

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public.

11 January 2017

14.00-16.00

Crawley HQ

Agenda

Item No.	Time	Item	Encl.	Purpose	Lead
Introduction					
139/17	14.01	Apologies for absence	-	-	RF
140/17	14.02	Declarations of interest	-	-	RF
141/17	14.03	Minutes of the previous meeting: November 2017	Y	Decision	RF
142/17	14.05	Matters arising (Action log)	Y	Decision	RF
143/17	14.10	Patient story	-	Set the tone	
144/17	14.15	Chief Executive's report	Y	Information	DM
Trust strategy					
145/17	14.25	Delivery Plan	Y	Information	DM
Monitoring performance					
146/17	15.00	Ambulance Response Programme	Y	Information	JG
147/17	15.20	Integrated Performance Report	Y	Information	SE
Holding to account					
148/17	15.50	Escalation report; Workforce Committee	Y	Information	TP
149/17	15.55	Escalation report; Quality & Patient Safety Committee	Y	Information	LB
150/17	16.00	Escalation report; Audit Committee	Y	Information	AS
151/17	16.05	Any other business	-	Discussion	RF
152/17	-	Review of meeting effectiveness	-	Discussion	ALL
Close of meeting					

Date of next Board meeting: 25 January 2018

After the close of the meeting, questions will be invited from members of the public.

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting, 29 November 2017

Crawley HQ

Minutes of the meeting, which was held in public.

Present:

Richard Foster	(RF)	Chairman
Daren Mochrie	(DM)	Chief Executive
Alan Rymer	(AR)	Independent Non-Executive Director
Angela Smith	(AS)	Independent Non-Executive Director
David Hammond	(DH)	Executive Director of Finance & Corporate Services
Fionna Moore	(FM)	Executive Medical Director
Graham Colbert	(GC)	Independent Non-Executive Director & Deputy Chair
Jon Amos	(JA)	Acting Executive Director of Strategy & Business Development
Joe Garcia	(JG)	Executive Director of Operations
Lucy Bloem	(LB)	Independent Non-Executive Director
Steve Graham	(SG)	Interim Director of Human Resources
Steve Lennox	(SL)	Executive Director of Nursing & Quality [left the meeting at 12.28]
Tim Howe	(TH)	Independent Non-Executive Director
Terry Parkin	(TP)	Independent Non-Executive Director

In attendance:

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

120/17 Chairman's introductions

RF welcomed members and those observing.

121/17 Apologies for absence

None. SL to leave at 12.30pm.

122/17 Declarations of conflicts of interest

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

123/17 Minutes of the meeting held in public in October 2017

The minutes were approved as a true and accurate record.

124/17 Matters arising (action log)

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

125/17 Patient story [10.03-10.10]

JC explained that the patient story this month relates to a patient who did not wish to be identified. It includes the actions we took to resolve the concerns and ensure learning. The issues were about the attitude

and approach of the paramedic. In response to this complaint, the Trust acknowledged the approach was not as we would expect.

FM reflected that this was a sad story and the concerns were expressed in a really balanced way from the family. DM added that we need to look at our key skills training, and in response to all complaints ensure we incorporate learning in how we arrange this training.

126/17 Chief Executive's report [10.10 – 10.18]

DM talked through the issues listed in his report, including;

- Board recruitment; updates are to follow once the appointments are made.
- Stakeholder pledges of support at the CQC Quality Summit – CQC has now lifted the Notice of Proposal for medicines management and 999 call recording
- Operational Performance – much work is ongoing to ensure performance improves, including daily conference calls. JG to update later in agenda.
- ARP went live on 22 November.
- ECPR is currently paused due to an IT-related issue.
- Hospital handover delays – NHSE issued guidance to help the system work together to reduce delays. A local task and finish group has been established.

LB expressed disappointed with the position on ECPR and would ensure there is committee oversight (through the quality committee) to assure itself that lessons are learned.

127/17 Delivery Plan [10.18 – 11.04]

DM took the Board through the slide presentation, which sets the delivery plan in to the context of the Trust strategy. DM explained that we are re-naming it our delivery plan to better reflect that this sets out our plan to deliver our first two-year objectives of the Trust strategy; not just the CQC must dos, which are one element.

The Delivery Plan provides the right focus on the Trust priorities, acknowledging we cannot do everything. In terms of the deep dives, the aim is to bring more detailed updates to the Board to compliment the regular dashboard, and to give assurance we are making sufficient progress.

Following the presentation, AS expressed her concern about management process and felt there was a gap in our approach to the Delivery Plan relating to how we get staff to do what we need them to do. DM responded, using medicines governance as an example of how we worked well following management processes to ensure staff were engaged in why we needed to change; what we needed; and their role in the design of that change.

JG added that the success of medicines governance was in large part due to the detailed focus we had on the task. It exposed the interface structures between support and front line staff was weak. It therefore required re-building management structures and leadership capacity.

There was agreement of the Board that the presentation was helpful, including the analysis of where we were and where we are going. The next step is being able to describe to staff what good looks like and also on internal governance, a need to highlight workforce planning to ensure we have sufficient staff. DM agreed and confirmed that the executive is reviewing all directorates to ensure the right people in the right roles.

SL then provided the Board with an update on incident management (the latest of the deep dives). The objectives are RAG-rated and SL explained the progress to date, as illustrated in the slides. With regards duty of candour, which is rated red, this has since improved as confirmed in the integrated performance report.

In summary, SL explained that this is an area we had not had sufficient grip, but we do now.

There was then a discussion about whether management is making arbitrary targets, e.g. 10% increase in reporting incidents. SL confirmed that the executive has asked for all measures to be benchmarked and this work is underway.

LB asked about how management is seeking the assurance before projects move in to business as usual. JA explained there is a process in place for this via the Steering Group. But reassured the Board that even when a project moves in to business as usual, progress is still monitored and can be brought back within the Delivery Plan, if required.

There was a question about decommissioning Banstead and DH confirmed that he is leading on Phase 2 of HQ Project, which is working to a date of 31 March 2018. A proposal will then come to the Board about how we use Banstead going forward, i.e. disposal/redevelopment.

GC asked what the PMOs the top 3 concerns are. JA explained overall, processes are working much better, but landing some of the enabling strategies is one concern; the potential consequence of this is not providing the direction needed. In addition, there are a number of projects with some delays, e.g. ECPR and HQ. This led to a discussion about priorities and the view of the executive that workforce and fleet, which links to the demand and capacity work underway is one of the top priorities. This links to phase three of ARP, which includes new workforce and fleet models.

The Board agreed that with so much going on, if management doesn't get the prioritisation right then the Trust won't make the improvements quickly enough, which potentially impacts its ability to get out of special measures. DM reminded the Board that the areas within the Delivery Plan are the priorities, and as an executive, we will keep under review the target dates to ensure they continue to be reasonable, including making positive choices about the speed of improvement. The Board felt that any change to the project completion dates within the Delivery Plan should be a Board decision.

Action:

Any suggested change to a project completion date within the Delivery Plan to come to the Board for approval.

RF summarised that, first, we must get out of special measures next summer. It is a matter for executive judgment how many things we can deal with at once. Undoubtedly, much interlocks and, as a Board, if at any point the executive makes a judgment that there isn't the capacity to deal with all the things we need to do then the executive must come back to explain this, so the Board can agree what we stop and / or re-phase.

128/17 Safeguarding Mid-Year Review [11.04 – 11.14]

SL outlined the structure of the papers, which includes the strategy for approval; the RAG-rated action plan; the tracker, which tracks what we implement across the Trust; and the external review. All the actions have been brought together under one improvement plan.

The strategy helps to summarise the intention and highlights the main themes; it is essentially our vehicle for selling the improvement plan.

The Board really welcomed this review and the enabling strategy. However, concerns of some of the independent non-executive directors were explored about the demands on the safeguarding team and whether it has sufficient capacity to deliver the enabling strategy. In addition, the Board felt that some external verification of our processes, as part of a peer review perhaps, would help verify where we think we are.

In terms of capacity, SL confirmed that we have additional capacity in place via some of the special measures money the Trust received, to help deliver the improvement plan. In addition, we have enough staff to deliver business as usual. With regards, external verification, SL will consider this, which is in the spirit of safeguarding

Action:

SL to explore how to obtain external verification of our safeguarding processes.

129/17 Surge Management Plan [11.14-11.42]

JG explained that the papers set out the surge management plan (SMP) and how we will review/audit it. The SMP intends to replace the demand management plan, which has 10 levels, but lacks actions to de-escalate. The SMP finds a way to manage demand when we are reaching levels, which stretch capacity to the extent that adversely affects patient safety.

There was a multidisciplinary tabletop review with CCGs and other partners on 28 November, which tested the plan beyond the perception of the daily users. This helped to identify the need for a few more tweaks. This is our transition to manage surge differently to than we have in the past. It is similar to other ambulance trusts; the true intention is to manage a sudden demand following a significant incident.

FM added that arising from the tabletop review; we worked through a series of scenarios and the actions at each level. This gave different perspectives, which helped to identify some amendment to the layout to make it more user friendly, with a road map highlighting implications as the plan escalates. FM agreed with JG that these are relatively minor tweaks and is confident with these the plan will be complete. The communications plan will help ensure partners are aware when it is implemented.

The Board thanked the executive for sharing this plan early as it gave opportunity to comment ahead of the Board meeting.

SL asked whether we have documented the risk assessments relating to the SMP. JG confirmed that they are, and we have used the national risk assessment tool as illustrated in the paper.

The Board supported the SMP and noted that the aim is to implement it in early December, following final approval by the executive.

Comfort break 11.25-11.42

130/17 ARP/AQI [11.42-11.54]

JA confirmed that ARP went live as planned on 22 November and thanked all the staff involved for getting this up and running. The paper highlights the changes to the AQIs in section 3 and links to the ongoing demand and capacity review.

The Board explored the national transition period and what are going to be measured against between now and March 2018. JA confirmed that it would be against the new ARP standards, but during that time will be a peer review to ensure we measure in the right way. The contractual holding to account will not apply to the end of March 2018.

The demand and capacity review findings will start to be reported during January when we will get an interim report. The final timelines are to be confirmed shortly, but the review is in two parts; 1) data and 2) commissioning and contracting model. Therefore, the review will include the steps we would need to go through in contract negotiations. DH added that the commissioners are fully signed up to the outcomes.

Action:

Interim demand and capacity report to be considered by the finance and investment committee in January 2018.

TH asked about need to amend the 2017-`19 operating plan. DH said we are awaiting the timetable, but in the meantime we are working this through now as part of our business planning.

The Board supported the approach outlined in the paper (3.2) where the outputs of the national peer audit of processes and measurement early in 2018 will be considered by the quality and patient safety committee. JA confirmed that we expect this to come through early in the New Year, so will likely go to the meeting in February or March.

LB asked when we would have training in place for the CFRs. JG confirmed it has already started; a single course instead of the two levels we had in the past.

131/17 Strategic Risks [11. 54– 11.59]

PL explained that this paper reflects the system in place to manage the risks, which might affect the Trust's ability to achieve its 16 strategic objectives. Its aim is to demonstrate understanding of the principal risks; the impact should they materialise and the mitigating controls in place. These are reviewed at least quarterly and this is version 3.

Some Board members had issues with this paper uploading to Board Pad, some only receiving it during the meeting itself. RF therefore agreed to defer this item to January 2018, noting that the Audit Committee will be reviewing it at its meeting in early December.

132/17 Integrated Performance Report [11.59 –12.38]

The Board noted that this report continues to iterate and is being reviewed at the Audit Committee in December.

The report was taken as read, and before opening out to questions RF asked the lead directors to highlight any specific areas.

Clinical Safety:

FM confirmed that this is a disappointing month (June 2017 - reports 3 months in arrears), in part due to reduced performance; for some patients every minute is vital. There is a deeper dive as part of the clinical outcomes paper later in the agenda.

Clinical Quality:

SL confirmed that most indicators are going in the right direction, save for timeliness of complaints, which weekly reports are being considered as part of its improvement plan.

Operational Performance:

Despite it not being reflected in the paper before the Board, JG outlined the slight improvement starting to come through; he tabled a report showing this more current data in the weeks up to 20 November. JG explained the grip and focus to help this improvement is supported through daily conference calls where every element of performance is scrutinised. Although early days, in the last week the APR data is showing promise and is bringing us more in line with other ambulance trusts. ARP is helping to enable us to better prioritise resource.

The Board explored further what JG meant by grip. He explained that we have evolved in the past in such a way that we have worked in silos, e.g. scheduling was seen as scheduling and in fact is part of operational delivery. The daily calls review performance within the last 24 hours so picks up immediate learning to be used for the coming day. In terms of longer terms trends we are developing tools to look four days in advance to establish areas of risk. In addition, we are improving the hours outputting; we are now at 96% against demand.

Action:

Detailed update for the next Board meeting on how we are performing against ARP.

The Board then reviewed its decision not to have a meeting in December, asking that a meeting be scheduled.

Action:

Arrange a December board meeting

LB reinforced the need for the Board not to lose sight of why we are here; some of our performance issues are contributing to negative patient outcomes. We need to assure ourselves that we are doing all we can to ensure the best possible outcomes.

Action:

QPS committee to explore the link between performance and patient outcomes

Workforce:

The issues highlighted included the reduction in adjusted vacancy rate; due to increased recruitment. The aim is to maintain this trend. Career conversation still a focus and management is reviewing how we

reconcile paper and electronic records to give more representative view of the rolling 12 months' position; rather than starting from zero in April of each year.

AS asked about the vacancy rate and why it does not appear to lead to a financial saving. DH explained we build in an underlying vacancy factor (for support services) which explains part of this.

The Board explored bullying and harassment and how it can be assured nothing underlying the increase in numbers. SG explained that these figures include all allegations; not those that are founded, but agreed to think about how we can provide some assurance through the IPR going forward.

There was then a discussion about the risk in giving a global vacancy rate, which does not give assurance to the Board as it may hide specific issues. This will be picked up by the Audit Committee as part of its review of the IPR.

Finance:

The Trust is on plan, despite the ongoing challenges. The forecast is to hit the control total of £1.1m deficit. The quality impact assessments for each CIP scheme is regularly monitored and the executive reviews schemes each week. There is good progress in establishing schemes for next year. With regards cash, investment options are being explored on how we treat the working capital facility. We are working with NHSI and will report through the finance committee, as usual.

GC asked that with our cash position, we need to better report our forecast position so, as a Board, we can make informed investment decisions.

Action:

Finance Committee to review the finance report(s) to establish how they can include a forward view on the Trust's cash position, to help ensure more informed investment decisions.

133/17 Learning [12.38 – 12.43]

DM explained that this paper outlines our approach to ensuring we become a learning organisation. Some reflections of feedback from staff is that they can't describe learning very well despite things like clinical practice change bulletins, which relate directly to an incident/SI. Therefore, we need to better articulate the 'why' and find ways of reminding staff. The principle is that we use incidents to learn, not to blame. This paper sets out the start of our journey.

FM referenced the case quoted in the paper, in the context of the concept of an honest mistake. She felt this is a valid concept we must take forward to help ensure an improved learning culture.

The Board supported the approach set out in the paper and noted that longer term we need different opportunities to ensure we engage staff if we are to really develop a learning culture; such as reflective practice.

134/17 Clinical Outcomes [12.43 – 12.48]

FM outlined the improvements already made and those that are planned as set out in the paper. She highlighted in particular an area of really good practice where we have invested in kit for each defibrillator, which enables us to obtain data from each resuscitation attempt. Currently we get 50%, which is far greater

than any other Trust. We need to use these downloads to learn and improve practice. In addition, the new resuscitation guidelines have been issued and will form part of key skills.

The Board welcomed this update. There were no questions.

135/17 JRCALC [12.48-12.50]

FM confirmed these guidelines are generally updated every 3 years but a new supplement has recently been introduced. We are accepting the new guidelines with no variations.

The Trust has invested in a new application to be used by staff to allow them to download the full guidelines on their i-pad/smart phones. Therefore, they can access the most up to date guidance. In addition, we can also include our own information previously held in the green guidelines.

136/17 Any other business [12.50 – 12.52]

DM referred to the recent ambulance technician article in the Daily Mail, reinforcing that the Trust values the role of technicians who are key to our multidisciplinary team.

137/17 Review of meeting effectiveness

Questions from observers

A member of the public asked about there being no December Board meeting. RF confirmed that we would be taking steps to schedule a meeting.

There being no further business, the meeting closed at 12.52pm

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

Date _____

DRAFT

South East Coast Ambulance Service NHS FT action log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
29.06.2017	45 17 1	Ipad business case to be reviewed by Finance and Investment Committee in October 2017.	DH	18.01.2018	FIC	IP	Added to FIC meeting agenda on 18 January 2018
29.09.2017	84 17 2	Board away day to discuss our strategic approach to be scheduled for February 2018.	RF	15.03.2018		C	Confirmed for 15.03.2018
26.10.2017	105 17 3	The Board to receive an update in November on the progress against the pledges of support made by our partners at the Quality Summit.	DM	29.11.2017	Board	C	29.11.2017 - Executive confirmed the support currently provided, e.g. Pharmacy, SIs, buddy. NHSI is organising an event in Q4 with our partners to review all pledges / support needed to deliver our Delivery Plan
26.10.2017	111 17 4	The Board to agree the 2018/19 IPR in February	Board	23.02.2017	Board	IP	On agenda for February - in the meantime the IRP is being reviewed on behalf of the Board by the Audit Committee.
29.11.2017	127 17 5	Any suggested change to a project completion date within the Delivery Plan to come to the Board for approval.	SE	25.01.2018	Board	C	The PMO is aware of this instruction and will ensure that no change is made to a project completion date unless approved first by the Board.
29.11.2017	128 17 6	SL to explore how to obtain external verification of our safeguarding processes	SL	23.02.2017	Board	IP	
29.11.2017	130 17 7	Interim demand and capacity report to be considered by the finance and investment committee in January 2018.	DH	18.01.2018	FIC	IP	
29.11.2017	132 17 8	Detailed update for the next Board meeting on how we are performing against ARP.	JG	11.01.2018	Board	C	On agenda
29.11.2017	132 17 9	Arrange a December board meeting	PL	11.01.2018	Board	C	Due to availability, arranged on 11.01.2018
29.11.2017	132 17 10	QPS committee to explore the link between performance and patient outcomes	PL	TBC	QPS	IP	
29.11.2017	132 17 11	Finance Committee to review the finance report(s) to establish how they can include a forward view on the Trust's cash position, to help ensure more informed investment decisions.	DH	TBC	FIC	IP	

Key

	Not yet due
	Due
	Overdue
	Closed

		Item No	144/1
Name of meeting	Trust Board		
Date	11.01.2018		
Name of paper	Chief Executive's Report		
Executive sponsor	Chief Executive		
Author name and role	Daren Mochrie Chief Executive		
Synopsis (up to 120 words)	The Chief Executive's Report provides an overview of the key local, regional and national issues involving and affecting the Trust and the wider ambulance sector.		
Recommendations, decisions or actions sought	The Board is asked to note the content of the Report.		
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Yes / No		

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT TO THE TRUST BOARD

11th January 2018 (to cover November 2017)

1. Introduction

1.1 This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the Trust during November 2017.

2. Local issues

2.1 Recruitment to the Executive and Non-Executive Team

2.1.1 Following the recent recruitment and interview process, we have recently announced substantive appointments to the roles of Executive Director of Strategy & Business Development and Executive Director of HR & Organisation Development.

2.1.2 We have appointed Steve Emerton to the role of Executive Director of Strategy and Business Development who joined the Trust on 2nd January 2018. Steve has a wealth of NHS experience, with his most recent role being Delivery Director for NHS England Specialised Commissioning. Prior to this, he was Director of Commissioning at North West Surrey Clinical Commissioning Group and also served as a British Army Nursing Officer between 1990 and 2004.

2.1.3 We have also appointed Ed Griffin to the role of Executive Director of HR and Organisation Development and he will take up his post on 7th March 2018. Ed, from East Sussex, has extensive international HR experience and will join SECamb from the British Council where he is Interim Global HR Director and was previously Head of HR. Prior to this, he served as Group HR Director for international marketing group, CSM Sport & Entertainment.

2.1.4 Both Steve and Ed will bring a great amount of experience from their specific fields and I know we will benefit from their knowledge and expertise. I am looking forward to working closely with them both and welcoming them to the Trust.

2.1.5 I would like to thank both Jon Amos and Steve Graham for the hard work and dedication they have shown and continue to show, whilst filling these two positions on an interim basis. The recruitment process for the Executive Director of Nursing & Quality is ongoing.

2.1.6 Interviews for a Non-Executive Director (NED) with a clinical background took place on 17th November 2017 and following the Council of Governors meeting on 30th November 2017, who have responsibility for appointing NEDs, we were pleased to announce the appointment of Tricia McGregor.

2.1.7 Tricia will initially serve a three-year term from 1st January 2018 and is a speech and language therapist and a visiting professor in the School of Health Sciences at the University of Surrey. She is also an experienced board-level leader

with some 30 years' experience in the healthcare, social enterprise and employee-owned sectors.

2.2 Operational Performance

2.2.1 999 operational performance for November 2017 provides an interesting position in that it sees the termination of the previous operational performance standards and the introduction of the new Ambulance Response Programme (ARP).

2.2.2 The changeover date was 22nd November and SECamb are now providing performance data for comparison against all other ambulance Trusts in England. This has demonstrated that the preparation and planning for the move to ARP has concluded effectively, with SECamb now showing that it is effectively in the 'middle of the pack' from an ambulance performance perspective against the new ARP standard.

2.2.3 Call answering performance continues to be a key focus for the Director of Operations. There is a continual focus on the number of Emergency Medical Advisors (EMAs) that are scheduled to be on-duty to support the 999 call answering performance and an on-going recruitment process in place to bring additional EMAs into the Trust. This is due to reduce slightly as we approach Christmas, although there are more staff due to start in January 2018.

2.2.4 A significant amount of planning is being put into preparing for the Christmas and New Year period to ensure that we have adequate resources available to meet the anticipated demands of this very difficult period for ambulance services and the NHS as a whole.

2.3 Culture Change

2.3.1 Following the last Board meeting, where the Culture Change Plan was approved, we are continuing to deliver Phase One of the Plan.

2.3.2 As part of Phase One, during November 2017, the Executive Team had one-to-one sessions and a group session with Ignite, the external provider we have commissioned to support this work, to help define the behaviours the Trust will be rolling out over the next nine months. We also worked through how the behaviours can be translated into performance on an individual basis.

2.3.3 I am very pleased with how this work is developing and believe it will have a significant impact on the way the culture within SECamb evolves.

3. Regional issues

3.1 Hospital handover delays

3.1.1 The Trust continues to experience challenges of handover delays as set out in the new section of the Performance dashboard. Joint work with NHS Improvement, NHS England, CCGs and acute trusts is now being led full-time by a programme director, with acute Trusts working to reduce handover delays over 60 minutes.

3.1.2 During recent weeks, this issue has been and continues to be the subject of much local and national media coverage.

3.2 Contract up-date

3.2.1 The Demand and Capacity review continues, with a final report due by early March 2018. National guidance on contracts and operating plans for 2018/19 is still awaited and our negotiations will be informed by the outcomes of the independent review.

4. National issues

4.1 Move to Band 6 for Paramedics

4.1.1 At the beginning of December 2017, the Trust received confirmation from NHS Improvement and the NHS England Ambulance Improvement Programme Board that we had made sufficient progress in the re-banding of Paramedic from Band 5 to Band 6 to receive the central funding to cover the uplift. This was a great example of partnership working to deliver on very tight timescales.

4.1.2 The work continues with this and over the next year, we also need to deliver the implementation of the national band job description and associated training, complete the implementation of the fast track process for Newly Qualified Paramedics (NQPs) and continue the consolidation of learning of the Band 5 NQPs.

4.1.3 I am also conscious of the impact that this re-banding has on the potential bandings of other staff groups within the Trust. As we move forwards with our operational model post the move to the Ambulance Response Programme (ARP), we are committed to ensuring that the banding of staff is appropriate for the workforce we require to deliver ARP.

5. Recommendation

5.1 The Board is asked to note the contents of this Report.

Daren Mochrie QAM, Chief Executive

4th January 2018

		Agenda No	145/17
Name of meeting	Trust Board		
Date	11 January 2018		
Name of paper	Delivery Plan		
Responsible Executive	Steve Emerton, Director of Strategy and Business Development		
Author	Eileen Sanderson, Head of PMO		
Synopsis	This paper provides a brief update on the progress made to the Delivery Plan		
Recommendations, decisions or actions sought	The Board is asked to note the progress made in relation to projects within the Delivery Plan, including the developments of the CQC Task and Finish Groups		
Does this paper, or the subject of this paper, require an equality impact analysis ('EIA')? (EIAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	No		

Delivery Plan Progress

1.0 Introduction

- 1.1 This paper provides the Board with a summary of the progress of the Delivery Plan. The Dashboard captures the high-level commentary and associated Key Performance Indicators (KPIs) for this reporting period where appropriate.
- 1.2 The Project Plans will continue to be developed to provide assurance to the Executives that there is pace and grip of the projects and they continue to deliver the expected outcomes.
- 1.3 See Appendix A and Appendix B for the Pipeline Tracker and Delivery Tracker for the Cost Improvement Programme (CIP).

2.0 Service Transformation

- 2.1 Challenges remain with delivery of the Hear and Treat project, in particular the recruitment of sufficient clinicians and delays in implementing system changes to support non NHS Pathways triage by experienced clinicians. The Demand and Capacity Review is progressing well, with the final report scheduled for completion in late February. The scope of this work may be extended to include EOC, if agreed this may extend the timeline by a few weeks. Phase 2 of the Ambulance Response Programme has been successfully implemented with a further phase expected to commence following completion of the Demand and Capacity Review.

3.0 Sustainability

- 3.1 Delivery of EPCR remains delayed, though a new version of the software has been released and successfully tested. This will be evaluated in Thanet OU before further decision are made on progressing rollout. CIP plans are on track with this project expected to move to Green by the end of January.

4.0 Compliance

- 4.1 Both the Incident Management (November) and Safeguarding (December) deep-dives with CQC have been well received with progress noted, though further work remains underway in both areas. Whilst there have been no further call recording issues there have been some issues with timely access to recording which is being addressed until systems are replaced. The EOC project is behind plan on both call answer trajectories and call audit though focussed efforts are in place to address both of these areas a sustainable solution is reliant upon recruitment and training of additional staff, which takes time.

5.0 Culture

- 5.1 Following completion of the project mandate for culture improvement objectives and deliverables will be added to the delivery plan. This is expected for the January Board.

6.0 Strategy

- 6.1 Two of the twenty enabling strategies, Safeguarding and Medicines Optimisation, have been ratified, with plans agreed to complete the remaining enabling strategies by April. Business planning for 2018/19 is underway with budget setting and CIP planning both being discussed with budget holders.

7.0 Recommendation

- 7.1 The Board is asked to note the paper and discuss the appendices with specific attention to the Dashboards.
- 7.2 The Board is asked to continue to support the programme governance and controls introduced to provide enhanced grip and provide assurance on delivery.

Delivery Plan Dashboard

Progress made to date 04/01/2018

RAG Key:	
Red	At significant risk of failure due to circumstances which can only be resolved with additional support
Amber	A risk of failure but mitigating actions are in place and these can be managed and delivered within current capacity
Green	On track and scheduled to deliver on time and with intended benefits
Blue	Completed

Work stream	Project Name	Project RAG Current Period	Project RAG Previous Period	Project Lead	Executive lead	Project Completion Date	High-level Commentary	KPI / Outcome	Actual	Planned	End Target	Risks and Issues to Project Delivery
Service Transformation & Delivery Steering Group	Increased Hear and Treat Project	red	Amber	Scott Thowney	Joe Garcia	25.07.2018	Hardware set up for CAD Integration and ICAS pilot including 111/999 integration, as part of JCP KMSS 111. Potential Mid-Term solution to Network and timelines for April-June and potential solution for telephony through OPEX for Clinical Call back solution. Further testing to be continued.	45 clinical supervisors in post in EOC	27	45	45	Clinical supervisors in post have decreased since the last reporting period - recruitment plan in place to try and mitigate and further recruit and retain future staff, this has impacted Hear & Treat performance KPIs.
	Demand and Capacity review	Green	Green	Jon Amos	Steve Emerton	01.03.2018	A final report will be produced at the end of February 2018. The outputs will include: - Review of historic demand and provide a future capacity plan aligned to the ARP standards to include rota profiles and vehicle mix. - Case for Change to seek support from the wider system. - New contract process and payment model to support the new standards. - Timeline and transition plan to move from current state to the new rota profile, fleet mix etc.	Creation of fit for purpose, agreed operational model and services levels options together with evidenced costs and aligned resource for agreement with commissioners				The scope of the review is being reviewed, with a likely extension to include EOC, this may add additional cost and time over and above the original project scope. The core review remains on target
	Ambulance Response Programme - Phase 2	Complete	Amber	Sue Barlow	Joe Garcia	22.11.2017	ARP went live as planned Phase 2 is therefore complete. Phase 3 is currently being agreed in terms of scope, timescales, budget etc.					No reported risks during this period.
Sustainability Steering Group (see separate Dashboard for Cost Improvement Programme)	HQ PHASE 2	Amber	Red	Ibrahim Razak	David Hammond	01.09.2018	Coxheath EOC expansion (Phase 1) is now complete. 32 EOC positions have been implemented. Decision made at HQ Phase 2 Project Board on 14th December to close the Document Disposal work stream. This work will be captured under a new project.	32 new EOC positions are sufficiently equipped and ready to be used by an EOC member of staff to answer a 999 emergency call.	100%	100%	100%	Project RAG is Amber due to the risk that Clinical Education and Fleet, Logistics and Production may have not relocated from Banstead by 31st March 2018. This is because the favoured option for Clinical Education was Wray Park however this may not be available anymore. Other options will now be considered. Fleet, Logistics and Production - options have been appraised however a recommended option is yet to be agreed.
	Electronic Patient Clinical Records ("EPCR").	Red	Amber	Steve Topley	Jon Amos	29.03.2018	Temporary withdrawal of ePCR software to enable stability upgrades. Testing of software is now completed and will be trialled in Thanet following completion of a new QIA					Project RAG is Red due to ePCR being paused.
	Financial Sustainability	Amber	Amber	Kevin Hervey	David Hammond	31.03.2018	On track to deliver, some CIP schemes under-delivering, additional CIP schemes under development.	£17.2 million current schemes fully validated £1.0 million of financial deficit forecast	15.1m £1.0m	£15.1m £1.0m	£15.1m £1.0m	It is anticipated that this risk will move to Green next month, following additional identification of new CIP schemes.
	Incident Management	Amber	Amber	Samantha Gradwell	Steve Lennox	01.08.2018	20% increase in overall incident reporting (Monthly)	751	556	556		
							CCG's are intending to issue Contract Performance Notices to the Trust. Some actions on the action plan will need to be delayed so that the team can prioritise SI breaches over the coming weeks. Overall incident reporting rates are above trajectory in the last 3 months.	>75% of incidents closed within time target [SECAmb Target]	79.0%	59.0%	75.0%	
							Progress with Serious Incident investigations is below trajectory. This is due to insufficient resource in the Incident and Risk teams to complete investigations in a timely manner.	90% of Serious Incident investigations will be completed within 60 working days.	20.0%	74.0%	90.0%	The RAG rating is Amber due to insufficient resource within the Incidents Team to complete Serious Incident investigation in a timely manner. Support staff have recently joined the team to assist with Serious Incident investigation backlog to help

Compliance Steering Group

							<p>This has had an impact on compliance with Duty of Candour for SIs, and the number of incidents where feedback has been provided. Both of these measures are below trajectory.</p> <p>Support staff are now in place to help mitigate the staffing shortfall, although further resource is required with investigations of Serious Incidents.</p>	<p>Serious Incidents Investigations Submitted to CCG.</p> <p>100% of Serious Incidents Compliant with 72 hour STEIS reporting</p> <p>90% of incidents graded as near miss, no harm or low harm</p> <p>80% of incidents where feedback has been provided</p> <p>100% compliance with Duty of Candour for SIs</p>	<p>15</p> <p>40.0%</p> <p>94.0%</p> <p>5%</p> <p>25%</p>	<p>20</p> <p>50.0%</p> <p>90.0%</p> <p>50%</p> <p>85%</p>	<p>20</p> <p>100.0%</p> <p>90.0%</p> <p>80%</p> <p>100%</p>	<p>mitigate this issue.</p>
Safeguarding	Green	Green	Philip Tremewan	Steve Lennox	31.08.2018	<p>The development of the Safeguarding CQC Improvement Action Plan has allowed greater focus on the Trust-wide approach to Level 3 Safeguarding Children training, both face to face and e-learning.</p> <p>Support from operational teams has highlighted increases in overall training numbers aimed at achieving 85% of staff compliance by 31st March 2018.</p> <p>The Action Plan is divided into 6 key objectives aimed at addressing the concerns raised following the most recent CQC inspection and the Prof Duncan Lewis report into a culture of bullying and harassment at SECAmb. Weekly Task & Finish Group meetings scrutinise the Action Plan with assurances gained that positive progress is being made across each objective.</p>	<p>The number of staff trained to level 3 Safeguarding</p> <p>95% of staff, when asked on audit, feel adequately prepared to identify safeguarding concerns and know how to obtain assistance. This will be measured through quality assurance visits and feedback through appraisal bulletins, local governance groups. No data as yet TBC.</p>	<p>51.5%</p> <p>0.0%</p>	<p>85.0%</p> <p>0.0%</p>	<p>85.0%</p> <p>95.0%</p>	<p>E-learning - Current completion rates combined with the operational demands (Christmas and new year BCI) suggest that the target of 85% is not likely to be achieved by 31-03-2018.</p> <p>Actions planned to address risk - To develop plan to engage with frontline staff, consider targeted approach to specific OUs updates TBC for next reporting period.</p>	
Risk Management	Amber	Green	Samantha Gradwell	Steve Lennox	31.08.2018	<p>Risk Management is on track to deliver its objectives. Outstanding risks have been reviewed with principle risk leads to ensure they are up to date.</p>	<p>Individual Risks Reviewed on Datix With Principle Risk Lead (includes training & awareness)</p> <p>Operational sites & Directorate Risk Registers Identified Other than Datix</p>	<p>40</p> <p>28</p>	<p>42</p> <p>15</p>	<p>140</p> <p>29</p>	<p>Standardised Risk reports have been presented to the Executive. This will ensure consistency in reporting of risks.</p> <p>Project RAG is Amber due to the Medical Devices Management work stream.</p> <p>Progress has been made although this may not be sufficient to satisfy the CQC who are due to visit the Trust for a deep dive on 19th January 2018. This is due to insufficient capacity within the Fleet and Logistics teams to progress with the project plan.</p>	
Governance, Records & Clinical Audit	Amber	Green	Fiona Wray	Fionna Moore	31.03.2018	<p>Intensive Support now being provided</p> <p>Progress is being made on reconciliation of Incidents and PCRs</p> <p>PCR audit system is being reengineered to provide genuine assurance of quality rather than checking completion</p>	<p>Patient Records will be completed accurately and stored securely</p> <p>Incidents will have Patient Clinical Record linked</p>	<p>Data not available</p> <p>Data not available</p>	<p>Data not available</p> <p>Data not available</p>	<p>90.0%</p> <p>90.0%</p>	<p>ISSUE 1: Connectivity at Thanet/North Kent</p> <p>Connectivity issues are preventing the return of PCR audits. IT are aware but no resolution date has been agreed</p>	
Complaints	Amber	Green	Louise Hutchinson	Steve Lennox	31.03.2018	<p>Last month the Project RAG was Green, however this month we are reporting Amber due to performance in terms of compliance with the Trust's 25 working day complaint response timescale has improved slightly at 42%, compared to 35% in November and 40% in October. Overall improvement has not been as rapid as expected owing to an issue with recruiting to a dedicated post, hosted by EOC, to investigate low-level complaints about EOC and ambulance delays; a person was due to start in post on 8 November but withdrew their candidacy that day, however another person has now been recruited and started on 2 January. This led to capacity issues, causing many EOC complaints received in September and October to breach. EOC performance was 23% within timescale for October, 11% for November and 16% for December.</p> <p>Performance for NHS111 is consistently high, with between 88% and 100% of complaints completed within timescale across the last three months. A&E performance has also improved, from 36% in October, to 62% in November, to 63% in December.</p> <p>The Patient Experience Team has also contributed to some complaints breaches, with three new members of staff having started since 27 November, however the team is now settling and future breaches by the team should be rare.</p>	<p>Complaints will be concluded within the Trust's target of 25 working days.</p> <p>Evidence of learning from at least 95% of complaints that are upheld in any way.</p> <p>100% of Area Governance Meetings, Clinical Evaluation & Effectiveness Sub-Group meetings will have shared learning from complaints.</p>	<p>42.0%</p> <p>Data not available</p> <p>Data not available</p>	<p>Data not available</p> <p>Data not available</p>	<p>80.0%</p> <p>95.0%</p> <p>100.0%</p>	<p>Due to recruitment issues this has had an impact on EOC performance however the mitigation is a new EOC investigator is now in post.</p>	
EOC	Red	Green	Sue Barlow	Joe Garcia	31.08.2018	<p>Clinical supervisor recruitment and retention is progressing</p> <p>Call audit figures remain significantly adrift of the trajectory that would meet the requirement of approx. 1300 by April 2018. Staffing capacity is an issue, outsourcing the function is being considered but has so far not developed into a sustainable plan/model. To correct this, the EOC Audit User Group is now established and is working with the 111 to develop the auditing and tracking tools and establish a dedicated team who will complete future auditing.</p> <p>Call answer is adrift and is impacted heavily by the EMA recruitment issues</p> <p>EMA levels are below trajectory due to shortfall in recruitment target. Plan is in place to bring this back on track by reviewing EMA rota's with interviews arranged for 2nd & 3rd January for EMAs.</p>	<p>Clinical supervisors in post in EOC</p> <p>The audits will take place on a monthly basis via an audit function on the info system which was created by SECAmb</p> <p>95% of calls answered within 5 seconds.</p> <p>FTE EMAs in post within EOC</p>	<p>27</p> <p>10.0%</p> <p>43.0%</p> <p>154</p>	<p>45</p> <p>31.0%</p> <p>60.0%</p> <p>153</p>	<p>45</p> <p>100.0%</p> <p>95.0%</p> <p>172</p>	<p>Unable to recruit necessary staff.</p> <p>Audit levels will not meet the required 1300 per month. Having the required clinicians in post.</p> <p>Conflicting priorities with CQC programme.</p> <p>Risks of implementing Ambulance Response Programme for SECAmb.</p>	
Performance Targets and AQI's	Green	Green	Chris Stamp	Joe Garcia	30.09.2018	<p>Objectives reengineered to better reflect CQC requirements</p> <p>Mandate and QIA signed</p>	<p>cat 1 performance in seconds</p> <p>cat 2 performance in seconds</p>	<p>90th centile: 897 Mean: 508</p> <p>90th centile: 1920 Mean: 1034</p>	<p>90th centile: 900 Mean: 420</p> <p>90th centile: 2400 Mean: 1080</p>			

Programme Summary:

1. £17.2m of fully validated savings as at 3rd January 2018 reporting date- c. £15.8m CIP and £1.4m cost avoidance moved to delivery tracker. CIP schemes are moved to the Delivery Tracker after approval by Exec Sponsor and QIA sign off.
2. Engagement with Execs and CIP Project Leads remains positive and there is effective participation in Financial Sustainability Steering Group meetings. CIP Programme governance framework and processes are fully functioning in the business.
3. Continuing to work collaboratively with Project Leads and Execs to develop further schemes to mitigate potential gaps in delivery to meet the 2017/18 CIPs target and also to build the pipeline of recurrent schemes for 2018/19.

CIP Opportunity Classification - KEY

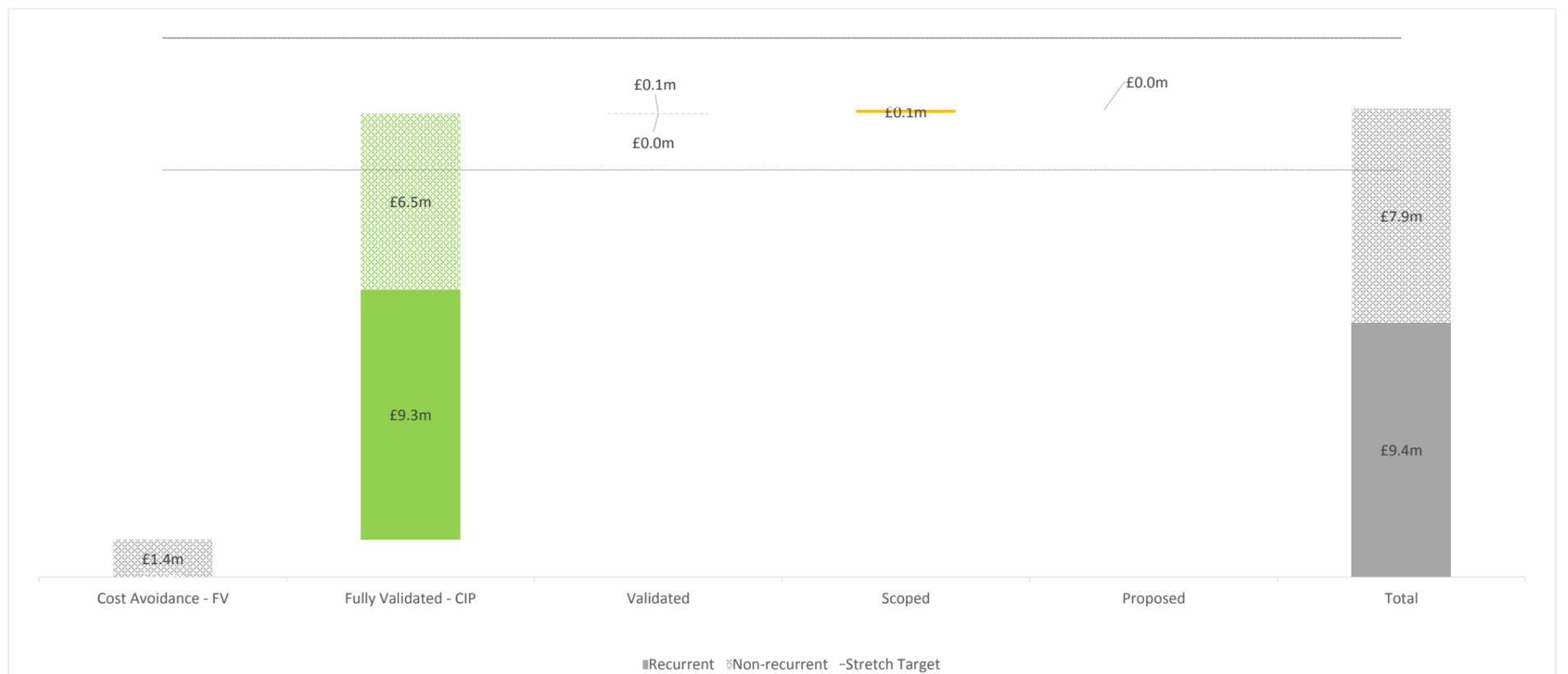
Opportunity Status	Description	Key
Fully Validated	Scheme with confirmed savings calculation prior to delivery tracking	Green
Validated	Scheme with identified benefits under development	Yellow
Scoped	Scheme to be scoped for further development	Orange
Proposed	Proposed CIP idea in analysis	Red

CIP Pipeline and Delivery: Risks and Issues

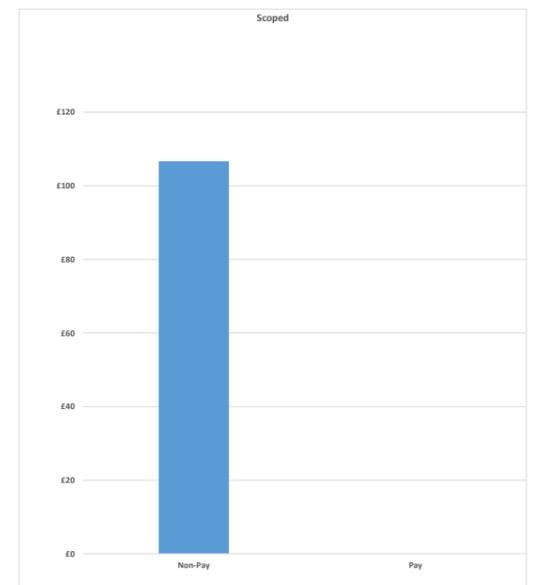
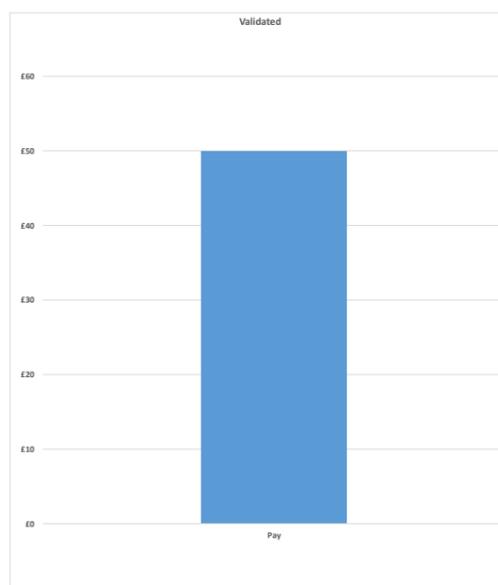
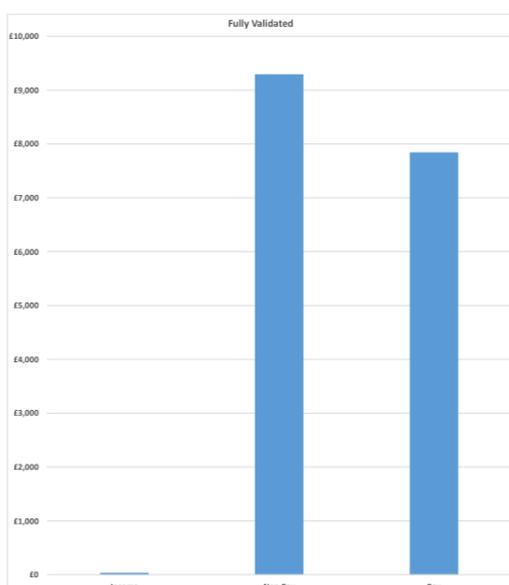
Risk	Mitigating action	Owner	Current RAG	Previous RAG	Date to be resolved by	Issues to be resolved	Mitigating action	Owner	Current RAG	Previous RAG	Date to be resolved by
1. Failure to achieve / deliver the entire forecast value (£15.1m) of CIPs schemes, due to part-year effect of some schemes, impacting on the Trust's ability to achieve 2017/18 year-end control total of £1m.	Aiming to identify £19m CIP savings to mitigate risk. Delivery tracker in use to monitor CIP schemes individually. Monthly financial performance review with Budget leads and Finance Business Partners (FBPs) in place to monitor and challenge budgets.	Kevin Hervey	Green	Amber	28/02/2018	1. Delays in restructures impacting on anticipating agency savings	Liaising with relevant budget leads to monitor potential delays. Working with Budget leads and FBPs to establish and resolve issues relating to under delivering schemes. Further schemes under development to compensate.	Kevin Hervey	Amber	Amber	28/02/2018

CIP Pipeline Summary

Cost Avoidance	Fully Validated	Validated	Scoped	Proposed	Grand Total
£1,400	£15,776	£50	£107	£0	£17,332



Pay / Non-Pay / Income Breakdown



South East Coast Ambulance Service: CIP Workstream

CIP Delivery Dashboard

Reporting Month: Nov-17

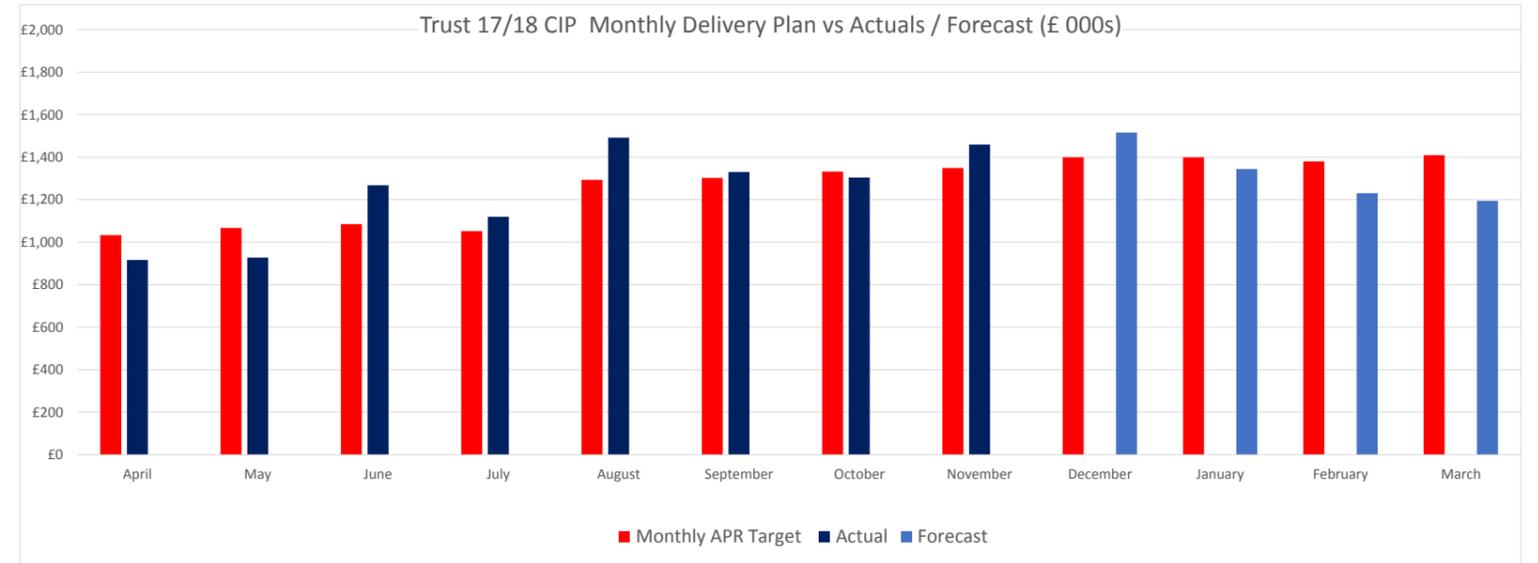
Programme for 2017/18 to deliver a minimum of £15.1m savings to achieve the planned £1m control total

Programme Summary: (See Pipeline Tracker for Risks and Issues)

- Achieved £9.8m CIP savings year to date (YTD) eight months to November 2017. This is £0.3m ahead of the NHSI plan. Recurrent schemes comprise 50% of the total.
- £17.2m of fully validated savings have been transferred to the Delivery Tracker as at 3 January 2018 reporting date. This exceeds the 2017/18 NHSI target by £2.1m.
- The full year CIP savings forecast outturn of £15.1m is in line with the NHSI plan. This is risk adjusted to reflect the underachievement in the fully validated schemes notably Agency premium and Task Cycle Time (TCT). Agency premium is £0.8m below target because the delays in restructures across several departments within the Trust continue to mandate the retention of interim staff to cover key established posts. The CIP scheme for TCT of £1.2m has been withdrawn in discussion with the Operations Director due to current pressures on frontline performance targets. Recurrent schemes make up 57% of the total projected CIPs savings.
- Engagement with Budget leads, Execs and Finance Business Partners is on going. Regular review meetings to agree corrective actions to mitigate delivery of underachievement of YTD CIPs and to identify new schemes are in place to deliver the 2017/18 target and to build a sustainable pipeline of schemes for future years.

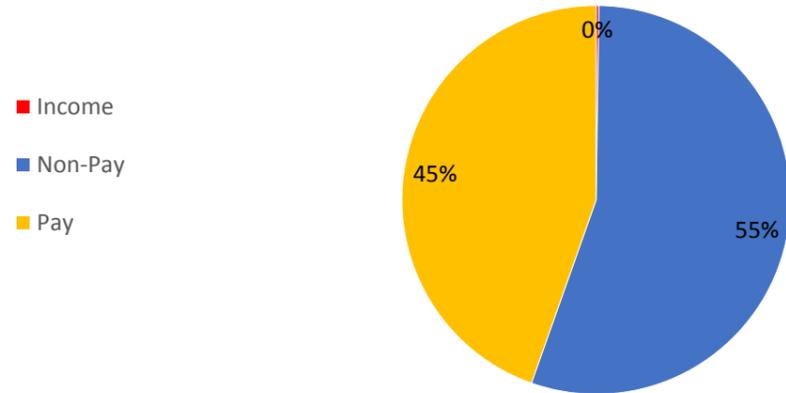
1. Monthly CIP Trust Profile - as at 30 November 17

CIP Target for 17/18 £000's	Total planned savings on delivery tracker £000's - as at 30 November	Total forecast savings on delivery tracker £000's - as at 30 November	YTD Nov '17 - Target Savings £000's	YTD Nov '17 - Actual Savings £000's	YTD Nov '17 - variance £000's
15,100	17,176	15,100	9,513	9,815	302

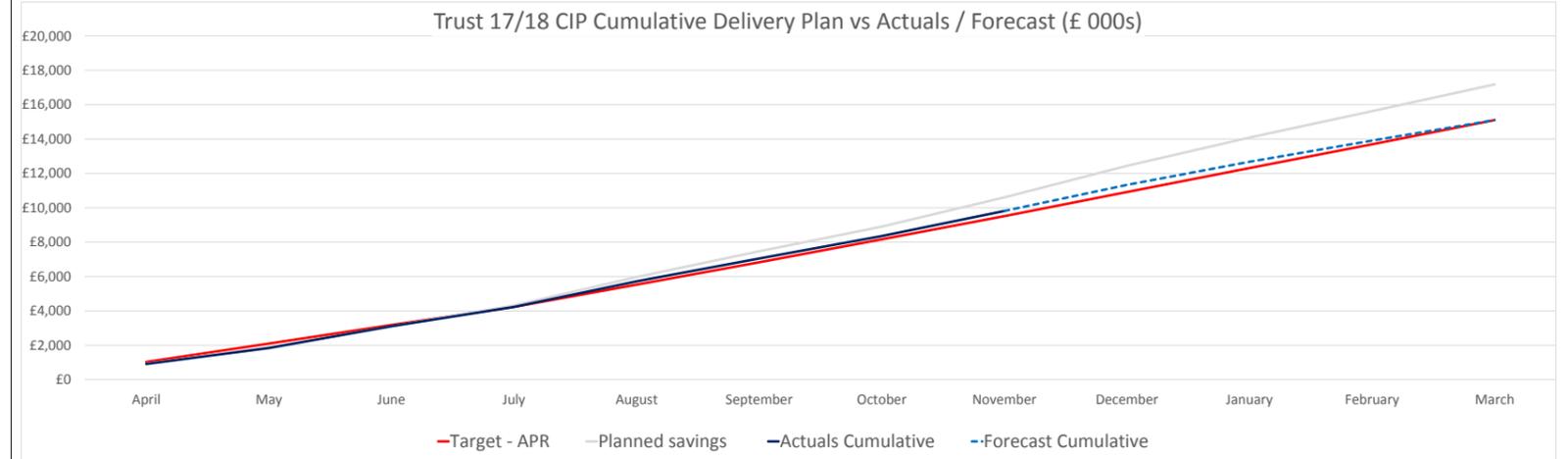


2. CIP - Planned savings split by income, pay and non-pay: as at 30 November

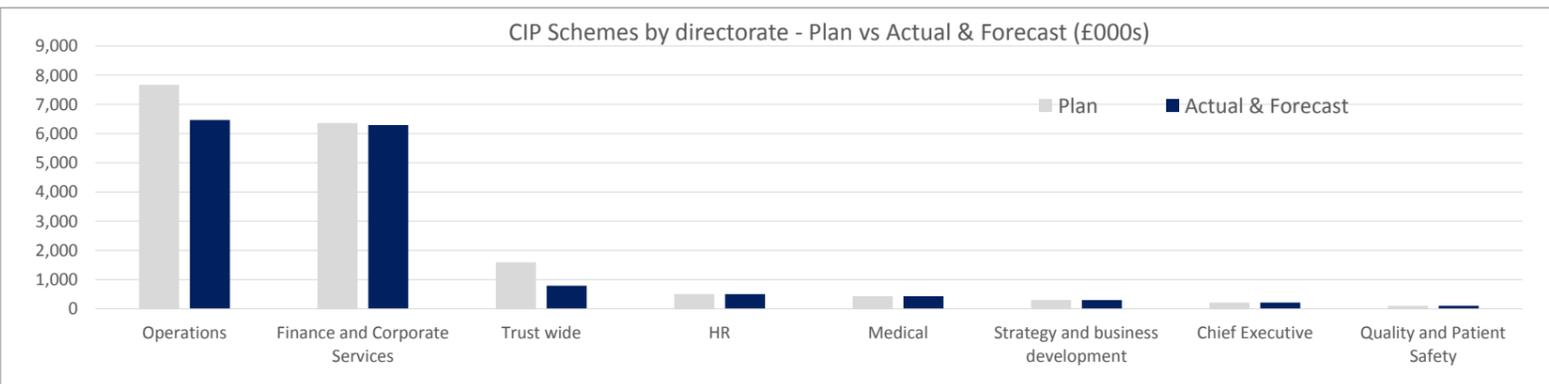
CIP split by Income, Pay and Non- Pay



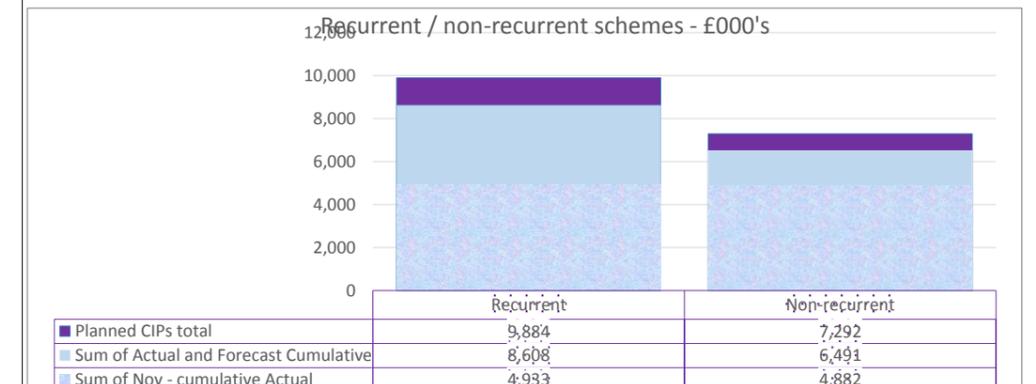
3. Cumulative CIPs - Target Plan & Actual / Forecast savings 2017/18



4. CIP schemes by directorate - Plan vs Actual & Forecast 2017/18



5. Value of forecast recurrent and non-recurrent savings - 3 January 2018



6. Planned savings by scheme size and delivery risk rating £000's



7. YTD Identified CIPs to Date and Savings - November Reporting Period

Scheme Category	2017/18 Value of Identified Schemes - £000	2017/18 Forecast Value £000	Full Year Variance £000	YTD Planned / Identified Savings (Month 8): £000	YTD Actuals (Month 8): £000	YTD Variance £000	Comments (+/- £20k variance)
Accounting efficiency	£4,705	£4,705	£0	£3,066	£3,067	£0	-
Meal break payment	£1,969	£1,969	£0	£1,404	£1,404	£0	-
Agency Premiums	£1,510	£709	(£801)	£1,007	£489	(£519)	YTD Underachievement - ongoing monitoring and corrective action in progress
Operations Efficiency	£1,435	£228	(£1,207)	£390	£127	(£263)	YTD underachievement in Task Cycle Time scheme - project is not expected to deliver
Vacancies - non clinical	£1,198	£1,198	£0	£1,047	£1,049	£2	-
Vacancies - clinical	£1,140	£1,140	£0	£966	£966	£0	-
Fleet - Fuel: Telematics, Bunkered Fuel & Price Differential	£756	£756	£0	£573	£573	£0	-
Fleet Maintenance	£650	£650	£0	£0	£0	£0	-
External consultancy & contractors	£612	£612	£0	£388	£382	(£6)	Timing - expected to deliver
MRC efficiency	£553	£553	£0	£313	£313	£0	-
Estates and Facilities management	£409	£409	£0	£139	£139	£0	-
EPCR efficiency	£310	£241	(£69)	£161	£161	£0	-
Training courses & accommodation	£271	£271	£0	£110	£110	£0	-
Staff Uniform	£253	£253	£1	£162	£162	£0	-
111 Efficiency	£200	£200	£0	£133	£133	£1	-
IT productivity and Phones	£153	£153	£0	£97	£97	£0	-
Meeting room hire	£145	£145	£0	£98	£98	£0	-
Furniture & Fittings	£133	£133	£0	£88	£85	(£2)	Timing - expected to deliver
Stationery	£128	£128	£0	£92	£91	(£1)	-
Travel & Subsistence	£95	£95	£0	£19	£19	£0	-
Medicines Management - Consumables	£93	£93	£0	£62	£62	£0	-
Discretionary non-pay spend	£92	£92	£0	£76	£76	£0	-
Medicines Management - Equipment	£90	£90	£0	£56	£56	£0	-
Legal cost	£78	£78	£0	£45	£45	£0	-
Books & Subscriptions	£58	£58	£0	£37	£37	£0	-
Single HQ /EOC Benefits realisation	£53	£53	£0	£20	£20	£0	-
Public relations	£47	£47	£0	£31	£31	£0	-
Events Income	£35	£35	£0	£26	£26	£0	-
Discretionary Non Pay	£4	£4	£0	£0	£0	£0	-
Medicines Management - Drugs	£4	£4	£0	£0	£0	£0	-
Variance to YTD Target	-	-	-	(1,091)	-	£1,091	Variance between YTD Identified Schemes and Control Total Target
Grand Total	£17,176	£15,100	(£2,076)	£9,513	£9,815	£302	

	Item No	146/17
Name of meeting	Trust Board	
Date	11.01.2018	
Name of paper	Ambulance Response Programme Phase 2 Progress Report	
Executive sponsor	Executive Director of Operations	
Author name and role	Joe Garcia, Executive Director of Operations	
Synopsis	<p>This paper updates the Board on the Trust's progress following implementation of the Ambulance Response Programme.</p> <p>It provides details of the early data, which shows that for Cat 1 and Cat 2 the Trust compares more favourably than pre ARP. There continues to be concern however about call answering, and the ability to respond timely to the less acute patients within Cat 3 and Cat 4; this relates directly to the ongoing demand and capacity review, which the Board will be discussing in the Part 2 meeting.</p>	
Recommendations, decisions or actions sought	The Board is asked to discuss this report.	
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Yes / No	

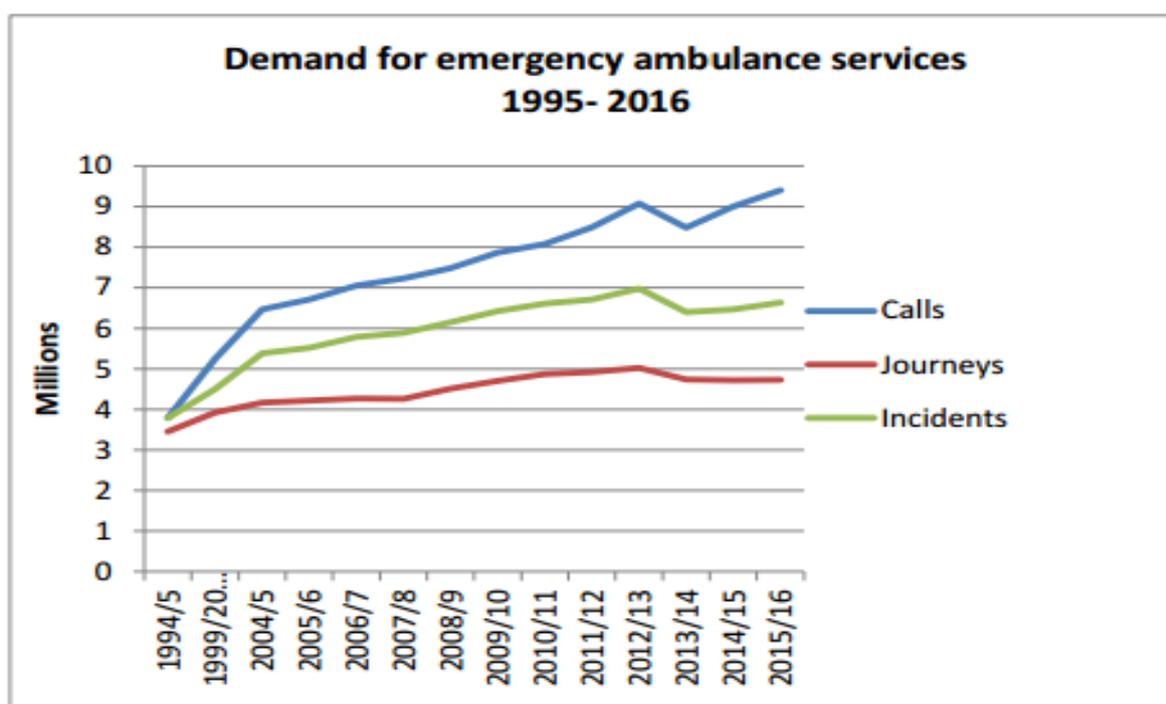
SECamb Ambulance Response Programme

Phase 2 Progress Report

Overview

The Ambulance Services of England have been preparing for the transition to a new means of measuring Ambulance Service Response to patients for the past 18 months to 2 years. The drivers for changing the measurement standards are predominantly based on the factors below;

- Since 1974 time-based ambulance response standards have been used to drive improvements and maintain response times to the most critically ill. However, these targets have gradually led to a range of operational behaviours that undermine the effectiveness of the ambulance service and patient experience.
- Increasing demand
- Reduced effectiveness
- Less need for hospital transport



The response methods used prior to the Ambulance Response Programme changes had created some poor operational behaviours;

- Dispatching a resource before the problem is known
- Sending ineffective resources to stop the clock
- Multiple vehicles to the same patient
- Repeatedly standing down vehicles and targeting them towards other calls
- Long waiting times for transporting vehicles
- Long waiting times for green calls

The changes to the Programme have been extensively piloted by three Ambulance Trusts to determine the safety of the new approach and extensively studied. The Trusts that participated in the Trial were; West Midlands Ambulance Service, Yorkshire Ambulance Service and South Western Ambulance Service.

The Pilot was sponsored by NHS England and an independent team from Sheffield University has been analysing the data collected by the pilot Trusts. Overall, over 14 million patient journeys have been included in the analysis and no safety concerns were identified.

During the summer of 2016, ministerial agreement was reached to progress to all Ambulance Trusts progressing to a live status with the ARP changes and instructions issued for all Trusts to be operational before December 2017.

SECamb initiated 'Go-Live' to Phase 2 of the Ambulance Response Programme on 22nd November 2017.

Highlights of the SECamb deployment

- SECamb initiated PMO support to the Ambulance Response Programme in August 2017.
- Appointment of full ARP Board and lead (Associate Director of Operations).
- Development of project plan effective to align work streams to specialist leads in;
 - Training
 - EOC Systems
 - Governance
 - Communications
 - Deployment Operations
 - EOC Operations
 - Informatics
 - 111 Service
 - Clinical Assurance
 - Shared learning from early implementation providers
- Training delivered to plan with minimal disturbance to BAU
- Fully delivered on time with approval from NHSI
- CCG involvement from the beginning to ensure external stakeholder engagement was optimised through the process
- The Communication plan ensured internal stakeholders were aware of interdependencies and potential impact of upcoming change on other areas of the organisation
- Successful focus, energy and momentum continued throughout and ensured project delivery.
- Optimal due diligence through governance and clinical assurance work streams.
- Effective monitoring and reporting metrics from 'go-live' with SECamb Informatics Team

What aspects went well?

- Development of training programme for EOC delivered to time
- Project delivered on time
- All actions delivered within time-frames
- Support from CAD supplier
- Support from commissioners
- Learning from other trust
- EOC system team's expertise to configure and test CAD

- A comprehensive go-live plan that ensured a seamless roll out of ARP
- Enthusiasm of the EOC staff and how they embarrassed the change
- The effective leadership displayed to deliver the project from the EOC management team whilst delivering BAU
- ARP operational guide and communication ensured all staff understood their responsibilities in relation to ARP
- External stakeholder engagement
- Early benchmarking shows positive application of ARP against performance targets.
- Patients post fit were generating a large number of Cat 1 incidents, picked up within 24 hours and changes made to the call taking processes
- Managing patient expectations of timeliness of response times through the green call script

Key Learning points

- Recognition of the complexities of interdependent projects running concurrently within the Trust
- Understanding the value to complete and return national requirement documents.
- Ensure effective tracking of external notifications, stakeholder engagements and national shared learning opportunities gained from service visits
- Recognising the significance of communicating changing categories and confirmation of understanding with staff
- Acknowledging partner organisation interdependencies with NHS 111 services and difficulties with variable 'Go-Live' dates.
- Staff reluctance to comply with new blue light driving responses to cat 3 calls.
- Consideration to Staff engagement groups as OTLs have requested a briefing and Q&A prior to go live.
- On-going recognition in challenge of current fleet mix to meet ARP categories. (Phase 3)
- Complexities of changing processes to meet ARP requirement within the short time-frames

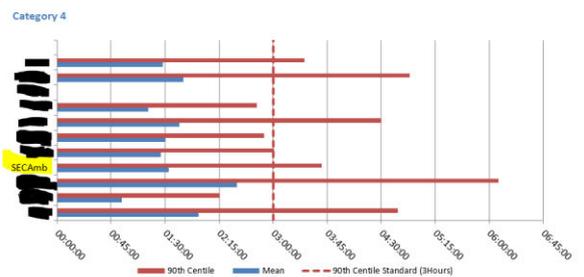
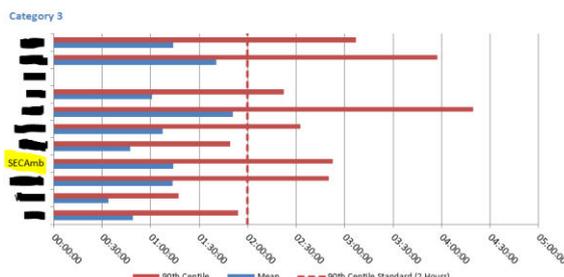
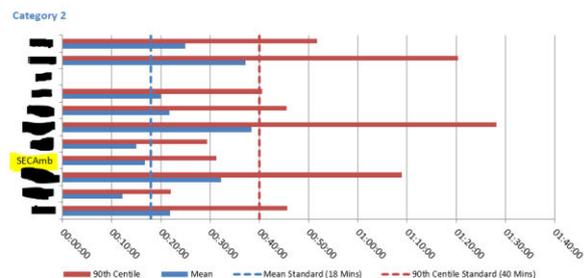
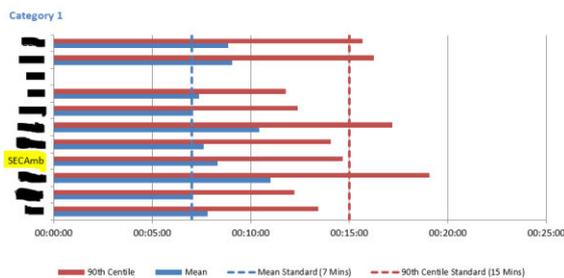
The first week's performance under the new standards

Response Times Summary
All Trusts

[Return to Menu](#)

Week Commencing 27 Nov 17

N.B. Trusts not meeting standards will be to the right of the line



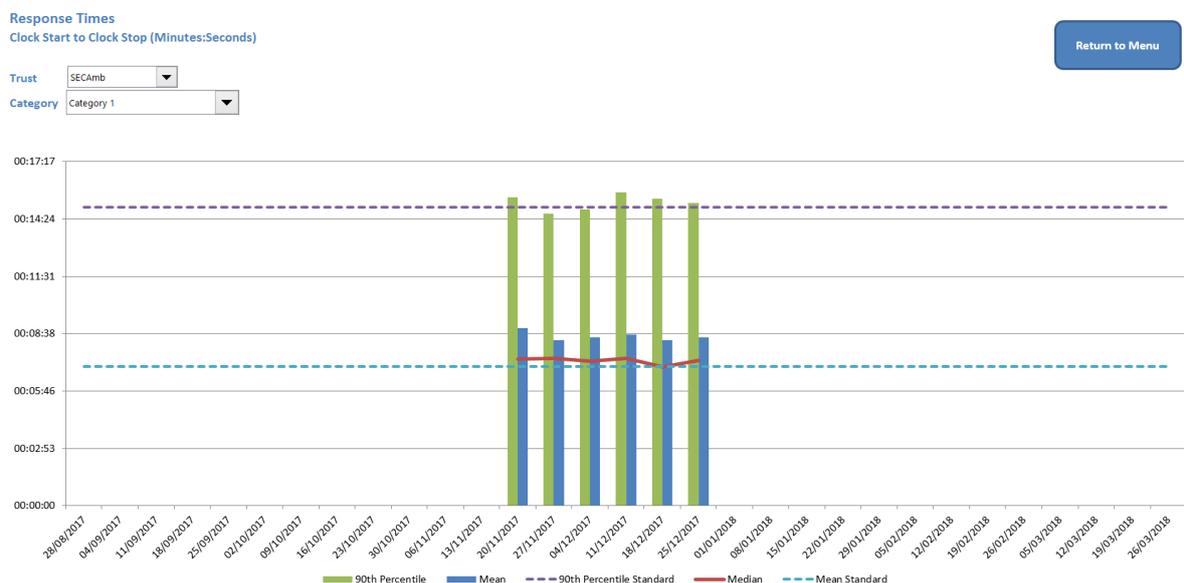
As you will note from the above first week's performance, SECamb's transition to the new ARP standards has seen a very good assimilation into the 'rest of the pack' from a performance perspective. This creates an interesting set of assumptions when one considers the significant 'gap' between SECamb's reported performance at the old Red 1 & Red 2 standards compared with the performance reported by the other Trusts at the time!

The new metrics

The new ARP performance measurements are based on the following;

Performance Standard	Mean Target	90 th Percentile	What stops the clock?
Category 1	≤ 7 minutes	≤ 15 minutes	The first SECamb dispatched resource arriving on scene (CFR/SRV/DCA)
Category 1T	≤ 18 minutes	≤ 30 minutes	The vehicle that conveys the patient to hospital.
Category 2	≤ 18 minutes	≤ 40 minutes	The transporting resource OR the first SRV/DCA if the patient is not transported.
Category 3		≤ 120 minutes	The transporting resource OR the first SRV/DCA if the patient is not transported.
Category 4		≤ 180 minutes	The transporting resource OR the first SRV/DCA if the patient is not transported.

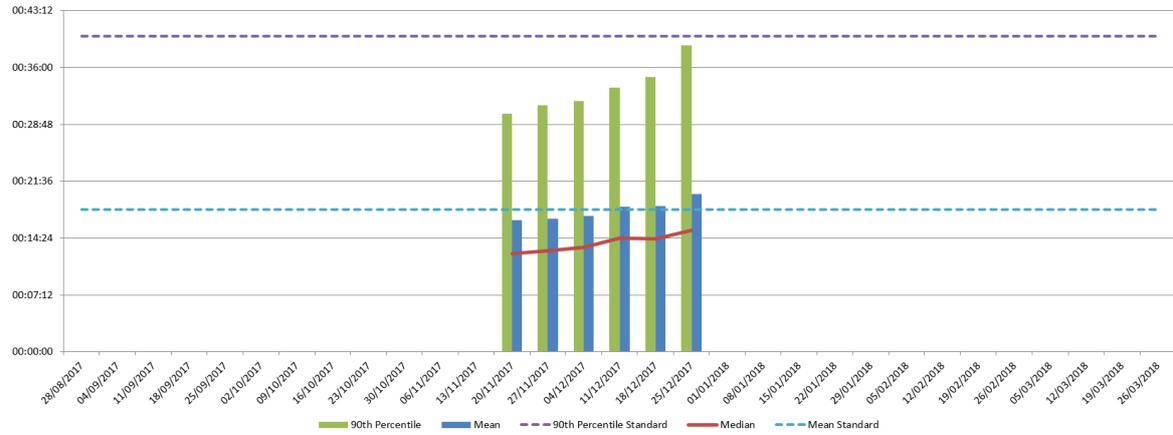
Since we have been operating under the new ARP standards we have been delivering a consistent response position for each week of operation, with the changes seen commensurate with the increases in winter activity.



Response Times
 Clock Start to Clock Stop (Minutes:Seconds)

[Return to Menu](#)

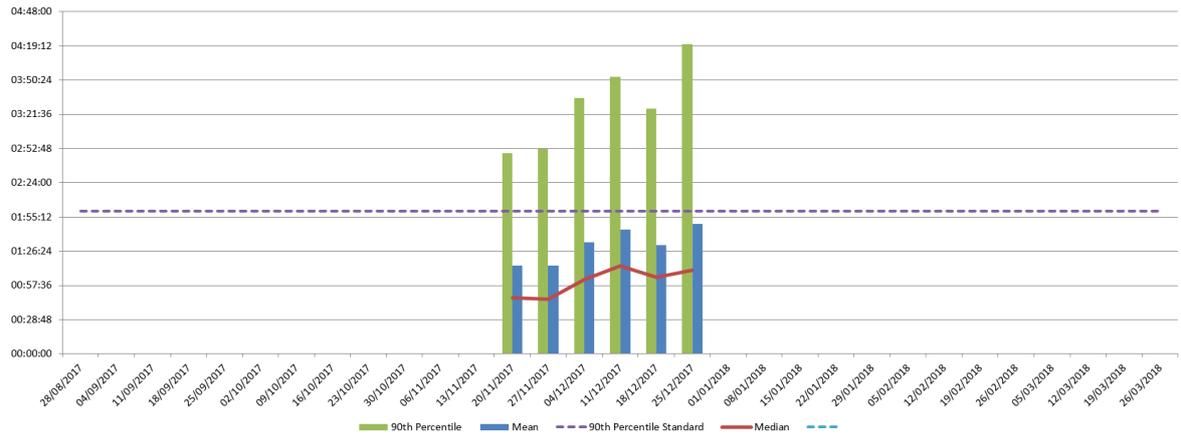
Trust:
 Category:



Response Times
 Clock Start to Clock Stop (Minutes:Seconds)

[Return to Menu](#)

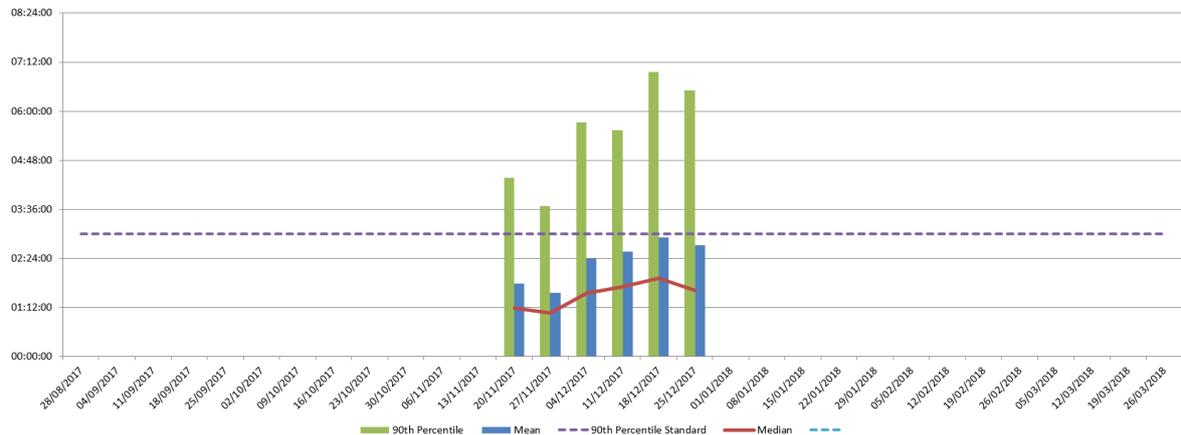
Trust:
 Category:



Response Times
 Clock Start to Clock Stop (Minutes:Seconds)

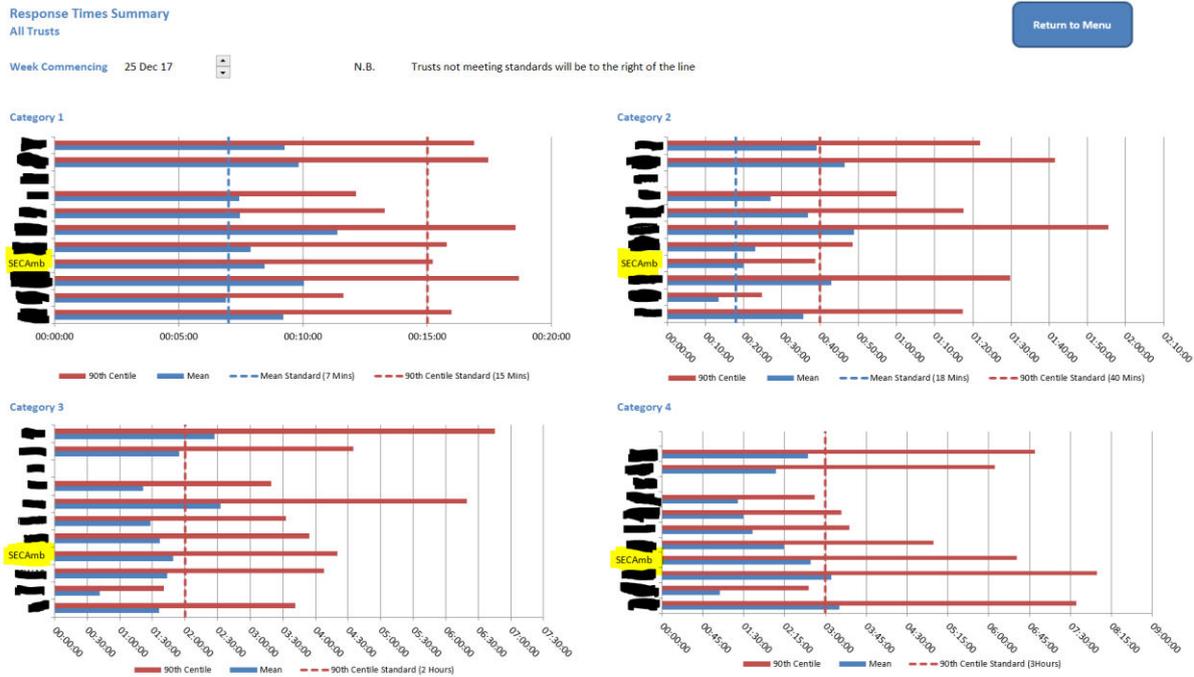
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Trust:
 Category:



The data above has been extracted from the national submission of ARP data provided by all Trusts on a weekly basis and places all Ambulance Trust's in England on a level playing field across all of the response categories. It clearly identifies the significant challenges faced by many Trusts in coping with the overall patient volume and the impact of focusing on the higher acuity patients.

In order to demonstrate consistency in SECamb's delivery, I have included the latest summary position of all Trust's to demonstrate our consistent delivery;



Conclusion

SECamb still has a long way to go to conquer all of the ARP performance targets; we are still significantly challenged in our ability to answer 999 calls in a timely manner, this aspect directly impacts on the Category 1 Mean time standard and work is continuing to address this issue.

Our performance against Category 2 activity remains positive with SECamb consistently in the upper quartile for this performance standard.

The poor performance against the Category 3 and Category 4 standards is a measure of the availability of resources. This position re-opens and identifies the residual gap in commissioning arrangements coupled with the significant loss of resource into handover delays within the region.

Phase 3 of the ARP project will focus on the re-alignment of resource types into the operating model with a significant reduction in solo response resources. Whilst quick wins in this area have already been made, there is a bigger need to realign all of the Trusts operational rotas to support a primary Double Crewed Ambulance model, this will take many months to achieve and will require further capital investment to grow the available DCA fleet accordingly.



**South East Coast
Ambulance Service**
NHS Foundation Trust



Integrated Performance Report

December 2017 Board Meeting

Contents

Clinical Safety	4
Clinical Quality	8
Operations Performance	11
Workforce	16
Finance	19

SECamb Regulation Statistics

Use of Resources Metric (Financial Risk Rating)	3
CQC Compliance Status	Trust: Inadequate (Special Measures) 111 Service: Good
IG Toolkit Assessment	Level 2 - Satisfactory
REAP Level	3

Data Notes

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Chart Key:

 Data Point	This represents the value being measured on the chart
 Run of 3 above average	These points will show on a chart when the value is above or below the average for 8 consecutive points. This is seen as statistically significant and an area that should be reviewed.
 Run of 3 below average	
 Above UCL	When a value point falls above or below the control limits, it is seen as a point of statistical significance and should be investigated for a root cause.
 Below LCL	
 AVERAGE	This line represents the average of all values within the chart.
 UCL	These lines are set two standard deviations above and below the average.
 LCL	
 Target	The target is either an Internal or National target to be met, with the values ideally falling above or below this point.

SECamb Executive Summary

The Trust continues to experience significant challenges in 999 call answer performance, at 67.4% for the month against the 95% target, though this is an improvement of 17% on the previous month. This performance in previous months is one of the key underlying causes for challenges in Red 1 performance and is likely to be a contributory factor in the below national average cardiac arrest survival rates seen in the most recently reported data (July). The call answer performance is contributed to by both workforce vacancies and turnover. With overall activity remaining flat (1% increase) the decrease in call volume seen in November is likely to reflect a lower number of 'call backs' due to improvement in call answer performance.

Reported operational response performance is for the 1-22 November as a result of the implementation of the Ambulance Response Programme on the 22nd. During this period there was a 6.9% improvement in R1 performance and 3.7% improvement in R2 performance though the 95th percentile performance for G30 response remained high at 3 hours and 7 minutes, reflecting the long response delays for lower acuity patients. Handover delays, particularly those over 60 minutes continue to have a detrimental impact of patient experience and availability of resources to respond to 999 calls.

Incident reporting continues to increase, reflecting an improving culture of reporting, but serious incidents have decreased suggesting an increase in reporting of low level harm and near misses. Complaint numbers are down slightly on the previous month however 41 of the complaints made related to delays.

Vacancies decreased slightly though percentage vacancies remain high in some directorates currently undergoing structural changes. Sickness absence remained below 5% for November. Career conversations increased to 67% of staff against a year end target of 80% though a slight drop was seen in statutory and mandatory training completion due to a change in the counting methodology.

Financially the Trust has an improving cash position and remains on track to meet its planned year end position (£1m deficit) and to achieve the £15.1m cost improvement programme.

SECamb Clinical Safety Scorecard

Cardiac ROSC - Utstein

	May-17	Jun-17	Jul-17	12 Month's
Actual %	56.8%	44.8%	37.9%	
Previous Year %	61.3%	44.4%	69.0%	
National Average %	48.1%	52.4%	53.4%	

Cardiac ROSC - ALL

	May-17	Jun-17	Jul-17	12 Month's
Actual %	22.8%	28.1%	24.4%	
Previous Year %	26.4%	31.4%	31.7%	
National Average %	28.7%	31.2%	30.9%	

Cardiac Survival - Utstein

	May-17	Jun-17	Jul-17	12 Month's
Actual %	30.3%	17.9%	17.2%	
Previous Year %	33.3%	22.6%	28.6%	
National Average %	22.6%	28.4%	28.7%	

Cardiac Survival - All

	May-17	Jun-17	Jul-17	12 Month's
Actual %	6.3%	5.9%	3.6%	
Previous Year %	8.0%	7.9%	10.4%	
National Average %	8.5%	9.7%	10.0%	

Acute STEMI Care Bundle Outcome

	May-17	Jun-17	Jul-17	12 Month's
Actual %	57.5%	70.5%	62.9%	
Previous Year %	66.7%	65.3%	64.7%	
National Average %	78.4%	76.6%	76.3%	

Acute STEMI receiving primary angioplasty within 150 minutes

	May-17	Jun-17	Jul-17	12 Month's
Actual %	91.7%	88.2%	85.9%	
Previous Year %	88.2%	91.0%	95.2%	
National Average %	86.4%	85.5%	82.6%	

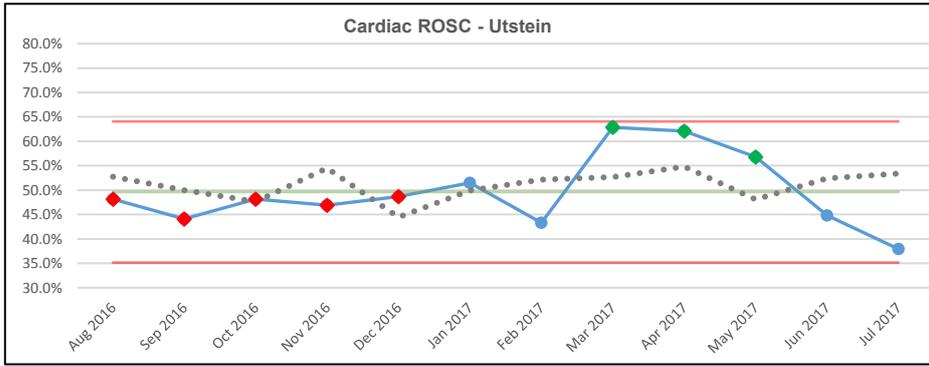
FAST Id'd Stroke - arriving at a hyperacute stroke unit within 60 minutes

	May-17	Jun-17	Jul-17	12 Month's
Actual %	64.9%	62.7%	57.5%	
Previous Year %	67.0%	61.9%	67.2%	
National Average %	55.2%	57.0%	55.2%	

Stroke - assessed F2F receiving care bundle

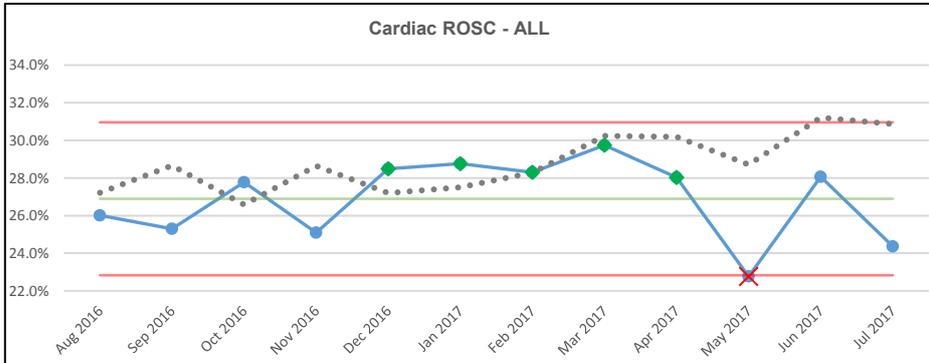
	May-17	Jun-17	Jul-17	12 Month's
Actual %	92.3%	94.4%	95.2%	
Previous Year %	95.7%	98.2%	96.5%	
National Average %	96.6%	97.4%	97.2%	

SECamb Clinical Safety Scorecard



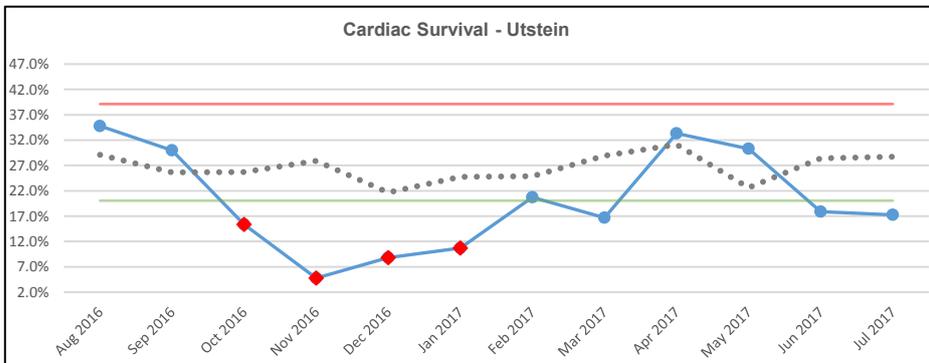
Performance for the cardiac arrest ROSC indicator for the Utstein group for July 2017 declined for a fourth consecutive month and remains below national average.

A possible contributing factor to this decline in performance is our response to red 1 calls in this period. The medical directorate continue to explore the quality of data and potential quality improvement opportunities.



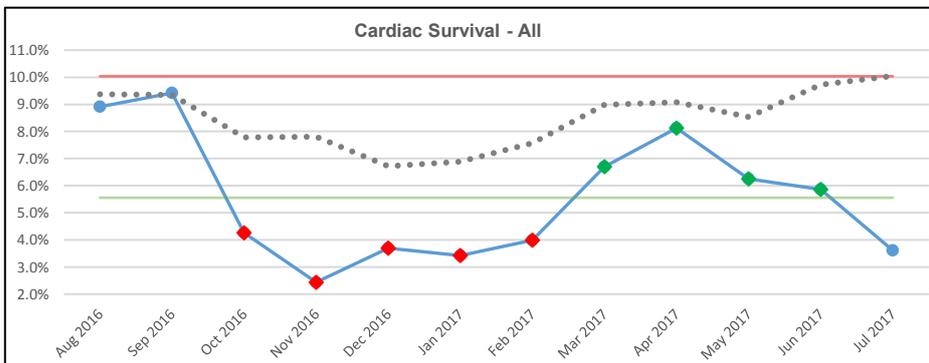
In July 2017 we saw a decrease on performance from the previous month, however this is consistent with the patterns of variation seen previously.

The medical directorate continue to explore the quality of data and potential quality improvement opportunities.



In July 2017 survival to discharge for the Utstein group was similar to performance in the previous month.

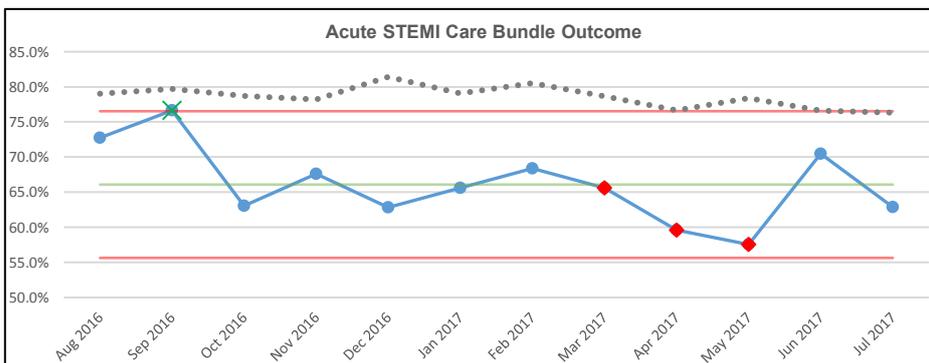
Performance remains higher than the period October 2016 to January 2017 where we saw a decline.



For the third month we have seen a reduction in cardiac survival for all patients.

We remain below the national average for cardiac survival in all groups.

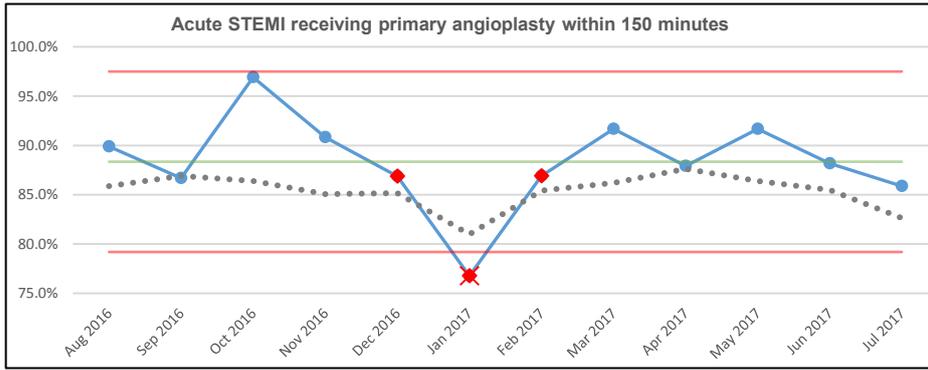
Possible contributing factors include a low red 1 performance level.



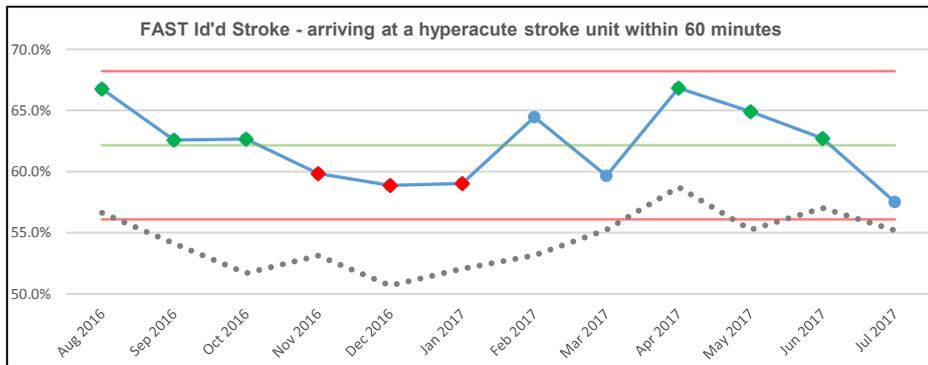
Performance for July 2017 reduced to 62%.

Dashboards showing local performance levels have now been shared with Operating Units to facilitate focussed quality improvement.

SECamb Clinical Safety Additional Information

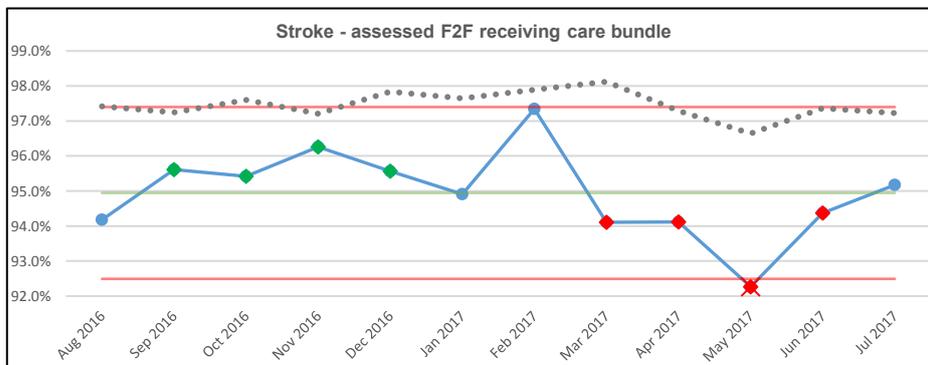


July 2017 decreased for a second month, however, remains above the national average.



For July 2017 performance for FAST positive patients potentially eligible for stroke thrombolysis arriving at a hyper acute stroke unit within 60 minutes was 2% above the national average and SECamb were rated the fifth best performing ambulance trust nationally.

A contributing factor to our decline in performance in arrival at a HASU within 60min may be a reduction in performance against the red 2



Performance in completing the stroke care bundle has improved for the second month. We are above our mean level of performance.

Dashboards showing local performance levels have now been shared with Operating Units to facilitate focussed quality improvement.

Further work is planned to facilitate quality improvement in this area.

Analysis of Cardiac Arrest Data – July 2017

Number of cardiac arrests identified = 364
(incl. 1 ADRT / 23 DNACPR / 141 DOA / 2 In Hospital Arrest / 1 No PCR)



Number of Resuscitation Attempts = 209 (57%)
1 ADRT / 6 DNACPR / 4 DOA / 2 In Hospital Arrest

Utstein Definition

- Bystander witnessed arrest
- Presenting Rhythm – VF
- Arrest – Cardiac in origin

Non ROSC Definition

Patients transported to hospital in cardiac arrest with resuscitation still in progress



Utstein data = 29 (14%)

Overall = 194 (94%) (Incl. Utstein incidents)

ROSC sustained to hospital = 11 (38%) + 2 Non ROSC

ROSC sustained to hospital=48 (24.5%) + 5 Non ROSC

Outcomes for ROSC at Hospital and Non ROSC at Hospital Patients

Utstein	Details	Overall
5	Patient survived to discharge	7
8	Patient died in hospital	43
0	Patient still in hospital*	0
0	Patient record not found by hospital*	3 (all unknown name or dob)
0	No reply from hospital*	0
0	Awaiting reply from NHS Spine*	0

Survival to discharge is calculated as a percentage of the overall Utstein figure minus any missing patient outcomes as detailed *

Survival to discharge is calculated as a percentage of the overall figure minus any missing patient outcomes as detailed *

Survival to discharge (Utstein) = 5 (17.2%)

Survival to discharge (Overall) = 7 (3.8%)

Additional information – Resuscitation Attempts

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	51% (n=100)	6% (n=13)	0.5% (n=1)
PEA	24% (n=48)	8% (n=17)	0.5% (n=1)
VF	20% (n=38)	7% (n=15)	1% (n=2)
Non-shockable (AED)	1% (n=2)	0.5% (n=1)	0% (n=0)
Not recorded	4% (n=8)	1% (n=2)	0.5% (n=1)
CPR Bystander	56% (n=111)		
EMS Witnessed arrest	15% (n=31)		

Number of cardiac arrest downloads received for July 17 = Unknown

(Difficulty experienced with CodeStat 9 programme)

SECamb Clinical Quality Scorecard

Number of Incidents Reported

	Sep-17	Oct-17	Nov-17	12 Month's
Actual	585	615	665	
Previous Year	466	512	580	

Number of Incidents Reported that were SI's

	Sep-17	Oct-17	Nov-17	12 Month's
Actual	11	6	4	
Previous Year	0	1	1	

Duty of Candour Compliance (SIs)

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	64%	83%	75%	
Target	100%	100%	100%	

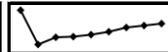
Number of Complaints

	Sep-17	Oct-17	Nov-17	12 Month's
Actual	132	129	107	
Previous Year	121	98	111	
Complaints Timeliness (All Complaints)	42.4%	40.1%	35.5%	
Timeliness Target	95%	95%	95%	

Hand Hygiene

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	85%	78%	89%	

Safeguarding Training Completed (Adult) Level 2

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	45.22%	50.82%	55.55%	
Previous Year %				
Target	50%	58%	67%	

Safeguarding Training Completed (Children) Level 2

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	46.62%	50.00%	54.70%	
Previous Year %				
Target	50%	58%	67%	

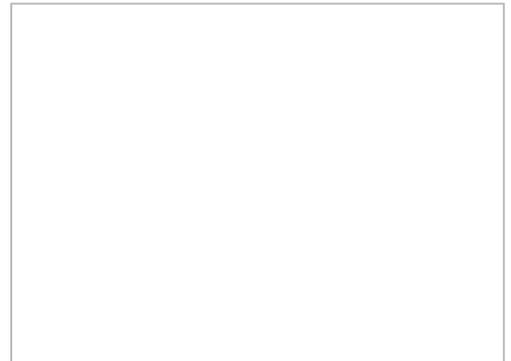
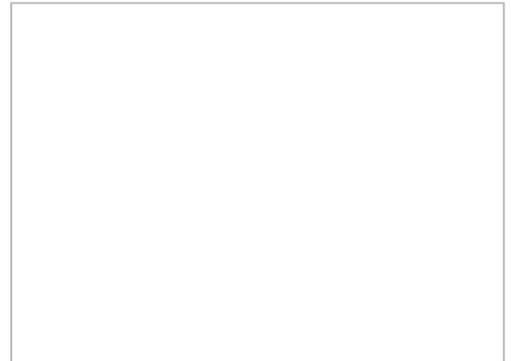
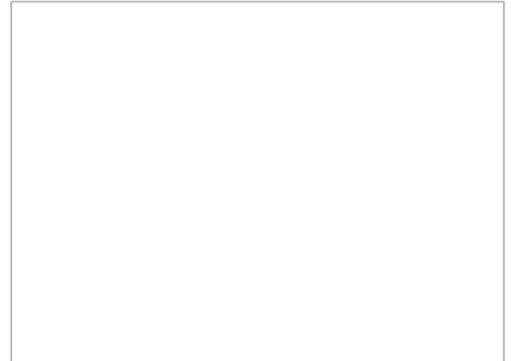
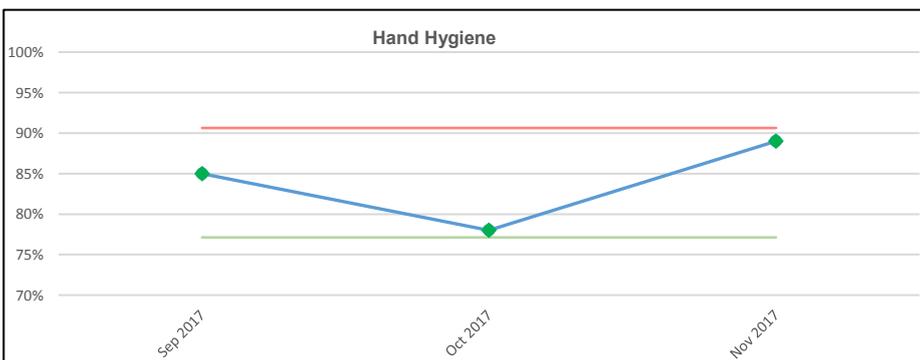
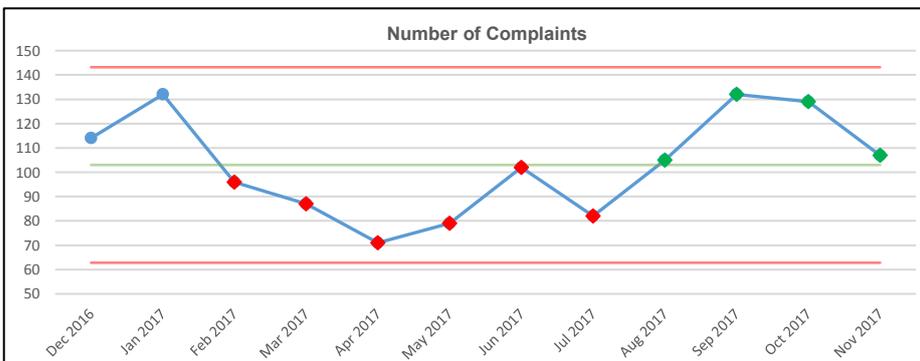
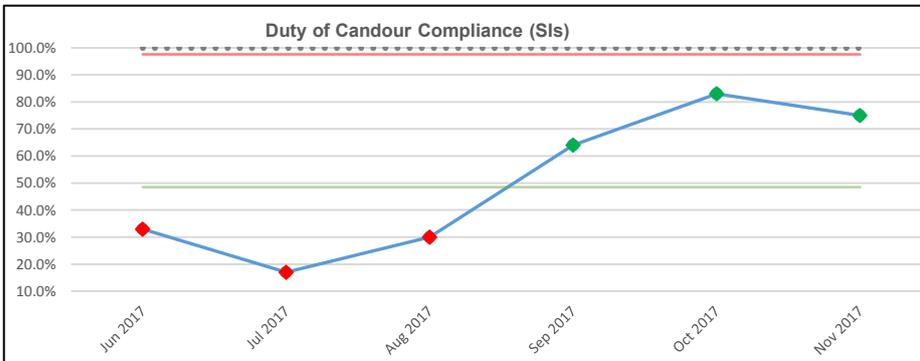
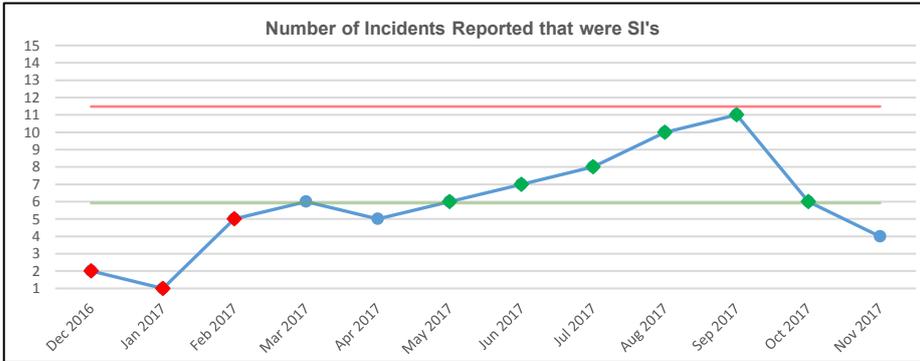
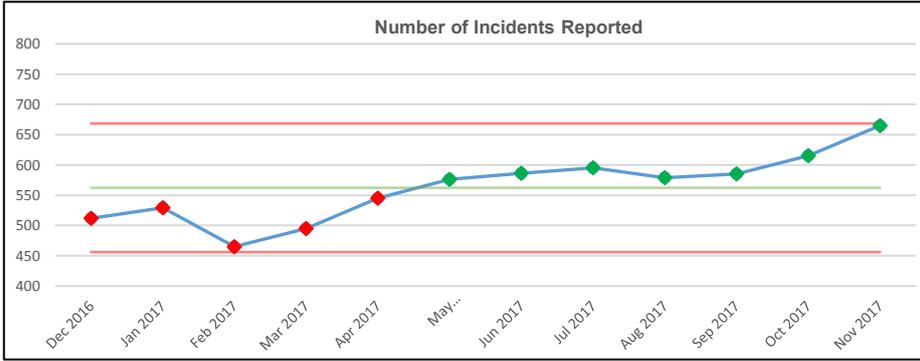
Safeguarding Training Level 3 (Adult/Child)

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	26.06%	30.52%	48.10%	

Medicines Management

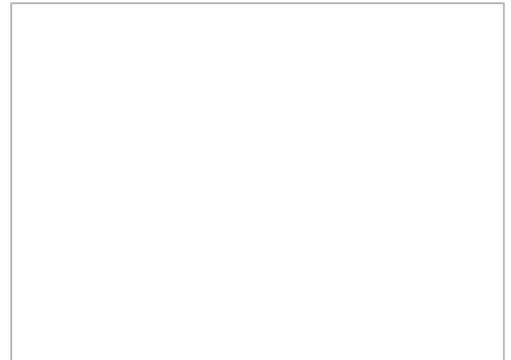
	Sep-17	Oct-17	Nov-17	12 Month's
Actual			97.10%	
Target				

SECamb Clinical Quality Scorecard



The number of complaints received in November has decreased, following a spike in September and October. This is due in the main to a decrease in the number of complaints about delays.

The Ambulance Response Programme (ARP) was implemented by SECamb on 22 November 2017. Acknowledging that there is often a lag between the date on which an incident occurs and the date a complaint is received about the incident, at 14 December only five complaints had been received about delays that have occurred since ARP was implemented, ie from 22 November – 14 December, compared to 23 complaints in the preceding three weeks.



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SECamb 999 Operations Performance Scorecard

Call Handling

	Sep-17	Oct-17	Nov-17	12 Month's
5 Sec EOC Performance	48.6%	50.7%	67.4%	
Previous Year	72.4%	82.6%	88.4%	
National Target	95%	95%	95%	
Average Call Pick Up Time (secs)	19.1	17.6	12.7	
Call Pick Up Time 95th Percentile (Secs)	190	230	124	

Dispatch

	Sep-17	Oct-17	Nov-17	12 Month's
Average Allocation Time - Red 2 (Secs)	148.6141	142.33	111.18	
Allocation Ratio	1.60	1.67	1.69	
Response Ratio	1.10	1.13	1.13	

November's performance data only refers to the 1st - 22nd (Pre-ARP)

Red 1 8 Minute Performance

	Sep-17	Oct-17	Nov-17	12 Month's
8 Minute Response	50.8%	53.9%	60.8%	
Previous Year	62.6%	64.7%	65.6%	
95th Percentile Response Time (mins)	18.7	17.9	17.6	
Cardiac/Resp Arrest 8 Minute Performance	59.1%	63.7%	71.5%	

Red 2 8 Minute Performance

	Sep-17	Oct-17	Nov-17	12 Month's
8 Minute Response	39.9%	40.9%	43.6%	
Previous Year	52.8%	53.5%	56.4%	
95th Percentile Response Time (mins)	27.2	26.7	25.1	
Call Volume %	42.7%	42.9%	30.5%	

Green 2 30 Minute Performance

	Sep-17	Oct-17	Nov-17	12 Month's
30 Minute Response	37.0%	39.6%	41.7%	
Previous Year	74.0%	71.3%	69.0%	
95th Percentile Perf Time (hours:mins)	03:28	03:28	03:07	

Incident Outcome (Contract)

	Sep-17	Oct-17	Nov-17	12 Month's
See & Convey Total	54.6%	54.2%	55.3%	
See & Treat	31.7%	31.5%	32.7%	
Hear & Treat (AQI)	13.7%	14.3%	12.0%	

Demand/Supply

	Sep-17	Oct-17	Nov-17	12 Month's
Call Volume	87520	86300	83579	
Incidents	59512	59901	60565	
Transports	31639	33342	33858	
Staff Hours Provided Against Forecast (UHU)				

Call Cycle Time

	Sep-17	Oct-17	Nov-17	12 Month's
Clear at Scene	73.82	74.58	74.20	
Clear at Hospital	105.9	105.9	106.5	
Hours Lost at Hospital	5253	5482	5541	

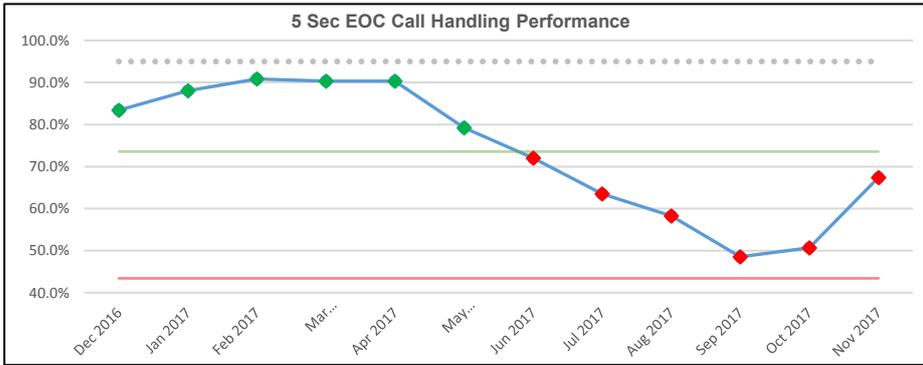
Unique Contribution to Performance

	Sep-17	Oct-17	Nov-17	12 Month's
CFR (Reds)	0.8%	0.8%	0.9%	
PAP (Reds)	0.9%	1.2%	1.2%	
Fire Responder (Red 1)	0.9%	0.3%	0.3%	

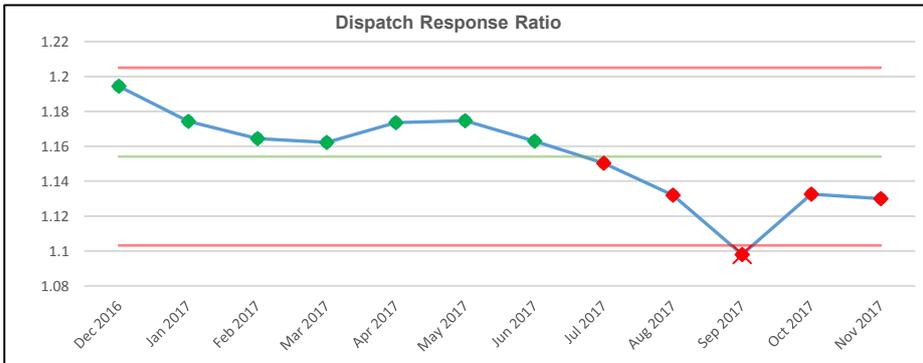
Community First Responders

	Sep-17	Oct-17	Nov-17	12 Month's
Volume of incidents Attended	1189	1246	1324	
Red 1 Attendances	118	122	86	
Hours Provided	20411	20543	14130	

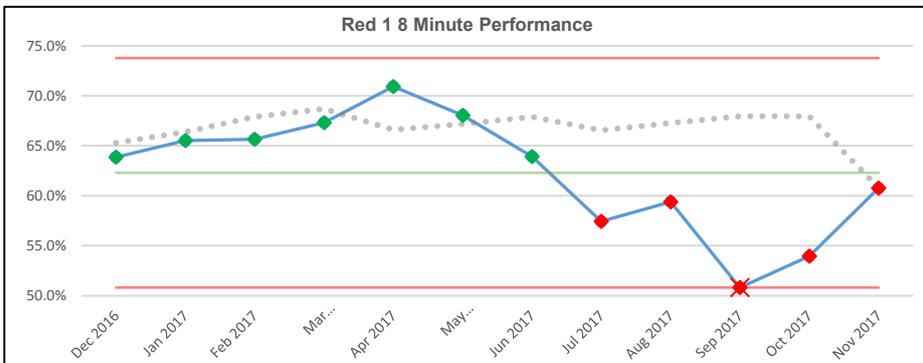
SECamb 999 Operations Performance Scorecard



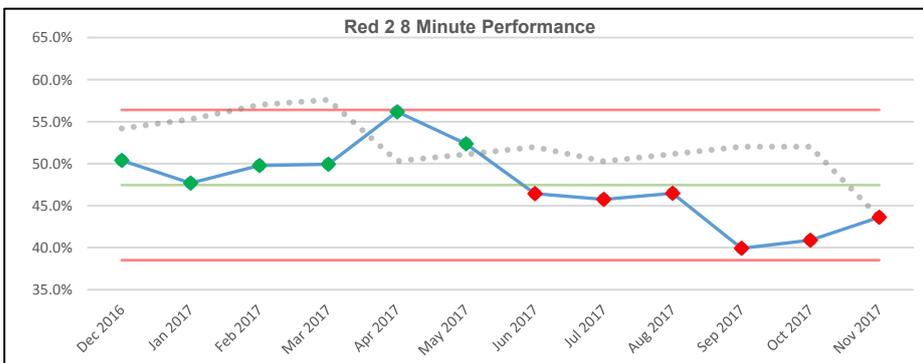
Call handling performance has increased over the last month significantly. Call pick up performance is now included in the EOC action plan to address the CQC requirement of improving AQI, recruitment and staff retention. Significant scrutiny is still being placed on call handling performance with all efforts being made to improve this. There has been an additional cohort of call takers recruited, that can take routine calls, to improve the efficiency of the emergency medical advisors.



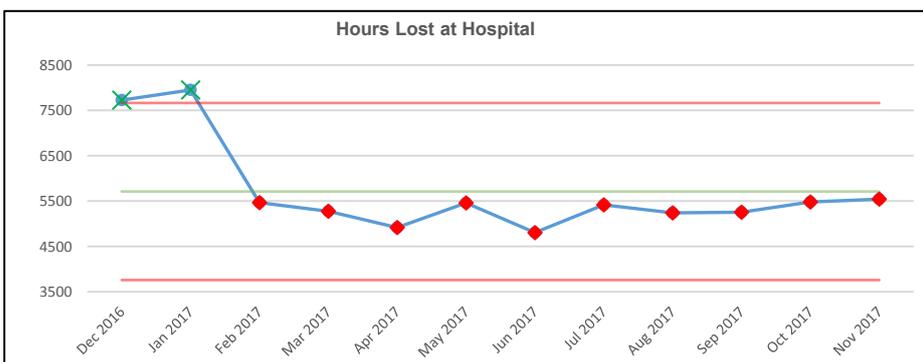
Response ratio has stayed static in comparison to last month. This metric will be referred to as responses per incident going forward as it comes under greater scrutiny with the Ambulance Response Program



Red 1 performance significantly increased over last month. This is directly correlated to the improved call answer position, as well as the additional focus that the daily operational conference calls have brought. This will be the last month where Red 1 + 2 are reported as we move in to the Ambulance Response Program (ARP) measurements for next months IPR.



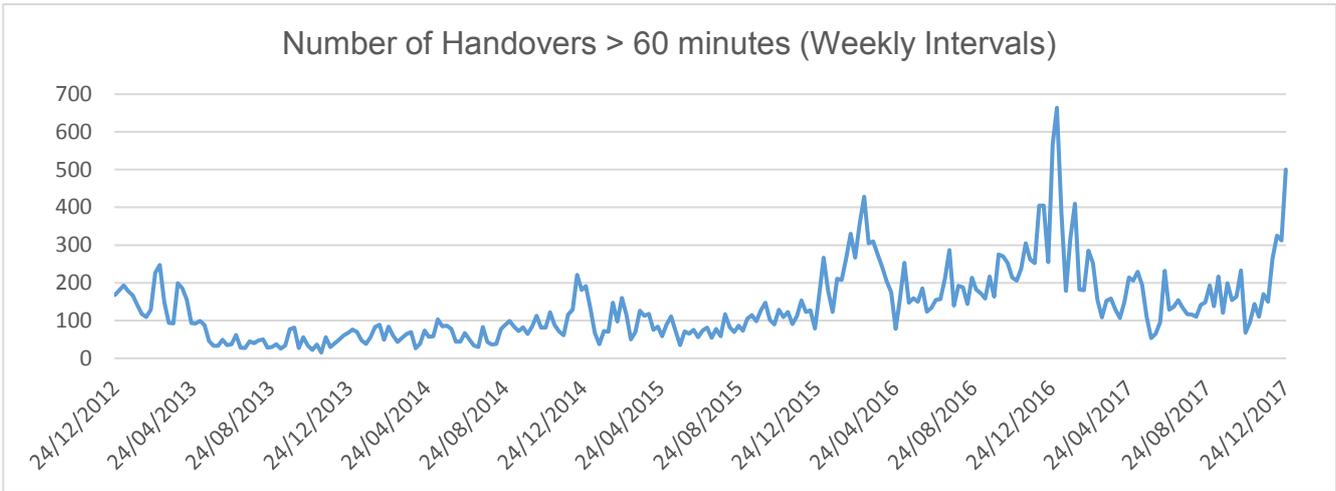
Red 2 performance showed an increasing picture again for November, following a similar correlation to Red 1 performance.



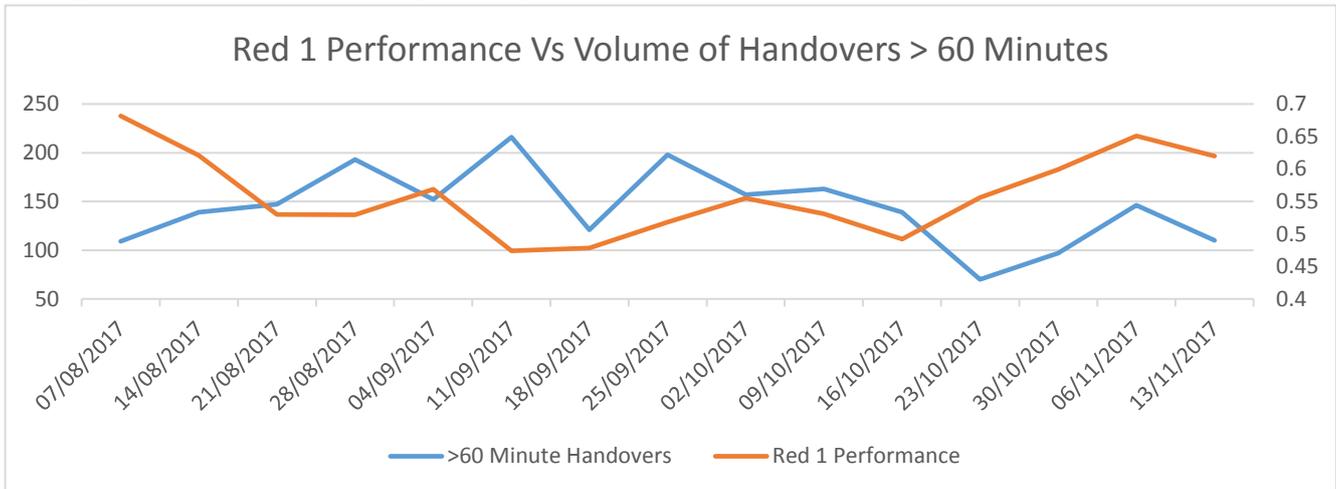
Handover delays continue to apply a significant pressure to SECamb, with over 5500 hours lost through handover delays. Work is being undertaken in conjunction with the CCGs by the strategy team to reduce these delays, returning hours back in to the system with the introduction of a programme manager. Monthly meetings are being held with our colleagues from the acute sector to review new ways of collaborative working to aim for an improving picture.

Hospital Handover Delays

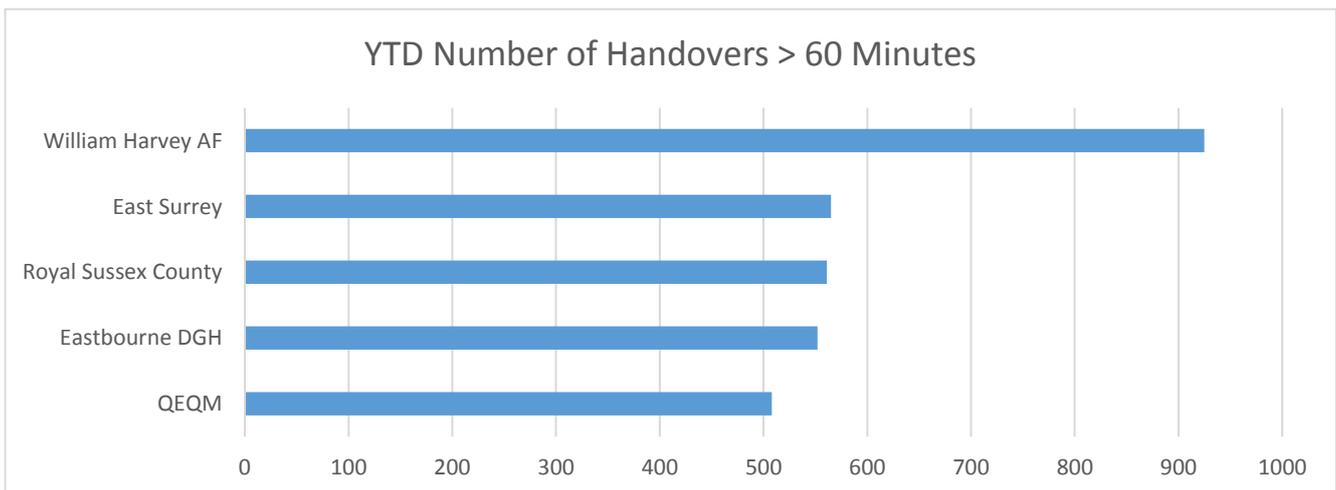
Since 2013, there has been a continuous significant rise in the number of hospital handover delays, with a 172% increase in the number of handovers that took longer than 60 minutes when comparing 2013 to 2017 (70 over 60 minutes per week in 2013 compared to 191 over 60 minutes per week in 2017).



This loss of hours accounted for 6.4% of the provided hours for our double crewed ambulances in November 2017 and when comparing this loss of hours to SECAMbs Red 1 performance, it is clear to see that there is a correlation between the number of handovers over 60 minutes and the ability to respond in a timely manner to the most critically unwell patients.



Since the start of the financial year, five hospitals have accounted for 61% of all handovers longer than 60 minutes with the William Harvey Hospital the most significant cause of these delays.



SECAmb 111 Operations Performance Scorecard

Calls Offered

	Sep-17	Oct-17	Nov-17	12 Month's
Actual	80053	84639	82468	
Previous Year	86765	98849	94065	

Calls answered in 60 Seconds

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	80.2%	75.3%	72.9%	
Previous Year %	83.7%	83.9%	77.5%	
Target %	95%	95%	95%	

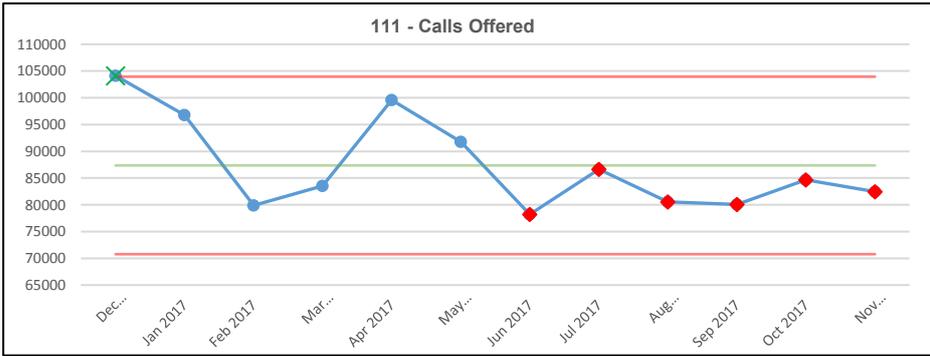
Calls abandoned - (Offered) after 30secs

	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	2.0%	2.8%	3.6%	
Previous Year %	2.5%	2.2%	3.7%	
Target %	2%	2%	2%	

Combined Clinical KPI

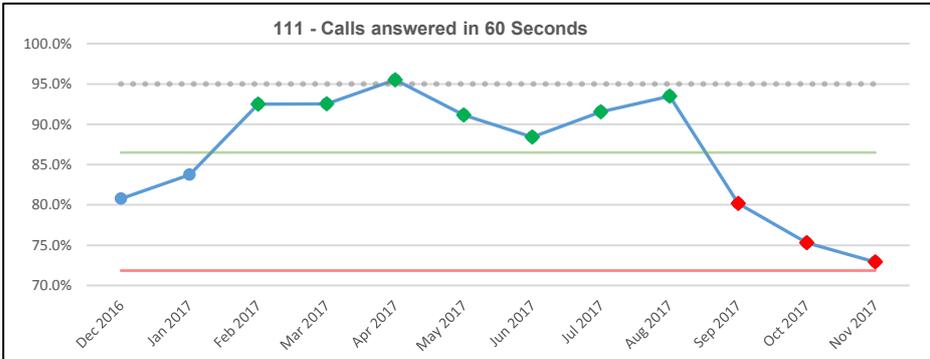
	Sep-17	Oct-17	Nov-17	12 Month's
Actual %	69.5%	78.2%	75.3%	
Previous Year %	78.1%	68.7%	71.5%	
Target %	90%	90%	90%	

SECAmb 111 Operations Performance Scorecard

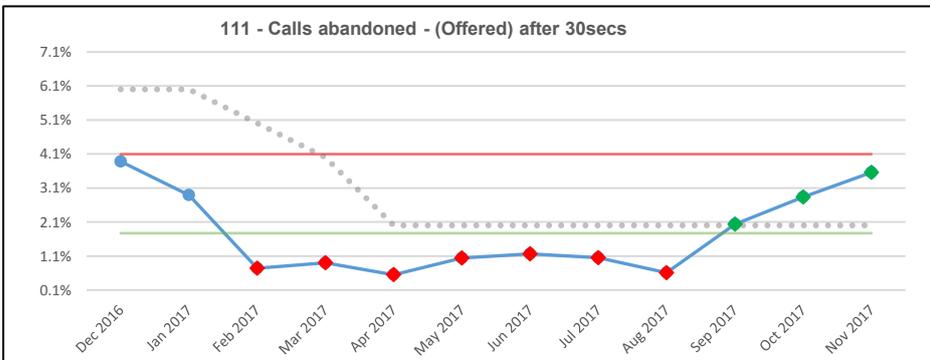


82,468 Calls offered in November 2017. An underlying upward trend, in view of

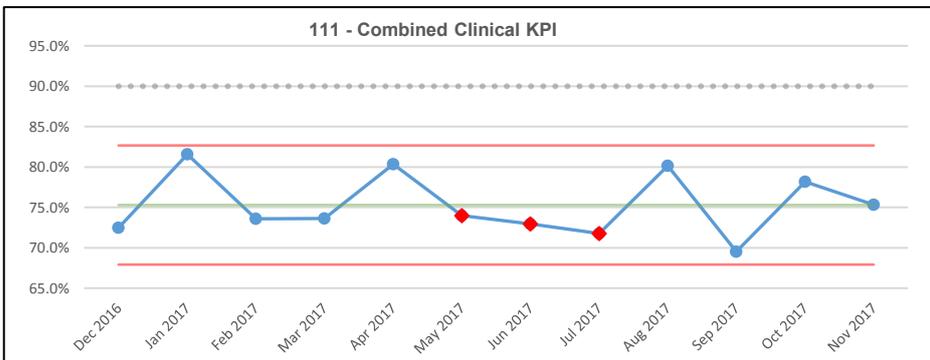
- shorter month than October
- one less weekend day
- one day in November with very low volume due to telephony outage



The "Answered in 60" KPI dropped to 72.91%, and the "Average Speed to Answer" increased to 54 seconds. Operational challenges due to the implementation of Call Routing, in addition to sickness, rota fill, and staff turnover related to rota consultations.



Abandonment rate up to 3.56% but the calculation of this measure is under review.



Clinical performance at 75.34%, this is 9% better than the national 111 clinical performance.

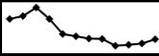
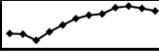
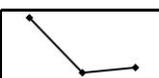
SECamb 111 Operations Performance Additional Information

The KMSS 111 Ambulance referral rate climbed to 12.41% but this falls to 12% if non-KMSS calls are factored out. The ED referral rate remains in line with the national average.

Quality of the service remains paramount but operational issues will be the priority as we approach Christmas.

SECamb Workforce Scorecard

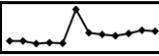
Workforce Capacity

	Sep-17	Oct-17	Nov-17	12 Month's
Number of Staff WTE (Excl bank & agency)	3038.0	3043.3	3061.2	
Number of Staff Headcount (Excl bank and agency)	3313	3318	3333	
Finance Establishment (WTE)	3525.24	3525.24	3524.74	
Vacancy Rate	13.90%	13.51%	13.09%	
Vacancy Rate Previous Year	10.20%	9.15%	8.22%	
Adjusted Vacancy Rate + Pipeline recruitment %	9.77%	7.70%	7.90%	

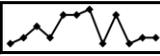
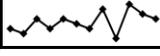
Workforce Compliance

	Sep-17	Oct-17	Nov-17	12 Month's
Objectives & Career Conversations %	46.24%	50.66%	62.13%	
Statutory & Mandatory Training Compliance %	65.46%	76.06%	71.06%	
Previous Year %	73.40%	74.60%	76.02%	

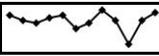
Workforce Costs

	Sep-17	Oct-17	Nov-17	12 Month's
Annual Rolling Turnover Rate %	17.77%	18.17%	18.05%	
Previous Year %	16.30%	16.10%	16.50%	
Annual Rolling Sickness Absence %	4.99%	4.93%	4.96%	

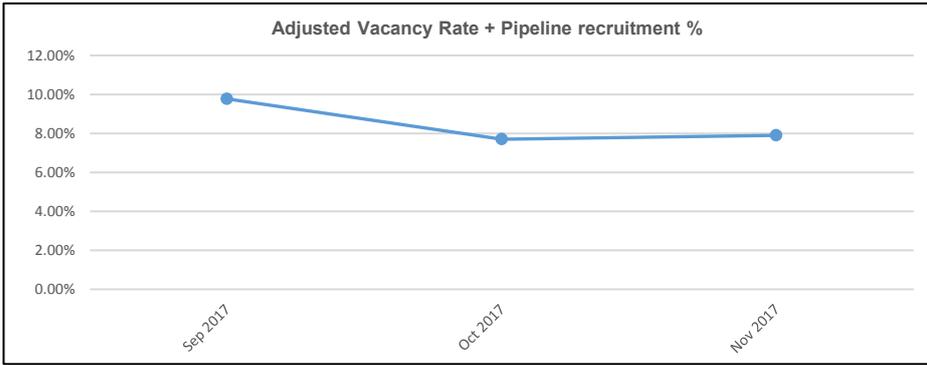
Employee Relations Cases

	Sep-17	Oct-17	Nov-17	12 Month's
Disciplinary Cases	4	5	5	
Individual Grievances	8	6	5	
Collective Grievances	0	0	1	
Bullying & Harrassment	1	2	2	
Bullying & Harrassment Previous Yr	0	4	2	
Whistleblowing	0	0	0	
Whistleblowing Previous Year	0	1	0	

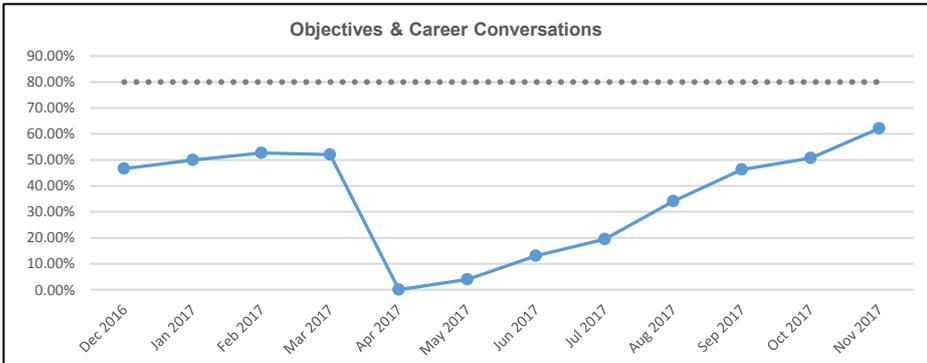
Physical Assaults (Number of victims)

	Sep-17	Oct-17	Nov-17	12 Month's
Sanctions	1	0	2	
Actual	8	17	20	
Previous Year	26	18	20	

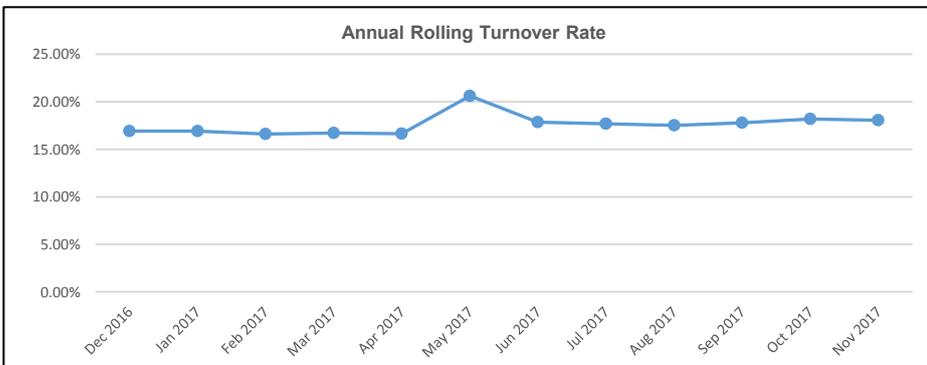
SECAmb Workforce Scorecard



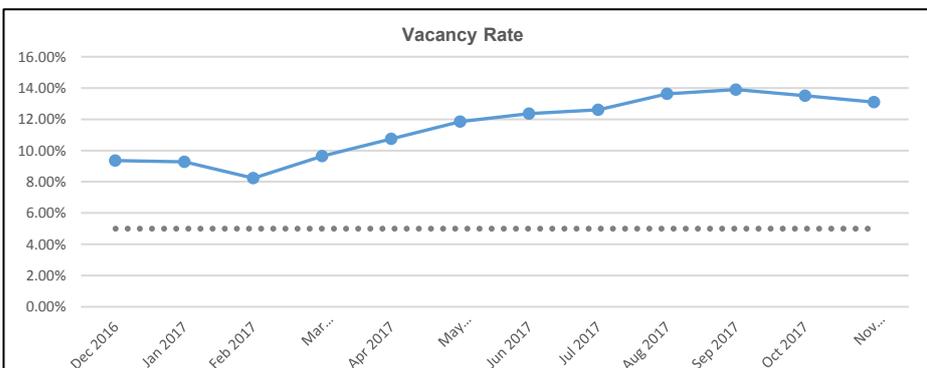
Vacancy and pipeline vacancy rates are steady this month due to the repeated and sustained recruitment initiatives. New approaches, include web based job boards, increased visibility locally and attendance at careers events are beginning to see increases in applications but we continue to be mindful of the starters and leavers monthly ratio and applicants to employees ratio.



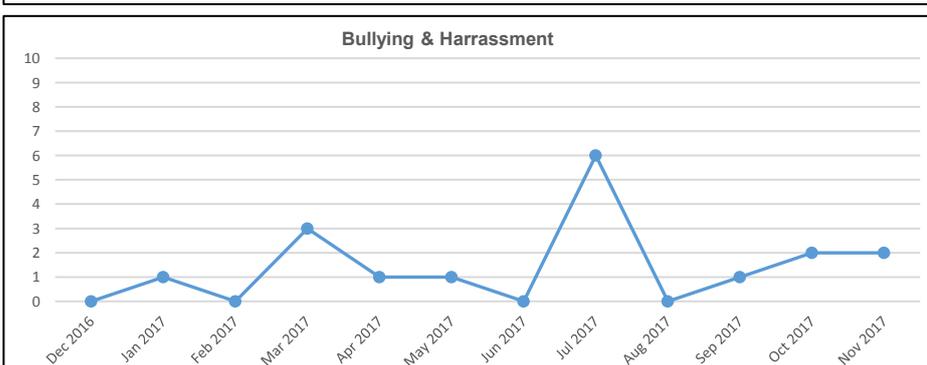
For appraisals and career conversations, meetings are planned for January to agree with each Business Unit Manager (both operational and non-operational) to agree on each one getting to the 80% minimum appraisal rate for their teams.



The Trust turnover rate remains constant. However there is currently a high turnover rate in EOC, being addressed via the EOC Task and Finish Group.



Our vacancy rate has seen a small, but steady, improvement over the last 3 months. The Trust-wide vacancy rate does not include our 'temporary' workforce i.e. interims and agency workers in corporate or supporting roles. This inflates the 'vacancy' rate and does not give a true reflection of 'capacity' as roles are being fulfilled, albeit temporarily. As with our new 'pipeline' vacancy figures we are currently investigating recording and reporting 'recruitable' vacancy rates in the New Year.



October and November B&H cases remain unchanged but they represent an increase when compared to August. Some of this is attributed to the ongoing Trust B&H initiatives and the subsequent awareness of how to raise concerns and what is acceptable and unacceptable behaviour. There are currently 7 live cases with 2 cases closed and 2 new cases in November. We have procured an external trainer to deliver investigation skills training to line managers to increase the number of available investigators, speeding up case management. As soon as we have budget approval (£5k for 2 cohorts of 12) we can get this implemented.

SECamb Workforce Additional Information

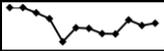
Key Performance Indicator	Chief Exec Office	Director of Finance & Corporate Services	Director of HR	Director of Operations	Director of Quality & Safety	Director of Strategy & BD	Medical Director
Workforce Capacity							
Vacancy Rate (%)	4.49%	55.80%	10.23%	11.76%	24.43%	43.91%	18.52%
Annual Rolling Turnover Rate (%)	39.10%	41.45%	14.36%	18.00%	54.55%	50.00%	21.02%
Finance Establishment (WTE)	37.75	80.00	88.18	3160.43	37.37	23.00	54.01
Actual (WTE)	36.05	35.36	79.16	2827.51	28.24	12.90	44.01
Vacancies (WTE)	1.70	44.64	9.02	332.92	9.13	10.10	10.00
Interim (WTE)	3.00	31.00	3.00	49.00	4.00	2.00	6.00

Statutory & Mandatory Training

The statutory and mandatory figure has actually decreased this month, due to a change in the way in which we report the completed training. Previously, the figures were taken from our on-line system (SECamb Live), but this database did not remove leavers, therefore all leavers who had completed their training were included in the reported figure, giving an artificially inflated figure. The figure is now taken from ESR which is an accurate reflection of current staff. Another reason for the decrease is that training that has been completed but not uploaded onto ESR will not be reported – only training that has been uploaded can be reported.

SECamb Finance Performance Scorecard

Income

	Sep-17	Oct-17	Nov-17	12 Month's
Actual £	£ 16,716	£ 16,329	£ 16,490	
Previous Year £	£ 16,198	£ 16,370	£ 16,489	
Plan £	£ 15,892	£ 16,602	£ 16,817	

Expenditure

	Sep-17	Oct-17	Nov-17	12 Month's
Actual £	£ 17,319	£ 16,625	£ 16,498	
Previous Year £	£ 17,095	£ 17,655	£ 17,985	
Plan £	£ 16,506	£ 16,913	£ 16,842	

Capital Expenditure

	Sep-17	Oct-17	Nov-17	12 Month's
Actual £	£ 441	£ 376	£ 554	
Previous Year £	£ 1,054	£ 701	£ 1,629	
Plan £	£ 855	£ 1,865	£ 856	

Cost Improvement Programme (CIP)

	Sep-17	Oct-17	Nov-17	12 Month's
Actual £	£ 1,330	£ 1,304	£ 1,459	
Previous Year £	£ 588	£ 558	£ 500	
Plan £	£ 1,302	£ 1,332	£ 1,349	

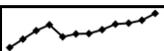
QUIN (Quarterly)

	Q1 2017	Q2 2017	Q3 2017
Actual £	£ 848	£ 848	£ 282
Previous Year £	£ 952	£ 1,019	£ 716
Plan £	£ 848	£ 848	£ 848

Surplus/(Deficit)

	Sep-17	Oct-17	Nov-17	12 Month's
Actual £	-£ 603	-£ 296	-£ 8	
Actual YTD £	-£ 3,685	-£ 3,981	-£ 3,989	
Plan £	-£ 614	-£ 311	-£ 25	
Plan YTD £	-£ 3,712	-£ 4,023	-£ 4,048	

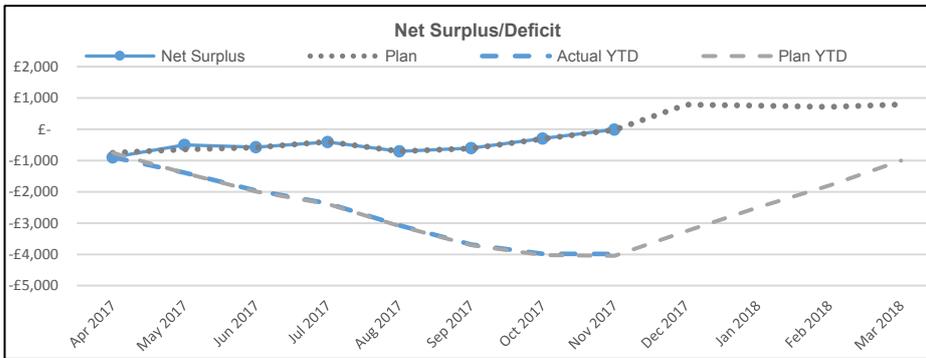
Cash Position

	Sep-17	Oct-17	Nov-17	12 Month's
Actual £	£ 13,482	£ 14,327	£ 16,344	
Previous Year £	£ 9,847	£ 7,117	£ 5,201	
Plan £	£ 5,413	£ 5,219	£ 7,317	

Agency Spend

	Sep-17	Oct-17	Nov-17	12 Month's
Actual £	£ 182	£ 121	£ 240	
Previous Year £	£ 556	£ 561	£ 602	
Plan £	£ 336	£ 334	£ 333	

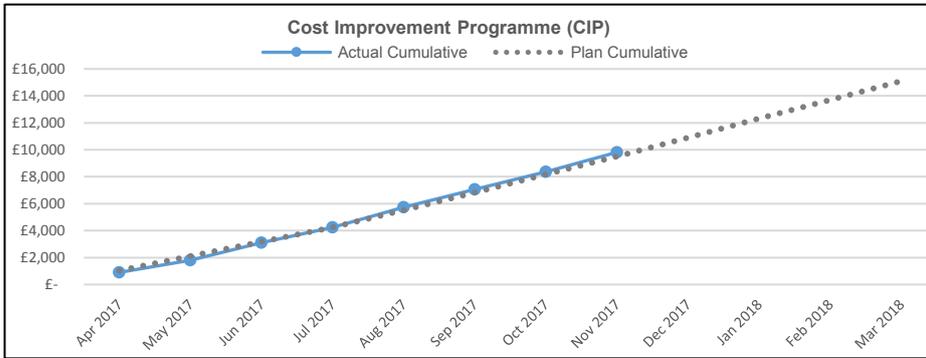
SECAmb Finance Performance Scorecard



The Trust achieved a breakeven position in the month and the cumulative deficit of £4.0m remains in line with plan. The full year forecast of £1m deficit meets the control total.

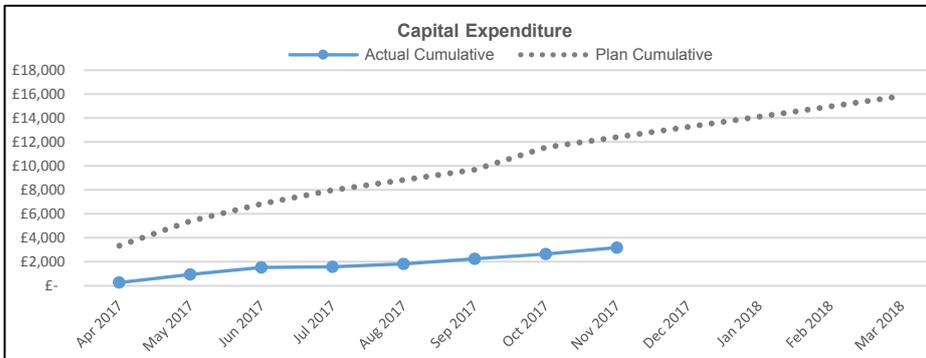
A&E Income to date is £4.4m below plan, due mainly to lower than expected growth and partly to a change in counting in the new CAD. Other income sources limit the overall income shortfall to £1.9m.

Operating expenditure has decreased to offset this fall in income, mainly through managing frontline hours and development of CIP schemes.



CIP schemes to the value of £16.4m have now been identified, exceeding the £15.1m target. The projected achievement is currently at £14.3m due to the withdrawal of the Task Cycle Time scheme and a delay in achieving agency savings following relocation and restructuring.

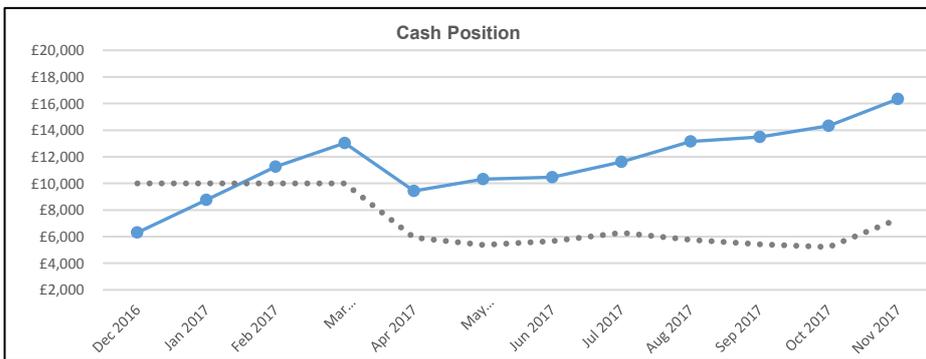
The PMO is continuing to seek additional opportunities for savings to mitigate the risk of non-delivery of the target.



Forecast spend on the capital programme is £7.6m against a plan of £15.8m.

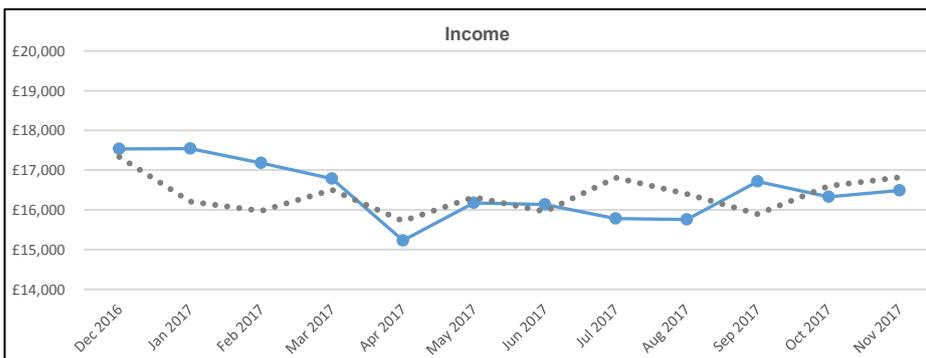
The projected underspend of £8.2m is entirely the result of accounting for vehicle replacement on operating leases, rather than finance leases.

The projected spend for the year includes schemes that have been re-prioritised, notably the purchase of 16 ambulances at a cost of £2.3m and a new Informatics system at £0.4m. Both schemes have been approved by the Board.



The cash balance at the end of November increased to £16.3m. The latest cash flow forecast and risk assessment indicates an adequate level of cash for the Trust's foreseeable needs.

The working capital loan remains at £3.2m, drawn from a total facility of £15m.

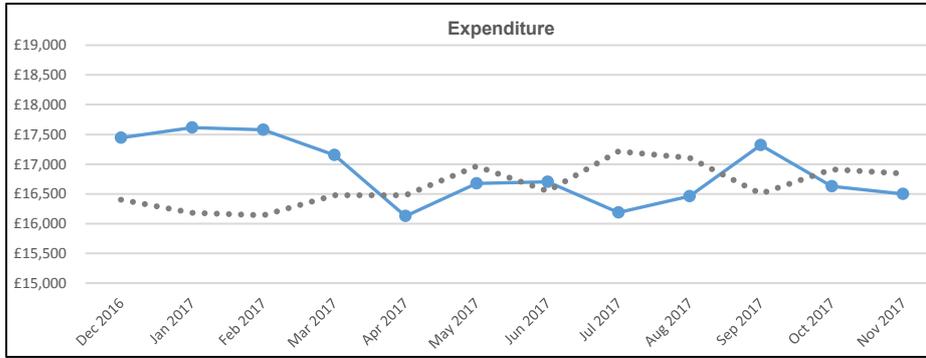


A&E activity to date is 3.6% down on the commissioned plan. A&E contract income is cumulatively £4.4m or 3.8% down on plan.

111 Income is above plan by £0.3m year to date due to a contract variation to support clinical development.

Other income sources have helped to limit the overall income shortfall to £1.9m for the year to date. This includes £1.2m of ambulance divert funding, for which there is an offsetting cost. The Trust continues to work with commissioners to support the local hospitals.

SECAmb Finance Performance Additional Information



Pay continues to underspend due mainly to the combined effect of vacancies and reduced operational hours for lower than planned activity. The favourable variance year to date is £1.4m.

Non-pay expenditure is underspent by £0.6m year to date.

Financing costs are on plan.

A more detailed Finance pack and commentary have been sent to the Board separately.

SECAMB Board

QPS Escalation report to the Board

Date of meeting	20 October 2017
Overview of issues/areas covered at the meeting:	<p>This meeting considered a number of Management Responses (<i>response to previous items scrutinised by the committee</i>), including:</p> <p>Quality Impact Assessments (partial assurance) The committee was assured with what management had set out, including the introduction of the 3-month review, which it felt demonstrated a positive improvement in how the Trust assesses the impact of a change on quality, but asked for analysis to evidence that the process is working and consideration of the criteria for Exec Director Review. The committee asked for a further management response.</p> <p>Medical Equipment (not assured) The committee did not receive sufficient evidence to be assured. The committee has asked for a further management response to provide the asset list with details of number serviced on time to illustrate what is being checked. This is to include a distinction with the 'critical' assets, assurance on items that are not covered by Make Ready Centres or Vehicle Preparation Programmes and details of any reported incidents regarding equipment failures.</p> <p>Hear and Treat / Pathways Audits (not assured) The committee could not be assured that hear and treat is safe, due to the low numbers of pathways audits and asked this to be escalated to the Executive. It asked management to consider other ways of providing assurance including a trajectory for pathway audits, until the issue with completion of audits is fixed; the committee noted this is within the delivery plan with a completion date of March 2018.</p> <p>Life Pack 12s (assured) The committee here has been testing that the use if LP12's is safe, i.e. that each DCA has a device with waveform capnography. The committee received assurance that the Trust is using LP12's safely. It will confirm in March 2018 that the deadline has been met to ensure all DCAs are fitted with LP15's.</p> <p>The meeting also considered a number of Scrutiny Items (<i>where the committee scrutinises that the design and effectiveness of the Trust's system of internal control for different areas</i>), including;</p> <p>Safeguarding (assured) As part of the compliance elements of the Delivery Plan, the committee is used as part of the individual improvement plans' assurance phase. This month was Safeguarding and the committee was assured that management is on track to deliver the improvement plan. It is assured that operational safeguarding is reasonably embedded. In addition, that there are steps in place to ensure regular monitoring; implementation of policy to ensure embedding of internal safeguarding.</p> <p>Infection Prevention & Control (not assured) The committee considered the progress being made which management acknowledged was slow. It is arranging a workshop to refresh the Trust's approach, to correct the lack of sustained impact, in particular with behaviours. There was a detailed discussion about the importance of IPC and the need to really push with staff the critical link to patient safety. Also, how this needs local management oversight and accountability. A management</p>

	<p>response to these concerns is scheduled for January</p> <p>Mental Health A position paper was provided to provide an update on the services' mental health provision and projects being undertaken. This showed significant progress and how improvements are planned. A management Response was requested in the area of complaints and mental health.</p> <p>The committee also reviewed a draft Annual Cycle of Business to set out the committee agendas until March 2019.</p>
<p>Reports <i>not</i> received as per the annual work plan and action required</p>	<p>None</p>
<p>Changes to significant risk profile of the trust identified and actions required</p>	<p>Pathways Audits & Infection Prevention and Control – the committee will review the management of these risks.</p>
<p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>Pathways Audits & Infection Prevention and Control, as set out above.</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	<p>None.</p>

SECAMB Board

Audit Committee Escalation Report

Date of meeting	4 December 2017
Overview of issues/areas covered at the meeting:	<p>Quality and timeliness of papers Papers were sent out in good time for the first time this year. This was much appreciated by the Committee.</p> <p>The quality of papers is improving (The Strategic Risks paper being excellent in structure) but further improvement would be useful - Papers should have a clear purpose and articulation of executive opinion/actions proposed/intended together with sufficient evidence for the Committee to add constructive challenge and support.</p> <p>The committee emphasised again that in normal circumstances, all papers submitted should have the support of the Chief Executive</p> <p>The agenda The meeting discussed papers covering Internal Audit, losses to be written offer, counter fraud, policy management, Strategic Risks, Board Reporting and points raised at the Council of Governors.</p> <p>Internal Audit Audit Committee extended the contract of RSM (our outsourced Internal Audit team) for 12 month</p> <p>Based on discussion at the meeting the committee determined that it needed to be assured that staff records were being properly recorded and managed and authorised an additional audit to be funded and carried out before the end of the financial year. The Audit is to cover staff records management with the terms of reference being agreed between RSM and the Executive team in the usual way.</p> <p>Other matters The remaining sections of this briefing note set out conclusions in respect of other areas discussed at the meeting</p>
Reports <i>not</i> received as per the annual work plan and action	Whilst a Strategic Risks Report was presented to Audit Committee on this occasion, there was no paper based on the risk profile of the trust. Audit Committee expects to see a Risk Management paper presented at every ordinary meeting of the committee

required	
Changes to significant risk profile of the trust identified and actions required	<p>Audit Committee commended the work done so far to develop a risk management process but recognises that further development is needed; the committee made a number of detailed suggestions.</p> <p>Audit Committee noted that there were lots of red rated risks and was concerned that this was becoming normalised.</p> <p>Audit Committee suggested that three common themes ran through all risks listed in the Strategic Risks Report. Whilst there is no perfect way of reporting on risks across any organisation, the committee was concerned that a focus on these themes might get lost. The three common themes were thought to be</p> <ul style="list-style-type: none"> - Weak management processes - Limited Capacity / Resources - Continuation of a blame rather than support and development culture
Other Matters	<p>Audit Committee discussed a concern that had been highlighted at the last CoG - there were allegations that EMA staff had been subjected to abuse on the telephone by other healthcare professionals who were displaying aggressive and unprofessional behaviour.</p> <p>Audit Committee was of the view that if true, it was difficult to see the matter as being anything other than unacceptable (and might be a significant factor in the current high level of EOC staff turnover). Audit Committee asked the Executive and Workforce Committee to look into the matter and report back.</p>
Policy Management	<p>Audit Committee proposed, for discussion at other Board Committees, the following overall policy management guidance and expectations as follows:</p> <p style="padding-left: 40px;">Policies should be subject to periodic review</p> <p style="padding-left: 40px;">Acceptable policies should:</p> <ul style="list-style-type: none"> ○ Be clear in scope ○ As short as is practicable referencing other documents / standards and using appendices as needed to assist clarity ○ Contain a clear and testable set of standards to be achieved and/or actions to be taken as a result of the policy (in addition, it is acceptable for policies to contain introductory matters and/or overall principles intended to assist relevant individuals, teams and/or oversight mechanisms in situations not covered by the testable requirements) ○ Contain standards and/or actions that reflect the latest relevant legislative and/or regulatory guidance and (additionally) are

	<p>proposed in the context of an understanding of good NHS ambulance service practice</p> <ul style="list-style-type: none"> ○ Identify relevant individuals, teams and/or oversight mechanisms on a “RACI” basis ensuring that all tasks set out are relevant to spheres of interest, job descriptions, powers etc., etc. ○ Identify and contain a mechanism for reviewing compliance on a periodic basis <p>It will be for each Board Committee to establish periodicity and the comprehensiveness of policy coverage in relation to their terms of reference; however, Audit Committee guidance and expectations would be:</p> <ul style="list-style-type: none"> - All areas of critical trust performance/controls to be covered by policy - More important policies to be reviewed as to content/appropriateness and as to compliance at least once a year and all other policies not less than bi-annually.
<p>Board Reporting</p>	<p>Audit Committee proposed, for discussion at other Board Committees, the following overall Board Reporting guidance and expectations as follows:</p> <ol style="list-style-type: none"> 1- A relative short KPI dashboard that will be updated in each report 2- A written section from the Exec setting out areas of importance and emphasis aimed at directing the attention of the reader 3- A small section of Key statistics aligned to the aegis of each Board Committee 4- Detailed information available only on request (and ultimately online) 5- Reports to each Board Committee that mirror the structure of the overall Board report but which are focussed on their respective terms of reference 6- Changes to the structure of reports to be approved by Board Committees/Audit Committee <p>Audit Committee recommended that reporting continue in its current format for the time being and a project undertaken to produce something along the lines of the approach outlined above.</p>