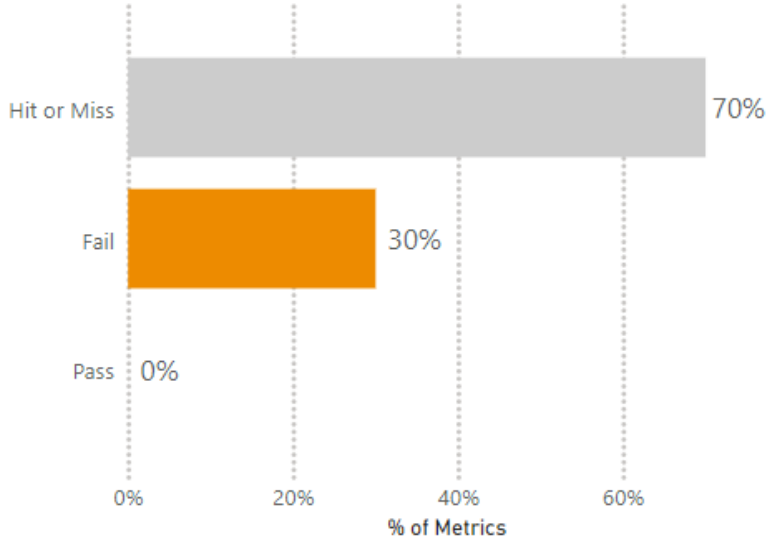
QUALITY OF CARE

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	Jul-2024	53.6%	45.1%	34.35%	52.34%	70.33%		
**Cardiac ROSC ALL %	Quality Improvement	Jul-2024	30.3%	23.8%	18.45%	28.91%	39.37%		
**Sepsis Care Bundle %	Quality Improvement	Jun-2024	100%	85%	81.9%	88.05%	94.2%		
**Cardiac Survival Utstein %	Quality Improvement	Jul-2024	46.4%	25.6%	8.95%	31.65%	54.35%		
**Cardiac Survival ALL %	Quality Improvement	Jul-2024	13.4%	9.6%	4.01%	11.64%	19.26%		
**Cardiac Arrest - Post ROSC %	Quality Improvement	Jun-2024	81.5%	76.8%		72.09%			
**Acute STEMI Care Bundle Outcome %	Quality Improvement	May-2024	67.6%	64.7%	57.86%	67.64%	77.43%		
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean	Quality Improvement	Dec-2023	02:41:00	02:22:00		02:32:24			
Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile	Quality Improvement	Dec-2023	04:07:00	03:14:00		03:26:30			
Stroke - Call to Hospital Arrival Mean	Quality Improvement	Dec-2023	01:28:00	01:29:00		01:30:06			
Stroke - Call to Hospital Arrival 90th Centile	Quality Improvement	Dec-2023	02:08:00	02:20:00		02:18:30			
**Stroke - Assessed F2F Diagnostic Bundle %	Quality Improvement	Feb-2024	98.6%	96.3%		97.87%			
**Sensitivity of Cardiac Arrest Detection During Telephone Triage %	Quality Improvement	Jun-2024	92.3%	93.8%		92.21%			
**Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %	Quality Improvement	Jun-2024	79.5%	77.9%		78.21%			
Required NHS Pathways Audits Completed (EMA) %	Quality Improvement	Sep-2024	103%		93.22%	103.7%	114.18%		
Compliant NHS Pathways Audits (EMA) %	Quality Improvement	Sep-2024	81.6%	100%	76.83%	82.49%	88.15%		
Compliant NHS Pathways Audits (Clinical) %	Quality Improvement	Oct-2024	89.2%	100%	71.78%	85.73%	99.67%		
Required NHS Pathways Audits Completed (Clinical) %	Quality Improvement	Oct-2024	100.9%	100%	94%	100.23%	106.46%		
Time Spent in SMP 3 or Higher %	Quality Improvement	Aug-2024	68.7%		20.26%	50.02%	79.78%		
Falls Care Bundle Compliance %	Quality Improvement	Jun-2024	33%			33%			

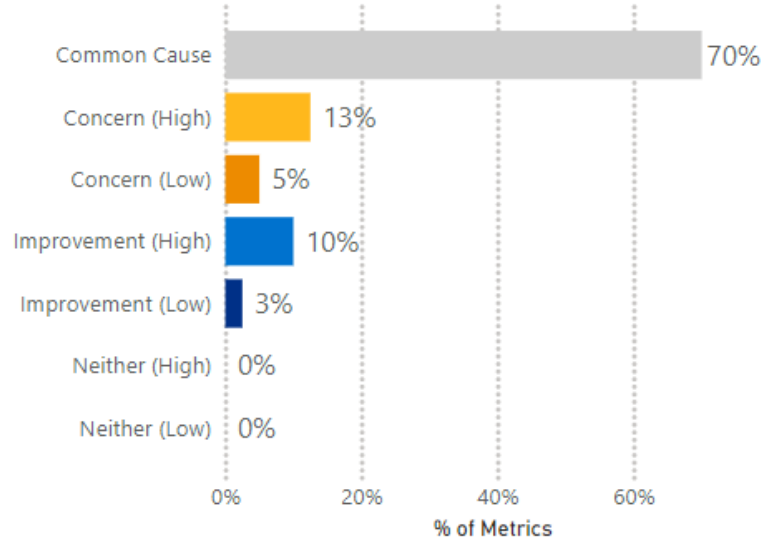
Infection Prevention Control

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Hand Hygiene Compliance %	Quality Improvement	Aug-2024		90%	73.7%		97.25%		
Deep Clean Compliance %	Quality Improvement	Sep-2024	89%	100%	67.29%	85.84%	104.38%		

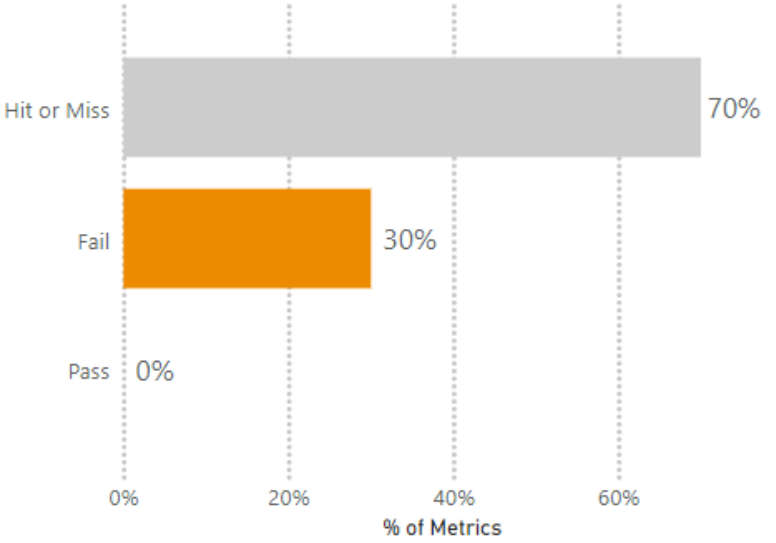
QUALITY OF CARE

Overview (3 of 3)

Variation Icon Summary



Assurance Icon Summary



Health & Safety

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Manual Handling Incidents	Quality Improvement	Oct-2024	30		10.29	25.55	40.81		
Organisational Risks Outstanding Review %	Quality Improvement	Oct-2024	21%	30%	-14.65%	33.69%	82.04%		

Medicine Management

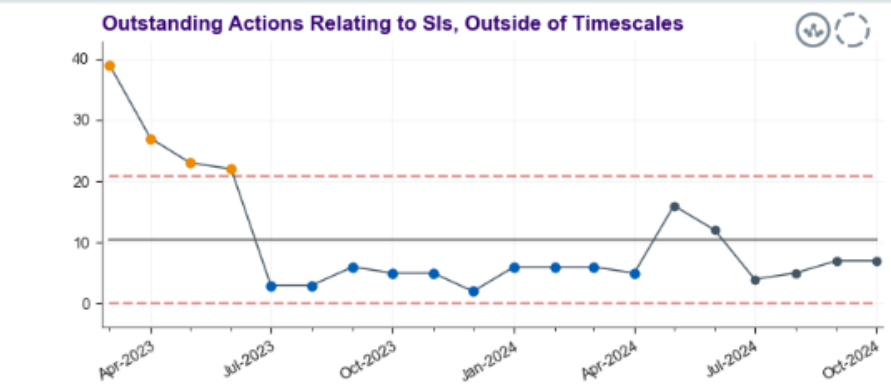
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Single Witness Signature Use CDs Omnicell	Quality Improvement	Aug-2024	54	0	5.51	38.76	72.01		
Single Witness Signature Use CDs Non-Omnicell	Quality Improvement	Aug-2024	38	0	2.39	27.82	53.26		
Medicines Management % of Audits Completed	Quality Improvement	Oct-2024	97.1%	100%	86.59%	94.43%	102.27%		
PGD Compliance %	Quality Improvement	Oct-2024	92.4%	100%	74.37%	82.63%	90.89%		
Resilience Stock Holding of Medicines in the Trust	Quality Improvement	Oct-2024	156%	100%	35.66%	114.2%	192.74%		

QUALITY OF CARE

SIs, Incidents, & Duty of Candour

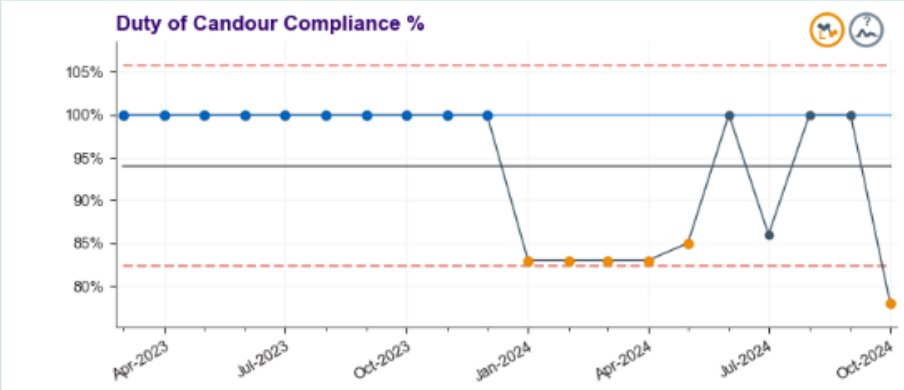
QS-1
Dept: Quality & Safety
IP: Quality Improvement
Latest: 1589

Common cause variation, no significant change.



QS-17
Dept: Quality & Safety
IP: Quality Improvement
Latest: 7

Common cause variation, no significant change.



QS-3
Dept: Quality & Safety
IP: Quality Improvement
Latest: 78%
Target: 100%
Special cause of a concerning nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.

(QS-1) Number of Datix incidents - The number of incidents reported is showing normal variation. The targeted approach to the management of breached incidents is ongoing and the number remains under 10%.
(QS-17) Outstanding actions relating to SIs–.The last of the SI actions have now been added to Datix. These are being reviewed, and individual support offered to ensure these are closed as quickly as possible. We aim to have all actions completed and closed for SIs by the end of 2024 in line with our transition plan to PSIRF.
(QS-3) Duty of Candour Compliance – The reduction in duty of candour compliance is due to two missed DOC requirements within EOC. These have been escalated to EOC SLT and processes within the directorate are under review to ensure that this does not happen again

What actions are we taking?

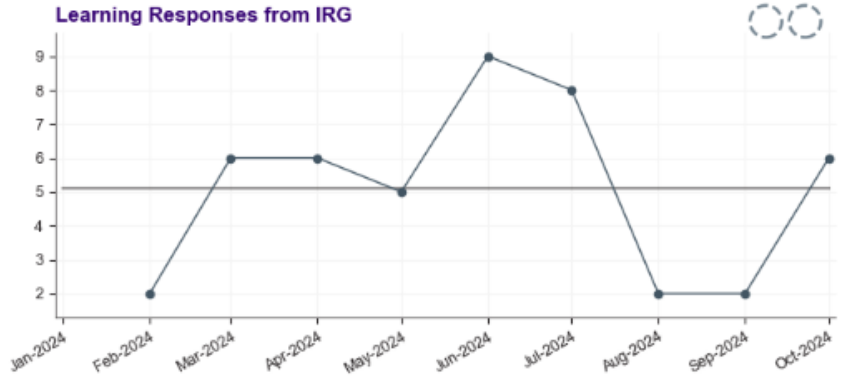
(QS-1) Non-SI incidents – As part of the PSIRF review process, the Datix team are redesigning and delivering an incident reporting training programme to help improve the culture surrounding the quality and timeliness of reporting.

(QS-3)
DOC training has started to be rolled out across the Trust to all OU's and EOC. This has been temporarily paused in Q3 due to operational demands but will start again at beginning of Q4.

QUALITY OF CARE

Open & Honest, and Learning responses

QS-34
Dept: Quality & Safety
IP: Quality Improvement
Latest: 100%
Target: 100%
Special cause or common cause cannot be given as there are an insufficient number of points.



QS-35
Dept: Quality & Safety
IP: Quality Improvement
Latest: 6

Special cause or common cause cannot be given as there are an insufficient number of points.

Summary

QS34 – Open and Honest (O&H) conversations is a new metric. These conversations with patients & families where adverse incidents have occurred have been undertaken by Operating Units (OUs) since the PSIRF implementation in January 2024. The Trust aims to maintain the same compliance rate as Duty of Candour. There has been disparity in compliance between OUs. Work is underway to strengthen this non-regulated process and educate staff around the importance of these conversations.

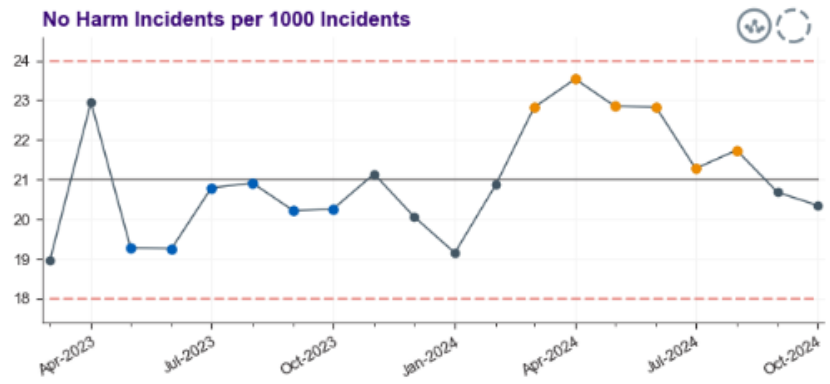
QS35 – Commissioned learning responses are an indicator of areas within the Trust, where the possibility of systemic learning has been identified. These investigations could include the review of a process, the working of multi-faceted teams at an incident, or a gap in our processes or policies. A review of the IRG process is now underway, ahead of the new PSIRF priorities required for '25-'26.

What actions are we taking?

- O&H conversations are allocated in the Incident Review Groups (IRGs), and the compliance of these is monitored within this meeting. Greater onus is now being placed on compliance with these now that the DoC compliance has improved.
- DOC / O & H training has started to be rolled out across the Trust to all OU's and EOC. This has been temporarily paused in Q3 due to operational demands but will start again at the beginning of Q4.

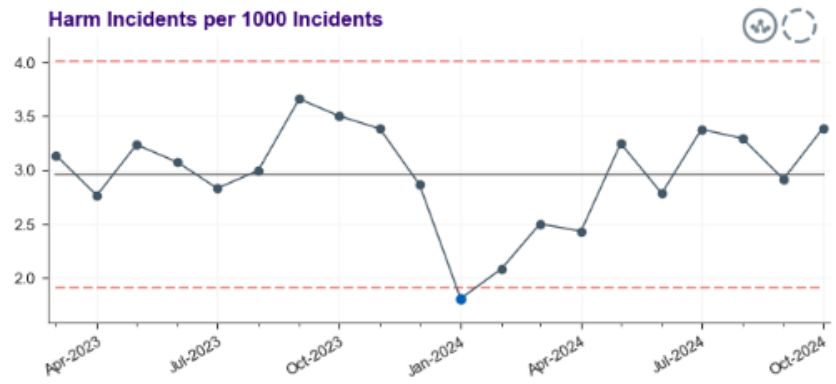
QUALITY OF CARE

No Harm and Harm



QS-28
Dept: Quality & Safety
IP: Quality Improvement
Latest: 20.36

Common cause variation, no significant change.



QS-29
Dept: Quality & Safety
IP: Quality Improvement
Latest: 3.39

Common cause variation, no significant change.

Summary

QS-28 No Harm incidents per 1000 incidents – This data is showing normal variation with no significant change. As incidents progress through the PSIRF process, the grade of harm will be completed on the incident record upon closure. The complete management process delay has now caught up, meaning the breach rate is now under target of 10% and the final grade of harm is reflective of the current state.

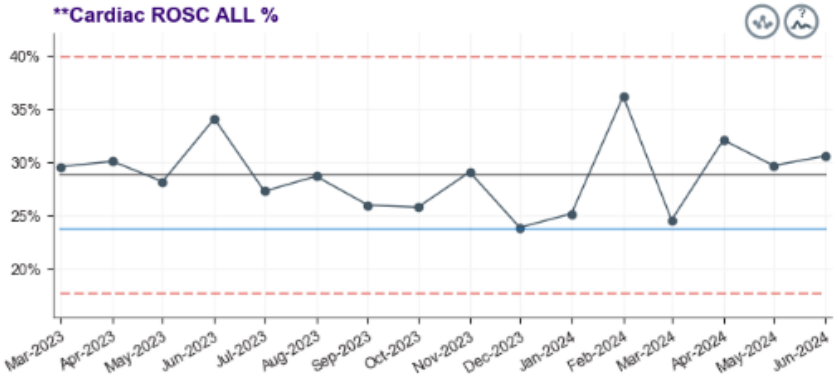
QS-29 Harm incidents per 1000 incidents – Harm incidents are showing normal variation and no significant change. However, overall, the number of harm incidents is a reduction on the number seen at the same time last year. The team will be closely monitoring this moving forward and are developing ways to support learning from incidents and embedding this across the organisation.

What actions are we taking?

- PSIRF is now embedded across the Trust, and the function of the Incident Review Groups is effective and responsive to iterative improvements as our PSIRF maturity grows.
- Engagement and attendance of the IRGs continues to improve. Feedback is gleaned from all those involved and continues to suggest the meetings are both effective and positive.
- Discussions are being held between Operations and Patient Safety to find a way to ensure that incident learning outcomes are completed in a timelier manner to allow for quicker learning, family updates, and to provide a contemporaneous depiction of harm.

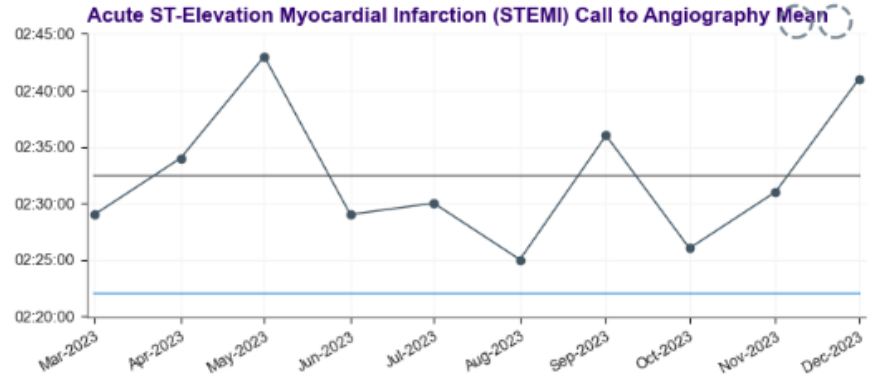
QUALITY OF CARE

Impact on Patient Care - Cardiac



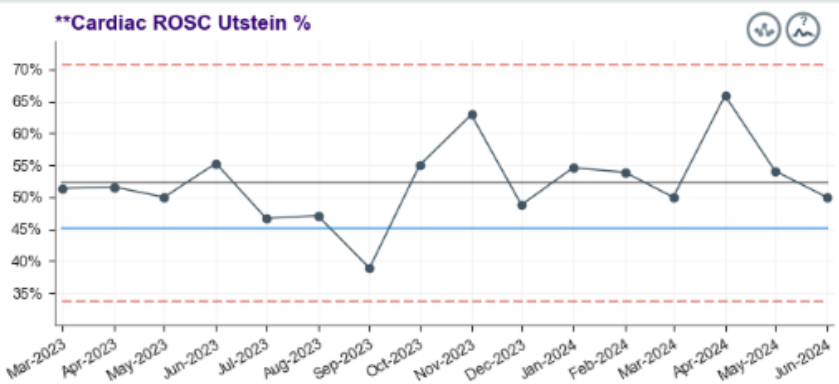
M-2

Dept: Medical
IP: Quality Improvement
Latest: 30.6%
Target: 23.8%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



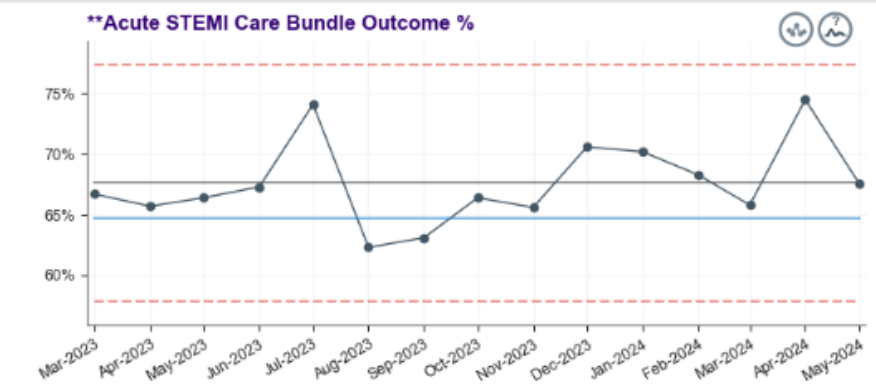
M-6

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: 50%
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.

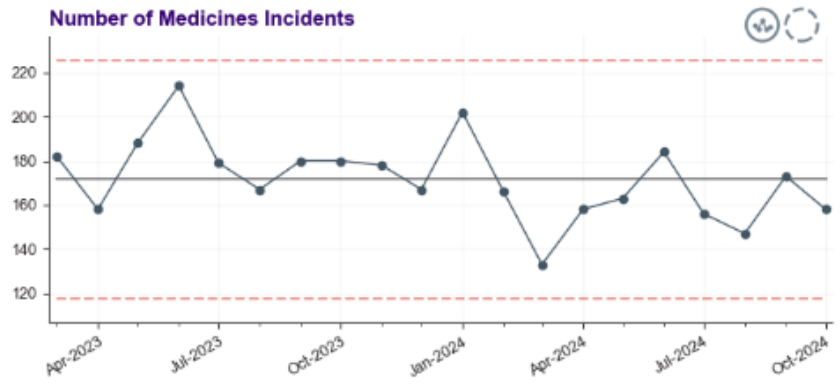
STEMI Call to Angiography – Our data indicates that the time from STEMI call to angiography is influenced by a variety of factors, including scene arrival delays and crew actions on scene. Despite these challenges, our performance remains within expected variations. Understanding and addressing these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

What actions are we taking?

'Access to PCI has been raised as an area of concern via the patient safety team however, we have worked to alleviate some of these concerns. In a recent meeting with systems partners at the Royal Sussex County Hospital they praised our crews for their interpretation of the STEMI ECG and, in part due to this, they were seeing a less than 10% false activation of the angiography team.

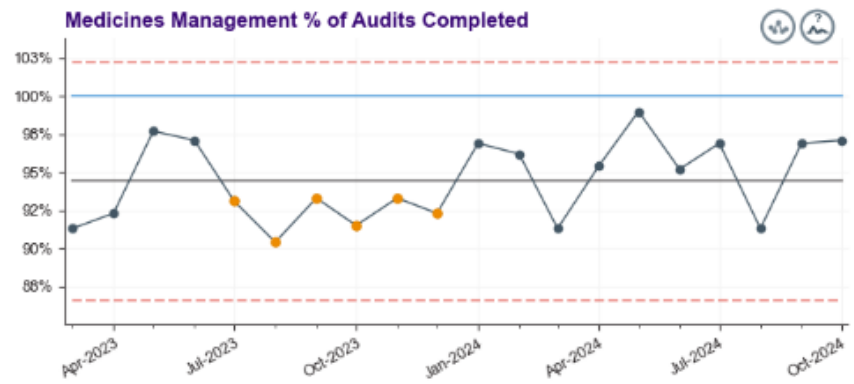
It was also confirmed that the RSCH are unable to accept post ROSC patients directly where airway support is required. This is due to the availability of the anaesthetic team and these patients should be triaged to the Emergency Department. The trust now needs to work to confirm this position with our other network providers before communications can be cascaded to our staff.

QUALITY OF CARE Medicines Management (1 of 2)

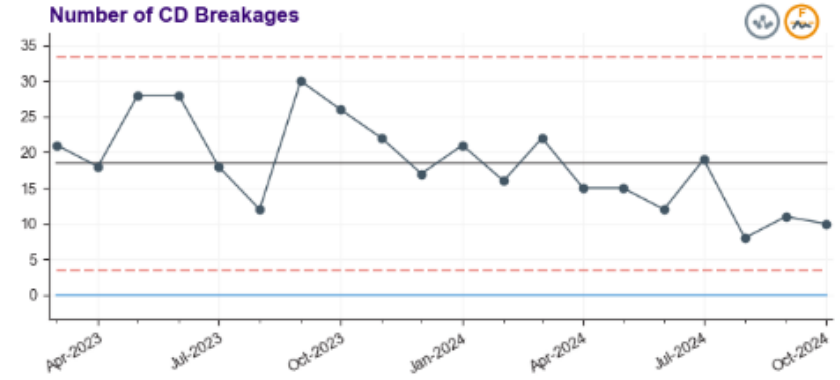


MM-1
Dept: Medicines Management
IP: Quality Improvement
Latest: 158

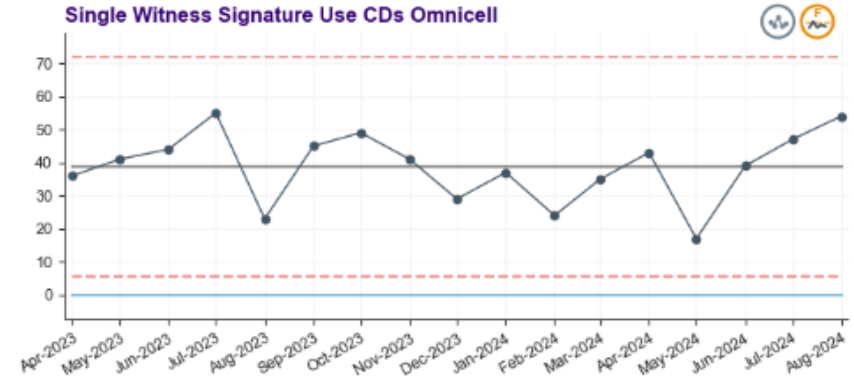
Common cause variation, no significant change.



MM-7
Dept: Medicines Management
IP: Quality Improvement
Latest: 97.1%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



MM-5
Dept: Medicines Management
IP: Quality Improvement
Latest: 10
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: 54
Target: 0
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

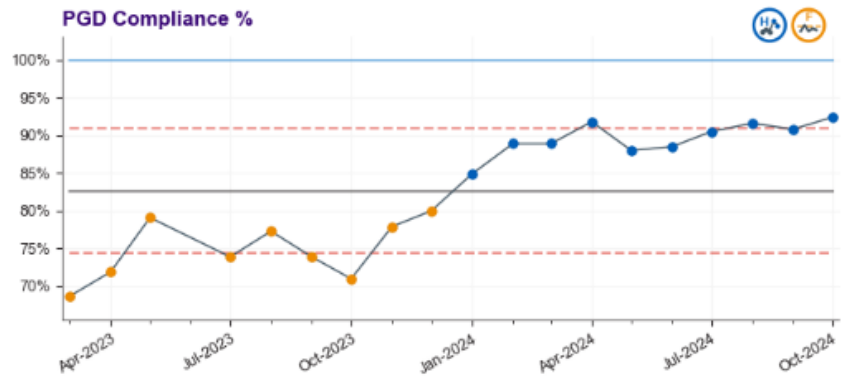
Summary

MM-1: The process by which medicines incidences are reviewed by Medicines Governance changed from July. The fluctuations in monthly reporting are commonly seen throughout the year and are not cause for concern.
MM-3: The metric around Single Witness signature for CDs needs refining as it is not capturing the correct information. The number of *unauthorised* single witness CD transactions for July was 0, with 1 incident in August to investigate. This is an excellent result.
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. There were 10 breakages amongst a dataset of 2244 issues of CDs from Omnicells in October. This represents a breakage of 0.4% and is an excellent result.
MM-7: The target for completed medicines management audits is being reviewed. There were 97.1% of audits completed in October. This is an excellent result.

What actions are we taking?

MM-3: Reporting the metric associated with the number of *unauthorised* single returns is more meaningful. These can then be matched with Datix reports to establish the reasons and identify any learning to be shared.
MM-5: The level of breakages is very low and isn't cause for concern.
MM-7: Audit completion was raised at the Medicines Leads meeting and has resulted in >95% completion for 2 consecutive months. Teams are doing great work.

QUALITY OF CARE Medicines Management (2 of 2)



MM-8

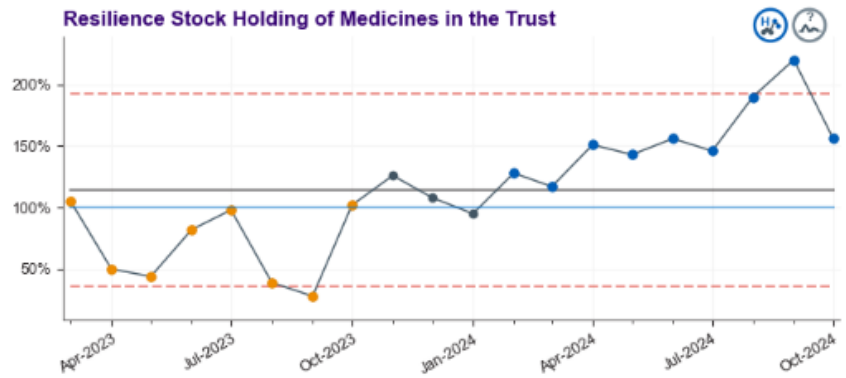
Dept: Medicines Management

IP: Quality Improvement

Latest: 92.4%

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: PGD compliance is trending upwards and is a reflection of everyone's hard work to get the PGDs reviewed and reauthorisation complete. Communicaton cascades are being used to ensure teams are aware of updates.

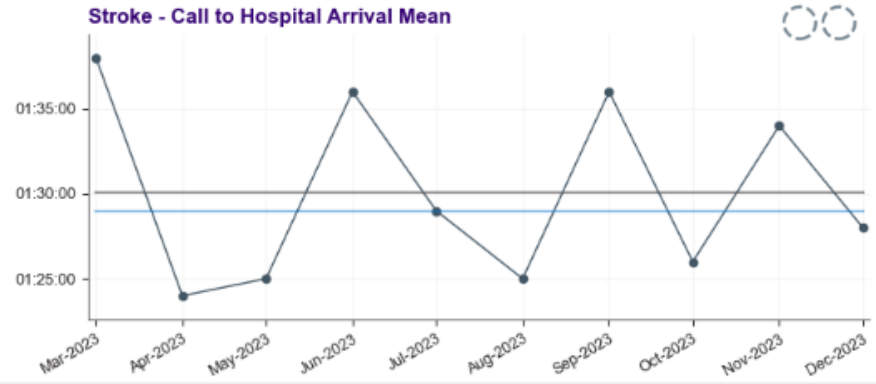
MM-9: Resilience stock at the MDC had been increased to cope with reduced capacity expected during the refurbishment works. The sudden dip reflects the lack of capacity that was predicted due to the disruption caused by moving the packing function to its new home in the refurbished MDC. Resilience levels still remain above target.

What actions are we taking?

MM-9: Once the refurbishment is complete, work will be undertaken to re-establish a sensible level of resilience stock to hold.

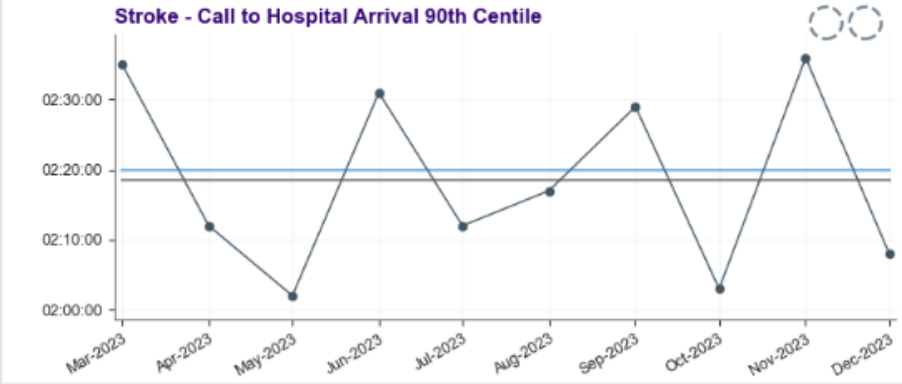
QUALITY OF CARE

Impact on Patient Care – Stroke



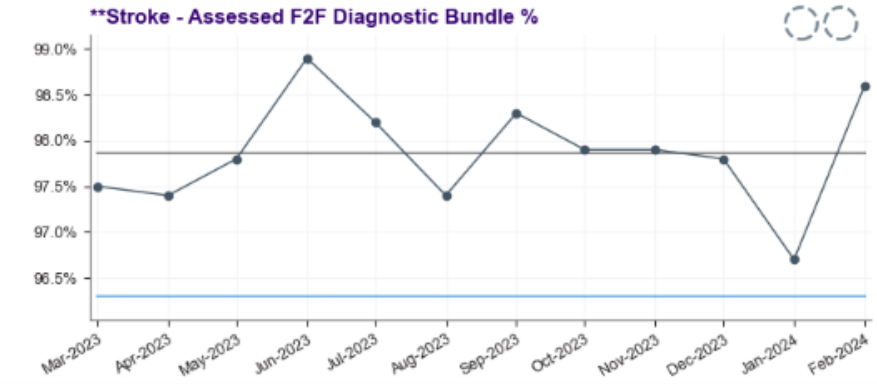
M-8

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.



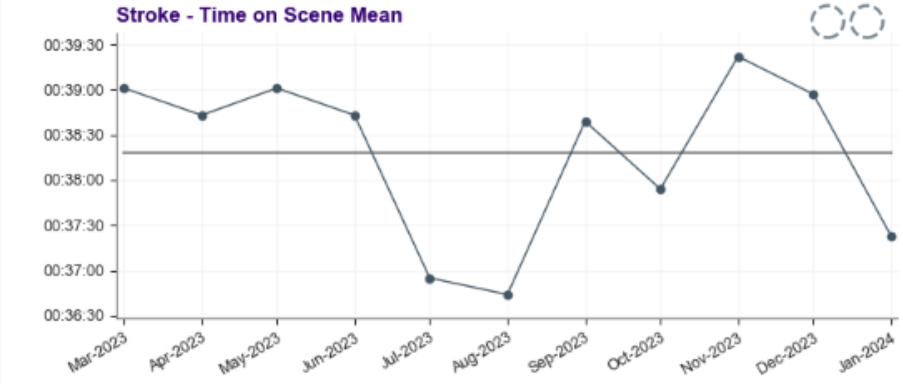
M-9

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%
Special cause or common cause cannot be given as there are an insufficient number of points.



M-28

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

Special cause or common cause cannot be given as there are an insufficient number of points.

Summary

Stroke – Call to hospital Arrival mean. – continues to show common cause variation with SECAmb hovering around 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..

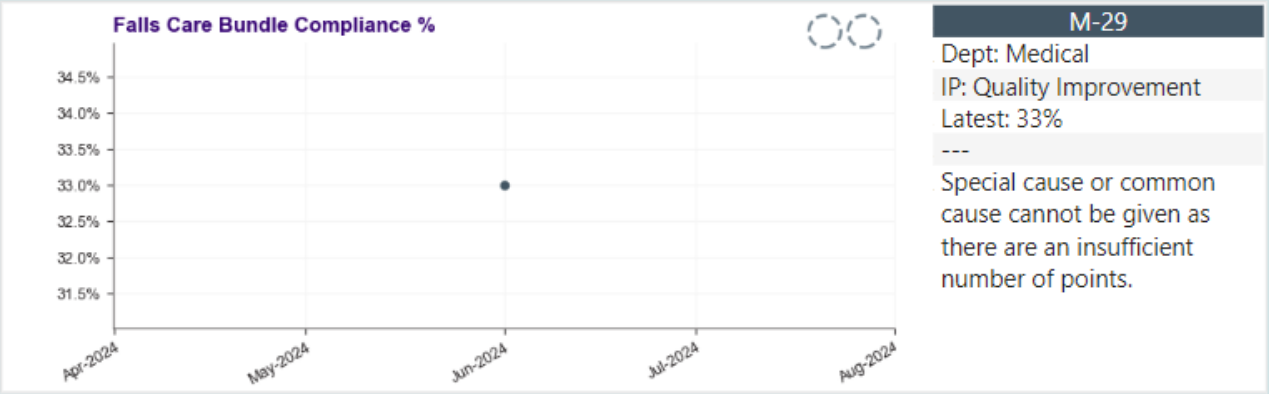
Stroke Time on scene mean. Common Cause variation but with an improving trend, though the nationally mandated move to Telemedicine in all areas will continue to challenge this.

What actions are we taking?

Telemedicine is now rolled out as a single point of access across Sussex, with ongoing work to improve the accessibility and plans to roll it out 24/7. Telemedicine will be launched for the remainder of Surrey over the next few months, to allow timely access to HASUs and reduce time to thrombolysis.
Engagement with Stroke Networks for timely Mechanical Thrombectomy transfers where possible, with work to improve clinical oversight of IFTs to ensure these patients are prioritised.
Plans to improve ePCR by incorporating NHS Service Finder, so crews can easily access stroke referral details in a familiar location to reduce any ambiguity and reduce scene times.
Requested familiarisation of telemedicine and referral process to be included in the 2024/25 Key Skills content to ensure crew's aware of correct process and less concerns.

QUALITY OF CARE

Impact on Patient Care – Falls

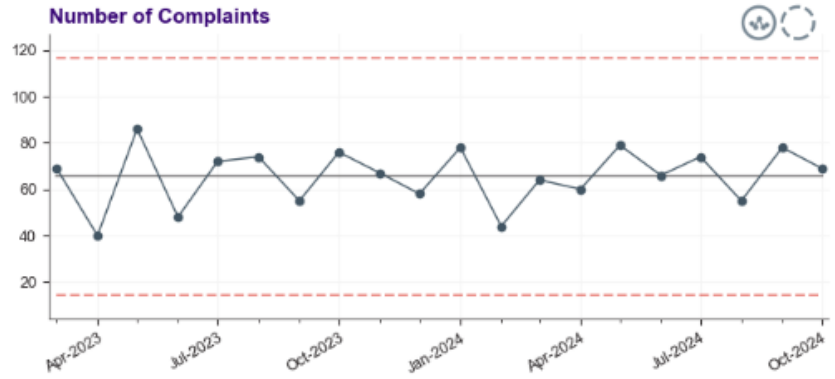


Summary

What actions are we taking?

QUALITY OF CARE

Patient Experience



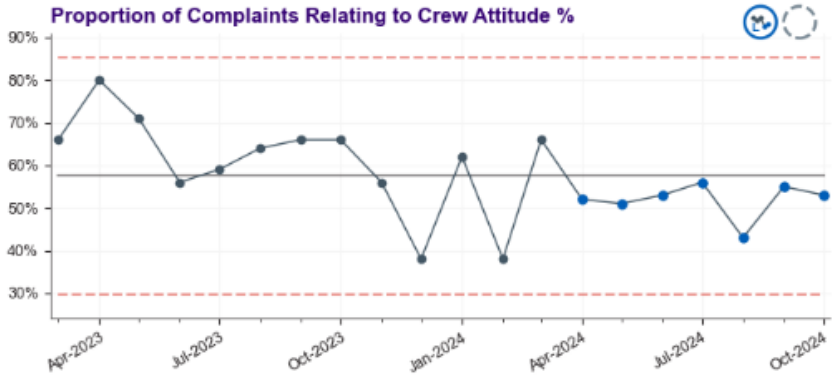
QS-5

Dept: Quality & Safety
IP: Quality Improvement
Latest: 69

Common cause variation, no significant change.

QS-4

Dept: Quality & Safety
IP: Quality Improvement
Latest: 96%
Target: 95%
Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.



QS-10

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

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

Summary

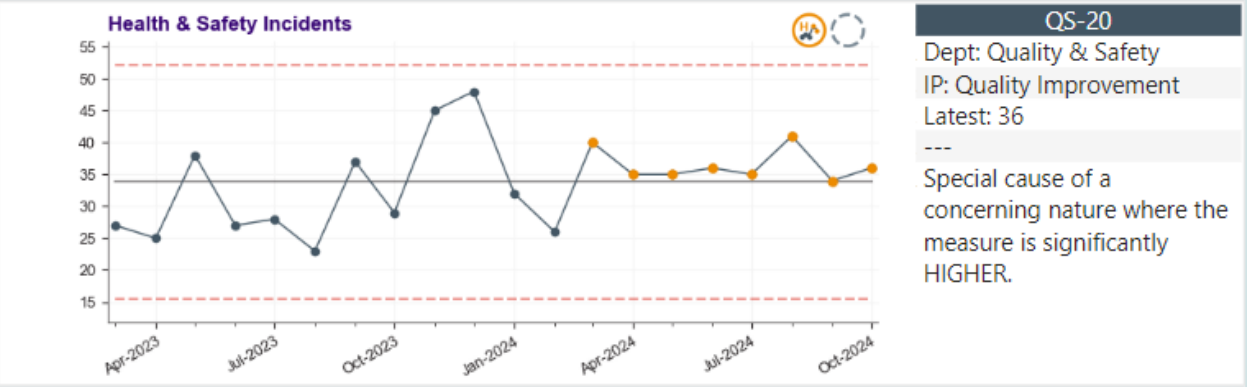
- With the support of operational, 111 and 999 colleagues the 95% timeliness target continues to be consistently met.
- Concerns relating to crews' attitude is showing a positive reduction which was expected following the actions implemented following the deep dive undertaken earlier this year.
- The number of complaints received is showing normal variation.

What actions are we taking?

- The deep dive into complaints relating to care, residential, nursing homes and hospices has been delayed with the BI team providing additional information .
- Learning identified from investigations continues to run at 50%. This is currently being reviewed and actions taken to identify systematic learning.
- The number of concerns received from health care professionals increased by 280% during the last quarter, a deep dive is currently underway to investigate the reason for this and to consider any mitigation or controls required.

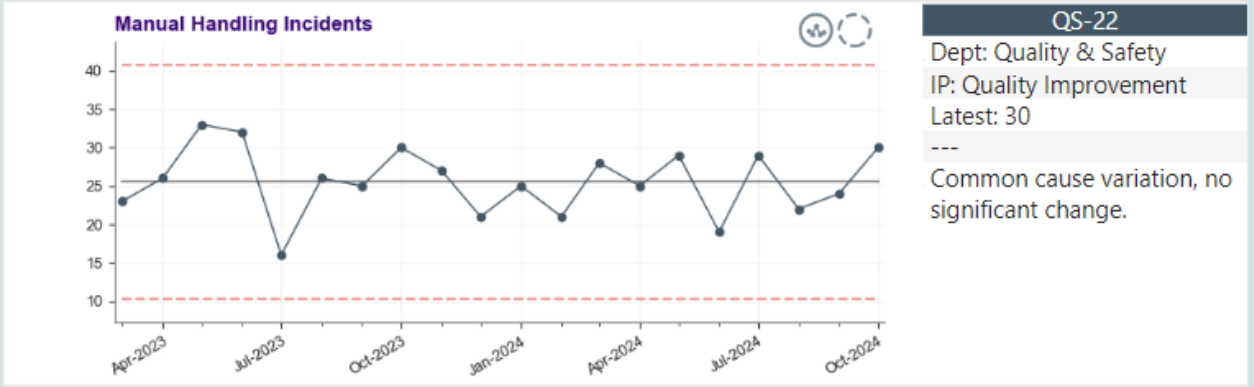
QUALITY OF CARE

Safety in the Workplace (1 of 3)



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

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



QS-22
Dept: Quality & Safety
IP: Quality Improvement
Latest: 30

Common cause variation, no significant change.

Health & Safety Incidents

There were 34 Health & Safety incidents reported during Sep and 36 in Oct. During the same period last year 66 incidents were reported combined for both months. The increase of 4 incidents during this period is minimal. The SPC chart is showing an increase in the number of incidents reported since March 2024. During this period, 67% of incidents were low or no harm, suggesting that the increase is a result of a positive improvement in reporting culture.

Highest reported categories

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

What are we doing

Health & Safety internal reviews went live in June2024 with 17 reviews completed to date. The Programme will run until December 2024 and 21 sites in total will be reviewed. The reviews will be measured against a Safety culture maturity tool. Grading compliance was level 3 during mid-point reviews. The highest level of grading is level 5 once reviews are completed an action plan will be produced to achieve level 4 and 5.

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

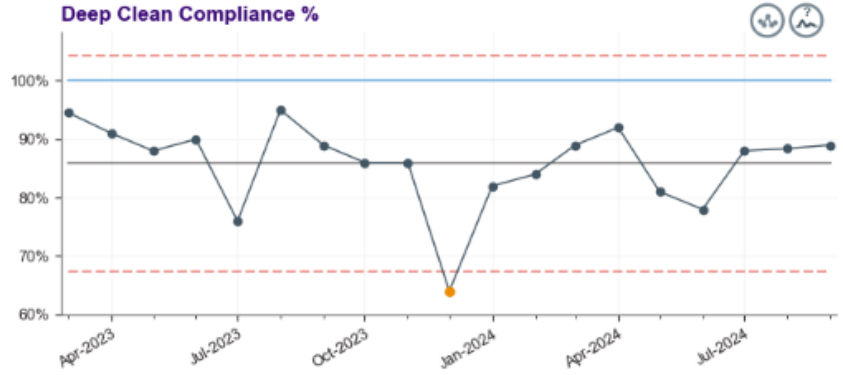
Manual handling incidents reported during Sep 24 and Oct 30. During the same period last year 55 incidents were reported there is a reduction of 1 incident in the current year. The SPC chart showing monthly data shows normal variation.

What are we doing

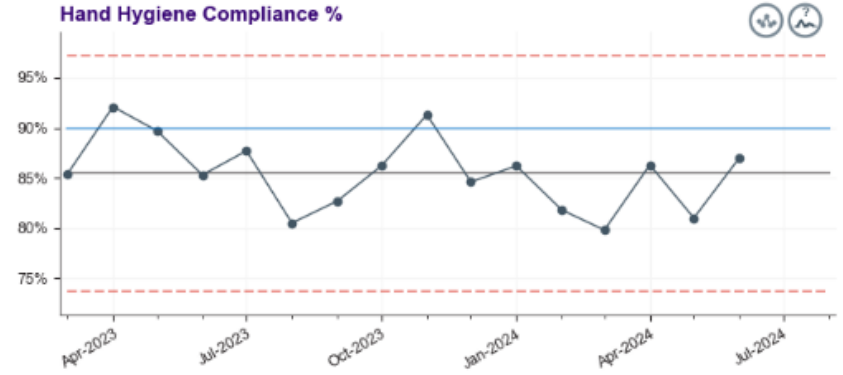
The H&S team are currently reviewing governance processes to ensure the Trust receives assurance on all H&S matters.

Monitoring of incident data at regional sub-groups and Central Health & Safety working group.

QUALITY OF CARE Safety in the Workplace (2 of 3)



QS-19
Dept: Quality & Safety
IP: Quality Improvement
Latest: 89%
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:
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%. July Deep Clean figures were 88% & August Deep Cleans was 85% 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%.

Update: Make Ready Throughput based on contracted 95% of 90% for July =84% and August = 89%.

The shortfalls are largely driven by the hours provided by the contractor against the contract, the average hours provided are 77% 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. Current Churchill MRO Vacancy rate = 14% September 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 20%. 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 an 87% compliance score of their internal audits Updated September 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. This has see an improvement in applicants that are in the process of being shortlisted.

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 for 1 year 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.

Hand Hygiene Compliance

Compliance is still showing within standard variation at 75% for September and 77% for October. This is below the target of 90% and the IPC team are currently taking the actions below with the aim of improving compliance.

What Actions are we taking?

- The BI platform is nearly complete, which will allow local teams to keep track of their completion rates as well as compliance levels for all IPC Practices. This shift will encourage local ownership of IPC practices.
- Local training for OTL's continues.
- The results of the IPC Practice Review will be tabled for discussion and ongoing review / revaluation at the December IPC Subgroup meeting.

QUALITY OF CARE

Safety in the Workplace (3 of 3)

Violence & Abuse

There continues to be an increase in the number of violence and abuse incidents reported by staff. This should still be considered a positive increase in reporting culture following the work of the team to raise the profile of violence and aggression and support staff who have been affected. Since 2019 it is predicted that reported incidents will have doubled on a year-by-year basis by April 2025.

Staff reported 90 violence and aggression related incidents in September 2024. 21% of these incidents were categorised as assaults.

Staff reported 144 violence and aggression related incidents in October 2024. 25% of these incidents were categorised as assaults.

Most incidents continue to be verbal aggression directed at our staff working within our contact centres.

September reporting saw a significant decrease from August when unrest was seen nationally . September reporting was also significantly lower than the monthly average. Reporting levels have returned to normal in October.

What actions are we taking?

- Face to Face Conflict Resolution Training (CRT) for front-line staff. 1071 staff trained as of 11/11/24
- 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.
- Protected characteristics data of staff reporting incidents of violence of aggression captured for Q1 & Q2 2024. This will enable us to identify any groups or characteristics of staff that may mean they are disproportionately affected.
- Workstream ongoing to identify and manage frequent suspects of violence and abuse towards staff.

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.

System Integration and Performance

SYSTEM INTEGRATION and PERFORMANCE Summary

October 2024

Pass | Hit and Miss | Fail | No Target

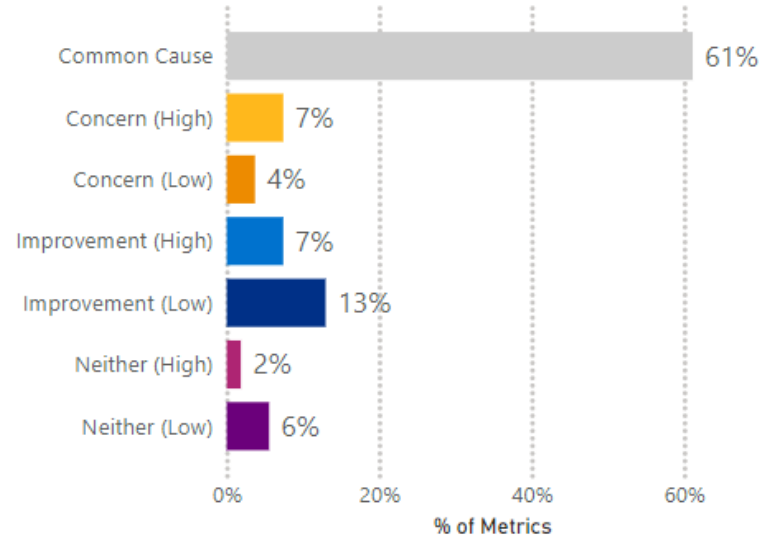
	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement		999 Operational Abstraction Rate % Hear & Treat % See & Convey % 111 Calls Abandoned - (Offered) % 999 Call Answer Mean 999 Call Answer 90th Centile	Average Wrap Up Time 111 Calls Answered in 60 Seconds %	CFR Attendances % of SRV vehicles off road (VOR) % of planned vehicle services completed
Common Cause	Cat 1T 90th Centile Cat 1T Mean A&E Dispositions % 111 to 999 Referrals (Calls Triaged) %	999 Frontline Hours Provided % Cat 2 Mean Cat 4 90th Centile	See & Treat % Cat 1 Mean Cat 2 90th Centile Cat 3 90th Centile	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) Incidents Cat 2 Proportion (Cat 1-4) Duplicate Calls % 999 Calls Answered Incidents
Special Cause Concern		Clinical Contact %	Ambulance Validation % Vehicles Off Road (VOR) %	% of DCA vehicles off road (VOR) ECAL Mean Response Time Hours Lost at Handover as a Proportion of Provided Hours...

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.

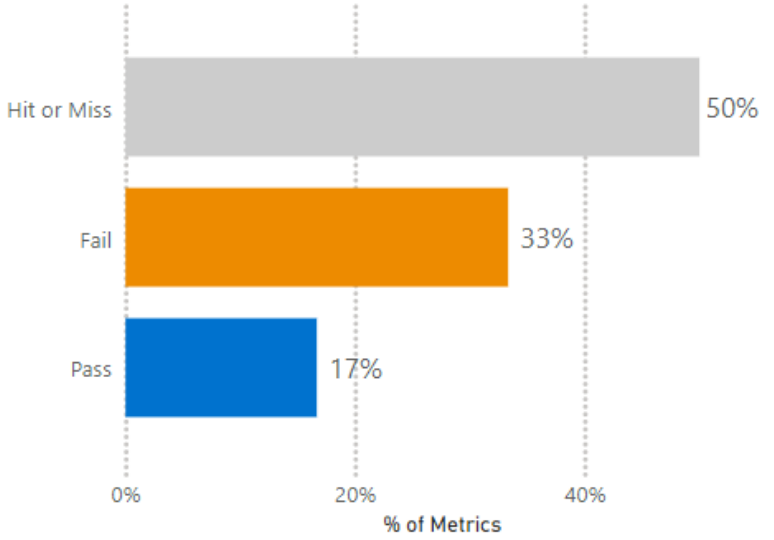
SYSTEM INTEGRATION

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	Oct-2024	00:00:00		01:34:07	00:24:25	02:22:57		
Section 136 Mean Response Time	Responsive Care	Oct-2024	00:16:17		00:14:20	00:24:34	00:34:48		
Cat 1 Mean	Responsive Care	Oct-2024	00:08:29	00:07:00	00:07:34	00:08:32	00:09:30		
Cat 1 90th Centile	Responsive Care	Oct-2024	00:15:32	00:15:00	00:14:02	00:15:36	00:17:10		
Cat 1T Mean	Responsive Care	Oct-2024	00:09:53	00:19:00	00:08:45	00:09:57	00:11:10		
Cat 1T 90th Centile	Responsive Care	Oct-2024	00:18:27	00:30:00	00:16:07	00:18:23	00:20:40		
Cat 2 Mean	Responsive Care	Oct-2024	00:30:30	00:30:00	00:20:12	00:28:29	00:36:46		
Cat 2 90th Centile	Responsive Care	Oct-2024	01:02:42	00:40:00	00:40:04	00:58:05	01:16:06		
Cat 3 90th Centile	Responsive Care	Oct-2024	05:45:04	02:00:00	02:46:34	04:59:29	07:12:23		
Cat 4 90th Centile	Responsive Care	Oct-2024	05:19:25	03:00:00	02:46:15	06:11:38	09:37:02		
HCP 3 Mean	Responsive Care	Oct-2024	02:25:09		01:07:43	02:07:21	03:07:00		
HCP 3 90th Centile	Responsive Care	Oct-2024	05:37:22		02:07:39	04:45:43	07:23:48		
HCP 4 Mean	Responsive Care	Oct-2024	03:13:12		01:22:50	02:45:10	04:07:30		
HCP 4 90th Centile	Responsive Care	Oct-2024	08:09:24		02:58:50	06:30:33	10:02:16		

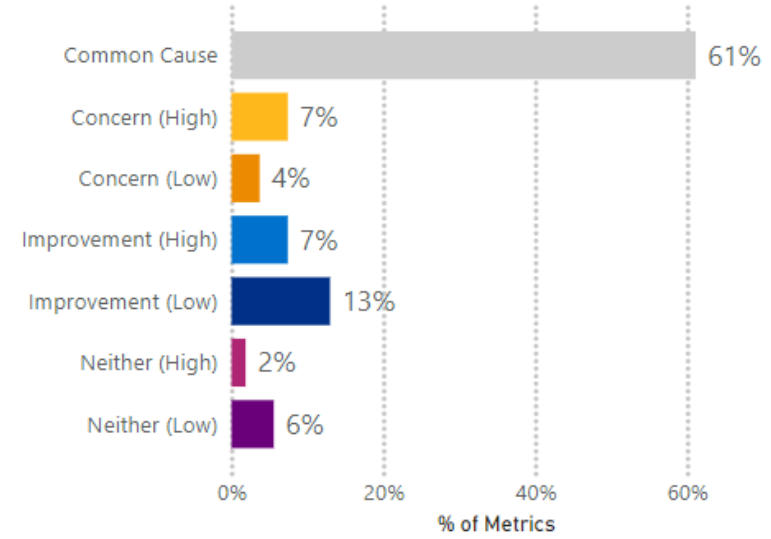
Emergency Operations Centres (EOC)

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Duplicate Calls %	Responsive Care	Oct-2024	23.6%		20.58%	23.36%	26.13%		
999 Calls Answered	Responsive Care	Oct-2024	75837		58546.54	72237.7	85928.86		
999 Call Answer Mean	Responsive Care	Oct-2024	00:00:07	00:00:05	00:00:05	00:00:16	00:00:37		
999 Call Answer 90th Centile	Responsive Care	Oct-2024	00:00:15	00:00:10	00:00:27	00:00:53	00:02:13		

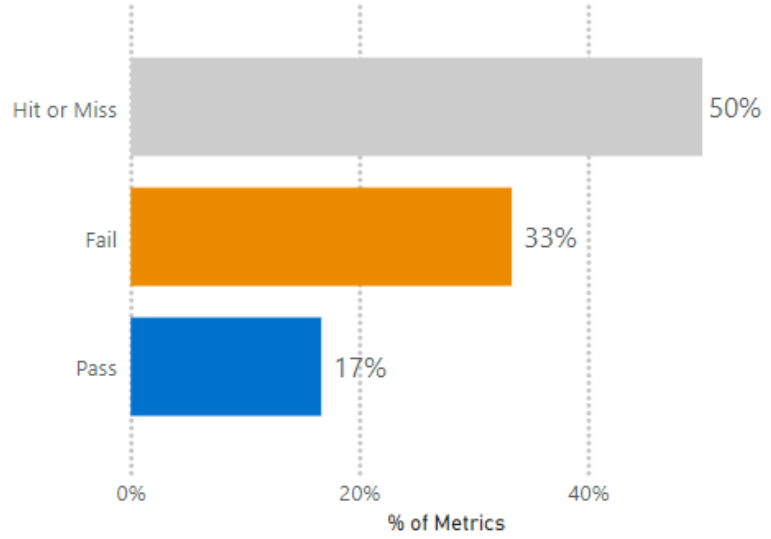
SYSTEM INTEGRATION

Overview (2 of 3)

Variation Icon Summary



Assurance Icon Summary



Utilisation

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
999 Frontline Hours Provided %	Responsive Care	Oct-2024	94.2%	100%	86.35%	98.49%	110.63%		
Provided Bank Hours %	Responsive Care	Oct-2024	0%		0.3%	0.59%	0.89%		
Provided Overtime Hours %	Responsive Care	Oct-2024	255%		-22.53%	20.17%	62.87%		
Provided PAP Hours %	Responsive Care	Aug-2024	0%		2.47%	3.61%	4.74%		
999 Operational Abstraction Rate %	Responsive Care	Oct-2024	11%	28%	16.84%	24.81%	32.77%		
999 Remaining Annual Leave FY	Responsive Care	Oct-2024	22%		12.32%	28.22%	44.11%		
Vehicles Off Road (VOR) %	Responsive Care	Oct-2024	14.1%	10%	10.7%	13.95%	17.19%		
% of DCA vehicles off road (VOR)	Responsive Care	Oct-2024	15.4%		11.81%	14.87%	17.92%		
% of SRV vehicles off road (VOR)	Responsive Care	Oct-2024	3.8%		-11.09%	7.26%	25.61%		
Critical Vehicle Failure Rate (CVFR)	Responsive Care	Oct-2024	89		53.6	104.7	155.8		
Number of RTCs per 10k miles travelled	Responsive Care	Oct-2024	0.77		0.27	0.74	1.21		
% of planned vehicle services completed	Responsive Care	Oct-2024	84%		60.26%	72.53%	84.79%		
% of statutory estates compliance (gas, water, electrical, asbestos, fire, LOLER)	Responsive Care	Oct-2024	99%	95%		94.01%			
Incidents Cat 2 Proportion (Cat 1-4)	Responsive Care	Oct-2024	65.6%		61.1%	63.89%	66.68%		
111 to 999 Referrals (Calls Triaged) %	Responsive Care	Oct-2024	7.1%	13%	5.68%	6.47%	7.25%		
Incidents	Responsive Care	Oct-2024	66459		56548.69	63243.35	69938.01		

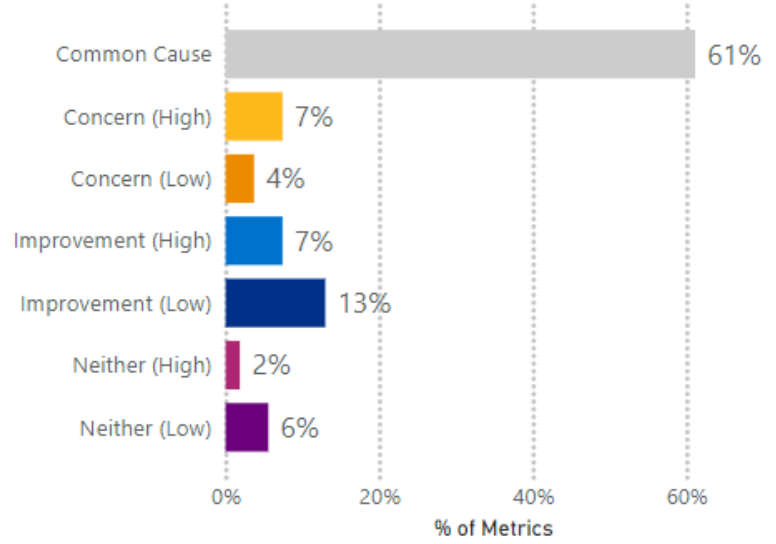
111

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
111 Calls Offered	Responsive Care	Oct-2024	83070		75432.35	93127.65	110822.95		
111 Calls Answered in 60 Seconds %	Responsive Care	Oct-2024	82.6%	95%	35.49%	50.42%	65.34%		
111 Calls Abandoned - (Offered) %	Responsive Care	Oct-2024	2.9%	5%	4.94%	11.66%	18.38%		
999 Referrals	Responsive Care	Oct-2024	5483		3904.61	4850.45	5796.29		

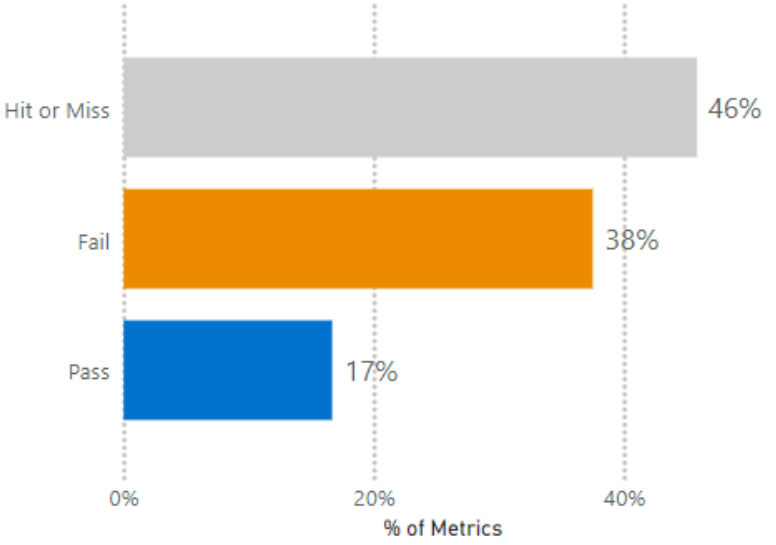
SYSTEM INTEGRATION

Overview (3 of 3)

Variation Icon Summary



Assurance Icon Summary



999 Frontline

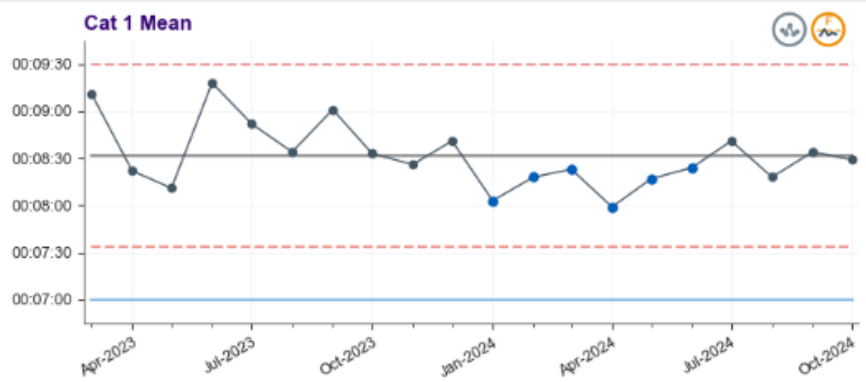
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
JCT Allocation to Clear at Scene Mean	Responsive Care	Oct-2024	01:18:10		01:14:43	01:16:54	01:19:05		
JCT Allocation to Clear at Hospital Mean	Responsive Care	Oct-2024	01:53:29		01:49:26	01:51:55	01:54:24		
Responses Per Incident	Responsive Care	Oct-2024	1.09	1.09	1.09	1.09	1.1		
CFR Attendances	Responsive Care	Oct-2024	2009		809.07	1293.75	1778.43		
FFR Attendances	Responsive Care	Oct-2024	88		29.48	109	188.52		
ECAL Mean Response Time	Responsive Care	Oct-2024	00:26:33		00:22:55	00:25:05	00:27:14		

111/999 System Impacts

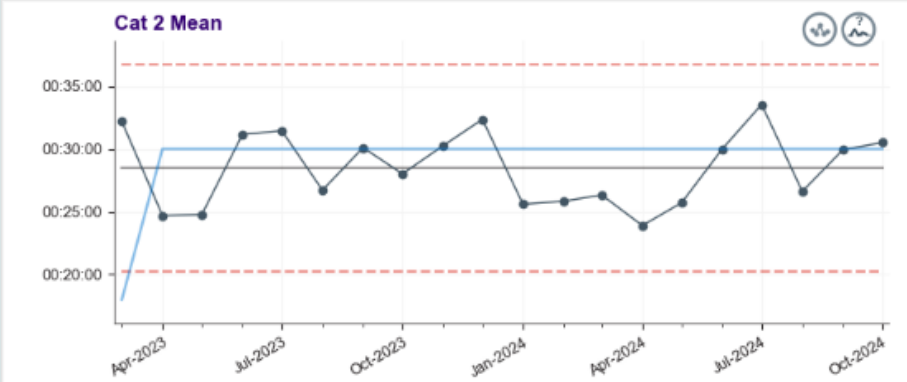
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Hear & Treat %	Responsive Care	Oct-2024	14.2%	16.5%	10.93%	12.63%	14.32%		
See & Treat %	Responsive Care	Oct-2024	30.4%	35%	29.71%	30.79%	31.87%		
See & Convey %	Responsive Care	Oct-2024	55.3%	55%	54.96%	56.44%	57.92%		
Hours Lost at Handover as a Proportion of Provided Hours %	Responsive Care	Oct-2024	1.3%		0.72%	0.99%	1.25%		
Number of Hours Lost at Hospital Handover	Responsive Care	Oct-2024	3796.97		2138.51	3012.7	3886.89		
Average Wrap Up Time	Responsive Care	Oct-2024	00:16:11	00:15:00	00:16:24	00:16:50	00:17:16		
Proportion of Wrap Up Times > 15 minutes	Responsive Care	Oct-2024	43.2%		41.8%	44.51%	47.21%		
A&E Dispositions %	Responsive Care	Oct-2024	7.5%	9%	6.9%	7.89%	8.88%		
A&E Dispositions	Responsive Care	Oct-2024	5743		4654.74	5919.5	7184.26		
Clinical Contact %	Responsive Care	Oct-2024	44.8%	50%	44.58%	48.02%	51.46%		
Ambulance Validation %	Responsive Care	Oct-2024	49.4%	85%	49.19%	62.48%	75.76%		

SYSTEM INTEGRATION

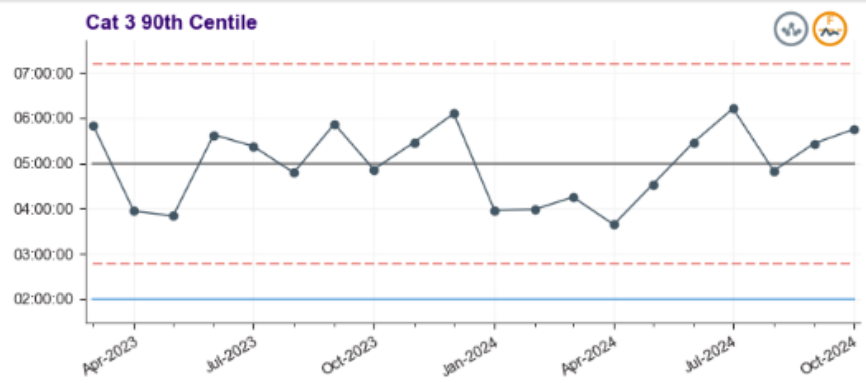
Response Times



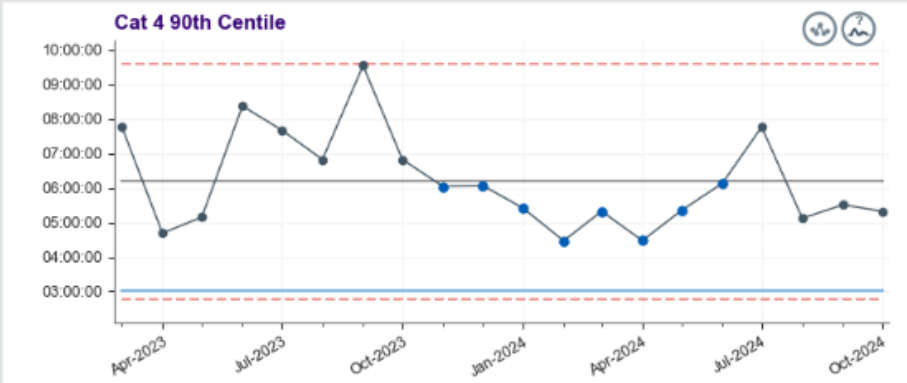
999-2
Dept: Operations 999
IP: Responsive Care
Latest: 00:08:29
Target: 00:07:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-4
Dept: Operations 999
IP: Responsive Care
Latest: 00:30:30
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: 05:45:04
Target: 02:00:00
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



999-6
Dept: Operations 999
IP: Responsive Care
Latest: 05:19:25
Target: 03:00:00
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

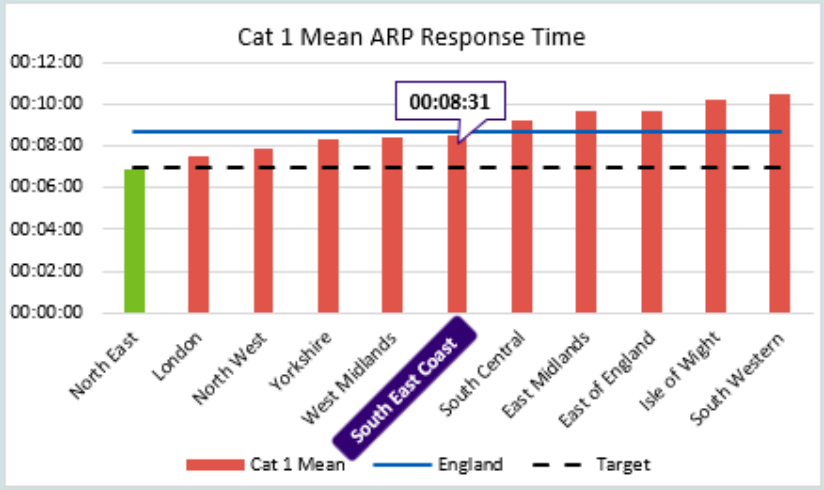
- As can be seen from the charts above, the Trust is failing to meet the ***national ARP standards*** for all categories of call and has been in this position reasonably consistently over the past 2 years.
- The key metric for the financial year, being C2 mean, remains in a positive position against the delivery plan – in October 2024, performance was 30min 31sec, against a national average of 42min 15sec.

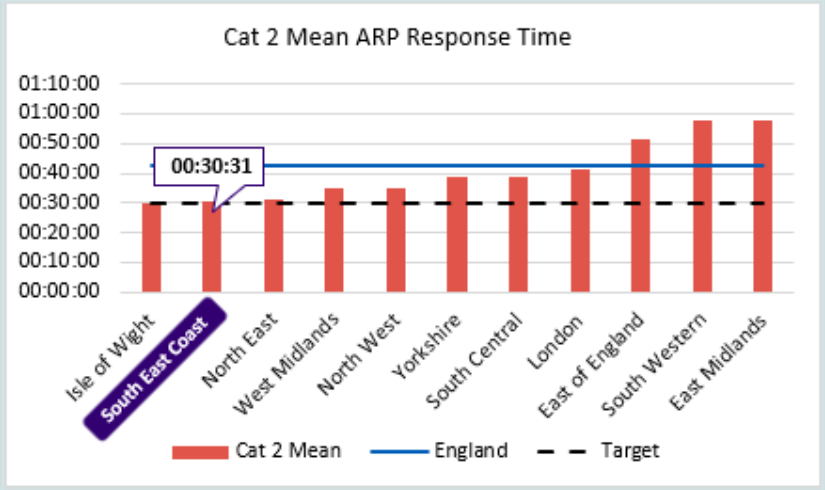
What actions are we taking?

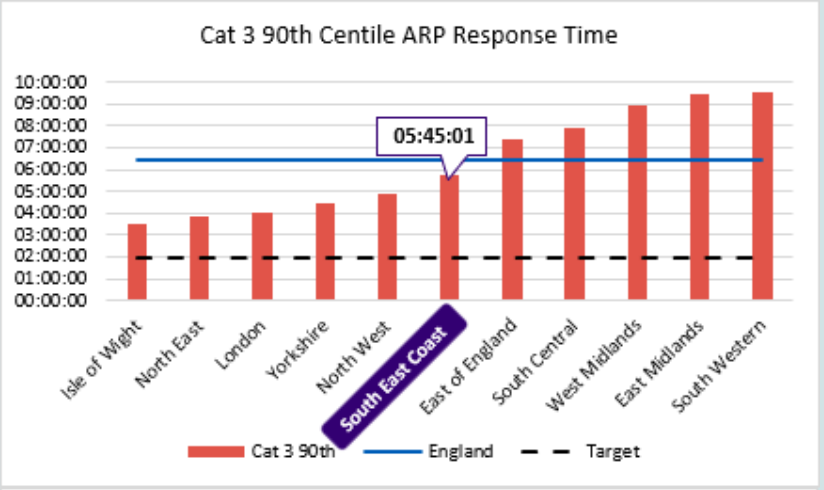
- Ongoing Expansion of NHS PaCCS across Field Ops to support clinical assessment and to explore appropriate alternative pathways for C3 & C4 patients.
- Continued focus on recruitment for clinical staffing in EOC to maintain patient safety and support ambulance dispatch, with the final cohort of overseas nurses now live.
- Focused attention on abstraction management for sickness management & training planning with updated policy to simplify.
- NQP new starters between now and January, 158 new frontline staff.
- Established 5 Unscheduled Care Navigation Hubs
- Specific work at Royal Sussex University Hospital ongoing between Brighton OU team, Sussex ICB & Hospital clinical leaders with external NHS E support.
- Update to divert process nearing completion.

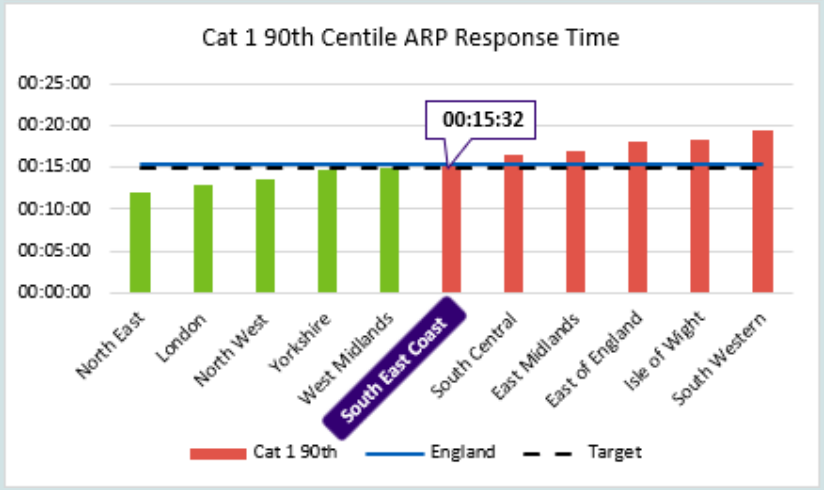
SYSTEM INTEGRATION

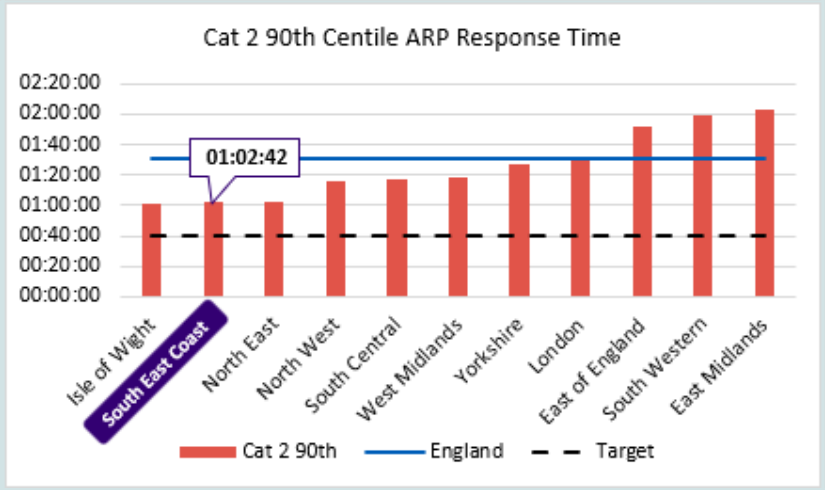
ARP Response Time Benchmarking (data provided for October 2024)

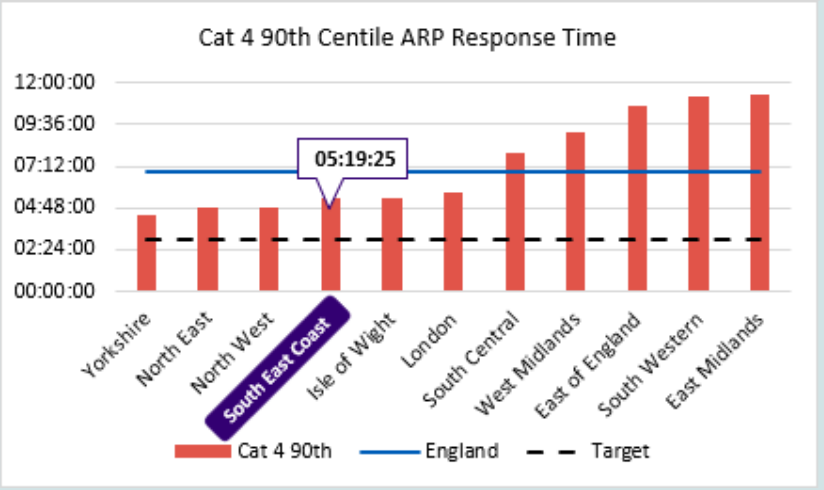










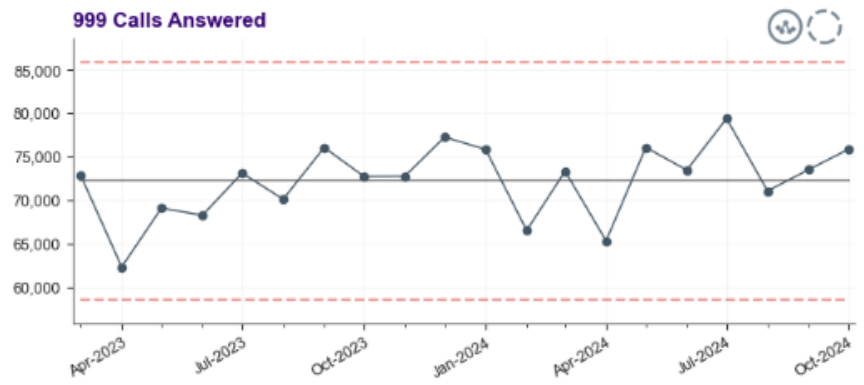


Summary

- Performance in October was 30mins 31secs, above the target of 30mins, slightly above the 29:56 for September:
- Incidents with a response for the month was 57,460, an average of 14,365 calls per week, with C2 being 65.54% of all incidents.

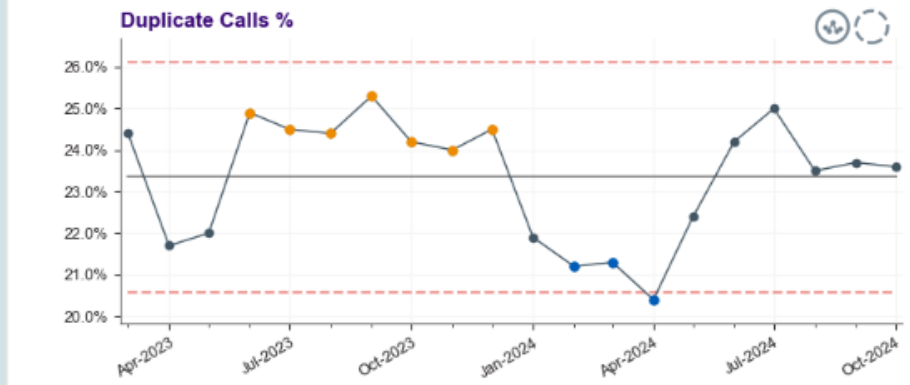
SYSTEM INTEGRATION

EOC Emergency Medical Advisors



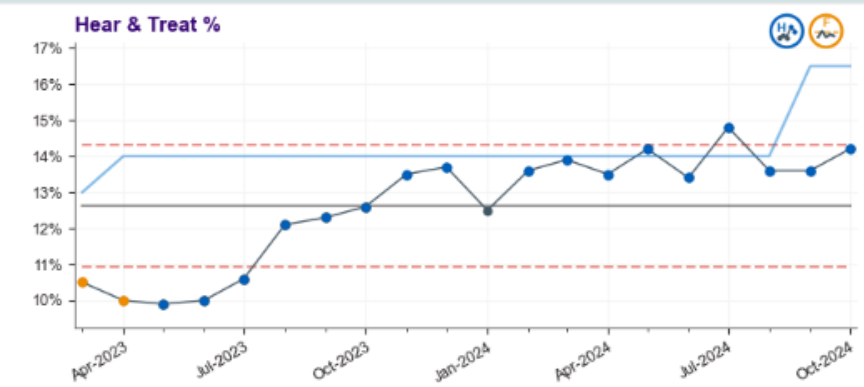
999-10
Dept: Operations 999
IP: Responsive Care
Latest: 75837

Common cause variation, no significant change.

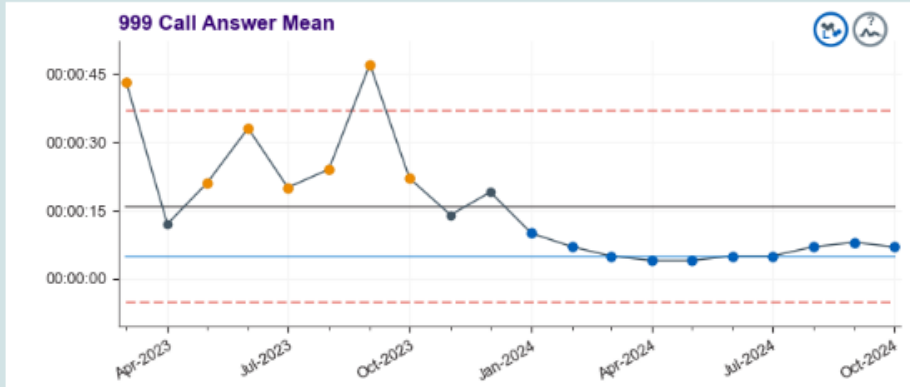


999-33
Dept: Operations 999
IP: Responsive Care
Latest: 23.6%

Common cause variation, no significant change.



999-9
Dept: Operations 999
IP: Responsive Care
Latest: 14.2%
Target: 16.5%
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: 00:00:07
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

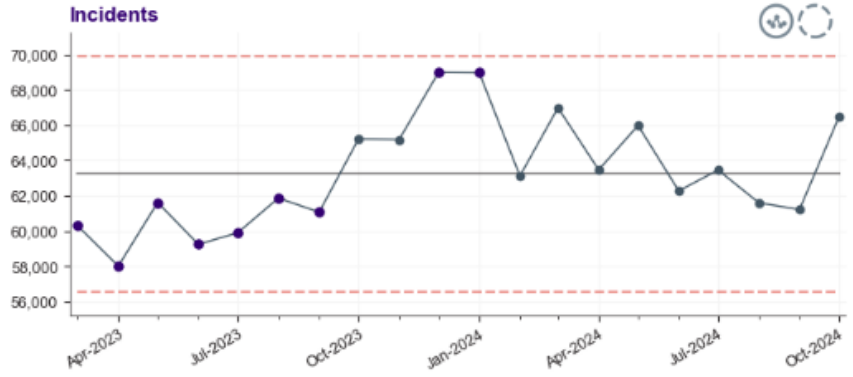
- In this financial year, call answer mean time was in line with national AQI targets for Q1, behind in Q2, but recovered in October. Overall, there has been a significant improvement on 2023/24. The minor fluctuation in 999 call answering mean above the 5 seconds target in Q2 was attributable to a variety of factors including the Trust moving towards having the requisite call handling capacity, day-to-day fluctuations in call demand and profiles, and the reduction in call handling overtime. The service is now fully staffed for its Emergency Medical Advisors (EMAs) but continues to recruit to ensure that the right call handling staffing is available to achieve the AQI target of 999 call answering in 5 seconds.
- EMA recruitment and the staff retention remain service focusses, in addition to improving productivity and the quality of 999 call handling performance.
- The underlying trend for Hear & Treat is still upwards, but the dips in performance are attributable to multiple factors including a deficit in the clinicians available to achieve optimal virtual clinical assessment. The support provided by EOC to facilitate the launch of the Unscheduled Care Navigation Hubs (UCNHs) in relation to NHS PaCCS over H1 has also adversely impacted clinician availability. As a result, the service has not been able to populate the rotas consistently at the 100% required to achieve the Trust Hear & Treat target. The launch of the seven hubs to support virtual consultation is expected to resolve this.

What actions are we taking?

- EMA establishment is above plan for the funded establishment of 265 WTE. Despite the ongoing challenge presented by recruitment in the Gatwick area, recruitment in Medway following the move in 2023 progresses well. The current position being 282 WTE of which 262 WTE are live and 20 WTE in training and/or mentoring.
- The 999 Call Answering project phase 2 is ongoing, with a focus on the quality of call handlers and their productivity. The EOC operations rota review was undertaken smoothly, with positive collaboration between the service and our unions, and is complete, the new rotas have now gone live with minimal outstanding issues or concerns.
- The C3 & C4 clinical validation model and C2 segmentation continues, with modifications to the C2 Segmentation operating model being approved by SMG and due to go-live in November. The service continues to work collaboratively with NHS E to improve C2 Segmentation and Hear & Treat.
- The Hear & Treat trajectory is for 16.5% by the end of Q4 and the Trust is slightly behind with this trajectory. The full impact of the Unscheduled Care Navigation Hubs (UCNHs) will increase the Trust's virtual clinical capacity, and in addition to the next phase of C2 Segmentation, should ensure the Trust remains on track with achieving H&T target by the end of Q4.

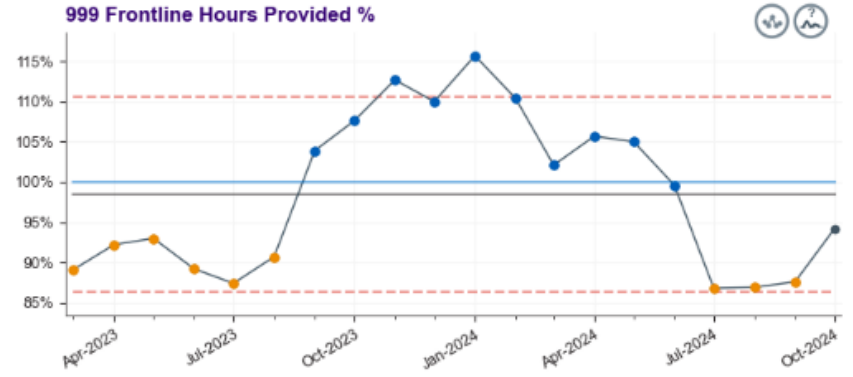
SYSTEM INTEGRATION

Utilisation

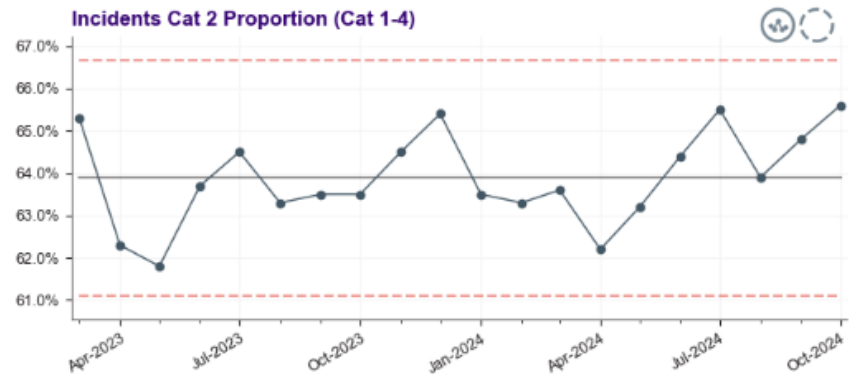


999-10
Dept: Operations 999
IP: Responsive Care
Latest: 66459

Common cause variation, no significant change.

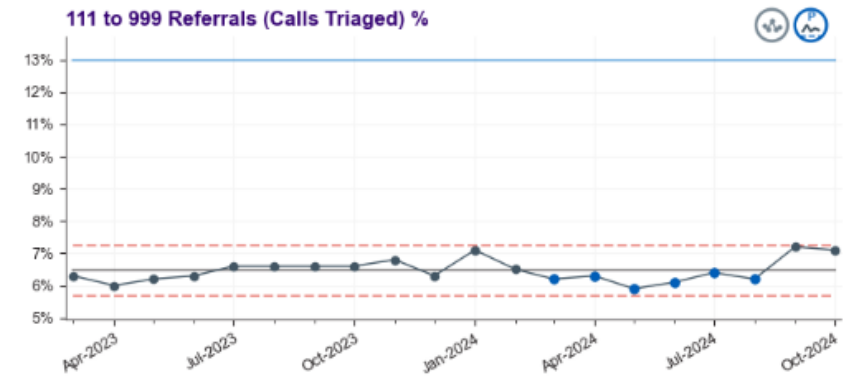


999-12
Dept: Operations 999
IP: Responsive Care
Latest: 94.2%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



999-32
Dept: Operations 999
IP: Responsive Care
Latest: 65.6%

Common cause variation, no significant change.



111-4
Dept: Operations 111
IP: Responsive Care
Latest: 7.1%
Target: 13%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Summary

- 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.
- Use of Virtual OU focused on extra shifts as required on Fridays to Mondays.
- Use of OTL Clinical hours through Q3 – 12,000 hours in total
- Focussing on NHS Pathways triage and clinical validation of ambulance referrals in 111 has resulted in a national best in class, low ambulance referral rate from 111 to 999 in Kent and Sussex.
- The Trust also continues to deliver exceptional Direct Appointment Booking (DAB) in its 111 service, supported by consistently good ED validation as per the NHS E 111 First criteria. This has enabled 111 to protect the wider healthcare economy and facilitate patient flow to the appropriate downstream services.

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. This also applies to specialist clinicians like Mental Health Practitioners and Paediatric Nurses.
- Continued focus on optimising resources through abstraction management and targeted overtime to provide additional hours – continued management of sickness and reduction in annual leave levels has 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 improve clinical effectiveness across 999.
- Urgent Community Response (UCR) Portal is fully live for Sussex and Surrey. The service is still having to undertake 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 implementing a fully digital solution.

SYSTEM INTEGRATION

999 Frontline

999-17

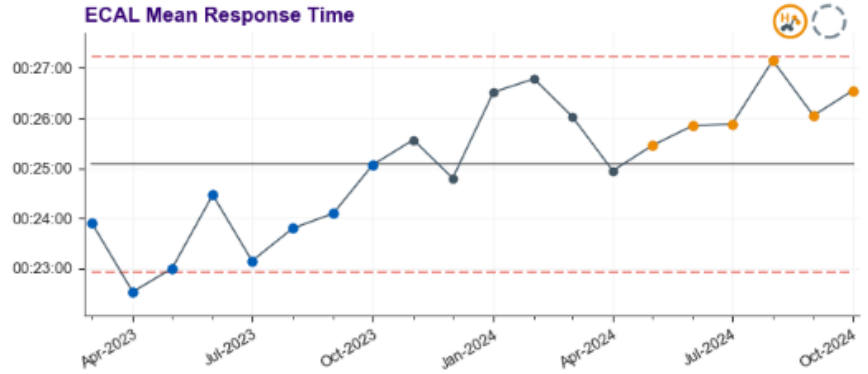
Dept: Operations 999

IP: Responsive Care

Latest: 1.09

Target: 1.09

Common cause variation, no significant change. This process will not consistently hit or miss the target.



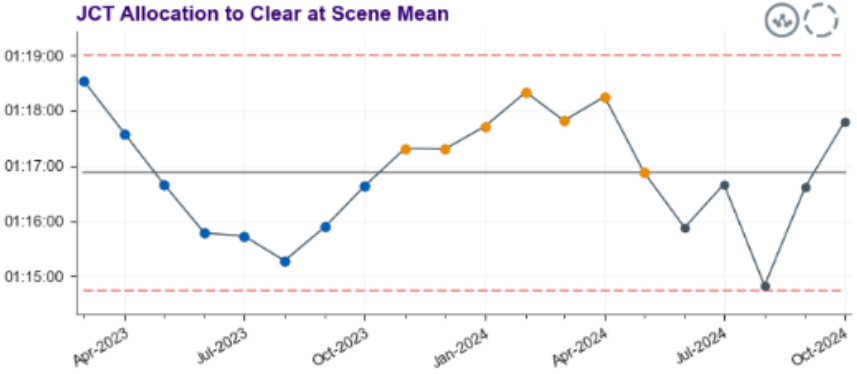
999-13

Dept: Operations 999

IP: Responsive Care

Latest: 00:26:33

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



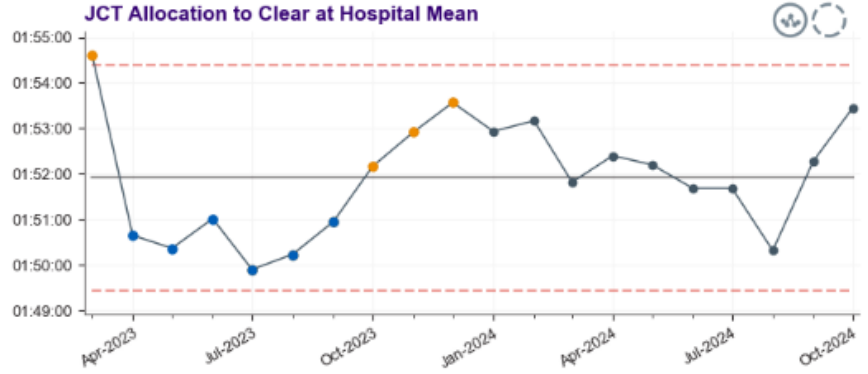
999-11

Dept: Operations 999

IP: Responsive Care

Latest: 01:17:48

Common cause variation, no significant change.



999-11

Dept: Operations 999

IP: Responsive Care

Latest: 01:53:27

Common cause variation, no significant change.

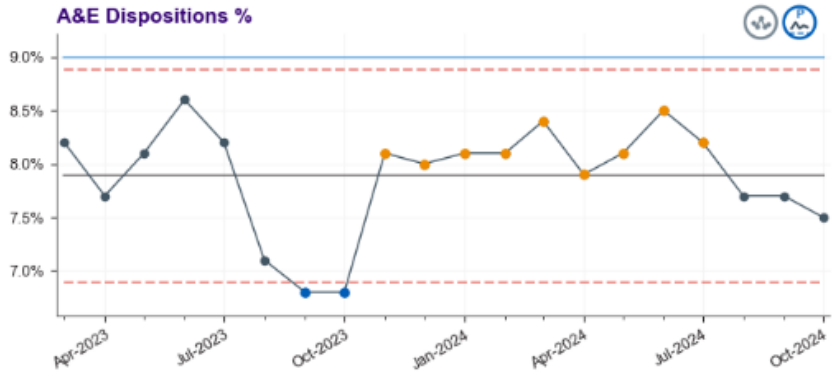
Summary

- 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?

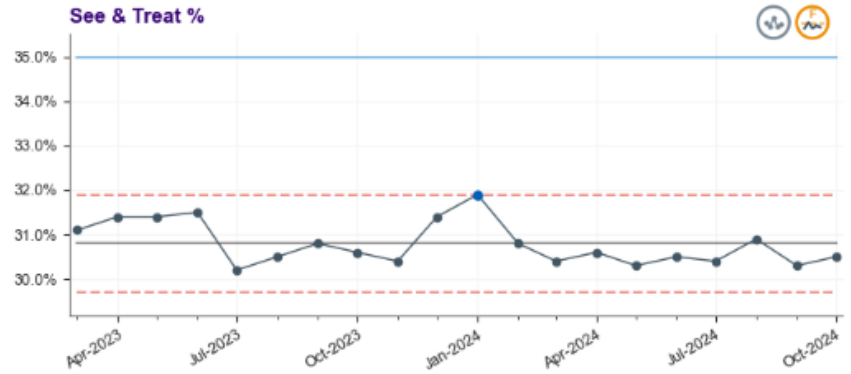
- The Trust commissioned an external AACE review of the Dispatch function last year. Phase 1 of this plan has already been completed; phase 2 commenced in Q1 of 2024-25 and is ongoing.
- Continued focus on delivery of *Advanced Paramedic Practitioner Hubs* to ensure optimal response to ECALs from crews to assist with on-scene decision making and signposting to clinical pathways. The Unscheduled Care Navigation Hubs project was delivered in October and November.
- Specific work has been undertaken in local dispatch desk areas focusing on hospital handover and on-scene times. Average Hospital Handovers have shown an increase and are above the 18-minute mean set by the Trust at 19 minutes and 46 Secs for October. As system pressures increase, as do hospital handover time across multiple acute trust sites – this is expected over the winter period.

SYSTEM INTEGRATION 111/999 System Impacts



111-5

Dept: Operations 111
IP: Responsive Care
Latest: 7.5%
Target: 9%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.



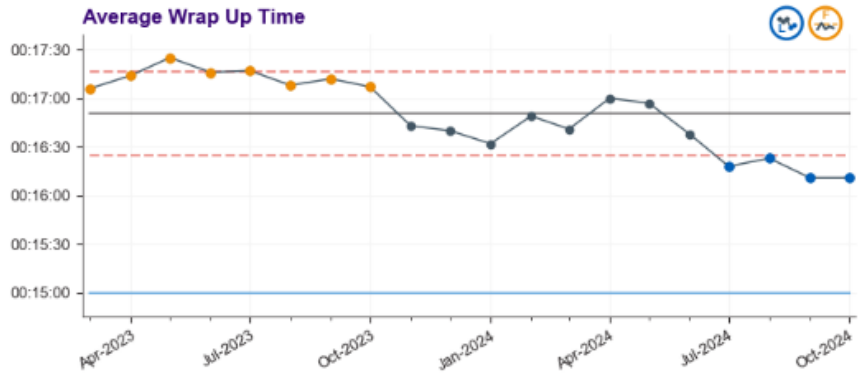
999-9

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: 3798.4

Common cause variation, no significant change.



999-31

Dept: Operations 999
IP: Responsive Care
Latest: 00:16:11
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.

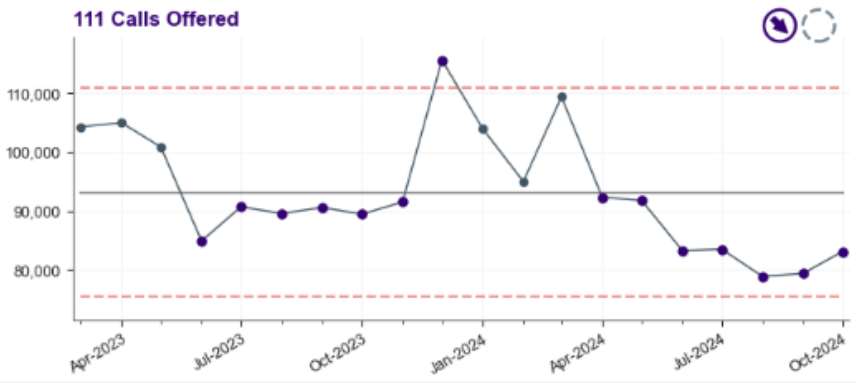
Summary

- The 111 to ED disposition rate has been maintained at a very low level since the introduction of "111 First", Direct Appointment Booking (DAB) and ED validation. The Trust's 111 service is consistently effective at DAB and ED validation, resulting in an ED referral rate significantly better than the NHS E 111 national average and benchmark leading DAB.
- 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 with average wrap up times across the Trust at 16:14.

What actions are we taking?

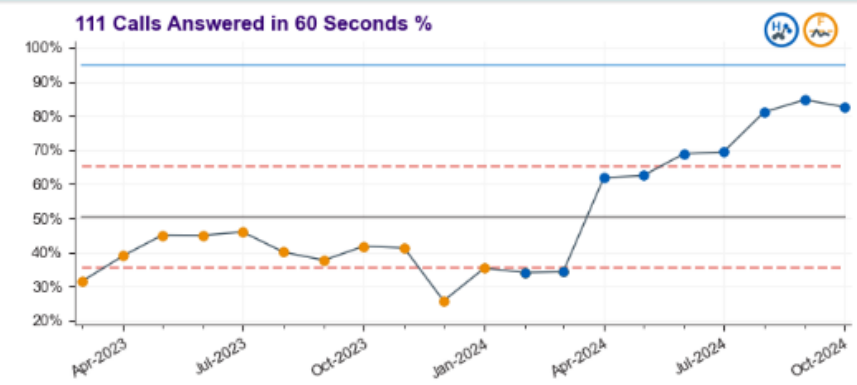
- The Trust has embarked on a programme to lead collaboration with local teams regarding the engagement with local systems and utilisation of community pathways of care i.e., Urgent Community Response (UCR) and other services. The Trust was nominated for two HSJ awards for this collaborative work.
- The UCR portal is now active across Sussex and Surrey, with a plan to implement across Kent before the end of Q3 24/25. 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 19.46. Wrap up times are at 16:14. A target of 15 mins is set as a KPI for operational teams with weekly review meeting held by ADOs and OUMs.

SYSTEM INTEGRATION 111

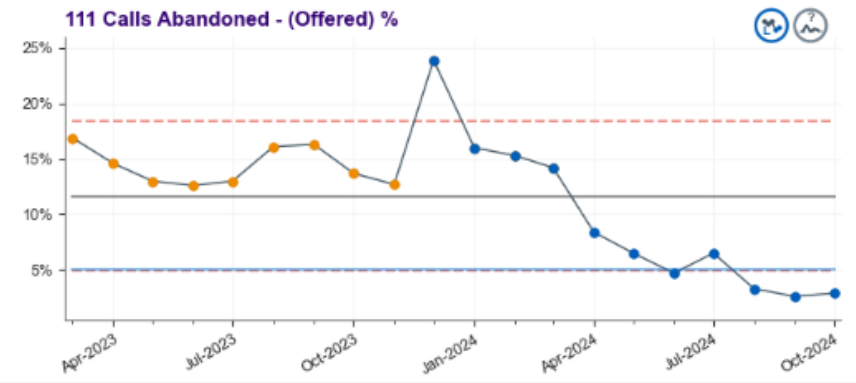


111-1
Dept: Operations 111
IP: Responsive Care
Latest: 83070

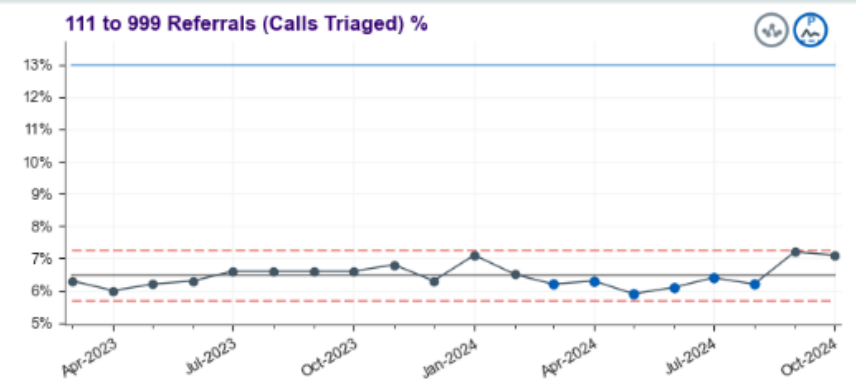
Special cause variation where DOWN is neither improvement or concern



111-2
Dept: Operations 111
IP: Responsive Care
Latest: 82.6%
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.



111-3
Dept: Operations 111
IP: Responsive Care
Latest: 2.9%
Target: 5%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



111-4
Dept: Operations 111
IP: Responsive Care
Latest: 7.1%
Target: 13%
Common cause variation, no significant change. This process is capable and will consistently PASS the target.

Summary

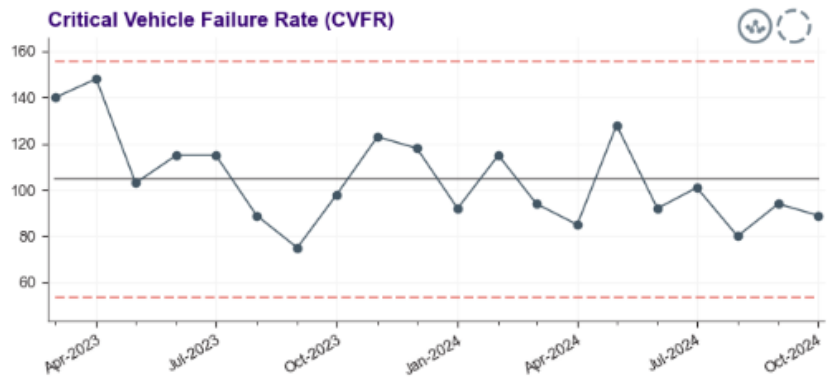
- Although the 111 call volume year to date has decreased, the actual calls answered has increased because of greater staff availability and better productivity.
- The service's operational responsiveness has noticeably improved in H1 of 2024/25, as reflected in the reduced Average Speed to Answer (ASA) and lower rate of abandoned calls.
- The improved operational 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 ETC1 (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 a stable clinical contact rate for the service. This has all been achieved despite a significant reduction in central 111 funding for this financial year.

What actions are we taking?

- The service continues to protect the wider healthcare economy by being a benchmark IUC provider nationally for 999 and ED validation, in addition to Direct Appointment Booking (DAB).
- The Trust was successful in working with NHS E and securing additional support from an established 3rd party 111 provider, to support operational performance delivery until February 2025.
- The Trust continues to work with its 111 sub-contractor to improve rota fill and performance across key metrics, operationally and clinically.
- The service has worked hard on improving culture and on staff retention, aided by now having more than 110 "Agile" Health Advisors, having the flexibility to answer calls from home.
- 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 289 WTE, including 28 WTE in training.

SYSTEM INTEGRATION

Support Services
Fleet

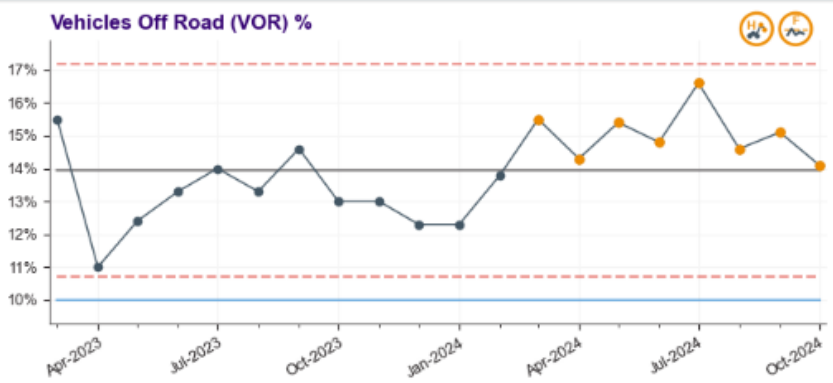


FL-12
Dept: Fleet
IP: Responsive Care
Latest: 89

Common cause variation, no significant change.

FL-3
Dept: Fleet
IP: Responsive Care
Latest: 84%

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



FL-13
Dept: Fleet
IP: Responsive Care
Latest: 14.1%
Target: 10%
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.

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 are down from c. 10% to 4%). We currently have 4 vacancies as of November 2024. A Business brief has been submitted to secure funding to increase the fleet maintenance technician workforce, and 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 is currently at 84% for November. This is due to less Fleet staff abstraction, a dedicated agency worker for this work and an increase of staff overtime where possible to improve our performance in this area. There are still current vacancies for VMTs and there is a requirement to increase our VMT workforce in line with vehicle numbers, so we have enough available workshop hours to meet the required demand of maintenance hours required to complete planned vehicle maintenance for our fleet size. A business improvement template has been submitted for this improvement, and we are awaiting a decision on this. No further improvements can be made in this area without further investment in workforce.

Concerns around parts supply continue to be raised nationally by Fleet Managers and escalated to suppliers regularly at quarterly meetings. We are also looking at increasing our stock lines for Fiat to support the reductions of off-road times. An order has been placed to procure 27 MAN DCAs and a further business improvement template has been submitted to secure further capital investment funding for more replacement DCAs that will remove our oldest vehicles from Fleet and replace Fiats as they get to 5 years old.

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	75-24

Name of meeting	Trust Board
Date	5th December 2024
Name of paper	The Three Clinical Directors Operating Model: Discussion Document 'Collaboration, Responsibility & Accountability'
Responsible Executive	Simon Weldon, CEO
Author / Lead Director	Steve Lennox, Improvement Director Richard Quirk, Acting Chief Medical Officer Jaqualine Lindridge, Chief Paramedic Officer Margaret Dalziel, Chief Nursing Officer

Executive Summary

In line with the new corporate strategy, the Trust has made the decision to further strengthen the clinical leadership right through the organisation. A keystone intervention very much supported by staff at all levels of the organisation is the introduction of a Board level post of a Chief Role for Paramedics.

This discussion document outlines how the introduction of the role will integrate with the two existing clinical director roles, and further develop and enhance good models of clinical governance, effectiveness and safety. The proposal presented here supports SECAmb's needs right now and aligns with the strategic intentions of the Trust and the future executive and leadership structure. It is expected this will evolve and reviewed accordingly as other considerations (internal and external) impact the organisation.

This clinical leadership model identifies two unique leadership roles for the clinical directorates that shape the portfolios as currently set. However, there is clear recognition that clinical governance, patient safety and learning encapsulates all areas of the model.

- The Clinical Operating Framework
  - Standards & Guidance – CMO to lead on this portfolio
  - Education – CPO to lead on this portfolio
  - Effectiveness – CNO to lead on this portfolio
  - Learning - CPO to lead on this portfolio
- Clinical Practice as it sits within the Framework
  - Treatment & decisions
  - Professional practice
  - Care and Support

This document identifies how the three Clinical Directors will work collaboratively to fulfil their responsibility of providing the service with strong clinical leadership. The document also identifies the areas of individual accountability so that each role can clearly be held to account by the Board, the staff and the public for individual elements of the clinical functions.

Recommendations, decisions or actions sought	The Board is asked to consider and support this proposal to establish and embed the Clinical Operating Framework.

The Three Clinical Directors

Operating Model: Discussion Document

Collaboration, Responsibility & Accountability

Saving Lives,
Serving Our Communities

Contents

Introduction

In line with the new corporate strategy, the Trust has made the decision to further strengthen the clinical leadership right through the organisation.

Over the coming year several programmes of work will take place to address this. A keystone intervention is the introduction of a Board level post of a Chief Role for Paramedics.

This discussion document outlines how the introduction of the role will integrate with the two existing clinical director roles.

Legislative requirements to Board composition may change in the future but if the proposed model can demonstrate the real benefits of strong clinical leadership then the legislative changes are unlikely to mandate a change to the model. This means there is a degree of strategic confidence in the proposal.

Principles

There has been a mixed economy of clinical leadership within the English ambulance services over the past decade, with medical and nursing leadership predominating board level roles. The presence of multi-professional leadership has helped develop good models of clinical governance, effectiveness and safety. Whilst the concept of board level paramedic leadership is not new, it has gained significant momentum over the last 4 years with 8 of the 10 English ambulance services appointing board level paramedics specifically to provide clinical and professional leadership. This has occurred alongside national recommendations in relation to AHP leadership and the need for cultural improvement. The new model needs to reflect that:

1. Paramedics are largest professional group in the organisation and need to be appropriately represented at the Trust Board.
2. The Trust has a responsibility to ensure paramedics develop and that emerging career pathways are actively supported by the Trust.
3. Consultant Paramedic roles have been well established for over a decade, and paramedics need dedicated professional leadership from an identified paramedic and to be represented at the Board.
4. Paramedicine is now a very well-established and unique discipline with its own research evidence.
5. Medicine, nursing and paramedicine are important contexts to each other. All three disciplines bring expertise which is valuable and important when considering the continually evolving reach into unscheduled care that ambulance services are being required to make.
6. Doctors, nurses and paramedics have their own professional norms, methods and approaches to practice and will often look at issues through alternative lenses and reach different solutions. By working collaboratively there is opportunity for creative challenge that will unlock greater potential for solutions than can be achieved by uni-professional thinking.
7. Trust staff inform us they want to see and experience a much greater integration of clinical and operational leadership

The Clinical Leadership Model

There is no universal model for clinical and professional leadership. Organisations need to develop and then periodically review their own leadership model so that the leadership structure can adequately support a continually evolving workforce.

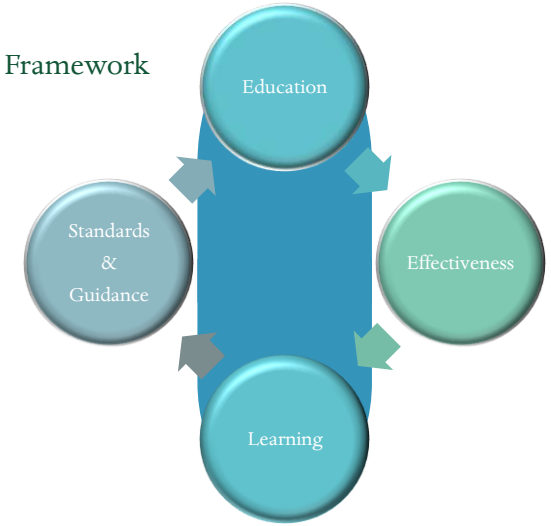
The proposal presented here supports SECAmb's needs right now (August 2024) and aligns with the strategic intentions of the Trust and the future executive and leadership structure. However, it may look very different in the future as other considerations impact the organisation.

The Clinical Leadership Model has identified two main areas where the clinical directorates uniquely lead the organisation.

- ***Establishing the Clinical Operating Framework***
  It is proposed that there are three main components in establishing the clinical operating framework. These three areas set the boundaries and there is a fourth element of consolidation and learning.

- **Clinical Practice (Working within the Framework)**
  It is proposed that there are three components within the delivery of clinical practice

Clinical Operating Framework



Clinical Practice

Establishing the Clinical Operating Framework

A function of the clinical directors is to ensure the boundaries and framework for delivering practice are clear and defined for clinicians of all levels and disciplines. This acts as a control and will be part of the Trust's clinical governance framework.

1. Standards and Guidance

The Trust wants to retain the notion that the most appropriate clinical director will act as the subject matter expert for practice. For example, safeguarding will remain with the nurse and obstetrics/midwifery will remain with the doctor. These could change over time as the skills and expertise of the three clinical directors will evolve through development or change of postholder. However, a single clinical lead will act as the accountable officer for ensuring the necessary clinical standards for practice are clearly defined and known across the workforce. This will involve identifying where standards are necessary and ensuring there is an appropriate governance system in place for their review, approval and communication. They will be responsible for assuring the Board that standards are aligned with current best practice.

The accountable officer will also take the lead for internal implementation on work that imposes certain conditions or standards on the clinical work of the Trust. This includes, JRCALC guidance, NICE guidance, section 28 notices (or other court notices).

The accountable officer will also ensure that evidence is regularly reviewed to ensure Trust guidance and clinical policies are aligned to current practice standards and that they are as effective as possible. This would include ensuring the following evidence is specifically reviewed

- research evidence
- clinical audit outcomes
- staff and patient experience

It is proposed that the Chief Officer for Medicine leads on this portfolio.

Establishing the Clinical Operating Framework

A function of the clinical directors is to ensure the development, education and training for clinicians sufficiently enables them to deliver the guidance and standards of the organisation. This input activity is also part of the Trust's clinical governance framework.

2. Education

The Clinical Director responsible for Education and learning will bring together all aspects of education and education governance into an integrated portfolio. This includes classroom intervention and e-learning. The role will be actively responsible for the delivery of most education packages within the Trust but there may be a few areas, such as organisational development and Board/Executive development, where the Executive lead for delivery sits elsewhere. In these circumstances the Clinical Director will remain responsible for the governance of those educational packages by ensuring they are of high quality and effective. This includes contracted out education packages. Therefore, it would be expected that the Clinical Director would be involved in the design of everything considered educational.

In addition, should the Trust return to OFSTED oversight, the Clinical Director would be responsible for ensuring the Trust adheres with OFSTED requirements and will work with the Director of Corporate Governance to ensure there is a robust compliance framework in place to assure the Board on OFSTED compliance.

It is proposed that the Chief Officer for Paramedicine leads on this portfolio.

Establishing the Clinical Operating Framework

A function of the clinical directors is to ensure the standards are being delivered and that they meet the needs and expectations of patients. This output activity is also part of the Trust's clinical governance framework.

3. Evaluation & Effectiveness

The Clinical Director responsible for Evaluation and Effectiveness will be responsible for assuring the Board on the level of quality actually being delivered by the Trust.

In order to do this the Clinical Director will have under the sphere of their control the majority of evaluation tools for recording the standards of care. This includes

- Incident reporting
- Patient experience (including Complaints)
- Clinical audit
- Staff Experience (experience of delivering care and treatment)

It is proposed that the Chief Officer for Nursing leads on this portfolio.

Establishing the Clinical Operating Framework

A function of the clinical directors is to that clinical practice continuously evolves and is informed by learning. This is learning through multiple channels and includes experience, feedback and evidence. This input activity is also part of the Trust's clinical governance framework.

4. Learning

The Clinical Director responsible for learning is the accountable officer for ensuring the information revealed in evaluation & effectiveness is looped into the inputs of setting the standards and setting the educational agenda. For example, if the Chief Officer for Nursing's processes identified a particular intervention was failing patients then this information would be translated into learning by the Clinical lead.

In reality, all the Clinical Directors would need to work collaboratively in ensuring the service met the patient needs as the learning would feed into the standards (doctor), educational content (Paramedic) and Quality Improvement (Nurse) but the Trust will benefit from having an accountable officer that ensures this process is happening and that clinical services becomes a learning service.

As this portfolio has a close association with education it is proposed that the Chief Officer for Paramedicine leads on this portfolio.

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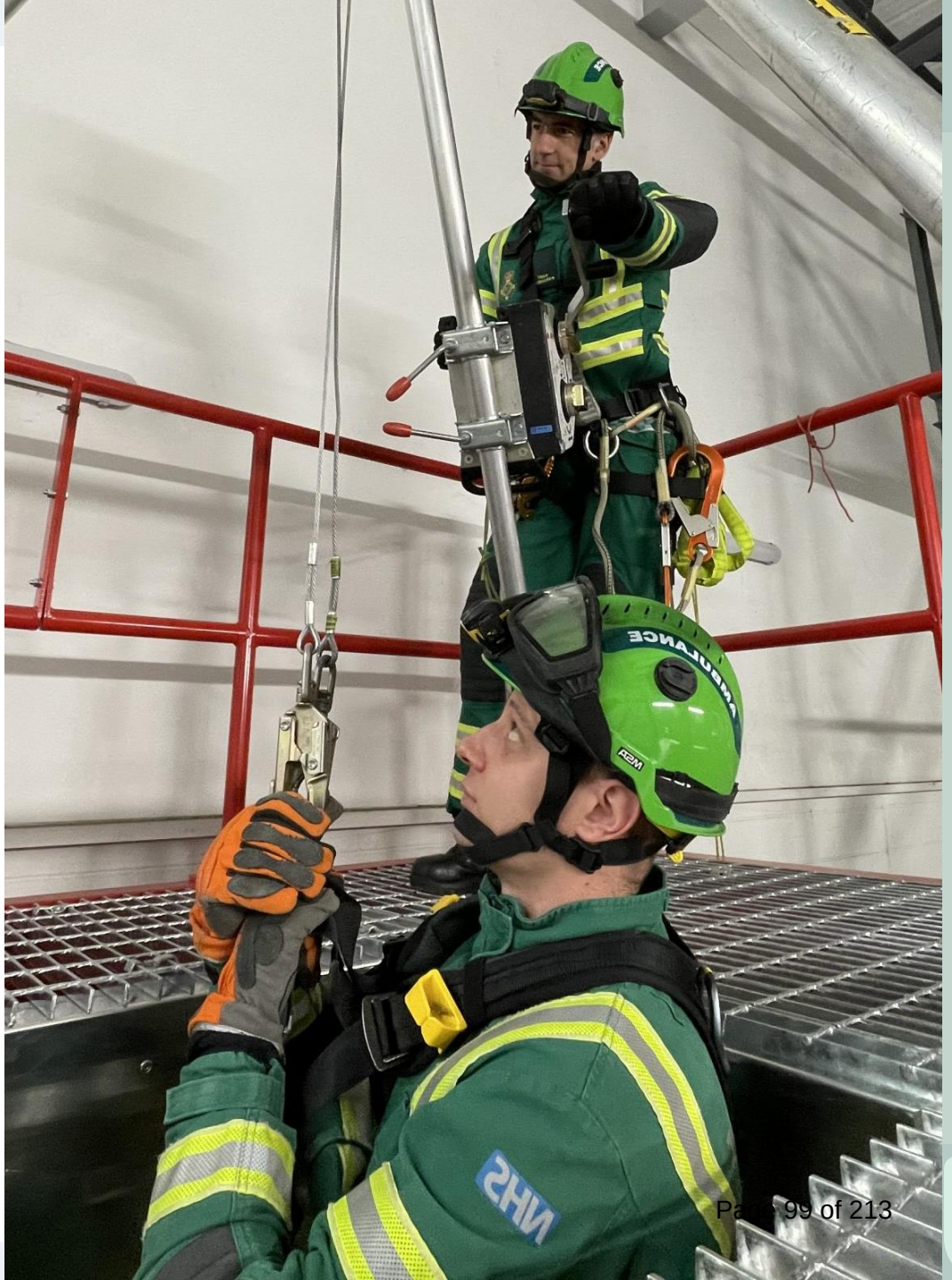


Clinical Practice: *Working within the clinical operating framework*

Having identified that doctors, nurses and paramedics have their own cultures and methodologies and will often look at issues through alternative lenses and reach different solutions then it is imperative that all three Clinical Directors share responsibility for the clinical service offered to patients. This essentially means that any Clinical Director could respond to a clinical issue irrespective of the type of clinician delivering the intervention and cross cover could be provided by each of the clinicians. An approach that is truly collaborative would mean all three are happy to be represented by each other.

However, despite a collaborative approach revealing shared responsibility to clinical care there is still a requirement at Director and Board level to have clear accountability. This is a key internal control.

For accountability purposes the clinical practice will have three elements and each elements relate to the professional registration of the three post holders. The registered medical practitioner will be the ultimate authority for **medical practice** and as such will be accountable for those areas of practice that are founded in medicine. The registered paramedic will be accountable for **paramedic practice** and the registered nurse will be the ultimate authority for **nursing practice (care)**.

For this to be successful and for there to be balance across the portfolios it is important to acknowledge that all professions working within the service, whether it be a nurse working in 111 or a paramedic working in Hastings all use interventions that are based in all three professions.

In clinical practice there are no longer boundaries and demarcations as to what is medicine, paramedicine and nursing and all three clinicians will work collaboratively. However, it is important to have clear accountability for Board purposes and is part of the Trust's internal controls. These may have professional limitations and will not define the professional groups, but they help in aligning a consistent thought across Board membership.

Considerations:

The Trust has an ambition to strengthen the clinical leadership throughout the organisation and introducing the Chief Paramedic role is a keystone intervention in achieving this ambition. However, it is not just about seeking new opportunities. It is also about becoming more multiprofessional and experiencing different types of clinical leadership. Whilst each Clinical Director needs to champion their own professional groups interests, there is a risk that each Director focusses too heavily on their own professional group creating professional clinical silos. Therefore, the following measures are recommended ways of working in order to ensure the clinical work promotes multiprofessional working.

- Consider if there would be a benefit of having a single clinical directorate that hosts three teams. In order for this to be successful there would need to be a culture and a desire to work collaboratively.
- Even if the decision is made to retain three directorates there is a benefit in regularly meeting as a bigger clinical team.
- Consider a multiprofessional approach to all relevant clinical consultant roles and as many other directorate based roles as possible. This means the Trust appoints the best individual for the role but also means that there would be a strong interprofessional hierarchy. For example, in the future a Paramedic could be appointed into the Consultant Safeguarding role and report to the nurse. They would remain professionally accountable to the paramedic, but the nurse would be their clinical lead.

Governance & Assurance:

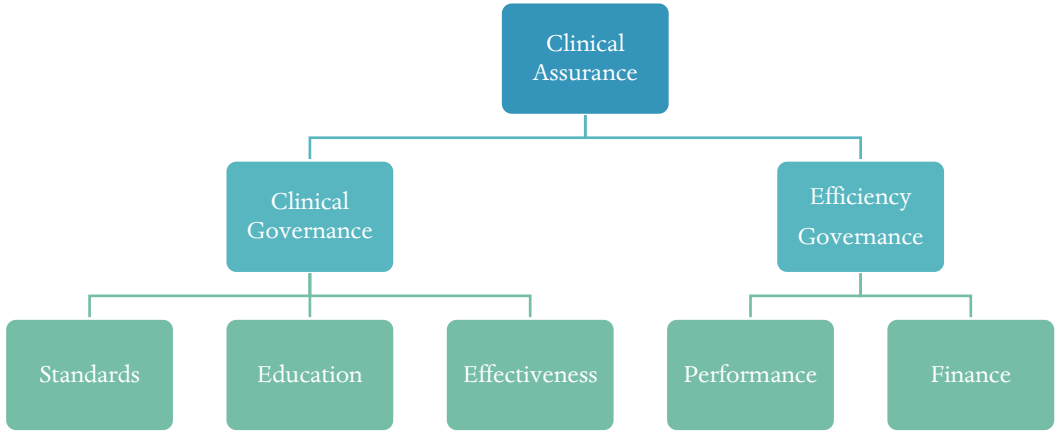
Governance

There is a benefit of the governance of the three individual teams coming under the jurisdiction of an overarching group with shared responsibility across the three Clinical Directors. This would allow the three Directors to have clear sight on the activities within the three teams. An example structure is provided on the following page.

In respect of performance, once this transfers to the Chief Financial Officer it will evolve into a portfolio that marries assurance that the Trust is meeting performance targets with a drive to seek greater ambition. There is a tradition of resting at the point of attainment rather than pushing even further. This role will transform that behaviour by acting as a check and balance that the service is as efficient and as optimal as it can be. As, such the performance role needs to be included within the governance structure of the clinical teams.

Assurance

The establishment of standards, the ability of the workforce and the effectiveness of the service all act as boundaries in which clinical practice operates. There are two other elements, the financial resource and the performance standards. These rightly sit outside of the clinical directorate as they can pull focus when considered alongside quality. But, when seeking assurance it is important for all elements are considered collectively. Therefore, it is proposed that a new Board Committee is developed that brings together the various elements. It is not proposed that this committee oversees the totality of financial assurance (this will need its own committee) but the value for money and efficiency element is shared at the committee seeking clinical assurance.

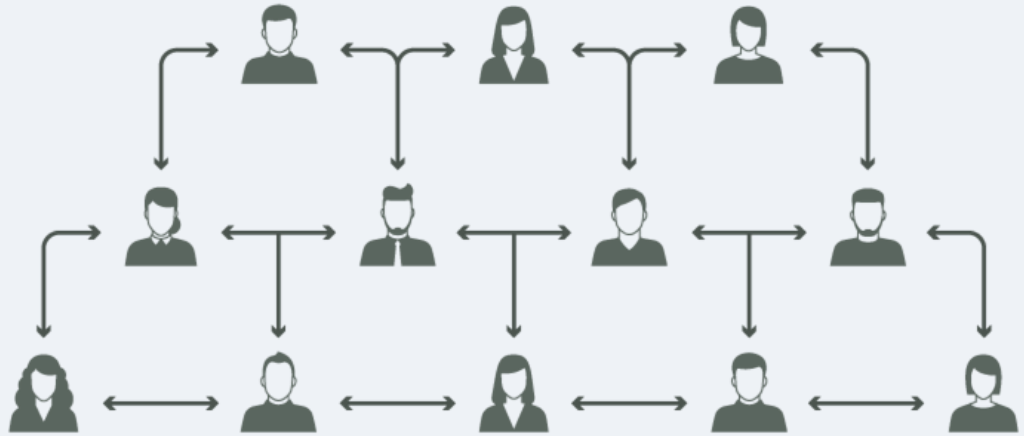


Functions

It is proposed that each Clinical Director will be the Head of Function to those areas that feed into their area of accountability. For example, if the nurse is going to lead on evaluation then Clinical Audit will fall under their responsibility. However, this responsibility is for running the service and to ensure the service is effective. The responsibility for ensuring that clinical audit is auditing the right areas of the service rests will all three Clinical Directors effectively establishing the audit programme.

Similarly, if the Clinical Director responsible for paramedicine is going to lead the Education portfolio this is also to ensure the service is effective and of a high quality. The Clinical Directors are collectively responsible for ensuring the content of the relevant programmes is relevant.

There will be other areas where directors may be the Head of a Function simply because they are an Executive Director rather than a Clinical Director as each service function needs clear sightlines to the Board. For example, a Clinical Director could lead on Health & Safety or Staff Wellbeing. These accountabilities have not been considered within this document.



Functions

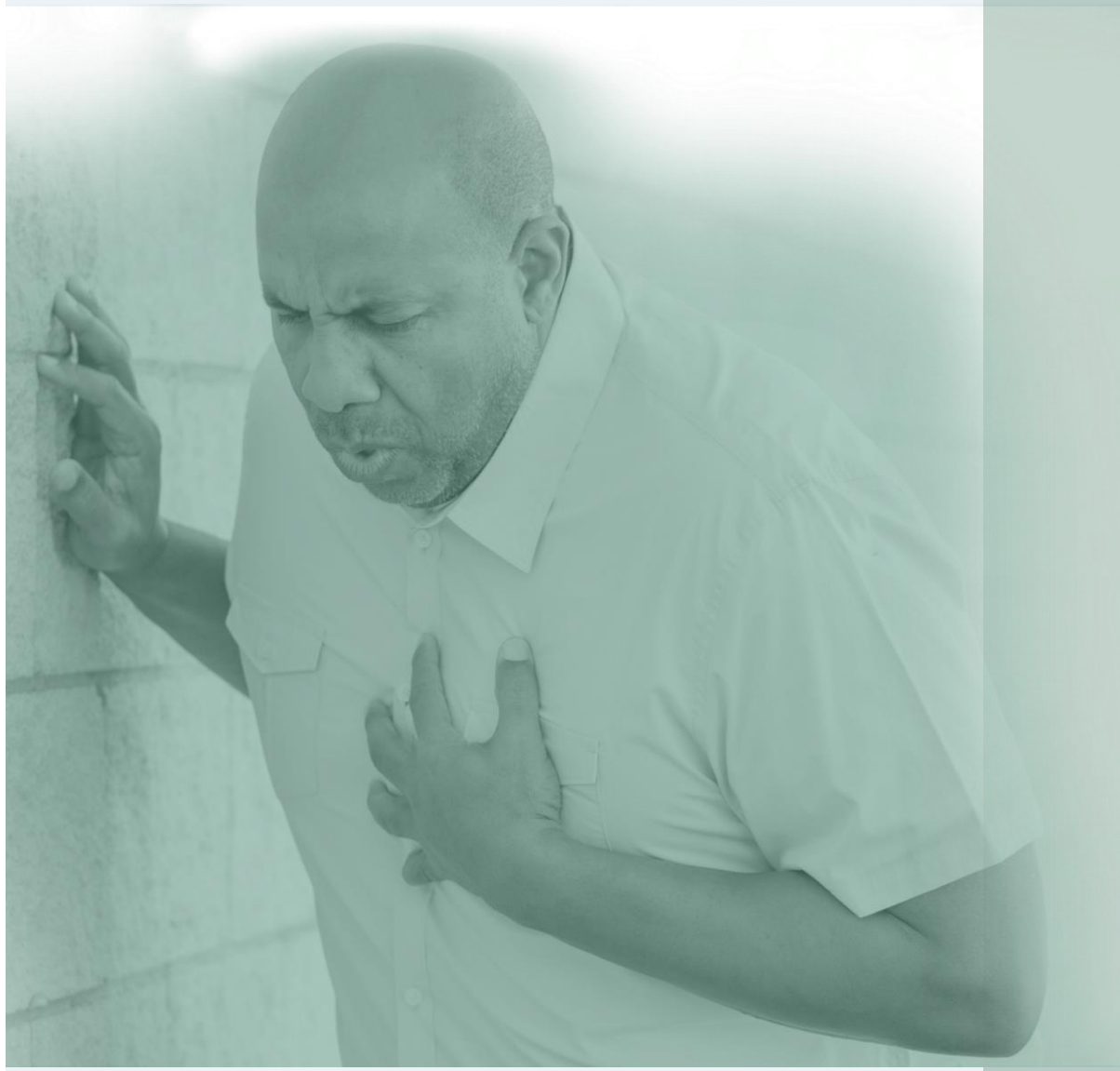
	Chief Medical Officer	Chief Paramedic Officer	Chief Nursing Officer
			
Accountabilities			
Clinical Operating Framework	**Standards & Guidelines**	**Education & Learning**	**Evaluation & Effectiveness**
Clinical Practice	Medicine	Paramedicine	Nursing
Functions (not exhaustive)	*Controlled Drugs* *Medicines Management* *Clinical Safety (Standards)* *Midwifery* *Research*	*Education* *Organisational learning* *Clinical supervision* *Clinical documentation (Practice)* *Workforce assurance*	*Safeguarding* *Clinical Audit (Evaluation)* *Patient experience (Evaluation)* *Public Health* *Incident management*

Accountability Example 1.

A report has been produced by NHS England on the way the country risk assesses, screens, responds and treats patients with cardiac disease which includes the response to cardiac arrest.

Which Clinical Director is responsible for reviewing the report and assuring the Board?

- All three clinicians will have a role and will need to work collaboratively. However, the accountable lead director would be the one who takes the lead in the organisations cardiac care (currently the Chief Medical Officer).
- The Chief Medical Officer would need to review the Trust's current standards and ensure they are reviewed alongside the information within the report.
- The Chief Paramedic Officer would need to ensure the Trust's training packages were in line with any revision of Trust policy and guidance and other training adjustments as a result of the report.
- The Chief Nursing Officer would need to evaluate the Trust's services along with the recommendations of the report and would need to be able to assure the Board in the future that services were being delivered to the new standards/guidance.
- The Chief Paramedic officer would also be responsible for the shared learning within the document and for ensuring other relevant functions, such as operations, were informed.



Accountability Example 2.

An incident occurs where harm occurs to a patient following the incorrect response and advice to a patient with compromised mental health.

Which Clinical Director is responsible for reviewing the incident and assuring the Board?

- All three clinicians will have a role and will need to work collaboratively. However, the accountable lead director would be the one who takes the lead in the organisation's mental health care (currently the Chief Nursing Officer).
- The Chief Paramedic Officer would form a view as to whether the intervention was within the boundaries of usual practice and whether the same response would have ordinarily been made in another service or with other clinicians. They would also take the lead in the professional issues arising from the incident.
- The Chief Nursing Officer would need to evaluate the response from the patient perspective and ensure the necessary incident review and necessary patient contact was undertaken.
- The Chief Medical Officer would need to ensure the relevant mental health standards and guidance are reviewed and adjusted accordingly.
- The Chief Paramedic officer would also be responsible for the wider learning and ensure any necessary adjustments in training were made.

Accountability Example 3.

An audit reveals that the Trust is an outlier in the number of 111 calls that are referred to another provider.

Which Clinical Director is responsible for reviewing the issue and assuring the Board?

- This is a complex scenario and would include all three clinicians and the Director of Operations and the Director responsible for transformation. However, as this is potentially about the clinical skills, competence and ability of the clinical workforce the accountable lead director would be the one who takes the lead in the organisation's clinical competence (currently the Chief Paramedic Officer).
- The Chief Paramedic Officer would form a view as to whether the level of competence and practice is as expected (as there could be other reasons for the issue). If the issue is down to competence, then the Chief Paramedic officer would be responsible for educational adjustments.
- The Chief Nursing Officer would need to evaluate the audit from the patient perspective and form a view as to the quality of the service offered.
- The Chief Medical Officer would need to ensure the relevant supporting standards and guidance are appropriate.

Conclusion

The document has identified how the three Clinical Directors will need to work collaboratively to fulfil their responsibility of providing the service with strong clinical leadership. The document also identifies the areas of individual accountability so that each role can clearly be held to account by the Board, the staff and the public for individual elements of the clinical functions.

Agenda No	76-24

Name of meeting	Trust Board
Date	5 December 2024
Name of paper	NHSE EPRR Standards Assurance: SECAmb outcome
Responsible Manager	Margaret Dalziel / Jen Allan (AEO)
Author	Lucas Hawkes-Frost, Associate Director of Resilience
Recommendations, decisions or actions sought	For information and assurance: paper to expand and further elaborate themes outlined in Surrey Heartlands letter (Appendix 1) detailing SECAmb annual EPRR assurance outcome.
Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	No

EPRR Core Standards and Interoperability Standards Assurance Outcomes

Supporting information regarding the outcomes of the 2023/2024 Resilience Core Standards and Interoperability Standards assurance process.

1. Intent and background

This paper presents a brief overview of the annual assurance process covering NHS England National EPRR standards and the outcome achieved by SECAmb this year.

2. Methodology

SECAmb assurance against standards is assessed by Surrey Heartlands ICB EPRR team. Standards are set by NHE England and are the primary mechanism through which NHS England seeks assurance around EPRR capabilities, performance, and compliance.

SECAmb is assessed against both national standards (58) and interoperability standards (135) (which concerns HART, SORT, and other national programmes). SECAmb is also assessed against a yearly 'deep-dive', which this year was 'cyber resilience'.

Evidence and supporting assurance information is held centrally and reviewed by Surrey Heartlands ICB ahead of a substantive in-person review which was held in October with support from Sussex, and Kent and Medway colleagues.

3. Context

Trust Accountable Emergency Officer (AEO) responsibilities will transfer from Margaret Dalziel to Jennifer Allan on (midnight) December 1, 2024.

Margaret Dalziel as acting AEO has been a significant support to this process. In supporting Jen Allan as AEO moving forward, a detailed briefing occurred on 22 November with Resilience colleagues and AACE representation regarding the statutory, practical and other requirements of AEO, etc.

4. Outcome:

As detailed in the letter dated 21 November 2024, SECAmb has been rated as 'Substantially Compliant', having achieved compliance against 99%-89% of the NHS England EPRR Core Standards and NHS England Interoperability Standards

SECAmb achieved full compliance with 131 of 135 interoperability standards and 54 out of 58 core standards.

This represents significant progress for SECAmb which was rated 'Partially Compliant' in previous years. SECAmb has not been 'Substantially Compliant' since 2019. Those standards which remain 'partially compliant' are the subject of work planning and must be assured and evidenced by August 2025 or in line with agreed action plans, ie HART action plan.

5. Detailed outcomes

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	11	9	2	0
Command and control	2	2	0	0
Training and exercising	4	4	0	0
Response	5	5	0	0
Warning and informing	4	4	0	0
Cooperation	5	5	0	0
Business Continuity	11	10	1	0
Hazmat/CBRN	1	1	0	0
CBRN Support to acute Trusts	7	6	1	0
Total	58	54	4	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Cyber Security	11	9	2	0
Total	11	9	2	0

Interoperable capabilities	Total standards applicable	Fully compliant	Partially compliant	Non compliant
HART	32	30	2	0
SORT	40	40	0	0
MassCas	14	14	0	0
C2	36	36	0	0
JESIP	13	11	2	0
Total	135	131	4	0

Partially compliant standards:

Ref	Standard	Rating	Commentary
13	New and emerging pandemics (plan)	Partial	Agreement with the organisations self-assessment
17	Lockdown (plan)	Partial	
53	Assurance of commissioned providers / suppliers	Partial	
70	CBRN support: Capability review report	Partial	
Deep Dive – Cyber Security and IT Related Incident Response			
1	Cyber Security & IT related incident preparedness	Partial	Agreement with the organisations self-assessment
7	Training Needs Analysis (TNA)	Partial	
Interoperability			
H8	Six operational HART staff on duty	Partial	Agreement with the organisations self-assessment
H30	Equipment maintenance	Partial	
J8	Command function - interoperability command course	Partial	
J9	Training records - annual refresh	Partial	

6. Conclusions

Detailed analysis of risk and implications of the outstanding 'partially assured' standards was presented to the Resilience Sub-committee on 24 October, 2024.

Work planning to bring outstanding assurance items and wider priority programs into a structured project plan is underway and will be form the basis for the work plan to the end of Q4 and into FY2025/26. Updates and governance around these programs will continue to be brought through Resilience Forum and Resilience Sub-committee.

Resilience and Specialist Ops function are operating on an increasingly stable footing and will continue to engage and assure progress ahead of further updates.

Resilience Programs continue to enjoy external support from AACE and a highly effective relationship with NHSE and ICB resilience teams and will further seek external assessment and review to bolster and augment statutory processes.

Surrey Heartlands

Margaret Dalziel,
South East Coast Ambulance Service NHS Foundation Trust

Dukes Court, Duke Street
Woking, Surrey, GU21 5BH
0300 561 1555
www.surreyheartlands.org

21 November 2024

Re: **NHS England EPRR Assurance 2024/25 –** South East Coast Ambulance Service NHS Foundation Trust

Dear Margaret,

Firstly, can we thank Lucas, Graham and Adam for working with the NHS Surrey Heartlands EPRR team during the assurance process this year.

As discussed at the LHRP Executive meeting on 14th November 2024, South East Coast Ambulance Service NHS Foundation Trust are rated at SUBSTANTIALLY COMPLIANT against the NHS England EPRR core standards. Compliance with the interoperability standards is rated as SUBSTANTIALLY COMPLIANT.

NHS England define SUBSTANTIALLY COMPLIANT as: *The organisation is 99-89% compliant with the core standards they are expected to achieve. For each non-compliant core standard, the organisation's Board has agreed an action plan to meet compliance within the next 12 months.*

The rationale for this assessment is contained in the table below for those standards that were assessed to be PARTIAL (please note the deep dive standards do not form part of the overall assessment of compliance):

Ref	Standard	Rating	Commentary
13	New and emerging pandemics (plan)	Partial	Agreement with the organisations self-assessment
17	Lockdown (plan)	Partial	
53	Assurance of commissioned providers / suppliers	Partial	
70	CBRN support: Capability review report	Partial	
Deep Dive – Cyber Security and IT Related Incident Response			
1	Cyber Security & IT related incident preparedness	Partial	Agreement with the organisations self-assessment
7	Training Needs Analysis (TNA)	Partial	
Interoperability			
H8	Six operational HART staff on duty	Partial	Agreement with the organisations self-assessment
H30	Equipment maintenance	Partial	
J8	Command function - interoperability command course	Partial	
J9	Training records - annual refresh	Partial	

Advisories, not impacting on the overall compliance rating
This will be implemented fully in 2025/26. However, as stated at the LHRP Executive meeting, there is an expectation that references and terminology in policies, plans and training will be up to date for the next EPRR assurance process.

Next steps

Please check this letter to ensure it matches your understanding of the final outcome of this process and let us know, via syheartlandsicb.shoc@nhs.net, if you have any queries.

It would also be helpful if you could confirm to us when you will be taking the outcome of the core standards assurance process to your Board for review.

The ICB EPRR team will be working with your EPRR team to agree a SMART action plan to address the comments noted in the table above by the end of January 2025. This will then be reviewed regularly to help facilitate improvements by the time the core standards assurance process for 2025/26 begins.

On behalf of the Surrey Heartlands ICS, our sincere thanks for your help and assistance in completing this year's annual EPRR assurance process.

Yours sincerely,

Helen Coe

Director of Operations and Strategic Commissioning, SHICB

Surrey LHRP Co-chairs

Ruth Hutchinson

Director of Public Health, SCC

Cc:

Katy Neal, SHICB Director of Ambulance Commissioning & System Integration

Lucas Hawkes-Frost, Associate Director of Resilience, SECAmb

Graham Mitchell, Interim Head of Resilience and Specialist Operations, SECAmb

Adam Streather, EPRR Manager (Training & Governance), SECAmb

Sumona Chatterjee, SHICB Chief Delivery Officer / AEO

Mark Twomey, SHICB Associate Director for EPRR

Ian Thomson, SHICB Deputy Head of EPRR

Nicki Smith, Director of EPRR, NHS Sussex

Matthew Drinkwater, Deputy Director of EPRR, NHS Kent and Medway

Tracy Dumbarton, EPRR Officer, NHS Kent & Medway

Dave Nelson, Interim Head of EPRR, System Resilience and SCC, NHS Frimley

South East Coast Ambulance Service NHS Foundation Trust

Agenda No	77/24

Name of meeting	Trust Board
Date	5 December 2024
Name of paper	People Committee Assurance Report – 14 November 2024
Author	Subo Shanmuganathan Independent Non-Executive Director – Committee Chair

INTRODUCTION

The People Committee is guided by a cycle of business that algins with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the most recent meeting on 14 November 2024 and is set out in the following way:

- **Assure**: where the committee is assured
- **Alert**: issues that requires the Board's specific attention and/or intervention
- **Advise**: items for the Board's information

At this meeting the primary focus was on the HR Improvement Plan and two of the BAF Risks; 539 Culture and Staff Welfare and 540 Staff Morale. There was also scrutiny the primary areas of compliance within the BAF: Health & Safety (H&S), and Equality Diversity and Inclusion (EDI).

ASSURE

HR Improvement Plan

This is a standing agenda item and as reported in October, the committee continues to be assured with the way this plan has been developed. In particular, with the openness and transparency shown by the HR Director, her team and the wider executive, demonstrated by the level of engagement there has been.

The committee spent time reviewing the four priorities within the Plan, which will be the building blocks to enable longer term transformation. These are:

1. Operating Model
2. Employee Relations Casework
3. Employee Relations Training
4. Partnership Working / Relationships with Trade Unions

It is clear that there is much to do to build a more effective HR function which is trusted throughout the organisation. In supporting and holding to account for the delivery of the Plan, the committee will be ensuring it balances carefully the need to use KPIs as a way of testing impact with other metrics that measure the 'feel' throughout the Trust. This will be a long term (2-3 year) journey of improvement.

BAF Risk 540 Staff Morale

This BAF Risk relates to the historical pay issues of ECSWs and the way the Trust has applied section 2 of Agenda for Change. At the start of the year the Board reinforced its desire for this to be addressed and ensured the financial implications of this were provided for in the 2024-25 operating plan; this contributed to the circa £10m deficit.

The committee was really pleased to learn that the banding for ECSWs had been revised and those affected have now been uplifted with back pay to January 2024, which is when the Job Evaluation was completed. As consequence, the risk score has been reduced. However, the work to establish if any further back pay is required is ongoing, and links to the work on section 2 which is part of the negotiation with Trade Unions.

Additionally, there is a potential impact on a further group of staff (TAAPs) and there is a paper due to go to EMB in November, to set out a proposal / next steps.

Health & Safety

The committee considered the outcome of the internal review which was to establish the Trust's compliance with Health & Safety legislation and to assess our Health & Safety culture by engaging with staff at local level. The paper received was a mid-point summary report from the 11 reviews that have been undertaken. By the end of December, 21 sites across the Trust will have received a review supported by a range of stakeholders including trade unions and governors. Based on the reviews undertaken so far, an initial Level 3 grade (1-5 with 5 the best) has been applied:

Level 3 – Involving

- Accident rates are reasonable.
- Organisation realises employee involvement is essential for safety improvement.
- Management recognise that a wide range of factors lead to accidents.
- A considerable proportion of front-line employees are willing to work with management to improve health and safety.
- Most staff accept personal responsibility for their own health and safety.
- Safety performance is actively monitored, and the data used.

In light of this, reasonable assurance can be taken from the review criteria. These initial findings identify two specific areas for improvement:

1. the need to deliver Health and Safety manager training and
2. the need for managers to fully understand their health and safety responsibilities as improvement opportunities.

The committee will receive the final report at its next meeting.

ALERT

BAF Risk 539 Culture & Staff Welfare

This BAF Risk relates to the longstanding difficulties with trade union relations, which could impact significantly on the ability to deliver aspects of our strategy and progress in improving the culture at SECAmb. It is one of the priorities of the executive and there is much effort to reset the relationship for the benefit of our people.

While there are green shoots in terms of culture improvement, demonstrated for example through last year's staff survey, despite the efforts to-date to improve relations with the TUs, including mediation last year with ACAS, the risk score remains high.

At the time of the meeting the executive were due to have the second of three meetings with trade unions to help rescope the approach to how we communicate, consult and negotiate. The aim is that by January there is agreement on a new way of working through the Joint Partnership Forum.

Equality Diversity & Inclusion

The executive has now established a combined EDI improvement plan to ensure it aligns with the AACE Plan launched in October 2024 to enhance EDI across the Ambulance Sector. It also builds on the six key recommendations from the Culture Review of the English Ambulance Services.

The committee has asked for greater clarity on how the actions are assigned and being led.

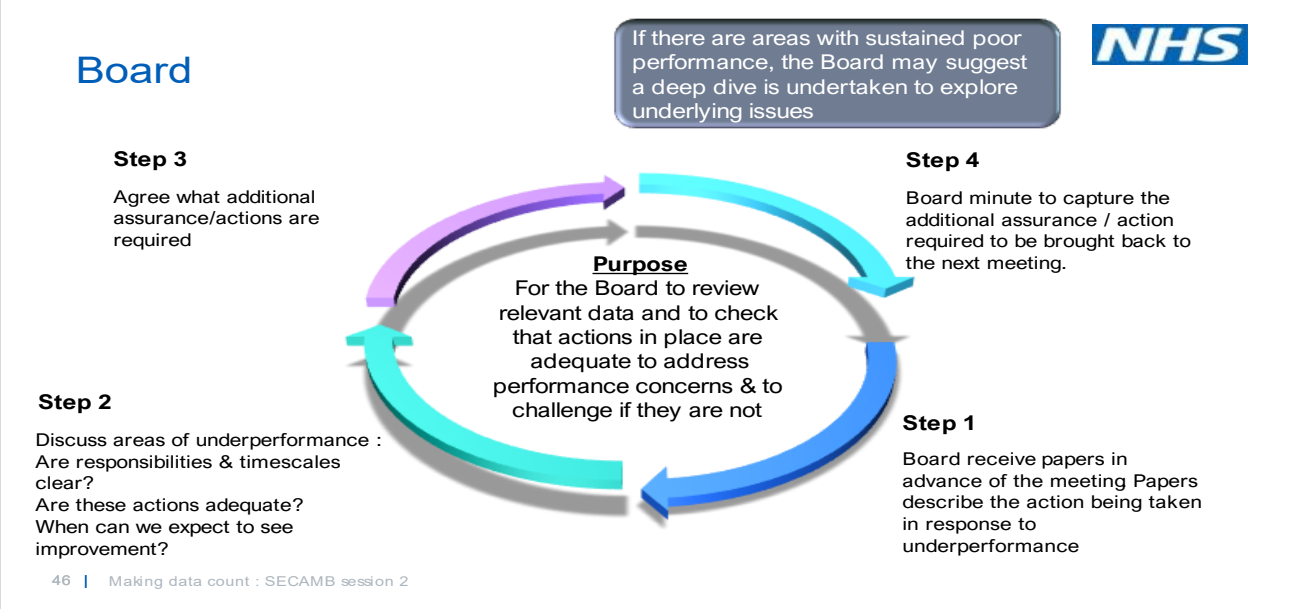
There is an externally facilitated engagement session scheduled in November for executive and deputy directors. There is then a session with the Board in February, as part of the Board development plan. This will help shape the Board's aspirations and ambition and reinforce its role in ensuring EDI becomes more fully integrated in the objectives of the organisation.

ADVISE

None

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle



NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

December 2024

Our People Enjoy Working at SECAmb

Our People enjoy working at SECAmb Executive Summary

South East Coast Ambulance Service NHS Foundation Trust

- The 4 in-year priorities within the HR Improvement Plan were agreed, and the project plans for each stream is underway. Engagement is underway for the Operating model with final options due to be shared in January; work has commenced on addressing the backlog of legacy ER cases and a dashboard to support monitoring and reporting is now available; ER training for managers is scheduled for January; and the Joint Partnership Forum has met twice to develop terms of reference for re-establishing a joint committee.
- The Trust MARS scheme was closed in November. 28 applications were approved and Agreements are now being finalised.
- Work has progressed on the next stages of developing and implementing the regional ('divisional') operating model. This will begin with the appointment of three Divisional Quality Leads in November 2024, and three Divisional Directors by FY24/25 end.
- The implementation of clinical supervision continues, following a successful pilot at the Guildford Operating Unit. Training for supervisors has commenced, using the NHS Core Supervision modules, and will continue into the next quarter. We are on track to have 80% of frontline staff engaged in a supervisory relationship by end of the financial year.

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
- HR Improvement Plan
  - Deliver HR Improvement Plan to increase capacity & capability by Q4
  - Improve response to ER casework and reduce backlog by Q4
  - Agreed cohorts of managers trained in ER by Q4
  - Improved relationships with Trade Unions

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)**
- 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 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, TAAPs pay and section 2) could have a significant impact on morale.
- **Human Resources Function:** There is a risk that without an effective Human Resources function, we impact our ability to deliver parts of our Strategy.

Our people enjoy working at SECAmb

2024/25 – Strategic Transformation Plan – Phase 1

Programme	Milestone	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Divisional Leadership Restructure	Appoint required Executive Directors & Director of Governance	Q2	Complete	Eileen Sanderson	EMB	No	CEO	People
	Define the new 'divisional' operating model for the Operations Directorate	Q3	Complete	Rosie Bucknall	EMB	Yes	Director of Operations	Finance & Investment
	Appoint & onboard 3 Divisional Directors	Q4	Q4				CEO	People
	Define the scope and delivery plan for next phase of regional operating model delivery (Phase 2+ : FY25/26)	Q4	Q4				Director of Operations	Finance & Investment
HR Improvement Plan	**HR Operating Model** | Defining service and Phase 1 HR structures	Q4	Q4	Roxana Oldershaw	EMB	Yes	Director of HR & OD	People
	ER Casework | Improve response to ER casework and reduce backlog	Quarterly	Quarterly					
	ER Training | Managers trained to lead with confidence	Q4	Q4					
	Partnerships | Effective partnership working with Trade Unions	Q4	Q4					
Workforce Plan from 2025	*This deliverable is included in the 3-year business plan detailed delivery plan*	Q3	Q3	Jo Turl	EMB	Yes	Director of HR & OD	People

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Programme Manager	EMB / SMG	PMO	Oversight Committee	Date last reviewed at Committee
Deliver 24/25 education, training and development plan				Tara Burn	SMG	No	People Committee	Due 30.01.2025
80% rollout clinical supervision				Andy Collen	SMG	No	QPSC	Due 17.10.2024
Deliver workforce plan including sickness, retention and recruitment trajectories				TBC	SMG	No	People Committee	12.09.2024
Deliver 1 People QI priority	EOC Clinical Audit Process	NA Paused	N/A	Amy Igweonu	SMG	No	QPSC	Due 09.01.2025

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, TAAPs pay and section 2) could have a significant impact on morale.	12	04	CFO
Human Resources Function: There is a risk that without an effective Human Resources function, we impact our ability to deliver parts of our Strategy.	20	08	HR & OD

Board Highlight Report – Divisional Model Programme

Progress Report Against Milestones:

Key achievements against milestones

Programme formalisation:
- 14 Oct – SRO appointed and onboarded
- 23 Oct – Senior Leadership initial design presentation to EMB & Programme formally initiated
- 21 Nov – Programme Board engagement & governance forum formally mobilised

Phase 1 (Divisional Director Restructure & Appointment):
- Divisional Director role JDs completed and published
- Union engagement & consultation formally initiated
- Agreed Phase 1 will report by exception into the Programme (BAU restructure & consultation process)

Phase 2 (Divisional Operating Model and Structure):
- Scoping exercise for Phase 2+ (FY25/26+ delivery) well underway

Upcoming activities and milestones

Phase 2 (Divisional Operating Model and Structure):
- Complete Phase 2 scoping and definition exercise to inform integrated planning
- Please note in light of scoping & Phase 2 focus, Programme title will be updated

Escalation to Board of Directors
- N/A

SRO / Executive Lead:	Previous RAG	Current RAG
Jen Allan (COO)		

Risks & Issues:	Score	Mitigation
Issue: It has been identified that SECAmb does not have sufficient HR & change management expertise in key areas to support the change process towards the target operating model.	12 → 12	Develop a resource plan working closely with HR & Transformation colleagues to address the gaps identified.
Scale and complexity of the longer term divisional operating model and organisational structure programme (Phase 2) is significant. Inherent execution, comms, capability and service continuity risks that need to be managed as part of planning.	12 → 12	Complete risk profiling exercise as part of planning. Assess programme and change capability and capacity requirements in readiness for Phase 2 delivery (FY25/26).
It has been determined that there is very little that Phase 2 will not impact. Without sufficient impact assessment and dependency mapping, there is significant risk that our approach and plan will not be fully integrated which will present subsequent issues and execution risks.	9 → 9	Complete initial impact assessment and identify all 'integration points' and respective owners to ensure full integration and rigorous dependency management.

Q1 2024/25 (Apr-Jun 24)	Q2 2024/25 (Jul-Sep 24)	Q3 2024/25 (Oct-Dec 24)	Q4 2024/25 (Jan-Mar 25)
◆ Appointment of Exec 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 (FY24/25)	◆ Phase 1 (FY24/25): 3x Divisional Directors restructure consultation completed and outcome published ◆ Complete programme definition ('mandate') for Phase 2 and draft integrated plan (including FY24/25 and FY25/26+)	◆ Phase 1 (FY24/25): 3x Divisional Directors appointment completed ◆ Phase 2 FY25/26 fully integrated and costed programme plan approved for funding and implementation

Board Highlight Report – HR Improvement Plan

Progress Report Against Milestones

Key achievements against milestone

- Executive Lean-In plan implemented
- Transitional Resources Plan approved with a number of interim roles appointed (including Interim Deputy Director and ER staff)
- MARS scheme completed - outcomes confirmed and communicated
- Operating Model early engagement completed – Exec teams, SLT and HR Teams involved in defining the vision, design principles and model (centralised vs decentralised)
- Exec Check & Challenge meetings completed (11 Nov & 18 Nov)
- ER KPIs defined and dashboard created to track progress and trajectory
- Draft JPF Terms of Reference reviewed at EMB and JPF meetings on 12 Nov & 03 Dec

Upcoming activities and milestones

- Interim HR Senior Leadership plan (following MARS outcomes) designed and approved
- Confirm Operating Model Comms and Engagement plan
- Confirm timeline for consultation period, aligned with the wider Trust restructures
- Monitor ER KPIs and review dashboard w/c 16 Dec
- Deliver ER Team CPD Training – 10 Dec
- Define next steps for JPF Terms of Reference

Escalation to Board of Directors

- N/A

SRO / Executive Lead	Previous RAG	Current RAG
Sarah Wainwright		

Risks & Issues	RAG	Mitigation
There is a risk that the Phase 1 Operating Model may need rescoping in order to meet the end of January consultation period launch	12 → 12	• Close monitoring through Steering Group and Working Group • Review of scope meeting to confirm capacity and alignment with the wider Trust restructure • Engagement plan, for both internal comms and wider Trust comms • Allow for delays and additional feedback/review rounds
There is a risk that the Deputy Director vacancy could lead to additional pressure and increased workload on the SRO/ Interim Deputy Director potentially impacting their capacity to manage both strategic priorities and BAU activities	12 → 12	• Additional support (Lean in, Transitional Resource plans + external support) • Alternative options for short-term DD recruitment and Interim HR Senior Leadership Plan • Clear expectations to impacted staff for any temporary role adjustments

Q1	Q2	Q3 2024/25 (Oct-Dec 24)	Q4 2024/25 (Jan-Mar 25)
N/A	N/A	◆ **Operating Model** | People Operating Model Phase 1 (ER/Wellbeing/L&D/OD) design and integration aligned with Trust Operating Model (central vs regional services). Operating Model Business Case approved. Pre-consultation engagement. ◆ **ER Casework |** ER System (Selenity) reconfigured, KPIs & target defined, users trained and dashboard released. Approach to Mediation launched, agreed and published. Formal and legacy casework undertaken by external investigators. Mediation training delivered (Cohort 2). ◆ **ER Training I** ER training package designed and socialised with TUs. Training KPIs agreed in collaboration with external company (Hunters). Training cohorts identified and abstraction plan agreed with Ops. Plan developed for quarterly Action Learning Sets. ER Team CPD Training delivered ◆ **Trade Unions** |Monthly meetings undertaken with JPF to review ToR.	◆ **Operating Model** | People Operating Model Phase 1 consultation and implementation. ◆ **ER Casework** | Updated KPI reporting implemented. Mediation service launched. ER Investigations operating procedure agreed. ◆ **ER Training I** Manager ER Training delivered. "Train the Trainer" module delivered. Training performance review undertaken (target vs realised benefits/KPIs). Action Learning Set conducted. ◆ **Trade Unions**| Revised JPF ToR approved and implemented. Review of JPF effectiveness undertaken following ToR implementation.

Board Highlight Report – Nexus House Re-Design

Progress Report Against Milestones:

Key achievements against milestone

- Building Consultants (Ridge) engaged to develop concept plans and a draft proposed schedule of works and tender requirements, targeting an April 2025 start date.
- Scope clarified for EOC, reducing desk count to match building designed capacity.
- Draft Workplace Strategy Document written.
- Steering group engagement & governance forum formally mobilised

Upcoming activities and milestones

- Steering Group to confirm minimum requirements
- Review and approve costed concept plans to allow detailed design to commence
- Agree programme plan – design, tender, construction
- Confirm IT workstream resource
- Present options paper for hybrid working / attendance model
- Develop Nexus House change and communications plan
- Approve amended Business Case and Budget

Escalation to Board of Directors

- N/A

SRO / Executive Lead:

Simon Bell

Previous RAG	Current RAG

Risks & Issues:	Score	Mitigation
Risk Temporary loss of critical service (999 EOC)	9	• Ensure appointed contractor receives comprehensive onboarding before any works commence on site, including all site activities, procedures and policies to be followed • Break the project down into smaller phases and scheduling works around critical activities • Ensure all contractor RAMS are submitted, reviewed and approved before commencement • Ensure all failover systems and critical support teams are briefed and available on call throughout the construction programme
Risk Financial Stability	9	• Review requirements in accordance with business need & available budget • Investigate opportunity for value engineering, through concept designs to reduce overall costs
Risk Stakeholder Management	9	• Key stakeholders to the programme, with delays/lack of attendance to meetings escalated quickly • Overall Trust change fatigue • Comprehensive communication & engagement plans developed

Q1	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)
N/A	◆ Ridge appointed as professional advisors ◆ Change Manager recruited	◆ Workplace Strategy approval ◆ Hybrid attendance model approval ◆ Floorplans Designs and Costs Sign Off	◆ Sign off full design / Design Freeze ◆ Licence to Alter approved with landlord ◆ Refurbishment tender documents approved ◆ Tender completed and Design & Build Contractor appointed ◆ Furniture Tender completed and awarded ◆ AV/VC package ordered ◆ Booking system shortlisted

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. Work in partnership to improve the approach to employee relations (ER) , which forms part of the wider HR plan to develop a proposal for training co-design and delivery of some sessions with 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 and updating JPF Terms of Reference (ToRs) . Improvement in the management of polices with more best practice examples co-developed with TUs and fewer out of date. Active involvement of TUs in communications through “Big Conversations.”

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. The number of formal cases remains high and appears to have increased, 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
Co-design of management ER training with TU partners	HR & OD	Completed	Course content sign off W/C 25 Nov. Unions have been consulted, and feedback has been incorporated into training.
Procurement of specialist investigation support	HR & OD	Completed	Consultants now working to resolve complex cases.
Agree revised ToR for JPF, including a joint workplan.	HR & OD	Q4 2024	Final meeting scheduled for 3 December 2024, approval milestone 30 Jan 25.
HR improvement Plan – year one delivery	HR & OD	Q4 2024/25	Board sign off Oct 24. First phase of delivery (year 1) due by April 2025.
Specialist sexual misconduct investigation support	HR & OD	Q4 2024/25	Support scoped.
Delivery of management ER training	HR &OD	Q1 2025	Delivery scheduled to begin Jan 2025 for ER team and managers.

BAF Risk 540 – Staff Morale

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

Controls, assurance and gaps

Controls: ECSW re-banding has taken place for 24/25 –paid in October and backdated to Jan 24. Financial estimates established in 23/24 and a provision has been made for the 24/25 budget, which provided the parameters for the review work to happen. In October 24, EMB approved funding for resources for next phase of work. Employment of an experienced consultant to support this programme of work. 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.

Gaps in control: Evidence- based estimate of the full 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. Working group established and reporting to JPF around implementation of approach.

Negative sources of assurance: none yet identified.

Gaps in assurance: Rectification programme underway but further clarity needed on costs and timescales for aspects of work. Not all elements of the programme may be completed in 2024/25.

Accountable Director	**Chief Finance Officer**
Committee	**Finance and Investment Committee**
Initial risk score	**Consequence 5 X Likelihood 3 = 15**
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
Funding estimates will be confirmed	CFO	Q4 2024/25	Financial estimates established in 23/24 and a provision has been made for the 24/25 budget.
Paper to EMB for ECSW rectification	HR & OD	Completed	ECSW re-banding agreed in Aug 24 at EMB.
Paper to EMB for section two rectification	HR & OD	Completed	Estimates presented to EMB in Q3.
TAAPs contracts	CFO	Q4 2024/25	Options paper approved at EMB 14 November. Recommended outcome due Q4.

Proposed new BAF Risk – Human Resources Function

There is a risk that without an effective Human Resources function, we impact our ability to deliver parts of our Strategy.

Controls, assurance and gaps

Controls: There is a Board agreed HR improvement plan in place. Transitional resource plan agreed at EMB October 2024 to provide capacity and capability through the transition. Project Management expertise from external consultants in place to support strategic delivery and implementation of Project Management Office. £300k budget for external consultancy focussed on improvements to Employee Relations (ER) training, investigations and complex casework. HR Business Partners are receiving additional training in relation to all aspects of HR and ER which they will roll out across the organisation. "Lean in" plan to provide Executive support from other Directorates to HR function. Phasing of organisational changes requiring HR input (e.g.: restructure). Agreed plan in place for strategic delivery.

Gaps in control: HR improvement plan mid-delivery. There is a two-phase restructure of the function planned which is in the early stages of delivery (i.e.: structure review has commenced.) Staff turnover at a senior level and ongoing uncertainty due to the restructure has potential to impact productivity and reduce capacity to support organisational change.

Positive sources of assurance: Board agreement of HR improvement plan, regular review by People Committee and EMB. Improvement Journey steering group reviews data around compliance and quality in relation to this risk. Strategic delivery of Tier One projects closely monitored by EMB to ensure timely delivery; SMG similarly monitors Tier Two projects.

Negative sources of assurance: Review by Hunter Healthcare stated that there was a need for immediate improvement in the function and identified some high-risk areas.

Gaps in assurance: None identified

Accountable Director	**Human Resources and Organisational Development**
Committee	**People Committee**
Initial risk score	**Consequence 4 X Likelihood 5 = 20**
Current Risk Score	**Consequence 4 X Likelihood 5 = 20**
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
Engagement of external consultants to increase capacity and resolve HR cases	HR & OD	Q4 2024/25	10 complex cases now assigned to external consultants.
HR improvement Plan – year one delivery	HR & OD	Q4 2024/25	Board sign off Oct 24. First phase of delivery (Year 1 plan) due by April 2025.
Delivery of management ER training	HR &OD	Q1 2025	Delivery scheduled to begin Jan 2025 for ER team and managers.

South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board – December 2024

Reporting Period: September & October 2024

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

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

People

PEOPLE

Summary

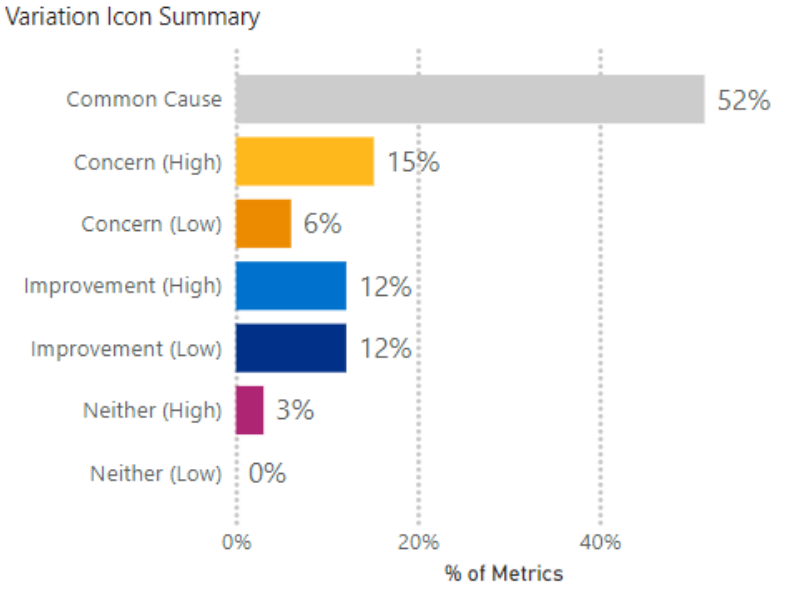
October 2024

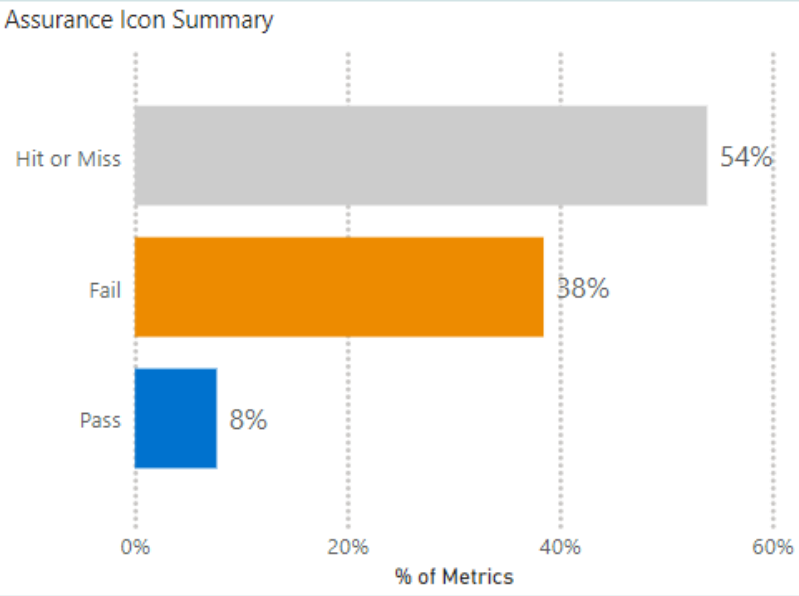
	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement		Vacancy Rate % 999 Frontline Late Finishes/Over-Runs % Suspension Closures	Number of Staff WTE (Excl bank and agency) Annual Rolling Turnover Rate Statutory & Mandatory Training Rolling Year % Grievances Mean Case Length (Days)	Fundamentals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

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

Overview (1 of 2)





Workforce

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Staff WTE (Excl bank and agency)	People & Culture	Oct-2024	4590.35	4618.42	4234.87	4326.13	4417.4		
Vacancy Rate %	People & Culture	Oct-2024	0.6%	5%	0%	4.28%	8.56%		
Turnover Rate %	People & Culture	Oct-2024	1%	0.8%	0.58%	1.35%	2.12%		
Annual Rolling Turnover Rate	People & Culture	Oct-2024	15.8%	15%	16.72%	17.74%	18.76%		
Sickness Absence %	People & Culture	Oct-2024	7.3%	5%	5.33%	6.7%	8.07%		
DBS Compliance %	People & Culture	Oct-2024	95.2%	90%	90.27%	97.1%	103.93%		
Current licence details held for Operational Staff %	People & Culture	Oct-2024	99.2%	100%	96.72%	98.22%	99.72%		
Time to Hire - Volume (Days)	People & Culture	Oct-2024	189	60	69.81	145.55	221.29		
Time to Hire - Individual Recruitment (Days)	People & Culture	Oct-2024	65	60	37.32	70.5	103.68		

Employee Development

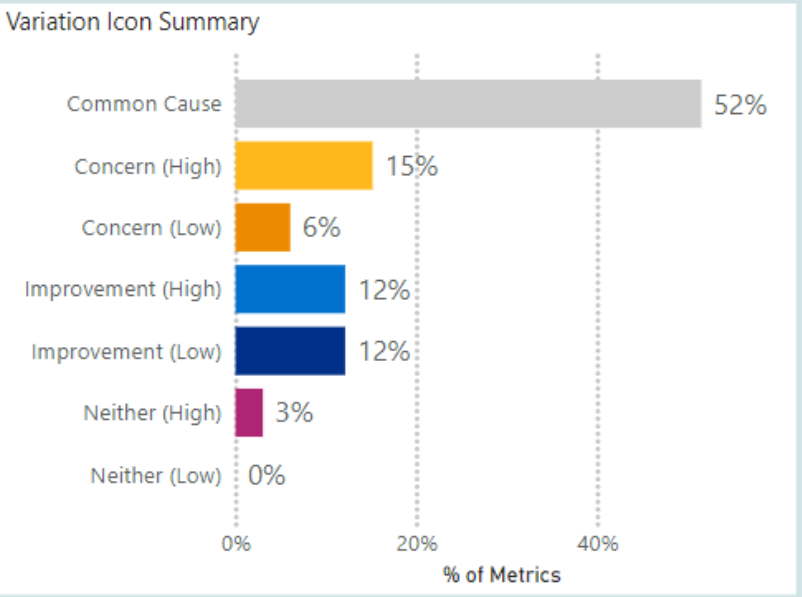
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Statutory & Mandatory Training Rolling Year %	People & Culture	Oct-2024	77.9%	85%	68.61%	75.93%	83.25%		
Appraisals Rolling Year %	People & Culture	Oct-2024	60.6%	85%	54.52%	60.74%	66.96%		

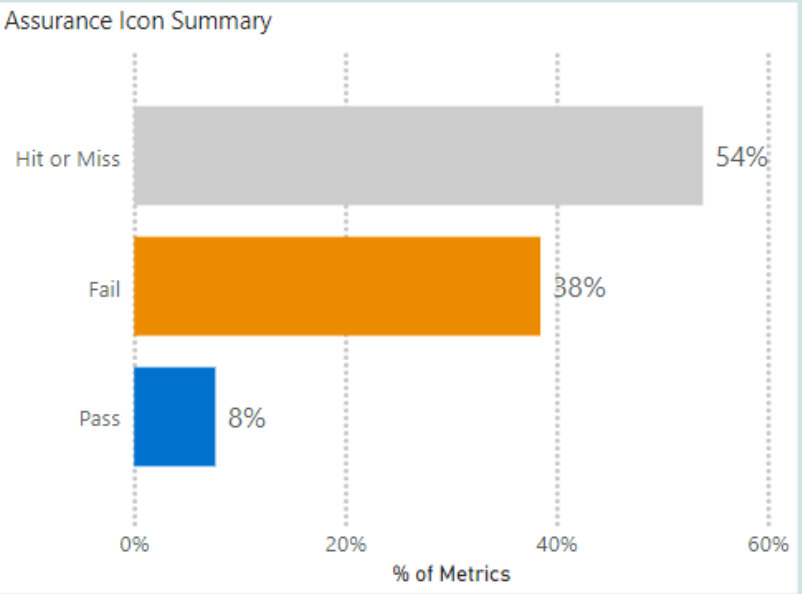
Employee Experience

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
999 Frontline Late Finishes/Over-Runs %	People & Culture	Oct-2024	42.9%	45%	40.37%	44.99%	49.61%		
Average Late Finish/Over-Run Time	People & Culture	Oct-2024	00:38:00		00:36:09	00:37:33	00:38:57		
% of Meal Breaks Taken	People & Culture	Oct-2024	97.7%	98%	97.55%	98.32%	99.09%		
% of Meal Breaks Outside of Window	People & Culture	Oct-2024	5189%		-417.84%	308.39%	1034.61%		

PEOPLE

Overview (2 of 2)





Culture

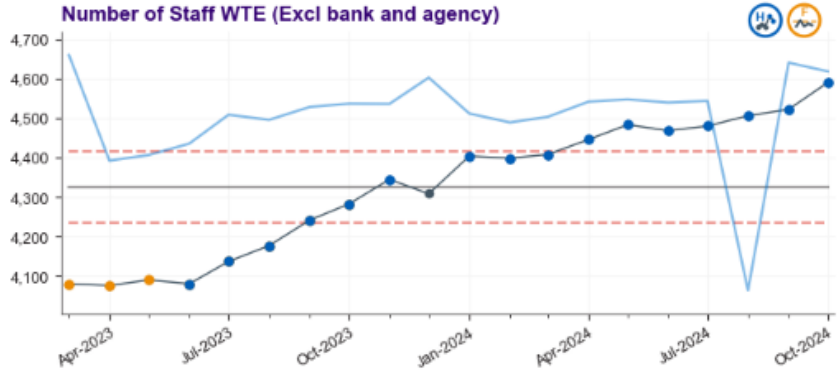
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Individual Grievances Open	People & Culture	Oct-2024	19	5	3.82	14.6	25.38		
Collective Grievances Open	People & Culture	Oct-2024	3	1	-1.98	1.1	4.18		
Count of Grievances Closed	People & Culture	Oct-2024	13	3	4.57	13.25	21.93		
Grievances Mean Case Length (Days)	People & Culture	Oct-2024	127	93	114.11	150.06	186.01		
Bullying & Harrassment Internal	People & Culture	Oct-2024	3	2	-1.22	1.3	3.82		
Disciplinary Cases	People & Culture	Oct-2024	11	3	-0.72	8.1	16.92		
Freedom to Speak Up: Total Open Cases	People & Culture	Oct-2024	13		3.79	22.55	41.31		
Freedom to Speak up: Cases Opened in Month	People & Culture	Oct-2024	41	3	-4.75	11.35	27.45		
Freedom to Speak up: Cases Closed in Month	People & Culture	Oct-2024	28		-1.45	11.15	23.75		
Count of Until it Stops Cases	People & Culture	Oct-2024	3	3	-2.58	3.3	9.18		

Health & Wellbeing

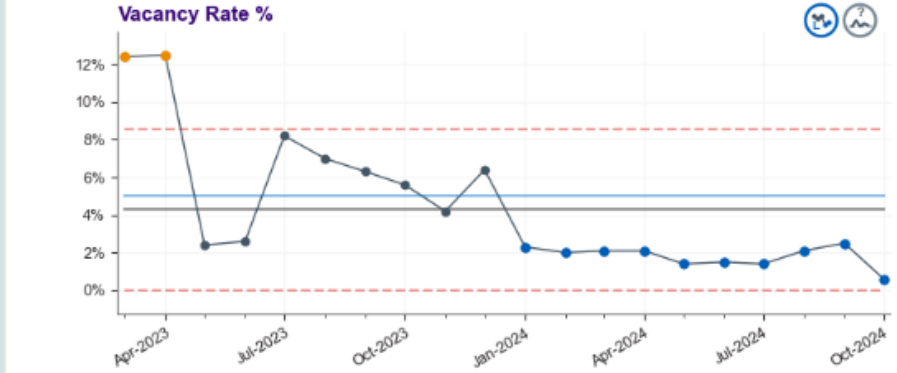
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Wellbeing Hub Referrals	People & Culture	Oct-2024	139	86	89.5	126	162.5		

PEOPLE

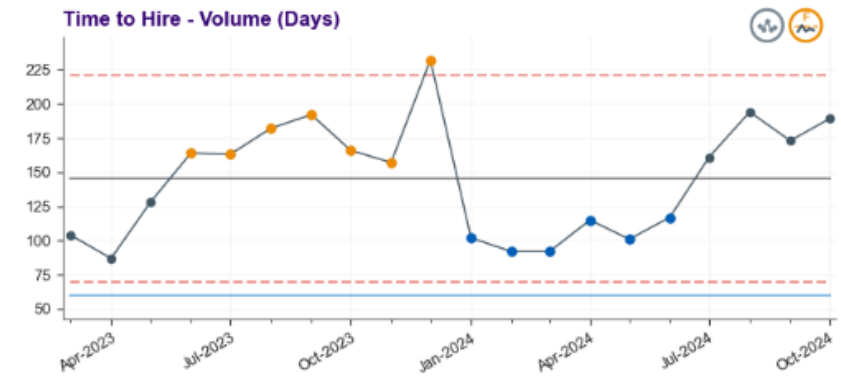
Workforce (1 of 3)



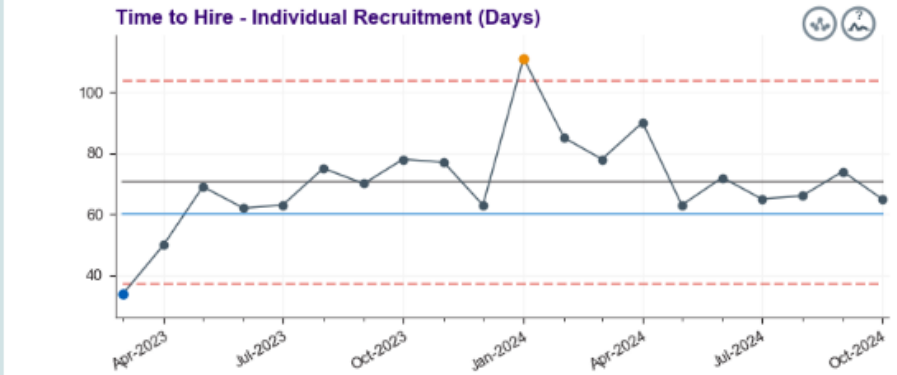
WF-1
Dept: Workforce HR
IP: People & Culture
Latest: 4590.35
Target: 4618.42
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



WF-4
Dept: Workforce HR
IP: People & Culture
Latest: 0.6%
Target: 5%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



WF-43
Dept: Workforce HR
IP: People & Culture
Latest: 189
Target: 60
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-51
Dept: Workforce HR
IP: People & Culture
Latest: 65
Target: 60
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary
The vacancy rate reflects the ongoing work to recruit to the workforce plan. Turnover has continued to reduce, which has also contributed to the small vacancy rate.

Time to Hire (TTH) for volume recruitment is within common cause variation, and has an expected direction at this time as we move further into the NQP recruitment cycle for this year. This is an anticipated rise and not due to any processes failing* TTH should reduce as cohorts that have been recruited from universities join the Trust and the cycle for this year concludes.

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. October TTH (working days) for volume was 136*, and individual recruitment was 50.

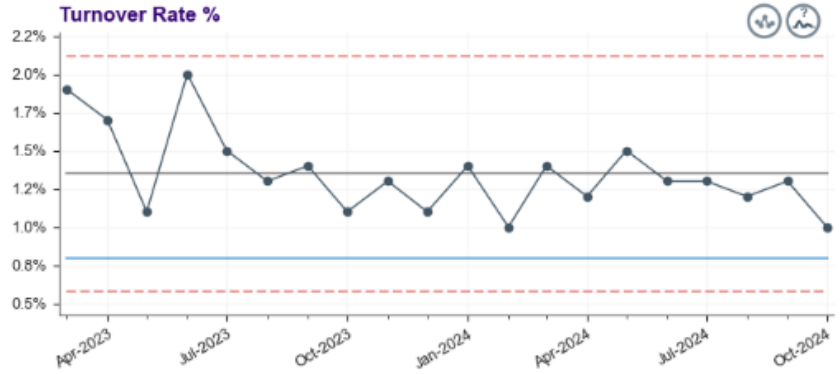
**Certain cohorts such as NQPs will have no room to reduce the TTH as the campaigns are in line with university end of course dates. Attraction and targeted recruitment of NQPs starts months in advance of hire dates.*

What actions are we taking?
The Trust continues to aim to 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.

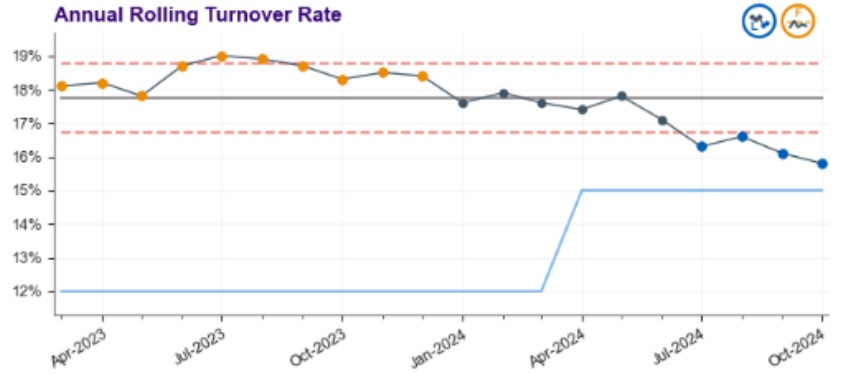
A review of the five stages of recruitment is underway and focus is on;
Enhancing Attraction
Effective Shortlisting
Selection
Pre-Employment Checks
Onboarding

PEOPLE

Workforce (2 of 3)



WF-48
Dept: Workforce HR
IP: People & Culture
Latest: 1%
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: 15.8%
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:

Turnover currently stands at 16.14% which is our best result for at least the last two years. Overall, turnover rate remains within controls, and the annual rolling rate has an improved position.

28 colleagues were accepted under the Trusts Mutually Agreeable Resignation Scheme. This will inevitably have a negative impact on turnover figures in future reports.

The Trust continues to focus on leadership development and culture, both of which are having positive impacts on attrition.

What actions are we taking?

Work continues 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 TAAP re-grading from Band 3 to Band 4. We expect to have both resolved in 2024/25.

We have completed our review and refresh of the Retention Plan to enable a more focused and segmented approach to our biggest retention challenges.
We have two pieces of work relating to retention, one being the above-mentioned overarching Trust plan, and the second being a focused plan for 111 EOC and Thanet. All of which are showing signs of improvement.

Other actions from the Trust Strategy Teir 1 projects are the focus of work, with several having a direct impact on recruitment and retention, such as the Human Resources Improvement Plan.

PEOPLE

Workforce (3 of 3)

(999 Frontline)

Summary – 999 Frontline
Total budget for field ops is 2407.9 for 2024/25. Octobers' data shows an increase in WTE against the workforce plan (-37.6WTE). For AAP/Technicians, we saw new starters with 2.0WTE in September and 20.8WTE in October. In both September and October, we saw less actual leavers against planned.
For ECSWs, we saw new starters with 2.5WTE in September and 3.49WTE in October. In both September and October, we saw less actual leavers against planned.

Mitigating actions – 999 Frontline
The main risk for this financial year is not related to challenges in meeting the workforce plan, but rather that attrition continues to reduce while recruitment continues, 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.

Additional Information
Attrition for field operations is forecast at 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)

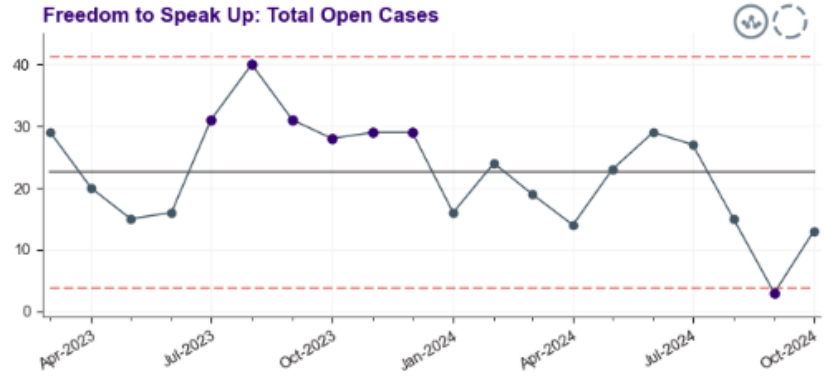
Summary – EOC EMA
EMA establishment in October saw that we are on target with –1.0WTE from plan (-0.4%). September and October saw 44 new starters (against planned of 28), we saw more leavers than planned with 31.52WTE leaving against planned 27.7WTE.

Mitigating actions – EOC EMA
The main risk for this financial year is not related to challenges in meeting the workforce plan, but rather that attrition continues to reduce overall, while recruitment continues, 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.

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.

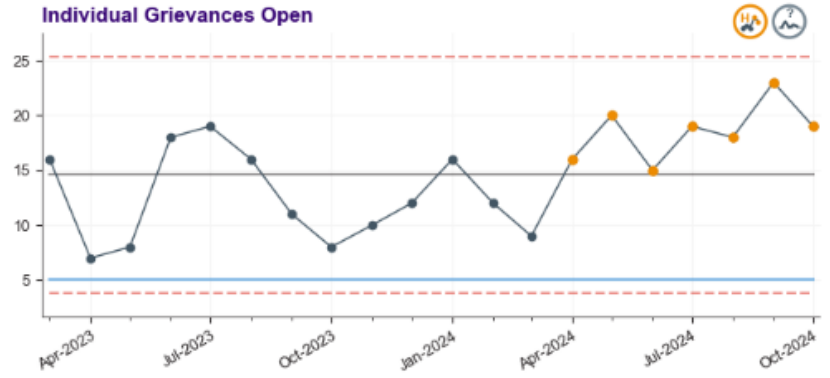
PEOPLE

Culture (1 of 2)

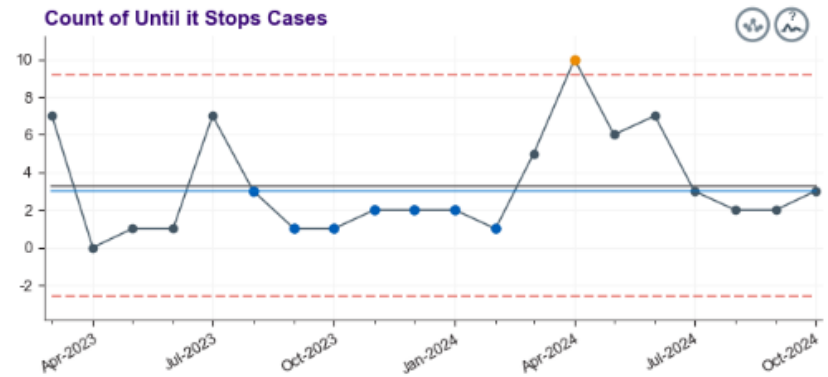


QS-27
Dept: Quality & Safety
IP: People & Culture
Latest: 13

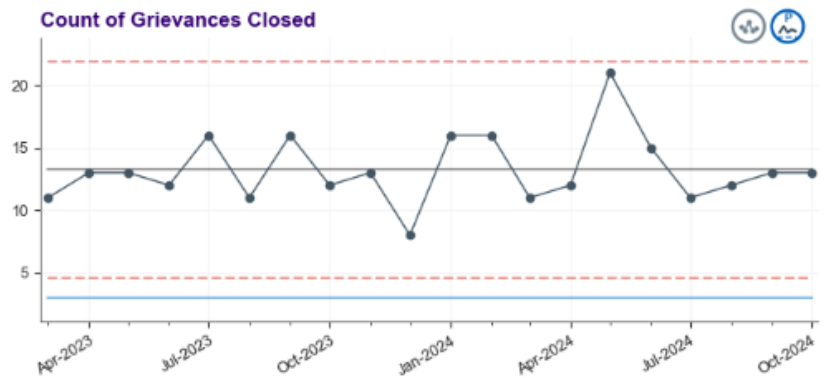
Common cause variation, no significant change.



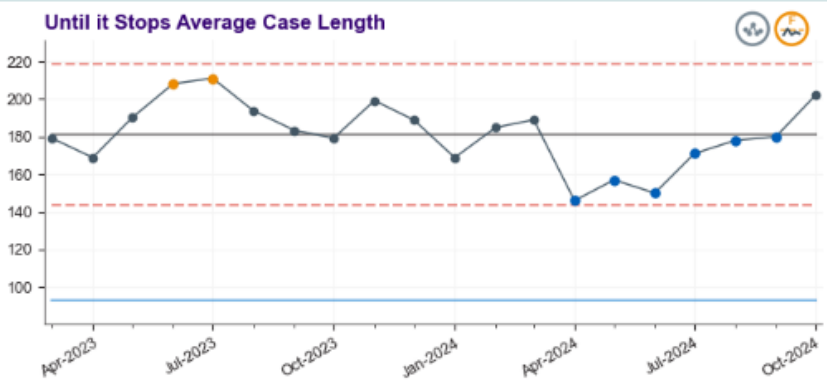
WF-10
Dept: Workforce HR
IP: People & Culture
Latest: 19
Target: 5
Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.



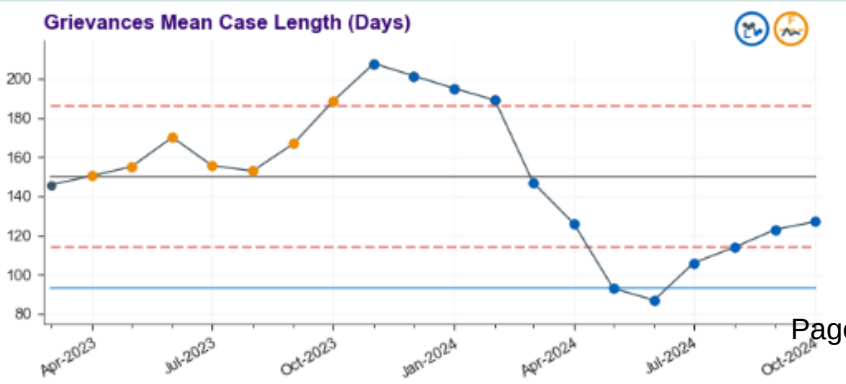
WF-41
Dept: Workforce HR
IP: People & Culture
Latest: 3
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-42
Dept: Workforce HR
IP: People & Culture
Latest: 13
Target: 3
Common cause variation, no significant change. This process is capable and will consistently PASS the target.



WF-50
Dept: Workforce HR
IP: People & Culture
Latest: 202
Target: 93
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-44
Dept: Workforce HR
IP: People & Culture
Latest: 127
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.

PEOPLE

Culture (2 of 2)

Summary

Grievances

We have 97 current open grievances and 15 open grievance appeals. Dedicated working parties are progressing resolutions for a number of long- standing grievances which require a Trust agreed solution. HR have secured additional temporary capacity to focus on reducing a targeted number of grievances.

FTSU

During September and October, 54 concerns were raised to the FTSU team, marking an increase from the 35 concerns raised during the same period last year.
Of the 54 concerns raised, approximately 43% were submitted anonymously. This represents a significant rise compared to last year, when 17% of concerns were raised anonymously for the same period. This increase in anonymous reporting has largely been attributed to one specific area within the organisation. FTSU will continue to monitor this trend closely.
In terms of detriment, only 2% of individuals who raised concerns during September and October reported experiencing detriment as a result of speaking up. This is a considerable improvement compared to last year, where 20% of individuals reported detriment during the same period.

What actions are we taking?

Grievances

A Resolution Policy is pending which supports informal resolutions and further builds on alternative resolution support such as Medication.
A Resolution pre-assessment and Triage process is being introduced to assess formal grievances.

A Resolution pre-assessment and Triage process is being progressed to assess whether early resolution, informal resolution, or formal investigation is appropriate. MDT & Triage working party established and Grievance Culture and Employee Harm meeting initiated.

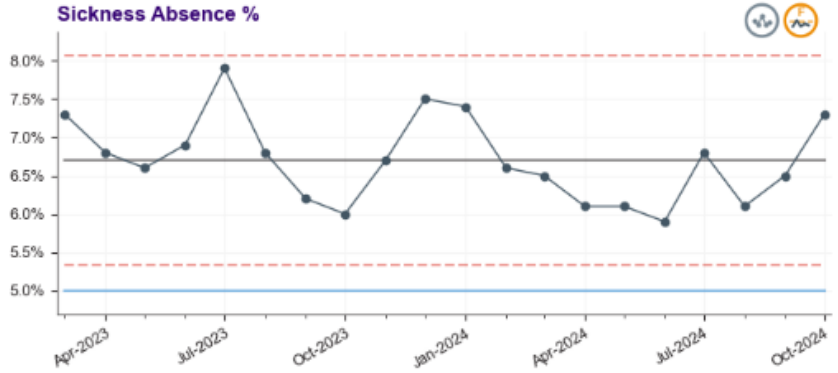
We have secured external support that is now assisting with the very complex cases, which will reduce the number of longstanding cases.

FTSU

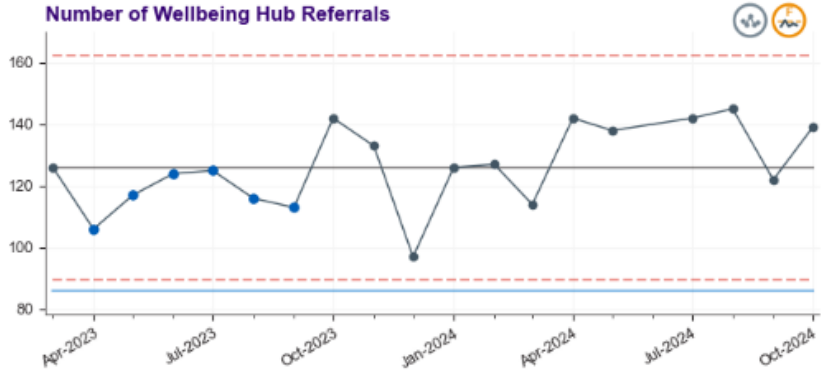
The FTSU team is monitoring the increase in anonymous concerns, particularly within the identified area of the organisation, to try to understand any underlying factors and address any barriers to open reporting. We will work with leadership teams to promote transparency and foster trust, using this data to inform targeted engagement and interventions. Additionally, we will continue encouraging completion of FTSU training and build on the momentum of Speak Up Month by supporting managers to embrace speaking up as an opportunity for learning and improvement. The new deputy guardian will also play a key role in enhancing our proactive efforts.

PEOPLE

Employee Sickness



WF-49
Dept: Workforce HR
IP: People & Culture
Latest: 7.3%
Target: 5%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.



WF-25
Dept: Workforce Wellbeing
IP: People & Culture
Latest: 139
Target: 86
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary

Sickness absence is within controls at 7.3%, but above target and at present we are likely to fail our mandatory improvement target. We are exploring other mechanisms to address sickness absence including a focus on wellbeing support.

We continue to explore approaches to managing long term sickness (LTS), as this accounts for 3.44% of total absence. We are reviewing correlations between LTS and Outstanding ER Cases.

Sickness is multi-factorial so further work has continued to understand the main causes of high levels of sickness, in order to create improvement projects.

What actions are we taking?

We are currently exploring approaches to managing long term sickness as this accounts for 3.44% of the total absence. To support this, we have two task and finish groups in place, one addressing the mandated improvement in sickness absence by NHSE, and the other looking at improvements in process for alternative duties.

The Wellbeing Hub is continuing with its QI review and looking at implementing changes where identified. This work should conclude by late December 2024.

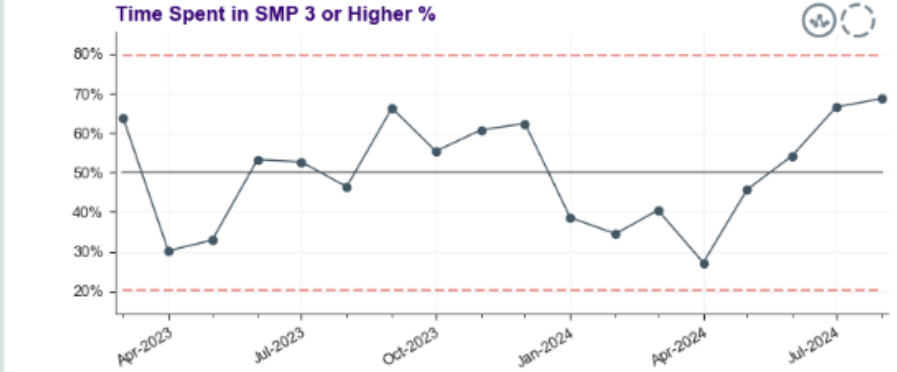
A separate piece of work is also under way to review the wellbeing function and its operating model, with a focus on Clinical Supervision.

PEOPLE

Employee Experience

999-15

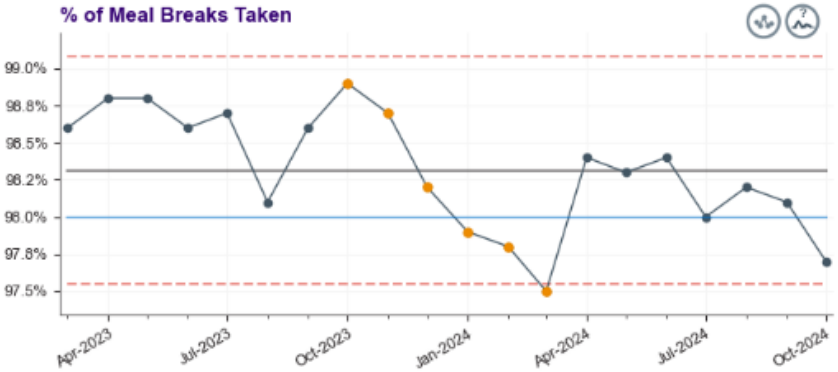
Dept: Operations 999
IP: People & Culture
Latest: 42.9%
Target: 45%
Special cause of an improving nature where the measure is significantly LOWER. This process will not consistently hit or miss the target.



999-14

Dept: Operations 999
IP: Quality Improvement
Latest: 68.7%

Common cause variation, no significant change.



999-27

Dept: Operations 999
IP: People & Culture
Latest: 97.7%
Target: 98%
Common cause variation, no significant change. This process will not consistently hit or miss the target.

Summary

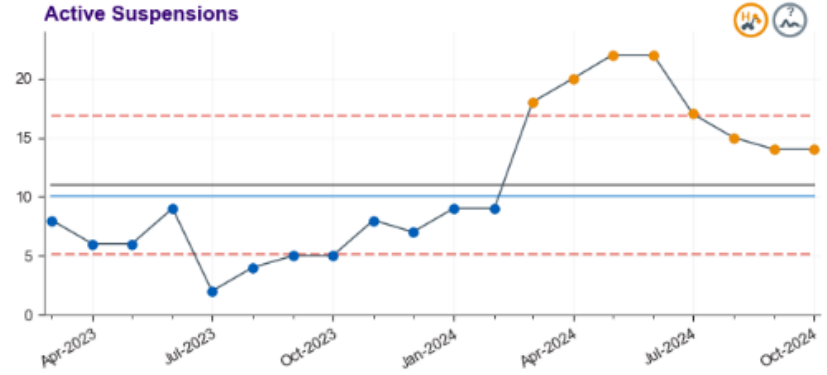
- This compilation of charts has been designed to provide a view of the key metrics that are directly related to the factors staff report as important to them.
- While the late finishes and meal break metrics directly affect field operations, the time spent at higher levels of SMP significantly impacts EOC staff, especially dispatchers and clinicians managing response and flow.

What actions are we taking?

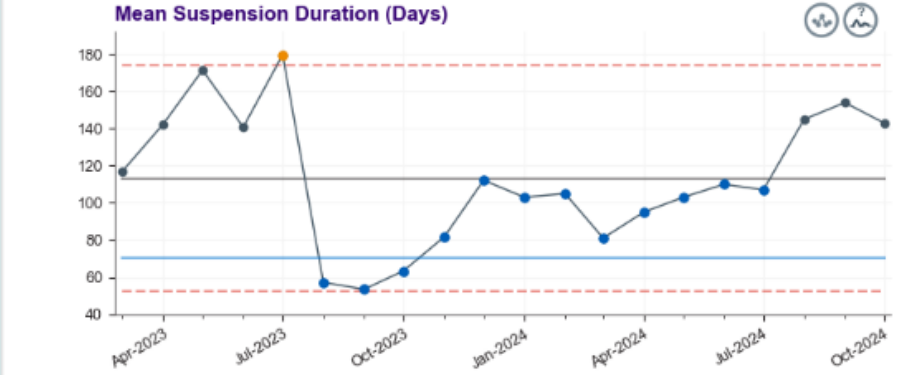
- **Meal Break Policy**: The policy is currently under review and being updated to better meet staff needs, aiming to enhance well-being and operational efficiency.
- **Ready to Respond' Programme**: Implemented to ensure all front-line staff have the necessary PPE, uniforms, and equipment to perform their roles safely and effectively.
- **Placed-Based Educators Pilot**: This new initiative, which is delivering an enhanced key skills programme. There has been positive feedback on the delivery.
- **Focus Groups by OUMs**: Operational Unit Managers have established focus groups to address concerns raised by staff, fostering open communication and collaborative problem-solving. Response to the staff survey is very positive with over a 60%

PEOPLE

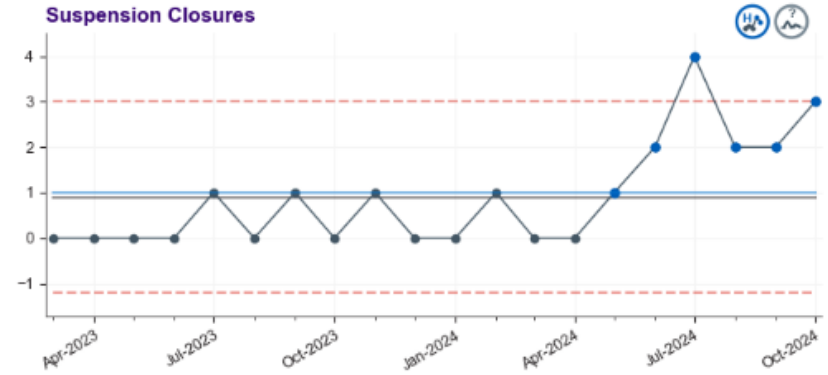
Employee Suspensions



WF-46
Dept: Workforce HR
IP: People & Culture
Latest: 14
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: 143
Target: 70
Common cause variation, no significant change. This process will not consistently hit or miss the target.



WF-45
Dept: Workforce HR
IP: People & Culture
Latest: 3
Target: 1
Special cause of an improving nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.

Summary

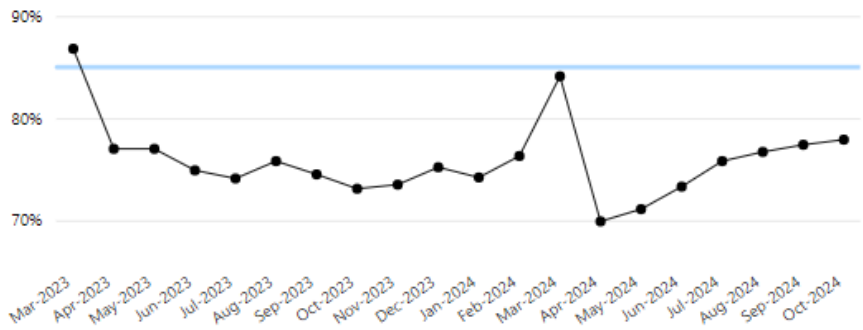
There are currently 14 active suspensions, 10 of which cannot be progressed at this time due to involvement of external agencies. This small number of cases are where delays can be significant and this impacts the mean suspension duration as a result.

What actions are we taking?

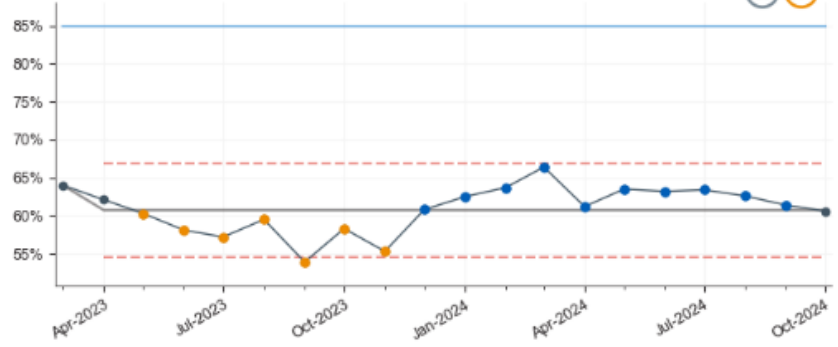
Full risk assessments are completed before any suspensions are authorised. Weekly reviews take place to ensure that individual cases are continually monitored. A further review is undertaken every fortnight, which involves two Executive Directors, to provide appropriate checks and challenge, as well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

PEOPLE

Employee Development



WF-6
Dept: Workforce HR
IP: People & Culture
Latest: 77.9%
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.



WF-40
Dept: Workforce HR
IP: People & Culture
Latest: 60.6%
Target: 85%
Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.

Summary

Statutory & Mandatory training and Appraisals continue to under-perform against the Trust's target of 85%, but has an improving nature against target.

Statutory & Mandatory Training -

As of November 2024, the rolling overall compliance rate for statutory and mandatory training stands at 77.28%, showing a continued upward trajectory since the start of Q1 this year. This reflects steady progress from April, when compliance was at 69.93%, and is a slight improvement from September's rate of 76.67%.

The Trust remains committed to achieving 85% compliance across all statutory and mandatory training requirements.

Progress is reported for all eleven Core Skills Training Framework (CSTF) subject areas, alongside additional Trust-mandated training topics. Safeguarding Adults Levels 1 & 2 currently stands at 90.08%, while Resilience and Specialist Operations has fallen to 18.2%. These consist of face-to-face training sessions being delivered throughout Q4. The current overall compliance rate for CSTF subjects is 80.85%.

Appraisals - As of November 2024, appraisal compliance across the Trust stands at 60.36%. While this marks a slight decline from the 61.95% recorded in September, it underscores the need for sustained efforts to close the gap toward the Trust's 85% compliance target.

The Appraisal Working Group continues to address the ten management actions identified in the RSM audit, with a focus on improving engagement and usability. In collaboration with the ESR team, the ILOD Team has developed a streamlined appraisal form to enhance user experience and drive compliance. This updated form incorporates the Trust's new values of Kindness, Integrity, and Courage. Following testing, the new form is now live within the ESR system, representing a key milestone in the Trust's ongoing improvement initiatives.

What actions are we taking?

Statutory and mandatory training

- Continuous Monitoring: We ensure thorough oversight of training compliance to verify that implemented changes lead to sustained improvements.
- We continue to focus on CSTF subjects to ensure modules are appropriate, effective, and aligned with the needs of the relevant staff groups.
- Several Trust-mandated courses are being finalised and uploaded to the Discover platform, tailored to suit the unique requirements of the ambulance sector.

Appraisals

The Appraisals Working Group remains committed to addressing the ten management actions identified in the internal audit, with a focus on driving meaningful improvements. A new streamlined appraisal form has been successfully developed and, following testing, is now live and accessible to all colleagues. This updated form integrates the Trust's core values of Kindness, Integrity, and Courage, making appraisals more aligned with the organisation's principles.

To raise awareness and encourage adoption, the ILOD Team is collaborating with the Communications Team to deliver targeted messaging about the availability and benefits of the new form. Additionally, the ILOD Team is partnering with HR Business Partners to provide bespoke support to directorates, helping to improve appraisal compliance and foster high-quality performance appraisal conversations across the Trust. These tailored efforts aim to ensure that appraisals are both meaningful and impactful at every level of the organisation.

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

Item No	78-24

Name of meeting	Trust Board
Date	5 December 2024
Name of paper	Freedom to Speak Up Guardian Report
Executive sponsor	Margaret Dalziel – Executive Director of Quality & Nursing
Author name and role	Kim Blakeburn Freedom to Speak up Guardian

The purpose of this paper is to provide the Trust Board with an overview of the progress and development of the FTSU service. The paper also includes hotspots and themes arising from the cases received by the Freedom to Speak Up Guardian (FTSUG) from 1st January 2024 to 31st October 2024. Finally, the paper highlights key risks and actions planned for the coming year.

Key highlights from the paper are follows:

- FTSU Audit outcome.
- Most improved Trust.
- Detriment numbers reducing.
- More work on Listen up and follow up.

Recommendations, decisions or actions sought	**The Board is asked to:** • Continue in their support of speaking up at SECAmb and encouraging action and learning from concerns. • Commit to supporting and encouraging the use of listening events/learning reviews through the FTSU service helping to reduce the number of concerns raised then moving into grievances.

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).	**No**

South East Coast Ambulance Service NHS Foundation Trust

Trust Board – 4 December 2024

Freedom to Speak Up Guardians Bi-Annual Report to Board

1. Introduction and Background

The Freedom to Speak Up (FTSU) agenda is fundamental to promoting a culture of openness, transparency, and accountability across all NHS organisations, including ambulance services like SECAmb. Since the National Guardian's Office (NGO) was established in October 2016, it has been a contractual requirement for every NHS provider to have an appointed Freedom to Speak Up Guardian. This role is regarded as vital in ensuring that staff feel empowered to raise concerns, whether they relate to patient care, safety, or working conditions, and are confident that these concerns will be addressed appropriately.

At South East Coast Ambulance Service (SECAmb), the commitment to fostering a safe and supportive environment extends to both our service users and staff. Ensuring high standards of conduct and care is not only about improving outcomes for patients, but also about safeguarding our workforce. SECAmb provides multiple channels for staff to raise concerns, including line management, Human Resources, Datix, the whistleblowing hotline, union representatives, and the FTSU Guardian.

Speaking up is about more than just reporting when something goes wrong. It encompasses any issue that hinders our ability to deliver the best care possible. It's crucial that every member of staff feels confident in raising concerns or making suggestions for improvement, knowing their voice will be heard and their input valued as an opportunity for learning and development.

The Executive Director of Quality & Nursing/Chief Nurse serves as the Executive Lead for FTSU, ensuring the organisation's arrangements meet the needs of staff across all levels. The Non-Executive Director (NED) responsible for FTSU also plays a key role, offering guidance and support to the Guardian, as does regular access to the CEO and NED to discuss FTSU activities and outcomes.

As the SECAmb FTSU Guardian, I am privileged to chair the National Ambulance Network. These networks allow us to share best practices and address national themes, while benefiting from peer support and insights.

Having completed the National Guardian's refresher training, I remain committed to ensuring that our FTSU arrangements align with the best practices set out by the NGO. SECAmb has made significant progress in developing its FTSU framework, and this report will outline the key improvements achieved so far this year.

2. Summary of updates from the FTSU Service

a. Most improved Trust in the country for Speaking Up indicators

We are proud to announce that SECAmb was recognised as the most improved Trust in the country in terms of the FTSU sub-score from the 2023 staff survey. This sub-score is based on four key questions related to speaking up, and achieving this is a testament to the

collaborative efforts across the organisation. We believe this success is due to a collective commitment to fostering an open and supportive culture, as well as the enhancements we've made to our FTSU processes. One notable change was the introduction of our FTSU dashboard, which provides anonymised data, enabling leaders to understand and engage with the trends and themes in their areas. This has encouraged curiosity and proactive responses to barriers to speaking up, addressing fears and reducing the perception of futility. This achievement reflects our dedication to creating an environment where all staff feel empowered to speak up without fear.

b. Quarterly Teams C updates

As part of our commitment to fostering a culture of openness and safety at SECAmb, the FTSU team participate in Team C meetings which they attend for each operating unit on a quarterly basis. During these meetings, we provide a comprehensive summary of concerns raised within each area, including the numbers of concerns highlighting detriment reported by staff and the number of anonymous reports submitted, both being markers that identify a poor culture. We identify key themes and trends emerging from these concerns, encouraging local leaders to engage with the data and ask insightful questions. This approach promotes meaningful conversations that reinforce the importance of listening and responding to staff concerns. Additionally, we share data from the most recent staff survey regarding speaking up, which helps to create a broader understanding of how colleagues feel about raising issues in their operating unit. Working with the local leadership teams, we aim to cultivate an environment where the importance of speaking up is understood, and where every voice is valued and heard.

c. Board development day

In March 2024, the FTSU team delivered a Board development session, also attended by senior leadership from across our operating units. The purpose of this workshop was to empower leaders to recognise their own critical role in fostering an environment where colleagues feel safe and supported when raising concerns. The session emphasised the importance of understanding speaking up as a pathway to learning and continuous improvement, directly linked to the organisational objectives of promoting meaningful autonomy for local leadership and nurturing a positive workplace culture. By the end of the session, leaders gained an understanding of what staff can speak up about, the barriers they may encounter at various stages of the speaking-up process, and their responsibility in creating a psychologically safe space for these conversations. A portion of the session was dedicated to discussing a sexual safety case study, highlighting complications from a real-life FTSU scenario. We were also joined by the National Guardian, Dr. Jayne Chidgey-Clarke, along with two colleagues from the National Guardian's Office (NGO), who, amongst other points relating to speaking up, led an insightful presentation on integrating speaking up into everyday business practices and addressing the silence of missing voices.

d. University workshops

The FTSU team has been actively engaging with our partnership universities, presenting to Year 2 and Year 3 students as part of their professional development. This initiative, which began in the spring term, continues into this new academic year. We meet Year 1 students during their induction at SECAmb, to introduce the importance of speaking up early in their training. For Year 2 students, we deliver a workshop focused on sexual safety, emphasising the importance of raising concerns about anything they feel is not right. In Year 3, our workshops shift towards discussing real examples of speaking up, exploring key learning outcomes, and highlighting their role in fostering a positive workplace culture. Both university

staff and students have provided positive feedback on the sessions, and several students have approached the FTSU team for advice following the workshops. This ongoing collaboration is helping to build awareness and confidence in speaking up among the next generation of paramedics.

e. Listening exercises and Learning events

We have been utilising the FTSU process as a tool for identifying learning opportunities through learning events and listening exercises, led by some of our consultant paramedics and an organisational development colleague, based on concerns raised by staff. Where appropriate, this approach allows us to gather insights and make recommendations that stem from these learning reports, leading to positive changes and improvements without the need for lengthy and costly HR processes. By addressing concerns in this way, we create a more agile and responsive mechanism for resolving issues and enhancing our workplace culture. We plan to use this avenue more frequently, as it has proven to be an effective and less formal route for obtaining learning and driving meaningful change.

3. Future plans

a. Speak Up Month

October was National Speak Up Month. This year, the National Guardian's Office (NGO) chose *Listen Up* as the sub-theme, emphasising the critical role of leaders in actively listening to concerns. At SECAmb, we had a calendar of events executed to promote speaking up, with a particular focus on encouraging listening up from our leadership. As part of our ongoing efforts to foster an open and positive culture, the FTSU team sent a survey to all leaders, seeking their feedback on their experiences, concerns, and suggestions regarding the Freedom to Speak Up initiative. This valuable insight will help us better support both leaders and their teams in creating an environment where staff feel safe and empowered to raise concerns. Throughout the month, the FTSU team actively engaged with colleagues and local leadership across many areas, with some visits joined by Margaret Dalziel, our executive lead for FTSU and Simon Weldon, our CEO. Additionally, the FTSU team spoke at various Network forums, addressing barriers to speaking up and discussing strategies to overcome them.

b. Addressing Detriment

We are committed to improving how we address detriment from speaking up and have outlined several key strategies to address this. Firstly, we are taking a proactive approach by addressing the possibility of detriment at the first point of conversation when a colleague raises a concern. By doing this, we can immediately assess and implement any necessary support or actions to mitigate against the risk of detriment. This initial step is crucial in fostering a safe environment for speaking up.

Secondly, we monitor detriment through our FTSU dashboard, which highlights cases where detriment has been reported. This provides us with the data needed to initiate conversations with leadership teams, both at the local and senior levels, ensuring that everyone is aware of the issue and can work collaboratively to address it.

Lastly, we are adopting a reactive approach to reported cases of actual detriment. Our FTSU Guardian will meet with some key senior leaders on a quarterly basis to review these cases, ensuring that any necessary actions or additional support are provided promptly. While some of these measures are already in place—particularly our proactive responses to potential detriment—we believe this strategy is starting to yield results. We have observed a reduction

in the number of detriment cases reported compared to last year's figures (see table below), and we remain committed to further reducing these incidents in the future.

c. Speak Up Ambassadors

In line with recommendations from the national ambulance service review, we are in the process of establishing an internal *Freedom to Speak Up Ambassador Network*. Many organisations, as recommended by the National Guardian's Office (NGO), have developed internal networks of Freedom to Speak Up champions or ambassadors to help raise awareness and promote the importance of *speaking up, listening up,* and *following up*. These ambassadors play a vital role in supporting the FTSU agenda, especially in large, geographically dispersed organisations like ours, where the nature of our work can sometimes present unique challenges.

The aim is to have this initiative in place by the end of March 2025. We believe that once established, the ambassador network will help us to embed a culture of openness, encouraging staff to raise concerns and feel heard in every corner of our organisation.

4. Speak Up - Listen Up - Follow Up - Statutory & Mandatory training

Module	Staff grade/level	Time allocated	Frequency	Completed	Required	%
Speak Up	All Staff	1.5hrs	Occurring every 2 years	3791	5104	74.28%
Listen Up	All Managers	1.5hrs	Occurring every 2 years	451	711	63.43%
Follow Up	Board	1.5hrs	Occurring every 3 years	2	16	12.50%

Speak Up training remains an important part of our statutory and mandatory training requirements for all staff at SECAmb, with the modules developed in collaboration between the National Guardian's Office and Health Education England. These training modules play a vital role in fostering a healthy speak-up culture that protects both patient and worker safety. Compliance figures are monitored to ensure our teams are engaging with this important training. As of this year, we have achieved 73.9% compliance for *Speak Up* training and 63.43% for *Listen Up* training.

Over the past two months, the Board's compliance rate for Freedom to Speak Up training has seen a notable decline, dropping from 11 out of 16 (68.75%) to 2 out of 16 (12.5%). This shift is due to three main factors:

1. **Adjustment to the Training Refresh Interval**: Previously, the data collection team were operating under the assumption that the Freedom to Speak Up training required renewal every three years. However, it has since been clarified that the training refresh interval is actually every two years.

2. **Expiry of Previous Training**: Since the training compliance data was last reviewed, several Board members' certifications, which were completed around October 2022, have now expired as of November 2024. This expiry, combined with the revised two-year renewal period, has contributed to a drop in compliance numbers.
3. **New Executive Team Members**: In addition to expired certifications, several new executive team members have recently joined the organisation and are yet to complete the Freedom to Speak Up training.

While these figures represent progress, especially for Speak Up training, our focus moving forward needs to shift more towards *Listening Up*. We have seen that several colleagues who initially raise concerns through FTSU eventually resort to formal processes, such as grievances, after receiving unsatisfactory responses from leadership. This is a clear indication that we need to strengthen our leaders' capability to respond effectively at the local level. If we are serious about reducing grievance numbers at SECAmb, we must ensure that our managers understand how to respond appropriately to concerns—and this starts with ensuring robust engagement with the *Listen Up* training module.

5. FTSU data

FTSU Numbers – Jan 2023 to Oct 2024

Month	2023: Number of concerns raised	2023: % of priority concerns	2023: % of Anonymous	2023: % of Detriment	2024: Number of concerns raised	2024: % of priority concerns	2024: % of Anonymous	2024: % of Detriment
January	25	20	36	36	16	0	12	0
February	16	19	31	26	24	50	17	29
March	19	0	26	26	29	7	3	28
April	14	7	26	36	36	17	17	14
May	15	0	27	47	23	0	13	9
June	17	0	12	47	32	3	9	9
July	17	0	18	59	27	4	15	7
August	22	4	9	50	15	13	20	20
September	12	0	9	25	13	0	31	0
October	22	0	23	18	41	2	44	2
November	26	4	12	42				
December	14	0	7	43				
Total	**219**	**5**	**20**	**40**	**256**	**6**	**12**	**12**

This table provides a comparative overview of the FTSU concerns raised during 2023 and up to end of Oct 2024.

Key observations include:

- More concerns have been raised so far in 2024 than in total in 2023, however a greater emphasis has been placed on encouraging colleagues to Speak up through greater visibility, engagement with Teams C, as well as 'Big Conversations' on Speaking Up, Sexual Safety and Mediation over this period of time.
- **5%** of concerns were classified as priority concerns in 2023, while **6%** have been identified as priority concerns so far in 2024, indicating an increased focus on addressing immediate patient or worker safety
- Anonymous reporting decreased from **20%** in 2023 to **12%** so far in 2024, suggesting more staff may feel comfortable speaking up with transparency.

- Reports of detriment, or concerns about negative consequences faced after raising issues, have significantly decreased from **40%** in 2023 to **12%** so far in 2024, which could reflect improved responses to concerns and a safer environment for speaking up.
- Overall, the table shows a positive trend towards a reduction in detriment and anonymous reporting.

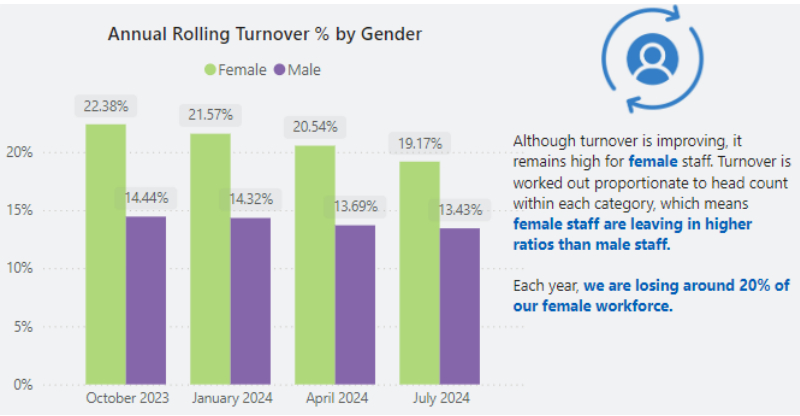
6. Most commonly occurring themes, national classifications & trends:

- Worker safety wellbeing
- Leadership
- System process
- Relationship & Behaviours

This year, we have observed recurring trends related to power imbalances and gender imbalances.

One example of power imbalance involved **a student** who witnessed poor clinical practice from their mentor but felt unable to speak up until a year after they had been signed off. In some cases, power imbalances have also been linked to sexual safety concerns. We have supported several individuals through these challenging experiences and are advocating for the improvements in how SECAmb addresses sexual safety issues. FTSU is actively engaged in national efforts to improve how sexual safety concerns are handled across the ambulance sector. Additionally, we are involved in the sexual safety working group within SECAmb, ensuring that our approach to these matters evolves and strengthens to better protect staff and students alike.

This year, we have also identified a concerning trend related to **gender imbalance**, with several examples highlighting the challenges faced by women in our organisation. In some cases, women have been under-supported in their development and training, meaning they have not had the same opportunities for growth and improvement as their peers. Additionally, some female staff have expressed feeling compelled to leave or even change careers due to a lack of support, particularly around flexible working arrangements and during significant life stages such as menopause (see table below), resulting in each year losing around 20% of our female workforce.



One woman commented in her exit interview: *".The new rota is costing me on average over £280pcm more in childcare costs, I simply cannot afford to stay here. I am so unbelievably sad to be leaving."*

Data from the People Analytics team supports this theme, showing a gender pay gap of £1.99 per hour across the organisation, which is proportionate to the headcount of each gender. The data also reveals a gender split in higher pay bands, with female staff making up just 39.2% of Band 7 roles—a figure that has been declining throughout this year. From 1 January to 31 August 2024, 13.81% of male recruits were placed above the minimum pay point compared to only 9.04% of female recruits.

Gender	Number of New Starters	Recruited Above Minimum Point	% Recruited Above Minimum Point
Female	575	52	9.04%
Male	268	37	13.81%

This trend suggests a need for more equity in the support and opportunities for women within SECAmb, especially in terms of development, pay, and flexible working conditions.

7. Hotspots

Emergency operations Centre

Of the 256 concerns raised this year to date, 18% have come directly from staff working in the Emergency Operations Centre (EOC). Notably, 11% of these concerns reflect a perception of detriment following speaking up, and 29% were raised anonymously. The main themes emerging from these concerns include bullying and harassment, relationships and behaviours, leadership, and worker safety. This feedback points to a clear need for ongoing efforts to address these issues and create a safer, more inclusive environment where EOC staff feel empowered to speak up without fear of reprisal. Strengthening our support for EOC teams will be a priority as we work to improve the overall speaking-up culture in this critical part of our organisation.

Operations

So far, 9% of the concerns this year have been raised specifically by staff with concerns related to Operations, focusing primarily on the leadership within this area rather than on issues within individual Operating Units. A significant factor influencing these concerns could be attributed to the changes that have been taking place over the past year within the senior operations leadership levels, which may be creating uncertainty and may be contributing to the increase in the number of concerns raised. If so, this highlights the impact that organisational change can have on staff morale and confidence in leadership, underscoring the importance of clear communication and strong support systems during times of transition. As we move forward, it will be crucial to ensure that the Operations leadership is visible, responsive, and supportive, reinforcing a culture where staff feel secure and valued, especially amid change.

8. Audit

This year, the Freedom to Speak Up (FTSU) department at SECAmb underwent an audit, with the outcome affirming that we have a safe and robust service in place to support our colleagues. The audit was a valuable opportunity to assess our strengths and identify areas where we can continue to improve. Several learning points and areas for enhancement were highlighted, our commitment is to continuously refine and strengthen our processes in collaboration with the wider organisation, ensuring that we deliver an exemplary service that encourages open communication and fosters a culture of safety and trust across SECAmb.

9. Conclusion

The improvements achieved over the past year reflect not only a growing confidence among staff to raise concerns but also SECAmb's proactive approach in supporting and responding to these voices. Recognition as the most improved Trust for the FTSU sub-score in the 2023 staff survey is a testament to the hard work and dedication of our teams, illustrating the positive impact of initiatives like the FTSU dashboard, Team C updates, and educational workshops with university partners.

The strides made in reducing anonymous reporting and detriment cases demonstrate our collective efforts to build a safer and more supportive environment. However, we recognise there is further work to be done—particularly in addressing recurring themes around gender imbalance, power dynamics, and specific challenges faced within the Emergency Operations Centre and Operations. By continuously improving our service, such as the introduction of the Speak Up Ambassador Network, we aim to create a more inclusive, responsive culture.

A number of areas have been highlighted in this report that the organisation is addressing (such as power imbalance through Sexual Safety work) but may wish to explore further as it has a wider impact potentially on patient safety. New areas of consideration have surfaced through themes of concerns such as potential gender imbalance that will also be impacting the culture of the Trust.

The insights gathered through the recent audit reinforce our commitment to continuous improvement and accountability. As FTSU Guardian, I am committed to ensuring that our service remains a national leader in supporting the voices of our staff and driving forward this important agenda.

South East Coast Ambulance Service NHS Foundation Trust

Agenda No	79/24

Name of meeting	Trust Board
Date	5 December 2024
Name of paper	Finance & Investment Committee Assurance Report – 28 November 2024
Author	Howard Goodbourn Independent Non-Executive Director – Committee Chair

INTRODUCTION

The Finance & Investment Committee is guided by a cycle of business that aligns with the Board Assurance Framework – strategic priorities; operating plan commitments; compliance; and risk. This assurance report provides an overview of the most recent meeting on 28 November 2024 and is one of the key sources that the Board relies on to inform its level of assurance. It is set out in the following way:

- **Assure**: where the committee is assured
- **Alert**: issues that requires the Board's specific attention and/or intervention
- **Advise**: items for the Board's information

ASSURE

Financial Performance / Efficiencies 2024-25

There continues to be good confidence in delivering against the financial plan. Since the last Board meeting the Trust has received additional income which means the plan is now revised from a £10.5m deficit to breakeven. Accordingly, the cash reserve is revised to circa £43m (£10m higher than the original plan). This however does not alter the Trust's underlying deficit.

Linked to the related BAF Risk (540 – Staff Morale) the committee noted the good partnership working with Trade Unions which has led to the pay correction with ECSWs and TAAPs.

While the efficiency programme is slightly under plan, the risk adjusted forecast for the year is circa £23m, just under £1m below plan; this will be off-set by some further non recurrent savings.

The executive is working to better align finance and operational performance reporting, to link to clinical outcomes and productivity. This will help us to demonstrate to stakeholders how we can deliver the same / better for less, noting that the modelling of our strategy assumes less cost.

Operational Performance
Our performance is relatively good, with the best C2 compared to our peers. We are however behind plan with Hear & Treat and the executive is working through what more can reasonably be achieved.

The risks during winter are well-known, e.g. increased demand / handovers etc. The Winter Plan aims to mitigate these risks, in particular with the supply-side, supported by the establishment of the Hubs, which is one of the strategic priorities in the Board Assurance Framework. On the demand-side risks, the committee acknowledged that things such a demand management and prevention is part of the longer-term strategic aims.

The executive is in the process of revising the operational data in the IQR to more directly monitor the impact of the strategy, such as the new Hubs.

Lastly, the committee welcomed the improved assurance with the annual EPRR assessment, which is one of the compliance areas with the Board Assurance Framework. There is a separate paper scheduled for the Board covering this.

Paddock Wood Project Update
The Board has been concerned about the pace of this project which links to a number of quality and health and safety risks. Since the project was refreshed in March 2024, good progress has been made within the estimated programme timings and forecast budget. The overall objectives have been met and once the facility is completed, each of the identified risks will be fully mitigated, and the audit findings complied with. The last of the snagging is due to concluded by Christmas.

The estate following this work is such that it is no longer deemed necessary to move to a new facility longer term; there is enough capacity for the medicines team, and, in fact, it might be possible to use the additional space for more, potentially revenue generating, activity.

ALERT

BAF Risk 542 - Financial Sustainability Plan
Due to the financial challenges in the NHS, it seems unlikely we will get much certainty with the funding beyond 2025-26. The executive will be producing a three-year plan in summary, which demonstrates what we need to do to get back to balance by 2027/28; this will then inform the discussions with commissioners. For 2025-26 we are much further ahead compared to last year in the development of an integrated financial / operational plan. There is a session with Joint Board & COG before the Senior Leadership Team in December. This will help inform the draft narrative plan which triangulates workforce capital and revenue into performance output, linked to our strategic direction. The efficiency programme will likely be in the region of £10m cash releasing, which is double this year.

The committee reflected on the acceleration of some of the planning this year, e.g. Hubs. As we move into year 2 of the strategy, we need to be clear on how close we are to the assumptions we made for areas such as workforce. The committee has asked for some analysis of this to be brought to the Board in February.

ADVISE

Commissioned Contracts Update

The committee received its regular report on the Trust's NHS-commissioned and healthcare contracts. The main area to highlight relates to 111 / CAS. The Kent & Medway ICB & SECAmb chief finance officers are currently in discussion regarding the contract extension with formal notification expected imminently. Should this be agreed, the contract will be extended for the full 2-year term to commence from 1 April 2025.

Fleet Performance

A new style fleet performance report was considered, highlighting the following:

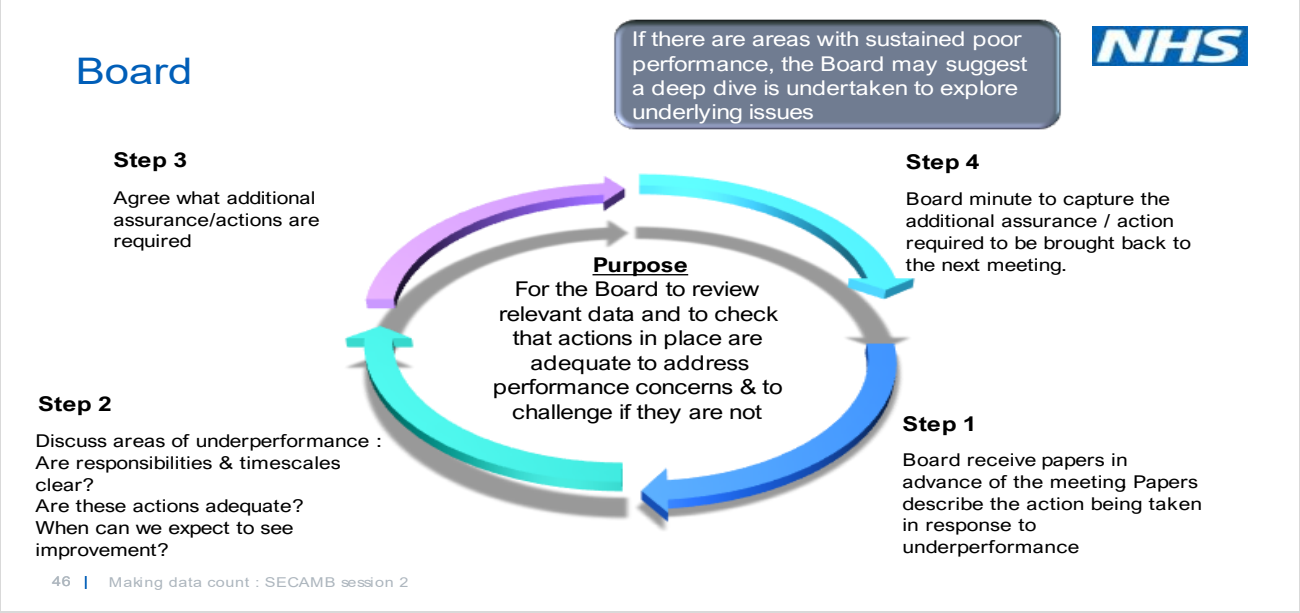
- There continue to be some fleet maintenance vacancies. A recruitment and retention premium is being considered.
- 38% increase in fleet in last 7 years, but we haven't kept up with the number of technicians. There is a link between gaps in maintenance and the increased vehicle off road rate.
- We are currently having a DCA Vehicle prototype being built by an alternative vehicle converter and are confident this will provide a product with less warranty issues than our current fleet provider. An order has also been placed with them to convert our 27 MAN chassis expected by July 2025.
- To provide additional assurance the management team have started a new programme whereby the Freight Transport Association (FTA) visit one workshop site a month to independently check over our vehicles and the quality of work carried out by our vehicle technicians.

Environmental Sustainability Progress Update

The report received provided greater visibility of progress. We are not on track with the plan largely due to some vehicles e.g. logistics not transitioning to electric this year, as was assumed. Else of note, some infrastructure issues have bene identified and management is exploring different products / vehicles for the future.

Recommendation

The Board is asked to use the information within this report to inform its overall view of assurance and where gaps are identified to seek further assurance from the executive in line with the Assurance Cycle



NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

December 2024

We Are a Sustainable Partner

We are a sustainable partner
Executive Summary

- Control total compliant deficit plan of £10.5million agreed with NHSE. £2.2billion deficit funding now agreed by HMT and allocated to ICBs. SH ICB has allocated £10.5million to the Foundation Trust and as such month 7 is a surplus in line with the new allocation and FOT is an expected break-even position. CIP plans are delivering and expected to outturn at £23million of the £23.9million plan.
- A review of internal controls was undertaken, and improvements agreed and continue to be monitored by EMB and reported to FIC.
- One of the controls proposed has been to improve the integration of planning in the Trust and to better align capital, revenue, workforce, fleet, and training with performance and quality outcomes. The first draft of a year one operating plan is anticipated before Christmas, and which will incorporate a three-year recovery trajectory for the Foundation Trust back to break-even.
- Urgent care hubs are now in operation across the four ICBs and in support of urgent care ahead of and during Winter.
- The implications of the budget on 25/26 plans has yet to be communicated in detail by NHSE.

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 £10.5m deficit plan (break-even with £10.5m non-recurrent deficit support funding)
- ❑ 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

Programme	Status	Baseline Target	Forecast Target	Programme Manager	EMB / SMG	PMO	Executive Lead	Oversight Committee
Develop multi-year plan	Approach agreed internally and with ICBs. Baseline three-year plan to EMB end August. First draft integrated plan to EMB before Christmas	Q3	Q3	Jo Turl	EMB	Yes	CFO	Finance & Investment
Refresh strategic commission framework to support sustainability plan	Programme being scoped as part of the response to SE Ambulance Review	Q3	Q3	Claire Webster	EMB	Yes	SP&T	Finance & Investment
Develop enabling Digital Strategy	Digital and Data Strategy 2024 – 2026 Scoped & Approved for implementation - (October Trust Board)	Q3	Complete	Phillipa Desborough	EMB	Yes	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 November 2024.	Q4	Q4	Claire Webster	EMB	Yes	SP&T	Finance & Investment
Refresh core enabling strategies	Draft Procurement Strategy produced, Estates strategy being refreshed	Q4	Q4	Claire Webster	EMB	No	CFO	Finance & Investment

2024/25 – Operating Plan

Initiative	Sub-Initiative (if required)	Current RAG	Previous RAG	Programme Manager	EMB / SMG	PMO	Oversight Committee	Date Last reviewed by Committee
Deliver financial plan	Meet CIP plan of £23.9m			Judit Freidl	SMG	No	FIC	November 24
	Deliver logistics waste reduction (QI)			Amy Igweonu	SMG	No	FIC	*TBD*
Review service delivery model for Make Ready				Rosie Bucknall	SMG	No	FIC	*TBD*
Deliver 6 priority green initiatives	The introduction/trial of an electric DCA			Rob Martin	SMG	No	FIC	*TBD*
	The removal of single use cups			Lee-Ann Witney	SMG	No	FIC	
	The introduction of 3 Evitos on the PP rota			Rob Martin	SMG	No	FIC	
	Amending the Lease car and support vehicle policy to mandate the use of hybrid/electric			Judit Freidl	SMG	No	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			Lee-Ann Witney	SMG	No	QPSC	
	A trial to determine the benefits of Eco run			Lee-Ann Witney	SMG	No	FIC	
	The introduction of an Entonox Track and Trace system			Katie Spendiff	SMG	No	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	06	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.	16	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
- A draft baseline 25/26 position has been developed, including draft workforce plan to initiate recruitment cycle with universities in 25/26
- EMB have reviewed the initial scenarios in August 2024
- ICBs have provided us with a consolidated income position for 24/25 a key control function lacking during planning for 24/25
- We have appointed to a programme integration lead for the component parts of the 3 year plan and additional resource to develop an integrated financial model

Upcoming activities and milestones

- The Trust is on track on its review of all investment for 25/26. No other cases will be considered in-year during October/November
- First draft of integrated plan to EMB before Christmas

Escalation to Board of Directors

- N/A

SRO / Executive Lead:

Simon Bell

Previous RAG	Current RAG

Risks & Issues:	Score	Mitigation
Capacity of Finance Team to produce and maintain a 3 year finance plan	12 → 8	▪ Review of capacity in hand ▪ Additional people resource in place
Commissioners unable to commit to multi-year plan as one year funding settlement for 25/26 likely	9 → 9	▪ Known issue. Working with ICBs & NHSE to gain agreement in principle through Finance Committees
Lack of financial clarity from ICBs means Trust income is unclear	9 → 9	▪ Confirmed senior ICB finance resource into the SCG to co-ordinate contract negotiations

Q1 (Mar-Jun 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)
◆ 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 Enablement Programme

Progress Report Against Milestones:

Key achievements against milestone

- 24 - 26 Digital and Data Strategy approved by Board on 3rd October
- Status of Digital Workplan 24-24 independently reviewed and re-baselined
- Digital Enablement Programme mandate approved by EMB 13th Nov, governance attendance and schedule being confirmed

Upcoming activities and milestones

- Establish Digital Strategy Steering Group Dec 24
- Trust approve approach to a jointly agreed Digital Prioritised Programme of Work (PPoW)
- Review 24-25 Workplan to align with Digital Strategy & Trust Programme Tiers 1,2 & 3

Escalation to Board of Directors

- N/A

SRO / Executive Lead:	Previous RAG	Current RAG
Stephen Bromhall		

Risks & Issues:	Score	Mitigation
Risk – delivery of the Trust Strategy & Digital Strategy will be impacted without Digtial PMO support	6	Secure Digital PMO support that is integrated with the Trust Programme Tiers 1,2 & 3
Risk - Organisation wide key milestones will be impacted if Digital Enablement dependencies are not identified	10	The Digital Strategy Group and the Trust prioritise, plan, and manage all work requests through the standardised process established by the PPoW
Issue – multitude of systems and processes for BAU & Projects obscure single version of truth	6	Current systems to be assessed and a decision to continue or replace to be made by end Dec 24
Issue - The 25 -26 digital projects have not yet been fully considered. This may mean funding may not be available	6	Begin identification of and planning for 25 – 26 during Q3 using PPoW and completion of business cases

Q1 (Mar-Jun 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)
◆ Develop Digital Strategy	◆ Board Development Session	◆ Digital & Data Strategy Approved ◆ EMB approval of programme mandate ◆ Workplan 24 – 25 Reporting and governance structure established ◆ Jointly agreed Digital PPoW approach ◆ Strategic alignment of 24-25 Workplan	◆ Implement PPoW enabled Demand Management process ◆ Develop fully costed Prioritised Programme of Work (PPoW) 25 - 26

Board Highlight Report – Collaboration & Partnerships

Progress Report Against Milestones:

Key achievements against milestone

- Joint Executive meeting held to review the recommendations of the Carnall Farrar commissioned report, update progress on the feasibility analysis completed as it identified key opportunity areas and supports the development of relationships across the teams.
- Executive pairs (i.e. Chief Paramedics, Chief People etc.) worked together in developing opportunities for collaboration across several functional areas
- Executive pairs presented the identified opportunities, with group discussion to identify gaps, dependencies and risks.
- Face-to-face Quality Improvement workshop held to review current state of respective QI journey's, compare & contrast exercise and agree joint action plan for collaboration.

Upcoming activities and milestones

- Joint Board Meeting (29/11) to understand opportunities for collaboration between the Trusts; understand impact, benefits and resource requirements
- Transformation steering group (02/12).
- Development of the Case for Change

Escalation to Board of Directors

- Resource support is required to take opportunities forward (regional & national request).

SRO / Executive 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 → 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	◆ Joint Executive meetings: Feasibility progress & opportunity scoping ◆ Report to be formally received and agreed by the Boards. ◆ Boards to review response to report and agree next steps	◆ 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. 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: 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. The re-structure of the divisional model is moving ahead now that MARS has completed

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	Q4 2024/5	EMB are reviewing the partnership strategy approach for 2024/25.
Board members have objectives relating to system engagement and collaboration	SP&T	Q4 2024/5	Not yet started
Appointment of Divisional Directors	Operations	Q4 2024/5	Consultation has started
Execution of MARS	HR & OD	Completed	MARS comms completed and applications opened 30/9

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 has drafted a recovery plan, which will include additional cost savings within three years. SAM meeting (August 24) to discuss and agree three year plan and request support for plan from ICBs in the context of a (likely) one year financial settlement for 2025/26.

Gaps in control: Allocated funding largely outside of SECAmb control. Implications of budget still being reviewed by NHSE.

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. Positive review with NHSE region re: NOF4 and RSP status (October 2024.)

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. SAM and SCG asked to provide confirmation of how ICBs /NHSE will provide agreement to a three year recovery plan in the context of a single year settlement for the NHS in 25/26 which has yet to be confirmed.

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, CSO	Ongoing	ICB have identified a finance lead to co-ordinate all ICB expenditure plans and reconcile to Trust income plans as part of lead in to 25/26 planning.
Extension of RSP for up to twelve months. Sustainable financial plan to be drafted within that timeframe.	CSO	Q3 2024	SE Region NHSE expected to recommend to National Team that the FT exists NOF4
Three year recovery plan	CFO	Q4	First draft of three year recovery plan went to EMB Aug 2. SAM and SCG have asked for confirmation of approval process – currently outstanding.

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: Additional financial controls implemented in July 24 and SFIs approved by EMB on 14 August. Now in operation around procurement, contract management, recruitment, pay control, and management of £23.9m CIP plan. At month 7 plan is FOT break-even after additional deficit support funding at £10.5m received from NHSE. CIP is forecast at £23m. Review of controls undertaken by SH ICB turnaround resource. First draft of integrated plan on track for presentation to EMB before Christmas. This will align capital, revenue, workforce, fleet, training plans and impacts on performance and quality into an operating plan and narrative for 25/26 and as part of a longer three-year recovery trajectory. Additional income plan £8.6m expected to be achieved. 3 year financial plan to EMB on 28 August 2024.

Gaps in control: None currently identified.

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. Improvements seen to contract management. IC24 contract revalued for 24/25 and proposal for 25/26 and 26/27. M6 finance plan YTD and FOT in line with plan. Additional resources of £10.5m received, allowing organisation to break even in 2024/25. M7 finance plan YTD and FOT in line with plan as revised by additional £10.5m deficit funding resource received from NHSE.

Negative sources of assurance: Underlying deficit.

Gaps in assurance: 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	Completed	Agreed and implemented. Monitoring ongoing
CIPs reported on a bi-monthly basis to EMB	CFO	Ongoing	Month 7 forecast id £23m of £23.9m target
£8.6 million outstanding in additional funding bids	CFO	Q4 2024/25	£8.6 million outstanding in additional funding bids. £2m confirmed not being funded from NHSE for hubs. ICBs and Trust have agreed to fund this. £0.5m RSP funding confirmed and being received once spend validated. £2.5m capacity funding received from NHSE. £1.7m additional capacity funding expected. Additional £0.8m capacity funding offered by NHSE

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: 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. Controls around social engineering for staff are not sufficiently robust. Robustness of leavers process. No XDR technology in place to mitigate risk. Network vulnerability identified – creating outages. Supply chain: NHSE mandate not in place for products which have been procured historically

Positive sources of assurance: Cyber preparedness review gave a maturity score of 65/ 100 (high amber) - this is in line with other equivalent organisations in terms of maturity. Issues identifies in review were known – contained in report to Audit and Risk Committee in July 2024.

Negative sources of assurance: Review by BT has identified network misconfiguration.

Gaps in assurance: None 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 4 = 16**
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
Increasing penetration testing	CDIO	Q4 2024/25	Paused on advice from BT following their review. Due date extended.
Procurement of social engineering tool to expose vulnerabilities.	CDIO	Completed	Tool has been procured and test undertaken.
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. Solution identified in Digitial Strategy and in funding round for 25/26.
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.
"Go to green" plan from BT review findings	CDIO	Q1/Q2 2025/26	Plan in development and will address findings from review.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Integrated Quality Report

Trust Board – December 2024

Reporting Period: September & October 2024

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

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 & Finance

SUSTAINABILITY & FINANCE

Delivery Against Plan

	August 2024 In the month			April 2024 to August 2024 Year to date			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income	26,924	28,292	1,369	134,618	137,357	2,739	328,886	333,198	4,313
Operating Expenditure	(27,487)	(28,854)	(1,367)	(138,779)	(139,515)	(735)	(339,381)	(341,696)	(2,316)
Trust Surplus/(Deficit)	***(563)***	***(562)***	***1***	***(4,161)***	***(2,158)***	***2,003***	***(10,495)***	***(8,498)***	***1,997***
Reporting adjustments:									
Remove Impact of Donated Assets	*0*	*0*	*0*	*1*	*1*	*0*	*2*	*2*	*0*
Remove Impact of Impairments	*0*	*0*	*0*	*0*	*(1,997)*	*1,997*	*0*	*(1,997)*	*1,997*
Reported Surplus/(Deficit)	**(563)**	**(562)**	**1**	**(4,160)**	**(4,154)**	**6**	**(10,493)**	**(10,493)**	**0**

Cash	31,571	28,095	(3,476)	31,571	28,095	(3,476)	29,249	29,249	0
Capital Expenditure	653	443	210	2,918	4,158	(1,240)	22,338	22,338	0
Efficiency Target	1,441	1,166	(275)	8,803	7,266	(1,537)	23,926	23,926	0

*values subject to rounding

Summary

1. The Trust is monitored against its 'control total' set by NHS England. The "reported" position removes the value of impairments and donated assets that are not in the Trust's ability to control. During September 2024 Commissioners confirmed that the Trust will receive, an additional £10,500k on a non-recurrent basis to support the delivery of the Integrated Care Systems plan. The Trust now has £7k surplus plan for 2024/25.

2. For the year up to the end of October 2024, the Trust's financial performance was £8k better than planned. This is driven by lower than planned profits on disposal because of delays in selling Trust assets offset by income for the new Adult Critical Care Service and underspend across the Trust because of vacant positions within support and Corporate functions and favourable fuel rates. The additional non-recurrent income to maintain the C2 performance level that were offset by associated cost.

3. The efficiency programme is £803k behind plan, partly due to the delays in the planned sale of Trust assets.

4. The M07 closing cash was £1,412k higher than planned due to receiving funding for 7/12th of the pay award that was offset by earlier than planned payment to suppliers for capital investments and non-capital services, prior year settlements that were not anticipated to convert into cash payments during the year. The revised cash forecast is £42,468k that incorporates the additional £10,500k support from Commissioners to break-even.

5. Capital expenditure of £8,617k is £1,123k above plan year to date. 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, the Trust has started developing its 2025-26 multi-year plan to enable informed discussions to take place with system partners during Q4 2024/25.

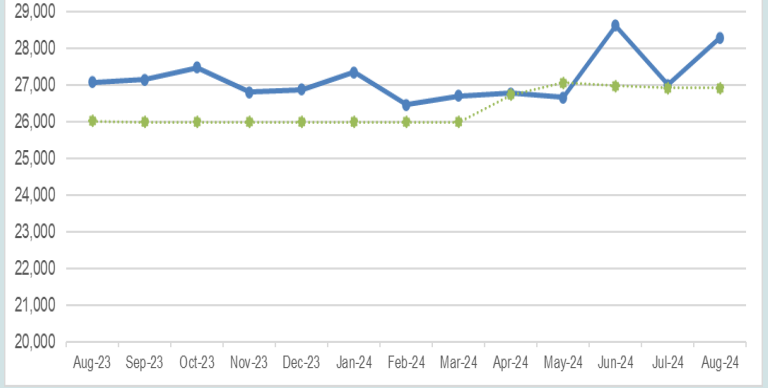
2. Regular updates are being provided to the Joint Leadership Team meetings, Senior Management Group meetings and Finance and Investment Committee on financial performance, including delivery of the efficiency plans.

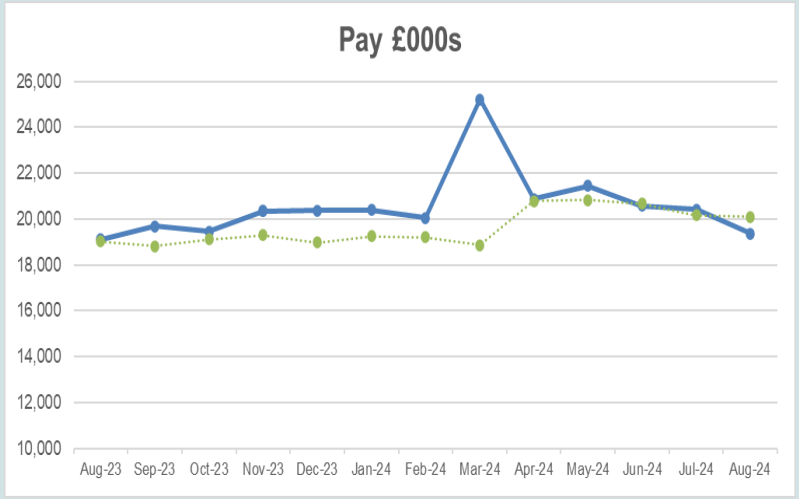
3. Monthly budget holder financial performance meetings are continuing to take place to ensure that each directorate delivers their element of the financial plan e.g., budget and efficiency target.

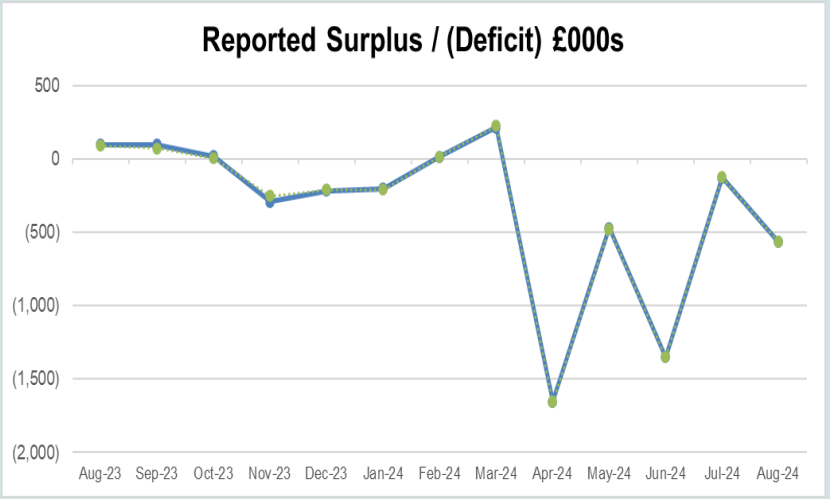
4. The Trust has developed its 2024/25 operating plan that aligns with strategy and partnership working.

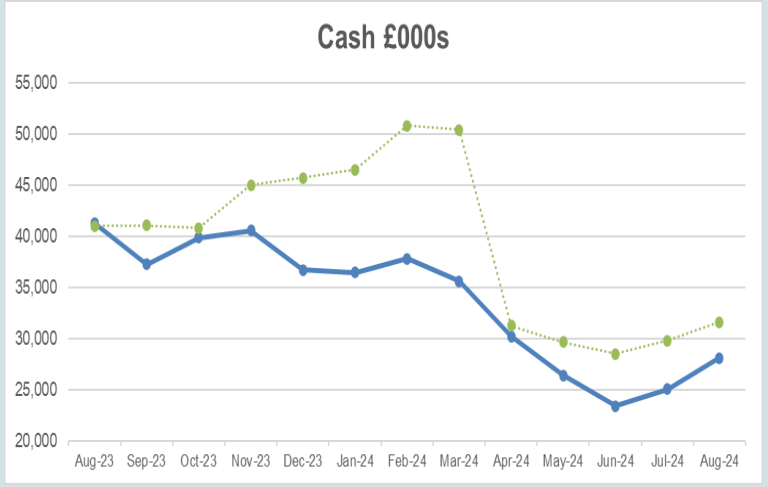
SUSTAINABILITY & FINANCE

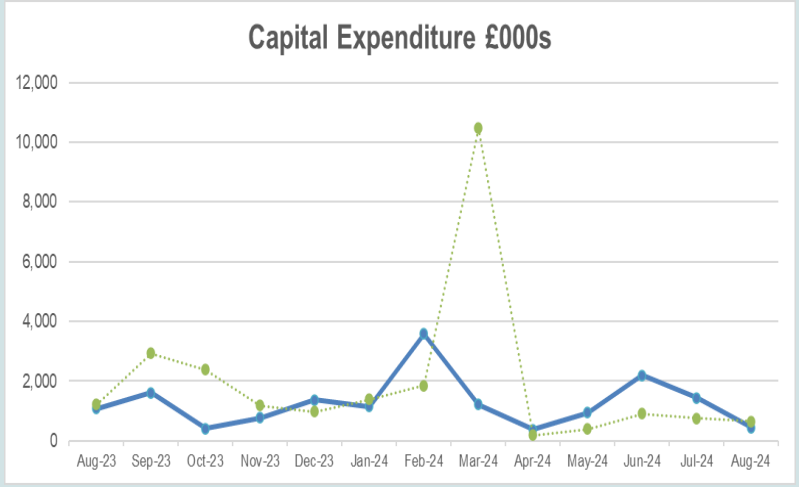
Delivery Against Plan











Summary

- The Trust's financial performance was £8k better than planned for 7 months to October 2024 when compared to the plan.
- The financial performance in all our key business areas were on track. However, this is largely due to the transfer of operations costs to the £2.5m additional non recurrent fund. Effective controls and mitigations are in place to ensure the subsequent run rate of spend for the rest of the financial year remains in line with the expected assumptions to facilitate the delivery of the planned £7k surplus.
- The main areas to highlight from the graphs are the surge in August 2024 relating to pay for the historic application of Section 2 of Agenda for Change and the ECSW re-grading from Band 3 to Band 4, when payments were made to staff. Capital expenditure was behind plan in March due to delays in receiving DCA vehicles.

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	79-24

Name of meeting	Trust Board
Date	5 December 2024
Name of paper	M07 (October 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)

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

The Trust reported a £8k favourable variance against its planned surplus of £1,003k for the year to October 2024 (YTD). This includes an additional £2,217k of funding, and associated expenditure, supporting C2 mean improvement in line with the NHS England approved bid matched by cost of the additional resources provided by Operations.

The YTD efficiency programme was £803k below plan, with £843k of this shortfall attributed to the timing of the anticipated Crawley sale. This is partially mitigated by an overachievement of £40k in our cash-releasing schemes.

The Trust has implemented measures and is on track to achieve its financial break-even plan for the year ending 31 March 2025.

Capital expenditure of £8,617 is £1,123k above plan due to timing of asset purchases and leases.

In M07 cash receipts exceeded payments by £5,596k which has improved the cash balance by that amount compared to M06. The M07 closing cash was £1,412k higher than planned due to receiving funding for 7/12th of the pay award that was offset by earlier than planned payment to suppliers for capital investments and non-capital services, prior year settlements that were not anticipated to convert into cash payments during the year (£653k). The adverse variance relating to third party suppliers and pay spend are expected to reverse during the financial year. The revised cash forecast is £42,468k that incorporates the additional £10,500k support from Commissioners to break-even.

Note: Tables are subject to rounding differences (+/- £1k).

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

7 Months to 31 October 2024

Contents

Executive Summary

The Trust reported a £1,011k surplus for the 7 months to October 2024 (YTD) in line with plan.

Note: Tables are subject to rounding differences (+/- £1k).

	Year to October 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	201,781	203,790	2,010	349,963	349,541	(421)
Expenditure	(202,501)	(201,551)	950	(351,680)	(349,534)	2,146
Planned Profit on Sale of Assets	1,722	607	(1,115)	1,722	1,834	112
Trust Surplus / (Deficit)	**1,002**	**2,846**	**1,844**	**5**	**1,841**	**1,836**
Reporting adjustments:						
Remove Impact of Donated Assets	1	1	0	2	2	0
Remove Impact of Impairments	0	(1,836)	(1,836)	0	(1,836)	(1,836)
Reported Surplus / (Deficit)*	**1,003**	**1,011**	**8**	**7**	**7**	**0**

Efficiency Programme	12,542	11,739	(803)	23,926	23,926	0
Cash	30,703	32,115	1,412	29,249	42,774	13,525
Capital Expenditure	7,494	8,617	(1,123)	22,338	22,338	0

Year to October 2024 (YTD)

- For October 2024, the Trust's financial position is in line with the plan.

- However, the overall financial performance indicates a combination of both adverse and favourable variances. The adverse variance is largely attributed to increased operational costs, which include an additional £2,308k in operational capacity pay resources needed to sustain the C2 performance. This cost is being funded by £2,500k of non-recurrent income. Additional pressures arise from a planned profit from property disposals, which fell short by £1,115k due to sales delays. Furthermore, some of the higher costs in other directorates such as the Chief Executive Office (CEO) and Human Resources (HR) are mitigated by favourable variances in specific areas, particularly in Medical and Strategic Partnership & Transformation (SP&T) and Paramedical, which will be detailed further below.

- The Trust’s surplus plan of £7k is based on the delivery of £23,926k of efficiencies, which is 6.6% of the Trust’s planned operating expenditure.
    - The Trust has achieved £11,739k efficiencies YTD, as of October 2024, that is £803k below the target. This reflects an improvement of 54.5% compared to the £1,763k adverse variance reported last month, driven by the progress in our cash releasing initiatives.
    - We have exceeded our planned cash-releasing savings of £2,111k by £40k, although £1,310k of these savings were generated non-recurrently. The underperformance in planned operational efficiencies and expected system productivity is compensated by the recognition of non-recurrent savings generated from reduced fuel rates.
    - £9,587k or 81.7% of the total savings were non-cash releasing. This remains £843k adverse to the plan due to the delay in the planned property sales since quarter 1.

  - Of the total savings, recurrent schemes reduced to 73.4% compared to the plan of 78.9% because of the higher than planned non recurrent cash releasing schemes. This means that 26.6% of the savings were generated non-recurrently.
  - The current total risk-adjusted forecast stands at £22,954k, which is an improvement of £960k compared to last month. This has resulted in a reduced adverse variance of £972k against the planned target. The shortfall continues to stem from underperformance in our cash-releasing targets, caused by unmet milestones in achieving the expected efficiencies. The Trust must deliver £2,598k (54.7%) of the total cash-releasing target of £4,750k within the next five months.
- The overall efficiency program is currently rated as amber risk. However, the Trust is committed to achieving the 2024/25 efficiency target of £23,926k, and various mitigation plans are in place. Positive engagement is continuing with the Senior Management Group (SMG) to develop sustainable plans to meet the 2024/25 target.

- The closing M07 actual cash position of £32,115k is £5,596k higher compared to last month and is £1,412k greater than planned. The M06 closing cash was £1,412k higher than planned due to receiving funding for 7/12th of the pay award that was offset by earlier than planned payment to suppliers for capital investments and non-capital services, prior year settlements that were not anticipated to convert into cash payments during the year (£653k). The adverse variance relating to third party suppliers and pay spend are expected to reverse during the financial year. The revised cash forecast is £42,468k that incorporates the additional £10,500k support from Commissioners to break-even.

- Capital expenditure of £8,617k is £1,123k above plan due to timing of asset purchases.

- The reversal of £1,836k impairment is based on asset revaluation. 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 £1,011k surplus in line with plan. An impairment and its reversal are adjusted for in the financial position and is treated as an allowable adverse or favourable movement against assets value which has also been agreed with auditors.

Full Year Forecast

- For the year ending March 2025, the Trust is projecting to meet the agreed planned surplus of £7k.

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

1. Income

	Year to October 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
999 Income	174,558	176,775	2,217	299,243	301,430	2,187
111 Income	16,724	16,687	(37)	28,670	28,604	(66)
HEE Income	1,556	1,733	177	2,605	3,144	539
Other Income	8,943	8,595	(348)	19,445	16,363	(3,081)
Total Income	**201,781**	**203,790**	**2,010**	**349,963**	**349,541**	**(421)**

- 999 income is £2,217k greater than plan, this is from the anticipated additional income (£2,500k) from NHS England to support funding the additional resources required to improve C2 mean performance.

- 111 income is £37k below plan, this is due to the reduction in the cost of prescription fees, that is recharged to commissioners and subsequently is offset by the decrease in expenditure.

- HEE (Health Education England) income is £177k above plan. This reflects the most recent funding schedules received for 2024/25 and the reduced planned expenditure for some of the ongoing projects (mainly for the advance clinical paramedic (PP)) and is a timing issue matched to the actual expenditure.

- Other income is £348k below plan, this is a result of the planned additional £1,000k of additional funding is mitigated by the additional income from the new Adult Critical Care Service (£456k) and the sale of obsolete equipment (£64k).

- The total income forecast is £421k below plan. The additional £6,000k of planned income to support the position, is mitigated by: £2,500k relates to the re-allocation or of the additional 999 capacity funding as mentioned above, £1,700k of additional recurrent funding expected from NHS England to support ambulance capacity and £782k from funding for the adult critical care transfer service. The remainder is driven by the additional income expected from HEE income. The Trust is still awaiting confirmation of the start and the funding of the recently awarded Gatwick contract.

2. Expenditure

The below table shows the 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 October 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	(2,813)	(3,012)	(199)	(4,669)	(5,373)	(704)
Finance & Corporate Services	(9,392)	(9,435)	(43)	(16,181)	(17,007)	(826)
Quality and Safety	(2,126)	(2,106)	20	(3,636)	(3,637)	(1)
Medical	(8,499)	(7,863)	636	(14,706)	(14,496)	210
Operations	(113,597)	(114,360)	(763)	(195,949)	(197,836)	(1,887)
Operations - 111	(16,965)	(17,044)	(79)	(29,059)	(29,330)	(271)
Strategic Planning & Transformation	(16,536)	(16,135)	401	(28,651)	(28,130)	521
Human Resources	(3,554)	(3,717)	(163)	(6,280)	(6,789)	(509)
Digital	(6,803)	(6,858)	(55)	(11,672)	(11,960)	(288)
Paramedical	(3,135)	(2,866)	269	(5,443)	(5,627)	(184)
Total Directorate Expenditure	**(183,420)**	**(183,396)**	**24**	**(316,246)**	**(320,185)**	**(3,939)**
Depreciation	(10,467)	(10,594)	(127)	(19,196)	(19,511)	(315)
Impairments	0	1,836	1,836	0	1,836	1,836
Financing Costs	(498)	(294)	204	(854)	34	888
Corporate Expenditure	(8,116)	(9,103)	(987)	(15,382)	(11,709)	3,674
Total Expenditure	**(202,501)**	**(201,551)**	**950**	**(351,680)**	**(349,534)**	**2,146**
Planned Profit on Sale of Assets	1,722	607	(1,115)	1,722	1,834	112
Total Trust Expenditure	**(200,779)**	**(200,944)**	**(165)**	**(349,958)**	**(347,700)**	**2,258**

*Excludes Income - Values subject to rounding

Year to Date performance against plan

- Total expenditure at year to October 2024 was £200,944k, which is £165k adverse to plan.

- This includes the additional capacity resources equalling £2,308k in Operations matched by £2,217k income. Other adverse and favourable variances in other directorates that offset the cost pressure elsewhere as detailed below.

- Excluding the additional capacity cost of £2,308k, the YTD Operations position is £1,545k below plan. The key drivers are as follows:
    - Almost half of the underspend amounting to £758k is in Field Operations. This is because of reduced overtime, and time off in lieu (TOIL) payments than planned due to the allocation of overtime costs to the additional capacity funding which is offsetting the YTD bank staff costs of £673k. Additionally, spending on planned recruits is 49.6% lower than the plan, and we continue to maintain the savings on Private Ambulance Providers of £355k driven by the 27.1% reduction in the provision of hours in Quarter 1.
    - The timing of various planned expenditures, particularly underspent vehicle expenses of £202k and protective clothing of £101k, has resulted in a favourable variance of £446k in Specialist Operations.
    - EOC position is also £356k below plan because overtime costs have been transferred to the additional capacity funding. Secondly, the need to rely on agency resources at a premium rate and for overtime to support the service has significantly decreased since the international clinicians became fully operational in September.

- The financial performance for our NHS 111 service has improved, now being £79k worse than planned, compared to the £240k adverse last month. This improvement is largely due to our subcontract spending with IC24 aligning with the plan after reviewing the operating model. Additionally, there has been a net underspend of £215k across several non-pay expense categories, particularly in facilities (£95k), uniforms (£50k), training, and travel (£48k). However, this underspend is offsetting an overspend of £294k in pay. While we have successfully recruited permanent clinicians for the EOC, it has been challenging to recruit clinicians for the NHS 111 service, necessitating reliance on agency support.

- There were favourable variances across other directorates including savings amounting to £567k in support and back-office functions due to delayed recruitment and restructuring notably within Medical and Paramedical. Additionally, non-pay costs in SP&T were £434k under the plan, primarily due to a £340k reduction in spending on Logistics. Key factors contributing to this underspend include £138k saved on staff uniforms and £132k due to the timing of clinical equipment procurement. Furthermore, a lower-than-expected fuel rate of £1.16 per litre compared to the plan of £1.60 and delays in recognising vehicle leases contributed to a £119k underspend in Fleet expenses.

- The savings outlined above were partially offset by increased expenditures of £199k in CEO and £163k in HR. This overspending was largely due to the necessity of engaging external specialist contractors to support the transition. Additionally, we recruited more senior management and employee relations positions to facilitate HR service delivery.

- Finance costs are contributing an additional £204k 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) (please note £1k difference on “variance” is due to rounding).

NHSE Categories	Year to October 2024			Forecast to March 2024		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Pay/Staff Costs	(147,838)	(146,445)	1,393	(257,887)	(258,284)	(397)
Depreciation	(10,467)	(10,594)	(127)	(19,197)	(19,510)	(313)
Premises Costs	(12,530)	(12,188)	342	(21,698)	(21,735)	(37)
Transport Costs	(9,887)	(9,186)	701	(17,418)	(16,260)	1,158
Purchase of Healthcare (PAPs;IC24;HEMS)	(6,983)	(6,585)	398	(10,879)	(10,497)	382
Supplies and Services	(5,814)	(5,448)	366	(10,031)	(10,317)	(286)
Establishment	(3,318)	(3,494)	(176)	(6,047)	(6,507)	(460)
Education Costs	(1,234)	(980)	254	(2,175)	(2,476)	(301)
Operating Lease Expenditure	(1,183)	(911)	272	(2,028)	(1,752)	276
Finance Costs	(498)	1,543	2,041	(855)	1,871	2,726
Clinical Negligence (CNST)	(1,148)	(1,175)	(27)	(1,967)	(1,995)	(28)
Other	121	(6,088)	(6,209)	(1,498)	(2,072)	(575)
Total Expenditure	**(200,779)**	**(201,551)**	**(772)**	**(351,680)**	**(349,534)**	**2,145**
Planned Profit on Sale of Assets	0	607	607	1,722	1,834	112
Total Trust Expenditure	**(200,779)**	**(200,944)**	**(165)**	**(349,958)**	**(347,700)**	**2,258**

Full year performance against plan

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

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 October 2024			Month of October 2024			Vacancies* - October 2024		
	Sep-24	Oct-24	Movt	Plan	Actual	Variance	Plan	Actual	Variance
Chief Executive Office	55.8	51.0	(4.8)	53.8	51.0	2.8	53.8	51.5	2.3
Finance	44.3	42.3	(2.0)	43.8	42.3	1.5	43.8	41.4	2.4
Quality and Safety	53.7	54.6	0.9	55.7	54.6	1.1	55.7	56.1	(0.4)
Medical	155.7	146.2	(9.4)	155.7	146.2	9.4	155.7	143.2	12.4
Operations	3,771.7	3,721.3	(50.3)	3,780.9	3,721.3	59.6	3,780.9	3,569.3	211.6
Operations - 111	428.3	374.6	(53.7)	428.3	374.6	53.7	428.3	367.1	61.2
Strategic Planning & Transformation	123.0	120.7	(2.3)	123.0	120.7	2.3	123.0	120.4	2.6
Human Resources	72.6	70.0	(2.6)	71.6	70.0	1.6	71.6	69.8	1.8
Digital	70.0	65.9	(4.1)	70.0	65.9	4.1	70.0	67.0	3.0
Paramedical	68.3	60.9	(7.5)	68.3	60.9	7.5	68.3	56.6	11.7
Total Whole Time Equivalent (WTE)	**4,843.4**	**4,707.5**	**(135.9)**	**4,851.1**	**4,707.5**	**143.6**	**4,851.1**	**4,542.5**	**308.6**

*Excludes 3rd Party Providers (PAPs)

*Net Funded WTE less Contracted (ESR) WTE

- 135.9WTE less was provided in October compared to last month, mainly in Operations, and 111, as resources were reduced following review of rotas and reflects seasonality.

- The Trust is 143.9WTE below plan for October, this continues to be seen in Operations, including EOC, as noted above, 111 and Medical, 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 October 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	201,781	203,790	2,010	349,963	349,541	(421)
Expenditure	(200,779)	(200,944)	(165)	(349,958)	(347,700)	2,258
Trust Surplus / (Deficit)	**1,002**	**2,846**	**1,844**	**5**	**1,841**	**1,836**

999 (Emergency Services)	Year to October 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	182,803	184,285	1,482	317,482	315,792	(1,690)
Expenditure	(181,180)	(181,976)	(796)	(316,369)	(313,818)	2,551
Trust Surplus / (Deficit)	**1,623**	**2,309**	**687**	**1,114**	**1,974**	**860**

111 (KMS)	Year to October 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	16,724	16,687	(38)	28,670	28,603	(68)
Expenditure	(16,964)	(17,044)	(79)	(29,059)	(29,328)	(269)
Trust Surplus / (Deficit)	**(240)**	**(357)**	**(117)**	**(389)**	**(725)**	**(336)**

Other	Year to October 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Income	2,254	2,818	565	3,810	5,147	1,336
Expenditure	(2,634)	(1,924)	710	(4,530)	(4,554)	(24)
Trust Surplus / (Deficit)	**(380)**	**894**	**1,275**	**(720)**	**593**	**1,312**

- 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, Adult Critical Care Transfer Service, Gatwick Airport, 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 £1,844k better than plan for the YTD, mainly driven by the reversal of the impairment (£1,836k).

- 111 is £117k worse than plan, as noted above.

- Other is £1,275k better than plan from reduced planned expenditure within the HEE education projects, mainly through timing, the Adult Critical Care Transfer Service is contributing £326k.

5. Efficiency Programme

- The Trust's revised financial plan surplus of £7k for 2024/25 is predicated on the delivery of a £23,926k efficiency target, which represents 6.6% of operating the expenditure.

Pipeline Tracker - Cash Releasing and Non-Cash Releasing Efficiencies

Scheme Category	Fully Validated	Validated	Scoped	Total Schemes	Proposed	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Digital Productivity	167	-	-	167	-	167
Discretionary Non Pay	73	-	-	73	-	73
External consultancy & contractors	-	51	-	51	-	51
Fleet - Fuel: Bunkered Fuel & Price Differential	500	-	-	500	-	500
Fleet - Other Efficiencies	100	-	-	100	-	100
Hear and Treat improvement	1,629	-	-	1,629	-	1,629
Income generation	1,722	-	-	1,722	-	1,722
Medicines Management - Drugs	93	-	-	93	-	93
Medicines Management - Equipment	44	-	-	44	-	44
Operations Efficiencies	1,307	-	-	1,307	-	1,307
Optimisation in establishment - clinical	2,350	-	-	2,350	-	2,350
Optimisation in establishment - non clinical	3,023	23	-	3,046	-	3,046
Policy & Process review	391	-	-	391	80	471
Procurement contracts review	129	-	40	169	298	467
Recruitment & Retention optimisation	1,000	-	-	1,000	-	1,000
Reduction in Sickness Absence	620	-	-	620	-	620
Savings following sale of property	267	-	-	267	-	267
Service Redesign	9,871	-	-	9,871	-	9,871
Supply Chain review	148	-	-	148	-	148
Grand Total	**23,434**	**74**	**40**	**23,548**	**378**	**23,926**

- We have developed 43 efficiency schemes, amounting to £23,548k, which represents 98.4% of our target of £23,926k as shown in the above table. Additionally, two new schemes valued at £1,500k have been moved fully validated stage: As a result, we now have 38 schemes worth £23,434k that have moved into the delivery phase. From these, we have established a total non-cash releasing target of £19,176k based on the 16 schemes identified during the planning stage.

- As of YTD, 27 schemes have been developed totaling £4,372k toward the cash-releasing target of £4,750k. This amount includes the £450k anticipated from the collaboration with SCAS.
    - Out of these schemes, 22 equalling £4,258k, have been transferred to the delivery phase. This represents an improvement of 2 schemes, £1,000k related to Investment in Recruitment and Retention, which was transferred from the "scoped" category, and £500k for the Reduction in Fuel Rate.
    - Currently, there are 2 "validated" schemes remaining, amounting to £74k. This leaves 3 schemes, equalling £40k, still in the "scoped" phase, both pending approval from executive directors and or a QIA review.
- Furthermore, there are 15 proposed procurement contract review schemes under development that amount to £298k, aimed at addressing the existing gap.

Summary of YTD Efficiency Delivery - Cash-releasing and Non-Cash releasing

2024-25 M7 Efficiencies Status	Plan YTD M07			Actuals YTD M07				Full Year Plan			Full Year Forecast Risk Adjusted Fully Validated Schemes			
	Recurrent	Non Recurrent	Total	Recurrent	Non Recurrent	Total	Variance	Recurrent	Non Recurrent	Total	Recurrent	Non Recurrent	Total	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cash Releasing Efficiencies	2,111	0	2,111	842	1,310	2,152	40	4,750	0	4,750	1,513	2,265	3,778	(972)
Non-Cash Releasing Efficiencies	7,790	2,640	10,430	7,774	1,813	9,587	(843)	16,373	2,803	19,176	16,373	2,803	19,176	0
Total Efficiencies	**9,901**	**2,640**	**12,541**	**8,616**	**3,123**	**11,739**	**(803)**	**21,123**	**2,803**	**23,926**	**17,886**	**5,068**	**22,954**	**(972)**
Recurrent /Non recurrent percentage	*78.9%*	*21.1%*		*73.4%*	*26.6%*			*88.3%*	*11.7%*		*77.9%*	*22.1%*		

- For the seven months ending October 2024, we have achieved £11,739k in efficiency savings, which is £803k or 6.4% below our planned target. The improvement of £960k (54.7%) compared to last month's shortfall of £1,763k in our cash releasing schemes.

- Recurrent savings reduced to 73.4%, compared to the planned 78.9%, resulting in an increase in non-recurrent schemes to 26.6% of total savings. This is because 61% or £1,310k of the cash-releasing schemes are non-recurrent against the 100% originally planned.

- 81.7% or £9,587k of the overall savings relate to non-cash releasing schemes. This remains £843k below plan due to delays in the planned sale of properties in the first quarter.

- The YTD cash-releasing efficiency savings amounted to £2,152k, which was better than plan by £40k. This net improvement was driven by overachievements as detailed in the directorate summary below.

- There was a significant reduction in fuel rates than planned amounting to £500k non-recurrent savings in Strategic Planning and Transformation and improved telephony productivity in Digital, contributing £51k. These gains offset shortfalls from planned efficiencies in Operations, which totalled £288k, and the SCAS collaboration review of £200k, which is no longer expected to be realised this financial year. Additionally, there were delays in recognising external contractor savings of £51k in Finance.

Summary of YTD Efficiency Delivery - Cash releasing by Directorate

Directorate	YTD M07 Plan	YTD M07 Actuals	Variance		Full Year (FY) Plan	FY Forecast - Risk Adjusted Fully Validated	Variance	
	£000	£000	£000		£000	£000	£000	
Chief Executive Office	19	25	6	✓	42	42	0	✓
Finance & Corporate Services	472	421	(51)	✗	1,061	446	(615)	✗
HR	444	444	(0)	✗	1,000	1,000	0	✓
Medical	177	169	(8)	✗	399	399	0	✓
Operations	628	340	(288)	✗	1,414	934	(480)	✗
Quality & Nursing	14	13	(1)	✗	31	75	44	✓
Strategic Planning & Transformation	116	648	532	✓	261	790	529	✓
Digital and Information	41	92	51	✓	92	92	(0)	✗
Trust wide	200	0	(200)	✗	450	0	(450)	✗
	2,111	**2,152**	**40**		**4,750**	**3,778**	**(972)**	

- The efficiency program is currently rated as “amber” risk. We are reporting a full-year risk-adjusted forecast of £22,954k, which is 4.1% below the target of £23,926k. This represents an improvement of 60.7% compared to a £2,472k shortfall reported last month.

- The £972k gap is mainly due to unmet milestones and delays to changes to HR policies affecting various operational schemes, including the "Removal of Additional TOIL Payment" scheme, which has a savings target of £480k, and the unrealised benefits from the SCAS collaboration review, which accounts for another £450k in planned cash-releasing efficiencies.

- Furthermore, most cash-releasing efficiencies are expected to be realised in the second half of the year. However, this may pose challenges due to the winter pressures that the Trust typically experiences during this period.

- The Trust is committed to achieving the planned efficiency target for 2024/25 and needs to generate £2,598k (54.7%) of the total cash-releasing target of £4,750k within the next five months.

- To address these issues, the Senior Management Group (SMG) leads are collaborating with their Finance Business Partners (FBPs) to:
    - Develop and advance identified initiatives through the Executive Director/QIA and delivery phases, reducing the current cash-releasing forecast variance of £972k.
    - Identify budget underspends as non-recurrent efficiencies.
    - Promote sustainable schemes and explore new opportunities to mitigate potential risks, ensuring that each directorate meets its allocated cash-releasing target.

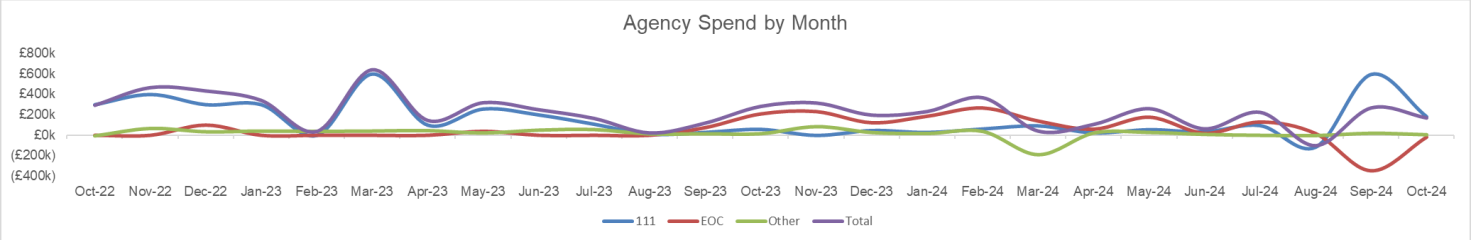
- Regular updates on progress are provided to the SMG, Joint Leadership Team, and Finance and Investment Committee.

6. Agency

	Year to October 2024			Forecast to March 2025		
	£000	£000	£000	£000	£000	£000
	Plan	Actual	Variance	Plan	Actual	Variance
Agency Expenditure	**(1,127)**	**(969)**	**158**	**(1,932)**	**(1,932)**	**0**

- Overall spend with agencies is £158k less than planned.

- Majority of the agency spend for the year to date was in 111 (£877k) and to provide additional capacity support in EOC (£41k).



7. Statement of Financial Position and Cash

	£000 30 September 2024	£000 Change	£000 31 October 2024	£000 31 March 2024
NON-CURRENT ASSETS				
Property, Plant and Equipment	96,269	2,373	98,642	97,966
Intangible Assets	1,730	(126)	1,604	2,131
Trade and Other Receivables	0	0	0	0
Total Non-Current Assets	**97,999**	**2,247**	**100,246**	**100,097**
CURRENT ASSETS				
Inventories	2,921	165	3,086	2,684
Trade and Other Receivables	20,086	(4,200)	15,886	6,739
Asset Held for Sale	1,373	860	2,233	1,953
Other Current Assets	0	0	0	0
Cash and Cash Equivalents	26,519	5,596	32,115	35,568
Total Current Assets	**50,899**	**2,421**	**53,320**	**46,944**
CURRENT LIABILITIES				
Trade and Other Payables	(35,428)	(3,427)	(38,855)	(34,236)
Provisions for Liabilities and Charges	(14,136)	760	(13,376)	(13,881)
Borrowings	(5,820)	(283)	(6,103)	(5,245)
Total Current Liabilities	**(55,384)**	**(2,950)**	**(58,334)**	**(53,362)**
Total Assets Less Current Liabilities	**93,514**	**1,718**	**95,232**	**93,679**
NON-CURRENT LIABILITIES				
Provisions for Liabilities and Charges	(10,757)	0	(10,757)	(10,757)
Borrowings	(17,976)	(1,219)	(19,195)	(19,513)
Total Non-Current Liabilities	**(28,733)**	**(1,219)**	**(29,952)**	**(30,270)**
TOTAL ASSETS EMPLOYED	**64,781**	**499**	**65,280**	**63,409**
FINANCED BY TAXPAYERS EQUITY:				
Public dividend capital	109,537	0	109,537	109,537
Revaluation reserve	5,241	(13)	5,228	6,871
Donated asset reserve	0	0	0	0
Income and expenditure reserve	(52,343)	12	(52,331)	(52,999)
Income and expenditure reserve - current year	2,346	500	2,846	0
TOTAL TAX PAYERS' EQUITY	**64,781**	**499**	**65,280**	**63,409**

- Non-Current Assets increased by £2,247k in the month arising from £3,890k monthly additions offset by monthly depreciation of £1,643k.

- M07 movement within Trade and other receivables is a net decrease of £4,200k and the closing balance is £3,673k lower than plan YTD plan. The net decrease is driven by the Trust receiving cash for the pro-rata and previously accrued additional, annual £10,500k of non-recurrent support funding.

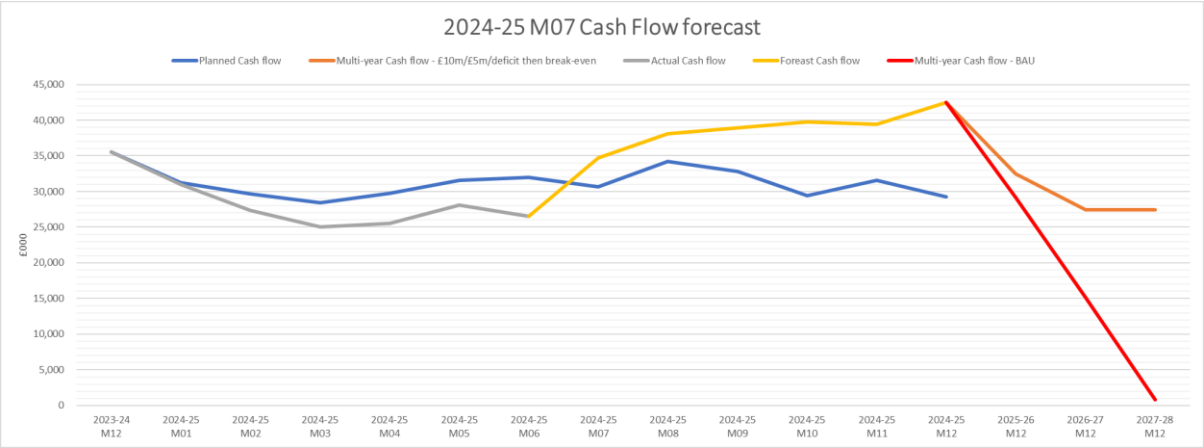
- The closing October 2024 cash position of £32,115k is £1,412k less than planned. The M07 closing cash was £1,412k higher than planned due to receiving funding for 7/12th of the pay award that was offset by earlier than planned payment to suppliers for capital investments and non-capital services, prior year settlements that were not anticipated to convert into cash payments during the year (£653k). The adverse variance relating to third party suppliers and pay spend are expected to reverse during the financial year. The revised cash forecast is £42,468k that incorporates the above-mentioned additional support from Commissioners.

- Trade and other payables increased by £3,427k which is driven by the decrease is mainly driven by the Trust settling the Tax/NI/Pension contribution liabilities that were higher than usual at M6 due to the back-dated pay awards.

- The provision balances reduced by £760k during the month and relates to the reallocation of education (HEE) funding to the Advanced Clinical Practitioner (ACP) project.

- Borrowings increased by £1,501k overall (recurrent and non-recurrently) that arise from an increase in leased asset obligations and in line with the Trust's capital plan.

- The £500k increase on the I&E reserve represents the Trust's reported surplus.



The Trust is forecasting a £42,468k closing cash balance for 2024-25. The above graph shows the 2024-25 planned (blue line), actual (grey line) and forecast (yellow line) cash balance. The latter incorporates the additional £6.0m income that was agreed after the July 2024 plan submission, which was reflected in the £10,493k agreed deficit plan and the £10,500k support from Commissioners that revised the Trust plans for the year to £7k surplus. The closing balance in future years assuming no change in business activities (red line - business as usual) is showing that the Trust would have enough cash until the end of 2027-28. Assuming a £10m and £5m deficit for 2025-26 and 2026-27 respectively then a breakeven for 2027-28 (orange line) would mean the Trust can retain £27.5m worth of cash that will be sufficient to meet approximately one month's worth of pay obligations.

Should the Trust carry on business as usual then cash will be used up by the end of 2027-28 and the Trust would need to seek cash support from DHSC and HMT which would be interest bearing, based on the then published rates. This would further increase the deficit as finance cost would increase.

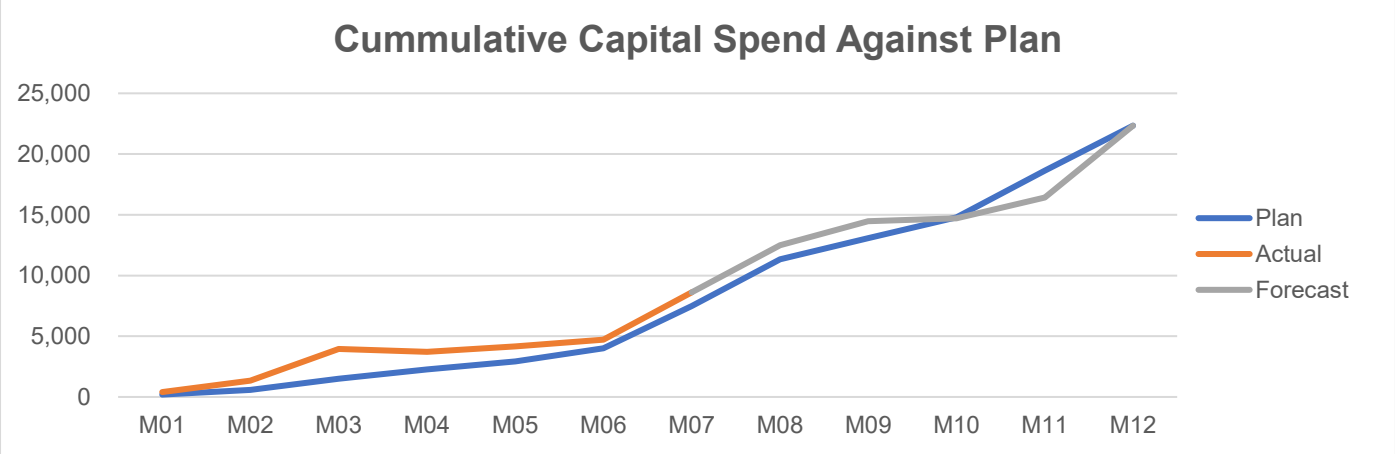
8. Capital

The in-month capital spend is £3,890k. The in-month actual is £406k higher compared to the plan of £3,484k.

The Trust has overspent on the YTD capital plan of £7,494k by £1,123k, which is due to slippage from 2023/24, the early delivery of 35 Double Crewed Ambulances (DCAs) and will be offset by future underspends.

	In Month October 2024			Year to October 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	279	221	2,531	1,443	1,088	4,501	5,310	(809)
Strategic Estates	0	6	(6)	0	199	(199)	0	199	(199)
IT	42	116	(74)	540	626	(86)	3,907	3,115	792
Fleet	63	1,323	(1,260)	735	1,967	(1,232)	3,058	3,855	(797)
Medical	0	0	0	45	0	45	45	45	0
Total Original Plan	**605**	**1,723**	**(1,118)**	**3,851**	**4,235**	**(384)**	**11,511**	**12,524**	**(1,013)**
Extra Allocation*									
Total Extra Allocation	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
CDEL Credit**									
Total Sales Income	0	0	0	0	(656)	656	(1,903)	(1,013)	(890)
Total Spend	0	0	0	0	0	0	1,903	0	1,903
Total CDEL Credit	**0**	**0**	**0**	**0**	**(656)**	**656**	**0**	**(1,013)**	**1,013**
PDC									
Total PDC	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total Purchased Assets	**605**	**1,723**	**(1,118)**	**3,851**	**3,579**	**272**	**11,511**	**11,511**	**(0)**
Leased Assets									
Estates	11	97	(86)	259	806	(547)	674	1,142	(468)
Fleet	2,868	2,070	798	3,156	4,023	(867)	7,825	7,182	643
Specialist Ops	0	0	0	228	209	19	2,328	2,503	(175)
Total Leased Assets	**2,879**	**2,167**	**712**	**3,643**	**5,038**	**(1,395)**	**10,827**	**10,827**	**0**
Total Capital Plan	**3,484**	**3,890**	**(406)**	**7,494**	**8,617**	**(1,123)**	**22,338**	**22,338**	**0**

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 that are linked to 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 identified.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Board Assurance Framework

December 2024

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Compliance: RSP Review

Dec 2024

Executive Summary – Position Statement 1/3

South East Coast Ambulance Service NHS Foundation Trust

- SECAmb is ready to exit the NOF 4 oversight framework and transition to NOF 3 after 2.5 years of comprehensive improvements. This document outlines the basis for our readiness assessment and seeks support from our system colleagues in this transition.

Background:

- Our improvement journey has been 2.5 years in the making, during which we have progressed from a regulatory focus to one based on our new clinical strategy, designed to guide the Trust in serving its patients over the next five years. Our approach has involved wide internal and external stakeholder engagement, showcasing our commitment to system leadership.

Leadership, Governance and Culture:

- We have significantly strengthened our board and executive leadership, as evidenced by improved staff engagement scores and successful leadership transitions, including a new Chair and key executive team members. In this, we have amplified and strengthened our focus on clinical leadership, evidenced by the appointment of a Chief Paramedic. Our Board Assurance Framework (BAF) with improved data has been enhanced to include not only principal risks but also strategic and operating plan commitments, demonstrating a more comprehensive approach to governance.
- Our Improvement Director has been fully engaged throughout this process, providing ongoing feedback that confirms the improved effectiveness of our Board. This is further substantiated by the work done to improve trust culture, resulting in consistently improved staff survey results and the best improvement of any NHS provider regarding Freedom to Speak Up. We recognise there is still work to be done in this space, in particular around middle management leadership as outlined in our HR improvement plan and areas of on-going support.

Executive Summary – Position Statement 2/3

South East Coast Ambulance Service NHS Foundation Trust

Quality and Safety:

- Significant strides have been made in improving the quality of care. We have addressed historic SI backlogs and implemented a new quality management system with a robust QI approach. The adoption of the Patient Safety Incident Response Framework (PSIRF) and the strengthening of our Freedom to Speak Up function demonstrate our unwavering commitment to patient safety and an open culture.
- Our focus on innovation and continuous improvement is evidenced by our leadership in establishing Hubs and our recent HSJ award recognition. We have successfully embedded a Trust wide QI culture throughout the organisation, driving ongoing enhancements to our services.

Strategic Direction:

- We have developed a new, clinically-led trust-wide strategy that clearly outlines our vision for the future of our service. This strategy was co-designed with and has the support of all stakeholders, ensuring it is patient-focused and connected to the voice of our people. The appointment of a Chief Paramedic and Chief Digital Information Officer has bolstered our executive team, preparing us for the future changes needed to improve patient care.

Performance and Finance:

- For two consecutive years, we have successfully delivered on our performance AQI and financial trajectories. Notably, we were one of the best-performing trust in England last year regarding the main C2 mean target. We are currently on-plan against both performance and financial metrics at M06 this year, showcasing our consistent progress and financial stability. This has been achieved whilst also investing in our people through the re-banding of our Emergency Care Support Workers (ECSWs). Long-term sustainability is now on our agenda going forward, and delivering our future model will require support in the delivery of the SE Ambulance Transformation report recommendations; in ensuring we are delivering changes in our models of care in a consistent way with changes in commissioning to support better patient outcomes as we improve from our current deficit financial position.

Executive Summary – Position Statement 3/3

South East Coast Ambulance Service NHS Foundation Trust

Areas for Ongoing Support:

- Whilst we are confident in our readiness for NOF 3, we recognise there are ongoing issues that require attention, particularly in HR, Digital, Finance, and Trade Union relations. We are being proactive in our forward planning to address these challenges as we implement our new clinical model and pursue collaborative initiatives.
- We seek continued support in the following key areas:
  - Delivering our HR improvement plan over the next two years, with near-term expected outcomes.
  - We are developing a comprehensive 3-year business plan for financial recovery and strategy implementation. Implementing changes outlined in the SE Ambulance Review Report will support delivery of this plan.
- We will continue to use the System Assurance Meeting (SAM) and system governance structures to ensure we are working effectively as a system for the benefit of the public and our patients.

Conclusion:

- By virtue of the steps we have taken, we have demonstrated our belief that we are moving into a more sustainable place. We have much clearer insight into what is within our control and what support is needed from our system and ICB partners.
- This position statement represents our own assessment, and we hope that through the engagement over the past two years, especially via SAM, our system colleagues will support this view. We believe that our comprehensive improvement journey, coupled with our understanding of our strengths and areas for continued development, demonstrates our readiness to transition to NOF 3.
- We look forward to continuing our improvement journey and working collaboratively with our partners to deliver the highest quality care to our patients and communities.

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 - completed • A Chief Paramedic Officer role will be established as part of the clinical leadership team, along with a new DOO - completed • Embedding of the clinical triumvirate model from Q3 24/25 once new Executive appointments in place. – appointment completed, see RSP-G1 • SECAmb is a consultee of the SCAS executive re-structure which proposes several joint potential executive roles between SCAS and SECamb. We will respond by 7th November, however this will not stop recruiting substantively to SECamb CFO and HRD as posts are not proposed for sharing. **Evidence** : • Leadership stability measured through re-benchmarking Organisational and Leadership Trust Index (as done by the Executive Development Programme)		

Progress Against Exit Criteria

Additional evidence

See attached
Board Development Plan 24/25 and plans for 25/26
Evidence of closing loop of 2023 WLR

NHS South East Coast Ambulance Service

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 – year 2 development scope developed with ID and approved by Exec • 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. – team now in place, risk mitigated by development plan **Evidence** : • 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

South East Coast Ambulance Service NHS Foundation Trust

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. • System-level governance forums in place • Setting out of a clinical leadership development model from the Clinical Triumvirate. **Plan to sustain**: • Implementation of the Clinical Triumvirate, including Clinical Quality Leads and a reshaped Clinical Leadership structure. • 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 (24/25 Tier 1 BAF priority) **Evidence** : • Key appointments in place to strengthen clinical governance, setting of clinical standards and delivery of the clinical and non-clinical education portfolios. - appointments completed, further clarification needed on DOR for the 3 clinical portfolios at Board (see RSP-G1)		

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. • Re-structuring of portfolios due to happened through Q2 and Q3 24/25. • CDIO, CPaO, and new DOOps appointments completed. • Substantive CFO and HRD appointments to commence in Q3 **Evidence** : • 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 **Risk** • Clinical triumvirate clarity of DOR at Board level		

Progress Against Exit Criteria

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. • New BAF in use, including Trust objectives and Risk **Plan to Exit**: • Appointment of a Head of Compliance is scheduled to be completed in ~~August 2024~~. Q4 **Evidence** : • 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

Additional evidence

Board Development Plan 24/25 and plans for 25/26
Evidence of closing loop of 2023 WLR

NHS
South East Coast Ambulance Service
NHS Foundation Trust

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** : • WLR recommendations taken into a comprehensive 2024/25 Board development plan that links to the trust's strategy		

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-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.
		• The Trust as M06 is delivering in line with plan across money, performance and workforce.
		
		Plan to Exit:
		• Development of a multi-year plan will require joint approach with commissioners and region to agree activity, commissioning and model assumptions.
		• Milestone 3-year draft business plan internally approved in December 24, to be socialised with SAM in December in January sessions.
		• 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 :
		• 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. – acknowledgement that this may not be agreed by exit date
		• 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

South East Coast Ambulance Service NHS Foundation Trust

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** : • Agreement with system partners what is the multi-year plan approach to support implementation of the trust strategy (see RSP G6)		

Progress Against Exit Criteria

Additional evidence

HR Improvement plan – see attached in SAM paper
Trajectories against ER Case management is outstanding

South East Coast Ambulance Service NHS Foundation Trust

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 (aligned with 6-month priorities for HR improvement plan)** • Re-structuring of HR team to increase capacity and capability across specific functions (ER, HRBP, Wellbeing, L&OD) • Agreeing new TOR for JPF • Resolving legacy ER cases and moving towards culture of resolution • Targeted training for frontline leaders and HR staff to address issues locally **Evidence** : • Evidence of implemented changes in line with an agreed recovery plan by interim HRD • Evidence of 6-month outcomes achieved as outlined in the improvement plan, (see HR plan attached)		

Progress Against Exit Criteria

Additional evidence

See attached
Staff Survey and NQPS Trends

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 live • See evidence of improved engagement improvement **Plan to Exit**: • Integrated people plan for year 2 is under development in line with the strategy. • 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** : • Evidence of the engagement plan implemented • Continued improvement in survey results		

Version	Noted Changes	Date
V.1.0	First Submission of BAF	Aug-24
V.1.1	Review & Update of first submission Changes: - Virtual Care Hubs Executive Lead updated (DoO to DoQ/CN) - Strategic Transformation Plan Overview updated to reflect decision of 4 key priorities under people improvement and removal of "Getting Things Right for Our People" objectives - Highlight report – Getting things right for our people removed as all elements now out of scope except ER which has been added to People Improvement Plan	Sep-24
V.1.2	Review & Update of second submission Changes:	Nov-24