

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public.

**27 March 2018
11.00-14.45**

Crawley HQ

Agenda

Item No.	Time	Item	Encl.	Purpose	Lead
Introduction					
185/17	11.01	Apologies for absence	-	-	RF
186/17	11.02	Declarations of interest	-	-	RF
187/17	11.03	Minutes of the previous meeting: 23 February 2018	Y	Decision	RF
188/17	11.05	Matters arising (Action log)	Y	Decision	RF
189/17	11.10	Patient story	-	Set the tone	
190/17	11.15	Chair's Report	Y	Information	RF
191/17	11.20	Chief Executive's report	Y	Information	DM
Trust strategy					
192/17	11.30	Delivery Plan, Including; ICT enabling strategy Fleet enabling strategy	Y	Assurance / Decision	DM DH JG
193/17	12.10	CQC Must / Should Do Update	Y	Assurance	SL
194/17	12.25	Staff Survey Results	Y	Information	DM
195/17	12.40	Bullying & Harassment Report Recommendations Update	Y	Assurance	DM
196/17	12.50	Paramedic Re-Banding	Y	Information	EG
Lunch Break 13.00					
Monitoring performance					
197/17	13.20	Integrated Performance Report	Y	Information	SE
Governance					
198/17	13.45	Leadership Walk Rounds	Y	Decision	DM
199/17	14.00	Health & Safety	Y	Information	SL
200/17	14.05	OU Reports	Y	Information	SL
201/17	14:10	Quality Account Metrics	Y	Decision	SL
Holding to account					
202/17	14.20	Escalation report; Quality & Patient Safety Committee	Y	Information	LB
203/17	14.25	Escalation report; Finance & Investment Committee	Y	Information	GC
204/17	14.30	Escalation report; Workforce & Wellbeing Committee	Y	Information	TP
205/17	14.35	Escalation report; Audit Committee	Y	Information	AS
206/17	14.40	Any other business	-	Discussion	RF

Kommentar [IA1]: Due after Exec meeting on Thursday

207/17	-	Review of meeting effectiveness	-	Discussion	ALL
Close of meeting					

Date of next Board meeting: 26 April 2018

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

	Item No	175/17
Name of meeting	Board Meeting	
Date	23 February 2018	
Name of paper	Chair's Report	
Author name and role	Richard Foster, Chair	
Synopsis	This report provides an overview of the work and engagement undertaken by the Chair since the last Board meeting.	
Recommendations, decisions or actions sought	To note.	
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	No	

South East Coast Ambulance Service NHS Foundation Trust

Trust Board

Chair's Report – March 2018

1. Trust Board Development

1.1 On 15th March 2018, Board members participated in a Board Workshop session, focussed on the Trust's Culture Change work, as well as on Board development.

1.2 This was an extremely useful session, which allowed time for detailed discussion around a number of important topics, as well as an opportunity to get to know new colleagues better.

2. Engagement – Internal

2.1 Since the last Board meeting, I have been carrying out appraisals with all of the Non-Executive Directors (NEDs), as well as holding our usual monthly NED meeting.

2.2 On 23rd February 2018, I also chaired a meeting of the Trust's Appointment and Remuneration Committee (ARC), which began the recruitment process for a new NED to replace Graham Colbert when his term of office comes to an end.

2.3 On 22nd March 2018, I was very pleased to attend the Staff Awards Ceremony, held in Maidstone, where we were joined by the Deputy Lieutenant of Kent, James Loudon.

2.4 This was my first SECAMB Awards Ceremony and it was a fantastic evening, which saw 70 members of staff and volunteers recognised for their long service and commitment and for going 'above and beyond' through the Chief Executive's Commendations.

2.5 I am grateful to Graham Colbert for attending the second Staff Awards Ceremony on my behalf on 8th March 2018 as Deputy Chair, as I was away on annual leave. I understand this was also a very enjoyable evening.

3. Engagement - External

3.1 We had our usual System Oversight Group (SOG) meetings and Integrated Assurance Meetings (IAM) with our regulators and system partners on 16th February and 16th March 2018.

3.2 During these meetings, we provided an update on the improvements we are making, as well as the current issues and risks.

Richard Foster, Chair

		Item No
Name of meeting	Trust Board	
Date		
Name of paper	Chief Executive's Report	
Executive sponsor	Chief Executive	
Author name and role	Daren Mochrie	
Synopsis (up to 120 words)	The Chief Executive's Report provides an overview of the key local, regional and national issues involving and impacting on the Trust and the wider ambulance sector.	
Recommendations, decisions or actions sought	The Board is asked to note the content of the Report.	
Why must this meeting deal with this item? (max 15 words)	To receive a briefing on key issues, as noted above.	
Which strategic objective does this paper link to?	2. Culture	
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

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 February 2018.

2. Local issues

2.1 Recruitment to the Executive Team

2.1.1 Following previous up-dates, I am pleased to confirm that Ed Griffin, our new Executive Director of HR & Organisation Development has now started with the Trust. Mark Power, who has been supporting the Trust in this area in the interim, will also remain with the Trust in the short term to provide additional support to Ed.

2.1.2 As reported previously, Bethan Haskins will be joining the Trust on 1st April 2018 as the Executive Director of Nursing & Quality. Bethan has a broad range of experience and worked most recently as Chief Nurse across a number of Kent Clinical Commissioning Groups.

2.1.3 Ahead of Bethan joining the Trust, Steve Lennox will continue in the role of Interim Director and will be remaining with the Trust for a number of months to provide additional capacity in addressing the quality issues highlighted previously by the CQC.

2.1.4 We have also now begun the selection and recruitment process for the substantive Executive Medical Director post. The advert will close on 9th April 2018, with the plan to hold interviews later on that month.

2.2 Engagement with local stakeholders

2.2.1 During recent weeks, I have continued to meet with a range of key internal and external stakeholders. On 21st February 2018, we held an 'Exec to Exec' session with colleagues from Surrey & Sussex Healthcare NHS Trust at East Surrey Hospital at Redhill, who are our formal 'buddy' Trust. This was an extremely useful and informative session and provided a good opportunity to discuss ways in which we can provide support to each other.

2.2.2 Internally, I continued my programme of station visits, with visits to Tongham, Staines, Walton on Thames and Esher on 5th March 2018. I enjoyed spending time chatting with staff during these visits and discussing the key issues that are important to them.

2.3 Recent bad weather

2.3.1 During the recent cold weather and snow, and following the Trust's Adverse Weather Plan, the Trust took a number of actions and decisions to ensure any potential impacts were managed as safely as possible. This included periods of

escalation, including the declaration of a number of Business Continuity Incidents (BCIs).

2.3.2 Actions taken included:

- Proactive internal and external communications
- The setting up of the Strategic Command Hub to co-ordinate the Trust's response to the potential impacts of the bad weather and increased demand
- Identifying additional senior management support to cover the Hub
- Procuring additional 4x4 capacity, to ensure could get staff to and from work, as and when required
- Close working with colleagues from NHS England and NHS Improvement, as well as local NHS partners, to ensure system-wide resilience was maintained throughout the event

2.3.3 As always, our staff and volunteers showed real dedication and commitment during this period, despite the extremely challenging weather conditions. I was really heartened to hear so many examples of our people going 'above and beyond' - to get into work despite poor road conditions, supporting their colleagues with accommodation and transport, coming in when off-duty and extending their shifts. I know that our CFRs also did an absolutely sterling job in supporting their local communities.

2.3.4 As part of our structured debrief and on-going clinical reviews, we are continuing to closely review all actions taken during this period to identify any opportunities for learning.

2.4 Award Ceremonies

2.4.1 Along with a number of other Executive and Non-Executive Directors, I was delighted to attend the two recent Trust Awards Ceremonies, held in Maidstone, Kent on 22nd February and in Cobham, Surrey on 8th March.

2.4.2 In total, 300 people attended the award ceremonies, with each event recognising the long service of our staff and volunteers, as well as those who have gone 'above and beyond' in a number of different ways through the Chief Executive Commendations. I was pleased that the Awards recognise staff right across the Trust in all roles, who all play a vital role in how we deliver services to our patients.

2.4.3 47 Members of staff, volunteers, members of the public and a firefighter received Chief Executive Commendations, recognising clinical care, leadership, team working and bravery amongst many other notable achievements. It was truly heartening to hear the stories behind each award, as well as to meet some of the patients who were saved by some of the award recipients.

2.4.4 In total, 73 members of staff and Community First Responders (CFRs) also collected long service awards - ranging from 10 years for CFRs, through 20, 30 and 40-year awards for staff. I noted that in total, our staff recognised during the ceremonies had given 1,700 years' service between them – a fantastic achievement!

2.4.5 With the up-and-coming launch of the new values and behaviours, the Communications Team, which organises the event, will be looking to see how we can embed these into the Award Ceremonies moving forward. However, the Team should be congratulated on two well-organised events.

3. Regional issues

3.1 Stroke provision in Kent & Medway

3.1.1 As I shared previously, on 2nd February 2018, the eight Clinical Commissioning Groups (CCGs) across Kent & Medway, as well as Bexley and High Weald Lewes Haven CCGs, launched a ten-week consultation exercise into the provision of stroke services across the county.

3.1.2 The proposals being consulted on focus on establishing three, new 'hyper-acute' stroke units across Kent & Medway and the location of these units. The consultation will close on 13th April 2018.

3.1.3 SECAMB is continuing to engage in all of the 'Listening Events' being undertaken across the region as part of the consultation process. We will continue to work closely with the CCGs during the consultation period to ensure that the impact on ambulance services is properly understood and, as a Trust, will respond formally to the consultation in due course.

4. National issues

4.1 Following the recent period of bad weather and the continuing high demand being experienced nationally, we are continuing to work closely with the Association of Ambulance Chief Executives, other ambulance Trusts and NHS England on regular, system-wide conference calls.

4.2 There is now a particular focus across England on handover delays and the impact on ambulance Trusts and patients and we are participating fully in this.

5. Recommendation

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

Daren Mochrie QAM, Chief Executive

14th March 2018



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Introduction - About this strategy

This strategy will guide the strategic development and delivery of Information Management and Technology (IM&T) solutions across the estate for our Trust South East Coast Ambulance NHS Foundation Trust (SECAMB).

It is aligned to and contributes to the Trust Five-Year Strategic Plan 2017-2022. The achievement of our overarching strategy necessitates a coherent suite of enabling strategies, policies and actions. This ICT strategy forms a key element of that suite, providing a framework creating clarity of purpose. It covers a period of five years, (2017 – 2022).

The IM&T strategy will be dynamic and evolving due to the pace at which technology evolves, and as IT solutions are developed and brought into use.

As such, this strategy holds a deliberately high-level perspective, and will be supported by annual business plans which will identify the key work streams to be handled in the coming financial year, which in turn will detail how these will fit in to support the wider corporate objectives of our Trust.

This IM&T strategy will apply to the full range of services offered by our Trust across its operating divisions, and all supporting services. It aims to align with wider needs not only of SECAMB as an organisation, but also with wider health and social care systems across the South East Coast region.

This strategy covers a period of five years, (2017 – 2022).

Board Commitment

The Trust Board is committed to managing its technology resources prudently and effectively to ensure continued provision of high quality services delivered in the support of excellent patient care. The Trust Board acknowledges that investment in technology should be prioritised where it improves patient care and safety, and where there are proven benefits and service efficiencies to be gained from doing so, whether this be at a macro level within a smaller area of the Trust, or at a system level where the benefit of investment reaches far beyond the immediate boundaries of SECAMB.

This commitment must be delivered whilst recognising the pressure on NHS resources and the need to make efficiencies. Accordingly, we will not make investment decisions which are detrimental to the safety of the clinical service provision to patient. This commitment to patient outcomes has been ratified by the Trust Board.

Overarching Goal/Vision of the Strategy - Our Vision for IM&T Service

Our IM&T vision is to support excellence in urgent and emergency healthcare through the delivery of “best in class” IT systems and services, that provide tangible benefits to patient care and the clinicians and users in our service. These benefits will be delivered through the efficient and effective running and operation of IM&T services, aligning to the Trust Strategic Priorities.

Our Strategic Themes and Focus

The Trusts vision is to support our staff to provide a caring, high quality and efficient emergency and urgent care service to our communities through the mission “to deliver our aspiration of being better today and even better tomorrow for our people and our patients”.

The Trust provides services to a varied catchment of 4.7 million people. The area that we cover is 9,400 square kilometres and includes Kent, Surrey, Sussex and North East Hampshire.

The services we provide include responding to 999 and 111 calls and provision of the regional Hazardous Area Response Team (HART) which responds to specialist emergency challenges.

To ensure we are able to deliver our services we employ 3,500 staff. Of which 85% are directly involved in patient care.

As a trust we are determined to continue to learn from feedback from our staff, our volunteers and our patients and embed Trust-wide change as a result of this learning.

The next five years is focused on delivery of our four strategic themes which are:

Our people – supporting and developing our staff and volunteers

Our patients - ensuring timely quality of care, in the right place by the right people

Our enablers – fit for purpose technology, fleet and estates, underpinned by sustainable financial performance

Our partners – working with health, ‘blue lights’ and education partners

These strategic themes are translated into our strategic focus over the next five years.

IM&T relates to the delivery of a range of objectives across all of our four strategic themes but mainly sits under the theme ‘Our Enablers’ within our Strategic Plan. It is the driver to delivering our five-year goal ‘We will develop and deliver an efficient and sustainable service underpinning by fit for purpose technology, fleet and estates.’ It is the fundamental driver to achieving our two year objectives ‘Develop and deliver a digital plan which supports integration with the health system and enables the clinical model and our approach to continuous improvement ‘and ‘Ensure our services are efficient and sustainable and that they are supported by appropriate levels of funding’.

The previous IM&T strategy was approved in December 2014 and was updated in March 2015 – 2017, albeit largely concerned with the new headquarters and control room in Crawley and was, therefore more about tactical change.

A great deal has changed within the NHS since that strategy was released, and a more focussed view on “getting the basics right” is required, that acknowledges today’s austerity measures, yet which also provides a means to continually deliver improvements in patient care, that realise efficiencies. IT services need to be more responsive to changes in healthcare at a system level, yet will continue to deliver a model of patient care that is clinically, operationally and financially sustainable in the future.



Through the process of commissioning urgent and emergency care, the Trust are also tasked with ensuring that our ability to capture patient data at the earliest point of contact are increased, and that this data is then used through a patient's care episode to underpin the principal of a fully integrated healthcare system. This in itself will require changes to the way in which we capture and process our data, taking into account the expectations for record sharing, and the patient's right to remain anonymous if requested.

To achieve that aim the Trust have, for some years, been developing in house systems, IBIS for example, to support clinicians in gaining access to care plans. Future requirements are deemed to be a widening of care plan availability, access to summary care records, patient demographic services and child protection information.

The future success of SECAMB cannot be supported without changes to our existing operational or support systems, our information governance, our information management or our IM&T team.

Key Drivers

Looking ahead, the future needs of the Trust will require technology that:

- Provides appropriate decision support to our call handlers and the Clinical Team i.e. helps reduce variation in decision making;
- Provides real-time information about patients to our front-line crews;
- Allows our clinicians access to appropriate wider information to support patient care, for example, care plans, summary care records, patient demographics and child protection;
- Enables staff to liaise in real-time with clinicians from other services e.g. GPs, 111 service, out of hours care providers etc.;
- Provides an electronic directory of services (DoS) providing information about alternatives to A&E;
- Supports capacity and performance management within SECAMB e.g. optimises the deployment of vehicles and clinical staff
- Supports capacity management across the whole system e.g. supports the matching of demand to capacity;
- Avoids duplication e.g. of data entry;
- Provides accurate data and robust information to support operational and strategic decision making;
- Guarantees excellent information governance.
- Allows greater flexibility in how and where we offer services
- Supports the delivery of e-learning across all staffing groups
- Ensures that all staff are engaged through providing access to appropriate technology
- Provides greater system commonality across the region
- Maintains at all times, the security, confidentiality, integrity and availability of our information assets



Key for consideration in our Trusts IM&T Strategy are the following: -

- The Carter Report (refer Appendix C) – delivering efficiencies across the healthcare system, including the 2017 review of Ambulance services, and in particular Lord Carter’s focus on the delivery of IT services.
- Regional collaboration with other emergency services – a common estate approach, extending the concept of shared services to include reviewing the feasibility of delivering 999 services via shared IT systems that support the model of “any seat, any role” across ambulance trusts, that in turn would support the nationwide potential for reductions in the number of control rooms and disparate dispatch/telephony systems.
- A solid workforce model – providing the right number of clinical resources matched to our demand levels and ensuring that this workforce has the most appropriate technical solution in terms of IT services to meet their needs.
- Reducing the number of patients who are admitted to accident and emergency (A&E) departments by providing clinicians with a real-time view of alternative care pathways most suited to the patient’s immediate needs.
- Reducing the total cost of treatment per patient across the healthcare system, through providing clinicians with access to triage and decision support tools that will support the delivery of the most appropriate, and cost-effective care to each patient.
- Ensuring a “without barriers” approach to sharing of patient records where appropriate, through the capture of key patient data at the first point of contact and automating the transfer of this data throughout the patients care episode and beyond into the wider healthcare community.
- Protecting the confidentiality, integrity and availability of our information assets, encompassing both the General Data Protection Regulations (GDPR) and the National Cyber-Security Centre’s (NCSC) “10 Steps to Cyber Security” (refer Appendix C)

The NHS Five Year Forward View (5YFV) - The “Personalised Health and Care 2020 - A Framework for Action” (refer Appendix C) is commonly referred to as the Five Year Forward View (5YFV) and was written by the National Information Board (NIB); it sets out the ambition that by 2020 all healthcare professionals will be working free of paper at the patients side, or at the point of care. Note that this is not a mandate to remove all paper across the NHS within this time period.

The 5YFV required that each NHS organisation contribute to the creation of Local Digital Roadmaps (LDR’s) which outlined a current and future state of delivering NHS services, and how these would be progressed to meet the aspirations of paper-free care.

The LDR process operates across a provider region, and is led through NHS Digital, and involves a range of healthcare providers and Clinical Commissioning Groups (CCG’s). It is intended to inform investment decisions in order to extract maximum improvement gains to support regional benefit realisation in delivering local healthcare.

The LDR itself is supported through organisation level Digital Maturity Assessments (DMA) which baseline service provider’s maturity levels in providing health services, and where appropriate, how these are supported digitally. This process identifies a common methodology by which gaps can be seen in provider environments, and investment targeted accordingly.

In turn, the LDR’s feed into the Sustainability and Transformation Plan (STP) for that region which aims to deliver overall improvements in health and care. There are 44 STP’s nationally, five of which cover the SECAM region.

Delivering our Strategy - Key Principals for Delivering this Strategy

In order to deliver this, we must focus on a number of key work streams:

1. Maintaining a strategic direction that is relevant and supports national drivers.
2. Ensuring that our core infrastructures offer robust design, that provides high levels of resilience and availability suited to the needs of an emergency service
3. Providing the highest level of protection against cyber-crime
4. Enhancing system access to all staff groups through provision of better mobile working services that are suitable for use in the particular settings for which they are intended
5. Ensuring that our systems operate on a common platform, allowing improved sharing of information
6. Ensuring that our systems are integrated so as to extract maximum system-wide benefit
7. Ensuring that our staff always have access to the right information to allow them to act autonomously, and to treat patients to the best of their ability
8. Ensuring that we use our data in the best possible way to drive continual improvements in delivery of urgent and emergency care (UEC) to the public

Strategic Goals Mapped to SECAmb Key Strategic Themes

	People	Patients	Enablers	Partners
Maintaining a Sound Strategic Direction	✓		✓	✓
Implementing Robust Infrastructures	✓		✓	
Information Security	✓	✓	✓	✓
Collaborative & Mobile Working	✓	✓	✓	✓
System Development & Maturity	✓		✓	
System Integration	✓	✓	✓	✓
Accessible Data & Appropriate Sharing	✓	✓	✓	✓
Business Intelligence	✓	✓	✓	✓

Delivering our Strategy - Specific Objectives of this Strategy

Work stream 1 - Maintaining a Relevant Strategic Direction

The benefits of an integrated informatics system that spans healthcare providers within an operating region can only be realised through alignment of strategic direction amongst a number of provider organisations.

We will:

- Work within the SECAMB region with Strategic Transformation Partnerships(STPs) partner organisations to ensure our plans are aligned with other providers in order to achieve maximum system benefit
- Work across the ambulance sector to ensure we are working towards common, specific aims (for example, new response time targets, national ambulance radio programme)
- Work across the ambulance sector to champion the delivery of shared IT systems and services, which will support wholesale efficiencies in the delivery of care (e.g. common/shared CAD, telephony and call recording platforms that are location agnostic, operating in a virtualised or cloud-based environment)
- Continue to work towards a paper-free patient experience by 2020
- Ensure ongoing engagement with central programmes (such as the Emergency Services Network (ESN)) to deliver replacement national programmes
- Ensure that changes in legislative or national policy are fed into the appropriate area within SECAMB to ensure early awareness and adoption (e.g. General Data Protection Regulation (GDPR) and the national data guardian data security standards - refer appendix C)
- Ensure that the recommendations of the National Data Guardian report - aka Caldicott 2 - are built into everyday working processes
- Ensure that our systems are safe from attack by working closely with other local health providers and nationally with ambulance services and relevant bodies such as Government Digital Services (GDS)

Work stream 2 – Maintaining an Effective Infrastructure

The Trust have implemented a lot of change over the past 2 years to the back-end infrastructure (servers) and network connecting both corporate and critical systems. The new headquarters and control complex at Crawley has a state of the art data centre capable of supporting all of the Trusts operations. However, significant work remains outstanding with the continuing rationalisation of Trust estate, for example, closure of Banstead headquarters and control room and reducing the complexity of the Trusts infrastructure and network.

Elements of the Trusts network provision is heavily based around N3 which needs to be migrated to a newly provided HSCN (Health and Social Care Network) in order to reduce costs and ensure wider interoperability.

In order to ensure that we develop our core systems and they remain fit for purpose, we will:

- Review the design and implementation of our business services provided through IT, and ensure that these offer the levels of resilience, availability and physical separation suited to the needs of the critical nature of the business
- Establish a framework with other healthcare providers to share systems where it is practical to do so, through provision of common cloud-based services
- Maintain all IT systems in such a manner as to provide an effective defence against cyber-attack or other potential compromise attempt.
- Ensure that financial investment in replacement systems and services is aligned to the wider business objectives of the Trust, and that where appropriate, cost avoidance is realised through investment in alternative technologies
- Provide IT systems and services that will remain “fit for purpose” for a minimum period of five years from the date of implementation, and that can be scaled to suit the needs of the Trust
- Continue to rationalise hardware where appropriate and simplify the infrastructure
- Ensure that ICT have the ability, capacity and capability to support the systems in use by the Trust.

Work stream 3 - Information Security (Cyber-crime)

Cyber-crime, and the risk to an organisations core business objectives has never been more in the spotlight than at the current time. Following recent issues which affected a number of NHS Organisations, Trust Boards are under increasing pressure to ensure that all information systems provide a suitable level of protection from compromise.

In order to achieve this, we will:

- Develop and implement an information security (InfoSec) strategy that applies to the organisation as a whole, delivering enhanced InfoSec capabilities categorised as follows:
 - **Improved Situational Awareness** will assist us in obtaining a better understanding of our risk posture via rigorous performance metrics.
 - **Proactive Risk Management** will provide colleagues with the training required to be more aware of security threats. They will gain the executive support required for the security program to thrive long-term and will include various types of preventive controls.
 - **Robust Crisis and Security Incident Management** will support the management of security events more efficiently and effectively, thereby minimising any effect.
 - Ensure the practical work of patching and upgrading is carried out in a timely fashion
 - Network infrastructure is simplified to ensure appropriate security measures are applied at the appropriate place
 - Active monitoring using industry standard tools is applied to support a proactive approach to security management
 - Education continues for both ICT and non ICT staff to reduce the risk of human failing.

Work stream 4 - Collaborative Working in a mobile environment

By definition, an ambulance Trust will employ a large proportion of staff who are not office-based, meaning that ensuring access to relevant data sources for all staff groups will require the development of mobile working solutions.

We will:

- Implement an integrated electronic patient record (EPR) solution that meets the aspirations of paper-free patient care, which is capable of transferring the care record to the receiving location, in electronic format upon arrival
- Continue to support members of staff who have been provided with a means of accessing key information such as care plans, care records, child protection information as well as Trust notices and information.
- Provide collaborative solutions that will allow the wider use of voice and video conferencing, including video based consultations at the patient's side if appropriate in supporting a reduction in conveyance rate
- Investigate means to deploy remote diagnostic and monitoring solutions to patients which will allow them to remain at home, yet remain under remote observation
- Ensure that all software deployed across the Trust is compatible with other Trust systems, and those in use across the healthcare economy
- Deliver training material to all staff via online tools wherever possible, and appropriate
- Support role-based information sharing between clinicians
- Implement support arrangements for current Trust systems such as IBIS to ensure they are robust and sustainable.

Work stream 5 - System Development and Maturity (a common platform)

Fundamental to any successful informatics system is the ability to scale technology to meet the requirements of the business which it supports. It is also of paramount importance that systems are maintained in a healthy state and are able to transmit information seamlessly across a multitude of diverse technologies, solutions and geographic boundaries.

We will:

- Review the design and delivery solution for our current telephony system and replace as appropriate ensuring appropriate separation between different parts of the organisation
- Review the design and delivery solution for the Trust voice recording solution and ensure compatibility with the Trusts proposed telephone platform for the future.
- Develop interfaces to clinical systems that ensure accessibility of information for clinicians that is relevant to a patient's treatment, or to ensure the wellbeing of our staff (e.g. by providing Summary Care Record (SCR) information within our Computer Aided Dispatch (CAD) system to alert clinicians of relevant end of life care pathways, or to alert staff of a patient who may be liable to attempt to harm them etc.)
- Ensure that systems are designed using a common architecture and/or messaging standard in order to ensure structured data set design, leading to compatibility across a diverse range of systems, and system providers (e.g. HL7/FHIR)
- Consider alternative cloud-based solutions as and when systems are reviewed (in the context of replacement) thus reducing the Trusts cost of ownership of hardware.
- Consider the appropriateness of wider-scale system redesign to support Carter initiatives, through potential for providing shared services through collaboration with other ambulance Trusts
- Ensure that our IT systems are maintained, and present a minimal exposure surface in the context of security vulnerabilities

- Ensure that our IT staff have the appropriate training and skills to manage the systems in use by the Trust.

Work stream 6 - System Integration

Linked to Work stream 5 above, system integration is particularly important in the healthcare environment where the concept of a single record that can follow a patient throughout the NHS remains an ambitious target. System integration across the Trust is also key to supporting this ethos, without which data can only be treated within virtual silos, and opportunities to realise organisational efficiencies will be missed.

We will:

- Implement systems and solutions to automate the capture of critical patient information (such as NHS number) at the earliest point of contact
- Integrate SCR as the primary means of sharing relevant patient information between healthcare providers
- Implement an enterprise level data integration engine in order to compile the range of disparate data sources in use across the organisation today, into a single, highly available and accessible data warehouse facility
- Provide integration through our CAD to wider health and care systems to provide early alerts where clinicians need to be aware of a need to protect vulnerable patients (e.g. Child Protection Information System etc.)
- Ensure that systems in use are of a common platform in order to mitigate risks posed by staff using different, or outdated versions of the same software.
- Provide a strategy to ensure that Trust legacy systems, such as IBIS, are migrated to an industry standard environment
- Maximise use of the 365 suite of programmes, where appropriate, to impose standard ways of working, collaborating and sharing information throughout the Trust.

Work stream 7 – Accessible Data and Appropriate Sharing

Adopting the National Data Guardian principles of challenging the health and care system to ensure that citizens' confidential information is safeguarded securely and used properly, we will:

- Ensure the Trust is ready for the implementation of the GDPR on 25 May 2018 to reduce the risk of financial penalties associated with non-compliance.
- Ensure that the rights of individuals with regard to information, both personal and non-personal are maintained.
- Support appropriate, controlled information sharing, with other health and social care organisations.
- Ensure that all information flows from SECamb systems are appropriate and supported by a legal basis.
- Ensure all staff receive information governance (IG) training to allow them to manage and share information with confidence.
- Review current records management arrangements and evaluate options to outsource our current archival solutions to third parties.
- Ensure that information pertaining to the possible uses of personal information are made available to individuals supporting the concept of transparency.

Work stream 8 - Business Intelligence

IT systems produce and process data, yet without meaningful analysis and interpretation, the value of that data will not be realised.

An ambulance Trust creates a huge amount of data based on its business activity, and it is therefore imperative that this data is used to deliver a meaningful output that staff can use to support the transformation of service delivery for the benefit of stakeholder. It is not for IT to deliver the Wisdom, but to provide the information that can be interpreted and used to best effect.

We will:

- Work closely with our Information team to ensure that they have the tools and systems in place in order to deliver the Performance Management and Information required by the Trust. This will include ensuring there are appropriate tools and systems to:
 - manipulate large datasets
 - increase the automation of the extraction of data and production of reports
 - provide a central source of information for the Trust, drawing data from different systems where appropriate
 - enhance interactivity and drill down functions for key metrics/reports
 - provide a user friendly, self-serve, reporting portal that is easily accessible
 - undertake statistical analysis (including percentile calculation) and predicative modelling
 - meet the information needs of other teams (including the functionality to input data into forms and extract, summarise and analyse data)
 - support Service Line Reporting and reference costs
- Provide a data warehouse capable of expansion to support wider Trust requirements including financial, clinical and operational.
- Provide a self-service portal to allow non-informatics staff to construct their own reports
- Provide enhanced information for the operations centre to support active management of call taking and dispatch and to support targeted staff training.
- Ensure that software development staff have the appropriate training and capacity to deliver the Trust requirements and to use the tools purchased for the job.

In order to achieve the above all SECamb employees will require appropriate access and software to support a self-service approach.

Delivering our strategy - Roles and Responsibilities

In order to deliver the strategy, robust project and IT service management techniques will be applied throughout, together with appropriate governance, supporting the implementation of high quality, cost-effective IT services that will deliver transformational care across the region that remains sustainable.

Formal processes will be implemented where appropriate to support good practice, for example, ITIL will be used within the helpdesk environment. IT will implement a system whereby lessons are learnt and applied from previous projects to future work.

The design and implementation of all new services (and amendments to existing) will define and capture the strategic intention of the service, ensure that clear metrics by which success can be measured are defined, and that statements of expected benefits are clearly understood by all stakeholder groups. Metrics will be reported to the newly formed IT Forum and onwards to the Board through the responsible director's papers.

Furthermore, all IT services will ensure the protection of all data whether this be at rest, or in transit, and will also support the national directive to appropriately share information between care providers.

Accountability for the delivery of the IM&T Strategy sits with the Director of Finance, whilst the Associate Director of ICT will be responsible for the delivery of the various work streams detailed within the strategy.

The delivery of the strategy will be monitored via the IT Forum and the Digital Board. Where appropriate, independent audits will be completed looking at key areas of this strategy and will be managed via the Trust's Turnaround Executive Committee.

Business cases, along with Quality Impact Assessments (QIAs) will be produced for all IT related projects and will follow the agreed formal Trust process to gain approval.

Delivering our Strategy - Financial Implications

Delivery of this strategy requires capital and revenue investment over the period of 2017-2021 as detailed below, although all costs shall be taken as indicative at this time, and are inclusive of VAT:

	2017/18	2018/19	2019/20	2020/21	2021/22	Capital	Revenue
WORKSTREAM 1 - Maintaining a Relevant Strategic Direction	Y	Y	Y	Y	Y	N/A	N/A
WORKSTREAM 2 - Maintaining an Effective Infrastructure	Y	Y	Y	Y	Y	1000k	75k PA
WORKSTREAM 3 - Information Security (Cyber crime)	Y	Y	Y	Y	Y	1500k	100k PA
WORKSTREAM 4 - Collaborative Working in a mobile environment	Y	Y	Y	Y	Y	1000k	350k PA
WORKSTREAM 5 - System Development and Maturity (a common platform)	Y	Y	Y	Y	Y	1000k	125k PA
WORKSTREAM 6 - System Integration	Y	Y	Y			250k	25k
WORKSTREAM 7 - Accessible Data and Appropriate Sharing	Y	Y	Y	Y	Y	250k	25k
WORKSTREAM 8 - Business Intelligence	Y	Y	Y	Y	Y	650k	125k PA

Capital investment (of circa £750k per annum) will be required to deliver this strategy over the time period of five years from date of approval. Detailed costing proposals cannot be provided at this time due to the volatility of pricing in IT systems, and the as yet undefined scope of a number of these strategic goals.

It should be noted that the increase in revenue requirement covers the five-year term of the strategy, which will result in a longer-term reduction in capital expenditure, beyond the life of this current strategy.

The Emergency Services Mobile Communication Project (ESMCP) has an unknown cost at the moment, although the bulk of implementation is being picked up by the national programme. In order to avail ourselves of opportunities presented by the change of technology, operations may choose to implement changes in operational practice that require technology to support it. The Trust plan to migrate the current ICCS (Integrated control and communications system) from Banstead to Crawley which has the benefit of reducing risk of system failure, supporting the implementation of the new system and allowing the Trust to dispose of Banstead. A significant proportion of the money has been provided by the national ambulance radio team.

The Trust have also received funding, approximately 720k, in the year 2017/18 through GDS based on an assessment of needs to provide better protection against cyber-attack.

An annual business plan will be developed each March for approval by the Trust Board detailing the works proposed for the coming year, and associated costs and funding sources. The annual business plan will be further supported by system level business cases, written for each project, to which appropriate governance will be applied via the Finance Committee.

In the event that the limit of funding available is less than required, a process of prioritisation shall be completed, based on business requirements. This shall be led by the Director of Finance and supported by the Associate Director of IT. Timeframes for the delivery of the workstreams identified within this strategy is dependent upon the level of funding available.

It is also important to note, that cognisant of constraints surrounding budget availability, some scheme may be delivered in the support of wider Cost Improvement or Transformation Programmes.

Appendix A – Glossary

5YFV	Five Year Forward View
BI	Business Intelligence
CAD	Computer Aided Dispatch (system used to dispatch ambulances based on location and nature of call)
CIA	Triad of Confidentiality / Integrity / Availability in the context of information security
DMA	Digital Maturity Assessment
EPR	Electronic Patient Record solution
ESMCP	Emergency Services Mobile Communications Programme
ESN	Emergency Services Network (dedicated network used for critical communications, provided via the Home Office)
FHIR	Fast Healthcare Interoperability Resources Specification - a standard for exchanging healthcare information electronically (see https://www.hl7.org/fhir/index.html)
GDPR	General Data Protection Regulations – replacement for the Data Protection Act, comes into effect 25 May 2018
HL7	Health Level 7 – a messaging standard defined by NHSD (HSCIC as was) that specifies a number of flexible standards, guidelines, and methodologies by which various healthcare systems can communicate with each other.
IBP	Integrated Business Plan
IG	Information Governance
IM&T	Information Management and Technology
LDR	Local Digital Roadmap
MDT	Mobile data terminal – computer located in vehicles used to pass response details to clinicians
NCSC	National Cyber Security Centre
NDG	National Data Guardian for Health and Care
NHSD	NHS Digital
NPfIT	National Programme for IT (now NHS Digital)
SCR	Summary Care Record - an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.
STP	Sustainability Transformation Plan
UEC	Urgent and Emergency Care

Appendix B – Implementation Plan

Appendix C – List of References

5YFV	<p>“Five Year Forward View”, October 2014 https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf</p>
Carter Report	<p>“Operational productivity and performance in English NHS Acute Hospitals”, Lord Carter of Coles, February 2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf</p>
Wachter Report	<p>“Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England”, Robert Wachter, August 2016 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550866/Wachter_Review_Accessible.pdf</p>
General Data Protection Regulations	<p>“General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679)”; adopted 27 April 2016, it becomes enforceable from 25 May 2018. Useful guidance is available from the Information Commissioner’s Office website, https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr</p>
10 Steps to Cyber Security	<p>“10 Steps: Executive Summary. Guidance on how organisations can protect themselves in cyberspace, including the 10 steps to cyber security.” NCSC, https://www.ncsc.gov.uk/guidance/10-steps-executive-summary</p>
Response to National Data Guardian – July 2017	<p>“Your Data: Better Security, Better Choice, Better Care.” Department of Health, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/627493/Your_data_better_security_better_choice_better_care_government_response.pdf</p>



Fleet Strategy 2018-2023

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Introduction - About this Strategy

This Fleet Strategy contributes to and is aligned to the Trust's 5-Year Strategic Plan from 2017-2022. The Fleet Strategy describes how we intend to develop the SECamb Fleet of vehicles to meet changing operational requirements from 2018 – 2023 and provides guidance on the procurement, maintenance, and replacement of the vehicle fleet. This Fleet strategy is a key document which staff at all levels within the Trust should refer to when making decisions which may have an impact on vehicle requirements.

The Fleet Strategy dated January 2018 contributes to the delivery of the Trust's 5-Year Strategic Plan and the implementation of changes in clinical and operational models. It takes into account key external influences such as the introduction of the Ambulance Response Programme (ARP), the Trust's improvement programme in response in Care Quality Commission (CQC) and NHSI direction and the developing local Sustainability and Transformation Plans (STPs). The Fleet Strategy sets a clear head mark for the development of the vehicle fleet in the next 2 years (FY 18/19 and FY19/20). It provides guidance on the expected fleet requirements in years 3 to 5 which will be refined as external influences, in particular as changes arising from the ARP and STPs, become clear.

Fleet is a key enabler to being able to deliver our Ambulance service. The Trust currently manages a fleet of 833 vehicles of which over 562 are used in direct support of operations made up of 299 Double Crewed Ambulances (DCA), 231 Single Response Vehicles (SRV) and 32 Hazardous Area Response Team (HART) specialist vehicles (*exact numbers to be verified on publication and will align to Annexes*). The

Trust drives approximately 16 million miles per year and spends around £6m on fuel.

The vehicles the Trust uses, both operationally and in support, form an integral part of a patients' experience and provide our people with the tools they need and are recognised as a key enabler in the core work of the Trust.

There has been a sporadic replacement plan over the past few years with the most recent replacement of DCAs being undertaken in 2014 (29 vehicles) with 24 SRVs, six Paramedic Practitioner Vehicles (PPVs) and 15 Hybrid Mitsubishi Outlanders purchased in 2015/16.

Historically, although not implemented, it has generally been accepted that funding would be required to replace 40 DCAs and 40 SRVs per year and this has provided the basis for capital planning.

This Fleet Strategy is a fundamental component to realising the Trust vision and mission, and is identified as a key enabler in the Trust Five Year Strategic Plan 2017 - 2022:

Our vision: 'Support our staff to provide a caring, high quality and efficient urgent and emergency care service to our communities'

Our mission: 'To deliver our aspiration of being better today and even better tomorrow for our people and our patients'

We receive and respond to 999 calls from the public, urgent calls from healthcare professionals and receive and respond to calls to NHS 111 as well as providing the regional Hazardous Area Response Team (HART).

The South East Coast Ambulance NHS Foundation Trust (SECAMB) employs around 3,500 staff, 85% of whom are patient facing.

The Trust provides services to 4.7 million people over the 9,400 square kilometres of Kent, Surrey, Sussex and North East Hampshire. The demographics of our catchment area and of our staff is varied.

There is an increase in acute demand, and delivery of care at home or close to home. Our work includes conveyance to hospital and increasing 'Hear and Treat' and 'See and Treat' interventions which involves working with commissioners and other partners in developing alternative pathways including integrated models of care.

This strategy has been informed by reviews of our former Fleet strategy, that of other Ambulance trusts and by the new ARP, whose effects have yet to be fully understood.

There are a number of issues to be taken into account in fleet management which are described in this strategy. The management of fleet includes the whole life of the vehicles from monitoring international and national trends including environmental issues, selection, design and modification of vehicles in conjunction with third parties, commissioning and introduction of the fleet, pro-active and reactive maintenance, repair and servicing, fleet rotation and management, designing and delivering in-service modification programmes and disposal of vehicles whilst ensuring best value for money and complying with the law, to assist in providing the best patient care possible and facilities for our people.

The aim of this fleet strategy is to provide a fit for purpose, safe, reliable and cost effective fleet of standardised vehicles, enabling the Trust to deliver optimum patient care and services in the communities it serves, improve outcomes and enable the effective use of clinical time and resources.

Our Strategic Themes and Focus

This fleet strategy contributes to, and is aligned to, the Trust's 5-Year Strategic Plan from 2017-2022. The Strategic Plan demonstrates how the Trust will ensure the provision of safe, quality care to its communities and staff. The plan also acknowledges that the Trust is in the process of delivering a holistic improvement plan with the aim of returning to a position of providing consistently high quality care for all. As a trust we are determined to continue to learn from feedback from our staff, our volunteers and our patients and embed trust-wide change as a result of this learning.

The next five years is focused on delivery of our four strategic themes which are:

Our people – supporting and developing our staff and volunteers

Our patients - ensuring timely quality of care, in the right place by the right people

Our enablers – fit for purpose technology, fleet and estates, underpinned by sustainable financial performance

Our partners – working with health, 'blue lights' and education partners

These strategic themes are translated into our strategic focus over the next five years.

Figure 1 – Our Trust’s Strategic Focus



The Fleet strategy and nature of vehicle used is central to our operations and means that this relates to a range of objectives across all of our four strategic themes, but mainly sits under the theme ‘Our Enablers’ within our Strategic Delivery Plan, and under the two-year objective: -

“Ensure that our fleet is fit for purpose and supports the clinical model”

Our Strategic Assumptions for the SECamb Fleet

Vehicle Replacement

The vehicle fleet has suffered from under-investment in recent years and there is now a pressing requirement to replace older vehicles which will reduce vehicle off road (VOR) rates, financial costs and which will have a direct positive impact on patient care and staff morale.

We will progressively replace Double Crewed Ambulances (DCAs) and Single Response Vehicles (SRVs) with the aim of establishing a programme to replace all vehicles by the time they are 7 years old (DCA) and 5 years old (SRV) in line with the current practice of some other ambulance services.

We will review the periodicity of replacement to achieve the maximum, safe and reliable vehicle usage balanced against the financial outlay

The replacement cycles listed above will be used as a guide and actual replacements, per vehicle type, will be chosen to limit the requirement for expensive and time consuming defects (e.g. engine and gearbox changes, major system failures, structural fatigue, corrosion)

We expect the average annual vehicle mileage for DCAs to increase in support of the Ambulance Response Programme (ARP) placing greater pressure on our ambulance fleet and our maintenance facilities whilst there will be a contrasting, but lesser effect, as we decrease the SRV fleet.

We will plan to replace HART vehicles in accordance with the national requirement and, in line with other Ambulance Services and will review the usage of HART vehicles and agree potential revisions to the replacement periodicity in partnership with National bodies.

In FY 18/19 we will commission 101 DCAs (16 van conversions and 85 box body conversions) and decommission c 220 vehicles (85 DCAs and 135 SRVs). We will establish a commissioning and decommissioning team to plan, manage and ensure the efficient and cost effective introduction into service and disposal of these vehicles with an early objective of developing improved policies and procedures for the transfer of fitted equipment where this is practical and cost-effective. This team will also undertake the fleet management at a strategic level ensuring best value for money and maximum efficiency.

Procurement

We will use best practice procurement procedures to select vehicle platforms and conversion suppliers, working within government procurement frameworks where appropriate and working in partnership with other ambulance services to obtain the best value for money.

We will review available procurement models and current sector practice to identify opportunities for improved warranty, spares inclusive, support inclusive or availability contracts which would optimise all costs.

Vehicle Type Ratios

In years 1 and 2 our procurement will be to work towards the new DCAs/SRVs ratio of 70:30, in support of ARP, whilst disposing of older DCAs and SRVs which are surplus to requirements. During this period, we will gain a clearer picture of the optimum vehicle ratio and adjust the replacement programme in years 3-5.

Operational Resilience

We will continue to achieve operational resilience by providing sufficient vehicles to cover planned and unplanned downtime and peak vehicle requirements which will be reviewed periodically by Fleet and Operational managers.

In years 1 and 2 we will continue to assume 141% of the normal average daily vehicle on road requirement and will then review best practice in other ambulance services and our own experience to determine the optimum (reduced) percentage going forward.

Vehicle allocation, rotation and service line reporting

The Fleet Department will be accountable to the Executive Director of Operations for the efficient allocation and rotation of vehicles across all operating units to meet Trust-wide operational requirements whilst ensuring that the fleet is utilised as efficiently and effectively as possible.

The Fleet department will be responsible for establishing strong links with the senior operational managers to understand local requirements and link with regional/unit responsibilities for Service Line Reporting and the safe and efficient use of vehicles by operational crews

Vehicle design and standardisation

We will establish and involve vehicle user groups, incorporating staff and patients, as well as the Clinical Equipment Group and other relevant forums in all decisions affecting vehicle replacement, design

and procurement. These user groups will drive benefits from the standardisation of fleet vehicles and equipment with particular emphasis on patient handling equipment (to protect patients and staff during lifting operations), clinical equipment fits, payload and passenger capacity.

We will always obtain and observe relevant and appropriate advice from suitably qualified and experienced manufacturers, vehicle converters and designers and other ambulance trusts to ensure that our vehicle designs and configuration are safe and legally compliant.

It is key that all future vehicles are designed and commissioned to ensure that there is full compliance with standards designed to safeguard our patients and staff and as such will meet Infection, Prevention and Control (IPC) standards, will comply with all regulations associated with the carriage of medical gases and will ensure that there is provision for the safe storage of medicines and that all medical/clinical standards are met.

We are committed to procure 16 “van conversion” DCAs during 2018 to gain operational experience of these lighter, less expensive, and potentially more flexible vehicles which are preferred by some other ambulance services and during Years 1 and 2 we will assess the suitability and value for money (VfM) through life of van conversions, benchmarking with other ambulance services and taking in to account reports produced by National bodies in whole life costs.

Funding

We will need to select the best funding model to support the acquisition of new vehicles and this will be completed, in partnership

with the Finance Team, and will be based on the most suitable model at the time based on current market rates and trends.

Fleet Management IT

We will replace our existing Fleetman IT system during 2018 due to obsolescence and the termination of support by the prime contractor.

This will be a modern, capable system which is essential to the effective and efficient management of a complex vehicle fleet, spares provision, storage of mandatory records, asset tracking and to enable future fleet planning.

We will use our own fleet management information, together with experience from other ambulance services and manufacturers advice, to adjust the planned replacement of individual /groups of vehicles based on age, mileage, condition and ongoing expected costs.

Fleet Support and Maintenance Facilities

We will continue to plan our fleet support arrangements and workshop facilities on our move to Make Ready Centres (MRCs).

In year one we will finalise the fleet restructure which will provide a more robust management structure and enable a more standardised and efficient support product to the operational teams. We will also complete a review of the current administrative function and re-introduce a manager responsible for driving safety and standards.

In years 1 and 2 we intend to commission a “lean” review to help us continue to optimize MRC and workshop facilities and performance

and plan future requirements including alternative arrangements which will be required in areas not currently covered by existing MRCs.

We will review the advantages / disadvantages and cost-effective balance of internal and external specialist services e.g. breakdown and recovery services, bodywork and paint repairs, major repairs, “independent” testing and inspection

Fuel storage and refuelling facilities

We will need to continue to provide, and introduce where possible, fuel storage and refuelling facilities in order to meet our resilience requirements to face major and business continuity incidents. This will also ensure we maximise the financial benefits associated with bulk fuel purchase whilst continuing to drive down operational time off road and costly rectifications associated with incorrect fuel being used.

Fuel efficiency and emissions compliance

Trust vehicles will continue to drive over 16 million miles a year and spend over £6m per year on fuel with usage likely to increase due to increasing demand and changes in conveyance requirements.

We will continue to pursue fuel efficient operations through improved driving standards and continued rollout of active telematics and dynamic speed limiting.

We have already demonstrated that an intelligent focus on fuel efficiency can make significant savings with a demonstrated savings of c10% fuel usage over the past two years.

In years 1 and 2 we will develop our strategy for the introduction of alternative fuels and ULEVs based on national legislation/guidance, emergency services’ experience, manufacturer proposals and technological trends.

Insurance and accident repair

We can expect to continue to spend c£1.1m per year on vehicle insurance plus c £600K on trust funded vehicle repairs and will continue to work with colleagues in other trusts and forums such as the National Accident Reduction Group to benchmark expenditure on insurance with a view to limiting increases and reducing the collision occurrences and costs.

We will analyse all accidents and maintenance and repair information and adopt recommendations from our Professional Driving Standards Manager who will be responsible for introducing changes in procedures and training to reduce insurance and repair costs and the potential for injury.

Fleet Department Establishment and Structure

The Trust must ensure that it has the staff capacity, capability and skills to manage a safe and compliant fleet of complex vehicles and clinical equipment.

We will conduct a staffing and organisation review by July 2018 and will review MRC/workshops manning and skills requirements (largely unchanged since the MRCs were initially established) to align with changing Trust-wide vehicle disposition and usage, and improvements in workshop facilities and performance.

Compliance and Safety

Within year 1 we will conduct a review of all relevant vehicle design, operating and maintenance standards and regulation to ensure that the Trust operates a safe and compliant fleet of vehicles.

We will review our organisation and procedures of internal regulation and audit of vehicle operation and maintenance, for example:

- The separation of responsibility for maintenance and MOT testing
- The investigation of equipment failures
- Continued membership and compliance with approved bodies such as Van Excellence who will ensure an appropriate and acceptable standard of fleet management.

We have committed to re-establish the role of Professional Driving Standards Manager, accountable to the Head of Fleet and Logistics, by May 2018. This role is critical to ensuring the safety and efficient use of vehicles within design parameters during service as well as providing essential analysis and feedback on staff experience, shortcomings in design, and training requirements.

Our Fleet Strategic Objectives for the SECamb Fleet

Meeting the Trust's Strategic Objectives

All strategic objectives for the Fleet and subsequent action plans will be tested against the Trust's Strategic themes (Our people, Our patients, Our enablers, Our partners) to ensure that they contribute towards the delivery of the Trust's Strategic Objectives and will flow from the assumptions made in section three of this strategy.

Vehicle replacement

The fleet team has completed a review of all vehicles held on the fleet asset register and produced a replacement plan at Annex A. This will return the fleet to planned age profiles of seven years for a DCA and five years for an SRV.

85 replacement DCAs (box bodies) will be purchased in FY 18/19 and the Trust will take delivery of 16 additional DCAs (van conversion) in Q4 of FY 17/18. These will be assessed against the traditional box DCAs to establish running and whole life costs with a view to determining the future DCA model to populate capital plans for FY19/20. To assist in this work and to gain a longer term comparison Fleet will need to liaise with other Trusts who have been operating van conversions for some time and give consideration to National work such as that currently underway by NHSI.

The effect of the ARP has yet to be calculated and work will be completed once the demand and capacity piece of work has been

delivered in May 2019. Current DCA planned purchases only allow for direct replacement and any uplift required to support ARP will need to be the subject of additional work.

The demand and capacity review is expected to promote the potential to consider a multi-tiered approach to patient journeys. Consideration will have to be given to the provision of ambulance type vehicles capable of transporting patients with lower acuity needs. These vehicles may be fitted with a stretcher but could also be deployed for patients who are “fit-to-sit”, subject to a delayed conveyance and crewed by a suitably trained crew.

Current plans, which have been ratified by the Operations Directorate, to reduce the SRV fleet have been drawn up and we will see the current fleet total of 231 reduced initially to c 135 by the end of Q4 17/18 and to a final establishment figure of c 100 by Q3 18/19. This will allow each dispatch desk to deploy two 4x4s and four other vehicles which will be a combination of Paramedic Practitioner Vehicles (PPVs) and all-wheel drive Skoda Octavia for use by two OTLs, one CCP and one PP with two vehicles as a contingency and for use for key areas such as supporting the Active Shooter capability. Approximately 10 estate cars will be retained for general pool use and two PPVs and five Volvo V50s will be held for damage replacement. Plans for the replacement of SRVs will be completed by late 2018 with initial thoughts that the costly Land Rover fleet and Operational Manager cars will need replacing in FY 19/20, probably with an AWD capability to provide resilience and increased carrying capacity.

Lease Cars

In addition to the SRVs used for core response, the Trust currently manages approximately 107 lease cars which are used by managers to

facilitate Trust business journeys with an additional 32 Trust owned SRVs, which may be used for private or business only use, depending on the individual’s agreement, which are provided for Operational Managers (OMs). The current Lease Car Policy is outdated and a full review of this area is due to be undertaken in Q1/2 of 18/19 with alternative schemes, such as Salary Sacrifice and the use of pool cars being considered for non-operational managers.

The changes to Benefit in Kind (BiK) and recent associated legislation for Operational Managers, will mean that the current lease car scheme will need to be amended. It is considered likely that a car, chosen to be fit for purpose (AWD and reasonable boot capacity), will be provided for Managers rostered to provide a strategic, tactical or operational function. This vehicle will be associated with a rostered duty, or to the post or role, and will be handed over on any change of appointment. Cars allocated on a business only understanding will be marked as emergency vehicles and may be used to travel to and from home locations, under HMRC regulations, when on call only and will be provided with a certain freedom of movement for short journeys.

Capable Managers who are clinically trained and hold an approved certificate to drive under emergency conditions, will be authorised to have a standard covert fit to a lease car subject to achieving 50 emergency responses in the previous 12 months.

Work will be undertaken, in partnership with HR, to produce a “travel desk” to maximise the use of pool and hire cars where this is the cheaper alternative. Initial work has demonstrated that significant savings can be made against the current practice of claiming the mileage rate of 56p/mile for all journeys in excess of reasonable small mileages.

Vehicle and equipment procurement

Commissioning and De-Commissioning

Making vehicles fit for operational duty after delivery requires fleet to process a number of activities. As such, commissioning of vehicles is a growth area requiring more specialist staff as a result of higher specification equipment and ever more sophisticated on board electronic and communication systems requiring maintenance and support. Current plans for the FY 18/19 will see somewhere in the order of 100 DCAs commissioned and 200 ambulances and cars decommissioned.

Robust systems for managing decommissioning provide the opportunity to reclaim, reuse and recycle components before disposal. The Trust should maximise receipts from the sale of vehicles and equipment at the end of its operational life. SECamb will continue to follow strict guidelines to ensure vehicles are disposed of in the correct way and according to legislation for emergency vehicles.

The commissioning and decommissioning activity is very much completed on an ad hoc basis currently with a Workshop Manager and agency staff deployed to achieve it. As it becomes more of a specialist area consideration needs to be given to deploying a permanent team and this should be included in any restructuring that takes place within the Fleet department in 2018.

Traditionally, the Trust has procured vehicles in batches which has generated a peak and trough commissioning and an ongoing maintenance requirement. Going forward, we will procure vehicles in bulk to attract the maximum discounts but ensure that delivery is

smoothed out so that major servicing, MoT tests etc. are spread over the year.

Vehicle type ratios

Future revisions to our clinical model, driven by the emerging STPs, and the ARP are likely to drive our DCA/SRV vehicle ratio from the current 60:40 to at least 70:30, with 80:20 not considered extreme, although the base number of vehicle types will be driven by demand rather than fixed ratios. SRVs particularly will be driven by requirement (specialist paramedic roles, operational managers etc.) rather than by exact ratios.

Years 1 and 2 will see a greater understanding develop of our needs, capabilities and limitations arising from the results of the Demand and Capacity Review, settling of ARP, requirements of forums such as STPs and Commissioners. As we gain a clearer picture of the optimum vehicle ratio the Trust will need to review the procurement and adjust the replacement programme in years 3-5.

Operational resilience

As an emergency arm the Trust must demonstrate resilience and Fleet will support this area fully.

It is planned that a small quantity of pooled vehicles will be held centrally and managed by Fleet, which could act as a core reserve to be utilised for reliance purposes, large events and operational peaks. These vehicles would be returned to the pool and rotated through core stock as needed. This is unlikely to come to fruition until year 2-3

once the changes to ARP and DCA numbers required are fully understood.

The Contingency, Planning and Resilience (CP&R) Department have identified the requirement for a small dedicated fleet to support their activities. These will include a need for Command and Control assets as well as other specialist vehicles which may attract external funding. The fleet department will work with CP&R as required to satisfy those needs and this will develop across years one and two of this plan.

There will always be a requirement to provide a 4x4 fleet to be used in times of inclement weather and to aid in off road patient recovery and transport. Currently, this fleet is made up of Land Rover Discoveries, hybrid Mitsubishi Outlanders, 22 all-wheel drive (AWD) Skoda SRVs and AWD manager's cars. This requirement will need to be reviewed regularly to ensure that appropriate cover is available as required. We will aim to review the overall SRV fleet and the 4x4 component with a view to replacing vehicles in years 2 and 3.

In the case of extremely demanding weather conditions it is key that relationships with lease car companies is maintained to ensure that the Trust makes 4x4 resources available in a timely manner.

Bunkered fuel on owned sites enables the trust to have a fuel reserve in times of emergency and also supports the wider health economy and partners in times of shortage; providing fuel potentially for Police, Fire and Rescue Services, GPs, District Nurses and similar users. Fleet will continue to work with external partners through the Emergency Services Collaboration Project to maximise the advantages to all partners. We will ensure that the use of bunkered fuel is maximised through the use of current facilities and the consideration of adding assets to other Trust locations outside of a MRC.

HART

SECAmb currently has two embedded HART teams which work to a National standard and have dedicated and prescribed vehicles which must support full interoperability country-wide. To that end these vehicles are part of a National replacement programme. The Trust is expected to support this initiative and should plan to replace vehicles in line with the dictated strategy although we might recommend adjustments to the national plans based on mileage and condition of the fleet. This will be completed in consultation with the National Ambulance Resilience Unit (NARU) team. Current plans will see HART Ashford modernised in 2018 and Gatwick approximately two years later with a predicted depreciation and replacement of five years. The fleet team will work with the HART management to fully support this programme.

Vehicle allocation, rotation and service line reporting

Vehicle Numbers and Peak Load

Historically the Trust has rigidly deployed the HP strategy which works on a principle of establishing a Peak Load (PL) vehicle requirement figure for each MRC. Once established a further 41% of vehicle assets is provided which allows for vehicle inspection and servicing, stocking, deep cleaning, resilience and other activities.

This activity is completed on the creation of a MRC and is not formally and widely reviewed as the MRC evolves and demand increases and, consequently, current PL figures expected by operational managers is somewhat different to that initially established with a current expectation that the majority of serviceable assets will be used. Since

the introduction of ARP it is not unusual to see 100% of available vehicle in use operationally.

In early 2017 a working group was established, chaired by the Head of Fleet and Logistics and with appropriate high level operational membership, which reviewed the expected PLs and signed up to ratified vehicle numbers per operational area. These figures were based on a 60:40 DCA/SRV ratio and will need to be reviewed as ARP is embedded across the Trust and as the demand data, used to inform the calculations, is cleansed and better understood. The software developed is able to accept several variables, such as ratios, use of private providers, abstraction etc. and can predict the DCA and SRV requirement per dispatch desk. Initial calculations, assuming there was no change to current operational areas such as Hear and See and Treat figures, calculated a potential requirement to increase the DCA fleet by some 43 ambulances to support a 70:30 ratio.

As the expected deviation from that agreed figure occurs and the spare capacity is used there will be a difficult period before appropriate business cases are written, ratified and additional vehicles commissioned.

Service Line Reporting

Historically, operational and scheduling managers have not always understood the wider consequences of local decisions with respect to fleet mileage, the creation of additional shifts, the hiring of extra vehicles, the need for additional equipment and the increased financial burden. It is therefore planned that a working group is formed to review this area to achieve Service Line Reporting (SLR) for appropriate stakeholders throughout the trust. The Fleet Department would act as the strategic and overall managers of the fleet with day-

to-day responsibility delegated to the most senior operational managers. This would improve budget management and ensure that local staff understood the consequences of their decision making. This is to be completed through an agreed process which will see Service Level Agreements (SLAs) between users and the fleet team which would include a series of KPIs to provide a management tool for operational and other managers. It would include areas such as:

- Fuel costs.
- Accident rates.
- Break down rates.
- Incident rates.
- Driving incidents and excesses.
- Servicing costs.
- Costs per mile.
- Lease and Hire car costs.

Vehicle design and standardisation

This is a key area for the team and it is important that we maintain cost-effective and timely processes for design and procurement. The team must be able to embrace all advances in technology, maintain safety and produce efficiencies whilst minimising costs. This will need a constant dialogue with the wider industry and vehicle converters.

Vehicle design must be informed by the requirements of operational staff in relation to the equipment they need to do their job. The standard load list for all vehicles, owned by operational managers, will be regularly reviewed and specifications agreed and set formally for all job roles i.e., CCPs, PPs and OTLs and other operational and clinical managers.

The Trust will work to minimise the variation, both in vehicle type and areas such as layout and equipment carried; this should be completed through the Vehicle User Group and the Clinical Equipment Group and where possible clinical trials and input from as wide an audience at all stages of a project should be included.

We will develop an effective partnership and teamwork approach with all stakeholders to ensure that the fleet operation is integrated with, and fully supports, the aims and objectives of the Trust and, when enhancing services or developing new vehicles, we will react to the opinions and experiences of patients and service users alike through formal and informal feedback channels.

Traditionally, since its formation in 2006, SECAmb has purchased coach built box type vehicles for deployment as its core DCA rather than van conversions or remount refurbished boxes on new chassis. The Trust is committed to acquire a small fleet of van conversions in early 2018 to facilitate a working trial in order to inform decision making on the future ambulance fleet. The results of this local work will be reviewed alongside similar work being carried out in other Trusts and by the NHSI which will be available in mid-2018.

Recent testing and discussions with vehicle converters have shown that a box-body, fitted to a van chassis, may well provide a mid-way house with demonstrable savings of approximately 200kg over a standard van and 5% fuel savings being seen in scientific tests at a government proving facility in UK.

Historic practice has been to commission new ambulances with new equipment and, going forward, refurbished or current medical and carrying devices will be used where practical and safe.

There may be occasions where it is beneficial to work with other ambulance trusts and partners, such as Police and Fire, to maximise productivity from new systems and technologies achieving VfM and opportunities to achieve this will be taken. We will exploit collaborative opportunities through the National Ambulance Fleet Forum to improve quality, standardisation and reduce costs through economies of scale, joint procurement, exploitation of frameworks and combined lobbying power wherever possible.

It is essential that the Trust conforms to a framework of industry standards and legislation as a professional operator of a major fleet and the Trust will continue to ensure it remains compliant in areas such as the European Whole Vehicle Type Approval (EWVTA), IVA (Independent Vehicle Approval) and CEN BS EN 1789, 2007. The Fleet team will review all the external standards and their implications to ensure compliance within year 1 of this strategy. As discussed earlier, the maintenance of key clinical requirements, such as IPC, medical gas security and medicine storage etc. will be a key design factor and will be continuously reviewed.

This strategy recognises that optimum fleet management is predicated on establishing a commonality of vehicle platform and design, even avoiding introduction of minor changes between batches of vehicles where possible.

Any change to base vehicle supplier or converter will need to be carefully considered as it will lead to the introduction of variety, and a requirement for additional technical training, tooling, diagnostic equipment and parts.

Benefits of fleet standardisation include;

- Reduced training costs in order to ensure that staff are trained to operate or maintain several types of vehicles as required by the CPC Road Safety Act 2006.
- Increase operational redeployment options between stations, operational dispatch areas or individuals.
- Improved interoperability, which supports hospital turnaround, enabling the swapping out of equipment and or the transfer of staff between vehicle mid shift and during major or business continuity incidents if required.
- Reduce the risk of variation in clinical quality and service delivery.
- Supports stock rotation of the fleet and balance mileages and servicing schedules.
- Reduced maintenance costs, tooling, diagnostics and spares stock holdings.

All of the vehicles that the Trust purchases and leases are subject to varying levels of warranty protection. There is some uncertainty over the effectiveness of recovering all of the expenses in this area and this responsibility has now been passed to the Logistics Manager to oversee and maximise the refunds due.

There is currently a multitude of reports and returns produced by the fleet and production teams which will need to be streamlined to produce effective Key Performance Indicators. This work will take place in late 2018 when the new fleet management IT package is commissioned.

Funding

The method of financing vehicles is often complex and the decision on how this is actioned will depend on many factors and variables and will be taken by the Finance Directorate in partnership with the fleet and operational teams. Funding options will be continuously reviewed against market pressures and benchmarked against other ambulance trusts who have concluded different preferences. The VfM through life (from design and procurement through to disposal) will also be a key factor in the Trust's decision making.

The vehicle replacement programme will be compliant to Trust standing orders (SOs) and Standing Financial Instructions (SFIs) making the best use of taxpayers' money.

In ensuring that the tendering process achieves best value the Trust will also comply with its regulatory requirements by considering the suppliers who come within the OGC framework agreement for vehicles.

The predicted capital expenditure plan for the life of this plan is at Annex C.

Fleet Management IT

We are currently using a fleet management system which is over 20 years old and no longer provides the support needed, is very outdated, relies on manual, paper based input, and is unable to support the level of management and report generation that is needed to run a complex and large vehicle fleet. The firm that designed this system have confirmed that they will no longer be supporting this software and a replacement is being procured to replace the whole system by late autumn 2018.

As well as providing the basics of fleet management it will also allow thorough tracking of assets, accident investigation data, standardised bespoke reports to provide business intelligence and the ability to communicate directly with the telematics and trust finance systems.

The new system will also provide a stock management process to assist in ensuring we hold correct levels of stock to reduce vehicle down time and introduce a scanning technology and reduce the need for paper both on the shop floor and in the administrative area.

The software will also assist with asset management of medical devices and serial numbered patient carrying devices.

Fleet support and maintenance facilities

Following the introduction of the new Fleet IT Management System we intend to commission a “lean” review in years 1 and 2 to help us continue to optimize MRC and workshop facilities and performance and plan future requirements including alternative arrangements which will be required in areas not currently covered by existing MRCs. The goal of lean is to eliminate the non-value-added components in any process. Unless a process has gone through lean multiple times, it contains some element of waste. When done correctly, lean can create huge improvements in efficiency, cycle time, productivity, material costs, and scrap, leading to lower costs and improved competitiveness. At its very heart it improves how a team works together through full involvement and by harvesting ideas from the workforce.

As the MRC programme has been rolled out across the organisation there has been a significant improvement in the estate structure and

associated workshop facilities. Unfortunately, there are residual garages outside of the MRCs, across the Trust, that will need to be reviewed and improved if the MRC roll out is delayed. It is no longer satisfactory to have technicians completing significant tasks outside and subject to the weather. It is planned to complete a full review of the facilities in late 2018 in partnership with the Estates team and in line with the Estates Strategy.

There has been little investiture in the Fleet facilities outside of the MRC environment and areas such as lone working, working at heights and the storage of oil have all been identified as a concern and will be rectified in year one of this plan.

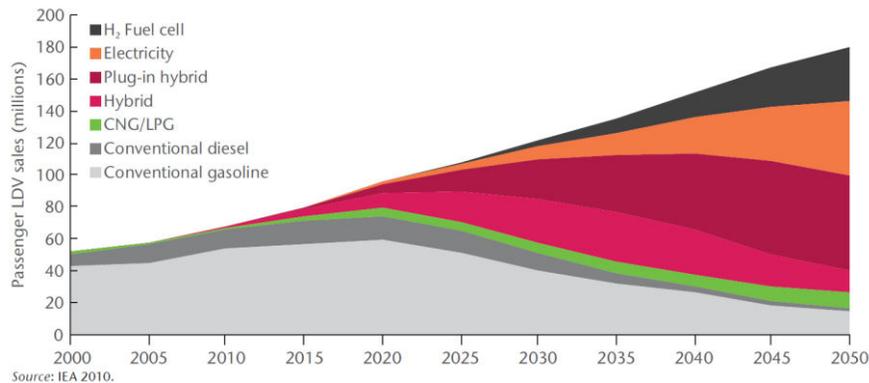
The current workshop at Banstead will need to be vacated and new facilities will need to be acquired either as a permanent or temporary move depending on the strategic decisions on the future of the old HQ site.

Fuel efficiency and emissions compliance

The key environmental concern is the use of diesel fuel in the majority of our operational vehicles. There is now substantial evidence to show that emissions from diesel vehicles are putting the public’s health at risk. Diesel emissions are a known carcinogen, classified by the International Agency for Research on Cancer as a ‘group 1’ carcinogen which causes lung cancer (Cancer Research UK, 2015). These emissions have contributed to an estimated 50,000 deaths within the UK.

There is much work going on with alternate fuels and the diagram below (International Energy Agency 2010) shows how this is expected

to come to fruition over the next 40 years or so with electricity, both hybrid and fully electric likely to compete with fossil fuels in the next few years. Some vehicle manufacturers have already declared an end date on the manufacture of combustion engines.



Whilst Fleet is actively engaged in making significant improvements to its systems and processes in many areas, notably new vehicle technology and environmental standards, there are still some issues which are bigger than Fleet itself but which have a disproportionate impact on its ability to improve in this area.

One of these is the 'standby' mileage that crews and their vehicles are required to do in order to satisfy the system status plan. This strategy recommends that a review of the system status plan is undertaken to ensure that it is not generating unnecessary mileage, i.e., crews having to relocate to new standby locations in between emergency calls which can incur mileages of 200 miles in a single shift. Previous work on this area suggests that as much as ten per cent of total operational mileage could be avoided which, if true, could account for many

hundreds of thousands of pounds being wasted on fuel and vehicle maintenance and wear and tear.

The Trust's vehicle fleet is also responsible for 80% of the Trust's total carbon emissions. Given the nature of the work completed by the ambulance service and the limited suitability of vehicles needed to deploy to deliver the service many of these emissions are inevitable. However, gaining a better understanding of the efficiency of the system status plan with a view to reducing unnecessary mileage wherever possible is very useful mitigation of our climate change impact.

Being open to testing and trialling new green vehicle and fuel technology will also assist the Trust to strengthen its resilience in the face of climate change impacts. The Trust must adapt the fleet to cope with climate change so that it can continue to provide a service to patients. It needs to be able to cope with higher temperatures, higher winds, heavier precipitation and more flooding. Air quality restrictions may also expand outside London to become standard requirements in smaller cities and towns. Fleet and Operations need to work together to be able to identify useful technological innovation and to invest in the best of it to support greener cleaner service delivery. This strategy recommends closer working and planning between Fleet, Operations and Estates in relation to procuring energy systems which can provide electricity to fleet vehicles.

The Trust identifies the requirement to reduce its impact on the environment as part of its duty of care. The Trust will continue to recycle all renewable waste where possible and monitor all workshop waste including special waste

Telematics

A vehicle telematics (black box) system fulfils three key requirements for an organisation and managing its fleet with safety, financial and legal benefits is expected to be maximised once a Driving Standards/Safety Manager is appointed and fully trained on the system:

- Vehicle Informatics such as:
 - Idling figures show the Trust is spending c£135k/year on fuel with vehicles excessively idling at scene.
 - Live Auxiliary and Main battery voltage information which will indicate when a battery is not charging efficiently and needs proactive attention to prevent premature replacement. The Trust currently spends some £50k/year on auxiliary batteries alone.
 - Live mileage information which will provide timely and accurate forecast of servicing and inspection requirements rather than the current manual collection.
 - Live information on vehicle location, speeds and status.
 - Trending on vehicle use, time in workshops, garage, operational use, use on routine versus operational driving.
- Driver Performance
 - Live and recorded driving style of staff which can be used to improve overall standards, drive competition between staff and teams, and reduce accidents and incidents through monitoring driving behaviours such:
 - Excessive speed
 - Excessive G Forces
 - Excessive braking
- Critical Incident data and Reconstruction
 - Ability to replay an accident or incident which, in conjunction with CCTV, can be used by the Trust's insurers, legal team, fleet administrators and police to provide evidence which is

admissible in court, to defend staff and ensure that accidents are correctly investigated and blame and compensation is correctly apportioned in a timely manner. As well as speeds the system will also provide information on the use of emergency systems such as audible and visual warnings.

It is acknowledged that our staff may exceed posted speed limits at times when not driving on emergency. We have little usable data to verify this concern, but vehicle telematics will provide this. Dynamic speed control equipment complements the use of a telematics system. It allows speed and engine revs to be managed on the vehicle when being driven routinely, but at the point the blue lights are activated the limitation ceases, therefore removing any speed restriction. This restriction has already demonstrated annual fuel savings of c £600k.

All vehicles that are fitted with telematics have the potential to introduce driver ID which will allow the Trust to know who is driving a vehicle at any time. This will be facilitated through a simple dongle and will provide a history of driving style which can be used for educational purposes and, in turn, change the driving culture across the Trust. Confirmation of actual driver when notice of impending prosecutions are received within the Trust and crews are unable to remember the incident.

As only 5% of the Trust's total mileage is incurred whilst on blue lights the potential for fuel economy /saving is significant with initial figures demonstrating a 10% saving against those vehicles without a speed limiter and providing a reduction in fuel costs of some £600k per annum.

Additionally, the organisation spends £6m per annum on fuel, a cost that is only likely to increase, especially when we consider that over the last 10 years the price of fuel has doubled.

By improving vehicle technology and defining the performance parameters of the vehicle and the staff who operate them we shall;

- Save life.
- Reduce accidents.
- Reduce downtime / increase vehicle availability.
- Improve service delivery and clinical outcomes.
- Manage risk.
- Improve safety and vehicle condition.
- Reduce costs.
- Improve quality.
- Reduce our impact on the environment

The use of vehicle borne technology such as a telematics will enable the Trust to protect staff, define the driving behaviours expected, and provide a system which can be used to support and manage the business and individuals alike.

This technology could also establish a hub through which other technologies can potentially connect or interface such as MDT, ePCR and other health digital platforms and technology in direct support of patient care thereby potentially providing a single point of integration on the vehicle for clinical systems and support functions.

CCTV

CCTV has been fitted to the majority of the vehicles which is capable of providing both internal and external footage. This is used to protect

the staff and the Trust during accidents and incidents and has already proved to be invaluable to the insurance company who use it to support accident claims.

It also enables the staff to record any adverse incidents that occur in the back of the vehicle which will provide both protection and evidence when adverse events occur.

Throughout the life of this plan the Trust will aim to standardise the systems in use from the current three to one make.

Integrated Solar panels

Solar panels are currently being trialled on several SRVs and are already showing an ability to charge vehicle auxiliary batteries during daylight hours. The panels are also demonstrating a reduction in off road time and a saving in battery replacement due to peaks and troughs in charging which cause premature battery failure. It is planned to complete a similar trial on four of the new DCAs purchased early in 2018 with a view for full roll out for all new vehicles commissioned later in 2018.

Ultra Low Emission Vehicles (ULEV)

The Trust has leased 15 Hybrid Mitsubishi Outlander vehicles which entered service in 2016, and have been converted to front line SRVs. The Department of Transport have subsidised both the vehicles and support structure for a two-year trial. It is expected that these vehicles will continue in service as a front-line SRV and plans will be needed to facilitate this in Q4 of 17/18.

Insurance and Accident repair

The Trust has on average 500 road traffic collisions (RTCs) annually – 75% are deemed to be the Trust’s fault. In reality the true causes of these accidents are not known, leaving our system open to manipulation (false claims) and unreliability.

RTCs include every scenario imaginable, from a broken wing mirror to a ‘roll over’ and the lack of data surrounding these incidents undermines our management arrangements concerning these events leaving the Trust exposed to risk and public criticism especially when considered in the context of Corporate Manslaughter Act.

Currently the Trust spends c. £1.1m per year on insurance premiums and an additional £600k on (self-insured) vehicle repairs.

These figures do not include the value of indirect costs, such as technician time, vehicle downtime, vehicle recovery, overtime, staff rehabilitation, claims management or the wear and tear on vehicles – all of which are by-products of poor driver behaviour and RTCs.

This situation requires the creation of a role for a Professional Driving Standards Manager working to and with the Head of Fleet and Logistics. This role can impact quickly and positively on driver behaviour amongst frontline staff and provide the resilience the Trust needs in relation to the Corporate Manslaughter Act. Funding has now been approved for this role and it is intended to recruit a suitable incumbent by May 2018.

Fleet Department establishment and structure

Historically, fleet recruitment tends to attract applicants who are established, experienced mechanics, often from the private sector, looking for job security and secure pensions at a certain point in their career. Few are home grown and some fixed in their methods. This approach will need to change, so as to keep abreast of modern ways of working and embed continual improvement principles as the norm.

As MRCs are implemented the development of fleet staff will be imperative, educated to support the delivery of the high performance maintenance systems as vehicles become more specialist, increasingly sophisticated and further technically advanced.

Changing the paradigm is the responsibility of the fleet management team who will need to give consideration to all options; this may be through offering continued education to current staff to aid in recruitment and retention, giving consideration to modern apprenticeship schemes or graduate internships. All of the schemes will be considered against cost effectiveness, sustainability and needs of the organisation.

Current staff need to have access to engineering courses as well as some of the more OD type courses offered by the Trust. It is anticipated that this nurturing of staff will allow for cross fertilisation between new and existing fleet staff, promote joint working and a solid foundation for mentoring and growth. This should in turn lead to a more informed and involved team, more likely to be retained by the Trust, making us an ‘employer of choice’.

Establishment and Structure

The fleet establishment has evolved over the years with the number of vehicle technicians being employed calculated at a 15 vehicle to one

technician ratio. This calculation is now outdated and does not allow for the roll out of MRCs and dependent workshops which has seen the number of facilities increase substantially over the past few years. It also does not allow for the operational and flexible expectations of support from the fleet team in the form of opening hours, throughput, unscheduled maintenance and the increase in mileage across the fleet.

It is therefore planned that a review of the workforce is completed early on in 2018 with a view to providing a standardised level of support to operations and other users whilst ensuring that the team remain efficient and effective.

In support of the above review a full review of the management team will also take place to review the higher level engineering and fleet management skills that will be required, either in house or through the use of external experts, where it is most cost effective. Through benchmarking with peer organisations and the wider industry we must ensure we have suitably qualified and experienced personnel capable of making safe and efficient decisions and provide a structure that is balanced with clear lines of responsibility and accountability. The current structure has no middle management area.

As discussed earlier, the Driving Standards Manager post will be re-established in fleet early in 2018.

Compliance and safety

The Fleet Department has a comprehensive risk management approach driven by the Workshop Managers, the two Fleet sub-groups (East and West) and the Trust Health and Safety team. The two sub-

groups feed in to the Trust Central Health and Safety Group of which the Head of Fleet and Logistics is a standing member.

A comprehensive list of risk assessments has been developed, safe systems of work devised and a Health and Safety file is located in each workshop for reference with all workshop staff being trained/refreshed through the appraisal process annually.

Summary of Strategic Objectives

Area of Development	Business Function	Responsibility	Benefit	Timeline
Replace Fleet Management IT System	Fleet IT PMO	Head of Fleet AD IT Head of PMO	Improved management of vehicles and record keeping. Better asset tracking, improved reporting, less paperwork for technicians and administrators. Vehicle Technicians will spend more time on vehicles.	Autumn 2018
Develop Fleet Replacement Plan	Fleet Finance	Head of Fleet/ Director of Finance	Provide an understanding of future requirements and associated costing in order to standardise and modernise the fleet through regular replacement. There will be a clear programme of replacement which will allow efficient financial planning to occur.	February 2018
Commission and De-Commission new vehicles in line with Replacement Plan	Fleet Finance Operations	Head of Fleet/Director of Finance/Director of Operations	Modernise the fleet. Reduction in maintenance costs. Decreased VOR rate Increased staff morale Increased care to patients	2018-2023
Determine best DCA model	Fleet Operations Finance IHAG	Head of Fleet Director of Operations Director of Finance	Achieve best VfM across the whole life of the vehicle whilst ensuring it complies with staff and patient needs	2018

Determine best funding model	Finance	Director of Finance	The most appropriate method of funding will be determined commensurate with the Trust's ongoing financial position	2020-2023
Re-write Lease Car Policy	Fleet HR Finance Staff side representatives	Head of Fleet	Standardise and update the Lease Car Policy.	February 2018
Monitor DCA/SRV requirement	Operations Fleet Medical	Director of Operations Head of Fleet	Align fleet with needs of organisation and the patients that it serves. Fleet changes are made to support commissioners wishes, STP and ARP demands to maximise performance and income streams.	2018-2023
Complete Fleet restructure	Fleet HR Staff side representatives	Head of Fleet	Update the Fleet staffing to best support the Trust	July 2018
Develop Service Line Reporting and associated SLAs	Fleet Operations Finance	Head of Fleet Director of Operations	Develop a better understanding of decisions made at an operational level whilst agreeing SLAs to increase efficiency	2020

Complete lean review of Fleet functions	Fleet	Head of Fleet	<p>Develop practices that maximise the efficiency of the servicing and maintenance completed.</p> <p>Standardise best practice across all fleet areas.</p> <p>Utilise the skills and experience of the fleet workforce and develop closer working across workshops.</p>	2018-2019
HART Fleet	Fleet HART	Head of Fleet HART Manager	Replace the HART fleet in line with vehicle usage and condition and in consultation with the NARU	Ashford 2018 Gatwick 2020
Maximise the use of bunkered fuel	Estates Fleet Operations	Head of Estates Head of Fleet Director of Operations	<p>Maximise the use of cheaper bunkered fuel</p> <p>Provide resilience in times of need for Trust vehicles and other partners.</p> <p>Minimise the accidental use of wrong fuels associated with forecourt use.</p> <p>Minimise the opportunities for fraud associated with forecourt and fuel card use.</p>	2019
Improve the Fleet facilities outside of MRCs	Fleet Estates	Head of Fleet Head of Estates	To improve the safety and facilities for fleet staff	2019
Establish Vehicle User Groups	Fleet Operations IHAG	Head of Fleet Director of Operations	Introduce a fleet that is fit for purpose with respect to patients and staff	2018-2023

	Finance	Director of Finance	Standardise the fleet and equipment which will reduce training needs, improve interoperability during incidents and reduce variations in clinical quality and service delivery. Facilitate ease of fleet management and spare provision.	
Review Peak Load Calculations	Fleet Operations	Head of Fleet Director of Operations	Potential reduction in fleet size More efficient use of DCA fleet	2020
Review SRV/4x4 fleet	Fleet Operations Finance	Head of Fleet Director of Operations	The fleet in use will be modern and efficient and designed to meet the Trust's needs. Operational Managers will have a vehicle that is fit for purpose and associated with an operational role. Minimise the need for hiring in of 4x4s during inclement weather	2019/2020
Maximise the recycling of medical and patient handling devices	Fleet	Head of Fleet	Minimise the expenditure on electro-mechanical and patient handling devices by ensuring that all serviceable items are recycled as vehicles are decommissioned.	2018-2023
Introduce a Driving Standards Officer role	Fleet HR	Head of Fleet	Decrease the accident rate across the Trust with associated financial savings. Provide feedback in to the driver training forum of common accidents and incidents to decrease occurrences.	April 2018

Environmental Responsibilities	Fleet	Head of Fleet	We will demonstrate alignment with and responsibility for environmental issues associated with the use of the fleet to our staff and patients. Potential funding associated with green initiatives.	2018-2023
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Achieving our Strategic Objectives – Supporting Information

Annex A	Fleet Replacement Plan
Annex B	Current Fleet
Annex C	Financial Requirements by year
Annex D	Proposed Fleet Structure
Annex E	Fleet Regulations and References

Fleet Replacement Plan

Annex A to Fleet Strategy 2018 - 2023

Awaiting financial data subject to Finance Director review.

Current Fleet

Annex B to Fleet Strategy 2018 - 2023

To be populated from Fleetman once draft has been approved and will list each vehicle type with an associated summary

Financial Requirements by year

Annex C to Fleet Strategy 2018 - 2023

Awaiting financial data subject to Finance Director review.

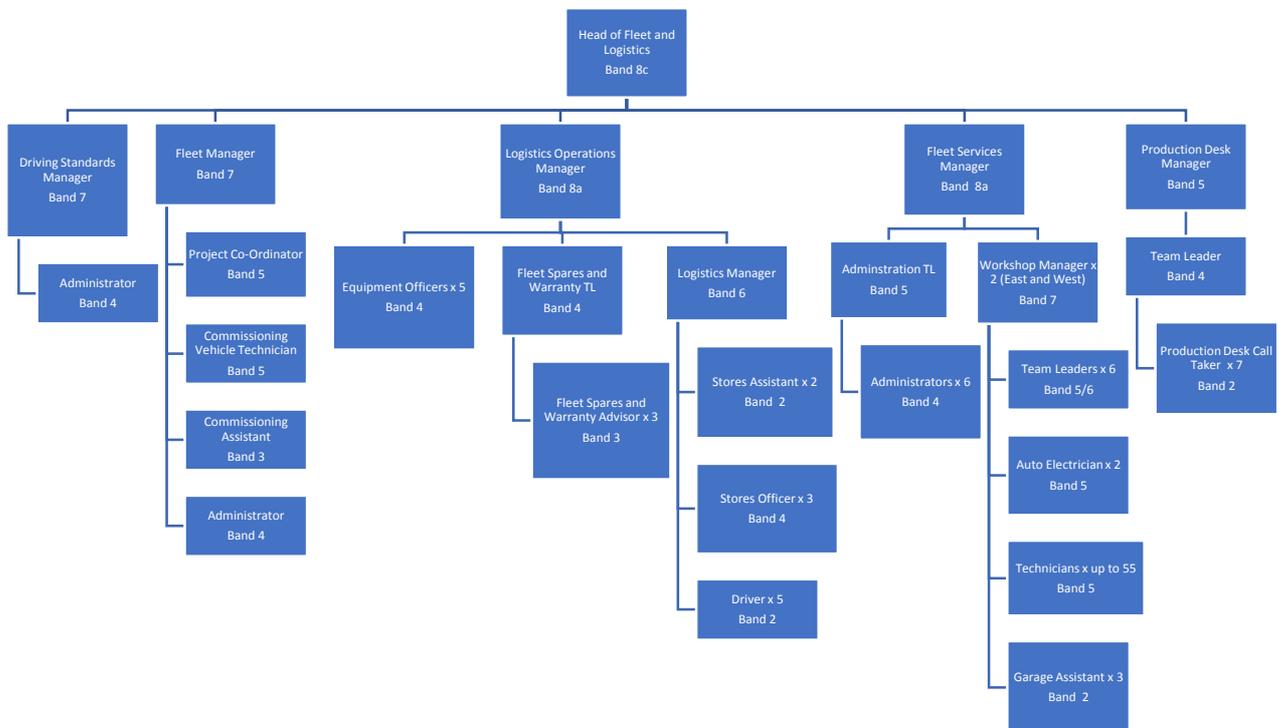
Draft Fleet Re-Structure

Annex D to Fleet Strategy 2018 – 2023

Job Evaluations ongoing and plan to absorb R&R allowance, special pay for night working and Bank payments for extra hours

Four new posts

1. *DSM – funded in full from Medical*
2. *1 new Vehicle Electrician (cost pressure)*
3. *Fleet Services Manager (cost pressure)*
4. *Fleet Manager – created from removal of third Workshop Manager*



Fleet Regulations and References

Annex E to Fleet Strategy 2018 - 2023

To be populated

Agenda No	

Name of meeting	Trust Board	
Date	14 March 2018	
Name of paper	PMO Delivery Progress Update	
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	What is the board / committee being asked to consider and/or decide? <ul style="list-style-type: none"> • To note the continued progress made in relation to the PMO improvements • To note the developments of the CQC Task and Finish Groups • To review the dashboard to be fully sighted on the current progress of the Delivery Plan 	
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	

Introduction

1.0 This paper provides a summary of the progress in for SECAMB's Delivery Plan. The plan includes an update on the following Steering Groups:

- Service Transformation and Delivery
- Sustainability
- Compliance
- Culture and Organisational Development
- Strategy

1.1 The Dashboard gives high level commentary and associated Key Performance Indicators (KPIs) for this reporting period where appropriate. As projects come to completion the reader should note that project closure processes will be enacted to ensure that continued and sustained delivery moves into Business as Usual (BaU). Performance will be managed / reported within existing organisational governance and within the Trust's Integrated Performance Report (IPR).

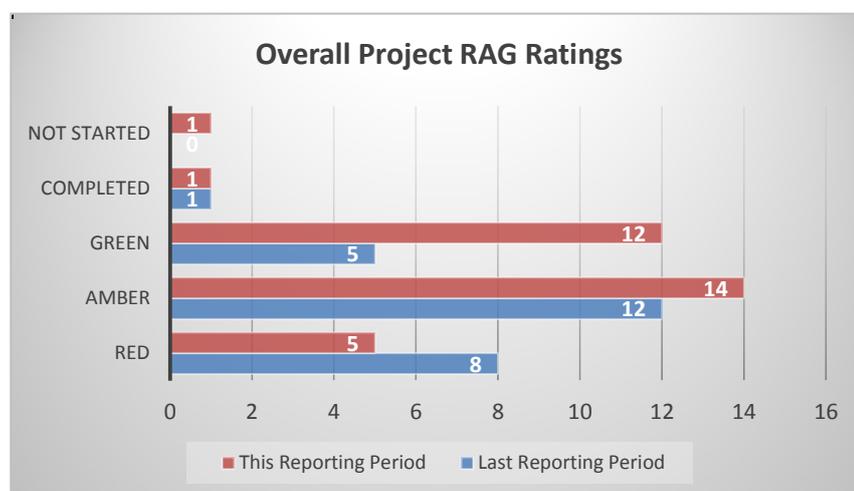
1.2 A summary of overall progress and whether the projects are on track to deliver within the expected completion dates and/or risks of failing can be found in the detail of this report.

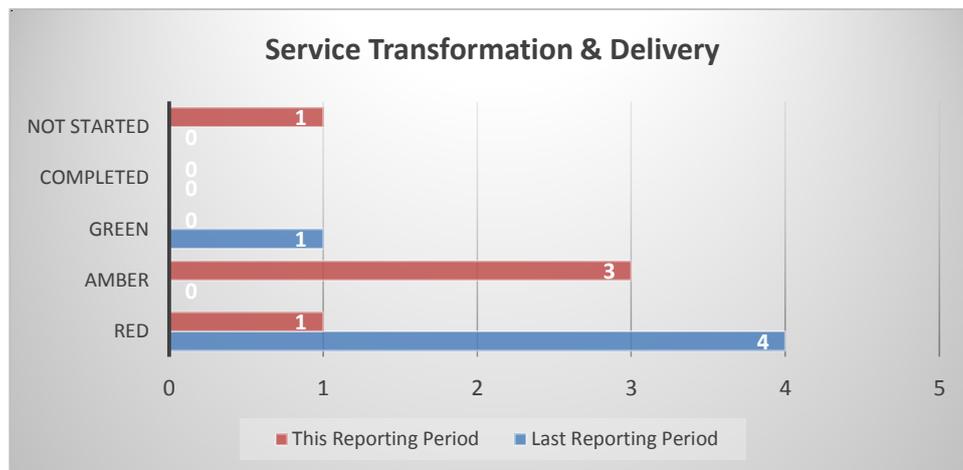
1.3 The Delivery Plan Dashboard (Appendix A) provides a summary of progress within this reporting period. For information the RAG status is defined as follows:

- Red – For those projects that are at significant risk of failure due to circumstances which can only be resolved with additional support
- Amber – For those projects at risk of failure but mitigating actions are in place and these can be managed and delivered within current capacity
- Green – For those projects which are on track and scheduled to deliver on time and with intended benefits
- Blue – For those projects which have completed.
- White – For those projects not started

1.4 The graph below provides an overview of status of the projects within the Delivery Plan.

Please note, since the last reporting period, the Delivery Plan now includes eight additional projects that are now governed by the Sustainability Steering Group.





- 2.0 **Hear and Treat** – Challenges remain with delivery of the Hear and Treat project, in particular the recruitment of sufficient clinicians, however the Clinical Framework which involves reviewing working shift patterns has now been approved by the Executive Team which will help to facilitate improvements to the recruitment process to achieve the end target of 45 clinical supervisors in post in EOC and improve the Hear and Treat performance from 6% to 10% by the end of July 2018.

NHS Pathways compliance for recorded clinical support to call handlers continues to remain 100% NHS Pathways licence compliant.

RAG is reported Amber from Red in this reporting period to reflect the Executive Team approval of the proposed new EOC Clinical Framework.

- 2.1 **Demand and Capacity Review** – The aim of this review is to evaluate and assess differing models of operational delivery. The final report for this programme of work will be April 2018 with regular interim reports provided up to then. For this reporting period, the RAG has moved from Green to Amber. This is due to the completion date moving from 13th April 2018 to w/c 30 April 2018.

- 2.2 **ARP Demand and Capacity Delivery** – The National ARP work is moving to focus on safe and effective non-conveyance. Key individuals from across the Trust are being assembled in preparation for the work commencing. A Project Mandate and QIA is currently in development which will outline the project scope and high level milestones. RAG is at white in this reporting period as the project has not started.

- 2.3 **Hospital Handover** – This project remains at Red. This is mainly due to recent system pressures and limited ability of hospitals to flex capacity in order to support timely handovers. Most hospitals are engaged with the programme but not all has had an impact on the overall programme. There have also been some delays in producing granular reports and ensuring technical solution to support improving Crew to Clear time. As the project is due to finish by 30th April 2018 there are significant concerns that a reduction in hours lost will not be realised within this timescale.

- 2.4 **National Ambulance Resilience Unit** – This project has moved from Red to Amber as although slow to gain traction, in recent weeks, headway with certain actions has been made. Key performance indicators are going to be further defined in the coming weeks to enable successful completion of the project by October 2018. A RACI has been

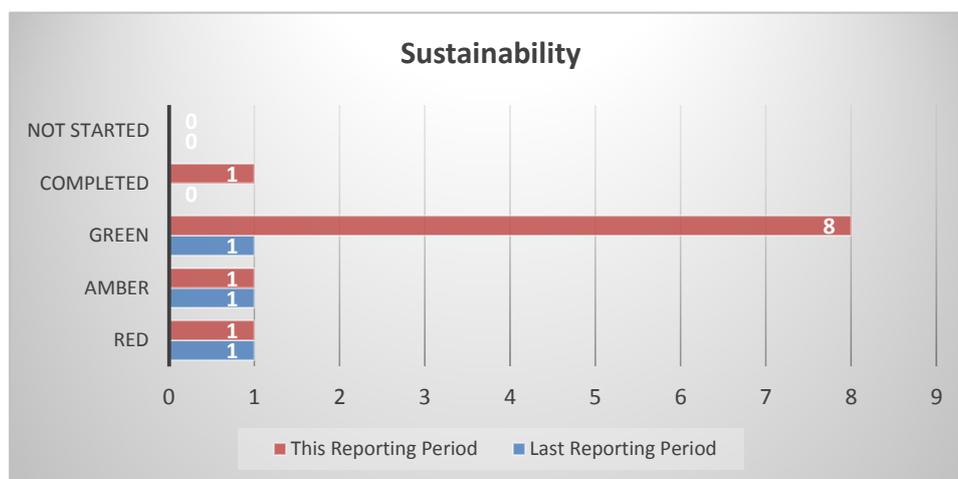
completed to ensure key roles and responsibilities within the project are assigned to appropriate persons demonstrating those who are responsible and accountable and those to be consulted and informed.

There are concerns around resourcing and capacity issues and to mitigate certain areas of the project that are affected, priority has been given to key tasks to ensure that traction of the project remains consistent, with a view that the project in the future will go to a green status.

Support is now being provided by the PMO with a dedicated project manager attached to the programme. This has assisted with the overall management of the project plan and other documentation.

Sustainability

3.0



HQ Phase 2 – This project is now formally closed and Coxheath now has 51 fully resilient positions. The project closure documentation has been formally signed off by the Executive Sponsor with any outstanding actions now handed over to the Quality and Safety Directorate with clear owners identified. RAG status changed to Blue for completed.

3.1



ePCR –The current contract with Kainos has now ended and a revised paper (preliminary business case) will be presented to the Executive Management team on 27th March 2018. This paper will outline the options and potential systems that are available to the Trust. The current project as it stands will be going through a project closure and new projects will be initiated. It is anticipated that further detail will be provided in the next reporting period. RAG status remains at Red within this reporting period.

3.2



CIP – The Plans are on track within this reporting period, see Pipeline Dashboard and Delivery Tracker for further detail (Appendix B and C). The Trust had £17.8 million fully validated schemes, however, following validation, operational issues have prevented full realisation of the CIP schemes which led to some scheme being withdrawn or reduced. The Trust has now achieved its CIP target of £15.1million and a decision has now been made by Executives to not actively pursue any further schemes for 2017/18. Progress has now commenced to develop a CIP plan for 2018/19 with the view that a final plan will be produced by 30 April 2018. RAG status remains at Green within this reporting period.

3.3

The Digital Programme Board has now been established and any projects within an IT element will be presented to the this Board for consideration. The Programme Board is currently overseeing 8 new projects within this reporting period;

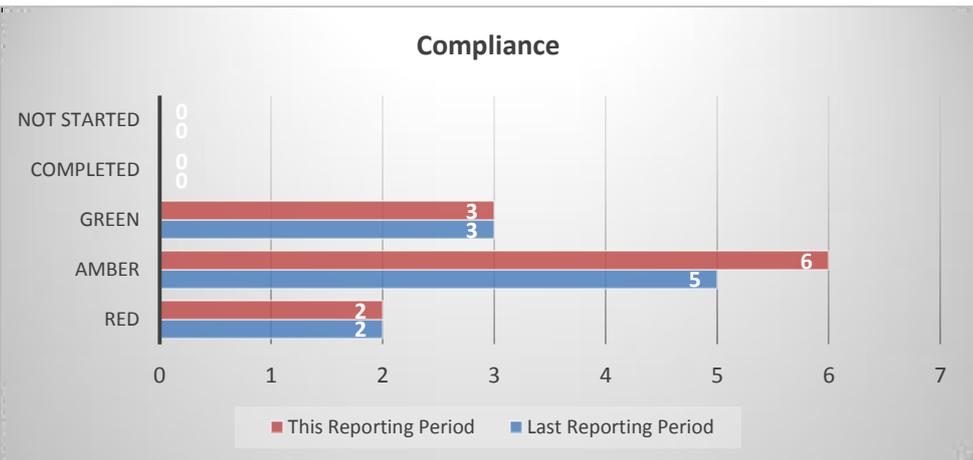
- Banstead Point of Presence (POP)
- Business Intelligence Improvement
- Cyber Security
- Spine Connect
- Provider Connect
- GP Connect
- Replacement of Telephony and Voice Recording
- Fleet Management system

- 3.4 ● Banstead POP** – The project is to relocate the Airwave Point of Presence servers from Banstead to Crawley. The POP servers contain the hardware and associated software to allow the dispatching of emergency vehicles. Installation of all the servers has now been moved to Crawley and the next phase will be to commission and decommission the sites. No risks or issues highlighted in this reporting period. This is the first reporting period and the RAG is Green.
- 3.5 ● Business Intelligence Improvement** – The project is to deliver a consistent approach of reporting by developing a new data warehouse structure that improves consistency of reporting. A Project Mandate and QIA is currently being developed which will outline clear objectives and timelines. This is the first reporting period and the RAG is Green.
- 3.6 ● Cyber Security** – As a result of the Wannacry ransom outbreak in May 2017, NHS England released funding to support Trauma Centres and Ambulance Trusts in mitigating gaps in their IT security model. This project will ensure the procurement of hardware and software by 31st March 2018. Once this is completed, further plans will be put in place regarding implementation. This is the first reporting period and the RAG is Green.
- 3.7 ● Spine Connect** – Funding was recently secured from NHS Transformation to provide integration with Cleric and access to the NHS Spine Services to enable staff, initially EOC and then front line, to look up patients NHS number on the Spine, view Summary Care Records and view Child Protection flags. This project is on track to deliver the first of three expected outcomes (NHS Number) by 1st April 2018. SCR will follow on in June 2018 and Child Protection Information System (CP-IS) by end of July 2018. This is the first reporting period and the RAG is Green.
- 3.8 ● Provider Connect** – Funding was recently secured to deliver an interface to enable IBIS access to Mental Health care plans by end of April 2018. Provider engagement is now complete, system developments to select and share care plans is ongoing and on track to complete by end of March 2018. The quality assurance process will commence at the beginning of April in preparation for the deployment of the Mental Health Care Plans into IBIS at the end of April 2018. No risks or issues highlighted in this reporting period. The project is RAG Green.
- 3.9 ● GP Connect** – Funding was recently secured to deliver a GP message interface from IBIS to inform GPs of patient interventions across the Trust's regional footprint. The procurement of the Docman Connect solution has been completed. The next stage of the project is to develop and test the system to ensure IBIS integration by early April 2018. No risks or issues highlighted in this reporting period. No risks or issues highlighted in this reporting period. The project is RAG Green.
- 4.0 ● Replacement Fleet Management System** – This project is to replace the existing 'Fleet Man' system supplied by Cleric to improve reporting by 1 October 2018. The system will provide an asset tracking methodology for all patient conveying equipment. The Business Case, Project Mandate and QIA has recently been approved. A project plan is currently

being developed which will outline clear deliverables and defined timescales. No risks or issues highlighted in this reporting period. This is the first reporting period and the RAG is Green.

- 4.1 **Replacement of Telephony and Voice Recording system** – The specification and timeline for procurement has now been agreed. Tenders due for submission by 30 March 2018 with award by 16th April 2018. The timeline for replacement system has slipped due to the open tender procurement. This is the first reporting period and the RAG is Green.

Compliance



- 5.0 **Incident Management** – This project is RAG rated Amber this reporting period due to the continued challenge the Trust is having to complete and clear the backlog of SI investigations within 60 days. Extra capacity has been provided to support the team to mitigate this issue and it is anticipated that the backlog will be reduced significantly in April 2018 which will put the project back on track for successfully delivery by 1st August 2018.

- 5.1 **Safeguarding project** – The project is RAG rated Green as the Trust has now achieved the expected 85% compliance for Level 3 Safeguarding training and the current completion rate within this reporting period is 92%. There is a risk that the project may not deliver the project objectives by 31 August 2018 due to the interdependencies with the Culture Change to ensure that there is safeguarding oversight of disciplinary cases that have safeguarding themes. The Trust Quality Assurance Visits will continue to focus on safeguarding oversight which will provide evidence on how prepared staff feel in escalating safeguarding concerns and identify any gaps.

- 5.2 **Risk Management** – This remains at Amber due to the further work recently identified related to local Health and Safety risk assessments which need to be reviewed and possibly placed onto the corporate risk register. The Trust is above trajectory for reviewing risks on Datix with the appropriate risk lead and this work will soon be completed as planned.

Due to the complexity of the Medical Devices work stream, a change control has recently been approved by Executive Sponsor and Turnaround Executive to create a new project for this area and therefore Medical Devices will no longer report under this project.

- 5.3 **Medical Devices** – This project is RAG rated Red as a draft Mandate and QIA is in development for the Medical Devices project with work underway to further define the KPIs. In the next reporting period, an improvement action plan will be in place with clear objectives and milestones defined.

- 5.4**  **Governance and Health Records** – Since the original Governance, Health Records and Clinical Audit improvement action plan was created, the theory of change that sits behind the plan has developed and our understanding of some of the issues has deepened. This has led to the addition of milestones and created a structure where the key milestones for completion do not drive the achievement of our objectives. This creates confusion when leading change, gives the appearance that unmet objectives have been achieved and makes it difficult to measure our improvement.

In order to address these issues, a change control request to move the completion date from 31st March 2018 to 31st July 2018 has recently been approved by Turnaround Executive. A re-evaluation of the QIA has been undertaken and the revised objectives leaves the level of risk unchanged. The refreshed objectives better reflects our current position and improves the likelihood of achieving the desired impact.

A revised project plan is being developed. This report remains at Amber due to the issue regarding poor performance in the accuracy of completion of the minimum data set as the target is 90% by 30th June 2018 and we are currently at 51%. A process for audit and feedback of PCRs is now in place and work is underway to amend the CAD incident number from eight digits to four digits to reduce transposition errors and linking of records to SECamb.info. This will help to mitigate some of the issues currently being experienced with accuracy.

- 5.5**  **Complaints** – The project is RAG rated Green. Support from the Chief Executive and the Director of Operations in promulgating the importance of completing complaints investigations within timescale has had a significant impact on performance, with more than 90% of complaints concluded within timescale each week since February 2018.

In addition, the complaints investigation training provided to operational managers and team leaders has increased the number of people capable of investigating complaints, and has also improved the quality of investigation reports, such that fewer reports now have to be returned for further work. A Shared Learning Discussion Group has been created, whose purpose is to triangulate information gleaned from serious incidents, complaints, safeguarding, etc, to consolidate learning across all areas, and to discuss the development of new mechanisms for sharing learning across the Trust.

- 5.6**  **EOC** – A change control has recently been submitted and subsequently approved by Turnaround Executive to change the target for minimum number of audits required. The Trust will now aim to achieve 70% of required audits by 31st March 2018, moving to 100% by 31st May 2018. This new trajectory has been agreed with NHS Pathways and CCGs as a realistic target to aim for in achieving compliance.

There is also a slight change to the objective which has also been signed off by Executives via the change control process regarding the Trust improving call answer with an efficiency of 4.5 calls an hour. It has been agreed that the call efficiency is an important driver but it is still possible to achieve the objective without necessarily meeting the efficiency target.

The project remains at Red due to the continued challenges with recruiting necessary EMA staff, audit levels not meeting the national requirements and failure to meet call answer trajectory. The expectation is that this project will move to Amber by end of June 2018 following the realisation of Clinical Retention Plan, the introduction of the EOC Clinical Framework and CDSS, with a continued push towards meeting audit requirements.

It is anticipated that the project will move to RAG green by end of August 2018 following the development of HR recruitment and progression strategies for clinical recruitment and the EMA Retention framework (including EMATL evaluation) as part of career progression scheme.

5.7  **Performance and AQI project** – Project RAG remains at Amber. There remains wider risks to meeting commissioned performance before the project can be considered Green.

Through reducing lost operational hours, better meeting the needs of service users, and enhanced fleet and recruitment strategy, performance has continued to improve however, internal and external system risks and issues continue to have an impact on performance. Recent adverse weather, suboptimal provision of operational hours, and increased hospital turnaround time has contributed to poor performance in February.

This project will no longer oversee the clinical outcome indicators as this has been formally transferred to Governance and Health records via the change control process for improved oversight. This has not affected project delivery.

5.8  **Medicines Governance** – The Medicines Governance Improvement Action Plan is on track to complete with the following objectives achieved (with supporting evidence) by 31st March 2018;

- The Trust will have created and implemented a new Governance structure for medicines management which will take into account relevant regulations, national standards and guidance to support excellent patient outcomes and safety. This will be reflected in the operational framework policies, procedures and plans
- The Trust will design systems and processes relating to the safe and secure handling of medicines to support excellent patient outcomes and safety. All stations will be 100% compliant to SOPs and process change
- The Trust will introduce a strategic approach to medicines governance and management training to maintain and update the knowledge, skills and experience of staff at required levels to support and for better patient outcomes

To move to RAG status green the processes around medicines optimisation need to be embedded with the frontline staff as it is here that we are seeing non-compliance to tagging paperwork and the loss of Double Crew Ambulance (DCA) drug cabinet keys. To address the issue around pouch tagging the paperwork for packing system has recently been changed. The impact of this is yet to be evaluated.

A recent paper in relation to the lost DCA drug cabinet keys presented options to address the issue of key loss to the Executives, and a change will be made in March 2018 once a QIA has been completed.

In the main the Operating Units are compliant around safe and secure handling of medicines. This is evidenced through in the weekly and monthly audit checks. The quality assurance visits are also picking up good practice around medicines governance.

The new medicines policy, Patient Group Direction (PGD) Standard Operating Procedures (SOP) and five other SOPs on medicines governance have all been approved (or are in final stages of approval) by Joint Partnership Forum (JPF) and Senior Management Team (SMT). Medicines Governance Education and Training packages are nearing completion for delivery in 2018/19. This year staff will have three hours key skills training on medicines governance topics.

There is still work to be done on medicine protocols, and two PGDs to improve governance around medicines administration. The team are working hard to achieve the objectives laid out by 31 October 2018.

This project is changed from Red to Amber in this reporting period.

- 5.9  **999 Call Recording** – Weekly audits remain ongoing, and further changes to the system have remained frozen unless it is related to a known error. The new telephony system is out to tender and a decision is expected to be made around 16 April 2018.

The Project is RAG rated Green due to a clear process to replace the telephony system.

- 6.0  **Infection Prevention and Control** – This project is RAG rated Amber from Red. A new audit process is in place and there has been some improvement in compliance we are seeing with Hand Hygiene and Bare Below the Elbows. There is still concern over the vehicle cleanliness standards and discussions are underway to mitigate these concerns. The Infection Prevention Ready Procedure will be in place by June 2018 which will address all elements of practice to ensure that patients and staff come to no harm.

- 6.1 Risk and Issue logs are continuing to be actively managed within the various governance groups. Where it is deemed the group cannot meet a resolution, the risk/issue is escalated to the Compliance Steering Group/Turnaround Executive and, where appropriate, intensive support will be provided from the Quality Improvement hub.

- 6.2 Work is taking place to identify dependencies and interdependencies within projects and the impact of these on teams within the organisation. Implementation of actions within Improvement Action Plans for all CQC projects is ongoing with provision of data to measure outcomes and to ensure a focus on quality.

Culture and Organisational Development

- 7.0  The Project RAG is moved from Amber to Green, the only area that will not meet the due date is the Bullying & Harassment Policy however the bulk of the project is Green, completed and on track to deliver. There are benefits especially around the training that will be delivered to the Trust Managers on key Policies such as B&H, managing conflict, difficult conversations and sexual harassment. The Bullying & Harassment Policy will be ratified by beginning of April and at that point the RAG rating will move to Green.

Action owners now meet on a bi weekly basis and this has expedited the plan to ensure that this has now moved to Green across all areas. Objective 3 is now underway with the first 360's going out to Exec and 50 Senior Managers on the 12th March 2018, this launches the new behaviours to be modelled.

For this period no dates have been changed, however a change control is underway to add an additional objective to review the effectiveness of the Culture & OD Programme which will include the communication and engagement on the new behaviours, bullying and harassment and appraisals.

Strategy



- 8.0**  **Enabling Strategy** – This remains at Amber due to the possible delays to delivery due to unforeseen interdependencies, to limitations or changes in capacity, and to delivery of other parties. The baseline target to deliver moves across into the new financial year. Please see Appendix D for further information on timelines.
- 8.1**  **Annual Planning** – This remains at Amber given clear dependencies into the Demand and Capacity review. A draft submission and operating plan has now been submitted and a schedule of work is now underway to have all contract scheduled updated by 30 March 2018. An agreement has now been made to continue the year 2 of the 2017/18 contract until the completion of the Demand and Capacity Review.
- 8.2**  **Quality Improvement** – The Trust is currently awaiting the outcomes of the application to the national Lean programme. If the Trust is not successful in this application an OJEU procurement for support to implement a QI methodology will be required, introducing delay into the implementation timeline. The completion of mandate and QIA for this project is in development. The project has moved from Red to Amber in this reporting period.
- 8.3**  **Commissioner and Stakeholder Alignment** – For this reporting period, the status is moved from Amber to Green. A Commissioner and Engagement event will be taking place on 19th March 2018 with further engagements being planned. The Trust are also now working to create a clinical case of change in support of the Demand and Capacity Review
- 8.4** A Strategy Steering group has now been established and meets on a monthly basis to monitor progress on each of the key areas identified above.

Delivery Plan Dashboard

Reporting period from 9th February 2018 to 12th March 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
	White	Not yet started

Work stream	Project Name	Project RAG Current Period	Project RAG Previous Period	Project Lead	Executive lead	CQC Deep Dive (where applicable)	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	Amber	Red	Scott Thowney	Joe Garcia	n/a	25.07.2018	<p>The objective of the project is to ensure ambulance dispatch rates by appropriately and safely increasing the percentage of Hear and Treat cases from 6% to 10% from emergency call volume.</p> <p>There remains a current continued recruitment challenge with some staff resigning after Christmas and a decline in recruited numbers. The recruitment programme has been reviewed and the proposed clinical framework approved by the Executive Team will facilitate improvements to the recruitment process.</p> <p>Business case has been submitted to introduce a Clinical Decision Support System. This software is felt to complement NHS pathways due to the shorter training time and facilitate recruitment and staff rotational strategies. One of the Clinical Decision Support solutions (Manchester Triage System) allows training to be delivered internally reducing the overall cost. The CDSS Business case was presented to the SMT on Friday 2nd March 2018 and will be presented to EMB at the end of March 2018.</p> <p>NHS Pathways compliance for recorded clinical support to call handlers continues to remain 100% NHS Pathways licence compliant with an NHS Pathways Accredited clinician in EOC 24/7</p> <p>Development of the Audit infrastructure in line with the EOC Task and Finish continues to show Clinical EOC NHP Audit meeting trajectory forecast for clinical audit compliance metrics (Target 50% compliance for February 2018).</p> <p>The integration of the Surrey Heartlands Pregnancy Advice line (SHPA) in partnership with Surrey Heartlands and Better Births from the 9th April 2018 with the public launch on the 9th May 2018 and Comms team are involved to ensure staff awareness and press notifications are in place. The SOP is pending SHBB approval awaiting Information Sharing agreements for SECAMB IG Team review.</p>	45 clinical supervisors in post in EOC	32	45	45	<p>Project RAG has been changed to Amber to reflect the exec team approval of the proposed new EOC Clinical Framework.</p> <p>The risks related to the delivery of the project remain under review to ascertain whether any actions can be taken to mitigate risk.</p> <p>EOC Telephony and IT personnel are stretched in capacity and have several work streams within this project stream.</p> <p>This project may move to a reduced RAG rating dependant on the outcome of the paper which is being presented to EMB.</p>
	Demand and Capacity Review	Amber	Green	Jon Amos	Steve Emerton	n/a	04/05/2018 (previous date was 13/04/2018)	<p>It should be noted that with the additional scope of the EoC the final report for this programme of work will be April 2018 with regular interim reports provided up to this deadline (including March 2018). The overall intention of this review is to evaluate and assess differing models of operational delivery taking into account current service configuration and then developing a clear cost base for such. This will then be factored into current and future contract placement with Commissioners.</p> <p>The outputs will include:</p> <ul style="list-style-type: none"> - Review of historic demand and development of 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 compliance with the new ARP 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 service level options, together with evidenced costs and aligned resource, for agreement with commissioners				<p>The completion date has moved from 13th April 2018 to w/c 30 April 2018 following the inclusion of the EOC review and delays in obtaining some EOC activity and workforce data. In addition to this, discussions are taking place vis-a-vis contractual arrangements beyond 31 March 2018 such that the Trust and Commissioners continue within an agreed (Contract Plan) financial envelope. The further delay in final report has moved this project from Green to Amber.</p>
	ARP Demand and Capacity Delivery	Not started	Red	Rob Mason	Joe Garcia	n/a	To be defined	<p>ARP Phase 2 completed in November 2017 with the introduction of the new categories of response times. At a national level this is now becoming business as usual for the English ambulance Trusts with effect from April 2018. The Commissioners are being encouraged to take on responsibility for the continued delivery of the new standards with a view to them being achieved by September 2018. ARP standards are going to include AQLs, CQIs call-handling and long-waits.</p> <p>The national ARP work is moving to focus on safe and effective non-conveyance.</p> <p>The Demand & Capacity review is due to report in mid-April. The Commissioners will choose an operational model which they will agree to fund and which will determine how our resources are going to be configured. This Programme will implement the agreed operating model and is likely to include changes to rosters, PAP provision, Fleet configuration and reporting arrangements.</p> <p>Key individuals from across the Trust are being assembled in preparation for the work commencing.</p>	KPIs to be defined.				<p>Project is RAG rated Red given that it is in start up. This project is dependant on the outcomes from the Demand and Capacity Review project.</p>
	Hospital Handover	Red	Red	Gillian Wieck	Fionna Moore	n/a	30.04.2018	<p>The aim of the project is to reduce the hours lost at ambulance handover with specific focus on reducing delays over 30 and 60 minutes. The aim is also to reduce the impact on response times in the community. A system wide steering group and two operational groups (East and West) have been established to deliver the improvement work needed to reduce hours lost as a result of handover delays across SECAMB area. An overall improvement for the following metrics is expected; hours lost at each hospital site, delays over 30mins and 60 mins and improved response for category 3.</p>	<p>Handover delay no more than 60mins (by March 2018)</p> <p>Crew to Clear time within 15mins 85% of the time</p>	875	N/A	0	<p>The project is RAG rated Red. There are constraints within Acute trusts to meet the initial target of no delays over 60 minutes. There is good engagement from the majority of acute trusts but not all. These issues have had an impact on meeting the no delays >60 minutes for March.</p> <p>There has been a delay in providing reports with granular detail around Crew to Clear times. There has also been a delay in providing a technical solution to provide prompts direct to airwaves handset. Both delays have had an impact on meeting the Crew to Clear target by March.</p>
	National Ambulance Resilience Unit	Amber	Red	Chris Stamp	Joe Garcia	n/a	30.10.2018	<p>The 2017 NARU Capabilities Review was undertaken last year which identified that the Trust was not compliant with 5 of the 7 domains. The aim of the project plan is to ensure full compliance with all key lines of enquiry by 30th October 2018. A project group has now been set up to deliver the objectives.</p>	The KPIs have been identified. Data is not available for this reporting period. Data regarding the KPIs will be produced at the next Task and Finish group in order to track against deliverables.				<p>Project RAG is Amber due to tight timescales and limited progress on some of the milestones. Additional resources are now in place to help bring this on target, following the recruitment of new managers. It is anticipated that more progress will be demonstrated following our next meeting.</p>
	HQ PHASE 2	Complete	Amber	Paul Ranson	David Hammond	n/a	31/03/2018 previous date was 01/09/2018	<p>All elements of this project are completed.</p> <p>The HQ Phase 2 Project was formally closed by the Chair of the Project Board (Director of Finance) on the 30 January 2018. The outstanding issues concerning the Banstead site and accommodation of Fleet & Logistics and Clinical Education are now to be addressed in the refreshed Estates Strategy hence the project completion date has been moved forward from 01/09/2018 to 31/03/2018. The Document Disposal workstream has now been handed over to Quality and Patient Safety.</p>	52 resilient positions in Coxheath				<p>This project is closed so no risks and issues to project delivery</p>
Electronic Patient Clinical Records ("EPCR")	Red	Red	Barry Thurston	David Hammond	n/a	29.03.2018	<p>Temporary withdrawal of ePCR software to enable stability upgrades. The QIA highlighted significant risks and the pilot that was due to be undertaken at Thanet has not proceeded as planned. A revised options appraisal paper to be developed for consideration at the Executive meeting March 2018.</p>					<p>This project is due to be closed in its current state with new project mandates being developed for two newly scoped projects; ipads and continuation on EPCR solution.</p>	
Financial Sustainability	Green	Green	Kevin Hervey	David Hammond	n/a	31.03.2018	<p>The activities/actions undertaken by the PMO Finance Team in conjunction with Budget Holders have enabled the Trust to reach the CIPs target of £15.1m for 2017/18.</p> <p>£17.8 million current schemes fully validated. Following validation, operational issues have prevented full realisation of some of the CIPs schemes and these have had to be withdrawn or downsized. The current forecast for realised savings is £15.5m.</p>	<p>Current CIP schemes fully validated</p> <p>£1.0 million of financial deficit forecast</p>	15.5m	£15.1m	£15.1m	<p>Project RAG remains Green. There are no risks or issues on Project Delivery – the PMO Finance Team has ceased the search for further CIPs in agreement with Turnaround Executive following attainment of the target.</p>	

Work stream	Project Name	Project RAG Current Period	Project RAG Previous Period	Project Lead	Executive lead	CQC Deep Dive (where applicable)	Project Completion Date	High-level Commentary	KPI / Outcome	Actual	Planned	End Target	Risks and Issues to Project Delivery		
Sustainability Steering Group	Banstead Point of Presence (POP)	Green	First reporting period so no previous RAG	Stewart Edwards	David Hammond	N/A	31.10.2018	<p>The Trust is in the process of decommissioning the Banstead Headquarters and moving all of the activities to the new Crawley Headquarters. The Banstead Headquarters still houses the Airwave Point of Presence (POP) servers. The POP servers contain the hardware and associated software to allow the dispatching of emergency vehicles.</p> <p>The project aims to deliver the following objectives:</p> <ol style="list-style-type: none"> 1. Relocation of the Banstead POP to Crawley HQ. 2. Removal of the Crawley POP remote site. 3. Decommissioning of the redundant Banstead POP site. 4. Cancellation of redundant BT fibre circuits. 5. Readiness to completely decommission the Banstead headquarters. <p>This is the first reporting period for this project.</p>	Airwave Point of Presence servers relocated from Banstead to Crawley				Project is on track and no risks and issues to project delivery		
	Business Intelligence Improvement	Red	First reporting period so no previous RAG	Alex Croft	David Hammond	N/A	TBC	<p>This project will aim to deliver a consistent approach for the Trust's reporting mechanisms, through the delivery of a data warehouse that allows for the business logic to be applied at the time of the incident, ensuring consistent reporting on current and historical incidents. The new warehouse will also be able to manage the pressures applied to it from modern analytics, allowing for faster access to reports, also enabling the development of more complex reporting, without the fear of hardware limitations.</p> <p>The project will also provide a new reporting platform that provides a self service analytics portal, that empowers the user to drill in to the information to the required depth, whilst allowing for complex reports/dashboards to be built without the need of complex code and in a shorter timeframe. During this process it will also develop a change process for new and existing reports to ensure there is governance and evidence surrounding changes made to reports.</p> <p>To support the Trust through the recovery phase, the project will also oversee the recruitment of additional staff with the specialist knowledge required to push forward the standard of reporting within the Trust, ensuring it can be maintained for the longer term.</p> <p>The Project Mandate is currently in development and it will be going to the Digital Programme Board for comments on 22nd March 2018. This is the first reporting period for this project.</p>	A new data warehouse is established						
	Cyber Security	Green	First reporting period so no previous RAG	James Fox	David Hammond	N/A	31.03.2018	<p>As a result of the Wannacry ransomware outbreak of May 2017, NHS England released funding to support Trauma Centres including Ambulance Trusts in mitigating gaps in their IT security model. SECAmb submitted a bid identifying areas for improvement and were awarded funds of £725k to resolve the security vulnerabilities identified. We have developed a set of minimum requirements for each of the solutions and are currently in the process of evaluating products predominantly from market leaders in the field.</p> <p>The project involves the outline assessment of relevant solutions against an agreed set of requirements which will be scored. The top one or two solutions will be further evaluated depending on their complexity and then a decision made in each of the product areas. Procurement, payment and receipt of hardware and software (including minimum of year 1 support and maintenance, pre-purchasing of engineering days for implementation, relevant training programmes/certification and licensing) must be completed by end of March 2018.</p> <p>This is the first reporting period for this project.</p>	All software and hardware is procured						
	Spine Connect	Green	First reporting period so no previous RAG	Phil Smith	David Hammond	N/A	30.07.2018	<p>SECAmb NHS Spine Connect project provides technical messaging interfaces from Cleric (via an accredited third party brokering software solution from Quicksilver) into the NHS Spine. NHS Number capture is achieved through matching key demographics data on the Patient Demographics Service (PDS). Once an NHS Number has been identified, Clinicians can then view Summary Care Records and Child Protection flags (via CP-IS). Includes SmartCard provision for EOC Clinicians, support from NHS Digital [Strategic].</p> <p>The three phases to the project are:</p> <ul style="list-style-type: none"> - NHS Number PDS to be delivered early April 2018 - Summary Care Records to be delivered by June 2018 - Child Protection Information Systems (CP-IS) to be delivered end of July 2018 <p>Data will not be available until we are live with SCR and CP-IS.</p>	<p>PDS - NHS Number Capture: percentage of C3/C4 calls are matched to an NHS Number.</p> <p>SCR - Summary Care Record: percentage of SCR accessed records where available and appropriate for the type of call.</p> <p>CPIS - Child Protection Information Sharing: percentage of calls where CPIS flag queried</p>	60%	No data available	60%			
	Provider Connect	Green	First reporting period so no previous RAG	Matt Stafford	David Hammond	N/A	30.04.2018	<p>This project aims to provide a tactical solution to make mental health crisis plans available to Ambulance crews who are attending a 999 call with the aim of reducing unnecessary conveyances to hospital. The project will deliver a generic IBIS interface that is capable of receiving a feed of mental health crisis plans from each of the Mental Health Trusts across Kent, Sussex and Surrey, to be viewed at the time of a 999 incident.</p>	<p>Number of mental health crisis care plans available on IBIS</p> <p>Percentage of mental health plans that successfully match a 999 call</p> <p>Percentage reduction in conveyances where a mental health care plan is present</p>		No historical data available. Future KPI/Outcome data will be available once the service is implemented	80%	15%	5%	<p>This project is RAG rated Green. There is a continued dependency on external providers to complete work which will ensure the project progresses, however we are on track to deliver a generic IBIS interface capable of receiving care plans which is the direct scope of this work.</p> <p>Currently we are on track to receive a feed of care plans from Sussex & Partnership NHS Trust by the end of March 2018 to test our system processes, and then will follow with the other two Trusts in April 2018.</p> <p>The service also requires an information sharing agreement with each of the Providers. IG leads at each organisation have not noted any direct issues with this work but commented that our current ISA for IBIS will need updating for GDPR. Surrey & Borders have signed the agreement and both Sussex and Kent are in the process of doing so.</p>
	GP Connect	Green	First reporting period so no previous RAG	Matt Stafford	David Hammond	N/A	30.04.2018	<p>This project will deliver a GP messaging function to improve how IBIS transmits referrals and information to GP surgeries and other organisations. Currently IBIS transmits documents via rns.net and instead this project will send information via an automated web service to be received in primary care in line with other clinical documents, either via MESH or Docman inboxes. The service will improve the number of documents successfully received and provides an automatic indexing of documents against GP clinical records, together with reports available for SECAmb to view.</p>	<p>Percentage of selected referrals successfully delivered to the GP system</p> <p>Percentage of selected referrals received via Docman inbox in primary care</p> <p>Percentage of selected referrals successfully filed within the GP system</p>		No historical data available. Future KPI/Outcome data will be available once the service is implemented	95%	60%	80%	<p>This project is RAG rated Green. A delay in the PO being raised and Docman being set up on SBS has pushed back some of the integration work planned. This delay will not impact upon the overall timeframe and the project is still on track to set up the IBIS integration with the Docman web server by the end of March 2018, and to begin testing and sending SECAmb clinical documents through this service in April 2018.</p> <p>There is an overall project risk across Provider Connect and GP Connect as both projects utilise the same software development resource who also provides critical and urgent support to IBIS business as usual if there is a direct impact on patient care. Currently his workload is prioritised for these projects and planned for delivery, however if any more urgent fixes are required this may impact on the project delivery time.</p>
	Replacement Fleet Management System	Green	First reporting period so no previous RAG	John Griffiths	David Hammond	N/A	01.10.2018	<p>The Fleet Management System (Fleetman) is a vital tool used by Fleet, the Production Desk and Logistics for managing the fleet including forecasting all pre planned maintenance of all vehicles and equipment ensuring that compliance is met, all legal obligations are maintained and statutory test dates are not exceeded. As from late 2018 the supplier will no longer continue to support it. A replacement system is therefore required as the current system is no longer fit for purpose. A fully automated system which will replace some of the labour intensive manual reporting that has resulted from the merger of the three Trusts and subsequent evolution of the Trust, along with requirements from CQC, will free up some much needed capacity. The system will also provide an asset tracking methodology for all patient conveying equipment, such as trolleys and chairs, and for all medical equipment such as AEDs, Lifepacks, suction units etc. This was highlighted in the CQC report as an area needing attention.</p> <p>This is the first reporting period for this project.</p>	The Fleet Management system will be replaced and implemented.						
	Replacement of Telephony and Voice Recording System	Amber	First reporting period so no previous RAG	Phil Smith	David Hammond	N/A	01.05.2018	<p>Following the CQC Inspection in May 2017, it has been noted that the voice recording system has failed to record all 999 calls consistency since January 2017. Those concerns have been escalated to the Executive Team, and the Trust subsequently declared this as a serious incident and began an investigation.</p> <p>The Trust will have a robust telephony and voice recording system and will keep 100% of completed and accurate recordings of 999 calls. Functionality of the existing systems will be improved along with information to support Operations Centre forecasting and capacity management.</p> <p>The specification and timeline for procurement has now been agreed. Tenders due for submission by 30 March 2018 with award by 16 April 2018.</p> <p>This is the first reporting period for this project.</p>	Telephony and Voice Recording system replaced and implemented				The timeline for replacement system has slipped due to the open tender procurement process		

Work stream	Project Name	Project RAG Current Period	Project RAG Previous Period	Project Lead	Executive lead	CQC Deep Dive (where applicable)	Project Completion Date	High-level Commentary	KPI / Outcome	Actual	Planned	End Target	Risks and Issues to Project Delivery
Compliance Steering Group	Incident Management	Amber	Amber	Samantha Gradwell	Steve Lennox	08.Nov.17	01.08.2018	The Trust Incident Management process has been a reactive process used to identify harm and it was frequently perceived as a vehicle to punish staff when they were seen as causing the identified harm. The aim of this project is to ensure the Trust has an effective incident management system that clearly identifies learning and that learning is valued and shared widely across the Trust to continually drive improvements in safety.	20% increase in overall incident reporting (Monthly)	590	556	556	This project remains RAG rated Amber due to the combination of positive and negative test measures. Incident Management is progressing to plan whilst Serious Incident management is not to plan. With the significant increase in reported serious incidents in January (22) there continues to be a challenge to complete the investigations in a timely manner. It is expected that the backlog will be 0 in April and the Trust will be able to achieve an improved response rate. The quality of the investigations completed remains poor and there is work being undertaken to improve these. There has been a renewed focus and changes to Duty of Candour process which is currently attaining a high level of compliance. Work continues on developing an open reporting culture and showing staff that they will not be punished for making an honest mistake. The disciplinary and capability policy is currently being reviewed to ensure that there is clear separation between and honest mistake and circumstances that require a different approach.
									>75% of incidents closed within time target [SECamb Target]	84.0%	62.0%	75.0%	
									90% of Serious Incident investigations will be completed within 60 working days.	13.0%	74.0%	90.0%	
									100% of Serious Incidents compliant with 72 hour STEIS reporting	25.0%	50.0%	100.0%	
									96% of incidents graded as near miss, no harm or low harm	92.0%	90.0%	96.0%	
									80% of incidents where feedback has been provided	8%	50%	80%	
	Safeguarding	Green	Green	Philip Tremewan	Steve Lennox	01.Dez.17	31.08.2018	The Trust has now achieved the expected 85% compliance for Level 3 Safeguarding training with figures demonstrating 92% completion; further work will continue to ensure that completion rates progress to as close as possible to 100% by the end of March 18. Success of the remaining objectives continue to be reliant on the wider interdependencies across the Trust although there is evidence demonstrating how the safeguarding components of these interdependencies is progressing. The limited success of progress has been recorded on the T&F Group Risk Log as there is a strong likelihood that agreed due dates will be exceeded. Continued focus needs to remain on safeguarding oversight of the Trust's Quality Assurance Visits as this is proving to be one of the key indicators measuring how prepared staff feel in escalating safeguarding concerns.	The number of staff trained to level 3 Safeguarding	92.3%	85.0%	85.0%	Project is RAG rated Green. The Trust has achieved the expected 85% compliance for L3 Safeguarding Children training however the aim will be to achieve as close to 100% by the end of March 2018. Challenges continue to remain with the interdependencies with other workstreams including Culture Change and the Bullying & Harassment issues that came out of the Duncan Lewis report. However the IAP evidences that progress is being made albeit slower than anticipated - progress includes greater safeguarding oversight of disciplinary cases that have safeguarding themes. Objective 5 of the Improvement Plan has a strong focus on addressing inappropriate power relationships throughout the Trust and many of the actions in this objective aim to promote a more empowering and supportive staff environment. Again, progress has not been as rapid as anticipated however assurance has been provided at the Task & Finish group that the actions are moving forward.
									90% 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 fed back through appraisal bulletins, local governance groups.	88.0%	n/a	90.0%	
	Risk Management	Amber	Amber	Samantha Gradwell	Steve Lennox	19.Jan.18	31.08.2018	Risk Management governance and systems were ineffective and roles and responsibilities were unclear. The aim of the project is to ensure that the Trust will have effective risk management governance and systems, with clear roles and responsibilities identified. Learning is valued and shared widely across the Trust to continually drive improvements in safety.	Individual Risks Reviewed on Datix With Principle Risk Lead (includes training & awareness)	140	126	140	Project RAG remains at Amber. The Trust has completed the work to identify the number of Risk Registers that may be held locally. Although this has been completed we have recently identified the presence of further significant work related to local Health and Safety risk assessments which need to be reviewed and possibly placed onto the corporate risk register. The necessary governance work being undertaken to address this may have an affect on project milestones. Further work is being undertaken to identify proposed solutions. The Trust is above trajectory for reviewing risks on Datix with the appropriate risk lead and this work will soon be completed.
									Operational sites & Directorate Risk Registers Identified Other than Datix	29	25	29	
	Medical Devices	Red	First reporting period so no previous RAG	Nicola Brooks	Steve Lennox	N/A	TBC	The Trust had an IT system that was not fit for purpose to manage the recording of the servicing data of medical devices. This caused input issues which were further aggravated by a lack of any real audit process being in place. All Medical devices will be serviced, maintained and available to all operational members of staff in accordance with the Medical Devices Management Policy, in the delivery of patient safety and care. The Trust will ensure that the security of all Trust operational premises and ambulance vehicles will be upheld.	Audit of Medical Devices	88	159	239	As this project is in start up it is RAG rated Red. Risks and Issues will be identified with the completion of the Project Mandate and QIA. Further KPIs and Outcome measures to be confirmed
	Governance, Records & Clinical Audit	Amber	Amber	Dean Rigg	Fionna Moore	19.Jan.18	31/07/2018 (note that the original date was 31/03/2018)	The Trust did not complete Patient Clinical Records accurately, there was a lack of identified training opportunities for staff and there were delays and inefficiencies in processes involving the recovery and scrutiny of health records. The overall aim of the project is to increase the quality and efficiency of the Trust's completion, storage and audit of health records. The Patient Clinical Record form (PCR) is to be redesigned to increase ease and efficiency of completion, and therefore elicit greater compliance and quality. The current PCR audit system is a check of completeness of the form against the requirements of the Minimum Data Set. A process for scrutinising the quality of the data entered is in development. The STEMI & Stroke care bundle, Cardiac Arrest and ROSC KPIs have been added to this plan following the transfer of the AQI objective from the Performance Targets & AQIs plan. Some data is not available within this reporting period for Cardiac Arrest Survival and ROSC.	Patient Records will be completed accurately	51.0%	0.0%	90.0%	Project RAG remains Amber due to poor performance in the accuracy of completion of the minimum data set in patient care records and the linking of patient care records to info.SECamb. A process for audit and feedback of PCRs is now in place, with plans for it to be further developed. Work is underway to reduce the length of the CAD incident number to reduce transcription errors and improve linking of records to SECamb info. A project risk around the agreement of a quality improvement methodology is still in place, however a timeline has now been developed which aligns the agreement and development of this methodology to the Culture Change programme within the organisation. A change control form has been approved for this project, extending the length of the project by four months. It is possible to implement the required assurance and improvement systems within the current timeframe of the project, but more time is required to change staff behaviours. A re-evaluation of the QIA for this project leaves the level of risk unchanged. It is not expected that any of these changes will have a negative impact on our patients, staff or the Trust, but will mean that we will not reach some of our targets as soon as we hoped.
									Incidents will have Patient Clinical Record linked	86.8%	N/A	90.0%	
									STEMI (care bundle)	57.40%	81%	73.80%	
									Stroke (care bundle)	93.50%	98%	97.50%	
									Cardiac Arrest Survival (Combined)	11%	n/a	n/a	
									ROSC (Combined)	25.20%	n/a	n/a	
	Complaints	Green	Amber	Louise Hutchinson	Steve Lennox	14.Mär.18	31.03.2018	There was a lack of attention paid to complaints and the value of learning from them. Sufficient priority had not been afforded to these processes throughout the organisation. The aim of the project is to restore complainant/patient confidence in our service; to generate improvements in the treatment and service provided to patients and their carers as a result of learning from complaints; and to reduce the likelihood of problems recurring, and raise awareness among staff of the value of complaints as a tool for improvement by sharing the learning from complaints widely. Overall improvement was not 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. Following a dip on performance as a result of the high demand, BCIs, annual leave and sickness over the Christmas and new year period, there has been a considerable improvement in compliance with the complaints response timescale.	Complaints will be concluded within the Trust's target of 25 working days.	95.0%	80.0%	80.0%	One of the risks associated with the achievement of the complaints response timescale is "The Potential for REAP level eroding protected admin time dedicated to complaints investigation". The Trust has recently experienced extremely high levels of demand, resulting in the declaration of BCIs during this period. Again, the additional tasks expected of those who investigate complaints, eg providing support in the control room hub and managing hospital handover, do deplete the admin time available to them to complete complaints investigations, and we may see a negative impact in the coming weeks.
									Evidence of learning from at least 95% of complaints that are upheld in any way.	100.0%	95.0%	95.0%	The EOC member of staff dedicated to investigating low-level EOC complaints is now in place, however there is currently no contingency in place for when he is on leave. The Head of Patient Experience has pursued this with operational management and has now escalated the issue to the Director of Operations. A process mapping exercise had been scheduled for 12 March to review the complaints process to assess whether there is scope for improvement, however this has been rescheduled for 6 April owing to low attendee numbers.
									100% of Area Governance Meetings, Clinical Evaluation & Effectiveness Sub-Group meetings will have shared learning from complaints.	82.3%	100.0%	100.0%	

Work stream	Project Name	Project RAG Current Period	Project RAG Previous Period	Project Lead	Executive lead	CQC Deep Dive (where applicable)	Project Completion Date	High-level Commentary	KPI / Outcome	Actual	Planned	End Target	Risks and Issues to Project Delivery
	EOC	Red	Red	Sue Barlow	Joe Garcia	18.Apr.18	31.08.2018	<p>The Trust had not invested sufficiently in recruitment and retention within the EOC. Moving EOC West to Crawley has also had an impact on recruitment. Staffing and supervision levels are impacting significantly on the Trust's ability to meet the requirements for clinical supervision, call answering and call auditing set out in NHS Pathways. The aim of this project is to recruit, train, retain and appropriately deploy sufficient levels of staff in all EOC roles to achieve the target for call answering, clinical supervision and call auditing.</p> <p>Clinical staff activity, prioritisation of roles and mapping of profile data has allowed clinical support to remain focussed, and ensured that we meet Pathways licence requirements and this will have a positive impact in keeping establishment attrition down.</p> <p>A collaborative approach with NHS Pathways and CCGs and an Audit Improvement Plan have allowed us to create a realistic target trajectory toward audit compliance and meeting NHS Pathways audit compliance requirements.</p> <p>Process mapping of the current role of EMA, and implementing process changes, have allowed us to realise efficiencies in call handling and improve performance with current EMA staffing. Dedicated HR Support to manage sickness levels and the implementation of an agreed overtime incentive 01/03/2018 – 12/04/2018 before implementation of new UHL planning model has had some impact on achieving call answering times. The focus on recruitment and the introduction of a Training Lead role has also had some impact on supporting this achievement with further improvements expected in the future.</p>	Clinical supervisors in post in EOC	31	45	45	<p>This project remains RAG rated Red.</p> <p>Current issues with data and reliance on new telephony system. A new project to procure a new system is currently underway. Audit levels not meeting the requirements for objective 2 is now only a moderate risk as the Audit Plan has realised its benefits and audit compliance is on trajectory.</p> <p>Failure to meeting call answer trajectory is an extreme risk with continued challenges with recruiting necessary EMA staff. The project is currently exploring options to mitigate this risk e.g. mileage incentive; identify other roles for call taking duties from dispatch desk, EMA Recruitment and Retention plan.</p> <p>Increased 999 call volumes are recently identified as an extreme risk that will jeopardise our ability to meet our intended call answer times, even if we meet our targets on EMA and Clinical Supervisor Recruitment. Mitigations including revised UHLU, incident command hub, DMP to manage escalation, Deloitte review to review resources and the EMA Surge Plan have not reduced the risk rating.</p>
	Number of audits per month	41.9%	50.0%	100.0%									
	95% of calls answered within 5 seconds.	61.0%	70.0%	95.0%									
	FTE EMAs in post within EOC	156	168	171									
	Performance Targets and AQIs	Amber	Amber	Chris Stamp	Joe Garcia	31.Aug.18	30.09.2018	<p>Through reducing lost operational hours, better meeting the needs of service users, and enhanced fleet and recruitment strategy, performance has continued to improve (until the current reporting period).</p> <p>Recent adverse weather, suboptimal provision of operational hours, and increased hospital turnaround time has contributed to poor performance in February.</p> <p>Clinical outcome indicators have been transferred from this project to Governance and Health records for improved oversight. This has not affected project delivery.</p> <p>Following the transfer of the AQI KPIs (STEMI) and stroke care bundles, Cardiac Arrest Survival - Combined & ROSC - Combined) to the Governance, Health Records & Clinical Audit plan, the CAT1/ CAT2 KPIs for this project have been further refined.</p>	Category 1 Mean	08:59	07:00	07:00	<p>Project RAG remains Amber. Whilst the Trust broadly remains on trajectory to meet C1/2 performance targets, there remains a wider risk to meeting commissioned performance (Datix risk 123) before the project can be considered Green.</p> <p>Internal/External system risks and issues (for example Hand Over Delays and Staff Retention) will continue to have an impact on performance but are managed via detailed discussion at separate forums and the PT&AQI Task and Finish groups.</p>
	Category 1 90th Centile	16:02	15:00	15:00									
Category 2 Mean	20:26	18:00	18:00										
Category 2 90th Centile	39:16	40:00	40:00										
Medicines Governance	Amber	Amber	Carol-Anne Davies-Jones	Fionna Moore	19.Feb.18	31.03.2018	<p>The Trust had insufficient resource and inadequate governance and oversight of medicines. The aim of the project is to identify improvements that need to be made with regards to structures, systems and training. This will guide medicines optimisation within the Trust to ensure it is integrated into our systems, work practices and culture at all levels from individual practitioner to Board.</p> <p>Progress continues on the development and approval of the new medicines policy and patient group direction (PGD) SOP and five other SOPs on medicines governance are either approved or nearing final stages. Many work streams are completed on the Medicines Governance IAP. This month there is a drop in compliance in terms of findings on the weekly safe & secure handling of medicines OTL audit checks and an increase in loss of DCA drug cabinet keys.</p>	Medical Quiz Passes	1661	2150	2425	<p>Project RAG rated Amber. There are still further improvements needed in relation to our tagging process and drug cabinet key losses on double crew ambulances (DCA), and plans are in place to address these. This will continue to be monitored through the Task and Finish Group.</p>	
Compliance per Operating Unit	94.00%	97.50%	100%										
DCA Drug cabinet key losses	143	0	0										
CD Breakages	27	0	0										
999 Call Recording	Green	Green	Barry Thurston	David Hammond	n/a	30/03/2018 (date changed from 30/06/18)	<p>The aim of this project is to ensure that we have a robust voice recording system and the Trust will keep 100% of completed and accurate recordings of 999 calls.</p> <p>Daily testing of calls continue and if there are any issues found, these will be escalated to the Compliance Steering Group. A business case was approved at Trust Board (11th January 2018) to replace both the voice recording and telephone system. A project mandate and QIA will be produced shortly with a new project plan developed.</p>	100% of all 999 calls recorded				<p>Project RAG remains Green. Weekly audits remain ongoing, and further changes to the system have remained frozen unless related to a known error. The new telephony system is out to tender, and a decision is expected to be made around 16 April 2018. The main risks are:</p> <p>1) all faults are not eradicated, and further errors could well appear, mitigation for this is weekly testing.</p> <p>2) new telephony procurement route has opened an opportunity for other providers which might extend timescales. Mitigations have been considered.</p>	
Auditing of calls take place on a weekly basis from 05 January 2018 (circa 2500 calls)													
Approx. 15 sample calls carried out													
Infection Prevention and Control	Amber	Red	Adrian Hogan	Steve Lennox	n/a	31.08.2018	<p>Since November 2010 the Trust has had one person delivering the IPC programme on a day to day basis and this has led to a disconnect in the knowledge and awareness that staff delivering patient care require to ensure that no avoidable healthcare associated infections (HCAI) occur. The last two CQC inspections have highlighted the lack of resources within the IPC Team and have also evidenced poor IPC practices from staff including hand hygiene, compliance to Bare Below the Elbows (BBE), lack of actions shown following IPC audits and cleanliness standards in vehicles and the environment.</p> <p>The aim of this project is to help support the engagement of staff and embedding of IPC practices across the Trust and will focus on compliance to hand hygiene procedures, compliance to BBE, cleanliness standards for the vehicles and the environment, ensure there are audit tools to provide assurances, support staff following an untoward incident and embedding IPC into practice across all structures of the Trust and most importantly to the staff.</p>	Hand Hygiene Staff Compliance	89%		90%	<p>Project RAG remains Red. A Project Mandate and QIA will be signed off imminently. The plan will focus on a new procedure for IPC which will encompass all elements of practice to ensure that patients and staff come to no harm. This procedure will be known as Infection Prevention Ready and the first draft is in discussion. The risks are still around compliance to elements of IPC practice, such as hand hygiene and Bare Below the Elbows. A plan is in development to progress this project.</p>	
Bare Below the Elbow	89%		90%										
Vehicle Cleanliness Compliance	40%		75%										
Station Cleanliness - Buildings Compliant	61%		100%										
Station Cleanliness - Buildings Completed	87%		100%										
Culture & Organisational Development Steering Group	Culture & OD	Green	Amber	Clare Irving	Ed Griffin	n/a	31.03.2018	<p>The first objective in this workstream relates to Staff Engagement. The issue of staff engagement was raised by CQC and in the Duncan Lewis report. The milestones set in this objective are designed to address those comments and relate specifically to: improving the proportion of staff participating in regular career conversations (objective setting and appraisals); the effectiveness of communications with staff; addressing bullying and harassment in the workplace and responding to, and engaging staff with, feedback received via the annual Staff Survey. All milestones in the five milestones associated with this objective are completed or on track.</p>	Appraisal completion rate (completion by 30th April 2018)	86.5%	60.0%	80.0%	
		Staff Survey completion rates	39.6%				N/A	40.0%					
	Blue	Blue			31.01.2018	<p>The second objective in this workstream is to deliver Phase One of a two phase culture change programme. This phase includes the development of methodology and principles of change, the development of a high level plan and a review of the enabling infrastructure. All the actions in the milestones linked to this objective have been completed.</p>	Methodology and Principles completed						
	Green	Amber			31.07.2018	<p>The third objective is the implementation of Phase Two of the culture change programme. This objective has 3 milestones relating to review and implementation of policies to support the culture change programme; implementation of the programme of behavioural skills development and interventions, staff engagement with the local response to the National Survey. All actions are in progress in line with the action plan</p>	Pulse surveys, QAV visits, Staff Engagement group will be used to measure the outcomes						
	Green	Amber			31.03.2019	<p>The final objective in the Action Plan relates to a review of the effectiveness of the communication and engagement relating to the Culture Change programme and actions.</p>	Pulse surveys, QAV visits, Staff Engagement group will be used to measure the outcomes						

Work stream	Project Name	Project RAG Current Period	Project RAG Previous Period	Project Lead	Executive lead	CQC Deep Dive (where applicable)	Project Completion Date	High-level Commentary	KPI / Outcome	Actual	Planned	End Target	Risks and Issues to Project Delivery
Strategy	Enabling Strategy	Amber	Amber	Jayne Phoenix	Steve Emerton	n/a	30.09.2018	For this reporting period, of the 20 enabling strategies 5 are now complete. There are a further 7 policies due to be completed, reviewed and endorsed by EMB and Board this month. Please refer to Appendix D for the Strategy Timeline the Trust is working towards.	All strategies completed by agreed timescales.				This project remains at Amber due to the possible delays to delivery due to unforeseen interdependencies, to limitations or changes in capacity, and to delivery of other parties. The baseline target to deliver moves across into the new financial year.
	Annual Planning	Amber	Amber	Jayne Phoenix Philip Astell	Steve Emerton	n/a	31.03.2018	A draft submission and operating plan was submitted on 8 March 2018 in line with national guidance. A schedule of work is underway to ensure contract variation is gained by 23 March 2018 and all contract schedules are updated by 30 March 2018. It has now been agreed to rollover year 2 of 17/18 contract until the completion of the demand and capacity review.	Completion of budget planning, CIP planning, strategy review, workforce planning and operating plan – different components will develop during the period now until 31st May 2018 with final outcome being subject to outcome of the demand and capacity plan.				This project RAG remains at Amber due to its links to the Demand and Capacity Review.
	Quality Improvement	Amber	Red	Jon Amos	Steve Emerton	n/a	30.11.2018	The Trust, in line with the five year strategy, plans to implement a QI methodology. The Trust has applied to join the NHSI Lean Programme - a national three year Quality Improvement programme. The outcome of this application is expected by early April 2018.	The Trust has approved to adopt a QI methodology and an implementation plan is in place for roll-out across the Trust supported by a QI team.				This project has moved from Red to Amber. The Trust is currently awaiting the outcomes of the application to the national Lean programme. If the Trust is not successful in this application a QJEU procurement for support to implement a QI methodology will be required, introducing delay into the implementation timeline. The completion of a Project Mandate and QIA for this project is underway which will provide a clear scope.
	Commissioner and Stakeholder Alignment	Amber	Amber	Jayne Phoenix	Steve Emerton	n/a	Ongoing	Commissioning and Engagement strategy will include plans to focus engagement immediately on STP Leads/CEOs/Accountable Officers. The initial focus will be on the outputs of the Demand and Capacity Review. A stakeholder log has now been created which will allow the Trust to track briefings and also forecast future formal and informal engagements with stakeholders.	Alignment of commissioner and stakeholder expectations with delivery and operating plans for 2018/19				This project is RAG rated Amber due to the dependency on the Demand and Capacity review timetable. Engagement work is being undertaken concurrently with the Demand and Capacity Review project.

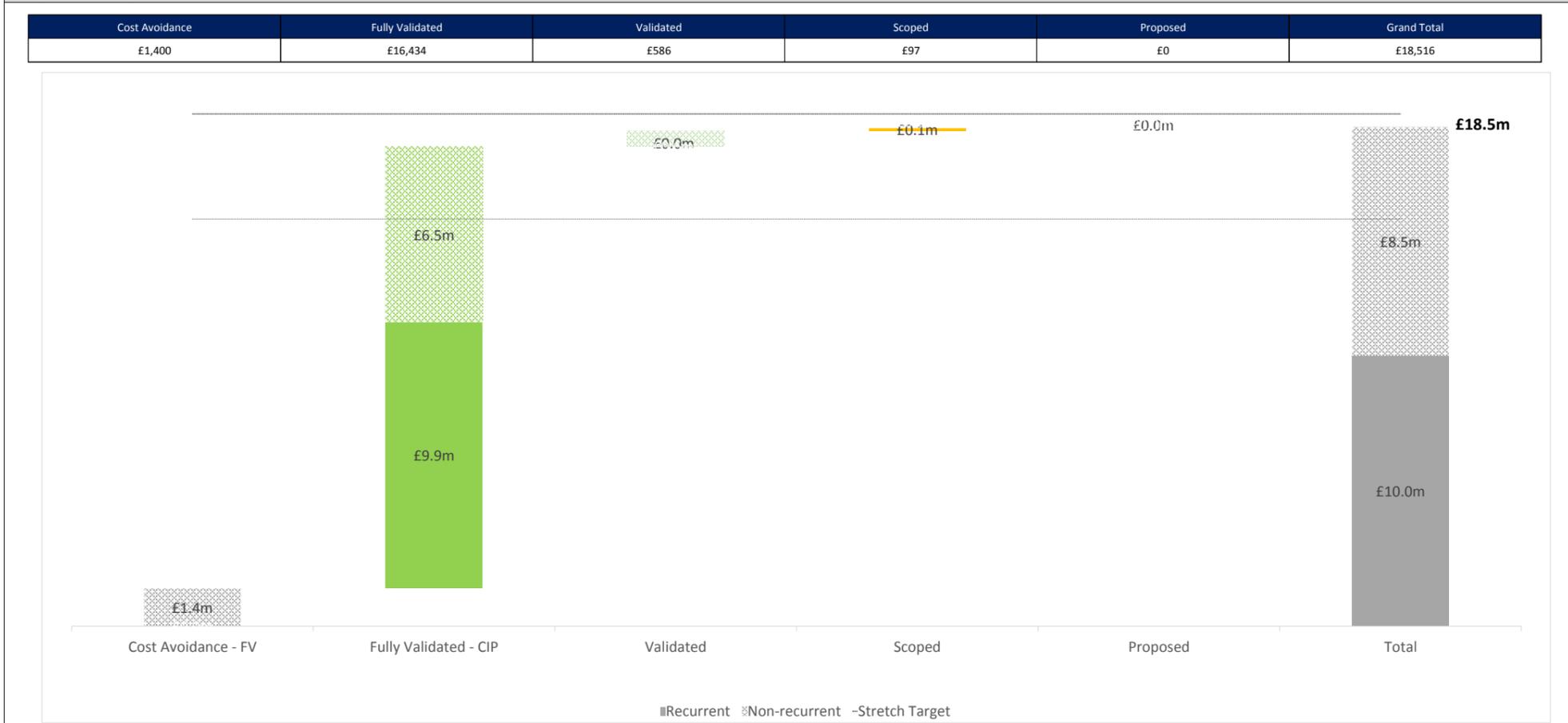
Red	8
Amber	12
Green	5
Blue	1

Programme Summary:	CIP Opportunity Classification - KEY															
1. Developed Fully Validated and Pipeline schemes of £18.5m against a target of £19m. See the Delivery Tracker for details of current forecast achievement. 2. £17.8m of fully validated savings as at 12 March 2018 - c. £16.4m cost savings 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. 3. Positive engagement with Execs and CIP Project Leads along with effective participation in Financial Sustainability Steering Group meetings. CIP Programme governance framework and processes are fully functioning in the business. 4. Working collaboratively with Project Leads and Execs to develop schemes for 2018/19, particularly recurrent schemes.	<table border="1"> <thead> <tr> <th>Opportunity Status</th> <th>Description</th> <th>Key</th> </tr> </thead> <tbody> <tr> <td>Fully Validated</td> <td>Scheme with confirmed savings calculation prior to delivery tracking</td> <td style="background-color: #90EE90;"></td> </tr> <tr> <td>Validated</td> <td>Scheme with identified benefits under development</td> <td style="background-color: #D3D3D3;"></td> </tr> <tr> <td>Scoped</td> <td>Scheme to be scoped for further development</td> <td style="background-color: #FFD700;"></td> </tr> <tr> <td>Proposed</td> <td>Proposed CIP idea in analysis</td> <td style="background-color: #FF0000;"></td> </tr> </tbody> </table>	Opportunity Status	Description	Key	Fully Validated	Scheme with confirmed savings calculation prior to delivery tracking		Validated	Scheme with identified benefits under development		Scoped	Scheme to be scoped for further development		Proposed	Proposed CIP idea in analysis	
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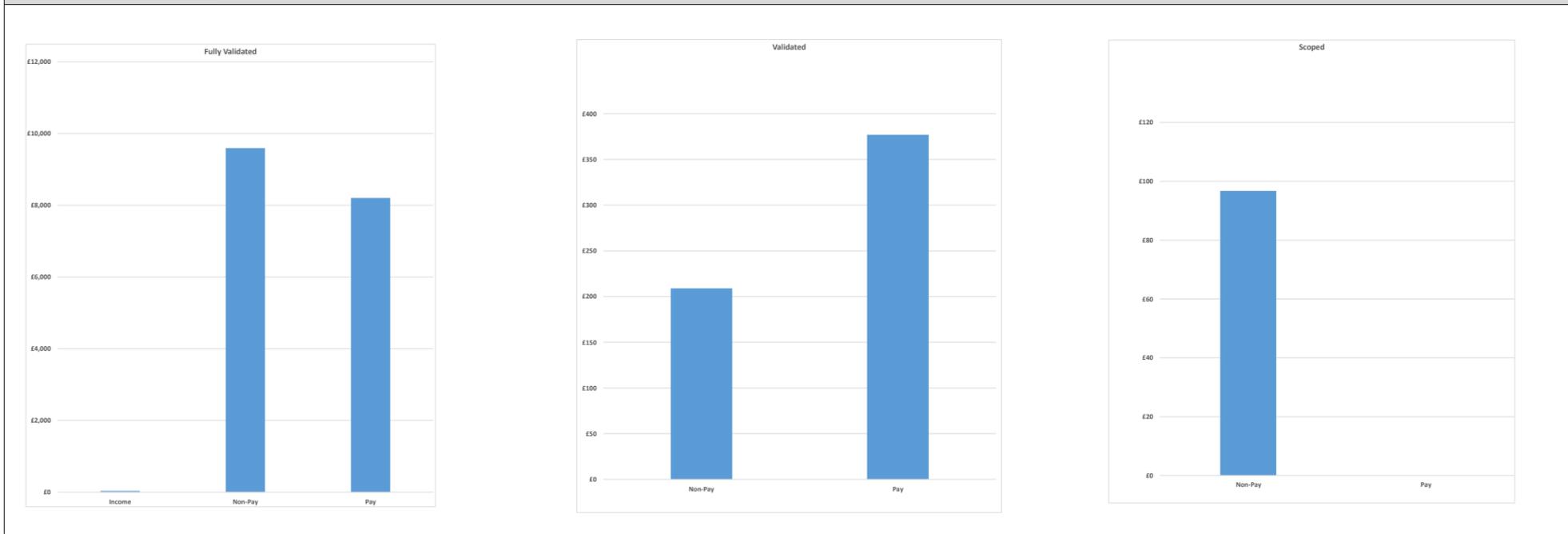
CIP Pipeline and Delivery: Risks and Issues

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. Inability to identify a reasonable proportion of recurrent schemes to build a sustainable CIPs pipeline for future years.	Continue to work in collaboration with budget leads to review pipeline ideas and develop further recurrent schemes during the 2018/19 budget process.	Kevin Hervey	Amber	Amber	29/03/2018						

CIP Pipeline Summary



Pay / Non-Pay / Income Breakdown



South East Coast Ambulance Service: CIP Workstream

CIP Delivery Dashboard

Reporting Month: Feb-18

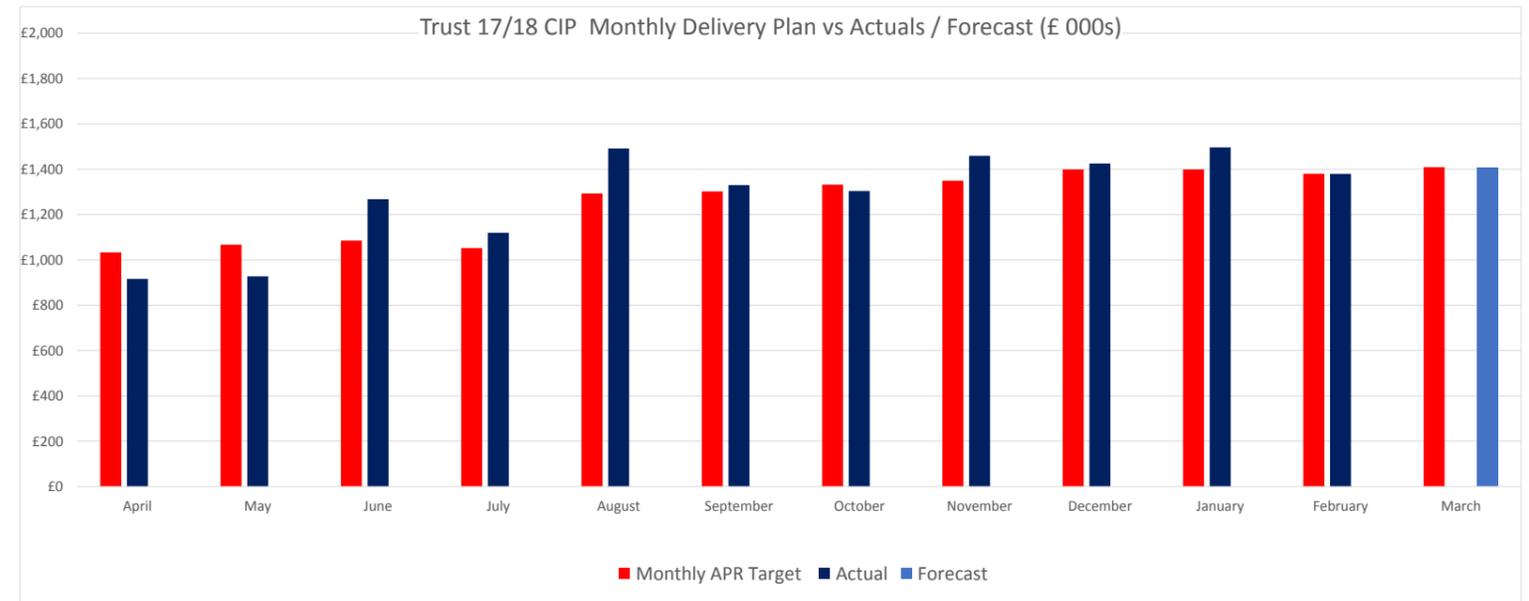
Programme for 2017/18 to deliver a minimum of £15.1m savings to achieve the planned £1m control total

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

- Achieved £14.1m CIP savings year to date (YTD) 11 months to February 2018. This remains £0.4m above the NHSI plan. The recurrent schemes represent 54% of the total.
- £17.8m of fully validated savings have been transferred to the Delivery Tracker as at 12 March 2018 reporting date.
- The full year CIP forecast savings of £15.5m is on track to deliver £0.4m beyond the budgeted 2017/18 NHSI target of £15.1m. The PMO CIPs Team has ceased development of further 2017/18 schemes in agreement with Turnaround Executive Committee following the achievement of the £15.1m target. The focus has been shifted to 2018/19 schemes. The forecast overrun has been risk adjusted to reflect £2.3m shortfall in some fully validated schemes, largely due to underachievement in Agency premium and Task Cycle Time (TCT). Agency premium is tracking £0.9m below target as the delays in restructures across the Trust continue to require 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 55% of the total projected CIPs savings.
- Regular review meetings with Budget Leads and Finance Business Partners take place. These are currently focused on identifying new schemes to build a sustainable pipeline of recurrent schemes for 2018/19.

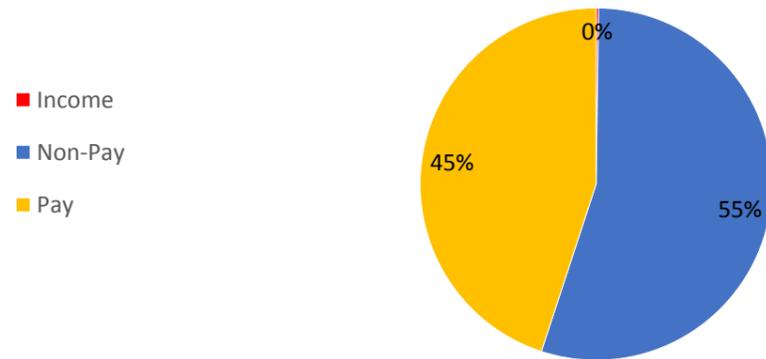
1. Monthly CIP Trust Profile - as at 28 February 18

CIP Target for 17/18 £000's	Total planned savings on delivery tracker £000's - as at 28 February	Total forecast savings on delivery tracker £000's - as at 28 February	YTD Feb 18 - Target Savings £000's	YTD Feb 18 - Actual Savings £000's	YTD Feb 18 - variance £000's
15,100	17,834	15,520	13,691	14,116	425

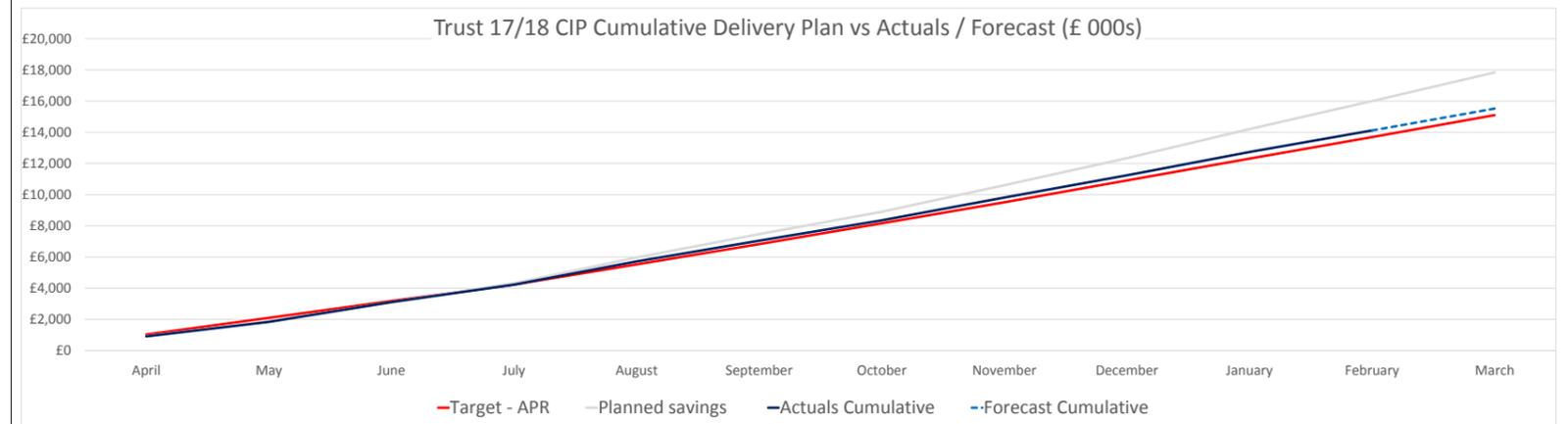


2. CIP - Planned savings split by income, pay and non-pay: as at 28 February

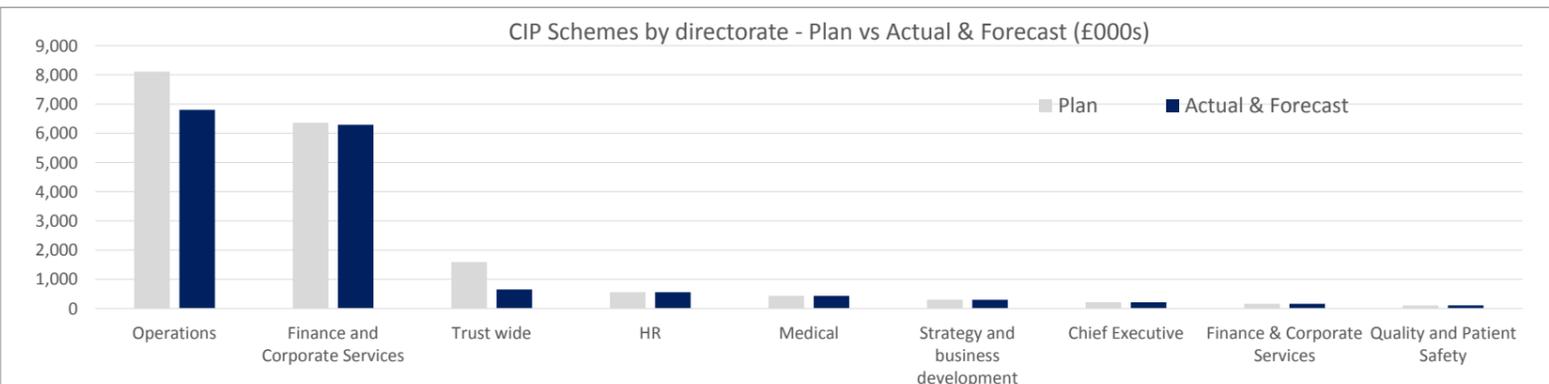
CIP split by Income, Pay and Non-Pay



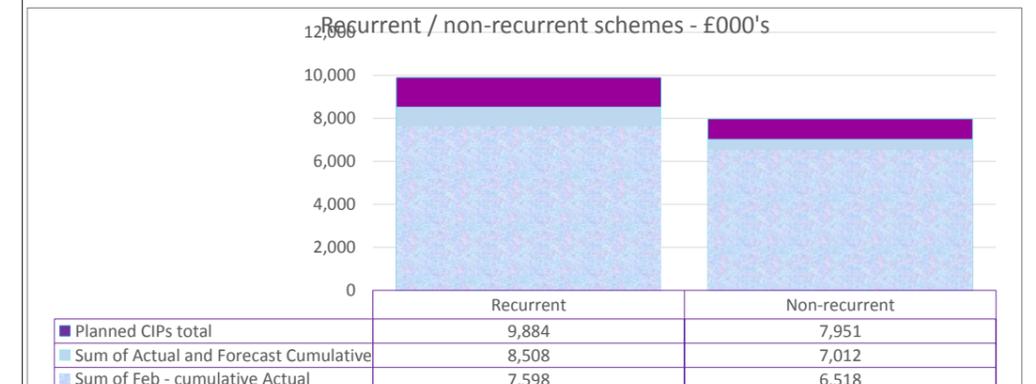
3. Cumulative CIPs - Target Plan & Actual / Forecast savings 2017/18



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



5. Value of forecast recurrent and non-recurrent savings - 28 February 2018



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



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

Scheme Category	2017/18 Value of Fully Validated Schemes - £000	2017/18 Forecast Value £000	Full Year Variance £000	YTD Planned / Fully Validated Schemes Savings (Month 11): £000	YTD Actuals (Month 11): £000	YTD Variance £000	Comments (+/- £20k variance)
Accounting efficiency	£4,705	£4,705	£0	£4,202	£4,203	£1	-
Meal break payment	£1,969	£1,969	£0	£1,839	£1,840	£1	-
Agency Premiums	£1,510	£571	(£939)	£1,385	£562	(£823)	YTD Underachievement - ongoing monitoring and in progress - scheme expected to under deliver due to delays in restructures across several departments
Operations Efficiency	£1,435	£228	(£1,207)	£1,137	£203	(£934)	YTD underachievement in Task Cycle Time scheme - project has been withdrawn as reflected in the FOT
Vacancies - clinical	£1,364	£1,364	£0	£1,190	£1,190	£0	-
Vacancies - non clinical	£1,233	£1,233	£0	£1,212	£1,213	£1	-
Fleet - Fuel: Telematics, Bunkered Fuel & Price Differential	£838	£838	£0	£793	£793	£0	-
Fleet Maintenance	£650	£650	£0	£433	£433	£0	-
External consultancy & contractors	£622	£622	£0	£574	£575	£1	-
MRC efficiency	£553	£553	£0	£493	£493	£0	-
Estates and Facilities management	£489	£489	£0	£471	£471	£0	-
EPCR efficiency	£310	£241	(£69)	£273	£221	(£52)	YTD underachievement in EPCR printing - project is not expected to deliver and is reflected in the FOT
111 Efficiency	£300	£200	(£100)	£283	£200	(£83)	YTD under delivery in Average Handling Time scheme - compensated by alternative schemes
Training courses & accommodation	£271	£271	£0	£259	£259	£0	-
Staff Uniform	£253	£253	£0	£230	£230	£0	-
Discretionary Non Pay	£163	£163	£0	£159	£159	£0	-
IT productivity and Phones	£153	£153	£0	£139	£139	£0	-
Meeting room hire	£146	£146	£0	£134	£134	£0	-
Stationery	£143	£143	£0	£134	£134	£0	-
Furniture & Fittings	£133	£133	£0	£121	£122	£1	-
Travel & Subsistence	£99	£99	£0	£97	£97	£0	-
Medicines Management - Consumables	£93	£93	£0	£85	£85	£0	-
Medicines Management - Equipment	£90	£90	£0	£82	£82	£0	-
Legal cost	£78	£78	£0	£70	£70	£0	-
Books & Subscriptions	£58	£58	£0	£53	£53	£0	-
Single HQ /EOC Benefits realisation	£53	£53	£0	£44	£44	£0	-
Public relations	£47	£47	£0	£43	£43	£0	-
Medicines Management - Drugs	£44	£44	£0	£44	£44	£0	-
Events Income	£35	£35	£0	£26	£26	£0	-
Variance to YTD Target	-	-	-	(2,312)	-	£2,312	Variance between YTD Identified Schemes and Control Total Target
Grand Total	£17,834	£15,520	(£2,314)	£13,691	£14,116	£425	

Enabling Strategies as at 12 March 2018

Blue = Completed

Strategic Theme	Strategy	Timespan	Executive Lead	Managerial lead	Completion date (End of)	Review date	Status /Progress	RAG
People	Workforce	2017-2022	Ed Griffin	Alison Walker	March 2018	Tbc	Deferred to go to April board as former post holder not completed new Director needs to review and finalise	
	Clinical Education	2018-2022	Ed Griffin	Sally Wentworth James	February 2018	Tbc	In progress relies on getting workforce one complete above	
	Apprenticeship	2018-2022	Ed Griffin	Sally Wentworth James	March 2018	Tbc	Awaiting update relies on getting workforce one complete above	
	Organisational Development	Tbc	Ed Griffin	Tbc	April 2018	Tbc		
	Health and Well being	2017-2022	Steve Graham	Angela Rayner	-	2021	Published April 2017	
	Volunteers	2017-2022	Joe Garcia	Tim Fellows	May 2018			
Patients	Medicines Optimisation	2017 – 2022	Fionna Moore	Carol – Anne Davies- Jones	November 2017	March 2018	Approved at EMB 3/1/18	
	Clinical Strategy – to encompass Quality and Safety (including cardiac arrest)	2018 – 2022	Steve Lennox/Fionna Moore	Kathy Jones	April 2018	Tbc	Likely to require more time	
	Safeguarding	2017-2020	Steve Lennox	Philip Tremewan	November 2017	Tbc	Ratified at Board 29/11/17	
	Governance this will incorporate risk strategy in future	2017 – 2022	Peter Lee	tbc	June 2018	tbc	To set up meeting in January 2018 to agree scope and who works on.	
	Risk Management	2017/18	Steve Lennox	Sammy Gradwell	March 2017	June 2018	Published April 2017 will be reviewed to be incorporated into above so is June 2018	
	Research and Development	2017-2020	Fionna Moore	Julia Williams	February 2018	Tbc	With lead to finalise and can then go to EMB	
Enablers	Fleet	2017-	Joe Garcia	John Griffiths	March 2018	Tbc	Awaiting information from	

		2022					financial analyst and can then be finalised	
	Estates	2017-2022	David Hammond	Paul Ranson	March 2018	tbc	On target to go to March Board having been to EMB	
	Digital and ICT	2018-2022	David Hammond	Barry Thurston	March 2018	Tbc	On target to go to March Board having been to EMB	
	Long term Financial Plan	2017-2022	David Hammond	Philip Astell	September 2018	tbc		
Other	Communications and Engagement	2017-2022	Daren Mochrie	Janine Compton	Tbc	Tbc	Survey of Communications and Engagement activities being conducted at present and will then shape timetable for work	
	Inclusion strategy (includes Equality and Diversity)	2016 – 2021	Daren Mochrie	Isobel Allen	-	Annual	Published April 2016	
	Commercial /Business	2018-2022	Steve Emerton	Jayne Phoenix	May 2018	March 2019		