South East Coast Ambulance Service NHS
NHS Foundation Trust

Council of Governors
Meeting to be held in public.

12 December 2024
McIndoe 1 and 2, Nexus House, Crawley
09.30-12.00

Agenda

Item No.	Time	Item	Enc	Purpose	Lead
Introduction					
31/24	09:30	Welcome and Introductions	-	-	Chair
32/24	09:31	Apologies for Absence	-	-	Chair
33/24	09:32	Declarations of Interest	-	-	Chair
34/24	09:32	Minutes from the previous meeting 13.09.2024 Minutes from the AMM 13.09.2024	Y	Decision	Chair
35/24	09:34	Action Log / Matters Arising	Y	Decision	PL
Governance					
36/24	09:35	Membership Development Committee Report Membership Development Committee ToR Approval	Y	Decision	PS
37/24	09:40	Governor Development Committee Report Governor Development Committee ToR Approval	Y	Decision	AL
38/24	09:45	Governor Activities and Queries Report	Y	Information	AL
39/24	09:50	Nominations Committee Report	Y	Information	UK
Performance and holding to account. To inform the discussion on the agenda items listed in this section, included is the Integrated Quality Report & Board Assurance Framework.					
40/24	08:55	Update from the Chief Executive	Verbal	Information	SW
41/24	10:10	Delivering High Quality Patient Care	Y	Assurance	LS
42/24	10:40	Our People Enjoy Working at SECAmb	Y	Assurance	SS
43/24	11:10	We are a Sustainable Partner	Y	Assurance	HG
Administration					
44/24	11:40	Any Other Business (AOB)	-	-	Chair
45/24	11:42	Questions from the public	-	-	Chair
46/24	11:50	Review of meeting effectiveness	-	-	Chair
Date of Next Meeting: Thursday 13th March 2025					Chair

Questions submitted by the public for this meeting will have their name and a summary of their question and the response included in the minutes of the meeting.
PLEASE NOTE: This meeting of the Council is being held in person**,** in addition to using Microsoft Teams. The meeting will be video-recorded and made available for public viewing following the meeting. Anyone who asks a question gives consent to being recorded and the publication of their participation in the meeting.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Meeting held in public – 13th September 2024

Present:

Usman Khan	(UK)	Chair
Ann Osler	(AN)	Public Governor, Upper West
Angela Glynn	(AG)	Appointed Governor
Andy Erskine	(AE)	Appointed Governor
Harvey Nash	(HN)	Public Governor, Lower West
Kirsty Booth	(KB)	Staff Governor (non-operational)
Leigh Westwood	(LW)	Public Lead Governor, Lower West
Martin Brand	(MB)	Public Governor, Upper West
Nicholas Harrison	(NH)	Staff Governor (operational)
Peter Shore	(PS)	Public Governor, Upper West
Ray Rogers	(RR)	Public Governor, Upper West
Sam Bowden	(SB)	Staff Governors
Zak Foley	(ZF)	Public Governor, Lower East
Stephen Mardlin	(SM)	Appointed Governor
Ellie Simpkin	(ES)	Appointed Governor
Ann Osler	(AS)	Public Governor

In Attendance

Simon Weldon	(SW)	Chief Executive
Michael Whitehouse	(MW)	NED / Senior Independent Director
Liz Sharp	(LS)	NED
Subo Shanmuganathan	(SS)	NED
Karen Norman	(KN)	NED
Peter Lee	(PL)	Director of Corporate Governance and Company Secretary
Howard Goodbourn	(HG)	NED
Richard Banks	(RB)	Head of Corporate Governance
Jessica Hargreaves	(JH)	External Auditor, KPMG

Apologies:

Max Puller	(MP)	NED
Paul Brocklehurst	(PB)	NED
Linda Caine	(LC)	Public Governor, Upper East
Andrew Latham	(AL)	Public Governor, Lower West
Nick Harrison	(NH)	Staff Governor (Operational)

Item No.	Introduction and matters arising
15/24	**Introduction** UK welcomed members, those in attendance and the members of staff / public observing.
16/24	**Apologies for Absence** The apologies were noted as listed above.
17/24	**Declarations of Interest** No additional interests were declared to those already recorded on the register of interests, available on the trust website.
18/24	**Minutes from the previous meeting** The minutes were approved as a true and accurate record of the meeting.
19/24	**Action Log / Matters Arising** The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed. It was confirmed the CDIO will run a session with COG in December, following board approval in October.
Governance	
20/24	**Membership Development Committee Report** PS introduced the MDC report and highlighted that Governors have found more ways to discuss with any concerns with members and have now held two online constituency events with a third planned in November. PS asked that if there were a key message the trust would like to be delivered to ensure they are informed and appropriately briefed to let the governors know. PS confirmed, as agreed previously, we have held / or are holding four events a year where we attend to talk to the public, to showcase SECAmb. PS reflected that we held a successful day at Ardingly, with the next one is on Sunday at Brooklands. MB raised a previous e-mail circulated where he attended the Edenbridge and Oxted show which had a designated 999 area that consisted of the Police and fire service with a few ambulances with paramedics who attended in their own time, without time of in lieu (TOIL) or overtime. MB said this was the second largest event in the year and queried the decision not to attend this show. PL confirmed, following his e-mail, a meeting has been planned with communications team, patient engagement team to discuss and plan out for next year the priorities. PL reminded colleagues that the 4 chosen events were chosen by Governors in Governor Development Committee.

	UK reflected how useful these events are to raise our profile and engage members of the public with our strategy.
21/24	**Governor Development Committee Report** PS read this report on behalf of AL who has sent his apologies. PS confirmed there are lots of opportunities for Governors in the trust to attend Health and Safety visits, and Quality and Assurance Visits which are always really interesting, and PS noted this is a lot more than other trusts he has been a governor for. UK reflected it is important you all are out there in your constituencies within your patches to be our eyes and ears which will support in your role to hold our NEDs to account. No comments or queries.
22/24	**Governor Activities and Queries Report** PS read this report on behalf of AL who has sent his apologies. PS confirmed how useful it is to be able to observe board committees which is a positive and helpful process. UK reminded governors to ensure the online reporting form is sued to report governor activity. No comments or queries
23/24	**Annual Report and Accounts / Audit Opinion** UK welcomed JH to the council of governor meeting. UK confirmed and thanked HN for raising a point of accuracy within the annual report and account. JH gave a brief presentation on the results. JH confirmed as part of her audit, they need to ensure financial statements have met the materiality threshold with no significant differences in the interpretation of accounts. Regarding the Annual Report, less detail is reviewed compared to the financial statements and to ensure the information is consistent with knowledge and presented in financial statements. JH confirmed the disclosures that are highlighted in the report, specifically director remuneration. JH also confirmed work to confirm to auditors that financial statements are accurate. Value for Money Adequate arrangements to ensure trust has arrangements for value for money, JH confirmed that the audit procedure saw nine adjustments which the trust chose to adjust for, and this is permitted. JH confirmed if the trust had adjusted for these items, expenditure would have been £3.7m lower which would have been an improved financial position. 11 control recommendations, which is generally higher than NHS trusts normally receive were made. JH is working with the trust to implement better financial controls in the future. It was noted that they were all for improvement. JH highlighted three significant risk areas which the trust should pay particular attention too.

	1. Evaluation of land and buildings. This is the biggest number on balance sheet. SECAmb land and building, non-specialised assets, if vacated, another third party could use buildings for similar purpose. To gain an estimated rental value, there is a number of assumptions; to assist in value, a third party is used to value this. Medway MRC was built, and this resulted in a significant impairment. This was £15m. . 2. Expenditure recognition which was confirmed as accurate. 3. Management override of controls. Severe risk always identified. Work focussed on entries within ledger to ensure accuracy and evidence of documentation to support. 4. Results on value for money audit. We did identify risk for value for money audit. Driven in part for CQC inadequate rating in 2022 within the Governance domain. Significant improvements made in trust and controls in governance increased. To conclude, significant weakness in this domain and this is consistent in findings. The weakness was driven by volume of reports which did identify weaknesses and common theme identified that findings found and issues. This was not flagged in risk management processes. Aware work ongoing and we are expecting an improvement in 24/25. JH concluded the report to the Council of Governors for 2023/2024 audit and was happy to answer any queries. UK thanked KPMG to work with the trust as a critical friend to support us. MB sought clarification that the £3.7m would have ended the trust in a better financial position. JH responded that this was accrued at the end of the financial year which were earmarked as expenditure for 24/25 financial year. PS asked NEDs if they are assured that things are being done properly, and quickly enough regarding the value for money concern. MW confirmed and supported the assessment and confirmed he is assured. MW also said that last year was putting in place the fundamental principles which were to ensure increased resilience and is encouraged by the work completed by Simon Bell, CFO. I the past, there have been too many areas of single point of failures. MW confirmed this is being tracked by HG in FiC and AUC will be used to assess progress. MW concluded that one of the key drivers is strong leadership. After 6 years SECAmb now has a strong Executive team, working as a team and the trajectory is positive. SW confirmed he accepted this report, and thanked KPMG for their work. SW stated that in next year's report, as part of RSP, we had a secondary well led review as CQC has not been out since 2022. This identified significant improvements in risk and oversight. Agreed, more work to do which is acknowledged but improvements are ongoing.

	Regarding productivity, there is no definition nationally on what a productive ambulance service is. If you take income vs patients facing hours we can do on the road, this is something which has challenged ambulance services. The trust has engaged in a number of pieces of work on this, we are hoping to do a piece of work to internally review. How can we be assured that making the best use of hours to ensure most number of hours on the road. Need to challenge ourselves to increase this. This is a key piece of work for us and look forward to update governors on this in due course. UK reflected that we have confidence in the executive to follow on with improvements with a challenging setting. **Action** UK suggested that we schedule a report to follow on to future COGs. No other questions from Governors.
Performance and holding to account.	
24/24	**Update from the Chief Executive** SW welcomed the recent Darzi report and welcomed the candour and rigour within the report. SW commented that the report ensured hospitals come into the communities and ensured a much more technologically enabled way of working. SW reflected that we are fortunate in SECAmb to have a good quality estate compared to many colleagues and what is chimed into our strategy, is designed at its heart to ensure fewer people are conveyed to the hospital in an appropriate, clinically managed way. Sally Warren will come together and prepare a 10-year plan for the NHS and confirmed that we will be part of this process. The first opportunity comes in October when Regional and National team come together to convey what we think are the priorities for us and the region. It is clear the environment in the short term will be challenging. The Secretary of State for health has been clear there is no more money this year, so we continue to manage in this environment even though activity is increasing compared to planned activity. We are on plan financially at month five. Many colleagues are not in this position, so this is an achievement. Also able to report we are below trajectory (ahead of where we need to be) to hit C2 mean target for the end of this year. Hitting control total/supporting patients, it is worth noting, that not all ambulance services are in this position. SW thanked all clinical colleagues. Quality of care remains high and as a trust, should be proud we have never had a regulatory challenge regarding quality of care. Gearing up for winter, I think is fair to say all indicators confirm it will be a significant challenge for us and all. We are working very well with partners and are pleased to report that all ICBs as the UK and SW promote and support these relationships. Feedback is this is going well. During the second half of the year (H2), we see performance coming under more challenge as activity increases. If activity continues to rise, although financially on plan, we will face a stark choice of activity vs financial performance. SW stated that we would be reliant now on own ability to steer that course.

Our plan to continue to roll out hubs to mitigate demand is critical for success and we have good data to demonstrate having hubs in place does make a significant difference.

Recovery Support Programme (RSP)
Management of risk is improving, and connectivity with staff on the front line. Two challenges remain which is the current focus on the RSP environment.

SECAmb has 2 challenges.

1. To deliver great quality for patients. No uplift for patients.

Need a longer-term financial plan and our effort with commissioners to agree on a framework to plan for a longer time.

2. Focus on the HR Improvement Plan (IP). Coming to the board in October for sign-off.

The HR IP came to our recent board development day where we looked at the first cut which has also been going through regional scrutiny. This will also be going through further scrutiny before going to the board in October.
SW confirmed this will be going through the entire organisation and is one of SW top priorities.
SW acknowledged the work needed and noted under the leadership of HRD, we need to do the grass root changes to bring us to a point.

Regarding RSP, we need to be recommending to regional and national teams that we are ready to come out of RSP and to assert for ourselves that we are ready to move forward.

Governor Questions

- SM asked, can we challenge healthcare providers for calling for an ambulance? SW answered we need to try and find another solution rather than call an ambulance. One of the biggest things we need to do within ICBs is find other and better solutions rather than calling for an ambulance. Hubs in Kent have been successful but have also identified challenges that need to be overcome.
- RR asked, regarding Hubs and Pathways, the plan is in the next quarter, for five new hubs to be operational. I get the feeling this is not quite going to happen. Are we in a position to manage the risks which I guess includes a financial risk? Are we assured pathway programmes are on target for ICBs?
  SW if we have places that we could bring people and importantly, bring the right people in the room together and have these conversations. We are still waiting to hear if we have funding for this from commissioners.
  Our three executive clinical directors are developing pathways at the moment.
  All our system partners have different service offerings, and we need to have a provider conversation to standardise pathways.
  Offerings around frailty/care responses to call outs/how are we going to help us with Category 3/4 work. Rich opportunities for us to do more and differently.
  Up until now, A&E in an awful state. More people going to A&E as default as the first point of care. We need to start pulling that number back down which will be a challenge with moving activity and moving money.
  Now we need to be serious about moving money into community.
- RR asked, how much are we seeking? SW confirmed £2 million.

	• MB asked, regarding an increase in demand. What analysis has been done? As we know, demand continues to rise, so does that rise above 7%? Has new build housing been built into the analysis? Milton Keynes has built more houses but requires another hospital to be built. SW answered within the 10-year plan, an explicit commitment needs to be nestled into the government plan. Within this promise to us, were things we would like you to do, 10-year plan H1 2025. Need to scrutinise the plan when it comes out. SW commented that it would be incumbent for governors to have this conversation and what we are doing around us. Demand analysis has been done. The meeting next week is not for us to talk to but to present the analysis to ICB partners. This is where demand is happening. MB, also about C2 across KSS. • KB asked regarding Hubs and asked to ensure evaluation criteria are clear and look to improve what happens going forward. SS and LS agreed this would be taken into account. SW commented, our homework is marked and demonstrated positive impact and basis of discussion rest of year. Each ICB is different, we will need to whilst transferring criteria, need to expect differences. Robust analysis has been done in Kent. The board has been in no doubt that this has made a difference. C1 performance has improved which meant we had more capability to respond to C1 calls. As demand and profile changes, all of these things need to constantly be reflected on. LS commented that one thing to note is the Hubs are not a one-size-fits-all. It is dependent on system partners on what they want and outcomes. LS mentioned the Tangmere pilot on unsafe discharge. Clinicians felt supported but lessons to be learned. • MB asked if the hubs are going to be national policy or is this SECAmb doing? SW confirmed this is national policy by NHSE to move away activity from hospitals. The model we have provided has been visited by the national team and was shortlisted for an HSJ award later this year. The difficulties are finance, and this is a real challenge. UK added, it is interesting across 4 ICBs, UK feels he is spending a lot of time in Sussex that involves us, in terms of Sussex wanting to engage with us and UK feels balance within all systems. Compare Kent of SECAmb offer but they understand the HUB model. C2 numbers and handover and not seen as a fully in-system partner/enabler. Also, governors are eyes/ears/voices out there across health systems, basic understanding to be system enablers and partners. HUBS are essential but more to it than this. We will need to work at a pace that SW has said, and we have had to put forward a budget that is reduced. We need to work with partners to do this and all our ICBs across SECAmb are working in the same way. No other queries raised.

25/24	**Delivering High Quality Patient Care** LS outlined improvements and progress and areas of concerns and gave a reasonable level of assurance. LS mentioned the trusts QI approach and confirmed the three objectives from a QI perspective. 1. Safety in the waiting list (renamed from waiting in the stack) 2. Focus on interfacility transfer. 3. EOC Clinical audit process LS commented it was great to see SECAmb present to LAS on the SECAmb approach. LS commented that one small change, using this QI methodology, saw an automated welfare text sent to patients. LS summarised the outputs and noted that the impact on one small digital innovation has been fabulous. • 9000 texts sent in a week. • 454 cancelled the need for an ambulance. C2 mean time, is a fantastic achievement. The challenge in summer is due to demand. The NED challenge to the executive is to focus on C3/4 which tends to be frail/multi-issue patients. The concern is that work continues with our local providers for the Urgent Care Navigation Hubs in October/November, which we know will have a positive impact if we don't have financial funding for the hubs. As much as this is clear in our strategy and our want to do this, but this risk is on how we do this. We will have a focus on outcomes and the report will come to board. Stark patient outcomes and area of health inequalities. Executive agreed more work to do in these 2 areas. Recognition research work for disturbance which has now been adopted by all ambulance trusts. RR asked if money is released next week, is everything able to put them in place? Or will recruitment be needed? SW responded that we are proceeding at risk to do all the work we could do. Appetite in local communities for this to happen. If money is unlocked, we could work at pace. No other queries raised.
26/24	**Our People Enjoy Working at SECAmb** SS confirmed there was a focus on 3 key areas in the previous People Committee. 1. HR function and diagnostic was one of key areas. HR IP already discussed, and committee asked for more assurance for a realistic plan and timeframe. A lot of challenge in the committee. We have seen a diagnostic before, are we assured a plan can be turned into a plan which can be delivered. 2. Culture within HART and EOC. The committee wanted to know about openness and transparency. Plan to address key issues. SS confirmed the committee has a reasonable level of confidence and plans to address this. More assurance will be coming that the plan is being delivered.

3. More assurance in relationship with Trade Unions. We are asking for further evidence regarding cases/grievances to give us more assurance about that.

SW commended the results of the EOC work, and call answering time has been addressed which has been a consistent issue for us in the last 12 months.

Governor Questions

- HN commented that regarding the HR Improvement Plan, a diagnostic was produced previously. HN wondered if you could give us your view on what will be different for our people once this plan is in place because HR is a range of things. What will be the headline changes that will be fixed.
  SS responded and confirmed that she asked the same of each other within the recent People Committee. There is a 2-year plan to deliver this and reiterated nothing will happen overnight. Everyone needs to be aware a lot of work is needed.
  I think we need assurance from staff survey for results. I like to hear from staff and a good example of that is from Medway, the staff felt different….culture conversation, feel like a team, feel like can raise concerns. Long way to go but staff telling us how they feel is improvement. SS confirmed this is a collective responsibility, not just HRD job. Everyone has a role to play in the HR function and that managers and leaders are equipped. Multifactorial, rolling out and doing this at all levels. Compliance, ER right capacity to deliver these things. Plan is to deliver and to persist and have difficult conversations. People Committee will need to have continued assurance everyone is playing their part.
- HN, performance management is not a focus on appraisals. We are not doing well on appraisals. To get people to do the job better, also reassurance. I wonder if we have got the measure but to me, the appraisal is to get an annual summary of things that have happened. Should be face-to-face. Do we have a measure of this, should it be a target?
  SS, the committee has been working on getting towards a culture dashboard to review all of this together.

SW confirmed that collectively we are clear for change. Published at the board in October and shall be subjected to debate. Our senior leaders have debated this, and it includes what they wanted to see. SW noted that the biggest difference the Executive is to make is, “no decision about you without you”.

SS commented that, to end on a nuanced note she is hearing strong feedback that it is “not bad everywhere”. We need to target specific areas, not everywhere.

- MB asked, are you assured within HART there is a robust plan, with a reasonable level of confidence? What does reasonable mean? MB reflected when we went to HART as part of the quality assurance visit, he found positive attitudes there however noted some more generic issues with local leaders at all levels identified. If you go back to culture, teams are influenced by who they are working to. MB asked, how do we recruit leaders with these leadership values in mind?
  SS answered she is heartened to hear, good spirits within HART.
  People committee will tell you that the statement of assurance needs more evidence and data that the plan is being delivered. Hence, reasonable assurance

	currently. Evidence is required to be able to say full assurance. HART to come back to PC and what has been delivered and how. SS further commented that recruitment should be values driven and training is needed for managers/leaders. • AG asked, what level of assurance do you have regarding the implementation of the sexual safety policy and other routes for concerns to be raised. AG gave context to a live case as an example of the process not working. SS confirmed, there has been a great campaign and the posters throughout the trust have been very good. SS acknowledged work is still ongoing this is a key part to the 2-year HR work programme. SS is assured we have the right policies and charters in place but is still seeking assurance of effective implementation. SW offered to meet and discuss specific concerns with AG outside this meeting. SW confirmed that Margaret Dalziel (MD), Executive Director of Quality and Nursing, takes a personal interest in all concerns raised. • MB asked, who champions student voice within the trust? It was confirmed students have mentors and supervisors. SW added all students can raise any query directly with our FTSU guardian, Kim Blakeburn, and SW meets with KB monthly. This will be built into the work our HR team are doing and will be hardwired back into the Improvement Programme. • KB noted there are 63 outstanding grievances and asked if staff are getting support for the length of time this is taking? SS confirmed this has not been cracked yet. This has not yet been asked at People Committee but shall be on the radar. UK thanked colleagues for the discussion, and within the context, a reasonable level of assurance is good. We will be looking at pulse surveys and assessments.
27/24	**We are a Sustainable Partner** MW commented that SECAmb is an engaged system partner within the Southeast with other trusts and other ambulance providers and noted the journey SECAMB has been on within the previous five years. partner within the system. Second – financial resilience. This issue is covered by the FIC. MW gave assurance that when making decision, this is not in isolation. Every time we discuss financial issues we look at them through patient lens. We are in deficit which has been approved by the system. MW experience is that we need tight control and to create a culture to empower for our colleagues to come up with solutions. Assured plan for this year and reminded council, that the strategy is to improve patient care and within the financial envelope. We have a 3-year programme to get the trust back into financial balance. We have a plan but this is underpinned by a significant CIP for an extent of £23m.

Where some of these efficiencies come from back-office, they are not to the extent of support services are reduced so they do not affect the front line.
MW gave assurance that CIP is about value for money, not reducing service. This is an important principle for which will be watched.
6 months in currently, the remaining 6 months are important. Whilst we have a plan, we have several external variants could knock us off course.
Where something new happens, the trust is flexible and agile enough to respond.
Also focussing on the enablers, a key one being the digital strategy, coming to the board in October, and strengthened within the Darzi report, I am assured we are moving in the right direction.
MW was not convinced in the past the controls in the past were effective. We now have a good finance director, who has a plan to address these. Not surprised by the Fic and the AUC will focus on the implementation of this plan.

Governor Questions

- KB sought assurance and asked, are you confident will deliver CIP?
  MW confirmed, given the volatility on systems currently, he is not assured however is assured everyone is doing what they can to support and doing it in the right way, to avoid patient harm.

- RR sought further assurance and asked, the £19m CIP is non-cash releasing, which is the biggest chunk. Tell us how you feel in delivering this?
  MW answered we do not have all the information at this point.
  MW confirmed that the plans he has seen so far does give him reassurance.
  Need to be constantly looking at this for next few months for it to be delivering in that space. This is quite a big offering.

SW commented, the assurance we can give, unlike other organisations within the Southeast, we are on plan YTD, and this has not been easy in our operating environment regarding activity. We are consistently protecting the front line.
The challenge is where it needs to be put which is our ICB partners because we integrally intwined with them to deliver our control target.

- MB asked if demand is 7% compared to 3%, what does that mean for operating expenditure? And this is in context for last year, operational expenditure was 18.6m greater. In first quarter there was an overall positive but there was an overspend. Are the NEDs assured there is not an operational expenditure which could cause an issue later?
  MW, not a timing issue and a good challenge. HG would have been better to answer within the details.
  Interesting questions with demand. Response with demand may be different which is cost effective which makes patient needs. Is the run rate being well managed? Not sure yet.

SW confirmed this was a risk this year and we have pressures of operating demand to achieve a CIP programme. This is also for others to support others to mitigate the demand which will support managing costs. We need to Increase see and treat/hear and treat rate. All need to happen simultaneously which is part of our strategy.
Every NHS trust right now is having these conversations.

	• ZF asked, is the board satisfied with the overall outcome of the IQR? SW: Yes. We continue to hit where others have not, which are our core targets and SW is proud of the work which has been completed. UK commented having absolute assurance is difficult to have due to the moving parts. UK is assured as he could be at this point of time but need to keep eye on this. This process with our Governors is very important part of it.
Administration	
28/24	**Any other business** The council thanked Chris Burton (Staff Governor) and Mark Rist (Appointed Governor) for their time as governors for SECAmb. Both have now retired from SECAmb and KRFS.
29/24	**Questions from the public** **Question One** What is being done to reduce HCP referrals asking for ambulances ? SW answered that this is key to our strategy and approach, and we will need to do a massive public campaign and work with our ICB partners is so important. **Question Two** Demand is up, money staying the same. We cut ties recently for Private Ambulance Provider (PAP). What plans are in place for when winter is coming. LS answered that a lot of planning went into cutting that service. We had recruited additional paramedics and staff to cover and to allow additional hours on the road. This is being monitored closely to ensure no delay in response times. Our operational hours on the road are covering the diminished hours from the PAP.
30/24	**Review of meeting effectiveness** None received. UK welcomed any feedback from governors to PL/UK.
	Date of next Formal Council of Governors Meeting: 12th December 2024

Southeast Coast Ambulance Service NHS Foundation Trust

Annual Members Meeting

Friday 13th September 2024
13:30

South of England Showground, Ardingly, West Sussex

Present:

Simon Weldon	(SW)	Chief Executive Officer
Usman Khan	(UK)	Chair
David Ruiz-Celada	(DR)	Chief Strategy Officer
Emma Williams	(EW)	Director of Operations
Margaret Dalziel	(MD)	Chief Nursing Officer
Peter Lee	(PL)	Director of Corporate Governance & Company Secretary
Simon Bell	(SB)	Interim Chief Finance Officer
Sarah Wainwright	(SWa)	Interim Chief People Officer
Janine Compton	(JC)	Director of Communications & Engagement
Eileen Sanderson	(ES)	Chief of Staff
Richard Quirk	(RQ)	Acting Chief Medical Officer
Stephen Bromhall	(SBr)	Chief Digital Information Officer
Michael Whitehouse	(MW)	Senior Independent Director
Dr Subo Shanmuganathan	(SS)	Non-Executive Director
Liz Sharp	(LS)	Non-Executive Director
Professor Mojgan Sani	(MS)	Non-Executive Director
Professor Karen Norman	(KN)	Non-Executive Director
Ann Osler	(AN)	Public Governor, Upper West
Angela Glynn	(AG)	Appointed Governor
Andy Erskine	(AE)	Appointed Governor
Harvey Nash	(HN)	Public Governor, Lower West
Kirsty Booth	(KB)	Staff Governor (non-operational)
Leigh Westwood	(LW)	Public Lead Governor, Lower West
Martin Brand	(MB)	Public Governor, Upper West
Peter Shore	(PS)	Public Governor, Upper West
Ray Rogers	(RR)	Public Governor, Upper West
Sam Bowden	(SB)	Staff Governors
Zak Foley	(ZF)	Public Governor, Lower East
Stephen Mardlin	(SM)	Appointed Governor
Ellie Simpkin	(ES)	Appointed Governor
Ann Osler	(AS)	Public Governor

Apologies:

Rachel Oaten	(RO)	Chief Medical Officer

Paul Brocklehurst	(PB)	Non-Executive Director
Max Puller	(MP)	Non-Executive Director
Andrew Latham	(AL)	Public Governor
Linda Caine	(LC)	Public Governor, Upper East
Nick Harrison	(NH)	Staff Governor (Operational)

Item No.	Item
01/24	**Introductions and housekeeping** UK welcomed everyone to the 2024 AMM and thanked the corporate governance team for all the hard work to pull this together. UK reflected on his first few months in the role and thanked colleagues for a warm welcome.
02/24	**Review of the year from our CEO** SW thanked everyone for attending the 2024 Annual Members Meeting and took the opportunity to reflect on the previous 12 months. SW commented: • We continued to focus hard during the year on improving our response time performance to our 999 patients, in light of increasing demand and growing pressure across all parts of the NHS system. • I am proud that we were one of only two ambulance trusts nationally to meet the 2023/24 Category 2 response time target & performed better than most of our ambulance colleagues in the other call categories. • Although we did not consistently meet the national standard, we made significant improvements in our 999 call answer times throughout the year, ending the year with an average call answer time of 20 seconds • As well as improving the timeliness of our response to our patients, we also worked hard to develop new ways of working that provide the most appropriate response to patients who call us, including avoiding unnecessary admissions to Emergency Departments. • Through close working with our partners in acute and community services, we successfully trialled two Clinical Hubs during the year – in Ashford and Paddock Wood – which see multi-disciplinary teams of clinicians reviewing incoming 999 calls in their areas and agreeing on the most appropriate pathway for that patient. • The results from these trials have proved encouraging and the roll out of further Hubs is forming part of the delivery of our new Strategy. In reference to the strategy, SW commented: • As demand for our services continues to grow and the needs of our patients change, we recognised the urgent need to evolve, to improve patient outcomes and experience and ensure long-term sustainability. • During the year, we embarked on developing a new, clinically led Strategy that would help us to do things differently moving forwards

- Through an extensive programme, we engaged, both internally with our people and externally with a wide range of our partners and with the public, to gain their views and ideas on a new way of working for the future
- Combining this feedback with a wide range of patient data, we were able to develop and discuss new ways of working that will help us to provide the right response for our patients moving forwards and make SECAmb a better place to work for our people
- We shared our preferred strategic direction with the Board in February 2024, before the final Strategy was launched in August 2024
- This sets out our three main strategic aims:
- Delivering high-quality care
- Ensuring our people enjoy working at SECAmb
- Being a sustainable partner within an integrated NHS.
- Our new Strategy will see big changes in how we work – a significant increase in partnership working, using new technologies and, vitally, moving away from a traditional response model to one where the type of response is tailored to the individual needs of the patient.

SW reflected on the change journey that is underway to make things better for our people and noted:

- We have continued our focus during the year on doing everything we can to make SECAmb a better place to work for our people
- A key aim has been to create an environment where all of our colleagues feel safe, supported and able to speak up where necessary
- We've made good progress in this area, and we were delighted that this was recognised nationally, but know that we have more to do including tackling poor behaviours and responding promptly and consistently when concerns are raised
- We have invested in developing our leaders at different levels, in how we recognise and reward our staff and in our TRiM programme
- We were pleased that we saw significant improvements in all areas of the national Staff Survey during the year, as well as in the quarterly Pulse Surveys and through working closely with our people, I look forward to building on the improvements we have seen during the coming year.

SW took a look back at the work we are continuing to do with our volunteer workforce.

- Working more closely with our cohort of committed and engaged volunteers was a key focus during the year
- We remain grateful for the support provided, day in and day out, by our Community First Responders, chaplains, welfare volunteers and Governors
- With their support and input, we were able to deliver initiatives including the expansion of the Emergency Responder scheme and the provision of Welfare Vehicles, which directly benefit our patients and our people
- In November 2023, we held our first ever Volunteers Conference, which recognised and celebrated the big contribution our volunteers make.
- We were delighted that more than 200 of our volunteers were able to attend what was a fantastic event and an opportunity to hear from national speakers, as well as exploring how we work with our volunteers moving forwards

SW concluded by looking forward and commented:

	• As we look forward, we aim to build on the improvements we have already started to make, as we implement our new five-year strategy.
	• Key areas of focus include:
	  • Delivering our strategic priorities, including working with our partners to roll out new clinical hubs across our region
	  • Ensuring we are supporting our people in the best way possible, with a new approach to HR
	  • Working collaboratively with our regional ambulance partners through the Southern Ambulance Services Collaboration
	  • A continuing focus on sexual safety and on speaking up
	  • Embedding our new values across the organisation, so they are visible and underpin everything we do

03/24	**Presentation of Annual Report and Accounts** SB gave an overview of the trusts financial position and presented the annual account to the Annual Members Meeting. SB confirmed we delivered a breakeven spend against budget per plan agreed with Surrey Heartlands ICB and we achieved efficiency of £9m. SB also confirmed that we made £18.4m of capital investments in infrastructure, digital, medical equipment and fleet assets to support the delivery of high quality, safe patient care. It was confirmed that the KPMG external auditor's opinion: • Give a true and fair view of the financial position of the Trust • Have been prepared properly in accordance with the appropriate legislation and guidance • But that SECAmb did not demonstrate the delivery of value for money as governance was not operating effectively in all regards RSM (internal auditors) opinion was: • Partial assurance given on a sound system of internal control operating effectively • Further work is required to improve and embed risk management and governance processes SB confirmed that the £10.5million deficit control total is on track to deliver. Looking ahead, SB commented that the recovery trajectory is feasible on a BAU basis over three years. Capital funding more limited. National funding for digital and productivity - transformation One year settlement likely for 2025/26 ahead of CSR. Outcome of Darzi Strategic Review.
04/24	**Council of Governors report** LW, lead governor for 2023-24 presented the governors report to the annual members meeting. LW reflected the role of the governor and the duties and responsibilities which this entails. On reflection on the previous 12 months, LW confirmed: • Throughout the year, the Governors have continued to observe Board meetings and Board Committees, and this has provided the Council with the assurance that Board scrutiny and oversight has continued. • The governors committed to attend four public engagements throughout the year where they will support the trust showcase themselves. This also supports the trust with membership engagement and recruitment.

	• Communication via our membership newsletter, Membership Matters, has continued and although our membership numbers remain strong, we are consistently looking at ways to increase our membership and engage with our membership in a meaningful way.
	• By doing so, we can listen to the public we serve and ensure that we continue to shape ourselves into a service with vision, direction, a known strategy, not just visible to our colleagues but also to the public.
	• We have reinstated holding online governor-led constituent events as another way to ensure we are hearing from our membership base.
	• The Council has a rolling agenda of scrutiny items covering the remits of each of the Board committees, and these have continued throughout the year.
	• Governor questions to the non-Executives between meetings have included the following topics:
	  • Safety of colleagues on the frontline
	  • Seeking assurance on the provision of wellbeing and mental health support for colleagues
	  • Progress made recording Public Access Defibrillator locations and maintaining them
	  • Supporting the effective use of our Community First Responders, Emergency Responders and Community Falls Teams to respond to calls
	  • Financial performance
	  • Development and implementation of the Trust Strategy
	  • Trust performance with a focus on C2 mean
	
	Finally, LW thanked on behalf of the Council of Governors and the public we serve our very grateful thanks to everyone working for or within SECAmb and across the wider health and social care system during the past year for all their care, compassions and service.
	Thank you so much for all have you done and continue to do in this challenging environment.
	LW thanked the board for the open working relationship we continue to experience.
	As a Council, we will continue to ensure that we discharge our duties to the best of our abilities, to continue serving those we represent.
	
	LW confirmed that the governor elections are now open.

05/24	**Saving Lives, Serving Our Communities: The Future of Care Navigation** A presentation from DRC and MW gave an update on the HUBS and Strategy. It was mentioned that SECAmb will have five new Unscheduled Care Navigation Hubs by Winter 2024. Timeline was confirmed as: Feasibility Approach: Test models (co-located, virtual, hybrid) in Q3/Q4 2024/25: Phase 1: Scoping (May - June 2024) - Identify stakeholders and define joint scope Phase 2: Design (Mid-June - End of July 2024) - Define operating model Phase 3: Implementation (August - September 2024) - Set up infrastructure and processes; identify and train staff Phase 4: Go Live (October - November 2024) - Phased go-live All Phases: Continuous Improvement & Evaluation until March 2025) - Monitor, refine, and improve The key principles of this are to ensure the Right Care in the Right Place. Simplify and Streamline Clinician Access: • Prioritised access for first-contact clinicians • Enable same-day urgent clinical assessments • Facilitate referrals to appropriate care pathways Prevent Avoidable Hospital Attendances: • Enhance patient experience • Reduce referral duplication and avoidable admissions

	• Minimise delays in care delivery Protect Frontline Capacity for High Acuity Incidents: • Improve 999 performance and ambulance handover delays Foster Collaboration and Optimise System Resource Utilisation We would like to thank everyone who contributed to this strategy, which has been co-designed by our people, our partners, and our communities. Extensive engagement, including local sessions and workshops, has shaped the strategy. It is intended for our people and our partners, all in service of our patients and the communities we serve.
06/24	**Question and answer session with the Board** SW and UK opened up the board question and answer section for the board.
07/24	**Formal Meeting Close** UK thanked everyone for their attendance and support for making this a successful day and invited everyone to observe the CPR delay.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST - Trust Council of Governors Action Log							
Key							
	Closed						
	Due						
Meeting Date	**Agenda item**	**Action Point**	**Owner**	**Completion Date**	**Report to:**	**Status: (C, IP)**	**Comments / Update**
17.07.2024	06 24	The digital strategy is due to be approved by the Board in October and then the Chief Digital & Information Officer will run a session with the COG on this and the specific ambitions.	PL	Q4	COG	C	On agenda - to be picked up under NED report.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Membership Development Committee (MDC)

Terms of Reference

1. Constitution

1.1. The Council of Governors hereby resolves to establish a Committee of the Council to be known as the Membership Development Committee (MDC), referred to in this document as 'the Committee'.

2. Purpose

2.1. The purpose of the Committee is to work with the corporate governance and membership manager, by making recommendations to inform priorities for membership development, and reporting to the Council about membership recruitment, communications, involvement, and representation.

3. Membership

3.1. The committee will consist of at least 5 members

3.2. Membership of the Committee is open to all Governors.

3.3. The chair and the deputy chair of the Committee shall be appointed by the committee. In the chair's absence, the deputy chair shall chair the meeting. In the absence of both the chair and deputy chair, the committee shall select another member to chair the meeting.

4. Quorum

4.1. The quorum necessary for formal transaction of business by the Committee shall be four members.

5. Attendance

5.1. The Director of Corporate Governance and Head of Corporate Governance shall attend meetings.

5.2. Other managers and officers may be invited to attend meetings for specific agenda items or when issues relevant to their area of responsibility are to be discussed.

5.3. The Chair of the Committee will follow up any issues related to prolonged non-attendance with the member concerned.

5.4. Attendance at Committee meetings will be disclosed in the Trust's Annual Report and Accounts.

6. Frequency

6.1. Meetings of the Committee will be held at least three times a year. Meeting dates will be diarised on a yearly basis. Extraordinary meetings may be called between regular meetings to discuss and resolve any critical issues arising.

6.2. Meetings can be held virtually. Meetings in person may rotate around the region or be central to the Members.
6.3.

7. Authority / Duties

7.1. The subject matter for meetings will be wide-ranging and varied but it will cover the following:

7.1.1. Advise on and help in the development of strategies for recruiting and retaining members to ensure Trust membership is made up of a good cross-section of the population.

7.1.2. Plan the Council's Annual Members Meeting

7.1.3. Advise on and develop strategies for effective membership involvement and communications

8. Reporting

8.1. The Committee shall be directly accountable to the Council of Governors. The Chair of the Committee shall report a summary of the proceedings of each meeting at the next meeting of the Council and draw to the attention of the Council any significant issues that require disclosure.

9. Support

9.1. The Committee shall be supported by the Corporate Governance Team and duties shall include:

9.1.1. Agreement of the meeting agendas with the Chair of the Committee.

9.1.2. Providing timely notice of meetings and forwarding details including the agenda and supporting papers to members and attendees in advance of the meetings.

9.1.3. Enforcing a disciplined timeframe for agenda items and papers, as below:

i. At least 14 days prior to each meeting, agenda items will be due from Committee members;

ii. At least 9 days before each meeting, printed and emailed papers will be due from Committee members;

iii. At least 7 days prior to each meeting, papers (printed and emailed) will be issued to all Committee members and any invited governors, Directors and officers.

9.1.4. Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating draft minutes to the Chair for approval within a reasonable time frame.

9.1.5. Advising the Chair and the Committee about fulfilment of the Committee's Terms of Reference and related governance matters.

10. Review

10.1. The Committee will undertake a self-assessment at the end of each meeting to review its effectiveness in discharging its responsibilities as set out in these Terms of Reference.

10.2. The Committee shall review its own performance and Terms of Reference at least once a year to ensure it is operating at maximum effectiveness. Any proposed changes shall be submitted to the Council for approval.

10.3. These Terms of Reference shall be approved by the Council and formally reviewed at intervals not exceeding two years.

Review Date: December 2025

South East Coast Ambulance Service NHS Foundation Trust
Council of Governors
Membership Development Committee Report

12 December 2024

1. **Introduction:**
   - **1.1.** The Membership Development Committee (MDC) is a committee of the Council that advises the Trust on its communications and engagement with members (including staff) and the public and on recruiting more members to the Trust. The MDC meets four times a year. All Governors are entitled to join the committee since it is an area of interest to all Governors.
   - **1.2.** This report focuses on membership updates and summaries of items from the MDC meeting on Thursday 14th November 2024.
2. **Membership Update**
   - **2.1.** Staff automatically become members of the Trust once they have completed a year's service with SECAmb. The figures for staff are correct as of 27th November 2024 and do not include bank staff.

Directorate over 12 months service at SECAmb	Headcount
Chief Executive Office	40
Chief Officer for Digital and Information	66
Director of Finance & Corporate Services	31
Director of Human Resources	71
Director of Operations	3858
Director of Quality & Safety	55
Director of Strategic Planning and Transformation	112
Medical Director	218
Grand Total	**4451**

   - **2.2.** Current membership by constituency (as of 27th November 2024) is 9289, this is an increase of 80 people since August 2024. The breakdown data of each constituency is as follows:

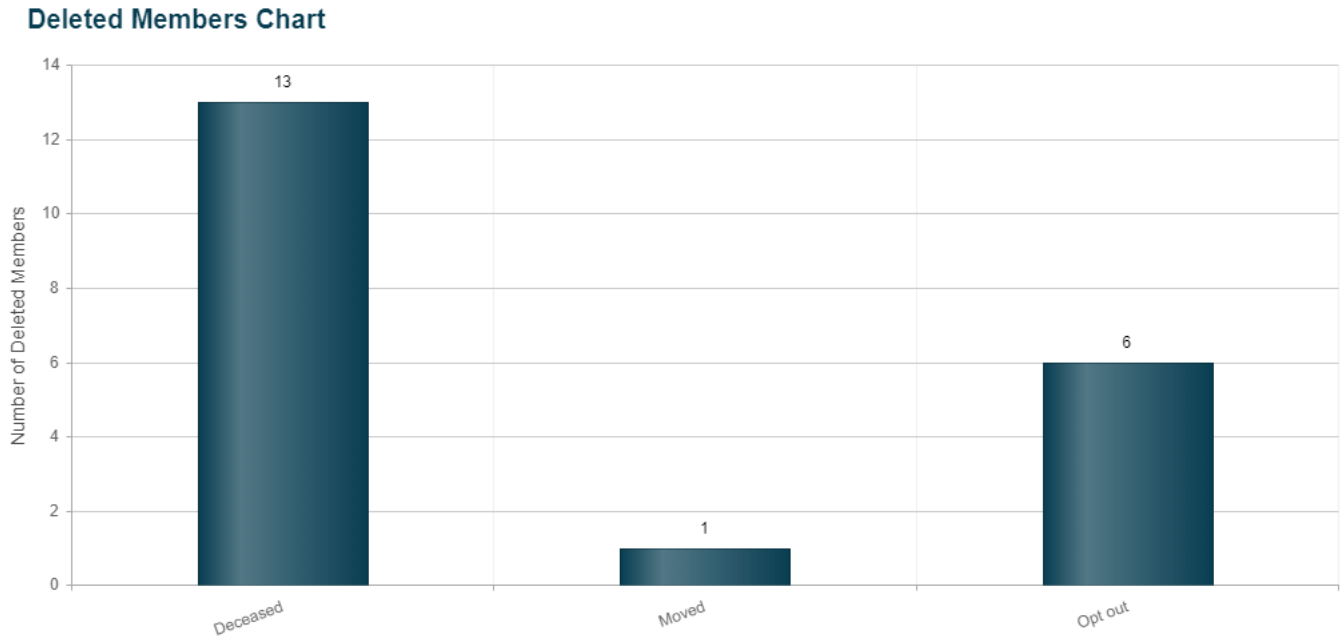
Total Membership	**9289**
Public Constituencies	**9289**
Out of Trust Area	466
Lower East SECAmb	1823
Lower West SECAmb	1442
Upper East SECAmb	3356
Upper West SECAmb	2202

3. Membership History Report

3.1 The table below shows memberships that have been deleted since August 2024, the last reported results.

Total Membership	**35**
Public Constituencies	**20**
Out of Trust Area	1
Lower East SECAmb	4
Lower West SECAmb	6
Upper East SECAmb	4
Upper West SECAmb	5

3.2. The graph below shows the reasoning for the deleted members from the last reported date (31st August 2024) to 27th November 2024. The main reason, as is each report, being deceased, we have noticed as we make more communications with the Trust members that there are more opt-out notifications as well as a significant number of incorrect/invalid email addresses on the membership forms.



4. ICB Data Analysis

4.1. The Membership Development Committee welcomed Matthew Harris (MH), the Business Intelligence Manager, along to the meeting where he presented a comprehensive analysis of data trends and activity with the Integrated Care Board areas. The analysis covers the period of 2023 and 2024, highlighting key trends, specific analyses, age profiles, incident types, and the impact of deprivation and community services.

4.2. Specific Area Analysis

Frimley faces unique challenges, including higher levels of deprivation and a significant military presence, contributing to increased incident rates. Kent and Medway showed a 14% increase in incidents for the 10-19 age group between 2021 and 2024. Sussex experienced an 8% increase in incidents for the 20-29 age group. Surrey displayed a decrease in incidents, potentially due to better access to community services and lower levels of deprivation.

4.3. Age Profiles and Incident Types

The analysis highlighted increases in incidents among the 30-39, 60-69, and 80-89 age groups. Specific incident types discussed include abdominal pain, cardiovascular issues, chest pain, falls, major trauma, maternity care, mental health, palliative care, and cardiac arrest.

4.4. Impact of Deprivation and Community Services

Areas with higher deprivation levels tend to have higher incident rates due to limited access to healthcare and support services. Effective community services, such as those providing preventative care and mental health support, can significantly reduce incident rates.

4.5. Questions and Insights

MH provided clarifications on data trends, noting that Frimley's higher levels of deprivation and significant military presence contribute to increased incident rates, while Surrey's decrease in incidents is attributed to better access to community services and lower levels of deprivation. He emphasized the importance of further research to understand the underlying causes of observed trends and highlighted the role of effective community services in reducing incident rates.

4.6. Conclusion

The analysis presented by MH provides valuable insights into the current state of activity within the ICB areas. It highlights the importance of understanding regional differences, the impact of deprivation and community services, and the need for further research to inform strategic planning. The data will be used to develop targeted interventions and improve service delivery, ensuring better outcomes for patients and communities. Matthew has been invited to attend the next MDC meeting, 20th February 2025, and work with Jodie Simper, Corporate Governance and Membership Manager to generate data on the Trust members compared to the population.

5. Gender Equality Network Update

5.1. Karen Ramnauth (KR), Chair of the GEN Network and Operations Business Partner was invited to the MDC to explain the role of the GEN Network and update on the network's activities and initiatives aimed at promoting inclusivity and support for staff.

5.2. Living Library Initiative

The GEN has launched a "Living Library" initiative, inspired by the Human Library concept from Denmark. This initiative allows staff to "borrow" a person (referred to as a "book") to have a conversation about various topics such as adoption, compassionate leadership, imposter syndrome, and working while studying. The goal is to foster understanding and inclusivity by sharing personal experiences in a safe and supportive environment. Governors were invited to become "books" in the Living Library or to borrow a book to learn about different topics. Interested governors can email the network to get involved.

5.3. Men's Health Event

A men's health event is scheduled for the 3rd December, coinciding with Men's Health Month and Movember. The event will include a lunch, a spotlight talk by Stan Garrett, Operating Unit Manager, on coping with a life-threatening illness, and a discussion on "Andropause" (male menopause) by a doctor from a Sussex clinic. The event will be held in person and via Teams to accommodate more participants.

5.4. Spotlight Series

The GEN has extended its "Spotlight Series," which features monthly talks by staff members sharing their personal and professional journeys. Recent speakers included an emergency medical adviser who became a HEMS paramedic and a staff member with caring responsibilities. These talks aim to inspire and connect staff by highlighting diverse experiences within the organisation and linking in with the Living Libraries.

5.5. Springboard Program

The Springboard program is a professional and personal development initiative for women and is now in its sixth cohort. The feedback from participants has been positive, with many reporting increased confidence and career progression. An alumni network has been established to continue supporting past participants and foster ongoing development.

5.6. New Parent Buddy System

This is a new initiative to support new parents, including those returning from maternity or paternity leave which will be launched in March 2025. The buddy system will provide peer support for navigating challenges such as balancing work and family responsibilities, managing shifts, and maintaining well-being.

5.7. Inclusivity and Support

KR emphasized the importance of inclusivity and support within the network, ensuring that all staff, regardless of gender, feel welcome and valued. The GEN aims to address intersectionality and provide resources and support for a diverse range of experiences and needs. Staff are encouraged to participate in these initiatives and reach out for support as needed.

6. Governor Activity

6.1. Jodie Simper (JS) led a discussion on governor activities, including shadowing shifts, observation shifts, and Health and Safety Audit Visits. The aim is to enhance the governor's understanding and engagement with the Trust.

6.2. Shadowing and Observation Shifts

Governors are encouraged to participate in a Shadowing and Observation shift to gain a comprehensive understanding of SECAmb. Governors can shadow shifts with the 1's and 9's, this allows them to observe the call handling process, understand the challenges faced by the call handlers, and gain insight into the operational aspect of the service. Governors are asked to reach out to JS if they wish to complete a shadowing shift. Governors are also encouraged to join the ambulance crews on their calls to observe patient interactions, the decision making process, and the overall workflow. To participate in an observation, shift the Governors need to complete a quiz to ensure they understand the protocols and safety measures. JS will assist with this process.

6.3. Health and Safety Audit Review Visits

Governors are invited to take part in health and safety audit reviews. These audits involve visiting various SECAmb facilities to assess compliance with health and safety standards, identify potential hazards, and suggest improvements. There are only three dates left for these visits therefore the Governors are asked to reach out as soon as possible to get booked on to these dates. The Quality Assurance and Engagement Visits are now on hold while a review takes place. The review is to see if the visits are beneficial, if they are new dates will be provided in the new year, and the Corporate Governance Team will keep the Governors updated.

7. Annual Members Meeting Review

7.1. The AMM was held successfully with a good turnout of members and stakeholders. The meeting provided an opportunity for members to engage with the Trust's leadership, ask questions, and receive updates on key initiatives and performances. The feedback from attendees was generally positive, with many praising the content of the meeting. It was mentioned that there was a low attendance from the public, but it must be remembered that staff are also members of the Trust and this is a member's event. As seen from the chart below, members of the Trust who are members of the public register for the event but unfortunately this wasn't reflected on the day.

7.2. Based on the feedback received, plans are being made to look at having the Council of Governors meeting, which is normally held in the morning of the AMM, to be moved to another date – holding the meetings on two separate days. The AMM would need to be held on one level meaning the exhibition would be all together and attendees wouldn't need to go upstairs. The Corporate Governance team will need to work with the Comms team to find a way of getting the word out to increase members of the public engagement and attendance.

7.3. The review of the Annual Members Meeting highlighted its successes, challenges, and areas for improvement. The discussion emphasized the importance of member engagement and the Trust's commitment to continuous improvement. The feedback and lessons learned will be used to enhance future meetings, ensuring they are informative, engaging, and accessible to all members.

8. Patient Engagement Update

8.1. Victoria Baldock (VB) presented key points from the Patient Engagement Update.

8.2. Patient Experience Questionnaire (PEC)

Efforts to boost PEC response rates include updating the PEC dashboard and engaging with staff to distribute PEC cards. Feedback has been mostly positive, with high satisfaction in areas like clinician call-back times and respect shown by crews.

8.3. Community Forum

The Community Forum has held six meetings, successfully diversifying its membership. Feedback highlights the need for better public education on using SECAmb services.

8.4. Collaborative Working and Community Events

SECAmb has participated in community events and strengthened collaborations with voluntary, community, and social enterprises to enhance patient engagement.

8.5. Patient and Public Engagement Strategy

The Patient and Public Engagement Strategy outlines SECAmb's approach to engaging with patients and the public over the next five years. It aims to ensure that patient and public voices are heard and integrated into the Trust's decision-making processes, ultimately improving service delivery and patient care. The strategy establishes a structured framework for patient and public engagement, detailing how feedback will be collected, analysed, and used to inform decisions. It emphasizes the importance of involving a diverse range of stakeholders, including patients, carers, community groups, and voluntary organisations, to ensure that engagement activities are inclusive, and representative of the diverse communities served by SECAmb. A key focus is on integrating feedback into the Trust's operational and strategic planning processes. The strategy outlines how feedback will be used to identify areas for improvement, develop new initiatives, and enhance existing services. Clear and transparent communication with patients and the public is highlighted, with plans for regular updates on engagement activities, outcomes, and how feedback has been used to make changes.
To ensure effective engagement, the strategy includes the development of training programs for staff on patient and public engagement. These programs will cover best practices, communication skills, and methods for collecting and using feedback. Additionally, the strategy includes mechanisms for monitoring and evaluating the effectiveness of engagement activities, with regular reviews and reports to assess progress, identify challenges, and make necessary adjustments. The strategy includes plans to recruit patient representatives to sit on various panels and governance groups, providing valuable insights and ensuring that patient perspectives are considered in decision-making processes. A range of engagement activities will be developed, including community events, online forums, and targeted outreach programs, aiming to reach a broad audience and encourage active participation from patients and the public. The Patient and Public Engagement Strategy is a comprehensive plan designed to enhance SECAmb's engagement with patients and the public. By incorporating feedback into decision-making processes, the Trust aims to improve service delivery, ensure patient-centered care, and build stronger relationships with the communities it serves.

G. Trust QI Approach

G.1. Bronwyn Stone (BS), Quality Improvement Facilitator, attending the MDC in place of Jo Turner, Deputy Director of Quality and Nursing, to introduce the principles and objectives of Quality Improvement within the Trust. emphasizing its focus on enhancing patient care, improving operational efficiency, and fostering a culture of continuous improvement. The Trust employs a structured QI framework that includes methodologies such as Plan-Do-Study-Act (PDSA) cycles, Lean principles, and Six Sigma to identify areas for improvement, implement changes, and measure the impact of those changes. The presentation provided a comprehensive overview of the Trust's Quality Improvement approach, highlighting the importance of continuous improvement, staff engagement, and effective measurement in enhancing patient care and operational efficiency.

G.2. Key QI Projects and Initiatives

Several key QI projects are currently underway within the Trust. These include patient safety initiatives aimed at reducing incidents of patient harm and improving safety protocols, operational efficiency projects focused on streamlining processes and reducing wait times, and staff well-being programs designed to support mental health and well-being. BS highlighted the importance of these projects in driving improvements across the organisation.

The success of QI initiatives relies heavily on the engagement and collaboration of staff at all levels. BS emphasized the importance of involving frontline staff in QI projects, as they provide valuable insights and practical solutions to operational challenges. The Trust collaborates with external partners, including other NHS trusts and healthcare organisations, to share best practices and learn from each other's experiences.

G.3. Measurement, Evaluation, Challenges and Opportunities

A critical component of the QI approach is measuring and evaluating project outcomes. The Trust uses a range of metrics and data analysis tools to assess the effectiveness of QI initiatives. Regular reviews and feedback loops ensure that projects remain on track and adjustments can be made as needed. BS explained that patient satisfaction scores, incident rates, process efficiency indicators, and staff feedback are among the metrics used to evaluate success. Some challenges faced in implementing QI projects are resource constraints and resistance to change, however, the opportunities for innovation and improvement that QI projects present, particularly in the context of, evolving healthcare needs and technological advancements. BS explained that frontline staff are actively involved in identifying areas for improvement, participating in project teams, and providing feedback on implemented changes. Their involvement is crucial for the success of QI initiatives. The Trust uses a variety of metrics, including patient satisfaction scores, incident rates, process efficiency indicators, and staff feedback, to evaluate the impact of QI projects and guide future improvements. BS shared an example of a patient safety initiative that successfully reduced medication errors through the implementation of a new electronic prescribing system. The project involved extensive staff training and resulted in a significant decrease in errors and improved patient outcomes. Challenges include securing adequate resources, overcoming resistance to change, and ensuring sustained engagement from staff. Addressing these challenges requires strong leadership, clear communication, and ongoing support for staff.

G.4. Future Directions

Looking ahead, the Trust aims to expand its QI efforts by launching new projects and scaling successful initiatives. There will be a continued focus on patient-centered care, leveraging technology to enhance service delivery, and fostering a culture of continuous improvement across the organization. BS emphasized the importance of maintaining momentum and building on the successes achieved so far. The Trust is committed to expanding its QI efforts and building on the successes achieved so far to ensure better outcomes for patients and the organisation.

10. 2025 Membership Events

10.1 Richard Banks (RB) informed the committee that the responsibility for next year's membership events would shift from the Corporate Governance Team to the Patient Engagement Team. This team will take the lead in determining which venues and events the trust will support. RB also confirmed that governors would have the opportunity to be involved in the discussions regarding these events.

11. Membership - Governor Online Event

11.1. The Governors Online Event is a virtual meeting organised for the Trust Governors. These events are designed to facilitate communication and engagement among governors and Trust members, allowing them to discuss various topics related to the service, share updates, and address any questions or concerns. The events typically include presentations, discussions, and opportunities for governors to interact with members of the Trust.

11.2. Peter Shore (PS) confirmed that the Governor's online event was very similar to the previous two events and that the general consensus is to continue with them. Andrew Latham

(AL) mentioned that the attendees found the event useful, although only six people attended. VB mentioned that having a dedicated communications manager has been helpful and that this should be considered for the Corporate Governance Team and Governors to help with promoting and engaging Governor Events. RB and JS will confirm if this is possible for the Corporate Governance team.

11.3. RB reflected on the need for a pre-meeting a week before the event to ensure a presentation is prepared in good time and to allow more time for communications regarding questioning. PS suggested putting questions out with communications to help frame the meeting. JS will set up an event two weeks before the Governor Development Committee (GDC) meeting, with a meeting for governors a week before the event to establish a structure.

11.4. RB advised that if a governor wishes to do an engagement event in their area with Trust members, they should reach out to RB for assistance in arranging it.

12. Membership Development Committee Terms of Reference (ToR) Review

12.1. PS asked the committee if the amendments to the ToR were ready for approval. The MDC agreed with the amendments, and RB advised that the ToR would be taken to the next Council of Governors meeting for approval. The next CoG is Thursday 12th December 2024.

13. Recommendations

13.1 The Council are asked to attend at least one observation and shadowing shift to increase their understanding of SECAmb. The Council have also been invited to join the GEN Network and take part in the activities available, possibly become a "living book". Patient Engagement would like Governors to be represented and part of the Patient and Public Engagement Strategy.

13.2 Note this report

13.3 All governors are invited to join the next meeting of the MDC on Thursday 20th February 2025 at Nexus House, Crawley.

13.4 Note the minutes of the previous meeting included within the appendix.

Appendix One

Meeting Minutes

Meeting: Membership Development Committee
Location: McIndoe 1
Date/Time: Thursday 15th August 2024 12.00-14.00pm
Minutes: Leigh Herbasz, Corporate Governance Officer
Attendees:

Name	Title	Initials
Peter Shore (Chair)	Upper West Public Governor	PS
Ann Osler	Upper West Public Governor	AO
Kirsty Booth	Non-Operational Staff Governor	KB
Harvey Nash	Lower West Public Governor	HN
Andrew Latham	Lower West Public Governor and Lead Governor	AL
Martin Brand	Upper West Public Governor	MB
Mark Rist	Appointed Governor	MR
Angela Glynn	Appointed Governor	AG
Ray Rogers	Upper West Governor	RR

In Attendance:

Name	Title	Initials
Richard Banks	Head of Corporate Governance	RB
Jodie Simper	Corporate Governance and Membership Manager	JS

Apologies:

Name	Title	Initials
Stephen Mardlin	Appointed Governor	SM
Ellie Simpkin	Appointed Governor	ES
Leigh Westwood	Lower East Public Governor, Lead Governor	LW
Chris Burton	Operational Staff Governor	CB
Linda Caine	Upper East Public Governor	LC
Andy Erskine	Appointed Governor	AE
Zak Foley	Lower East Public Governor	ZF

Standing Agenda items	
Agenda Item No.	**Item**
13-24	**Welcome and introductions**. Welcome and Introductions were made.
14-24	**Apologies for Absence** Apologies were noted as above.
15-24	**Declarations of Interest** No additional interests were declared to those already recorded on the register of interests.

16-24	**Minutes from the previous meeting, action log and matters arising.** The minutes of the previous meeting approved.
	The progress made with outstanding actions was noted as confirmed in the Action Log and completed actions will now be removed.
18-24	**Trust Membership** Public constituencies current membership total: 9232 • Out of Trust Area 437 • Lower East SECAmb 1825 • Lower West SECAmb 1441 • Upper East SECAmb 3347 • Upper West SECAmb 2182 It was discussed what is needed to involve and engage more with the Trust Membership. PS said that he viewed the membership page on the trust website and noticed that there is not an option for members to be able to contact individual Governors. RB advised that 4 email addresses are on the website for members to contact governors directly – to a constituency-based e-mail account. This was an action from a previous meeting. Contacting your governor - NHS South East Coast Ambulance Service (secamb.nhs.uk). KB asked if Staff Governors have an email address; RB advised that email addresses are known to staff. KB said staff don't know who their Staff Governors are, from feedback on visits, they don't think the Staff Governors are doing enough; RB agreed and advised that we are trying to rectify this with support from staff governors PS said that he has had a look at the Membership Matters Newsletter; it didn't include much on our Governors, he suggested it may be a good opportunity to communicate more with our members. There is potential for establishing better lines for communication as there is a facility to email our members. JS advised that each section in the newsletter has an update on communicating with our Governors, she said that Governors can advise her on any matters they would like included and this will be sent to our Comms team, she advised that the new Lead and Deputy Governors news is on the zone and Viva Engage. PS suggested that we include a piece with messages from our Governors, there should be a section on every Membership Matters, from our Lead Governor with contributions from all of our Governors. RR added that it would be useful to include a list of new Governors with a link to the website with a section about them. AO asked how we can attract non-members to become members. JS advised that we are doing 4 big events to support our Governors and to showcase SECAmb. She asked why we need so many members and said this would need to be discussed.

	AO suggested that we can give talks to large organisations, if Governors were briefed beforehand, she said we can go to universities and other large organisations that are always looking for speakers at their monthly meetings, this could be an opportunity to promote the ambulance service. AL said he has attended meetings at organisations, and it was well received.
	MB said that the membership forms need to be amended as we can't identify where they joined, feedback would be useful for effectiveness and improving techniques. MB said he knows we have 4 big events planned, he mentioned 2 events at Oxted and Edenbridge that attract over 10,000 people a day with only 2 paramedics and a Governor, the question is, is it worthwhile doing more of that stuff without the feedback? He asked what the purpose is of showcasing and if it looks good to have a small number of people there from ambulance service, we could be doing more online. RB advised that regardless of how many members come out on the day, we will get members as a consequence of "showcasing SECAmb". RB confirmed we do have over 9000 members. The committee has previously agreed to do 4 events per year. These will be well resourced from Corporate Governance, Governors, Patient Engagement, CFR's and Recruitment, and Operations and we will work hard to make them a success. HN said there has been some opportunity to go to a recruitment events. JS advised that the opportunity has been put out for involvement from our Governors. PS asked about the Strategy and the consultation with the public, there wasn't a process in which our Governors consulted the members about the Strategy. RB said that wasn't correct, MB went to Waitrose with the Executive Director of Strategy and Transformation, and all Governors were asked to go out and speak to their constituents and do fact-finding meetings. RB reminded Governors that there is a minimum number of hours we ask our Governors to volunteer and that is to attend the CoG, MDC and GDC, and is aware this is a voluntary role for everyone PS said there wasn't an explicit consultation of public members, it was the Governors helping with the consultation of the public. We may have missed an opportunity in our obligation to consult members by not sending out something from Governors to members about the Strategy. RB said that we did send an email, from the Strategy team to all members.

19-24	**Membership Development Committee - ToR Review** The MDC ToR was discussed, and the **decision** for MDC membership is now the following: • Peter Shore • Sam Bowden • Zac Foley • Harvey Nash • 1 Appointed Governor AG said she struggled to understand what her position is as an Appointed Governor; she is linked with potential student paramedic membership and the wider CoG. In terms of committing time as well as employment. She advised that she may be able to ask for some student paramedics to support future events. The committee held a detailed conversation regarding the ToR. RB confirmed he would take the relevant actions, working with PS, and a redraft of the ToR will come back to the next committee meeting for ratification before going to December COG for approval. JS asked if this meeting is to stay in person. All agreed.

20-24	**Plan and deliver the Council's Annual Members Meeting** JS advised that there are going to be up to 18 stalls available with some new stalls for the staff networks. We have the entire venue booked for our CoG meeting, AMM and exhibition; The stalls will be placed both upstairs and downstairs. • The Patient Engagement team will have a photobooth and a Jenga game. • Practice your CPR skills and first aid training • Watch our Emergency Team deliver a live demo • The Recruitment Team • Look around our ambulances and learn some life-saving skills • Come and chat with your governors 25 forms have been completed online with multiple names included on the registration, with 2 separate registrations for Staff on Stalls and the public. There is a comms plan with social media, adverts and posts regarding AMM will be going out shortly. JS reminded governors to share this event within their own networks, she has some leaflets available for the AMM event on request. RB advised that the comms plan is different this year as we are sending this to local schools and universities' the area to advise that our recruitment team will be there, we are trying to maximise engagement and make it better. HN asked if there will be a governor stand and if so, how it will be manned while we are attending the CoG. JS advised the exhibition won't begin until the CoG has finished and that there will be signs advising this. We will be looking for volunteers to man the stand on the day. JS also noted that there will be an opportunity for Governors to have their photo taken to use on the website, so that the photos are all presented in the same way.
21-24	**Any other Business** None

22-24	**Review of Meeting Effectiveness** Did the meeting run to time? Yes • Was the meeting useful? Yes • Suggestions for improvement? HN questioned what the Patient Engagement Team are doing so that Governors can link in with them. RB advised that Patient Engagement are due to attend at the next MDC meeting. KB said that Patient Engagement came to the Chertsey meeting, and we have had Recruitment, we do need to look at other areas for support, IHAG has gone and there is a gap, Staff Networks could help as they have links in the community, PEG is our patient, but our Staff Networks have connections with other networks in other areas including universities, it is potential to work better with our Staff Networks.
	Action: Invite Staff Networks to the next MDC meeting.

Date of Next Meeting:

Thursday 14th November 2024
At
Nexus House, McIndoe room 1 s 2, Gatwick Road, Crawley, RH10 GBG.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Governor Development Committee (GDC)

Terms of Reference

1. Constitution

1.1. The Council of Governors hereby resolves to establish a Committee to be known as the Governor Development Committee (GDC) referred to in this document as 'the Committee'.

2. Purpose

2.1. The purpose of the Committee is to propose to the Chair Council of Governors meeting agenda items, reflect on ways of working to support meeting effectiveness, and inform Governors' training and development needs in order to fulfil the Governor role.

2.2. The Committee will not be expected to act on proposals from meetings but will work with the Chair, wider Council and Corporate Governance Team to enact proposals as necessary.

3. Membership

3.1. Membership of the Committee is open to all members of the Council of Governors.

3.2. The Lead Governor shall Chair the Committee meetings. In the Lead Governor's absence the Deputy Lead Governor shall Chair the Committee meetings. In the absence of both Lead and Deputy Lead, the Committee shall select another member to Chair the meeting.

4. Quorum

4.1. The quorum necessary for formal transaction of business by the Committee shall be six governors.

5. Attendance

5.1. The Director of Corporate Governance and/or Head of Corporate Governance will regularly attend meetings.

5.2. Other trust managers and officers may be invited to attend meetings for specific agenda items or when issues relevant to their area of responsibility are to be discussed.

5.3. The Corporate Governance Team will provide secretarial duties to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

5.4. The Chair of the Committee will follow up any issues related to the unexplained non attendance of governors.

6. Frequency

6.1. Meetings of the Committee will be held at least quarterly. Meeting dates will be diarised on a yearly basis. Extraordinary meetings may be called between regular meetings to discuss and resolve any critical issues arising.

6.2. Meetings can be held virtually. Meetings in person may rotate around the region or be central to the Members.

7. Authority / Duties

7.1. The subject matter for meetings will be wide-ranging and varied but in particular it will cover the following:

7.1.1. Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role, including training and development;

7.1.2. Propose agenda items for Council meetings;

7.1.3. Advise on the content of development sessions of the Council;

7.1.4. Advise on and develop strategies for effective interaction between Governors and NEDs, and other Trust staff as required to fulfil Governor and Council responsibilities.

8. Reporting

8.1. The Committee shall be directly accountable to the Council of Governors. A member of the Committee shall report a summary of the proceedings of each meeting at the next meeting of the Council and draw to the attention of the Council any significant issues that require disclosure.

9. Support

9.1. The Committee shall be supported by the Corporate Governance Team and duties shall include:

9.1.1. Agreement of the meeting agendas with the members of the Committee;

9.1.2. Providing timely notice of meetings and forwarding details including the agenda and supporting papers to members and attendees in advance of the meetings;

9.1.3. Enforcing a disciplined timeframe for agenda items and papers, as below:

i. At least 14 days prior to each meeting, agenda items will be due from Committee members;

ii. At least 9 days before each meeting, emailed papers will be due from Committee members;

iii. At least 7 days prior to each meeting, papers (emailed) will be issued to all Committee members and any invited governors, Directors and officers.

9.1.4. Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating draft minutes to the Chair for approval within a reasonable timeframe;

9.1.5. Advising the Chair and the Committee about fulfilment of the Committee's Terms of Reference and related governance matters.

10. Review

10.1. The Committee will undertake a self-assessment at the end of each meeting to review its effectiveness in discharging its responsibilities as set out in these Terms of Reference.

10.2. The Committee shall review its own performance and Terms of Reference at least once a year to ensure it is operating at maximum effectiveness. Any proposed changes shall be submitted to the Council for approval.

10.3. These Terms of Reference shall be approved by the Council and formally reviewed at intervals not exceeding two years.

Due for review: December 2025

South East Coast Ambulance Service NHS Foundation Trust
Council of Governors
Governor Development Committee Report

12 December 2024

1. Introduction

1.1. The Governor Development Committee is a Committee of the Council that advises the Trust on its interaction with the Council of Governors, and Governors' information, training and development needs.

1.2. The duties of the GDC are to:

- Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role.
- Advise on the content of development sessions of the Council.
- Advise on and develop strategies for effective interaction between governors and Trust staff.
- Propose agenda items for Council meetings.

1.3. The Lead Governor Chairs the Committee and both the Lead and Deputy Lead Governor attend meetings.

1.4. All Governors are entitled and encouraged to join the Committee since it is an area of interest to all Governors. The Chair of the Trust is invited to attend all meetings.

1.5. Governors are strongly encouraged to read the full minutes from the GDC meeting.

1.6. The minutes attached as an appendix of the most recent approved minutes from GDC held 15 August 2024. These minutes are confirmed as an accurate record.

1.7. The GDC meeting held in June 2024 provided feedback from the previous CoG, agenda setting for the upcoming CoG, and Governor training and development requirements.

2. Items of note

2.1. Governors were reminded of the opportunity to shadow ambulance shifts and listen in to calls for 999 / 111 and are encouraged to do three per annum so to ensure our Governors are Understanding SECAmb and fulfilling their roles as Governors.

2.2. Governors are reminded to complete the Governor Activity Form when any activity has been carried out to ensure a record has been made.

2.3. Governors welcomed Usman into the committee and welcomed his update.

2.4. Governor elections have concluded with results below:

2.4.1. Ann Osler was not successful in her re-election. Ann has volunteered her time with SECAmb in different ways since 2012 so we are sorry to see her go.

2.4.2. Kirsty Booth (staff non-operational) and Nicholas Harrison (staff operational) have

both been re-elected.

2.4.3. Garrie Richardson (Staff-Operational) joins the Council on 01 March 2024.
2.4.4. Mark Rist, previous appointed governor, re-joins the Council as a public governor for East Sussex.
2.4.5. Aidan Parsons joins us for Surrey.
2.4.6. Andrew Latham was successful in his re-election and continues as our Lead Governor for West Sussex
2.4.7. Andrew Cuthbert, joins us for West Sussex

2.5. Governors have been reminded that they should be observing the NED Committees to observe.

2.6. Governors were reminded of the upcoming NHS Providers training in for February 2025 which will focus on a) the role of our governor and b) effective questioning. This is aimed at our new governors following recent elections.

3. Recommendations:

3.1. The Council is asked to:

3.2. Note this report.

3.3. Note the minutes of the previous meeting included within the appendix.

3.4. All governors are invited to join the next meeting of the GDC on 20 February 2025 at Nexus House, Crawley.

Richard Banks (On behalf of the GDC)
Head of Corporate Governance

Appendix One

Meeting: Governor Development Committee

Location: McIndoe 1

Date/Time: Thursday 15th August 2024 0930 - 1130

Attendees:

Name	Title	Initials
Andrew Latham (Chair)	Lower West Public Governor	AL
Ann Osler	Upper West Public Governor	AO
Kirsty Booth	Non-Operational Staff Governor	KB
Harvey Nash	Lower West Public Governor	HN
Martin Brand	Upper West Public Governor	MB
Andy Erskine	Appointed Governor	AE
Angela Glynn	Appointed Governor	AG
Peter Shore	Upper West Public Governor	PS
Ray Rogers	Upper West Public Governor	RR
Mark Rist	Appointed Governor	MR

In Attendance:

Name	Title	Initials
Richard Banks	Head of Corporate Governance	RB
Jodie Simper	Corporate Governance and Membership Manager	JS
Karen Rubins-Lawrie (minutes)	Corporate Governance Administrator	KRL

Apologies:

Name	Title	Initials
Ellie Simpkin	Appointed Governor	ES
Leigh Westwood	Lower East Public Governor, Lead Governor	LW
Stephen Mardlin	Appointed Governor	SM
Usman Khan	Chair	UK
Chris Burton	Operational Staff Governor	CB
Linda Caine	Appointed Governor	LC
Zak Foley	Lower East Public Governor	ZF

Standing Agenda items	
Agenda Item No.	**Item**
20/24	**Welcome and introductions**. Welcome and Introductions were made. AL thanked LW and KB for their work as former Chair and deputy Chair.
21/24	**Apologies for Absence** Apologies were noted as above.
22/24	**Minutes from the previous meeting, action log and matters arising.** The minutes of the previous meeting were agreed and approved with no amendments. There were no outstanding actions.

23/24	**Council of Governors Meeting** **Feedback from 12/07/24** No feedback or comments received. **Items to discuss at upcoming CoG 13/09/24** RR raised development of pathways with ICBs and queried the governance of them. AL agreed that we are reliant on third party delivery of the plans. HN advised a similar query was raised by the NEDs at the recent board meeting. There has been a lot of involvement with the partners and ICBs and they are now involved with SECAmb, we are being viewed as a leader. There are multiple pathways, and all understand that we need to work together to ensure they work. HN is assured of how we are viewed and involved with people. MB noted that the crucial thing is integrating the hubs which sounds very promising, however a similar situation didn't work in the past at another of his role's. Delivery of the strategy is largely out of our control, but pathways are key. AL noted the Ashford Hub is working successfully. KB advised it is working but not as effectively as in the past, advising Lara Waywell is the lead for the urgent care hubs. **ACTION:** Invite Lara to November GDC to brief the Council on developments of the urgent care hubs.

RB noted that, as a COG, the need to move to a place where we take a long-term strategic view, plotting the top issues that require assurance that the NEDs are holding the Board to account. RB reminded the GDC that although we have specific NEDs who chair committees, all NEDs will be able to answer any query raised.

AL raised that there has previously been poor staff moral and lack of leadership in the Trust, noting that training which has been put in place to improve that.

HN stated that there is a danger that we focus on the word appraisal as opposed to the conversations between the manager and their staff about their role, performance, and development, noting that development is more than appraising people. HN is concerned appraisals are still being treated as a tick box. Where does the appraisal system fit within the strategy?

RB advised the agenda for CoG in September will be framed by the three NED reports: strategic partnerships, people and quality and patient safety.

MR stated a continuous dialogue is needed at every level, not just at the annual appraisal meeting, a holistic view is needed. AE stated it is about triangulating evidence including the staff survey data. As the Council we could review and look at the actions being taken based on the results of the survey. AL stated it could be a theme to bring up at the next Council meeting as the Trust has been trying to move forward on the historically poor results.

PS said if the Council have several priorities that are reviewed annually it will enable more focus to ask both strategic and operational questions. We get a very good operational report from the CEO but this can over direct our attention to discussing the operational issues.

MB advised that there is a lot in the financial areas to discuss:

- Growth.
- Ops overspend in first quarter.
- Unidentified £19m sitting in SIP which are non cash releasing and high risk.
- We are taking £16m out of reserves.
- Financial plan is dependent on £6m of additional income that hasn't yet materialised.
- Efficiencies programme is reliant on £24m of savings.

The Council suggested the following areas for possible discussion at upcoming CoG:

- Strategic delivery of pathways / HUBS.
- Finance
- Appraisals/people management training

Linking back to RB suggestion of a strategic view of the COG and a potential cycle of business to be developed, PS suggested using headings as a way to refine all Governor concerns into a ranking system so it can be addressed in an organised way. AL suggested using the BAF headings.

AL proposed getting a small group of task group of Governors to summarise main points and circulate to the rest of the team. All agreed.

All governors cited their top areas of concerns, which are summarised below.

- Staff welfare and morale, delivery of plans to improve this and retain staff.
- Climate change and the impact on health.
- Stable leadership following on the from the huge amount of change and interim management.
- Breaching sustainable financial position to achieve SIPs as RR not assured after the FIC. Budget

	for the ICB has approved at £10m loss even after savings achieved.

	• Cultural development programmes including– bullying, sexual safety, harassment, and management development programmes. • Emergency preparedness and medicines management, resilience. • Risk around the workshops and number of mechanics, staffing needs to be at an appropriate level. • Clinical supervisions linking directly with staff welfare which is in phase one of the strategy. • Assurance about integration of care hubs and contact centres working cohesively – can we reduce the divide? • Workforce planning, what roles do we need and how are we going to get them, how will the workforce change with the models of care changing? • Quality, public safety and risk. • Exploring the financial deficit. How is the Board assured we are getting back to 0 as opposed to a planned deficit. **Action:** RB will work to create a cycle of business for GDC/COG to review/approve. MB noted the CoG in September will be attended by the public as it is held at the AMM. Should we think carefully about what we should ask in that context? RB stated all CoGs are published online so we shouldn't inhibit what is asked and said. RB advised for the governors to make the most of the premeet and planning the questions to be asked. MB asked if the NEDs can be told the outcome of this conversation and the hot topics the Council are focussing on. RB advised the NEDs get high level information (as per agenda) with MB reminding everyone we are not trying to catch them out. PS said we need to state that these are the areas which we are holding the NEDs to account, not just areas of interest. CoG is about the NEDs reporting to the Council and answering the questions. They should be able to see the template so they can be prepared. RR was impressed that the Board agenda was wrapped around the strategy saying we could similarly do this in CoG. HN stated we need to ensure the themes and projects are thought through. It is not just what will change for those directly involved but how is it perceived by the rest of the business. MB noted that we should discuss what goes into the papers not just the outcomes of them, so we ensure we are talking about everything included. RB stated that following a forward plan should help with this, reminding the Governors that all NEDs can be asked a question about any area, and reminded the COG that by moving to a cycle of business, this will not inhibit the COG asking for assurance within any other areas. MB noted the finance items need to be included every time as they change constantly. AL agreed that finance is a critical item. RB asked if the Governors still see value in receiving BAF and IQR reports or would it be more useful as an appendix. It was agreed to keep as an appendice.

24/24	**Governor Online Event** AL informed the group that it was a successful and engaging event, sharing a slideshow of areas discussed. AL advised that he reminded the public of the responsibilities of the Governors and emphasised the most important points. There were 11 attendees and the feedback was positive. AL questioned if the meeting was appropriate method of trying to reach our constituents. JS advised both meetings to date have run well and we need to acknowledge we may have had more people if it had been outside of holiday season. Two people asked lots of questions which may have scared others
	out of asking questions, suggesting we could do a round robin to ensure everyone gets chance to speak. JS suggested future meetings are of a meet and greet format, with time for questions before the presentation. RB asked how we can look at doing this type of meeting for our staff run by our staff Governors. **Action:** RB and JS to work with staff governors to discuss replicating this with our staff. AL noted it might be useful to have someone from the Trust present as questions were mainly Trust focussed that Governors couldn't answer. RB advised it comes back to purpose of the governor constituency meeting. In the CoG you should be bringing constituents views through and by providing a senior manager to answer questions it is deviating from the purpose. AL feels some members of the public come to the meeting expecting to hear more about the Trust. PS noted we are not spokespeople for the Trust. If someone is asking a difficult question it is for the Governors to take back and pass on. Governors are not there to defend the organisation. PS suggested thinking about what the Council want to ask the public/members at the next meeting. KB suggested a wrap up slide with links for feedback, compliments and recruitment information. AL advised that we did share links in the chat when members of the public asked questions about patient engagement and recruitment. AL also reminded everyone that the audience may not be used to using Teams and may not have been able to use the chat function. **ACTION:** JS to create wrap-up slides for next constituency meeting. KB advised Patient Experience cards are given to all patients. HN suggested asking the members what they would like to see that is different, and that we give each person a chance to speak to get everyone talking. AL stated it was positive to note that a staff meeting was in the making and it will be interesting to see how they go. KB advised we should start with the staff Governors only to see what it is like before inviting any other Governors. KB advised that she makes her presence known as a staff Governor when visiting various SECAmb sites and is always approached with questions, but queried if all staff Governors were using their allocated time effectively.

25/24	**Governor Elections** JS shared a slide of Governor and member numbers. We are using Engage to hold our elections. JS advised that we are creating a video about being a Governor to promote the elections asking for volunteers. It will play on loop at the AMM when elections are launched. Volunteers: • MR • ZF (offline) • PS • AL JS shared the timetable of elections with the group advising we are looking for volunteers to help with the induction. RB explained that if someone is interested in being a Governor they will be invited to an online meeting with either the Chair, a NED, RB or Peter Lee. This is so potential Governors can find out exactly what is expected of them. RB noted we need to set up a robust induction and asked for support from governors.
	HN questioned if the area names were changing as, it is difficult to understand what they mean. JS noted that for online meetings we will share readable information. AL is taking this to the Chair.

26/24	**Review of Governor Development Committee ToR** AL asked if the GDC was useful prior to CoG. PS noted it can be confusing as to what the role of this meeting is. In the past RR has attended Governor forums. HN noted it is not just about developing Governors, but it is about our role, therefore the title may be misleading. It is useful to have time to get together and discuss high level items in addition to the CoG pre-meet where the questions are developed. AL noted that the pre-meet may be better online the day before to make it flow better. HN stated we tried that in the past and most felt it didn't work as well. KB agreed we need to move back to a few days before as on the day it is rushed and people can't always get in on time. A refresher can be held just before CoG. MR agreed as we now have much more clarity around Governor roles noting that the GDC is useful moving forward but the title may not reflect the meeting. This space should be used to set up priorities. AG agreed and confirmed it is about clarity of the purpose of the meeting. The rotating appointed Governors coming to the meeting doesn't necessarily make sense. Can we make the pre-meets easier to fit into schedules. All agreed to meet two days before CoG, 5pm, 30 minutes, monitor and make changes as required. RB advised it is not possible to set a meeting that all will be able to attend on every occasion. **ACTION:** JS to set up next pre-meet and monitor. A 15 minute pre-meet will still take place on the day of CoG. MB noted that online there was a poor turnout and it was always the same people. A name change was suggested to reflect the meeting better, RR noted the Governors need be tied into the title. AG shared concerns that using forum in the meeting title doesn't sound formal enough. **ACTION:** RB to liaise with Peter Lee to discuss how we move forward. Governor Forum and Governance Committee are suggested titles. **ToRs** AL went through each section of the ToRs asking for feedback: • 2.1 - we don't provide advice to the Trust, we are holding them to account. RB advised we are setting the agenda for CoG. • 3.1 – all Governors should be expected to attend, all agreed. • 3.2 - to be deleted. • 3.4 - to be moved to attendance. AG noted that we can invite the Chair to attend when required. • 4.1 - KB noted quoracy should be 50% of membership to encourage better attendance. We need to increase from three to improve attendance. RB to check compliance on making six attendees. PS noted you can still meet without quoracy but cannot make decisions. • 6 - RB explained how the meetings are laid out. MB asked who calls extraordinary meetings. • 6.2 - RB noted that we have tried to move meetings around the area but it hasn't been successful, we have the highest attendance at Nexus House which is in the centre of the geographical patch. Extraordinary meetings can be held on Teams or during exceptional circumstances. • 7- RB explained the purpose of the committee. Can the word powers be changed to duties?

	ACTION: RB to check compliance on the requirement of how many Governors need to attend the meeting **ACTION**: JS/RB to clarify where the extraordinary meetings are called and by who. **ACTION:** RB to check if the word powers can be changed to duties. **ACTION:** RB to circulate a revised version of the changes to AL and all members for comment.
27/24	**Feedback Survey Results** AL shared slides of responses, seven Governors responded, and summarised the scores. Slides were shared of what the respondents felt we were doing well, and not so well. Slides to be shared with Council after meeting. KB questioned the comment about the full compliment of information, questioning what was are missing as we get a lot of information. AL stated it might be more about the summary of the key issues. It was noted that it's different Governors' interpretations and non-staff Governors make take the information differently. MB stated that we get a lot of reassurance but not assurance. That isn't triangulating information. MB also raised the speed at which meetings take place, not giving enough time to answer following long presentations, noting the last AMM CoG was very rushed. AL to take back to his meeting with the Chair. RB advised that conversations with NEDs will start again and he is discussing it with UK. Slides to be shared with Council after meeting. AG suggested it would be better to bring out key points only on future slides, AL noted that most points on the slides have been discussed today. **ACTION:** AL to consider, working with RB, how can we support to re-solve the responses to the survey?
28/24	**Any other Business** AL gave apologies for the AMM as he is away, LW will be covering on the day. AL is meeting with the Chair in the near future and asked for any topics which should be discussed. AL thanked everyone for their attendance and excellent contributions. MR was thanked for his work and contributions over his period as a Governor.
29/24	**Review of Meeting Effectiveness** Did the meeting run to time? Yes

Date of Next Meeting:

Thursday 21st November 2024
At
Nexus House, McIndoe Room 1, Gatwick Road, Crawley, RH10 9BG.

South East Coast Ambulance Service NHS Foundation Trust

Council of Governors

Governor Activities and Queries

12th December 2024

1. Governor activities

1.1 This report captures membership engagement and recruitment activities undertaken by governors (in some cases with support from the Trust – noted by initials in brackets), and any training or learning about the Trust Governors have participated in, or any extraordinary activity with the Trust between 14th September 2024 to 12th December 2024.

1.2 It is compiled from the Governors' updating of an online form and other activities of which the Assistant Company Secretary has been made aware.

1.3 The Trust would like to thank all Governors for everything they do to represent the Council and talk with staff and the public.

1.4 Governors are asked to maximise attendance at both GDC/MDC and COG and where possible are reminded of the value add in attending board.

Date	Activity	Governor
13.09.2024	Council of Governor Meeting	Harvey Nash, Stephen Mardlin, Ellie Simpkin, Leigh Westwood, Angela Glynn, Martin Brand, Peter Shore, Andy Erskine, Zak Foley, Kirsty Booth, Ray Rogers, Sam Bowden, Vanessa Wood
13.09.2024	Annual Members Meeting	Harvey Nash, Stephen Mardlin, Ellie Simpkin, Leigh Westwood, Martin Brand, Peter Shore, Andy Erskine, Zak Foley, Kirsty Booth, Ray Rogers, Sam Bowden
15.09.2024	Brooklands 999 Emergency Services Event	Peter Shore, Ann Osler, Martin Brand
17.09.2024	Council of Governors – Private Meeting	Martin Brand, Harvey Nash, Peter Shore, Andrew Latham, Ray Rogers, Linda Caine, Andy Erskine, Nick Harrison, Kirsty Booth
19.09.2024	Observation of Audit Committee	Harvey Nash

21.09.2024	KSS Air Ambulance Kent Event	Martin Brand
24.09.2024	Trust Chair & Lead Governor Meeting	Andrew Latham
26.09.2024	Observation of Finance & Investment Committee	Andrew Latham
01.10.2024	Public Engagement @ Probus Crawley	Andrew Latham
03.10.2024	Formal Board	Ray Rogers
05.10.2024	KSS Air Ambulance Sussex Event	Harvey Nash
08.10.2024	Public Engagement @ Probus Caterham	Andrew Latham
09.10.2024	H&S Audit @ Worthing MRC	Harvey Nash
17.10.2024	Observation of Quality Patient Safety Committee	Andrew Latham
24.10.2024	Lead Governor Presentation and discussion with NEDs	Andrew Latham
06.11.2024	Lead Governor meeting with SWAS, SCAS and SECAmb	Andrew Latham
07.11.2024	Governor Online Event	Andrew Latham Martin Brand Peter Shore Ray Rogers
14.11.2024	Governor Development Committee	Ann Osler Zak Foley Stephen Mardlin Harvey Nash Andrew Latham Andy Erskine Peter Shore Martin Brand Ray Rogers
14.11.2024	Membership Development Committee	Peter Shore Harvey Nash Martin Brand Ray Rogers Andrew Latham Zak Foley Ann Osler
14.11.2024	Staff Awards Ceremony – Surrey	Ann Osler Andrew Latham

19.11.2024	Health & Safety Audit Review Visit	Andrew Latham
25.11.2025	Nominations Committee	Andrew Latham
26.11.2024	QAV @ Dartford	Nicholas Harrison
27.11.2024	Health & Safety Audit Review Visit @ Farnborough	Martin Brand
28.11.2024	Observation of Finance & Investment Committee	Andrew Latham Harvey Nash Peter Shore
05.12.2024	Formal Board Meeting	Andrew Lathan Ray Rogers
05.12.2024	Joint Board & CoG	Andrew Latham Ray Rogers Peter Shore Kirsty Booth Angela Glynn Harvey Nash Leigh Westwood

2. Governor Enquiries and Information Requests

2.1. The Trust asks that general enquiries and requests for information from Governors come via Richard Banks and his team. An update about the types of enquiries received and action taken, or response will be provided in this paper at each public Council meeting.

Date	Query	Response

10 October 2024	At the KSS Sussex event I met with Frank Doel (CFR - Manhood Peninsula), who I had previously seen at the South of England show with a demonstration CFR pedal bike. At the SoE he said he was awaiting approval for use of the bike on Manhood Peninsula (Selsey and Witterings) where visitor traffic during holiday seasons makes responding by car very slow and perhaps some central town locations. Bike is his concept but seems well thought through and he has a supplier prepared to make and lease and has put a business case. Obviously, this needs careful consideration by Ops and costing etc, but last weekend he said that	Thanks so much for your enquiry and Franks passion for a cycle response unit is fantastic. David Wells our Head of Community Resilience launched the idea, and it is in our 2024/25 work plan. Unbeknown to the Trust Frank went out and sourced and leased an e-bike having it made up with Trust livery and then taking it to events, where Harvey met him and saw it. As I'm sure you can understand we are a very small department, and our primary focus is to support our existing volunteers on a day-to-day basis while recruiting and training new volunteers to benefit their communities. Due to Franks passion for the project, and to try and support him, we did take some time

	there seemed to be no progress and he had even been asked not to bring the demo model to events. At a time when response times are critical, when we need our CFRs to be engaged and encouraged, when a lot of volunteer effort has been put in on this and when the outlay for a trial seems small, it seems wrong not to be actively progressing it. I am sure there are a range of factors to consider and perhaps there are valid reasons not to proceed but from what he says little is happening and no one is explaining why. I would like to understand why a volunteer's initiative and efforts appear to be unvalued and unappreciated at a time when we need initiative and change	out to undertake some initial scoping, which was very interesting and the results I have highlighted below: • There is only one NHS nationally recognised cycle response training course it is full time and four days long and currently only delivered in London. • There is a nationally recognised fitness test that all responders would have to pass. • Due to its size and carrying capacity we would have to procure new equipment and get that into service with the trust creating new compliance, SOPs and policies to reflect this. • Stakeholder engagement especially with the local council and private landowners covering the routes that would be used will be essential to get the scheme off the ground. • No organisation currently uses e-bikes (which Frank has leased) due to weight of the cycle (on top of the 80kgs of equipment of a standard response bike). There is national concern regarding charging, storage, fires and the fact if the battery fails then the rider would be incapable to pedal the bike with all the equipment. • Currently most of the NHS Ambulance Cycle Schemes are in areas where vehicular access is challenging i.e. city centres which are pedestrianised, with a minimum risk of the responder interacting with traffic. We are super keen to get a safe, well

		governed scheme off the ground to

		benefit patients in certain areas across the Trust but due to the complexities identified above and the fact as a team we don't have a business support manager or any project management support. All the organisation and planning to launch these schemes would fall to our Team and currently we don't have the immediate capacity to move this forward. Please be assured the second we have secured the capacity we will move this forward at pace.

Recommendations

2.2. The Council is asked to note this report.

2.3. Governors are reminded to please complete the online form after undertaking any activity in their role as a Governor so that work can be captured.

Governor Activity Feedback

Ray Rogers

Observation of Board Meeting – 03 October 2024
Excellent presentation from Nathan. Head of 3-person team handling Frequent Callers, Staggering statistics in a short PowerPoint presentation well worth seeing. Such good beneficial important work by such a small team. They deserve a little more person support.

Harvey Nash

Audit Committee Observed – 19 September 2024
Observed Audit Committee via Team. Good meeting covering wide range of topics and providing me with good assurance on NEDs holding Exec to account in this area. Governors introduced and made welcome.

KSS Air Ambulance Sussex Event
Main activity at event were the three sponsored walks and most attendees were those participating and their families, so flurries of interest pre-start and around the finishes. Then others around lunchtime and early afternoon. Air ambulance landed and could be visited. Met with Air Ambulance doctor. Good engagement with public, we recruited 11 new members on the day.

H&S Audit Visit at Worthing Make Ready Centre
All day at Worthing MRC. Made welcome by rest of auditors and all those approached. Open constructive discussions covering range of Q's during morning followed by debrief with Audit leader. Then physical check on risks, hazards across site. I did internal SECAmb offices etc, others did external, Churchill MRC area etc. Number of observations but no serious issues and my overall impression was positive. Again, we fedback to Team leader who will compile report.

Jodie Simper
Corporate Governance and Membership Manager

SOUTH EAST COAST AMBULANCE NHS FOUNDATION TRUST
Council of Governors
Nominations Committee Report

12 December 2024

1. Introduction

1.1. The Nominations Committee (NomCom) is a Committee of the Council that makes recommendations to the Council on the appointment and remuneration of Non-Executive Directors (NEDs) and considers NEDs' appraisals, including the appraisal of the Chair.

1.2. This report provides an overview of the most recent nominations committee activity.

2. NED Appraisals

2.1. The committee met on 25 November to receive the appraisals for the NEDs. This included a satisfactory assessment against the Fit and Proper Persons Test Framework.

2.2. Governors were thanked for their feedback which will be incorporated into work plans for the remainder of the year.

3. NED Recruitment

3.1. Following a one-year extension, Michael Whitehouse's final term will be coming to an end in October 2025. The recruitment process for his replacement, which will be for an Audit Committee Chair, will commence in early 2025.

3.2. There will be a separate process the appointment of a new SID and Deputy Chair in early 2025-26.

4. Recommendation

4.1. For information.

Usman Khan

Chair (on behalf of the Nominations Committee)

		Agenda No	41/24
Name of meeting	Council of Governors		
Date	12 December 2024		
Name of paper	NED Highlight Report – We delivery high quality patient care		

The priorities aligned to the Trust Strategy are set out in the Board Assurance Framework, which is framed against the three Strategic Aims:

1. **We delivery high quality patient care**
2. Our people enjoy working at SECAmb
3. We are a sustainable partner as part of an integrated NHS.

This report summarises the main issues the Board has focussed on under strategic aim 1, since the last Council of Governors meeting in September. It identifies the specific issues picked up by the independent non-executive directors (NEDs), in order to support the Council of Governors' statutory duty in holding the NEDs to account for the performance of the Board of Directors.

As reported in September, there continues to be a reasonable level of assurance with the quality agenda. The approach to QI is embedding well (the BAF includes four QI priorities) and we are working with South Central Ambulance Service to support them introduce the same approach.

The NEDs have been keen to balance the need to acknowledge, in the context of the national challenges in the sector, the significant effort of the executive to maintain a good level of performance relative to other ambulance services, while keeping in mind that despite this, we are not achieving the standards set by the Ambulance Response Programme.

The main thrust of the new Trust strategy, to transition from a predominantly ambulance-based response model to a more differentiated approach, where the type of response is tailored to the individual needs of our patients, recognises that the status quo is not sustainable.

The related strategic priorities include:

- Unscheduled Navigation Hubs. The Board supported the acceleration of the Hubs so they could be introduced this year, ahead of winter, to help maintain performance. There will analysis of the model and their effectiveness early next year to assess how these can be sustained.
- Virtual Care. While some good progress has been made, linked to the Hubs, we are struggling to achieve the target for H&T and the executive is seeking to understand what more can reasonably be done to improve.
- Clinical Models of Care. This priority relies significantly on system partners but is a key enabler of the strategy. The timeframe for this has been revised from Q2 to Q4.

The Board takes assurance from the work ongoing to establish a new learning framework, so that we learn from sub optimal service provision, via the Patient Safety Incident Framework. This was considered at the most recent meeting of the quality committee. The committee also received a really positive report setting out the great work on cardiac arrest survival; with SECAmb providing the best outcomes for this patient group compared with the other ambulance services in England. Exceeding the target set in the BAF.

At its meeting in December the Board will be assessing the work the three clinical directors are undertaking to establish a new clinical model, following the arrival of a Jacquline Lindridge, new Chief Paramedic. Jacqui will be

developing her priorities in the coming weeks and will share these with the Quality Committee in January, ahead of the Board in February.

BAF

		Agenda No	42/24
Name of meeting	Council of Governors		
Date	12 December 2024		
Name of paper	**NED Highlight Report – Our people enjoy working at SECAmb**		

The priorities aligned to the Trust Strategy are set out in the Board Assurance Framework, which is framed against the three Strategic Aims:

1. We delivery high quality patient care
2. **Our people enjoy working at SECAmb**
3. We are a sustainable partner as part of an integrated NHS.

This report summarises the main issues the Board has focussed on under strategic aim 2, since the last Council of Governors meeting in September. It identifies the specific issues picked up by the independent non-executive directors (NEDs), in order to support the Council of Governors' statutory duty in holding the NEDs to account for the performance of the Board of Directors.

Through the Appointment & Remuneration Committee, the NEDs have supported the new senior leadership restructure, led by the Chief Executive, which is a key enabler of the new strategy. In December we hope to make the substantive appointments for the Chief People Officer and Chief Finance Officer. The other strategic priority related to leadership is the new divisional model and good progress is being made on the appointments to the Divisional Directors, which is the precursor to the wider organisation process.

The primary focus in the last quarter has been on the BAF risk related to developing a HR Improvement Plan. This was agreed by the Board in October and will be closely monitored by the People Committee to help ensure delivery. It is critical that improvements are made in the four priority areas to help rebuild trust in the function.

The second BAF risk related to staff morale has been further mitigated by the pay correction affected in Q3. This is really positive and further negotiation is needed with the Trade Unions on any further back pay.

The executive has spent much time in recent weeks to mitigate the third BAF risk related to improving partnership working with Trade Unions. The final meeting to reset the approach to the Joint Partnership Forum is scheduled to be concluded in December, with the new ways of working from January 2025. This will be a long-term approach given the issues are so deep rooted and the Board acknowledges the good will on both sides.

BAF

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.

		Agenda No	43/24
Name of meeting	Council of Governors		
Date	12 December 2024		
Name of paper	**NED Highlight Report – We are a sustainable partner as part of an Integrated NHS**		

The priorities aligned to the Trust Strategy are set out in the Board Assurance Framework, which is framed against the three Strategic Aims:

1. We delivery high quality patient care
2. Our people enjoy working at SECAmb
3. **We are a sustainable partner as part of an integrated NHS.**

This report summarises the main issues the Board has focussed on under strategic aim 3, since the last Council of Governors meeting in September. It identifies the specific issues picked up by the independent non-executive directors (NEDs), in order to support the Council of Governors' statutory duty in holding the NEDs to account for the performance of the Board of Directors.

The robust planning and improved financial controls have helped ensure delivery of the integrated financial and operational plan. We continue to achieve the C2 30-minute mean, the best performance compared with the other ambulance trusts in England and are on track to deliver the financial control total; this has been revised to breakeven (from the £10.5m deficit) following additional income from commissioners.

The underlying deficit of circa £10.5m remains however, if the additional income is not recurrent, which is yet to be confirmed.

The Board is supportive of the steps being taken to develop a three-year financial recovery plan, to help ensure a framework to support our long-term sustainability, and this is a continual focus of the finance committee.

In terms of collaboration the work with the Southern Ambulance Service Collaboration continues with agreement to focus on a few areas. The Board met with the Board at SCAS in November to agree a road map to help develop the case for change for closer strategic alignment. This must ensure improved patient care, better staff experience and improved efficiency / value for money.

The NEDs are confident that the Trust should exit the Recovery Support Programme, demonstrated by the progress made in the last two years and a strong belief that these improvements are sustainable.

BAF

We are a sustainable partner as part of an integrated NHS

2024-2029 Strategy Outcomes

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

2024/25 – Strategic Transformation Plan – Phase 1

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

2024/25 Outcomes

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

S – indicates this is a jointly owned target with partners

2024/25 – Operating Plan

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

Compliance

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

BAF Risks

- ❑ **System Collaboration:** There is a risk that the Board is unable to collaborate effectively with ICBS, due to the regional footprint and capacity to engage.
- ❑ **Sustainable Financial Plan:** There is a risk that due to uncertainty over medium to long term funding (3 -5 years), that the Trust is unable to agree with Commissioners a sustainable financial plan which delivers safe and effective services and improves value for mo ney.
- ❑ **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.

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:**

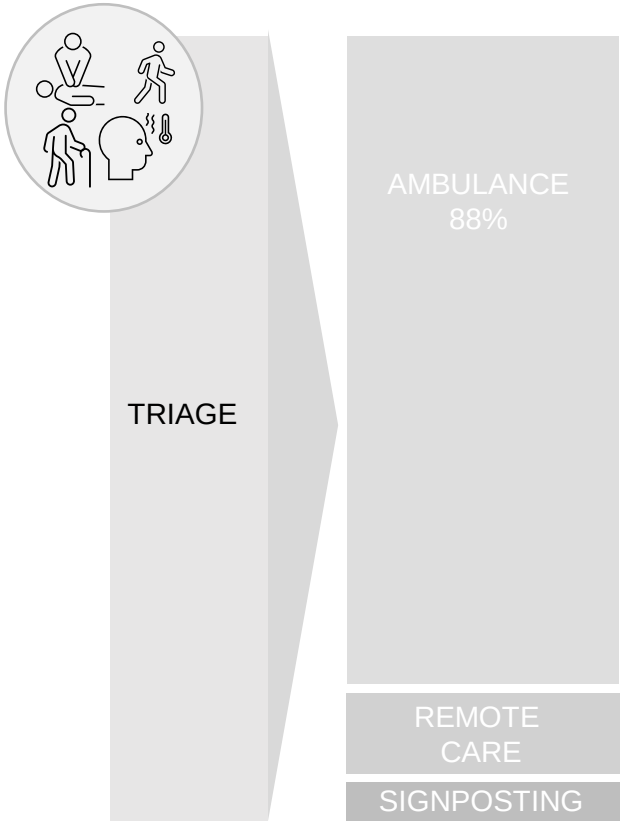
Saving Lives,

Serving Our Communities

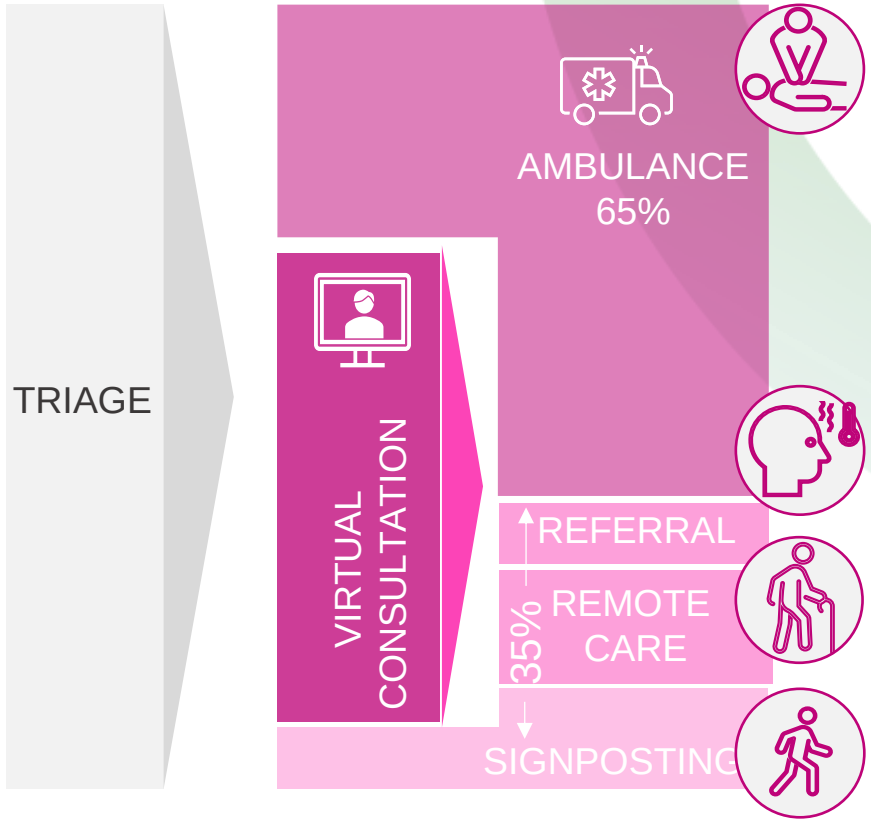
Our Strategy 2024-2029

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:

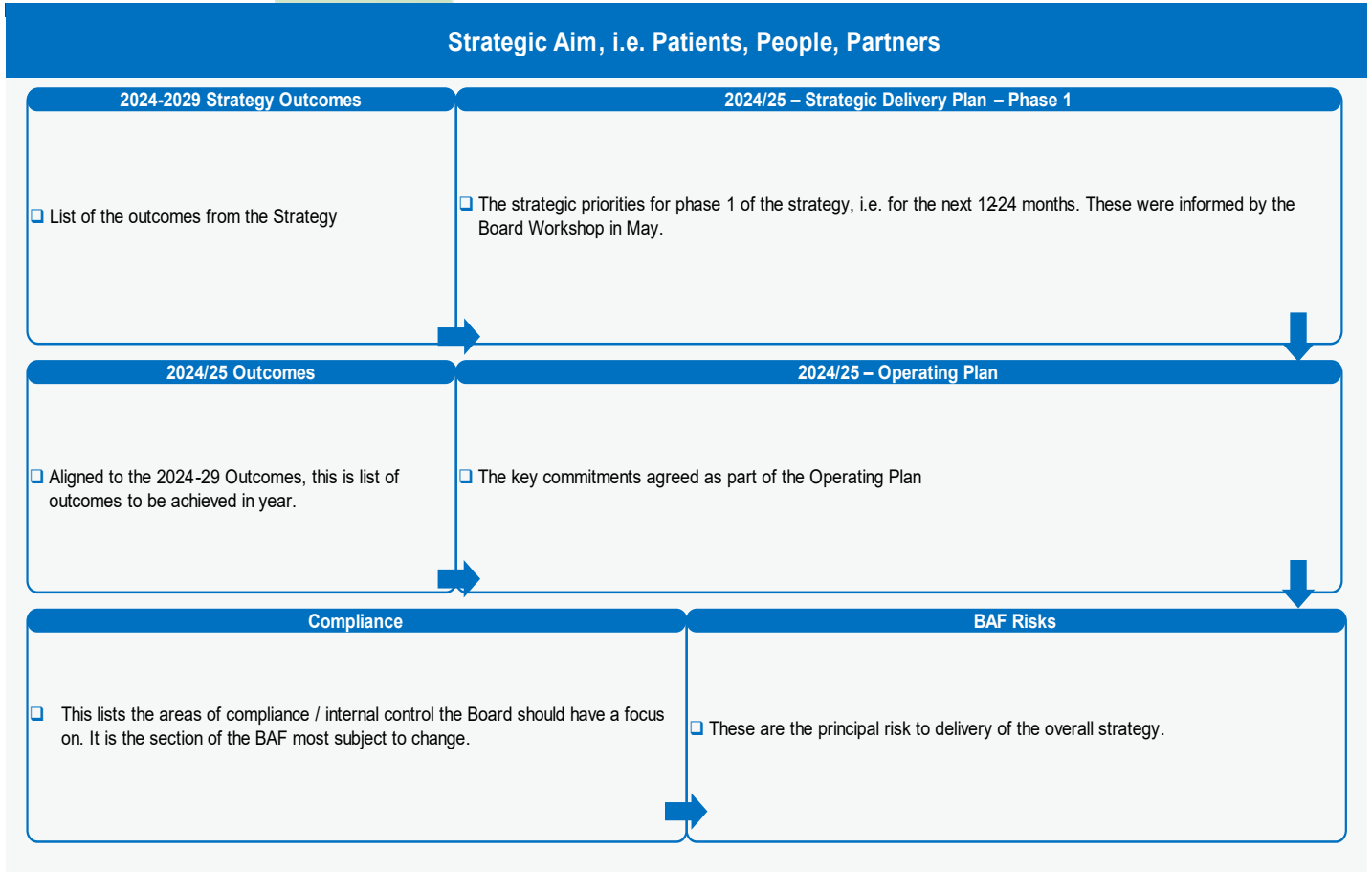
If, once assessed, the patient's needs do not require a SECAmb response, they will be signposted to an appropriate agency or service.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

How our Board Assurance Framework (BAF) Works

Our BAF:

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



How our BAF reflects our Strategy :

- 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.

Our People Enjoy Working at SECAmb

Our People enjoy working at SECAmb Executive Summary

- 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.

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

Compliance: RSP Review

July 2024

(No changes to BRAGG ratings since August Board)

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

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

South East Coast Ambulance Service NHS Foundation Trust

RSP ref.	Requirement Description The Trust must:	Position Statement	Progress	Risk to Exit
RSP-G2	Trust Board sighted on all key risks through an effective Board Assurance Framework and improved quality reporting aligned to the BAF and the comprehensive improvement plans.	**Achieved**: • An updated BAF is in place. Our annual plan and objectives feature clear SMART objectives and milestone deliverables, integrated into the new BAF, driving the Board's business cycle. • Subcommittees are showing improvements in discussions related to risk and assurance, with positive progress in implementation. Subcommittee Chairs report better insights. • The new BAF 24/25 has been signed off with in-year objectives, operating plans, and strategic programmes aligned with the strategy. • This was approved at the last public board meeting in June, and progress will be reported starting from the August 8th Board meeting. There is an agreement to recalibrate BAF risks to align with the strategy and reflect them in the Risk Register. • 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

NHS 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

NHS
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		

NHS
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

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

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

Our Objectives for 24/25

South East Coast Ambulance Service NHS Foundation Trust

We deliver high quality patient care

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

Our people enjoy working at SECAmb

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

We are a sustainable partner as part of an integrated NHS

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

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Quality of Care

QUALITY OF CARE

Summary

October 2024

Pass | Hit and Miss | Fail | No Target

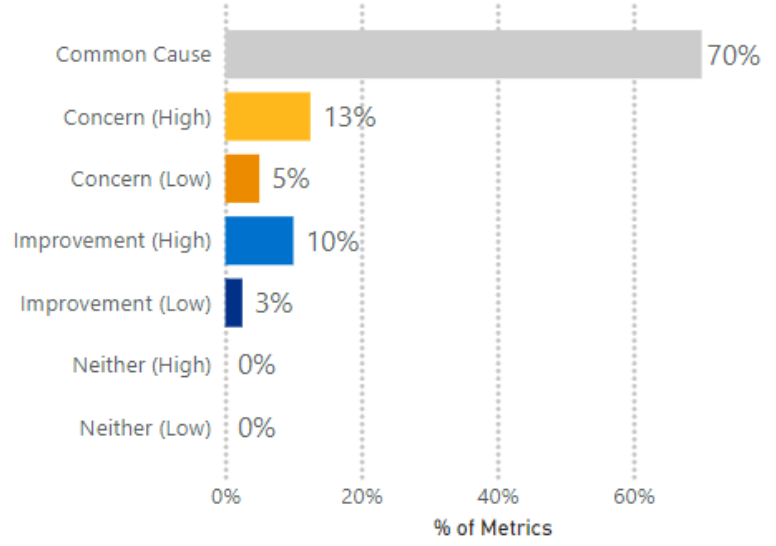
Special Cause Improvement		Resilience Stock Holding of Medicines in the Trust Complaints Reporting Timeliness % **Sepsis Care Bundle %	PGD Compliance %	Proportion of Complaints Relating to Crew Attitude %
Common Cause		Medicines Management % of Audits Completed Hand Hygiene Compliance % Deep Clean Compliance %	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.

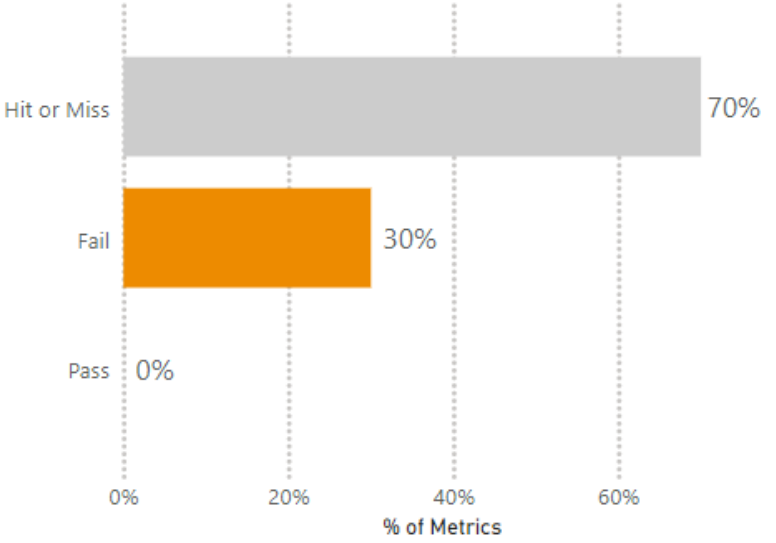
QUALITY OF CARE

Overview (1 of 3)

Variation Icon Summary



Assurance Icon Summary



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		

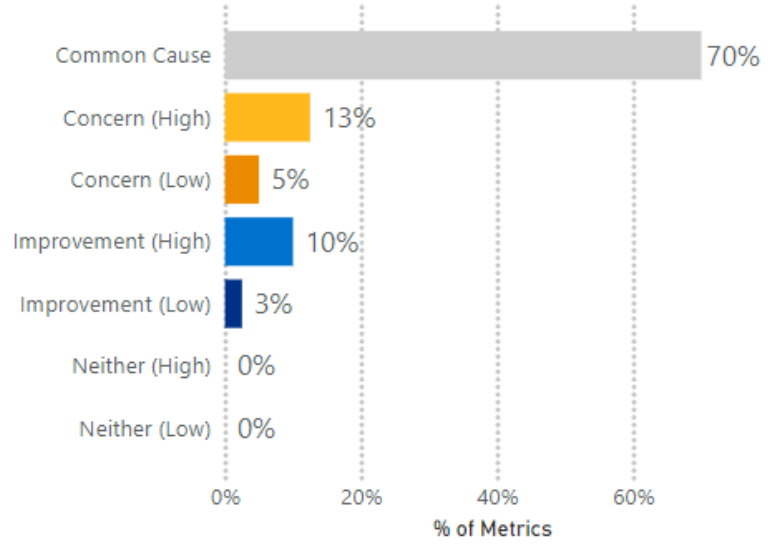
Patient Experience

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		

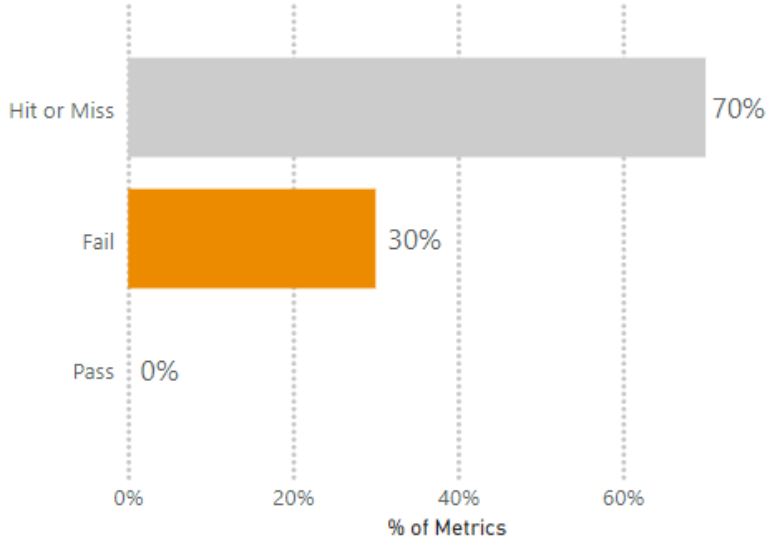
QUALITY OF CARE

Overview (2 of 3)

Variation Icon Summary



Assurance Icon Summary



Clinical Effectiveness & Patient Outcomes

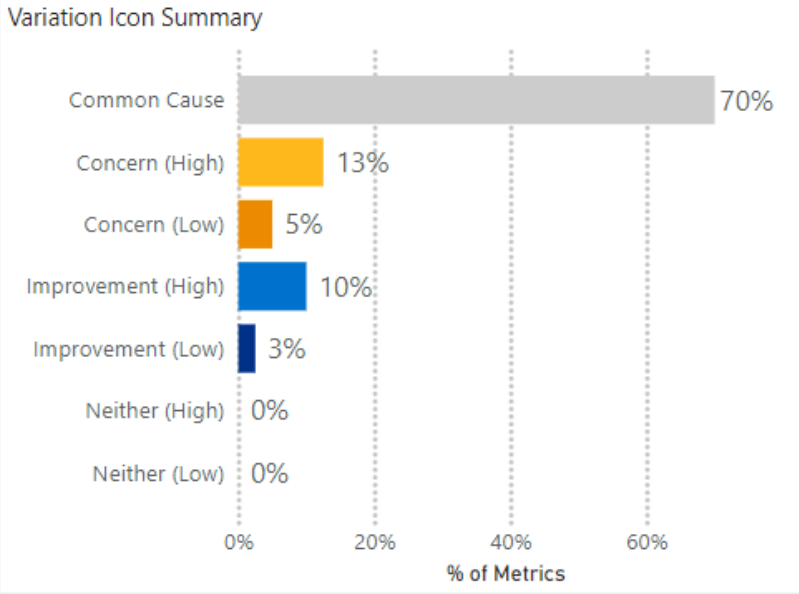
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
**Cardiac ROSC Utstein %	Quality Improvement	Jul-2024	53.6%	45.1%	34.35%	52.34%	70.33%		
**Cardiac ROSC ALL %	Quality Improvement	Jul-2024	30.3%	23.8%	18.45%	28.91%	39.37%		
**Sepsis Care Bundle %	Quality Improvement	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%			

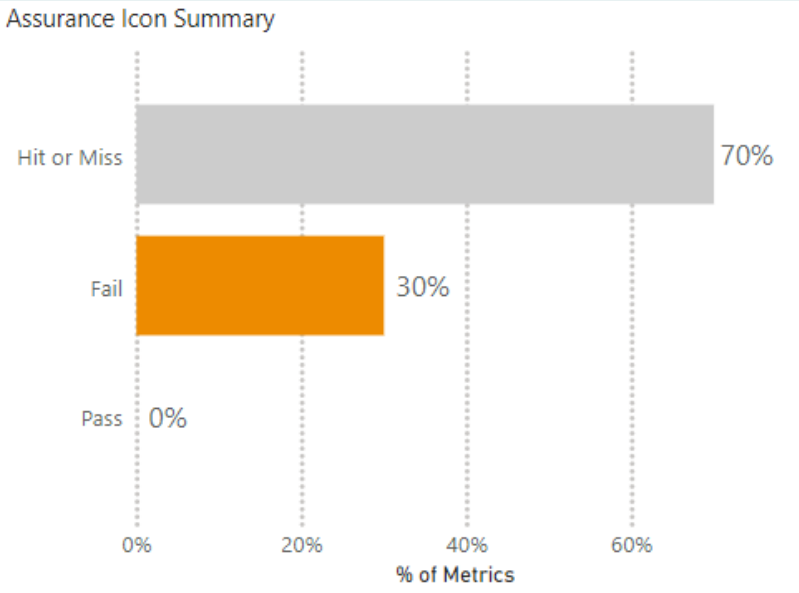
Infection Prevention Control

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)





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

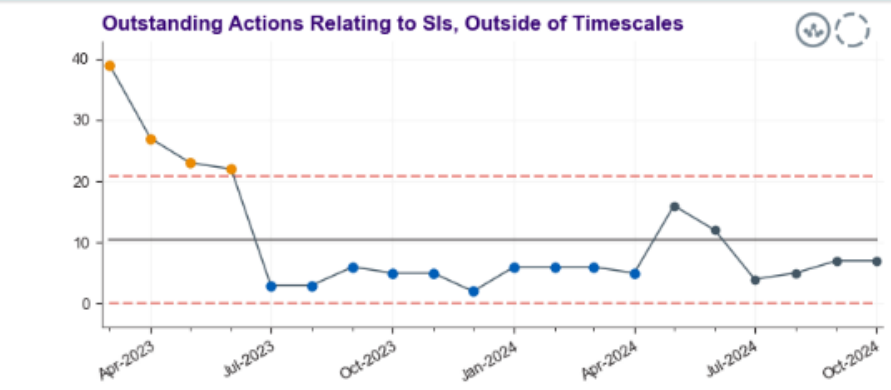
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Single Witness Signature Use CDs Omnicell	Quality Improvement	Aug-2024	54	0	5.51	38.76	72.01		
Single Witness Signature Use CDs Non-Omnicell	Quality Improvement	Aug-2024	38	0	2.39	27.82	53.26		
Medicines Management % 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

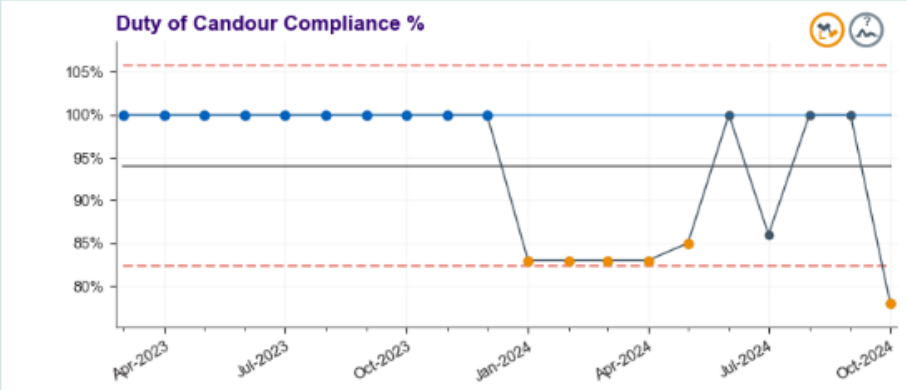
QS-1
Dept: Quality & Safety
IP: Quality Improvement
Latest: 1589

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?

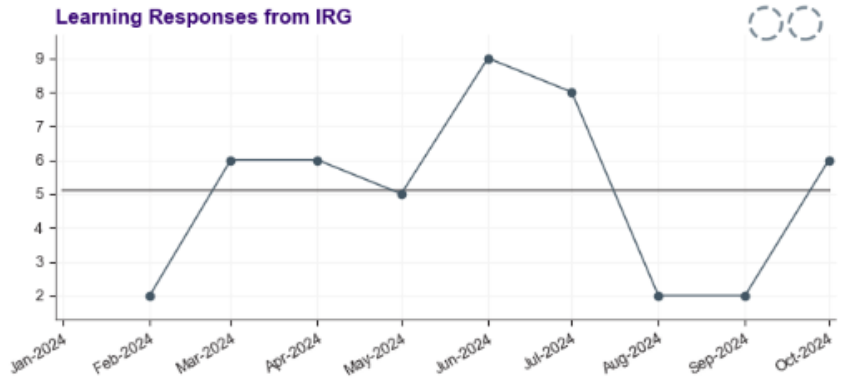
(QS-1) Non-SI incidents – As part of the PSIRF review process, the Datix team are redesigning and delivering an incident reporting training programme to help improve the culture surrounding the quality and timeliness of reporting.

(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.

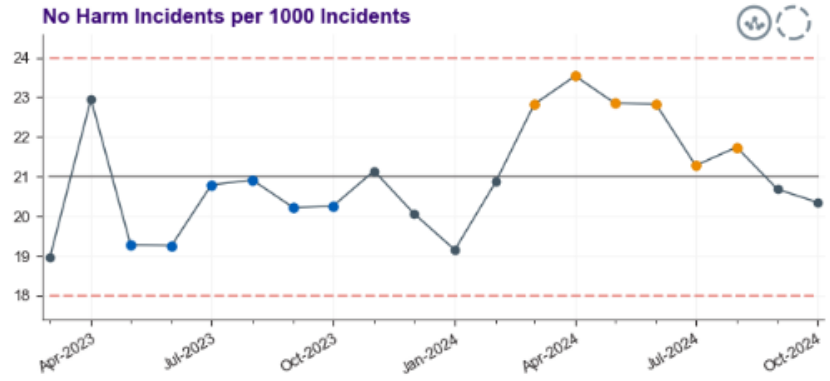
QS35 – Commissioned learning responses are an indicator of areas within the Trust, where the possibility of systemic learning has been identified. These investigations could include the review of a process, the working of multi-faceted teams at an incident, or a gap in our processes or policies. A review 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.

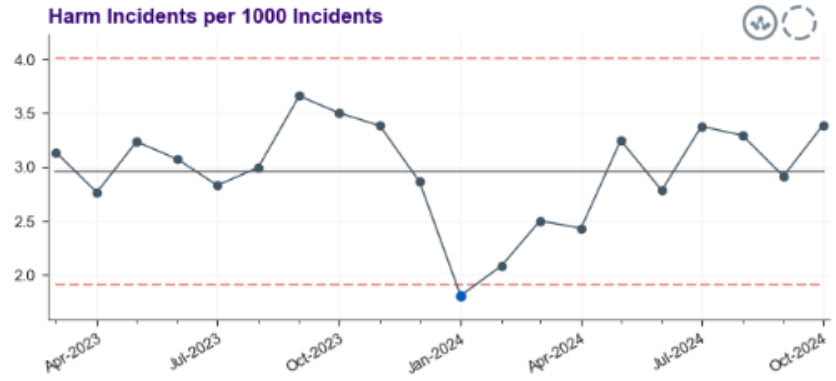
QUALITY OF CARE

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.

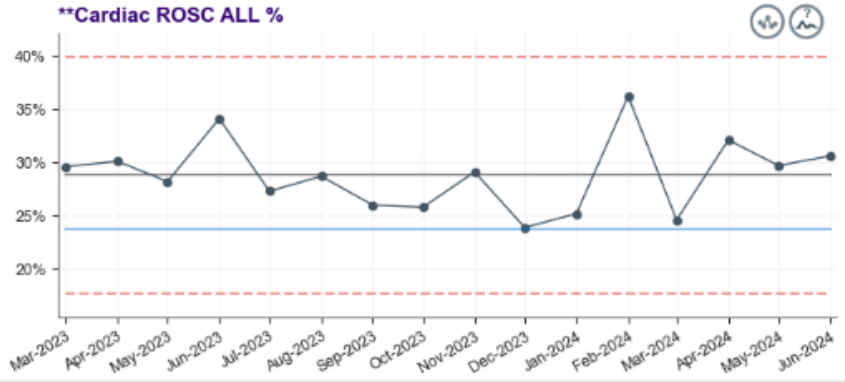
QS-29 Harm incidents per 1000 incidents – Harm incidents are showing normal variation and no significant change. However, overall, the number of harm incidents is a reduction on the number seen at the same time last year. The team will be closely monitoring this moving forward and are developing ways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

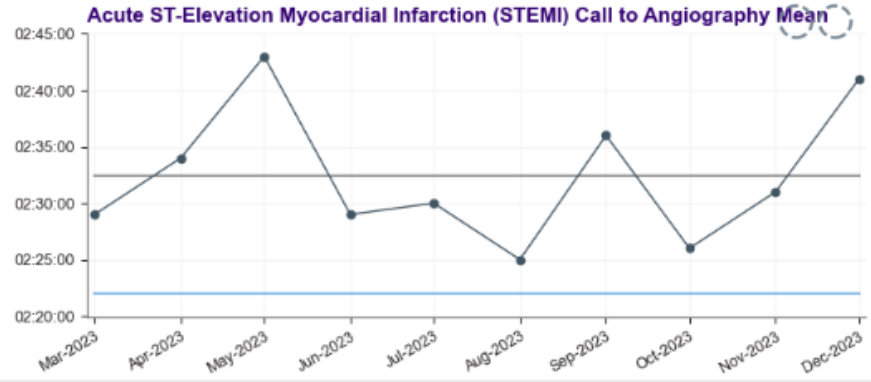
QUALITY OF CARE

Impact on Patient Care - Cardiac



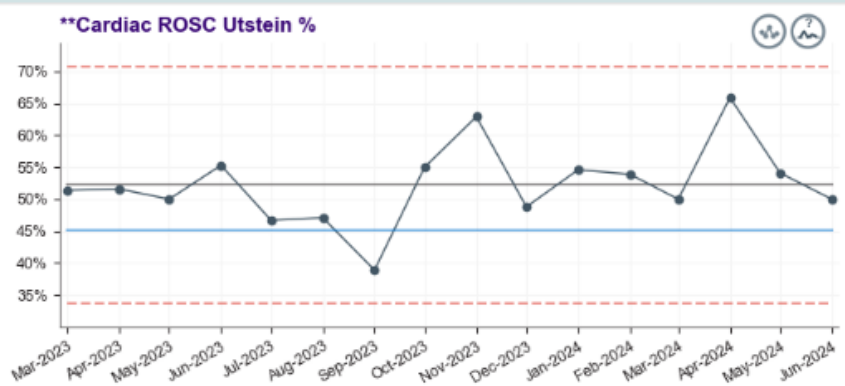
M-2

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.



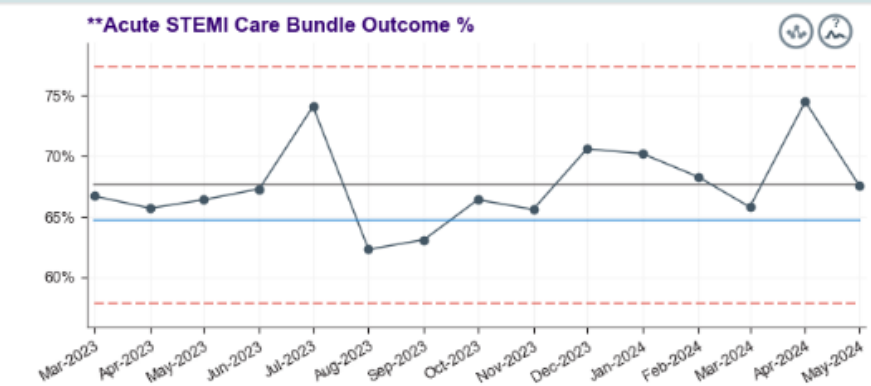
M-6

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.

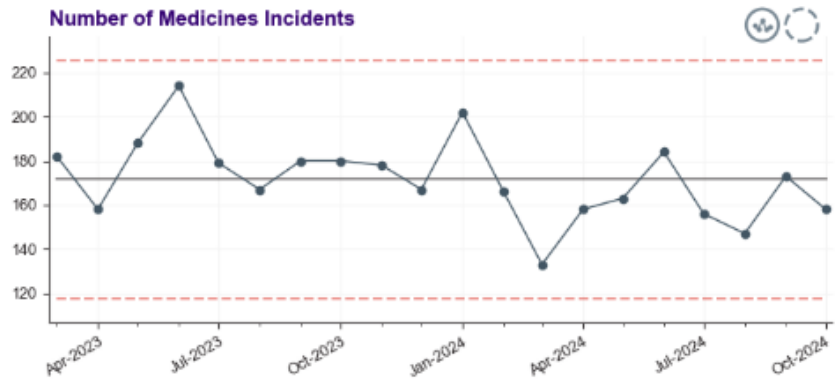
STEMI Call to Angiography – Our data indicates that the time from STEMI call to angiography is influenced by a variety of factors, including scene arrival delays and crew actions on scene. Despite these challenges, our performance remains within expected variations. Understanding and addressing these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

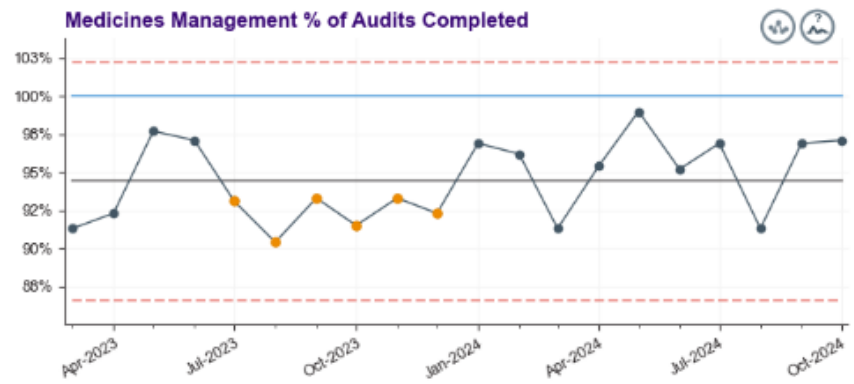
It was also confirmed that the RSCH are unable to accept post ROSC patients directly where airway support is required. This is due to the availability of the anaesthetic team and these patients should be triaged to the Emergency Department. The trust now needs to work to confirm this position with our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

QUALITY OF CARE Medicines Management (1 of 2)

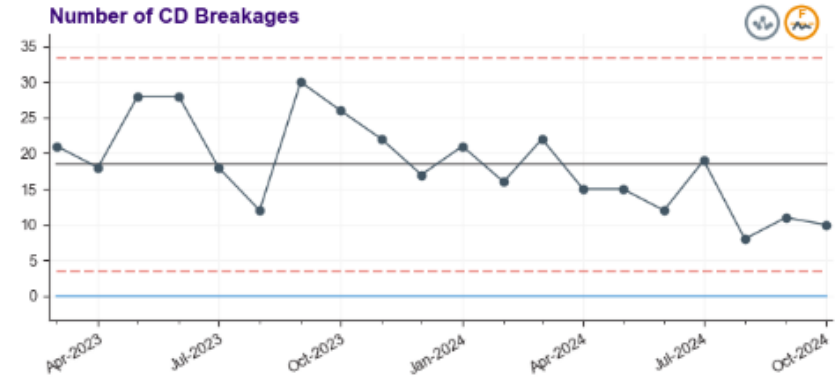


MM-1
Dept: Medicines Management
IP: Quality Improvement
Latest: 158

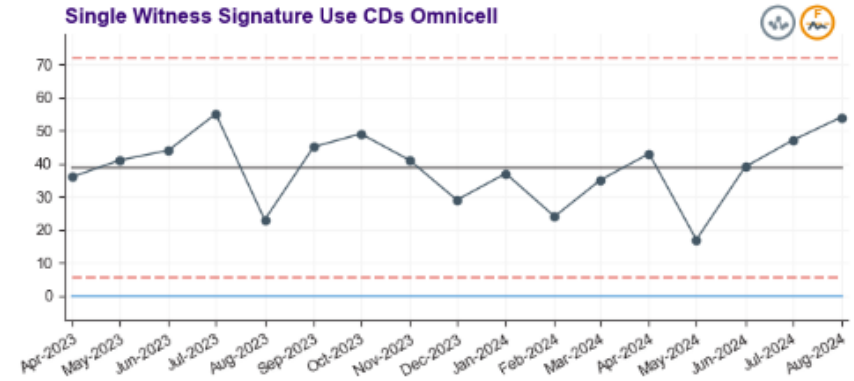
Common cause variation, no significant change.



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.

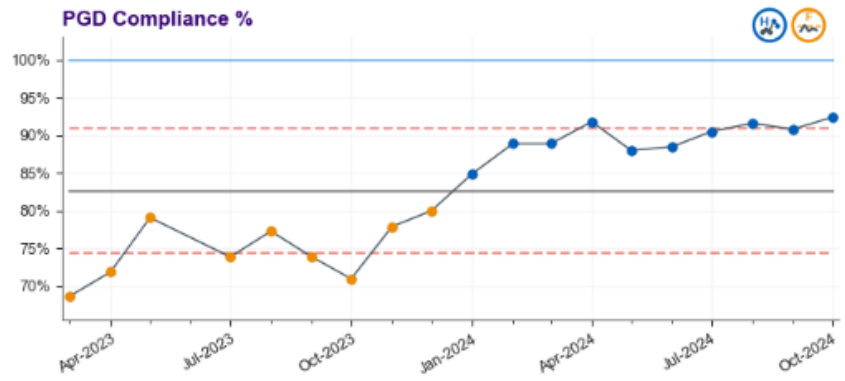
Summary

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

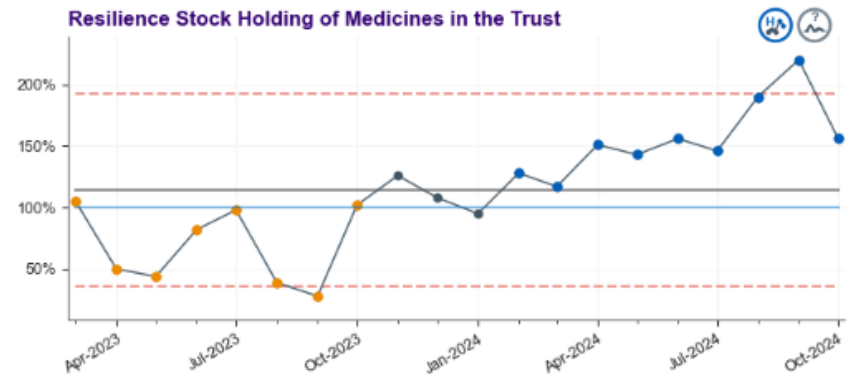
Dept: Medicines Management

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.

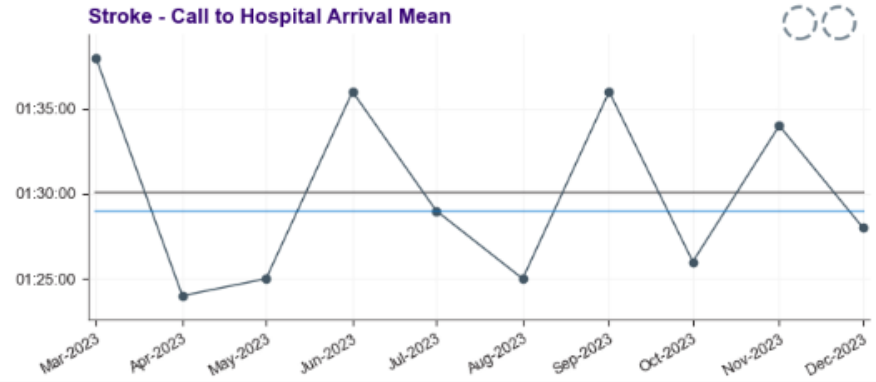
MM-9: Resilience stock at the MDC had been increased to cope with reduced capacity expected during the refurbishment works. The sudden dip reflects the lack of capacity that was predicted due to the disruption caused by moving the packing function to its new home in the refurbished MDC. Resilience levels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

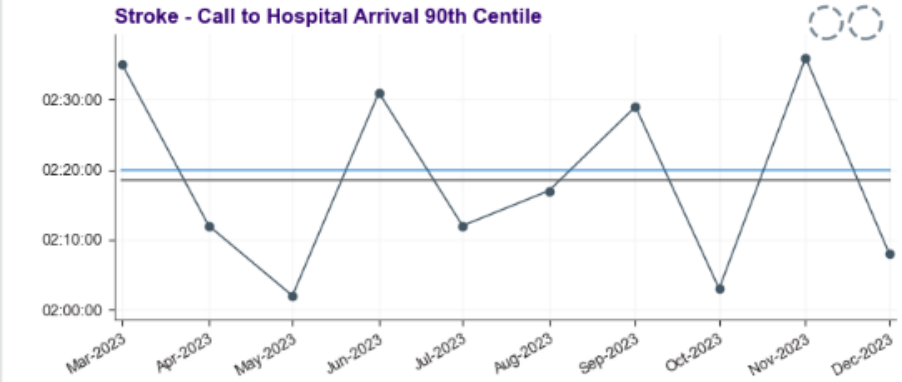
QUALITY OF CARE

Impact on Patient Care – Stroke



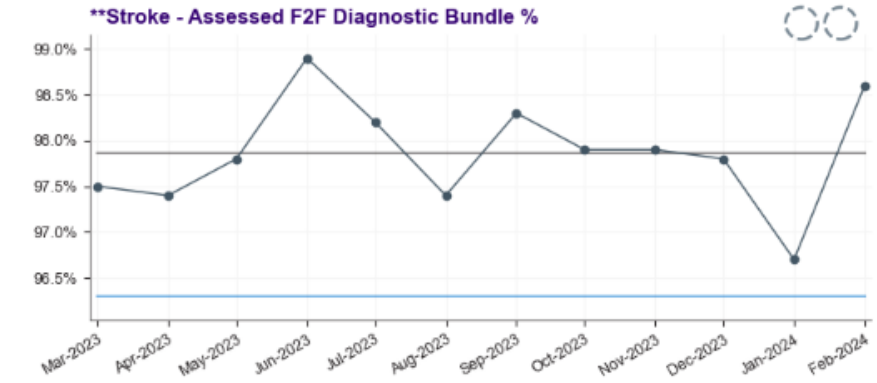
M-8

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.



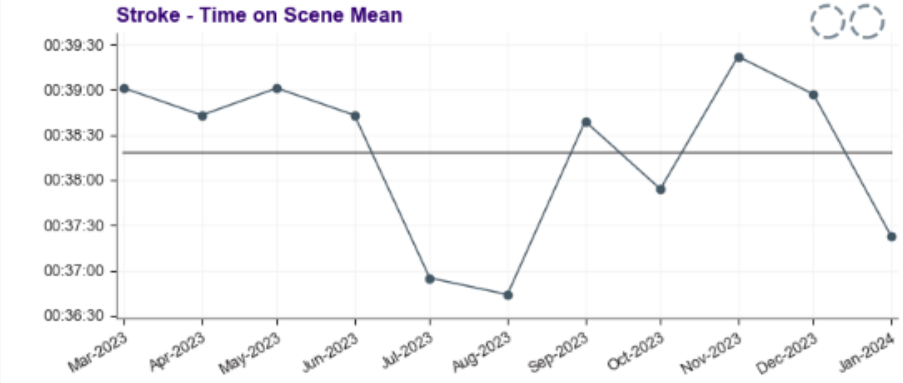
M-9

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..

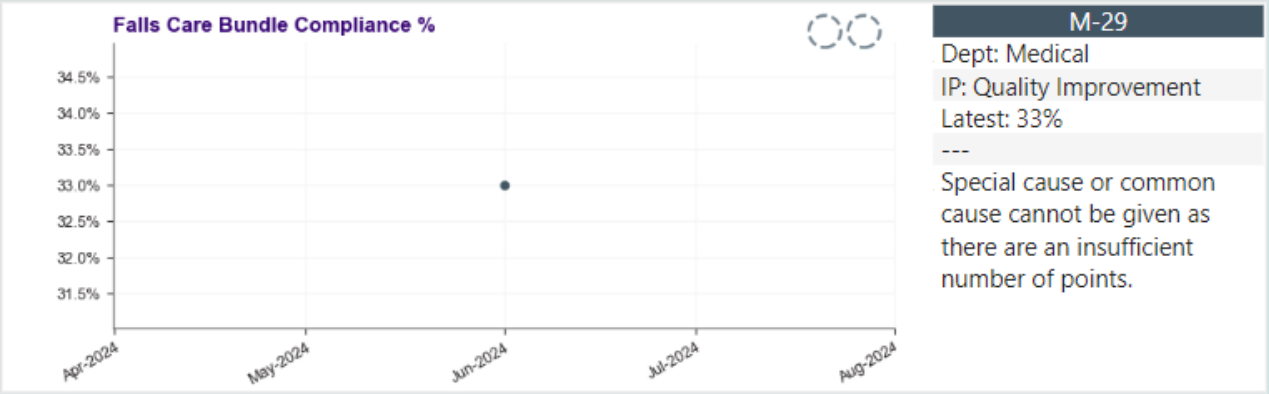
Stroke Time on scene mean. Common Cause variation but with an improving trend, though the nationally mandated move to Telemedicine in all areas will continue to challenge this.

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

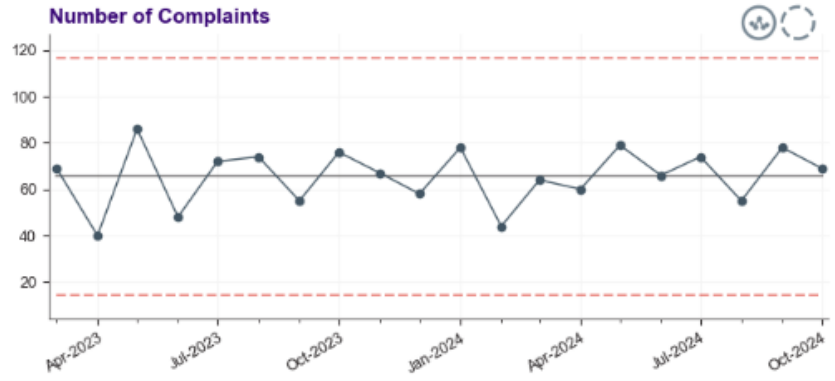


Summary

What actions are we taking?

QUALITY OF CARE

Patient Experience



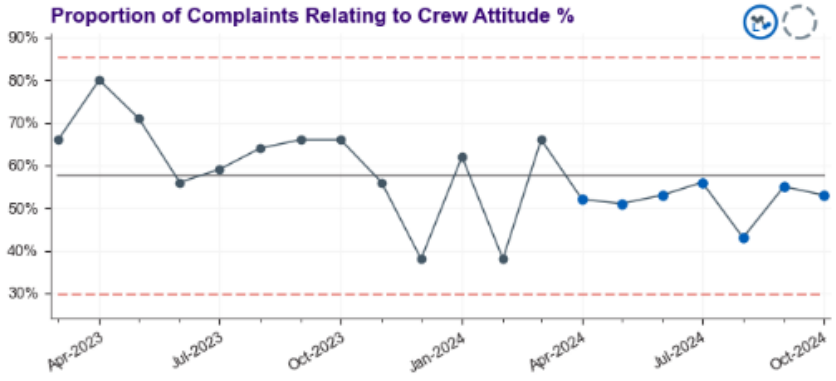
QS-5

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

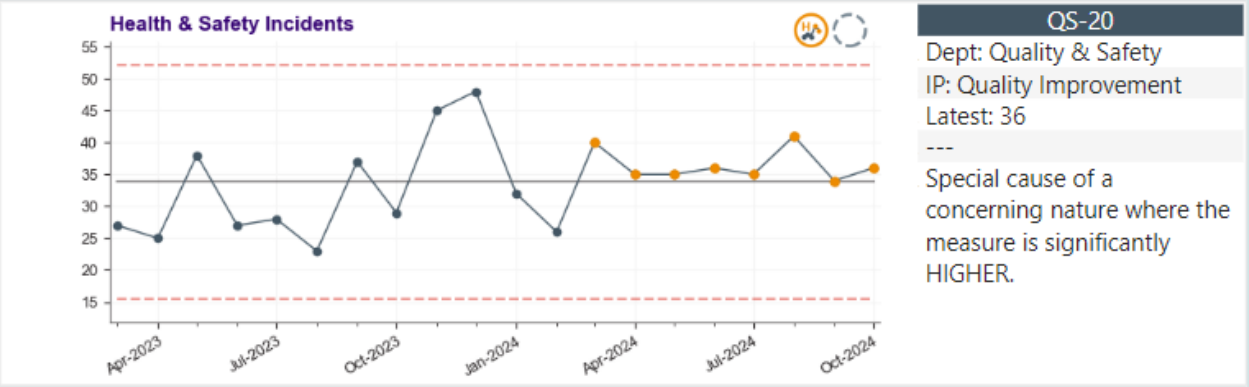
- With the support of operational, 111 and 999 colleagues the 95% timeliness target continues to be consistently met.
- Concerns relating to crews' attitude is showing a positive reduction which was expected following the actions implemented following the deep dive undertaken earlier this year.
- The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

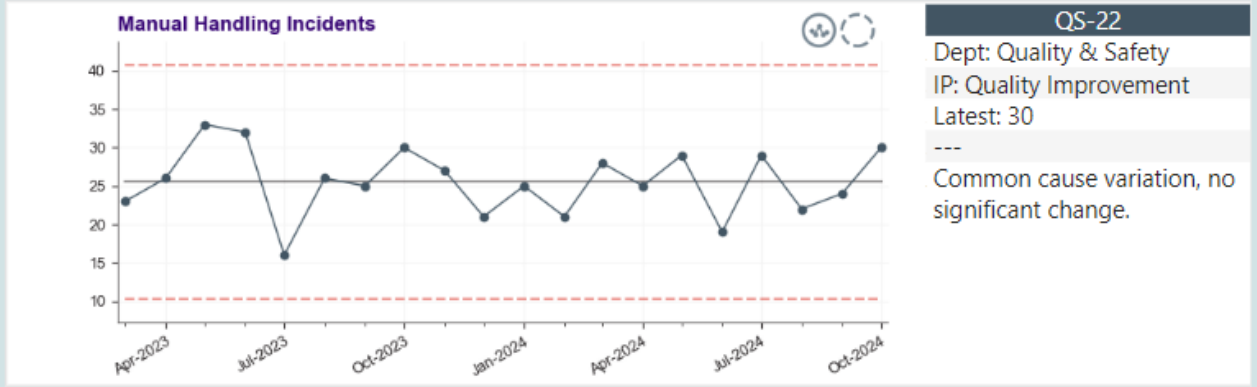
QUALITY OF CARE

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.

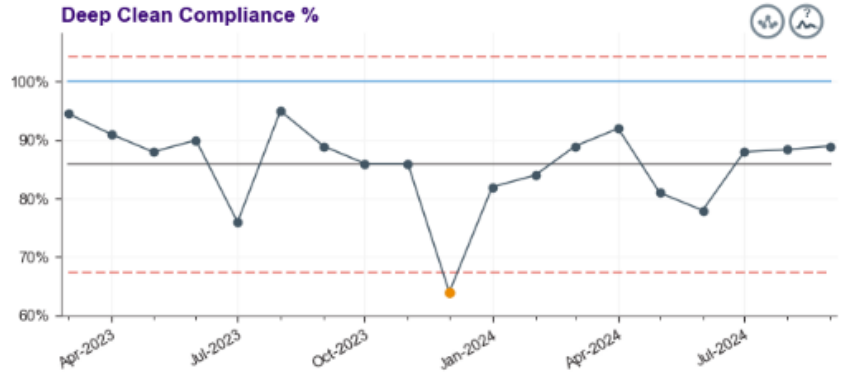
What are we doing

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

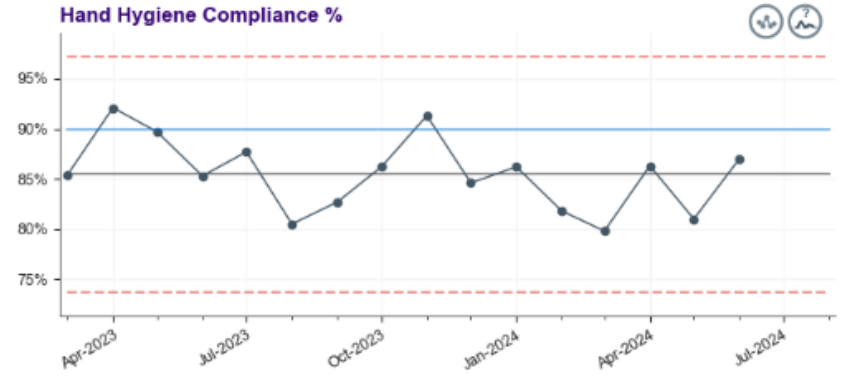
Monitoring of incident data at regional sub-groups and Central Health & Safety working group.

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

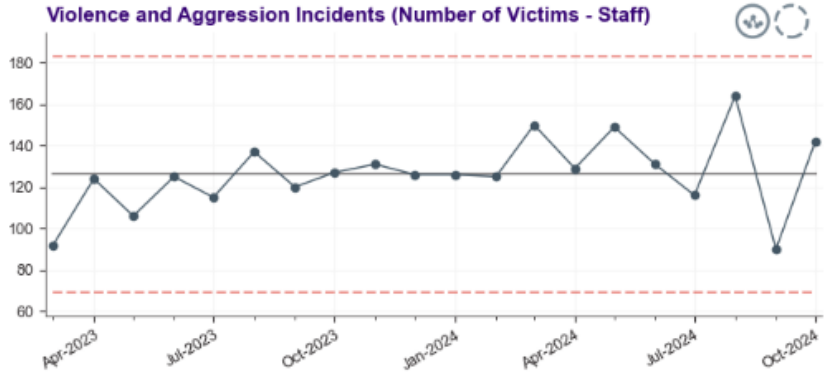
Compliance is still showing within standard variation at 75% for September and 77% for October. This is below the target of 90% and the IPC team are currently taking the actions below with the aim of improving compliance.

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)



QS-13
Dept: Quality & Safety
IP: Quality Improvement
Latest: 142

Common cause variation, no significant change.

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.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

System Integration and Performance

SYSTEM INTEGRATION and PERFORMANCE Summary

October 2024

Pass | Hit and Miss | Fail | No Target

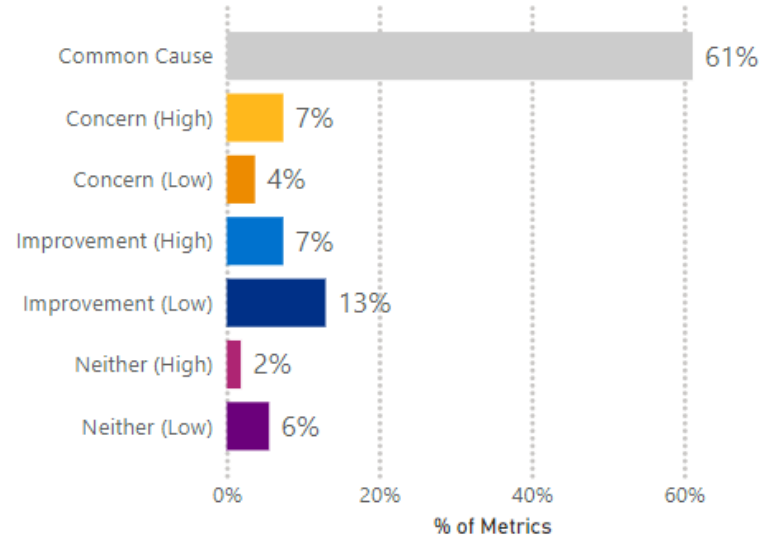
Special Cause Improvement		999 Operational Abstraction Rate % Hear & Treat % See & Convey % 111 Calls Abandoned - (Offered) % 999 Call Answer Mean 999 Call Answer 90th Centile	Average Wrap Up Time 111 Calls Answered in 60 Seconds %	CFR Attendances % of SRV vehicles off road (VOR) % of planned vehicle 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.

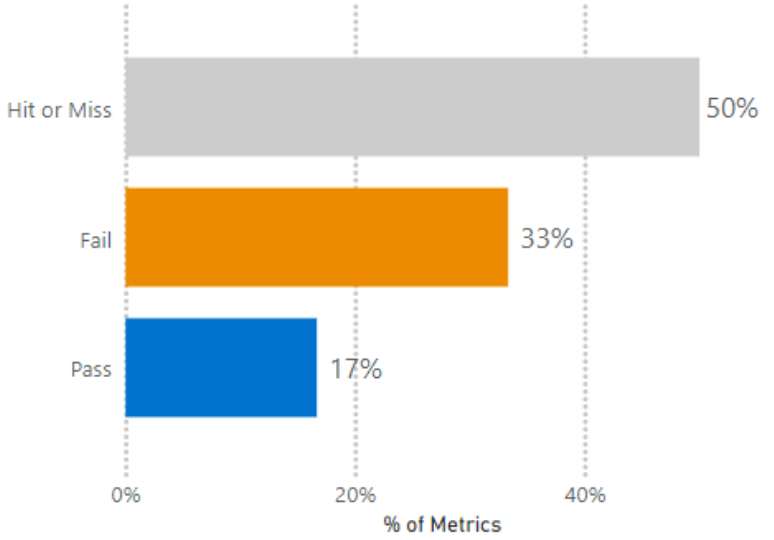
SYSTEM INTEGRATION

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		

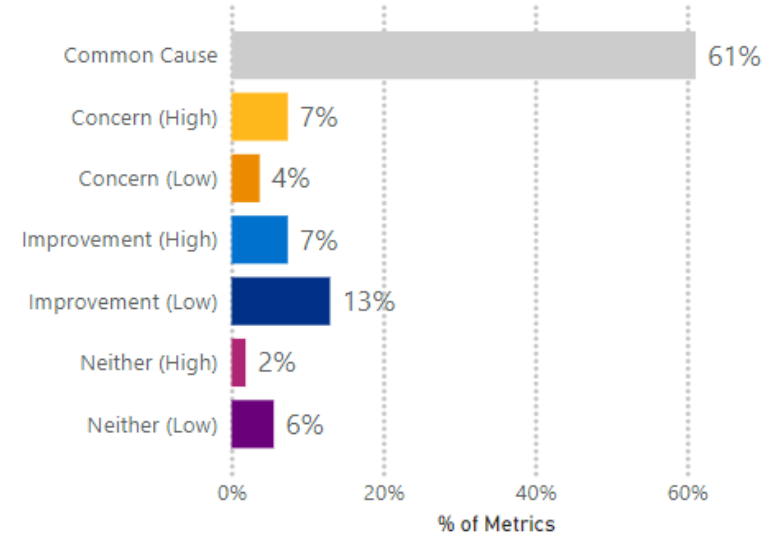
Emergency Operations Centres (EOC)

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		

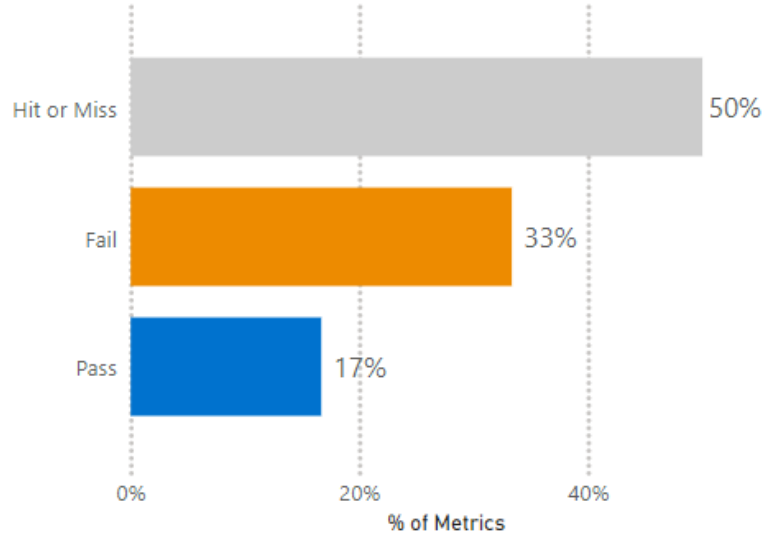
SYSTEM INTEGRATION

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		

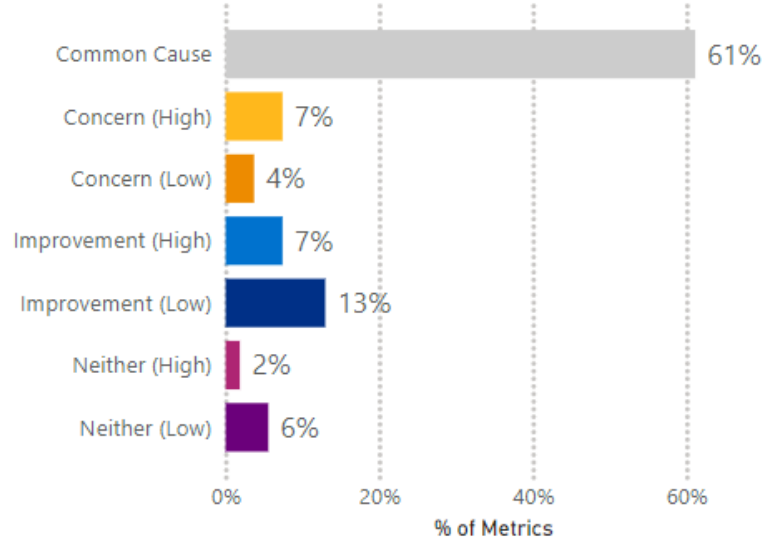
111

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		

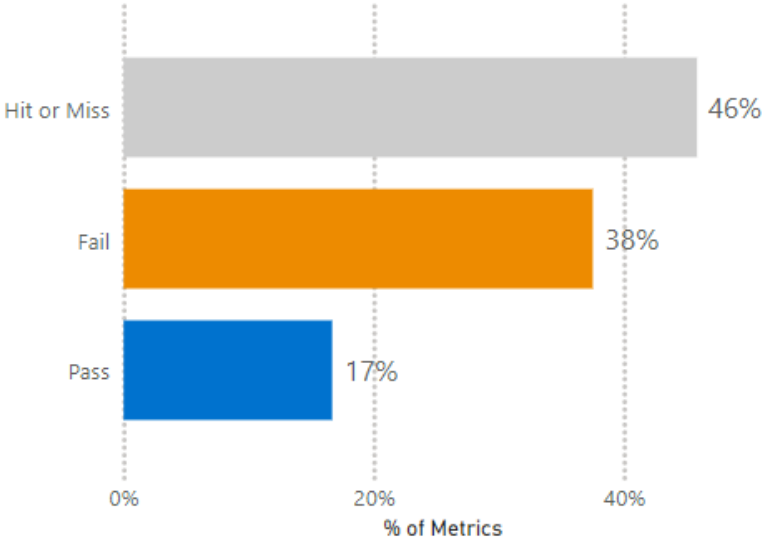
SYSTEM INTEGRATION

Overview (3 of 3)

Variation Icon Summary



Assurance Icon Summary



999 Frontline

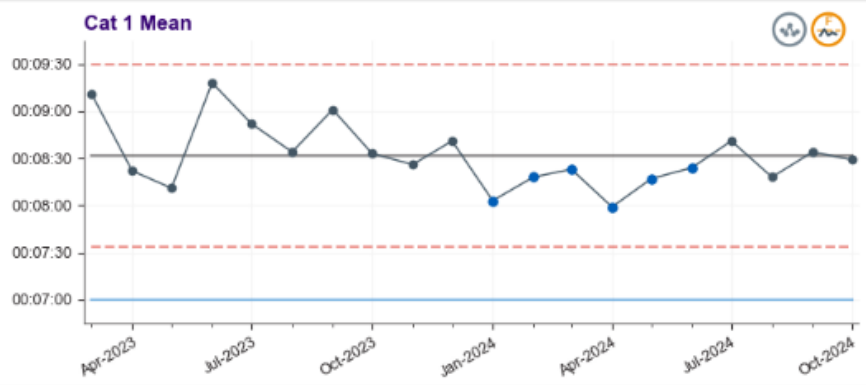
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
JCT Allocation to Clear at Scene Mean	Responsive Care	Oct-2024	01:18:10		01:14:43	01:16:54	01:19:05		
JCT Allocation to Clear at Hospital Mean	Responsive Care	Oct-2024	01:53:29		01:49:26	01:51:55	01:54:24		
Responses 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

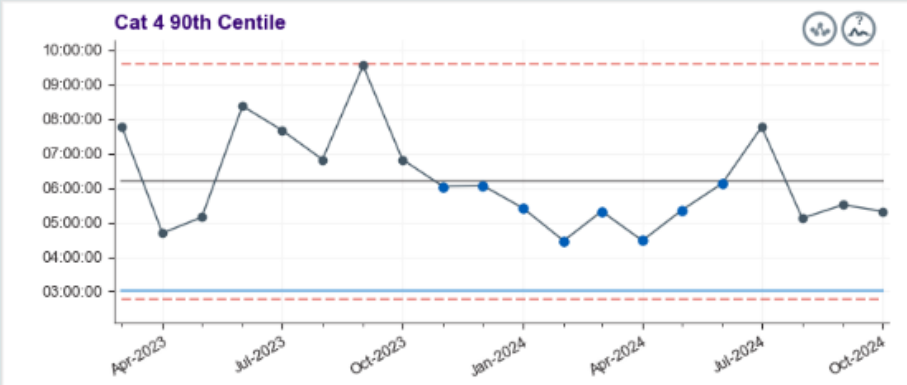
Response Times



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

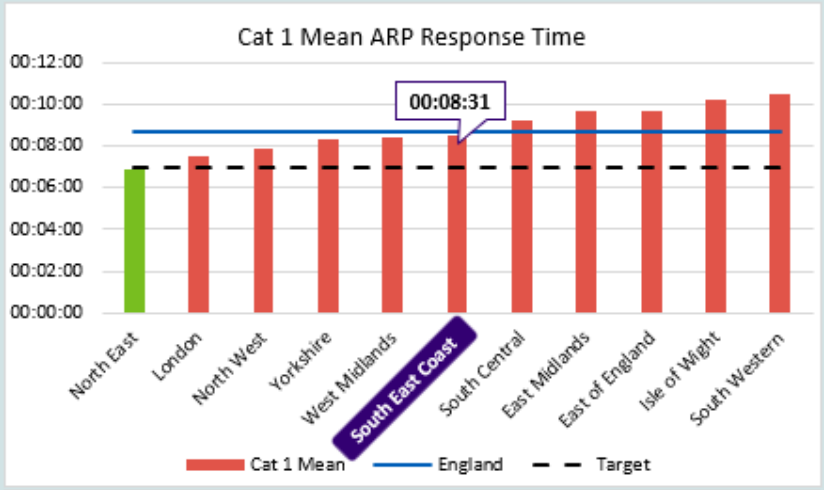
- As can be seen from the charts above, the Trust is failing to meet the ***national ARP standards*** for all categories of call and has been in this position reasonably consistently over the past 2 years.
- The key metric for the financial year, being C2 mean, remains in a positive position against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

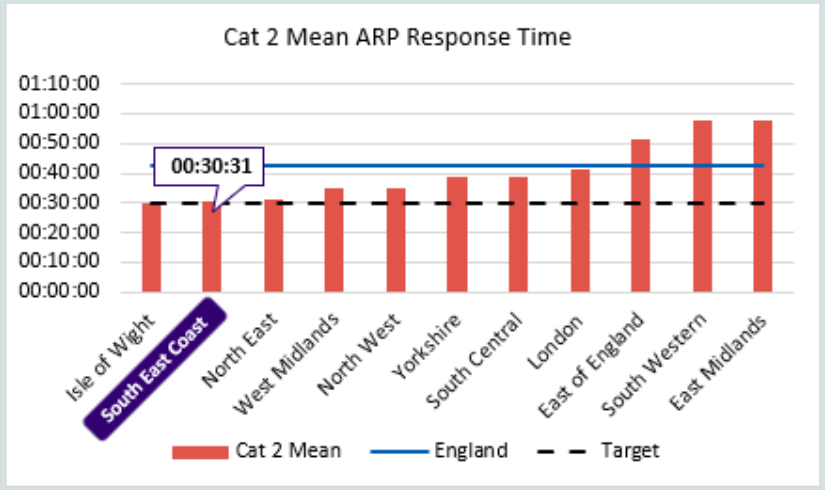
What actions are we taking?

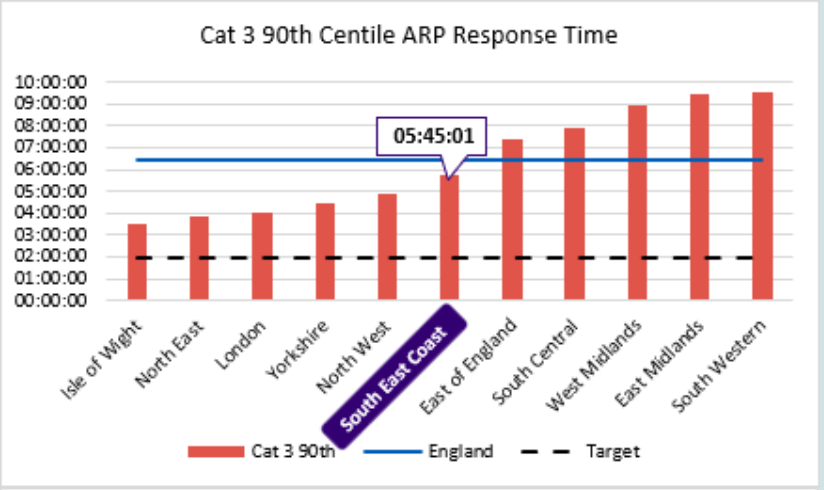
- Ongoing Expansion of NHS PaCCS across Field Ops to support clinical assessment and to explore appropriate alternative pathways for C3 & C4 patients.
- Continued focus on recruitment for clinical staffing in EOC to maintain patient safety and support ambulance dispatch, with the final cohort of overseas 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.

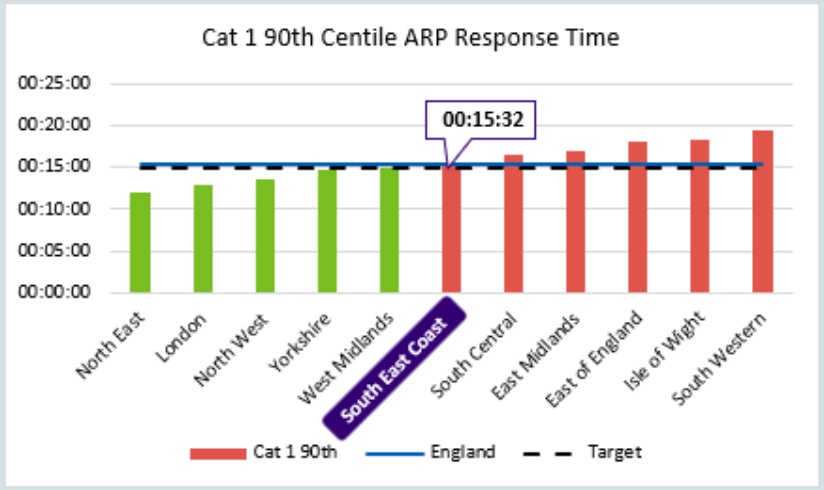
SYSTEM INTEGRATION

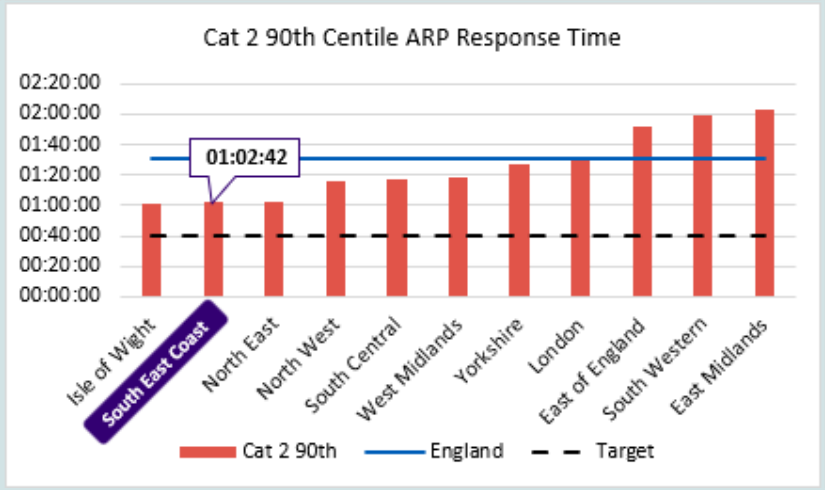
ARP Response Time Benchmarking (data provided for October 2024)

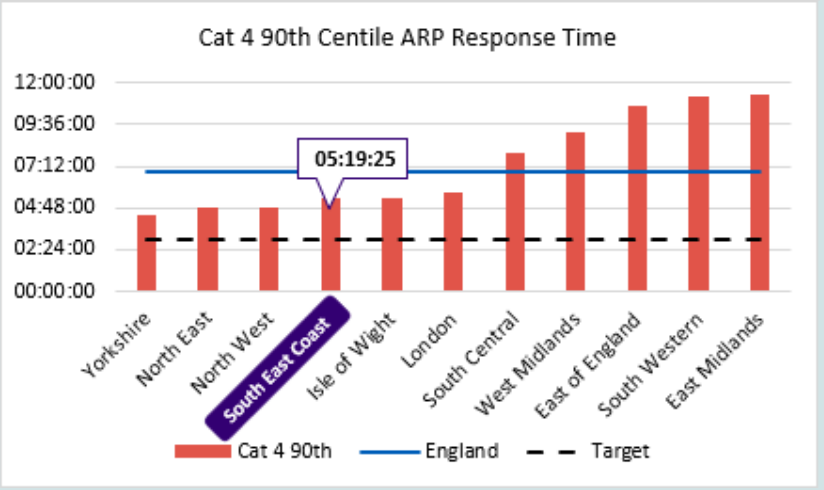












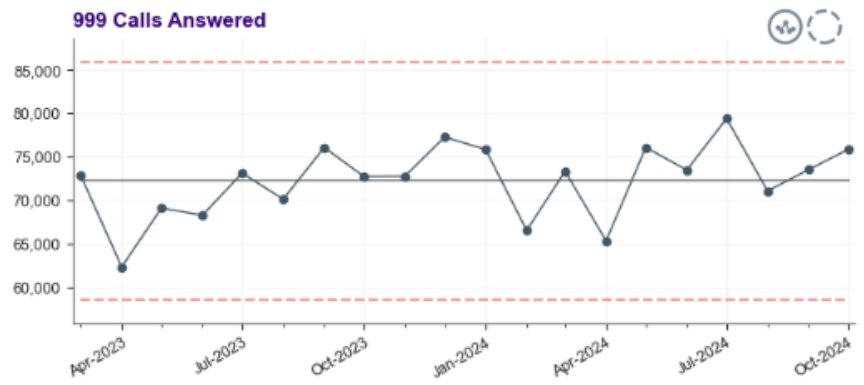
Summary

• 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



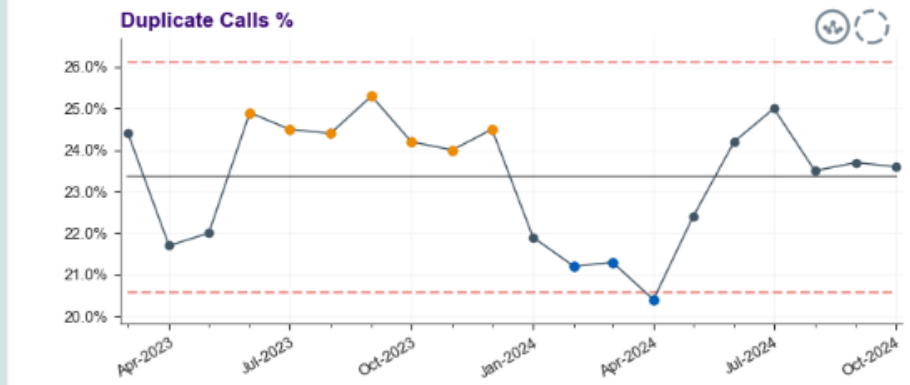
999-10

Dept: Operations 999

IP: Responsive Care

Latest: 75837

Common cause variation, no significant change.



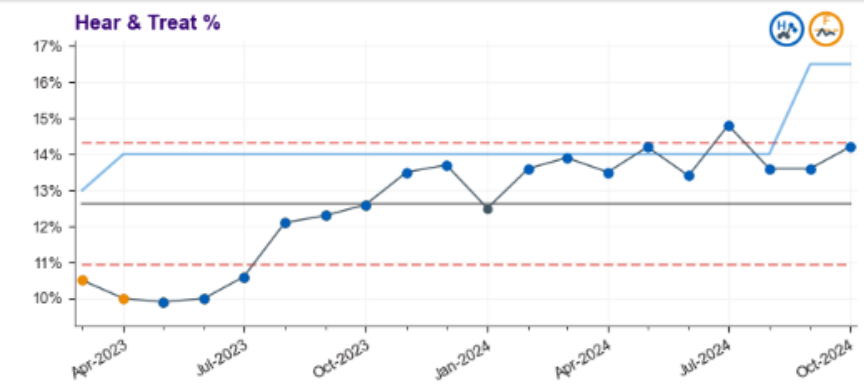
999-33

Dept: Operations 999

IP: Responsive Care

Latest: 23.6%

Common cause variation, no significant change.



999-9

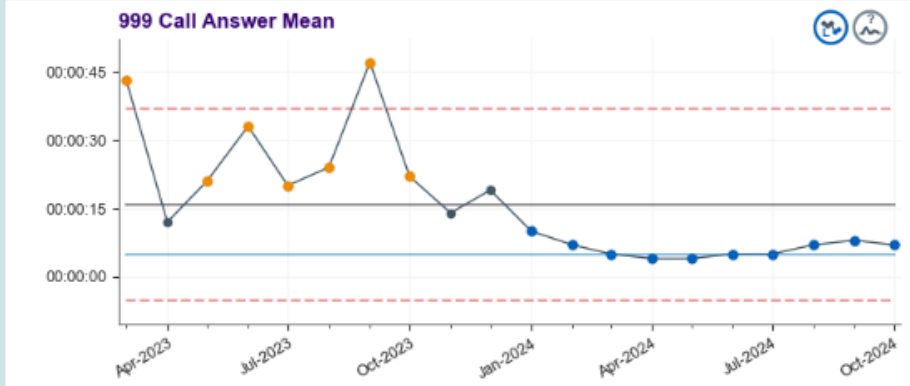
Dept: Operations 999

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

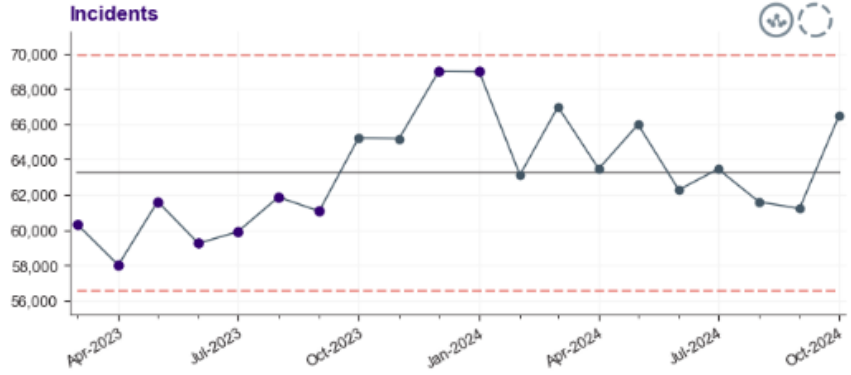
- In this financial year, call answer mean time was in line with national AQI targets for Q1, behind in Q2, but recovered in October. Overall, there has been a significant improvement on 2023/24. The minor fluctuation in 999 call answering mean above the 5 seconds target in Q2 was attributable to a variety 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.

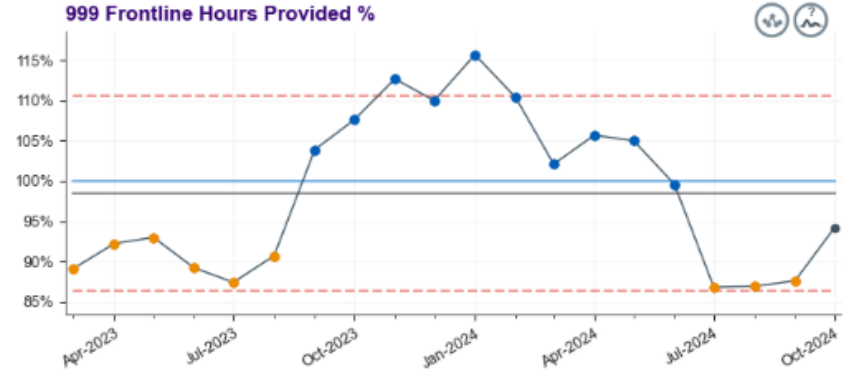
SYSTEM INTEGRATION

Utilisation

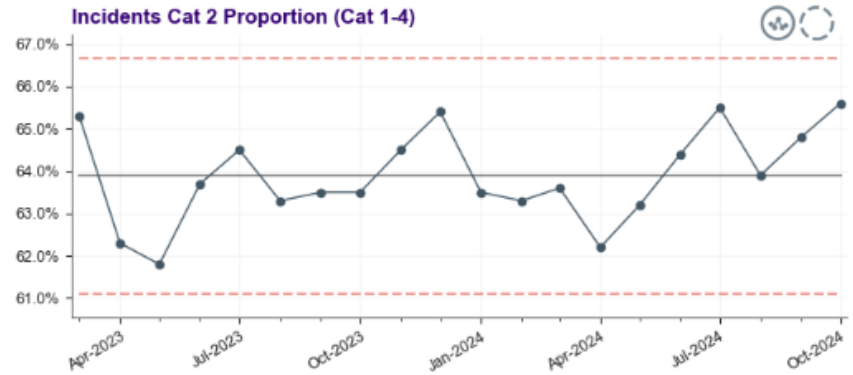


999-10
Dept: Operations 999
IP: Responsive Care
Latest: 66459

Common cause variation, no significant change.

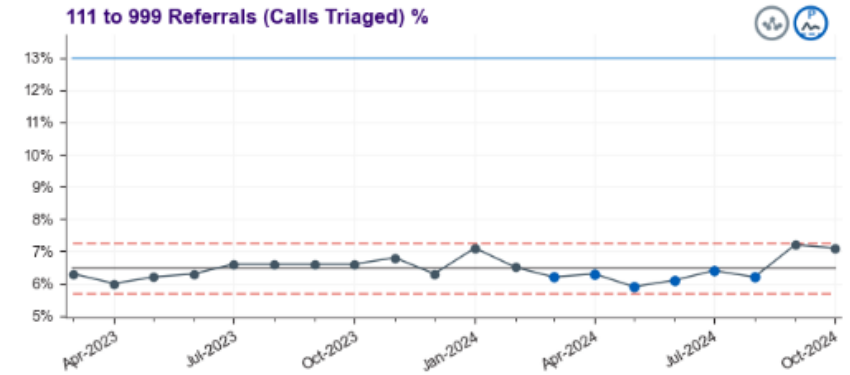


999-12
Dept: Operations 999
IP: Responsive Care
Latest: 94.2%
Target: 100%
Common cause variation, no significant change. This process will not consistently hit or miss the target.



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

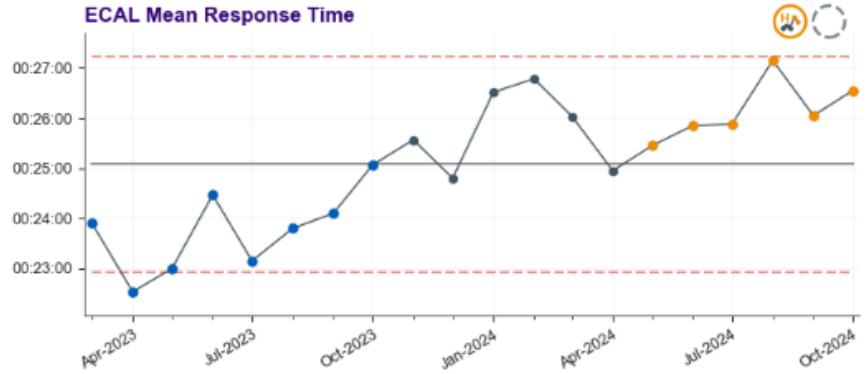
Dept: Operations 999

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.



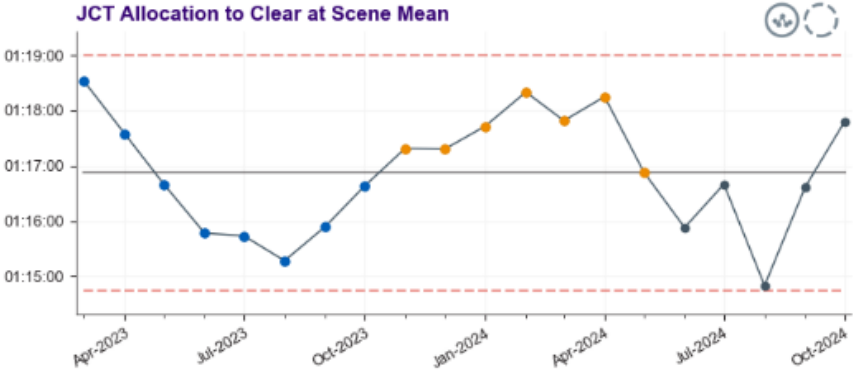
999-13

Dept: Operations 999

IP: Responsive Care

Latest: 00:26:33

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



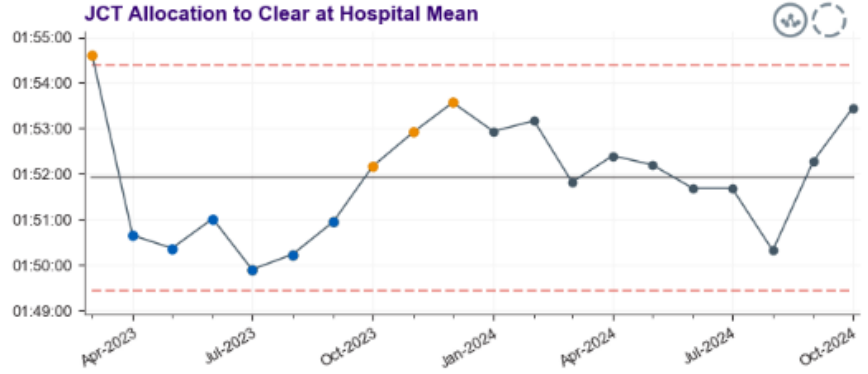
999-11

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

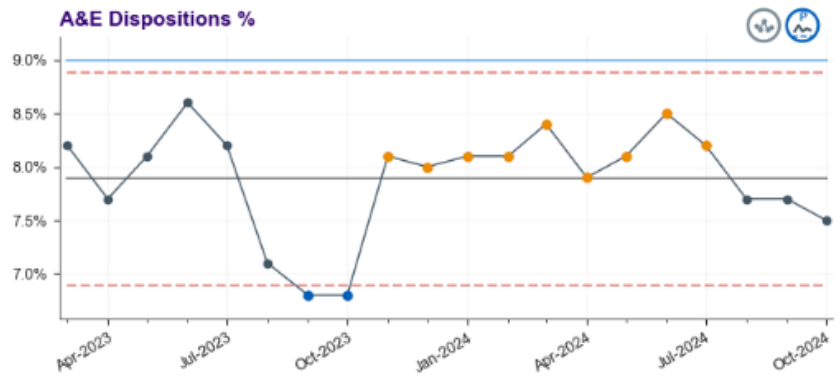
- The number of resources allocated per incident is an ambulance industry standard which provides an overview of dispatch efficiencies – as can be seen from the above the performance has been below or on target for several months, with common cause variation.
- Job cycle time (JCT) provides a single 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.

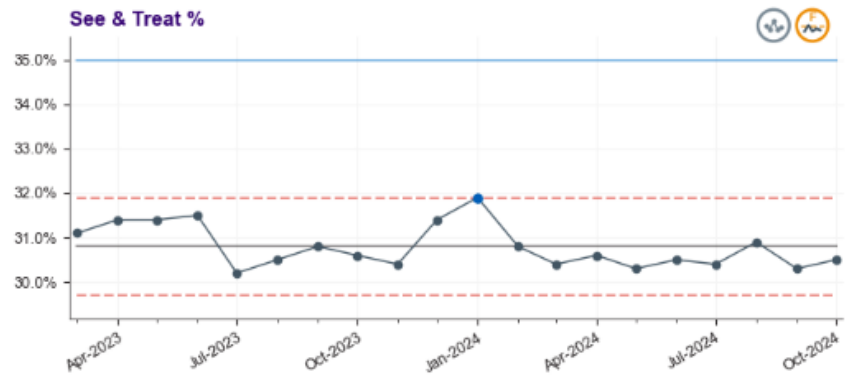
SYSTEM INTEGRATION

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.



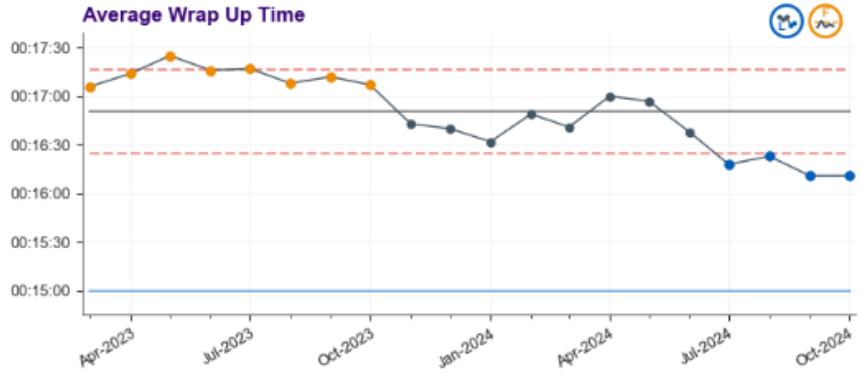
999-9

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.

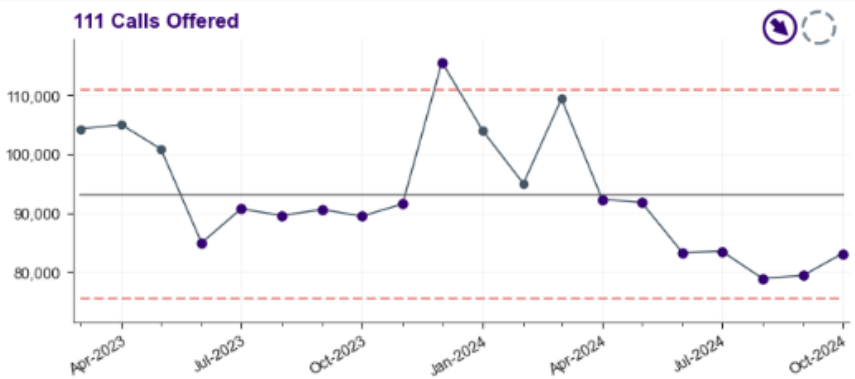
Summary

- 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?

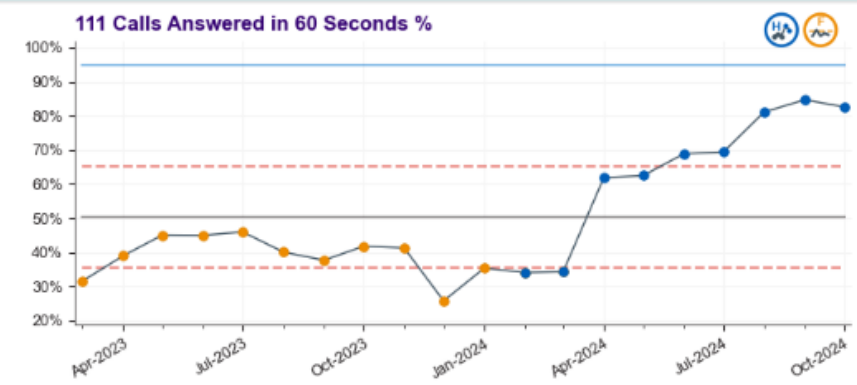
- The Trust has embarked on a programme to lead collaboration with local teams regarding the engagement with local systems and utilisation of community pathways of care i.e., Urgent Community Response (UCR) and other services. The Trust was nominated for two HSJ awards for this collaborative work.
- 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

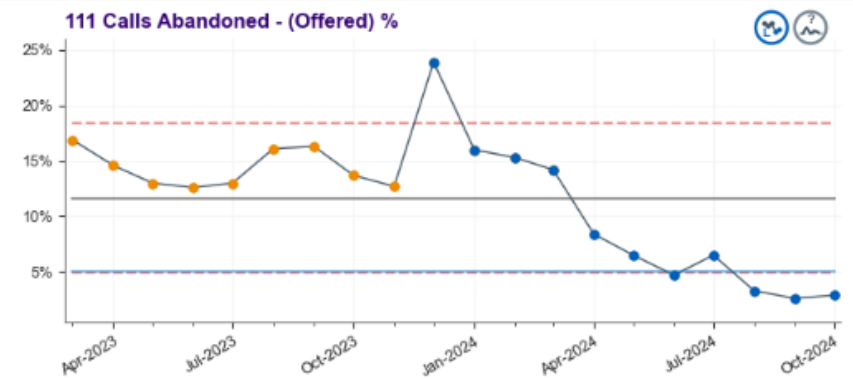


111-1
Dept: Operations 111
IP: Responsive Care
Latest: 83070

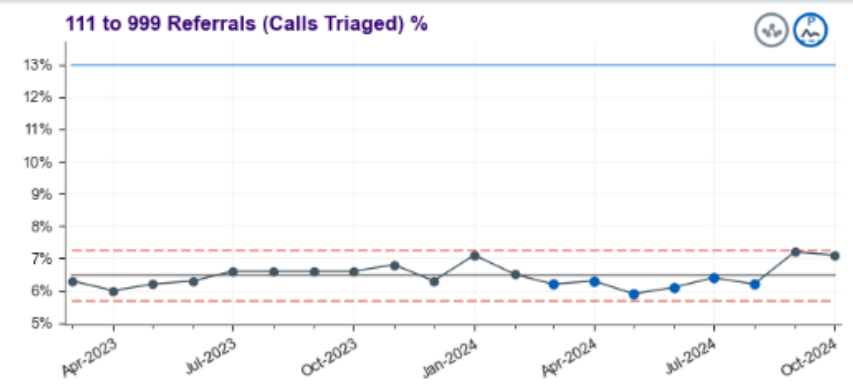
Special cause variation where DOWN is neither improvement or concern



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

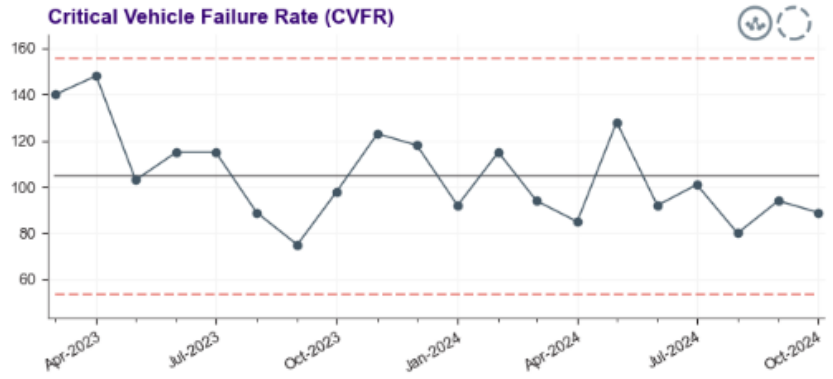
- Although the 111 call volume year to date has decreased, the actual calls answered has increased because of greater staff availability and better productivity.
- The service's operational responsiveness has noticeably improved in H1 of 2024/25, as reflected in the reduced Average Speed to Answer (ASA) 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

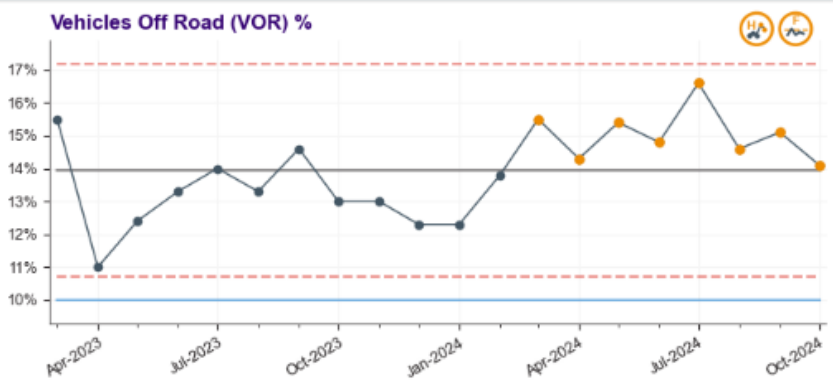
Dept: Fleet
IP: Responsive Care
Latest: 89

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.

People

PEOPLE

Summary

October 2024

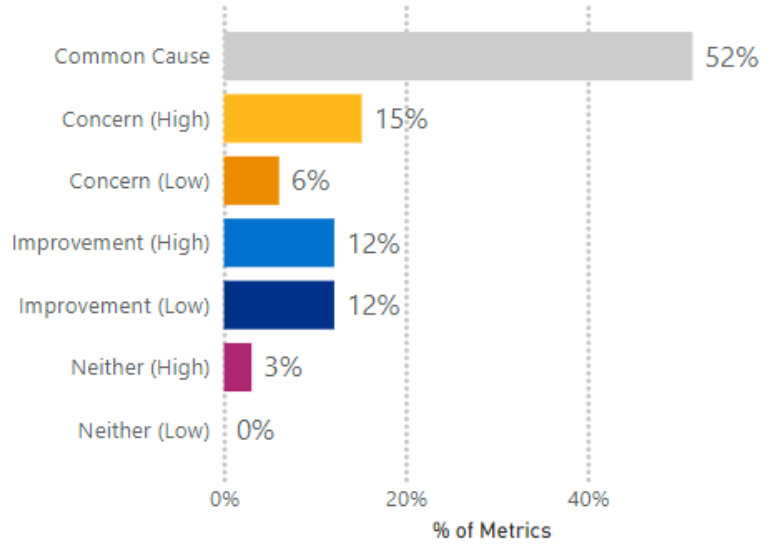
	Pass	Hit and Miss	Fail	No Target
Special Cause Improvement		Vacancy Rate % 999 Frontline Late Finishes/Over-Runs % Suspension Closures	Number of Staff WTE (Excl bank and agency) Annual Rolling Turnover Rate Statutory & Mandatory Training Rolling Year % Grievances Mean Case Length (Days)	Fundamentals 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.

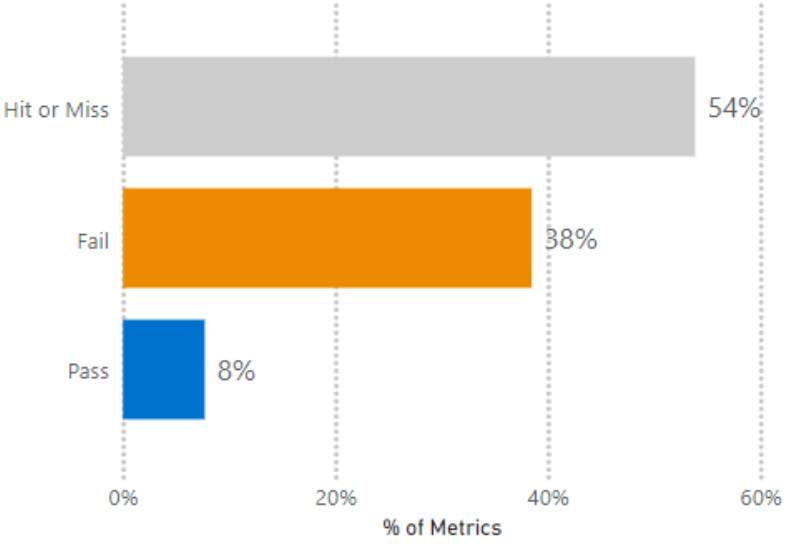
PEOPLE

Overview (1 of 2)

Variation Icon Summary



Assurance Icon Summary



Workforce

Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Staff WTE (Excl bank and agency)	People & Culture	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

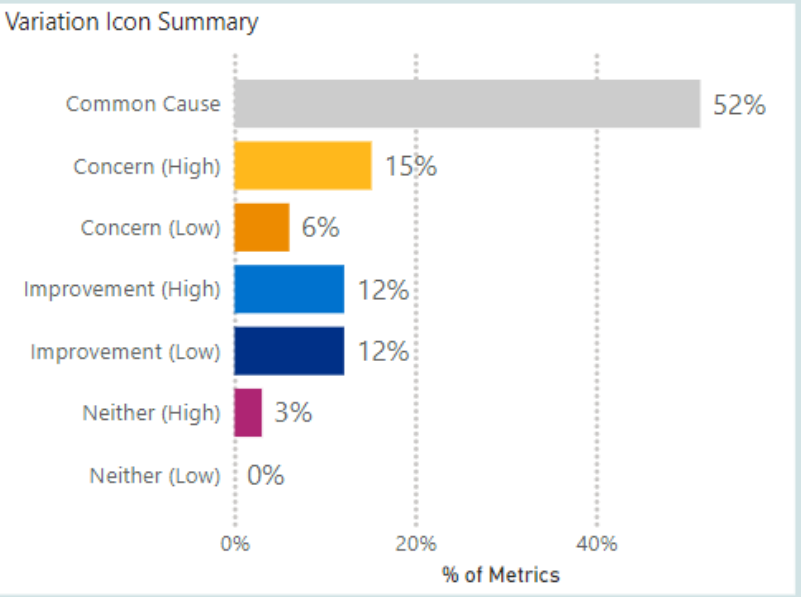
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Statutory & Mandatory Training Rolling Year %	People & Culture	Oct-2024	77.9%	85%	68.61%	75.93%	83.25%		
Appraisals Rolling Year %	People & Culture	Oct-2024	60.6%	85%	54.52%	60.74%	66.96%		

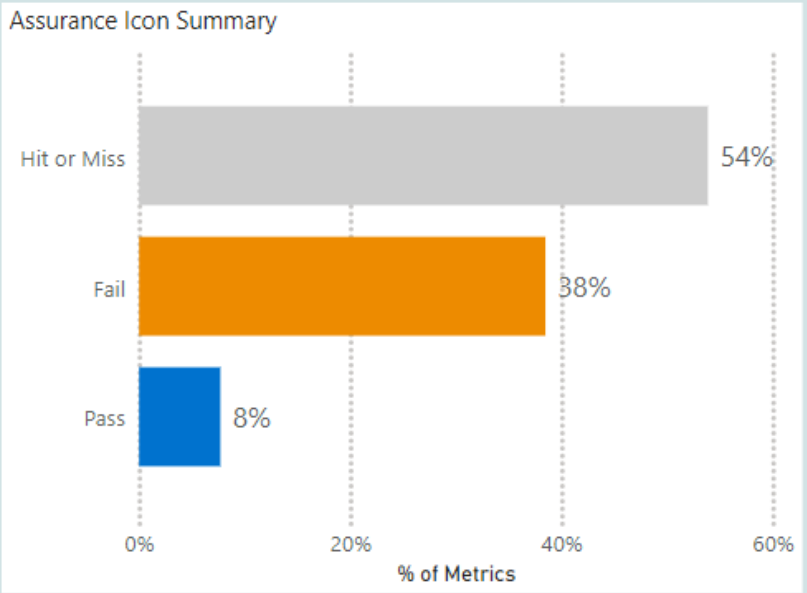
Employee Experience

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

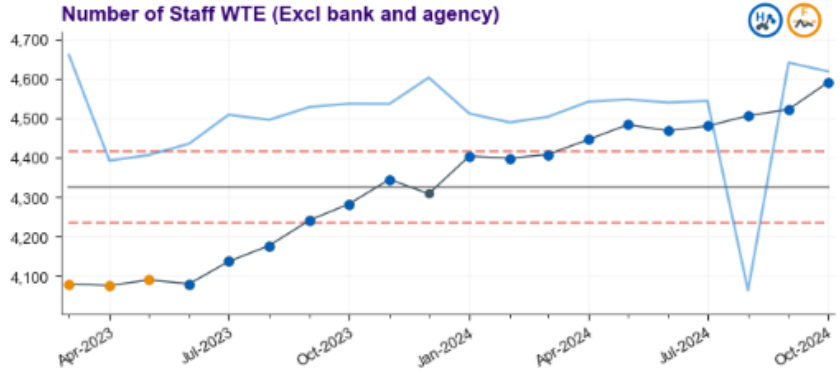
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Individual Grievances Open	People & Culture	Oct-2024	19	5	3.82	14.6	25.38		
Collective Grievances Open	People & Culture	Oct-2024	3	1	-1.98	1.1	4.18		
Count of Grievances Closed	People & Culture	Oct-2024	13	3	4.57	13.25	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

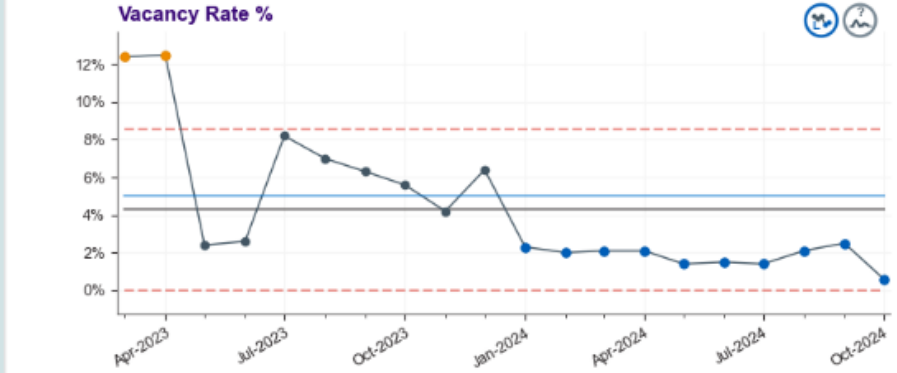
Metric	Improvement Programme	Latest Date	Value	Target	-3σ	Mean	+3σ	Variation	Assurance
Number of Wellbeing Hub Referrals	People & Culture	Oct-2024	139	86	89.5	126	162.5		

PEOPLE

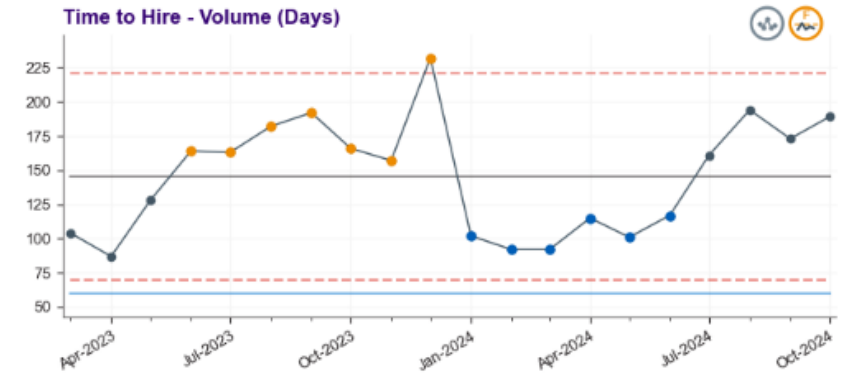
Workforce (1 of 3)



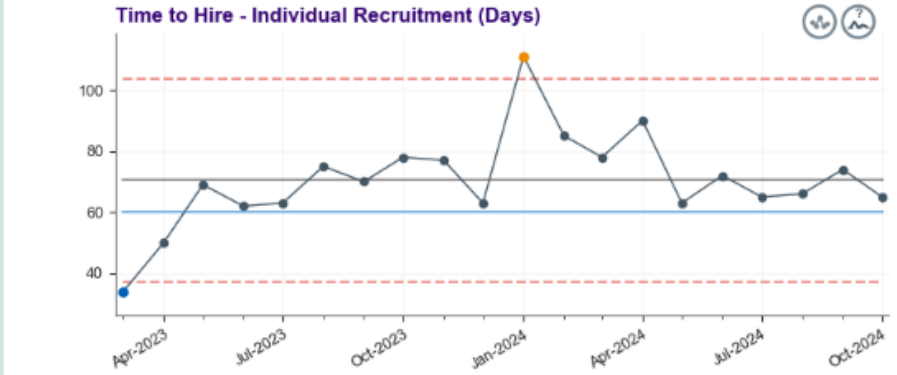
WF-1
Dept: Workforce HR
IP: People & Culture
Latest: 4590.35
Target: 4618.42
Special cause of an improving nature where the measure is significantly HIGHER. This process is still not capable. It will FAIL the target without process redesign.



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.

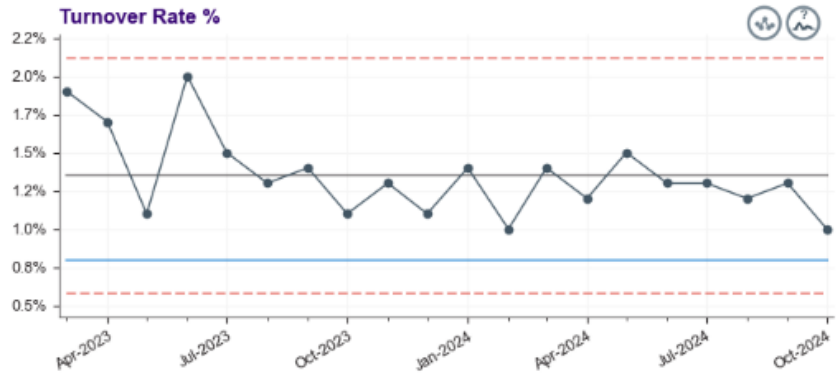
**Certain cohorts such as NQPs will have no room to reduce the TTH as the campaigns are in line with university end of course dates. Attraction and targeted recruitment of NQPs starts months in advance of hire dates.*

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.

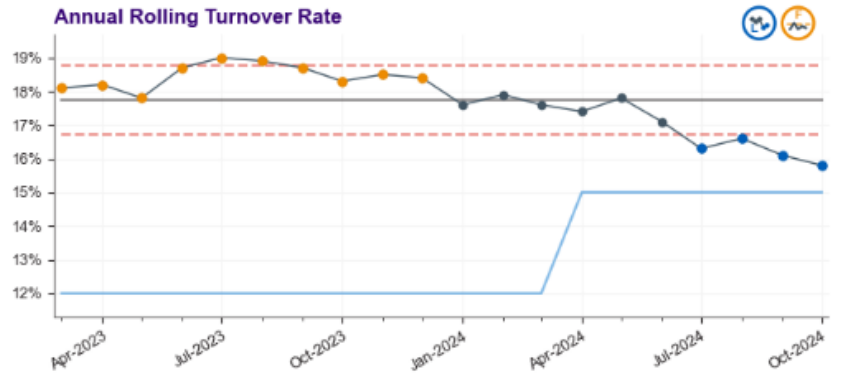
A review of the five stages of recruitment is underway and focus is on;
Enhancing Attraction
Effective Shortlisting
Selection
Pre-Employment Checks
Onboarding

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)

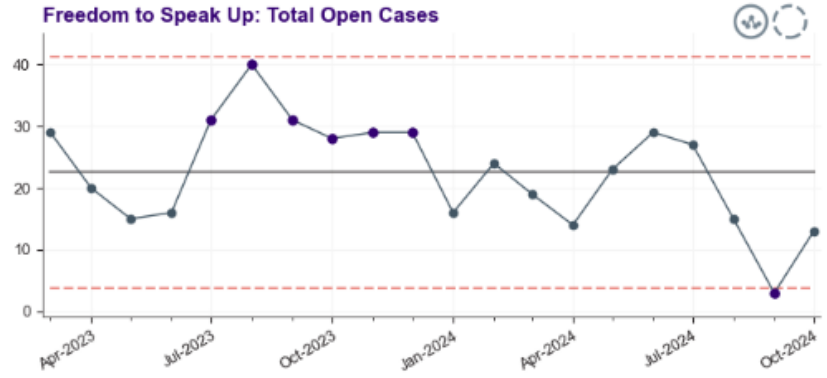
Summary – EOC EMA
EMA establishment in October saw that we are on target with –1.0WTE from plan (-0.4%). September and October saw 44 new starters (against planned of 28), we saw more leavers than planned with 31.52WTE leaving against planned 27.7WTE.

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.

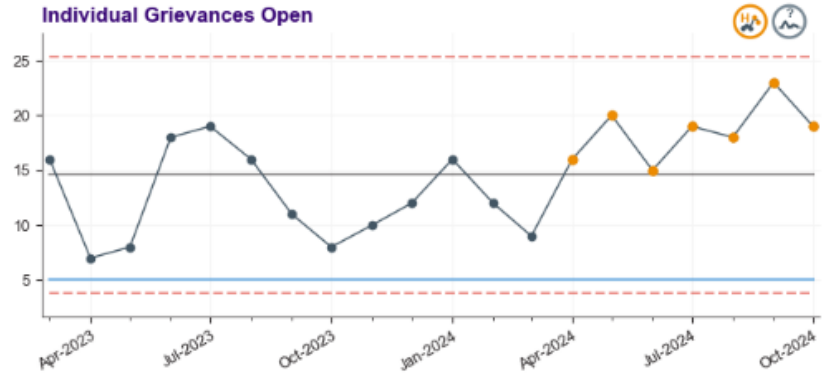
PEOPLE

Culture (1 of 2)

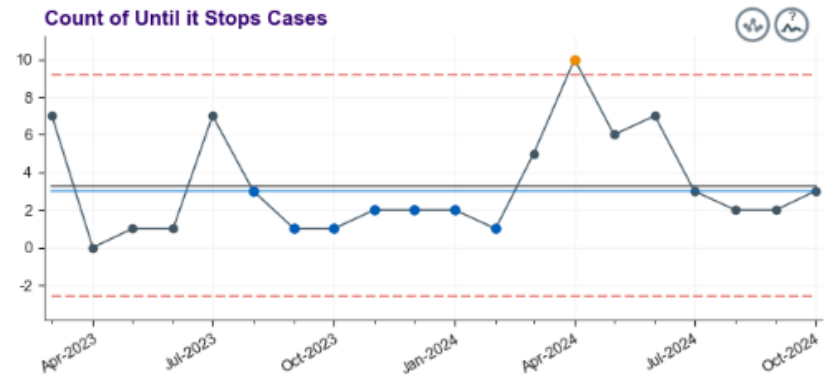


QS-27
Dept: Quality & Safety
IP: People & Culture
Latest: 13

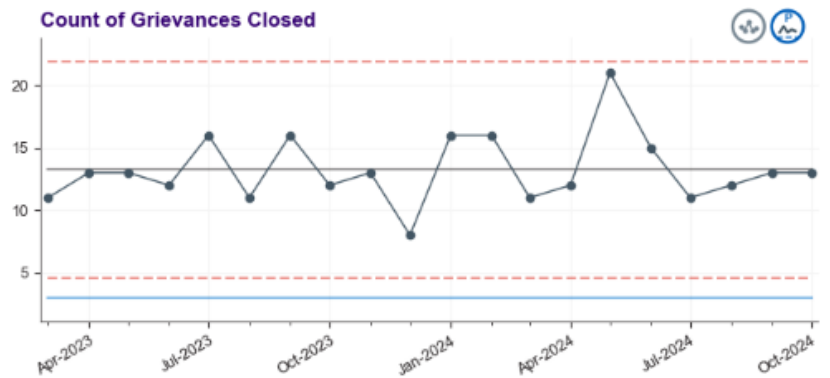
Common cause variation, no significant change.



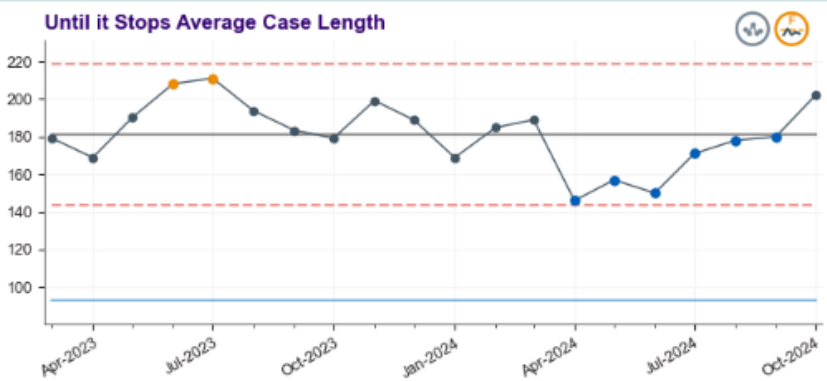
WF-10
Dept: Workforce HR
IP: People & Culture
Latest: 19
Target: 5
Special cause of a concerning nature where the measure is significantly HIGHER. This process will not consistently hit or miss the target.



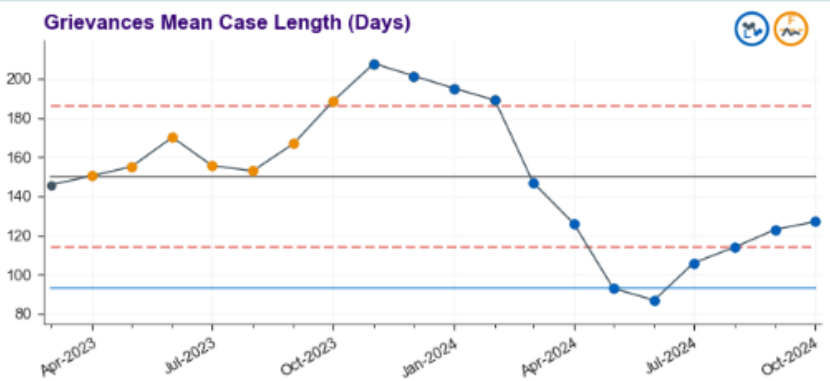
WF-41
Dept: Workforce HR
IP: People & Culture
Latest: 3
Target: 3
Common cause variation, no significant change. This process will not consistently hit or miss the target.



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.

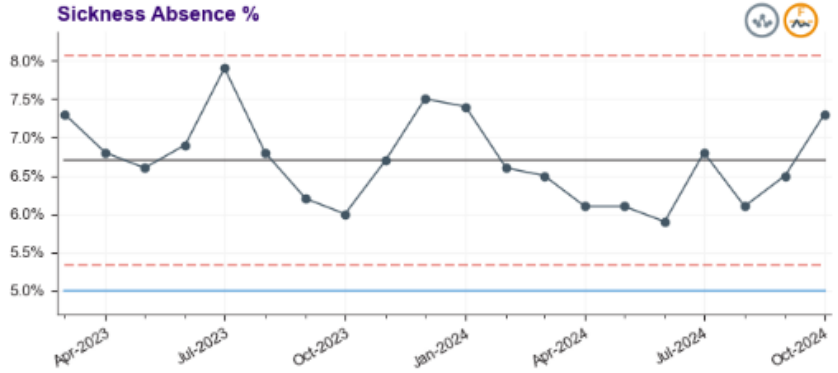
We have secured external support that is now assisting with the very complex cases, which will reduce the number of longstanding cases.

FTSU

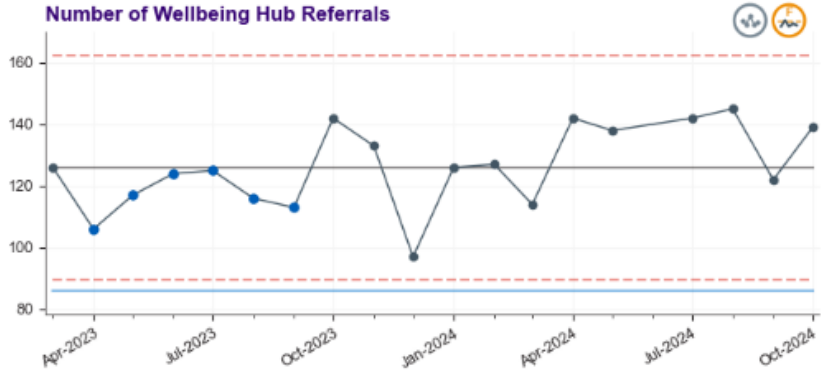
The FTSU team is monitoring the increase in anonymous concerns, particularly within the identified area of the organisation, to try to understand any underlying factors and address any barriers to open reporting. We will work with leadership teams to promote transparency and foster trust, using this 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.

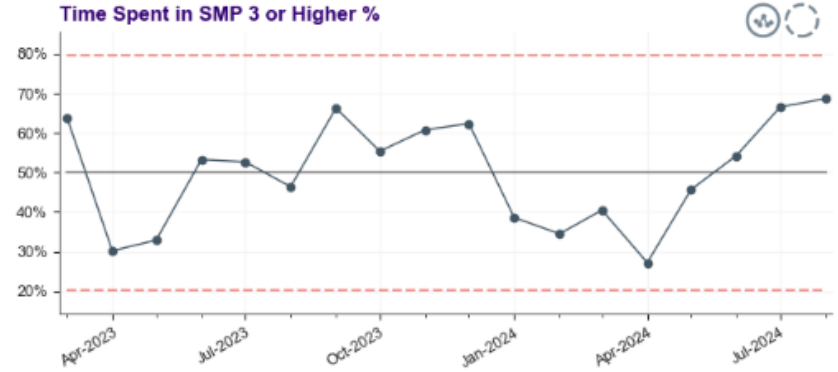
The Wellbeing Hub is continuing with its QI review and looking at implementing changes where identified. This work should conclude by late December 2024.

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

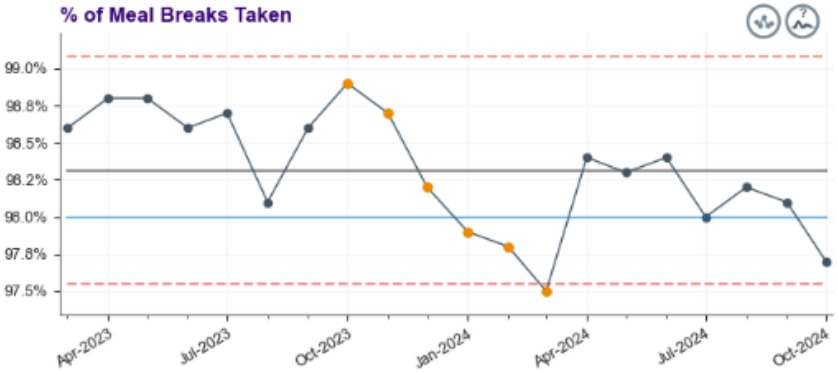
Employee Experience

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

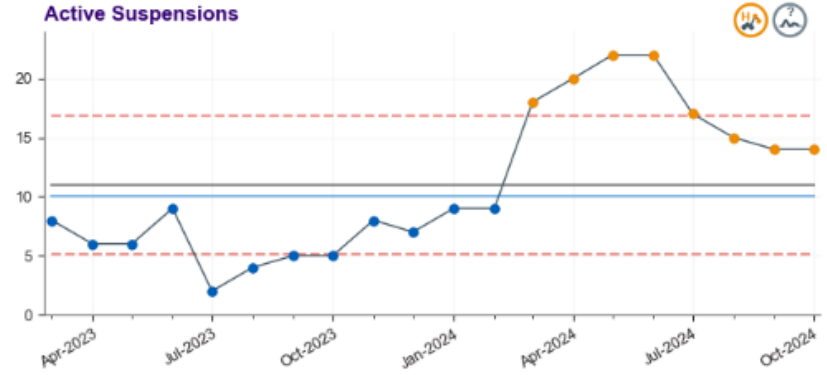
- This compilation of charts has been designed to provide a view of the key metrics that are directly related to the factors staff report as important to them.
- While the late finishes and meal break metrics directly affect field operations, the time spent at higher levels of SMP significantly impacts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

What actions are we taking?

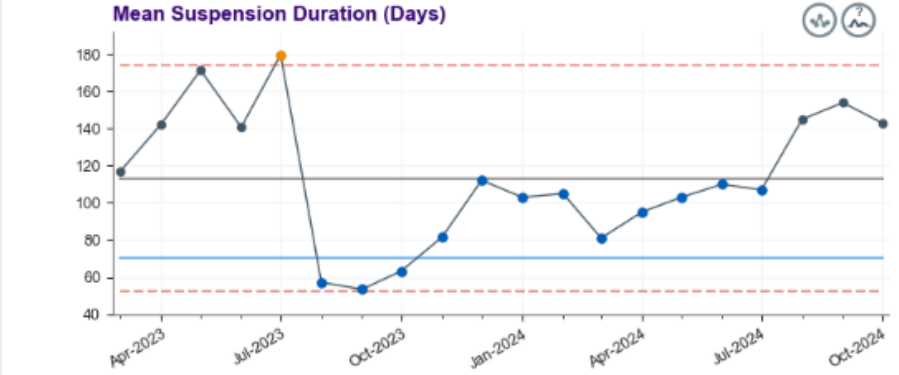
- **Meal Break Policy**: The policy is currently under review and being updated to better meet staff needs, aiming to enhance well-being and operational efficiency.
- **Ready to Respond' Programme**: Implemented to ensure all front-line staff have the necessary PPE, uniforms, and equipment to perform 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

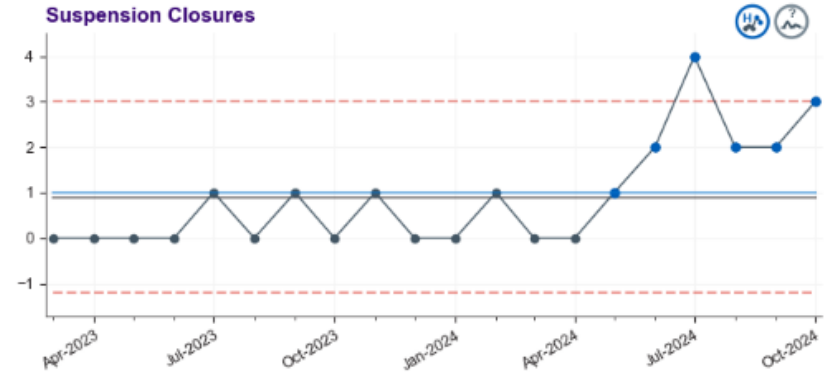
Employee Suspensions



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

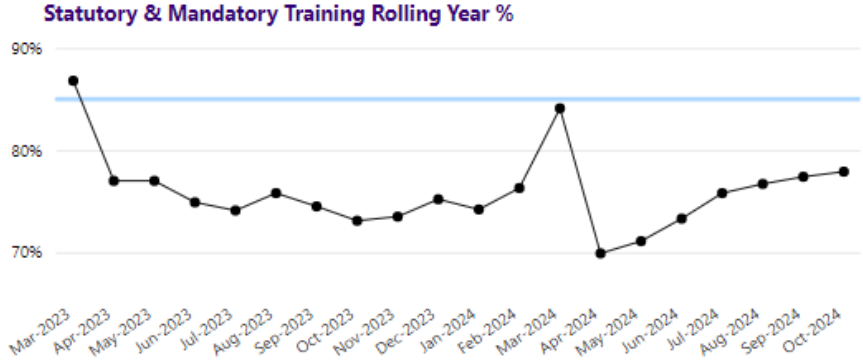
There are currently 14 active suspensions, 10 of which cannot be progressed at this time due to involvement of external agencies. This small number of cases are where delays can be significant and this impacts the mean suspension duration as a result.

What actions are we taking?

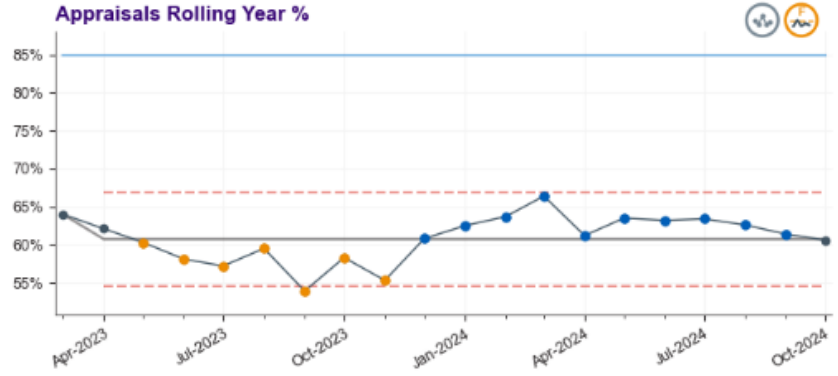
Full risk assessments are completed before any suspensions are authorised. Weekly reviews take place to ensure that individual cases are continually monitored. A further review is undertaken every fortnight, which involves two Executive Directors, to provide appropriate checks and challenge, as well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

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.

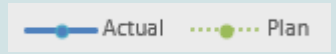
2. Regular updates are being provided to the Joint Leadership Team meetings, Senior Management Group meetings and Finance and Investment Committee on financial performance, including delivery of the efficiency plans.

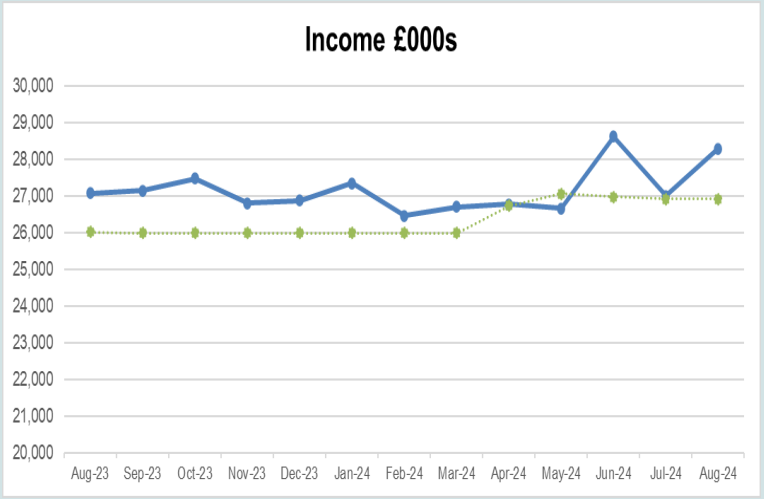
3. Monthly budget holder financial performance meetings are continuing to take place to ensure that each directorate delivers their element of the financial plan e.g., budget and efficiency target.

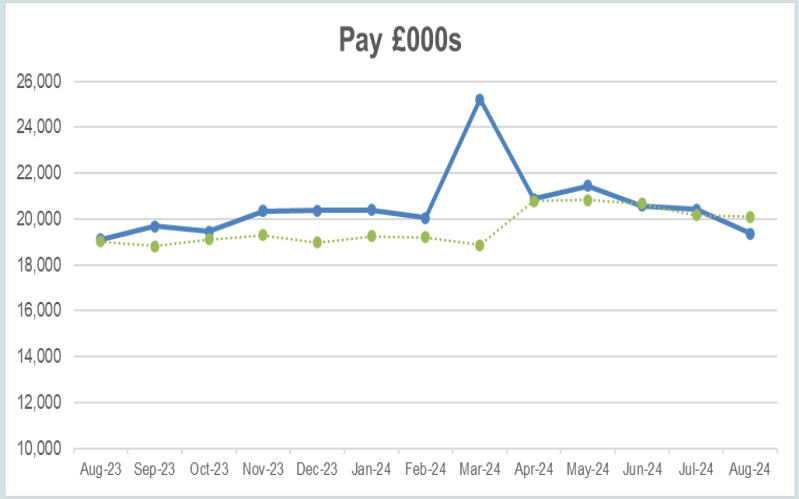
4. The Trust has developed its 2024/25 operating plan that aligns with strategy and partnership working.

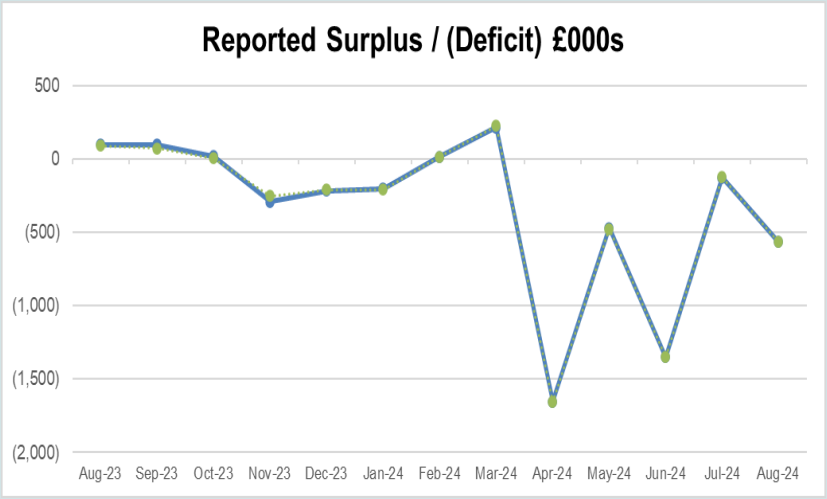
SUSTAINABILITY & FINANCE

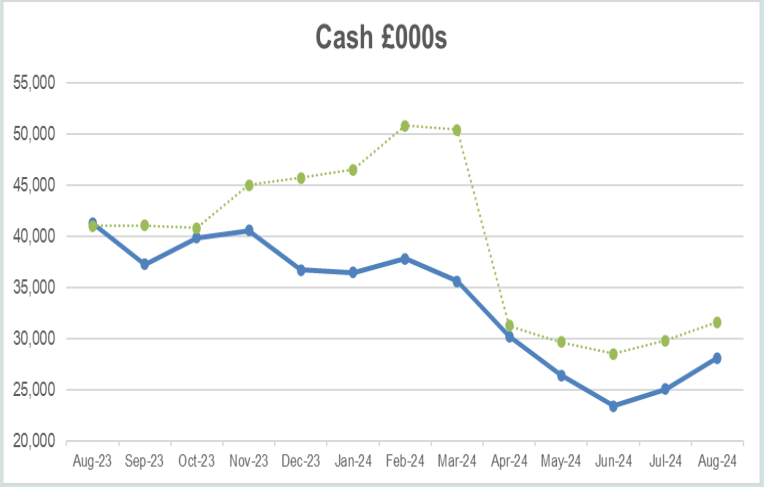
Delivery Against Plan

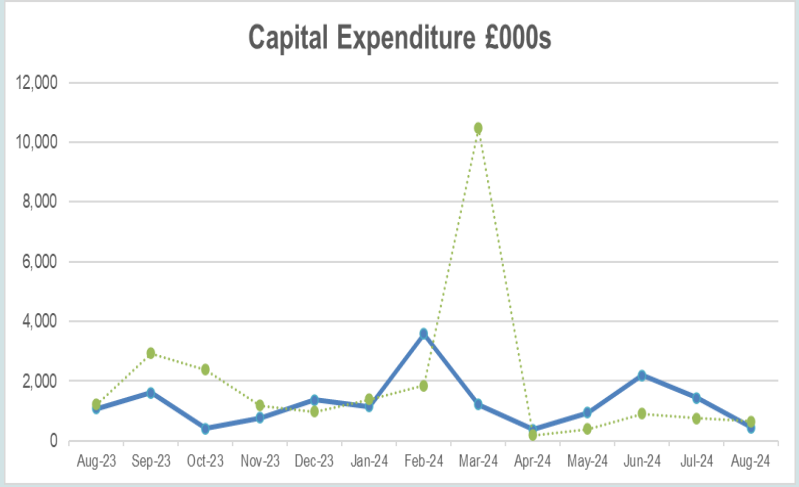












Summary

- 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.

NHS
South East Coast Ambulance Service
NHS Foundation Trust

Appendix

Appendix 1: Glossary

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

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