

## South East Coast Ambulance Service NHS Foundation Trust

### Trust Board Meeting to be held in public.

**28 March 2019**

**10.00-12.30**

**Crawley HQ**

### Agenda

Item No.	Time	Item	Encl.	Purpose	Lead
<b>Introduction</b>					
174/18	10.01	Apologies for absence	-	-	DA
175/18	10.01	Declarations of interest	-	-	DA
176/18	10.02	Minutes of the previous meeting: 28 February 2019	Y	Decision	DA
177/18	10.03	Matters arising (Action log)	Y	Decision	PL
178/18	10.05	Board Story	-	Set the tone	DA
179/18	10.10	Chief Executive's report	Y	Information	DM
<b>Trust strategy</b>					
180/18	10.20	Delivery Plan	Y	Information	SE
181/18	10.55	Financial Plan 2019/20	Y	Decision	DH
<b>Quality &amp; Performance</b>					
182/18	11.10	Integrated Performance Report	Y	Information	SE
183/18	11.40	Telephony BCI – findings	Verbal	Information	JG
184/18	11.50	FTSU Guardian Report	Y	Information	TM
<b>Governance</b>					
185/18	12.05	Audit Committee Escalation Report	Y	Information	AS
186/18	12.10	Finance & Investment Committee Escalation Report	Y	Information	AS
187/18	12.15	Charitable Funds Committee Report	Y	Information	AS
188/18	12.20	Carter Update	Y	Information	DH
<b>Closing</b>					
189/18	12.30	Any other business	-	Discussion	DA
190/18	-	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

		Item No
Name of meeting	Trust Board	
Date		
Name of paper	Chief Executive's Report	
Executive sponsor	Chief Executive	
Author name and role	Daren Mochrie	
Synopsis (up to 120 words)	The Chief Executive's Report provides an overview of the key local, regional and national issues involving and impacting on the Trust and the wider ambulance sector.	
Recommendations, decisions or actions sought	The Board is asked to note the content of the Report.	
Why must <b>this</b> meeting deal with <b>this</b> item? (max 15 words)	To receive a briefing on key issues, as noted above.	
Which strategic objective does this paper link to?	2. Culture	
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	Yes / No	

**SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**  
**CHIEF EXECUTIVE'S REPORT TO THE TRUST BOARD**

**1. Introduction**

1.1 This report seeks to provide a summary of the key activities undertaken by the Chief Executive and the local, regional and national issues of note in relation to the Trust during February and March 2019.

**2. Local issues**

**2.1 Changes at Board level**

2.1.1 My final day with the Trust will be 31 March 2019 and, as announced previously, Dr Fionna Moore will take on the role of Interim Chief Executive whilst the recruitment process for a substantive Chief Executive concludes.

2.1.2 I have thoroughly enjoyed my time with SECamb and am very proud of the real progress we have made as a Trust. I will continue to take an active interest in SECamb from afar and fully expect to see the Trust go from strength to strength.

2.1.3 Following our announcement on 1 February 2019 that Ed Griffin, Director of HR & OD will be moving on from SECamb at the end of April 2019, I am pleased to confirm that Paul Renshaw will join SECamb early next month on an interim basis, until the end of December 2019.

2.1.4 Paul has significant HR Director experience and has worked as the HR Director for two large acute Trusts, Blackpool NHS Teaching Hospital and Salford Royal NHSFT. He will continue the work that Ed has started to deliver further improvements in HR.

2.1.5 The Trust has now started the process for the substantive recruitment and we will provide up-dates in due course.

**2.2 Executive Management Board (EMB)**

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

2.2.2 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 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 in light on on-going developments
- Analysed and discussed the recently-published NHS Staff Survey results and agreed areas of focus for the coming year

**2.3 NHS Staff Survey results**

2.3.1 On 26 February 2019, the 2018 NHS Staff Survey results were published for all NHS Trusts in England by NHS England.

2.3.2 The results of individual questions, grouped into 10 key themes, represent the best ever scores for SECamb since they were introduced in 2014, and when compared with last year's scores, show significant improvements in every area where comparison is possible. Areas of improvement included real progress made in the themes of safety culture, morale and quality of care.

2.3.3 The Trust also saw it's highest ever response rate with 53% of staff completing the survey compared to a sector average of 49%.

2.3.4 I want to thank all those who have worked so hard over the last year, and who are continuing to work hard, to make SECamb a better place to work. We still have a lot of work ahead of us to achieve our aim of making SECamb an Inclusive, Attractive, Effective and Safe organisation for all its employees and patients but it's great to see things moving in the right direction.

## **2.4 Trust Award Ceremonies**

2.4.1 I have been extremely proud during the past few weeks to attend our three Staff Award Ceremonies, where we have had the opportunity to acknowledge the many years of service which our staff and volunteers have dedicated to the ambulance sector and wider NHS and also celebrated the fantastic achievements of staff during through awarding of Chief Executive's Commendations.

2.4.2 During part of each ceremony, we recognised the long service of our staff and volunteers across 20, 30 and 40 year categories. I was absolutely staggered to count up after the final ceremony that, between them, the staff and volunteers who had attended the three ceremonies this year had contributed more than 2, 250 years' of service – an achievement to be extremely proud of.

2.4.3 I was also very proud to hear during each ceremony the heartening and touching stories behind every one of the commendations awarded. As I mentioned in my speech during the third event, it takes a team to deliver great success and these awards really are a celebration of the work that I know is being delivered day in day out across our region.

## **3. Regional issues**

3.1 No regional issues to note.

## **4. National issues**

### **4.1 Ambulance Leadership Forum (ALF)**

4.4.1 On 19 and 20 March 2019, I attended the Ambulance Leadership Forum, together with the Chair and a number of our Directors, senior managers and staff.

4.4.2 ALF is organised by the Association of Ambulance Chief Executives and provides an annual opportunity for ambulance staff to come together to share best practice and ideas, as well as to hear from a range of national and international experts on key issues for the sector.

4.4.3 This year's Forum covered a wide range of relevant and topical issues affecting ambulance Trusts, including leadership, culture and changing performance targets. One of the key-note speakers was Lord Carter, who gave an extremely interesting presentation on his recently-published 'Review into unwarranted variation in NHS ambulance trusts' and what this means for us all moving forwards.

4.4.4 A key part of ALF each year is also the awarding of recognition awards to ambulance staff who have made a real difference in their particular area during the year. I was extremely proud this year to see Angela Rayner and Asmina Islam Chowdhury recognised as part of this year's awards, for the massive contribution they have made, and continue to make, to leading wellbeing and diversity and inclusion within SECamb. Well done to both.

## **4.2 Preparations for the UK's Exit from the EU**

4.2.1 As we approach the 29 March 2019 and the UK's potential exit from the EU, we are continuing to work hard as a Trust to prepare for the impact of this through the ongoing work of our existing Contingency Planning and Resilience Department and through the Trust's Business Continuity Plans.

4.2.2 During the last few months, we have been working closely with our colleagues in the emergency services, in government and in the wider NHS - nationally, regionally and locally - to prepare for all eventualities. This is to ensure that we are as prepared as possible, given our unique geographical location and the vital role we play in serving the public and responding to patients.

4.2.3 We will continue to monitor the national situation closely and refine and adapt our plans as needed.

## **5. Recommendation**

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

**Daren Mochrie QAM, Chief Executive**

21 March 2019

Agenda No	180/18
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Name of meeting	Trust Board	
Date	28 March 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 B – Service Transformation Dashboard / Timeline          Appendix C – Digital Programme Board Dashboard / Timeline          Appendix D – 111 Dashboard / Timeline          Appendix E – Quality and Compliance Dashboard / Timeline          Appendix F – Enabling Strategies          Appendix G – CIP Pipeline Tracker          Appendix H – CIP Delivery Dashboard</p>	
Recommendations, decisions or actions sought	The Board is asked to review the progress made in relation to the relevant projects.	
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. The EOC Clinical Safety and Performance project mandate has been approved along with a full Quality Impact Assessment. A considerable amount of work has been undertaken in streamlining the project plan to provide a robust baseline plan with clear trajectories. The mapping of interdependencies has been completed and under review.
2. NHS Spine Connect Patient Demographic Service (PDS) for Category 2 to Category 5 999 calls went live ahead of schedule across both EOC's on 27 February 2019. There have been no negative impacts on 999 call answer times reported; this has been evidenced by the 7 day look back report which was presented at the Digital Programme Board.
3. The Benefits Framework is now developed and work is underway to embed this within the PMO project lifecycle. The Service Transformation & Delivery Programme is using this framework for its benefits management.
4. A new Communications and Stakeholder Analysis framework has been implemented by the PMO. The purpose of this is to ensure the right stakeholders are engaged throughout the lifecycle of the project. The EOC Clinical Safety and Performance project is currently using this framework.

Since the last reporting period a Post Project Implementation Review has been conducted on the Infection Prevention Control project. The Automated Temperature Monitoring system went live as scheduled and 3 Change Requests have been approved for:

- Replacement IT Helpdesk to extend 2 of the objective dates following a scoping exercise with the supplier.
- Revised end date for NHS Spine Connect to 31 March 2019.
- Extend the Station Upgrades project end date out by 4 months.

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

The Steering Group/Programme Dashboards are included as appendices (see appendices B-E) to provide a snapshot of progress with the exception of the HR Transformation Programme.


## 1.0 Introduction

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

- CQC Must Do/Should Do Tracker - see 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 provide 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 programme RAG remains Amber. Overall, the Programme is on track with delivering against agreed trajectories. However, there remains a delay with the go live of Polegate, Hastings and Paddock Wood Operating Units new rotas. There are mitigations in place to ensure that slippage does not extend beyond 1 month. Go live with the new rotas is forecast to take place on the 1 May 2019.

The system working (ambulance handover) workstream is currently rated Red and still at risk of delivery, principally due to system and acute pressures. 8 crew to clear audits have been completed and 5 completed live conveyance reviews carried out across 5 sites with 2 more planned. The plan is to roll out live review of conveyances and crew to clear audits across all hospitals. The Ambulance Handover Steering Group has agreed to extend the programme for a further year and the meeting in April 2019 will review the mandate and TOR.

The PAP contracts award is 10 days behind schedule. The new contract terms have been well received but the Trust is waiting for confirmation from the providers that they accept the proposed activity levels. This should give assurance that a more consistent level of service will be provided. However, during April 2019 and May 2019 there is a significant shortfall in filling the required number of night shifts by PAP Providers. Discussions continue with the providers, and SECamb staff, to try and close the gap; this has been raised as a risk and escalated to the Executive Management Board.

Operationally, there is still further work to be done in order to effectively monitor PAP's performance; during the week commencing 25 February 2019 PAP utilisation was 5571 hours which is slightly below the planned utilisation target of 6200 PAP hours per week.

The business case to purchase 50 Mercedes Double Crewed Ambulances replacement (part of BAU) was approved by the Finance & Investment Committee on 8 March 2019. The additional 50 Double Crewed Ambulances Fiats Business case is with Finance and requires a ratified Fleet Strategy; a meeting will be arranged to progress this. 27 out of



30 Non-Emergency Transport vehicles have been deployed across the Operating Units with 3 vehicles in the workshop undergoing repairs.

The ECSW recruitment campaign for Chertsey and Ashford is progressing well. To date a total of 36 job offers having been made and 17 of these accepted. The Dartford & Medway and Guildford campaigns have commenced. Thus far a total of 35 applications have been submitted; the advert is due to close on the 24 March 2019. The planned ECSW courses for the first recruitment campaign are on schedule to start on 18 March 2019.

The SECAmb 999 Contract offer for 2019/20 on behalf of KMSS CCGs has been received and discussions are still going on.

A report is being written to summarise the findings of the review of Category 2 performance in Quarter 3 (18-19) 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 remains Amber. However, following the latest checkpoint review NHSE are assured that the progress is being made. The checkpoints will continue with further documentation/evidence being provided as required.

NHSE have met with the 111 Operational Team to review workforce planning calculations and assumptions. Feedback from the session was very positive.

Progress continues to be made on IT, Business Intelligence and Information Governance workstreams however, some elements of the Cleric ITK integration testing are only just commencing. Additional effort is being put in to ensure that this activity is completed urgently to reduce the overall impact to the project plan timescales.

Further investigation and scoping work is underway to understand the most suitable options for accessing Special Patient Notes (SPN's) and historical data from the Care UK platforms (Adastra and Telephony). Short and long terms options are being reviewed.

CCG 'Mass Call Event' took place on 13 March 2019, this testing confirmed the telephony routing into our new platforms.

In terms of Estates, there are minor delays with the completion of the Air Conditioning works. These works are due for completion 22 March 2019.

The Recruitment / Rota Planning / Staff Training workstream continues to improve with the recruitment process closing the gap and putting in additional measures to help reduce existing staff attrition. Staff training is 64% complete and on track to complete by 'go live'.

In relation to the CAS, a number of areas continue to be reviewed as the timeline (start / end date) requires updating to reflect the phased implementation of each core component (as per the SDIP). The CAS elements of the project largely remain a background activity whilst the focus is on day 1 mobilisation.

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.

A dedicated 'slot' has now been scheduled in the remaining 111 IUC Project Board meetings to focus on each key area in terms of their readiness. This process will support the go / no go decision making process.

- 3.2** ● 111 CAS Contract Exit KMSS – The project RAG remains Amber. The exit plan has been reviewed and agreed with Care UK and Commissioners. Weekly meetings continue with Care UK to progress the transfer of services, including reviewing the requirements to transfer historical records and data from their systems to the Trust.

Fortnightly exit planning meetings continue with CCG/NHSE/Care UK and SCAS.

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 to reduce the sharing of sensitive information to potential competitors.

### **3.3 Digital Programme**

- 3.3.1** ● **Automated Temperature Monitoring** – The project RAG remains Green. Go live went ahead as scheduled on 28 February 2019. There have been some issues with the Mass Casualty Vehicles losing signal and lithium based sensors are being trialled. Until this is resolved manual temperature checks will need to be undertaken.
- 3.3.2** ● **Cyber Security** – The project RAG rating remains Green. The migration of CAD and telephony networks onto the new 4net technology requires co-ordination of activity across multiple suppliers for both the Crawley and Coxheath sites; this is scheduled for 18 April 2019. The project is on track to complete as planned and is expected to be formally closed in the next reporting period.
- 3.3.3** ● **ePCR** – The project RAG has moved from Green to Red. The pre-live scheduled to commence with 75 users on 4 March 2019 has been delayed due to incompatibility of the Trust's version of the Airwatch browser with the Cleric application. The mitigation for this is for the Trust to upgrade to the most recent version of Airwatch which will necessitate the installation of new servers. It is estimated that this work will take around 2 weeks; therefore, pre-live has been rescheduled for 1 April 2019. In order to prevent a delay in go live the pre-live stage will be reduced from 40 days down to 20. It is expected the RAG will move to Amber in the next reporting period.

A new risk has been raised regarding the capacity to deliver the required training to schedule. An options appraisal was presented to the ePCR Project Board on 11 March 2019. Due to lack of representation from Operations the Board were unable to make a decision on to how to progress. An effort will be made to ensure the appropriate attendance at the next Board meeting on 25 March 2019.

- 3.3.4** ● **Replacement Fleet Management System** – The project RAG remains Green. The system went live as scheduled. The Trust now have a fit for purpose, fully supported system along with asset tracking for all patient conveying equipment. There have been a few small issues, which the supplier is managing. There is a delay in the project entering closure due to a few issues which are being addressed by the supplier. It is anticipated that the project will be formally closed in the next reporting period.
- 3.3.5** ● **NHS Spine Connect** – The project RAG remains Green. PDS has now gone live and a post go live report has been produced. Concerns raised around implementation causing increased call length times have thus far proved unfounded.

The Summary Care Record (SCR) is ready for testing and this is due for completion by the end of March 2019. To date smart cards have been processed for 30 of the 74 clinicians; 14 of which have been printed and issued to staff. SCR is planned to be developed into Cleric for 111, and scheduled to go-live at the end of March 2019.

- 3.3.6 ● **GoodSAM** – The project RAG remains Red. Testing has revealed an issue with sending alerts. The supplier has introduced a fix in the next version of software due for release by 15 March 2019. However, due to conflicting priorities with the testing of the telephony solution for the interim 111 service, testing may not recommence until the end of March 2019. As this is an additional service there is no impact on current service delivery.
- 3.3.7 ● **Station Upgrades** – The project RAG has moved from Amber to Green. The project end date has been extended to the 31 July 2019. A quote has been agreed with the supplier for the deployment of PC's and a plan is in place to support this. Networking tasks have now been agreed with the suppliers and 6 of the 8 MRCs have new broadband circuits and WiFi in place, all remaining sites are scheduled to be completed by the end of July 2019.
- 3.3.8 ● **IT Helpdesk Replacement** – The project RAG has moved from Amber to Green. A change control to extend 2 of the objectives has been approved. The project plan has been updated to reflect this. Meetings have been held with the supplier and good progress has been made on agreeing service level agreements.
- 3.3.9 ● **East EOC** – This is the first reporting period and the project RAG is Green. The aim of this project is to refurbish and expand the East EOC. The current power resilience level of the UPS will be increased and the air conditioning in the server room made fit for purpose. In addition, a visual alerting mechanism will be installed to inform the EOC of change over to generator from UPS and back. The project mandate has been approved and the project is on track for completion on 31 May 2019.

## 4.0 Financial Sustainability

- 4.1 ● **CIP** – The RAG rating for the CIPs programme has been uprated to Green as at month 11 based on the current position. The Trust has reported a CIP target of £11.4m to NHSI as part of the 2018/19 Budget and Plan. £11.2m of fully validated savings have been transferred to the Delivery Tracker as at the Month 11 reporting date, of which £9.6m 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 Clinical Director 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 version of the Pipeline Tracker Dashboard (appendix G) and Delivery Tracker Dashboard (appendix H) have been included in the appendices.

## 5.0 Quality & Compliance

- 5.1 ● **Governance and Risk (CQC Must Do)** – The project RAG remains Amber. This is due to the volume of policies and procedures that require updating by 30 June 2019. Trajectories have been agreed by directorate, with the various leads, and a schedule is in place to take each one through the development and approval process. All other aspects of the project have either been completed or are on track.
- 5.2 ● **Personnel Files** – The project RAG remains Red. It was agreed by the Quality & Compliance Steering Group (QCSG) that the existing plan is no longer fit for purpose, so

a new plan will be scoped. DBS checks will be removed from this project and have a separate project plan. The project closure for Personnel Files was approved at QCSG and the new plans are expected to start being report on a weekly basis at the end of the month.

- 5.3 ● **Health & Safety** – The project RAG rating remains Green. All remaining objectives are on track for completion on the dates specified within the improvement plan. Health & Safety audits are progressing well, and valuable data is being produced which assists in aligning additional support to our workforce.

The new Health & Safety related policies produced by the Health & Safety team are now going through the consultation process.

The Health & Safety Team have been developing bespoke Health & Safety e-learning courses which will enhance the training available to staff. The three new courses are Risk Assessment, Fleet / workshop safety and an improved version of the existing H&S training for all staff.

- 5.4 ● **Audit & Development for 999** – The project RAG has moved from Amber to Red. The business case to support a new Audit Team Structure has not yet been approved. The business case outlines the support needed to improve compliance with NHS pathways for both clinical and non-clinical audit to ensure the Trust meets its target. The project is further constrained by a licensing issue with the PowerApps tool that could result in a significant cost for implementing a new tracker. However this risk is mitigated by continued use of the temporary audit tool. Discussions are being explored with the Head of Clinical Audit to look at other audit tools. A spot check on the temporary audit tool was completed and whilst there are some discrepancies the tool is largely successful. Audit pass rate remains above target at 92%.

- 5.5 ● **EOC Clinical Safety & Performance** – The project RAG rating has moved from Amber to Red. There is a significant risk to the recruitment of the international nurses which is proving more difficult than expected. This has resulted in delays to the implementation of the planned course in April 2019 to May 2019. This will have a direct impact in the project not being able to achieve the Hear and Treat target by June 2019.

The Project has been divided into two distinct themes; one focusing on local delivery of the six objectives and the other focusing on the enabling activities delivered through individual departments, such as recruitment, clinical education, etc. Each theme has a dedicated Programme Manager who meets weekly with the various work-stream leads reviewing progress against the project plans and management of risks and issues. This approach directly mirrors that for the Service Transformation and Delivery Programme.

The project is largely dependent upon providing sufficient capacity within EOC to deliver timely call handling, clinically safe call management and effective dispatch of resources. Initial activities have therefore been concentrated on providing absolute clarity about the recruitment effort required, detailing the dates of each milestone for each individual recruitment campaign. This is helping to inform the resources required of the recruitment and training teams and is enabling a much better understanding of progress.

The qualitative aspects of the plan are built around establishing new processes and procedures for clinical management and dispatch. These processes are on-track to deliver by the end of June 2019 and work is commencing to provide supporting information systems.

## 6.0 Strategy

The Trust continues in its work to review and update our Five Year Strategic Plan 2017-2022. The Trust is collating and analysing the findings from extensive internal and external engagement, diagnostic work including population needs, policy development, changes including the Ambulance Response Programme Demand and Capacity review outcome, STP and partnerships. The 5 year strategic plan will be discussed at Board Seminar in April 2019 and subsequently ratified at Trust Board later in April 2019. Summary slides and background material has been shared with the Trust Board and SLT following update at Trust Board in February 2019.

- 6.1 ● **Annual Planning** – The RAG 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 required 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 and Commissioners are working to agree a contract that will continue to support the required delivery trajectory for ARP compliance and The Trusts required expenditure profile in 2019/20 to do so.
- 6.2 ● **Commissioner and Stakeholder Alignment** – The RAG 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.
- 6.3 ● **Enabling Strategies** – The RAG remains Amber. Strategies for Workforce, Volunteers, Patient Experience, Comms and Engagement, and Freedom to Speak Up, Partnership/commercial are all underway. We have also initiated work to develop the Infection Prevention and Control Strategy and a Cardiac Arrest Strategy. The Fleet Strategy is due to be presented at the April 2019 Trust Board.

Appendix F provides an update on these enabling strategies.

## 7.0 HR Transformation

- 7.1 ● **Process Improvement** – The RAG has moved from Amber to Red. The business case to request funding and planning for the next phase of the project has been completed and put on hold following feedback from the HR Director. The programme team are waiting for direction from the Executive Management Board on how to proceed.

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 and benefits profiles have been developed. Phase one of the project is now complete and the Technical Enablers report has been submitted to the HR Director for review and approval.

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

- 7.2 ● **HR Operating Model** - The RAG has moved from Amber to Red. There is a 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 development of decision criteria for the HR operating model is now complete. The HR Operating Model design is complete and the corresponding report together with a business case to support the implementation of the operating model is currently under development. The programme team are waiting for direction from the Executive Management Board on how to proceed.

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.

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.

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 has moved from Amber to Red. 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 still pending approval at QCSG.


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

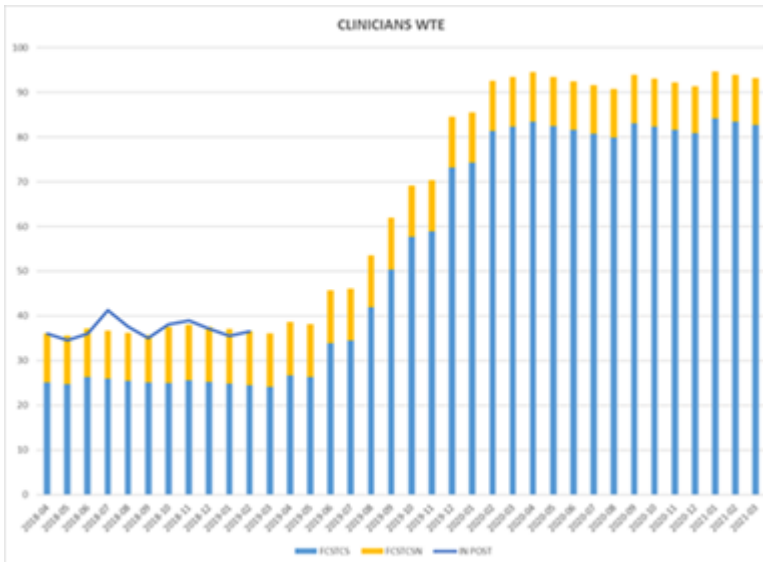
A short term implementation plan is being developed, following delivery of a pilot “Resilience in times of Change workshop”, which was positively received and follow up coaching conversations are scheduled with the attendees. The successful implementation of the culture initiatives has a key dependency 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 have been published and the launch of templates and exercises for action planning based on the CEO’s three organisational priorities, are currently being socialised with OUMs.

- 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.

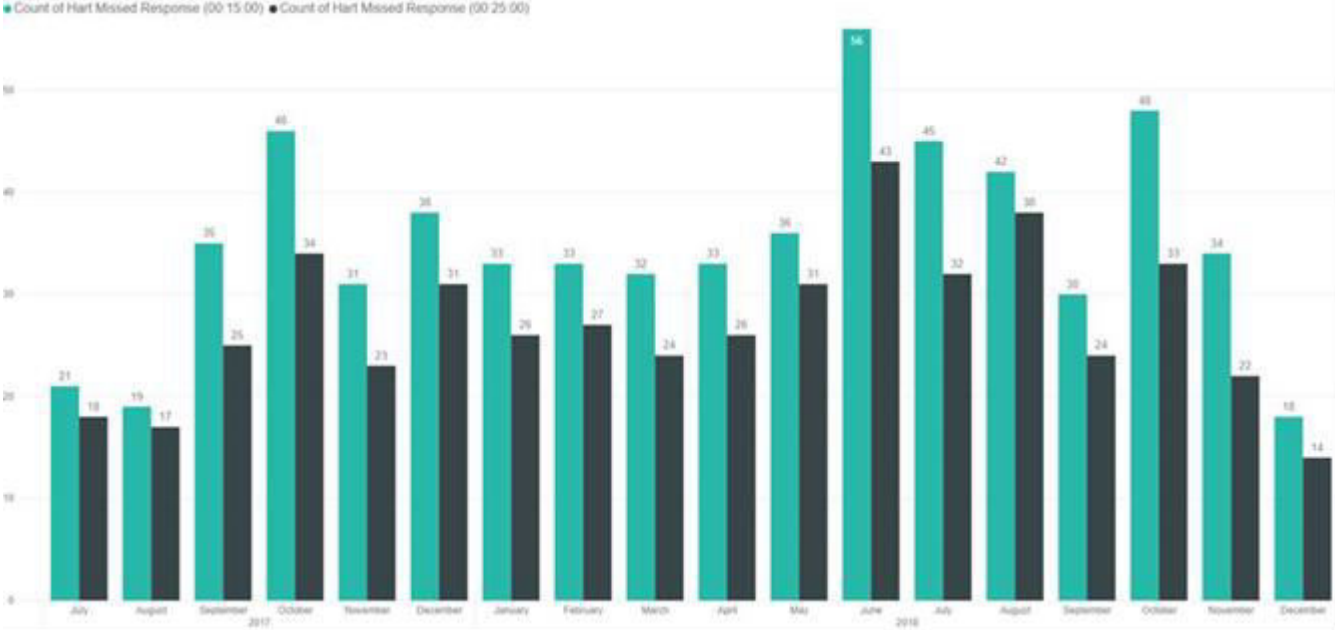
- 7.5  **People Strategy & HR Delivery** – The RAG remains Green. There is currently a short term people strategy in place that was produced by the Director of Human Resources & Organisational Development. As the operating model is built and working with the Service Transformation Programme a long term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

Domain	CQC Findings ('Must or Should Do')	Metrics	Monitored via																						
<b>Safe</b>	<p>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.</p>	<p>Increasing Clinical capacity sits at the heart of delivering against the CQC must-do. The Demand &amp; capacity review states that 91 WTE clinicians are required to undertake the range of clinical activities within EOC including referring 999 callers to other services, providing in-line support to call handlers, providing advice to crews on-scene, managing the welfare of patients waiting for an ambulance resource to arrive, reviewing the calls within the dispatch queue to ensure patient safety and supporting safe call management during time of surge. There are currently 27 WTE Clinical Supervisors and in-post, plus 10 Clinical Safety Navigators. Plans are afoot to recruit nurses from Dubai. 49 offers have gone out and 44 have accepted. The first NHSP course starts on 6th May and there are 13 nurses in the pipeline going through pre-employment checks. Further courses are planned for later in the year, which should result 15 more Clinical Supervisors. Additionally, staff are being recruited from within the Trust utilising Manchester Triage System (MTS) as the decision support tool. MTS has a faster lead-in time and supports rotational and part-time working more easily.</p>  <p>Increasing Clinical capacity means that there are enough staff to do the work to keep patients safe. Alongside this, we are implementing new systems and processes to ensure the work clinicians do is safe and effective, as described below.</p>	EOC Clinical Safety & Performance																						
<b>Safe</b>	<p>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.</p>	<p>The following procedures and processes are due to be implemented in the coming months:</p> <table border="1" data-bbox="786 1501 1528 1879"> <thead> <tr> <th>Procedure/Process</th> <th>Implementation</th> </tr> </thead> <tbody> <tr> <td>Clinical Tail Audit Procedure</td> <td>30th June 2019</td> </tr> <tr> <td>No Send Audit</td> <td>30th June 2019</td> </tr> <tr> <td>MTS Audit</td> <td>30th June 2019</td> </tr> <tr> <td>Clinical &amp; Operational In-line support</td> <td>30th June 2019</td> </tr> <tr> <td>Cat3/4 CSD procedure</td> <td>30th June 2019</td> </tr> <tr> <td>CSN Procedure</td> <td>30th June 2019</td> </tr> <tr> <td>Clinical Supervisor procedure</td> <td>30th June 2019</td> </tr> <tr> <td>Lifeline Calls Bulletin</td> <td>8th April 2019</td> </tr> <tr> <td>Crew Call Back</td> <td>31st March 2019</td> </tr> <tr> <td>MTS Scope of Practice</td> <td>14th March 2019</td> </tr> </tbody> </table>	Procedure/Process	Implementation	Clinical Tail Audit Procedure	30th June 2019	No Send Audit	30th June 2019	MTS Audit	30th June 2019	Clinical & Operational In-line support	30th June 2019	Cat3/4 CSD procedure	30th June 2019	CSN Procedure	30th June 2019	Clinical Supervisor procedure	30th June 2019	Lifeline Calls Bulletin	8th April 2019	Crew Call Back	31st March 2019	MTS Scope of Practice	14th March 2019	EOC Clinical Safety & Performance
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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.	<p>A retrospective review of all calls that have 'triple-breached' (exceeded 3 times the 90<sup>th</sup> centile time) has been taking place since June 2018. By April 2019, this review will be up-to-date, meaning more timely analysis of calls and feedback to clinicians. The number of weekly breaches is down to around 100. Each breach is given a risk score and the aim is to ensure no breach scores 10.</p> <p>Work has begun on providing performance management information so that CSN's can more effectively manage the clinical workload within EOC. These metrics will include time available for in-line support, make busy codes, time on call amongst others.</p>	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.	<p>A weekly report details the provision of CSN and Clinical Supervisor hours for each day.</p> <p>Reports are being developed to proactively manage the number of clinicians in EOC.</p>	EOC Clinical Safety & Performance																																																
Safe	The Trust <b>should</b> ensure the processes for providing staff with feedback from safeguarding alerts is improved to strengthen and develop learning.	<div data-bbox="789 772 1546 1150"> </div> <table border="1" data-bbox="789 1192 2184 1346"> <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> <th>Feb-19</th> </tr> </thead> <tbody> <tr> <td>Total Referrals</td> <td>1033</td> <td>1109</td> <td>1200</td> <td>1176</td> <td>1176</td> <td>1058</td> <td>1050</td> <td>1286</td> <td>1195</td> <td>1265</td> <td>1058</td> </tr> <tr> <td>No. acknowledgements sent to referrer</td> <td>1033</td> <td>1109</td> <td>1200</td> <td>1176</td> <td>1176</td> <td>1058</td> <td>1050</td> <td>1286</td> <td>1195</td> <td>1265</td> <td>1058</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> <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	Feb-19	Total Referrals	1033	1109	1200	1176	1176	1058	1050	1286	1195	1265	1058	No. acknowledgements sent to referrer	1033	1109	1200	1176	1176	1058	1050	1286	1195	1265	1058	No. outstanding acknowledgements	0	0	0	0	0	0	0	0	0	0	0	Safeguarding Action Plan
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Effective	The Trust <b>should</b> ensure that maps in all vehicles are current, up to date and replaced regularly	Following a review of a recent Serious Investigations, the Executive Management Board will agree a standard approach to route planning.	Not applicable																																																

<p style="text-align: center;"><b>Safe</b></p>	<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 has taken place on the SOP due to concerns over the station issue kits. Working with the QI hub, this work is nearly complete. 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>	<p>Not required</p>																																					
<p style="text-align: center;"><b>Effective</b></p>	<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 has been 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. These documents are in draft and printing will commence in coming weeks.</p>	<p>Pain Assessment Action Plan</p>																																					
<p style="text-align: center;"><b>Safe</b></p>	<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="976 1199 2181 1707"> <thead> <tr> <th rowspan="2">Quarter</th> <th rowspan="2">Month</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>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 rowspan="2">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> <tr> <td>Feb-2019</td> <td>120:00</td> <td>284:26</td> <td>180:00</td> <td>313:43</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>	Quarter	Month	Category 3 (90 <sup>th</sup> centile response times)		Category 4 (90 <sup>th</sup> centile response times)		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	Feb-2019	120:00	284:26	180:00	313:43	<p>Service Transformation &amp; Delivery Programme</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Safe</b></p>	<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 developed and a Standard Operating Procedure agreed by HR and BI teams.</p> <p>A Power BI report based on CQC PIR has been built and following a review there are a few minor amendment and February data to upload for final testing prior to sign off.</p> <p>The report includes business rules to identify which staff groups are eligible for the role specific courses.</p> <p>Final testing scheduled for mid-March, in time for the next report.</p>	<p>Training Compliance Plan</p>																																																									
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Responsive</b></p>	<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>	<p>A temporary solution has been devised by creating a SQL Server reporting service, which can be accessed to pull data relating to incidents HART have responded to.</p>  <table border="1"> <caption>Count of HART Missed Response by Month</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>21</td><td>18</td></tr> <tr><td>August 2017</td><td>19</td><td>17</td></tr> <tr><td>September 2017</td><td>36</td><td>25</td></tr> <tr><td>October 2017</td><td>45</td><td>34</td></tr> <tr><td>November 2017</td><td>31</td><td>23</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>32</td><td>24</td></tr> <tr><td>April 2018</td><td>33</td><td>26</td></tr> <tr><td>May 2018</td><td>38</td><td>31</td></tr> <tr><td>June 2018</td><td>54</td><td>43</td></tr> <tr><td>July 2018</td><td>45</td><td>32</td></tr> <tr><td>August 2018</td><td>42</td><td>38</td></tr> <tr><td>September 2018</td><td>30</td><td>24</td></tr> <tr><td>October 2018</td><td>48</td><td>33</td></tr> <tr><td>November 2018</td><td>34</td><td>22</td></tr> <tr><td>December 2018</td><td>18</td><td>14</td></tr> </tbody> </table> <p>A few extra analysis boxes per incident have been added to the previous dashboard (See Above). These are:</p> <ul style="list-style-type: none"> <li>-Was it a HART incident?</li> <li>-Why was it a HART incident?</li> <li>-Did it require a safety system of work?</li> <li>-Why did it require a safety system of work?</li> <li>-Was there an alternative clock start?</li> <li>-what time was the alternative clock start?</li> </ul> <p>This will enable us to modify the existing HART Response Dashboard and create visibility regarding the HART Response Time Standards and insight to things such as average HART response times.</p>	Month	Count of Hart Missed Response (00:15:00)	Count of Hart Missed Response (00:25:00)	July 2017	21	18	August 2017	19	17	September 2017	36	25	October 2017	45	34	November 2017	31	23	December 2017	38	31	January 2018	33	28	February 2018	33	27	March 2018	32	24	April 2018	33	26	May 2018	38	31	June 2018	54	43	July 2018	45	32	August 2018	42	38	September 2018	30	24	October 2018	48	33	November 2018	34	22	December 2018	18	14	<p>EPRR Action Plan</p>
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Reporting Period from: 14 February - 15 March 2019

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	10 out of 14 dispatch desks will be live with new rotas by the 1 April 2019. These include Chertsey, Redhill, Guildford, Tangemere, Worthing, Ashford, Dartford, Medway. Gatwick is scheduled to go live 15 April 2019. However, there remain delays of over 1 month with go live for Polegate and Hastings as the rota parameters still needs to met. Paddock Wood's rota need to go back to the rota review panel for sign off. Regular meetings are in place with the OUMs to ensure that slippage does not extend beyond May 2019.
Fleet	The business case to purchase 50 Mercedes Double Crewed Ambulances replacement (part of BAU) was approved by the Finance & Investment Committee on 8 March 2019. The additional 50 Double Crewed Ambulances Fiats Business case is with Finance and requires a ratified Fleet Strategy; a meeting has taken place to progress this with further work planned to commence in April 2019. 27 out of 30 Non-Emergency Transport vehicles have been deployed across the Operating Units with 3 vehicles in the workshop undergoing repairs.
Estates	An estates audit summary report will be available w/c 11 March 2019. Regular Estates meetings have been scheduled as part of OU meetings with the Programme Manager and Local Delivery Leads to check progress against the plan and identify risks and issues. An initial estates audit findings workshop is planned for the 19 March 2019 to identify next steps post audit, identify any quick wins and produce action plans for high priority areas.
Workforce	The ECSW recruitment campaign for Chertsey and Ashford is progressing well. To date a total of 36 job offers have been made and 17 of these accepted. The Dartford & Medway and Guildford campaigns have commenced. Thus far a total of 35 applications have been submitted; the advert is due to close on the 24 March 2019. The planned ECSW courses for the first recruitment campaign are on schedule to start on 18 March 2019.
PAP	The PAP contracts award is 10 days behind schedule. The new contract terms have been well received but the Trust is waiting for confirmation from the providers that they accept the proposed activity levels. This should give assurance that a more consistent level of service will be provided. However, during April 2019 and May 2019 there is a significant shortfall in filling the required number of night shifts by PAP Providers. Discussions continue with the providers, and SECamb staff, to try and close the gap; this has been raised as a risk and escalated to the Executive Management Board. Operationally, there is still further work to be done in order to effectively monitor PAP's performance; during the week commencing 25 February 2019 PAP utilisation was 5571 hours which is slightly below the planned utilisation target of 6200 PAP hours per week.
Hospital Handover	The system working (ambulance handover) workstream is currently rated Red and still at risk of delivery, principally due to system and acute pressures. 8 crew to clear audits have been completed and 5 completed live conveyance reviews carried out across 5 sites with 2 more planned. The plan is to roll out live review of conveyances and crew to clear audits across all hospitals. The Ambulance Handover Steering Group has agreed to extend the programme for a further year and the meeting in April will review the mandate and terms of reference.

## Key Risks













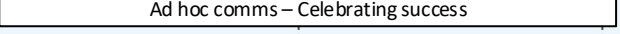

















Workstream	Brief Summary	Score
Risk (770) EU Exit - Transport and Infrastructure	There is a risk that whatever the outcome of the EU exit it will impact on the road and transport infrastructure, particularly in Kent and the port of Dover. Mitigation: An EU Focus Group (internal) has been established to advise Trust. On-going engagement with all emergency services.	16
Risk (826): Failure to achieve ARP targets - Q1 2019-20 (STAD)	Influencing Factors: a: 111 Service 'go live' 28/3 b: Planned EU Exit and associated Risks 29/3 c: Handover Delays d: Misaligned Rotas e: PAP Hours Shortfall f: Usual spike in activity over Easter	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 audit meeting scheduled for 19/03. Mitigation: Plan in place to align estates, workforce and fleet strategy post audit.	12
Risk (859) 111 CAS Interim Clinical Facilitator Team - Shortfall	Clinical education have 7 facilitators in place and are 50% short of the numbers required to support training. Hitting the higher trajectories with higher volumes means we need to find a way of supporting the Team to reduce staff stress levels/ burn out.	16
Risk (852) EOC - Clinical Safety and Performance	Shortfall in clinical support within the EOC will undoubtedly impact on managing the call stack and supporting the EMA's. Delay in processing overseas recruits. EOC Project Group established.	20
Risk (441) Hospital handover delays	Hospital handovers delays continue to be an issue with over 5,000 hrs lost in February. NHSI to write to all hospital trusts summarising progress made so far, what else needs to be done to improve further ahead of winter Handover performance to be picked up in IAMs	15





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

### Achievements this period

- Fleet Business Case for 50 Mercedes Double Crewed Ambulances approved.
- PAP shift hour evaluation process completed.
- Brighton's OU rota uploaded on GRS.
- OU estates audits completed.
- Offer letters sent to 22 ECSW Chertsey candidates and 14 for Ashford.
- Recruitment campaign for Dartford & Medway (D&M) and Guildford commenced.

## 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	Final Target Fleet Operational: 483
<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>		 01/04 - Go-live: Ashford, Dartford, Medway, Tangmere, Thanet, Chertsey, Redhill, Worthing  15/04 - Go-live: Gatwick  06/05 - Go-live: Brighton  TBC - Go-live: Hastings, Polgate, Paddock Wood					 Intranet STAD update		
<b>Comms &amp; Engagement</b>	 Initial Comms for all Stakeholders  Stakeholder map and comms channels  Stakeholder presentation packs	 Ad hoc comms – Celebrating success			 Programme feature stories				
<b>Performance Management</b>	 Operational Management Reporting	 ORH Modelling Support  STAD Project Reporting	 Completed reports			 Embedded STAD BI Reporting  Historic Reporting  Forecast/Modelling/Planning Reports			
<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							

 Completed 
  On track 
  At risk 
  Overdue

# Digital Programme Board Dashboard

Reporting Period: 14 February – 15 March 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 project end date has been extended to the 31 July 2019. A quote has been agreed with the supplier for the deployment of PC's and a plan is in place to support this. Networking tasks have now been agreed with the suppliers and 6 of the 8 MRCs have new broadband circuits and WiFi in place, all remaining sites are scheduled to be completed by the end of July 2019.
ePCR	Pre-live pilot has been delayed by 2 weeks due to incompatibility between Airwatch browser with the Cleric application. The Trust will upgrade Airwatch which will then necessitate the installation of new servers. In order to prevent a delay in go live the pre-live stage will be reduced from 40 days down to 20. It is expected the RAG will move to Amber in the next reporting period.
Replacement Fleet Management System	Go live went ahead as scheduled. There have been a few small issues, which the supplier is managing. These have delayed the project from entering closure which is now scheduled for April 2019.
NHS Spine Connect	PDS has now gone live and a post go live report has been produced. Concerns raised around implementation causing increased call length times have thus far proved unfounded. SCR is planned to be developed into Cleric for 111, and scheduled to go-live at the end of March 2019.
Automated Temperature Monitoring	Go live went ahead as scheduled on 28 February 2019. There have been some issues with the Mass Casualty Vehicles losing signal and lithium based sensors are being trialled. There is one remaining monitor at Gatwick airport; the engineers will require vetting for entry so may take time to arrange.
GoodSam	Testing has revealed an issue with sending alerts. The supplier has introduced a fix in the next version of software due for release by 15 March 2019. However, due to conflicting priorities with the testing of the telephony solution for the interim 111 service, testing may not recommence until the end of March 2019
Cyber Security	The migration of CAD and telephony networks onto the new 4net technology requires co-ordination of activity across multiple suppliers for both the Crawley and Coxheath sites; this is scheduled for 18 April 2019.
IT Helpdesk System	A change control to extend 2 of the objectives has been approved. The project plan has been updated to reflect this. Meetings have been held with the supplier and good progress has been made on agreeing service level agreements.
East EOC	This is the first reporting period. The aim of this project is to refurbish and expand the East EOC by increasing power resilience level of the UPS, replacing air conditioning units and installation of a visual alerting system. This work is scheduled to be completed by 31 May 2019

## Key Risks/Issues

Project	Brief Summary	Score
ePCR	Risk 845 - A new risk has been raised regarding the capacity to deliver the required training to schedule. Options Appraisal produced which now requires sign-off by Operations.	12
ePCR	Issue - The Trust's browser is not compatible with the ePCR application. There is a plan to upgrade the browser which will require an infrastructure upgrade.	N/A
Cyber Security	Risk 798 - There are a number of vulnerabilities relating to Cisco Routers, Firewalls, Switches and Access Points. The mitigation is to replace all Cisco kit within the Trusts IT estate.	9
Cyber Security	Risk 871 - There is a risk that an error by a member of the Trust will expose the Trust to a Cyber vulnerability. This could result in catastrophic loss of IT systems Trust wide and the resulting representational damage.	9

Project	Current RAG	Previous RAG
Station Upgrades	Green	Amber
ePCR	Red	Green
Replacement Fleet Management system	Green	Green
NHS Spine Connect	Green	Green
Automated Temperature Monitoring	Green	Green
GoodSam	Red	Red
Cyber Security	Green	Green
IT Helpdesk System	Green	Amber
East EOC	Green	

## Achievements this period

- Patient Demographic Service (PDS) element of Spine Connect is now live.
- Fleet management System is now live. The Trust now have a fit for purpose, fully supported system along with asset tracking for all patient conveying equipment.

### 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					
EOC East	Project Startup	Project Delivery		Project Closure				Post Project Implementation Review				

# 111 CAS Interim and Exit Programme Dashboard

RAG Key:

Last Updated 14/03/2019 v1.0

Reporting Period: 14 February – 15 March 2019

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 Project RAG remains Amber. NHSE were content with the progress Following the latest NHSE checkpoint review, NHSE are happy with the progress being made and assurance documentation provided. The process continues with further documentation/evidence being provided
IM&T, Estates, BI, IG	Elements of the Cleric ITK integration testing have commenced and the technical teams are prioritising this work to ensure this is completed on time. Scoping work is underway to determine the most suitable option for accessing Special Patient Notes (SPN's) and historical data from the Care UK platforms. In order to test the telephony routing on the new platform, a CCG 'Mass Call Event' took place on 13 March 2019. From an Estates perspective, there are minor delays with the completion of the Air Conditioning works which are due for completion on 22 March 2019.
Recruitment & Workforce	The Recruitment / Rota Planning / Staff Training workstream continues to improve with the recruitment process closing the gap and putting in additional measures to help reduce existing staff attrition. Staff training is 64% complete.
Finance & Contracting	The interim contract has been issued and signed by the Trust. Final interim costs are being verified and the Business Case updated prior to formal Trust sign off.
IUC Service Development	Work continues in the background for the development of the CAS however focus remains on the day 1 mobilisation for 28 March 2019. The Clinical mapping paper / proposal is complete and ready for reviews and Trust approvals prior to sharing with CCG leads.
111 CAS Contract Exit KMSS	The exit plan has been reviewed and agreed with Care UK and Commissioners. Weekly (separate) meetings continue with Care UK to progress the transfer of services, including reviewing the requirements to transfer historical records and data from their systems to the Trust. Fortnightly exit planning meetings continue with CCG/NHSE/Care UK and SCAS.

## Key Risks

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 this project is that following Brexit there could be significant travel disruption affecting our workforce's ability to get to the 111 Orbital House contact centre in Ashford. Local and Trust ide planning is underway to mitigate the risk as much as it can mitigated at a local level	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.	12
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. Mitigations also include short term arrangements to be able to access OOH SPN data from IC24 and MedOCC	12

### Achievements this period

- Telephony configuration with Centricity
- Telephony SAT complete, final failover testing with 3<sup>rd</sup> party systems underway
- WAN SIP Circuits brought Into Service & Tested
- NRA Complete and no issues identified (5 days testing). Cleric configurations updated (90% complete), 999's database update complete
- Cleric Infrastructure builds complete, handed over to Cleric for configurations and testing
- Remote Worker IT Solution delivered and in build (laptop, mobile phone & 2FA secure token)

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



**111 CAS Interim Service High Level Timeline**

	Q4 2018-19	Q1 2019-20	Q2 2019-20	Q3 2019-20	Q4 2019-20	Q1 2020-21
111 (CAS) Interim Service	Project Delivery					
111 (CAS) Contract Exit	Project Delivery	Project Closure				

## Key points to note for this reporting period

Project	Brief Summary
EOC Clinical Safety & Performance	The RAG rating has moved from Amber to Red. There is a significant risk to the recruitment of the international nurses which is proving more difficult than expected. This has resulted in delays to the implementation of the planned course in March to May 2019. This will have a direct impact on the project not being able to achieve the Hear and Treat target by June 2019.
Governance & Risk	Due to the volume of policies and procedures that require updating by 30 June 2019, the project RAG remains Amber. Trajectories have been agreed, by directorate with various leads, and a schedule is in place to take each one through the development and approval process. All other aspects of the project have either been completed or are on track.
Personnel Files	It was agreed by the Quality & Compliance Steering Group (QCSG) that the existing plan is no longer fit for purpose, so a new plan will be scoped. DBS checks will be removed from this project and have a separate project plan. The project closure for Personnel Files was approved at QCSG and the new plans are expected to start being report on a weekly basis at the end of the month
Health & Safety	The project RAG rating remains Green. All remaining objectives are on track for completion on the dates specified within the improvement plan. Health & Safety audits are progressing well, and valuable data is being produced which assists in aligning additional support to our workforce.
Audit & Development 999	The RAG has moved from Amber to Red. The business case to support a new Audit Team Structure has not yet been approved. The business case outlines the support needed to improve compliance with NHS pathways for both clinical and non-clinical audit to ensure the Trust meets its target. The project is further constrained by a licensing issue with the PowerBI tool that could result in a significant cost for implementing a new tracker, this is mitigated by continued use of the temporary audit tool. Discussions are being explored with the Head of Clinical Audit to look at other audit tools.

## Key Risks

Project	Brief Summary	Score
EOC Clinical Safety & Performance	There is a risk to international recruitment of nurses due to delays with pre-requisite checks. They were due to commence training in April 2019. Recruitment are working closely with Health Sector jobs, a firm employed to oversee this process, to ensure these nurses are in the UK in time to be trained in May 2019.	9
EOC Clinical Safety & Performance	There is a risk to recruitment of clinical supervisors through NHS jobs due to low interest in the role. To mitigate, a new job advert and description will be going live in March 2019 to make the role more attractive.	16

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

### Achievements this period

- Following the completion of the Medicines Governance Post Project Implementation Review (PPIR), there is assurance that performance of key metrics has continued within BAU and risks are being managed effectively.
- The Post Project Review of the Governance, Health Records and Clinical Audit project determined that the benefit of storing health records securely and improving accuracy of clinical records have been achieved.
- A spot check on the temporary audit tool was completed and whilst there are some discrepancies the tool is largely successful. Audit pass rate remains above target at 92%.

**Quality & Compliance Steering Group High Level Timeline**

	MAR 19	APR 19	MAY 19	JUN 19	JUL 19	AUG 19	SEP 19	OCT 19	NOV 19	DEC 19	JAN 20	Feb 20
EOC Clinical Safety & Performance	Project Delivery											
Governance and Risk	Project Delivery				Project Closure							
Incident Management			Post Project Implementation Review									
Resourcing Plan			Post Project Implementation Review									
Personnel Files	Project Closure											
999 Call Recording (2017 CQC Must Do)	Project Closure											
Medical Devices Management		Post Project Implementation Review										
Health and Safety	Project Delivery								Project Closure			
Culture Change (Previous )		Post Project Implementation Review										

## Appendix F

### Enabling Strategies 14/3/19

Strategy	Timespan	Executive Lead	Managerial lead	Completion date (End of)	Review date	Status /Progress	RAG
People Strategy - Workforce , Apprenticeship and Organisational Development	2017-2022	Ed Griffin	Ed Griffin	February 2019	November 2019	Holding strategy approved by Board 2019	Blue
Clinical Education	2018-2022	Ed Griffin	Sally Wentworth James	TBC	TBC	In progress relies on getting workforce one complete therefore to be confirmed	Red
Health and Well being	2017-2022	Ed Griffin	Angela Rayner	-	2021	Published April 2017	Blue
Volunteers	2017-2022	Joe Garcia	Chris Stamp	July 2019	July 2020	Outline document drafted Engagement events from 1 March to 15 April 2019 <ul style="list-style-type: none"> <li>Complete the strategy document by 24 June.</li> <li>Board on 25 July.</li> </ul>	Yellow
Freedom to speak up Guardian	2019-	Bethan Haskins	Kim Blakeburn	September 2019	TBC		Green
Medicines Optimisation	2017 – 2022	Fionna Moore	Carol – Anne Davies- Jones	November 2017	May 2020	Approved January 2018	Blue
Clinical and Quality Strategy	2018 – 2022	Bethan Haskins /Fionna Moore	Kathy Jones	September 2018	September 2021	Agreed at September 2018 Board	Blue
Safeguarding	2017-2020	Bethan Haskins	Philip Tremewan	November 2017	January 2020	Ratified at Board 29/11/17	Blue
Risk Management	2017/18	Bethan Haskins	Tammy Moorcroft	March 2017	June 2018	Published April 2017 and being incorporated into the	Blue

						governance/assurance framework in May 2019	
Research and Development	2017-2020	Fionna Moore	Julia Williams	September 2018	April 2021	Approved at Board in January 2019	
Patient Experience	2019 - 2022	Bethan Haskins	Judith Ward	September 2019	TBC		
Infection Prevention and Control	2019 – 2022	Bethan Haskins	Judith Ward /Aide Hogan	July 2019	TBC		
Fleet	2017-2022	Joe Garcia	John Griffiths	March 2018 revised date September 2018 revised date April 2019	TBC	Due at Board April 2019	
Estates	2018-2023	David Hammond	Paul Ranson	March 2018 revised date June 2018	April 2020	Agreed at October Board	
Digital and ICT	2018-2022	David Hammond	Barry Thurston	July 2018	Sept 2019	Interim strategy agreed at Board July 2018 to be revised April 2019	
Partnership / Commercial	2018-2022	Steve Emerton	Charles Adler	May 2019	TBC		
Communications and Engagement	2017-2022	Daren Mochrie	Janine Compton	March 2019	TBC	March 2019	
Inclusion strategy ( includes Equality and Diversity )	2016 – 2021	Ed Griffin	Angela Rayner	-	April 2020	Published April 2016	

**Programme Summary:**

- Current Pipeline schemes of £11.9m against an internal stretch target of £12.5m.
- Validated or Scoped schemes of £11.2m against the NHSI 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 given a "Substantial Assurance" rating by Internal Audit in April 2018.
- Continuing to work in collaboration with Project Leads and Execs to develop schemes to meet the 2018/19 CIPs target of £11.4m.
- The CIPs 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 been fully assessed but there will be no CIPs impact on the Trust. The Demand and Capacity Review has been completed but no CIPs opportunities arise. 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 £2.8m for the year covering these efficiencies have been developed, of which £2.4m have been achieved at M11. The efficiencies will be monitored on an ongoing monthly basis and adjusted as necessary.
- 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. The Cost Improvement Programme has now been updated to Green based on the current position.

**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**

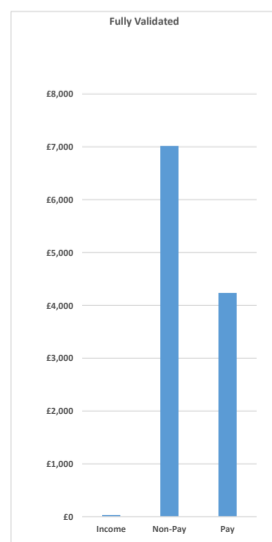
Risk	Mitigating action	Owner	Current RAG	Previous RAG	Date to be resolved by	Issues to be resolved	Mitigating action	Owner	Current RAG	Previous RAG	Date to be resolved by
1 Risk that the 2018/19 CIPs target of £11.4m will not be fully delivered due to uncertainties within the Operations Directorate.	Monthly meetings with Budget Holders. Other potential CIP schemes are under review.	Kevin Hervey	Green	Amber	31-Mar-19	1 New Lease Cars policy to be agreed.	A Business Case is being finalised based on fit for purpose cars for operational managers aligned to roles. New club car scheme was launched in January - to be e-mailing Procurement identifying savings on alternative products through using non NHS Supply Chain suppliers	John Griffiths/ Ed Griffin	Amber	Amber	30-Apr-19
						2 Medical Consumables - procurement cost savings to be considered.		Kirsty Booth/ John Hughes	Amber	Amber	31-Mar-19
						3 E-Expenses - potential savings from automation.	E-Expenses system has not yet gone live.	Priscilla Ashun-Sharp	Amber	Amber	30-Apr-19
						4 Agency Staff - Potential cost avoidance CIP	PMO/Finance to develop a Project Mandate	Priscilla Ashun-Sharp/ Kevin Hervey	Amber	Amber	31-Mar-19
						5 Develop Operations CIP schemes.	Project Mandates have been agreed. Savings will be monitored and adjusted on a monthly basis	Kevin Hervey/ Graham Petts	Green	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	30-Apr-19

**CIP Pipeline Summary**

Cost Avoidance	Fully Validated	Validated	Scoped	Proposed	Grand Total
£338	£11,282	£318	£0	£0	£11,938



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



Scheme Category	Fully Validated	Validated	Scoped	Proposed	Grand Total
Operations efficiencies	2,753	-	-	-	2,754
Accounting efficiencies	1,945	-	-	-	1,946
Recruitment delays & recharges - clinical	1,719	-	-	-	1,719
External consultancy & contractors	717	40	-	-	757
IT Productivity and Phones	567	9	-	-	576
Recruitment delays & recharges - non clinical	557	25	-	-	582
Training courses & accommodation	518	2	-	-	520
Travel & Subsistence	473	38	-	-	511
Fleet - Lease costs - ambulances	390	-	-	-	390
Medicines Management - Consumables	200	94	-	-	294
Fleet - Fuel: Telematics, Bunkered Fuel & Price Differential	200	-	-	-	200
Single HQ /EOC Benefits realisation	183	-	-	-	183
Discretionary Non Pay	169	-	-	-	169
Medicines Management - Drugs	132	100	-	-	232
Medicines Management - Equipment	127	-	-	-	127
Lease costs - ambulances	100	-	-	-	100
Meeting room hire	95	-	-	-	95
Estates and Facilities management	61	10	-	-	71
Med & Surg Equip General	55	-	-	-	55
Fleet Vehicle Running Costs - Fuel	50	-	-	-	50
Stationery	47	-	-	-	47
Printing & Postage	40	-	-	-	40
111 Efficiency	33	-	-	-	33
Furniture & Fittings	30	-	-	-	30
Interest Income	30	-	-	-	30
Income including recharges	23	-	-	-	23
Books & Subscriptions	20	-	-	-	20
Office Equipment	13	-	-	-	13
Legal fees	13	-	-	-	13
Public relations	9	3	-	-	12
Staff Uniforms	7	-	-	-	7
Fleet - Uniforms and Contract Refuse	6	-	-	-	6
Agency Premiums	-	341	-	-	341
<b>Grand Total</b>	<b>11,282</b>	<b>656</b>	<b>-</b>	<b>-</b>	<b>11,938</b>

# South East Coast Ambulance Service: CIP Workstream

## CIP Delivery Dashboard

Reporting Month Feb-19

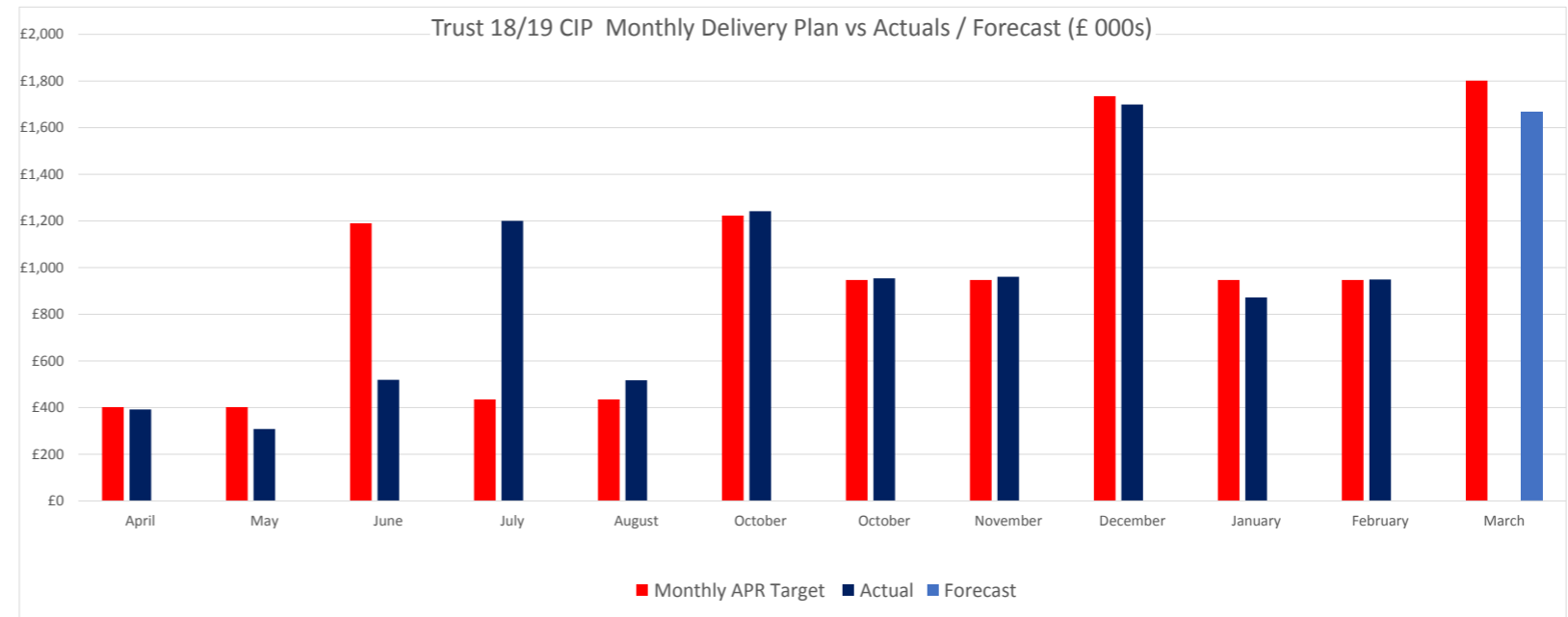
Programme for 2018/19 to deliver a minimum of £11.4m savings to achieve the planned £0.8m control total deficit.

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

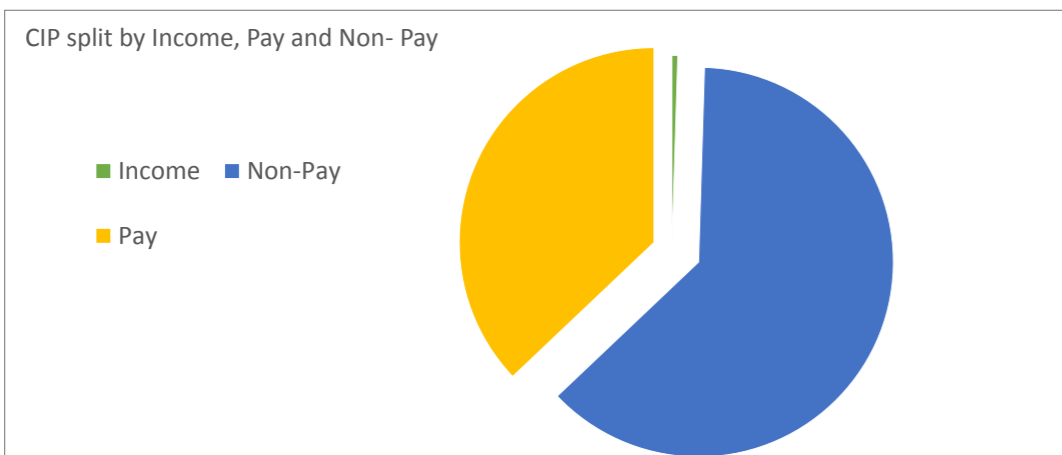
1. The CIPs target remains at £11.4m for the 2018/19 financial year.
2. £11.2m of fully validated savings have been transferred to the Delivery Tracker as at the Month 11 reporting date, of which £9.6m have been delivered to date in line with the Plan.
3. The CIPs schemes continue to take no account 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 been fully assessed but there will be no CIPs impact on the Trust. The Demand and Capacity Review has been completed but no CIPs opportunities arise. 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 £2.8m for the year covering these efficiencies have been developed, of which £2.4m have been achieved. The efficiencies will be monitored on an ongoing monthly basis and adjusted as necessary. The Cost Improvement Programme has now been uprated to Green based on the current position.
4. 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 28 February 2019

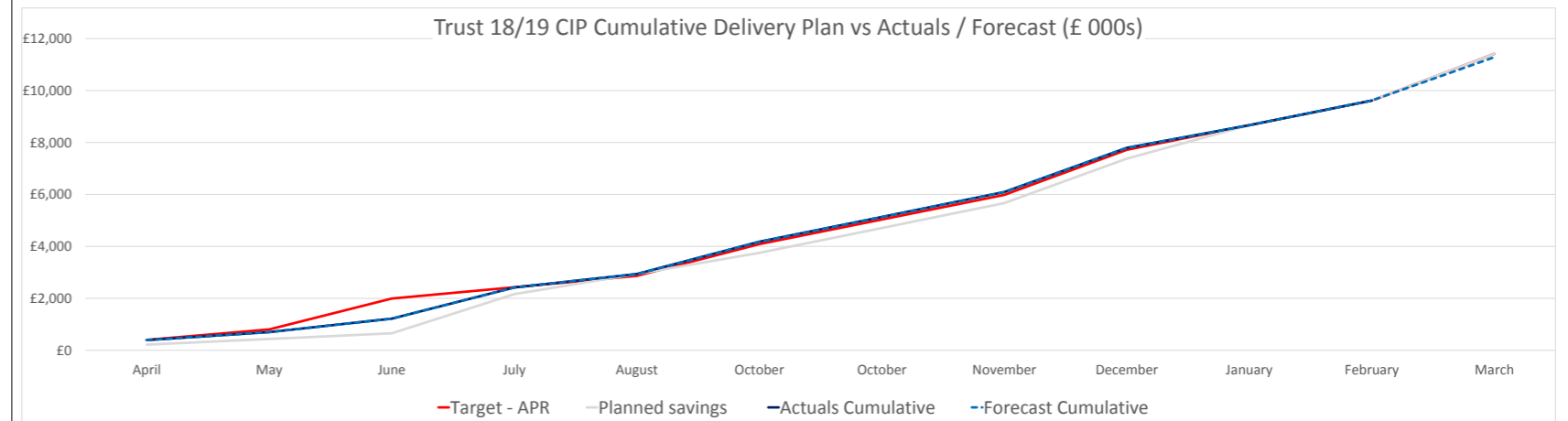
CIP Target for 18/19 £000's	Total planned savings on delivery tracker £000's - as at 28 February 2019	Total forecast savings on delivery tracker £000's - as at 28 February 2019	YTD February 19 - Target Savings £000's	YTD February 19 - Actual Savings £000's	YTD February 19 - variance £000's
11,411	11,411	11,282	9,610	9,614	£4



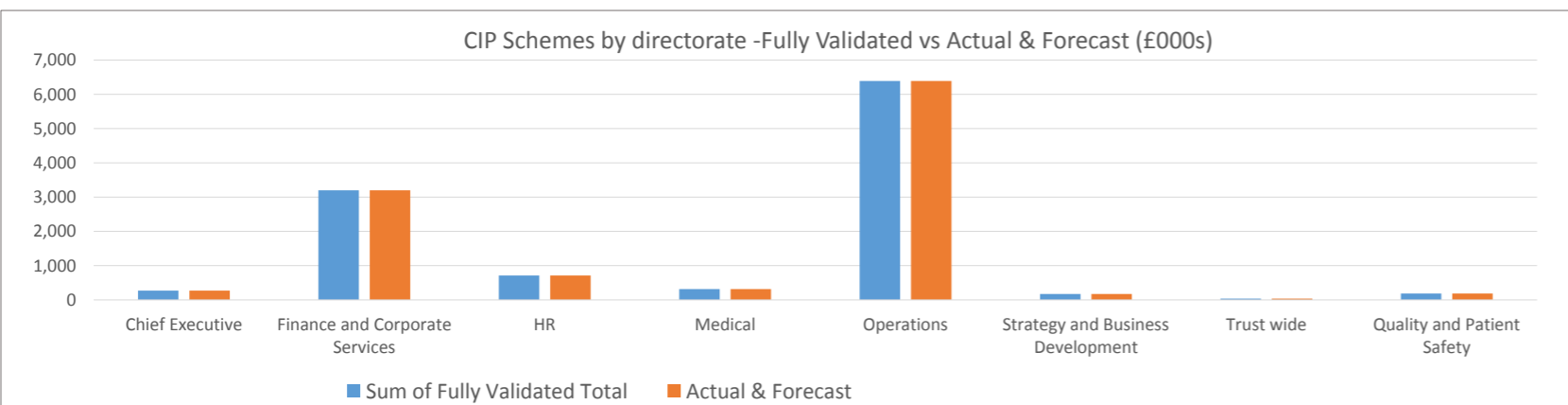
### 2. CIP - Planned savings split by income, pay and non-pay: as at 28 February



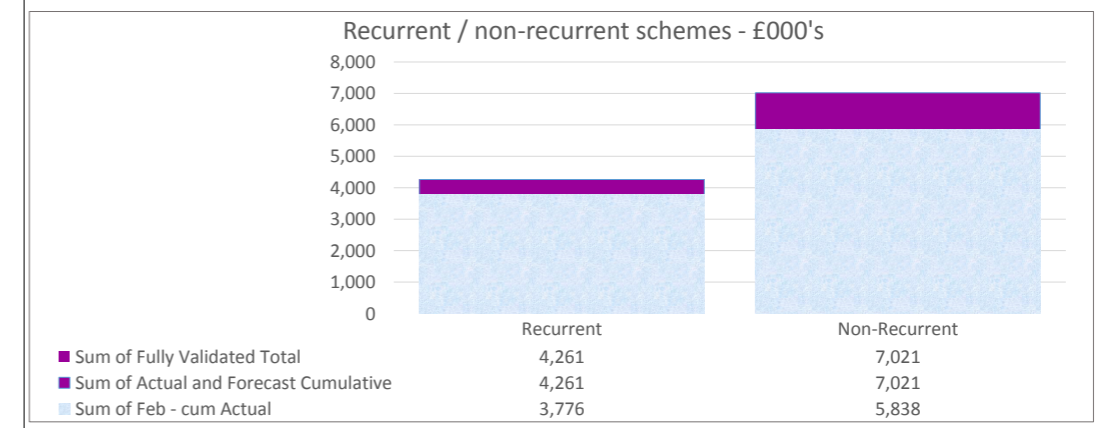
### 3. Cumulative CIPs - Target Plan & Actual / Forecast savings 2018/19



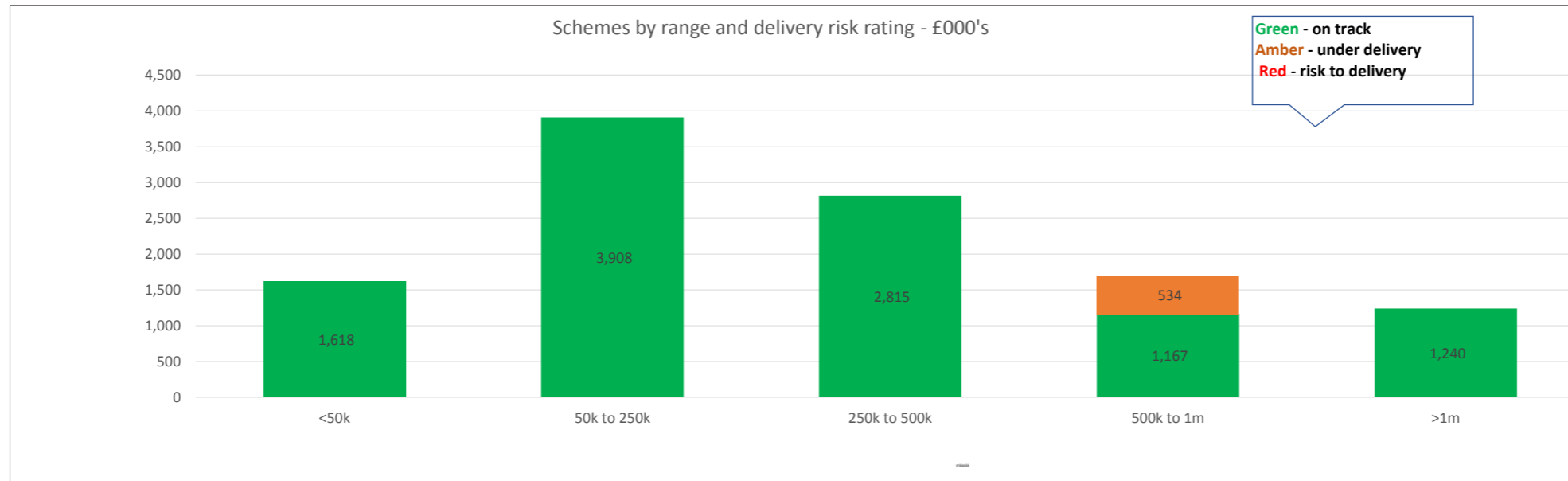
### 4. CIP schemes by directorate - Fully Validated vs Actual & Forecast 2018/19



### 5. Value of forecast recurrent and non-recurrent savings - 28 February 2019



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 11): £000	YTD Actuals (Month 11): £000	YTD Variance £000	Comments (+/- £20k variance)
External consultancy & contractors	£717	£717	£0	£689	£689	£0	-
Furniture & Fittings	£30	£30	£0	£28	£28	£0	-
Meeting room hire	£97	£97	£0	£90	£90	£0	-
Public relations	£9	£9	£0	£8	£8	£0	-
Stationery	£47	£47	£0	£44	£44	£0	-
Travel & Subsistence	£466	£466	£0	£384	£384	£0	-
Medicines Management - Equipment	£127	£127	£0	£118	£118	£0	-
Medicines Management - Consumables	£200	£200	£0	£183	£183	£0	-
Books & Subscriptions	£20	£20	£0	£19	£19	£0	-
111 Efficiency	£33	£33	£0	£30	£30	£0	-
Fleet - Fuel: Telematics, Bunkered Fuel & Price Differential	£250	£250	£0	£233	£233	£0	-
Estates and Facilities management	£64	£64	£0	£63	£63	£0	-
IT Productivity and Phones	£563	£563	£0	£507	£507	£0	-
Discretionary Non Pay	£184	£184	£0	£181	£181	£0	-
Training courses & accommodation	£518	£519	£1	£481	£481	£1	-
Single HQ /EOC Benefits realisation	£183	£183	£0	£167	£167	£0	-
Medicines Management - Drugs	£132	£132	£0	£121	£121	£0	-
Printing & Postage	£40	£40	£0	£37	£37	£0	-
Operations Efficiencies	£2,753	£2,753	£0	£2,390	£2,390	£0	-
Recruitment delays & recharges - clinical	£1,646	£1,646	£0	£789	£789	£0	-
Recruitment delays & recharges - non clinical	£635	£635	£0	£629	£629	£0	-
Med & Surg Equip General	£55	£55	£0	£55	£55	£0	-
Fleet - Lease costs	£490	£490	£0	£490	£490	£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>£11,282</b>	<b>£11,282</b>	<b>£0</b>	<b>£9,614</b>	<b>£9,614</b>	<b>£0</b>	-
Variance to Year To Date (YTD) Target				(4)		£4	Positive variance between Fully Validated Schemes and YTD Control Total Target
<b>Grand Total</b>	<b>£11,282</b>	<b>£11,282</b>	<b>£0</b>	<b>£9,610</b>	<b>£9,614</b>	<b>£4</b>	





# Integrated Performance Report

Performance  
Data for our  
999 and 111  
Services



Aspiring to be  
**Better Today and  
Even Better Tomorrow**  
For our people and our patients

## Board Meeting

March 2019



Taking  
Pride



Striving for  
Continuous  
Improvement



Acting With  
Integrity



Demonstrating  
Compassion  
and Respect



Assuming  
Responsibility










## Contents Summary

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## SECamb CQC Rating and Oversight Framework

Use of Resources Metric (Financial Risk Rating)	3
Segmentation	Segment 4 (Special Measures)
IG Toolkit Assessment	Level 2 - Satisfactory
REAP Level	3

## Chart Key

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

## SECamb Executive Summary

This report sets out data and supporting narrative to provide the Trust Board with assurance that the Executive Directors review historic information and data reflecting performance and service delivery across a number of domains. This is then interpreted and within the body of this report individual Directorates highlight the management response to data where this is applicable. In this way the Board is asked to note the Trust's oversight of performance and management data together with how this data supports decision making and action within the Trust.

The performance data shared in this report from Operations 999 is as at 11/3/19

The format and content of this report is continually reviewed to provide greater utility to the Trust Board and clearly communicate the status and actions undertaken by the Trust over time. During February and March 2019 this report and our quality reporting will be reviewed in order to further develop and refine our reporting going forward into 2019/20.

## SECamb Our Enablers

Enabling strategies continue to be reported within the supporting Trust Delivery Plan and narrative.

## SECamb Financial Performance

The Trust achieved its planned surplus of £0.8m for the month of January. The cumulative surplus of £0.3m is marginally is a planned maintaining operational performance.

The Trust is forecasting delivery of its stretched control total for the year of £0.7m surplus.

The Trust achieved cost improvements of £0.9m in the month, which was as planned. The target for the full year is £11.4m.

The Trust's Use of Resources Risk Rating (UoRR) at this point in the year is 1, in line with plan.

Risks to this plan include recruitment to provide the resources to meet the Demand and Capacity review, delivery contractual performance trajectories, any financial impact of unfunded cost pressures, delivery of CIP targets and resourcing to meet trajectory.

Engagement with the Trust's key stakeholders is ongoing in order to mitigate as many of these as possible.

Further details of financial performance are included in this report. A more detailed reporting pack is provided to directors, senior managers and regulators and this is closely monitored through the Finance and Investment Committee, a subcommittee of the Board.

**Cardiac Return of Spontaneous Circulation (ROSC) - Utstein (a set of guidelines for uniform reporting of cardiac arrest)**

	Aug-18	Sep-18	Oct-18	12 Months
<b>Actual %</b>	71.9%	56.0%	48.6%	
<b>Previous Year %</b>	54.5%	50.0%	50.0%	
<b>National Average %</b>	55.8%	52.1%		

**Cardiac ROSC - ALL**

	Aug-18	Sep-18	Oct-18	12 Months
<b>Actual %</b>	31.9%	31.3%	27.9%	
<b>Previous Year %</b>	25.6%	25.7%	25.2%	
<b>National Average %</b>	32.1%	29.0%		

**Cardiac Survival - Utstein**

	Aug-18	Sep-18	Oct-18	12 Months
<b>Actual %</b>	35.5%	17.4%	38.9%	
<b>Previous Year %</b>	40.6%	26.3%	30.8%	
<b>National Average %</b>	28.0%	25.2%		

**Cardiac Survival - All**

	Aug-18	Sep-18	Oct-18	12 Months
<b>Actual %</b>	11.7%	8.2%	9.0%	
<b>Previous Year %</b>	10.0%	5.7%	10.9%	
<b>National Average %</b>	10.4%	9.4%		

**Acute ST-Elevation Myocardial Infarction (STEMI) Care Bundle Outcome**

	Aug-18	Sep-18	Oct-18	12 Months
<b>Actual %</b>	75.0%	66.4%	62.7%	
<b>Previous Year %</b>	64.4%	71.9%	57.4%	
<b>National Average %</b>	N/A	N/A		

**Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography**

	Aug-18	Sep-18	Oct-18	12 Months
<b>Mean (hh:mm)</b>	02:08	02:11		
<b>National Average</b>	02:07	02:08		
<b>90th Centile (hh:mm)</b>	02:48	02:52		
<b>National Average</b>	02:53	02:54		

**Stroke - call to hospital arrival**

	Aug-18	Sep-18	Oct-18	12 Months
<b>Mean (hh:mm)</b>	01:13	01:10	01:12	
<b>National Average</b>	01:11	01:13		
<b>Median (hh:mm)</b>	01:04	01:01	01:06	
<b>National Average</b>	01:05	01:01		
<b>90th Centile (hh:mm)</b>	01:52	01:44	01:49	
<b>National Average</b>	01:48	01:44		

**Stroke - assessed F2F diagnostic bundle**

	Aug-18	Sep-18	Oct-18	12 Months
<b>Actual %</b>	97.9%	95.8%	97.4%	
<b>Previous Year %</b>	95.6%	93.1%	93.5%	
<b>National Average %</b>	98.3%	N/A		

**Post ROSC Care Bundle**

	Aug-18	Sep-18	Oct-18	12 Months
<b>Actual %</b>	92.1%	91.1%	91.9%	
<b>National Average %</b>	N/A	N/A		

**Medicines Governance**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Total Number of Medicines Incidents</b>	79	109	109	
<b>Single Witness Sig/Inapt Barcode Use CDs Omnicell</b>	21	15	2	
<b>Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell</b>	0	3	1	
<b>Total Number of CD Breakages</b>	15	12	17	
<b>PGD Mandatory Training</b>	17	0		
<b>Key Skills Medicine Governance</b>	82	0		

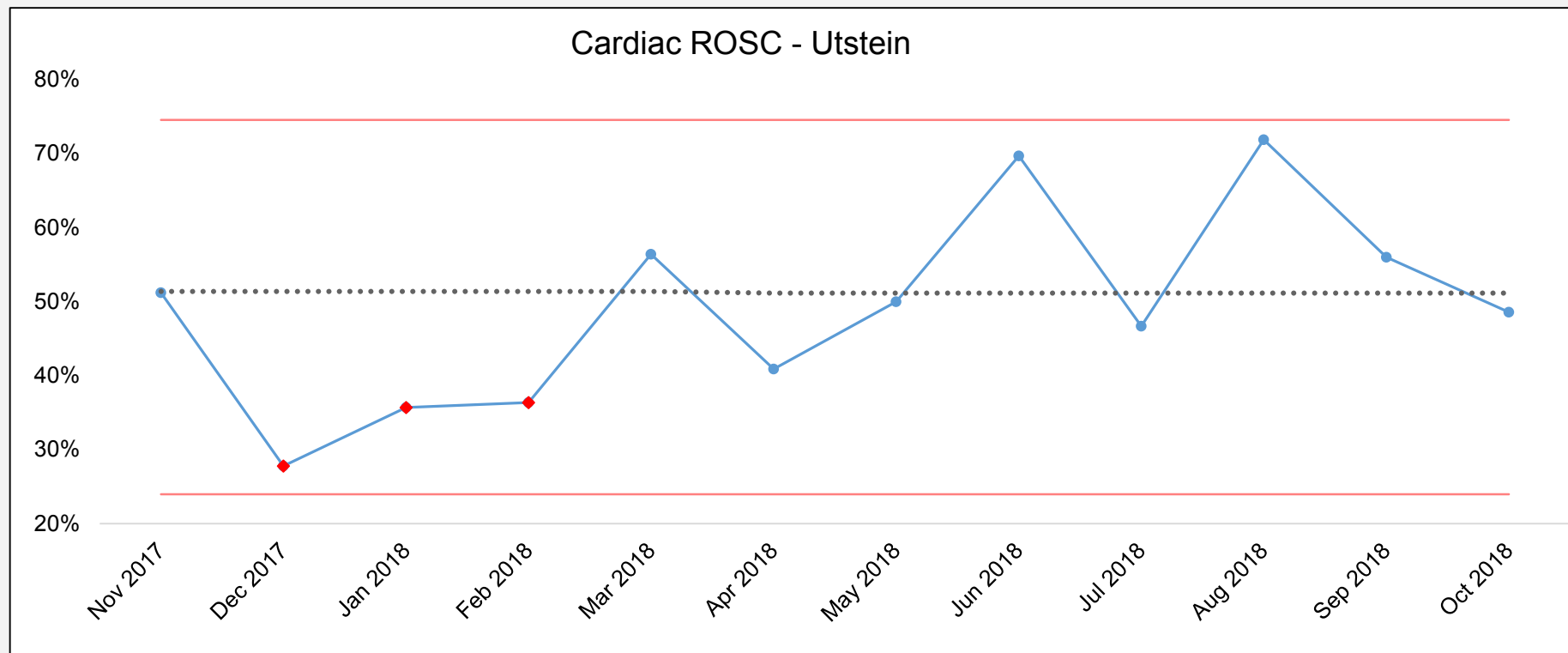
**Sepsis Care Bundle Compliance**

	Aug-18	Sep-18	Oct-18	12 Months
<b>Actual %</b>	79.2%	79.8%	83.9%	

**Medicines Management**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Number of Audits</b>	178	183	191	
<b>Percentage of Audits</b>	99.0%	98.6%	98.5%	

## SECamb Clinical Safety Charts

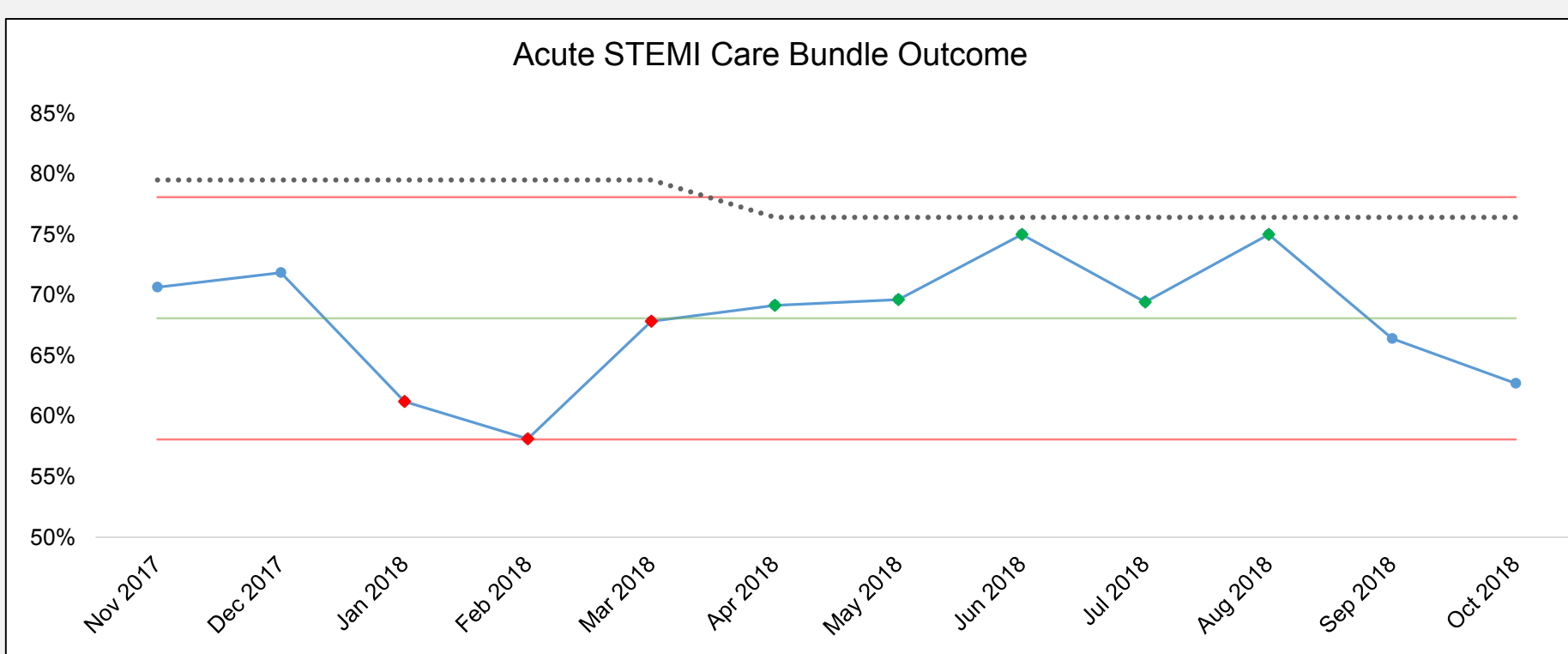
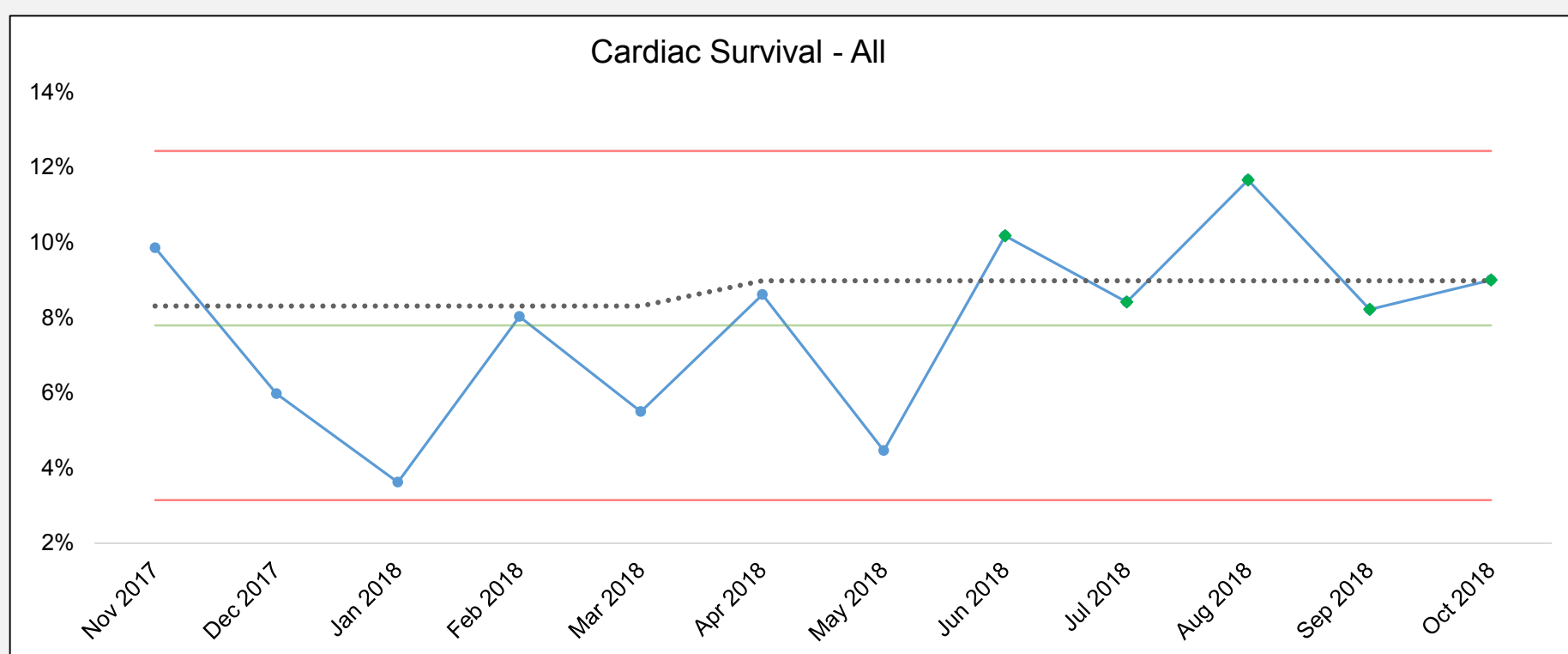
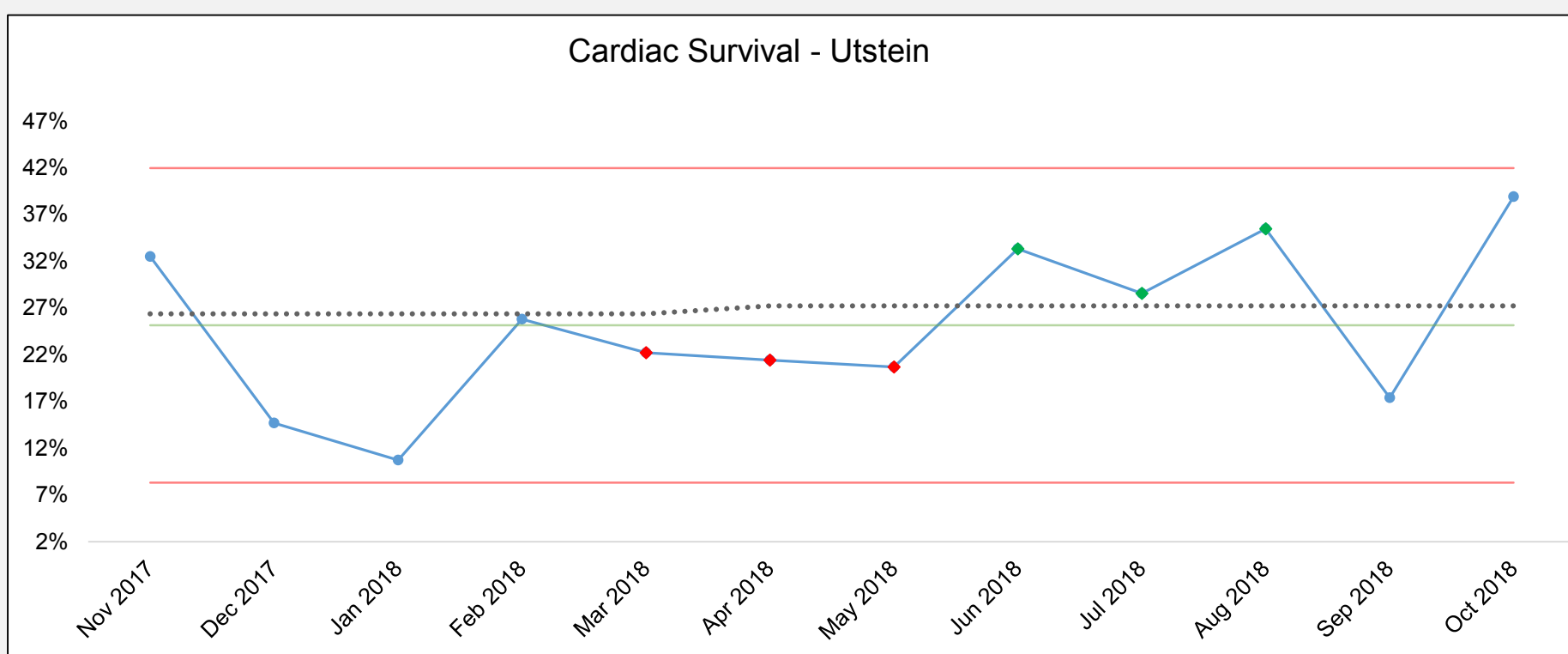
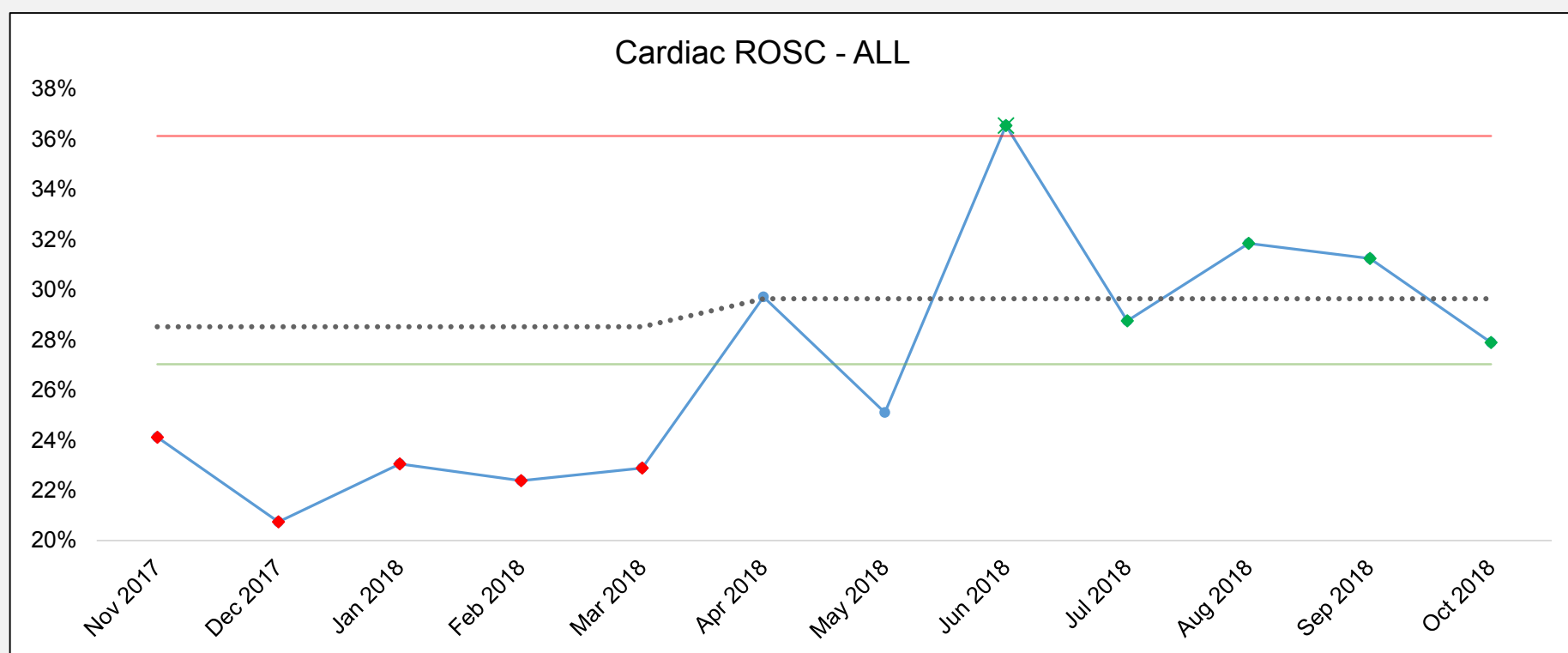


The cardiac arrest charts show the proportion of patients who had a ROSC at hospital and the proportion who survived to be discharged from hospital after resuscitation was attempted.

The Trust has seen a decline in the proportion of patients who have a ROSC at hospital. This improvement could be attributed to seasonal variations.

Survival after cardiac arrest continues to show normal patterns of variation.

A full day of resuscitation training is planned for all staff in 2019/20 Key Skills training. The Trust has also restarted the cardiac arrest download programme that provides information on the effectiveness of a resuscitation for clinicians to reflect upon.

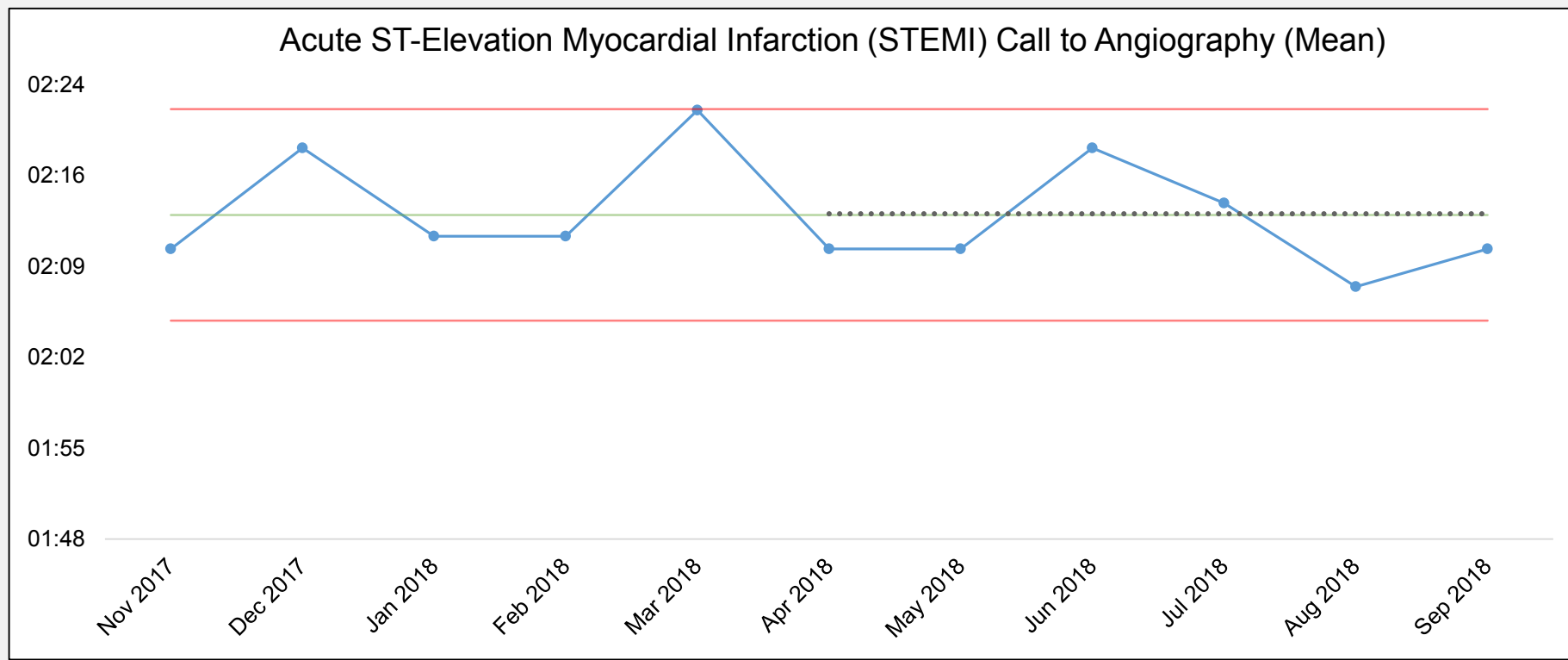


This chart shows the proportion of patients who were suffering a suspected STEMI and received a full care bundle.

The data continues to show normal patterns of variation. The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.

The Trust has also procured an electronic clinical audit system that will allow clinicians to log into the system and review their own care bundle compliance, as part of a reflective process.

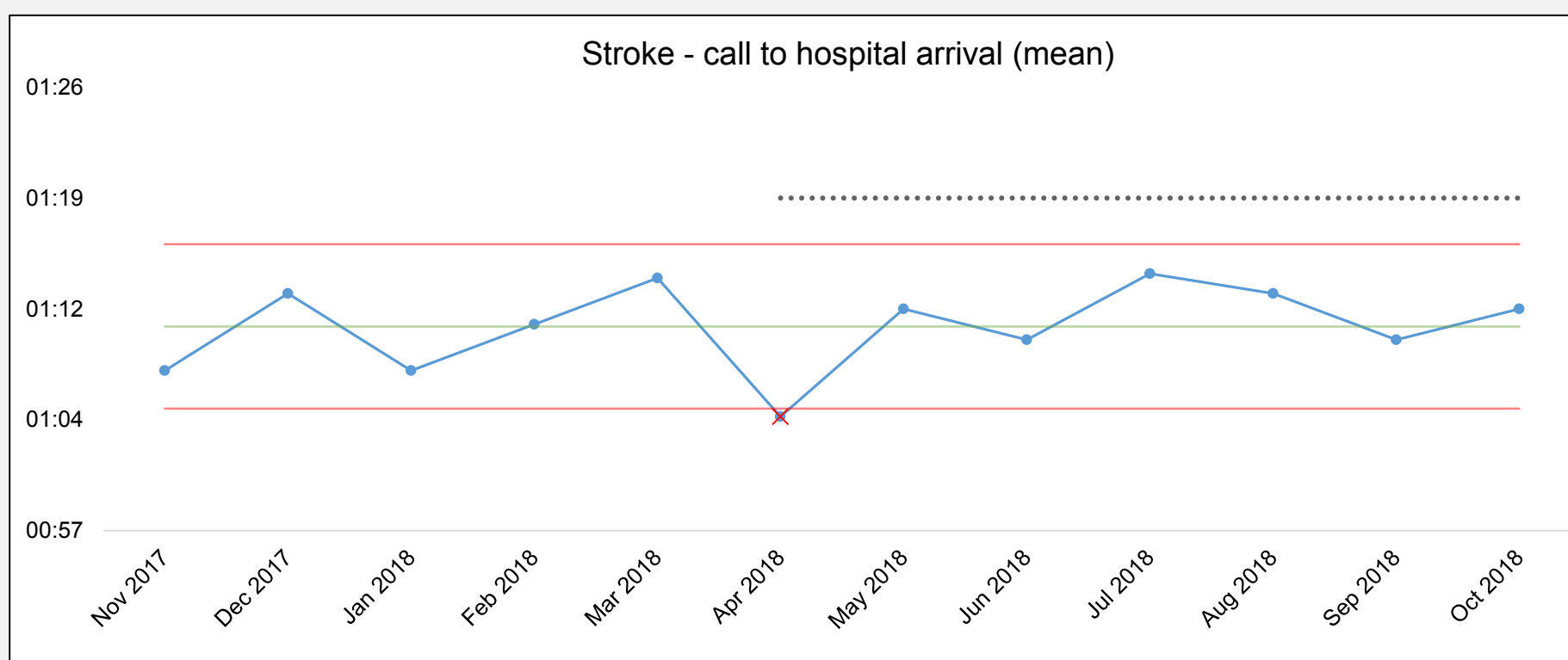
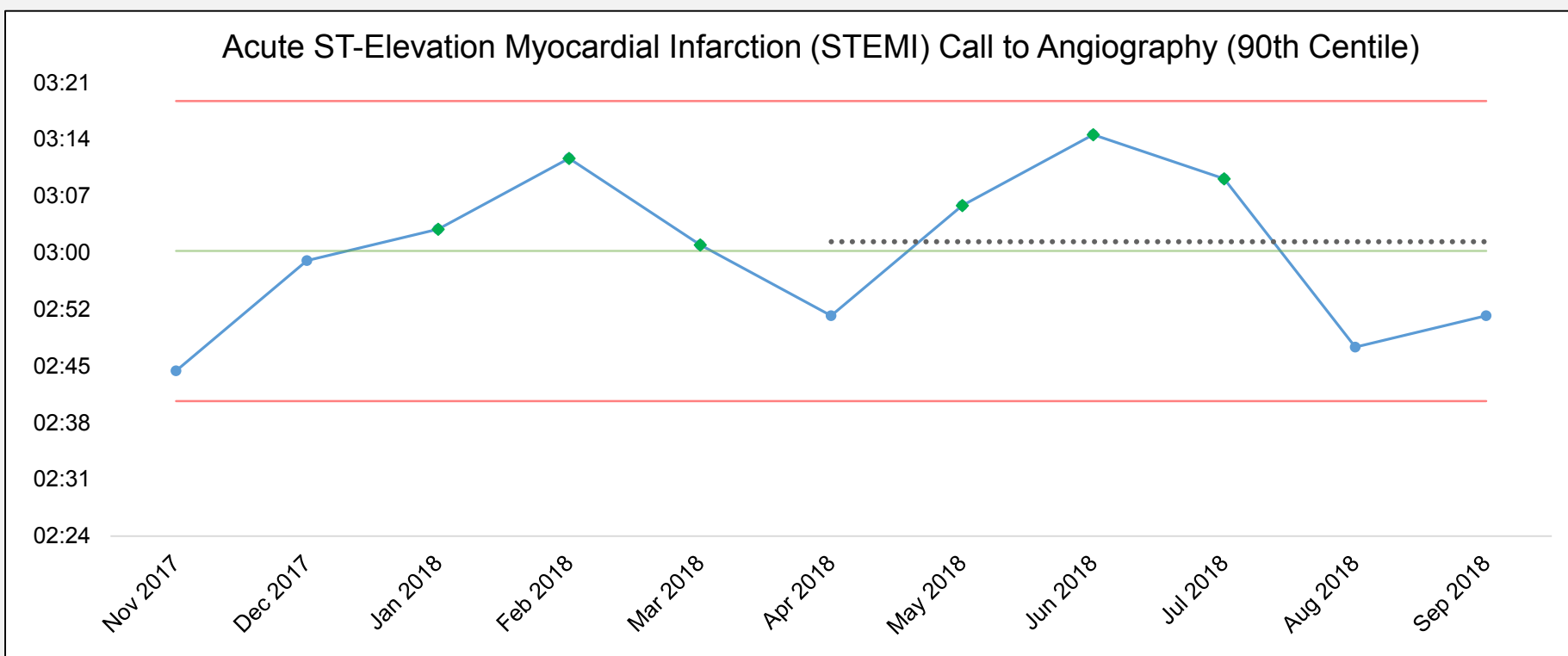
## SECamb Clinical Safety Charts



STEMI timeliness charts show the mean and 90th centile call to angiography time for patients who are suffering STEMI.

An improvement in performance this month is noted, and these measures continue to show normal patterns of variation. Trust performance is broadly in line with national averages.

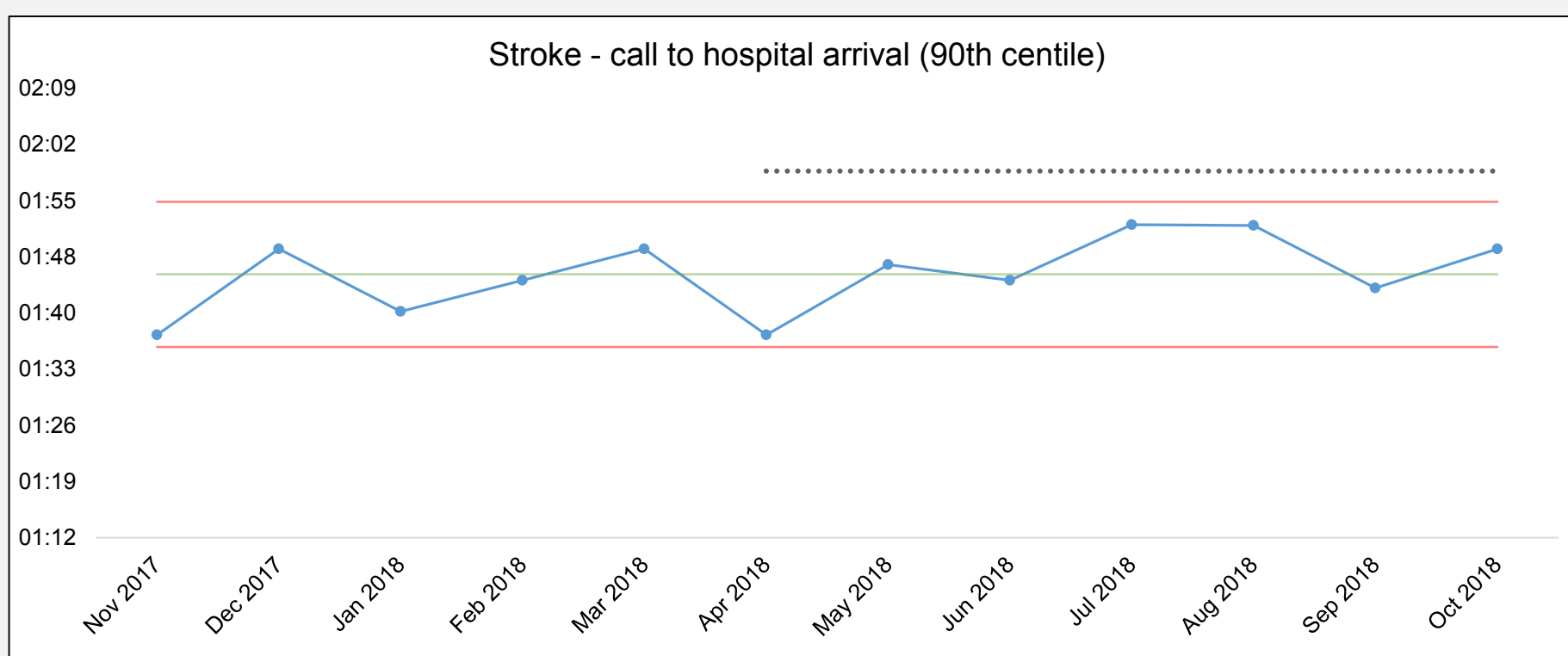
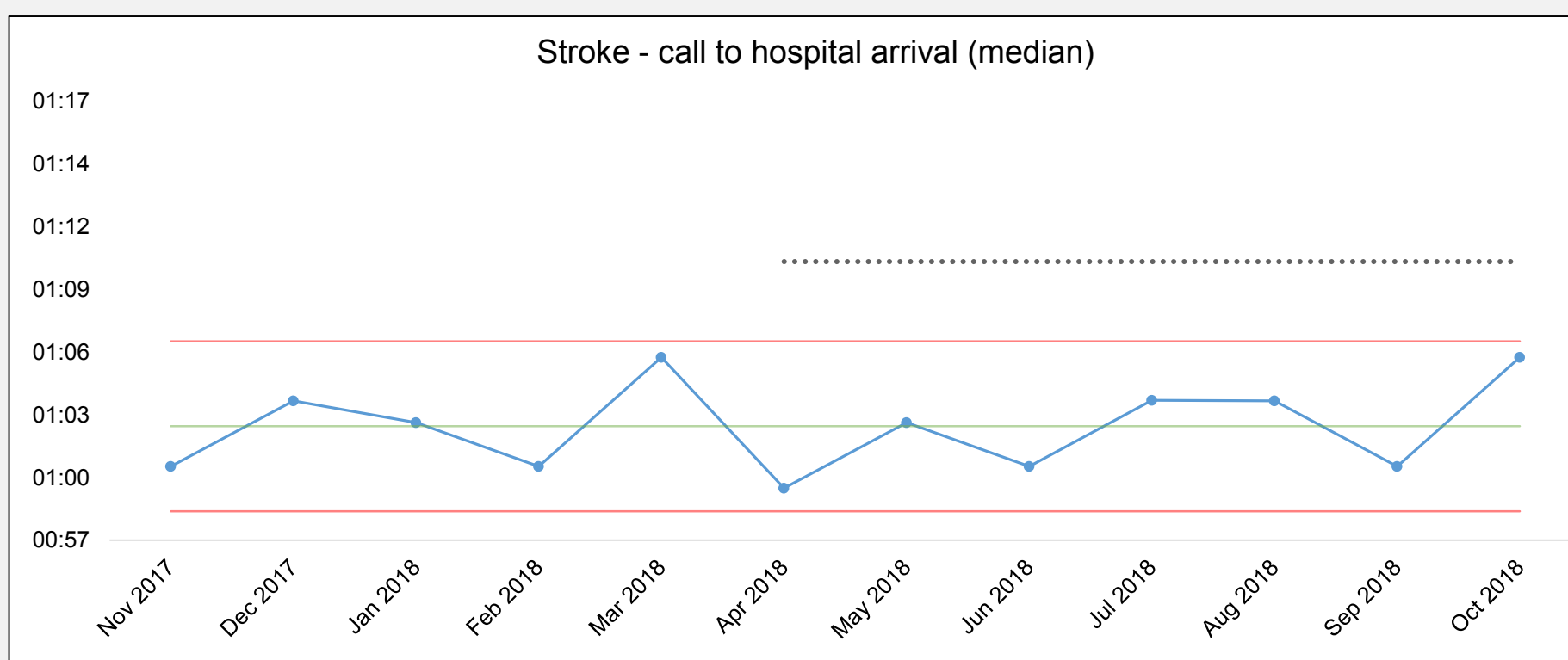
Key Skills training for 2019/20 will give clinicians strategies for reducing on-scene times for patients in this cohort. It is anticipated that this will reduce the overall call to angiography time.



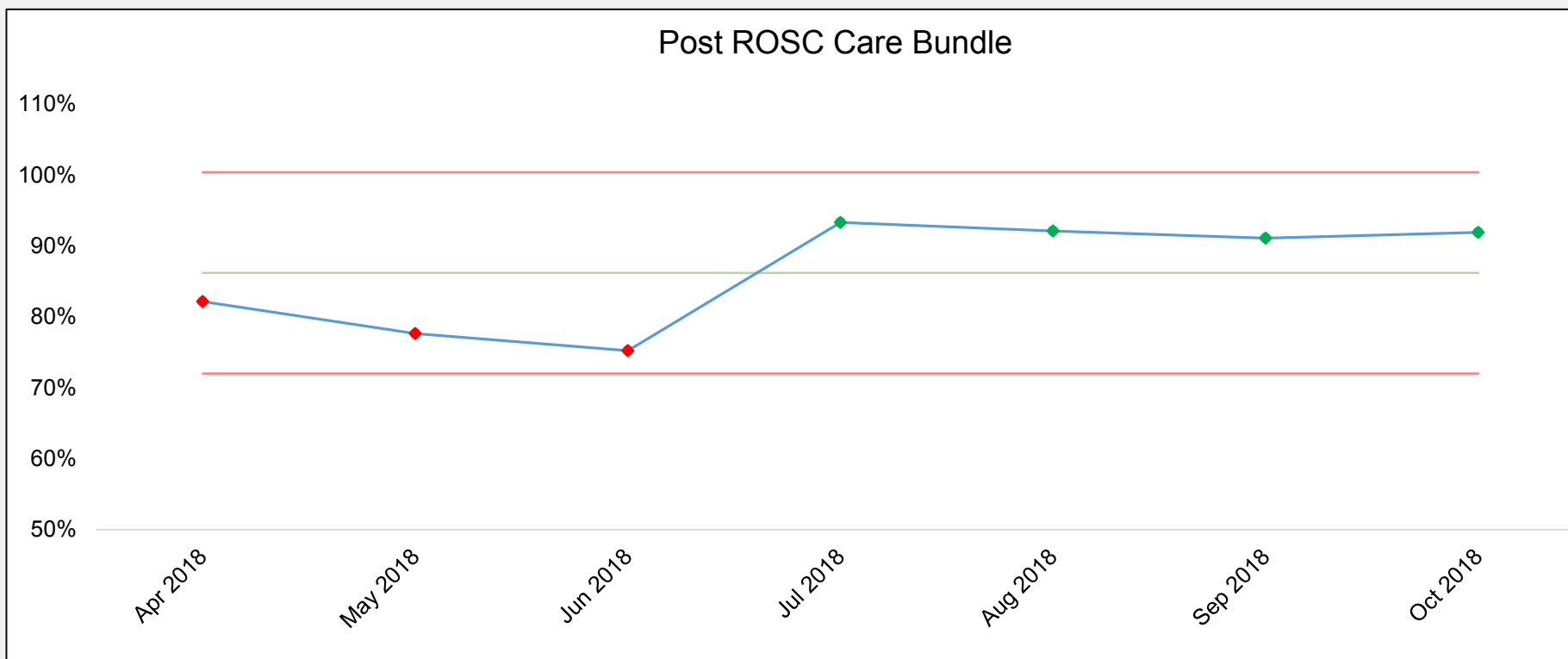
Stroke timeliness charts show the mean, median and 90th centile call to angiography time for patients who are suffering a stroke

These measures also continue to show normal patterns of variation, and the wide variations previously seen are reducing also. SECamb continues to deliver stroke care that is more timely than the national average.

Key Skills training for 2019/20 will give clinicians strategies for reducing on-scene times for stroke patients. It is anticipated that this will reduce the overall call to hospital time.



## SECamb Clinical Safety Charts

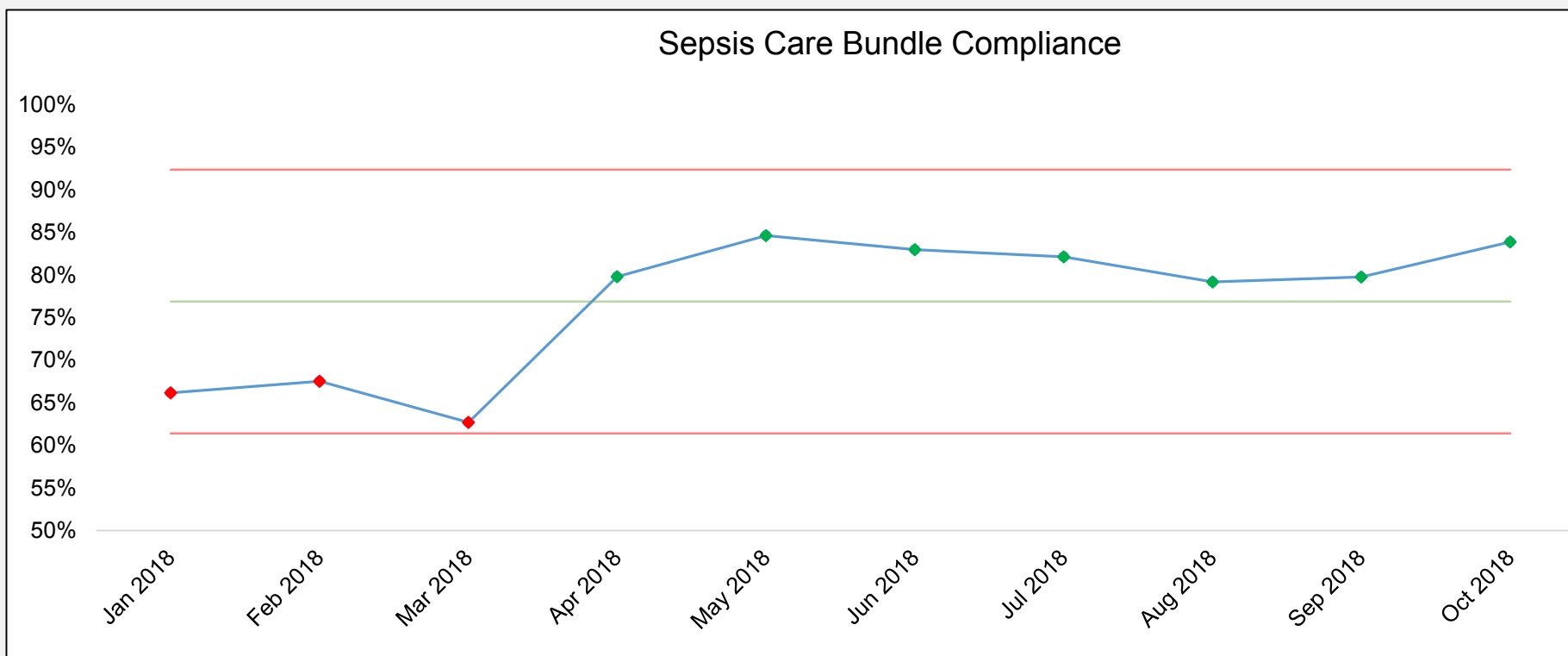


This chart shows the proportion of patients who received a full bundle of care after ROSC was achieved.

The data continue to show normal levels of variation. SECamb continues to perform above the national average.

The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.

The Trust has also procured an electronic clinical audit system that will allow clinicians to log into the system and review their own care bundle compliance, as part of a reflective process.

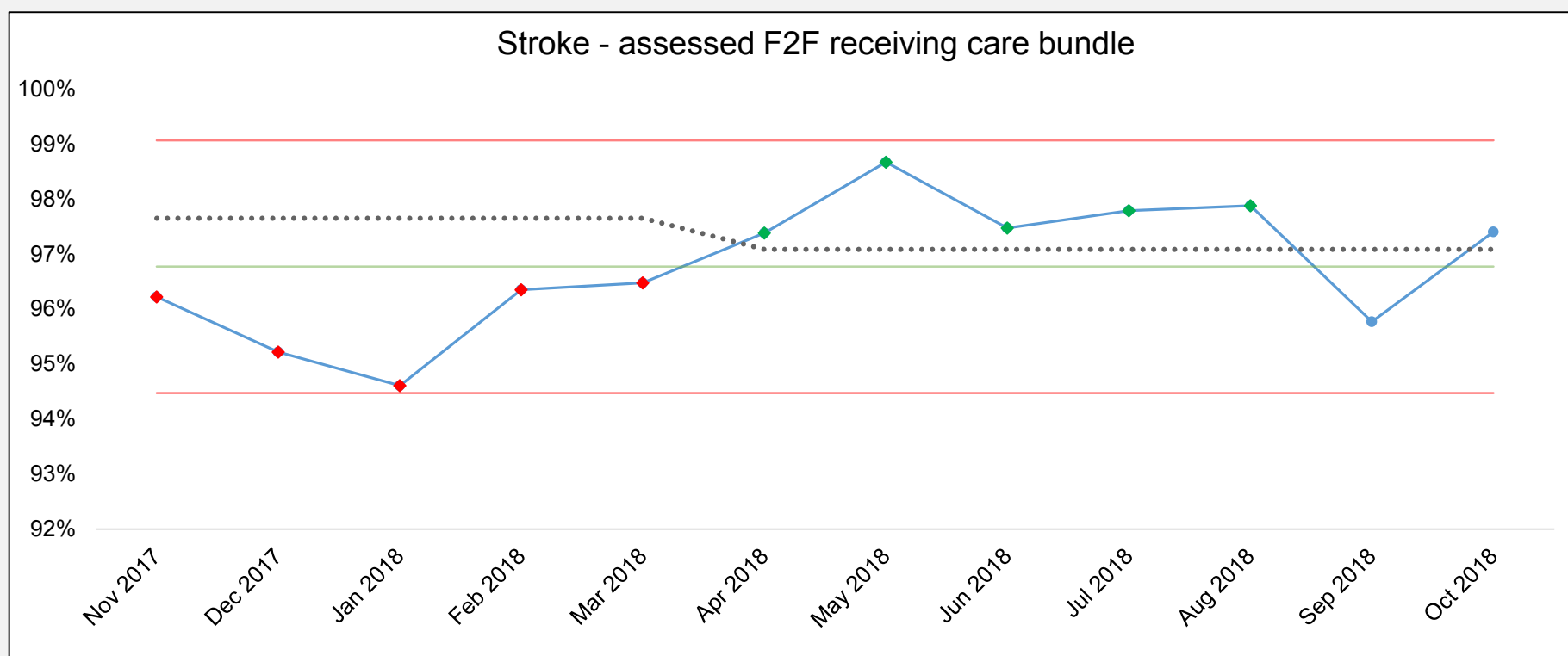


This chart shows the proportion of patients who were suffering a suspected stroke and received a full diagnostic bundle.

The data continues to show normal levels of variation.

The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.

The Trust has also procured an electronic clinical audit system that will allow clinicians to log into the system and review their own care bundle compliance, as part of a reflective process.

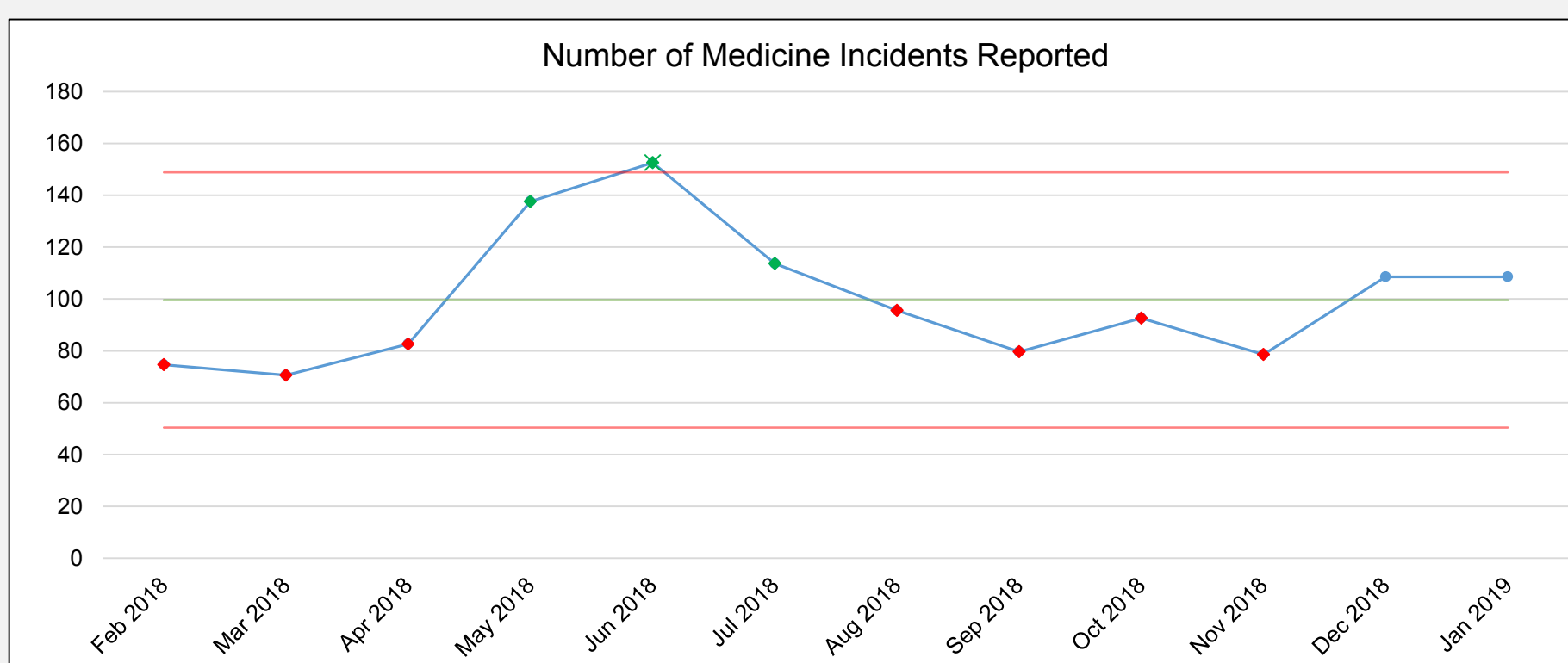


This chart shows the proportion of patients with suspected sepsis who received a full bundle of care.

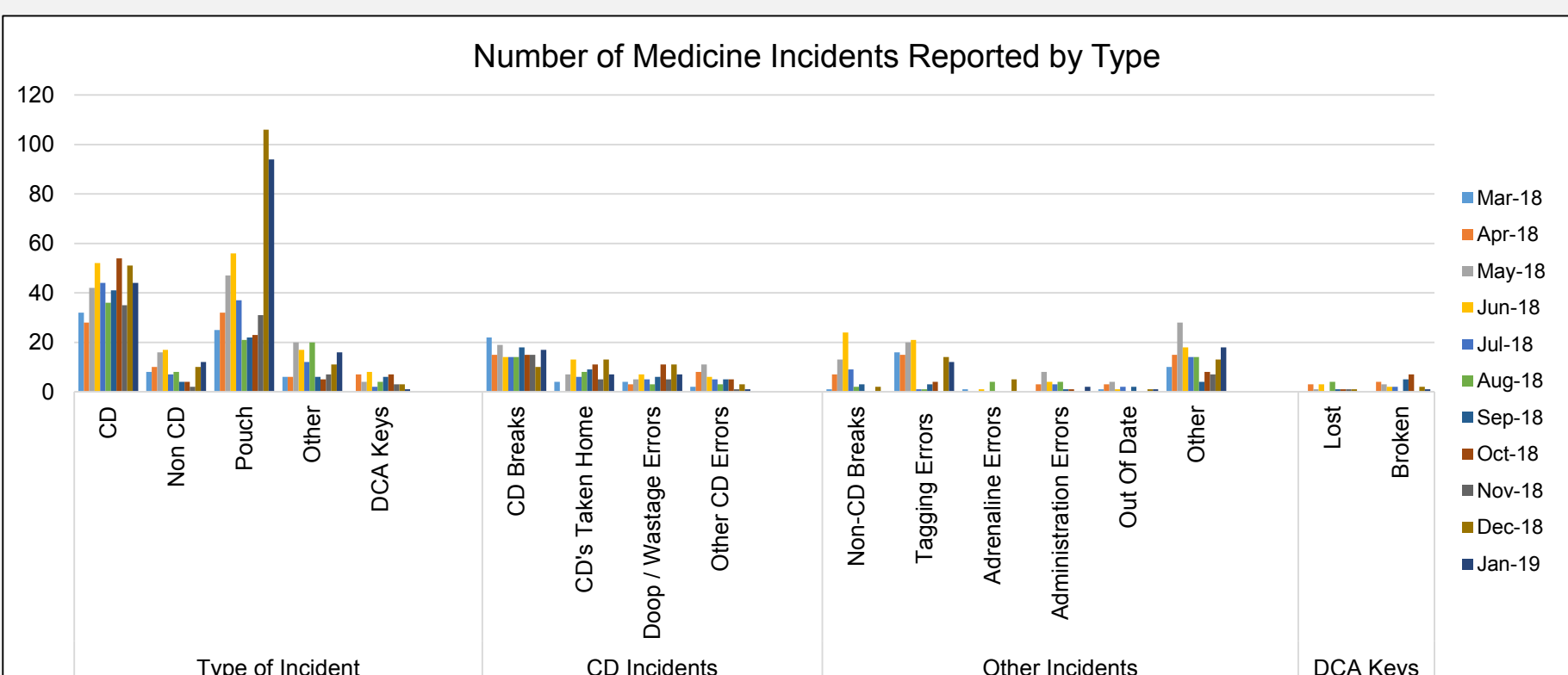
The data continue to show normal levels of variation. SECamb continues to perform above the national average.

The Trust expects to see further improvements with the introduction of ePCR. This system will prompt users to document a full bundle of care where an omission might have been made through error.

The Trust has also procured an electronic clinical audit system that will allow clinicians to log into the system and review their own care bundle compliance, as part of a reflective process.



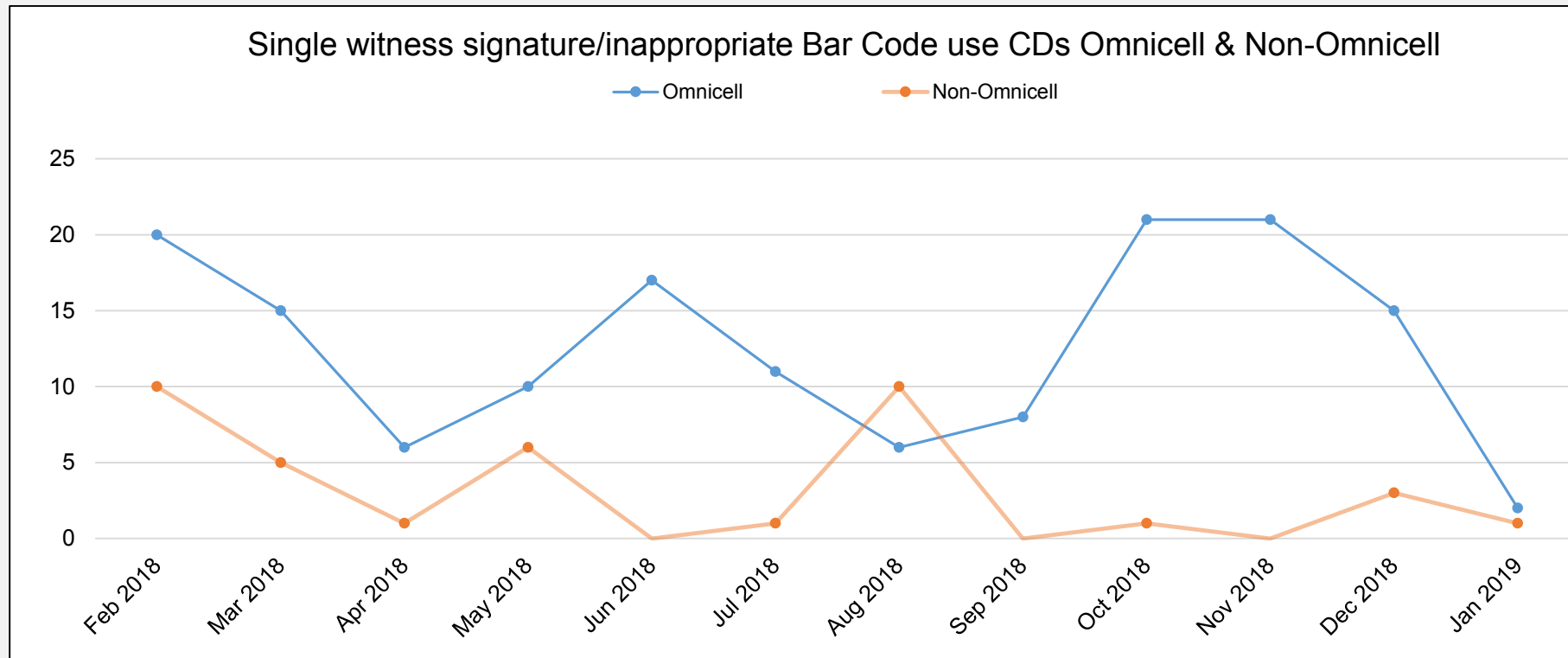
109 DIF1 were submitted in relation to medicines during January 2019. 44 of these incidents raised were in relation to controlled drugs (CDs).



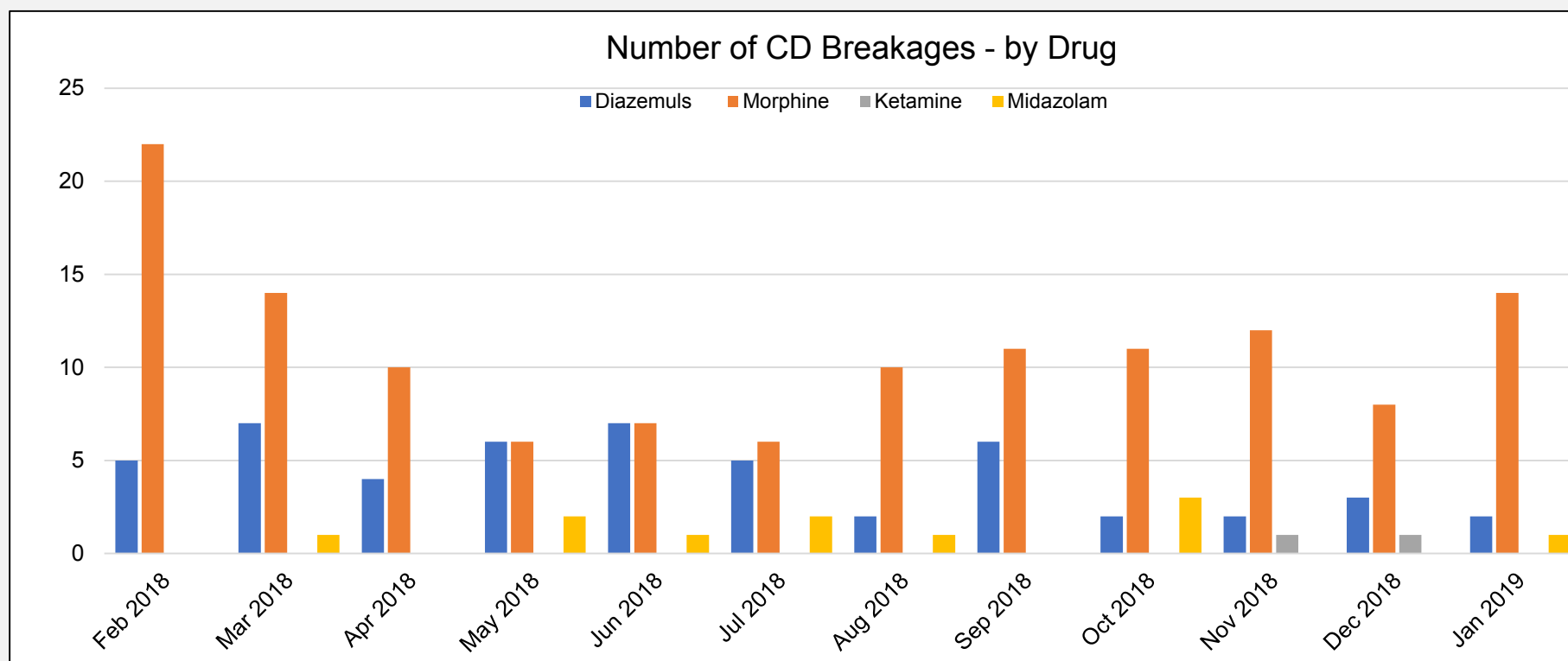
There were 21 incidents raised in relation to medicines pouches, however this correlates to 94 incidents as we have requested staff to report these in bulk due to the number found on station sites and under reporting to date. There was 32 occasions where medicines were missing from pouches recorded on datix and 5 incidents recorded where medicines were not available for patients due to operational staff incorrectly tagging the pouches.

Resources have been identified and recruitment into the medicines team is under way for a medicines pouch review which is a significant piece of project work.

## SECamb Clinical Safety Charts



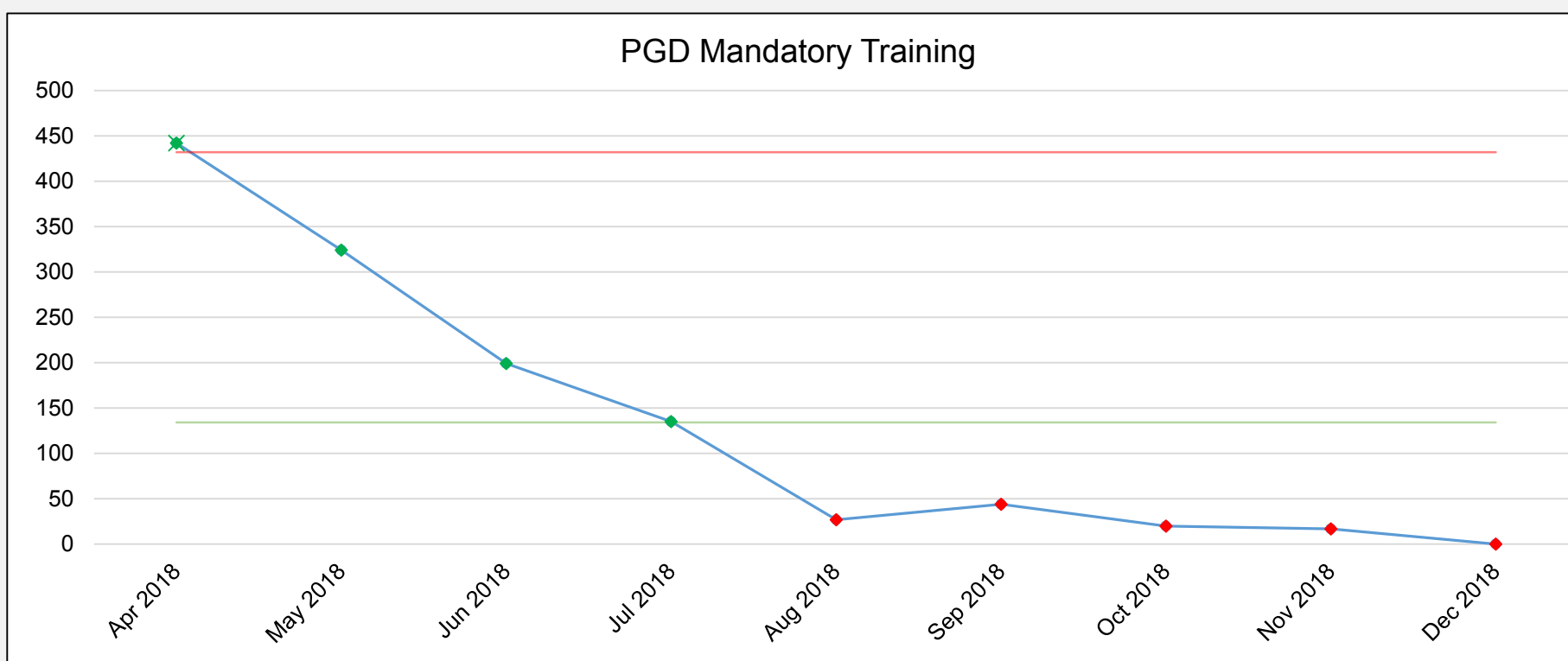
Work continues to reduce single CD signatures across the Trust. Medicines governance team review this and feedback to teams from Omnicell sites due to reports that have been set up around this CD activity. We rely on OTLs providing the information from non-omnicell sites.



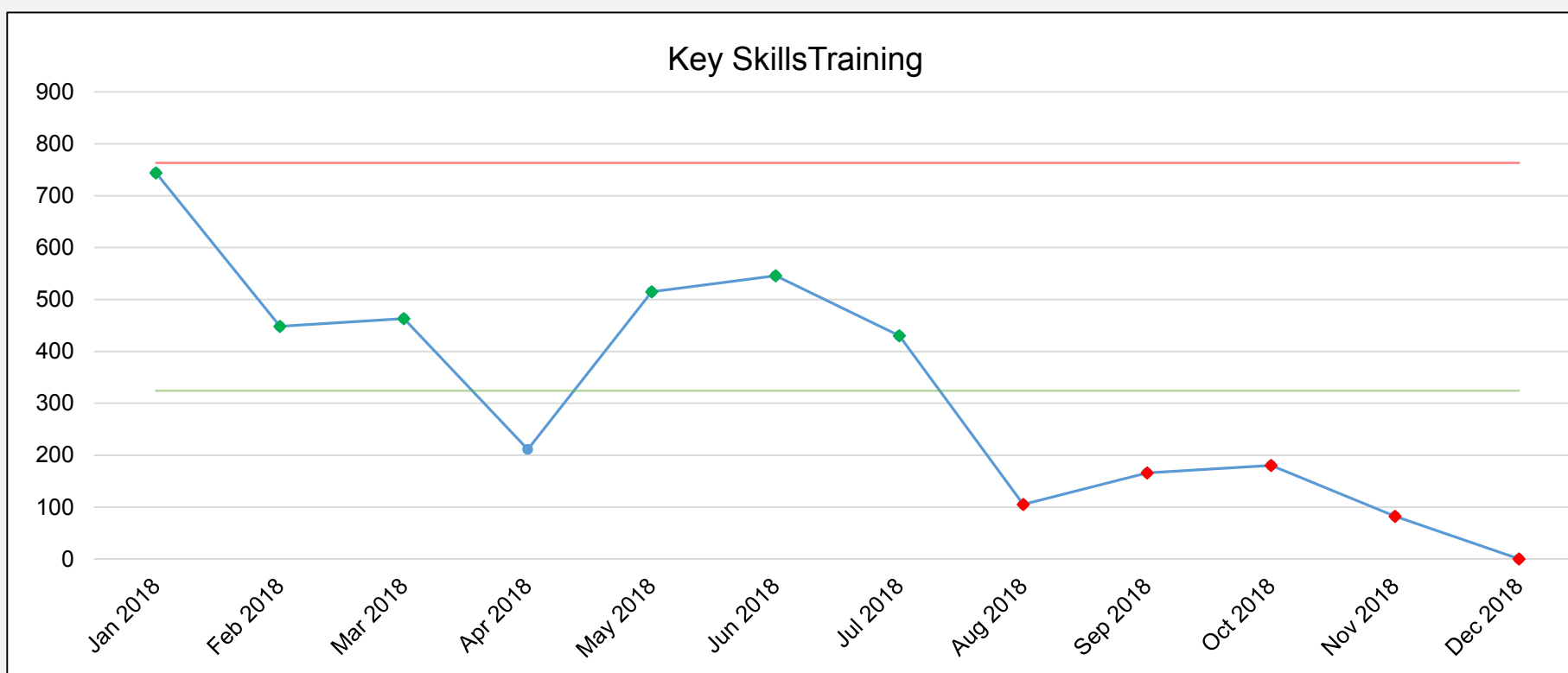
January 2019 reported 17 CD breakages. This is consistently low across the Trust due to increase in CD governance and safe and secure handling.

- 14 Morphine
- 2 Diazemuls
- 1 Midazolam 1mg/ml

Breakages occurred in the following areas: 5 ampoules broken during issue/return, 5 shattered whilst opening, 4 dropped accidentally and 3 ampoules found broken.



Most staff have now completed their mandatory key skills training and Patient Group Directions (PGD) e-learning package.

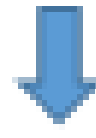


Most staff have now completed their mandatory key skills training and PGD e-learning package.



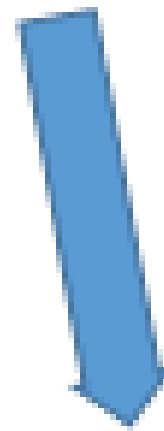
**Analysis of Cardiac Arrest Data - October 2018**

Total number of cardiac arrests identified = 585



Number of resuscitation attempts = 226  
**excluding** DNACPR 89, DOA 264, No Resus by SECAmb 1,  
 In hospital arrest 0, Post arrest 4, ADRT 2

**Utstein definition**  
 Bystander witnessed  
 Presenting rhythm VF  
 Cardiac in origin



**Non ROSC Definition**  
 Patients transported to hospital  
 in cardiac arrest with resuscitation  
 still in progress

**Cardiac Arrests (Utstein incidents) = 37 Cardiac Arrests (All incidents) = 226 (100%)**

ROSC sustained to hospital  
 (Utstein)  
 = 18 (49%) + 5 non ROSC

ROSC sustained to hospital (All) = 63  
 (28%) + 15 non ROSC

Outcomes for ROSC at hospital and non ROSC at hospital patients		
Utstein	Details	Overall
14	Patient survived to discharge	20
8	Patient died in hospital	53
0	Patient still in hospital*	0
1	Outcome unknown* (Patient identifiable data incomplete)	5

**Survival to discharge is calculated as a percentage of the Overall or Utstein figures minus any incident missing patient outcomes (as detailed \* above)**

Survival to Discharge (Utstein) = 14 (39%)

Survival to Discharge (All) = 20 (9%)

**Additional Information - Resuscitation Attempts**

Cardiac Rhythm	Overall Totals	ROSC at Hospital	Non ROSC at Hospital
Asystole	113 (50%)	17	96
PEA	57 (25%)	20	37
VF	46 (20%)	22	24
Non-shockable	0 (0%)	0	0
Not recorded	10 (4%)	4	6

CPR Bystander - 153

EMS Witnessed arrest - 20

Cardiac Arrest downloads received for Oct 18	0
Cardiac Arrest download reports sent to crews	0

**Analysis of Cardiac Arrest Data by area - 2018**

Number of resuscitation attempts = 223  
 this figures excludes incidents as PAS & VAS crew ( of which attained ROSC at Hospital)

Cardiac Arrests (Utstein) East = 20 (9%)	Cardiac Arrests (All) East = 119 (53%)
Cardiac Arrests (Utstein) West = 17 (8%)	Cardiac Arrests (All) West = 104 (47%)
ROSC sustained to hospital (Utstein) East = 11 (55%) + 2 non ROSC	ROSC sustained to hospital (All) East = 30 (25%) + 6 non ROSC
ROSC sustained to hospital (Utstein) West = 7 (41%) + 3 non ROSC	ROSC sustained to hospital (All) West = 33 (32%) + 9 non ROSC

**Outcomes for ROSC at hospital and non ROSC at hospital patients**

Area	Utstein	Details	Overall
East	7	Patient survived to discharge	11
West	7		9
East	5	Patient died in hospital	21
West	3		32
East	0	Patient still in hospital*	0
West	0		0
East	1	Outcome unknown* (Patient identifiable data incomplete)	4
West	0	Outcome unknown* (Patient identifiable data incomplete)	1

Survival to discharge is calculated as a percentage of the Overall and Utstein figures minus any missing patient outcomes as detailed \* above

Survival to Discharge (Utstein) East = 7 (37%)	Survival to Discharge (All) East = 11 (10%)
Survival to Discharge (Utstein) West = 7 (41%)	Survival to Discharge (All) West = 9 (9%)

**MENTAL HEALTH CARE (January 2019 data)**

**Rag Ratings:**

<b>Within ARP Cat 2 18 mins</b>	<b>= GREEN</b>
<b>Outside Cat 2 ARP 18 mins, up to 40 mins</b>	<b>= AMBER</b>
<b>Outside Cat 2 ARP 18 mins, beyond 40 mins</b>	<b>= RED</b>
<b>Within 90<sup>th</sup> Percentile 40 mins</b>	<b>= GREEN</b>
<b>Outside 90<sup>th</sup> Percentile 40 mins, up to 1 hour</b>	<b>= AMBER</b>
<b>Outside 90<sup>th</sup> Percentile 40 mins, beyond 1 hour</b>	<b>= RED</b>

**Overall RAG Rating =** 

The mental health indicator has been rated **AMBER** as the mean response measure is outside of cat 2 standard on the 18 minute response.

Cat 2 = 00: 20:47  
90<sup>th</sup> Centile= 00:37:25

**Mental Health Response Times (Section 136 MHA)**

During January 2019 there were 139 Section 136 related calls to the service.111 of these calls received a response (79.8%) (80% in December) resulting in a conveyance to a place of safety by an ambulance on 107 (79.9% of total calls; in December this was 72.9% of total calls) on these occasions.

The overall performance mean shows a response time across the service as 00.20.47 (December was 00.17.24). Against the 90<sup>th</sup> centile measure, the response was 00.37.25 (December was 00.38.35).

There were 4 transports of under 18's (4 during December).

There were 28 occasions when SECAmb did not provide a response. This is up from 22 in December. This report RAG rates against **both** mean ARP standards within Cat 2; these being 18 minutes and the 90<sup>th</sup> percentile within 40 minutes. The report also details conveyances measured under Cat 3, Cat 4, C60 HCP, C120 HCP and C240 HCP (these are likely to be secondary conveyances and are not RAG rated) and these are as follows:

<b>Cat 3:</b> Total calls 6 Performance	Total responses 1 Mean 00.01:07.56	Total transports 1 90 <sup>th</sup> centile 01:07.56
<b>Cat 4:</b> Total calls 0	Total responses 0	Total transports 0
<b>C60 HCP:</b> Total calls 16 Performance	Total responses 6 Mean 01:46:09	Total transports 5 90 <sup>th</sup> centile 03:08:26
<b>C120 HCP:</b> Total calls 5 Performance	Total responses 3 Mean 01:49:44	Total transports 2 90 <sup>th</sup> centile 03:08:22
<b>C240 HCP</b> Total calls 0	Total responses 0	Total transports 0

(These responses are collectively reported by Operational Unit on the attached dashboard)

**Quality and Patient Safety Report :**

Medicines management: Medicines compliance to safe and secure handling weekly audits by Operational Team Leaders (OTLs) ranged between 83% and 100% on station sites for January 2019. The Trust average for compliance was 98.2%. No sites missed submitting a weekly report during January. This was an improvement on December when four sites missed completion. This gives a completion of 100% for the month. Seven stations achieved 100% compliance each week for January, Redhill, Dorking, Gatwick Solo, and Hastings, stores at Banstead, Paddock Wood and Worthing. The monthly audits dropped to 75% completion rate for those submitted by the OUMs. With three OUMs not submitting a report for January. Chertsey, Thanet and Stores. Compliance for the monthly checks that were submitted was 90.7%. There have been 109 incidents associated with medicines management, with the highest category in relation to controlled drugs (CD) governance, breakages and non-adherence to SOPs. Drugs missing from medicines pouches was also a significant trend and is being managed by the medicines governance group.

Infection prevention and control (IPC): Hand Hygiene (HH) compliance was just above target this month at 91%, but staff compliance to 'Clinically Ready' was well above target at 97%. 288 audits were carried during the month. Make Ready Centre (MRC) and Vehicle Preparation Programme (VPP) Deep Clean rates were both very low, which was due to operational demand throughout the month and staffing resources at some of the sites. IPC Level 2 training is below the monthly target of 19% this month and currently stands at 85.3%. Environmental Cleanliness audit completion was again above the target of 85%, but we did see a slight drop of 4% from the previous month. The IPC and Estates Team continue to hold a monthly meeting with the contractors to discuss any concerns raised locally concerning cleaning standards.

Safeguarding referral rates continue to increase. During January the Trust made 1069 safeguarding referrals on adults and 191 referrals on children. Given the Trust's significant commitment to delivering safeguarding training during 2017/18, it is likely that the increase in overall referral activity is a direct response to this improved safeguarding profile across the Trust. All operational staff are expected to complete both child and adult safeguarding training at Level 2 as an e-learning element of their key-skills. Since the start of the 2018/19 a total of 79.19% of staff have completed the safeguarding children course and 86.33% of staff have completed the adult safeguarding course (QR1(b)).

Incidents: Incident reporting is now rated **GREEN** due to the incident reporting rate remaining above the 20% target and a reduction in the backlog for Serious Incidents. The Trust has reported 838 incidents during January 2019. From November to January 2362 incidents were reported. (4 more than the previous 3 month period). Throughout November to January there has continued to be a rise in the number of failed clinical tail audit and SMP no send incidents raised. The data is being collated and themed from the SMP and Clinical Data from January 2019 onwards, this has so far shown that clinical risk and individual error are the prime causes of SMP No Sends. The two themes recorded for January are lack of clinical welfare and lack of clinical review. The back log of incidents not investigated within timescales has started to reduce, although the number outstanding for the EOC has remained a concern and has been escalated appropriately; the clinical tail audits have contributed significantly to the backlog and methodology has been agreed to review these in clusters.

Serious Incidents (SIs) and Duty of Candour (DoC): 18 SIs were reported during January 2019, whilst 73 SIs were open on StEIS at January's close. The Trust achieved 80% compliance with DoC requirements for SI's. 70% compliance was also achieved for DoC made/attempted within deadline. The reduction in compliance with DoC reflects some changes in processes around who, and how it will be undertaken; with the review of the SI procedure, including DoC responsibilities we are optimistic the compliance will increase again in the future.

Patient Experience: The Trust received and opened 81 complaints during January 2019. Timeliness in response to the patient was the most notable trend. Two other trends were also noted: patient care and concerns about staff. The Trust responded to 90% of complaints within the Trust's 25 working day timescale this month. The Trust received 180 compliments during January.

STEMI Care Bundle: In November 2017, the method for measuring the timeliness of care delivered to STEMI patients changed to a measure of mean and 90th centile call to angiography (the procedure used to visualise the blood vessels that supply the heart). This measure is no longer collated internally and is taken directly from the national MINAP database of confirmed STEMIs. The latest available measure is from July 2018. Performance for July is at 69.4% (from 75%), which continues below the national YTD average of 76.4%. Stroke Diagnostic Bundle performance is now above the national average (97.1%) at 97.9%.

Clinical Audit: the 2018/19 Clinical Audit annual plan continues to be on track and national requirements for the collection and submission of data are being met

Learning from Deaths: The Trusts Learning from Deaths Policy had been approved and published in January 2018, but had not been fully implemented. This was noted in the late 2018 CQC review and subsequent reports to the Trust regarding Learning from Deaths. An organisational risk regarding this has been added to the Trusts Risk Register (no 723). In October/November 2018 NHS Improvement announced that Learning from Deaths was likely to be mandated for Ambulance Trusts from April 2019 and further guidance applicable to the sector was under development, expected to be published during Q4 2018/19. This guidance is awaited at the time of writing, further to which the Trust policy will be revised as necessary. A Learning from Deaths Action Plan has been developed and approved at the Quality Compliance Steering Group in early January 2019. Reporting is via the Clinical Governance Group and Quality and Patient Safety Committee to the Board. To support the development of the Action Plan, a Task & Finish Group has also been established (first meeting 23 January 2019).

**Number of Incidents Reported**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual</b>	762	762	838	
<b>Previous Year</b>	665	811	748	

**Number of Incidents Reported that were SI's**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual</b>	12	9	18	
<b>Previous Year</b>	4	7	22	

**Duty of Candour Compliance (SIs)**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual %</b>	100%	100%	70%	
<b>Target</b>	100%	100%	70%	

**Number of Complaints**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual</b>	79	69	81	
<b>Previous Year</b>	107	93	111	
<b>Complaints Timeliness (All)</b>	97.0%	99.0%	89.7%	
<b>Timeliness Target</b>	95%	95%	95%	

**Compliments**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual</b>	159	137	180	

**Hand Hygiene**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual %</b>	97%	91%	91%	
<b>Target</b>	90%	90%	90%	

**Safeguarding Training Completed (Adult) Level 2**

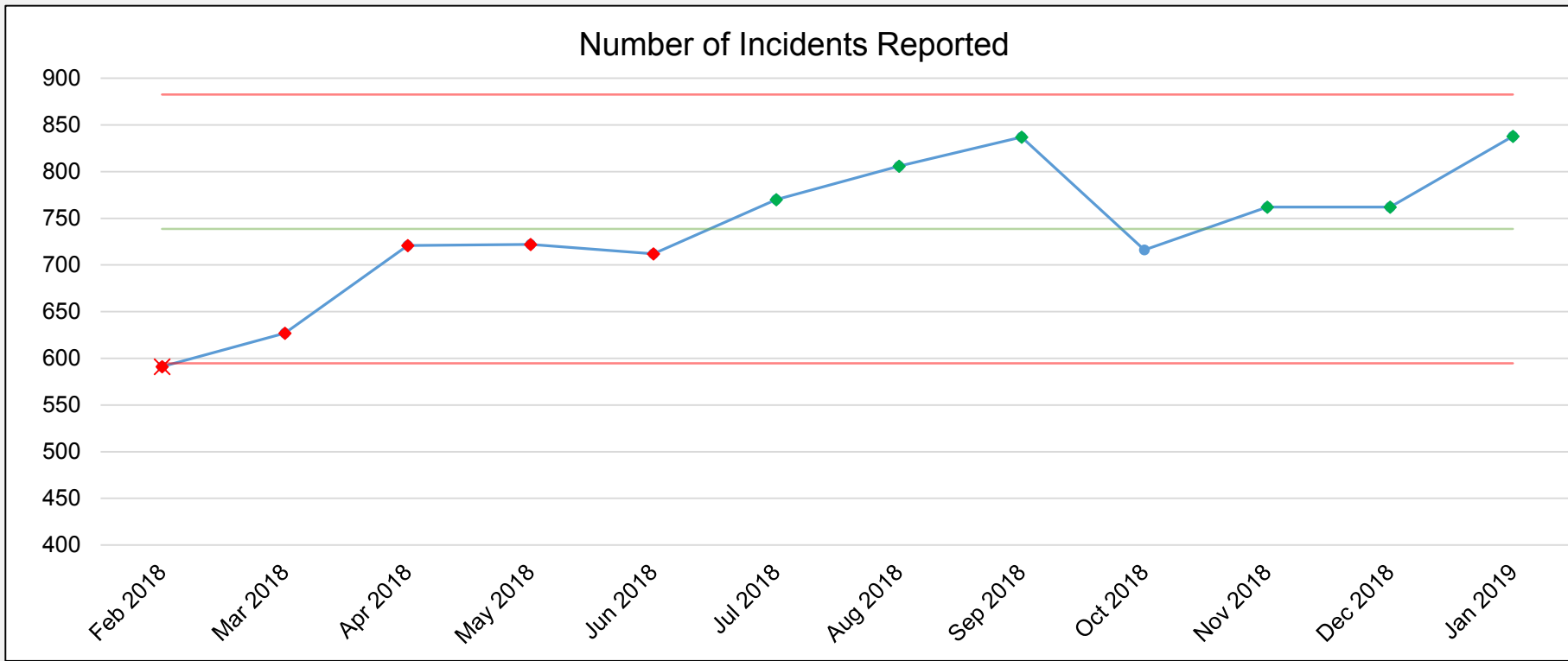
	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual %</b>	80.14%	83.59%	86.81%	
<b>Previous Year %</b>	55.55%	59.65%	69.33%	
<b>Target</b>	85%	85%	85%	

\* Safeguarding training is completed each financial year, which explains the significant drop for April 2018

**Safeguarding Training Completed (Children) Level 2**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual %</b>	79.19%	83.24%	86.50%	
<b>Previous Year %</b>	54.70%	59.07%	69.63%	
<b>Target</b>	85%	85%	85%	

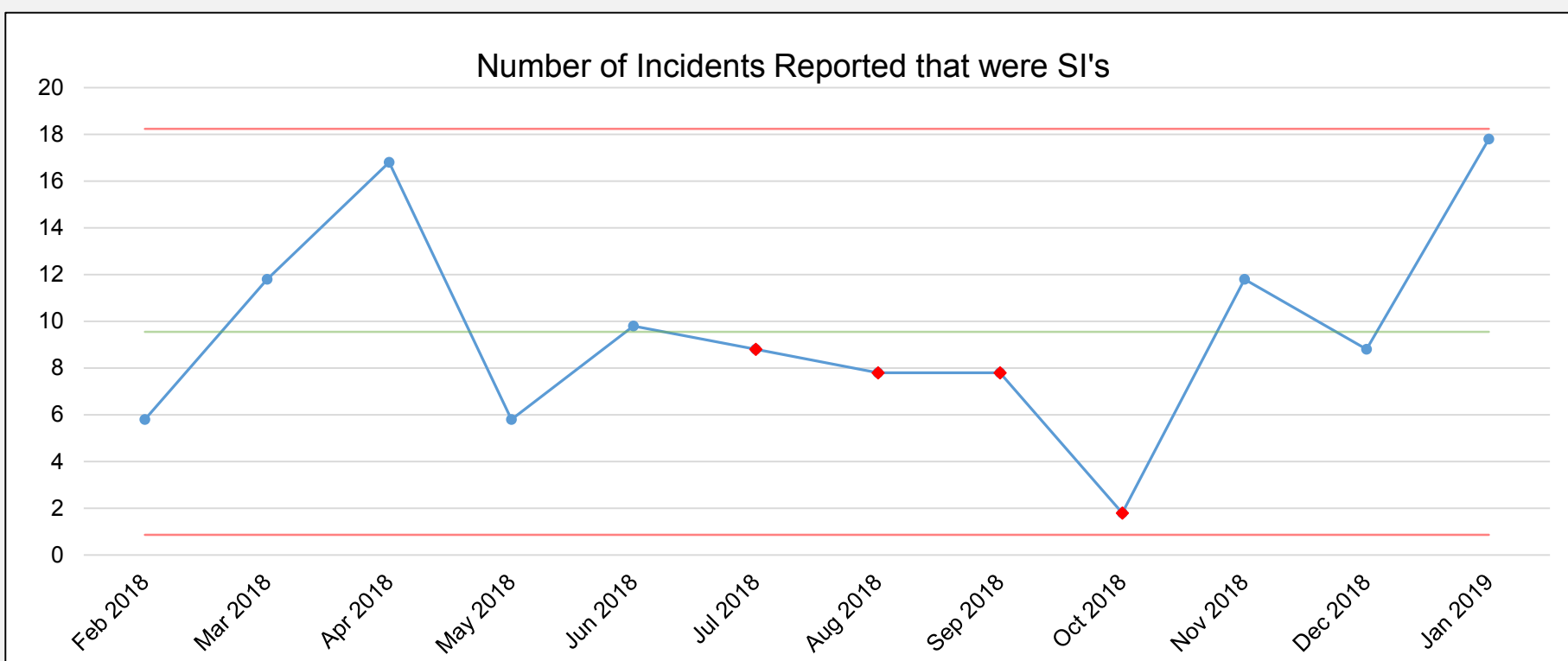
## SECAmb Clinical Quality Charts



762 incidents were reported in November. 69 incidents were reported by EOC Clinical with the majority of these being around SMP no send audits. These are compiled for any audit that scores 10 or above.

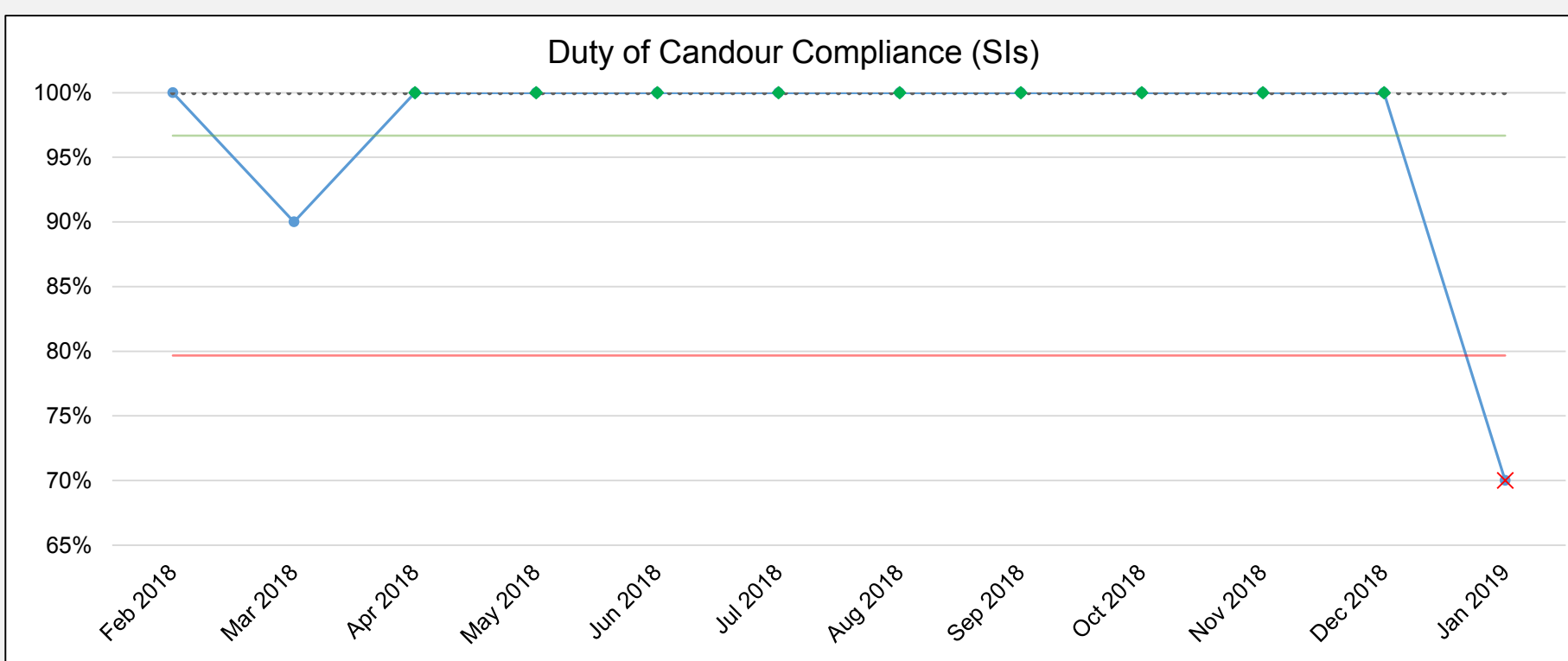
Other notable incidents are around meals breaks and delayed initial resources. In previous months, blue light audits have made up a good proportion of the reports. These were discontinued in November, due to ineffective reporting.

The organisation met the target of 96% of incidents being reported as no/low harm.



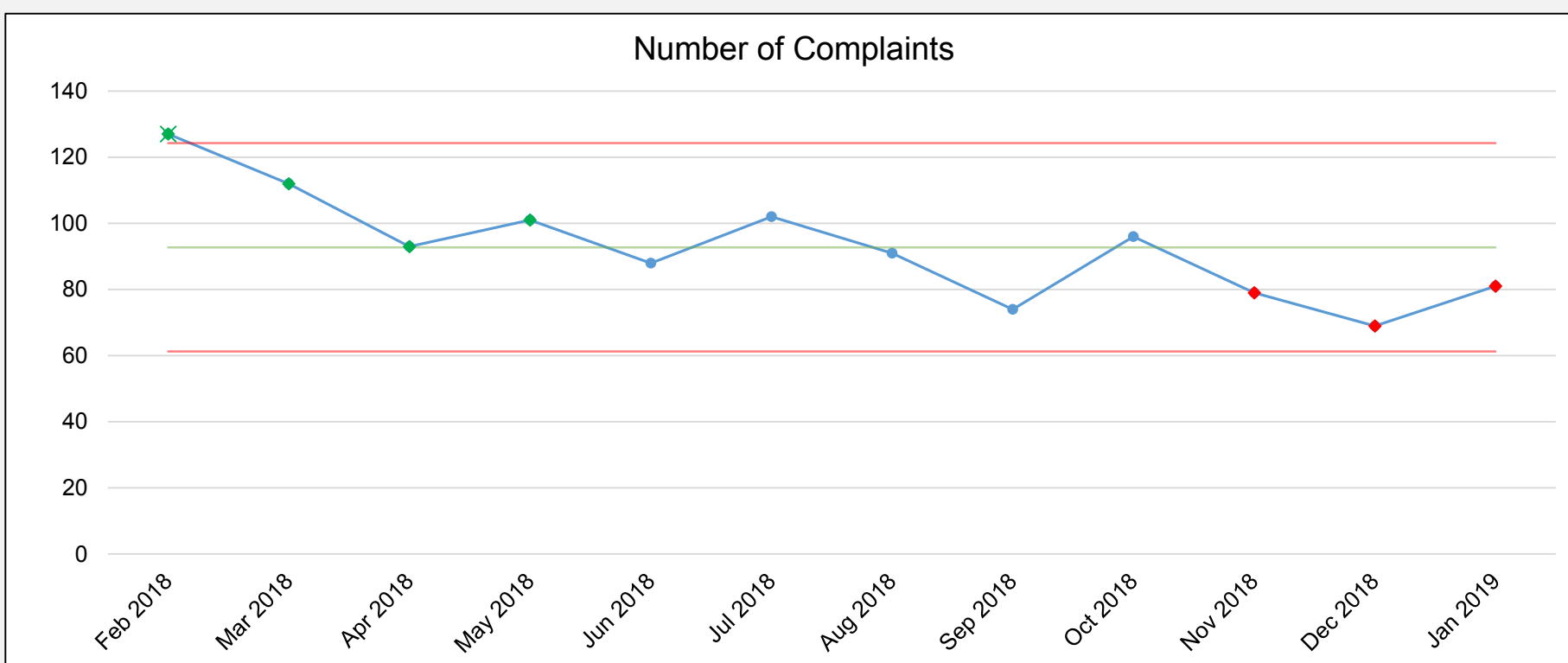
18 Serious Incident were reported in January.

- 7 x Delayed Dispatch / Attendance
- 1 x Handover Delay
- 1 x Non-Conveyance / Condition deteriorated
- 2 x Patient Care
- 1 x Staff Conduct
- 1 x Timeliness/Delay
- 1 x Treatment / Care
- 4 x Triage / Call Management



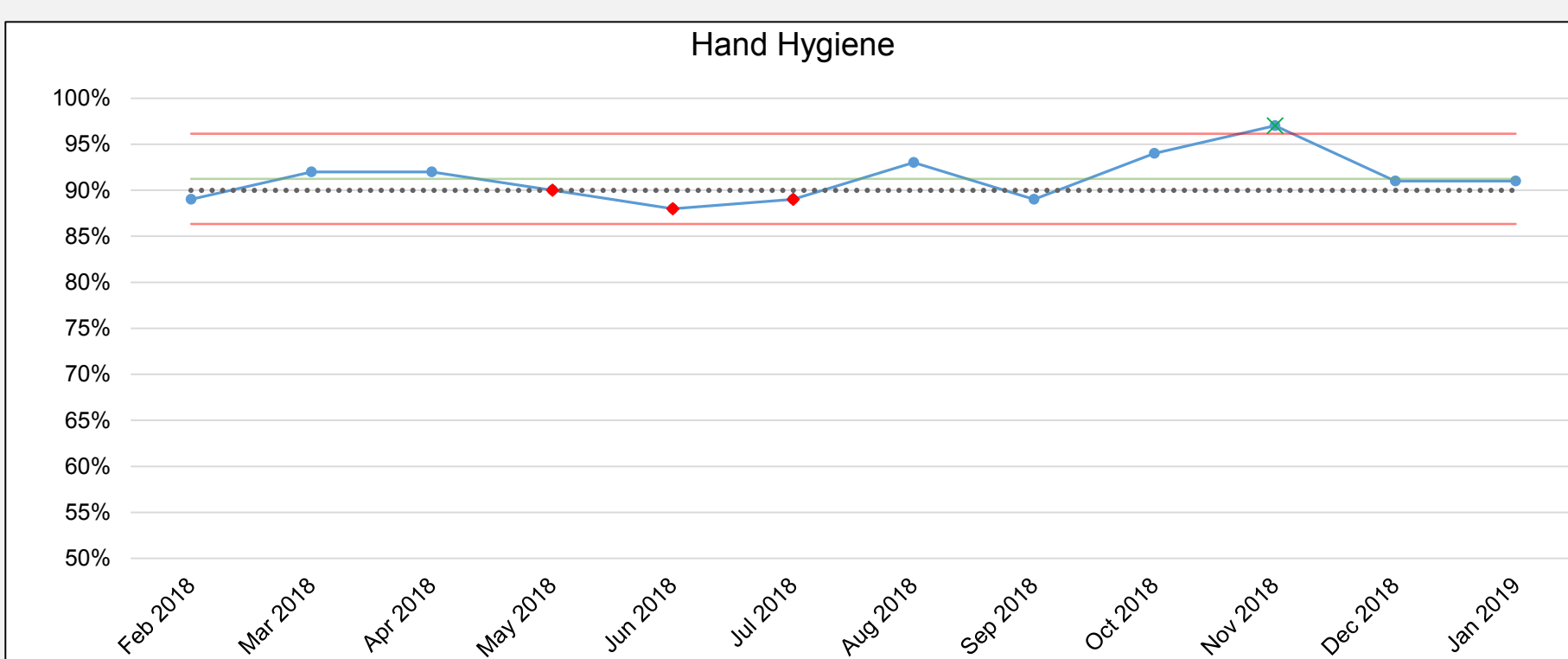
Compliance with DoC for SIs where DoC was required in January 2019 is: *(due in the month)*

SIs reported (where DoC due in January) - 10  
 Number where DoC required - 10  
 DoC made/attempted within deadline - 7 (70%).



The Trust received and opened 77 complaints in December.

Timeliness in response to the patient was the most notable trend. Two further trends were also noted to be patient care and concerns about staff. The Trust responded to 99% of complaints within the Trust's 25 working day timescale this month.



Hand hygiene was still above the compliance target at 91% and we had over 300 audits completed during the month. Clinically Ready was once again at 97% and the IPC Team also saw staff compliance during the Quality Assurance Visits.

We have commenced the programme for ATP swab testing and hope to show some of the results by the end of March 2019. The initial feedback from the IPC Champions and Make Ready Teams has been very positive and we already have some possible actions to consider to help support improvement in cleanliness standards for both the vehicles and the environment.

The Health and Safety improvement plan is progressing well. Progress of the improvement plan is monitored every 2 weeks at our Quality Compliance Steering group.

The Health & Safety team are creating and implementing a robust safety management system.

The annual Health & Safety audit programme went live in January 2019 and 10 audits were completed. The audits were undertaken in different working environments as per the list below.

- **Ambulance Community Response Post**; a small base with facilities, where ambulance crews can wait between calls.
- **Ambulance Station**; where ambulance crews begin and end shifts.
- **Emergency Operation Centre** - control room, where 999 calls are received, clinical advice provided, and emergency vehicles dispatched as needed.
- **Make Ready Centre**; a large depot where ambulance crews start and end shifts and where vehicles are cleaned, maintained & re-stocked.

**Violence and Aggression Incidents** - See Figure 1 below

Violence and Aggression incidents reported in January were 44 which is a decrease of 3 incidents from the previous month.

**Manual handling Incidents** - See Figure 2 below

Manual handling incidents reported in January were 27 which is an increase of 1 incident from the previous month.

**Health & Safety Incidents** - See Figure 3 below

Health and Safety incidents reported in January were 28 which is an increase of 3 incidents from the previous month.

When comparing the same period last year January 2018 reported incidents were almost identical with a difference of 1 incident.

**Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)** - See Figure 4 below

RIDDOR incidents reported in January were 5 and all incidents were reported late to the Health and Safety Executive. The internal incident forms were completed late at local level which resulted in the late reports to the HSE. Improvement work is ongoing in raising staff awareness for the requirements to comply with RIDDOR regulations.

Figure 1

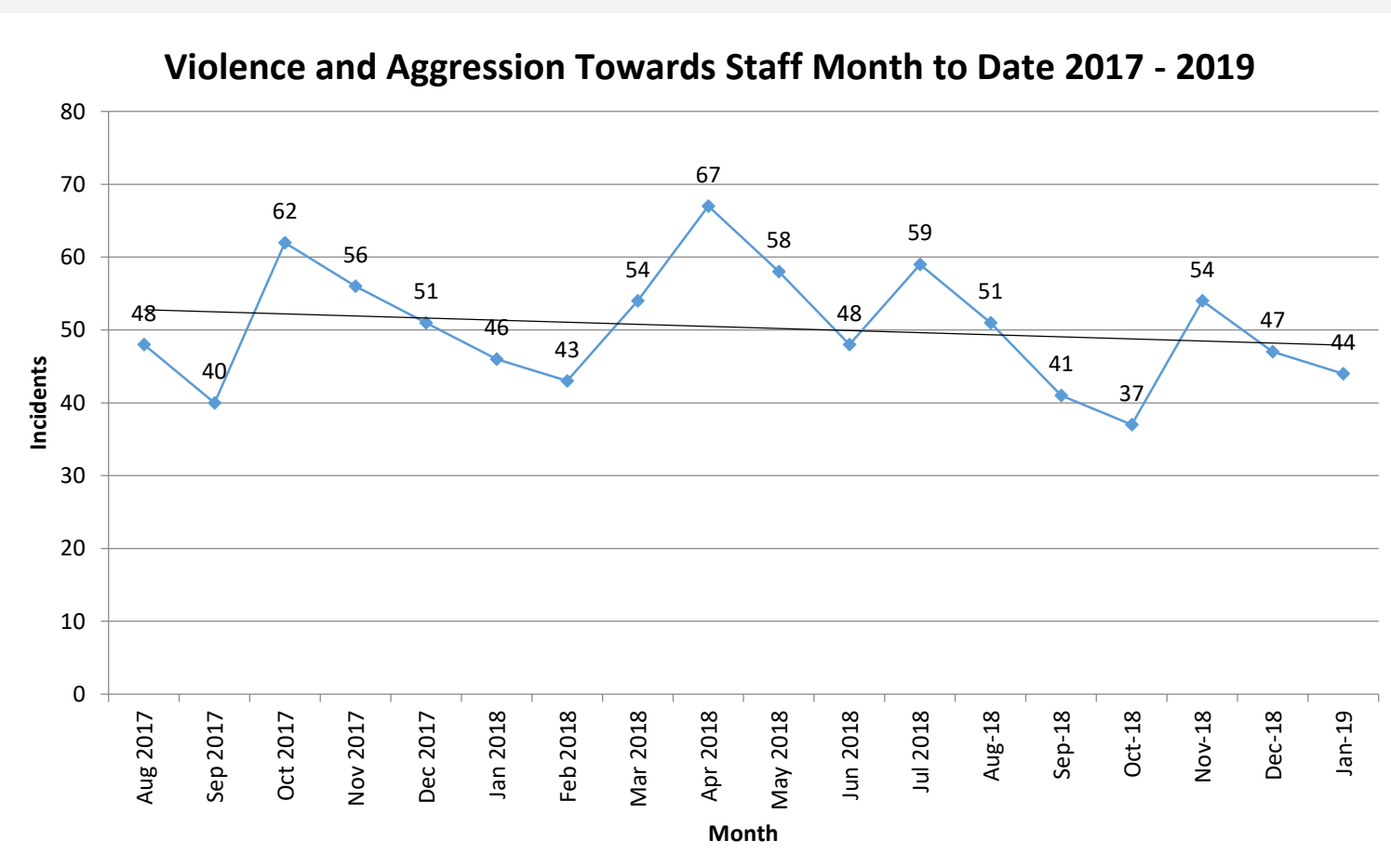


Figure 2

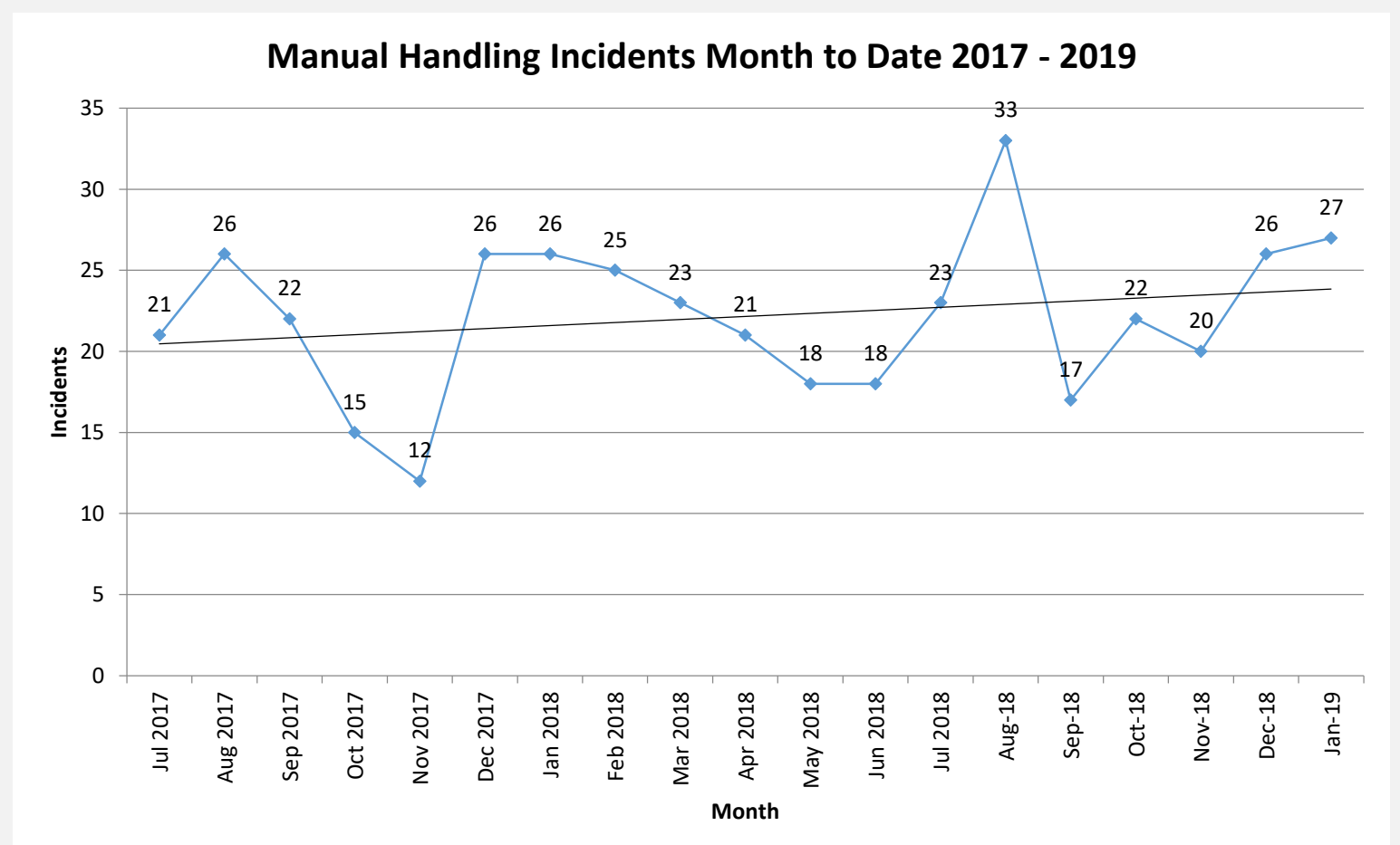


Figure 3

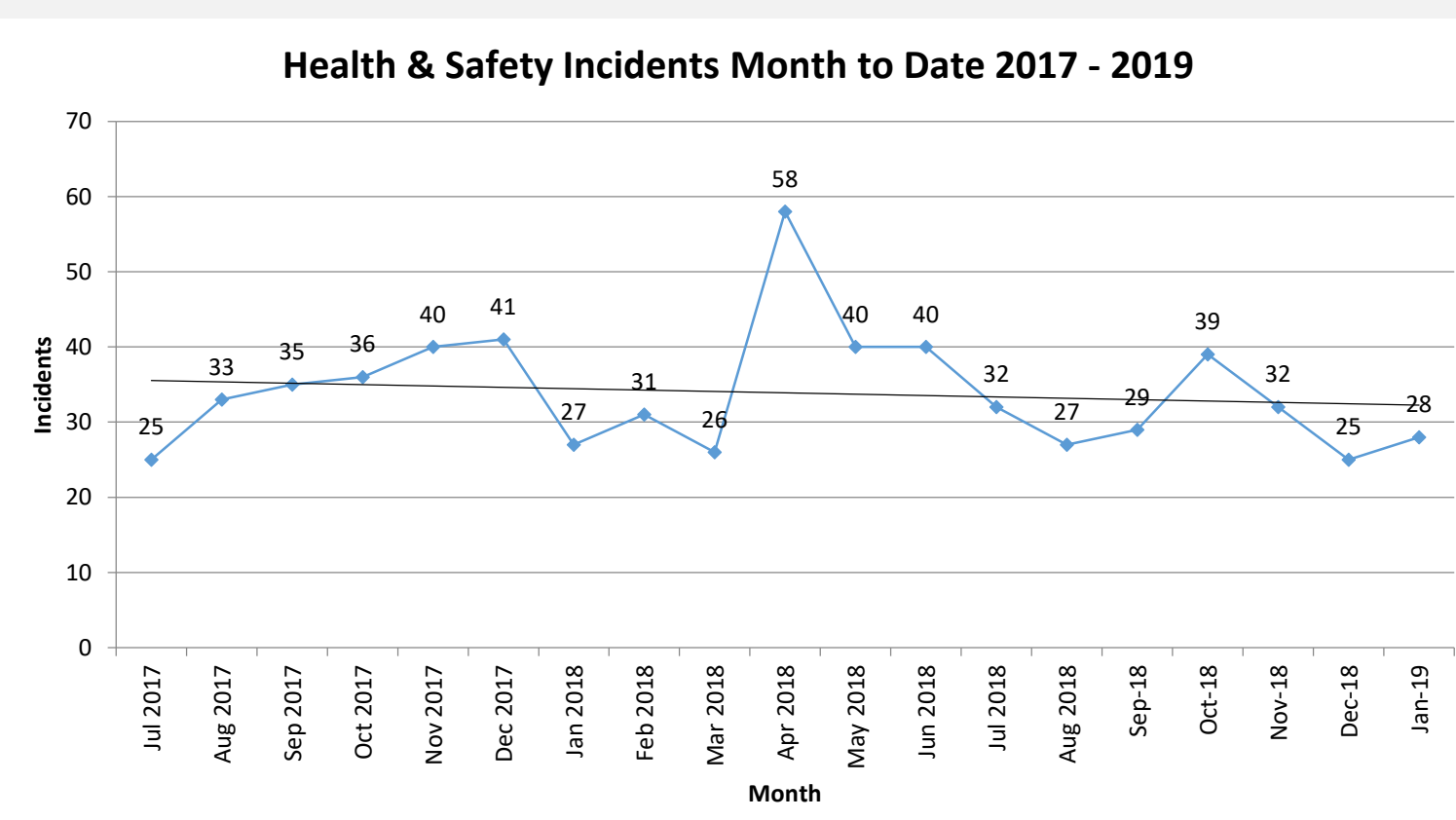
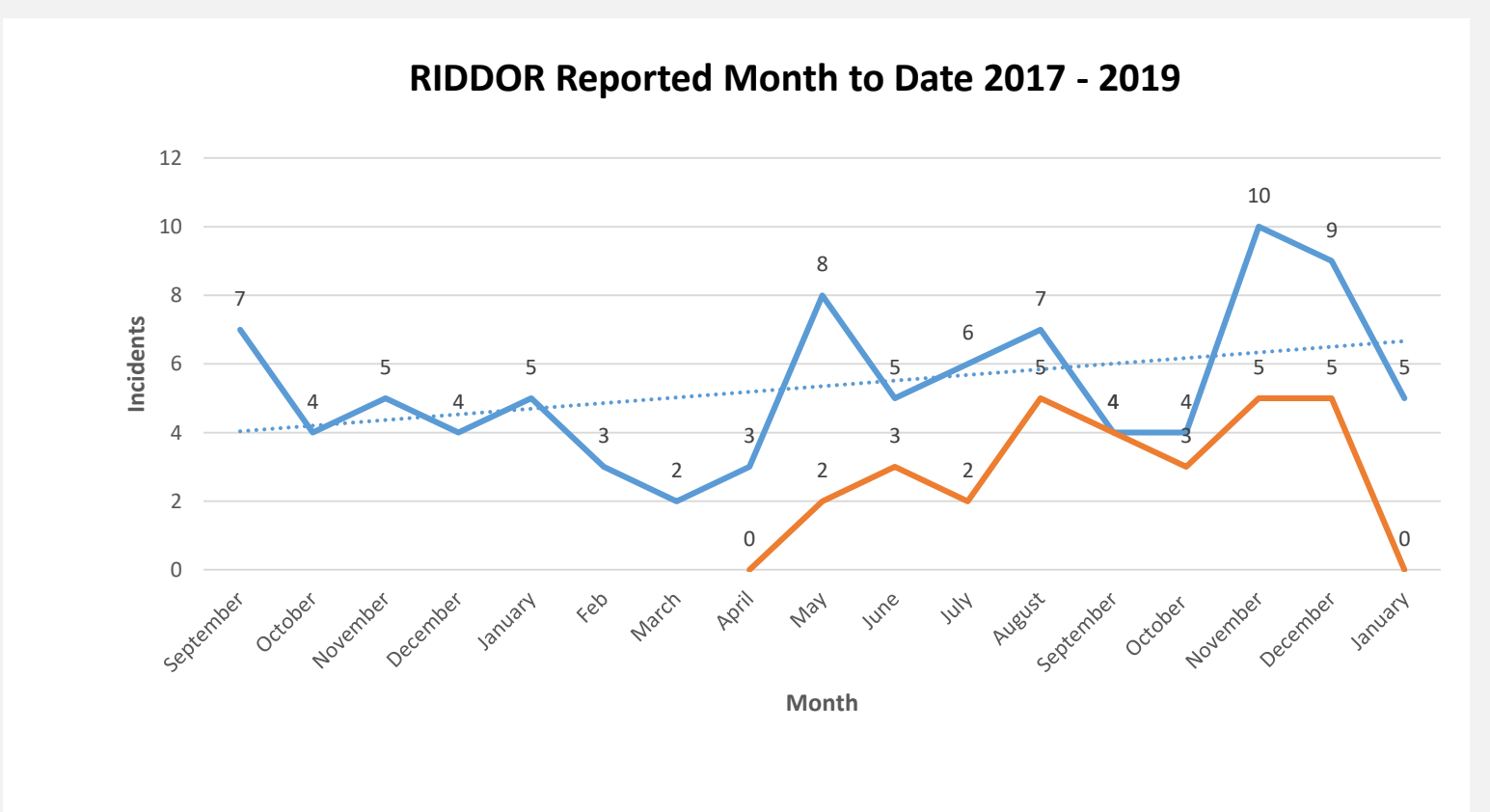


Figure 4



Call Handling	Nov-18	Dec-18	Jan-19	12 Months
<b>5 Sec Performance (95% Target)</b>	89.4%	83.7%	91.5%	
<b>Mean Call Answer Time (secs)</b>	8	12	5	
<b>95th Centile Call Answer (Secs)</b>	43	75	30	
<b>National Mean Call Answer</b>	6	6	5	
<b>National 95th Centile Call Answer</b>	36	32	27	

Category 1 Performance	Nov-18	Dec-18	Jan-19	12 Months
<b>Mean (00:07:00)</b>	00:07:31	00:07:44	00:07:58	
<b>90th Percentile (00:15:00)</b>	00:13:59	00:14:13	00:14:15	
<b>Mean Resources Arriving</b>	1.73	1.70	1.69	
<b>Count of Incidents</b>	3536	3957	3796	
<b>National Mean</b>	00:07:11	00:07:06	00:07:08	

Category 1T Performance	Nov-18	Dec-18	Jan-19	12 Months
<b>Mean (00:19:00)</b>	00:09:50	00:10:01	00:09:58	
<b>90th Percentile (00:30:00)</b>	00:18:35	00:18:44	00:18:31	
<b>Mean Resources Arriving</b>	1.73	1.72	1.72	
<b>Count of Incidents</b>	2183	2480	2401	
<b>National Mean</b>	00:11:11	00:10:56	00:11:16	

Category 2 Performance	Nov-18	Dec-18	Jan-19	12 Months
<b>Mean (00:18:00)</b>	00:19:24	00:20:24	00:20:59	
<b>90th Percentile (00:40:00)</b>	00:36:44	00:38:59	00:39:57	
<b>Mean Resources Arriving</b>	1.11	1.10	1.09	
<b>Count of Incidents</b>	31036	33915	34842	
<b>National Mean</b>	00:21:56	00:22:22	00:22:58	

Category 3 Performance	Nov-18	Dec-18	Jan-19	12 Months
<b>Mean</b>	01:23:05	01:42:37	01:42:14	
<b>90th Percentile (02:00:00)</b>	03:13:49	03:57:30	03:55:06	
<b>Mean Resources Arriving</b>	1.07	1.06	1.06	
<b>Count of Incidents</b>	20242	19393	19142	
<b>National Mean</b>	01:03:16	01:06:07	01:07:42	

Category 4 Performance	Nov-18	Dec-18	Jan-19	12 Months
<b>Mean</b>	01:50:32	02:08:29	02:08:41	
<b>90th Percentile (03:00:00)</b>	04:12:29	04:40:58	04:27:24	
<b>Mean Resources Arriving</b>	1.01	1.00	1.05	
<b>Count of Incidents</b>	813	759	761	
<b>National Mean</b>	01:25:38	01:24:13	01:25:43	

Health Care Professional	Nov-18	Dec-18	Jan-19	12 Months
<b>HCP 60 Mean</b>	01:37:18	02:01:49	01:50:19	
<b>HCP 60 90th Percentile</b>	03:43:06	04:21:15	03:50:21	
<b>HCP 120 Mean</b>	02:09:16	02:22:33	02:21:37	
<b>HCP 120 90th Percentile</b>	04:39:12	04:51:05	04:52:36	
<b>HCP 240 Mean</b>	03:10:25	03:23:30	03:23:22	
<b>HCP 240 90th Percentile</b>	06:14:14	06:52:06	07:46:55	

Call Cycle Time	Nov-18	Dec-18	Jan-19	12 Months
<b>Avg Allocation to Clear at Scene</b>	01:15:54	01:16:32	01:16:24	
<b>Avg Allocation to Clear at Hospital</b>	01:46:56	01:47:24	01:49:23	
<b>Handover Hrs Lost at Hospital (over 30mins)</b>	4312	4962	6059	
<b>Number of Handovers &gt;60mins</b>	427	659	1066	

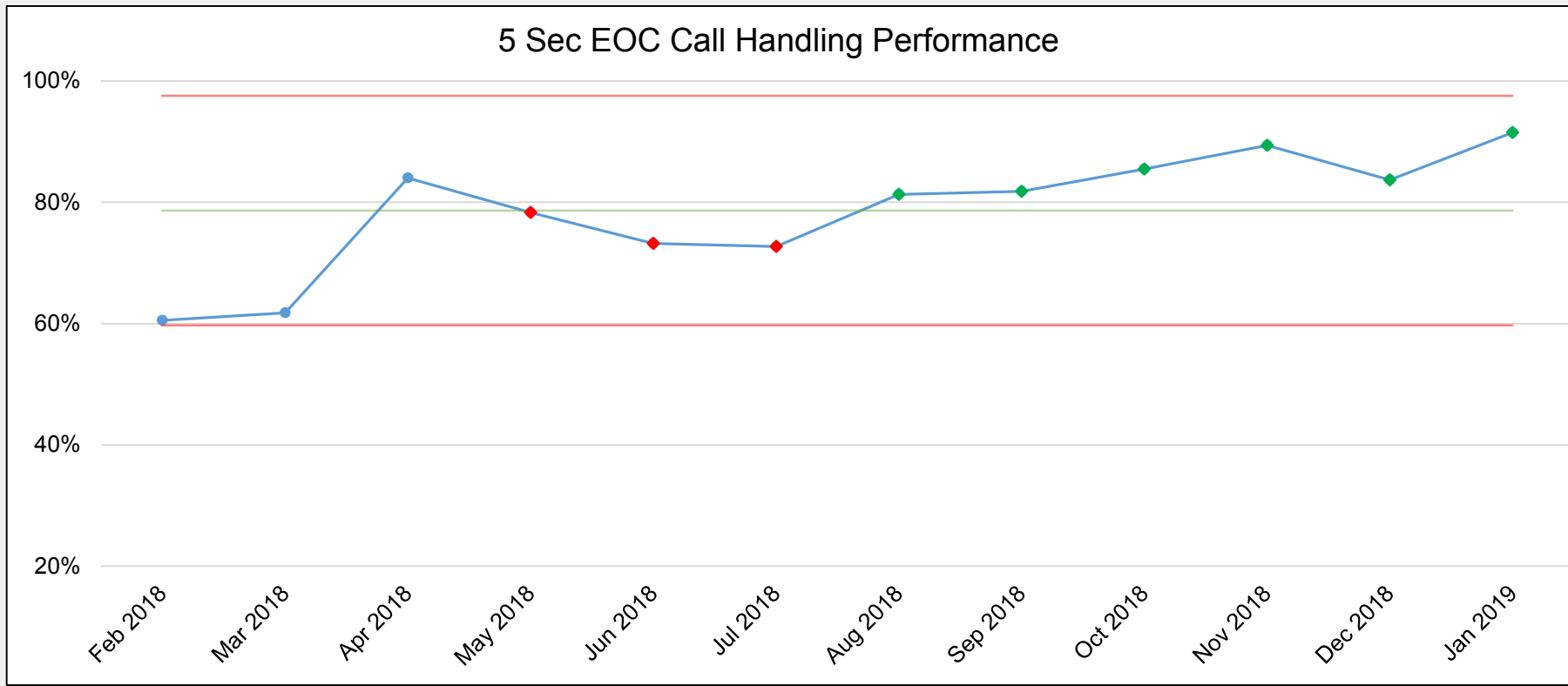
Incident Outcome AQI	Nov-18	Dec-18	Jan-19	12 Months
<b>Hear &amp; Treat</b>	5.4%	6.1%	5.8%	
<b>See &amp; Treat</b>	32.8%	32.7%	32.1%	
<b>See &amp; Convey</b>	61.6%	61.1%	62.0%	

Community First Responders	Nov-18	Dec-18	Jan-19	12 Months
<b>Volume of Incidents Attended</b>	1418	1156	1208	

Demand/Supply AQI	Nov-18	Dec-18	Jan-19	12 Months
<b>Calls Answered</b>	63111	68228	68681	
<b>Incidents</b>	60863	63656	64309	
<b>Transports</b>	37595	38998	39912	



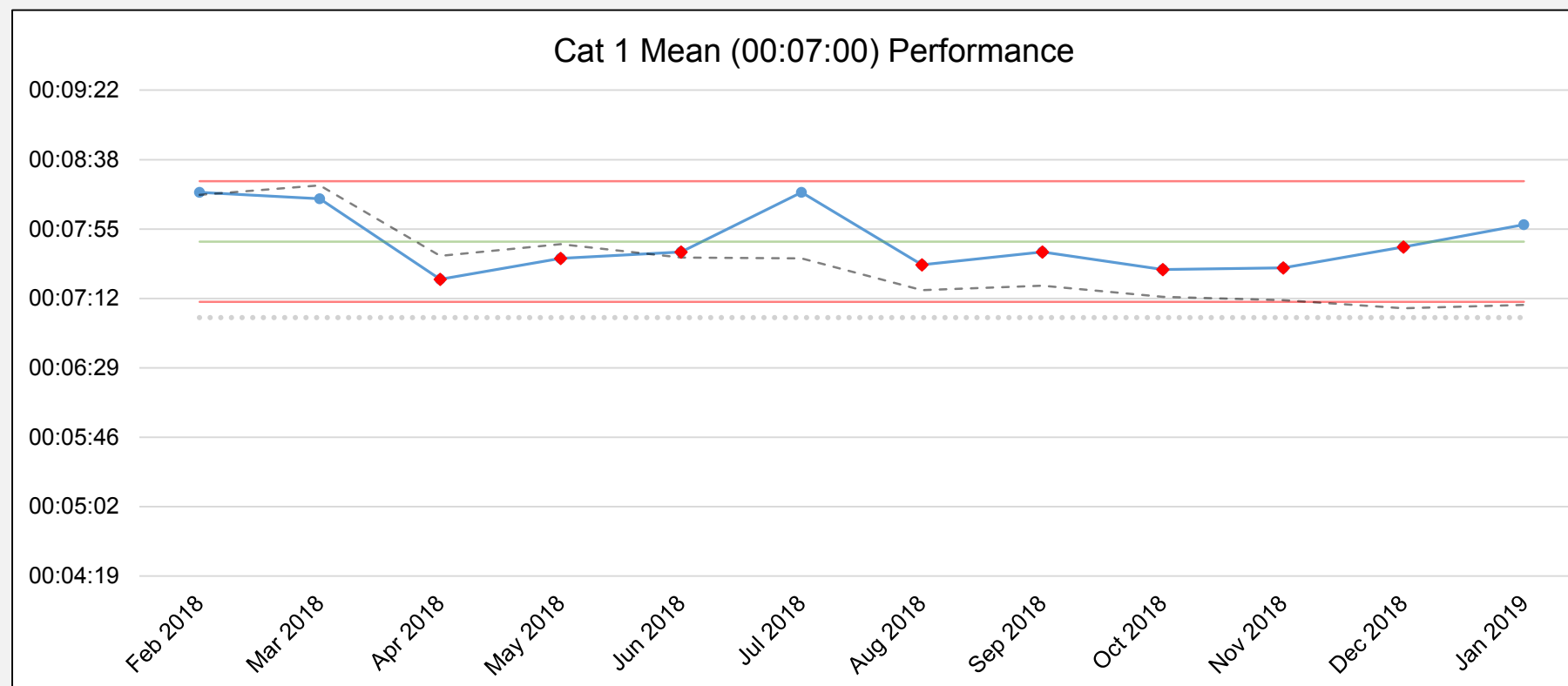
## SECAmb 999 Operations Response Time Performance Charts



Call answering performance for January improved to 91.5% on average, and it should be noted that during the Christmas/New Year period, National Call Answer performance showed that the Trust's performance was joint second in the overall picture, which demonstrates the significant efforts applied by all to meeting this challenging period.

Abstraction rates continue to be scrutinised to deliver maximum unit hours, with the planned reduction in annual leave being commenced. The Trust also implemented an incentive period over the Festive period, which saw a reduction in sickness absence, which contributed to the overall improvement in performance.

Call answer performance is covered in detail in the EOC action plan that is tracking the actions of the EOC task and finish group.

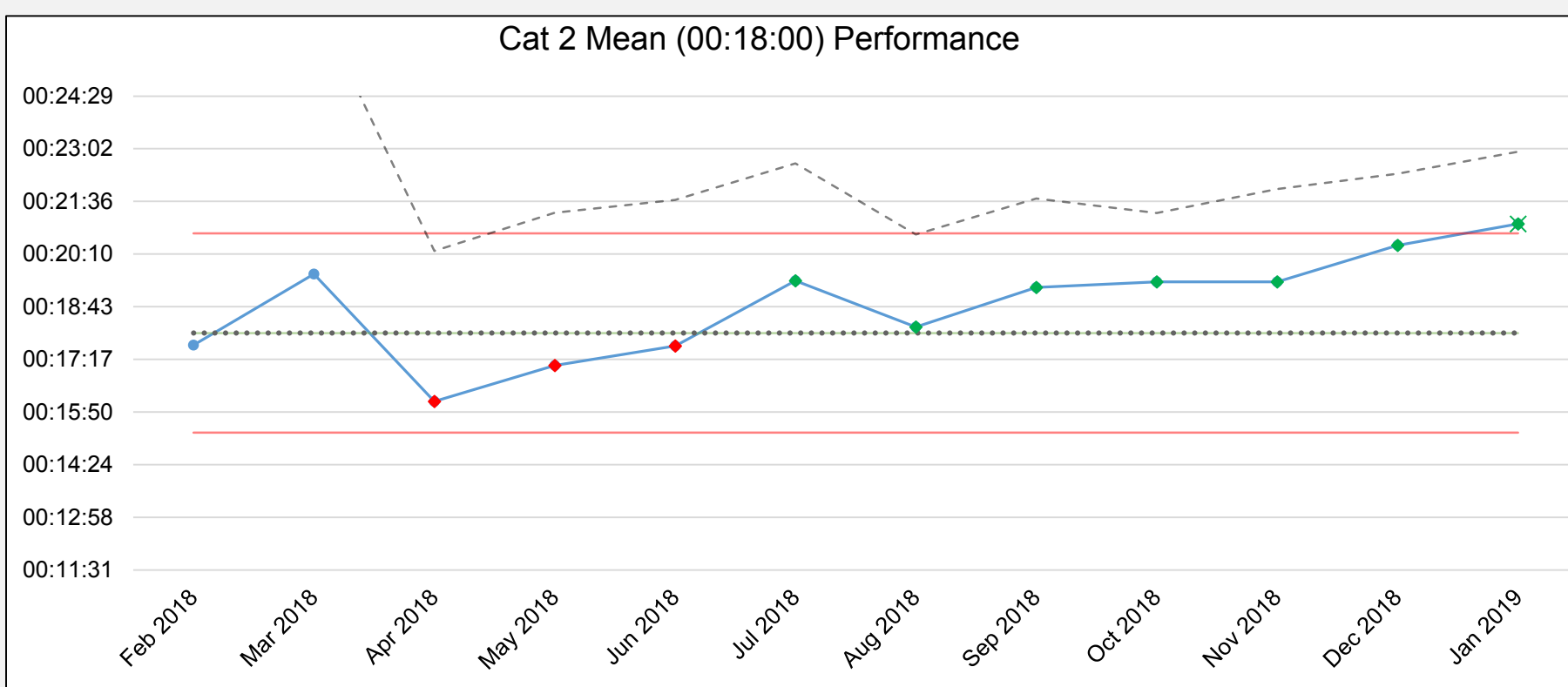


January Cat1 mean response was an average of 7.58, an increase in 14 seconds on prior month. The number of incidents attended saw an increase of approximately 650 incidents for the same period. The Trust has seen an overall increase of 3446 incidents since November 2019, with Cat1 incidents increasing by 260.

Whilst the Trust are not yet delivering the Ambulance Response Programme (ARP) target of seven minutes, both our mean performance and 90th percentile performance are tracking consistently within the middle of the pack for Cat1 Transport, when measured against all other English ambulance services.

There remains significant focus given to this high acuity patient group.

----- National Mean

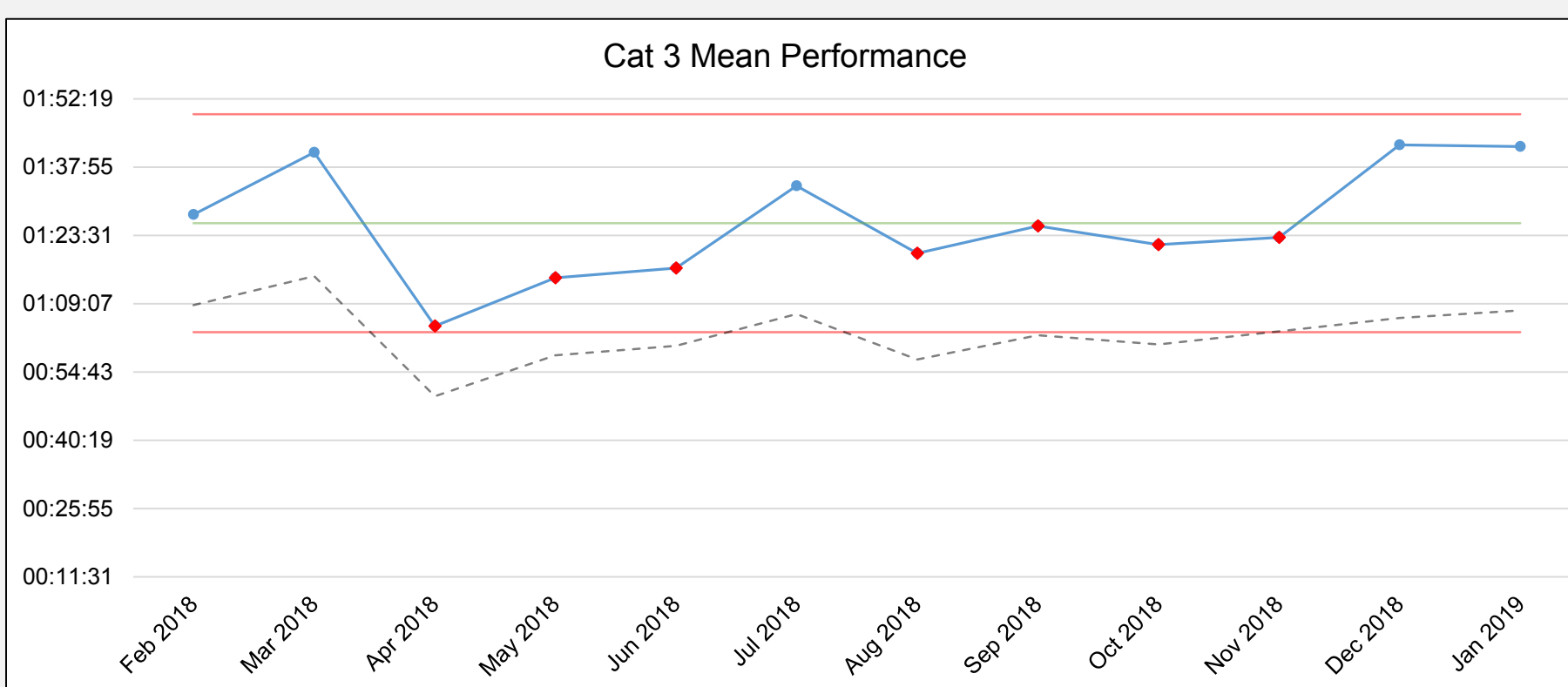


January Cat 2 Mean Performance was 20.59 minutes, which has worsened by 35 seconds on prior month. The Trust has experienced an increase of Cat2 incidents by a further 927 during this same period.

New front line staff continue to join the organisation and whilst contributing to the overall increase in field staff numbers, they will not be fully functional until they are inducted into the Trust and complete the relevant training.

The Trust continued to perform nationally for Cat2 Mean and 90th Centile, achieving a position of 4th compared to our peers, even with the increase in incident numbers and below expected performance.

----- National Mean

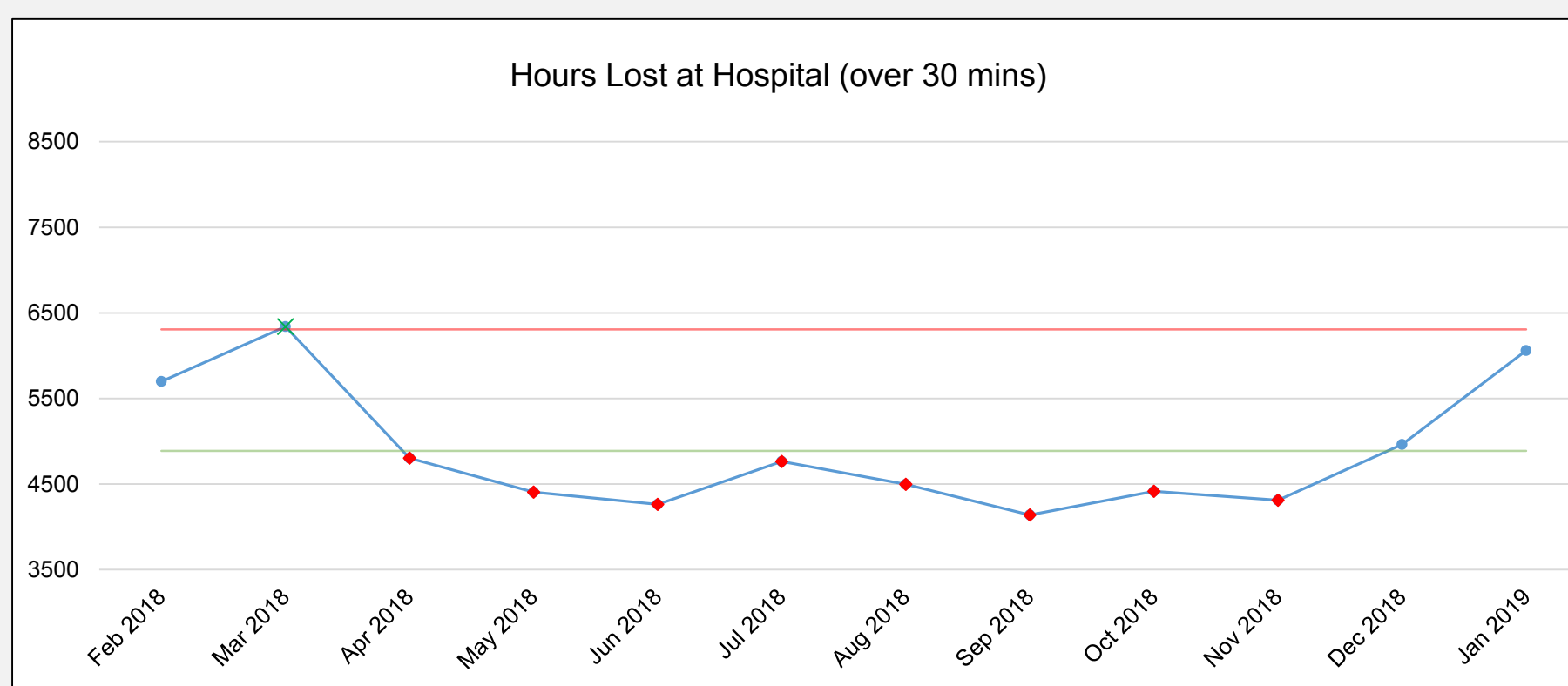


Cat 3 mean has been included to provide the Board with oversight on the significant pressure against the performance requirements for this patient group.

Response to this Category of patients continues to be below ARP target and remains a challenge. However the Mean response has improved by 23 seconds on average. The Trust's performance nationally is poor and for both Cat3 Mean and 90th Centile are at the bottom of the leader board. The average performance remains approximately 20 minutes above the national average, which all ambulance trusts are challenged to achieving.

The 30 second-hand Non-Emergency Transport (NET) vehicles are now beginning to be rolled out across the Trust, following the mechanical issues, with a total of 20 being operational at the end of January 2019. Further development of the NET Deployment policy is required to ensure that the NET vehicles are being used effectively and providing a prompt response to Cat3 incidents.

----- National Mean



There was an increase of 1076 hours lost >30 minute turnaround in January compared to December. However, when comparing overall hours lost >30 minute turnaround in January 2019 compared with January 2018 there was an overall **15% decrease** (1033) in hours lost >30 minute turnaround.

There was an 11% decrease (141) in the number of patients who waited >60 minutes. There was a 4% decrease (309) in the number of patients who waited >30 minutes. There was a 17% increase (2204) in the number of handovers within 15 minutes of arrival. There was a 6% increase (1039) in the number of crew clearing within 15 minutes of handover.

The ambulance handover steering group is continuing to meet over the winter months and local joint hospital and SECAmb meetings are continuing. Work is focusing on maintaining improvements made so far in order to mitigate winter pressures. Additional support is being provided to those sites where there are particular challenges.

SECamb Weekly Operational Performance - 11th March 2019

CAT 1				
	18/02	25/02	04/03	Last 13 Weeks
Mean	00:08:06	00:07:25	00:07:28	
90th Centile	00:15:12	00:13:32	00:13:37	
RPI	1.76	1.82	1.82	
Count of Incidents	855	830	789	

CAT 1T				
	18/02	25/02	04/03	Last 13 Weeks
Mean	00:10:50	00:11:00	00:10:01	
90th Centile	00:20:29	00:19:13	00:19:15	
RPI	1.73	1.86	1.86	
Count of Incidents	536	545	486	

CAT 2				
	18/02	25/02	04/03	Last 13 Weeks
Mean	00:22:05	00:19:37	00:20:39	
90th Centile	00:42:50	00:37:37	00:38:48	
RPI	1.10	1.10	1.10	
Count of Incidents	7570	7258	7322	

CAT 3				
	18/02	25/02	04/03	Last 13 Weeks
Mean	02:01:08	01:36:06	01:49:27	
90th Centile	04:37:56	03:38:01	04:08:20	
RPI	1.07	1.06	1.07	
Count of Incidents	3804	4281	4257	

CAT 4				
	18/02	25/02	04/03	Last 13 Weeks
Mean	02:20:31	02:03:36	02:15:26	
90th Centile	05:04:36	04:27:31	04:52:05	
RPI	1.07	1.07	1.08	
Count of Incidents	120	162	172	

HCP 60				
	18/02	25/02	04/03	Last 13 Weeks
Performance	27.3%	34.1%	29.6%	
Count of Incidents	33	44	27	

HCP 120				
	18/02	25/02	04/03	Last 13 Weeks
Performance	63.4%	70.1%	65.0%	
Count of Incidents	320	335	380	

HCP 240				
	18/02	25/02	04/03	Last 13 Weeks
Performance	65.0%	75.0%	67.2%	
Count of Incidents	60	80	67	

Call Cycle Time				
	18/02	25/02	04/03	Last 13 Weeks
Clear at Scene (hh:mm)	01:16	01:16	01:14	
Clear at Hospital (hh:mm)	01:48	01:49	01:48	
Hours Lost at Hospital	1169	1221	1220	

Call Handling				
	18/02	25/02	04/03	Last 13 Weeks
Pickup 5 Second Performance	89.2%	93.0%	88.2%	
Average Call Pickup Time (Seconds)	7	4	6	
Call Pickup Time 95th Percentile (Seconds)	40	19	38	
Call Pickup Time 99th Percentile (Seconds)	112	83	98	
Average Call Length (seconds)	365	377	374	
Abandon Rate	0.70%	0.50%	0.70%	
Staff Hours Provided Against 5030 Hours	107.54%	105.31%	100.43%	

Incident Outcome				
	18/02	25/02	04/03	Last 13 Weeks
See and Convey	61.5%	63.1%	63.3%	
See and Treat	32.9%	31.8%	31.9%	
Hear and Treat	5.6%	5.1%	4.7%	

Community First Responders				
	18/02	25/02	04/03	Last 13 Weeks
Volume of Incidents Attended	242	332	336	
Hours Provided				

Demand/Supply				
	18/02	25/02	04/03	Last 13 Weeks
Call Volume	15462	14892	15301	
Incidents	12806	13037	13138	
Transports	8385	8710	8742	
Staff Hours Provided Against 65500 Hours	97.62%	101.32%	102.43%	

## SECamb 111 Operations Performance Scorecard

### Calls Offered

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual</b>	90785	109837	98477	
<b>Previous Year</b>	82468	124624	99868	

### Calls answered in 60 Seconds

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual %</b>	73.5%	74.6%	78.1%	
<b>Previous Year %</b>	72.9%	47.9%	56.9%	
<b>Target %</b>	95%	95%	95%	

### Calls abandoned - (Offered) after 30secs

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual %</b>	5.1%	5.3%	4.1%	
<b>Previous Year %</b>	3.6%	14.3%	8.4%	
<b>Target %</b>	2%	2%	2%	

### Combined Clinical KPI

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual %</b>	73.1%	76.2%	72.1%	
<b>Previous Year %</b>	75.3%	72.5%	74.7%	
<b>Target %</b>	90%	90%	90%	

### 999 Referrals

	Nov-18	Dec-18	Jan-19	12 Months
<b>999 Referrals % (Answered Calls)</b>	12.6%	11.6%	12.6%	
<b>999 Referrals (Actual)</b>	10645	11899	11733	
<b>National</b>	12.6%	11.6%	12.3%	

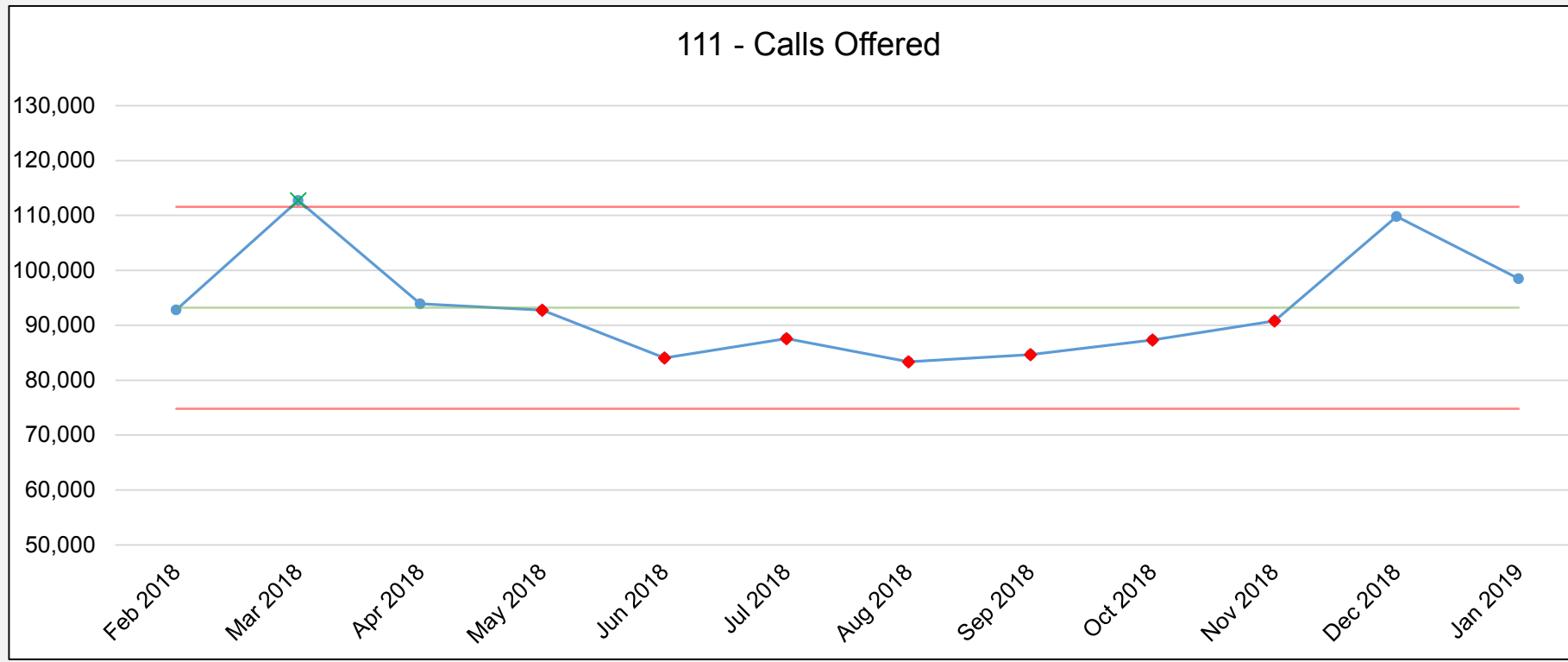
### A&E Dispositions

	Nov-18	Dec-18	Jan-19	12 Months
<b>A&amp;E Dispositions % (Answered Calls)</b>	8.3%	7.4%	8.0%	
<b>A&amp;E Dispositions (Actual)</b>	7003	7623	7475	
<b>National</b>	8.3%	7.4%	7.6%	

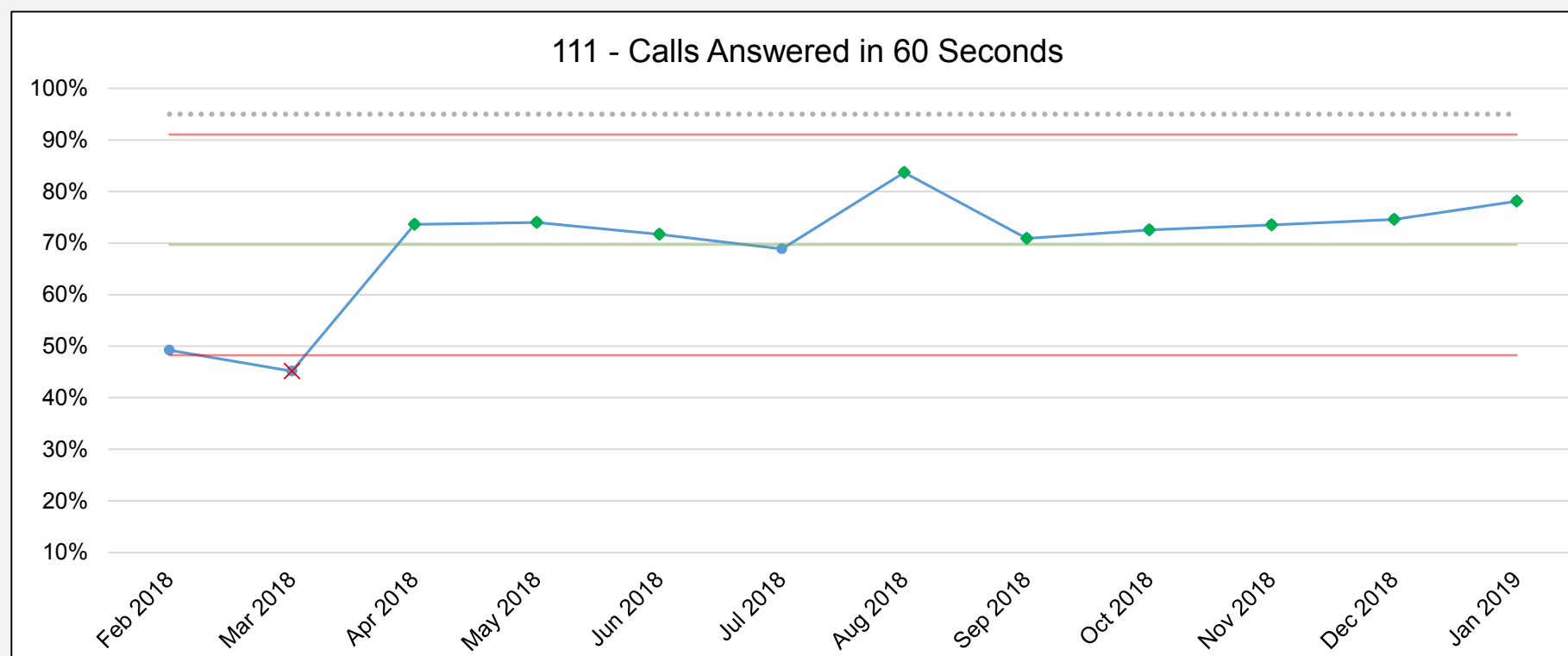
### Home Management

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual %</b>	7.5%			

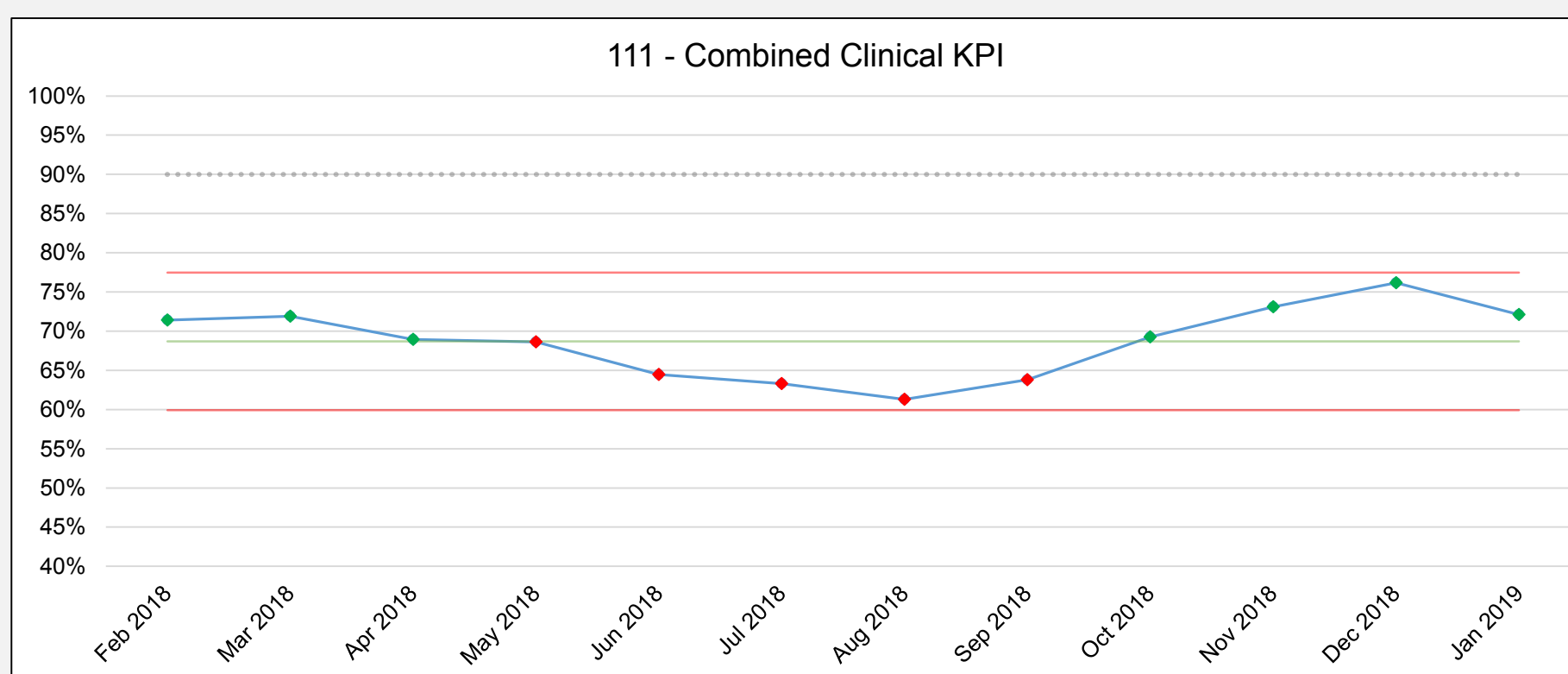
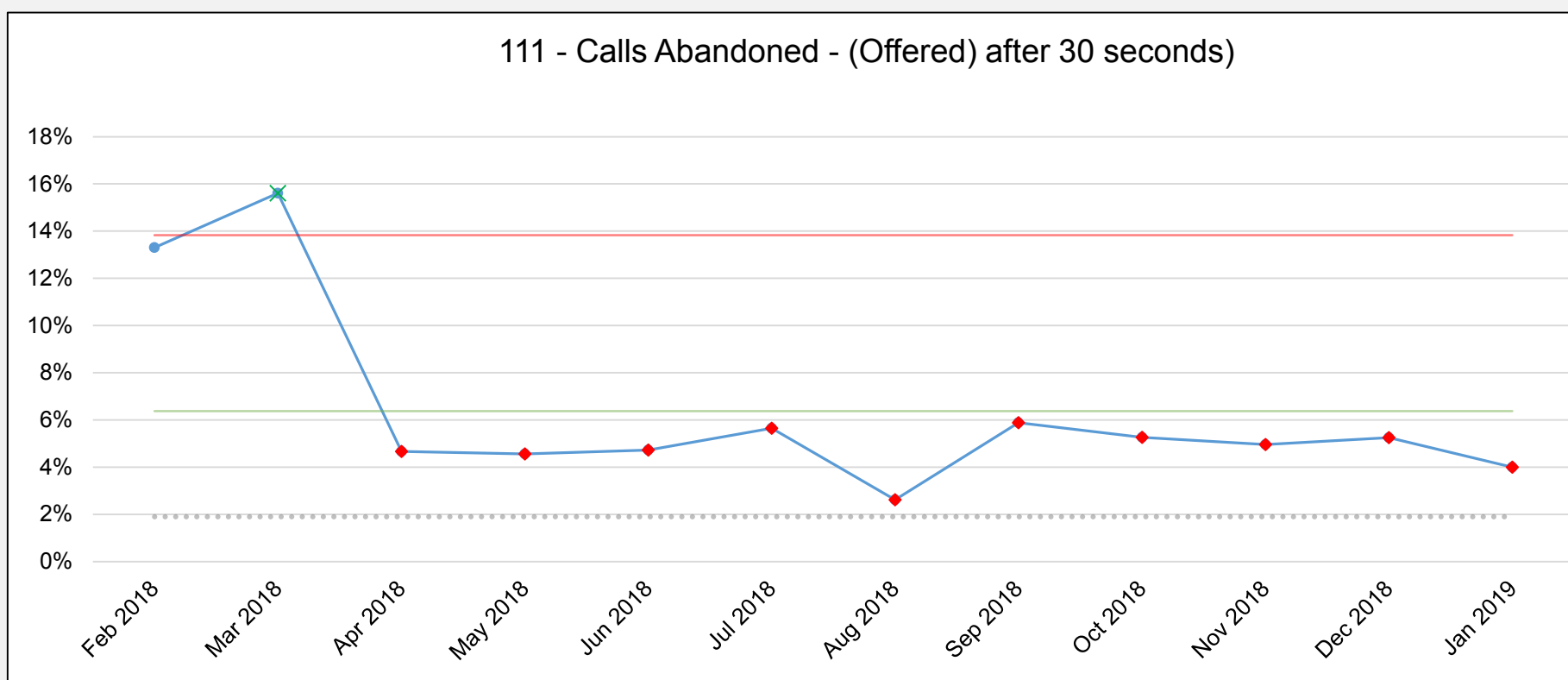
## SECamb 111 Operations Performance Charts



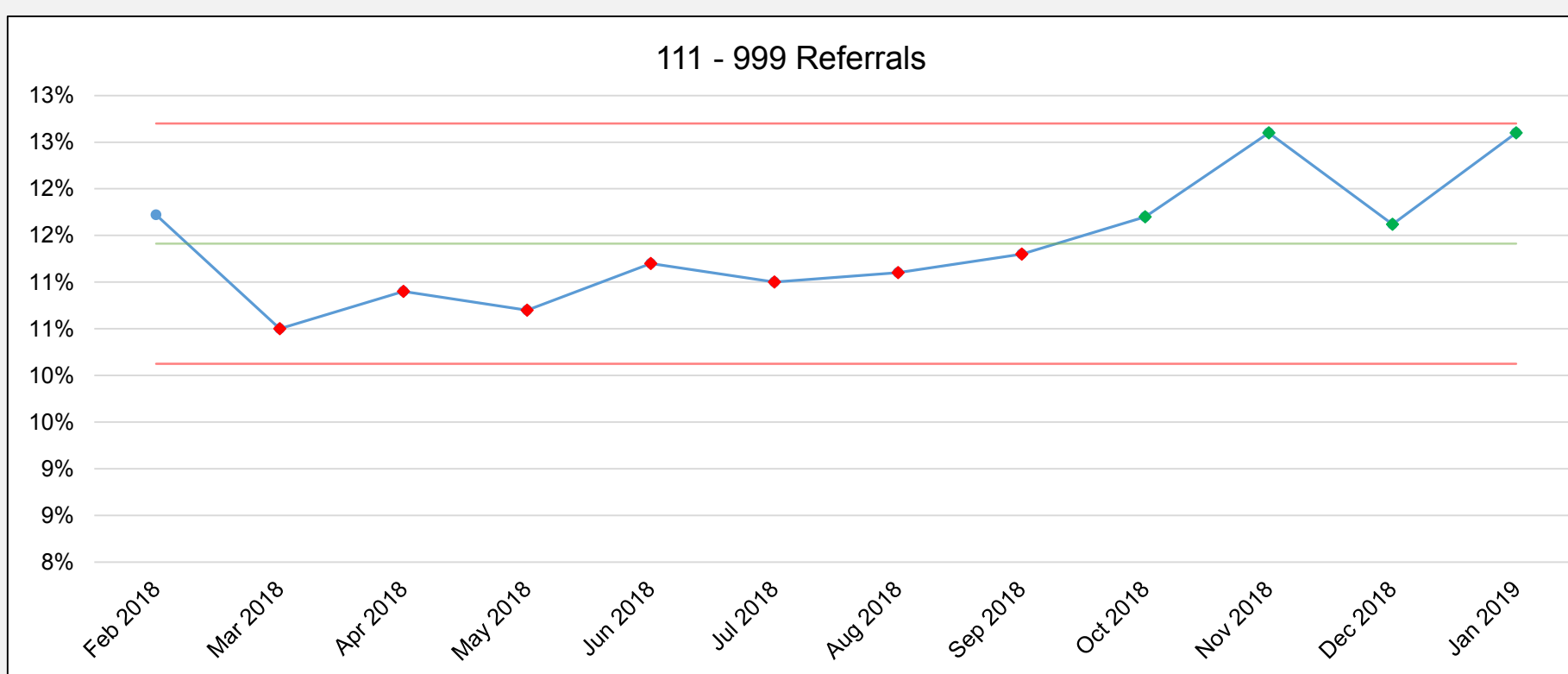
The total Calls Offered of 98,477 included a significant increase in activity during the final week of the month. This mid-winter spike in call volume was replicated across 111 providers nationally.



The service delivered a service level of 78.1%, with an Abandonment rate of 4.07%. This represented our third consecutive month of operational improvement despite winter call volumes. The Average Speed to Answer dropped to 57 seconds.



The Combined Clinical performance declined due to significant volumes requiring clinical intervention. Our performance of 72.1% remains significantly ahead of the national clinical performance benchmark.



The Ambulance referral rate rose to 12.3%, slightly above the national average. The service continued to validate all Category 3 and Category 4 dispositions, during the SECamb Surge Management Plan escalation periods.

**Workforce Capacity**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Number of Staff WTE (Excl bank &amp; agency)</b>	3387.4	3359.0	3415.9	
<b>Number of Staff Headcount (Excl bank and agency)</b>	3665	3634	3703	
<b>Finance Establishment (WTE)</b>	3837.50	3837.50	3837.50	
<b>Vacancy Rate</b>	11.73%	12.47%	10.99%	
<b>Vacancy Rate Previous Year</b>	13.09%	13.46%	13.40%	
<b>Adjusted Vacancy Rate + Pipeline recruitment %</b>	7.30%	7.54%	6.30%	

**Workforce Compliance**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Objectives &amp; Career Conversations %</b>	50.47%	53.34%	55.19%	
<b>Target (Objectives &amp; Career Conversations)</b>	80%	80%	80%	
<b>Statutory &amp; Mandatory Training Compliance %</b>	79.08%	82.71%	61.63%	
<b>Target (Stat &amp; M and Training)</b>	95%	95%	95%	
<b>Previous Year (Stat &amp; M and Training) %</b>	71.06%	73.61%	79.12%	

\* Objectives & Career Conversations and Statutory & Mandatory training has been measured by financial year. The completion rate is reset to zero on 01/04/2018

**Workforce Costs**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Annual Rolling Turnover Rate %</b>	14.57%	14.70%	14.06%	
<b>Previous Year %</b>	18.05%	17.77%	17.85%	
<b>Annual Rolling Sickness Absence</b>	5.04%	4.95%	4.92%	
<b>Target (Annual Rolling Sickness)</b>	5%	5%	5%	

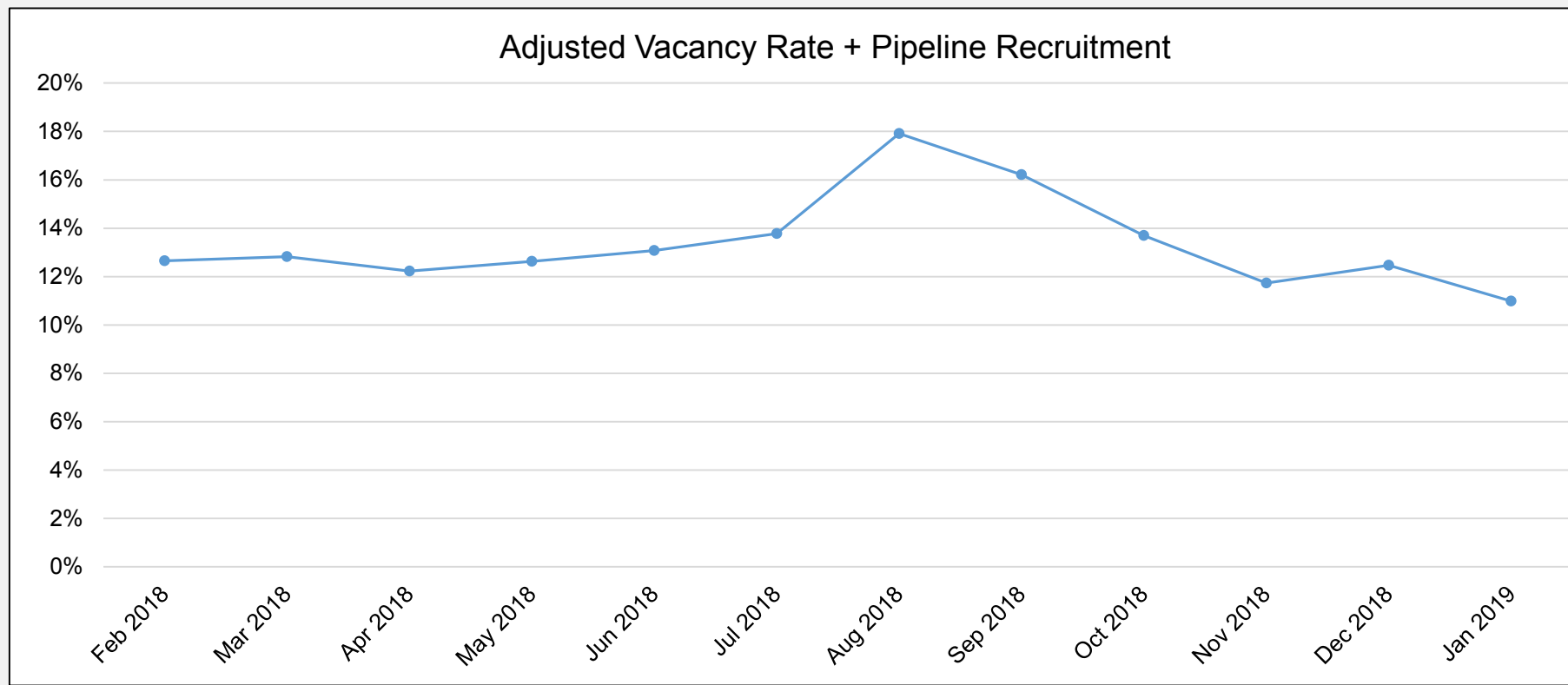
**Employee Relations Cases**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Disciplinary Cases</b>	4	4	4	
<b>Individual Grievances</b>	4	6	9	
<b>Collective Grievances</b>	2	1	0	
<b>Bullying &amp; Harassment</b>	0	0	2	
<b>Bullying &amp; Harassment Prev Yr</b>	2	2	0	
<b>Whistleblowing</b>	0	1	0	
<b>Whistleblowing Previous Year</b>	0	0	0	

**Physical Assaults (Number of victims)**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual</b>	30	14	18	
<b>Previous Year</b>	20	17	16	
<b>Sanctions</b>	18	4	3	

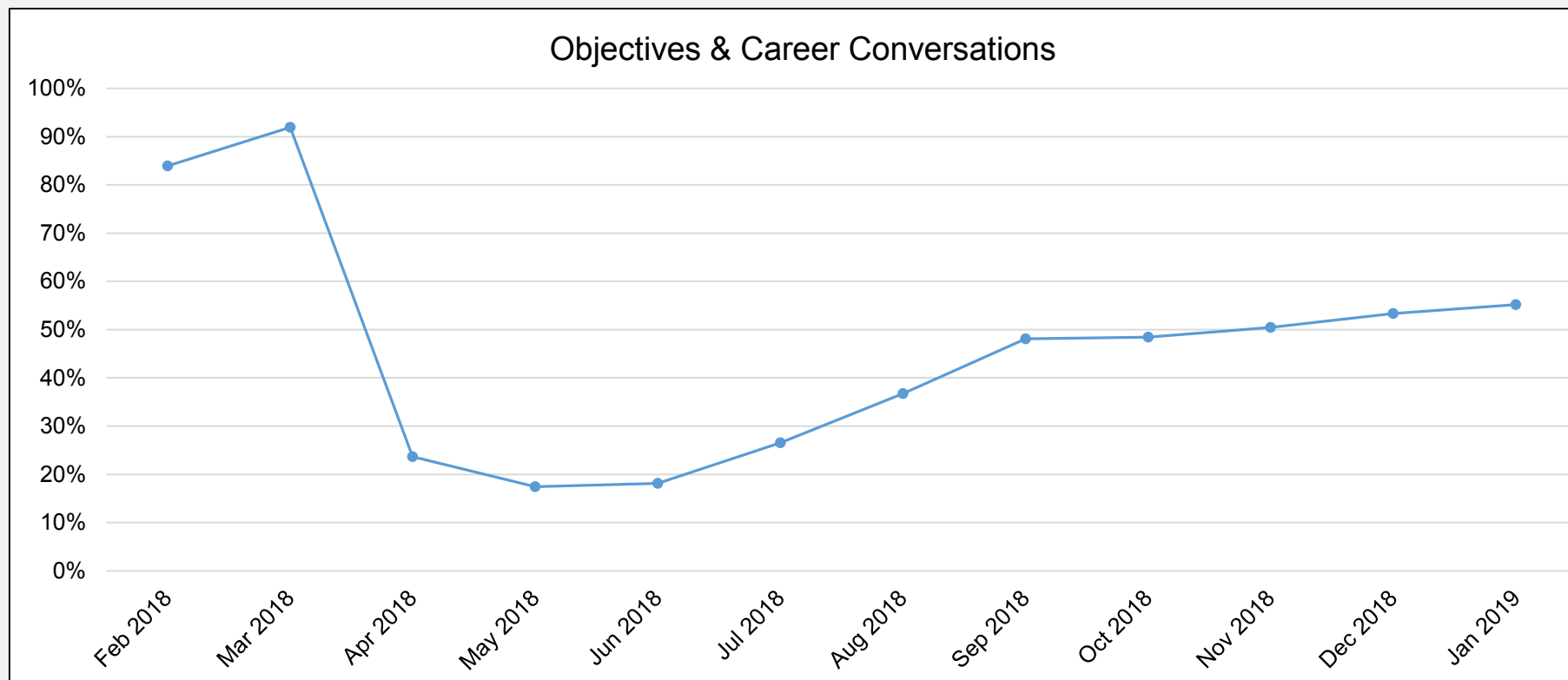
## SECamb Workforce Charts



In January we recruited 91 new staff into the Trust, which is a large uplift from 25 in December. Our adjusted vacancy rate decreased to 6.30%

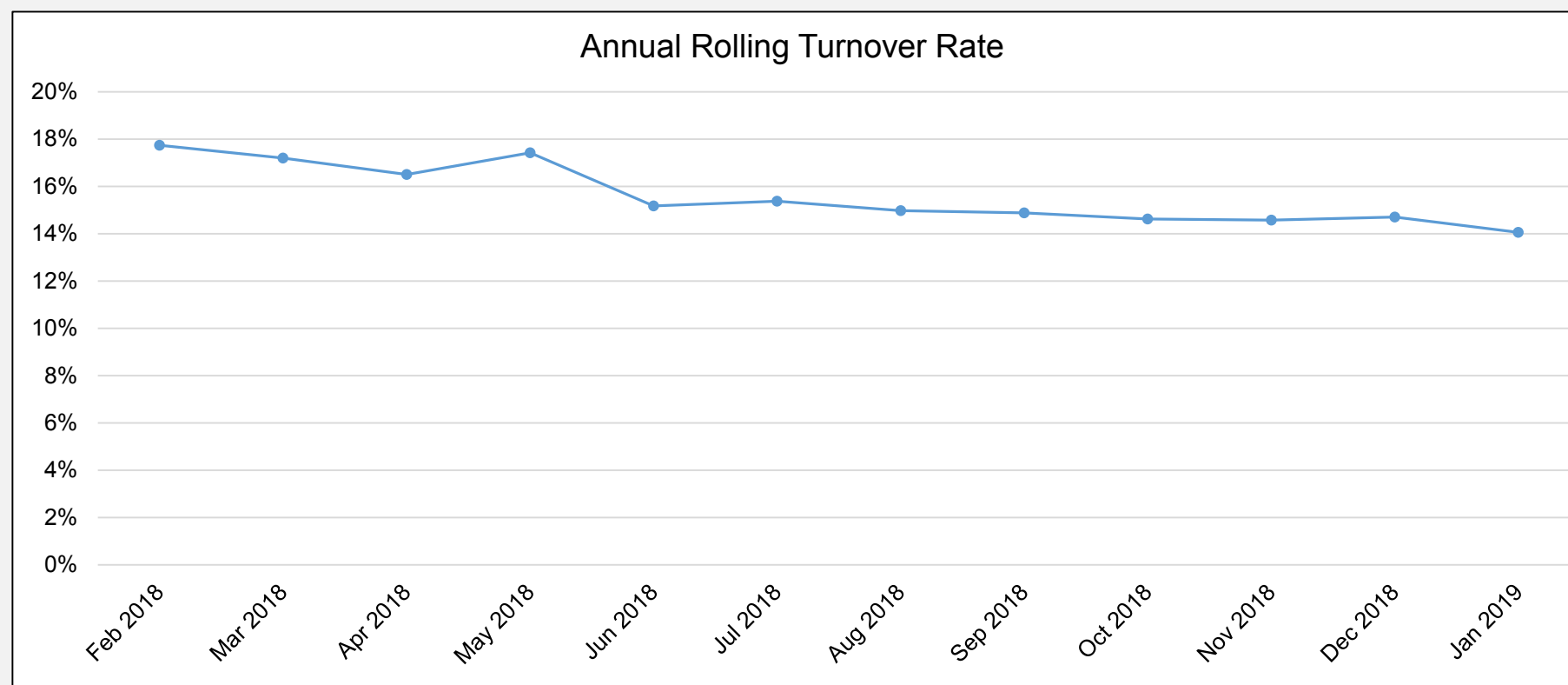
Our pipeline for ECSW is on track with the STAD plan.

Our focus remains on 111 and EOC recruitment in order to meet the establishment requirements. We are also focusing our efforts on the international clinicians who are likely to join from May onwards.



The appraisals are showing a steady incline raising from 53.22% the previous month to 55.19%, this month. An overall figure of 67.82%, which includes published and in progress figures.

Managers will ensure that all appraisals will remain the focus of compliance throughout March and all statuses to change to Published by the organisations deadline of 31st March 2019.

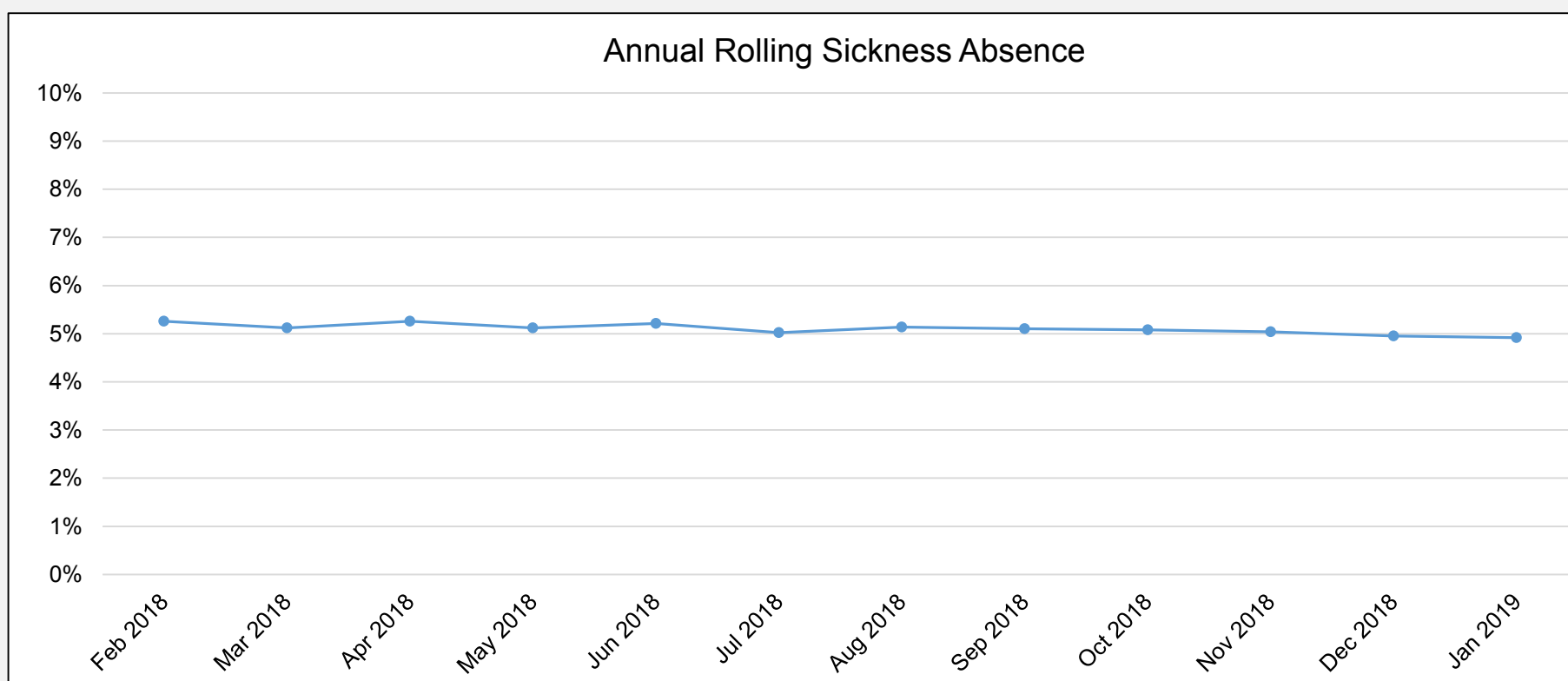


The downward trend for Turnover plateaued in December at 14.7%.

Over the last 6 months Turnover now averages 14.9% compared to 17% for the previous 6 months.

111 and EOC continue to remain our focus.

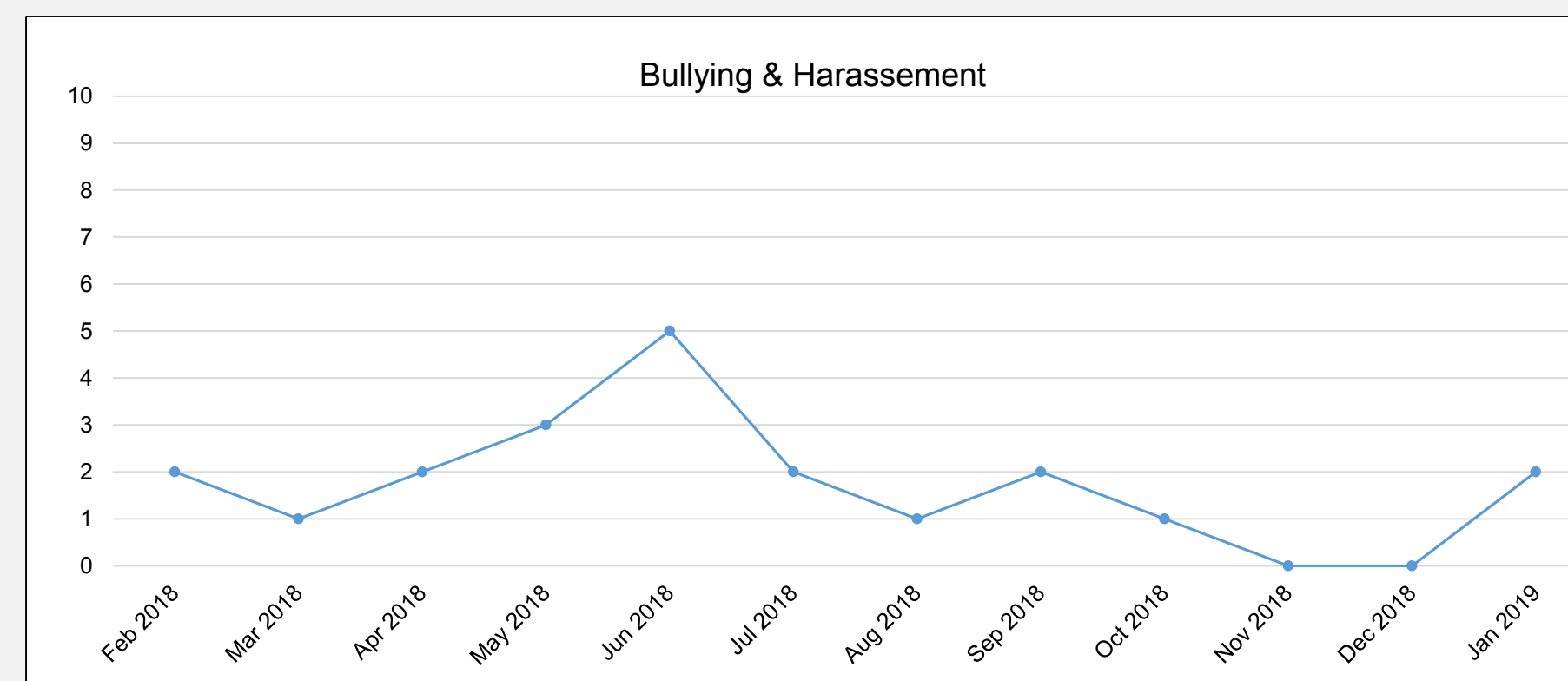
A paper will shortly be going to WWC looking and Turnover and Trends in EOC and whether or not the new draft Retention Strategy will deliver the changes necessary. We may consider a short EOC/111 specific Retention Strategy.



Sickness absence hit target (5.0%) for the second consecutive month in 11 months which is excellent news.

Sickness Absence for the past 6 months now stands at an average of 5.1% compared to an average of 5.2% for the previous 6 months.

Sickness Absence Management continues to be a key focus of the HR Advisors and the Line Managers they support.



There were no reported cases of Bullying and Harassment (B&H) in November or December with the rolling total remaining at 25 cases.

Our HR Employee Relations tracker is now fully implemented and utilised, with reports being used to drive continuous improvements.

**Income**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual £</b>	£ 20,670	£ 21,236	£ 20,428	
<b>Previous Year £</b>	£ 16,493	£ 18,202	£ 17,171	
<b>Plan £</b>	£ 18,268	£ 19,887	£ 18,741	

**Expenditure**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual £</b>	£ 20,261	£ 19,268	£ 19,580	
<b>Previous Year £</b>	£ 16,501	£ 17,399	£ 16,404	
<b>Plan £</b>	£ 17,868	£ 17,821	£ 17,853	

**Capital Expenditure**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual £</b>	£ 405	£ 515	£ 2,578	
<b>Previous Year £</b>	£ 554	£ 400	£ 285	
<b>Plan £</b>	£ 551	£ 575	£ 2,550	
<b>Actual Cumulative £</b>	£ 4,621	£ 5,136	£ 7,714	
<b>Plan Cumulative £</b>	£ 4,779	£ 5,354	£ 7,904	

**Cost Improvement Programme (CIP)**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual £</b>	£ 961	£ 1,689	£ 872	
<b>Previous Year £</b>	£ 1,459	£ 1,425	£ 1,496	
<b>Plan £</b>	£ 947	£ 1,735	£ 947	
<b>Actual Cumulative £</b>	£ 6,105	£ 7,793	£ 8,665	
<b>Plan Cumulative £</b>	£ 5,981	£ 7,716	£ 8,663	

**CQUIN (Quarterly)**

	Q1 18/19	Q2 18/19	Q3 18/19
<b>Actual £</b>	£ 871	£ 870	£ 1,524
<b>Previous Year £</b>	£ 850	£ 846	£ 855
<b>Plan £</b>	£ 870	£ 870	£ 870

\*The Trust anticipates that it will achieve the planned level of CQUIN

**Surplus/(Deficit)**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual £</b>	£ 409	£ 1,968	£ 848	
<b>Actual YTD £</b>	-£ 2,532	-£ 563	£ 284	
<b>Plan £</b>	£ 400	£ 2,066	£ 888	
<b>Plan YTD £</b>	-£ 2,674	-£ 608	£ 280	

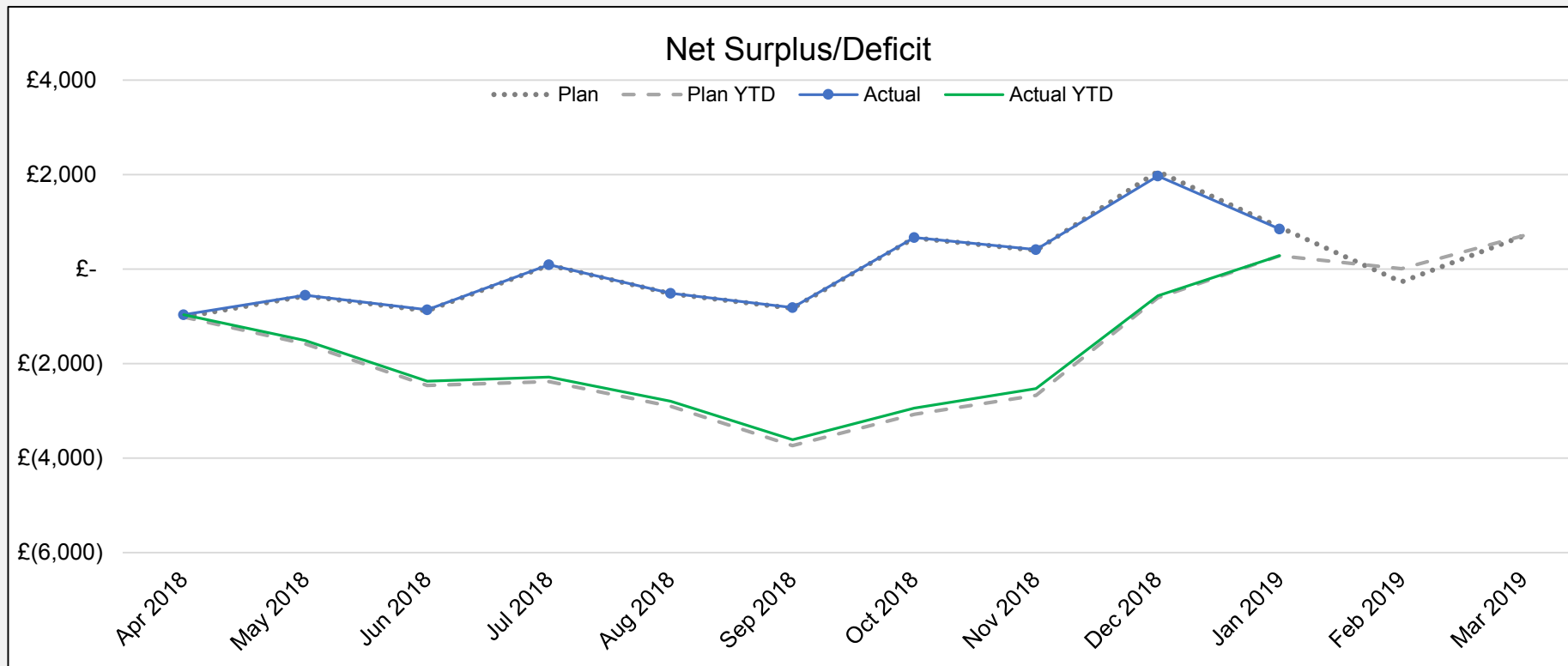
**Cash Position**

	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual £</b>	£ 26,656	£ 27,054	£ 27,841	
<b>Minimum £</b>	£ 10,000	£ 10,000	£ 10,000	
<b>Plan £</b>	£ 14,402	£ 14,685	£ 16,019	

**Agency Spend**

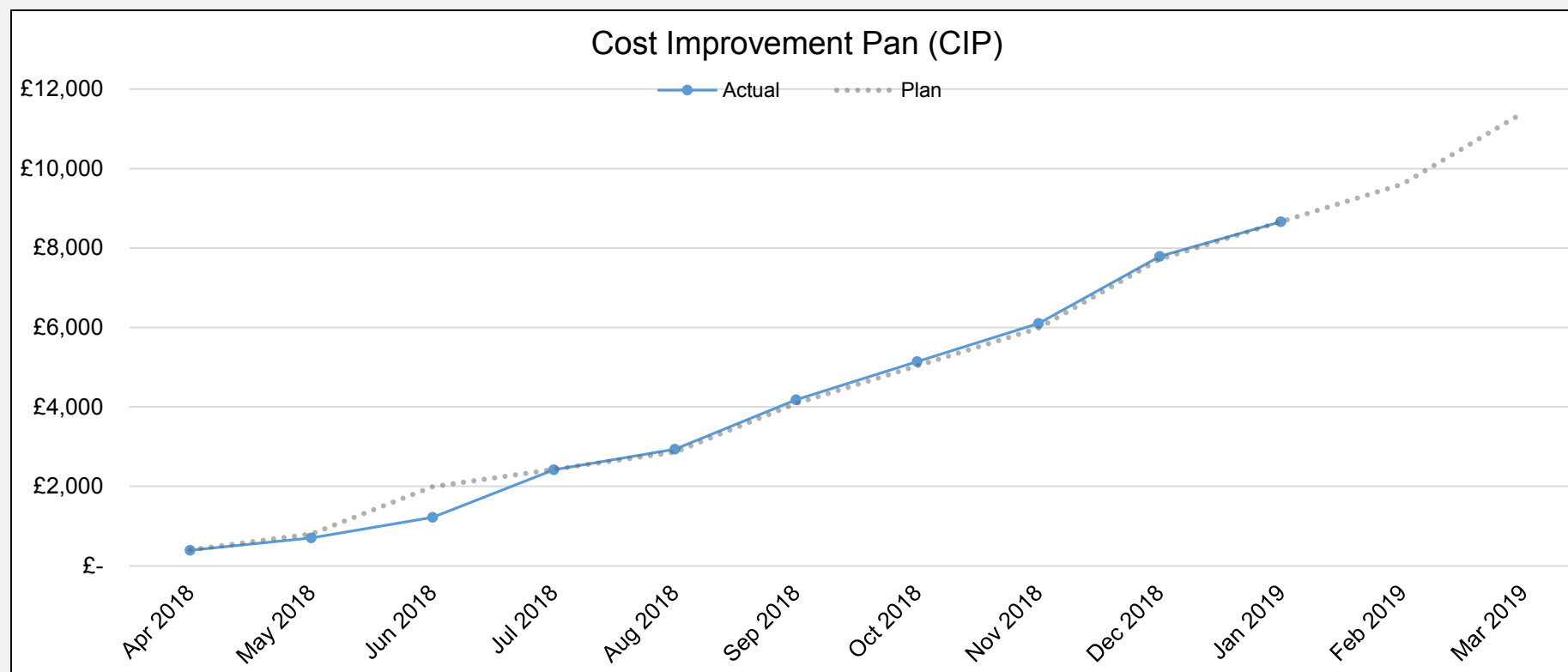
	Nov-18	Dec-18	Jan-19	12 Months
<b>Actual £</b>	£ 430	£ 346	£ 363	
<b>Plan £</b>	£ 215	£ 211	£ 207	

## SECamb Finance Performance Charts



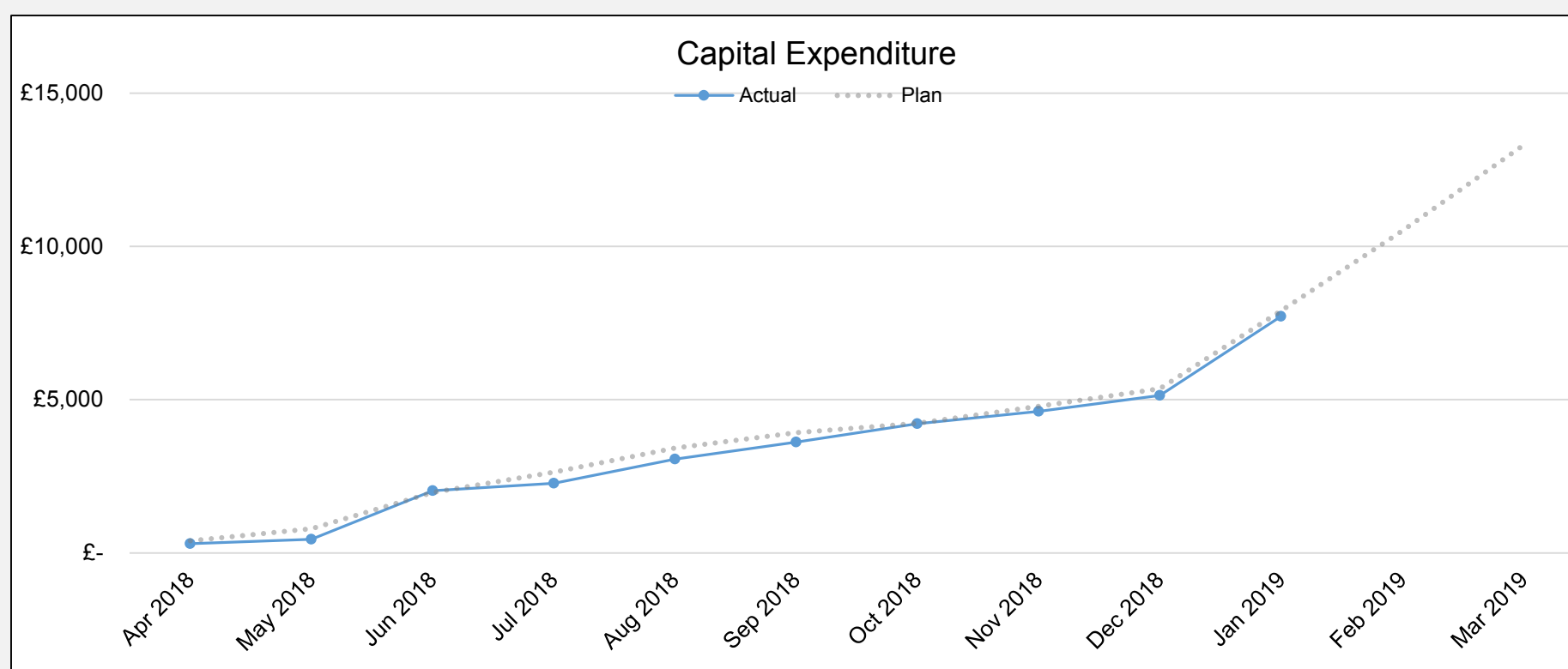
The Trust's I&E position in Month 10 was a surplus of £0.8m, slightly less than plan.

This increased the cumulative position to a surplus of £0.3m, which is in line with plan



CIPs to the value of £0.9m were achieved in the month, as planned. Achievement to date is £8.7m, which is as planned.

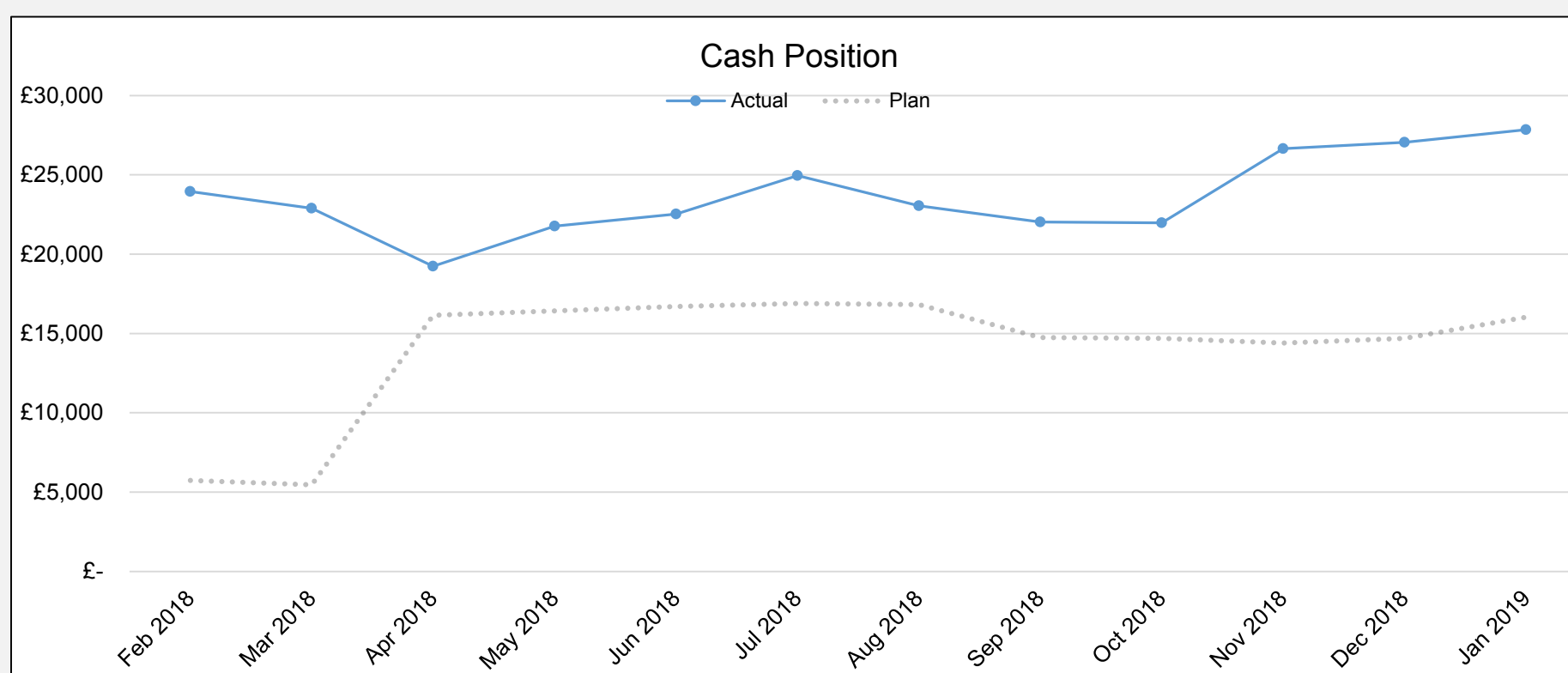
It is projected that the full year target of £11.4m will be met, but there remain challenges to achieving this. £10.6m of schemes were fully validated, with a total of £12.6m identified schemes on the pipeline tracker as at month 10.



Capital expenditure in the month was £2.6m and cumulative spend remains at £0.2m behind plan. The forecast for the year is a spend of £13.1m against a plan of £13.3m, the shortfall is due to the delay in the delivery of some of the 43 Mercedes box chassis beyond 31 March and spend on the new ePCR, partly offset by the substitution of 111 implementation.

In November it was announced that £12.3m of capital funding has been awarded to the Trust for 3 make ready centres in Brighton, Medway and Worthing. A further £6.7m has also been awarded for developments at the Crawley Headquarters. The Trust has been unsuccessful with a bid for new ambulances.

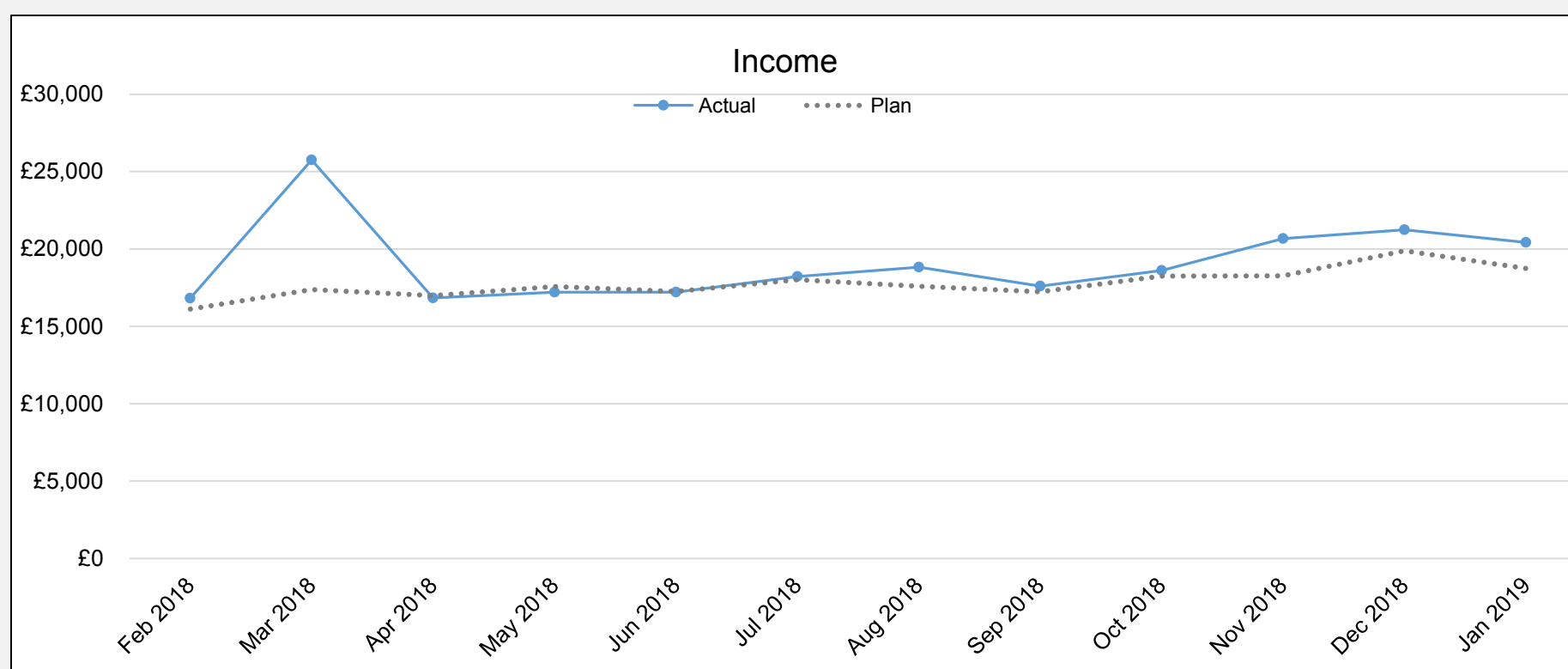
The above funding is subject to formal approval of a business case and recommendation to DHSC (Department of Health and Social Care) by NHSI.



The cash position at 31 January increased to £27.8m. This is £11.8m better than plan and £4.9m above the balance at 31 March. The main cause for the increase in month is the timing of receipt of funds following the 999 contract variation and expenditure.

In line with good practice, the Trust produces cash forecasts for a three-year period. As part of planning for 2020/21 the Trust is will be developing a medium term financial projection, including a revised 5-year capital programme, which will inform cash requirements over that period. This will reflect the Trust's investment plans for the estate and frontline vehicles, any impact from the capital bids will be included once business cases have been fully approved.

Performance against the 'Better Payment Practice Code' for payment of suppliers declined again this month, to 92.0% by value year to date, against a target of 95.0%.



Total Income in the month was £20.4m, which was £1.7m better than plan.

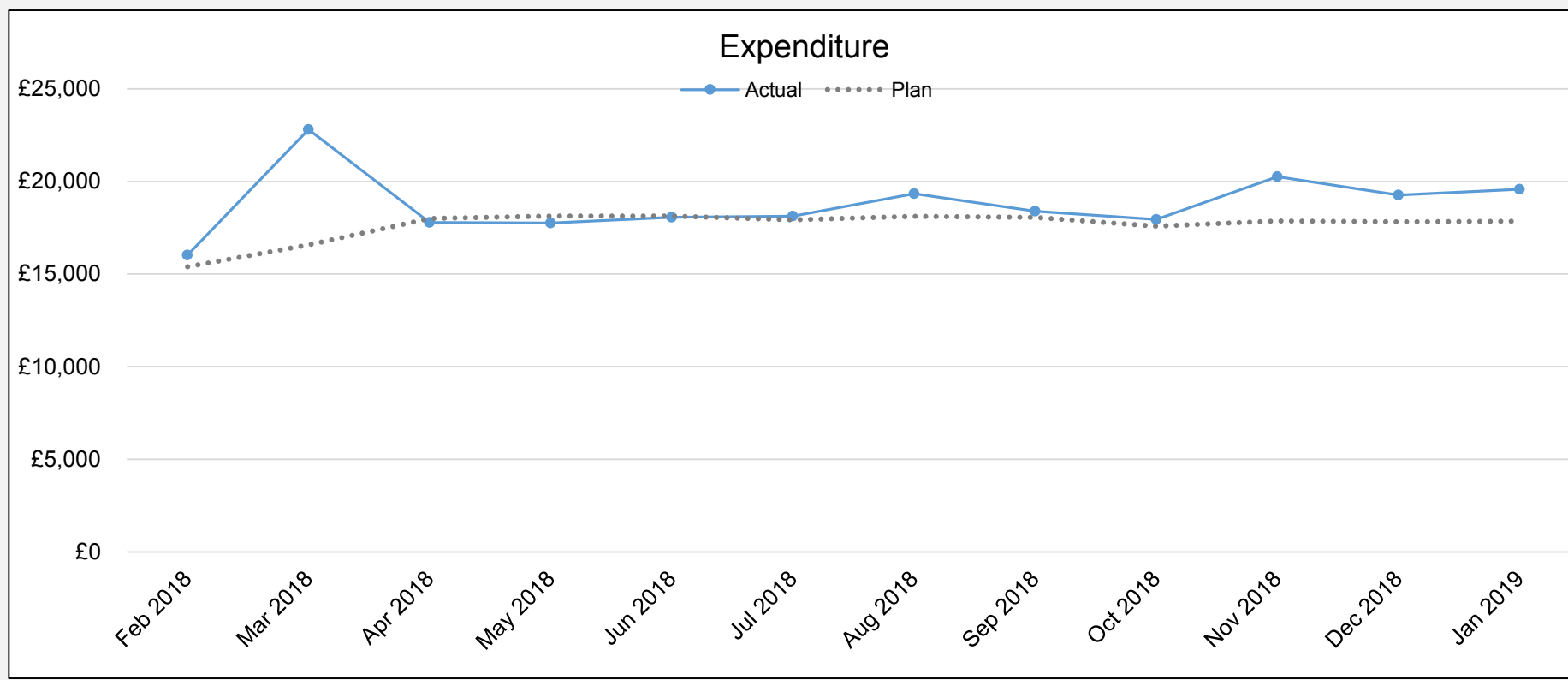
This resulted in a cumulative favourable variance against plan of £7.0m.

The main reason for the improvement in the month was the recognition in the month of £1.3m from the £10.0m 999 contract variation arising from the successful conclusion of the demand and capacity agreement with commissioners. This includes an additional £0.1m for the Helicopter Emergency Medical Service (HEMS). A further £0.1m represents the impact of the new contract variation for 111 and £0.4m funding for the new pay deal.

The Trust has assumed full achievement of planned core PSF income in the first ten months at £1.4m. The full year value is £1.8m, funding being weighted towards the latter part of the year. Receipt of this funding is contingent on meeting I&E trajectories on a quarterly basis. Funding of £0.6m for quarters one and two has been received.



## SECAmb Finance Performance Charts



Total Expenditure exceeded plan by £1.8m in month

Cumulatively expenditure is £7.0m above plan.

Pay costs in the month were above plan by £0.8m, moving the cumulative position to a £3.3m overspend. The main reason for this is the £0.4m impact of the new pay deal, £0.1m in 111 representing the additional costs of the service and overspends in corporate services.

Non-pay costs were £1.0m above plan in the month, bringing cumulative costs to £3.8m overspent. The main area of overspend in month was for £0.4m on fleet maintenance, £0.2m estates minor works and £0.2m on medical consumables.

Non-operating costs was as planned.

		Item No	184-18
Name of meeting	Trust Board		
Date	April 2019		
Name of paper	Freedom to Speak Up		
Executive sponsor	Bethan Haskins – Director of Quality & Nursing		
Author name and role	Kim Blakeburn Freedom to Speak up Guardian		
Synopsis	This report updates the Board on the Freedom to Speak Up (FTSU) implementation and progress since the full time Guardian has been in post. It will also provide information on activities and engagement connected to the role and a summary of themes connected to speaking up.		
Recommendations, decisions or actions sought	The Board is asked to consider the information provided		
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).	<b>Yes / No</b>		If yes and approval or ratification is required, a completed EA Record must be attached.

# South East Coast Ambulance Service NHS Foundation Trust

## Trust Board

### Freedom to Speak Up

#### 1. Establishing role

- As the Trust Board will be aware, it is a requirement in the standard NHS contract that NHS Trusts appoint a Freedom to Speak Up Guardian (FTSUG). In the past the responsibility for FTSUG had been given to a member of the Executive team in addition to their full time role. On 28<sup>th</sup> Aug 2018, Kim Blakeburn was appointed as a full time FTSUG. Establishing the FTSU model at SECamb began with building a network of FTSU Advocates (FYSUA's). There are currently seven local FTSUA's in post with a further 8 posts remaining to be filled this year. FTSU Guardians and Advocates can be contacted by colleagues to raise any concerns, malpractice or wrong doings that they believe could be harming patients or our service.
- October 2018 was National FTSU month. The FTSUG worked closely with the Comms team to engage with colleagues across SECamb, this saw an increase in contact in the subsequent two quarters.

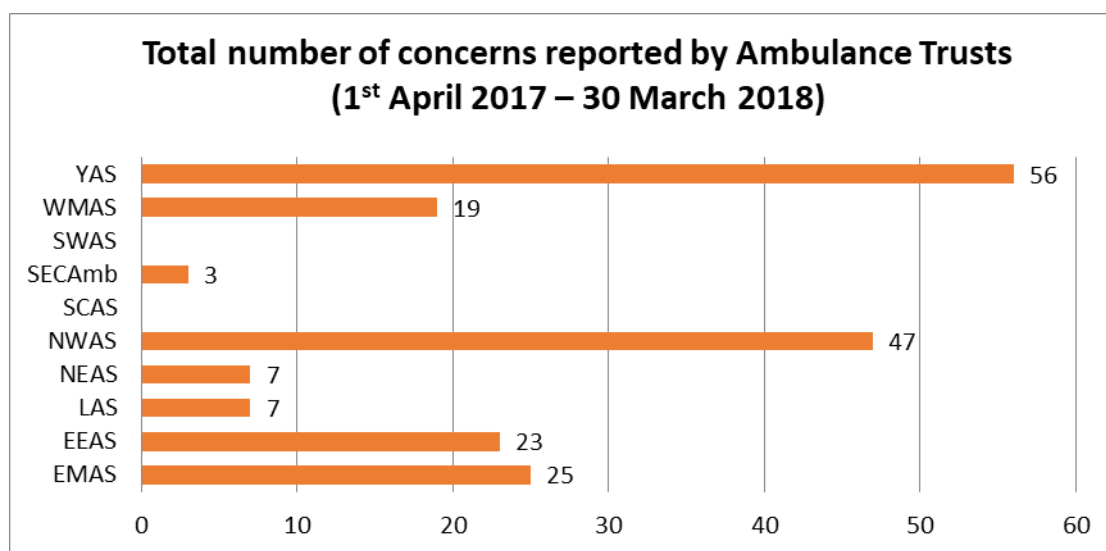
A page dedicated to Raising concerns on our SECamb intranet has been updated and communicated out to SECamb colleagues via email, in live Facebook video links, CEO weekly message and on the SECamb Community Facebook page.

- The FTSUG accompanied NHS Improvement to attend a Board meeting within the first 2 weeks of being in post. This was to enable the Board to carry out a self-assessment for FTSU. The feedback and results of this self-assessment have been used to form some of the details for the FTSU enabling strategy.
- The FTSUG meets monthly with the CEO, HRD and Director of Nursing and Quality. An agenda and action log is recorded for these meetings with a view to enabling some key learning points (unidentifiable) for the trust to be shared with the organisation.
- Creating and circulating a FTSU pulse survey to have an internal temperature check for FTSU within the organisation. This will be repeated at the start of Q1. Details of this will be presented during Q1.
- Presenting at every corporate induction to ensure all new members of staff are aware of the routes to speak up.
- Assisting in developing a culture of ownership where staff and volunteers identify patient safety concerns and managers encourage their teams to speak up, enabling SECamb to share learning and best practice across the organisation

## 2. Concerns Raised

A total number of 67 concerns have been raised at SECAmb since the full time FTSUG has been in post.

The following chart shows the total number of concerns raised during 17-18 in comparison with other ambulance trusts.



The National Guardians Office (NGO) asks for the following high level information on concerns raised each quarter: Number raised anonymously, number involving patient safety, number involving bullying and harassment, number where those that have raised concerns have suffered detriment. The themes are recorded in a standard NGO format meaning the details are as the person raising the concerns sees it.

**The following table shows a breakdown of this data for all Ambulance Trusts reported to the NGO for Q2:**

\*Please note, not all concerns raised will fit into a category and on some occasions a concern will be highlighted in more than one category.

Ambulance Trust	Total	Raised Anon	Pt Safety	B&H	Detriment
SECAmb	10	0	0	4	1
EMAS	12	0	5	7	2
NEAS	2	1	0	2	0
LAS	16	1	1	5	0
NWAS	11	2	1	2	0
SCAS	3	1	0	1	2
SWAS	3	0	0	1	0
WMAS	9	2	3	3	0
YAS	14	0	5	5	0
EEAS	8	1	0	4	0

The following table shows a breakdown of this data for all Ambulance Trusts reported to the NGO for Q3:

\*Please note, not all concerns raised will fit into a category and on some occasions a concern will be highlighted in more than one category.

Ambulance Trust	Total	Raised Anon	Pt Safety	B&H	Detriment
<b>SECamb</b>	<b>22</b>	<b>2</b>	<b>0</b>	<b>16</b>	<b>3</b>
EMAS	7	0	3	4	0
NEAS	0	0	0	0	0
LAS	42	1	4	19	0
NWAS	11	2	1	2	0
SCAS	1	0	0	0	1
SWAS	4	0	0	4	0
WMAS	6	1	2	6	0
YAS	15	0	3	3	1
EEAS	12	0	2	8	0

The 2018 staff survey results saw a marked improvement for all areas connected to speaking up at SECamb, for example:

Question 18b

***I would feel secure raising concerns about unsafe clinical practice.***

	2015	2016	2017	2018
<b>SECamb</b>	<b>55.1%</b>	<b>52.2%</b>	<b>61.5%</b>	<b>67.4%</b>
<b>Average</b>	59.3%	60.7%	61.9%	65.3%

Question 18c

***I am confident that my Organisation would address my concern***

	2015	2016	2017	2018
<b>SECamb</b>	<b>55.1%</b>	<b>52.2%</b>	<b>61.5%</b>	<b>67.4%</b>
<b>Average</b>	59.3%	60.7%	61.9%	65.3%

### 3. Activities completed and plans for next quarter

- Attending regional and national FTSU events. These events provide an chance to network with other FSUG's and ensure development and an opportunity for shared learning to provide continuous improvement for the Trust.
- SECamb hosted the National Ambulance Network for FTSUG's in November 2018.

- New FTSU internal posters and information postcards have been finalised and are ready to be printed.
- Quarterly FTSU development days have been provided for the FTSUA's.
- A quarterly 'hot topic' will begin in Q1. Pod casts, learning points, data for FTSU, anonymised case studies and other useful information relating to the hot topic will be available on the intranet and emailed out to volunteers.
- A lesson plan is in the process of being created on 'Nearpod'. This will update the learning experience at corporate induction and also enable the education teams to consolidate understanding at a later date. This lesson plan will also be used to engage with university students during their SECamb induction. The FTSUA's will be instrumental in delivering these sessions.
- A Power BI platform is being created for FTSU to enable the FTSUG to gather relevant data from across the organisation. This will enable the FTSUG to highlight to the Board where key assistance and engagement may be necessary.
- Attending Team C meetings to engage and create learning culture.
- Future A&E visits planned with FTSU Guardian and Advocates.
- Exec and FTSUG events for each quarter.
- Encourage Mediation and coaching conversations across organisation.
- FTSUG attended NGO training
- Planned date for FTSUA training May 2019

#### 4. Themes

Key themes gathered from concerns raised are as follows:

4.1 **HR Procedures & Recruitment** – There has been a recurring problem with HR procedures deemed by colleagues to not be fit for purpose. There is some suggestion that this may be down to the policies needing urgent review to allow for some fair and just outcomes to be deliverable. A strong theme arising from those that have been through a grievance process is that this is often managed by managers that are either not impartial or who do not have the correct understanding of the process.

There is a poor recruitment process followed across most roles. Process is not regarded as fit for purpose and therefore local managers make decisions outside of process. This results in many colleagues feeling cheated if some areas are following the process.

4.2 **Bullying and Harassment** – It is hoped that the Board recognise that this topic is still seen as a priority for the organisation. In some cases colleagues

are perhaps being resistant to performance management, however there are many evidenced examples of where this is not the case. It is clear from conversations with Exec during the FTSU monthly catch ups and also in several productive conversations with Director of Ops, that there is a strong desire to improve this situation.

Duncan Lewis stated in his report for SECAMB that The HR function must rebuild trust in all matters of B&H. HR must accept that B&H is not employees simply “jumping on the bandwagon” claiming bullying. B&H in SECAMB is a genuine and serious problem to be addressed urgently. This requires experienced and well qualified HR people at the helm to address policy and processes and to ensure these are executed fairly. HR is critical in addressing the B&H culture.

Information picked up from those raising concerns suggests that HR have not made enough significant changes to address B&H at SECAMB.

**4.3 Leadership training** – A leadership programme is not being delivered to any of our managers at SECAMB. This could be an important element in why the levels of bullying and harassment remain at a concerning level. This could also be a reason that some managers are delivering management decisions which fall outside of good leadership behaviours. It is not appropriate to apportion blame to these leaders if the organisation is not providing a base level of training set to SECAMB expectations. A programme has already been created and is ready to be implemented by the L&OD. Further resources are needed and essential to make this happen along with formal backing from the Board. An emphasis on L&OD is important to reduce the number of concerns, build resilience, create effective leaders and promote a culture of learning.

**4.4 Mediation** – The FTSUG has highlighted the need for an emphasis on improving our mediation services during a number of conversations with HR. Some positive progress is being made to address this and it is hoped that a large team of trained mediation professionals will soon be ready to provide this much needed service for the SECAMB colleagues. Mediation is key in reducing the pressure on HR and also in reducing the number of grievances that are currently being raised. This will directly address one of Duncan Lewis’ recommendations that grievances and investigations must become the exception rather than the norm.

**4.4 Resilience** – In many cases, HR are overwhelmed with cases, grievances are being regularly raised, colleagues are feeling bullied or harassed and a focus on resilience is likely to reduce these pressures. Managing expectations around the outcomes of any concerns raised is important, improving our personal resilience and providing training for this can be beneficial for the individual and the organisation as a whole.

## **5. NGO Key Themes/Gap Analysis**

- 5.1 Training
- 5.2 Policy
- 5.3 Standard Board reports
- 5.4 Standard mediation templates

5.5 Inappropriate senior relationships

5.6 Independent reviews

Details of these are discussed at the monthly board meeting and any gaps are highlighted and actions set accordingly.

## **6. Summary**

SECAmb has seen some good improvements in the opportunity to raise concerns for colleagues and the results from the most recent staff survey confirm this. The FTSUG will act in an independent capacity whilst continuing to work collaboratively with the Trust and Staff side to support our colleagues in raising concerns. The Trust have been supportive of the FTSU role and this in turn has ensured a significant improvement in both the staff survey responses for FTSU, and anecdotally the feedback from colleagues feeling safer to raise concerns. SECAmb colleagues should be encouraged and thanked for speaking up and have confidence in the processes to address bullying and harassment and patient safety allegations. Moving forward the FTSUG will ensure further engagement with managers to continue to promote a learning culture and coaching conversations. The FTSUG is committed to also providing continued improvements in engagement with colleagues to create a culture where staff understand how to raise concerns and feel safe to do so, and above all, that they will not suffer detriment as a result of speaking up.

## **7. Recommendation**

7.1. The Board is asked to note this report.



## SECAMB Board

### Summary Report on the Audit & Risk Committee (AUC) Meeting of 4<sup>th</sup> March 2019

<b>Date of meeting</b>	<b>4 March 2019</b>
<b>Overview of issues/areas covered at the meeting:</b>	<p>The key areas covered in this meeting were</p> <ul style="list-style-type: none"> <li>• Progress with outstanding Internal Audit actions</li> <li>• Audit Reports on EoC, Financial Management and Data Quality</li> <li>• A Local Counter Fraud Report</li> <li>• KPMG External Audit update (for the year ending 31 March 2019)</li> <li>• SFI/Scheme of Delegation</li> <li>• Governance &amp; Assurance Framework</li> <li>• Business Continuity</li> </ul> <p>Some papers were again late and the Chair reiterated that the relevant standards are clear (7 days or discussion with, and permission from, the Chair) and should be adhered to</p>
<b>Internal Audit</b>	<p>AUC was pleased to note continuing good progress with outstanding Audit actions; however, AUC noted a lack of management engagement in a small number of areas and actioned the Executive to improve relevant processes and procedures.</p> <p><b>EoC (Partial Assurance)</b> AUC scrutinized the report in detail. AUC was disappointed that the Executive had not realised that such an audit report would give rise to concern at Committee and prepared accordingly</p> <p><b>Financial Management (Reasonable Assurance).</b> The audit scope focussed on the management of budget. Overall, the management team are doing well but there are opportunities to improve communication and training</p> <p><b>Data Quality (Substantial Assurance).</b> The committee commended management work to develop and enhance this area. An audit which can give the Board confidence on performance reporting</p>
<b>Internal Audit Plan</b>  <b>Governance &amp; Assurance Framework Proposal</b>	<p>Paper received but not discussed at the meeting as a tender for Internal Audit work is underway. The Executive were asked to ensure that a future tender did not occur at this key time in the Internal Audit Cycle</p> <p>AUC commended the progress and development of this initiative since its last discussion; however the Executive were asked to revise the paper to align the proposed framework with the principle that the Board delegates operational authority to the Chief Executive rather than Executive management as a collective whole.</p>

<p><b>Business Continuity</b></p>	<p>The Committee was pleased by the work program underway but concerned that the current state of Business Continuity Arrangements did not appear to be consistent with the substantial assurances given to the Committee in September 2018. Overall the Committee is only PARTIALLY ASSURED in respect of Business Continuity.</p>
<p><b>Counter Fraud Report</b></p>	<p>AUC noted and was assured by the good work undertaken.</p>
<p><b>SFI/Scheme of Delegation</b></p>	<p>This substantial paper was late without tracked changes. Some members were concerned that sections might not be fully aligned to the future direction of SECAMB and some members were unable to see the areas where most change was proposed. The paper was deferred with appropriate actions set</p>
<p><b>External Audit</b></p>	<p>KPMG presented an update in respect of the year ending on 31 March 2019. Engagement with the Executive is going well and no concerns were raised at this time.</p>

## SECAMB Board

### Summary Report on the Charitable Funds Committee (CFC) Workshop of 4<sup>th</sup> March 2019

<b>Date of meeting</b>	<b>4 March 2019</b>
<b>Overview of issues/areas covered at the meeting:</b>	The key areas covered in this workshop related to Governance of South East Ambulance Charitable Funds (CF)
<b>Governance</b>	<p>A Full/Comprehensive Review of the Trust's CF and the role of the Charitable Funds Committee (CFC) is in progress for consideration at the July 2019 CFC meeting.</p> <p>The purpose of this workshop was to discuss principles and seek guidance as to possible directions for future development of an appropriate governance framework.</p> <p>Active fund raising was touched upon by the workshop but largely left to be dealt with after approval of a new governance framework.</p>
<b>Key Aspects of Guidance</b>	<p>Key matters of guidance were as follows:</p> <ul style="list-style-type: none"><li>• In future all CF, donated to or, raised by or, raised by association with South East Ambulance should be subject to a single governance framework</li><li>• The CF should be prepared to accept restricted funds within a relatively small number of restriction categories (to be developed)</li><li>• Distributions from the CF should never subsidise matters than should be paid for by the NHS trust</li><li>• Distributions should normally represent benefit for a pool of staff and/or patients; however, there is scope for welfare based CF distributions consistent with a small set of to be developed criteria</li><li>• The new governance structure needs to be future oriented and consistent with all external regulation.</li><li>• The new governance structure should consider future membership of the CFC to establish a closer link to funds raisers and beneficiaries</li></ul>

	Agenda No	188-18
Name of meeting	Trust Board	
Date	28 March 2018	
Name of paper	Carter Report - Update on Operational Productivity and Performance in English NHS Ambulance Trusts	
Responsible Executive	David Hammond – Executive Director of Finance & Corporate Services	
Author	Justine Buckingham – Business Support Manager	
Synopsis	Following the formal publication of the Lord Carter review into Ambulance Services in September 2018, this report details the progress and activity to date.	
Recommendations, decisions or actions sought	The Board is asked to note progress to date.	
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>	

## **CARTER SUMMARY REPORT – DECEMBER 2018 EXECUTIVE MANAGEMENT BOARD**

### **1. BACKGROUND**

#### **Executive Summary**

- 1.1 Lord Carter's review into Operational Productivity and Performance in English NHS Ambulance Trusts was published on 27 September 2018 and made nine high level recommendations. The report identified unwarranted variation in the delivery of ambulance services, as well as potential savings of £500m that could be made in efficiencies by 2020/21. The Carter Review will be the basis of all Ambulance Trust CIPs programmes.
- 1.2 Ownership and accountability of the recommendations is spread across a number of organisations namely: ambulance trusts, the Association of Ambulance Chief Executives (AACE), NHS Improvement (NHSI), NHS England (NHSE), NHS Digital, Health Education England, and Sustainability & Transformation Partnerships.
- 1.3 The Joint Ambulance Improvement Programme (JAIP) will take overall accountability for delivering the recommendations.
- 1.4 A schedule of the work areas that NHSI are leading on is specifically:
  - Model Ambulance Service Portal
  - Fleet
  - Make Ready
  - Control Centres and Digital
  - Alliances with WMAS and SWAST

### **2. The Nine Recommendations are:**

- 2.1 **Enabling effective benchmarking** – NHSI should make operational data routinely available to ambulance trusts to enable them to benchmark their services effectively starting in autumn 2018.
- 2.2 **Delivering the right model of care and reducing avoidable conveyance to hospital** - NHSE should accelerate work to support reduction of avoidable conveyance to hospital, working with Ambulance Trusts, Lead Commissioners Sustainability and Transformation Partnerships, NHSI and NHS Digital.
- 2.3 **Efficient use of available Resources** – Ambulance Trusts should maximise resource availability and reduce lost hours to ensure an ambulance response is available for patients who need it the most.
- 2.4 **Optimising workforce, wellbeing and engagement** – The Ambulance Service should develop a five year workforce, recruitment and staff wellbeing plan to improve wellbeing and reduce sickness absence, encourage leadership at all levels of the organisation, improve staff engagement and minimise vacancies.

**2.5 Effective Fleet Management** – NHSI should work with Trust Boards and AACE, to agree proposals to move rapidly to a standard specification for new fleet across England and deliver significant improvements in the way fleet is managed.

**2.6 Improving Performance and strengthening resilience and interoperability** – Ambulance Trust Boards should take steps to improve performance in their control centres and have plans in place to provide a resilient service in the event of a major incident or system failure by Winter 2018.

**2.7 Developing the Digital Ambulance** – Ambulance Trust Boards must utilise available resources and invest in future technology within their control centres to enable an interoperable service with maximum resilience and improved operational efficiency.

**2.8 Maximising use of non-clinical resources** – Ambulance Trust Boards should review their Estates to match modern demand and optimise their corporate services functions through improved collaboration.

**2.9 Delivering effective implementation** – NHSI and NHSE must work with Ambulance Trust Boards, AACE and other national bodies to take the required action to implement these recommendations and agree a clear delivery plan for taking this forward.

### **3. Model Ambulance Service Portal**

3.1 A prototype Model Ambulance Service portal was launched alongside the Carter publication. The portal contains over 250 metrics across the areas of operations, control centres, clinical quality, finance and the use of resources, performance, estates and facilities and corporate services.

3.2 The portal underwent a substantial refresh in December 2018, and NHSI visited the Trust on 14 January 2019 to meet with key representatives from Operations, Finance, and Business Intelligence to provide an overview of the portal and its functions and capabilities.

3.3 A final review of the portal will be published in April 2019.

### **4. Control centres and digital ambulance**

4.1 As Lord Carter's report highlights, control centre interoperability, resilience and digital advancement is an important aspect of developing the efficiency and effectiveness of the Ambulance Service. To take this forward, the initial focus will be around CAD interoperability with the recommendation that work commences in April 2019.

4.2 Prior to formal commencement of a control centre and digital ambulance work stream, there are three deliverables in Lord Carter's report that need to be addressed. These are:

- A review of trust disaster recovery plans and the development of disaster recovery standards for inclusion within the Emergency Preparedness Resilience and Response annual assurance guidance;
- Development of control centre standard operating procedures;
- Accelerated delivery of CAD interoperability between all trusts.

## **5. Corporate Services Programme**

- 5.1 One of the recommendations is for Ambulance Trusts to identify opportunities for collaboration in corporate service functions.
- 5.2 The NHSI Corporate Services Programme is hosting an event on 21 March 2019, where SECamb will be represented. The aim of the event will be for all Trusts to further work together to address Lord Carter's recommendations.
- 5.3 Service functions included will be Finance, HR, IM&T, Legal, Governance & Risk, Payroll and Procurement.
- 5.4 The Trust will be asked to feedback on their FY18 corporate services data collection, and provide examples of how benchmarking reports assist with the delivery of CIP opportunities.

## **6. Make Ready and Estates**

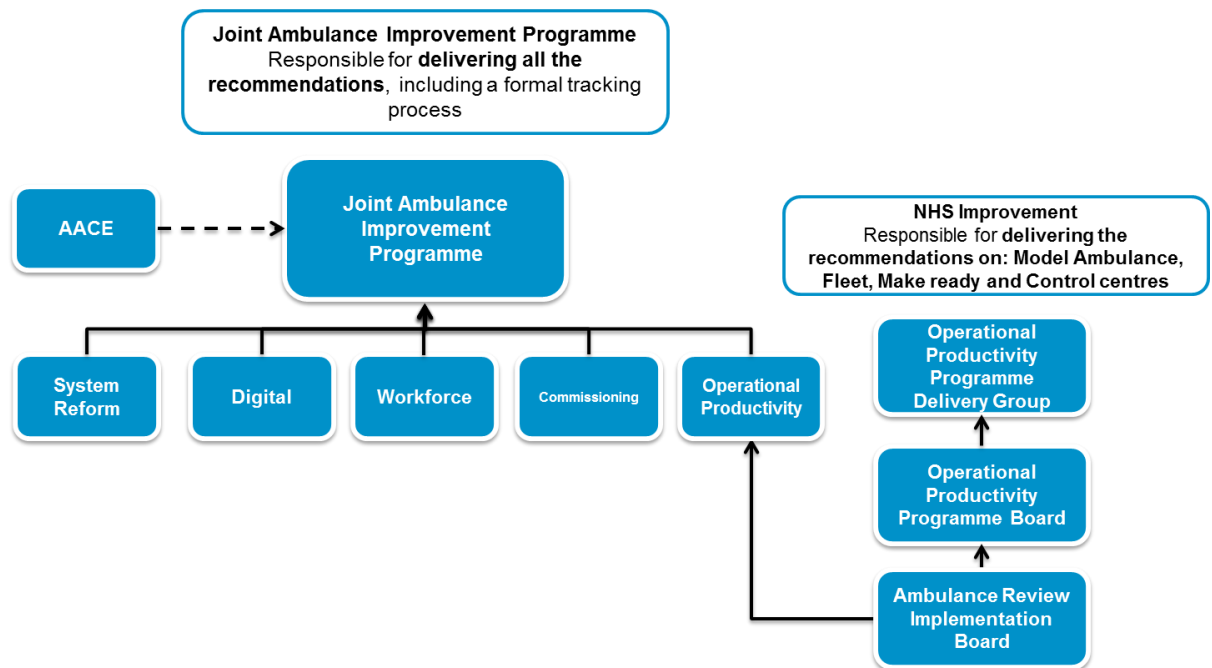
- 5.1 As part of the efficient use of available resources and maximising use of non-clinical resource recommendations, two deliverables are required to be implemented these are:
  - Development of plans to implement Make Ready systems; and
  - Review of strategic estates and facilities plans to modernise the configuration and rationalise the estate to match modern demand profiles.

## **7. National Ambulance Vehicle Specification**

- 7.1 NHSI have completed the development of a national ambulance vehicle specification to be adopted by English NHS Ambulance Trusts from April 2019.
- 7.2 It is their intention to publish the national double crewed ambulance (DCA) specification week commencing 18 March 2019, alongside the NHS Standard Contract for 2019/20. They will also publish a response to the consultation outlining key themes raised and how they have been considered; this will include a national procurement process to leverage further efficiencies.

## **8. Governance**

- 6.1 NHSE and NHSI Joint Ambulance Improvement Programme (JAIP) is responsible for delivering and tracking all the recommendations from Lord Carter's review. The governance structure is set out below:



- 6.2 A template has been designed to track all the recommendations and is managed by the JAIP. The Trust is required to submit an updated tracker each month to NHSI. The latest version submitted on 11 March 2019 is shown as Appendix A. This document is also reviewed monthly through the Sustainability Steering Group, chaired by David Hammond, Executive Director of Finance & Corporate Services.
- 6.3 Every six months the JAIP Board will conduct a deep-dive into the delivery of all the recommendations.
- 6.4 NHSI have established an Ambulance Review Implementation Board which oversees the delivery of the recommendations for which NHS Improvement is accountable.



## South East Coast Ambulance NHS Foundation Trust

### Carter report progress update submission form

Recommendation	Recommendation and deliverable description	Target date	Expected completion date	Action taken	Outcome
3.3	Ambulance trusts reviewing staff hours worked to ensure a balance between contracted and actual hours with plans to manage this in a report to their board by April 2019.	Apr.19		The Trust uses the industry standard GRS system to plan, allocate and manage staff hours. The system flags if a member of staff is trying to book a shift that will exceed contracted hours or which does not provide sufficient rest between shifts or breaches any of the other parameters that are within Trust policy as detailed by the Working Time Directive. If someone overrides the system and allocated hours that would break the rules set in the system, a warning e-mail is sent to the production team managers so that action can be taken before the member of staff is allowed to complete that shift. A report will be provided to the April Board meeting demonstrating that staff are not being allocated more than their contracted hours and that any voluntary overtime that is being worked is managed within the Trust's policy and procedures.	Control over contracted hours and actual hours.
3.4	Ambulance trust boards reviewing their private ambulance spend annually to ensure it offers value for money and that adequate controls are in place.	Annual	30.Apr.19	The monthly Finance Pack is reviewed by the Board and includes a detailed variance analysis across all major headings of operating expenses, including front line pay costs. Comments relating to Private Ambulance Provider (PAP) costs are included within this as appropriate. The Board will undertake an annual review of PAPs spend when assessing the financial results for the year. All PAP organisations have been moved to a standard NHS contract, with specific contract management KPIs in place.	Better contract management to ensure value for money against specific contracted expectations.
3.5	Ambulance trust boards developing plans to implement make ready systems with support from NHS Improvement by April 2019	Apr.19	Completion in 2023 in line with the Board approved Estates Strategy	The Trust currently has 8 Make Ready Centres in operation across the Trust's geographical area. Three more will be built by 2020, with a further two by 2021	Enhanced ability to respond to front line demands, better vehicle preparation, improved medicines control, better training facilities, improved staff morale.
4.3	Ambulance trust boards encouraging their staff to engage in #ProjectA and support the implementation of the ideas they generate.	Ongoing	Ongoing	The Trust is actively taking part in the Falls, Mental Health and Supervision aspects of Project A. Clinical Leads have been nominated and are progressing the outcomes.	Generation of ideas and implementation of solutions.
4.4	The Association of Ambulance Chief Executives, NHS Improvement, NHS England, ambulance trust boards and the police working together to ensure that the toughest possible action is taken against every act of violence, bullying and harassment towards staff.	Ongoing	Ongoing	The Trust is linking in with NHS England and further MOUs with NHSI, Trusts and Police are under consideration. The National Ambulance Security Group has oversight and is responsible for making national best practice recommendations where required. The Trust Senior Security Officer is Vice Chair of the group. Work is ongoing to understand the Secretary of State's expectations following the removal of NHS Protect. Internal risks, structure and resourcing have been raised to address formalisation of roles.	Achievement of tough actions against acts of violence, bullying and harassment towards Trust staff.

5.4	Ambulance trusts boards developing plans for the implementation of robust stock inventory and asset tracking systems by April 2019.	Apr.19	Apr.20	Stock inventory systems for medical consumables are currently under consideration. A review of Asset Tracking Programmes is underway to determine optimum solutions. A procurement tender competition for Radio Frequency Identification (RFI) is planned for late 2019, and will be managed by Procurement in conjunction with IM&T.	Improved control over medical consumables and asset whereabouts.
5.5	Ambulance trust boards reviewing their fuel arrangements to ensure they are securing value for money and ensuring the governance process for fuel cards is robust where its use is appropriate by April 2019.	Apr.19	2021, in line with the completion of Make Ready Centres.	Approximately 70% of sites use bunkered fuel resulting in reduced costs per litre, and providing increased resilience across the Trust. Bunkered fuel will be installed at all new Make Ready sites. The Trust currently has a contract with Allstar cards for the purchase of fuel from garages where necessary.	The Trust believes that it obtains optimum prices for fuel through the use of bunkered fuel and Allstar cards.
5.7	Ambulance trust boards agreeing plans to install and utilise black box technology and strengthen management of accidents by April 2019.	Apr.19	Complete	Black Box technology has been installed in the majority of front line vehicles. All new Vehicles have a Telematics system installed.	Improved controls. Claims against the Trust have reduced.
8.2	Ambulance trust boards reviewing their strategic estates and facilities plans to modernise their configuration and rationalise their estate to match modern demand profiles identified from the Estates Return Information Collection data set by summer 2019.	Summer 2019	Complete	Five year Estates Strategy approved by the Board. Data Collection Set completed in line with the Strategy, and plans for rationalisation and modernisation of the estate have been compiled.	Collaboration is ongoing with One Public Estate, and other Blue Light Partners to look at further co-location opportunities for Trust sites.
8.6	Ambulance trust boards identifying opportunities for collaboration in corporate service functions regionally, through alliances or across the wider NHS including across sustainability and transformation programmes where appropriate by April 2019	Apr.19	Ongoing	The Trust is currently reviewing how to best utilise our corporate functions in line with our developing Carter action plan. We are a member of the National Ambulance Procurement Group, and spend is consolidated across strategic areas. National Contracts have been set up. The Trust is considering an intention to set up a formal alliance with SWAS and WMAS The Trust attends the meetings of four STPs across the region and collaborative opportunities will be identified as required.	Potential for costs savings on corporate service functions.