Agenda No	61/19

Name of meeting	Trust Board
Date	26 September 2019
Name of paper	Safeguarding Annual Report
Responsible Executive	Bethan Eaton-Haskins, Director of Nursing and Quality
Author	Philip Tremewan
Synopsis	The Annual Report seeks provide assurance that South East Coast Ambulance Service NHS Foundation Trust is discharging its Safeguarding responsibilities. The report provides evidence on how these responsibilities were discharged and highlights priority areas for Safeguarding during 2019/20.
Recommendations, decisions or actions sought	For assurance
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).	Yes**/No**

Safeguarding Annual Report 2018/19

Contents

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1. Introduction

Over the past year South East Coast Ambulance Service NHS Foundation Trust (SECAmb) has striven to meet its statutory responsibilities in the care and protection of patients of all ages. This report demonstrates to the Trust Board and external agencies how SECAmb discharges these statutory duties and the report offers assurance that the Trust has effective systems and processes in place to safeguard patients who access our services. We continue to deliver a high quality credible service to patients and families, whilst reflecting continually on areas for learning and improvement.

The existing statute which continues to underpin the work of colleagues who support healthcare practitioners delivering services to children is in line with Working Together to Safeguard Children 2015 guidance and Section 11 of the 2004 Children Act. All staff have a statutory responsibility to safeguard and protect the children and families who access our care.

The legislation which frames the work of colleagues in adults' services is influenced by the introduction of the 2015 Care Act. The introduction of The Care Act put adult safeguarding on a statutory footing for the first time in addition to embracing the principle that "the person knows best". In addition our work to safeguard adults is informed by The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards amendment in 2007.

SECAmb acknowledges that safeguarding is everyone's business and strives to support the Department of Health's six principles of Safeguarding:

- **Empowerment** – People feel safe and in control, give consent to decisions and actions about them. They should be helped to manage risk of harm either to themselves.
- **Protection** – Support and help for those adults who are vulnerable and most at risk of harm
- **Prevention** – Working on the basis that it is better to take action before harm happens
- **Proportionality** – Responding in line with the risks and the minimum necessary to protect from harm or manage risks
- **Partnership** – Working together to prevent or respond to incidents of abuse
- **Accountability** – Focusing on transparency with regard to decision making.

The Annual Report provides the readers with the following detail:
- An overview of the national and local context of safeguarding

- An overview of the areas of practice included in safeguarding within the Trust

- An update on safeguarding activity within 2018/19

- Assurance that the Trust is meeting its statutory obligations and the required national standards with regard to safeguarding

- An overview of any significant issues or risks with regard to safeguarding and the actions being taken to mitigate these

- A briefing on the challenges and work to be addressed by the safeguarding teams in 2019/20.

2. Governance and Commitment to Safeguarding

As an NHS Service provider SECAmb is required to demonstrate that they have safeguarding leadership and commitment at all levels within the organisation and that we are fully engaged in support of local accountability and assurance structures, via the Safeguarding Boards across Kent, Medway, Surrey, Sussex and NE Hampshire. Most importantly, SECAmb reinforces the principle that safeguarding is everybody's responsibility and develops a culture of continuous learning and improvement to promote the safety and welfare of adults at risk, children and young people and looked after children. SECAmb ensures that our senior management are committed to safeguarding demonstrated at Executive and Non-Executive level at Trust Board. The non-executive director (NED) who is chair of the Trust's Quality and Patient Safety (QPS) Committee is the also the NED lead for safeguarding. Safeguarding is always included in the annual cycle of business and comes within the scope of influence and scrutiny of the QPS Committee. The Trust have robust governance structures and systems in place in line with Working Together to Safeguard Children 2015 and the Care Act 2014.

Evidence of SECAmb's commitment to safeguarding includes clear statements on the Trust's website demonstrating how our services safeguards the welfare of children, young people and adults. The Trust's Five-Year Strategic Plan for 2017-2022, refreshed in January 2019 also recognises how safeguarding and patient safety underpins its core services.

The Trust's Safeguarding function sits within the portfolio of the Nursing and Quality Directorate and is led by the Executive Director for Nursing & Quality. The work of the department is scrutinised at the monthly Safeguarding Sub-Group (SSG) meeting jointly chaired by the Nurse Consultant for Safeguarding and Safeguarding Lead. Terms of Reference for the group highlights the required core membership and includes senior roles and individuals from a wide range of operational, educational, HR, staff partnership and commissioning colleagues. 2018/19 evidenced a significant investment by the Trust in its safeguarding function. During the year a new substantive Nurse Consultant for Safeguarding was appointed to lead on strategic safeguarding across the Trust and support the Director of Nursing & Quality in delivering high standards of care and experience to patients. Additional investment was also seen across the team following the introduction of a second full time Safeguarding Practitioner. The total investment has allowed greater focus on the Trust's external safeguarding responsibilities including improved representation at Safeguarding Boards and child death review panels across Kent, Surrey and Sussex.

Standing agenda items at each SSG meeting provide assurances to the Trust Board and Executive Team. These include a review of the Trust's Safeguarding policies and procedures, departmental workplan, safeguarding risks and monitoring progress against safeguarding action plans following Serious Case Reviews, Domestic Homicide Reviews, Safeguarding Adults Reviews or Section 11 returns.

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Following the process of novating the three-county level SECAmb contracts into a single contract, on the 1st April 2018 the role of lead commissioner for SECAmb was transferred to NHS North West Surrey CCG. In response to this the Surrey Wide CCG Safeguarding Team undertook the lead for implementing a safeguarding assurance process and developed a communication strategy to ensure safeguarding communication/assurance reports are shared with CCGs, LSABs and LSCBs across Kent, Surrey & Sussex and shared with NHS England.

Regular assurance evidencing how the trust is discharging its safeguarding responsibilities is provided to the Designated Professionals at the CCG; this includes:

- Submission to the Surrey wide CCG Designated Safeguarding team of an annual report and 6 monthly update that provides a narrative and data against each of the standards

- Submission of exceptions reporting for any areas of non - compliance with the standards as identified

- Submission to the Surrey wide CCG Designated Safeguarding team of Section 11 audits undertaken and resultant action plans for the Surrey Safeguarding Children Board

- Providing evidence at Contract Quality Review Meetings (CQRM)

- Providing evidence at other contract monitoring meetings

- Named / Lead professionals meetings/supervision with Surrey wide CCG Designated Safeguarding team and use of the Annual Assurance Framework Report

- Providing information to the Surrey wide CCG Designated Safeguarding team in the twice yearly Dashboard on safeguarding activity.

- Providing evidence at SSAB, SSCB meetings and sub groups

- Participating in Surrey wide CCG Designated Safeguarding team and SSCB and SSAB audits and inspections

The Trust also attends and have contributed to the work of the Health Sub-Groups of the two Surrey Safeguarding Boards; this includes submitting a SECAmb action plan in response to the July 2018 Surrey Ofsted Report.

Although the Surrey Safeguarding Boards remain lead Boards for SECAmb, throughout 2018/19 improvements have been noted in SECAmb's representation at Safeguarding Board meetings across Kent, Medway, Surrey and Sussex. The Trust has continued to invest in senior safeguarding leadership across the organisation resulting in greater capacity to contribute to the priority areas of each Board.

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3. Policies, Procedures and Guidelines

As a commissioned NHS provider SECAmb needs to ensure that staff are aware of the Trust's Safeguarding policy and any relevant guidance and procedures.

The Safeguarding function assumes lead responsibility for several organisational policies, all of which have been ratified and are in date. The policies are:

- Managing Safeguarding Allegations – Policy and Procedure
- Mental Capacity Act Policy
- Safeguarding Policy for Children, Young People and Adults
- Safeguarding Referrals Procedure
- Seeking Consent Policy
- Child Death Procedures
- Freedom to Speak Up: Raising Concerns Policy

The Mental Capacity Act Policy and the Seeking Consent Policy were ratified in June 2018. The Managing Safeguarding Allegations Policy and Procedures are due for review during 2019, this policy focuses on the actions the Trust are expected to follow when allegations with a safeguarding nature are made against SECAmb staff while in the line of duty.

The ratified safeguarding policies reflect the Children Act 1989/2004 and the Care Act 2014. Although the Trust doesn't currently operate any stand-alone policies, the Safeguarding Policy for Children, Young People and Adults includes specific information on Child Sexual Exploitation, Exploited and Trafficked, Female Genital Mutilation, Prevent, Looked After Children, Modern Day Slavery, Domestic Abuse, and Neglect.

Areas of safeguarding policy development during 2019/20 includes the development and ratification of a Trust-wide Safeguarding Supervision Policy. The policy will set out the requirements of the workforce in relation for supervision for staff working directly with children and adults. A second priority area of policy development for 2019/20 will focus on the Workforce Domestic Abuse Policy. It's anticipated the policy will support employees who are experiencing domestic abuse and providing guidance for employees and management to address the occurrence of domestic abuse and its effects on the workplace.

4. Appropriate Training, Skills and Competencies

The *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* Intercollegiate Document defines the safeguarding training expectations for all individuals working in healthcare. The document sets out five levels of training based on roles throughout the organisation. Throughout 2018/19 there was an expectation that every member of staff would complete level 2 training as a minimum.

During 2018/19 all operational staff were 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 94% of staff completed the safeguarding children adult safeguarding courses. The 111 service achieved over 86% of completed training.

Contracting standards agreed with the Trust's lead commissioners require 85% training compliance.

Closer scrutiny of training figures identified that L2 compliance within the Operating Units remained very high throughout the year with many achieving 100% across adults and children. The figures suggested a low uptake of training within the Emergency Operations Centre (EOC), with only 58% of EOC clinicians completing the required training. However a significant number of EOC clinicians successfully undertook the previous year's L3 face-face training, thus explaining the perceived low figures for 2018/19. According to the Intercollegiate Document training can be tailored by organisations to be delivered annually or once every 3 years and encompass a blended learning approach and would explain the apparent low figure completed for 2018/19. The annual Safeguarding Training Needs Analysis for the coming year will clarify the appropriate level of Safeguarding training required by each cohort of SECAmb staff.

In response to recommendations made in a 2017 Serious Incident investigation that outlined a case of grooming within the Trust, sessions on harmful behaviours (coercive and controlling behaviours which may be linked to grooming or bullying and harassment) were delivered to all staff with direct patient contact were delivered during 2018/19. Current data indicate 92.2% staff completed this training throughout the year.

Impact of Training

Feedback from staff measuring the impact of the L2 training suggested that over 80% of staff identified that it was relevant to their role. Measuring the impact of the training remains difficult to establish; however wider analysis of SECAmb's contribution to Domestic Homicide Reviews, Serious Case Reviews and Safeguarding Adults Reviews have highlighted the input that Trust crews and clinicians have played in maintaining patient safety and welfare.

The department has continued to see a year on year increase in referral activity. During 2018/19 a total of 13,784 safeguarding referrals were made to local authorities across Kent, Surrey, Sussex and Hampshire. This equates to an increase of 22 per cent over the previous year, much of which highlighted areas of potential self-neglect. During 2017/18 a significant amount of Safeguarding resource was invested in delivering enhanced face-face training to all paramedics and registered health practitioners; additionally, greater focus highlighted the risks of self-neglect. This training may explain the reason for the considerable increase in referrals throughout the year.

5. Effective Supervision and Reflective Practice

Safeguarding Supervision for the Trust's Safeguarding Lead and Nurse Consultant is undertaken by the relevant Designated Nurse for Safeguarding within clinical commissioning.

NHS Commissioning Safeguarding Standards for 2018/19 highlights that SECAmb should have a separate safeguarding and looked after children supervision policy. The Trust is currently in the process of developing a stand-alone Safeguarding Supervision policy and has scoped the required level of supervision for each relevant staff group

across the organisation. In the meantime all members of the Safeguarding Team receive supervision in line with contractual expectations

6. Effective Multi-Agency Working

As has been highlighted above, the department has continued to see a year on year increase in referral activity. During 2018/19 a total of 13,784 safeguarding referrals were made to local authorities across Kent, Surrey, Sussex and Hampshire. This equates to an increase of 22 per cent over the previous year, much of which highlighted areas of potential self-neglect. All referrals continue to be reviewed by members of the Safeguarding team before forwarding to the relevant local authority.

Despite the year-on-year increase in referrals there has been general acceptance that a significant number of these highlight individuals who, rather than safeguarding, require wider assessment of need. Clearly processing these increasing number of referrals in a timely way increases the pressure on the limited safeguarding resources across the health and social care economy. Throughout 2018/19 increasing pressure on processing referrals has been challenged within SECAmb and by external agencies including the Safeguarding Boards. As a consequence, a priority area for the Safeguarding Team is to work with commissioners, Boards and local authorities to triage referrals according to thresholds operating across Kent, Surrey & Sussex. This will allow greater focus on the quality of each referral to ensure information is shared with the appropriate service and to improve outcomes for those individuals at risk.

Referrals to other agencies recognises the preventative role that Fire & Rescue Services can play in supporting adults at risk. During 2018/19 SECAmb activity indicates that over 200 referrals have been made to Fire & Rescue services across Kent, Surrey and Sussex. Any subsequent feedback received by the Safeguarding Team from the relevant Fire Service is in turn feedback to the relevant ambulance crew or station raising the original concern.

During 2018/19 SECAmb contributed directly to over 30 Child Death Review Processes (CDOP) across Kent, Surrey & Sussex. One area of learning identified for SECAmb was in relation to telephone/radio communication between the ambulance service and the Emergency Department at a local hospital. There was a miscommunication in that the hospital thought the caller said there was a 80 year old cardiac arrest enroute to hospital when in fact it was an 8 year old. As a result, there was a delay in the process of alerting the Paediatric team at the hospital. While this didn't impact on the outcome for the patient, it was recognised that it could have a negative impact on another child in the future. In response the Trust's Quality Hub in discussion with the Safeguarding team produced a 'Radio Etiquette' poster reminding staff to communicate with other professionals by ensuring appropriate terminology that minimises risks of ambiguity. The poster was cascaded to all front-line and operational staff.

The Trust's Safeguarding policy recognises that the patient, or representative must provide consent before any information is shared with and disclosed to other external agencies. Safeguarding training and education throughout 2018/19 considered areas of

safeguarding risks that challenged staff to consider the 'think family' principle. Although 'think family' wasn't explicitly included within the training terminology, evidence from safeguarding referrals highlighted as part of formal review processes suggests that staff are able to recognise safeguarding concerns that might impact on other individuals at risk within the family, home or other environments.

Throughout 2018/19 SECAmb provided regular assurance about its safeguarding function to the Safeguarding Boards and Clinical Commissioners across Kent, Medway, Surrey, Sussex and NE Hampshire. Monthly exception reporting and quarterly dashboard returns were submitted in line with other NHS providers to NHS Guildford & Waverley CCG. The information was subsequently shared with all Safeguarding Boards across the region. Regular reporting included assurance on:

- SECAmb's policy developments in relation to Safeguarding Supervision
- Prevent activity
- Safeguarding training
- Referral activity

Areas of challenge in SECAmb's safeguarding assurances and governance are discussed and agreed at the Safeguarding Sub-Group and through Safeguarding Supervision with Designated Professionals at the CCG.

Local Safeguarding Children Boards (LSCBs) seek assurance about organisational compliance under Section 11 of the Children Act 2004. The introduction of the Care Act 2015 placed Safeguarding Adult Boards (SABs) onto a statutory footing and each Board has been developing benchmarking assurance tools to identify good practice for safeguarding adults which broadly replicates the Section 11 requirements.

Section 11 audits are received every two years; throughout 2018/19 SECAmb received section 11 audit requests from the Surrey and East Sussex Safeguarding Children's Board. The audits recognised previously highlighted gaps and risks in the SECAmb's Safer Recruitment and DBS processes. Challenge events held by the relevant Safeguarding Boards have allowed the opportunity for SECAmb to provide assurance on how risks are mitigated and improved.

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

When an allegation about abuse or neglect has been made, an enquiry is undertaken to find out what, if anything, has happened.

The findings from the enquiry are used to decide whether abuse has taken place, whether the adult at risk needs a protection plan and whether any wider learning can reduce future risk.

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During 2018/19 SECAmb were asked to contribute to 31 separate Section 42 enquiries. These were broken down into the local authorities below:

- Kent – 6
- Medway – 2
- East Sussex – 7
- Surrey – 6
- West Sussex – 7
- Brighton and Hove – 3

In many of these cases the Trust was asked to provide a summary of involvement as concerns had been raised on the care delivered by other providers. Areas of learning for SECAmb are recorded and monitored at the monthly Safeguarding Sub-Group. The example below highlights the outcome of a Section 42 enquiry and the subsequent learning for the Trust in relation to the patient's mental capacity.

Care Act - Section 42 Enquiry - case summary
The Trust attended a patient following a fall in her home. She was an adult with learning difficulties who lived with her elderly parents. Although sustaining an arm injury, she was not transported to hospital at the time and two further calls over the subsequent 10 days were made, before she was finally transported to hospital where a fractured dislocation of her shoulder were identified.

Areas of good practice
The patient was identified as being vulnerable and a safeguarding referral was completed following the second attendance at her home. Each attendance was well documented overall with good worsening care advice given and clear treatment plans agreed prior to leaving scene. Crews were sensitive to the patient's wishes to remain at home because of her fear of attending hospital.

Areas of learning
Attending crews made treatment plans assuming that the patient's parents would be able to undertake these (transport to local walk-in centre). It was not possible for the crews to fully appreciate the limits of the parent's capacity to understand the advice and to act upon it, resulting in the planned attendance at the walk-in centre not happening. Whilst the capacity of the patient was assessed at the second visit, a Mental Capacity Assessment form was not completed which made understanding the decision making was problematic. A best interest decision was made for the patient which was appropriate, but again relied on the parent's (carers) own capacity.

Changes in practice or service delivery/reminders of practice
Staff should utilise the Trust's MCA assessment and Best Interest plan documentation to evidence clinical decision making. Appreciation of the possible vulnerability of care givers and whether they can undertake and understand the worsening care advice being given should be considered.

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NHS England's Safeguarding *Accountability and Assurance Framework* sets out the safeguarding roles, duties and responsibilities of all organisations commissioning and delivering NHS health and social care. During 2018/19 SECAmb completed two self-assessment documents benchmarking its position in relation to twelve commissioning standards incorporated into the Framework. Any gaps or risks in the self-assessment document were included in the annual safeguarding workplan and monitored at the monthly Safeguarding Sub-Group. Monitoring of the Trust's compliance against the Accountability & Assurance Framework is undertaken via CCG exception reporting and Safeguarding Supervision.

Following the 2018 inspection, the Care Quality Commission recommended the Trust should ensure that processes for providing staff with feedback from safeguarding alerts is improved to strengthen and develop learning.

Following the development of an action plan jointly agreed between Safeguarding and the Project Management Office that was reviewed every two weeks at Quality Compliance Steering Group, all the actions were on track and were completed.

The action plan consisted of three over-arching themes:
- setting staff expectations when receiving feedback,
- promoting system wide learning from safeguarding concerns
- establish the consistency of local authority feedback to staff.

The main actions and updates from the three themes as below:

Action	Update	Status
Ensure staff expectations on level of feedback are included in standard Safeguarding e-mail responses to alerters	Copy of updated standard e-mail responses were updated to reflect staff expectations	Complete
Document current process for system wide learning from safeguarding concerns	Learning is discussed and highlighted at the Trust's Safeguarding Sub-group and feedback agreed. This is cascaded via the Trust's monthly internal bulletins/ quality posters. Safeguarding information is also shared through the weekly bulletin as and when required	Complete. However this action overlaps with wider organisational learning from other avenues including Incidents, Sis, Complaints
Establish the consistency of local authority feedback	There were approximately 200 cases which have	Complete - There is no capacity to deliver this task

to staff	feedback to return to the referrer (in addition to the original automated feedback response) – capacity within the safeguarding team has been limited to complete all of these.	therefore it was agreed at QCSG the learning feedback being incorporated into the monthly QI Hub poster – this will demonstrate what action has taken place following feedback

7. Reporting Serious Incidents (SIs)

Contained within the safeguarding commissioning standards are the expectations that SECAmb will ensure that any serious incidents are reported and are investigated in line with the Serious Incident Framework. Additionally, the Trust needs to ensure that any serious incident related to safeguarding children and adults is reported to the lead commissioners. As has been highlighted elsewhere within this report regular exception reporting to the lead commissioner provides assurances on the overlap between SIs and safeguarding.

During 2018/19 there was a significant improvement in how SECAmb ensured greater safeguarding oversight of SI declarations, SI investigations and SIs that have a safeguarding element. There were also significant improvements in how the recording and learning from these events were cascaded throughout the organisation.

Changes introduced during 2018/19:
- Formal recording highlighting any safeguarding themes on the weekly SI tracker
- Confirmation at Serious Incident Group (SIG) meeting that declare Safeguarding SIs
- Improved ability to record Safeguarding SIs aligned to the relevant Local Authority
- Align individual SIs to S42 Care Act (2014) Enquiries coordinated through each local authority
- Oversight by the Safeguarding Lead of the Prevention of Future Deaths Regulation 28 requirements made by HM Coroner to the Trust
- Assurance that SI action plans with a safeguarding theme are shared and reviewed in partnership with commissioners
- Provision of improved assurance to commissioners on SI declarations and Section 42 action planning for Q4

Examples of Areas of Learning

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SI Investigation - Case Summary
Concerns that two frail and vulnerable sisters known to SECAmb and temporarily residing at the same property could have been left on the kitchen floor for up to three days without any safety netting in place. One of the individuals subsequently died of pneumonia and hypothermia, the other individual was taken to hospital and was discharged back home four to five weeks later.

Areas of good practice
There was evidence of welfare calling
There was regular communication between SECAmb and the police who made the original call to 999

Areas of Learning
• There was failure to recognise worsening changes in patients' conditions and did not escalate
• The ambulance was stood down without escalating or referring the upwards

Changes in practice or service delivery/reminders of practice
All Staff involved in overseeing patient welfare who assess evidence of worsening condition should ensure they have the mechanism to escalate.

8. Engaging in SCRs/SARs/DHRs/Partnership Reviews
In line with the Local Safeguarding Children Boards (LSCB) Regulations (2006) which describes the responsibility of LSCBs in relation to undertaking Serious Case Reviews (SCRs) under Section 14 of the Children Act 2004, and for Safeguarding Adult Boards (SABs) the Care Act 2015 introduced the requirement to undertake Safeguarding Adult Reviews (SARs). Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004).

Throughout 2018/19 SECAmb were asked to contribute summaries of involvement to commissioning Safeguarding Boards and Community Safety Partnerships to over forty SCRs, SARs and DHRs across Kent & Medway, Surrey, Sussex and Hampshire. Of this total, 24 progressed to formal reviews, these figures were broken down to:
- Domestic Homicide Reviews – 9
- Serious Case Reviews – 6
- Safeguarding Adult Reviews - 9

Many of these reviews remain in progress at the time of writing however SECAmb can provide assurance that demonstrates that the Trust have adopted learning from both local and national reviews. For example, a recent DHR highlighted signs of potential domestic abuse where the victim sadly took her own life. The records indicated that SECAMB had very limited contact with this patient. All calls were handled well and attended promptly by crews. However, with the benefit of hindsight, it's debatable whether triggers recognising potential domestic abuse could have been escalated by

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SECAmb staff. As a result of this case SECAmb will continue to raise awareness of escalate and report any concerns suggesting domestic abuse.

It is important to note that during 2018/19 over 750 safeguarding referrals made by SECAmb staff highlighted domestic abuse as the primary concern. The 750 safeguarding referrals highlighting concerns of potential abuse constitutes around five per-cent of the total number of safeguarding referrals made by SECAmb to the various agencies across Kent & Medway, Surrey, Sussex and Hampshire during 2018/19.

The trust has produced several different DA resources for staff. This information has been designed to support the staffs' understanding of the issue so they can potentially spot and provide support to people who may be being abused. These resources include the identification of risk indicators and signs of domestic abuse; there is advice provided on the actions available to staff who may need to raise or escalate concerns via the Safeguarding Team. Other resources include DA Aide Memoire for front-line staff and call centre clinicians where information may be disclosed by the victim or the victim's representative.

As part of the formal review processes the Trust constructs and implements its single agency action plan in response to its own internal investigation. Progress against any action plan is monitored at the monthly Safeguarding Sub-Group with any subsequent organisational risk escalated at the Clinical Governance Board meeting. Similar assurances are reported to the Trust's lead commissioners and the health sub-groups of the two Surrey Safeguarding Boards.

9. Safer Recruitment and Retention of Staff
Highlighted within the 2018/19 Safeguarding and Looked after Children Standards for NHS Foundation Trusts is the expectation that providers can demonstrate they have safe recruitment procedures that protect and safeguard adults at risk and children in line with guidance for NHS employers.

During 2018/19 the Trust's Recruitment and Selection Policy and Procedure was ratified with a review date due in 2021. The policy confirms that all job descriptions include a statement on the roles and responsibilities to safeguard and promote the welfare of children, young people and adults at risk of abuse and neglect. The safeguarding statement in all job descriptions take into account the work of all staff and volunteers throughout the organisation. All contracted services or individuals that work in regulated activity for the Trust follow safer recruitment processes.

In line with commissioning standards for safeguarding, SECAmb has a process in place to respond to positive Disclosure and Barring Service (DBS) concerns. All cases whereby a disclosure is made or a DBS check identifies previous convictions/cautions etc. will be reviewed by the DBS panel. The panel will consist of a member of the HR recruitment team, a senior operational manager and a senior safeguarding representative. The HR representative will ensure that the decisions made, and the rationale for them, are captured, shared in a timely manner and held securely. All decisions will be made by the operational and safeguarding representatives.

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SECAmb's 2018 East Sussex LSCB Sec 11 audit highlighted an area of risk regarding its recruitment processes. Assurance could not be provided that all staff who have contact with children, young people and families were properly selected and had appropriate checks in line with current legislation and guidance; follow-up DBS checks were not 100% compliant although it was recognised that process were in place to address these deficits

A project mandate with Executive oversight to address deficiencies in SECAmb's safer working processes was developed. The objectives of the project were:
> 1. Review and implement a system to maintain electronic personnel files by 30 June 2019
> 2. Ensure all employees have had necessary pre-employment checks undertaken by 30 June 2019
> 3. Complete the inventory of all paper and electronic files by 31 March 2019

Scrutiny and assurance of the project was provided at the weekly Quality & Compliance Steering Group. Outcomes from the Quality & Compliance Steering Group were escalated up to the Trust Board and shared with local NHS commissioners.

At the end of the reporting period there were 4 people being followed up for outstanding DBS renewals. This has seen over a 99% reduction in outstanding DBS checks since June 2018. For the remaining individuals this work is being supported through the QI Hub and HR are working with the staff members' line managers to get this complete.

10. Managing Safeguarding Allegations Involving Members of Staff
SECAmb is required to adhere to statutory guidance in Working Together to Safeguard Children 2015, the Care Act 2014 and the Safeguarding Boards' multi-agency procedures. The Trust therefore has a duty to report any incident where a member of staff has behaved in a way that has or may have harmed a child/adult at risk, acted inappropriately towards a child/adult at risk or committed a criminal offence against or related to child/adult at risk.

The Trust's Managing Safeguarding Allegations policy and procedure sets out how SECAmb will manage any allegations against employees relating to the abuse of children and adults at risk.

This policy seeks to prevent and address abuse by those who work with both children and adults at risk, particularly children and adults who may be at increased risk and may be unable to protect themselves from harm because of their care and support needs.

This policy sets out the Trust's commitment to safeguarding children and adults from abuse and neglect and gives direction to enable the Trust to deliver an appropriate response. The procedures also clarify the actions than the Trust are expected to take in the event to the relevant external agencies including the Local Authority Designated Officer (LADO).

During 2018/19 the findings of a comprehensive review were presented to the Trust Board, commissioners and NHS England identifying whether SECAmb correctly identified and managed all potential safeguarding cases over the past 2 years. For the two-year period of review from March 2016 – March 2018 the total number of Trust disciplinary cases were reviewed and of these 37 were initially considered to have an underlying safeguarding component. Using the questions highlighted above, closer oversight of the 37 disciplinary cases identified that 14 of these required dedicated safeguarding involvement to maintain and promote the safety of vulnerable individuals. It's an area of concern that the review of the 14 safeguarding cases evidenced the Safeguarding Lead was made immediately aware of only seven of these cases. This suggests that nearly half of formal disciplinary cases with a safeguarding theme were either not known to the Safeguarding Lead or were bought to the attention of the Lead mid-way through the investigation.

Following the review a comprehensive nine point action plan was developed aimed at addressing the subsequent risks identified throughout the 2017/18 review. Scrutiny of progress was provided at the trust's monthly Safeguarding Sub-Group meeting and assurances were provided to the Trust Board and commissioners

During 2018/19 records show that allegations of a safeguarding nature were made against twenty-six members of staff. Concerns included historical allegations of child abuse and neglect, inappropriate physical contact without patient consent and allegations of physical assault. Throughout the reporting period there was evidence that nineteen of these allegations were reported to the relevant LADO across Kent, Surrey and Sussex. Of the remaining seven cases a referral to the LADO was not considered appropriate as there was no indication that the allegations met the required threshold for LADO involvement. Where appropriate and cases and allegations that met LADO thresholds were raised to the police, CQC, HCPC, lead commissioners and were reported the Serious Incident reporting process.

Actions for continued development and improvement of SECAmb's Managing Allegations procedures throughout 2019/20 include develop a suite of training resources aimed at increasing HR staff awareness of vulnerabilities within different cohorts of staff where allegations may be raised. This will link into the Key Skills sessions for front line staff that focuses on recognising behaviours and traits indicative of wider safeguarding concerns.

11. Mental Capacity Act Policy
The Mental Capacity Act 2005 (MCA) provides a legal basis for determining an individual's capacity to make decisions at the time they need to be made.

The Trust's MCA policy is for all staff working within SECAmb who are involved in the care, treatment and support of people over the age of sixteen (living in England or Wales) who are unable to make some - or all - decisions for themselves.

The policy is designed primarily for all staff who have direct patient contact, however all staff have a duty to act in accordance with the MCA.

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Where patients may lack capacity to consent to treatment or be unable to make decisions for themselves SECAmb ensures that best interest decision making is evident that's consistent with the five principles of the Mental Capacity Act. Throughout 2018/19 the Trust's Clinical Audit Department undertook an audit of the organisation's mental capacity processes. The aim of this audit was to ensure that there is sufficient documentary evidence of capacity assessment and best interest decisions.

This audit found that there were an extremely high proportion of incidents where a mental capacity assessment form was not completed on patients that had a cognitive impairment and would not have been able to give valid consent. This needs to be further clarified; the MCA policy highlights that capacity assessments should be completed whenever a patient lacks capacity to consent. In most cases where there was a lack of capacity to consent, the patient was still happy to accept the clinical intervention, therefore the capacity assessment wasn't formally documented.

There was also 100% non-compliance for documenting a reason for not completing the mental capacity assessment form.

60% of patients deemed to not have capacity had a best interest form completed.

There was no documentation of rationale for not completing a Mental Capacity Assessment form for all the non-compliant incidents. This low compliance may be due to mental capacity assessment forms not being linked to incidents. This means the database was searched manually for every incident number included in the audit and 13 were found. However, the field 'MCA Form' tick box was also viewed on the patient clinical record and resulted in no extra incidents being found.

The audit made two recommendations for future practice:

Recommendation 1
The proportion of patients that are assessed using the mental capacity assessment form when there is a concern around mental capacity should be raised to over 95% by 2020/2021.

Recommendation 2
When a patient is deemed to not have mental capacity, the proportion of these patients that have a best interest plan should be raised to 100% by 2020/21

Progress on the two recommendations highlighted above will continued to be monitored via the Safeguarding Sub-Group. Safeguarding training for all clinical staff for 2019/20 has, through Key Skills and e-learning had a greater focus on the Mental Capacity Act. Additionally, developed within the new electronic Patient Care Record (ePCR) is an improved section that will promote improved compliance with the expectations of the Mental Capacity Act. This new ePCR will require clinicians to complete mandatory fields before progressing onto the recording of any subsequent best interest decision making.

Restrictive Practice

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As a commissioned NHS provider, SECAmb needs to ensure that patients' rights are protected through the lawful use of any restriction and restraint. The Trust's MCA policy and safeguarding training & education packages provide resources that focus on the lawful use of restraint.

During the reporting period the Trust received a formal complaint and a Section 42 request from a local authority requiring information on allegations that SECAmb staff used disproportionate restraint when conveying a patient with capacity to hospital. The outcome of the investigation concluded that following a mental capacity assessment, the crew acted in the patient's best interest in conveying the patient to hospital for on-going mental health input. These actions would be in line with SECAmb's mental capacity policy and training. The investigation also highlighted significant concerns regarding the patient's capacity to consent to hospital conveyance and that the level of restraint used to convey was proportionate and least restrictive.

SECAmb DNACPR Processes

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) have improved the way in which Do-Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents are managed. DNACPRs are now uploaded to the Trust's Intelligence Based Information System (IBIS) so that they can be viewed by ambulance clinicians if the original form cannot be found at the patient's side.

This streamlined process ensures that a patient's clinical needs are met, and wishes at the end-of-life are adhered to, even in the case that a DNACPR is lost or destroyed on scene.

To ensure the form is recognised as valid by SECAmb clinicians, and to allow for effective upload, all of the following information is required on the DNACPR:
  ➢ Patient details – Full name, address, NHS number (essential for upload)
  ➢ Signed and dated by the appropriate senior Health Care Professional
  ➢ Review date (if applicable) or indefinite
  ➢ Must be legible.

12. Priority Areas for 2019/20
The priority areas for the year are highlighted as below and have been included within the coming year's workplan that's scrutinised at the monthly Safeguarding Sub-Group meeting
  • Embed changes in SI and safeguarding incidents reporting during 19/20
  • This year the focus will look at embedding a greater understanding of domestic abuse and how to support staff in dealing with domestic abuse in patients and colleagues.
  • Work in partnership with commissioners, local authorities and Safeguarding Boards to streamline and triage safeguarding referrals
  • We are looking to develop and embed greater understanding of the link between the Mental Capacity Act and consent in our service.
  • Develop a stronger model of safeguarding supervision across the organisation.
  • Training Plans for 2019/20

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- ➢ Increased Mental Capacity Act Key Skills training
- ➢ Introduction of a new Prevent Basic Awareness e-learning training package for all staff
- ➢ Focus on developing Level 3 Safeguarding Adults training resources consistent with the Intercollegiate Document

13. Conclusion

2018/19 saw continued developments within the safeguarding function across the Trust. Greater financial investment in the Safeguarding Team has allowed improved processing of safeguarding referrals submitted by practitioners across the Trust. The introduction of a substantive Safeguarding Consultant to work alongside the Trust's Safeguarding Lead has increased safeguarding leadership across the Trust; it has allowed greater flexibility in ensuring that SECAmb is represented at and committed to the priority areas of the Safeguarding Boards across Kent, Medway, Surrey and Sussex.

Following regular challenge from SECAmb's commissioners, during 2018/19 there was a significant change in how SECAmb ensured greater safeguarding oversight of SI declarations, SI investigations and SIs that have a safeguarding element. There were also significant changes in how the recording and learning from these events were cascaded throughout the organisation.

Learning from incidents, complaints and safeguarding reviews have allowed the team to contribute to monthly learning posters from safeguarding incidents, operational bulletins have included learning from CDOP reviews and the Key Skills programme this year has had a focus on coercive and controlling behaviours.

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South East Coast Ambulance Service **NHS**

NHS Foundation Trust

		Item No	62/19
Name of meeting	Trust Board		
Date	26 September 2019		
Name of paper	Diversity and Inclusion – Workforce Race and Disability Equality Standard Report		
Executive sponsor	Paul Renshaw, Director of Human Resources and Organisation Development		
Author name and role	Asmina Islam Chowdhury, Inclusion Manager		
Synopsis,	This report was considered by the Workforce & Wellbeing Committee and details the Trust's Workforce Race Equality Standard, which were submitted to NHS England in August 2019. It also details the first submission against the Workforce Disability Equality Standard (WDES) which was implemented in NHS standard contracts from April 2019. The paper includes a copy of an action plan approved by the Inclusion Working Group (IWG) on 13th September 2019, to deliver progress against both the WRES and WDES metrics and Trust Equality Objective. The action plan which is refreshed annually is monitored by the IWG. The report demonstrates insufficient progress made to date with a number of actions outstanding from previous years being carried forward. The area served by the Trust has a visible Black and Minority Ethnic population of approximately 9.5%, whereas the Trust workforce has remained static at 3.8% for two years. A lack of Board diversity was also highlighted in our recent Care Quality Commission (CQC) report.		
Recommendation	The Board is asked to note the findings of the report and confirm their commitment their commitment to ensuring progress on this agenda going forwards		

<p style="text-align: center;">**Workforce Race Equality Standard (WRES) and**</p>

<p style="text-align: center;">**Workforce Disability Equality Standard (WDES)**</p>

1. Introduction

1.1. This report provides the outcomes of the 2019 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) submitted to NHS England in advance of the 1st August 2019 (WDES) and 31st August 2019 (WRES) deadlines. Full results are provided in Appendix one.

1.2. The report also sets out the proposed action plan to deliver progress against both the WDES and WRES over the next 12 months.

1.3. The Inclusion Working Group (IWG) monitor the overarching action plan (Appendix two), which is updated each year to maintain and deliver progress against the metrics.

2. Background

2.1. **Workforce Race Equality Standard (WRES)**

    2.1.1. The WRES was introduced by the NHS Equality and Diversity Council (EDC) for all NHS Trusts and Clinical Commissioning Groups in April 2015. This was in response to 'The Snowy White Peaks' a report by Roger Kline which provided compelling evidence that barriers, including poor data, are deeply rooted within the culture of the NHS. The report highlights a clear link between workforce diversity of NHS organisations and better patient access, experience, care and outcomes.

    2.1.2. The WRES formed part of the standard NHS Contract as of the 1 April 2015. From April 2016 it was also included as part of the CQC inspection standards, and lack of progress against the WRES was highlighted within our most recent CQC report.

The nine WRES metrics cover:

- Four workforce metrics – data provided showing comparison of the experience of Black and Ethnic Minority (BME) employees and candidates
- Four NHS Staff Survey findings – Key Findings 18, 19, 27 and question 23b; all specifically focus on the experience of employees from an Equality and Diversity perspective.
- A metric aimed at achieving a Board that is broadly representative of the population served.

2.2. **The Workforce Disability Equality Standard (WDES)**

    2.2.1. The WDES was commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract. All NHS Trusts were required to submit their first year's data by 1st August 2019 to NHS England. Following this, results must be published to the Trust website action plan developed to address any discrepancies.

    2.2.2. Ten evidenced based metrics, (Appendix one) not dissimilar to the WRES, will enable NHS organisations to compare the experiences of disabled and non-disabled

staff. This information is to be used to develop local action plans designed to enable demonstrable progress against the indicators of disability equality.

The WDES ten metrics cover:

- Three workforce metrics of which metric one (workforce composition) and metric two (recruitment) replicate the WRES metrics, whereas metric three looks at the likelihood of disabled staff being taken through the formal capability process in comparison to non-disabled staff.
- Six NHS Staff Survey findings
- ➢ A metric aimed at comparing the workforce composition against Board representation by
  - o voting membership of the Board
  - o Executive membership of the Board

2.3. Both WRES and WDES are designed to ensure effective collection, analysis and use of workforce data to address the under-representation and experience of Black Minority Ethnic (BME) and disabled staff across the NHS. Research suggests the experience of minority staff and the extent to which they are valued by their organisations is a very good indicator of both the climate of respect and care for all within NHS trusts, as well as of how well patients are likely to feel cared for.

3. WRES Key findings 2019

3.1   The key findings of the results are provided below:

3.1.1. There has been an increase in the BME workforce to 144 people (3.8%), up from 128 reported in 2018.   This increase is not consistent with the overall growth of the organisation. As a result, we will see a slight decrease in the percentage of BME people in the workforce overall, despite the largest increase in headcount since we began reporting against the WRES. Nationally the average for the ambulance sector was 4.6% *(WRES 2018 data Analysis report for NHS Trusts, January 2019).*

The area we serve generally has a lower ethnic diversity than the England average of 20.2 %, and South East England (SEE) at 14.8% except North West Surrey, which is higher, and Crawley, and Dartford and Gravesham that are on a par. Surrey Downs is higher than the SEE, and 4 CCGs listed below are on a par with or close to SEE. These results fit with SEE at 14.8%. which has a lower than England average.

- ➢ North West Surrey 20.7 % (above England)
- ➢ Crawley 20.1 % (=England)
- ➢ Dartford, Gravesham and Swanley (=England)
- ➢ Surrey Downs 15.9% (above SEE)
- ➢ Surrey Heath 14.5%
- ➢ Medway 14.5 %
- ➢ Guildford and Waverley 14.1%
- ➢ East Surrey 13.7 %

6.02% staff in non-clinical roles for SECAmb are from a BME background in comparison to 2.7% within clinical. These figures remain the same from our 2018 data. Although the relocation of the Trust Headquarters to a more ethnically diverse area may have had a positive impact initially, there hasn't been any further increase as a result. Appendix three provides a breakdown of staff by ethnicity by directorate and OU.

Further analysis of Trust recruitment data for the year to date (April 2019 – July 2019) shows that 72% of all applications to the Trust from BME candidates are for our higher volume roles (111, EOC and Frontline Operations), with 96% of BME appointments made in this period also in this category. However, the BME applications make up only 10% of applications overall.

More significantly, despite 57% of posts available in this period being for Emergency Care Support Worker (ECSW), Newly Qualified Paramedic (NQP) or Critical Care Paramedic (CCP) only 6% of overall applications to these roles were from BME candidates (15.8% of all BME applications).

Despite an overall increase in BME headcount, there is a need to identify possible retention issues, with BME staff making up 6.69% of all leavers in the last financial year, higher than the rate of overall BME recruitment for the same period. Appendix four provides a breakdown of Trust leavers by OU and directorate, and also shows that BME staff were 1.8 times more likely to leave the organisation than White staff in the last financial year.

Employee recruitment by race	Application		Shortlisted		Appointed	
	Headcount	%	Headcount	%	Headcount	%
White	7757	85.67%	5484	89.70%	1445	93.05%
BME	1173	12.96%	554	9.06%	95	6.12%
Undisclosed	124	1.37%	76	1.24%	13	0.84%
Total	9054	100.00%	6114	100%	1553	100%

Application to appointment by WRES race categories. April 2018- March 2019

3.1.2. Metric two of the WRES measures the likelihood of BME candidates from shortlisting being appointed in comparison to their white counterparts. This figure continues to show that BME candidates are less likely to be appointed from shortlisting than their White counterparts. The change of 0.03% is unlikely to be statistically significant, with BME staff now being 1.54 times less likely to be appointed following shortlisting than their White counterparts. This is down from 1.57 in 2018. The national figure for ambulance Trusts in 2018 was 1.63.

3.1.3. The 2018/19 figures show an increased likelihood of BME staff being taken through the formal disciplinary process in comparison to White colleagues. This figure increased from 1.6 times more likely in 2017/18 to 2.27 in 2018/19 for the latest reporting period, equating to 11 cases over a two-year period, of which six were in the last 12 months.

Although, the numbers are small, the figures are calculated as a ratio and therefore comparable with data for employees who have declared ethnicity as White or chosen not to declare.

	Likelihood of White staff entering the formal disciplinary process	Likelihood of BME staff entering the formal disciplinary process	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff
SECAmb 2019	1.83%	4.16%	2.27

SECAmb 2018	1.94%	3.12%	1.61
SECAmb 2017	1.99%	1.65%	0.83

Relative likelihood for BME staff entering the formal disciplinary process compared to white staff

The NHS England report A fair experience for all: Closing the ethnicity gap in rates of disciplinary action across the NHS workforce notes that although there have been year on year improvements against the WRES metrics generally, only ambulance trusts continue to see deterioration against this metric, with an average figure of 1.74.

3.1.4. The 2018/19 submission saw a decline in relation to BME staff undertaking non-mandatory training and CPD in comparison with White colleagues. In the 2017/18 reporting period, BME staff were more likely than White colleagues to undertake non-mandatory training at a 0.84 likelihood, this has now dropped to 1.14 times less likely. The ambulance sector average is 1.09, however the 2018 data analysis report identifies that there have been variations by sector over the last three years.

SECAmb reports against all non-mandatory training and Continuing Professional Development (CPD) recorded on Online Learning Management (OLM) system. Lack of capacity within the Organisation Development team saw a pause placed on all in-house non-mandatory training in 2018/19 and this may account for some of the decrease.

3.1.5. All four staff survey related metrics saw a decline in BME staff experience in this reporting period. The 2018 staff survey saw an increased completion rate by BME staff with 73 respondents identifying as BME up from 53 the previous year. This made up 4% of the total survey responses for 2018 and 58% of BME staff in the organisation overall.

3.1.6.   Metric five, the 2018 staff survey saw a decrease in White staff experiencing harassment, bullying and abuse from members of the public / patients but a 4% increase for BME staff. The figure fell from 50.99% to 49.3% for White staff and increased from 30.80% to 34.25% for BME staff. Nationally, ambulance staff, BME and White, continue to experience the highest levels of bullying, harassment and abuse from patients, relatives and the public.

3.1.7. The latest staff survey figures show that for metric six, 35.62% of BME staff and 35.02% White staff experienced harassment, bullying and abuse from colleagues. Whilst there was an 7% decrease for White staff reporting against this indicator, there was a 3% increase for BME staff.

As an ambulance sector this figure was 35.2% for BME staff, and increased by 3.8% since 2016, the biggest deterioration across all NHS sectors.

3.1.8. Metric seven noted a 5% increase in White staff believing the Trust provides equal opportunities for career progression. This figure increased from 60% to 65% in the 2018 staff survey. However, there was a decrease of 14.4% for BME staff on the previous year from 61.29% in 2017 to 47% in 2018.

The ambulance sector has seen the largest year on year deterioration against this metric down from 70.4% in the 2016 submission to 52.4% in the 2018 submissions for BME staff nationally.

3.1.9. There was a 10% increase in BME staff reporting discrimination from a manager / team leader or other colleagues in this reporting period. This was up from 13.2% in the 2017 staff survey to 23.1% for BME staff in 2018. White staff reported a small decrease 15.8% to 13.2%

Despite being the only sector to report an improvement against this data in 2018, ambulance trusts as reported the highest percentage of BME staff experiencing discrimination from a manager / team leader or other colleagues at 18.3% nationally.

3.1.10. The Trust continues to report an all-White Board in 2018/19. Although the Board continues to be non-representative in both voting membership and executive membership, there has been a significant improvement with all Board members now self-reporting their ethnicity status.

In 2018, the ambulance sector overall reported an overall increase of three BME Board members, 11 up from 8 in 2017.

The NHS Long term plan has set out a clear commitment to the WRES, funding this workstream until 2025. As part of this, every NHS organisation will be required to set a target for Black, Asian and Minority ethnic (BAME) representation across its leadership team and workforce by 2021/22, aiming to ensure that senior teams more closely represent the diversity of the communities they serve.

4. WDES Key findings 2019

4.1. The key findings of the Trust's first WDES results are provided below

4.1.1. Metric one looks at the number of staff by disability, non-disability and no disability declaration as recorded on the Electronic Staff Record (ESR)

The Trust has reported a 3.7% disability declaration on ESR against an NHS average of 3%, however this is against a Trust declaration of 25% (439 responses) on the last staff survey. The WDES data breakdown also highlights slightly higher levels of non-declaration in both clinical roles overall and the higher staff grades within both clinical and non-clinical groups.

7.6 million people of working age (16-64) reported that they had a disability in January-March 2019, which is 18% of the working age population. Of these, an estimated 3.9 million were in employment. The Office of National Statistics (ONS) estimates that 32.63 million are in work in the UK, so this would equate to 11.9% with a disability.

Reasons for non-declaration are numerous, including lack of understanding for disclosure; an individual's perception of their disability, access to systems to update, lack of trust / fear that declarations would be accessed inappropriately.

4.1.2. Metric two of the WDES measures the likelihood of disabled candidates from shortlisting being appointed in comparison to their non-disabled counterparts.

At 1.08 this figure shows that our disabled candidates are less likely to be appointed from shortlisting than their non-disabled counterparts. The Trust operates a disability confident scheme which guarantees an interview for candidates declaring a disability who meet the essential criteria. The discrepancy could be a result of inconsistent training for those conducting interviewees. However, there are known issues around reduced access to job opportunities for people with disabilities. The government

reported the unemployment rate for people with disabilities at 8.0% in the first quarter of 2019, compared to 3.3% for those without disabilities *(People with disabilities in employment, A. Powell, May 2019)*. A result of this maybe those with disabilities face greater challenges within a competitive process due to a lack of experience despite reasonable adjustments.

4.1.3. Metric three measures the number of staff taken through the formal capability process based upon a rolling two-year average. Data analysis ahead of reporting showed that of 11 formal capability cases in the last two years, none declared a disability and 8 declared themselves as non-disabled. As a result, the Trust has reported a figure of 0 against this metric.

4.1.4. Metrics four to nine use data taken from the NHS staff survey results. This year 439 (25%) of respondents declared a disability, and 1,291 (75%) of respondents stated they did not have a disability. In comparison, ESR declaration rates show 32.5% of staff do not have a disability declaration recorded, whereas only 38 respondents skipped the disability declaration on the staff survey.

4.1.5. Metric four, looks at the percentage of staff experiencing harassment, bullying or abuse from; patients/service users, their relatives or other members of the public; managers; from other colleagues in the last 12 months.

In all cases, the data shows that disabled staff are more likely to experience harassment, bullying or abuse. However, results also showed that they were as likely as non-disabled staff to report the behaviours experienced at 37.5% to 37.8%.

			Disabled		Non-disabled	
4	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	Number of Respondents/%	435	53.8%	1283	47.0%
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Number of Respondents/%	434	33.2%	1278	20.2%
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Number of Respondents/%	434	28.6%	1270	18.9%
	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Number of Respondents/%	261	37.5%	630	37.8%

NHS Staff Survey 2018, WDES Metric 4

4.1.6. Metric five, the 2018 staff survey showed that fewer disabled staff than non-disabled staff believe that the Trust provides equal opportunities for career progression with a difference of 10% overall. This figure was 57.1% for disabled staff and 67.5% for non-disabled staff. This is in comparison to 65% for the Trust overall.

4.1.7. The latest staff survey figures show that for metric six, 9.6% more disabled staff than non-disabled staff said they felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, at 42.7%. There was also a similar difference in the percentage of disabled staff (20.8%) vs non-disabled staff (30.3%) who they are satisfied with the extent to which their organisation values their work.

4.1.8. Metric eight looks at the percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. The question is taken from the NHS staff survey and differs from the Equality Act 2010 wording which uses the term "reasonable adjustments" in comparison to the staff surveys "adequate adjustments". 58.6% of staff who declared a disability in the survey responded positively and stated Trust had made adequate adjustments., However, there was a decrease of 14.4% for disabled staff on the previous year from 61.29% in 2017 to 47% in 2018.

4.1.9. Metric nine is split into two parts and looks at the overall engagement score from the NHS staff survey for disabled and non-disabled staff. As per the other survey scores the score for disabled staff was lower than the score for non-disabled staff at 5.7 and 6.3. The second part of the metric (9b) asks "Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?". Following the relaunch of our Enable, our disability and carers network, the Trust is able to respond positively to this question.

4.1.10. Metric 10 reports that only three of a total 16 Board members completed a disability declaration, of which one recorded a disability.

5. Next steps

5.1. A meeting of Inclusion Working Group members and subject matter experts convened on 22nd July 2019 to review results and propose actions to deliver further progress over the coming year.

5.2. It was agreed that the action plan for WRES, WDES would be combined and integrated with the action plan for the Trust Equality Objective ('The Trust will improve the diversity of the workforce to make it more representative of the population we serve'). Progress against this will be monitored and reviewed at IWG meetings, with regular reports to go to the HR Working Group.

5.3. The Workforce Wellbeing Committee (WWC) are asked to note the contents of this report. They are asked to consider an appropriate target to improve representation of BME staff within the workforce as well as the proposed action plan.

5.4. Additionally, the WWC is asked for their help to ensure that progress against this work is prioritised and managers are supported to deliver against this important area.

Report prepared by : Asmina Islam Chowdhury, Inclusion Manager

Appendix One, Workforce Race Equality Standard 2016-2019

		2016	2017	2018	2019
Metric 1	Overall workforce headcount	3262	3483	3337	3757
	Overall % visible BME	3.03%	3.59%	3.84%	3.80%
	BME headcount	99	125	128	144
Metric 2	Relative likelihood of white candidates being appointed from shortlisting compared to BME	3.84	1.26	1.57	1.54
Metric 3	Relative likelihood of BME staff entering formal disciplinary process compared to white staff	1.15	0.82	1.6	2.27
Metric 4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME	1.22	1.36	0.84	1.14
Metric 5	KF 25. Percentage of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	39.39%	58.82%	30.77%	34.00%
	KF 25. Percentage of White staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	60.94%	60.22%	51.00%	49.00%
Metric 6	KF 26. Percentage of BME staff experiencing harassment, bullying or abuse from staff in last 12 months.	27.00%	44.12%	32.69%	36.00%
	KF 26. Percentage of White staff experiencing harassment, bullying or abuse from staff in last 12 months.	32.16%	39.48%	42.00%	35.00%
Metric 7	KF 21. Percentage of BME staff believing that Trust provides equal opportunities for career progression or promotion.	67.00%	48.00%	61.29%	47.00%
	KF 21. Percentage of White staff believing that Trust provides equal opportunities for career progression or promotion.	66.45%	62.73%	60.00%	66.00%
Metric 8	Percentage of BME staff who have personally experienced discrimination at work in the last 12 months from Manager / team leader or other colleagues	16.00%	27.27%	13.00%	23.00%
	Percentage of White staff who have personally experienced discrimination at work in the last 12 months from Manager / team leader or other colleagues	13.26%	17.18%	16.00%	13.00%

Metric 9 - Board representation	White	-	69.23%	100.00%	100.00%
	BME	-	0.00%	0.00%	0.00%
	Unknown/ Null	-	30.77%	0.00%	0.00%

Paper for Workforce and Wellbeing Committee

Workforce Disability Equality Standard 2019

		Clinical							
		Disabled		**Non - disabled**		**Unknown/Null**		**Overall**	
		H/C	%	H/C	%	H/C	%	H/C	%
1	Cluster 1 (Bands 1 - 4)	21	2.5%	535	62.8%	296	34.7%	852	34.4%
	Cluster 2 (Band 5 - 7)	51	3.2%	1098	69.6%	429	27.2%	1578	63.7%
	Cluster 3 (Bands 8a - 8b)	4	9.1%	29	65.9%	11	25.0%	44	1.8%
	Cluster 4 (Bands 8c - 9 & VSM)	0	0.0%	1	33.3%	2	66.7%	3	0.1%
	Cluster 5 (Medical & Dental Staff, Consultants)	0	0%	0	0%	0	0%	0	0.0%
	Clinical totals	76	3.1%	1663	67.1%	738	29.8%	2477	65.8%
		Non-clinical							
		Disabled		**Non - disabled**		**Unknown/Null**		**Overall**	
		H/C	%	H/C	%	H/C	%	H/C	%
	Cluster 1 (Bands 1 - 4)	36	4.8%	418	56.2%	290	39.0%	744	57.8%
	Cluster 2 (Band 5 - 7)	23	5.3%	267	61.8%	142	32.9%	432	33.5%
	Cluster 3 (Bands 8a - 8b)	3	4.4%	34	50.0%	31	45.6%	68	5.3%
	Cluster 4 (Bands 8c - 9 & VSM)	1	2.3%	19	43.2%	24	54.5%	44	3.4%
	Non-clinical totals	63	4.9%	738	57.3%	487	37.8%	1288	34.2%
	Totals	**139**	**3.7%**	**2401**	**63.8%**	**1225**	**32.5%**	**3765**	**100%**
2	Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.	1.08							
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	0							

		Disabled		Non - disabled	
		H/C	%	H/C	%
4	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	435	53.80%	1283	47.0%
	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	434	33.20%	1278	20.2%
	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	434	28.60%	1270	18.9%
	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	261	37.50%	630	37.8%
5	% of staff believing that the Trust provides equal opportunities for career progression or promotion.	322	57.10%	882	67.5%
6	% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	337	42.70%	758	33.1%
7	% staff saying that they are satisfied with the extent to which their organisation values their work.	437	20.80%	1282	30.3%
8	% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	263	58.60%		

9a	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	439	5.7	1291	6.3
9b	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)	Yes			
10		**Disabled**	**Non - disabled**	**Unknown/Null**	**Overall**
	Difference (Total Board - Overall workforce)	3%	-51%	49%	
	Difference (Voting membership - Overall Workforce)	9%	-39%	30%	
	Difference (Executive membership - Overall Workforce)	-4%	-35%	39%	

Appendix Two. Integrated Equality Objective and Workforce Race Equality Standard action plan 2019-20

Equality objective 2017-2021 - "The Trust will improve the diversity of the workforce to make it more representative of the population we serve"

Action	Aim	Lead	Linked to metric	Timescales
1. Increase the ethnic diversity of the Trust Board as well as and develop and implement an Associate Non-Executive Director programme.	Improve Board diversity and positive action measure designed to build a BME pipeline	Chief Executive Officer	WRES metric 1 and 9 Equality delivery system 3.1	April 2020
2. Undertake a scoping exercise to identify; i. Operating Unit with a high ethnic diversity ii. The resources required to support and implement a recruitment initiative modelled on approach taken by Yorkshire and North East Ambulance Trusts.	Pilot is designed to increase engagement with BME communities, and will require partnership working with other NHS partners, and prolonged community engagement that will lead up to a collaborative recruitment open day.	Operating Unit Manager tbc	WRES Metric 1 and 2, WDES metric 1 and 2, Equality delivery system 3.1	Jan 2020
iii. Develop and Implement a reasonable adjustments passport with support from members of Enable, Trust's Disability and Carers network	To improve the experience of disabled staff within SECAmb and improve manager awareness of the need to support reasonable adjustments.	Inclusion Manager	WDES metric 7 and 8 Equality delivery system 3.5	December 2019
iv. Undertake a scoping exercise to identify barriers to having work experience placements within SECAmb.	To inform development of actions needed to help us progress towards being a Disability Confident level (3) employer.	Alison Littlewood, Head of Resourcing and Service Centre	WRES Metric 2, WDES metric 2 Equality delivery system 3.1 and 3.6	End Q4

v. Explore ways the Trust can deliver better community engagement via our volunteers	Increase capacity for a programme of engagement with BME communities which will build awareness of careers within the ambulance service.	Greg Smith, Voluntary Services Manager *With support from Katie Spendiff, Membership manager and Asmina Islam Chowdhury, Inclusion Manager*	WRES Metric 2 and 9, WDES metric 2 and 10	End Q3
vi. Undertake a deep-dive analysis of all BME formal disciplinary cases for 2018-19.	Identify potential inconsistencies in application of policy	Vicky Kypta, Falls Lead and WRES Expert	WRES metric 3 Equality delivery system 3.4 and 3.6	End Q3
vii. Establish a multi-disciplinary panel who will approve cases to proceed to a formal disciplinary/ capability investigation.	Ensure an equitable application of disciplinary and capability policies.	Head of Employee Relations	WRES Metric 3, WDES metric 3 Equality delivery system 3.4	*31st August 2020*
viii. Implement a process to ensure BME and disabled staff receive telephone / face to face exit interviews whilst Trust exit survey process is reviewed.	To identify issues any potential issues of training, recommendation was made that these are undertaken by a staff side member or a member of the Inclusion Team.	Head of Learning and OD (TBC)	WRES metric 1 WDES metrics 1, 7, 8 and 9a, Equality delivery system 3.6	End Q4
ix. Design and promote awareness in the value of diversity monitoring across the Trust.	Increase diversity declaration rates across the Trust, with a specific aim to achieve 100% of Board declaration by 31st March 2020.	Head of HR Business Partners	WRES Metric 1, WDES metric 1 Equality delivery system 3.6	31st March 2020

Actions carried forward from 2018/19

Action	Aim	Lead	Linked to metric	Timescales
1. Develop key performance indicators to ensure the use of tailored messaging that promotes the importance of a diverse workforce is integrated throughout the Culture Programme. Ensure that Corporate and Local induction processes are included.	Action designed to develop clear commitment to message	Head of Learning and OD	WRES metric 1 and Equality delivery system 3.1	End of Q3
2. Develop process to ensure that staff who have not undergone interview training cannot be listed as the Recruiting Manager and effective processes to support recruitment activity within affected teams	To improve equity in recruitment processes.	Resourcing Manager	WRES Metric 2 WDES metric 2, Equality delivery system 3.1	
3. Audit a monthly sample of unsuccessful candidates including non NHS Jobs applications.	identify any areas for improvement and improve recruitment practices. Record profile of candidates help identify trends	Resourcing Manager	WRES Metric 2 and 7. WDES metric 2 and 5 Equality delivery system 3.1	*Remove as action in plan and embed in resourcing BAU*
4. Work with the Inclusion Team to ensure Diversity and Inclusion content of all management and assessment training.	Diversity and Inclusion is appropriately embedded and regularly assessed	Head of Learning and OD	WRES Metric 3 and 7 WDES metric 2 and 5	*End of Q3*
5. Review the process of current recruitment monitoring reports for BME and / or disabled candidates with the support of Workforce Planning.	Ensure the most effective process is implemented and part of the HR transformation work stream	Resourcing Manager	WRES Metric 1 and 2 WDES metric 1 and 2	*End of Q3*

Appendix three. BME and Disabled staff by Directorate and Operating Unit

Ethnicity by Directorate (D/ate)	BME		Not Stated/Not Given		White		Grand Total	
	H/C	% of D/ate	H/C	% of D/ate	H/C	% of D/ate	H/C	% of Trust
278 EP3 Chief Executive Office	3	6.82%	2	4.55%	39	88.64%	44	1.17%
278 EP3 Director of Finance & Corporate Services	13	25.49%	3	5.88%	35	68.63%	51	1.36%
278 EP3 Director of Human Resources	8	13.79%	3	5.17%	47	81.03%	58	1.54%
278 EP3 Director of Operations	110	3.19%	104	3.01%	3236	93.80%	3450	91.83%
278 EP3 Director of Quality & Safety	1	2.08%	1	2.08%	46	95.83%	48	1.28%
278 EP3 Director of Strategy & Business Development	5	26.32%		0.00%	14	73.68%	19	0.51%
278 EP3 Medical Director	4	4.60%	8	9.20%	75	86.21%	87	2.32%
Grand Total	144	3.83%	121	3.22%	3492	92.95%	3757	100.00%

Ethnicity by Operating Unit (OU)	BME		Not Stated/Not Given		White		Grand Total	
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% of Trust
278 EP6 OU - Admin & Management - East	2	1.59%	9	7.14%	115	91.27%	126	3.92%
278 EP6 OU - Admin & Management - West	5	4.03%	5	4.03%	114	91.94%	124	3.86%
278 EP6 OU - Ashford	3	1.86%	5	3.11%	153	95.03%	161	5.01%
278 EP6 OU - Brighton	6	2.75%	7	3.21%	205	94.04%	218	6.78%
278 EP6 OU - Chertsey	8	5.06%	3	1.90%	147	93.04%	158	4.92%
278 EP6 OU - Dartford & Medway	2	0.70%	3	1.05%	281	98.25%	286	8.90%
278 EP6 OU - Gatwick & Redhill	11	3.54%	8	2.57%	292	93.89%	311	9.68%
278 EP6 OU - Guildford	3	1.70%		0.00%	173	98.30%	176	5.48%
278 EP6 OU - Paddock Wood	4	2.29%	5	2.86%	166	94.86%	175	5.45%
278 EP6 OU - Polegate & Hastings	8	3.27%	11	4.49%	226	92.24%	245	7.63%
278 EP6 OU - Tangmere & Worthing	5	2.04%	15	6.12%	225	91.84%	245	7.63%
278 EP6 OU - Thanet	8	3.92%	2	0.98%	194	95.10%	204	6.35%
278 EP6 - 111 Urgent Care	18	6.38%	12	4.26%	252	89.36%	282	8.78%
278 EP6 - EOC	21	4.18%	6	1.20%	475	94.62%	502	15.62%
Grand Total	104	3.24%	91	2.83%	3018	93.93%	3213	100.00%

Disability by Directorate (D/ate)	No		Not		Yes		Grand Total	

	Declared/Unknown							
	H/C	% of D/ate	H/C	% of D/ate	H/C	% of D/ate	H/C	% of Trust
278 EP3 Chief Executive Office	21	47.73%	20	45.45%	3	6.82%	44	1.17%
278 EP3 Director of Finance & Corporate Services	28	54.90%	21	41.18%	2	3.92%	51	1.36%
278 EP3 Director of Human Resources	27	46.55%	30	51.72%	1	1.72%	58	1.54%
278 EP3 Director of Operations	2238	64.87%	1085	31.45%	127	3.68%	3450	91.83%
278 EP3 Director of Quality & Safety	26	54.17%	20	41.67%	2	4.17%	48	1.28%
278 EP3 Director of Strategy & Business Development	12	63.16%	6	31.58%	1	5.26%	19	0.51%
278 EP3 Medical Director	49	56.32%	36	41.38%	2	2.30%	87	2.32%
Grand Total	**2401**	**63.91%**	**1218**	**32.42%**	**138**	**3.67%**	**3757**	**100.00%**

Disability by Operating Unit (OU)	No		Not Declared/Unknown		Yes		Grand Total	
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% of Trust
278 EP6 OU - Admin & Management - East	91	72.22%	30	23.81%	5	3.97%	126	3.92%
278 EP6 OU - Admin & Management - West	84	67.74%	37	29.84%	3	2.42%	124	3.86%
278 EP6 OU - Ashford	107	66.46%	51	31.68%	3	1.86%	161	5.01%
278 EP6 OU - Brighton	148	67.89%	60	27.52%	10	4.59%	218	6.78%
278 EP6 OU - Chertsey	100	63.29%	51	32.28%	7	4.43%	158	4.92%
278 EP6 OU - Dartford & Medway	202	70.63%	76	26.57%	8	2.80%	286	8.90%
278 EP6 OU - Gatwick & Redhill	217	69.77%	89	28.62%	5	1.61%	311	9.68%
278 EP6 OU - Guildford	126	71.59%	43	24.43%	7	3.98%	176	5.48%
278 EP6 OU - Paddock Wood	125	71.43%	45	25.71%	5	2.86%	175	5.45%
278 EP6 OU - Polegate & Hastings	160	65.31%	75	30.61%	10	4.08%	245	7.63%
278 EP6 OU - Tangmere & Worthing	150	61.22%	88	35.92%	7	2.86%	245	7.63%
278 EP6 OU - Thanet	133	65.20%	67	32.84%	4	1.96%	204	6.35%
278 EP6 111 Urgent Care	142	50.35%	120	42.55%	20	7.09%	282	8.78%
278 EP6 - EOC	310	61.75%	168	33.47%	24	4.78%	502	15.62%
Grand Total	**2095**	**65.20%**	**1000**	**31.12%**	**118**	**3.67%**	**3213**	**100.00%**

Appendix four: BME and Disabled leavers by Directorate and Operating Unit

Leavers Ethnicity by Directorate (D/ate)	BME		Not Stated/Not Given		White		Grand Total		Likelihood of BME staff leaving over White Staff
	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of Trust	
278 EP3 Chief Executive Office	1	10.00%	1	10.00%	8	80.00%	10	1.85%	1.63
278 EP3 Director of Finance & Corporate Services	3	50.00%	0	0.00%	3	50.00%	6	1.11%	2.69
278 EP3 Director of Human Resources	3	18.75%	2	12.50%	11	68.75%	16	2.96%	1.60
278 EP3 Director of Operations	25	5.23%	22	4.60%	431	90.17%	478	88.52%	1.71
278 EP3 Director of Quality & Safety	1	12.50%	0	0.00%	7	87.50%	8	1.48%	6.57
278 EP3 Director of Strategy & Business Development	0	0.00%	0	0.00%	6	100.00%	6	1.11%	0.00
278 EP3 Medical Director	3	18.75%	1	6.25%	12	75.00%	16	2.96%	4.69
Grand Total	36	6.67%	26	4.81%	478	88.52%	540	100.00%	1.83

Leavers Ethnicity by Operating Unit (OU)	BME		Not Stated/Not Given		White		Grand Total		Likelihood of BME staff leaving over White by OU Staff
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% of Trust	
278 EP6 OU - Admin & Management - East	0	0.00%	0	0.00%	5	100.00%	5	1.08%	0.00
278 EP6 OU - Admin & Management - West	1	33.33%	0	0.00%	2	66.67%	3	0.65%	11.40
278 EP6 OU - Ashford	0	0.00%	0	0.00%	12	100.00%	12	2.60%	0.00
278 EP6 OU - Brighton	0	0.00%	1	8.33%	11	91.67%	12	2.60%	0.00
278 EP6 OU - Chertsey	0	0.00%	0	0.00%	18	100.00%	18	3.90%	0.00
278 EP6 OU - Dartford & Medway	1	4.17%	1	4.17%	22	91.67%	24	5.19%	6.39
278 EP6 OU - Gatwick & Redhill	1	4.17%	2	8.33%	21	87.50%	24	5.19%	1.26
278 EP6 OU - Guildford	0	0.00%	1	5.56%	17	94.44%	18	3.90%	0.00
278 EP6 OU - Paddock Wood	0	0.00%	2	11.76%	15	88.24%	17	3.68%	0.00
278 EP6 OU - Polegate & Hastings	1	3.23%	2	6.45%	28	90.32%	31	6.71%	1.01
278 EP6 OU - Tangmere & Worthing	0	0.00%	1	9.09%	10	90.91%	11	2.38%	0.00
278 EP6 OU - Thanet		0.00%	0	0.00%	16	100.00%	16	3.46%	0.00
278 EP6 - 111 Urgent Care	9	8.04%	7	6.25%	96	85.71%	112	3.49%	1.31
278 EP6 - EOC	11	6.92%	4	2.52%	144	90.57%	159	4.95%	1.73
Grand Total	24	5.19%	21	4.55%	417	90.26%	462	100.00%	1.67
Leavers by disability and directorate	No		Not		Yes		Grand Total		Likelihood of

(D/ate)	Declared/Unknown								disabled staff leaving over non-disabled
	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of D/ate)	H/C	% of Trust	
278 EP3 Chief Executive Office	6	60.00%	4	40.00%	0	0.00%	10	1.85%	0.00
278 EP3 Director of Finance & Corporate Services	4	66.67%	2	33.33%	0	0.00%	6	1.11%	0.00
278 EP3 Director of Human Resources	6	37.50%	9	56.25%	1	6.25%	16	2.96%	0.22
278 EP3 Director of Operations	297	62.13%	159	33.26%	22	4.60%	478	88.52%	0.77
278 EP3 Director of Quality & Safety	4	50.00%	3	37.50%	1	12.50%	8	1.48%	0.31
278 EP3 Director of Strategy & Business Development	4	66.67%	2	33.33%	0	0.00%	6	1.11%	0.00
278 EP3 Medical Director	7	43.75%	8	50.00%	1	6.25%	16	2.96%	0.29
Grand Total	328	60.74%	187	34.63%	25	4.63%	540	100.00%	0.75

Leavers by ethnicity and Operating Unit (OU)	No		Not Declared		Yes		Grand Total		Likelihood of disabled staff leaving over non-disabled staff
	H/C	% of OU	H/C	% of OU	H/C	% of OU	H/C	% leavers by OU	
278 EP6 OU - Admin & Management - East	2	40.00%	3	60.00%	0	0.00%	5	1.08%	0.00
278 EP6 OU - Admin & Management - West	3	100.00%	0	0.00%	0	0.00%	3	0.65%	0.00
278 EP6 OU - Ashford	8	66.67%	4	33.33%	0	0.00%	12	2.60%	0.00
278 EP6 OU - Brighton	10	83.33%	2	16.67%	0	0.00%	12	2.60%	0.00
278 EP6 OU - Chertsey	13	72.22%	5	27.78%	0	0.00%	18	3.90%	0.00
278 EP6 OU - Dartford & Medway	18	75.00%	6	25.00%	0	0.00%	24	5.19%	0.00
278 EP6 OU - Gatwick & Redhill	16	66.67%	6	25.00%	2	8.33%	24	5.19%	0.18
278 EP6 OU - Guildford	15	83.33%	3	16.67%	0	0.00%	18	3.90%	0.00
278 EP6 OU - Paddock Wood	15	88.24%	2	11.76%	0	0.00%	17	3.68%	0.00
278 EP6 OU - Polegate & Hastings	23	74.19%	8	25.81%	0	0.00%	31	6.71%	0.00
278 EP6 OU - Tangmere & Worthing	9	81.82%	2	18.18%	0	0.00%	11	2.38%	0.00
278 EP6 OU - Thanet	13	81.25%	3	18.75%	0	0.00%	16	3.46%	0.00
278 EP6 111 Urgent Care	47	41.96%	55	49.11%	10	8.93%	112	24.24%	0.66

278 EP6 - EOC		93	58.49%	57	35.85%	9	5.66%	159	34.42%	0.80
Grand Total		**285**	**61.69%**	**156**	**33.77%**	**21**	**4.55%**	**462**	**100.00%**	**0.76**

Kent and Medway
System Transformation Programme

Programme Initiation Document (PID)
24/06/19

Programme Initiation Document (PID)

Document Control

a. Document Identification

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Version	Date	Status	Author	Comment / Changes from Prior Version
0.0	13/03/19	Draft	M. Ridgwell	PID Framework
0.1	21/03/19	Draft	M. Ridgwell	PID Framework and system commissioner content
0.2	26/03/19	Draft	M. Ridgwell	PID overarching programme and system commissioner content
0.3	29/03/19	Draft	M. Ridgwell	PID overarching programme, system commissioner content and outline programme content
0.4	08/04/19	Draft	M. Ridgwell	Incorporates comments from SP and MG
0.5	14/04/19	Draft	M. Ridgwell	Incorporates comments from meeting with BB, RB, SP and MG
0.6	26/04/19	Draft	M. Ridgwell / I. Chana	Review of MG, RB and MR amends
0.7	01/05/19	Draft	M. Ridgwell / I. Chana	Review following meeting with ICP leads
0.8	24/05/19	Draft	M. Ridgwell / I. Chana	Following feedback from STP PB members and input from ICP Leads
0.9	24/06/19	Draft	M. Ridgwell / I. Chana	Final review following STP Programme Board

c. Document Purpose and Scope

The purpose of this document is to define the direction and scope of the Kent and Medway system transformation programme, which focuses on the development of a Kent and Medway Integrated Care System. This document is the reference document for the management and the assessment of this programme. It outlines the objectives, benefits, scope, delivery method, structure and governance in order to deliver the required changes.

Programme Initiation Document (PID)

Contents

1   EXECUTIVE SUMMARY

1.1 Vision

As set out in Kent and Medway's clinical vision and strategy, '*Quality of life, quality of care'*, we want the population of Kent and Medway to be as healthy, fit (physically and mentally) and independent as possible; participating in their local economies and communities and able to access the right help and support when they need it. We also know that a strong physical and mental health and social care system is pivotal to achieving our vision and that developing our workforce is critical. To help us do this, we want to promote Kent and Medway as a great place to live, work and learn, showcasing the benefits of joining our ambitious and forward-looking health and care system.

We want to develop and foster a vibrant voluntary sector and a strong sense of community in our towns and villages, where people feel connected and we support one another across the generations; and where we are in control of our health and happiness, feeling good and functioning well.

To achieve this vision and clinical strategy, we know that we will need to organise our system differently, seizing on opportunities to drive quality and reduce variation in outcomes, whilst ensuring a focus on 'place' and supporting a flexible approach to delivery. Our working proposal is to create a Kent and Medway integrated care system, which will include a system commissioner, four place-based integrated care partnerships and primary care networks to deliver improved quality and provision of care and patient outcomes for our population. The totality of this work is the Kent and Medway System Transformation Programme.

1.2 Case for change

The commissioning and provision of health and social care across Kent and Medway continues to face a number of strategic and operational challenges. In order to continue delivering services and for these services to be sustainable and responsive to the needs of the population, we need to change the way we do things. Responding to these challenges requires a whole system transformation of how we commission and deliver services. Future models need to be financially sustainable, demonstrate operational effectiveness through improved outcomes, deliver safe and high quality care and, importantly, be responsive to the health and care needs of the population of Kent & Medway.

1.3 Overarching model

Becoming an integrated care system (ICS) will support the delivery of joined up personalised care and improve the quality of physical and mental health and care services across Kent & Medway; and we have already made significant progress in this regard. The ICS has the following key components:

- **Primary care networks (PCNs)**, as outlined in the NHS Long Term Plan and enabled through the new GP contract, which support the delivery of primary care at scale, with expanded teams involving primary and community care, social care and voluntary sector partners. This will enable PCNs to be 'fit for the future' to discharge their new obligations.

- Four place-based **integrated care partnerships (ICPs)**, that are alliances of NHS providers working together to deliver care by collaborating within their local geography. They will determine and secure

the delivery of care through integrated working, operating across populations of around 250,000 to 700,000. The intention is to establish the following place-based ICPs will be established:

- East Kent Integrated Care Partnership

- Dartford, Gravesham and Swanley Integrated Care Partnership

- Medway and Swale Integrated Care Partnership

- West Kent Integrated Care Partnership

The system requirement for any at scale ICP will also be examined (e.g. to support more specialist mental health services).

- A single **system commissioner (SC)**, delivered through the establishment of a single Kent and Medway CCG covering our population of circa 1.8 million. The new single CCG would not simply be a coming together of the current CCGs with the same responsibilities but would set strategic direction, establish the financial framework for the system and have an assurance function. Its focus would be on a much wider population needs basis as outlined in the table below and will contribute to and facilitate improvements in outcomes and patient experience.

This signals a significant transformation of health and social care commissioning and provision to support quality improvement, personalised care, and reduced variation. The development of strong relationships and partnerships across providers in different settings and sectors form a critical part of the success of delivering this change.

The ability to work as a whole system, both commissioning (including joint commissioning with our two local authority partners) and provision, will strategically strengthen the planning of services in response to population needs and expected outcomes, as well as the management of resources and their deployment. It is anticipated that the ability to work as a system will also offer opportunities to preside over key activities such as financial arrangements and incentives, in line with single system control totals.

1.4   High level programme plan

For the System Commissioner and Primary Care Network projects, the following high-level milestones will be kept under review (individual ICP milestones are under development and will presented in their individual plans, which will supplement this document):

Milestone or Phase	Date
All PCNs submit registration information to CCGs	May 2019
Outline support from CCGs to continue to proceed with the establishment of a single CCG as the vehicle for the system commissioner	May 2019
Establish leadership arrangements in transition for the four integrated care partnerships	May 2019
Integrated care partnerships outline development plans in place	May 2019
CCGs confirm PCN coverage and approve GMS/APMS/PMS contract variations	May 2019
Governing Bodies agree Statement of Intent / outline application for CCG merger - to be submitted to NHSE Region for initial review	July 2019

Primary care access extended contract DES live for 100% of country	July 2019
Development and sign off of a single primary care strategy with implementation plan, aligning with the response to the Long Term Plan	August 2019
Development and sign-off of any option for an at-scale integrated care partnership, to deliver Long Term Plan requirements for Mental Health Provider Collaboratives	August 2019
Submission of Kent and Medway response to the NHS Long Term Plan (anticipated date subject to guidance from NHS E)	August 2019
Agreement of Kent and Medway human resources, assurance and financial frameworks (to support development of system commissioner and integrated care partnerships)	September 2019
Governing bodies and GP Membership approve formal application for CCG merger – application to be submitted by no later than 30 September	September 2019
Appointment of CCG(s) permanent Accountable Officer	September / October 2019
Application to be considered by NHSE and formal notification of authorisation (with conditions)	October / November 2019
Assuming the Committee gives approval, the final detailed proposal on the proposed change submitted	January 2020
New system commissioner arrangements come into force	April 2020
National primary care network services start	April 2020

A range of early priorities (deliverables) have been identified which include:

i. Development of ICP project plans

ii. Development of principles and the framework, including the assurance framework, that will cover the development of ICPs

iii. Development of the outline ICP contract framework (recognising that initially the relationship between partners in the ICPs is likely to be based on a range of contractual agreements)

iv. Launch of an analytics strategy, which includes details of population health management and segmentation that will be delivered at all levels of the ICS

v. The development of a range of expected outcomes for health and social care in order to move away from activity based accounting

vi. Identification of current commissioning functions and an outline assessment of where these will be delivered within the future system architecture

vii. A robust communications and engagement plan (covering all key stakeholders but particularly NHS boards, CCG governing bodies, GP member practices and local authorities)

viii. Development of the draft constitution

ix. A review of resource allocation to address inequalities and the wider determinants of health

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1.5 Resourcing / costs

The following outlines the key resourcing requirements and at this point has a greater focus on the system commissioner project. It is recognised that there will be individual requirements for the four place-based ICPs dependent on the pace and rate of maturity. Identifying these requirements is work in progress and some initial thinking has been captured in the early draft ICP plans, although Section 3 of this document provides details of key senior roles aligned to the development of ICPs. Similarly, the Primary Care Board has been working on a single primary care strategy and PCN development and, as part of this, will make a case for any additional resource required. This work is currently resourced from within the existing STP team.

Role	Description	Resource
Clinical Chair (Bob Bowes, Clinical Chair, West Kent CCG)	Provides clinical leadership, direction and mentorship across the whole programme (including chairing the System Commissioner Steering Group).	Existing CCG 0.4 WTE
Project Lead Director (Simon Perks, System Commissioner)	Chairs System Commissioner Working Group. Member of System Commissioning Executive Board. Provides executive leadership and oversight of the system commissioner programme through transition and up to planned 'go live' in April 2020. Responsible to AO and CCG Chairs for programme delivery.	Existing CCG 1 WTE
Director of Corporate Services, Mike Gilbert,	Provides day to day programme management and direction of system commissioner work programme. Responsible to Senior Sponsor and Clinical Chair for ensuring the programme successfully delivers agreed milestones. Professional responsibility for all aspects of governance surrounding the work programme and establishment of a single CCG	Existing CCG 0.7 WTE
System commissioner (including potential merger of the CCGs)	In recognition of the complexity and scale of the programme, additional programme management resources will also be required from CCGs: • 2 x Programme Manager (Band 8a). Responsible for day to day co-ordination of the underpinning work streams, programme reporting, over-sight of programme risk management and co-ordination of core programme resourcing. • Business Support Manager – 1 wte (Band 7). Day to day support to System Commissioner Programme. The BSO will provide support to ensuring the programme's rigour, through monitoring and reporting of progress and overseeing all aspects of business support. • Administrative support – 1 wte (band 4). Provides dedicated day to day support of system commissioner programme including formal and informal reporting, diary management and support to the Steering Group and Joint Committee	2 x AfC 8a 1 x AfC 7 1 x AfC 4
Overarching system transformation programme, and interim ICS operating model	Where appropriate existing programme management resources will be aligned from the STP to support the system transformation programme across the different core projects, including - Finance - Digital	From STP

- Workforce / human resources - Communications and engagement - Business management support Existing resource will be used more flexibly and rather than initiating new parallel workstreams the intent is to build upon and, where necessary, redirect existing STP workstreams.	

1.6 Initial assessment of risks

The following table provides an initial view on the key risks and issues associated with the System Transformation Programme:

Risk	Mitigation
Lack of a coherent and shared strategic vision across Kent and Medway	Development of a robust JSNA for Kent and Medway, which identifies the key priorities and actions required to effect population health and wellbeing improvement. JSNA to inform resource prioritisation and integration of physical and mental health, primary and secondary and health and social care. Robust communications and engagement with key stakeholders – members, governing bodies, provider boards, primary care etc. Development of narrative with consistent messages and tangible benefits Demonstrable programme of clinical and leadership engagement, supported by communications and engagement, with key stakeholders and audience groups
A lack of consistency across place-based ICPs that jeopardises the delivery of objectives or sees development adversely affected in one area compared to others	System Transformation Executive Board to manage interdependencies and individual developments of ICPs ensuring alignment to the entirety of the System Transformation programme and a clear governance framework within the STP/ICS
Lack of support for model from NHS England and Improvement	Early engagement on model with NHSE/I to ensure oversight of proposed plans
Lack of support for model from CCGs	Clinical leadership at the heart of the engagement approach with demonstrable and targeted programme of clinical engagement supported by the delivery of effective communications and engagement activities identified in the communications plan. Ensure two-way communication channels are in place for member practices and regular updates on progress to governing bodies through formal meeting papers and ad hoc briefings as required.
Lack of support of model from CCG member practices	As above
Lack of funding and resources for local authorities' impact on ability to support the emerging ICS	Early engagement with local authorities to help shape the direction of travel for the Kent and Medway Integrated Care System

Lack of support from provider organisations	Demonstrable and targeted programme of clinical and leadership engagement supported by the delivery of effective communications and engagement activities identified in the communications plan.
Limited resources to take forward programme including financial and workforce	Progress and risks to delivery to be managed by programme governance and into the STP programme board
Maintaining and improving quality and performance of services during a period of uncertainty and change	To be managed locally via statutory bodies
Maintaining and improving financial performance during a period of uncertainty and change	To be managed locally and via the STP Finance Group as per existing governance arrangements
Overall affordability given the challenged financial positions / the programme of work does not address the financial challenge faced by commissioners and providers	To be managed locally and via the STP Finance Group as per existing governance arrangements
Fragility of primary care impacts on delivery of the local care model, primary care networks and thus the viability of the ICPs	Interdependency to be managed via existing governance arrangements as well as System Transformation Executive Board
Timescales for PCN establishment lead to lack of effective representation of primary care within ICPs in the design phase	To be managed through both the Primary Care Board and the System Transformation Executive
Adherence to current rules on competition and regulation challenge the implementation of the ICP model (competition, choice and regulatory approval of options may delay or possibly prevent the implementation of the preferred options)	To be managed and worked on through early engagement with regulators and System Transformation Executive Board
Significant changes to working assumptions has potential to derail programme delivery in terms of progress against plan, finance and reputation	To be managed and worked on through early engagement with regulators and System Transformation Executive Board

2   PROGRAMME DEFINITION

2.1 System Vision

We want the population of Kent and Medway to be as healthy, fit (physically and mentally) and independent as possible, participating in their local economies and communities, and being able to access the right help and support. We also know that a strong physical and mental health and social care system is pivotal to achieving our vision and that developing our workforce is critical. We want Kent and Medway to be a great place to live, work and learn.

We want to create a vibrant voluntary sector and a strong sense of community in our towns and villages, where people feel connected and we support one another across the generations; and where we are in control of our health and happiness, feeling good and functioning well.

To achieve this, we have developed a clinical vision for Kent and Medway – *Quality of Life, Quality of Care* – comprising the following principles:

> **Quality of Life:**
> - Focusing on the whole person and what matters most to them
> - Prevention as the starting point, for all people and pathways, recognising the greater scale of impact that we can have by avoiding ill health in the first place as well as preventing the development of secondary conditions
> - Aspiring to protect the vulnerable and how best to access more geographically or culturally remote groups
> - Caring for the person, not just the condition – applying interventions that address the interactions between mental and physical health, social and general wellbeing, and wider determinants of health (e.g., housing)
> - Supporting people to maintain their physical and mental health, including promoting a healthy living environment and targeted support for people with complex or long-term conditions

> **Quality of Care**
> - Aspiring to ensure people can access care and support in the right place at the right time
> - Striving to achieve the best outcomes and highest standards of care by adopting evidenced based practice, applying best practice guidelines and embracing research and development
> - Continually assessing our performance, always learning (including from mistakes) and making changes to improve
> - Embracing the use of technology and sharing information
> - Equipping our workforce to provide the best quality of care, both in terms of numbers, training and support.

To achieve our vision and clinical strategy, we know that we will need to organise our system differently, seizing on opportunities to drive quality of care and reduce variation. Our working proposal is to create a Kent and Medway integrated care system, which will include a system commissioner, four place-based integrated care partnerships and developing our primary care networks (serving populations of 30,000 to 50,000). The totality of this work is the Kent and Medway System Transformation Programme.

2.2   Case for Change

The commissioning and provision of health and social care across Kent and Medway continues to face a number of strategic and operational challenges. In order to continue delivering services and for these services to be sustainable and responsive to the needs of the population, we need to change. Responding to these challenges requires a whole system transformation of how we commission and deliver services. Future models need to be financially sustainable, demonstrate operational effectiveness through improved outcomes, deliver safe and quality care and importantly, be responsive to the physical and mental health and care needs of the population of Kent & Medway.

Over the last four years, efforts to address the challenges outlined in the case for change have been focussed on promoting integration through new care and service models. More recently across Kent & Medway we have seen the benefits that integrated working brings to the care for the local population through outcomes, quality standards and operational efficiencies. At this stage of the transformation, it is

widely recognised that changes to how the system is structured, the redistribution of functions both locally and at a Kent & Medway level, through to more comprehensive integrated working will deliver benefits and improvements.

The publication of the national NHS Long Term Plan in January 2019 has further strengthened the need for integration and integrated care models with the expectation that current STP areas transition to Integrated Care Systems by April 2021. The development work to date across Kent and Medway meets this objective, putting us firmly on the path to establishing the system commissioning function. It also helps with the development of place-based Integrated Care Partnerships (ICPs), further aligning the local commissioning and provision of physical and mental health and social care based on local needs and in a way that is accessible and responsive. In addition to the ICPs, there will be other developments to support a more focused response to individuals needs such as the development of Primary Care Networks in increasingly aligning local health, social, community and primary care.

Our published case for change also shows that:

- **Every day 1,000 people (about 1 in 3 people in hospital at any one time) in Kent and Medway are stuck in hospital beds** when they could get the health and social care support they need out of hospital if the right services were available.

- **We need to focus more on supporting people so they don't get ill in the first place**: Around 1,600 early deaths each year could have been avoided with the right early help and support for example to help people maintain a healthy weight, stop smoking and drink responsibly.

- **GPs and their teams are understaffed, with vacancies and difficulties recruiting:** If staffing in Kent and Medway was in line with the national average there would be 245 more GPs and 37 more practice nurses.

- **The Care Sector in Kent and Medway has a recruitment and retention problem** which means that the Local Care intention of supporting people at home might not be possible for everyone.

- **Services and outcomes for people with long-term conditions are poor:** As many as four in 10 emergency hospital admissions could be avoided if the right care was available outside hospital to help people manage conditions they live with every day and to prevent them getting worse.

- **Some services for seriously ill people in Kent and Medway find it hard to run round-the-clock, and to meet expected standards of care:** All stroke patients who are medically suitable should get clot-busting drugs within 60 minutes of arriving at hospital. None of the hospitals in our area currently achieve this for all patients.

- **Planned care – such as going into hospital for a hip operation or having an x-ray – is not as efficient as it could be:** There is variation across Kent and Medway in how often people are referred to specialists and variation in the tests and treatments people get once they have been referred.

- **Cancer care does not always meet national standards**: waiting times for diagnostic tests, to see a specialist and for treatment, are sometimes longer than national standards.

- **People with mental ill health have poor outcomes:** the average life expectancy for people with severe mental illness is 15-20 years less than the average for other adults, due to being less likely to having physical health needs met.

- **We are not able to live within our means:** it is estimated that by the end of this financial year (2018/19) the NHS in Kent and Medway will have overspent its planned budgets by £75m, excluding

the benefit of non-recurrent support from the commissioner support fund and provider support fund, which reduces this overspend to circa £46m.

- **Services could be run more productively:** Around £190m of savings could be made if services were run as efficiently as top performing areas in England.

To address these challenges, we need to fundamentally look at how we commission and deliver care. We have started to do this through several approaches, including the Kent and Medway stroke review and East Kent Transformation Programme. However, we now need to look at some of the core principles that govern how care is delivered and support the integration of service provision to deliver a better patient experience, improved outcomes)and equity of outcomes for different population groups) and make best use of our scarce resources (not just in relation to the funding available to us but also in relation to making the best use of our staff, estates and other key enablers of high quality care).

2.3   Kent and Medway Integrated Care System model

This section details the overall ambition for the Kent and Medway Integrated Care System model that we are working to deliver. It does not cover the interim operating model which is detailed in Section 2.4

This ambition and future model often referred to as an 'end state' has a number of key components:

- **Primary care networks**, serving populations of 30,000 to 50,000, as outlined in the NHS Long Term Plan and enabled through the new GP contract, which support delivery of primary care at scale

- **Four place-based integrated care partnerships**, that determine and secure the delivery of care through integrated working, operating across populations of around 250,000 to 700,000 (individual ICP milestones are under development and will presented in their individual plans, which will supplement this document):

    - East Kent Integrated Care Partnership

    - Dartford, Gravesham and Swanley Integrated Care Partnership

    - Medway and Swale Integrated Care Partnership

    - West Kent Integrated Care Partnership

- **A single system commissioner**, delivered through the establishment of a single Kent and Medway CCG covering our population of circa 1.8 million (i.e. the number of people registered with our GP practices). The new single CCG would not simply be a coming together of the current CCGs with the same responsibilities. Its focus would be on a much wider population needs basis as outlined in the table below.

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The following diagram outlines the future Kent & Medway Integrated Care System architecture:
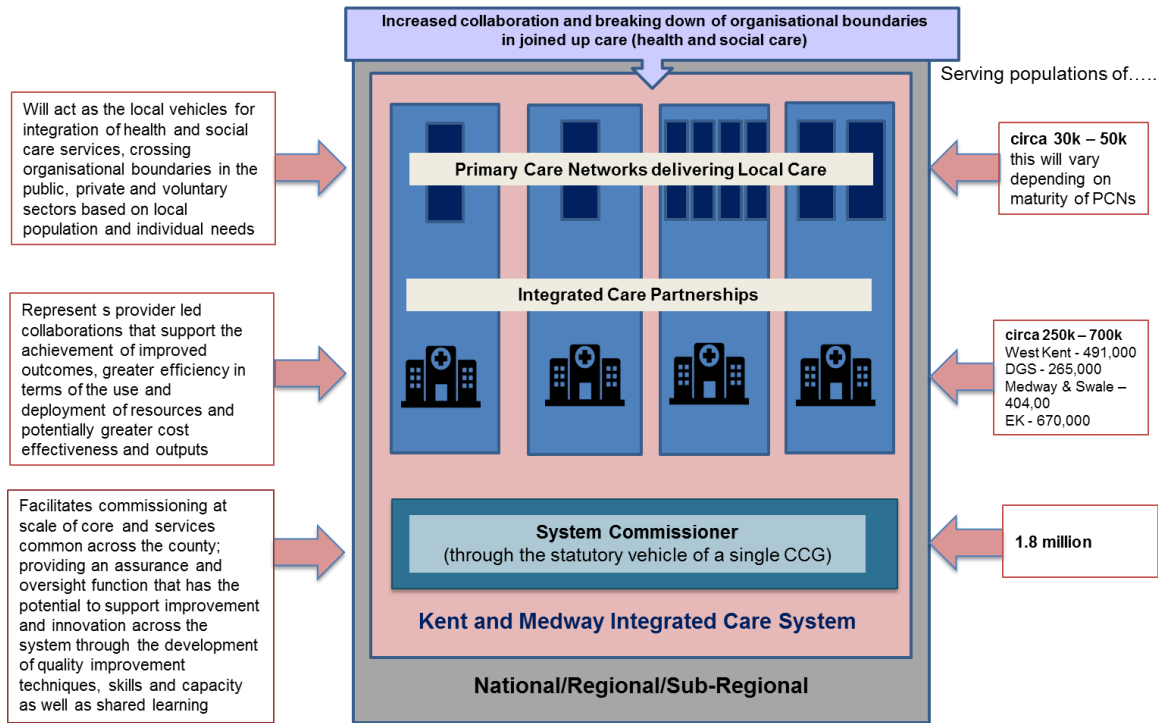
More information on these key building blocks is detailed below:

Primary Care Networks	Primary Care Networks have been an emerging concept over the last few years as part of the development of primary care, and more broadly local care provision at scale. PCNs are a group of practices working together locally in partnership with community services, social care, and other providers of health and care services which provides services that meets the needs of a neighbourhood with a population of 30k – 50k.
	The Long Term plan formalised the development of Primary Care Networks as a key function and way of further enhancing the integration of primary and community care, which we describe as local care. Primary Care Networks across Kent & Medway will act as the local vehicles for integration of health and social care services, crossing organisational boundaries in the public, private and voluntary sectors based on local population and individual needs. They will support the delivery of multidisciplinary services to meet the needs of the population as defined across the whole of Kent and Medway.
	The outline above, pending further development, discussion and agreement, signals a change to the way in which health and potentially social care services have been commissioned to date. Future commissioning and delivery will take advantage of models that:
	• Focus on and are responsive to the needs of the population of Kent & Medway
	• Seek to be sustainable in their delivery considering key factors such as workforce, standards of care, co-ordination of health and social care needs and financial affordability
	• Are forward looking and innovative and make improvement to the operational challenges facing current provision
	• Champion integration and focus on the patient experience and improved outcomes across health, social care and general wellbeing.

Integrated Care Partnerships (individual ICP milestones are under development and will presented in their individual plans, which will supplement this document)	Integrated Care Partnerships represent a provider led collaborative, operating most effectively across a population of 250,000 to 700,000. The logic behind this is the achievement of sufficient scale to collectively look at how services are provided and the benefits, in particular around collective working to offer existing and new models of care that are more effective in responding to people's needs. This use of new and alternative models including ways of working can also support the achievement of improved outcomes, greater efficiency in terms of the use and deployment of resources (e.g. workforce, estate, adoption of new technology) and potentially greater cost effectiveness and output that aligns to a single system control total. The working proposal for Kent & Medway based on population size, is for four place-based ICPs. These will be in East Kent, Dartford Gravesham and Swanley, Medway & Swale and West Kent.
	Key functions of the place-based Integrated Care Partnerships include:
	• Accountability for the physical and mental health of their whole population including development and delivery of care and well-being solutions to ensure this
	• Focus on responding to population health needs and the provision of programmes that promote prevention and address health inequalities and inequality in health outcomes
	• Ensure a focus on population health; more than the sum of individual care pathways
	• Assure and oversee the quality of services and care provided. This assurance role will need further scoping in line with changes in NHS England and Improvement
	• Support organisational development to enable cultural change and thus deliver integrated working at executive, managerial and practitioner level
	• Local route for escalation and risk management within the system
	• Local contract management and the increased use of alternative contract forms to support integrated delivery
	• Taking account of and addressing the needs of their population, particularly in order to address the wider determinants of health, improve prevention and reduce health inequalities
	• Designing pathways that both deliver the required outcomes and can be delivered within the particular ICP's circumstances. This design will be clinically and professionally led within the ICP and be able to demonstrate compliance with best practice and wide clinical, public and political engagement.
	• Delivering care within the ICP's capitated budget
	• Having aligned incentive contracts and sub-contracts which foster collaboration within and outside the ICP.
	• Monitoring and achieving quality standards with robust measures to address failings
	• Monitoring the care delivered and reporting on performance (including patient experience) compared to design.
The Kent and Medway System Commissioner	A single Clinical Commissioning Group (CCG) will be responsible for delivering a number of functions. As a system commissioner, it will be responsible for:
	• Defining the needs of the population of Kent and Medway down to a population level of 30-50k
	• Setting the outcomes to be delivered in addressing those needs, including emphasising prevention and addressing health inequalities and inequality in health outcomes
	• Allocating capitated budgets within new financial frameworks that encourage Integrated Care Partnerships to focus on population health
	• Providing oversight and offering strategic solutions to K&M wide functions such as Strategic Estates, Digital, Workforce, and Finance.
	• Supporting and delivering the organisational development of providers to become members of

	Integrated Care Partnerships.
	• Giving license to, and receiving assurance from, ICPs on the delivery of outcomes within budget
	• Acting as the point of escalation of dispute and risk in ICPs
	• Commissioning core services at scale.
	• Holding a single contract for larger (K&M) providers, whilst enabling and maintaining local flexibility
	• Holding contracts for some non-Kent and Medway tertiary and acute providers
	• Direct commissioning of rare and very expensive services
	• Providing high quality cost effective commissioning support and back office functions
	• Developing a Kent & Medway approach to service and quality improvement
	In addition to the commissioning of physical and mental health services, the establishment of a Kent & Medway system commissioner presents an opportunity to explore the potential for closer alignment or integration of health and social care commissioning in the future. Early conversations have been had with the two upper tier local authorities and there is willingness in principle to align first and explore practical ways of integrating health and social care commissioning.

The above components come together, with other elements, to form the Kent and Medway ICS. However, the ICS also operates within a wider context (e.g. the regulatory framework). An early priority will be development of the framework and principles within which the ICS, system commissioner and ICPs will develop. This work will be developed in partnership with stakeholders such as Local Authorities, not only including social care and public health, but also District Councils and voluntary sector to ensure person centred planning that supports the delivery of care and wellbeing solutions.

2.4   Interim Operating Model for 2019/20

As a working assumption during the 2019/20 transition period there will be a clear distinction between the role of the STP / ICS and the CCGs (or the CCG if the merger to create a single organisation is supported). These will be described in an interim operating model.

There are two key components to the interim operating model that will operate during 19/20:

a. A CCG joint committee to which CCGs, if supported by their governing bodies, can delegate a range commissioning functions and responsibilities

b. An interim STP / ICS operating model based on a range of delegated functions (this will see the STP / ICS focus on developing the system functions that will be required for an Integrated Care System, including those areas that have been directed for development by NHS England and Improvement).

A Kent and Medway Joint Committee has been established that will provide a vehicle during transition for the commissioning of a range of key services. This has been established by the CCGs with the intent of commissioning responsibilities being delegated to this in order to:

- Ensure consistency of approach across Kent and Medway

- Address a range of performance and quality challenges (recognising that some services are more optimally commissioned at a Kent and Medway level)

- To model Kent and Medway level working as a precursor to the formal establishment of the Kent and Medway System Commissioner

An interim STP / ICS operating model that will utilise the current programme governance structure to develop system functions. The scope of this programme will be driven by those areas identified by NHS England and Improvement for requiring a system approach. It is important to note that the interim operating arrangement does not supersede or undermine the role and accountability of individual organisations. Rather it reflects the need to collectively:

- Identify system priorities, including to:
  - provide a forum for partners to identify and address the critical strategic issues that will shape the planning and delivery of better health and care in the region
  - provide collective leadership and strategic oversight of areas of work that require a system approach
- Delivery of system priorities, including to:
  - target management, including clinical management, resources on the high priority (high risk) areas within the system.
  - oversee the implementation of the annual operating plans and mandated policy, interpreting the requirements to fit with the local challenges and circumstances of the system, ensuring that strategies, plans and work programmes are aligned to its delivery
  - ensure that the system makes best use of all appropriate tactics and levers available to support the delivery of national and local priorities for better health and health care. Best use of resources also?
  - Ensuring consistent and clear messaging with our internal and external stakeholders, including ensuring collective management and protection of our reputation
- Assurance and performance management, including to:
  - monitor performance and delivery
  - hold each other to account for delivery of strategies, policies and agreed targets
- Support service improvement, including capturing and disseminating best practice from within the system, nationally and internationally, challenging the whole system to improve aspirations, performance, capability and delivery

The interim operating model will need to recognise that the Integrated Care System will hold a number of assurance and oversight functions, alongside strategic planning functions, and these will be developed further as part of the programme of work outlined in this document, in a framework that covers:

- Annual planning
- Assurance and delivery
- Resilience (following the establishing of a system "winter function" in 18/19)
- Quality
- Strategic planning and programme delivery

Transitional arrangements will be kept under ongoing review and will be dynamic. This will include working with NHS England and Improvement to plan the delegation of a range of functions to the ICS.

2.5   Programme objectives

The System Transformation Programme aims to:

    a.   deliver improved quality and provision of care and patient outcomes for our population

    b.   improve the use of available resources (both financial and staffing)

In order to realise the above aims, the primary objective of the programme is to establish a Kent and Medway Integrated Care System, which will be achieved through the successful delivery of a number of core projects (the secondary objectives), namely:

1. Establishment of local primary care networks covering a registered patient population of 30,000 to 50,000.

2. Establishment of four place based Integrated Care Partnerships, similarly responsible for developing and implementing formal partnership arrangements that enable each to hold an appropriate contract and deliver integrated care services for their local population. The four ICPs will mature at different rates and as a result they will exercise different functions based on their levels of maturity.

3. Establishment of an interim operating model (transitional arrangements during 19/20) including:

    a.   CCG joint committee to which CCGs, if supported by their governing bodies, can delegate a range commissioning functions and responsibilities

    b.   An interim range of delegated functions to the Kent and Medway STP / ICS

4. Establishment of the Kent and Medway system commissioner (through the statutory vehicle of a single CCG achieved through the merger of eight CCGs to a single CCG, ideally by April 2020.

The constituent project groups and workstreams will develop or have assigned specific objectives (the deliverable for workstreams are outlined in this document at Section 3.3). A number of additional key enabling objectives for the programme, which support the overarching aims, have been identified:

5. Organisation (system) development plan to support the development of system leadership within PCNs, ICPs and the system commissioner, which recognises:

- a move from competition to collaboration

- the integration of health and social care

- the integration of physical and mental health

- the integration of commissioning and provision

- the cultural changes that are needed to support the above

- the importance of having the right people in the right roles

6. A revised financial framework that outlines how funding will flow through the whole system (supporting a move away from historic contracting arrangements that have been support by Payment by Results)

7. Development of a Kent and Medway approach to population health management

8. Robust communications and engagement plans and activities to support and facilitate understanding amongst key audiences and stakeholders.

It is recognised that these Kent and Medway system-wide objectives will exist alongside local objectives and priorities, which will be further developed by the emerging PCNs and ICPs.

2.6 Assumptions

It will be necessary to identify and adopt a range of assumptions to facilitate this significant programme of work to be taken forward. The range of assumptions that will be adopted will increase and change as the programme of work progresses. It is important that these are accurately recorded and continually tested to ensure they remain valid and are robust (i.e. are valid constructs that enable the programme to continue to be progressed). The following assumptions will also be reported as part of the overall risk management approach to delivery of the entirety of the System Transformation Programme.

The following provide an initial assessment of assumptions:

Assumption	Description
Support from CCGs and membership	Assumes there will be support for the proposed system model as outlined in this document
Support from Provider Organisations	Assumes there will be support for the proposed system model as outlined in this document
Support from NHS E / I	Assumes NHS England will support the development of a single CCG through their mandated process
Implementation timing	Assumes a single CCG will be implemented by April 2020. Assumes ICPs will start to evolve during 2019/20 but will take longer to develop and mature. Assumption is that all ICPs will be fully in place and holding contracts by 2021
Collaborative versus organisational focus	Assuming providers will support development of ICPs and that organisations will support place based working rather than a focus on their individual organisations, sharing clinical and business risk
Supporting from local authorities	Assuming LAs will support, including in relation to a Medway and Swale ICP
Delegation of function from NHS England	Assuming NHS E / I functions around local assurance and EPRR will be delegated to ICSs
The STP / ICS working alongside the CCC(s) during transition but acknowledge these functions are likely to come together as the ICS arrangements mature	As a working assumption during transition there will be a clear distinction between the role of the STP / ICS and the CCGs (or the CCG if the merger to create a single organisation is supported), which ascribes functions as follows: - CCCs (potentially in due course) - CCG functions other than those listed below - STP / ICS - Functions delegated or directed by NHS England (e.g. assurance, resilience planning) - STP / ICS - Over-arching strategic and programme planning

3   PROGRAMME GOVERNANCE

3.1   High-level Programme Structure

This programme consists of a number of core constituent projects, aligned to our system integration model and supported by a range of cross cutting work streams. This programme initiation document outlines these and their key deliverables and milestones. Within this programme we are utilising the following definitions:

Term	Definition
Programme	A group of related projects and change management activities that together achieve beneficial change for an organisation.
Project	A unique, transient endeavour, undertaken to achieve planned objectives, which could be defined in terms of outputs, outcomes or benefits. A project is usually deemed to be a success if it achieves the objectives according to their acceptance criteria, within an agreed timescale and budget
Workstream	Thematic portfolio of programmes or projects and processes that are strategically selected and managed to advance business goals

The core constituent projects and cross-cutting workstreams, that sit within the programme, are outlined in the diagram below:
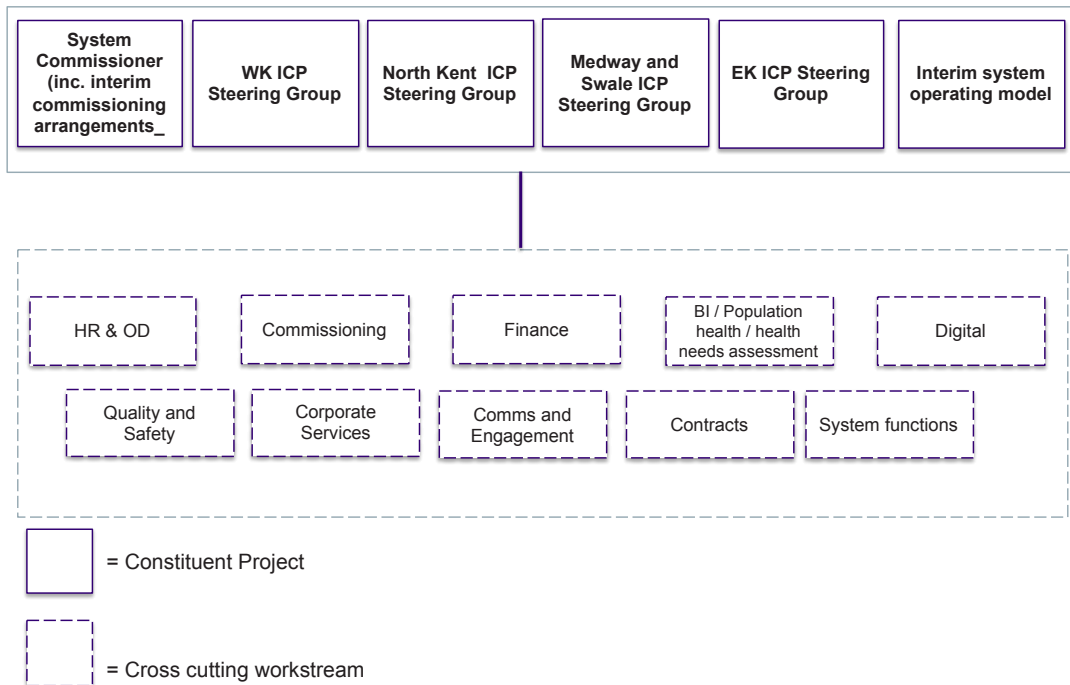
The core constituent projects, as detailed above, will each require their own project plans, which will be developed alongside this document. These will be agreed, managed and coordinated through the programme governance structure detailed later in this document.

3.2 Overarching governance arrangements

The governance framework for the System Transformation Programme is outlined in the diagram below. The governance frameworks for the individual system commissioner and the four Integrated Care Partnership projects will be developed in more detail in their individual project plans but will exist and operate within the governance framework detailed below. The development of PCNs is led by the Primary Care Board and will report into the System Transformation Executive Board with progress against plan.

ICS Transitional Programme Governance (1/4/19 to 31/3/20)

Note: some STP work streams will need to be potentially realign, either on content, timelines or formal reporting with the system commissioner work
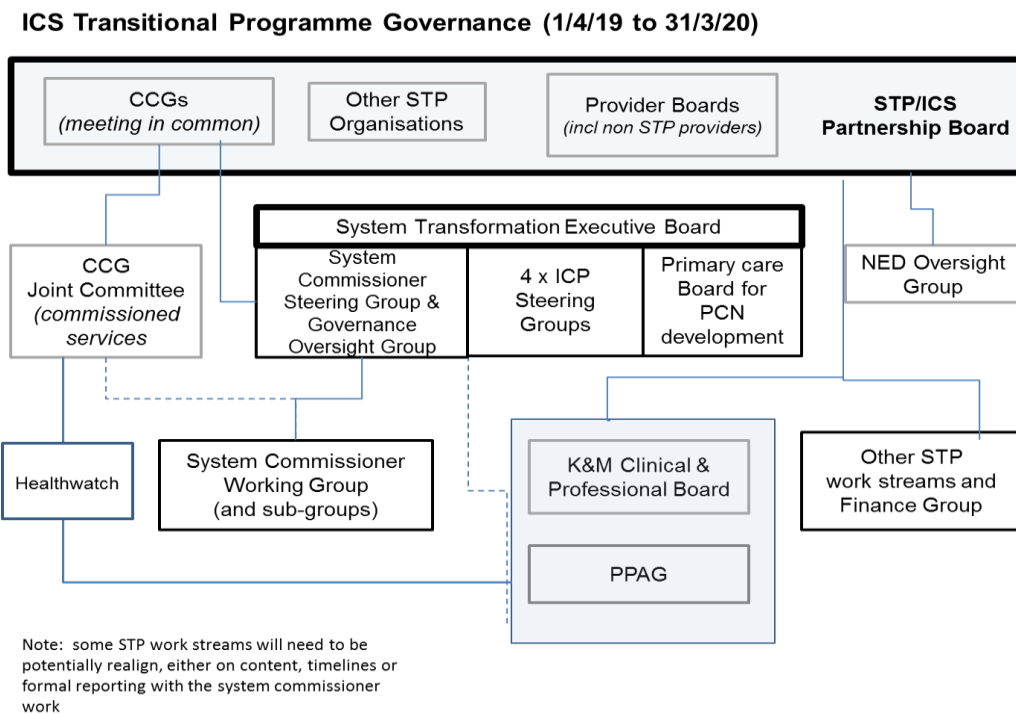
The following table outlines the role of each of the groups in the above diagram:

Group	Role	Frequency	Chair	Membership
STP Programme Board *(The renaming of this group to the ICS Partnership Board will be considered as part of the programme)*	Provides oversight of wider ICS development and the development and implementation of countywide programmes of work to deliver immediate and medium-term priorities. Programmes include productivity, local care, workforce, primary care and digital.	Bi-monthly	STP Chief Executive	Representation from all STP core partner organisations (see Section 12.3 for list)

Non-Executive Director (NED) Oversight Group	Provides independent scrutiny and oversight of the STP Partnership Board and its programmes of work, including development of the Integrated Care System.	Monthly	STP Chair	STP Chair, 2 x Provider NEDs, 2 x CCG independent members, 2 x Upper Tier LA elected Members
CCG Joint Committee(s)	• Delegated Authority from CCG governing bodies for a range of commissioning responsibilities (e.g. Stroke, Cancer and in due course: Children's services, Mental Health etc…) • Responsible for determining joint commissioning agenda and priorities	Monthly	Stroke: Independent Chair K&M Joint Committee - CCG Clinical Chair East Kent: Independent Chair	Representatives from each CCG Governing Body (incl AO, MDs, Clinical Chairs and independent lay members)
System Transformation Executive Board	• Responsible for the monitoring delivery of overall programme objectives • Designs principles and coordinates and supports the ICS development (spanning both the ICP and system commissioner development) • Ensures consistency of approach whilst also supporting local flexibility and autonomy • Provides senior executive leadership • Framework for ICP development • Development of an assurance and regulatory framework	Monthly	STP CEO / AO	STP CEO / CCG single accountable officer – Chair, STP Deputy CEO Senior sponsor, Chair of SCOG, senior sponsors for four ICP Steering Groups, CEO, KMPT Kent County Council lead director Medway County Council lead director Co-chair of Primary Care Board
System Commissioner Steering Group	Responsible for delivery of project objectives that include but not limited to: • Commissioning transformation and development of the System Commissioner • Merger of eight CCGs to form the single, Kent and Medway CCG as the system commissioner • Provides clinical leadership and endorsement of ICS development	Monthly	Bob Bowes, Clinical Chair, WK CCG	K&M Accountable Officer, CCG Clinical Chairs, Managing Director EK & MNWK, STP Deputy Chief Executive, Workstream team, Lay members for EK and MNWK and Lead Directors Kent County Council & Medway Council
System Commissioner Governance	To provide providing scrutiny, advice and guidance to the System Commissioner Steering Group	Monthly	Mike Gilbert, Director of Corporate	CCG Lay member (Governance Leads) and CCG Company

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Oversight Group				Affairs	Secretary
ICP Steering Groups x 4 (place-based)	• Responsible for delivery of the ICPs and delivery of agreed system and local objectives • PCN development (working with the Primary Care Board) • Identification of priorities • Designing pathways that deliver required outcomes and can be delivered particular ICP circumstances (e.g. constraints on workforce, estates, etc…), clinically led in the ICP and demonstrate compliance with best practice and engagement with, clinicians, the public and politicians	As per local agreement	WK: Mile Scott, CEO MTW EK: Paul Bentley, CEO KCHFT North Kent: Louise Ashley, CEO, DGT Medway and Swale: James Devine, CEO, MFT	To be identified through individual ICP project plans (and recommended to include LMC representation to facilitate representation of general practice)
K&M Clinical and Professional Board	• Advises the STP Programme Board and CCG's Joint Committee on all clinically and professionally related matters • Provides collective clinical and professional leadership to the Kent and Medway system • Leads the development of the clinical and professional content of Kent and Medway level strategies • Oversee the work of the clinical and innovation workstreams	Monthly	CCG Clinical Chair / Provider Medical Director	Representation from all STP core partner organisations (see Section 8)
Primary Care Board (PCN Development)	• Provides strategic leadership to the Primary Care workstream • Ensures that the programme delivers its milestones and outcomes on time and to budget (based on agreed plan TBD) • Ensures that risks to implementation are identified and effectively managed • Ensures that the programme engages effectively with all necessary stakeholder groups in the development of proposals, including championing the programme across Kent and Medway	Monthly	Joint Chairs: one CCG Clinical Chair and one LMC Member	CCG, LMC, GP Federations, PCCCs, mental health, PPAG, NHSE
System Commissioner / Future Functions Working Group	Reports to System Commissioner Steering Group Responsible for developing and overseeing implementation of future	Monthly	System commissioner lead director	CCG Senior Managers and Subject Matter Experts

| and work streams | system commissioner functions.
10 x cross cutting work streams:
• Commissioning
• Primary Care
• Comms and Engagement
• Contracting, performance management and business intelligence
• Corporate Services/Governance
• Digital
• Finance
• HR and Workforce and OD
• Quality and Safety, safeguarding and CHC
• population health management | | | SC Programme Director to chair work stream groups as appropriate |

3.3 Cross cutting workstreams and deliverables

Based on the constituent projects, objectives and key deliverables outlined within this document, a number of cross-cutting workstreams are proposed. The following table outlines the proposed key workstreams. Membership will be determined by the Senior Sponsor for the constituent project in consultation with the System Commissioner, Executive, ICP Steering Groups and Primary Care Board.

Cross cutting workstream	ICS / SC / ICP / PCN	Lead	Deliverables
Human Resources & OD	ICS / SC / ICP / PCN	Becca Bradd, STP Workforce Programme Director	• Develop an HR Framework for bringing together commissioners and, in due course, any changes to providers around the development of ICPs and will see the transition of workforce from 8 existing CCGs into 4 ICPs and a single K&M CCG • Develop a programme that guides leadership development of ICPs and PCNs with a focus on population health (at all management and clinical levels) • Develop the OD programme for the ICS (all components) that promotes learning organisations / collaborations and recognises the evolutionary nature of system transformation • Design of the human resources function across the system • Design of the workforce planning function across the system
Commissioning	SC	Adam Wickings, Chief Operating Officer, West Kent / Lorraine	• Description of commissioning functions in each part of the new system model* • Identify areas of commissioning that need to be

		Goodsell, Deputy Managing Director, East Kent	undertaken jointly between health and local authorities (public health and social care) • Identify mechanisms for health and social care integrations and resource implications
Finance (via the existing K&M Finance Group)	SC	Reg Middleton, WK Director of Finance	• Description of commissioning functions in each part of the new system model* • Development of capitated (or other) budgetary framework • Framework that incentivises collaboration and is outcome focused with a shift to improving population health outcomes and improving inequalities (including to support benefits realisation)
Business Intelligence / Population segmentation / population health management / Health needs assessment	ICS / SC / ICP / PCN	Ivor Duffy, EK Director of Finance	• Develop needs assessment framework, including identifying wider determinants of health • Launch the analytics strategy and put in place resourcing and governance to ensure delivery • Describe and make available population down to PCN level • Define relationship and put on a more formal basis relationship between SC and HWBBs • Define outcomes based on identified priorities, including emphasising prevention and health inequalities • outcomes framework (including to support benefits realisation)
Digital	ICS / SC / ICP / PCN	Andrew Brownless, Chief Information Officer	• Digital strategy • Network model • Identify core systems / Integration / standardisation of core systems • At individual practitioner level provide tools to risk stratify and cohort patients • Link with Local Authorities digital strategies to create an integrated approach • Digital innovation approach through Innovation Collaborative
Communications and engagement	ICS / SC / ICP / PCN	Julia Rogers, K&M Director of Communications and Engagement	• System Transformation Communications and Engagement Plan including proactive approach to engagement with key audiences and stakeholders • Reactive responses against plan to media enquiries • Staff and stakeholder briefings • Design and implement effective strategic and operational communications and engagement function across the

			system (including co-production)
			• Working with the existing Patient and Public Advisory Group to co-design the new model of patient engagement across all levels of the future system architecture.
Contracts	ICS / SC / ICP / PCN	TBC	• Development of outcome-based contracts, including performance management and escalation framework
			• ICP MOU / contractual framework that focuses on wider determinants of health, prevention and outcomes framework, including framework for approval of sub-contacting that foster collaboration within and without of the ICP
Corporate services	ICS / SC / ICP / PCN	Mike Gilbert, STP / DGS CCG, Director of Corporate Services	• Describe corporate risk identification and escalation process
			• Indemnity framework, recognising the collaborative framework in which ICPs and PCNs will operate
Quality and safety	ICS / SC / ICP / PCN	Paula Wilkins, Director of Nursing, West Kent / Sarah Vaux, Director of Nursing, East Kent	• Best practice framework – process that drives optimum and innovative outcomes
			• Quality framework, including metrics and governance structure for oversight and route for clinical risk identification and risk escalation
System functions	ICS / SC	Michael Ridgwell, STP Deputy CEO	• Planning (including major service reconfigurations)
			• Resilience
			• Performance / assurance (including in relations to effectiveness of outcomes-based commissioning, and oversight of the best value test)
			• Assurance and license of system commissioner, ICPs and other constituent bodies
			• Service / System Improvement
			• Direct commissioned services and identify list of service that should be commissioned at a Kent and Medway level

3.4 Role descriptions

The following table provides a description of key roles within the programme:

Role	Responsibility
Senior sponsor	Executive level lead (normally a chief executive or clinical chair) who acts as the sponsor for a core project (noting the programme also has an overall senior sponsor) The sponsor is accountable for ensuring that the work is governed effectively and delivers the objectives that

	meet identified need. They are also responsible for championing the programme at a senior level to secure commitment and buy-in.
Project Lead Director	Responsible for the day-to-day delivery of their core constituent project or work area they are supporting, including achievement of key deliverables within the specified timeline
ICP GP Lead	A GP practicing in the ICP area who represents GPs and providers within discussions and acts as an interface with the emerging PCNs to ensure the system transformation programme is driven by and reflects general practice, the emerging PCNs and wider clinical considerations.
ICP non-executive lead	A non-executive director from one of the provider organisations that is a partner within the emerging ICP, responsible for representing non-executive board member, including liaising with their peers, and holding the programme to account for delivery of its strategic aims, ensuring value for money and that risks are being appropriately managed.
Workstream Lead	Thematic lead for a portfolio of projects and / or deliverables linked to one or more of the core constituent projects. The workstream lead is responsible for the day-to-day management of their workplan, including the coordination of projects and change management activities. They are responsible for identifying the resource needed to deliver identified benefits.

3.5 Key roles

The following table details the individuals who will be fulfilling the key roles for the constituent core projects:

Role	Lead
Overall senior sponsor for System Transformation Programme	• Glenn Douglas, STP Chief Executive / CCG Accountable Officer
System Commissioner (including interim CCG operating model)	• Senior sponsor: Dr Bob Bowes, Clinical Chair, WK CCG • Project Lead Director: Simon Perks, Director of System Transformation
West Kent ICP	• Senior sponsor: Miles Scott, Chief Executive, Maidstone and Tunbridge Wells NHS Trust • ICP GP lead: Dr Sanjay Singh • ICP non-executive lead: John Goulston, Chairman, Kent Community Health NHS Foundation Trust • Project lead director: Amanjit Jhund, Director of Strategy, Planning and Partnerships, Maidstone and Tunbridge Wells NHS Trust
East Kent ICP	• Senior sponsor: Paul Bentley, Chief Executive, Kent Community Health NHS Foundation Trust • ICP GP lead: Dr Sadia Rashid • ICP non-executive lead: Stephen Smith, Chairman, East Kent Hospitals University NHS Trust • Project lead director: Tbc
DGS ICP	• Senior sponsor: Louise Ashley, Chief Executive, Dartford, Gravesham and Swanley NHS Foundation Trust • ICP GP lead: Tbc • ICP non-executive lead: Tbc • Project lead director: Sue Braysher, Director of System Transformation, Dartford, Gravesham and Swanley NHS Foundation Trust / Dartford, Gravesham and Swanley CCG

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Medway and Swale ICP	• Senior sponsor: James Devine, Chief Executive, Medway Foundation NHS Trust / Martin Riley, Chief Executive, Medway Community Healthcare • ICP GP lead: Tbc • ICP non-executive lead: Tbc • Project lead director: James Lowell, Director of Planning and Partnerships, Medway Foundation NHS Trust
Interim ICS operating model	• Senior sponsor: Michael Ridgwell, Deputy STP Chief Executive • Project lead director: Ravi Baghirathan

4 HIGH LEVEL PROGRAMME PLAN

For the System Commissioner and Primary Care Network projects, the following high-level milestones will be kept under review (individual ICP milestones are under development and will presented in their individual plans, which will supplement this document):

Milestone or Phase	Date
All PCNs submit registration information to CCGs	May 2019
Outline support from CCGs to continue to proceed with the establishment of a single CCG as the vehicle for the system commissioner	May 2019
Establish leadership arrangements in transition for the four integrated care partnerships	May 2019
Integrated care partnerships outline development plans in place	May 2019
CCGs confirm PCN coverage and approve GMS/APMS/PMS contract variations	May 2019
Governing Bodies agree Statement of Intent / outline application for CCG merger - to be submitted to NHSE Region for initial review	July 2019
Primary care access extended contract DES live for 100% of country	July 2019
Development and sign off of a single primary care strategy with implementation plan, aligning with the response to the Long Term Plan	August 2019
Development and sign-off of any option for an at-scale integrated care partnership, to deliver at Long Term Plan requirements for Mental Health Provider Collaboratives	August 2019
Submission of Kent and Medway response to the NHS Long Term Plan (anticipated date subject to guidance from NHS E)	August 2019
Agreement of Kent and Medway human resources, assurance and financial frameworks (to support development of system commissioner and integrated care partnerships)	September 2019
Governing bodies and GP Membership approve formal application for CCG merger – application to be submitted by no later than 30 September	September 2019
Appointment of CCG(s) permanent Accountable Officer	September / October 2019
Application to be considered by NHSE and formal notification of authorisation (with	October / November

conditions)	2019
Assuming the Committee gives approval, the final detailed proposal on the proposed change submitted	January 2020
New system commissioner arrangements come into force	April 2020
National primary care network services start	April 2020

However, a range of early priorities (deliverables) have been identified which include:

i. Development of ICP project plans

ii. Development of principles and the framework, including the assurance framework, that will cover the development of ICPs

iii. Development of the outline ICP contract framework (recognising that initially the relationship between partners in the ICPs is likely to be based on a range of contractual agreements between the ICPs and the system commissioner encompassing the services delivered by each ICP. This contract should include: activity; performance trajectories; quality measures; and financial values)

iv. Launch of an analytics strategy, which includes details of population health management and segmentation that will be delivered at all levels of the ICS

v. Identification of current commissioning functions and an outline assessment of where these will be delivered within the future system architecture

vi. A robust communications and engagement plan (covering all key stakeholders but particularly NHS boards, CCG governing bodies, GP member practices and local authorities)

vii. Development of the draft constitution

viii. Plan for allocating resources based on population needs

ix. Continuing involvement with the Patient and Public Advisory Group to ensure patient voice is at heart of plans and embedded within new system

5   OVERALL RESOURCE REQUIREMENTS (RESOURCE PLAN)

The following outlines the key resourcing requirements and at this point has a greater focus on the system commissioner project. It is recognised that there will be individual requirements for the four ICPs dependent on the pace and rate of maturity. Identifying these requirements is work in progress although Section 3 of this document provides details of key senior roles aligned to the development of ICPs.

Role	Description	Resource
Clinical Chair (Bob Bowes, Clinical Chair, West Kent CCG)	Provides clinical leadership, direction and mentorship across the whole programme (including chairing the System Commissioner Steering Group).	Existing CCG 0.4 wte

Project Lead Director (Simon Perks, System Commissioner)	Chairs System Commissioner Working Group. Member of System Commissioning Executive Board. Provides executive leadership and oversight of the system commissioner programme through transition and up to planned 'go live' in April 2020. Responsible to AO and CCG Chairs for programme delivery.	Existing CCG 1 wte
Mike Gilbert, Director of Corporate Services	Provides day to day programme management and direction of system commissioner work programme. Responsible to Senior Sponsor and Clinical Chair for ensuring the programme successfully delivers agreed milestones. Professional responsibility for all aspects of governance surrounding the work programme and establishment of a single CCG	Existing CCG 0.7 wte
System commissioner (including potential merger of the CCGs)	In recognition of the complexity and scale of the programme, additional programme management resources will also be required from CCGs: • 2 x Programme Manager (Band 8a). Responsible for day to day co-ordination of the underpinning work streams, programme reporting, over-sight of programme risk management and co-ordination of core programme resourcing. • Business Support Manager – 1 wte (Band 7). Day to day support to System Commissioner Programme. The BSO will provide support to ensuring the programme's rigour, through monitoring and reporting of progress and overseeing all aspects of business support. • Administrative support – 1 wte (band 4). Provides dedicated day to day support of system commissioner programme including formal and informal reporting, diary management and support to the Steering Group and Joint Committee	2 x AfC8a 1 x AfC7 1 x AfC4
Overarching system transformation programme, and interim ICS operating model	Where appropriate existing programme management resources will be aligned from the STP to support the system transformation programme across the different core projects, including - Finance - Digital - Workforce / human resources - Communications and engagement - Business management support Existing resource will be used more flexibly and rather than initiating new parallel workstreams the intent is to build upon and, where necessary, redirect existing STP workstreams.	From STP
Patient involvement volunteers	Input from patient members of the Patient and Public Advisory Group including attendance at system transformation meetings and discussions within the main PPAG meetings	

6 PROGRAMME BENEFITS AND IMPACT

6.1 Benefits realisation

Inherent within the objectives of this programme of work is the intent to deliver a range of benefits, aligned to the two over-arching objectives of the system transformation programme, namely to:

a. Deliver improved quality and provision of care and patient outcomes for our population; and

b. Improve the use of available resources (both financial and staffing).

Before we start each stage of the transition, we aim to identify and quantify the intended benefits to patients, our teams and the system and track these through the programme. Any proposals that are identified will need to specify and quantify the anticipated benefits, how these will be delivered and monitored (e.g. a benefits realisation plan). It will also be necessary to be clear to whom any planned benefit will accrue to. To support these intentions we will deliver a clear outcomes framework for each of the above two over-arching objectives. Below is a high-level outline of our initial thinking on the benefits associated to our objectives, as follows:

Objective	Benefit (note this is not an exhaustive list and will be updated as the programme progresses)	Beneficiary	Measured through
Deliver improved quality and provision of care and patient outcomes for our population	• Improved outcomes against a range of indicators as outlined in the joint strategic needs assessment (JSNA) • Improved performance against NHS Constitution targets • Improved performance against NHS Long Term Plan priorities (recognising these include indicators within the JSNA and NHS Constitution target) • Improved self-management and prevention	Patient and local populations	Outcomes framework to be developed not only as part of the system transformation programme but linked to the long term plan and the JSNA
Deliver Improved use of available resources (both financial and staffing)	• Delivery of nationally mandated 20% reduction in management costs • Financial performance within the agreed system control total • Development of new workforce models to: - address workforce shortages - meet increasing demand - support staff - support service innovations	Organisations Patients and public Staff	Outcomes frameworks to be delivered in relation to: • Finance (as part of the long term plan) • Patient experience • Staff experience (e.g. as measured through staff surveys)

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Alongside identifying the benefits of any proposed options, the cost of proposals will need to be quantified as part of a detailed options appraisal. Not only will the return on investment of any proposals need to be quantified but proposals will need to deliver the mandated management savings that CCGs and NHS England need to deliver, in order to increase investment in frontline services.

6.2 Programme Impact Assessment

This programme of work has the potential to have a significant impact on the delivery of local health and social care. As part of the programme any changes to the way care is delivered will be assessed to determine the impact on patients, particularly those with protected characteristics. The impact will be assessed against a range of domains, and the following provides an indicative list of the domains that will be considered:

Domain	Description
Safety	Rating the impact of the proposal on patient safety
Effectiveness	Rating the impact of the proposal on the clinical effectiveness of patient care
Experience	Rating the impact of the proposal on the patient experience of care delivery
Other impacts	Rating the impact of the proposal on other services, patient groups, staff or reputation of the organisations
Equality and diversity	Rating the impact on those in a specific group as outlined in the Equality Act 2010 and also including other hard to reach groups.
Prevention	Rating the impact of the proposal on the ability to deliver the prevention agenda

Any changes proposed around individual services may also require individual integrated impact assessments and if necessary public consultation.

7 RISKS AND ISSUES

7.1 Management of risk

A comprehensive risk register will be produced and the risks will be managed in accordance with recognised NHS risk management processes. A risk register will be developed and kept updated for the project. Risks will be identified and assessed using the following grid:

Risk score = Impact x Likelihood

	Likelihood				
	1	2	3	4	5
Impact	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

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For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Any risk red or amber rated risk of 8 or greater will be discussed at the following groups (see governance arrangements – Section 3.2):

    i.   System Transformation Executive Board

    ii.   System Commissioner Steering Group

    iii. ICP Steering Groups

The above will support the mitigation of risks and escalate to individual organisations and the STP Programme Board as necessary. The register will also track risk in order that the above groups are able to determine the efficacy of the identified mitigations.

7.2 Initial assessment of programme risks

The following table provides an initial view on the key risks and issues associated with the System Transformation Programme.

Risk	Mitigation
Lack of a coherent and shared strategic vision across Kent and Medway	Development of a robust JSNA for Kent and Medway, which identifies the key priorities and actions required to effect population health and wellbeing improvement. JSNA to inform resource prioritisation and integration of physical and mental health, primary and secondary and health and social care.
	Robust communications and engagement with key stakeholders – members, governing bodies, provider boards, primary care etc. Development of narrative with consistent messages and tangible benefits
	Demonstrable programme of clinical and leadership engagement, supported by communications and engagement, with key stakeholders and audience groups
A lack of consistency across place-based ICPs that jeopardises the delivery of objectives or sees development adversely affected in one area compared to others	System Transformation Executive Board to manage interdependencies and individual developments of ICPs ensuring alignment to the entirety of the System Transformation programme and a clear governance framework within the STP/ICS
Lack of support for model from NHS England and Improvement	Early engagement on model with NHSE/I to ensure oversight of proposed plans
Lack of support for model from CCGs	Clinical leadership at the heart of the engagement approach with demonstrable and targeted programme of clinical engagement supported by the delivery of

	effective communications and engagement activities identified in the communications plan. Ensure two-way communication channels are in place for member practices and regular updates on progress to governing bodies through formal meeting papers and ad hoc briefings as required.
Lack of support of model from CCG member practices	As above
Lack of funding and resources for local authorities' impact on ability to support the emerging ICS	Early engagement with local authorities to help shape the direction of travel for the Kent and Medway Integrated Care System
Lack of support from provider organisations	Demonstrable and targeted programme of clinical and leadership engagement supported by the delivery of effective communications and engagement activities identified in the communications plan.
Limited resources to take forward programme including financial and workforce	Progress and risks to delivery to be managed by programme governance and into the STP programme board
Maintaining and improving quality and performance of services during a period of uncertainty and change	To be managed locally via statutory bodies
Maintaining and improving financial performance during a period of uncertainty and change	To be managed locally and via the STP Finance Group as per existing governance arrangements
Overall affordability given the challenged financial positions / the programme of work does not address the financial challenge faced by commissioners and providers	To be managed locally and via the STP Finance Group as per existing governance arrangements
Fragility of primary care impacts on delivery of the local care model, primary care networks and thus the viability of the ICP	Interdependency to be managed via existing governance arrangements as well as System Transformation Executive Board
Timescales for PCN establishment lead to lack of effective representation of primary care within ICPs in the design phase	To be managed through both the Primary Care Board and the System Transformation Executive
Adherence to current rules on competition and regulation challenge the implementation of the ICP model (competition, choice and regulatory approval of options may delay or possibly prevent the implementation of the preferred options)	To be managed and worked on through early engagement with regulators and System Transformation Executive Board
Significant changes to working assumptions has potential to derail programme delivery in terms of progress against plan, finance and reputation	To be managed and worked on through early engagement with regulators and System Transformation Executive Board

The above will be assessed and mitigations further developed as part of the programme risk register.

8 COMMUNICATION AND ENGAGEMENT

8.1 Communication and Engagement principles

In order to undertake large-scale transformation that affects staff, patients and the public alike, we need to ensure that we have developed a robust communications and engagement strategy, which is founded on the following principles:

- **Considered and accurate** – Good communications starts and ends with getting the basics right. We must make sure all communications consider the needs of the intended audience and deliver accurate and consistent messages to all group.

- **Targeted and tailored** – Consistent doesn't need to mean the same. There are a broad range of stakeholders in this project with different areas and levels of interest. We must make sure we target the right messages using the right channels for different audiences.

- **Inclusive and meaningful** – Staff and stakeholders affected by this programme are spread across a large geography, come from multiple organisations and diverse backgrounds. We need to ensure we have effective systems and channels in place to reach everyone. Seeking the views and involvement of staff and other stakeholders must have a purpose and offer a genuine opportunity for the views provided to shape the direction of the programme**.**

- **Timely** - Communications and engagement that is either premature or late loses impact; failing to deliver its objective and wasting resources. All communications and engagement activity must be delivered at a time that's appropriate for the message and the audience. Staff directly affected by the proposals should receive updates directly and ahead of external announcements.

- **Honest** – Linked to meaningful communications and engagement we need to be open and honest about progress of the program and the areas where people can genuinely influence the work. There will be many questions asked before we have definitive answers. We must be honest about what we can confirm or when we are likely to be able to provide clarity.

8.2 Key audiences and stakeholders

The communications and engagement function has undertaken stakeholder and audience mapping and analysis over the past two months and this will be subject to regular review. This work has identified the broad categories of key audiences and stakeholders outlined in the following table:

Key audience/stakeholder group	Rationale for engagement
Patients and the public	Patients and the public are likely to respond with greater interest when specific services or facilities are affected by change, however they are an important audience for this work as they can provide challenge, support and insight for how the new structures will operate most effectively for the populations they serve. We anticipate

	that engagement on the development of the five year plan will see greater levels of patient and public engagement with the aim of eliciting feedback and insight from those groups or individuals most impacted by the plans or who use services highlighted as priority areas e.g. Children's services, mental health, primary care, cancer.
	Our communications and engagement activity on system transformation should ensure that we are transparent, honest and present a 'case for change' that moves on from a description of challenges to a clear 'offer' for patients about how the new arrangements will benefit them.
	We should also be mindful of the fact that local campaigners and activists are showing a keen interest in other STP-related plans and workstreams and we must anticipate high levels of scrutiny from these groups and individuals as work progresses.
Staff across all commissioner and provider organisations including those outside of the traditional health economy in LAs, VCSE and private providers	Gaining buy-in and support for the future structure of health and care services is vital. Staff at all levels and within all organisation types need to feel that they have the opportunity to help shape the 'new world'.
	Within CCGs, CSU and the STP, shifts in organisational structures, specifically the creation of a single CCG, raise questions for staff who will be concerned about their future job role, place of work etc.
	At provider level, the development and implementation of ICPs may require staff to work differently and they will have questions about how change can benefit them and their patients and teams. They may be concerned about the future of their role or where they will work.
	VCSE, LAs and private providers all play an integral role in the delivery of care and with a greater drive towards integration, staff will need to understand and have the opportunity to shape the future structure of health and care services. Again, anxieties about job roles, location and security will need to be anticipated and addressed to ensure that these groups are supportive of future plans.
GP members	Reflecting the importance of primary care within the LTP and the growing role of PCNs in changing and improving the experiences and outcomes of people who are accessing care. We will make a concerted effort to offer opportunities and methods of engagement to ensure that GP members are reassured about the future and have their concerns listened to and understood.
	Gaining buy-in and support for the future structure of health and care services is vital. GP members need to feel that they have the opportunity to help shape the 'new world' and should be engaged in the process of shaping the future landscape.
Decision-makers	Within the scope of the new ICS including CCG governing bodies, provider boards – key groups who will be responsible for steering development of plans – especially those relating to the establishment of an ICS and its component parts – and who will give the go-ahead for changes to organisational structures
Politicians and elected representatives	Including MPs, county and district councillors, Health and Wellbeing Board Members, relevant oversight and scrutiny committees. Many of these groups are already engaged in the STP's work via existing channels and relationships including regular meetings, briefings and formal interactions at scrutiny boards and committees. We have provided new briefings on the system transformation work and will look to step up engagement on ICS, ICP and PCN development. These groups will also be engaged around local five year plan priorities and we will ensure that activity is aligned accordingly.

Professional bodies	LMC, BMA), staff-side representatives and organisation, trades unions – these groups have important insights about issues affecting workforce and are key influencers amongst staff groups and members. Engagement to understand concerns and anxieties about the future – as well as opportunities for meaningful engagement – will be scoped.
Regulators	We will continue to work with colleagues in NHSE/I to develop and refine our plans.
Community and patient voice	Including our local Healthwatch networks who already play an important part in shaping and informing our work and who have links to diverse and often overlooked groups and organisations. We also have ongoing relationships with other community groups, charities, patient voice organisations and social enterprises and will continue to engage with these groups so that our work has the breadth and depth required to ensure that the patient voice is enshrined at the heart of our plan development.

When the above broad categories of stakeholders are considered within the context of the Kent and Medway system this identifies the following list of key stakeholders;

ORGANISATION	ROLES	KEY ROLES FILLED BY
PPAG and local patient groups	STP Programme Board Non-Executive Director (NED) Oversight Group System Commissioner Steering Group Members Joint Committees Clinical and Professional Board East Kent ICP West Kent ICP DGS ICP Medway / Swale ICP	Nominated PPAG representatives
Dartford and Gravesham NHS Trust	STP Partnership Board DGS ICP Clinical and Professional Board	CEO Director of Transformation Trust Medical Director
East Kent Hospitals University NHS Foundation Trust	STP Partnership Board East Kent ICP Clinical and Professional Board	CEO Trust Chair Trust Medical Director
Kent County Council	STP Partnership Board System Commissioner Steering Group	Leader of the Council Cabinet Member for Social Care and Public Health Corporate Director Adult Social Care and Health Director of Public Health Corporate Director Adult Social Care and Health Director Strategic Commissioning

	Clinical and Professional Board	Directors of Partnerships, Adult Social Care and Health Corporate Director Elected Member of the Council
	Non-Executive Director (NED) Oversight Group	
		Director Public Health and Deputy Director Public Health
	Population Health Outcomes, Case for Change (JSNA) and Prevention workstream	
Kent and Medway CCGs	STP Programme Board	AO, MDs (Members)
	Non-Executive Director (NED) Oversight Group	2 x Independent Members
	System Commissioner Steering Group Members	CCG Chaired, 8 x CCG Clinical Chairs, 3 x Independent Members, AO and MDs CCG Chaired, 8 x CCG Lay Members for Governance
	System Commissioner Governance Oversight Group	CCG Chaired, 8 x CCG Clinical Chairs, AO, MDs and other CCG Governing Body Members
	Joint Committees	CCG Joint Chaired, 8 x CCG Clinical Chairs
	Clinical and Professional Board	CCG Joint Chaired, 8 x CCG Clinical Chairs
	East Kent ICP	GP Representative
	West Kent ICP	GP Representative
	DGS ICP	GP Representative
	Medway / Swale ICP	GP Representative
Kent and Medway Community NHS Foundation Trust	STP Partnership Board	CEO
	East Kent ICP	CEO
	West Kent ICP	Trust Chair
	Clinical and Professional Board	Trust Medical Director
Kent and Medway NHS and Social Care Partnership Trust	STP Partnership Board	CEO
	Clinical and Professional Board	Trust Medical Director
	Non-Executive Director (NED) Oversight Group	Chair – Trust Chair
Kent and Medway Sustainability and Transformation Partnership	STP Partnership Board	Chair - STP CEO
	System Transformation Executive Steering Group	Chair STP CEO/AO

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	Non-Executive Director (NED) Oversight Group	STP CEO
	CCGs Joint Committee	STP Deputy CEO
Maidstone and Tunbridge Wells NHS Trust	STP Partnership Board	CEO
	West Kent ICP	CEO
	Clinical and Professional Board	Trust Medical Director
	Non-Executive Director (NED) Oversight Group	Trust Chair
Medway Local Authority	STP Partnership Board	Leader of the Council
	Medway and Swale ICP	Tbc
	Clinical and Professional Board	Tbc
	Non-Executive Director (NED) Oversight Group	Elected Member of the Council
Medway NHS Foundation Trust	STP Partnership Board	CEO
	Medway & Swale ICP	Director of Strategy
	Clinical and Professional Board	Joint Chair - Trust Medical Director
NHS England / Improvement	STP Partnership Board	Dir of Strategy and Partnerships
	CCGs Joint Committee	NHSE Rep and Specialist Commissioning Rep
South East Coast Ambulance NHS Foundation Trust	STP Partnership Board	CEO
	Clinical and Professional Board	Trust Medical Director
Medway Community Healthcare	STP Partnership Board	CEO
	Medway ICP	CEO
	Clinical and Professional Board	MD
Virgin Healthcare	North Kent ICP	Tbc
District and Borough Councils	Through engagement processes, particularly focused around the development of the ICPs	As per local arrangements

8.3 Communication Tools

A range of communication and engagements approaches, and methods, will be used, which will be tailored to meet the specific requirements of the intended audience. The following provides an indication of the approaches that are either in place or under consideration:

Tool	Frequency	Responsible	Audience
Meeting minutes	Every decision making meeting	Meeting Lead	Working group members
Newsletters	Monthly	Communications and engagement	All stakeholders
Meeting Packs	Monthly	Meeting Lead	Steering Committee members
CCG AO report	Monthly	Meeting Lead	CCG Governing Bodies and members
Existing channels/tools/activity			
Web – partner organisations websites and the well-established STP website.	Ongoing – scheduled activity in response to specific announcements, plans and on a reactive basis.	Communications and engagement	All stakeholders – we aim to publish as much material as possible on out websites in the interest of transparency. This has worked well during the stroke review and our work in east Kent, where we have also used various web presences to inform local audiences and stakeholders about forthcoming events and engagement opportunities and to host surveys and other feedback mechanisms.
Social media – at STP level we already utilise a wide variety of social media channels to engage with our audiences and stakeholders including Twitter, Facebook, YouTube and SoundCloud.	Ongoing – scheduled activity in response to specific announcements, plans and on a reactive basis.	Communications and engagement	All stakeholders - as these channels appeal to a significant segment of our audiences and our approach is 'digital by default', we will continue to maximise these channels within our communications and engagement activities.
STP stakeholder Bulletin	Monthly	CCGs	Circulated to distribution list of stakeholders who have 'opted in' to receive the bulletin. (We continue to work to drive up recipients following the introduction of GDPR in May 2018.

CCG websites and social media channels	Ongoing – scheduled activity in response to specific announcements, plans and on a reactive basis.	CCGs	All stakeholders.
Local and trade media	Ongoing – scheduled activity in response to specific announcements, plans and on a reactive basis.	Communications and engagement	All stakeholders. Traditional media including local media outlets (print, online and broadcast) – we have excellent, long-established relationships with local media groups and individuals who report on our work on a regular basis. We will also continue to seek opportunities for proactive work with trade and professional media outlets (HSJ, Municipal Journal, Pulse etc).
Face to face briefings and meetings within individual organisations	Tbc	Programme team and communications and engagement	Staff – we will harness established meetings and briefing sessions to engage with staff about developing plans.
Development and implementation of new visual identity to support ICS	In development	Communications and engagement	All stakeholders – although recommend that implementation is low key
Ensure that key messages are included in communications and engagement work relating to the 19/20 Operational Plan and five year plan engagement	Ongoing	Communications and engagement	All stakeholders as appropriate.
Development of FAQs for different stakeholder audiences	Ongoing	Communications and engagement with input from programme team	All stakeholders as appropriate.
Briefing materials including PowerPoint slides, core content and graphics, targeted updates for different stakeholder groups	Ongoing	Communications and engagement with input from programme team	All stakeholders as appropriate.
Potential new channels/tools/activity			

Programme Initiation Document (PID)

Facilitated workshop with eight CCG clinical chairs	Tbc	Programme team, communications and engagement	Clinical chairs with outputs communicated to GP members, CCG staff etc
Staff and GP member deliberative events and workshops on specific areas of focus	Tbc	Programme team, communications and engagement	Staff, GP members
Case studies developed and tailored for key audiences and stakeholders – for use in web publication, media work, staff engagement, public-facing communications.	Tbc	Programme team, communications and engagement	All stakeholders
Development of a dedicated briefing session for all local MPs in Summer 2019	Tbc	Communications and engagement	MPs and researchers.

9   PROGRAMME ACCEPTANCE SIGN-OFF

It is important that this PID is supported by organisations. It effectively forms a memorandum of understanding representing the stakeholder organisations commitment to work on this programme. This commitment to proceed is recognised as materially different to a formal sign-off of the outputs of this programme of work (e.g. by signing this PID organisations are only committing to proceed with the work outlined in this document and not to the service model or changes that may be proposed as a result of this work).

NAME OF ORGANISATION: Ashford CCG			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Canterbury and d Coastal CCG			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Dartford, Gravesham and Swanley CCG			
Name:		Date:	
Signature:			

Programme Initiation Document (PID)

NAME OF ORGANISATION: Dartford and Gravesham NHS Trust			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: East Kent Hospitals University NHS Foundation Trust			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Kent Community Healthcare Foundation Trust			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Kent County Council			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Kent Community Healthcare Foundation Trust			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Kent and Medway NHS and Social Care Partnership Trust			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Maidstone and Tunbridge Wells NHS Trust			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Medway Community Healthcare			
Name:		Date:	
Signature:			

Programme Initiation Document (PID)

NAME OF ORGANISATION: Medway CCG			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Medway Council			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Medway Foundation NHS Trust			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: South East Coast Ambulance Service NHS Foundation Trust			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: South Kent Coast CCG			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Swale CCG			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: Thanet CCG			
Name:		Date:	
Signature:			

NAME OF ORGANISATION: West Kent CCG			
Name:		Date:	
Signature:			

Agenda No   57-19

Name of meeting	Trust Board
Date	26 September 2019
Name of paper	PMO Delivery Plan Progress Update
Responsible Executive	Steve Emerton, Director of Strategy and Business Development
Author	Eileen Sanderson, Head of PMO
Synopsis	This paper describes the progress against the projects within the Delivery Plan, and is supported by the following appendicies;

1.   Appendix A – CQC Tracker (2018)

2.   Appendix B – CQC Tracker (2019)

3.   Appendix C – Portfolio Timeline

4.   Appendix D – DPB Dashboard

5.   Appendix E – QCSG Dashboard

6.   Appendix F – CIP Delivery Tracker

7.   Appendix G – CIP Pipeline Tracker

8.   Appendix H – HR Transformation update

Recommendations,   Information
decisions or actions sought

Does this paper, or the subject of this paper, require an equality
analysis record ('EAR')? (EARs are required for all strategies,
policies, procedures, guidelines, plans and business cases).   **No**

Executive Summary

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

1.   The 2018 CQC Must & Should Do Tracker has been approved for closure at the Quality & Compliance Steering Group and is included in Appendix A for completeness.

2. Closure of the EOC Clinical Safety & Performance Project set up to address the 2018 CQC Must Do and 3 of the Should Do's has been approved by the Quality & Compliance Steering Group. This is now awaiting Executive Sponsor approval and will be formally closed during the next reporting period. Further information can be found in the body of the report.

3. A 2019 CQC Must & Should Do Tracker has been created (this can be found in Appendix B) following publication of the CQC Inspection Report in August 2019 which has resulted in the development of two new plans:

    1. Improve Operational Performance in 111.

    2. EOC Call Answer Performance.

    Further information can be found in the body of the report.

4. A fortnightly Transforming Clinical Education Programme Board has been established which will be chaired by the Executive Director of Finance to address the concerns raised by the recent Ofsted unannounced visit. Further details will be provided in due course.

5. Estates Programme:

    1. The Worthing Phase 1 Development has now completed and been handed over to operations. The project is expected to be formally closed during the next reporting period.

    2. NHS Improvement funding has now been approved for Brighton Make Ready. Over the coming weeks, a Project Board will be established to agree the project baselines and subsequently a project plan to ensure that the intended benefits and outcomes are achieved within the agreed timescales.

    3. Work is also commencing with the redevelopment of Sheppey Ambulance Station to increase capacity for staff, vehicles and driver training and in Banstead to provide a new Make Ready Centre for Gatwick and Redhill Operating Units.

    4. It is anticipated that once the Project Boards for the respective projects have been formally established, a more detailed update will be provided in the main body of the Delivery Plan.

6. The Service Transformation & Delivery Programme has transitioned to Business as Usual (BAU) and formally closed on 16 August 2019. Outstanding activities have been identified and documented as

part of closure and BAU owners have been assigned. These outstanding activities will be monitored by the PMO and a review of progress will be undertaken at 3 months post closure. The Operational Lead is working with Operating Unit Managers to develop operational readiness actions plans to progress outstanding key objectives. Further information is detailed in the main body of the report.

7. An updated PMO Portfolio timeline is included in Appendix C which provides a clear snapshot of all the projects governed by the PMO along with projects that are in the pipeline.

8. The following change requests have been approved:

   1. Cyber Network Upgrade projected end date extended from 2 August 2019 to 30 September 2019

   2. EOC East project end date extended from 31 July 2019 30 September 2019.

The Impact of the change in timeline is explained in the relevant section of this report.

1. Introduction

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:

1. Service Transformation and Delivery Programme

2. Sustainability (also see Appendix D)

3. Quality and Compliance (also see Appendix E)

4. HR Transformation

1. In this reporting period, there is a Dashboard for Quality and Compliance and the Sustainability Steering Group. Service Transformation and Delivery Programme is now closed, so a Dashboard has not been produced for this reporting period. A dashboard for the HR Transformation Programme will be produced in the next reporting period once the projects move into implementation/delivery phase.

2. 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.

1.4 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.

1.5 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 the project is unlikely to meet business case/ mandate objectives within agreed time constraints.

Green: On track and scheduled to deliver business case/ mandate objectives within agreed constraints.

Blue: The project has been completed.

2.0 Service Transformation & Delivery

2.1 **Service Transformation and Delivery Programme (STAD) –** The RAG has moved from Amber to Blue as the project has transitioned into Business as Usual and formally closed on 16 August 2019. The Operational Lead is working with Operating Unit Managers (OUMs) to develop Operational Readiness Action Plans. The plans focus on recruitment and retention, efficient use of fleet, operational facilities and reduction of handover delays. All Operating Unit plans are scheduled to be completed by 13 September 2019.

Work has been initiated on the Trusts Power BI dashboard which will report on all the relevant KPI's as well as including benefits realisation charts. The newly branded Demand & Capacity Operational Readiness Plan (D&C ORP), along with workforce updates, will form part of the agenda on the Teams A Council chaired by the Executive Director of Operations.

3.0 Sustainability

3.1 **Worthing Ambulance Make Ready Conversion (Phase 1) –** The RAG project rating has moved from Green to Blue as the project has now been completed. The redevelopment of the site has supported improved operational capacity and enhanced the Trust's capability to deploy clinical resources. It will also enable the Trust to increase compliance with Infection Prevention and Control, Medicines Management and Health and Safety.

1. Digital Programme

4.1 **Cyber Network Upgrades** – The project RAG rating has moved from Green to Amber as SECAmb is experiencing delays in getting the VPN solution in place despite using third party resources and support from the vendor Microsoft. However, work continues, and progress is being made as the VPN solution is now working and next steps will be to fully test it within IT. The solution will then be deployed to all staff and enable SECAmb to decommission existing Telehouse Cisco equipment by end of September 2019. The Trust remains vulnerable to Cyber-attacks so it is necessary that the remaining works are completed to ensure effective Cyber Security is in place at SECAmb. The expectation is that the project will be formally closed in the next reporting period.

4.2 ● **ePCR** –The Project RAG rating has moved from Green to Amber from a project assurance perspective due to concerns raised by the project team regarding training uptake. The project team is currently looking at other innovative solutions to deliver interactive training which is not classroom based.

The RAG rating remains Green from a technical perspective as the system was successfully launched in the live environment. An external penetration testing took place in August 2019 to evaluate the security of the system and no major concerns were highlighted.

It has been highlighted that 2 serious incidents have been raised onto Datix as 2 crews have inputted wrong Data information in the ePCR form, which resulted in further system changes by our supplier to ensure no wrong information could be inputted into the system

Real time reporting is still to be delivered and due to be in place by October 2019 to assure the organisation that ePCR usage is being monitored. The phased roll-out will continue by OU, as follows:

1. Guildford, Gatwick & Redhill - 19 August 2019 – Now live

2. Paddock Wood - 2 September 2019 – Now live

3. Ashford & Thanet - 16 September 2019 – Now live

4. Tangmere & Worthing - 30 September 2019

5. Polegate & Hastings - 14 October 2019

4.3 ● **Replacement Fleet Management System** – The project RAG has moved from Amber to Blue as the project has now formally closed and has transitioned into business as usual. At project closure, not all historic data was transferred into the new system however a project manager is now onboard to work with Jaama (previous supplier) on how to import the data into the new Key-2 system. Ultimately a final back up of data will be taken and the legacy Fleet man system can be decommissioned – this is being monitored as part of BAU.

4.4 ● **NHS Spine Connect** – The Project RAG rating remains Amber. The system is currently being tested by EOC Systems team and testing will be completed by 20 September 2019. A change request will be submitted to extend the go-live date, which is currently end of September 2019,

due to the project scope now including 111 and the additional requirement to develop a roll out plan to ensure a smooth transition to the live environment.

4.5 🔵 **Station Upgrades** – The project RAG rating has moved from Amber to Blue as the project has now closed with the 5 outstanding sites moved into business as usual. Since project closure, only 3 sites (Worthing, Banstead and Polegate) remain outstanding and a process is in place to closely monitor progress for the remaining sites through the IT managers meeting.

4.6 🟢 **East EOC** – The project RAG rating remains Green as the installation and migration of services to the replacement UPS and associated electrical cabling was successfully completed overnight on 25 June 2019. The project is on track to deliver the final element required to ensure that no failure of critical systems occurs at East EOC. It is expected that the project will be formally closed in the next reporting period

4.7 🟡 **Electronic Clinical Audit System (ECAS)** – The project RAG rating remains Amber as progress has been affected by connectivity issues at Paddock Wood. This risk has been monitored and resolved by an infrastructure upgrade at Paddock Wood. The change control process will be enacted to ensure that any impact with this delay has been considered and this will be continuously monitored at the fortnightly Task & Finish Group.

2.	**Financial Sustainability**

1. 🟡 **CIP** – The RAG rating for the Cost Improvement Programme remains Amber as at month 5, August 2019. The current pipeline schemes of £9.0m is on track to deliver the annual savings target of £8.6m. £6.4m of schemes have been fully validated and transferred to the CIP Delivery Tracker. This represents approximately three quarters of the annual savings target. The validated and scoped schemes of £1.1m are awaiting Executive Sponsor and QIA approval prior to moving to delivery. Positive engagement with budget leads continues to further the development and validation of schemes to achieve the remaining £1.5m "proposed" value on the Pipeline tracker.

CIP achievement for the five months ending August 2019 of £3.1m is £0.1m below plan. The shortfall is mainly driven by the difficulties in delivering the planned improvements in handover delays. Finance is working collaboratively with operations budget leads to scope alternative schemes to compensate for the year to date underachievement. The full year projected savings target of £8.6m is expected to be met, although this remains challenging. The CIP Pipeline and Delivery Tracker (Appendices F and G) provide more detail on the progress of the Programme.

6.0   Quality & Compliance

6.1   **EOC Clinical Safety & Performance** – The project RAG has moved from Amber to Blue as closure has been approved by the Quality & Compliance Steering Group (QCSG). This is now awaiting Executive Sponsor approval and will formally close during the next reporting period. All areas with the exception of Clinical Recruitment, NHS Pathways Audit and Rota Compliance have transitioned into BAU. Action plans have been produced for Clinical Recruitment and NHS Pathways Audit and are monitored by QCSG. The Safe Staffing (Rota Compliance) Action Plan will be developed and progress will be reported on in the next reporting period.

6.2   **Clinical Recruitment (Action Plan) –** The Action Plan is RAG rated Amber. Recruitment of Clinical Supervisor establishment is on track to reach the full establishment of 43 by 31 December 2019. There are 24 potential international recruits in the pipeline to begin employment by 30 November 2019, however, although they have been offered and are undertaking current clearance there is no guarantee that they will be successful. This is being actively monitored. There is a full establishment of Operational Managers Clinical.

The action plan is rated as Amber as there is an issue with recruitment of NHS Pathways trained Clinical Safety Navigators resulting in the need to recruit from the internal pool of Clinical Supervisors. Although Clinical Supervisors are currently being recruited and will be eligible to apply for the Clinical Safety Navigator role after 6 months in post; there is no assurance that they will be interested in this role. Again, this is being closely monitored.

6.3   **NHS Pathways Audit (Action Plan) –** The Action Plan is RAG rated Red. The consultation for the new staffing model for the Clinical Audit Team has been delayed due to a long-standing grievance within the team not having been resolved, this has had impact on compliance with clinical audit; the Interim Director of HR is pursuing this. Mitigations are in place to provide temporary cover for audit but compliance for clinical audit remains poor.

6.4   **Improve Operational Performance in 111 (Action Plan) –** This is the first reporting period and the Action Plan is RAG rated Green. There are 6 aspects to this plan:

1.   **Daily 111 to 999 Reporting:** A sustainable downward trend in ambulance referral rate is beginning to be demonstrated.

2. **Ambulance Validation:** Validation for CAT 3 and 4 in accordance with NHSE directive has been successful, where it is identified 90.20% (6167 cases) were validated, with 62.27% of these resulting in a non-ambulance dispatch outcome (01/08/2019 – 31/08/2019).

3. **Average handling time (AHT):** Changes to agent scripts, and individual performance management, have delivered a significant lowering of AHT and, therefore, an increase in productivity and service level. The daily AHT is now significantly below 600 seconds each day.

4. **Staffing levels:** There is a full establishment of Health Advisors, Service Advisors and Clinical Advisors, however, the rota balance is not optimal particularly at weekends. The Health Advisors rotas will be reviewed in October 2019, using the template provided by NHS England, in order to measure rota efficiency. The Clinical Advisors will be reviewed and recommended changes discussed with clinicians in January 2020.

5. **Abandoned calls:** Call abandonment rate has been significantly below the 5% NHSE benchmark.

6. **Calls answered in 60 Seconds:** The service achieved a monthly service level of 80.8% in August 2019. This was due to an effective and sustainable step-change in call AHT, and productivity. The service has outperformed the National 111 / IUC service level during the last fortnight of August (including the Bank Holiday weekend).

1.   ● **EOC Call Answer Performance (Action Plan) –** This is the first reporting period and the Action Plan is RAG rated Green. In the first 12 weeks of 2019/20, 999 call answering was relatively stable, achieving the mean 10 out of 12 weeks, and the 90th percentile 11 out of 12 weeks. Since then there has been a period of inconsistency with 3 out of 10 weeks where the mean was achieved, and 4 out of 10 for the 90th percentile. A review from Association of Ambulance Chief Executives (AACE) provided a focus on key areas to be improved. An improvement trajectory sets a target of achieving the standards defined by the Trust by 2 December 2019.

An Action Plan has been developed and a Task & Finish Group established and scheduled to meet fortnightly. This group will focus on 4 key themes:

1. Management Information

2. Real time agent monitoring

3. Reduction of routine call activity

4. Availability of in line support

The Task & Finish Group will also monitor sickness and attrition rate which will have an impact on call performance.

7.0   HR Transformation

7.1 🟢 **Applicant Management System (TRAC) –** The project RAG remains Green. The project is on track and it is anticipated TRAC will be live during week commencing 28 October 2019. Implementation of the new system will improve both candidate and hiring manager experience. It will also support with increased compliance and process time. Once the system is live, the Trust will be able to generate a suite of reports using real time data. To ensure that the resourcing team and hiring managers are confident with using the system, the supplier will be providing remote support for a period of four weeks from the initial go live date.

A Task and Finish group has now been formally established which meets fortnightly to monitor and track progress against the project plan. Currently there are no risks or issues to report within this reporting period.

7.2 🟢 **Implementation of E-Expenses –** The project RAG remains Green. Implementation of the new system will improve the time currently spent on processing expenses and will reduce the number of payment errors due to manual input. ESR hierarchies have now been updated and testing has commenced. Over recent weeks, the introduction of the new system has been widely cascaded to staff and this will continue until the system is live to ensure that staff are aware of the change. A hotline within the Service Centre will be set up to support with queries post go live and this will be in addition to user guides and resources made available on the intranet.

The project is currently experiencing issues with reduced service centre capacity until early November 2019 due to annual leave and long-term sickness. This is being mitigated by a phased roll out across the Trust with an initial go-live for corporate staff currently based at Crawley HQ on 1 October 2019.

There is an additional risk of staff not engaging with the change. This is being mitigated by the creation of a communication plan and using the monthly Senior Leadership Committee to communicate the change to their respective teams. The Quality Improvement Hub will also support with the disseminating the change to operational staff. A Task and Finish group has now been formally established which meets fortnightly to monitor and track progress against the project plan.

7.3 🟢 **Implementation of E-Timesheets –** The project RAG remains Green. Implementation of the new system will improve the time currently spent on processing timesheets and will reduce the number of payment errors due to manual input.   Currently the system is being tested to ensure the system interfaces with ESR and GRS with training planned for January/ February 2020.

At the recent Task and Finish Group, an issued was identified in relation to the Trust not having a Procurement Contracts Manager to support with the GRS contract. This is currently being looked into by the Procurement team with the view that a new Contracts Manager will be appointed in late September/October 2019.

There is an additional risk of staff not engaging with the change and as a result, staff not fully understanding the impact e-timesheets will have. The project team are working to mitigate this risk by ensuring that they continue with ongoing channels of communication and with the support of the Quality Improvement Hub to ensure that operational staff are aware of the impact of the introduction of the e-timesheets system. An issue has also been identified in terms of team capacity due to the departure of the Business Analyst. Arrangements have now been made to ensure that this gap is filled. With all the mitigations in place and the project being closely monitored, the project is on track and it is anticipated that the e-timesheets will be live in March 2020.

7.4 🟡 **Culture Change** (please note this programme is not currently overseen by PMO).

The agreed aim of the Culture Change work is that 'Our people are listened to, respected and well supported'. In terms of the agreed priorities, work continues to embed interventions at all levels of the employee life cycle in relation to reducing bullying and harassment and actions to deliver this will be completed by December 2019, and outcomes measured against results of the NHS Staff Survey 2020 published in 2021.

Work is also underway to simplify the current appraisal system (hosted on the Actus system) by September 2019 and then a plan is to be developed to have this hosted on the ESR system by April 2020. A longer-term plan to support culture improvement (phase 2) will be developed by 31 March 2020.

7.5 **ESR Manager Self Service -** Further options will be explored in coming weeks to review the best platform to implement e-forms. Reporting will cease until a preferred solution has been agreed.

7.6   **Implementation of the HR Structure -** The consultation period has now concluded, and recruitment is underway to recruit into the senior positions within the structure.