

# South East Coast Ambulance Service NHS Foundation Trust

## Trust Board Meeting to be held in public.

28 February 2019

10.00-13.00

Crawley HQ

### Agenda

Item No.	Time	Item	Encl.	Purpose	Lead
<b>Introduction</b>					
157/18	10.01	Apologies for absence	-	-	DA
158/18	10.01	Declarations of interest	-	-	DA
159/18	10.02	Minutes of the previous meeting: 24 January 2019	Y	Decision	DA
160/18	10.03	Matters arising (Action log)	Y	Decision	PL
161/18	10.05	Board Story	-	Set the tone	DA
162/18	10.10	Chief Executive's report	Y	Information	DM
<b>Trust strategy</b>					
163/18	10.20	Delivery Plan	Y	Information	SE
164/18	10.50	Staff Survey Results	Y	Information	EG
165/18	11.10	Management of Bullying & Harrassment	Y	Assurance	EG
166/18	11.20	Refreshed Strategy Update	Verbal	Information	SE
<b>Quality &amp; Performance</b>					
167/18	11.45	Integrated Performance Report	Y	Information	SE
168/18	12.15	QPS Escalation Report	Y	Information	TM
169/18	12.25	Quality Account - Key Priorities for 2019/20	Y	Decision	BH
<b>Governance</b>					
170/18	12.35	Contingency Planning (EU Exit)	Verbal	Assurance	JG
171/18	12.45	Finance & Investment Committee Escalation Report	Verbal	Information	AS
<b>Closing</b>					
172/18	12.50	Any other business	-	Discussion	DA
173/18	-	Review of meeting effectiveness	-	Discussion	ALL
<b>Close of meeting</b>					

Date of next Board meeting: 28 March 2019

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

# South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting,  
24 January 2019

Tangmere MRC  
Minutes of the meeting, which was held in public.

---

## Present:

David Astley	(DA)	Chairman
Daren Mochrie	(DM)	Chief Executive
Adrian Twyning	(AT)	Independent Non-Executive Director
Alan Rymer	(AR)	Independent Non-Executive Director
Bethan Haskins	(BH)	Executive Director of Nursing & Quality
David Hammond	(DH)	Executive Director of Finance & Corporate Services
Joe Garcia	(JG)	Executive Director of Operations
Lucy Bloem	(LB)	Independent Non-Executive Director
Michael Whitehouse	(MW)	Independent Non-Executive Director
Steve Emerton	(SE)	Executive Director of Strategy & Business Development
Terry Parkin	(TP)	Independent Non-Executive Director
Tricia McGregor	(TM)	Independent Non-Executive Director

## In attendance:

Janine Compton	(JC)	Head of Communications
Peter Lee	(PL)	Company Secretary
Sara Songhurst	(SS)	Deputy Clinical Director

## 139/18 Apologies for absence

Laurie McMahon	(LM)	Independent Non-Executive Director
Fionna Moore	(FM)	Executive Medical Director
Angela Smith	(AS)	Independent Non-Executive Director

## 140/18 Declarations of conflicts of interest

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

## 141/18 Minutes of the meeting held in public on 29 November 2019

The minutes were approved as a true and accurate record.

## 142/18 Matters arising (action log)

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

## 143/18 Board story [10.06 – 10.22]

The story featured an example of abuse that staff in the emergency operations centres (EOCs) sometimes receive from callers. Staff were keen to highlight this to the Trust Board. The example in the story was an extreme one, from a person who was very abusive, and it helped to highlight how the staff manage such calls and the impact it can have on them.

JG explained that the role of an emergency medical advisor (EMA) is critical to the service we provide. They will deal with on average between 40-60 calls each shift and will likely receive challenging calls during this time. The role of the leadership team is to help prepare and support staff, and to take appropriate action when incidents occur.

LB asked how these incidents are recorded and was told that all reported incidents are included in the violence and aggression figures. AR added that the Workforce and Wellbeing Committee review this data. He then asked whether crews are made aware of difficult calls, to which JG outlined the process in place to manage risks like this.

DA thanked the staff in the EOC and noted the Board's understanding of the need to ensure the right support continues to be in place.

**144/18 Chief Executive's report [10.22 – 10.35]**

DM outlined the key points as set out in his report.

The Board acknowledged the work of Brian Rockell, who sadly passed away recently, for his commitment to the Trust as long-serving Governor, and to the wider community.

**Questions:**

TM referred to the update on telephony and explained that she was on a leadership walk-round and noted some calls had been cut off and asked whether there are any patient safety issues. BH confirmed there were three incidents reported as SIs, relating to delay in answering and/or re-connection. Information available to-date indicates that it is unlikely to have caused patient harm.

AR asked about the telephony business continuity incident declared in December and sought assurance the issue has been fixed. DM reassured the Board the business continuity plan worked well and overall the implementation was successful and has had a positive impact on call answer performance.

**Action:**

The outcome of the review in to the telephony BCI in December to come to the Board for assurance.

MW asked about capital bids and whether we have the funding. DH explained it is confirmed but we have been asked to produce a business case, as part of the procedure. This is in addition to the business case the Trust submitted through the STP, but the expectation is that we will receive the funding.

**145/18 Delivery Plan [10.35 – 11.26]**

SE updated the Board on the changes to the Delivery Plan. He confirmed the work by management on ensuring clarity on the interdependencies between the programmes of work.

**Service Transformation:**

SE confirmed that we have a clear plan agreed, which takes us to April 2020. Significant progress has been made in bringing together workforce, vehicles and estates. There are some risks, for example, we have situations where we on-board people where at times during these early days we cannot always provide enough vehicles. We are actively managing this risk to ensure we make most of the resources and give new staff a positive early experience.

In terms of hospital handover, there is year on year improvement although we are currently experiencing many challenges linked to an increase in acuity and patient flows at hospitals. The project is therefore rated

Red and we continue to work with hospitals to ensure timely handovers. DA noted the proactive approach he has experienced from our operational and senior staff working with A&E departments to support them, working together, to ensure patient safety.

TP expressed concern that some partners have not improved at all with handover delays, despite the support provided and asked how we escalate this to the relevant hospitals. DA explained the work he and DM do to ensure this is escalated.

#### Sustainability:

DH reminded the Board that the RAG-rating is done at a specific moment in time and given the dynamic nature of some projects, 111 in particular (which is rated Red) where meetings are held almost daily, the rating will change as issues are resolved. DH expressed confidence in the project delivering the exit and mobilisation within the agreed timeframes. That said there are risks, most notably with recruitment – ensuring the right number of staff from day one, and with technology where we are working with partners on the flow of information and information sharing agreements.

Both the finance and quality committees of the Board have scrutinised progress against the different aspects of the 111 project, relevant to their purview.

LB asked about the funding gap and DH confirmed that this is in the region of £4-500k and explained the work with commissioners who are clear we need to ensure income matches cost. DH expressed confidence in being able to close this gap over the coming weeks. DA reinforced the Board's previously stated red line whereby if we don't get full funding we should not proceed.

DH then highlighted the other areas rated Red and the steps being taken to ensure delivery.

#### Quality and Compliance:

BH highlighted the Red-rated areas, explaining that incident management is Red due to one outstanding action which will be monitored in business as usual. PAPA has moved to Green since the paper was written and BH has been very impressed with the approach taken to ensure improved governance and safety. This is also due to move from programme governance in to business as usual.

Regarding personnel files, BH outlined the issues with the DBS data and the work to improve controls since the backlog identified last year. We now have a very small number outstanding, and we are working with each member of staff to ensure timely renewals. With support of the QI hub, we are also ensuring strong action is taken where staff do not comply with requests within a reasonable timeframe. In addition, we have asked Internal Audit to check the data given the complexity of this, and we are in the process of reviewing Trust policy with regards the groups of staff that should require DBS.

TP confirmed that this process has uncovered some issues with line management, as it is fundamentally quite simple and there should be consequences for non-compliance. The Board noted that the risk described in the BAF risk report requires updating to reflect the current position.

AR asked about the pressure on capacity to ensure we are up to date with storage and checks on personnel files. BH confirmed this aspect is on track in terms of the project plan.

Finally, BH explained that we have combined the various EOC-related projects, currently in intensive support.

In the context of a number of projects being 'must dos' MW asked if we will be able to demonstrate the required improvements by the time CQC return. BH confirmed the outcome of her meeting recently with

CQC, and explained they will require us to demonstrate sufficient progress (different to fixing everything), which we are confident in being able to provide. The only 'must do' is EOC (governance / risk) and in February CQC will be observing various committees and the Board to see how our governance arrangements operate in practice. There will then be a deep dive in March.

With regards the EOC audit, LB explained that following the lack of assurance provided to the quality and patient safety committee she would challenge the Rag-rating of Green. BH accepted this and said this would be picked up at the next Steering Group meeting.

AT asked whether there is an easier way to identify from the report where we need to focus, to ensure better line of sight of the strategic aims. The Board agreed.

**Action:**

The executive to review the structure of the Delivery Plan report, including how to reflect the dependencies on the Trust's strategic aims, to help the Board focus on the key areas.

**Strategy:**

There is a conversation due in part 2 and SE confirmed the refresh is being written up which is aligned to NHS Long term plan.

**HR Transformation:**

EG confirmed that the workforce element of Service Transformation has driven much of the HR Transformation work. We have developed for commissioners detailed workforce plans and in February we will be discussing with partners the wider workforce issues within the system. Work with BI team is ongoing to develop specific reporting on the growth and mix of workforce.

In terms of process improvement we now have mapping across all processes. Supplier meetings are being arranged to review technology and the critical areas / gaps in being able to deliver the HR service.

In terms of culture, we ran a bullying and harassment session with senior leaders, working through the consequences of not managing the workforce properly, e.g. dealing with issues promptly and fairly. The aim is to develop management behaviours more towards coaching. The People strategy and an update on the actions we took following the Prof. Lewis report will come to Board next month. Our aim continues to be to shift the culture programme from being centrally driven to more local, thus ensuring accountability for local climate and how this improves retention.

**Action:**

Update on the actions taken in response to the Prof. Lewis report to come to the Board in February 2019

TM felt that while it is good to hear things are happening she expressed concern that she does not have sufficient assurance on the grip and focus on the culture programme. MW supported this, feeling that there is really good work here on workforce but culture is lagging behind, and specifically a lack of assurance that new staff are getting a good experience.

AR confirmed that the most recent workforce and wellbeing committee meeting reaffirmed the drive for culture to form part of the board development process. It is crucial we bring this together so we are all aligned and talking the same language.

DA thanked EG for the update and for work of his team. He reflected that the culture of Trust must start with the Board; we need to make it clear how we do things around here, perhaps a Board statement of intent is needed. This led to a discussion about how we frame 'culture' and the Board agreed to pick this up as part of its development programme.

AR asked about the risk relating to funding the HR transformation. EG felt that this is something we need to pay attention to, so that we ensure we have the resource while cutting our cloth accordingly. In other words, he felt this is more about affordability than potential under funding of HR and is in part a timing challenge as growth in front line workforce requires support services to scale accordingly.

**Action:**

The executive to assure the Board that HR is appropriately funded – via workforce and wellbeing committee.

LB asked about plan to develop the CFR strategy. JG explained we have spent much time addressing governance issues and now at a point to define a clearer strategy. LB asked about the timeline and JG confirmed it will come through the quality and compliance steering group shortly as an early draft. LB challenged whether we have engaged CFRs/volunteers. JG confirmed this will happen. There was then a discussion about being clear what we can deliver given all the different priorities, so as to manage expectations; the Board agreed that a clear strategy will deliver this.

**Action:**

Confirm to the Board the timeline and approach to developing the CFR / Volunteer strategy.

**146/18 BAF Risk Report [11.26 – 11.31]**

PL introduced the report and outlined the rationale for changes as recommended in the report;

- i. To remove risk 284 (which will be closed), to be replaced with risk 602. The Board agreed this.
- ii. To reduce the risk score for risk 269 given the improvement in call answer performance during the last quarter. The Board wanted to wait to see whether this is sustained before reducing the score.
- iii. To reduce the risk score for risk 111 in light of the successful delivery of the resourcing plan (100/200) as set out in the Delivery Plan. There was a discussion about this risk and the Board felt that it was potentially premature to reduce the score.

The Board also felt that the risk relating to culture is too low and does not reflect the current position.

These challenges were acknowledged by the executive and a full review of each risk would be undertaken during February.

**147/18 Research & Development Enabling Strategy [11.31 – 11.44]**

SS introduced Julia Williams and set the background to the strategy, which pulls together the good work and sets the intent for the sort of organisation we want to be.

Julia confirmed that research is not an option, but is mandated. This strategy therefore aligns with the NHS Long Term Plan. Julia reflected that the Trust is well recognised externally, but struggles internally to

communicate the work of research and development. It helps recruitment as clinicians want to come to a Trust that is research focussed. Overall, Julia felt that we are doing well, but can of course do more. We have been shortlisted for two national research projects and the work builds a research culture, with a focus on research that is relevant to ensure it makes a difference to patients.

TP reflected that there are lots of reasons for research and we need to ensure what we do is based on evidence. He was surprised not to see recruitment and retention in one of the strategic objectives, and Julia agreed to make this more overt.

Julia confirmed that the priorities have been agreed with patients, public and staff and these will come in due course to the executive management board.

DM reinforced the need to agree the strategy and then raise the profile internally and ensure progress is tracked through the executive and board. This led to a discussion about aligning data with the research agenda.

**Action:**

Board seminar during 2019/20 on R&D progress and how it is impacting on improving patient care.

[11.44 – 11.58 break]

**148/18 NHS Long Term Plan [11.58– 12.00]**

The Board noted the paper and welcomed the plan, in particular the reference to ambulance services which signposts the future. SE highlighted that we are aligned through our strategy and operational model (targeted dispatch).

**149/18 STP Population Health Check [12.00– 12.05]**

The Board noted the request to endorse this. This led to a discussion about how it could reasonably do so given its complexity and need to be really clear how it impact on the services the Trust provides. TP expressed concern by the high number of patients that die in hospital; especially those in end of life care. The Board agreed that it would help to identify what we would want to see in the implementation plan that links to services we provide, before we can endorse it in an informed way.

DA reflected on a meeting he had with the end of life lead at the Trust, who is currently developing policies to help support the system ensure end of life care is appropriate; including supporting patients die at home.

The Board also noticed that in the document, SECamb is showing as being rated by the CQC as Inadequate and asked this be corrected.

The Board received the report.

**150/18 IPR [12.05 – 12.20]**

SE introduced the report and outlined the steps being taken to refresh its structure.

In terms of performance, talked to the Cat 1 performance paper, which the Board requested to seek assurance that we are doing what we can to ensure the safety of patients while they wait for a response.

The look back review paper was noted. JG explained traditionally it is a very challenging period and this year we planned using the learning from the past, which resulted in much better management of demand. For example, despite receiving more calls on New Years Day than last year, we achieved over 95% call handling. On behalf of the Board, DA commended the efforts of staff during this busy period.

JG explained that there are some green shoots of recovery, but work must continue to ensure this is sustained. Call handling, in particular, is critical in ensuring patient safety and JG reminded the Board about its decision to introduce a new telephony system, which has made a significant difference in performance.

There was a discussion about how decisions on staffing (extractions etc.) are made to ensure the right provision of hours, and how a balance is struck at Board between getting good visibility of this and not getting too much in to operational detail.

**Action:**

WWC to explore how best to get the right level of detail at Board with regards to ensuring the right staffing levels.

**151/18 WWC Escalation Report [12.20 – 12.23]**

AR highlighted diversity and inclusion as the committee received a really good report giving assurance we are doing the right things, although areas we can do better. The committee also received good assurance on wellbeing; the Board invested in the hub and so it is good to see this being well managed and effective.

The Board discussed a need for the Board to champion diversity and inclusion and so clarity on what we want to achieve.

**Action:**

Board's approach to diversity and inclusion and the aims is was to achieve to be considered as part of the board development programme.

AR also highlighted the level of appraisals and the importance to achieve same levels as last year. EG added that as part of accountability reviews on 23 January it was noted that more was needed to improve communication and training, to ensure Actus is updated.

**152/18 QPS Escalation Report [12.23– 12.35]**

TM highlighted some of the areas set out in the report, confirming the escalation to EMB re NHS Pathways Audits relating to both compliance and learning. She also reflected the good discussion about 111 and the assurance the committee received by the plan in place.

In terms of PAPs there is good assurance especially given the PIN system.

Although the committee is assured by the progress made with CFRs, there is still a clarity as discussed earlier.

In the context of feedback from a member of the public, MW asked about how we review calls that exceed ARP targets. JG explained there are tail audits to review harm caused by delays and TM confirmed the review undertaken by the quality committee. JG reminded the Board that earning from such audits resulted



in the introduction of the 30 NET vehicles, which are focussed only on Cat 3 / 4 patients. Also, the initiative in Brighton where a crew is focussed just on the longest waiting patients.

The Board discussed the proposal from NHSE about penalties for delays and a need to consider our response to this carefully. The Board is committed to ensuring as timely responses as possible, but agreed it would push back on financial penalties given the risk of perverse incentives.

Finally, TM noted the good progress in clinical audit, and some of the sustained improvement in care bundles.

**153/18            Audit Committee Escalation Report [12.35– 12.36]**

Board noted the report. MW added that there was a good discussion on the governance framework.

**154/18            Finance & Investment Committee Escalation Report [12.36 - 12.37]**

DH outlined the focus of the meeting, as set out in the report. We are on track financially in terms of budget, paying bills and CIP.

**155/18            Any other business**

None

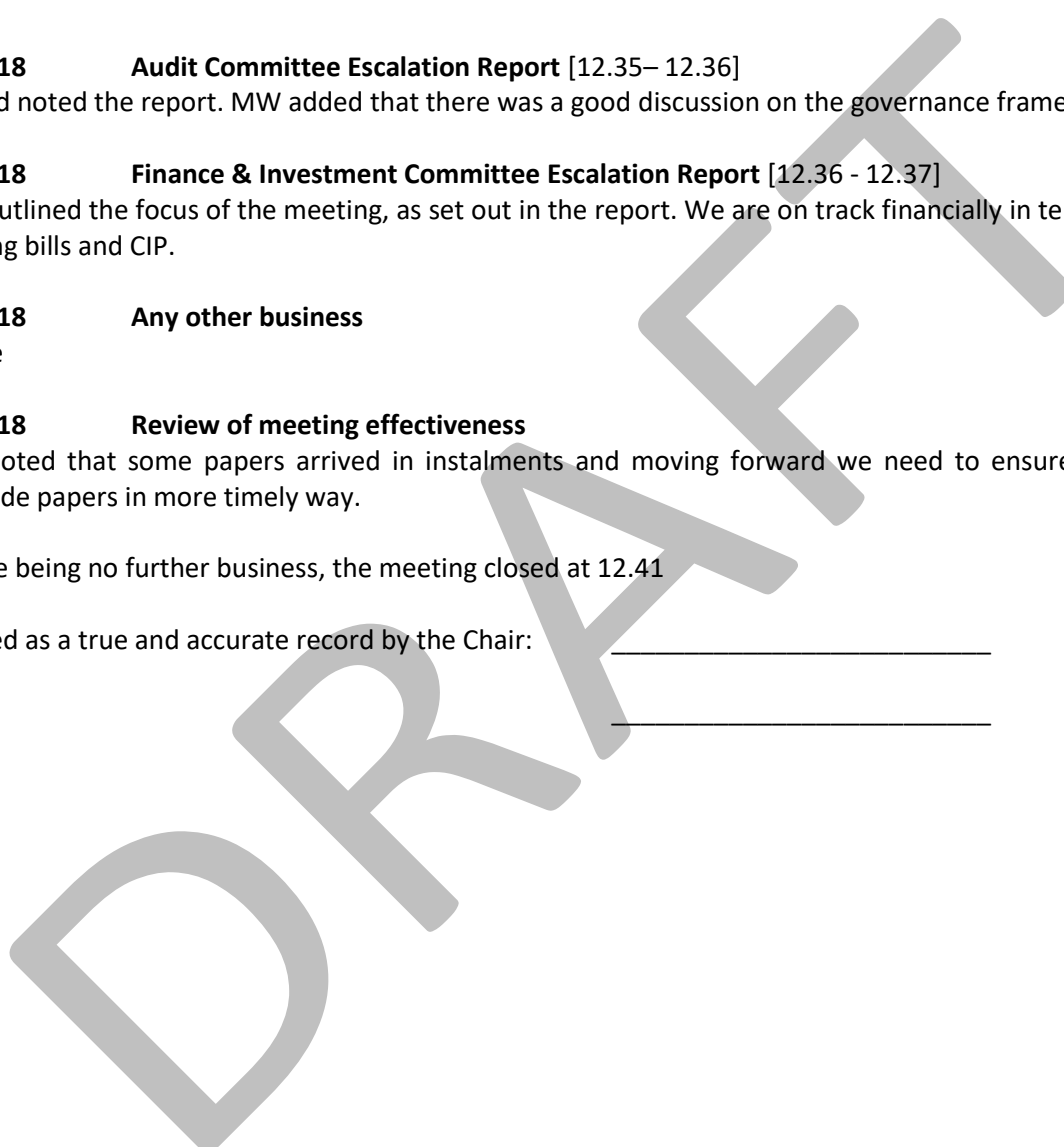
**156/18            Review of meeting effectiveness**

DA noted that some papers arrived in instalments and moving forward we need to ensure processes to provide papers in more timely way.

There being no further business, the meeting closed at 12.41

Signed as a true and accurate record by the Chair: \_\_\_\_\_

Date \_\_\_\_\_







### South East Coast Ambulance Service NHS FT Trust Board Action Log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
25.01.2018	162/17	Board to receive a paper in the summer, setting out the totality of the Trust's governance structure. An outline plan of what is to be prepared to be agreed by the Audit Committee.	PL	Q4	Board	IP	The governance and assurance framework was considered by the Audit Committee in December. A further iteration will be considered prior to it coming to the Trust Board.
27.03.2018	197/17	Data on employee relations cases – numbers outstanding; time taken to resolve; benchmark against others Trusts – to be included in the IPR as part of its review.	SE/EG	Q4	Board	IP	Review of the IPR by management took place in February and recommendations will come to the Audit Committee in due course.
25.05.2018	32/18	Learning from External Reviews recommendations to be reviewed in December to confirm how the actions have been implemented.	PL	28.03.2019	Board	IP	This was scheduled for the February Board, and has been deferred to March
30.08.2018	82/18 b	Fleet Strategy to be considered by FIC in October	JG	Q4	FIC	IP	The committee agreed that further engagement was required prior to it considering it for recommendation to the Board. An engagement session is being organised.
25.09.2018	98/18 a	A Board seminar to be arranged to understand the broad generality of the Major Incident Plan and Board's responsibilities relating to other agencies.	PL	TBC	Board	IP	To be added to the board development schedule for 2019/20
25.10.2018	117/18	Board seminar to be arranged to discuss about we are ensuring staff wellbeing / working lives. Including retention and pay structures.	PL	TBC	Board	IP	To be added to the board development schedule for 2019/20
29.11.2018	129/18	Performance against EOC welfare checks to be included within the Delivery Plan	JG	Q4	Board	IP	Appended to the IPR
29.11.2018	133/18	NARU inspection report to come to Board	JG	ASAP	Board	C	As this report is official sensitive - it is on the agenda in part 2
29.11.2018	134/18	A summary of the progress against the Carter work-streams to come to Board in Q4	DH	Q4	Board	IP	Scheduled for March Board
24.01.2019	144/18	The outcome of the review in to the telephony BCI in December to come to the Board for assurance.	DH	28.03.2019	Board	IP	Investigation ongoing
24.01.2019	145/18a	The executive to review the structure of the Delivery Plan report, including how to reflect the dependencies on the Trust's strategic aims, to help the Board focus on the key areas.	SE	Q1	Board	IP	
24.01.2019	145/18b	Update on the actions taken in response to the Prof. Lewis report to come to the Board in February 2019	EG	28.02.2019	Board	C	On agenda
24.01.2019	145/18c	The executive to assure the Board that HR is appropriately funded – via workforce and wellbeing committee.	Exec	Q1	WWC	IP	

24.01.2019	145/18d	Confirm to the Board the timeline and approach to developing the CFR / Volunteer strategy.	JG	28.03.2019	Board	IP	
24.01.2019	147/18	Board seminar during 2019/20 on R&D progress and how it is impacting on improving patient care.	PL	tbc	Board	IP	To be added to the board development schedule for 2019/20
24.01.2019	150/18	WWC to explore how best to get the right level of detail at Board with regards to ensuring the right staffing levels.	EG	Q1	WWC	IP	
24.01.2019	151/18	Board's approach to diversity and inclusion and the aims is was to achieve to be considered as part of the board development programme.	PL	TBC	Board	IP	To be added to the board development schedule for 2019/20

Key

	Not yet due
	Due
	Overdue
	Closed

		Item No	162-18
Name of meeting	Trust Board		
Date	28.02.2019		
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.		
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 January and February 2019.

**2. Local issues**

**2.1 Engagement with local stakeholders & staff**

2.1.1 On 17 January 2019, Dr Kathy McLean, Executive Medical Director and Chief Operating Officer for NHS Improvement visited our Crawley HQ. During her visit, she had a meeting with myself and the Chairman, as well as spending time in the EOC and in the QI Hub.

2.1.2 On 12 February 2019, Roy Lilley, health policy analyst, writer, broadcaster and commentator on the NHS also paid a visit to Crawley. Roy, who lives within our region, spent time in the EOC and also met with myself and the Chairman.

**2.2 Changes at Board level**

2.2.1 On 1 February 2019, the Trust announced that Ed Griffin, Director of HR & OD will be moving on from SECamb at the end of April 2019 to take on a new role at the Institute for Employment Studies, heading up HR Consulting and Research.

2.2.2 I would like to thank Ed for his hard work during his time with SECamb and wish him well for the future. During his time with us, we have begun our journey to build an HR function that has the right processes and ways of working to support the Trust and I know that he will continue to focus on achieving this for the remainder of his time here.

2.2.3 The recruitment process to find Ed's successor has now commenced and we will provide up-dates in due course.

2.2.4 The Trust has also announced that, following my departure from SECamb on 31 March 2019, Dr Fionna Moore will take on the role of Interim Chief Executive whilst the recruitment process for a substantive Chief Executive progresses.

2.2.5 Fionna will be assisted by Joe Garcia and David Hammond as Deputies during this period and by the whole Trust Board, who I know will continue to lead the Trust forwards in this period.

**2.3 Executive Management Board (EMB)**

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

2.3.2 As part of its weekly meeting, the EMB regularly considers quality, operational (999 and 111) and financial performance. It also regularly reviews the Trust's top strategic risks. During recent weeks, the EMB has also:

- Closely monitored the on-going delivery of the Service Transformation & Delivery Programme and 111 contractual changes
- Reviewed and prioritised business cases, as part of broader close analysis of the Trust's financial position
- Discussed the on-going planning work as part of preparing for the EU Exit

2.3.3 Once a month, the EMB holds a combined meeting with the Trust's Senior Leadership Committee (SLC). This is a valuable opportunity for shared up-dates and discussions around key issues and to agree joint working, between EMB and SLC, as needed.

## **2.4 Trust Award Ceremonies**

2.4.1 At the time of writing, I am looking forward to attending the first of this year's three Staff Award Ceremonies in Kent, which will be followed by further events in Surrey and Sussex in coming weeks.

2.4.2 The awards ceremonies are great events, when we have the opportunity to acknowledge the many years of service which our staff and volunteers have dedicated to the ambulance sector and wider NHS. We also celebrate the fantastic achievements of staff during the course of the year through awarding of Chief Executive's Commendations. This year I was, once again, overwhelmed by the number and quality of the nominations received.

2.4.3 I am thoroughly looking forward to this year's events, to welcoming many of our staff, volunteers and their friends and family and to meeting as many attendees as possible.

## **3. Regional issues**

### **3.1 Flu vaccination rates.**

3.1.1 I am delighted to share that this year the Trust has achieved its highest flu vaccination rate ever, exceeding the 75% target.

3.1.2 This is great news for our patients and our staff and I would like to thank all of our staff who took the time to be vaccinated and to those who have informed us as to why they have decided not to have it, which is equally as important.

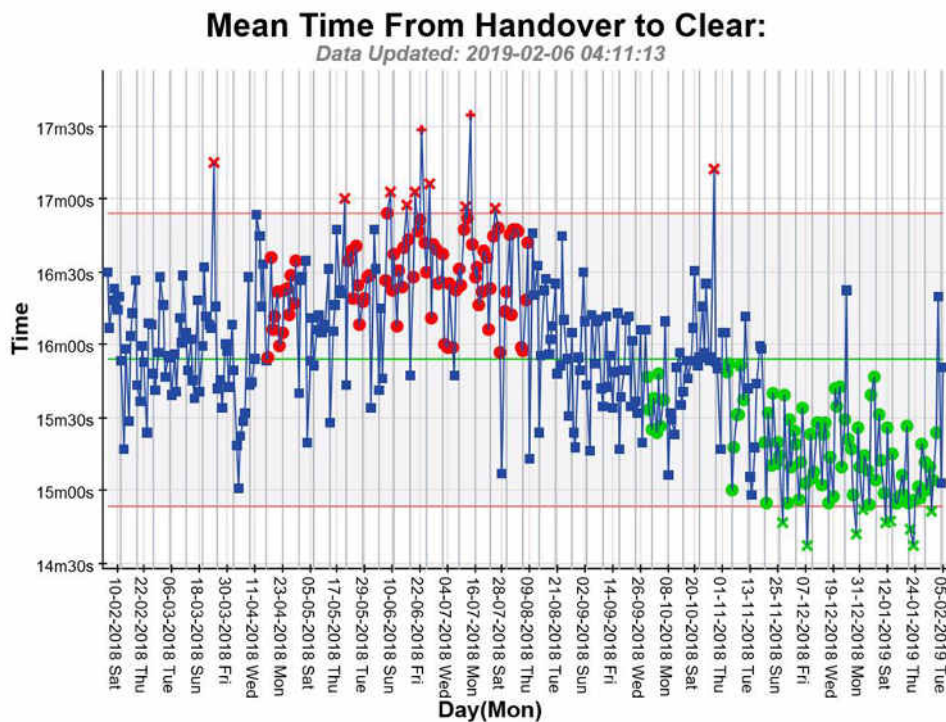
3.1.3 As part of our campaign, this year we have been able to donate hundreds of vaccinations and treatments to those in need in developing countries. Each member of staff who was vaccinated, was able to choose from a number of options and I was pleased to hear that this was well-received by many staff.

3.1.4 Well done to all those involved for their hard work, including Adrian Hogan and the Infection Prevention & Control Team centrally and the OUMs, OMs, OTLs and army of vaccinators across the Trust who made this happen locally.

## 3.2 Progress in addressing handover issues

3.2.1 As part of the system-wide handover programme that the Trust has been working on during the past year, we have been focusing on improving hospital handover times overall and also on 'crew to clear' times – the time taken for our crews to become clear once the patient has been handed over to the hospital staff.

3.2.2 Reducing handover delays is an issue that affects all ambulance Trusts nationally but as the graph below shows, locally we have seen a marked and consistent improvement in the post-handover standard of crews clearing within 15 minutes, especially since November of last year.



3.2.3 These improvements have been achieved due to the hard work of crews locally and I would like to thank them for their commitment to addressing this difficult issue.

3.2.4 Despite occasional spikes, we have also seen improvements overall in hospital handover times at most sites when compared to last year, which is really encouraging. We will continue to work with our system partners to drive improvements and reductions in handover delays.

## 4. National issues

4.1 No national issues to report

## 5. Recommendation

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

**Daren Mochrie QAM, Chief Executive**

21 February 2019

Agenda No	163-18
--------------	--------

Name of meeting	Trust Board	
Date	28 February 2019	
Name of paper	PMO Delivery Progress Update	
Responsible Executive	Steve Emerton, Director of Strategy and Business Development	
Author	Eileen Sanderson, Head of PMO	
Synopsis	<p>This paper describes the progress against the projects within the Delivery Plan, and is supported by the following appendices;</p> <p>Appendix A – CQC tracker  Appendix B1 – Service Transformation Dashboard  Appendix B2 – Service Transformation Timeline  Appendix C1 – Digital Programme Board Dashboard  Appendix C2 – Digital Timeline  Appendix D1 – 111 Dashboard  Appendix D2 – 111 Timneline  Appendix E1 – Quality and Compliance Dashboard  Appendix E2 – Quality and Compliance Timeline  Appendix F – CIP pipeline Tracker  Appendix G – CIP Delivery</p>	
Recommendations, decisions or actions sought	<p>The Board is asked to review the progress made in relation to the relevant projects.</p> <p>It is also asked to approve the changes to delivery dates for two projects – Governance &amp; Risk and EPCR – as described in points 2 and 3 of the Executive Summary.</p>	
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).	<b>No</b>	



## Executive Summary

The Board should be specifically drawn to the following since the last reporting period:

1. Project Health checks continue to be completed to scrutinise and provide a clear picture of a project's state of health. In addition to the programmes/projects listed in the last report, a Health Check has also been completed on the EOC Clinical Safety & Performance project which highlighted gaps in the project mandate and plan. These are being resolved by the EOC project team with a view to approve the Project Mandate by 28 February 2019.
2. Following a detailed review of the policies and procedures element of the Governance and Risk project, it was agreed at the Task and Finish Group that the target to update all overdue policies and procedures by 31 March 2019 was going to be a challenge. Therefore, a change control has been approved to extend the timeline of the project from 31 March 2019 to 30 June 2019. All other aspects of the project are on track to deliver within the expected timeframes. This will potentially only be a small cost impact in terms of extension of resource requirements for the project.
3. Due to delays with the planning of the pre-live testing of ePCR and to ensure that the new platform is fit for purpose, a change control has been approved to extend the timeline of the project from 30 June 2019 to 31 July 2019.
4. A Benefits Realisation Framework is being developed by the PMO to ensure that projects have clearly identified and measurable benefits. This will enable the Trust to demonstrate the return on investment in its projects/programmes.
5. It was stated last month that the Estates projects would be included in this report from February 2019. However, due to a delay in securing NHSi funding for these projects there is currently nothing to report. This has been recorded on the Trust risk register.
6. The interdependency framework is now embedded within the PMO process. Interdependencies have been mapped for both the Service Transformation & Delivery Programme and the 111 CAS Interim Service. The mapping of interdependencies for the EOC Clinical Safety and Performance Project will be completed by the end of February 2019.

Since the last reporting period, the Incident Management project closure has been approved. A Post Project Implementation Review has been conducted for the Medicines Governance, Infection Prevention & Control and Governance and Health Records & Clinical Audit projects.

Each Steering Group continues to have its own separate Dashboard and Timeline to provide a snapshot of progress (see appendices B-E) with the exception of the HR Transformation Programme.

The CQC Must Do/Should Do Tracker has been updated and can be found in appendix A.

## 1.0 Introduction

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

- CQC Must Do/Should Do Tracker which can be found in appendix A.
- Service Transformation and Delivery Programme – see Appendix B

- Sustainability – see Appendix C & D
- Quality and Compliance – see Appendix E
- Strategy
- HR Transformation Programme


**1.2** The Steering Group Dashboards provides high level commentary and key points to note for this reporting period. 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) where appropriate.

**1.3** 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.

**1.4** The projects are currently RAG using the following definitions:

- Red:** Serious risk that the project is unlikely to meet business case/mandate objectives within agreed time constraints; requires escalation.
- Amber:** Significant risk that project may not deliver to business case/mandate objectives within agreed constraints.
- Green:** On track and scheduled to deliver business case/mandate objectives within agreed constraints.
- Blue:** The project has been completed.

## 2.0 Service Transformation & Delivery

**2.1**  **Service Transformation and Delivery Programme (STAD)** – The RAG remains Amber. The Programme is overall on track with delivering against the agreed trajectories, however, the ambulance handover workstream is currently rated Red and still at risk of delay, principally due to system and acute pressures. Polegate and Paddock Wood Operating Units new rota go live has slipped by 1 month to 1 May 2019. The voting stage is scheduled for completion 23 February 2019 with a review meeting soon after. If the rotas are approved there will then be a 6 week relief planning period. If they are not approved this has the potential to delay the go live for a further 1 month.

Following on from the ECSW Recruitment campaign, 36 candidates have been given job offers. The second ECSW recruitment campaign's (Chertsey and Ashford) live adverts have so far attracted 55 candidates interested in Chertsey and 18 for Ashford. Work also continues to recruit Paramedics with adverts being live in the East and West. Discussions continue with Operating Unit Managers to understand their Paramedic vacancies and contact with Portsmouth University has taken place to attract potential Paramedic students to work for SECamb.

The SECamb 999 Contract offer for 2019/20 on behalf of KMSS CCGs has been received and is currently being reviewed by Finance.

Recent discussions have taken place to understand the reasons why Medway Operating Unit does not meet the ECSW course location requirements specifications. In the meantime, exploration of other training providers is taking place as a course is planned for 18 March 2019 (Medway).

A review of Category 2 performance in Quarter 3 (18-19) has taken place to understand the impact of NHS Pathways changes on volumes of Category of calls.

## 3.0 Sustainability

- 3.1 ● **111 (CAS) Interim Service (Sussex, West Kent, North Kent & Medway)** – The project RAG has moved from Red to Amber. The project plan has now been reviewed and re-structured and weekly progress reporting continues to be actively monitored through the Project Board. The Project Plan is now split into two parts: Mobilisation and the CAS Service Development.

In terms of the mobilisation, the team are currently collating evidence pack for NHSE assurance process. Progress is being made on IT, Business Intelligence and Information Governance workstreams. In terms of Estates, there are minor delays with landlord approvals for additional environmental works which is likely to have additional cost pressure. The Recruitment / Rota Planning / Staff Training workstream continues to improve recruitment process and reducing existing staff attrition. Planning for staff training is now complete.

In relation to the CAS, a number of areas are being reviewed as the timeline (start / end date) requires updating to reflect the phased implementation of each core component (as per the SDIP).

Weekly 1:1 sessions continue to be held with each workstream lead to ensure that where delays are being reported, that they are quickly mitigated and brought back on track.

- 3.2 ● **111 CAS Contract Exit KMSS** – The project RAG moves from Red to Amber. The exit plan is now in draft and has been reviewed with Care UK and Commissioners. Feedback is being incorporated into the final plan which will then be approved by the Trusts Project Board. Weekly meetings continue with Care UK to discuss the transfer of services, including reviewing the requirements to transfer historical records and data from their systems to the Trust. Commissioners have set up new governance arrangements to split out the exit process from the new service mobilisation and the procurement programme, to ensure effective partnership working and reducing the sharing of sensitive information to potential competitors.

### 3.3 Digital Programme

- 3.3.1 ● **Automated Temperature Monitoring** – The RAG rating for this project has moved from Amber to Green as previous technical issues have now been resolved and the project is on track for 'go live' week commencing 28 February 2019. Training has been completed and final cabling instalment planned. The reports have not yet been set, however data from test sites is available in a dashboard form which will be used for future monitoring.
- 3.3.2 ● **Cyber Security** – The project RAG rating remains Green. Due to the competing priorities which have caused further delays – both the Trust and supplier are focusing resource on 111 system readiness as this timeline cannot be moved. An agreement has been made with the suppliers to schedule the outstanding Cyber work after the critical components of 111 have been delivered. A planning session has taken place to complete detailed plans for the outstanding work. A change request has been approved to extend the project end date from 15 February 2019 to 30 April 2019.
- 3.3.3 ● **ePCR** – The project RAG rating remains Green following approval of a change request to extend the end date from 30 June 2019 to 31 July 2019. The team are focused on preparing for pre-live testing, with the final working group meeting scheduled for 20 February 2019 to approve the final system for testing. Once approved, the development

configuration will be moved onto the Trust TEST platforms in readiness for pre-live testing to commence 4 March 2019. Once pre-live has started, an options paper for go live will be developed and a subsequent training plan.

**3.3.4** ● **Replacement Fleet Management System** – This project RAG rating moves from Amber to Green following approval of a change request to extend the end date by 2 weeks to 4 February 2019 which allowed the supplier to run an additional training session. This training is now complete and all 11 workshops are live with the new system.

**3.3.5** ● **NHS Spine Connect** – The RAG rating for this project moves from Red to Amber as previous concerns raised by Executive Management Board over operational implementation of the Patient Demographic Service (PDS) have now been resolved. PDS for categories 2-5 is scheduled to go live by 31 March 2019.

A change request is currently in development to remove the Child Protection Information System (CPIS) elements from the scope of this project, as this functionality is not available nationally, and to extend the project end date to 31 March 2019. The Summary Care Record will be live by 31 March 2019, allowing for the printing of smartcards to be distributed to clinical staff as required. 111 CAS Interim Service is dependent on Summary Care Records being available, so delivery dates cannot be extended beyond 31 March 2019.

**3.3.6** ● **GoodSAM** – The project RAG rating remains Red as there isn't a confirmed date for operational go-live within the EOC despite being originally planned for 12 December 2018. A previous firewall issue has now been resolved and testing is underway by the EOC Systems team. Once testing is complete a go-live date will be confirmed, and project RAG will be expected to be Green in the next reporting period.

**3.3.7** ● **Station Upgrades** – The RAG remains Amber. A detailed plan has been developed and a change request is being prepared to extend the project end date from 29 March 2019 to 31 July 2019. It is expected the RAG will move to Green in the next reporting period.

**3.3.8** ● **IT Helpdesk Replacement** – This is the first reporting period for this project and is currently RAG rated Amber. The objective of the project is to implement a new system to replace the current Microsoft Service Manager system which is no longer fit for purpose. Additional features will include a self-service web portal, configuration management database and a full feature mobile app. The Project Plan and Mandate have been approved and go live is scheduled for 31 March 2019. However, subsequent planning meetings with supplier have identified the need for additional activities and re-planning is underway. It is expected the RAG will move to Green in the next reporting period. Once implemented, the Trust will see a reduction in IT requests, faster resolution times and improved performance management due to a set of newly determined Service Level Agreements with the Business.

## 4.0 Financial Sustainability

**4.1** ● **CIP** – The Trust has reported a CIP target of £11.4m to NHSI as part of the 2018/19 Budget and Plan. £10.6m of fully validated savings have been transferred to the Delivery Tracker as at the Month 9 reporting date, of which £8.7m have been delivered to date in line with the Plan. The Pipeline Tracker and Delivery Tracker provide more detail on the construction of the CIP Programme. Project mandates have been completed for all of the fully validated schemes and have been signed off by the Executive Sponsors. The Deputy Director of Nursin has completed Quality Impact Assessments (QIAs) for all the mandates submitted for QIAs. Other mandates for new schemes are in the course of completion. The

current versions of the Pipeline Tracker Dashboard (Appendix F) and Delivery Tracker Dashboard (Appendix G) have been included with this update.

## 5.0 Quality & Compliance

- 5.1 ● **Governance and Risk** (CQC Must Do) – The project RAG rating has moved from Green to Amber, due to the volume of procedures that require updating by the defined period of 31 March 2019. A decision was made at Task & Finish Group to enact the change control process to extend the timeframe to 30 June 2019, which was subsequently approved by the Quality & Compliance Steering Group. The group considered this to be the preferred option than move it in to business as usual, as it will help to retain the required grip and focus. The Board is asked to approve this change. All other aspects of the project are on track.
- 5.2 ● **Incident Management** (CQC Must Do) – The project RAG has moved to Blue as the project closure has now been approved and project subsequently closed. The outstanding activity in the plan is the development of the SI Procedure. The initial dialogue on this has been completed and amendments have been made. The final draft will go to the Serious Incident Group (SIG) on 20 February 2019 and then onto formal consultation before JPPF ratification. This will now be overseen as part of Business As Usual. An away day for the Serious Incident team to move towards implementing the new procedure is planned for 15 February 2019.
- Work continues to manage the current SI backlog and the turnaround of SI's, which is being monitored weekly at the SIG Group and the Quality Patient Safety group. The number of serious incidents has increased over the past two months and the SI team have been struggling to identify investigators however, a plan is in place to manage this. All Serious Incident investigations have now been allocated to an investigation lead. In addition, two SI Manager posts have been offered – one is in place and one is subject to recruitment checks. This will provide additional capacity to oversee the SI process which will improve turnaround time.
- 5.3 ● **Private Ambulance Providers** – The RAG rating for this project has moved to Blue as the PAP's action plans will now report into Teams B on a regular basis.
- 5.4 ● **Personnel Files** – This project remains RAG rated Red as a backlog in DBS renewals from May 2018 onwards has now been identified and as of 11th February this was at 103. An interim DBS escalation process has been created to ensure a robust and fair process: this will ensure action is taken on those who have not complied. The DBS Task & Finish Group has now reviewed all the roles in the Trust and there are 118 roles on which the Task & Finish Group require further information before the required level of DBS can be determined. Whilst the Paper Vision issue remains, an additional member of staff has been recruited to mitigate the resulting decrease in speed at which electronic files are checked. The team have also started to review the data and conduct a gap analysis.
- 5.5 ● **Health & Safety** – The project RAG rating remains Green. All activities are currently on track. The annual Health & Safety audit plan was successfully implemented in January 2019. 10 audits were undertaken and a snapshot report was presented to the Quality & Compliance Steering Group early February 2019. The Health & Safety team will undertake a minimum of 10 audits per month.

Good progress is being made to improve the Fire Safety compliance. The Trust now has a Fire Safety action tracker for each relevant site. This objective was completed 9 weeks

before the planned delivery date. The Health & Safety team will be creating a Fire Safety sub-group and the action tracker will become a standing agenda item. This will assist in improving the governance associated with Fire Safety.

6 new statutory Health & Safety policies have been created and we await ratification from JPPF. Overall 10 new policies were identified when a gap analysis was undertaken. The creation of the remaining 4 policies is on track for delivery as specified in the improvement plan.

All mandatory project documentation has been approved.

- 5.6** ● **Audit & Development for 999** – The project moves from Green to Amber as whilst progress against the action plan is on track, compliance for both call handling and clinical audits are below target due to capacity and high sickness levels.

To mitigate the current sickness of all staff at Coxheath, staff are being utilised from EOC or offered gaps on overtime. Clinical Safety Navigators have been asked to provide 1 audit per month to increase compliance for Clinical Audit.

Business case for a new Audit & Development Team Structure is being drafted and now awaiting Finance input before being submitted in early March 2019. Assuming approval is given, a consultation and restructure process will begin which will conclude in June 2019.

A full QIA has been approved to allow the use of 111 auditors/trainers/call handlers in 999 and a further full QIA is being produced for the training conversion of 111 auditors into 999 audits.

New BI audit tool is currently scheduled for implementation at the end March 2019.

- 5.7** ● **EOC Clinical Safety & Performance** – The RAG rating for this project moves from Green to Amber. The Associate Director of Service Transformation is leading the project, reporting weekly into the Quality Compliance Steering Group and monthly into the Service Transformation and Delivery Steering Group. The project plans have been reviewed to create an overarching EOC Improvement Action Plan. Considerable work has been undertaken by all project leads to finalise the project Mandate, detailing project objectives, KPI's and Benefits. Weekly meetings are taking place for each work stream to track progress against the activities/actions towards achievement of the overall project aims. There are two active project risks which are both being actively mitigated

Recruitment pipelines have been developed for EMA and Dispatch staff up to March 2021. These are being used to inform recruitment and training efforts for the Resourcing and Clinical Education departments.

The EOC clinical team have been working on several work streams to improve recruitment and retention of EOC clinical staff these include:

#### **Internal Recruitment Strategy**

Several recruitment roadshows at Make Ready sites are underway to encourage staff to come and work in the EOC specifically on a dual role basis. Training of road staff in the Manchester Triage System (MTS) is being rolled out. This will help to attract staff to come and work in EOC on over time and during their relief weeks as part of a development opportunity.

#### **External Recruitment Strategy**

Job adverts and Job Descriptions are being reviewed in preparation for advertising on the NHS Jobs website. The EOC clinical team are working in collaboration with the recruitment team on public recruitment events. The use of social media, for example Facebook and LinkedIn are also being explored as potential recruitment avenues.




### **International Recruitment Strategy**

The Trust have also recently attended a jobs fair in the United Arab Emirates and are currently working with partner organisations to recruit a group of overseas nurses into the EOC's.

### **Ongoing Strategy**

The EOC Clinical Team meet regularly with the HR recruitment team to evaluate how productive the various initiatives are to support improvement in clinical recruitment. A weekly report outlining on progress with recruitment is now produced for the clinical team.

## **6.0 Strategy**

- 6.1** The Trust continues in its work to review and update our Five-Year Strategic Plan 2017-2022. The Trust are now collating and analysing the findings from extensive internal and external engagement, diagnostic work including population needs, policy development and changes including the Ambulance Response Programme Demand and Capacity review outcome, STP and partnerships. The revised strategy will be produced and once consulted upon with the Trust Board members will be presented to the Trust Board for ratification.
- 6.1.1**  **Annual Planning** – The project RAG rating remains Green. On 16 October 2018 the NHS Improvement and NHS England Letter on Approach to Planning for 2019/20 was published, which sets out the key principles and timetable. Further guidance was published on 24 December 2018 providing more detail and confirming key planning milestones. An initial plan has been submitted to NHS Improvement including the draft operational plan on 12 February 2019. Contracts are expected to be signed by 21 March 2019 with final operating plans submitted by 4 April 2019. The work includes engagement with key stakeholders. The Trust are on track to deliver to the timescale.
- 6.1.2**  **Commissioner and Stakeholder Alignment** – The project RAG rating remains Green. Engagement sessions with staff and volunteers have been completed for our strategy refresh, but work will continue to collate information for the next refresh. In addition, the Trust will continue to gather intelligence from all engagement opportunities for strategic work and planning work, for example, quality visits, internal and external meetings, our Council of Governors Inclusion Advisory Hub and our Strategic Transformation Partnership meetings.
- 6.1.3**  **Enabling Strategies** – The project RAG rating remains Amber. Strategies for Workforce, Volunteers, Patient Experience, Comms and Engagement, and Freedom to Speak Up, Partnership/ commercial are all underway. Work is beginning on Comms and Engagement, and Freedom to Speak Up. The Research and Development Strategies was approved at the January 2019 Trust Board. The Governance and Fleet Strategies are due to come to the March 2019 Board.

## **7.0 HR Transformation**

**7.1** ● **Process Improvement** – The RAG has moved from Green to Amber. Phase one of the project is now complete. Preparation and scoping of implementation (Phase 2) has started which includes understanding of the key people risks and systematic challenges, system requirements gathering, demand modelling and approach together with a timeline for implementation.

All 124 processes across Service Centre, Recruitment and 9 Clinical Education processes have been mapped, signed off and validated as planned. Improvement and engagement workshops have been held. User stories have been gathered. Benefits profiles are being developed.

Supplier days have been held and benchmarking exercises have been completed against standard data and other comparable Ambulance Trusts.

A Programme Change Control will be submitted to include Phase 2 deliverables and revise the end date on the project mandate. The recent announcement of the resignation of the current HRD may impact timelines associated with the approval of the business case for implementation of the chosen solution.

The business case to request funding for the next phase of the project is under development and is expected to be presented at the Trust Board at the end of March 2019.

BAU staff within HR and wider teams are keen to implement improvements themselves and will be supported to understand the sequencing of any change. The HR Transformation Lead and Project Lead will liaise with the functional Executive Director and ensure alignment with implementation in a structured manner.

**7.2** ● **HR Operating Model** - The RAG has moved from Green to Amber in anticipation of the delay associated with the resignation of the current HR Director and the dependency on appointment of an interim HR Director to oversee the consultation process.

The aim of this project, which forms part of the HR Transformation Programme, is to design and implement an HR operating model to ensure the structure is aligned to meet current and future organisational needs.

The current and future state assessment reports have been completed and socialised with senior stakeholders and HR Directorate.

The development of decision criteria for the HR operating model is now complete. The HR Operating Model is being designed and the corresponding report together with a business case to support the implementation of the operating model is currently under development. The recent announcement of the resignation of the current HRD may impact timelines associated with the approval of the business case for implementation of the desired structure.

A Programme Change Control will be submitted which will impact the deliverables and end date on the project mandate however any implications will be managed accordingly.

If funding is not available for required additional resource it will not be possible to lift HR performance through a new operating model and aligned structure.

A risk (which is being managed) is that key HR staff leave because of uncertainty over potential HR change and/ or dissatisfaction with direction of future state / operating model, thus impacting on delivery of core HR services to customers. To mitigate this,



collaboration and communication has been built into the project approach. All products are communicated to the HR leadership team first so awareness is raised and all are able to support their staff and our people.

- 7.3** ● **Culture Change** – The RAG remains Amber. The review of the existing culture programme has taken place and the project closure has been approved by Quality & Compliance Steering Group. The post project QIA has been completed and approved.

Some culture initiatives are ongoing and being transitioned to Business As Usual (staff engagement survey, Recognition programme, Behaviours training).

A new project mandate has been drafted based on a localised approach to improving culture (responsibility for action sitting with directorates and teams, with central support and CEO/Exec leadership). The mandate is expected to be approved in the next 2 weeks, with a supporting detailed implementation plan being developed by the end of February 2019. The successful implementation of the culture initiatives has a key dependency on the implementation of the revised operating model for HR as it relies heavily on the capability of robust organisation development and learning and development functions. It also relies on proactive support for employee mental wellbeing.

Under the wider umbrella of culture, the publication of the staff survey results provides a springboard to launch templates and exercises for action planning and tracking; these are currently being socialised with OUMs.

They have been created in alignment with the localised culture approach, in the interests of simplicity and not creating additional work for managers and teams, and in recognition of the fact that staff survey results are just one indicator of climate in the organisation. Meetings are underway with Operating Unit Managers to discuss how the localised approach will be implemented and this is being positively received. The staff survey results are now available (under embargo until 26 February) and the results indicate a positive shift. Further detailed analysis is required.

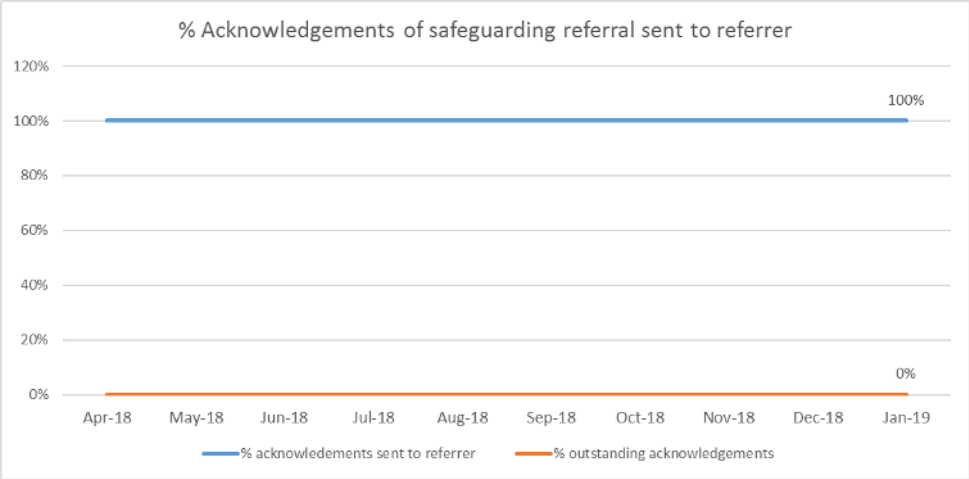
A culture communications plan has been developed which incorporates managing the action planning process. Next steps are for a presentation to SLT, Exec analysis of staff survey results, identification of three organisational priorities, followed by a supported rollout of action planning to create an organisation that is Inclusive, Attractive, Effective and Safe.

- 7.4** ● **People Risks** – The RAG remains Green. The aim of the project is to review all people risks across the Trust and to present a plan on how to mitigate major risks that compromise the Trust's ability to operate effectively.

The project will work with the Risk team ensuring that all the HR Directorate risks are correctly managed and mitigated according to the Trust's process.

- 7.5** ● **People Strategy & HR Delivery** – The RAG status is Green. This is the first reporting period. There is currently a short term people strategy in place that was produced by the Director of Human Resources & Organisational Development. As the operating model is built and working with the Service Transformation Programme a long term people strategy will be developed.

Domain	CQC Findings ('Must or Should Do')	Metrics	Monitored via
Safe	The Trust <b>must</b> ensure that their processes to assess, monitor and improve the quality and safety of services and also to assess, monitor and improve the assessment of risk relating to the provision of the service are operating effectively.	The EOC Clinical Safety & Performance plan which addresses the Must Do ensures we deliver quality and safety of services is dependent upon the capacity of clinicians and their capability. Clinical capacity is being increased, as described below and clinical capability is being targeted through the implementation of the clinical processes described as follows.	EOC Clinical Safety & Performance
Safe	The Trust <b>should</b> ensure they take action to continue to have effective systems and processes to assess the risk to patients and people using the services and they do all that is reasonably practicable to mitigate those risks, specifically in relation to the risk assessment of patients awaiting the dispatch of an ambulance.	We are developing and implementing a series of clinical processes and procedures that cover: <ul style="list-style-type: none"> <li>• Tail audit</li> <li>• Crew call-backs</li> <li>• MTS Audit</li> <li>• In-line support audit</li> <li>• Clinical review bulletin</li> <li>• Scheduling patient welfare</li> <li>• Care line and life line call management</li> <li>• Third party service providers e.g. maternity line</li> </ul>	EOC Clinical Safety & Performance
Safe	The Trust <b>should</b> ensure they continue to monitor the effectiveness of the clinical safety navigator role to ensure continued oversight on the safety of patients waiting for an ambulance.	The EOC Clinical Safety & Performance plan metrics are being identified to ensure monitoring and compliance for Clinical Welfare calls, Surge Management No Send Audits, Clinical Staffing levels and the Quality assured Policy and Procedure implementations to assure the provision of the service is operating safely and effectively. The role of the Clinical Safety Navigator is being more clearly defined to ensure clinicians are allocated appropriately dependent on skill, experience and clinical demand.	EOC Clinical Safety & Performance
Safe	The Trust <b>should</b> ensure there are a sufficient number of clinicians in each EOC to meet the needs of the service.	The overarching EOC Clinical Safety & Performance plan will identify a series of activities to monitor staffing levels, as well as HR Recruitment work streams to ensure there are sufficient Clinicians within EOC. Central to meeting the needs of the service is to provide sufficient clinician capacity to assess and monitor risk relating to 999 callers. There are a number of approaches to increasing clinician capacity including international recruitment, national and internal recruitment. Metrics are being developed to show recruitment trajectories for each clinical role.	EOC Clinical Safety & Performance

Domain	CQC Findings ('Must or Should Do')	Metrics	Monitored via																																												
<b>Safe</b>	<p>The Trust <b>should</b> ensure the processes for providing staff with feedback from safeguarding alerts is improved to strengthen and develop learning.</p>	<div style="text-align: center;">  <p><b>% Acknowledgements of safeguarding referral sent to referrer</b></p> </div> <table border="1" data-bbox="789 919 2131 1077"> <thead> <tr> <th></th> <th>Apr-18</th> <th>May-18</th> <th>Jun-18</th> <th>Jul-18</th> <th>Aug-18</th> <th>Sep-18</th> <th>Oct-18</th> <th>Nov-18</th> <th>Dec-18</th> <th>Jan-19</th> </tr> </thead> <tbody> <tr> <td>Total Referrals</td> <td>1033</td> <td>1109</td> <td>1200</td> <td>1175</td> <td>1175</td> <td>1058</td> <td>1048</td> <td>1286</td> <td>1195</td> <td>1261</td> </tr> <tr> <td>No. acknowledgements sent to referrer</td> <td>1033</td> <td>1109</td> <td>1200</td> <td>1175</td> <td>1175</td> <td>1058</td> <td>1048</td> <td>1286</td> <td>1195</td> <td>1261</td> </tr> <tr> <td>No. outstanding acknowledgements</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Total Referrals	1033	1109	1200	1175	1175	1058	1048	1286	1195	1261	No. acknowledgements sent to referrer	1033	1109	1200	1175	1175	1058	1048	1286	1195	1261	No. outstanding acknowledgements	0	0	0	0	0	0	0	0	0	0	Safeguarding Action Plan
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19																																					
Total Referrals	1033	1109	1200	1175	1175	1058	1048	1286	1195	1261																																					
No. acknowledgements sent to referrer	1033	1109	1200	1175	1175	1058	1048	1286	1195	1261																																					
No. outstanding acknowledgements	0	0	0	0	0	0	0	0	0	0																																					
<b>Effective</b>	<p>The Trust <b>should</b> ensure that maps in all vehicles are current, up to date and replaced regularly</p>	<p>Further discussions at JPPF are still to be had on the removal of maps from vehicles, given that there are multiple options available to crew. In the meantime, an alternative option of offline maps has been explored.</p>	Not applicable																																												
<b>Safe</b>	<p>The Trust <b>should</b> ensure that all staff adhere to the trust policy on carrying personal equipment and the regular servicing of such equipment.</p>	<p>The Personal Issue Assessment Kit (PIAK) policy is due for final sign off at the next meeting of JPPF (March 2019). However, further work is required on the SOP due to operational issues with the checking of the station allocated PIAK – this is to take place later this month. In the meantime, delivery of the PIAK items is currently being taken for storage at Paddock Wood MRC, with the intention of roll out in Q1 once we have received all of the items.</p> <p>N.B. The regular servicing of equipment is not applicable.</p>	Not required																																												

Domain	CQC Findings ('Must or Should Do')	Metric 1	Metric 2	Monitored via																																		
<b>Effective</b>	<p>The Trust <b>should</b> ensure that pain assessments are carried out and recorded in line with best practice guidance</p>	<p>Systems are now in place to identify opportunities to improve the assessment of pain – pain scoring has now been added to the Trust’s monthly documentation audit, which will be reported to Clinical Audit &amp; Quality Sub Group from 30 April 2019. The 2018/19 Assessment &amp; Management of Pain Audit document has been published and the re-audit will be added to the 2019/20 Clinical Audit Plan.</p> <p>Furthermore, pain scoring has now been added to the minimum data set as a mandatory field, with a bulletin issued to state that every patient in pain should have at least 2 pain scores recorded (with the exception of child patients, who will only require one pain score to be recorded). The mandatory fields have also been shared with the ePCR team for review during the pre-live testing period. Work is in progress to ensure clinical staff have adequate knowledge to assess pain – this will be disseminated via a best practice guide and key skills training.</p>		<p>Pain Assessment Action Plan</p>																																		
<b>Safe</b>	<p>The Trust <b>should</b> ensure response times for category three and four calls is improved</p>	<p>To ensure sufficient capacity to deliver against modelled demand the Service Transformation and Delivery programme is underway. This is a collaborative programme of work with commissioners and system partners. The programme is on track, gaining momentum with progress formally monitored through routine reports.</p> <p>The programme model includes compliance to Category 3 and Category 4 national targets from quarter 4 2018/19 onwards.</p> <table border="1" data-bbox="1050 1020 2252 1470"> <thead> <tr> <th colspan="2"></th> <th colspan="2">Category 3 (90<sup>th</sup> centile response times)</th> <th colspan="2">Category 4 (90<sup>th</sup> centile response times)</th> </tr> <tr> <th>Quarter</th> <th>Month</th> <th>STAD model (min:sec)</th> <th>Contract reported (min:sec)</th> <th>STAD model (min:sec)</th> <th>Contract reported (min:sec)</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Q3 2018/19*</td> <td>Oct-2018</td> <td>193:36</td> <td>190:21</td> <td>308:30</td> <td>278:29</td> </tr> <tr> <td>Nov-2018</td> <td>193:36</td> <td>193:49</td> <td>308:30</td> <td>252:29</td> </tr> <tr> <td>Dec-2018</td> <td>193:36</td> <td>237:30</td> <td>308:30</td> <td>280:58</td> </tr> <tr> <td>Q4 2018/19*</td> <td>Jan-2019</td> <td>120:00</td> <td>234:27</td> <td>180:00</td> <td>267:18</td> </tr> </tbody> </table> <p>To achieve this the Trust is implementing: new front line rosters with unions and staff; a significant increase in workforce with clinical supervisors in place to increase Hear and Treat rates; additional fleet and new dispatch desk boundaries to deploy resources optimally.</p>				Category 3 (90 <sup>th</sup> centile response times)		Category 4 (90 <sup>th</sup> centile response times)		Quarter	Month	STAD model (min:sec)	Contract reported (min:sec)	STAD model (min:sec)	Contract reported (min:sec)	Q3 2018/19*	Oct-2018	193:36	190:21	308:30	278:29	Nov-2018	193:36	193:49	308:30	252:29	Dec-2018	193:36	237:30	308:30	280:58	Q4 2018/19*	Jan-2019	120:00	234:27	180:00	267:18	<p>Service Transformation &amp; Delivery Programme</p>
		Category 3 (90 <sup>th</sup> centile response times)		Category 4 (90 <sup>th</sup> centile response times)																																		
Quarter	Month	STAD model (min:sec)	Contract reported (min:sec)	STAD model (min:sec)	Contract reported (min:sec)																																	
Q3 2018/19*	Oct-2018	193:36	190:21	308:30	278:29																																	
	Nov-2018	193:36	193:49	308:30	252:29																																	
	Dec-2018	193:36	237:30	308:30	280:58																																	
Q4 2018/19*	Jan-2019	120:00	234:27	180:00	267:18																																	

Domain	CQC Findings ('Must or Should Do')	Metrics	Monitored via																																																									
Safe	<p>The Trust <b>should</b> consider producing training data split by staff group and core service area for better oversight of training compliance.</p>	<p>Three years of training data from ESR has been transferred to the Trust secure data warehouse. A process to refresh the data monthly has been agreed and an initial draft of a refresh operating procedure prepared for review by HR and BI teams. The process of building a Power BI report based on CQC PIR has started as a priority report. During this process it has been recognised that information in addition to the ESR output is required as a "one off" clarification of reporting methodology. This includes rules to identify which staff groups are eligible for the role specific courses. A set of staff eligibility grouping rules is currently being built based on this clarification. Once the rules are completed the format and contents of a reporting suite can be shared and tested between HR and BI prior to launch.</p>	<p>Training Compliance Action Plan</p>																																																									
Responsive	<p>The Trust <b>should</b> ensure they collect, analyse, manage and use data on meeting response times for Hazardous Area Response Team (HART) incidents.</p>	<table border="1"> <caption>Count of HART Missed Response Data</caption> <thead> <tr> <th>Month</th> <th>Count of HART Missed Response (00:15:00)</th> <th>Count of HART Missed Response (00:25:00)</th> </tr> </thead> <tbody> <tr><td>July 2017</td><td>31</td><td>28</td></tr> <tr><td>August 2017</td><td>28</td><td>27</td></tr> <tr><td>September 2017</td><td>36</td><td>35</td></tr> <tr><td>October 2017</td><td>46</td><td>34</td></tr> <tr><td>November 2017</td><td>31</td><td>28</td></tr> <tr><td>December 2017</td><td>38</td><td>31</td></tr> <tr><td>January 2018</td><td>33</td><td>28</td></tr> <tr><td>February 2018</td><td>33</td><td>27</td></tr> <tr><td>March 2018</td><td>30</td><td>26</td></tr> <tr><td>April 2018</td><td>33</td><td>28</td></tr> <tr><td>May 2018</td><td>36</td><td>31</td></tr> <tr><td>June 2018</td><td>56</td><td>43</td></tr> <tr><td>July 2018</td><td>46</td><td>37</td></tr> <tr><td>August 2018</td><td>43</td><td>38</td></tr> <tr><td>September 2018</td><td>30</td><td>26</td></tr> <tr><td>October 2018</td><td>46</td><td>33</td></tr> <tr><td>November 2018</td><td>34</td><td>27</td></tr> <tr><td>December 2018</td><td>18</td><td>16</td></tr> </tbody> </table>	Month	Count of HART Missed Response (00:15:00)	Count of HART Missed Response (00:25:00)	July 2017	31	28	August 2017	28	27	September 2017	36	35	October 2017	46	34	November 2017	31	28	December 2017	38	31	January 2018	33	28	February 2018	33	27	March 2018	30	26	April 2018	33	28	May 2018	36	31	June 2018	56	43	July 2018	46	37	August 2018	43	38	September 2018	30	26	October 2018	46	33	November 2018	34	27	December 2018	18	16	<p>EPRR Action Plan</p>
Month	Count of HART Missed Response (00:15:00)	Count of HART Missed Response (00:25:00)																																																										
July 2017	31	28																																																										
August 2017	28	27																																																										
September 2017	36	35																																																										
October 2017	46	34																																																										
November 2017	31	28																																																										
December 2017	38	31																																																										
January 2018	33	28																																																										
February 2018	33	27																																																										
March 2018	30	26																																																										
April 2018	33	28																																																										
May 2018	36	31																																																										
June 2018	56	43																																																										
July 2018	46	37																																																										
August 2018	43	38																																																										
September 2018	30	26																																																										
October 2018	46	33																																																										
November 2018	34	27																																																										
December 2018	18	16																																																										

# Service Transformation & Delivery (STAD) Steering Group Dashboard

## Reporting Period from 11/01/2019 to 14/02/2019

RAG Key:

Red	Serious risk that the project is unlikely to meet business case/ mandate objectives within agreed time constraints, requires escalation.
Amber	Significant risk that project may not deliver to business case/ mandate objectives within agreed constraints.
Green	On track and scheduled to deliver business case/ mandate objectives within agreed constraints
Blue	Completed

### Key points to note for this reporting period

Workstream	Brief Summary
Rotas	Ashford, Dartford & Medway and Thanet rotas have been loaded onto GRS and are ready for go live on 1 April 2019. Tangmere, Thanet and Chertsey rotas are soon to be uploaded onto GRS. Crawley, Guildford and Brighton Operating Units have revised rotas and a rota review meeting will take place to review and sign off rotas in preparation for go live on 1 April 2019. Polegate and Paddock Wood Operating Units new rota go live has slipped by 1 month to 1 May 2019. The voting stage is scheduled for completion 23 February 2019 with a review meeting soon after. If the rotas are approved there will then be a 6 week relief planning period. If they are not approved this has the potential to delay the go live for a further 1 month.
Fleet	There is a new requirement for 22 double crew ambulances (DCA's) to support overtime requirements which will be met through retaining 22 old DCA's currently due for decommissioning. A vehicle allocation plan is being created to relocate these vehicles across the Operating Units. 24 non emergency transport (NET) vehicles have been currently deployed across operating units, with a plan to deploy the remaining 6 in the next two weeks.
Estates	There is currently no plan for the estates infrastructure work. Infrastructure audits have been completed across 7 operating units with the remaining 3 to be completed by the end of March 2019. A meeting has been held with the Estates Department to agree the scoping approach and regular meetings have also been set up with to review the audit findings, create action plans and identify quick wins.
Operational Units	Following the first ECSW recruitment campaign for Dartford & Medway and Paddock Wood 36 candidates have been sent offer letters. The second ECSW recruitment campaign for Chertsey and Ashford has so far attracted 55 potential candidates for Chertsey and 18 for Ashford. Work carries on to recruit Paramedics in the East and West. Discussions continue with Operating Unit Managers to understand their paramedic vacancies and Portsmouth University has been contacted to attract potential paramedic students to work for SECamb.
Ambulance Handover	This workstream is RAG rated red and still at risk of delivery principally due to system and acute pressures. 8 crew to clear audits have been completed and 6 completed live conveyance reviews carried out across 6 sites. The plan is to roll out live conveyance reviews and crew to clear audits across all hospitals. Steering group agreed to continue for a further year. Stock take of all hospital sites to be undertaken using onsite review approach to share good practice.

### Key Risks

Workstream	Brief Summary	Score
Risk (587) EU Exit	There is a risk that whatever outcome of the EU exit it will impact on the road and transport infrastructure, particularly Kent and the port of Dover. <b>Mitigation:</b> An EU Focus Group (internal) has been established to advise Trust. Continued engagement at arranged meetings (internal and external).	16
Risk (123): BAF Risk - Failure to achieve ARP targets	Linked to EU Exit there is a real risk that we will not achieve Q1's ARP targets for C1&2 with the existing road works in and around Ashford and the potential impact of operation Stack, TAP etc. <b>Mitigation:</b> Business continuity plan being developed	25
Risk (758) Estate Infrastructure / Operational Readiness	There is a risk that our existing Estate Infrastructure and proposed Strategy for development in certain areas to underpin delivery of the corporate objectives (STAD) is not 'fit for purpose'. Local OU analysis underway to be completed by end of February 2019. <b>Mitigation:</b> Plan in place to align estates, workforce and fleet strategy post audit.	12
Risk (666) 111 CAS Interim Service - EU Exit	'Go live' scheduled for 28 March 2019 the day before EU Exit. Possible impact on staff travel, road network issues and potential Call volumes to NHS 111 are also likely to increase following the EU Exit leading to increased pressure on the service which in turn may also impact 999s <b>Mitigation:</b> Business continuity plan in place	20
Risk (441) 111 CAS Interim Outcome of ambulance handover delays programme	Still not seeing the full benefit of current action plan to reduce the delays in hospital handovers. Risk to be reviewed to establish effectiveness of controls. Overall programme under review.	15

Workstream	Current RAG	Previous RAG
Programme	Green	Amber
Operational Units	Green	Amber
Workforce	Green	Amber
Rotas	Amber	Amber
Fleet	Green	Amber
Estates	Amber	Amber
Private Ambulance Providers	Green	Amber
Ambulance Handover	Red	Red

### Achievements this period

- Budget alignment meeting held on the 17 January 2019.
- STAD Steering group meeting held on the 25 January 2019.
- STAD SOG meeting held on the 30 January 2019.
- OU readiness estates planning meeting held on 31 January 2019.
- A new Delivery Lead started on secondment.
- Offer letters sent to 36 ECSW candidates for Dartford & Medway.
- Recruitment campaign for Chertsey and Ashford has started.

## Service Transformation & Delivery High Level Milestone Plan

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21
<b>Workforce</b>	Target: 2009 WTE	Target: 1985 WTE	Target: 2065.5 WTE	Target: 2210.1 WTE	Target: 2184.4 WTE	Target: 2236.8 WTE	Target: 2304.9 WTE	Target: 2462.3 WTE	Target: 2412.9 WTE
<b>Fleet Target</b>		Target Fleet Operational: 311	Double Crewed Ambulance (operational) (x6) Single Response Vehicle (operational) (x28)	Target Fleet Operational: 333 Double Crewed Ambulance (operational) (x26)	Target Fleet Operational: 363 Double Crewed Ambulance (operational) (x18)	Target Fleet Operational: TBC	Target Fleet Operational: TBC	Target Fleet Operational: TBC	Target Fleet Operational: TBC
<b>Estates</b>	Estates audits completed	List of works created		Quick wins across each OU identified					
<b>Private Ambulance Providers (PAP)</b>	Contract approval sign-off	Target usage: 16%	Target usage: 12%	Target usage: 9%	Target usage: 9%	Target usage: 6%	Target usage: 3%	Target usage: 0%	Target usage: 0%
<b>Rotas</b>		Go-Live 25/03/2019: Chertsey	Go-Live 04/01/2019: Ashford, Crawley, Guildford, Dartford & Medway, Tangmere, Brighton, Thanet  Go-Live 01/05/2019: Polegate & Hastings, Paddock Wood, Worthing				Intranet STAD update		
<b>Comms &amp; Engagement</b>	Initial Comms for all Stakeholders	Stakeholder map and comms channels	Stakeholder presentation packs	Programme feature stories					
		Ad hoc comms – Celebrating success							
<b>Performance Management</b>	Operational Management Reporting	ORH Modelling Support	Completed reports			Embedded STAD BI Reporting	Historic Reporting	Forecast/Modelling/Planning Reports	
		STAD Project Reporting							
<b>Contract Management</b>	Service commencement & contract term	Confirmation of service included	Payment finalised						
		Quality requirements completed	Governance in place						
		Reporting requirements complete							
<b>System Working</b>		Agreed processes at each hospital sight	Best practice embedded in SECamb and Acute	Alternative pathways identified					

# Digital Programme Board Dashboard

Reporting Period: 11 January 2019 to 14 February 2019

## RAG Key:

Red	Serious risk that the project is unlikely to meet business case/ mandate objectives within agreed time constraints; requires escalation.
Amber	Significant risk that project may not deliver to business case/ mandate objectives within agreed constraints.
Green	On track and scheduled to deliver business case/ mandate objectives within agreed constraints
Blue	Completed

## Key points to note for this reporting period

Project	Brief Summary
Station Upgrades	The RAG remains Amber. A detailed plan has now been developed and a change request is being prepared to extend the project end date from 29 March 2019 to 31 July 2019. It is expected the RAG will move to Green in the next reporting period.
ePCR	The RAG remains Green. There have been delays with the planning of the pre-go live testing to ensure the platform is fit for purpose. A change request has been approved to extend the project end date by one month to 31 July 2019.
Replacement Fleet Management System	The RAG has moved from Amber to Green following approval of a change request to extend the end date by 2 weeks which allowed the supplier to run an additional training session. This training is now complete and all 11 workshops are live with the new system.
NHS Spine Connect	The RAG has moved from Red to Amber as previous concerns raised over implementation of the Patient Demographic Service (PDS) have now been resolved. Both PDS and the Summary Care Record are scheduled to go live by 31 March 2019. A change request is in progress to remove the Child Protection Information System (CPIS) from the scope of this project, as this functionality is not available nationally, and to extend the project end date to 31 March 2019.
Auto Temperature Monitoring	The RAG has moved from Amber to Green as previous technical issues have been resolved and the project is on track for go live the week commencing 28 February 2019.
GoodSam	The RAG remains Red as there is no confirmed date for operational go live within the EOC. Once testing is complete a go live date will be confirmed; the RAG is expected to move to Green in the next reporting period.
Cyber Security	The RAG remains Green. A planning session has been held with the supplier to confirm a detailed delivery plan. A change request has been approved to extend the project end date from 15 February 2019 to 30 April 2019.
IT Helpdesk System	This is the first reporting period for this project and the RAG is Amber. The aim of the project is to implement a new Helpdesk System to help improve performance. The Project Plan and Mandate have been approved and go live is scheduled for 31 March 2019. However, subsequent planning meetings with supplier have identified the need for additional activities and re-planning is underway. It is expected the RAG will move to Green in the next reporting period.

## Key Risks

Project	Brief Summary	Score
Station upgrades	There is a risk that the project will not be completed by 31 March 2019 due to reliance on third parties for delivery dates. Updated plan currently being created.	15
Station upgrades	There is a risk that allocated budget will not be spent by 31 March. Identification of hardware requirements is in progress with orders to be raised before the end of March.	9
Station upgrades	There is a risk that if internal staff are not available due to being assigned to other priority projects then costs and or timescales will increase. Identification is in progress of which internal resources are required and when in order to confirm and agree availability	9

Project	Current RAG	Previous RAG
Station Upgrades	Amber	Amber
ePCR	Green	Green
Replacement of Fleet Management system	Green	Amber
Spine Connect	Amber	Red
Automated Temperature Monitoring	Green	Amber
GoodSam	Red	Red
Cyber Security	Green	Green
IT Helpdesk System	Amber	N/A

## Achievements this period

- Closure of Incident Management System (CLIO)
- New Key2 Fleet Management System go live



### Digital Programme Board Delivery Timeline

	JAN 19	FEB 19	MAR 19	APR 19	MAY 19	JUNE 19	JULY 19	AUG 19	SEPT 19	OCT 19	Nov 19	Dec 19
999 Telephony & Voice Recording	Project Closure					Post Project Implementation Review						
NHS Spine Connect	Project Delivery			Project Closure				Post Project Implementation Review				
Cyber Phases 1 & 2	Project Paused		Project Delivery	Project Closure				Post Project Implementation Review				
Station Upgrades	Project Delivery			Project Closure				Post Project Implementation Review				
Automated Temperature Monitoring	Project Delivery		Project Closure				Post Project Implementation Review					
IT Helpdesk Software Replacement	Project Startup	Project Delivery			Project Closure					Post Project Implementation Review		
Fleet Management	Project Delivery		Project Closure				Post Project Implementation Review					
ePCR	Project Delivery							Project Closure				Post Project Implementation Review
GoodSAM	Project Delivery		Project Closure				Post Project Implementation Review					
Incident Management Software (CLIO)	Project Closure					Post Project Implementation Review						
EOC East	Project Startup	Project Delivery	Project Closure					Post Project Implementation Review				

# 111 CAS Interim and Exit Programme Dashboard

Reporting Period: 11 January 2019 to 14 February 2019

## RAG Key:

Red	Serious risk that the project is unlikely to meet business case/ mandate objectives within agreed time constraints; requires escalation.
Amber	Significant risk that project may not deliver to business case/ mandate objectives within agreed constraints.
Green	On track and scheduled to deliver business case/ mandate objectives within agreed constraints
Blue	Completed

## Key points to note for this reporting period

Workstream	Brief Summary
Programme Governance	The RAG status has moved from Red to Amber as the project plan has been restructured and weekly progress reporting continues to be actively monitored through the Project Board. Evidence is currently being collated for the NHS England assurance process. Weekly calls with the NHSE lead continues, the plan is to submit our first evidence pack by 28 February 2019
IM&T, Estates, BI, IG	All network, telephony, Cleric and BI elements are progressing well and are on track. There have been some minor delays with landlord approvals for additional environmental works to be undertaken. These will result in additional cost pressure.
Recruitment & Workforce	Work continues to document steps for workstream recovery, including improvement of the recruitment process and reducing existing staff attrition. Planning for staff training is complete.
Finance & Contracting	The Trust is continuing to review the projected costs of service provision and related funding with a view to ensuring that resource requirements are contained within the contract envelop.
IUC Service Development	A number of area's are being reviewed as the timeline (start / end date) requires updating to reflect the phased implementation of each core component (as per the SDIP).
111 CAS Contract Exit KMSS	The RAG status has moved from Red to Amber following review and feedback from commissioner, a further version of exit plan will be shared this Friday 15 February 2019 with Care UK and Commissioners, prior to final approval. Weekly meetings continue with Care UK to discuss the transfer of services.

### Achievements this period

- Improved understanding of project progress including activities statuses and areas of risks.
- LAN Network is now complete, WAN Links are installed and undergoing final configurations.
- Telephony platform now installed and first phase configuration complete
- Cleric standby infrastructure installed (NUTANIX)
- 90% data mapping complete (ADASTRA v Cleric)
- CAS mapping paper now complete and going through approvals

## Key risks and issues

Project	Brief Summary	Score
111 CAS Interim Service	The UK's EU Exit is due to go ahead on 29 March 2019 at 23:00. SECAMB's transition into the new 111 Interim Service takes place on 28 March 2019 at 10:00. The Principle risk to the project is that travel disruption from queuing to the port of Dover might impact our workforce trying to the Ashford contact centre. Mitigations includes a letter currently being drafted from Daren Mochrie to the STP leads and NHSE raising SECAMB's concerns regarding the proximity of the service transition and the EU exit.	20
111 CAS Interim Service	There is a risk that we will not meet our recruitment target for Health Advisors required for Interim Service launch, due to insufficient recruits through current recruitment processes, leading to a negative impact in the promptness of responding to patients. Mitigations includes several activities around recruitment, retention and short term operational activities.	16
111 CAS Interim Service	There is a risk that access to Special Patient Notes (SPN) may not be available for go live for all GP Practices. There are a mixture of systems and data sets to connect to and the landscape is not clearly documented. Trust is working with a number of systems suppliers including the Healthcare Gateway to ensure information is available (where system integration is supported) to minimise any risk to users of the service.	12

Project	Current RAG	Previous RAG
111 CAS Interim Service	Amber	Red
111 CAS Contract Exit KMSS	Amber	Red

### 111 CAS Interim Service High Level Timeline

	Q3 2018-19	Q4 2018-19	Q1 2019-20	Q2 2019-20	Q3 2019-20	Q4 2019-20
111 (CAS) Interim Service	Project Delivery					
111 (CAS) Contract Exit	Project Delivery		Project Closure			

# QCSG Dashboard

Reporting Period: 11 January 2019 to 14 February 2019

RAG Key:

Red	Serious risk that the project is unlikely to meet business case/ mandate objectives within agreed time constraints; requires escalation.
Amber	Significant risk that project may not deliver to business case/ mandate objectives within agreed constraints.
Green	On track and scheduled to deliver business case/ mandate objectives within agreed constraints
Blue	Completed

## Key points to note for this reporting period

Project	Brief Summary
EOC Clinical Safety & Performance	The Project Mandate and overarching Project Plan have been developed and the project is in intensive Support until the end of February 2019. Work is underway to recruit EOC clinical staff through internal recruitment and training on Manchester Triage System (MTS), external recruitment through NHS Jobs and international recruitment including a recent jobs fair in the United Arab Emirates. Recruitment pipelines have also been developed for Emergency Medical Advisors and Resource Dispatchers up to March 2021.
Governance & Risk	The project RAG rating has moved from Green to Amber due to the volume of procedures that require updating. As a result, a change control has been approved to revise the completion date for the policies element of the project to 30 June 2019. There is an agreed trajectory and plan for each policy and procedure and the Task & Finish Group will help to retain grip and focus.
Incident Management	The project closure has now been approved as the majority of activities are complete and the Trust has a system in place to identify and share learning and is more aware of incidents. The significant activity in the plan is the development of the SI procedure which will be progressed as BAU. The issue with the SI backlog remains, and it has been agreed that weekly monitoring will continue at the Serious Incidents Group & Quality Patient Safety Group.
Personnel Files	A backlog in DBS renewals from May 2018 onwards has now been identified and as of 11/02/19 this was at 103. An interim DBS escalation process has been created to ensure action is taken on those who have not complied. 118 roles have been identified within the Trust that the Task and Finish Group require more information to determine whether a DBS is required. Whilst the Paper Vision issue remains, an additional member of staff has been recruited to mitigate the resulting decrease in speed at which electronic files are checked. The team have also started to review the data and conduct a gap analysis.
PAPs	The RAG rating for this project has moved to Blue as the PAP's action plans will now report into Teams B on a regular basis.
Health & Safety	The Health & Safety Audit Plan has been successfully implemented – 10 audits were undertaken during January 2019, with good compliance observed. Significant progress is being made to improve Fire Safety compliance. 6 of the 10 Health & Safety policies identified in the gap analysis have been created and are awaiting JPPF ratification.
Audit & Development	Whilst there is progress against the action plan, compliance for both call handling and clinical audits are below target due to capacity and high sickness levels. To mitigate the current sickness of all staff at Coxheath, staff are being utilised from EOC or offered gaps on overtime. Clinical Safety navigators have been asked to provide 1 audit per month to increase compliance for Clinical Audit.

### Achievements this period

- Medicines Governance, Infection Prevention Control and Governance Health Records and Clinical Audits Post Project Implementation review are complete.
- EOC Clinical Safety & Performance Project Mandate has been approved.
- Fire Safety Compliance is progressing well with actions trackers in place for each site.

## Key Risks & Issues

Project	Brief Summary	Score
EOC Clinical Safety & Performance	There is a risk of increased attrition and increased pressure on recruitment if we do not effectively manage staff welfare and development.. Mitigations includes virtual one to ones once a month to ensure that staff are getting at least one contact per month with their line manager. Also, The CSN team are currently using any spare time with staff who are not on their team and will be having one to one meetings with them and advising the staff members CSN so this can be loaded on to Actus.	8
EOC Clinical Safety & Performance	There is a risk that staff will be unable to cope with demand as a result of the dispatch desk merger. This may lead to unmanageable workload and low staff morale. To mitigate, a trial will be set up to fully understand the impact on staff and dispatchers have been engaged in this process.	8

Project	Current RAG	Previous RAG
EOC Clinical Safety & Performance	Amber	Green
Governance & Risk	Amber	Green
Incident Management	Blue	Red
Personnel Files	Red	Red
PAPs	Blue	Amber
Health & Safety	Green	Green
999 Audit & Development	Amber	Green

### Quality & Compliance Steering Group High Level Timeline

	JAN 19	FEB 19	MAR 19	APR 19	MAY 19	JUN 19	JUL 19	AUG 19	SEP 19	OCT 19	NOV 19	DEC 19
EOC	Project Startup											
Governance and Risk	Project Delivery						Project Closure					
Incident Management	Project Delivery	Project Closure										
Infection Prevention Control		Post Project Implementation Review										
Medicines Governance		Post Project Implementation Review										
Resourcing Plan			Post Project Implementation Review									
Personnel Files	Project Delivery						Project Closure					
999 Call Recording (2017 CQC Must Do)	Project Closure											
Medical Devices Management			Post Project Implementation Review									
Governance, Health Records and Clinical Audit		Post Project Implementation Review										
PAPs Action Plan	Project Delivery		BAU									
Health and Safety	Project Delivery							Project Closure				
Culture Change (Previous )			Post Project Implementation Review									
Culture Change (New)	Project Startup											

**Programme Summary:**

- Current Pipeline schemes of £12.6m against an internal stretch target of £13.5m.
- Validated or Scoped schemes of £12.4m against the NHS target of £11.4m. Further proposed schemes to be developed in conjunction with Budget Leads.
- Fully validated CIP schemes are moved to the Delivery Tracker after QIA approval.
- Positive engagement with Execs and CIP Project Leads along with effective participation in Financial Sustainability Group meetings. CIP Programme governance framework and processes are fully functioning in the business and were recently given a "Substantial Assurance" rating by Internal Audit.
- Continuing to work in collaboration with Project Leads and Execs to develop schemes to meet the 2018/19 CIPs target of £11.4m.
- The schemes continue to take no account of any changes that might arise from the actions of the four Sustainability Transformation Programmes (STP) with which the Trust is engaged. The recently introduced Ambulance Response Programme (ARP) has not yet been fully assessed in terms of impact on the Trust; this will need to be kept under review in terms of potential CIPs effect. The Demand and Capacity Review is nearing completion but is unlikely to create any CIP opportunities in 2018/19. In the meantime the PMO Finance Team has agreed with the Operations Senior Team a methodology for evaluating Operations efficiencies. These relate to improved sickness rates, reduced handover delays, reductions in task cycle time and increases in key skills training. CIPs to the value of £3.1m for the year covering these efficiencies have been developed, of which £2.1m have been achieved at M10. The efficiencies will be monitored on an ongoing monthly basis.
- The Trust intends to develop CIP schemes for 2018/19 beyond the value of the £11.4m target to provide a buffer against any schemes which do not deliver. At this stage of the financial year, the Cost Improvement Programme is rated Amber.

**CIP Opportunity Classification - KEY**

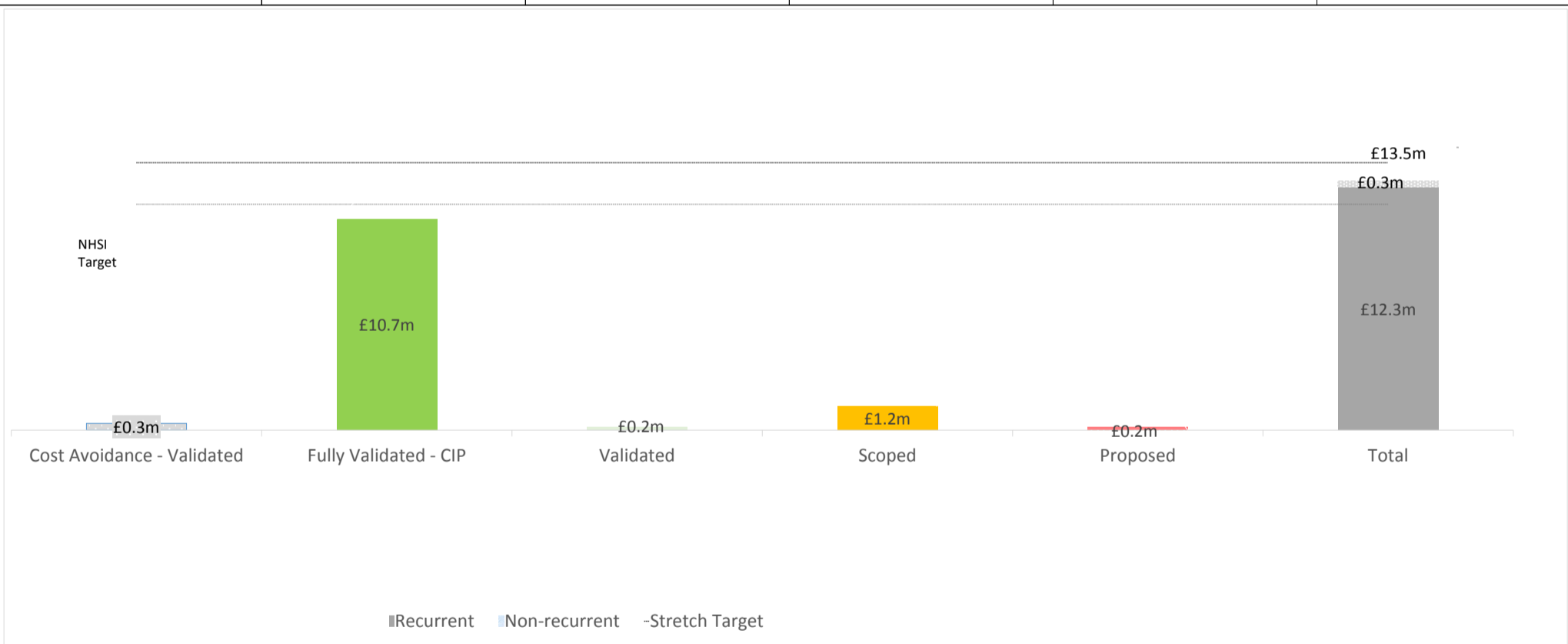
Opportunity Status	Description	Key
Fully Validated	Scheme with confirmed savings calculation prior to delivery tracking	Green
Validated	Scheme with identified benefits under development	Yellow
Scoped	Scheme to be scoped for further development	Orange
Proposed	Proposed CIP idea in analysis	Red

**CIP Pipeline and Delivery: Risks and Issues**

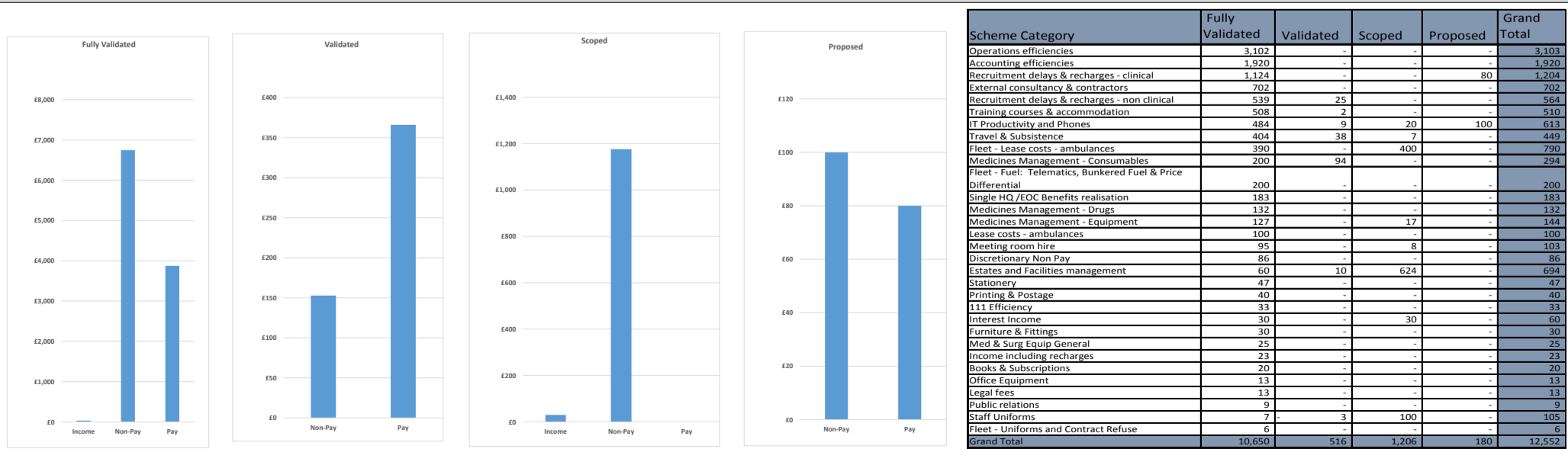
Risk	Mitigating action	Owner	Current RAG	Previous RAG	Date to be resolved by	Issues to be resolved	Mitigating action	Owner	Current RAG	Previous RAG	Date to be resolved by
1 Risk that the 2018/19 CIPs target of £11.4m will not be fully delivered due to uncertainties within the Operations Directorate.	Monthly meetings with Budget Holders. Other potential CIP schemes are under review.	Kevin Hervey	Amber	Amber	31-Mar-19	1 New Lease Cars policy to be agreed.	Awaiting updates from John Griffiths (Response Capable Managers) and Ed Griffin (all other staff). New club car scheme recently announced - to be evaluated in terms of savings for 2018/19.	John Griffiths/ Ed Griffin	Amber	Amber	28-Feb-19
						2 Medical Consumables - procurement cost savings to be considered.	Proposed medical consumables savings to be considered after meeting with NHS Supply Chain	Kirsty Booth/ John Hughes	Amber	Amber	28-Feb-19
						3 E-Expenses - potential savings from automation.	E-Expenses system has not yet gone live.	Priscilla Ashun-Sarpy	Amber	Amber	28-Feb-19
						4 Agency Staff - Potential cost avoidance CIP	PMO/Finance to develop a Project Mandate	Priscilla Ashun-Sarpy/ Kevin Hervey	Amber	Amber	28-Feb-19
						5 Develop Operations CIP schemes.	Project Mandates have been agreed. Savings will be monitored on a monthly basis.	Kevin Hervey/ Graham Petts	Amber	Amber	Ongoing
						6 Devise a mechanism for recoveries of old staff overpayments	Ongoing discussions with Payroll Manager/HR Director	Kevin Hervey/ Ed Griffin	Amber	Amber	28-Feb-19

**CIP Pipeline Summary**

Cost Avoidance	Fully Validated	Validated	Scoped	Proposed	Grand Total
£338	£10,650	£178	£1,206	£180	£12,552



**Pay / Non-Pay / Income Breakdown and scheme summary**



# South East Coast Ambulance Service: CIP Workstream

## CIP Delivery Dashboard

Reporting Month: Jan-19

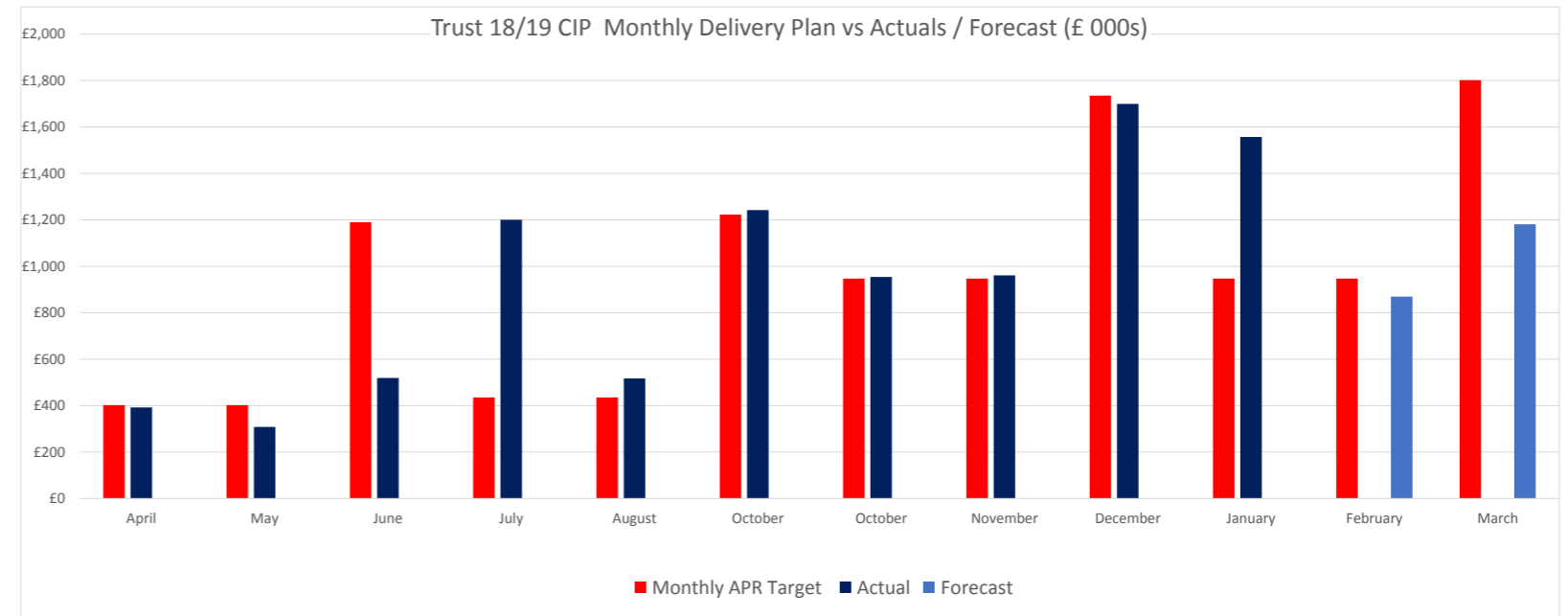
Programme for 2018/19 to deliver a minimum of £11.4m savings to achieve the planned £0.8m control total deficit.

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

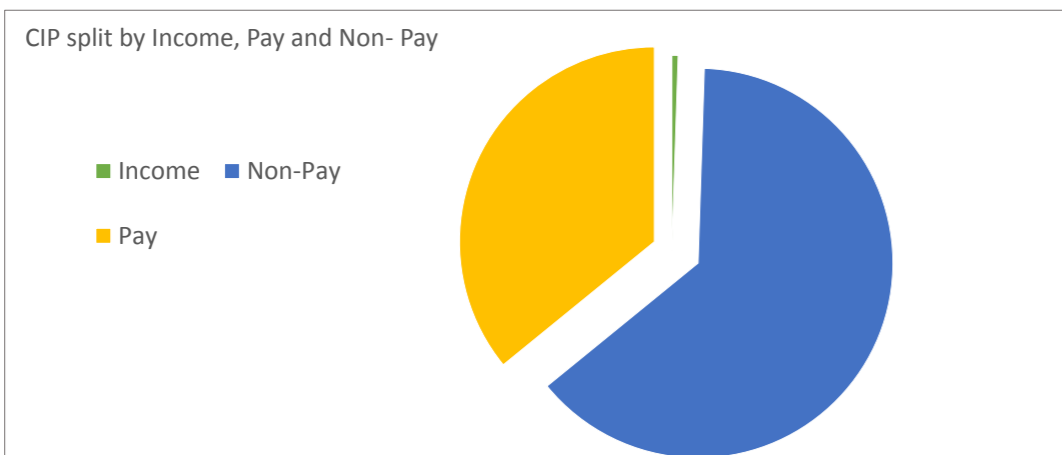
- The CIPs target remains at £11.4m for the 2018/19 financial year.
- £10.6m of fully validated savings have been transferred to the Delivery Tracker as at the Month 10 reporting date, of which £8.7m have been delivered to date in line with the Plan.
- The schemes continue to take no account of any changes that might arise from the actions of the four Sustainability Transformation Programmes (STP) with which the Trust is engaged. The recently introduced Ambulance Response Programme (ARP) has not yet been fully assessed in terms of impact on the Trust; this will need to be kept under review in terms of potential CIPs effect. The Demand and Capacity Review is nearing completion but is unlikely to create any CIP opportunities for the current financial year. In the meantime the PMO Finance Team has agreed with the Operations Senior Team a methodology for evaluating frontline efficiencies. These relate to improved sickness rates, reduced handover delays, reductions in task cycle time and increases in key skills training. CIPs to the value of £3.1m for the year covering these efficiencies have been developed, of which £2.1m have been achieved. The efficiencies will be monitored on an ongoing monthly basis. The Trust intends to develop CIP schemes for 2018/19 beyond the value of the £11.4m target to provide a buffer against any schemes which do not deliver. At this stage of the financial year, the Cost Improvement Programme is rated Amber.
- Regular review meetings with Budget Leads and Finance Business Partners continue to 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 31 January 2019

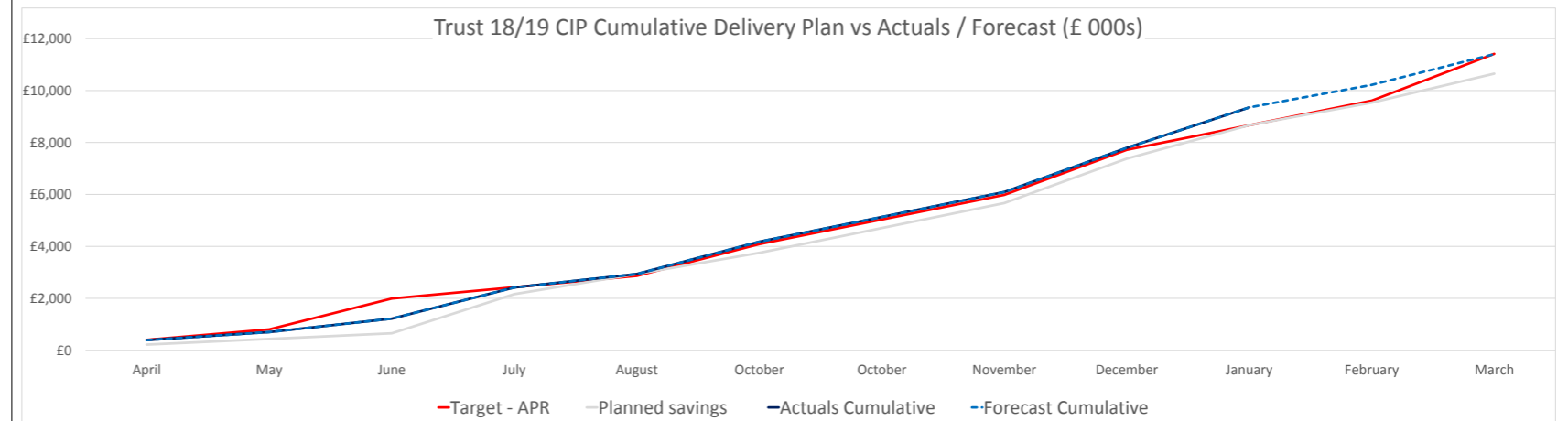
CIP Target for 18/19 £000's	Total planned savings on delivery tracker £000's - as at 31 January 2019	Total forecast savings on delivery tracker £000's - as at 31 January 2019	YTD January 19 - Target Savings £000's	YTD January 19 - Actual Savings £000's	YTD January 19 - variance £000's
11,400	10,650	11,400	8,663	8,665	£2



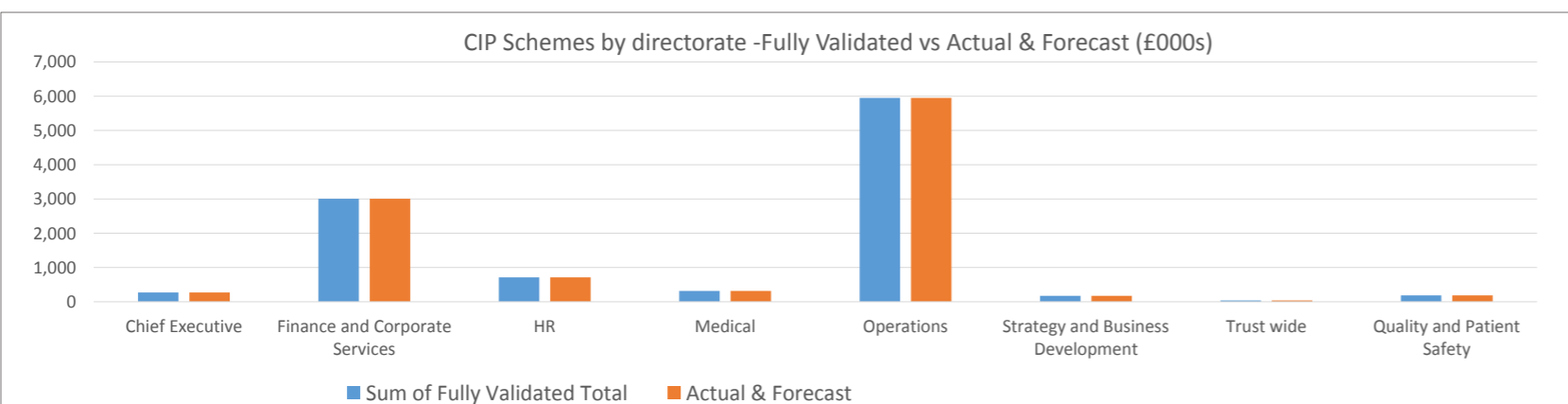
### 2. CIP - Planned savings split by income, pay and non-pay: as at 31 January



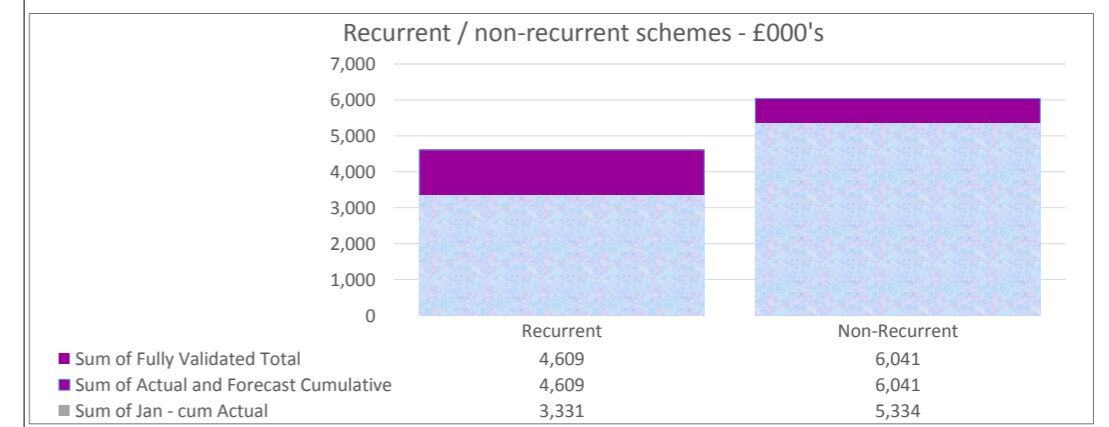
### 3. Cumulative CIPs - Target Plan & Actual / Forecast savings 2018/19



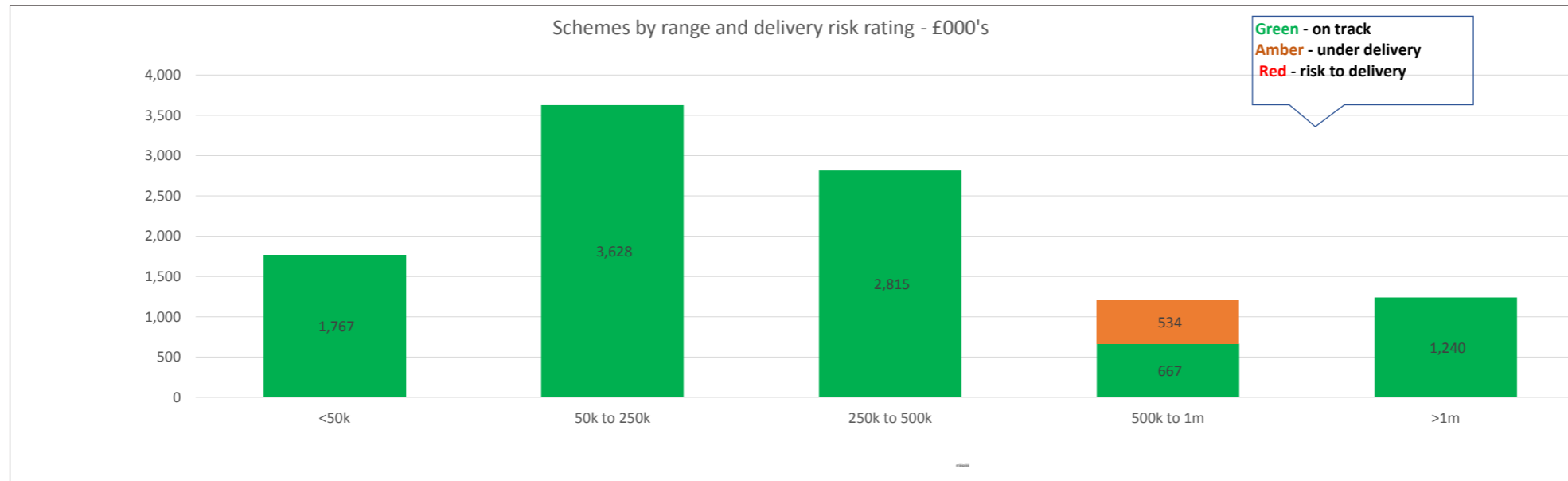
### 4. CIP schemes by directorate - Fully Validated vs Actual & Forecast 2018/19



### 5. Value of forecast recurrent and non-recurrent savings - 31 January 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	2018/19 Value of Fully Validated Schemes - £000	2018/19 Forecast Value £000	Full Year Variance £000	YTD Planned / Fully Validated Schemes Savings (Month 10): £000	YTD Actuals (Month 10): £000	YTD Variance £000	Comments (+/- £20k variance)
External consultancy & contractors	£702	£702	£0	£644	£644	£0	-
Furniture & Fittings	£30	£30	£0	£25	£25	£0	-
Meeting room hire	£97	£97	£0	£82	£82	£0	-
Public relations	£9	£9	£0	£8	£8	£0	-
Stationery	£47	£47	£0	£40	£40	£0	-
Travel & Subsistence	£397	£397	£0	£353	£353	£0	-
Medicines Management - Equipment	£127	£127	£0	£109	£109	£0	-
Medicines Management - Consumables	£200	£200	£0	£167	£167	£0	-
Books & Subscriptions	£20	£20	£0	£17	£17	£0	-
111 Efficiency	£33	£33	£0	£27	£27	£0	-
Fleet - Fuel: Telematics, Bunkered Fuel & Price Differential	£200	£200	£0	£167	£167	£0	-
Estates and Facilities management	£63	£63	£0	£62	£62	£0	-
IT Productivity and Phones	£483	£483	£0	£464	£464	£0	-
Discretionary Non Pay	£97	£97	£0	£92	£92	£0	-
Training courses & accommodation	£508	£509	£1	£434	£434	£1	-
Single HQ /EOC Benefits realisation	£183	£183	£0	£152	£152	£0	-
Medicines Management - Drugs	£132	£132	£0	£110	£110	£0	-
Printing & Postage	£40	£40	£0	£35	£35	£0	-
Operations Efficiencies	£3,102	£3,102	£0	£2,067	£2,067	£0	-
Recruitment delays & recharges - clinical	£1,051	£1,051	£0	£789	£789	£0	-
Recruitment delays & recharges - non clinical	£617	£617	£0	£606	£606	£0	-
Med & Surg Equip General	£25	£25	£0	£25	£25	£0	-
Fleet - Lease costs	£390	£390	£0	£390	£390	£0	-
Legal Fees	£13	£13	£0	£13	£13	£0	-
Interest Income	£30	£30	£0	£30	£30	£0	-
Income including recharges	£25	£25	£0	£25	£25	£0	-
Staff Uniform	£10	£10	£0	£10	£10	£0	-
<b>Total Fully Validated Schemes</b>	<b>£10,650</b>	<b>£10,650</b>	<b>£0</b>	<b>£8,665</b>	<b>£8,665</b>	<b>£0</b>	-
Variance to Year To Date (YTD) Target				(2)		£2	Positive variance between Fully Validated Schemes and YTD Control Total Target
<b>Grand Total</b>	<b>£10,650</b>	<b>£10,650</b>	<b>£0</b>	<b>£8,663</b>	<b>£8,665</b>	<b>£2</b>	