

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting to be held in public.

30 January 2020

10.00-13.00

Trust HQ, Nexus House, Crawley

Agenda

Item No.	Time	Item	Encl	Purpose	Lead
Introduction					
85/19	10.00	Apologies for absence	-	-	Chair
86/19	10.01	Declarations of interest	-	-	Chair
87/19	10.02	Minutes of the previous meeting: 28 November 2019	Y	Decision	Chair
88/19	10.03	Matters arising (Action log)	Y	Decision	PL
89/19	10.05	Board Story	-	Set the tone	Chair
90/19	10.15	Chief Executive's report	Y	Information	PA
Strategy					
91/19	10.25	Delivery Plan	Y	Information	SE
92/19	10.55	Trust Strategy Development Update	Verbal	Discussion	SE
Quality & Performance					
93/19	11.05	Integrated Performance Report / Committee Escalation	Y	Assurance	SE
Break					
94/19	12.00	Hospital Handover Programme (action log 162/18b)	Y	Information	JG
Workforce					
95/19	12.15	Violence and Agression to Staff (action log 58 19b)	Y	Assurance	BH
Governance & Risk					
96/19	12.30	Audit & Risk Committee Escalation Report	Y	Information	AS
97/19	12.35	BAF Risk Report	Y	Decision	PL
98/19	12.45	Charitable Funds Committee Escalation Report	Y	Information	AS
Closing					
99/19	12.50	Any other business	-	Discussion	Chair
100/19	-	Review of meeting effectiveness	-	Discussion	ALL
Close of meeting After the meeting is closed questions will be invited from members of the public					

Date of next Board meeting: 26 March 2020

South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting, 28 November 2019

Trust HQ, Nexus House, Crawley

Minutes of the meeting, which was held in public.

Present:

David Astley	(DA)	Chairman
Philip Astle	(FM)	Chief Executive
Alan Rymer	(AR)	Independent Non-Executive Director
Angela Smith	(AS)	Independent Non-Executive Director
Bethan Haskins	(BH)	Executive Director of Nursing & Quality
David Hammond	(DH)	Executive Director of Finance & Corporate Services
Fionna Moore	(FM)	Medical Director
Joe Garcia	(JG)	Executive Director of Operations
Laurie McMahon	(LM)	Independent Non-Executive Director
Michael Whitehouse	(MW)	Independent Non-Executive Director
Terry Parkin	(TP)	Independent Non-Executive Director

In attendance:

Paul Renshaw	(PR)	Director of HR
Janine Compton	(JC)	Head of Communications
Peter Lee	(PL)	Company Secretary
Kim Blakeburn	(KB)	Freedom to Speak Up Guardian [item 81-19 only]
Giles Adams	(GA)	Associate Director of Quality and Compliance [item 82-19 only]

Chairman's introductions

DA welcomed members and those observing.

On behalf of the Board, DA offered his condolences to the friends, colleagues, and family of a member of staff who died recently, in very sad circumstances. He also expressed condolences to LB whose father recently passed away.

DA then confirmed the positive news about PL, who was awarded the Company Secretary of the Year by the Chartered Governance Institute.

67/19 Apologies for absence

Lucy Bloem	(LB)	Senior Independent Director / Deputy Chair
Steve Emerton	(SE)	Executive Director of Strategy & Business Development
Tricia McGregor	(TM)	Independent Non-Executive Director

68/19 Declarations of conflicts of interest

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

69/19 Minutes of the meeting held in public 26 September 2019

The minutes were approved as a true and accurate record.

70/19 Action Log

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

71/19 Board Story [10.04 -10.11]

This was a positive story about a person whose life was saved by the actions of a by-stander and the crew that attended. Board members reflected on the power of this story in helping to raise awareness of bystander CPR.

72/19 Chief Executive Report [10.11 – 10.22]

PA began by highlighting recent operational performance, in particular call answer performance which has significantly improved in recent weeks. The Trust is now the best performing ambulance trust for call answering. PA thanked JG and his team for their continued focus and hard work.

In terms of ARP (C1-C4) the Trust is providing a much timelier service for the most acutely unwell (C1 and C2) but is struggling with those patients in C3 and C4. PA explained that this is directly related to a lack of available capacity to meet this demand; firstly it takes time to recruit the workforce we need and while we have been meeting the workforce plan, the reality is that the impact won't be what is required for some time still, especially if demand continues to rise.

PA then confirmed that performance in 111 is improving and there is focus on controlling the flow of patients in to 999.

In terms of other areas set out in his report, PA mentioned EPCR and the positive progress being made here; now over 60% usage, and that the staff survey closes in November; the response to-date is ahead of the same period in 2018 and is a good indication of staff engagement.

Finally, PA confirmed that just a few ago there was a reported CAD failure and the response from the team to identify and fix the issue was really good and there has been no identified adverse patient impact.

Board members were then invited to ask question of PA, and AS asked about his comment about rising demand as the finance and investment committee recently noted that income was down due to lower demand. PA explained that we are not getting to some patients, due to issues of capacity, and so not meeting all the demand. JG added that the rate of increase is higher than modelled through the demand and capacity review and so the workforce trajectory does not provide enough staff to keep pace with the demand. DA reflected that the increase in demand is a national trend.

MW explored the extent to which increasing the recruitment targets would impact on management capacity. He asked PA whether the executive and other senior manager are working in an integrated way to ensure they are able to respond. PA confirmed that the executive team does work in an integrated way, but further down systems thinking is less mature and so we are reviewing the senior leadership team to better systemise leadership.

73/19 Delivery Plan [10.22 – 10.52]

DH introduced the report drawing the Board to the executive summary and appendices. Directors then reported by exception:

Sustainability and Digital

DH confirmed that the projects in this area are broadly progressing as planned. As stated earlier, EPCR is a really good news story with the end of year target of 60% already being surpassed, and Brighton MRC has started following the funding from the centre being approved. The aim is to complete this next year.

LM asked about the plans for Sheppey Ambulance Station. DH explained that this is part of the plan and is being worked up by the operational leads. This area has specific challenges e.g. work with prisons and its geography. LM added that as we go forward, we might need to review how we organise operations to align with ICPs. JG agreed, noting that one of challenges is that ICPs are population based and so our ideal model would be to adjust OU boundaries to match the ICP boundaries.

Quality and Compliance

BH started with clinical recruitment (Amber) and acknowledged the good work to increase EOC clinical capacity. The plan to get to 43 clinical supervisors is slightly delayed with the target now the end of January 2020. The challenge now is attracting senior clinicians for the clinical navigator roles; this role requires specific experience and so we are exploring other options.

NHS Pathways Audit is RAG-rated Red due to a delay in implementing the business case approved last summer, caused by a related grievance. There are some mitigations, such as recruiting staff on a fixed term basis. The Trust is also receiving support from its peers to ensure consistency. BH confirmed this area is one of the highest priorities for the Quality and Compliance Steering Group (QCSG).

In the context of a notable spike, AS queried the level of sickness and abstraction and JG confirmed the data is correct; it is based on one particular week where there was a significant and unique spike in sickness.

TM referred to clinical recruitment and how we learn from the challenges, asking specifically about whether there is an issue with people failing courses, in other words, have we got the recruitment process right. BH confirmed that there are no issues with clinicians not passing courses, including with the international clinicians who all passed NMC exams first time.

In terms of NHS Pathways Audit and the peer review mentioned, TP wondered if this is any more than a sticking plaster, especially if we do not have a clear action plan and/or do not hold people to account. FM responded that audit is now under the leadership of the clinical audit lead, which provides the robust structure needed to ensure improvements are sustained. TP then asked how the findings of the peer review will be taken forward and BH outlined the governance arrangements and the related action plan monitored by QCSG.

HR Transformation

PR updated on the work to-date as set out in the report. There has been good feedback already from some of new systems, e.g. TRAC. E-expenses has been rolled out to corporate services and, save for some minor glitches is going well. EOC/111 will go live from January and the rest them from March 2020. Part of this system has an in-built driving license check. Fortnightly reports are generated confirming any issues and checking completion rates. PR thanked his team, IT and IG colleagues who helped to ensure timely roll out. E time sheets is scheduled to be in place by 1 April 2020.

In terms of the specific areas being taken forward under 'culture; a mandate is now agreed which will help to achieve the overall aim for 'people to feel listened to, supported and respected'. Much of the work is well underway, e.g. induction, training for managers, appraisal etc. In addition to the provision of training material to reinforce what is acceptable behaviour and what is not.

MW reiterated the importance of the culture change given its strategic importance and felt that this needs to be at the forefront of what the Board focusses on. This led to a discussion about the project mandate which PR agreed to share with board members.

Action

PR to share the Culture Mandate

LM felt the objectives listed in paper aren't really linked to culture, but instead are more basic HR functions. She explained that culture is much about how the Board thinks and approaches things than what staff experience working for the Trust. PR agreed and suggested the mandate will help to assure the Board on what the aims are.

74/19 IPR / Board Escalation Report [10.52 – 12.05]

DH introduced the report and directors then reported, by exception.

Clinical safety

FM highlighted that the scorecard reports data from July, which highlights improvement in some indicators. Care Bundles are not good, but EPCR will help to improve this and Post ROSC care performance is positive in large part due to the critical care paramedics (CCPs).

Relating to benchmarking and appreciating the numbers are small, AS asked FM to confirm where we stand compared with other trusts in terms of clinical outcomes. FM explained not all trusts report data in the same way, making comparison difficult; for example, some trusts use the summary care record for out of hospital survival, making some assumptions about whether a person is alive. Where we check more rigorously and do not make assumptions. Work is however ongoing to ensure each ambulance service reports against the same data set. AS acknowledged this, but asked for FM's judgment. FM confirmed that her sense is that care on scene is very good and we have introduced a crew pit stop technique and deploy CCPs to a high percentage of cardiac arrest. Response rates for cardiac arrest is less than 7 minutes so we are more likely to compare here favourably with other Trusts.

TP noted the positive improvement in medicines breakages. FM agreed, and confirmed that she is now much more assured that we can account for all controlled drugs and that staff are more aware of their responsibilities, including in the changes to how they are carried to mitigate risk of breakages.

MW referred to EPCR and asked if this will result in getting more current clinical data. FM confirmed that we can provide much more timely data but there will always be some lag in reporting, due to the time needed to validate. However, she assured the Board that we do internally validate, and any issues are quickly identified, and action taken; the validation process does not delay this.

Quality

BH highlighted the improvement in infection prevention and control hand hygiene compliance; reminding the Board of the recent dip in performance. This is an area currently under review by the Quality and Patient Safety Committee.

BH updated the Board on the backlog of SI investigations; we have now cleared the original 50 and have less than 10 breached SIs, which is really positive. BH confirmed too that the quality of investigations is improving, and the learning is therefore more easily identified.

In terms of complaints, this is an area of continued focus given the poor response rates. We currently only have five outstanding complaints and with the action being taken to improve timeliness BH expects performance to improve over the next few weeks.

Finally, relating to health and safety there is a spike in incidents reported; we are reviewing the reasons and include an update in the January IPR.

TP referred to the safeguarding training figures listed in the CQC tracker, which show a disparity between East and West, and asked if the executive has sight of this. BH confirmed that with regards training, this is a focus of management linked to the CQC should do; her view is that this is as much an issue about recording

than completion of the training. This is being addressed through increasing admin capacity. TP was reassured by this, but as the Board can only base its judgments on the data available, asked that assurance be given at January's meeting that there is good grip of training.

PR added that we are looking to implement training records on ESR to avoid the current manual intervention; this will be during 2020/21.

TP commended the training that underpinned the increase in safeguarding reporting, in particular the incidents of domestic violence.

The QPS Committee escalation report was taken here

QPS Committee Escalation Report

LM outlined the focus of the most recent meeting, confirming that overall the committee is confident of the management grip on the general issues. With regards Key Skills, the committee noted the balance of risk between delivery and ensuring the maximum operational hours and is assured by the approach whereby there is greater focus on the more critical elements of training being delivered.

There were no questions.

Operational Performance

JG took the Board through the most recent performance data as per the report, reinforcing the importance of timely call answering as this ensure we understand the patient need quickly. JG also highlighted the increase in activity has been sustained since early September, which we are trying to meet with the increase in workforce; in November we have been putting out up to 68,000 hours a week, which is most SECamb has ever achieved. There is however much more to do as set out earlier by the PA.

AR referred to the business continuity incidents that were linked to resources not meeting demand and asked how we are learning. JG confirmed that we do look back reviews as the Board has seen in the past. The main learning here relates to the difference between hours and activity and this is why we took the decision to pause key skills earlier in the year, for example. It has also helped to identify that Mondays are becoming as busy as weekends; this is a national trend and we are working to try and understand the causes.

Finance

DH confirmed that at the end of Q2 we were on plan and so received the provider sustainability fund (PSF). We are slightly under the capital plan for the year, but there is the corresponding off set in cash. This is mostly due to the delay in Wave 4 funding being received; now we have the money for Brighton and Worthing.

The main risk relates to the income position and there are encouraging discussions with commissioners and we hope to get agreement by the end of December 2019.

The Finance and Investment Committee (FIC) Escalation Report was taken here.

FIC Escalation Report

MW outlined the focus of FIC and confirmed the assurance the committee has in the quality of data available to management and to the committee; this demonstrates that the Trust is data-led, and this helps to understand issues so that the right action is taken. Management has a good understanding of the root causes for not meeting ARP standards and is working hard to do what is within its gift to address them. The committee has asked for a more detailed plan to show more clearly the expected impact of all the enablers,

such as rotas, workforce recruitment, PAPs etc. Until we have re-run the demand and capacity review, we won't be able to confirm a realistic trajectory.

FIC also looked at abstraction, which is a complex issue that needs continued management effort.

In terms of the money, the committee is assured DH and his team are managing this effectively. The committee is seeking assurance that the Trust is funding the investments most critical to supporting its strategic direction; it is assured this is the case. There is confidence in meeting the end of year targets, and while this still includes a structural deficit, it is less than 1% of turnover and so we are in a better position than most.

In summary, there is good financial resilience, and the committee will support management in taking a more longer-term view, which will inform budget setting for next year. The biggest concern is with the cost improvement programme as much of this is non-recurrent. The risk here is that we take short term decisions at the expense of long-term gain, so need a more transformational view.

FIC also reviewed the 111/CAS contract and is assured we can sign the new contract. There are some risks to the mobilisation timeline, but all manageable. PA added that the final checks are due to be completed on the contract and although there has been some delay nothing has been held up by this. DA confirmed that he has seen the legal advice, which gives comfort that we have a sound contract with appropriate risk sharing.

Finally, the committee noted the reasons why we don't yet have a fleet implementation plan. There was an open discussion about the underlying assumptions and while this was reassuring, the committee reinforced the need for a plan.

Workforce

PR outlined the information contained within the report, including the positive vacancy rate due to the influx of paramedics; 200 new paramedics have been recruited in the past 12 months. We are also about to start a campaign for experienced paramedics and there is increasing confidence in being able to attract to these roles.

Appraisal rates are behind the target when compared with last year, but there is focussed effort to ensure we achieve at least 85%, and that each appraisal is of a good standard. The Trust will report differently next year, as appraisals will be linked to the date a member of staff joins the Trust, rather than at the end of the financial year; the reporting will therefore confirm how many have completed their appraisal within the past 12 months.

Finally, with regards sickness, PR confirmed that the rates are slightly higher overall although similar to last year with short term sickness. PR is confident that the local teams are focussing on supporting staff back to work. The Trust is in line with the national average for ambulance trusts.

The Workforce and Wellbeing Committee (WWC) escalation report was taken here.

WWC Escalation Report

TP explained the meetings now start with staff attending to present what they have been doing to address the key issues for them, arising from the staff survey. This provided assurance that issues are being addressed locally.

Overall, and despite there being still lots of things to fix, TP reflected that the committee has never been so confident in the work of HR.

The committee spent a good deal of time exploring the issue of 12-hour shifts and how this links to staff wellbeing; especially those that work nights. In light of the growing body of evidence that is emerging, the committee acknowledges that the Trust now has no choice but to carefully consider this through the usual consultation process. The question is this; with what we now know about the adverse impacts of 12-hour shifts, especially at night, can we justify this continuing?

The committee also commended the executive for its rapid response to the issues identified in clinical education; this will continue to be a focus of the committee until the issues are resolved.

In response to the issue about 12-hour shifts, AS asked whether any timeframe has been agreed. TP confirmed that the view of the committee is that management need to approach this in a measured way, with good consultation as some staff will still want this to continue.

PA added that AACE recently received a presented from South Central Ambulance Service (SCAS), on how it has approached a similar review of 12-hour shifts. They started on the premise that staff support this, by giving them the data and information that supports the need for change; it shows higher sickness and more errors leading to an assumption that such shifts provide less good patient care. Staff there appear to have been persuaded. AS acknowledges the strong views either side of the argument, which both need to be properly considered with evidence, but felt that the Board should have a timetable.

Action

WWC to support the executive in agreeing a timeframe for the review of 12-hour shift patterns.

TP expressed some caution as the SCAS data has not been peer reviewed, but there is other evidence, e.g. via Public Health.

DA summarised that we need to get the balance right here and approach it with much care.

[Break at 12.05 – 12.16]

75/19 Winter Plan [12.16 – 12.20]

JG confirmed that this is the annual plan for managing over the winter and forms part of the planning process submitted to NHSI/E. It is a refresh of the usual plan and the one last year worked well.

There was some discussion about the use of PAPs and the Board then noted the detailed planning that has gone into this.

76/19 EPRR [12.20 - 12.22]

The Board noted the report and the assurance provided, acknowledging that this is a significant improvement compared to previous years.

77/19 Public Awareness of CPR [12.22 – 12.26]

JG introduced the paper which sets out how the Trust contributes to raising the awareness of CPR.

AR noted that this places an emphasis in the restart a heart campaign and asked whether we can do more. JG explained there are talks about adding CPR to the national curriculum.

78/19 Learning from Deaths Policy [12.26 – 12.29]

FM explained that this policy has been developed from national guidance and is recommended by QPS Committee for approval, having been through the usual policy development process. The Trust is required to publish this on 1 December 2019 and then provide quarterly reports to the Board. The policy sets out how we select incidents for review both centrally and by local OUs and how to escalate to the central SI Group.

The Board approved the Learning from Deaths Policy.

79/19 BAF Risk Report [12.29 – 12.38]

PL introduced the report, which focuses on one specific risk relating to personnel files. PR then set out the mitigation and actions being taken as described in the paper. He confirmed that the response has been positive, which was helped by us taking the time to engage first prior to communicating more broadly.

PR confirmed that it is unlikely we will receive all the documents by the end of December, but this was the target we set to ensure we get as close to this as possible; we will then follow up in a more targeted way.

DA felt that this is a good example of a positive culture where we admit to have got something wrong and taken steps to fix it.

TP confirmed that the target date was discussed at WWC and it noted that it is very ambitious, perhaps no more than aspirational.

MW agreed to the ambition, but as this is a control issue, we must conclude this by the long stop of 31 March 2020.

80/19 Clinical Education [12.38 – 12.46]

FM gave the context and areas of focus / work-streams, as set out in the paper. She confirmed that the aim is to conclude all work streams by the end of March 2020. FutureQuals are due to visit on 29 November and they will give verbal feedback afterwards. Based on the gap analysis and support of West Mids who have more mature clinical education dept. we are hopeful for a positive outcome where we can continue training.

TP added that while WWC is very confident that the actions are appropriate, the committee has asked for a high-quality provider to give additional assurance / validation.

There was then a discussion about the quality of training, and Ofsted confirming that teaching was of a good standard. The Board noted therefore that the issues are more related to governance and this is what FutureQuals is assessing.

81/19 FTSU [12.46 – 13.00]

KB joined the meeting and highlighted from her report that there has been much focus on HR, and it is important to note the good progress in HR processes in the past 6 months. The focus going forward will be on how we receive and deal with concerns.

TP agreed that building capacity in HR is really important and so issues should be dealt with HR rather than through FTSU; this will improve staff experience.

MW asked whether staff are confident that their feedback will result in action. KB felt there are likely to be plenty of examples, but staff come to Guardian when things haven't worked.

LM explored how we deal with impartiality to ensure staff feel confident HR do not take sides. PR described the work on some really simple things like where in the room the HR person sits in hearings (neutrally).

The Board then discussed the importance of thanking staff when they raise concerns and KB gave some examples of when this has not happened and the adverse impact it has. It is therefore the first things she does when someone gets in touch.

DA reaffirmed the need for the Board to support the cultural change whereby everyone feels able to speak up. KB confirmed that senior leaders are taking this very seriously and that she is getting the support she needs.

PL confirmed that the draft strategy in the pack is form information and the final strategy will come back in due course.

82/19 IG Annual Report [13.00 – 13.15]

GA started by thanking Caroline Smart, IG Lead. He then confirmed that the report has been considered by the Audit Committee and amended as a result of its feedback, including confirming the assurance levels against the various indicators.

GA explained that IG has been high profile in the past couple of years and this has enabled the good work to ensure a smooth transition to GDPR. GA outlined some of the key issues described in the report; some of the positives and challenges. Overall, GA felt that we have a fit for purpose framework, with lots of improvements made.

The Board then explored a number of areas, including how we store records and, in the context of integration, IT security.

The Board formally received the report, noting the areas of improvement needed.

83/19 AOB

None.

84/19 Review of meeting effectiveness

The Board agreed it was a good and constructive meeting. AR fed back that he felt the Chief Executive's briefing to the meeting was the best to-date.

There being no further business, the Chair closed the meeting at 13.15

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

Date _____

South East Coast Ambulance Service NHS FT Trust Board Action Log

Meeting Date	Agenda item	Action Point	Owner	Target Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
24.01.2019	145/18a	The executive to review the structure of the Delivery Plan report, including how to reflect the dependencies on the Trust's strategic aims, to help the Board focus on the key areas.	SE	Q4 2019/20	Board	IP	SE updated that this will be reviewed as part of strategy review as aims and objectives will be amended.
24.01.2019	145/18d	Confirm to the Board the timeline and approach to developing the CFR / Volunteer strategy.	JG	26.03.2020	Board	IP	The draft strategy was consider by QPS on 09.09.2019 and some feedback was provided to help strengthen the strategy. The plan was to bring this to Board in November, but a further workshop was held in October and so revisions will mean ti will not be ready until January 2020. 30.01.2020 - QPS reviewed the revised strategy and it will now come to Board in March - see QPS escalation report
28.02.2019	162/18b	Details of the (hospital handover) system wide learning programme to be brought to the Board in due course.	BH	30.01.2020	Board	C	On agenda
28.03.2019	184 18b	Paper for the Board setting out the routes available for staff to raise concerns / be heard and an assessment of their effectiveness.	PR	30.01.2019	Board	C	The Audit and Risk Committee considered this in December - see AUC Escalation Report on the agenda.
25.07.2019	31 19b	The Executive to confirm the root cause of the decline in hand hygiene and through QPS Committee set out the steps being taken to address this.	BH	09.03.2020	QPS	IP	Scheduled for QPS in March 2020
25.07.2019	31 19c	As part of the review of the IPR, national comparators will be included for hospital handover delays, to show how we compare with other parts of the country.	SE	26.03.2020	Board	IP	Considered as part of the ongoing review.
26.09.2019	57 19	FIC to confirm that the fleet data has been transferred to the new fleet management system and confirm the same in its report to the Board.	DH	Q4 2019/20	FIC	IP	
26.09.2019	58 19a	QPS Committee to explore compliance with safeguarding training and the extent to which there is any adverse impact from the lower completion of training.	BH	23.01.2020	QPS	C	Considered by QPS - see escalation report on agenda

26.09.2019	58 19b	At its meeting in January, the Board will receive a report on the reasons for higher reported incidents of violence and aggression toward staff, and the pro-active and reactive steps being taken to support staff.	PR	30.01.2020	Board	C	On agenda
28.11.2019	73 19	Share the Culture Mandate with Board members	PR	30.01.2020	Board	C	Sent by email by PL
28.11.2019	74 19	WWC to support the executive in agreeing a timeframe for the review of 12-hour shift patterns.	TP / AM	Q4 2019/20	WWC	IP	

Key

	Not yet due
	Due
	Overdue
	Closed

	Item No	90-19
Name of meeting	Trust Board	
Date	30.01.2020	
Name of paper	Chief Executive's Report	
Executive sponsor	Chief Executive	
Author name and role	Philip Astle	
Synopsis	The Chief Executive's Report provides an overview of the key local, regional and national issues involving and impacting on the Trust and the wider ambulance sector.	
Recommendations, decisions or actions sought	The Board is asked to note the content of the Report.	
Does this paper, or the subject of this paper, require an equality analysis ('EA')? (EAs are required for all strategies, policies, procedures, guidelines, plans and business cases).	No	

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT TO THE TRUST BOARD

1. Introduction

1.1 This report seeks to provide a summary of the Trust's key activities and the local, regional and national issues of note in relation to the Trust during December 2019 and January 2020.

2. Local issues

2.1 Operational Performance

2.1.1 Our Senior Operational Leadership Team are continuing to tightly manage delivery of our Performance Improvement Plan, including ensuring we are making the most efficient use of the resources we have available.

2.1.2 Very close attention was paid to ensuring, as far as possible, that we had sufficient resources available to match the demand we knew we would face during this busy period. Specific actions included:

- Focussing overtime on the front-line, in our EOCs and in 111 to when it was most needed, including the use of targeted incentives for key shifts
- Paying close attention to on scene times and the number of vehicles we send to incidents
- Working closely with our colleagues in the acute sector to minimise hospital handover delays as far as possible

2.1.3 As expected, the Christmas and New Year period was extremely busy for the Trust and the wider health economy. During the two-week period before Christmas, we answered more 999 calls than in any two-week period in SECamb's history. On New Year's Eve, although the peak period of the night (midnight-1am) saw us handle slightly fewer calls than previous years, the overall period into New Year's Day was busier than last year.

2.1.4 Despite the high demand, our performance against the national targets held up reasonably well and I was pleased to see us meeting or very close to the national standards for Categories 1 & 2, our most seriously ill and injured patients. We are still seeing unacceptably long waits at times for our Category 3 and Category 4 patients and this remains a key area of focus for us, although I have been pleased to see some improvements in this area recently.

2.1.5 I am also pleased to report that our 999 call answer performance continues to be amongst the best in the country, averaging between one and two seconds. This was maintained during this period, despite the high levels of demand and is a real achievement, given poor performance seen previously.

2.1.6 Our NHS 111 service was also extremely busy at times, mirroring the periods when access to primary care services were limited due to the holiday period. Performance against our key metrics was steady during the period, including

abandoned call rates. I have been pleased to see some reduction in recent weeks in our 111 to 999 transfer rates, however this is an area that we need to continue to target.

2.1.7 I would like to thank all of our staff and volunteers for their hard work during this period. Despite unprecedented levels of demand at times and real pressure in the wider system, everyone rose to the challenges to ensure we could provide the best service possible for our patients.

2.2 Executive Management Board (EMB)

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

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

2.2.3 During recent weeks, the EMB has focussed on a number of key issues, including:

- Building a relationship with the newly-established senior leadership team, allowing them to pick up cross-directorate, day-to-day management issues etc., so that EMB can focus on more strategic issues
- The on-going programme to re-focus and develop our approach to Clinical Education
- Strategy development / strategic direction for the Trust

2.2.4 Recognising the increasing pressure on NHS staff nationally, the EMB considered an assurance paper detailing how we support the welfare and wellbeing of our staff.

2.2.5 EMB has also approved the following investments:

- Re-development and expansion of Sheppey Ambulance Station
- New Make Ready Centres at Medway and Banstead

2.3 Changes to Trust Board

2.3.1 As shared previously, we announced in November 2019 that the Trust had appointed Ali Mohammed as the new Executive Director of Human Resources and Organisational Development. Ali has spent a number of days in the Trust already but will be joining us officially on 27 January 2020.

2.3.2 I would like to thank Paul Renshaw, who has covered the role on an interim basis for the past ten months, for his hard work and commitment. Under his leadership, we have moved a number of key project forwards and we wish him well for the future.

2.3.3 The process is also currently underway to recruit two new Non-Executive Directors (NEDs) to join the Board - one with a financial background and one with a medical/clinical background. The finance brief seeks someone who would ideally also have experience of contract management, new business and IT/infrastructure development. The clinical brief seeks someone with recent urgent or emergency medical experience.

2.3.4 Interviews were held for the finance NED on 9 January 2020 and were held for the clinical NED on 23 January 2020. I will share news of any appointments shortly.

2.3.5 One of our current Non-Executive Directors, Angela Smith, will be leaving SECamb on 31 January 2020 at the conclusion of her term of office. I would like to thank Angela for the contribution she has made during her time with the Trust.

2.4 ePCR (electronic Patient Care Record) roll-out

2.4.1 The roll out of our new ePCR continues to go well and all our Operating Units (OUs) are now live using the new system.

2.4.2 So far we have seen more than 150,000 records completed and in the last seven days alone, 73% of records were completed electronically. A particular well done to Medway OU who are now reporting ePCR usage at 93%, although I am pleased to all OUs making steady progress.

2.4.4 We are also continuing to work hard to improve the system and have completed work on a number of requested features recently, including historic cases, Paediatric Early Warning Score (PEWS) and keyboard improvements. These will be applied during up-coming scheduled maintenance

2.5 Flu vaccination campaign

2.5.1 Although we are now some months into our campaign period, we are continuing to work hard to encourage any staff who have not yet been vaccinated to have their vaccination.

2.6.2 As a reminder, we are encouraging staff to have their vaccine by offering an incentive, which sees the Trust donate a course of medication to people in developing nations. This is proving very popular among staff.

2.6.3 At the time of writing, our current uptake rate for the Trust as a whole is 69.5% and for patient-facing staff is 75.5%, as we need to measure each separately. I hope this will continue to rise a little more over coming weeks

2.6 Governor elections

2.6.1 Elections to the Council of Governors are currently taking place for Public and Staff Governors. There are nine vacancies for new terms of office (usually a three-year term) – some Governors are re-standing for election for a second term and some are stepping down. I am pleased to see that we have 22 Trust members that have put themselves forward so the elections will be contested in all areas.

2.6.2 I was also pleased to see that six operational staff members have put themselves forward for the one operational staff governor vacancy, showing that there is serious interest in the role of the staff governor.

2.6.3 Voting packs will be dispatched to members on 7 February 2020 and the results will be declared on 26 February 2020. I look forward to welcoming new Governors onto the Council.

2.7 NHS Staff Survey

2.7.1 The 2019 NHS Staff Survey closed on 29 November 2019 and I was pleased to see that we exceeded last year's completion rate, with 56% of staff completing the survey.

2.7.2 Thank you to the 2,108 colleagues who took the time to share their views – this is more people than we've heard from before and 323 more than in 2018. A particular well done to Chertsey, Gatwick & Redhill, Paddock Wood and Thanet Operating Units who all achieved completion rates of 50% or more.

2.7.3 I am looking forward to seeing the full survey results, including how we compare with our colleagues nationally, when these are published in March 2020. I also look forward to reading the many 'free text' comments made, which provide us with a really rich source of information.

2.8 Brighton Make Ready Centre (MRC)

2.8.1 Work is progressing well on the development of our latest Make Ready Centre (MRC) in Brighton. The new development at Woollards Field, near the A27 at Falmer is expected to be operational by Autumn 2020.

2.8.2 Once completed, the new MRC will see ambulance staff who currently start and end their shifts in Brighton, Hove and Lewes instead start and finish at the new centre – a way of working already in place across much of SECamb's, region.

2.8.3 The new MRC will be supported by a network of dedicated Ambulance Community Response Posts, (ACRPs), with suitable rest facilities for crews between calls and when on a break, in Seven Dials and Hanover District in Brighton, Lewes, Peacehaven, Newhaven and Hove.

2.8.4 The Make Ready Centre will be named Chamberlain House, in recognition of Professor Douglas Chamberlain, who founded the first paramedics in Europe in Brighton in the 1970s. The renowned retired cardiologist, who worked as an advisor for SECamb for many years, visited the building development recently alongside two of Brighton's longest serving and newest paramedics.

2.8.5 I am pleased to see the latest MRC progressing so well, which, once completed, will add to the Make Ready centres already in use in Ashford, Paddock Wood, Crawley, Tangmere, Polegate, Chertsey, Hastings and Thanet.

3. Regional Issues

3.1 NHS 111 service

3.1.1 Since the Kent, Medway and Sussex NHS 111 and Clinical Assessment Service (CAS) contract award announcement in August 2019, work-stream leads and project managers from all parties have been meeting regularly to mobilise against the agreed project plan.

3.1.2 Following contract signature in December, work is continuing and sufficient assurance has been signalled by commissioners around key mobilisation milestones. These include testing of the technical integration work between SECamb's CLERIC and our sub-contractor IC24's CLEO systems. Clinical, workforce and technical workshops have also been held to look at proposed patient flow, demonstrating the positive impact of CAS and which were well received by commissioners.

3.1.3 The communications work-stream has progressed its co-design working group, signing off on a community engagement toolkit to support the 'soft launch' of the new service on 1 April 2020. This will start to be distributed at scale across the Kent, Medway and Sussex areas from February 2020, as part of a structured local engagement strategy involving Healthwatch, CCGs, Patient Participation Groups and other voluntary groups.

3.2 Royal visit to Medway Maritime Hospital

3.2.1 On 11 December 2019, HRH The Princess Royal paid a visit to the Emergency Department and Maternity Unit at Medway Hospital in her role as Patron of the Royal College of Emergency Medicine and the Royal College of Midwives.

3.2.2 During the visit, I was very pleased to see local Operating Unit Manager Will Bellamy introduced to the Princess Royal during her tour of the Rapid Assessment Unit in the Emergency Department. Will had a good opportunity to explain how SECamb operates and how, despite the challenges, we work together with our colleagues at the hospital to provide the best care to our patients.

3.3 Mental Health Transport Pilot

3.3.1 In order to improve the service we provide to mental health patients who require rapid conveyance to a specialist mental health in-patient facility for urgent care and treatment we have enlisted the support of a specialist mental health conveyancing service to pilot a response in the Sussex area.

3.3.2 This support is provided by Secure 24, a service with an excellent reputation for quality in working with mental health patients and services. Secure 24 will support us in bridging our resource gap in the provision of these services for patients with a mental illness requiring urgent transport.

3.3.3 The pilot will see a specialist ambulance provided by Secure 24, available seven days per week (between the hours of 12.30 – 23.00), working to our policies

and procedures and controlled and dispatched by our West Emergency Operations Centre (EOC).

3.3.4 We are regularly monitoring and reviewing the service and will conduct the first formal review after three months, to evaluate how the pilot is going.

4. National issues

4.1 Awards Success

4.1.1 On 27 November 2019, I was very proud to hear that Peter Lee, our Company Secretary, had won the Company Secretary of the Year award at the prestigious Chartered Governance Institute awards. Peter was the only NHS member of staff short-listed and saw off strong competition from large private sector organisations to take the award.

4.1.2 I understand that the judges were very impressed with the key role Peter has played in supporting the big improvements that we have delivered in SECAMB over the last two or three years. Well done Peter!

4.2 Support for paramedic students

4.2.1 I was pleased to see the announcement made on 20 January 2020 by the Department of Health and Social Care that paramedic undergraduate students, amongst a number of other allied health profession students, will receive a £5,000 support payment each year from September 2020.

4.2.2 Recruiting and retaining sufficient number of paramedics is a challenge for all ambulance services nationally and there is a real need to expand the paramedic workforce nationally. I hope that this will help to attract new future paramedics to this challenging but highly-rewarding career.

5. Recommendation

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

Agenda No	91-19
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Name of meeting	Trust Board	
Date	30 January 2020	
Name of paper	Delivery Plan Progress Update	
Responsible Executive	Steve Emerton, Director of Strategy and Business Development	
Author	Eileen Sanderson, Head of PMO	
Synopsis	This paper provides a brief update on the progress made to the Delivery Plan	
Recommendations, decisions or actions sought	<p>The report sets out the progress against the projects within the delivery Plan, and is supported by the following appendices;</p> <ul style="list-style-type: none"> • Appendix A – CQC Tracker • Appendix B – Portfolio Timeline • Appendix C – Estates Dashboard • Appendix D – Digital Dashboard • Appendix E – Quality and Compliance Dashboard • Appendix F – HR Transformation Dashboard • Appendix G – Transforming Clinical Education Dashboard • Appendix H - CIP Pipeline Tracker 	
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. HR Transformation Programme:

- a. TRAC Project Closure was formally closed on 23 December 2019.
- b. E-Expenses went live as scheduled on 1 January 2020 for EOC/111 staff.
- c. A new interim Project Manager has been contracted to complete the roll out of E-timesheet to Operations by 30 April 2020. He will also be responsible for the implementation of ESR self-service by 01 April 2020.
- d. The Fundamentals leadership programme due to commence this month was postponed to March 2020 to ensure that there is Trust ownership of the programme and longer-term support is available to ensure success of this programme.
- e. The new appraisal system was launched in December 2019
- f. The new induction is now embedded within the Trust

2. Transforming Clinical Education (TCE) Programme:

- a. The FutureQuals audit went ahead as scheduled on 29 November 2019. Confirmation of an audit score of Level 2, has been received. The draft final audit report was received on 13 January 2020. There is now a 2-week window for the Trust to undertake factual accuracy checking.
- b. The Tutor Qualifications workstream has been successfully completed to agreed timescales.
- c. The Clinical Education Courses workstream has 2 activities outstanding but is expected to be completed by the mandated project end date of 31 January 2020.
- d. The marking of 860 AAP assessments for the 56 apprentices who have already completed their courses but not yet sat their end point assessment has been completed.
- e. Several workstreams have not completed their objectives within agreed timescales necessitating a further change request. Details can be found in the main body of the report.

3. Estates Programme:

- a. The Brighton MRC mandate was approved at the Project Board on 17 January 2020 and is being submitted for Executive Sponsor for approval. A project plan has now been developed and is being baselined.
- b. The Sheppey Business Case to re-develop the station into a Make Ready Centre was approved by EMB in December 2019. However, work will not progress until a project management resource has been allocated. Estates are currently advertising to recruit to this position.
- c. Worthing Phase 2 Business Case was approved in November 2019. This project has not commenced yet due to lack of project management resources.

4. Digital Programme:

- a. EOC East Project Closure was formally closed on 09 December 2019.
- b. Electronic Clinical Audit System Closure was formally closed on 22 January 2019.
- c. NHS Spine Connect project was formally closed on 19 December 2019.
- d. The Datix Cloud Migration project did not start as planned due to further work being needed before the project moves into start-up phase.

5. Quality and Compliance:

- a. Post Project Implementation Reviews are currently being conducted for the EOC Clinical Safety & Performance and the Medical Device Management projects to review the impact of the changes.
 - b. The Quality & Compliance Steering Group recently approved the EOC Call Answer Performance project to transition to BAU following a period of consistency in improvement. It is expected that this will be completed during the next reporting period.
6. The 2019 CQC Must & Should Do Tracker and Portfolio Timeline has been updated and can be found in Appendix A and B.
7. A paper has been submitted to EMB that provides a stocktake of the Trust's strategy, taking into account progress against the NHS Long Term Plan. The paper makes the case for a more forward-looking strategy, as we transition from our recovery phase. The high-level principles will be discussed by EMB on 22 January 2020 and in turn by Trust Board at the end of January 2020. Once ratified the content of the Delivery Plan will be amended to reflect the updated Strategy and any new organisational priorities.
8. The following change requests have been approved:
- a. Transforming Clinical Education: to de-scope 3 workstreams from the Programme and move them into BAU (HEI Contracts, Key Skills and Clinical Education Strategy), objectives have been revised for Co-Delivery of Apprenticeships, Functional Skills and Tutor Qualifications, but this has no impact on the Programme end date.
 - b. Culture Change: A change request has been approved to de-scope EOC/111 Recruitment and Selection activities from the project.
9. The following post project implementation review have been approved for:
- a. Station Upgrade Project: Following the review there is one site outstanding out of the 109 original sites, Banstead is due to be completed by 31 January 2020. The installation of managed network circuits, delivery of guest WiFi access and replacement of desktop PCs has significantly reduced poor user experience and delivered revenue savings at Banstead.
 - b. The IT Helpdesk Service Software Project: The implementation of the Marval system as a single system for IT and EOC Systems support has improved the level of customer service provided to staff. The system has been well received by staff, who have reported faster response times and benefitted from the self-help documentation which is available on the system. Improved performance management within the IT team is now available via monthly monitoring of dashboards produced by the system. Several other non-IT teams have seen the benefit the system has brought to IT and are interested in adopting Marval for themselves.

1.0 Introduction

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

- Estates Programme

- Digital Programme
- Financial Sustainability
- Quality & Compliance
- HR Transformation

1.2 In this reporting period, there is a Dashboard for:

- Estates (see Appendix C)
- Digital Programme (see Appendix D)
- Quality & Compliance (see Appendix E)
- HR Transformation (see Appendix F)
- Transforming Clinical Education (See Appendix G)

1.3 The 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 Estates Programme

2.1  **Brighton Make Ready Centre** – The project is RAG rated Amber and is expected to be Green in the next reporting period. The plan is in the process of being baselined, therefore, there is no assurance currently that the project will be delivered within the agreed constraints. However high-level milestones have been identified and meetings with key stakeholders have been undertaken to agree the detail of the plan with final refinements being made. The project mandate has been approved by the Project Board and will be submitted for final approval to the Executive Sponsor.

2.2  **Epsom Relocation** - This is the first reporting period and the project is RAG rated Red as there are no firm plans in place to relocate staff from Epsom Ambulance Station, however, an extension has been granted and the Trust is now required to vacate the existing premises by 30 June 2020. Operations are currently working up a business case assessing alternative options for the two-year relocation of this site whilst Banstead MRC is developed.

2.3  **Worthing Re-Development Phase 2** – This is the first reporting period and the project is RAG rated Red as it has been paused due to insufficient project management resource to enable the project to progress. Recruitment to the Estates project management positions is currently underway. The tender analysis is complete; however, the contractor

has not yet been appointed for the build, therefore the project plan dates have not been baselined.

3.0 Digital Programme

- 3.1 ● **ePCR** – The project RAG has moved from Green to Amber as, although phase 1 has been completed and closed with all operating units now live with ePCR, the system has experienced two outages last month which had led to the system being offline for a total of 9 days. It transpired that a number of factors caused the outages which were identified by Cleric itself. IT completed the required work and the system has been working well since.

Since the system was handed over to Operations, a usage decline of 2-3% daily was experienced, however since 6 January 2020, the usage figure ranges from 65% to 74%.

The issue with the IOS 13 software related to the photographs is unresolved. Apple currently only allow a 90-day block on IOS updates. IT and VMWare are working to extend this. Currently 748 devices have been updated and this cohort of staff will experience issues when using the camera within the ePCR platform.

Project closure has now been deferred to 29 January 2020 to ensure all outstanding activities are completed and a plan is in place to ensure that all future outages are dealt within the business as usual environment.

- 3.2 ● **Electronic Clinical Audit System (ECAS)** – The project is RAG rated Blue following approval of closure at the Sustainability Steering Group on 11 December 2019. It was agreed that the project will transition into business as usual with progress tracked by the Clinical Audit and Quality Subgroup and escalations to the Clinical Governance Group.

- 3.3 ● **NHS Spine Connect** – The project is RAG rated Blue following approval of closure at the Sustainability Steering Group on 11 December 2019. It was agreed that this project will transition into business as usual with progress tracked by the IT Working Group.

4.0 Financial Sustainability

- 4.1 ● **CIP** – The Cost Improvement Programme RAG remains Amber as at month 9, December 2019. £7.4m of schemes have been fully validated and transferred to the CIP Delivery Tracker, an improvement of £0.3m compared to last month. The full year risk-adjusted forecast of £6.2m is £2.4m below the planned £8.6m. Recurrent schemes represent 35% of the total.

The current pipeline scheme value of £9.0m includes £0.6m of validated and £0.7m of scoped schemes, which are pending Executive Sponsor and QIA approval prior to moving to delivery. Engagement with budget leads is focused on the development of further schemes required to achieve the remaining £0.4m proposed value on the Pipeline tracker and to mitigate the slippage in the forecast.

CIP achievement for the nine months, at £5.0m, is £1.3m below plan. The shortfall is largely due to the difficulties in delivering the planned improvements in operational efficiencies, notably 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 continues to be challenging. The CIP Pipeline and Delivery Tracker (Appendix H) provide more detail on the progress of the Programme

5.0 Quality & Compliance

- 5.1** ● **Clinical Recruitment (Action Plan)** – The action plan RAG remains Amber as there is an ongoing issue with recruitment of NHS Pathways trained Clinical Safety Navigators (CSN) resulting in the need to recruit from the internal pool of Clinical Supervisors. In order to mitigate this, shadowing opportunities are being developed, part time roles are being advertised and 3 Clinical Supervisors have expressed an interest in acting up.

The Trust is no longer on trajectory to be at full establishment for the recruitment into the Clinical Supervisors roles by 31 January 2020. This is due to 4 candidates failing the NHS Pathways course necessitating further recruitment. Full establishment is now expected to be achieved by end February 2020. This will not have a significant impact as there are currently staff in the mentoring stage with further clinicians starting their NHS Pathways training. An over establishment of 50 WTE CS's is expected by February 2020. Recruitment of international applicants has not changed since the last reporting period with 12 expected to be in post by 31 August 2020.

- 5.2** ● **NHS Pathways Audit (Action Plan)** – The action plan RAG remains Red as the consultation period for the new Audit Team structure remains paused due to lack of progress on the outstanding grievance. Recruitment is ongoing to fill the temporary roles to focus on the 2019 backlog; with 5 already in post and 3 more expected to be recruited by end of February 2020. In the interim, staff have been seconded to support the existing team.

Support is being given by South Central Ambulance Service and North East Ambulance Service (NEAS) to carry out cross-service levelling and ensure that EOC audit is being applied fairly and consistently. SECamb auditors are also attending a national levelling session being delivered by NHS Pathways on 3 February 2020. The learning from this session will drive the delivery of our internal levelling programme.

- 5.3** ● **Improve Operational Performance in 111 (Action Plan)** – The action plan RAG remains Amber as call volumes have increased steeply due to external factors and winter pressure which has hit the 111 service earlier, and at higher volumes, than last year; this has had a detrimental impact on the expected performance levels. Analysis has been undertaken of the volatile call profile and controls have been added to business as usual planning activities to mitigate risks and the service has performed well nationally during this period.

In the long term, there is a move towards a blended workforce whereby 111 Health Advisors and 999 EMAs will dual skill to handle 999 and 111 calls respectively. This will allow them to operate across services, dependent on demand. A small pilot group has been established; training was undertaken in November 2019 and across service 999/111 call handling launched on 9 December 2019. Evaluation of the impact of this pilot on performance will take place once system configuration issues have been resolved. Additional activities are being undertaken to assist the improvement in average call handling time such as training and support to facilitate shared learning for Health Advisors.

Recovery Actions Plans (RAPs) are in place to improve service performance and these are monitored and reviewed by commissioners on a fortnightly basis.

- 5.4** ● **EOC Call Answer Performance** – The action plan RAG has moved from Amber to Green. The change to routine lines and improving the effectiveness of in line support have now been delivered. All other activities to improve call answer performance are on track. Call answer performance mean is currently at 2 seconds, below the set target of 5 and

weekly AUX time is at 31% below the set target of 38%.

Additional procurement activities have been identified due to the current wall board solution used in EOC no longer being supported by the supplier and the wall board currently used in 111 not having sound alerts.

The Quality & Compliance Steering Group approved transition to business as usual on 17 December 2019 as a period of consistency in improvement has been seen. Business as usual mapping will be carried out and it is anticipated that the action plan will be formally closed during the next reporting period.

- 5.5 ● Safe Staffing (Rota Compliance)** – The action plan RAG has moved from Green to Red as winter pressures are affecting progress of activities. It was agreed at the Quality & Compliance Steering Group on 17 December 2019 that, except those activities relating to training and the implementation of the planning Workforce tool “Injixo”, all other activities be paused for a period of 3 months due to the current restructure policy not being fit for purpose. A new policy will be developed and be in place for April 2020. For those activities related to training, this will be taken forward by the Head of EOC Development & Education and the Associate Director of Integrated Care is in discussions in how best to implement the Injixo workforce management systems with the Director of Operations.
- 5.6 ● Transforming Clinical Education** – The Programme RAG remains at Amber. Several workstreams have not completed their objectives within agreed timescales necessitating a further change request as detailed in the following:

Key Points to Note:

- **Back Log Marking:** Submissions (existing, new and resubmissions) are currently exceeding the hours available for marking, therefore, the target for ensuring all submissions are marked within 30 days by the end of December 2019 has not been met. A marking trajectory has been defined/agreed and the deadline extended by 3 months to 31 March 2020.

Operations agreed to release an ex-tutor to lead on ensuring the students identified from the initial backlog with outstanding assignments are submitted and marked by 31 December 2019. However, 20 of these students have still not submitted all their assessments and this deadline has been extended to 31 May 2020. All 20 have had plans developed for delivery. The Clinical Education Team are working with HR to assess next steps for students who do not meet the deadline.

- **Workforce Education Development Review:** Little progress was made with this plan prior to the end of 2019. However, the plan has now been defined and work is underway to ensure staff are booked onto training. There has been lack of clarity over the number of paramedics requiring the uplift; this has now been scoped and the number identified is 252. There are staff currently on long term sick/maternity leave who will not have completed the modules required to obtain the uplift by the deadline set by NHSi of 31 March 2020, but this will be actively monitored to ensure they fulfil the requirements.
- **Co-Delivery of Apprenticeships:** Guidance from the Workforce & Wellbeing Committee was to scope a co-delivery model with a provider who has been accredited as ‘Outstanding’. Chichester College Group (CCG) are now working with the Trust to develop a co-delivery model as a proof of concept from January 2020 to end March 2021. This was approved by the Trust Board on 18 December

2019. The scope of this workstream has increased to include mapping of tutors against courses to identify gaps or overlaps.

- **Functional Skills:** All activities have been completed except for the receipt of a signed contract. The sub-contractor agreement has been jointly agreed.
- **Level 6 Paramedic Programme:** The Business Case is awaiting updated costings, Finance review and a Quality Impact Assessment prior to submission to the Business Case Group for virtual approval and then EMB. Following review, a University has been identified to co-deliver the programme; they are scheduled to visit the Trust the week commencing 3 February 2020 to discuss and agree arrangements for Programme delivery. The Health and Care Professions Council approval visit is expected to take place early June 2020.
- **The Trusts Self-Assessment Report (SAR)** will be updated onto the new national Education Inspection Framework by 31 January 2020, following which the Quality Improvement Plan (QIP) will be updated (these are core documents for Ofsted).

6.0 HR Transformation

6.1 Applicant Management System (TRAC) – The project is RAG rated Blue following approval of closure by the HR Steering Group on 18 December 2019. Hiring managers are now advertising vacancies via TRAC. 16 vacancies have been successfully filled using TRAC system across the Trust

6.2 E-Expenses – The project RAG remains Green. The second phase successfully went live on 1 January 2020 for all EOC and 111 staff. All activities are on track for Phase 3 go live with Operations on 1 March 2020. A go/no-go meeting has been scheduled for 19 February 2020 to confirm whether critical milestones have been delivered to ensure a smooth transition for Operations staff.

Around 200 claims have been approved to date through the E-expenses system and with the added functionality of the system, driving licence checks are also carried out across the Trust.

6.3 E-Timesheets – The project RAG has moved from Green to Amber due to the recent change in resources and key members of the Project Team leaving the Trust recently. In order to mitigate this risk, a new HR Manager has been brought in on an interim contract to manage this project.

The project is currently going through a change request to formally de-scope the implementation of the Pay Principles Policy. This will have minimum impact to the project as the Trust will continue to use existing policy and procedures. In addition to the scope being changed, some of the timelines of the objectives have been changed to incorporate a phased roll out, with EOC and Operational Staff expected to go live in April 2020 and Corporate Services to follow in May 2020. The change control process will be enacted to deliver this scope change.

The ongoing communications using a variety of channels within the Trust will ensure staff are engaged with the change and are fully prepared for the introduction of E-timesheets. User training sessions are currently taking place this month to allow users to be familiar with the system.

- 6.4 ● **Culture Change** - The project RAG remains Amber. The project is going through a re-scoping exercise as a new Head of Learning and Organisational Development has taken up post from 07 January 2020 and is now reviewing the mandate and its objectives to ensure it still delivers the needs of the business.

Following this review, a change request is expected to be submitted to the HR Transformation Steering Group on 27 January 2020 for approval. Once approved, all the project plans will be re-baselined to enable the PMO to continue to track progress.

In the coming weeks, PMO will also be working with the Head of Learning and Organisational Development to develop project plans which will enable the Trust to deliver a trained network of mediators across the Trust and train the trainer workshops focused on Bullying and Harassment to start in April 2020.

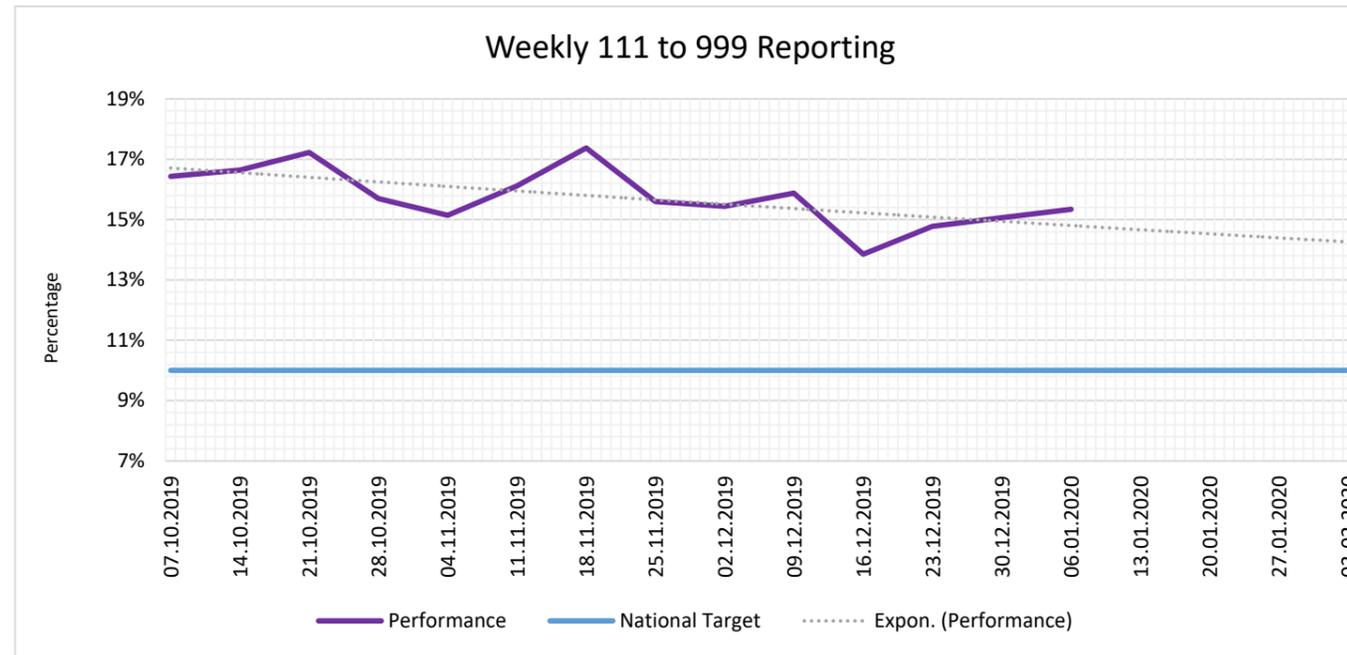
- 6.5 ● **HR Structure** - The project RAG remains Green as all senior management roles have now been recruited to.

Domain	CQC Findings (‘Must or Should Do’)	Metrics	Monitored via	RAG Rating	Reported also in
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111 - The Trust must ensure care and treatment is provided in a safe way to patients.

To meet contractual performance key indicators for 95% calls answered in 60 seconds/sustained abandoned calls <5% and ambulance transfer rates <13% by 31 March 2020

1. Daily 111 to 999 Reporting Ambulance referral percentages are gradually improving, and the service is looking to improve upon this position. Further actions to improve further upon this include additional activities to raise call handler awareness and the development of a Live Clinical Support Procedure to enable clinical support and scrutiny to call handler cases in real time.

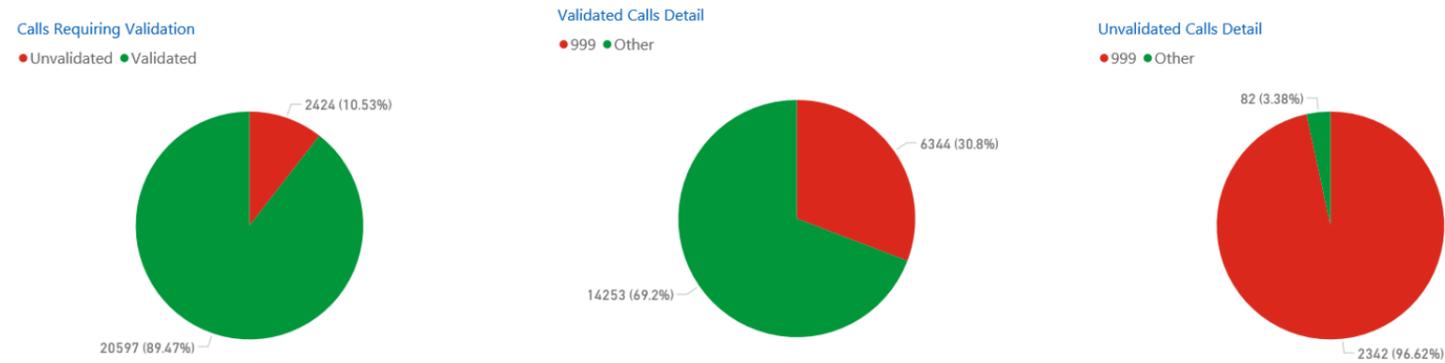


Data Source: Power BI

2. Ambulance Validation

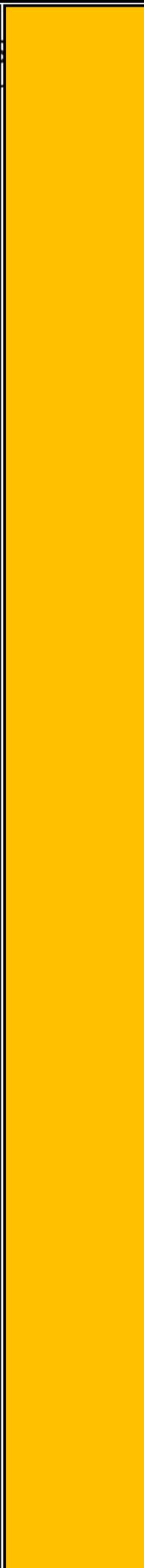
111 Calls Validation Data

Category 3 and 4 validation is now in a consolidated position. Despite facing clinical and operational pressures during December 2019, clinical validation of C3 and C4 ambulances remained robust, with 91.97% of Cat 3/4 ambulances validated (7,330 ambulances). 69.13% of these ambulances were downgraded to a non-ambulance outcome, thus 5,067 ambulance outcomes were avoided.

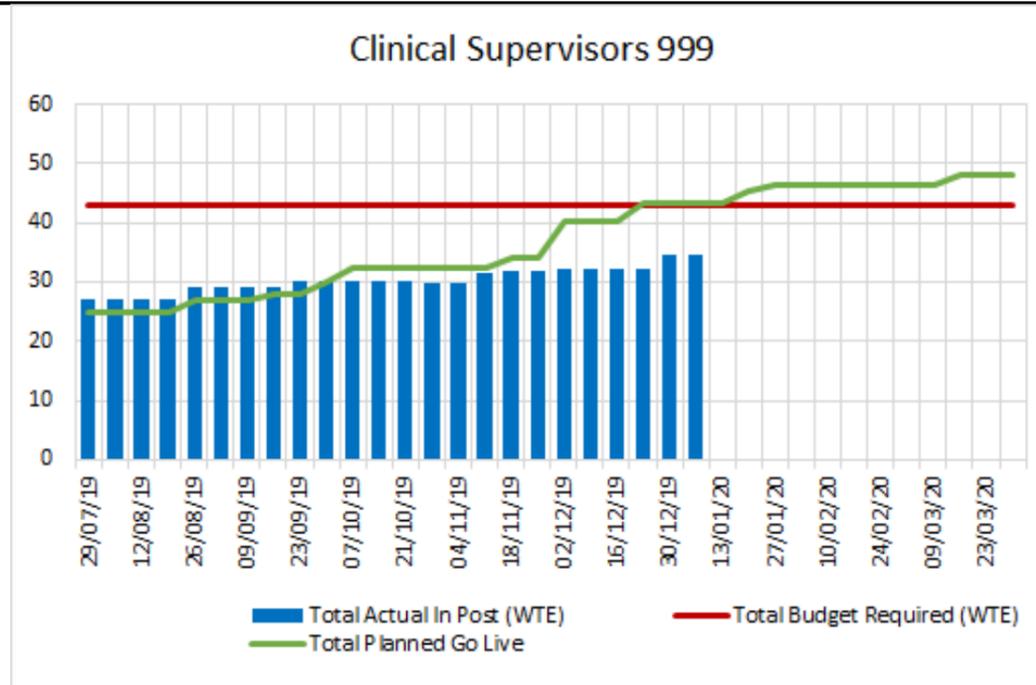


Data Source: Power BI - December 2019 Data

Improve Operational Performance in 111 Action Plan



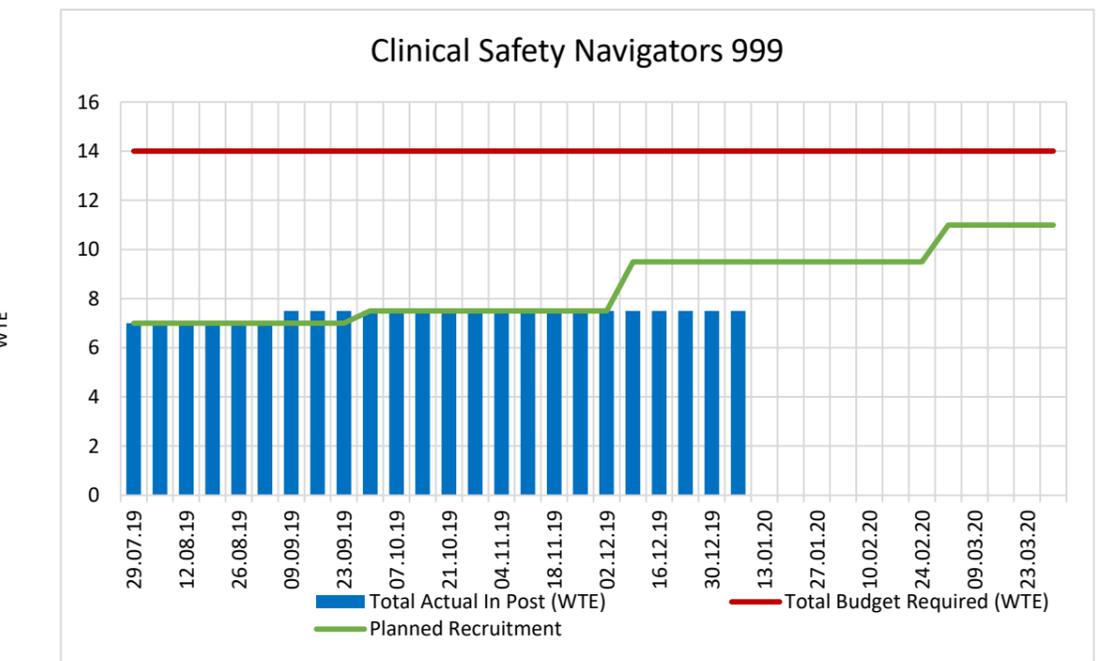
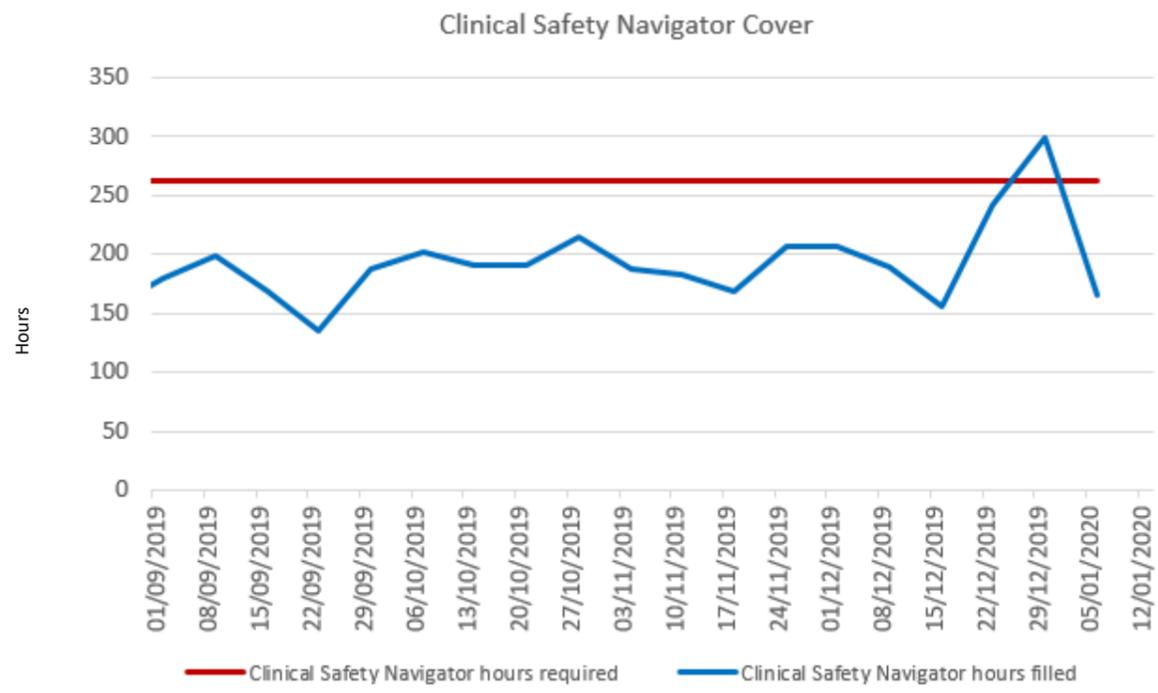
Safe	111 - The Trust should take action to ensure patient feedback mechanisms are fully established.	The SEC 111 IUC Service has an agreement in place with a suitable provider to commence the use of a texting service to evaluate patient feedback (mirroring the process in place previously for the KMSS 111 contract) via a Patient Satisfaction Survey. The Trust's Information Governance team have approved the Data Protection Impact Assessment (DPIA) review of the survey, and the survey has had Quality Impact Assessment (QIA) approval. The Trusts IT/Systems have been contacted with the Patient Survey Proposal and approved DPIA as part of the use case for the process. Currently awaiting feedback and requirements in order to establish work requirements and capacity in order to establish a delivery date.	SEC 111 IUC Senior Leadership Team																																																														
Safe	The Trust should take action to ensure there are a sufficient number of clinical staff in each emergency operations centres at all times.	<p>Clinical Supervisors (CS)</p> <p>Since January 2019, the Trust has continued to focus on improving recruitment within the operation centres and as a result, the Trust is no longer on trajectory to be at full establishment for the recruitment into the Clinical Supervisors roles by 31 January 2020. This is due to 4 candidates failing the NHS Pathways course necessitating further recruitment. Full establishment is now expected to be achieved by end February 2020.</p> <p>Currently, the Trust has 34.5 WTE Clinical Supervisors in post, with a further 11 in training 9 of which are due to be operational by end of February 2020 and the remaining 2 by end of April 2020. 4 new recruits commenced their training 13 January 2020. The CS hours are not being filled as shown by the graph due to the length of time it takes to train new staff as NHS Pathways Clinicians thereby not available to be scheduled to work the Clinical Supervisors rota. The Trust should start to see an increase in numbers provided from the end of February 2020.</p> <div data-bbox="718 1003 1834 1732" style="text-align: center;"> <p>Clinical Supervisors Requirement vs Filled (Includes Additional MTS Support)</p> <table border="1"> <caption>Approximate data from the graph</caption> <thead> <tr> <th>Date</th> <th>Clinical Hours Filled</th> <th>Clinical Hours Required</th> </tr> </thead> <tbody> <tr><td>01/09/2019</td><td>850</td><td>1600</td></tr> <tr><td>08/09/2019</td><td>800</td><td>1600</td></tr> <tr><td>15/09/2019</td><td>1050</td><td>1600</td></tr> <tr><td>22/09/2019</td><td>1000</td><td>1600</td></tr> <tr><td>29/09/2019</td><td>950</td><td>1600</td></tr> <tr><td>06/10/2019</td><td>800</td><td>1600</td></tr> <tr><td>13/10/2019</td><td>850</td><td>1600</td></tr> <tr><td>20/10/2019</td><td>750</td><td>1600</td></tr> <tr><td>27/10/2019</td><td>700</td><td>1600</td></tr> <tr><td>03/11/2019</td><td>700</td><td>1600</td></tr> <tr><td>10/11/2019</td><td>800</td><td>1600</td></tr> <tr><td>17/11/2019</td><td>1000</td><td>1600</td></tr> <tr><td>24/11/2019</td><td>850</td><td>1600</td></tr> <tr><td>01/12/2019</td><td>850</td><td>1600</td></tr> <tr><td>08/12/2019</td><td>900</td><td>1600</td></tr> <tr><td>15/12/2019</td><td>800</td><td>1600</td></tr> <tr><td>22/12/2019</td><td>850</td><td>1600</td></tr> <tr><td>29/12/2019</td><td>850</td><td>1600</td></tr> <tr><td>05/01/2020</td><td>850</td><td>1600</td></tr> </tbody> </table> </div>	Date	Clinical Hours Filled	Clinical Hours Required	01/09/2019	850	1600	08/09/2019	800	1600	15/09/2019	1050	1600	22/09/2019	1000	1600	29/09/2019	950	1600	06/10/2019	800	1600	13/10/2019	850	1600	20/10/2019	750	1600	27/10/2019	700	1600	03/11/2019	700	1600	10/11/2019	800	1600	17/11/2019	1000	1600	24/11/2019	850	1600	01/12/2019	850	1600	08/12/2019	900	1600	15/12/2019	800	1600	22/12/2019	850	1600	29/12/2019	850	1600	05/01/2020	850	1600	Clinical Recruitment Action Plan		Some of the data is included on the Monthly Score Card shared at EOC Teams B
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Clinical Safety Navigators

The recruitment of Clinical Safety Navigators has been more challenging due to the experience required with regards to telephone triage. 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 guarantee that they will be interested in this role. Therefore, the Clinical Supervisor role is being over recruited to in order to try and mitigate this.

Current establishment for Clinical Safety Navigators is 7.5 WTE with 0.5 WTE newly appointed now operational, 1 WTE in training due to be operational by 1 June 2020. 1 existing WTE has moved to a new role within the Trust and 1 has left the Trust. Following shortlisting, an interview has been arranged for one candidate on 21 January.



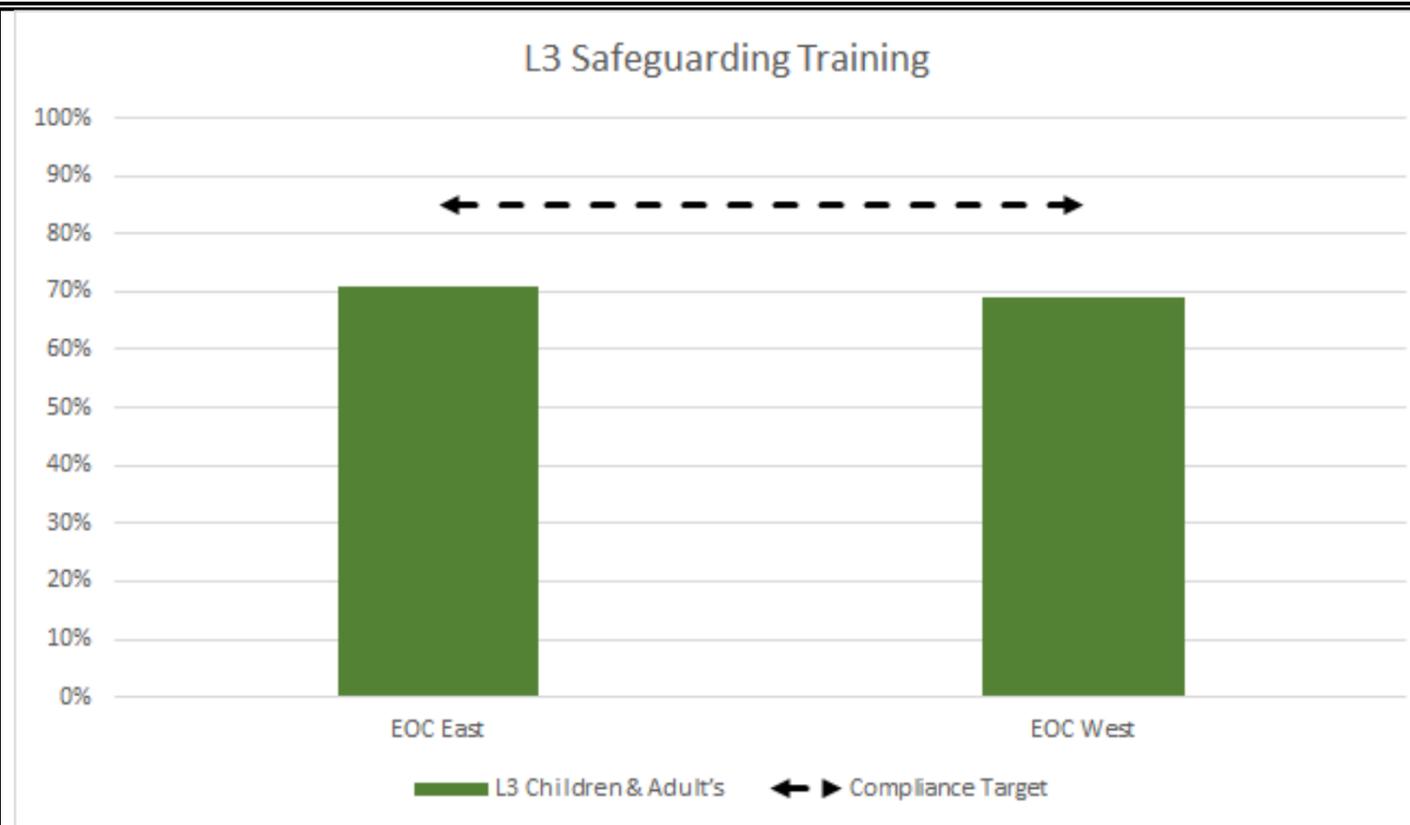
NHS Pathways Compliance

Whilst recruitment is ongoing, agency staff and the management team are providing clinical hours to improve our NHS Pathways (NHSP) compliance which can be seen in the graph below.

		<p style="text-align: center;">NHSP Compliance</p>			
Effective	<p>The Trust should take action to meet the national performance target relating to call answering times.</p>	<p>December 2019 call handling performance achieved a 3 second mean (5 second target) and 1 second 90th percentile (10 second target) call answer rate.</p> <p>A total of 74,162 x 999 calls were answered during December 2019, an 8.1% increase from the previous year.</p> <p>The sustained achievement of call answer performance against national targets has been underpinned by robust planning for December 2019 along with a fully established workforce supported by a cohort of supervised staff answering calls; the latter contributing to non-planned capacity. As well as this, a continued improvement in efficiency metrics for reporting purposes and changes to real time supervision of staff.</p> <p>For December 2019:</p> <ul style="list-style-type: none"> Abstraction was 26.4% (target is 28%) – annual leave and general abstraction tightly managed in this period within Trust parameters. Sickness was 9.1% (target is 5.2%) – increased following recent improvements but in line with seasonal trends and trust wide picture. There were only 4 days when national targets were not achieved due to large spikes in demand. A full effective staffing establishment of 191.67 WTE (target 192 WTE) recruited to. <p style="text-align: center;">Call Answer Performance Mean</p>	EOC Call Answer Performance Action Plan		EOC Leadership/ Monthly NHSI Report/ EOC Area Governance

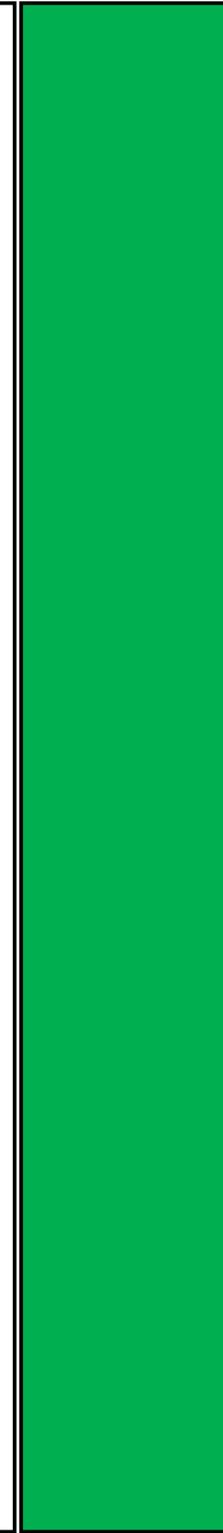
(Data updated weekly in arrears)

		<p style="text-align: center;">Call Answer Performance 90th percentile</p> <p style="text-align: center;">(Data updated weekly in arrears)</p>			
Safe	<p>The Trust should take action to ensure all staff have completed the level two adult and children safeguarding and all relevant staff have completed level three adult and children's safeguarding.</p>	<p>This action plan is rated Green as the Trust's compliance rates against the 85% target is shown in the graphs.</p> <p style="text-align: center;">L2 Safeguarding Training</p> <p style="text-align: center;"> ■ L2 Adult's ■ L2 Children's Compliance Target </p>	Quality & Compliance Steering Group		Not applicable



The L3 Safeguarding course scheduled for 8 February 2020 has been confirmed; this date has now been issued and staff have been asked to book on.

Further work is required to ensure that the training records held on locally training logs is aligned to ESR. The Quality and Compliance Steering Group are actively monitoring progress at bi-monthly meetings.



Safe	<p>The Trust should take action to ensure the clinical welfare calls are completed within the targeted timeframes.</p>	<p>The Trust has recognised the need to keep patients safe whilst they are waiting for a response to attend their location. To address this, the Patient Safety Clinician role has been introduced. This is a Band 5 nurse role which is currently being resourced by agency staff along with SECAmb staff who are currently on alternative duties.</p> <p>The below graph shows performance of the Patient Safety Clinicians with regards to the total number of welfare calls required.</p> <div data-bbox="697 483 1840 1228"> <table border="1"> <caption>Patient Safety Clinician Hours Required vs Actual</caption> <thead> <tr> <th>Date</th> <th>Required (Series1)</th> <th>Actual (Series2)</th> </tr> </thead> <tbody> <tr><td>24/06/19</td><td>335</td><td>60</td></tr> <tr><td>01/07/19</td><td>335</td><td>55</td></tr> <tr><td>08/07/19</td><td>335</td><td>60</td></tr> <tr><td>15/07/19</td><td>335</td><td>50</td></tr> <tr><td>22/07/19</td><td>335</td><td>25</td></tr> <tr><td>29/07/19</td><td>335</td><td>100</td></tr> <tr><td>05/08/19</td><td>335</td><td>240</td></tr> <tr><td>12/08/19</td><td>335</td><td>250</td></tr> <tr><td>19/08/19</td><td>335</td><td>260</td></tr> <tr><td>26/08/19</td><td>335</td><td>200</td></tr> <tr><td>02/09/19</td><td>335</td><td>180</td></tr> <tr><td>09/09/19</td><td>335</td><td>210</td></tr> <tr><td>16/09/19</td><td>335</td><td>190</td></tr> <tr><td>23/09/19</td><td>335</td><td>160</td></tr> <tr><td>30/09/19</td><td>335</td><td>240</td></tr> <tr><td>07/10/19</td><td>335</td><td>220</td></tr> <tr><td>14/10/19</td><td>335</td><td>220</td></tr> <tr><td>21/10/19</td><td>335</td><td>200</td></tr> <tr><td>28/10/19</td><td>335</td><td>240</td></tr> <tr><td>04/11/19</td><td>335</td><td>190</td></tr> <tr><td>11/11/19</td><td>335</td><td>320</td></tr> <tr><td>18/11/19</td><td>335</td><td>340</td></tr> <tr><td>25/11/19</td><td>335</td><td>370</td></tr> <tr><td>02/12/19</td><td>335</td><td>410</td></tr> <tr><td>09/12/19</td><td>335</td><td>350</td></tr> <tr><td>16/12/19</td><td>335</td><td>310</td></tr> <tr><td>23/12/19</td><td>335</td><td>170</td></tr> <tr><td>30/12/19</td><td>335</td><td>210</td></tr> <tr><td>06/01/20</td><td>335</td><td>335</td></tr> </tbody> </table> </div>	Date	Required (Series1)	Actual (Series2)	24/06/19	335	60	01/07/19	335	55	08/07/19	335	60	15/07/19	335	50	22/07/19	335	25	29/07/19	335	100	05/08/19	335	240	12/08/19	335	250	19/08/19	335	260	26/08/19	335	200	02/09/19	335	180	09/09/19	335	210	16/09/19	335	190	23/09/19	335	160	30/09/19	335	240	07/10/19	335	220	14/10/19	335	220	21/10/19	335	200	28/10/19	335	240	04/11/19	335	190	11/11/19	335	320	18/11/19	335	340	25/11/19	335	370	02/12/19	335	410	09/12/19	335	350	16/12/19	335	310	23/12/19	335	170	30/12/19	335	210	06/01/20	335	335	<p>Clinical Recruitment Action Plan</p>	
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PMO Portfolio Timeline – Live Projects (Last updated: 20 January 2020)

PROJECT	2019-20										
	Q1	Q2			Q3			Q4			
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
ECAS (Electronic Clinical Audit System)	Project Start up	Project Delivery					Project Closure				
ePCR		Project Delivery					Project Closure				
E-expenses		Project Start up	Project Delivery (30/04/2020)								
E-timesheets		Project Start up	Project Delivery (31/04/2020)								
Restructure of HR (Action Plan)		Project Start up	Project Delivery								
Transforming Clinical Education			Project Start up	Project Delivery (31/10/2020)							
EOC Clinical Recruitment (Action Plan)			Project Delivery (31/08/2020)					Transition to BAU			
NHS Pathways Audit (Action Plan)			Project Start up	Project Delivery (TBC)							
Safe Staffing (Rota Compliance) Action Plan					Project Start up	Project Delivery (TBC - paused)					
CQC 111 Must Do – Improve operational performance in 111		Project Start up	Project Delivery (30/03/2020)								
CQC Main Report Should Do – Call Answer Performance in EOC				Project Start up	Project Delivery (30/06/2020)				Transition to BAU		
CQC Main Report Should Do – L2/L3 Safeguarding Training for all EOC Staff (Reporting)				Project Start up	Monitoring						
Culture Change					Project Start up	Project Delivery (30/04/2021)					
Brighton MRC					Project Start up	Project Delivery (30/11/2020)					
Worthing Re-Development Phase 2						Project Start up	Project Delivery (TBC – paused)				

PMO Portfolio Timeline – Pipeline Projects (Last updated: 20 January 2020)

PROJECT	2019-20										
	Q1	Q2			Q3			Q4			
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
CFRs Attending Falls									TBC		
ESR Manager Self Service									TBC		
Sheppey Redevelopment									TBC		
Banstead Redevelopment									TBC		
Epsom Relocation									TBC		
111 Mobilisation									TBC		
Medway MRC									TBC		

PMO Portfolio Timeline – PPIRs Due (Last updated: 20 January 2020)

- Pending
- Complete
- Awaiting approval

PROJECT											
	Q2 2019/20		Q3 2019/20			Q4 2019/20			Q1 2020/21		
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Governance & Risk				PIR							
Health & Safety					PIR						
IT Helpdesk Software						PIR					
Medical Devices Management (MDM)	PIR					PIR					
Station Upgrades						PIR					
EOC Clinical Safety & Performance						PIR					
Fleet Management System								PIR			
Service Transformation & Delivery Programme (STAD)							PIR				
Worthing Re-Development Phase 1										PIR	
Cyber Network Upgrades									PIR		
EOC East											PIR
999 Telephony & Voice Recording Replacement											PIR
TRAC											PIR
Spine Connect											PIR

Estates Programme Board Dashboard

Reporting Period: 15 November 2019 – 17 January 2020

RAG Key:

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

Last Updated 20/01/2020 v2.0

Key Points

Project	Brief Summary
Worthing Re-Development Phase 2	This is the first reporting period and the project is RAG rated Red as the project is paused due to insufficient project management resource to enable the project to progress. Recruitment to the Estates project management positions is currently underway. The tender analysis is complete; however, the contractor has not yet been appointed for the build, therefore the project plan dates have not been baselined.
Epsom Relocation	This is the first reporting period and the project is RAG rated Red as there are no firm plans in place to relocate staff from Epsom Ambulance Station. An extension has been granted and the Trust is now required to vacate the existing premises by 30 June 2020. Operations are currently working up a business case assessing alternative options for the two-year relocation of this site whilst Banstead MRC is developed.
Brighton MRC	The project is RAG rated Amber and is expected to be Green in the next reporting period. The plan is in the process of being baselined, therefore, there is no assurance currently that the project will be delivered within the agreed constraints. However high-level milestones have been identified and meetings with key stakeholders have been undertaken to agree the detail of the plan with final refinements being made. The project mandate has been approved by Project Board and will be submitted for final approval to Executive Sponsor.

Key Risks / Issues

Project	Brief Summary	Score
Estates Projects	There is concern that there may be insufficient resource to support all the Estates capital projects. A business case is currently being developed to request a project Director to manage all Estates projects.	Risk: 4
Worthing Re-development Phase 2	Worthing phase 2 is currently paused due to insufficient project management resources being available	Issue: High

Project	Expected End Date	Current RAG	Previous RAG
Worthing Re-Development Phase 2	TBC		First Reporting Period
Epsom Relocation	TBC		First Reporting Period
Brighton MRC	30/11/2020		

Achievements this period

- ❖ Staff engagement event held for Brighton MRC; Plans and progress received positively

Digital Dashboard

Reporting Period: 15 November 2019 – 17 January 2020

RAG Key:

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

Last Updated 21/01/2020 V2.0

Key Points

Key Issues

Project	Brief Summary
Electronic Patient Care Records (ePCR)	<p>The project RAG has moved from Green to Amber as, although phase 1 has been completed and closed with all operating units now live with ePCR, the system has experienced two outages last month which had led to the system being offline for a total of 9 days. It transpired that a number of factors caused the outages which were identified by Cleric itself. IT completed the required work and the system has been working well since.</p> <p>Since the system was handed over to Operations, a usage decline of 2-3% daily was experienced, however since 06 January 2020, the usage figure ranges from 65% to 74%.</p> <p>The issue with the IOS 13 software related to the photographs is unresolved. Apple currently only allow a 90-day block on IOS updates. IT and VMWare are working to extend this. Currently 748 devices have been updated and this cohort of staff will experience issues when using the camera within the ePCR platform.</p> <p>Project closure has now been deferred to 29 January 2020 to ensure all outstanding activities are completed and a plan is in place to ensure that all future outages are dealt within the business as usual environment.</p>
Electronic Clinical Audit System (ECAS)	<p>Project closure was approved at the Sustainability Steering Group on 11 December 2019, pending approval of the Post Project QIA. There are post project activities which are still outstanding; these will be delivered as part of business as usual and will be monitored by the Clinical Audit and Quality Subgroup and escalations to the Clinical Governance Group. Clinical Audit team is now equipped with a new Electronic Clinical Audit System which is helping them to reduce hours spent on audit.</p>
NHS Spine Connect	<p>The project is now formally closed and has transitioned into business as usual with progress tracked by the IT working Group</p>

Project	Brief Summary	Score
Electronic Patient Care Records (ePCR)	<p>There is an issue resulting from recent software update such as photographs not rendering in app but rendering in case summary. Mitigation includes a new release from Cleric to fix some glitches.</p>	<p>Issue score Medium</p>

Project	Expected End Date	Current RAG	Previous RAG
Electronic Patient Care Records (ePCR)	30/11/2019	Amber	Green
Electronic Clinical Audit System (ECAS)	Complete	Blue	Green
NHS Spine Connect	Complete	Blue	Green

Achievements this period

- ❖ **As of 19 January 2020, 73.2% of incidents now have an ePCR, with 787 staff using ePCR.**

Quality & Compliance Dashboard

Reporting Period: 15 November 2019 – 17 January 2020

RAG Key:

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

Last Updated 20/01/2020 v2.0

Key Points

Project	Brief Summary
Clinical Recruitment (Action Plan)	The recruitment of Clinical Supervisors continues to be below the trajectory, there are currently 34.5 WTE as opposed to the target of 38 by December 2019, this is due to staff failing the NHS Pathways course necessitating further recruitment. This has a low impact as 11 members of staff are in training and 9 are due to be operational by the end of February 2020. The ongoing issue with the recruitment of NHS Pathways Clinical Safety Navigators continues as explained in the risks/issues section. Recruitment of international applicants has not changed since the last reporting period with 12 expected to be in post by 31 August 2020.
NHS Pathways Audit (Action Plan)	The consultation period for the new Audit Team structure remains paused due to the outstanding grievance. Recruitment is ongoing to fill the temporary roles to focus on the 2019 backlog; with 5 already in post and 3 more expected to be recruited by end of February 2020. Non-clinical and clinical audit compliance remains a challenge, but is expected to improve with the introduction of the temporary staff. Support is being provided by South Central Ambulance Service and North East Ambulance Service (NEAS) to carry out cross-service levelling to ensure that EOC audit is being applied fairly and consistently. SECamb auditors are also attending a national levelling session being delivered by NHS Pathways on 3rd February. The learning from this session will drive the delivery of our internal levelling programme.
Improving Operational Performance in 111 (Action Plan)	<p>Call volumes have increased steeply due to external factors and winter pressure which has hit the 111 service earlier, and at higher volumes, than last year; this has had a detrimental impact on the expected performance levels. Following analysis, controls have been added to business as usual planning activities to mitigate risks and the service has performed well nationally during this period.</p> <p>In the long term, there is a move towards a blended workforce whereby 111 Health Advisors and 999 EMAs will dual skill to handle 999 and 111 calls respectively. This will allow them to operate across services, dependent on demand. A small pilot group has been established; training was undertaken in November 2019 and across service 999/111 call handling launched on 9 December 2019. Evaluation of the impact of this pilot on performance will take place once system configuration issues have been resolved.</p>
EOC Call Answer Performance (Action Plan)	Work has progressed with improving the effectiveness of in line support, with the Trust now able to report on both Clinical and non-clinical in line support on Power BI. Implementing telephony solution for handling routine call activity is also progressing and expected to be completed by the end of February. With all improvement activities either completed or on track to enhance call answer performance, consideration is now to be made to transition the action plan to BAU.
Safe Staffing (Rota Compliance) Action Plan	Following a decision taken at Quality & Compliance Steering Group on 17 December 2019, the Safe Staffing action plan will be paused for a period of 3 months due to the current restructure policy not being fit for purpose. Work is currently underway to develop a new policy and it is anticipated that this will go live in early April 2020. It has however been agreed that activities related to training and the implementation of the planning Workforce tool "Injixo" will continue.
Transforming Clinical Education	Please see separate Dashboard, appendix G

Key Risks/Issues

Project	Brief Summary	Score
EOC Clinical Recruitment Action Plan	There is a risk that coaches courses for EOC Clinicians on NHS Pathways will not be able to be facilitated, due to the number of courses being required by the EOC clinical and non-clinical. As a result Clinical staff will not be trained to coach new staff. This may lead to new starters not being mentored by the most experienced members of the team and result in; a poor new starter experience, new starters leaving due to the lack of support, existing staff not getting the development they require to effectively mentor new staff.	Risk: 8
NHS Pathways Audit Action Plan	Compliance for clinical audit remains poor. The consultation period for the proposed new staffing model to address this has been delayed due to an outstanding grievance. Mitigations are in place to provide temporary cover for audit.	Issue: High
EOC Clinical Recruitment Action Plan	The trajectory to recruit CSN's has not been met. Although Clinicians are currently being recruited, they will not be eligible to apply for the CSN role until after 6 months in post. This is being mitigated by the 4 Operational Managers Clinical covering shifts as required and development of shadowing opportunities and part-time roles.	Issue: Medium
Improve Operational Performance in 111	Evaluation of the pilot dual skilling group cannot be undertaken as true dual skill call taking has not been able to take place due to a configuration issue with the CallVision Centricity system	Issue: High
Improve Operational Performance in 111	Call volumes have increased steeply from external factors and winter pressure which has hit the 111 service earlier and at higher volumes than this time last year, impacting on the performance SLA's.	Issue: Medium

Project	Expected End Date	Current RAG	Previous RAG
Clinical Recruitment	31/08/2020	Amber	Amber
NHS Pathways Audit	30/04/2020	Red	Red
Improve Operational Performance in 111	31/03/2020	Amber	Amber
EOC Call Answer Performance	30/06/2020	Green	Amber
Safe Staffing (Rota Compliance)	TBC	Red	Green
Transforming Clinical Education	31/10/2020	Amber	Red

Achievements this period

- Back Log Marking: The marking of 860 AAP assessments for the 56 apprentices who have already completed their courses but not yet sat their end point assessment has been completed.
- The FutureQuals audit went ahead as scheduled on 29 November 2019. Confirmation of an audit score of Level 2 has been received.
- The educational qualifications of tutors working in the Clinical Education Department have been mapped and the gaps identified.

HR Transformation Dashboard

Reporting Period: 15 November 2019 – 17 January 2020

RAG Key:

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

Last Updated 21/01/2020 v2.0

Key Points

Project	Brief Summary
Applicant Management System (TRAC)	The project is RAG rated Blue following approval of closure by the HR Steering Group on 18 December 2019. Hiring managers are now advertising vacancies via TRAC. 16 vacancies have been successfully filled using TRAC system across the Trust
Implementation of E-Expenses	The project RAG remains Green. The second phase successfully went live on 1 January 2020 for all EOC and 111 staff. All activities are on track for Phase 3 go live for Operations on 1 March 2020. A go/no-go meeting has been scheduled for 19 February 2020 to confirm whether critical milestones have been delivered to ensure a smooth transition for Operations staff. Around 200 claims have been approved to date through the E-expenses system and with the added functionality of the system, driving licence checks are also carried out across the Trust.
Implementation of E-Timesheets	The project RAG has moved from Green to Amber due to the recent change in resources and key members of the Project Team leaving the Trust recently. In order to mitigate this risk, a new HR Manager has been brought in on an interim contract to manage this project. The project is currently going through a change request to formally de-scope the implementation of the Pay Principles Policy. This will have minimum impact to the project as the Trust will continue to use existing policy and procedures. In addition to the scope being changed, some of the timelines of the objectives have been changed to ensure the system is fully tested before go-live and to also incorporate a phased roll out, as it was anticipated previously that all staff would go live with e-timesheets at the same time. The ongoing communications using a variety of channels within the Trust will ensure staff are engaged with the change and are fully prepared for the introduction of E-timesheets. User training sessions are currently taking place this month to allow users to be familiar with the system.
Culture Change	The project RAG remains Amber. The project is going through a re-scoping exercise as a new Head of Learning and Organisational Development has taken up post from 07 January 2020 and is now reviewing the mandate and its objectives to ensure it still delivers the needs of the business. Following this review, a change request is expected to be submitted to the HR Transformation Steering Group on 27 January 2020 for approval. Once approved, all the project plans will be re-baselined to enable the PMO to continue to track progress. In the coming weeks, PMO will also be working with the Head of Learning and Organisational Development to develop project plans which will enable the Trust to deliver a trained network of mediators across the Trust and train the trainer workshops focused on Bullying and Harassment to start in April 2020.
Implementation of HR Structure	The project RAG remains Green as all senior management roles have now been recruited to.

Key Risks

Project	Brief Summary	Score
Culture Programme	There is a risk that the First Line Manager training programme would not be able to be delivered within 12 months. This is a result of no agreement having been made for an additional two L&D Advisors on a 12 month fixed term contract. This may lead to a delay in the roll out of this programme. The new Head of L&D will be meeting with Finance in January 2020 to review the 2020/21 budget to propose additional resource requirements.	Risk: 10

Project	Expected End date	Current RAG	Previous RAG
Applicant Management System (TRAC)	Complete		
Implementation of E-Expenses	30/04/2020		
Implementation of E-Timesheets	30/04/2020		
Culture Change	30/04/2021		
Implementation of HR Structure	31/01/2020		

Achievements this period

- ❖ TRAC system implemented
- ❖ Successful launch of E-Expenses phase 2
- ❖ Successful launch of the new Induction process

Clinical Education Programme Board Dashboard

Reporting Period: 15 November 2019 – 17 January 2020

RAG Key:

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

Last Updated 20/01/2020 v2.0

Key Points

Workstream	Brief Summary
Backlog Marking	Submissions are currently exceeding the hours available for marking, therefore, the target for ensuring all submissions are marked within 30 days by the end of December 2019 has not been met. A marking trajectory has been scoped and a request to extend the deadline by 3 months to 31 March 2020 requested. Operations agreed to release an ex-tutor to lead on ensuring the students identified from the initial backlog with outstanding assignments are submitted and marked by 31 December 2019. However, 20 of these students have still not submitted all their assessments; a request to extend this deadline to 31 May 2020 has been submitted. The Clinical Education Team are working with HR to assess next steps for students who do not meet the deadline.
Ofsted Compliance	The FutureQuals audit went ahead as scheduled on 29 November 2019. An audit score of Level 2 has been received, the draft final audit report and findings was received week commencing 13 January 2020. There is a 2-week window for factual accuracy checking subject to which the final report will be signed off by both parties, this is expected to be completed week commencing 27 January 2020.
Co-delivery of Apprenticeships	Guidance from the Workforce & Wellbeing Committee was to scope a co-delivery model with a provider who has been accredited as 'Outstanding'. Chichester College Group (CCG) are now working with the Trust to develop a co-delivery model as a proof of concept from January 2020 to end March 2021. This was approved by the Trust Board on 18 December 2019. The scope of this workstream has increased to include mapping of tutors against courses to identify gaps or overlaps. A meeting is scheduled to take place on 22 January to discuss this further.
Functional skills	All activities have been completed with the exception of the contractual arrangements. The sub-contractor agreement has been drawn up and issued to an external supplier for review and a meeting has been scheduled for 20 January 2020 to obtain final agreement.
Level 6 Paramedic Programmes	The Business Case is awaiting updated costings, Finance review and a Quality Impact Assessment prior to submission to the Business Case Group for virtual approval and then EMB. Following review, a University has been identified to co-deliver the programme; they are scheduled to visit the Trust the week commencing 3 February 2020 to discuss and agree arrangements for Programme delivery. The Health and Care Professions Council approval visit is expected to take place early June 2020.
Workforce Education Development Review	Little progress was made with this plan prior to the end of 2019. However, the plan has now been defined and work is underway to ensure staff are booked onto training. There has been lack of clarity over the number of paramedics requiring the uplift; this has now been scoped and the number identified is 252. There are staff currently on long term sick/maternity leave who will not have completed the modules required to obtain the uplift by the deadline set by NHSi of 31 March 2020, but this will be actively monitored to ensure they fulfil the requirements.

Key Risks / Issues

Brief Summary	Score
There is an increased number of course work submissions due to the backlog scrutiny. There is no resource capacity to manage this surge and making the backlog marking difficult to manage. Resolution: To be escalated to Programme board and a change request is expected to be approved to extend the project end date	Issue: High
A number of the seconded course facilitators are nearing the end of their contracts. This will cause under staffing/resourcing before the recruitment process for new facilitators is completed. Resolution: Recruitment is ongoing and consideration is to be given to dual roles.	Issue: Medium
The Trust may not be able to complete the delivery of AAP courses due to issues with resource mapping and allocation. Mitigation: Full 14 week Scheme of Work for the AAP programme being mapped in terms of tutor requirements	Risk: 12
Failure to meet Ofsted minimum assessment requirements. Improvement plan developed and being implemented, overseen by the TCE Programme Board. Mitigation: Quality assurance support being provided by the external College from January 2020.	Risk: 8
Programme Risk: Deficiency in staffing with relevant Further Educational / Ofsted / Apprenticeship knowledge. Mitigation: Recruitment to departmental vacancies actively underway alongside a review of existing structures. To be overseen by the TCE Programme Board.	Risk: 12

Workstream	Expected End date	Current RAG	Previous RAG
Objective 1 – Backlog Marking	31/05/2020	Red	Red
Objective 2 – Clinical Education Courses	30/01/2020	Green	Green
Objective 4 – Ofsted Compliance	30/06/2020	Green	Yellow
Objective 5 – Co-delivery of Apprenticeship	30/01/2020	Yellow	Yellow
Objective 6 – Functional skills (L2 English& Maths)	31/01/2020	Green	Yellow
Objective 7 – Level 6 Paramedic Programmes	01/09/2020	Yellow	Yellow
Objective 9 – Tutor Qualifications	30/11/2019	Blue	Red
Objective 10 – Workforce Education Development Review	31/03/2020	Red	Red

South East Coast Ambulance Service: CIP Workstream

CIP Delivery Dashboard

Reporting Month: Dec-19

Programme for 2019/20 to deliver a minimum of £8.6m savings to achieve the planned control total surplus of £0.1m.

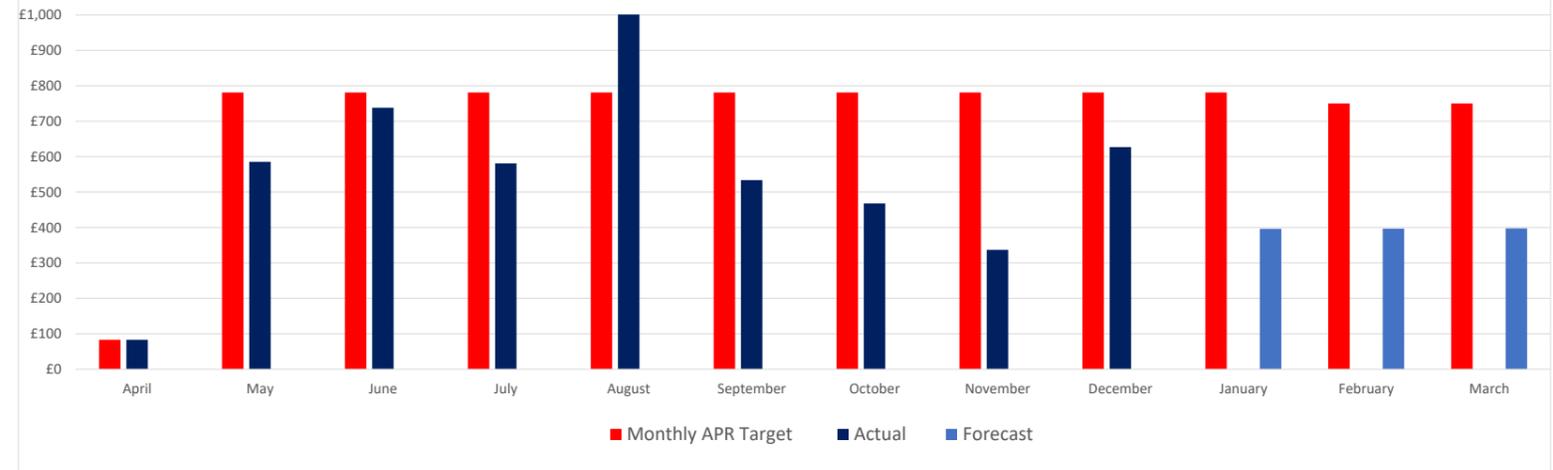
Programme Summary: (See Pipeline Tracker for Risks and Issues)

- Achieved CIP savings of £5.0m for the nine months ending December 2019. This is £1.3m adverse to the NHSI plan target.
- £7.4m of fully validated savings have been transferred to the Delivery Tracker year to date ending December 2019. The existing forecast projection of £6.2m is £2.4m below the target savings of £8.6m. The recurrent element represents 35% of the total, YTD: 26%.
- Review meetings with Budget Leads and Finance Business Partners continue to focus on identifying new schemes to build a sustainable pipeline of recurrent schemes for 2019/20 and the future years.
- The CIPs schemes under development include savings arising from i) opportunities identified across Integrated Care Systems (ICS) with which the Trust is engaged ii) the Carter Recommendation for Ambulance Trusts iii) operations efficiencies iv) Model Hospital and Corporate Services. Alternative schemes are being scoped to compensate for the shortfall in the year to date under achievement.
- Delivery of £3.6m savings expected in quarter four financial year 2019/20. The CIP risk is rated Amber.

1. Monthly CIP Trust Profile - as at 31 December 2019

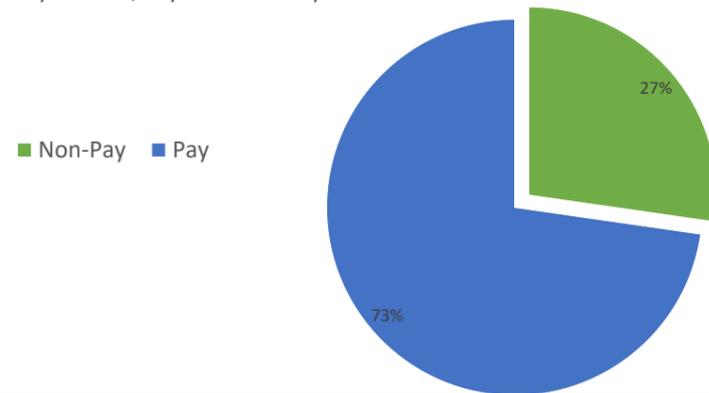
CIP Target for 19/20 £000's	Total planned savings on delivery tracker £000's - as at 31 December 2019	Total forecast savings on delivery tracker £000's - as at 31 December 2019	YTD December 2019 - Target Savings £000's	YTD December 2019 - Actual Savings £000's	YTD December 2019 - variance £000's
8,612	7,401	6,221	6,331	5,031	(£1,300)

Trust 19/20 CIP Monthly Delivery Plan vs Actuals / Forecast (£ 000s)



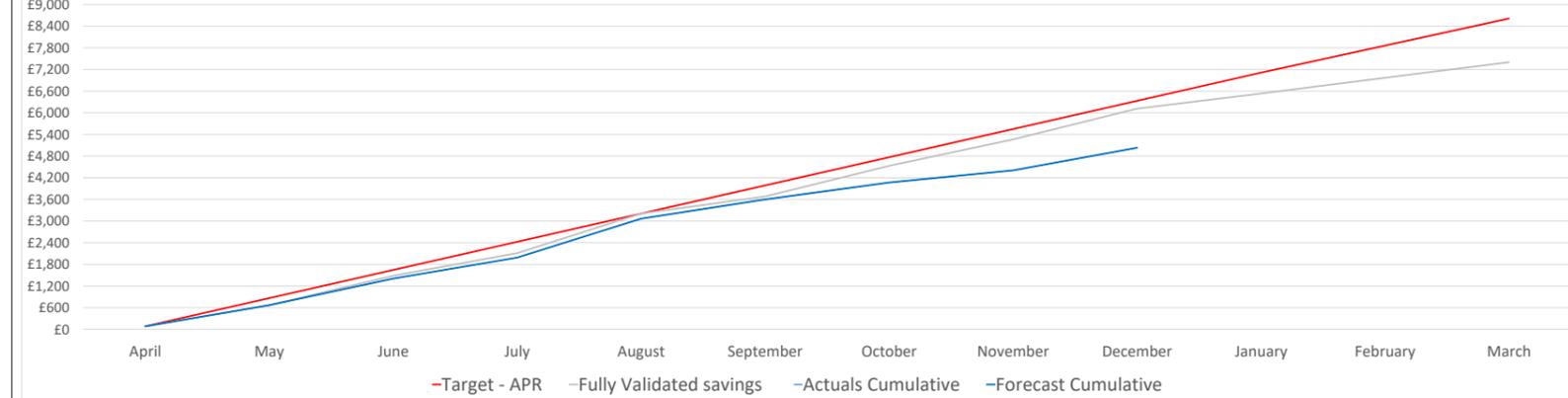
2. CIP - Planned savings split by income, pay and non-pay: as at 31 December

CIP split by Income, Pay and Non-Pay



3. Cumulative CIPs - Target Plan & Actual / Forecast savings 2019/20

Trust 19/20 CIP Cumulative Delivery Plan vs Actuals / Forecast (£ 000s)



4. CIP schemes by directorate - Fully Validated vs Actual & Forecast 2019/20

CIP Schemes by directorate -Fully Validated vs Actual & Forecast (£000s)



5. Value of forecast recurrent and non-recurrent savings - 31 December 2019

Recurrent / non-recurrent schemes - £000's



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



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

Scheme Category	2019/20 Value of Fully Validated Schemes - £000	2019/20 Forecast Value £000	Full Year Variance £000	2019/20 Forecast Value Risk Adjusted £000	Full Year Forecast Risk Adjusted Variance £000	YTD Planned (Month 9): £000	YTD Actuals (Month 9): £000	YTD Variance £000	Comments (+/- £20k variance)
External consultancy & contractors	80	80	0	80	0	74	74	0	-
Stationery	5	5	0	5	0	5	5	0	-
Travel & Subsistence	209	209	0	209	0	160	160	0	-
Medicines Management - Equipment	142	142	0	142	0	142	142	0	-
Medicines Management - Consumables	48	48	0	48	0	36	36	0	-
IT Productivity and Phones	148	148	0	148	0	136	141	5	-
Discretionary Non Pay	18	18	0	18	0	15	15	0	-
Training courses & accommodation	239	239	0	239	0	224	224	0	-
Medicines Management - Drugs	130	130	0	130	0	115	115	0	-
Operations Efficiencies	3,033	2,268	(765)	2,149	(884)	2,212	1,455	(757)	YTD underachievement largely in handover delays - alternate schemes are being scoped to compensate for the shortfall
Recruitment delays & recharges - clinical	500	500	0	500	0	500	500	0	-
Recruitment delays & recharges - non clinical	559	559	0	562	3	534	534	0	-
Accounting efficiencies	861	861	0	861	(0)	847	847	0	-
Lease costs - ambulances	120	120	0	120	0	105	105	0	-
Legal/Professional Fees	29	29	0	29	0	22	22	0	-
Public Relations Expenses	12	12	0	12	0	9	9	0	-
Fleet Veh Run Costs - Fuel	200	50	(150)	100	(100)	67	0	(67)	YTD under delivery
PAPs/ OT price differential	1,071	805	(265)	857	(214)	913	648	(265)	YTD underachievement - alternative schemes being sought
Total Fully Validated Schemes	7,401	6,221	(1,180)	6,206	(1,195)	6,115	5,031	(1,084)	
Variance to Savings Target	(1,211)	(2,391)	(£1,180)	(2,406)	(£1,195)	(216)		(£216)	Variance between Fully Validated Schemes and Control Total Target
Total Savings Target	8,612	8,612	0	8,612	0	6,331	5,031	(1,300)	

Programme Summary:

1. Current Pipeline schemes of £9.0m exceeds the savings target of £8.6m.
2. Fully validated CIP schemes of £7.4m have been moved to the Delivery Tracker after QIA approval, an increase of £0.3m compared to last month.
3. £0.6m Validated schemes are currently awaiting sign off and £0.7m Scoped schemes are undergoing development. The existing Proposed schemes of £0.4m, is a reduction of £0.7m compared to last month.
4. Positive engagement continues with Executives Directors and CIP Project Leads. The CIP Programme governance framework and processes remains functional in the Trust.
5. Further CIP schemes anticipated for development include benefit realisations that might arise from i) opportunities identified across Integrated Care Systems (ICS) with which the Trust is engaged ii) the Carter Recommendation for Ambulance Trusts iii) operations efficiencies iv) Model Hospital and Corporate Services benchmarking.
6. The Cost Improvement Programme risk remains Amber.

CIP Opportunity Classification - KEY

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

CIP Pipeline and Delivery: Risks and Issues

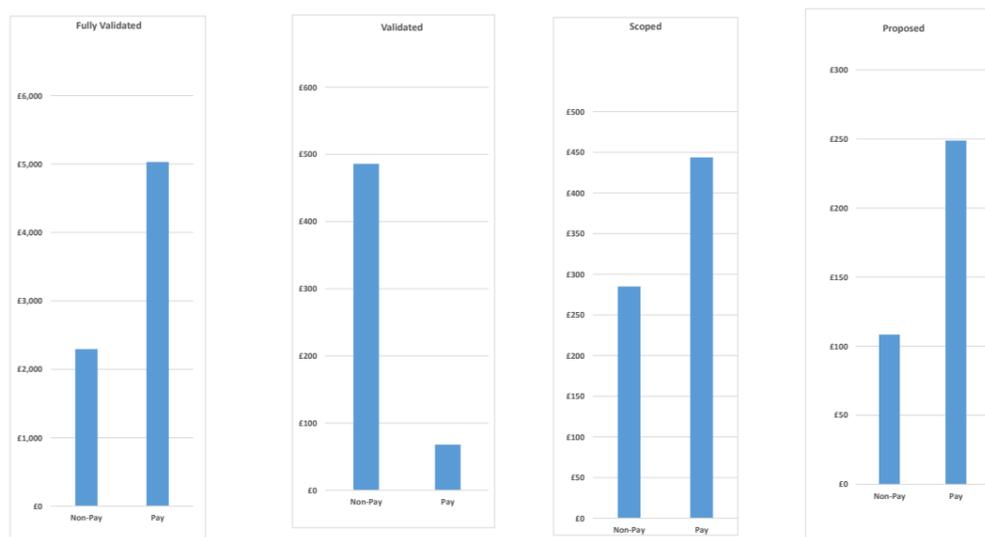
Risk	Mitigating action	Owner	Current RAG	Previous RAG	Date to be resolved by	Issues to be resolved	Mitigating action	Owner	Current RAG	Previous RAG	Date to be resolved by
1 Risk that the 2019/20 CIPs target of £8.6m will not be fully delivered due to uncertainties within the Operations Directorate.	The savings target of £8.6m has been allocated to Directorates based on their individual pro rata share of operating expenses to total Trust operating expenses. Monthly meetings with Budget Holders and the Senior Operations Team in progress. Performance against target communicated regularly and support with identification and development of new or	Phil Astell	Amber	Amber	31-Mar-20	1 New Lease Cars policy to be agreed.	New club car scheme was launched in January - pilot data provided and being evaluated. Governance process being reviewed and made more robust.	Ian Shaw/ Paul Renshaw	Amber	Amber	31-Jan-20
						2 E-Expenses - potential savings from automation.	E-Expenses system in progress and expected to be delivered as part of the HR Transformation.	Paul Renshaw	Amber	Amber	31-Jan-20
						3 Agency Staff - Potential cost avoidance CIP	Development of savings plan in progress.	Priscilla Ashun-Sarpy	Amber	Amber	31-Jan-20
						4 Develop further Operations CIP schemes.	Regular liaison with Exec Sponsor and Operations Leads to identify and scope	Priscilla A-Sarpy/Finance Business Partners	Amber	Amber	31-Mar-20
						5 Devise a mechanism for recoveries of historic salary overpayments	Ongoing discussions with Payroll Manager/HR Director.	Phil Astell/ Paul Renshaw	Amber	Amber	31-Jan-20

CIP Pipeline Summary

Cost Avoidance	Fully Validated	Validated	Scoped	Proposed	Grand Total
£0	£7,395	£554	£729	£357	£9,035



Pay / Non-Pay / Income Breakdown and scheme summary



Scheme Category	Fully Validated	Validated	Scoped	Proposed	Total
Accounting efficiencies	861	-	-	12	872
Budget Allocation	-	-	164	62	226
Discretionary Non Pay	13	-	135	-	148
Estates and Facilities management	-	-	100	84	184
External Consultancy	24	-	-	-	24
External consultancy & contractors	30	-	20	120	170
Fleet - Equipment	42	-	-	-	42
Fleet Veh Run Costs - Fuel	200	-	-	-	200
IT Productivity and Phones	148	-	-	-	148
Lease costs - ambulances	120	-	-	-	120
Legal/Professional Fees	29	-	-	-	29
Meal Break Costs	-	-	30	-	30
Medicines Management - Consumables	208	-	-	-	208
Medicines Management - Equipment	100	-	-	-	100
Operations efficiencies	4,095	468	-	51	4,614
Public Relations Expenses	12	-	-	-	12
Recruitment delays & recharges - clinical	800	-	240	-	1,040
Recruitment delays & recharges - non clinical	287	-	40	-	327
Training courses & accommodation	219	80	-	29	328
Travel & Subsistence	209	6	-	-	215
Grand Total	7,395	554	729	357	9,035



Integrated Performance Report

Performance
Data for our
999 and 111
Services



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

Board Meeting

January 2020



Taking
Pride



Striving for
Continuous
Improvement



Acting With
Integrity



Demonstrating
Compassion
and Respect



Assuming
Responsibility

Contents Summary

Content (please note linkage to relevant Sub-Committees)	Page
Executive Summary	3
Key Performance and Productivity Measures	4
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Clinical Quality	12
Operations 999	16
Operations 111	19
Workforce	21
Finance	25

SECamb CQC Rating and Oversight Framework

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

Chart Key

 Data Point
 Run of 3 above average
 Run of 3 below average
 Above UCL
 Below LCL
 AVERAGE
 UCL
 LCL
 Target

This represents the value being measured on the chart

These points will show on a chart when the value is above or below the average for 3 consecutive points. This is seen as statistically significant and an area that should be reviewed.

When a value point falls above or below the control limits, it is seen as a point of statistical significance and should be investigated for a root cause.

This line represents the average of all values within the chart.

These lines are set two standard deviations above and below the average.

The target is either an Internal or National target to be met, with the values ideally falling above or below this point.

SECAmb Executive Summary

Overview

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

The report has been compiled and reviewed by Directorates. Planning and engagement is underway through the Senior Leadership team to determine reporting at different levels within the organisation and for the purpose of updating the IPR for the Trust Board.

Strategic Alignment and Enablers

The Trust Board in January will receive a paper setting out the update on the Trust's strategy including, purpose, strategic vision and mission. This paper also signals the work to be completed over coming weeks subject to agreement of the Trust Board on the 30th January 2020. Follow on work will include clear priority setting, the agreement of objectives and ongoing management of strategy and progress against such. It is also important that the Trust continues to work in those areas that are important strategic enablers and a review to confirm alignment with Trust Strategy.

Collaborative working within Trust Directorates and external partners will be key to enabling successful delivery. Whole system working is a mission critical component and vital in any consideration of future sustainability. This is reinforced by the NHS Long Term Plan published December 2018 expecting all to work within these structures for planning, commissioning and delivery of services.

SECAmb Financial Performance

The Trust recorded a deficit in September of £0.5m. This was as planned.

Cost improvements of £0.5m were delivered in the month, £0.5m lower than planned. The full year target is £8.6m.

The Trust's Use of Resources Risk Rating (UoRR) for August is 3, in line with plan.

The Trust faces significant financial risks in 2019/20, the main ones being:

- Achievement of contractual income if activity demand and performance trajectories are not met.
- Ability to meet the demanding resourcing plans for both 999 and 111, with potential premium costs to ensure delivery of performance trajectories.
- Delivery of cost improvements that are essential to ensure financial balance.

The Finance Team continues to work with budget holders and service leads to mitigate risks as far as possible.

Provider Sustainability Funding (PSF) of £1.8m is planned to be received this financial year, which is contingent on the Trust achieving its control total. The first and second quarter (£0.6m) has been achieved.

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

SECAmb Performance

November 2019

Category	Target		AQI		
	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	4095	00:07:39	00:14:39
C1T	00:19:00	00:30:00	2671	00:09:28	00:18:09
C2	00:18:00	00:40:00	35619	00:20:57	00:39:50
C3		02:00:00	17888	01:48:12	04:04:10
C4		03:00:00	370	02:10:49	04:51:56
HCP 3			1215	02:19:31	04:46:36
HCP 4			1084	03:17:34	06:43:47
IFT 3			563	02:28:43	05:16:23
IFT 4			167	02:51:48	05:41:58
ST	All Incidents		19901	30.78%	
SC	All Incidents		40753	63.03%	
HT	All Incidents		4001	6.19%	
Count of Incidents			64655		
Count of Incidents with a Response			60675		
999 Mean	Call Answer Target 00:05		69678	00:03	
999 90th	Call Answer Target 00:10			00:01	
Trust EOC 999 Abandoned Calls			372	0.5%	

SECAmb Productivity

Week commencing 4th November 2019

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
Actual	1.09	01:37:41	96.38%	66,705	4.7%	2.6%	92.7%
Target	1.09	01:31:00	100%	70,400	3%	0%	97%

Week commencing 11th November 2019

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
Actual	1.09	01:38:29	96.70%	66,435	4.8%	2.4%	92.8%
Target	1.09	01:31:00	100%	70,400	3%	0%	97%

Week commencing 18th November 2019

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
Actual	1.08	01:38:39	95.78%	67,080	4.7%	2.4%	92.9%
Target	1.09	01:31:00	100%	70,400	3%	0%	97%

Week commencing 25th November 2019

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
Actual	1.08	01:38:09	95.77%	66,551	4.0%	2.5%	93.5%
Target	1.09	01:30:51	100%	70,400	3%	0%	97%

SECAmb Benchmarking Data

Response & Call Answer Performance November 2019

C1		Mean	C2		Mean	C3		Mean	C4		Mean
England		00:07:28	England		00:26:02	England		01:23:48	England		01:36:45
1	London	00:06:46	1	West Midlands	00:14:31	1	Yorkshire	00:56:33	1	Yorkshire	01:11:37
2	North East	00:07:02	2	South Central	00:18:59	2	South Central	00:58:34	2	West Midlands	01:19:40
3	West Midlands	00:07:06	3	South East Coast	00:20:54	3	West Midlands	00:59:55	3	South Central	01:22:44
4	South Western	00:07:10	4	London	00:22:18	4	Isle of Wight	01:06:27	4	Isle of Wight	01:28:31
5	South Central	00:07:25	5	Isle of Wight	00:23:04	5	London	01:13:25	5	South Western	01:32:45
6	North West	00:07:27	6	Yorkshire	00:23:10	6	South Western	01:18:37	6	North West	01:32:52
7	Yorkshire	00:07:29	7	South Western	00:29:19	7	South East Coast	01:47:51	7	London	01:39:14
8	South East Coast	00:07:39	8	North West	00:30:43	8	East Midlands	01:49:08	8	North East	01:40:07
9	East Midlands	00:08:03	9	East of England	00:31:39	9	North West	01:51:11	9	East Midlands	01:50:35
10	East of England	00:08:24	10	East Midlands	00:36:05	10	East of England	01:56:24	10	East of England	01:54:56
11	Isle of Wight	00:09:45	11	North East	00:37:11	11	North East	02:06:06	11	South East Coast	02:08:41

Call Answer Times		Mean
England		8
1	South East Coast	3
2	East Midlands	4
3	West Midlands	4
4	Isle of Wight	7
5	South Central	7
6	Yorkshire	7
7	North East	8
8	East of England	9
9	London	11
10	South Western	11
11	North West	13

Clinical Outcomes Jul 2019**

Proportion discharged from hospital alive (All Patients)		%
England		10.9%
1	South Central Ambulance Service NHS Foundation Trust	14.5%
2	West Midlands Ambulance Service NHS Foundation Trust	14.1%
3	South Western Ambulance Service NHS Foundation Trust	12.0%
4	South East Coast Ambulance Service NHS Foundation Trust	11.1%
5	Yorkshire Ambulance Service NHS Trust	10.6%
6	East of England Ambulance Service NHS Trust	9.6%
7	North East Ambulance Service NHS Foundation Trust	9.5%
8	London Ambulance Service NHS Trust	9.3%
9	North West Ambulance Service NHS Trust	9.1%
10	East Midlands Ambulance Service NHS Trust	8.9%
11	Isle of Wight NHS Trust	0.0%

Proportion discharged from hospital alive (Utstein comparator group**)		%
England		31.1%
1	South Central Ambulance Service NHS Foundation Trust	41.4%
2	East of England Ambulance Service NHS Trust	37.5%
3	North East Ambulance Service NHS Foundation Trust	35.3%
4	West Midlands Ambulance Service NHS Foundation Trust	34.9%
5	South Western Ambulance Service NHS Foundation Trust	34.6%
6	South East Coast Ambulance Service NHS Foundation Trust	33.3%
7	East Midlands Ambulance Service NHS Trust	30.0%
8	Yorkshire Ambulance Service NHS Trust	28.6%
9	North West Ambulance Service NHS Trust	21.1%
10	London Ambulance Service NHS Trust	20.0%
-	-	-

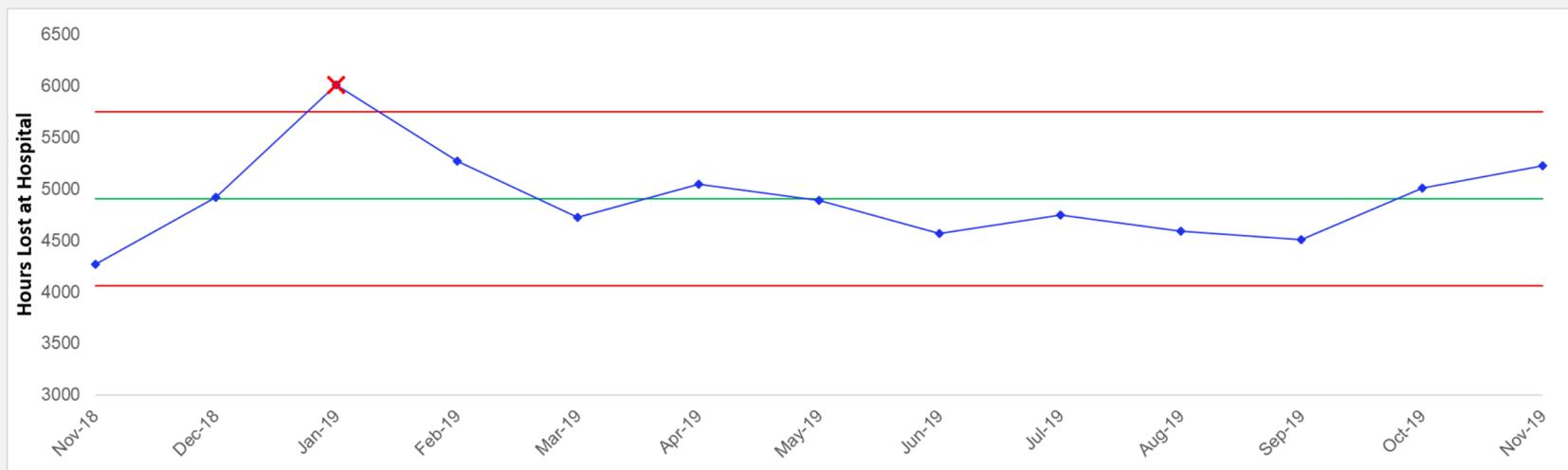
Call Answer Times		90th centile
England		25
1	South East Coast	1
2	East Midlands	3
3	Isle of Wight	4
4	South Central	5
5	West Midlands	12
6	Yorkshire	15
7	North East	19
8	East of England	31
9	London	37
10	South Western	38
11	North West	49

** National Clinical Outcomes data is collected & published 5 months behind the 999 performance data.

SECAmb Handover Delay Reporting

November 2019

Hospital	No. of Transports	No. of Handovers	Handover Button Compliance	Sum of HO < 15mins	HO < 15mins %	Sum of HO > 60mins	HO > 60mins %	Hours Lost Through Handover
Conquest Hospital	2206	1787	81.0%	492	27.5%	15	0.8%	205.29
Darent Valley Hospital	2217	1952	88.0%	622	31.9%	14	0.7%	254.06
East Surrey Hospital	3279	3161	96.4%	942	29.8%	64	2.0%	412.93
Eastbourne DGH	1702	1394	81.9%	283	20.3%	51	3.7%	263.25
Epsom Hospital	1091	1046	95.9%	392	37.5%	9	0.9%	95.41
Frimley Park Hospital	2250	2158	95.9%	821	38.0%	7	0.3%	192.49
Kent And Canterbury Hospital	129	102	79.1%	82	80.4%	0	0.0%	2.77
Maidstone Hospital	1399	1306	93.4%	706	54.1%	2	0.2%	83.99
Medway Maritime Hospital	3701	3453	93.3%	1585	45.9%	123	3.6%	518.00
Princess Royal Hospital	851	734	86.3%	153	20.8%	27	3.7%	130.02
Queen Elizabeth Queen Mother Hospital	3070	2975	96.9%	1814	61.0%	0	0.0%	107.12
Royal Surrey County Hospital	1513	1383	91.4%	602	43.5%	10	0.7%	112.49
Royal Sussex County Hospital	3080	2759	89.6%	1096	39.7%	33	1.2%	327.38
St Peter's Hospital	2606	2459	94.4%	1192	48.5%	2	0.1%	128.95
St Richard's Hospital	1933	1816	93.9%	574	31.6%	40	2.2%	251.15
Tunbridge Wells Hospital	2640	2491	94.4%	1101	44.2%	45	1.8%	291.38
William Harvey Hospital	3352	3208	95.7%	923	28.8%	23	0.7%	443.20
Worthing Hospital	2393	2132	89.1%	778	36.5%	16	0.8%	206.46



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

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	64.0%	71.9%	56.3%	
Previous Year %	46.7%	71.9%	56.0%	
National Average %	55.8%			

Cardiac ROSC - ALL

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	31.0%	35.9%	33.3%	
Previous Year %	28.8%	31.9%	31.3%	
National Average %	32.3%			

Cardiac Survival - Utstein

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	33.3%	18.5%	35.7%	
Previous Year %	28.6%	35.5%	17.4%	
National Average %	31.1%			

Cardiac Survival - All

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	10.7%	7.2%	10.7%	
Previous Year %	8.4%	11.7%	8.2%	
National Average %	10.9%			

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

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	51.4%	47.0%	57.7%	
Previous Year %	69.4%	75.0%	66.4%	
National Average %	76.6%			

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

	Jul-19	Aug-19	Sep-19	12 Months
Mean (hh:mm)	02:12			
National Average	02:12			
90th Centile (hh:mm)	03:03			
National Average	02:57			

Stroke - call to hospital arrival

	Jul-19	Aug-19	Sep-19	12 Months
Mean (hh:mm)	01:16			
National Average	01:25			
Median (hh:mm)	01:09			
National Average	01:14			
90th Centile (hh:mm)	02:02			
National Average	02:13			

Stroke - assessed F2F diagnostic bundle

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	95.9%	94.0%	94.9%	
Previous Year %	97.8%	97.9%	95.8%	
National Average %				

Post ROSC Care Bundle

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	76.5%	85.2%	81.7%	
National Average %	69.9%			

Medicines Governance

	Sep-19	Oct-19	Nov-19	12 Months
Total Number of Medicines Incidents	132	111	162	
Single Witness Sig/Inapt Barcode Use CDs Omnicell	8	4	9	
Single Witness Sig/Inapt Barcode Use CDs Non-Omnicell	7	0	3	
Total Number of CD Breakages	8	14	18	
Key Skills Medicine Governance	55.7%	62.9%	66.4%	

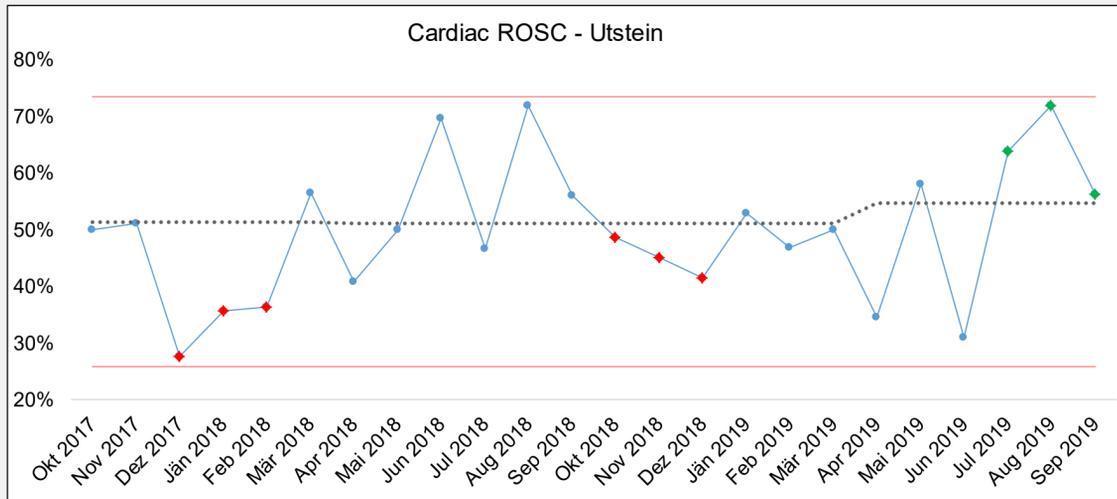
Sepsis Care Bundle Compliance

	Jul-19	Aug-19	Sep-19	12 Months
Actual %	79.5%	75.8%	72.4%	

Medicines Management

	Sep-19	Oct-19	Nov-19	12 Months
Number of Audits	176	180	181	
Percentage of Audits	99.6%	99.1%	99.0%	

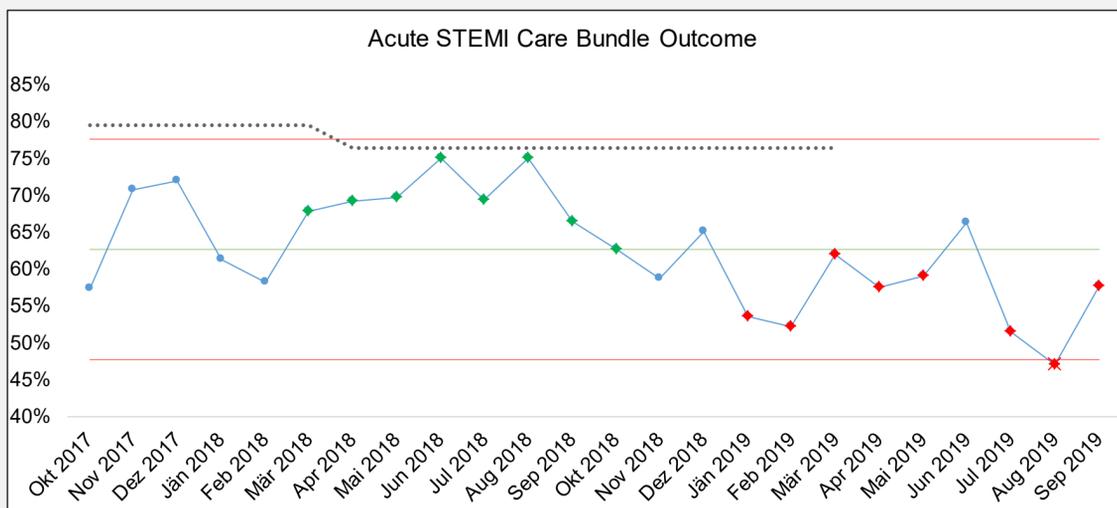
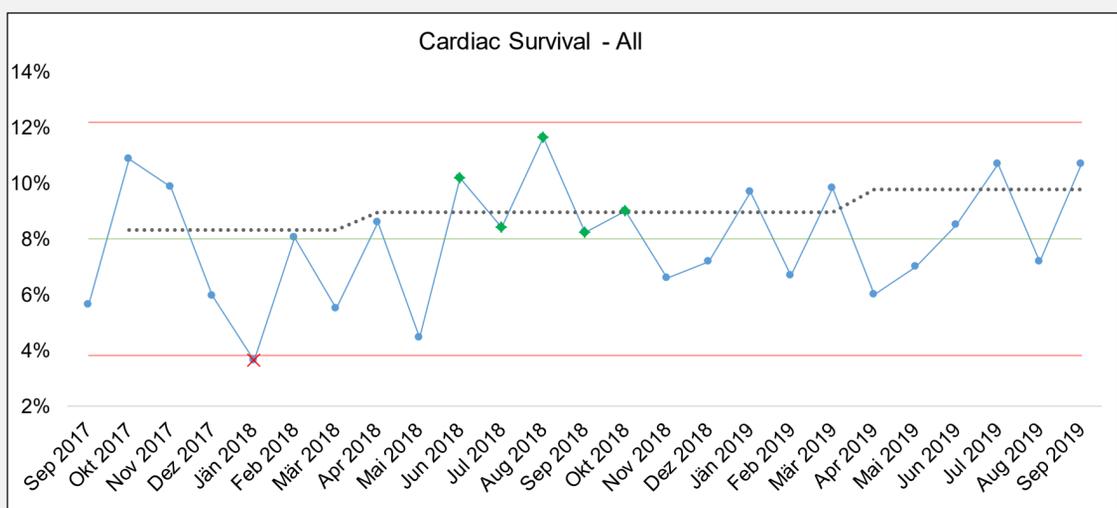
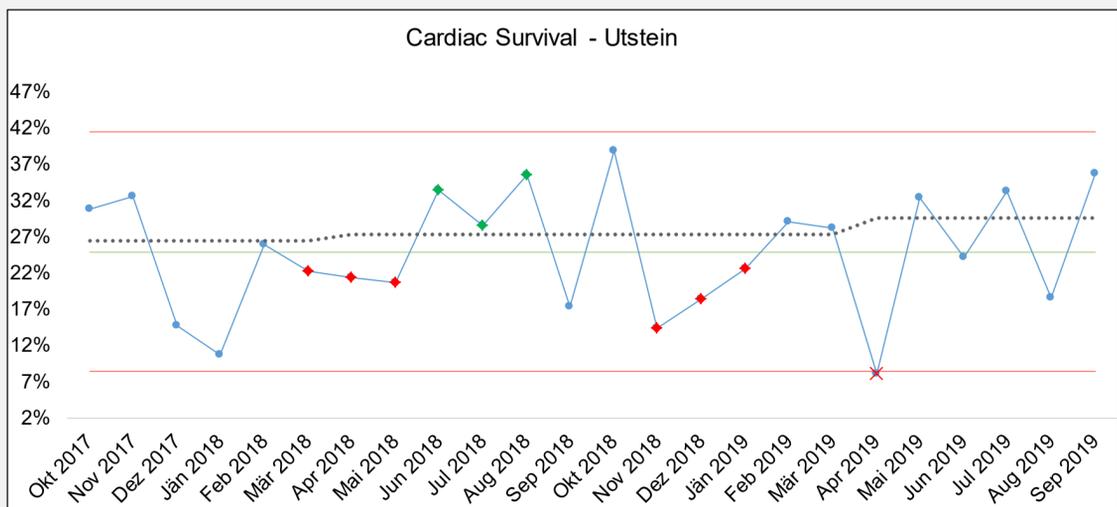
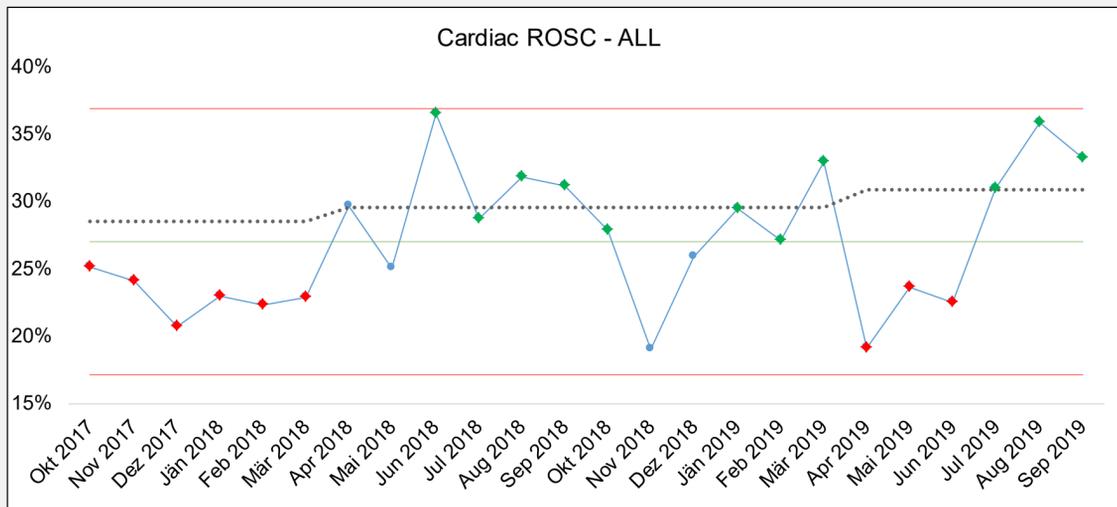
SECamb Clinical Safety Charts



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

The data continues to show normal levels of variation. The numbers of patients included in this data are low, and so small variations can impact on overall performance. Each case is reviewed. We have not identified any areas of concern when reviewing individual care given.

A full day of resuscitation training is currently being delivered to staff through the 2019/20 Key Skills training programme.

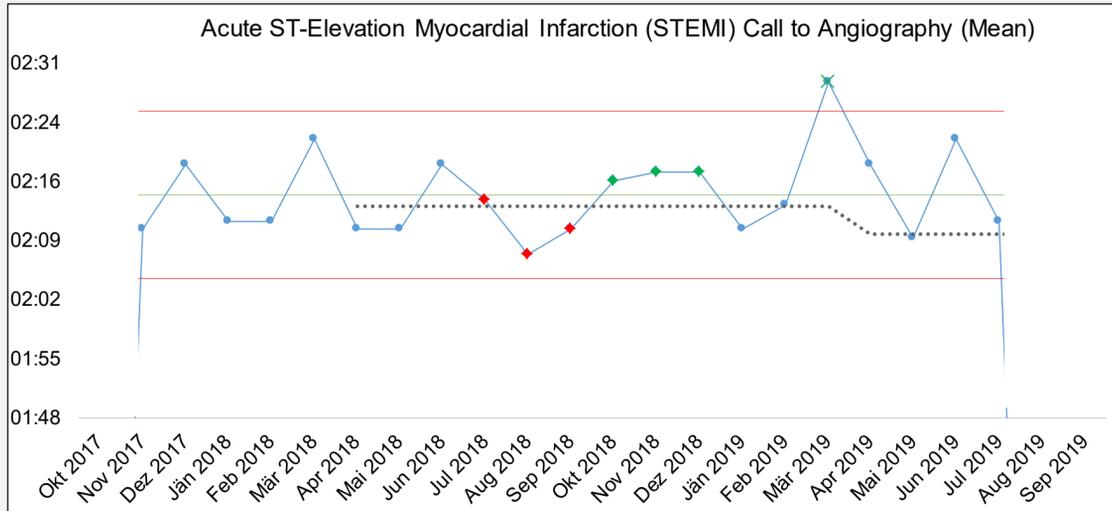


This chart shows the proportion of patients who were suffering a suspected STEMI and received a full care bundle.

There has been a sustained overall reduction in performance against this measure. We have identified that this could be due to poor documentation by staff e.g. not documenting that pain relief was issued.

It is expected that the ePCR system will improve documentation and as such improve performance against this measure. A bulletin has been developed that seeks to address documentation issues and provide clarity over misconceptions. This will provide a point of reference for ongoing improvement work.

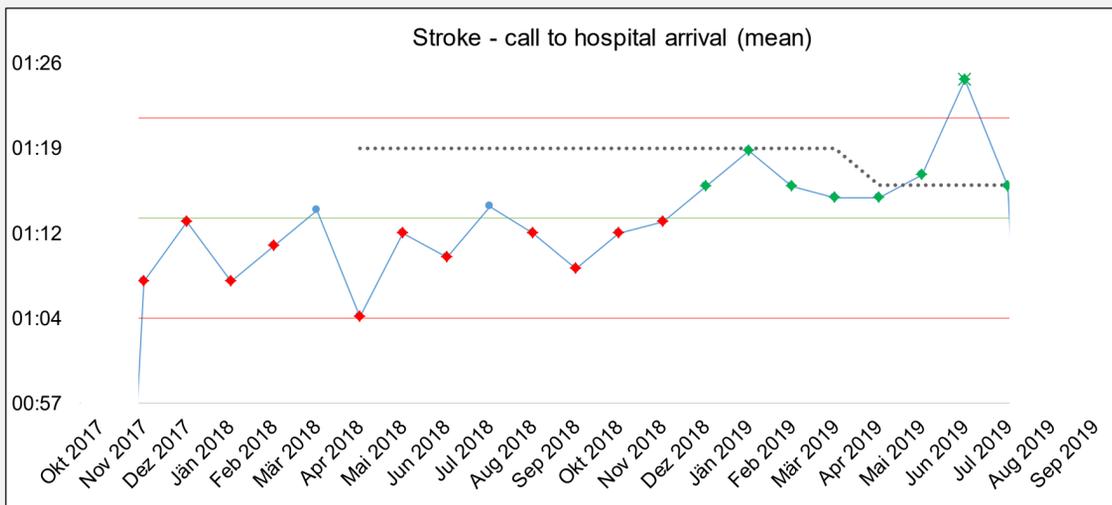
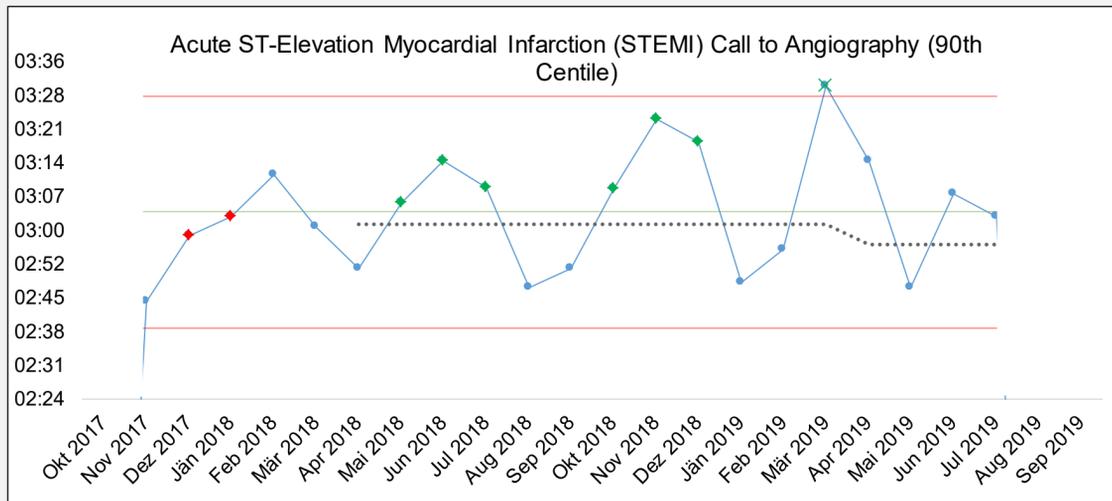
SECamb Clinical Safety Charts



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

Trust performance is broadly in line with national averages, excepting this data point.

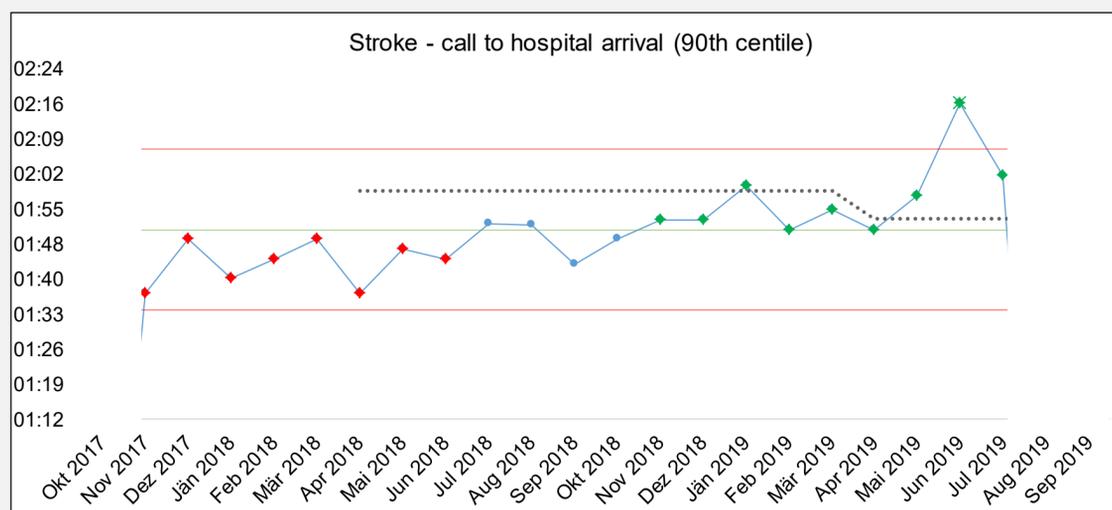
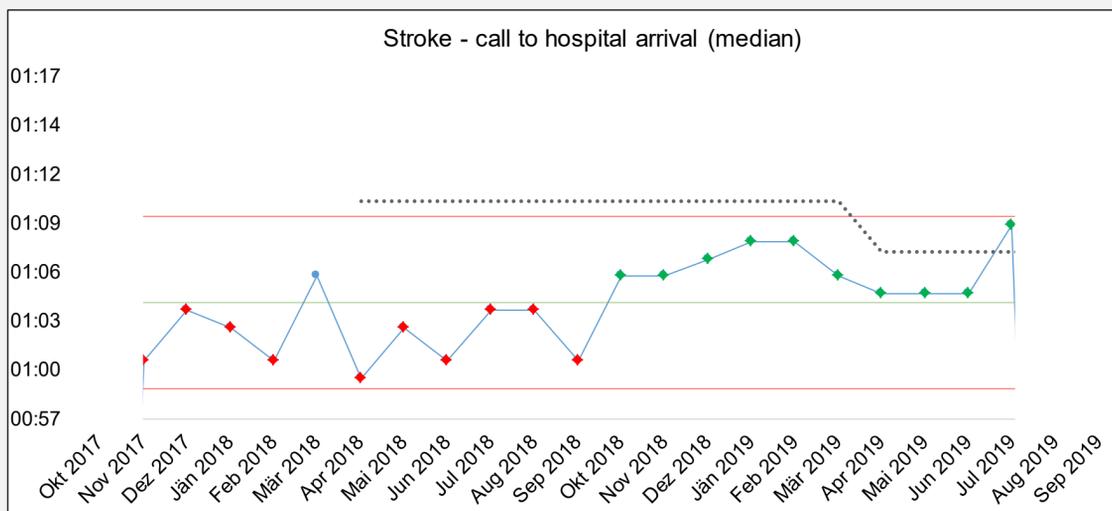
This data is no longer collected by SECamb and is released in arrears by NHS England. As such, the latest available data is from July 2019.



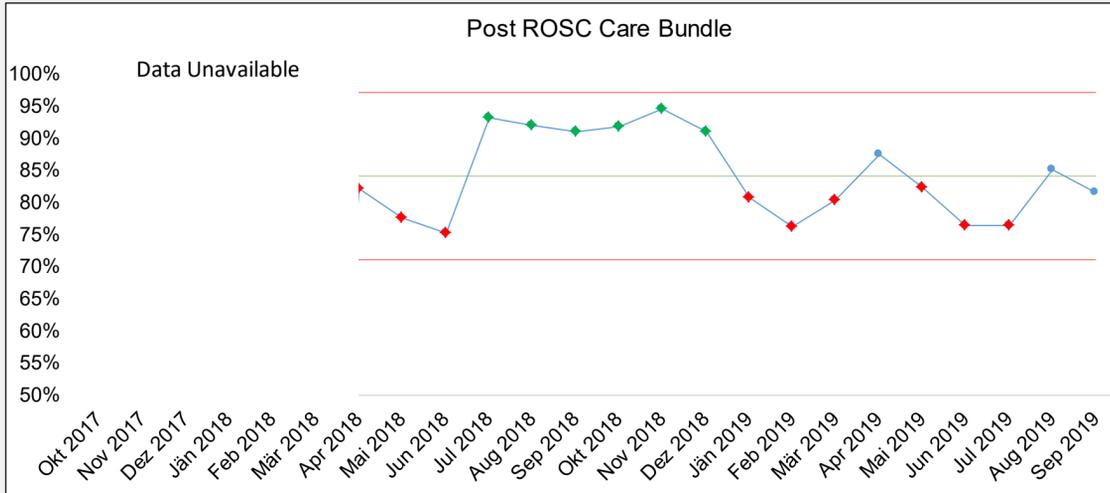
Stroke timeliness charts show the mean, median and 90th centile call to angiography time for patients who are suffering stroke.

The data shows a general increase in the time from call for help to arrival at definitive care. Work is underway to improve recognition of stroke during telephone triage to ensure all suspected stroke patients are categorised appropriately.

This data is no longer collected by SECamb and is released in arrears by NHS England. As such, the latest available data is from July 2019.

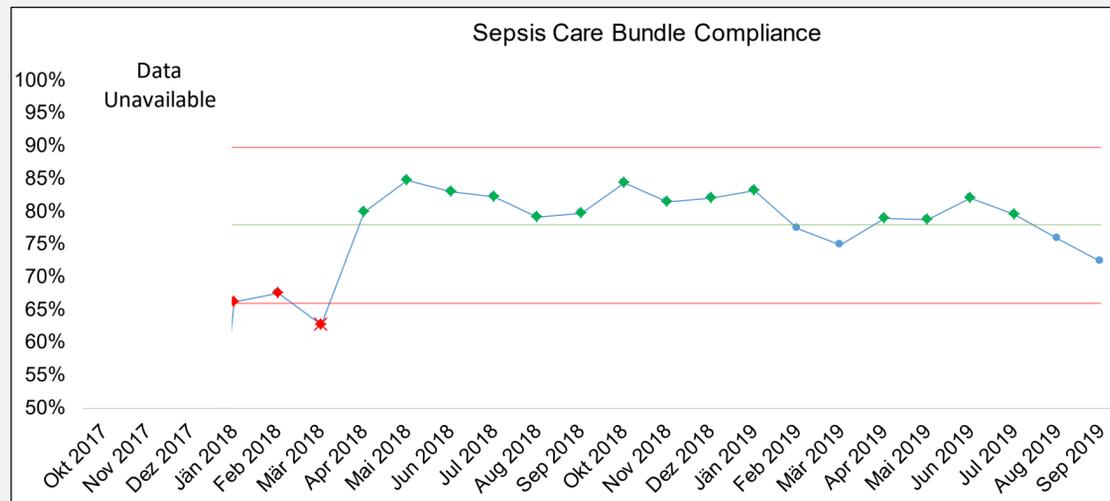


SECamb Clinical Safety Charts



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

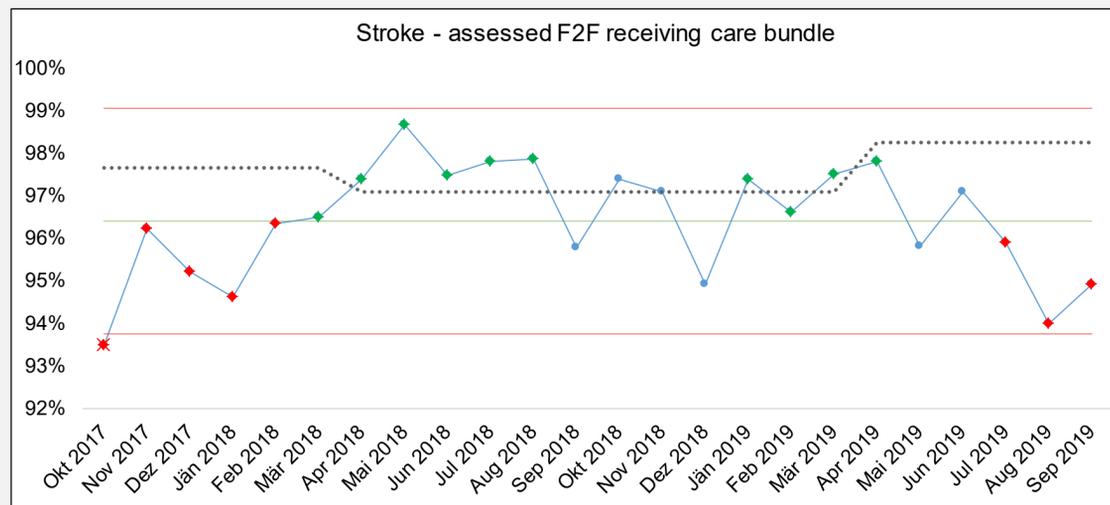
The data continue to show normal levels of variation. SECamb continues to perform above the national average.



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

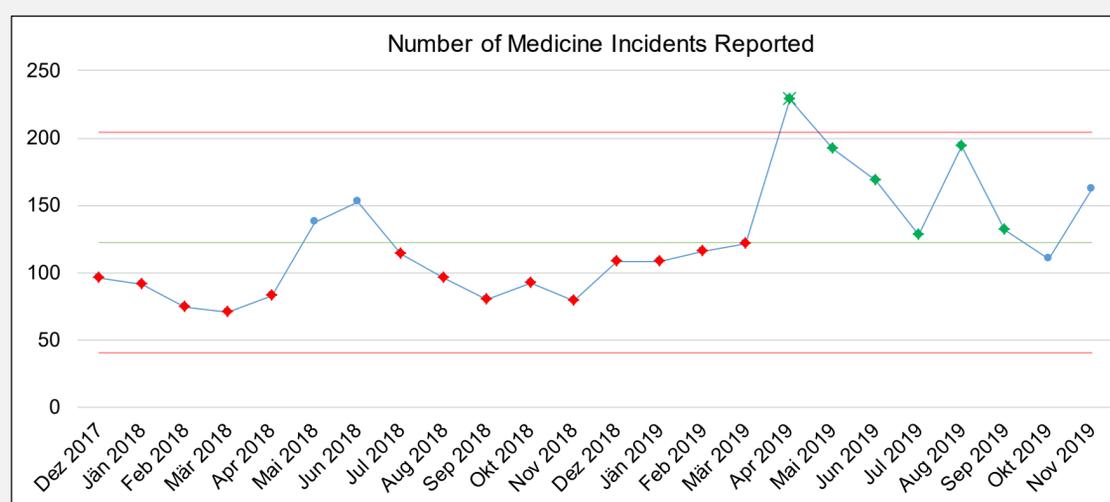
The data continues to show normal levels of variation. SECamb continues to perform above the national average.

Towards the end of 2019, the Trust went live with its ePCR platform. The first version of the platform did not make it easy for clinicians to documents the essential elements of the sepsis care bundle. A fix has now been applied to the system to correct this.



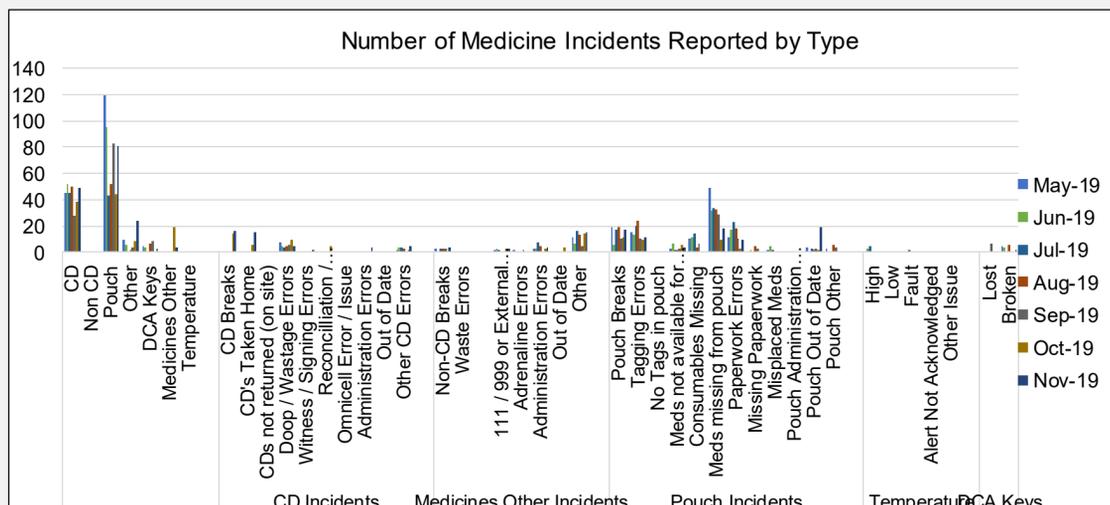
This chart shows the proportion of patients with a suspected stroke who received a full bundle of care.

The data continues to show normal levels of variation. This measure is being monitored to ensure that this level of performance is maintained.



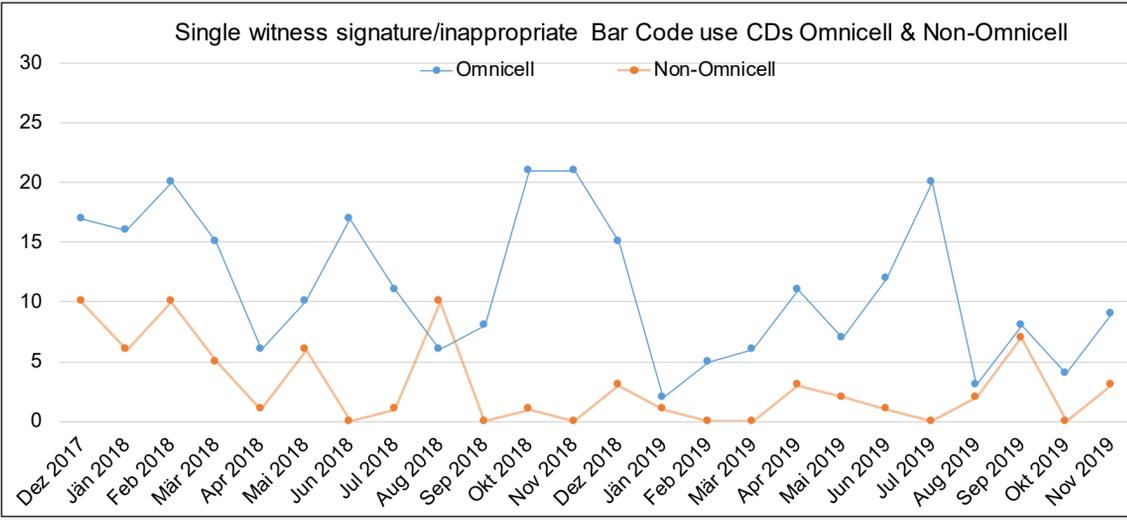
Rate of incidents and incident reporting remain similar to those seen in previous months

QI hub continue to highlight during their weekly conference call the administration errors and the need for learning around incidents

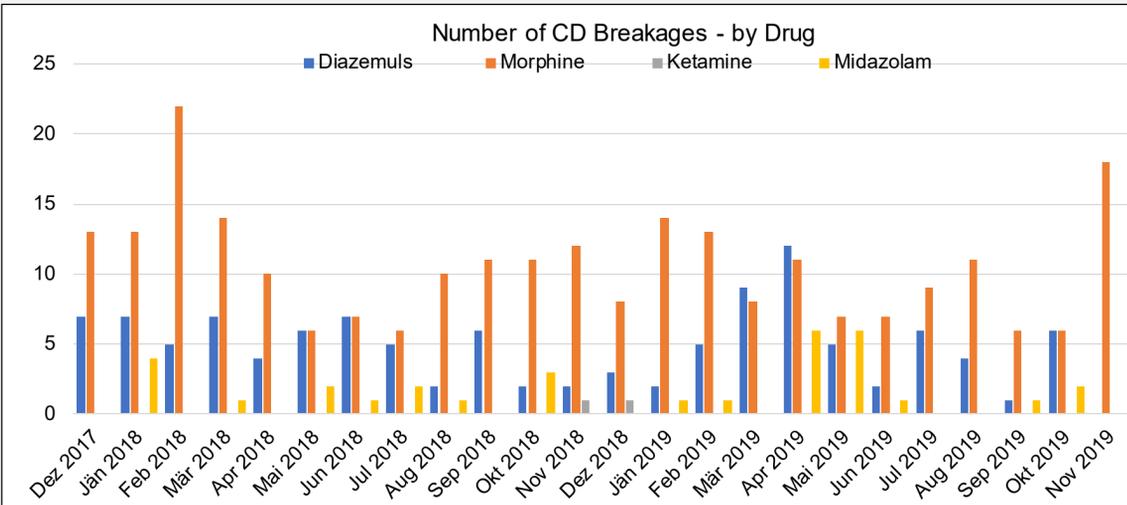


Pouch errors continue to be the most frequent error type and although the specific number appear high, these need to be considered in light of total number of pouches in use across the trust. On-going review of pouch contents aims to reduce the number of medicines stored in some pouches, which will reduce the chance of breakages.

SECamb Clinical Safety Charts



Recent update of Omnicell system has allowed Operational Team Leaders to identify and follow-up occasions where CDs are not returned within 16 hours of being issued.



Morphine is most frequent CD breakage, but this is in line with its widespread use. Ketamine and midazolam are only used by specialist paramedics.



During November 2019, the mental health indicator demonstrates there were 161 (October 178) Section 136 related calls to the service. Of these 126 (October 139) received a response resulting in 123 (October 132) conveyances to a place of safety by an ambulance.

Rag Ratings:

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



Overall RAG Rating =

The mental health indicator has been rated **AMBER** as the mean response measures are outside the cat 2 standard on the 18-minute response and within the 40 minutes 90th centile response.

Cat 2 =	00: 18:43	(October 00:17:01)
90 th Centile=	00: 37:23	(October 00: 32:25)

During November 2019, there were 161 Section 136 related calls to the service. 126 (78.2%) of these calls received a response (78.08 % in October) resulting in a conveyance to a place of safety by an ambulance on 123 (76.3% of total calls) of these occasions. (In October 74.1% of total calls).

The overall performance mean shows a Cat 2 response time across the service as 00:18.43 (October 00:17.01). Against the 90th centile measure, the response was 00.37.23 (October was 00.32.25).

There were 35 occasions when SECAmb did not provide a conveyance. This is down from 46 in October. This is in relation to transports against calls taken. Against incidents responded to there were 3 occasions that did not result in a conveyance. This report RAG rates against **both** mean ARP standards within Cat 2; these being 18 minutes and the 90th percentile within 40 minutes.

Quality and Patient Safety Report:

Incidents: Incident reporting remains GREEN due to the incident reporting rate remaining above the 20% target and a reduction in the backlog for Serious Incidents. The Trust reported 1024 incidents during November 2019. The highest reporting categories remain relatively consistent, and are: SMP no send; clinical tail audits; verbal and physical abuse.

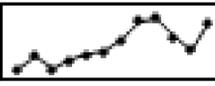
Serious Incidents (SIs) and Duty of Candour (DoC): 9 SIs were reported during November 2019. The Trust achieved 91% compliance with DoC requirements for SI's; this reflects the amount that were undertaken within timescale. Overall compliance continues to be monitored weekly by the Serious Incident Group.

Patient Experience: The Trust received and opened 91 complaints during November 2019, recent months have shown the number received to be consistently high. The Trust responded to 55% of complaints within the Trust's 25 working day timescale this month. Since clearing the backlog of complaints, the timely completion is being maintained. The Trust recorded 231 compliments during November.

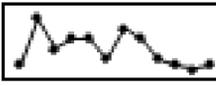
Clinical Audit: the 2019/20 Clinical Audit annual plan has been agreed and is on track for delivery. Measurement of NEWS2 is being reported into the Clinical Audit and Quality Sub-Group (CAQSG) each month. An audit of the mental capacity assessment and best interest decisions was recently completed. Following this an entry was made on the Trust risk register, regarding non-compliance with Trust processes. This risk is being managed through the Safeguarding Sub-Group. A business case has recently been approved to significantly increase the size of the EOC audit team, in order to improve NHS Pathways audit compliance. A consultation to change structures and increase the team size is in the planning phase. The Patient clinical record completion audit is ongoing, performance has increased from 30% initially to over 70%. This audit process is being migrated to the Trust's new electronic audit system, 'Doc-Works'.

Learning from Deaths: Post publication of the national framework on learning from deaths from NHSI the Trust's Learning from Deaths policy was discussed at the October QPS Committee and approved. Work continues to progress the development of the Trusts internal arrangements for the management of LFD: Quarterly LFD Group meetings; Quarterly data analysis based on the national framework and new Trust policy; Management of identified risks – ongoing as per the risk register; Quarterly reporting and escalation into the Clinical Governance Group - ongoing; Development of a sustainable reporting platform on Datix – under development; Communications materials. Engagement continues with the LeDeR central team and the regional teams across KSS – work continues as per the plan. PFDs continue to be reported into the LFD Group as a standing agenda item. The Trust now needs to move from data collection and analysis to sharing learning from death reviews.

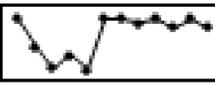
Number of Incidents Reported

	Sep-19	Oct-19	Nov-19	12 Months
Actual	947	868	1024	
Previous Year	837	716	762	

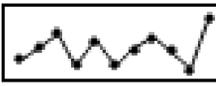
Number of Incidents Reported that were SI's

	Sep-19	Oct-19	Nov-19	12 Months
Actual	9	8	9	
Previous Year	8	2	12	

Duty of Candour Compliance (SIs)

	Sep-19	Oct-19	Nov-19	12 Months
Actual %	90%	100%	90%	
Target	90%	100%	90%	

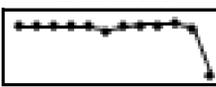
Number of Complaints

	Sep-19	Oct-19	Nov-19	12 Months
Actual	59	111	91	
Previous Year	74	96	79	
Complaints Timeliness (All)	59.0%	55.0%	55.0%	
Timeliness Target	95%	95%	95%	

Compliments

	Sep-19	Oct-19	Nov-19	12 Months
Actual	147	147	231	

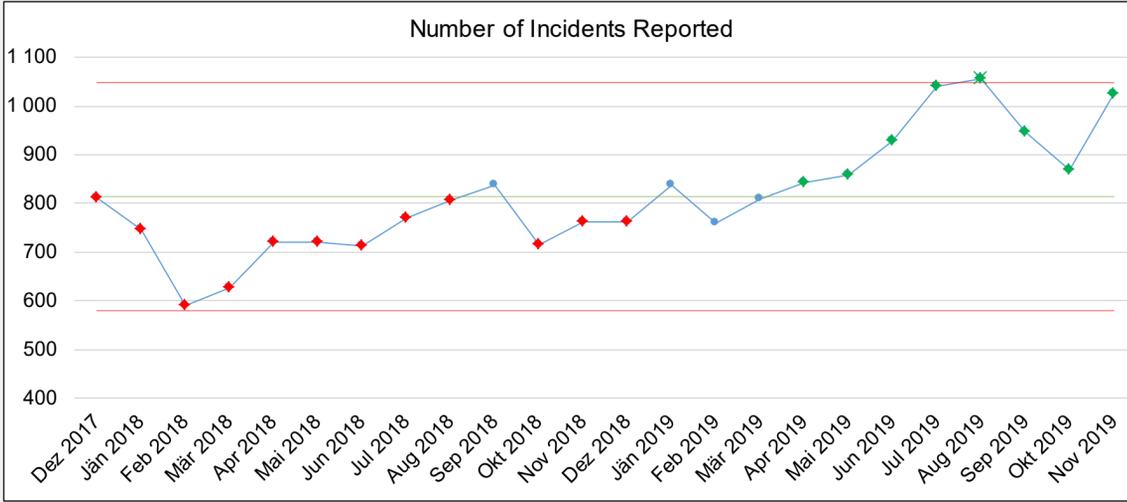
Hand Hygiene

	Sep-19	Oct-19	Nov-19	12 Months
Actual %	98%	89%	86%	
Upper Target	95%	95%	95%	

Safeguarding Training Completed (Children) Level 2

	Sep-19	Oct-19	Nov-19	12 Months
Actual %	53.45%	62.15%	65.84%	
Previous Year %	76.20%	79.30%	79.19%	
Target	85%	85%	85%	

SECAmb Clinical Quality Charts

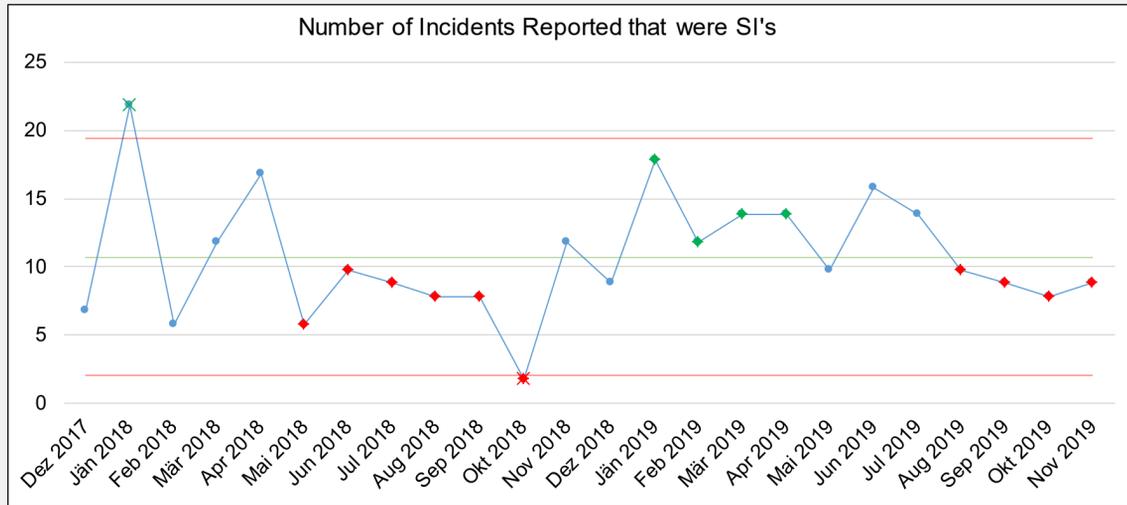


The number of incidents reported was 1024 for November 2019.

The most reported area was Paddock Wood with 175 incidents.

The most reported sub-category in November 2019 was hospital handover delays with 107 incidents.

The Trust reported 1003 no harm/near misses or low harm incidents, this means that 97% of our reported incidents are within the NHS target of 96% of incidents being no/low harm for November 2019.

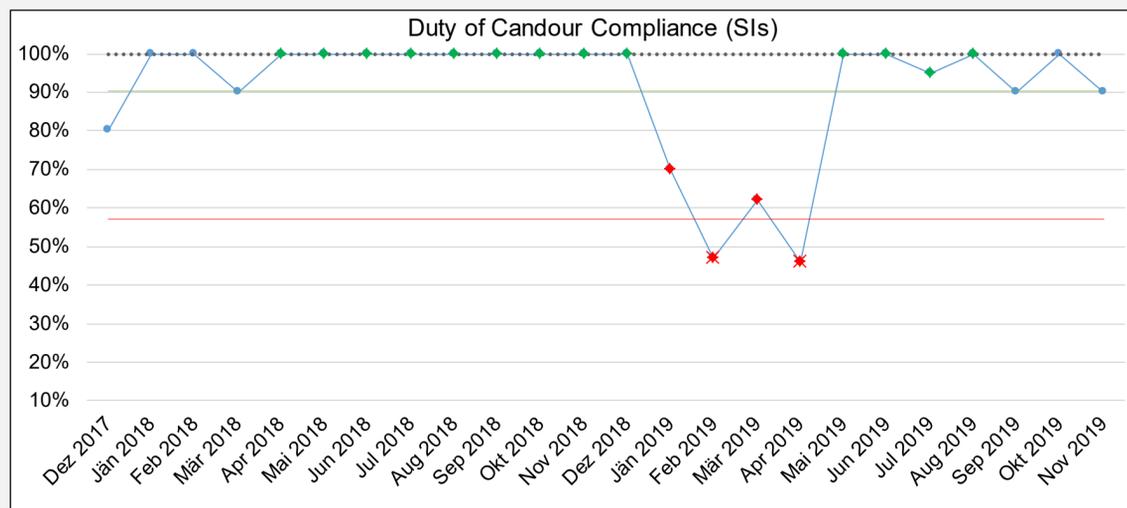


9 Serious Incidents were reported in November 2019.

- 5 x Delayed Dispatch / Attendance
- 2 x Treatment/ Care
- 1 x Non-Conveyance / Condition deteriorated
- 1 x Staff Conduct

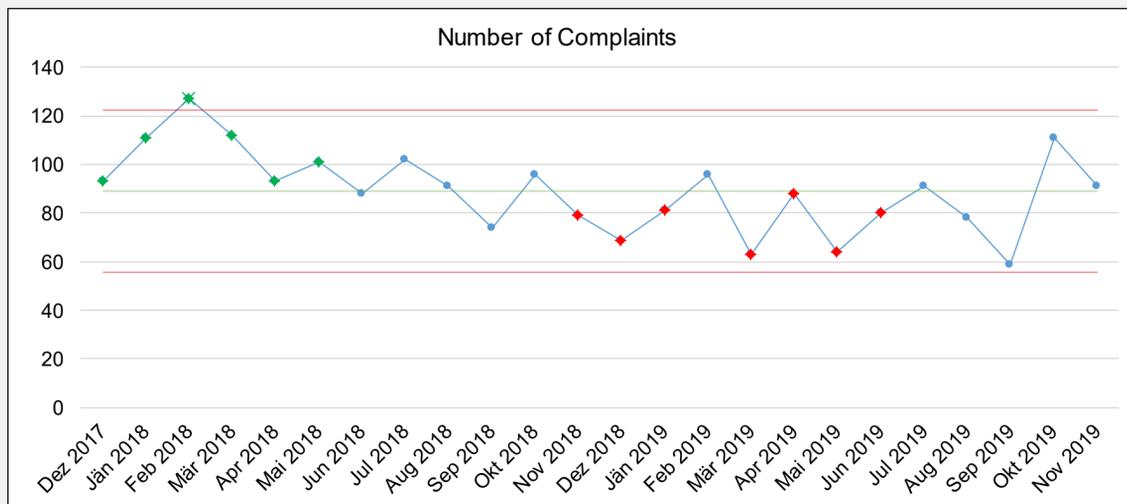
One of the reported SIs that had been reported in November has been downgraded.

20 SIs overall were closed on STEIS in November with another 1 being De-escalated.



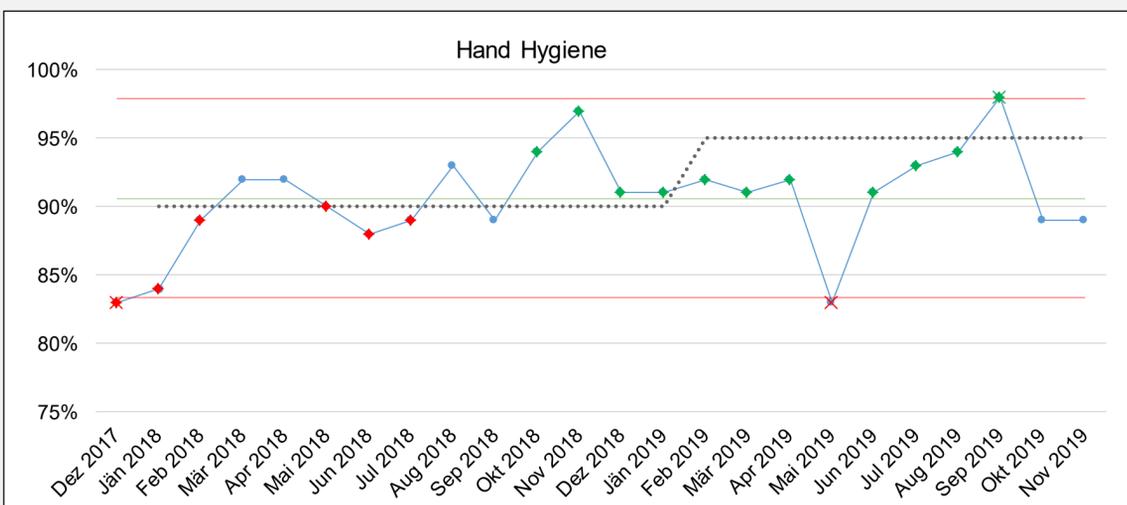
Compliance with DoC for SIs where DoC was required in November 2019 is: 10

DoC made/attempted within 10 working day deadline - 9 (90%)



The Trust received and opened 68 complaints during December 2019, and responded to 73% complaints within the 25 day target timescale; this is a significant increase on recent months, and is as a direct result of the previous capacity issues having been resolved.

Plans are in place to aid the prevention of similar capacity issues from reoccurring however, the situation will remain closely monitored.



November shows another slight dip in compliance at 86%. This may well be due to the IPC Team attending local Team C meetings and asking that the audits are a true reflection of what is being observed rather than staff just ticking a box. On the plus side we saw more audits completed during the month which again ties in with the attendance at the meetings and a request to ensure each OTL carried out two audits a month in line with the schedule.

A similar drop in compliance for Clinically Ready (91%) and as above we may have seen a drop due to accurate recording and more audits being carried out.

..... Upper Target
 Lower Target

Health & Safety Audits

Since the implementation of the annual Health & Safety Audit programme 110 audits have been completed. The audits were undertaken in different working environments as per the list below.

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

Violence and Aggression Incidents - See Figure 1 below

Violence and Aggression incidents towards staff in November 2019 were 49. The data below is a break down of the incidents reported by category type.

- Physical Assaults (14)
- Direct verbal Abuse (18)
- Anti-social behaviour/aggression (13)
- Attempted physical assault/ non-physical (4)

Manual handling Incidents - See Figure 2 below

Manual handling incidents reported in November 2019 were 27.

Health & Safety Incidents - See Figure 3 below

Health and Safety incidents reported in November 2019 were 27 which is a decrease of 5 incidents from the previous month.

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

RIDDOR incidents reported in November 2019 were 5 with 4 incidents reported on time to the Health & Safety Executive.

Figure 1

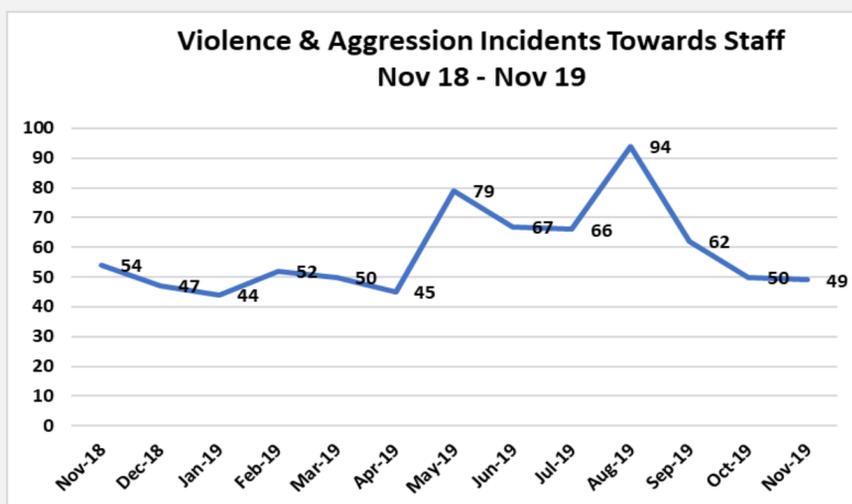


Figure 2

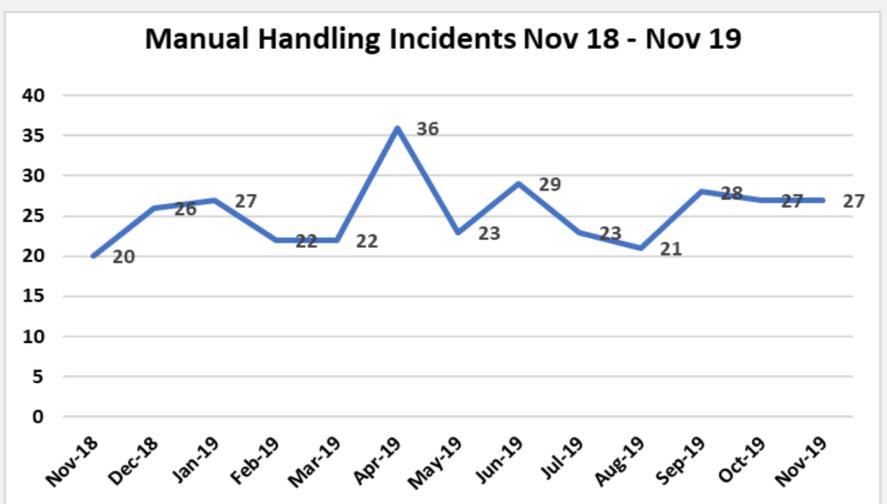


Figure 3

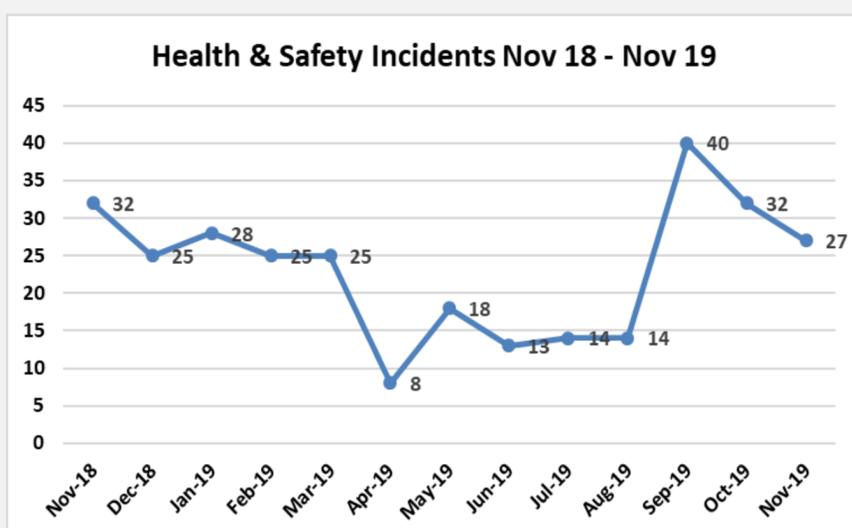
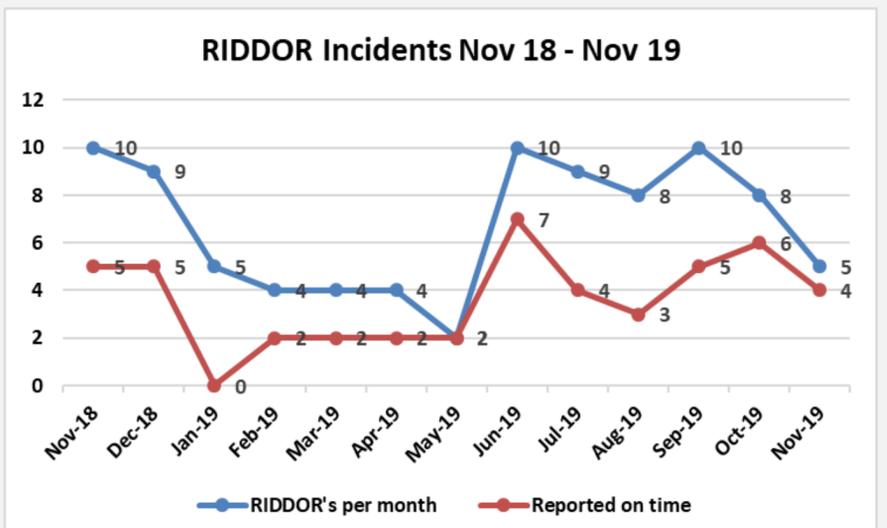


Figure 4



Call Handling

	Sep-19	Oct-19	Nov-19	12 Months
5 Sec Performance (95% Target)	90.3%	88.7%	94.5%	
Mean Call Answer Time (secs)	5	6	3	
95th Centile Call Answer (Secs)	32	39	10	
National Mean Call Answer	10	10	8	
National 95th Centile Call Answer	60	61	49	

Category 1 Performance

	Sep-19	Oct-19	Nov-19	12 Months
Mean (00:07:00)	00:07:35	00:07:43	00:07:39	
90th Percentile (00:15:00)	00:13:56	00:14:37	00:14:39	
Mean Resources Arriving	1.49	1.51	1.51	
Count of Incidents	3584	3836	4093	
National Mean	00:07:15	00:07:25	00:07:28	

Category 1T Performance

	Sep-19	Oct-19	Nov-19	12 Months
Mean (00:19:00)	00:09:25	00:09:31	00:09:26	
90th Percentile (00:30:00)	00:17:36	00:17:59	00:18:09	
Mean Resources Arriving	1.50	1.51	1.51	
Count of Incidents	2300	2500	2670	
National Mean	00:10:48	00:10:59	00:11:04	

Category 2 Performance

	Sep-19	Oct-19	Nov-19	12 Months
Mean (00:18:00)	00:18:51	00:20:06	00:20:54	
90th Percentile (00:40:00)	00:35:49	00:38:01	00:39:48	
Mean Resources Arriving	1.07	1.06	1.06	
Count of Incidents	31781	35162	35606	
National Mean	00:22:22	00:23:50	00:26:02	

Category 3 Performance

	Sep-19	Oct-19	Nov-19	12 Months
Mean	01:26:21	01:39:49	01:47:51	
90th Percentile (02:00:00)	03:17:42	03:52:51	04:03:22	
Mean Resources Arriving	1.02	1.05	1.05	
Count of Incidents	19031	18426	17830	
National Mean	01:09:03	01:15:48	01:23:48	

Category 4 Performance

	Sep-19	Oct-19	Nov-19	12 Months
Mean	01:53:03	02:23:12	02:08:41	
90th Percentile (03:00:00)	04:34:31	05:34:12	04:46:20	
Mean Resources Arriving	1.03	1.03	1.04	
Count of Incidents	440	387	364	
National Mean	01:19:34	01:29:01	01:36:45	

Health Care Professional / Inter-Facility Transfer

	Sep-19	Oct-19	Nov-19	12 Months
HCP Level 3 Mean		02:20:25	02:05:07	
HCP Level 3 90th Percentile		05:03:44	04:46:42	
HCP Level 4 Mean		03:25:25	03:17:34	
HCP Level 4 90th Percentile		06:51:36	06:43:46	
IFT Level 3 Mean		02:38:44	02:28:43	
IFT Level 3 90th Percentile		05:34:48	05:16:23	
IFT Level 4 Mean		03:04:03	02:51:48	
IFT Level 4 90th Percentile		06:37:50	05:41:57	

Call Cycle Time

	Sep-19	Oct-19	Nov-19	12 Months
Avg Allocation to Clear at Scene	01:15:21	01:16:58	01:18:03	
Avg Allocation to Clear at Hospital	01:48:04	01:49:14	01:50:19	
Turnaround Hrs Lost at Hospital (> 30 mins)	4593	5008	5229	
Number of Handovers >60mins	393	431	481	

Voluntary Attendances

	Sep-19	Oct-19	Nov-19	12 Months
Community First Responders	997	1340	1242	
Fire First Responders	266	221	338	

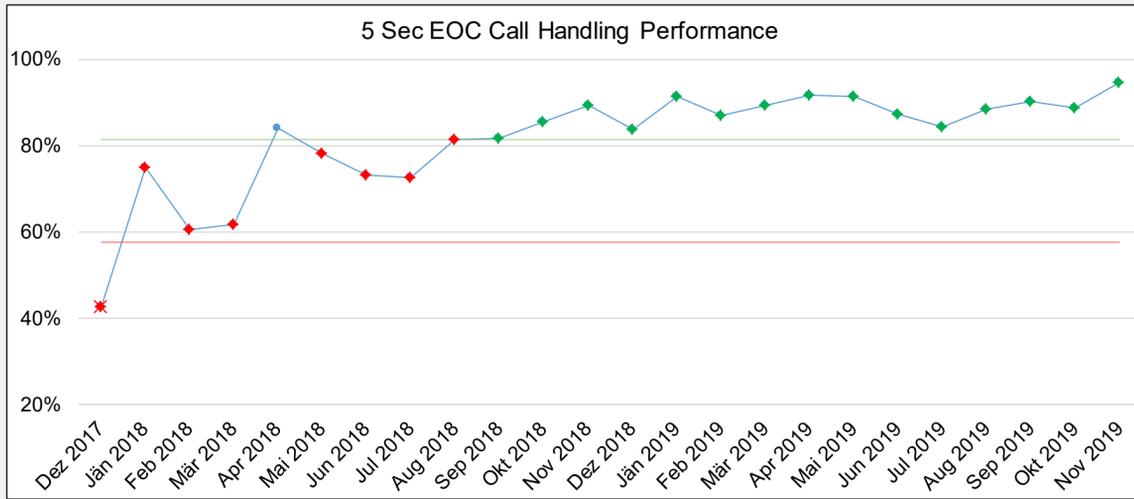
Incident Outcome AQI

	Sep-19	Oct-19	Nov-19	12 Months
Hear & Treat	5.8%	5.8%	6.2%	
See & Treat	31.9%	31.3%	30.8%	
See & Convey	62.3%	62.9%	63.0%	

Demand/Supply AQI

	Sep-19	Oct-19	Nov-19	12 Months
Calls Answered	64525	69301	68437	
Incidents	60410	64407	64620	
Transports	37621	40502	40753	

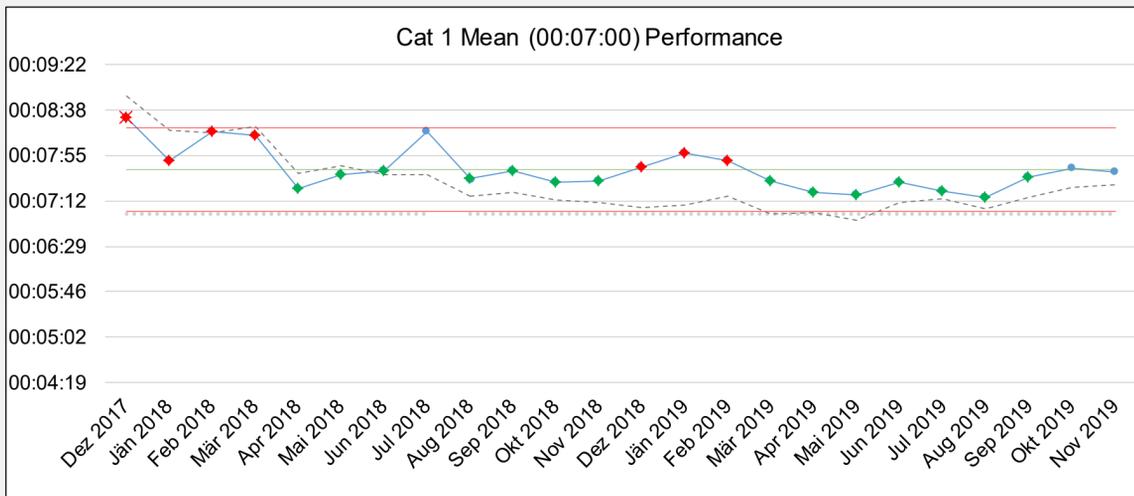
SECamb 999 Operations Response Time Performance Charts



In November 2019 there was a significant improvement in call answering performance within EOC which was 94.5%.

This enabled SECamb to top the national table for both mean and 90th centile performance for the month, and represents the Trust's best performance in this category in at least 24 months.

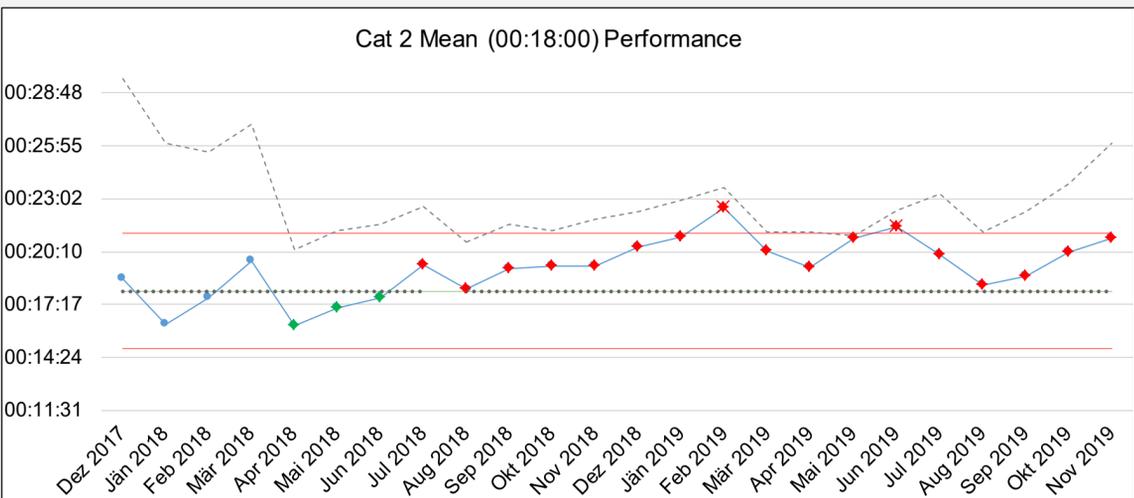
Call volume remained relatively steady over the time period, and was 68,437.



There has been a very slight improvement in mean response times to 07:39 however there is no change to the national ranking – SECamb remains 8 / 9 in the table for the Mean and 90th centile respectively.

The count of incidents rose to 4,093, the highest level for at least 24 months. There was no change to mean resources arriving, which remained at 1.51.

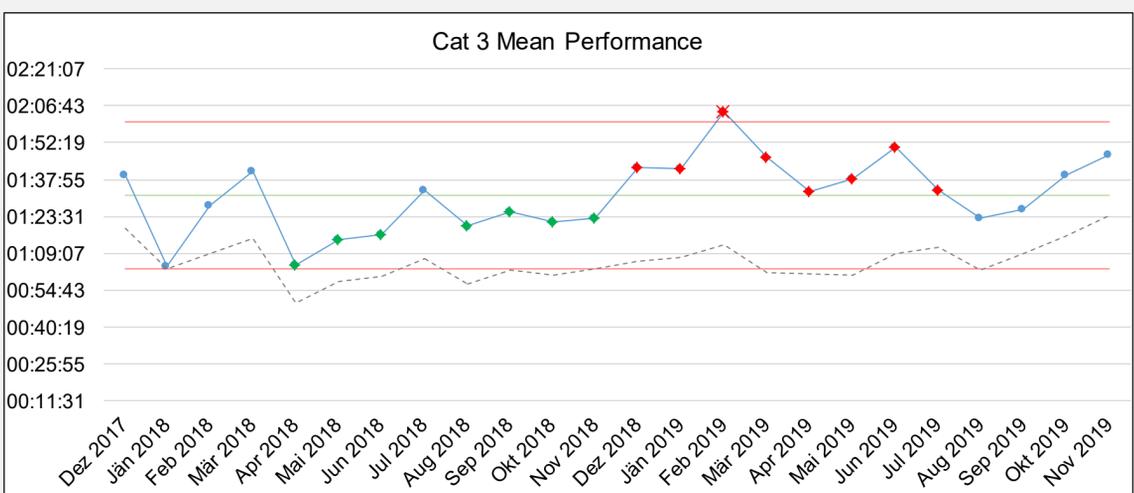
The Trust continues to deliver its C1T Mean and C1T 90th centile against ARP standards and is 5th nationally for both measures.



The count of Cat 2 incidents follows the trend in Cat 1 incidents; at 35,606 this is the highest level in the past 24 months.

The Cat 2 mean response time has increased to 20:54 and the 90th centile performance to 39:48.

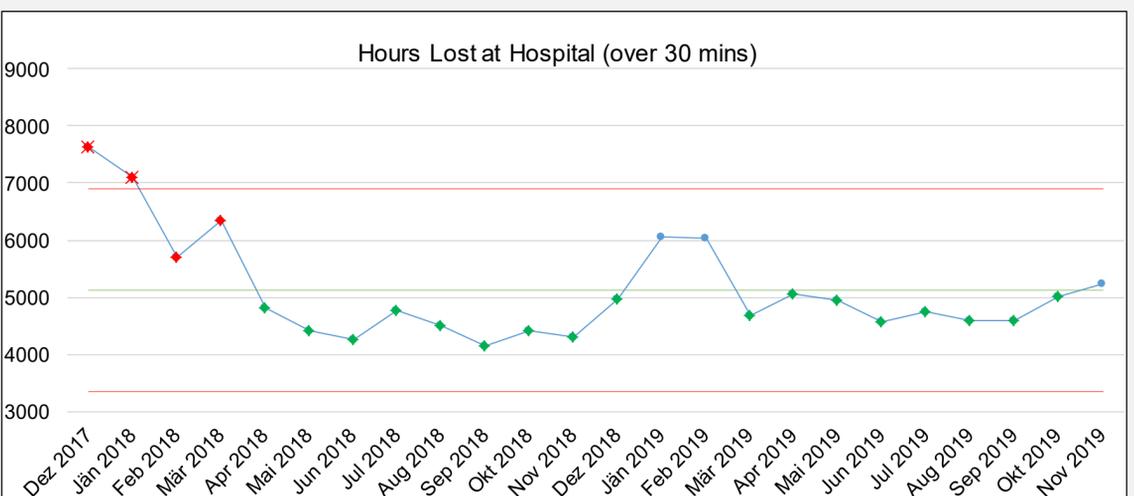
Nationally, however, SECamb ranks 3rd in both mean and 90th centile performance, but this is mainly due to the national mean and 90th centile performance figures worsening by almost 2.5 and 5 minutes respectively.



The Trust achieved the Category 3 mean in November 2019, achieving 01:47:51.

Since July 2019 there has been a divergent trend – the response times for 90th centile performance have worsened (now at 04:03:22), whilst the count of incidents has progressively fallen (now at (17,830).

SECamb ranks 7th in the national table for both Category 3 mean and 90th centile performance.



In November there was an increase of 223 hours lost >30 minute turnaround compared to October. Comparing overall hours lost >30 minute turnaround in November 2019 with November 2018, there was a 21% increase in hours lost >30 minute turnaround.

In November 13.3% of patients waited between 30 and 60 minutes for a hospital handover and 1.3% of patients waited over 60 minutes.

Although the total number of total hours lost has increased compared to last year, the mean handover time has remained stable despite the increase in the number of conveyances.

SECamb Weekly Operational Performance - W/C 6th January 2020

CAT 1				
	23/12	30/12	06/01	Last 13 Weeks
Mean	00:07:35	00:07:08	00:07:27	
90th Centile	00:14:24	00:13:07	00:13:42	
RPI	1.54	1.62	1.55	
Count of Incidents	1070	1081	915	

CAT 1T				
	23/12	30/12	06/01	Last 13 Weeks
Mean	00:09:03	00:08:53	00:08:51	
90th Centile	00:17:07	00:16:05	00:16:38	
RPI	1.54	1.59	1.56	
Count of Incidents	714	698	572	

CAT 2				
	23/12	30/12	06/01	Last 13 Weeks
Mean	00:19:58	00:18:26	00:17:57	
90th Centile	00:38:22	00:34:55	00:33:33	
RPI	1.06	1.06	1.06	
Count of Incidents	8423	8403	7611	

CAT 3				
	23/12	30/12	06/01	Last 13 Weeks
Mean	01:34:11	01:19:31	01:16:30	
90th Centile	03:31:51	03:00:41	02:56:40	
RPI	1.06	1.06	1.05	
Count of Incidents	4338	4738	4629	

CAT 4				
	23/12	30/12	06/01	Last 13 Weeks
Mean	02:10:03	01:44:50	01:45:58	
90th Centile	05:08:48	03:50:11	03:46:43	
RPI	1.10	1.13	1.03	
Count of Incidents	75	101	98	

HCP Level 3				
	23/12	30/12	06/01	Last 13 Weeks
Mean	01:59:53	01:55:55	01:49:12	
90th Centile	04:25:03	04:04:58	03:55:18	
Count of Incidents	243	294	354	

IFT Level 3				
	23/12	30/12	06/01	Last 13 Weeks
Mean	02:18:05	02:07:32	01:53:07	
90th Centile	04:48:06	04:52:09	04:10:07	
Count of Incidents	103	118	135	

HCP Level 4				
	23/12	30/12	06/01	Last 13 Weeks
Mean	02:13:16	02:46:22	02:25:03	
90th Centile	04:35:02	05:55:40	05:18:58	
Count of Incidents	179	239	246	

IFT Level 4				
	23/12	30/12	06/01	Last 13 Weeks
Mean	02:16:56	01:55:04	02:58:50	
90th Centile	04:25:04	03:52:21	05:23:19	
Count of Incidents	28	39	29	

999 Call Handling				
	23/12	30/12	06/01	Last 13 Weeks
Mean Call Pickup Time (Seconds)	2	1	2	
Call Pickup Time 90th Percentile (Seconds)	1	1	1	
Call Pickup Time 95th Percentile (Seconds)	2	1	1	
Call Pickup Time 99th Percentile (Seconds)	35	3	22	
Average Call Length (seconds)	368	371	368	
Abandon Rate	0.01%	0.01%	0.60%	
Staff Hours Provided Vs 4783 target	115.2%	118.8%	106.6%	

Incident Outcome				
	23/12	30/12	06/01	Last 13 Weeks
See and Convey	61.3%	62.2%	62.2%	
See and Treat	33.0%	32.9%	32.3%	
Hear and Treat	5.7%	4.9%	5.5%	

Call Cycle Time				
	23/12	30/12	06/01	Last 13 Weeks
Clear at Scene	01:02:08	01:01:22	01:01:21	
Clear at Hospital	00:41:44	00:41:41	00:41:30	
Hours Lost at Hospital	1195	1478	1353	

Community First Responders				
	23/12	30/12	06/01	Last 13 Weeks
Volume of Incidents Attended	381	470	349	
Hours Provided	2443	3435	2980	

Demand/Supply				
	23/12	30/12	06/01	Last 13 Weeks
999 Call Volume	15453	15563	14778	
Incidents	15301	15728	14742	
Transports	9373	9785	9169	
Staff Hours Provided Vs 70400 target	93.8%	99.0%	94.4%	

SECamb 111 Operations Performance Scorecard

Calls Offered

	Sep-19	Oct-19	Nov-19	12 Months
Actual	68451	72487	78017	
Previous Year	84650	87344	90785	

Calls answered in 60 Seconds

	Sep-19	Oct-19	Nov-19	12 Months
Actual %	78.5%	78.3%	77.5%	
Previous Year %	70.9%	72.5%	73.5%	
Target %	95%	95%	95%	

Calls abandoned - (Offered) after 30secs

	Sep-19	Oct-19	Nov-19	12 Months
Actual %	3.6%	3.8%	3.6%	
Previous Year %	6.0%	5.4%	5.1%	
Target %	5%	5%	5%	

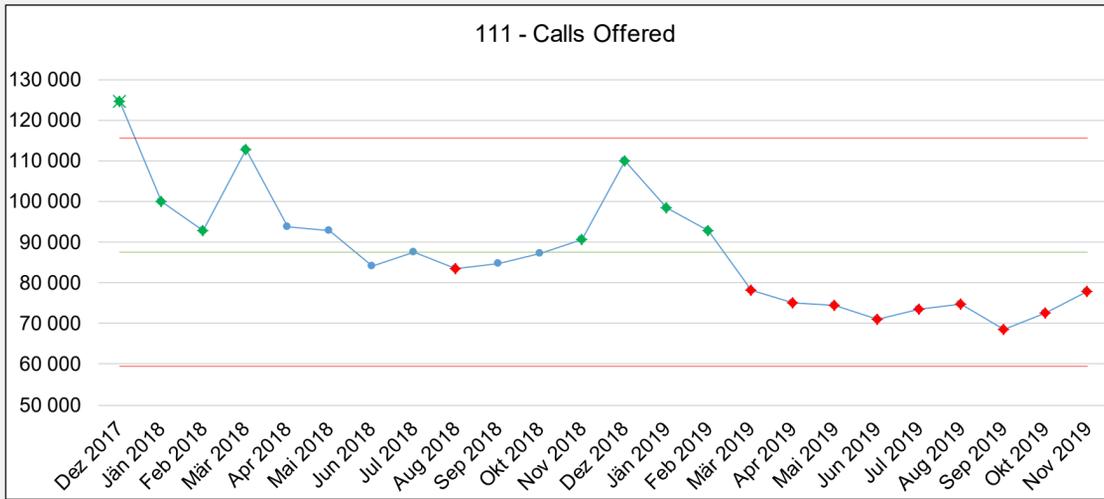
A&E Dispositions

	Sep-19	Oct-19	Nov-19	12 Months
A&E Dispositions % (Answered Calls)	10.3%	10.2%	9.7%	
A&E Dispositions (Actual)	5460	5697	5903	
National	9.6%	9.3%	8.7%	

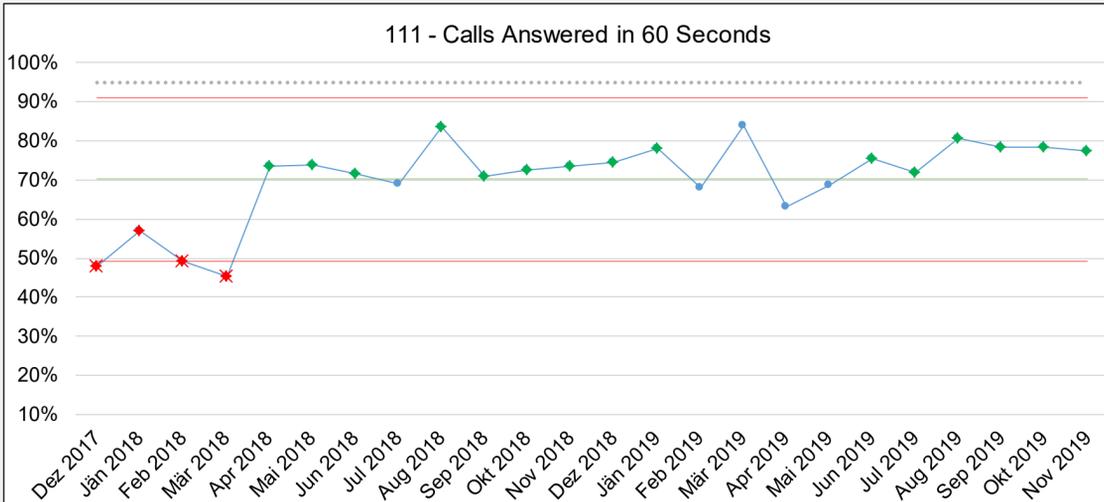
999 Referrals

	Sep-19	Oct-19	Nov-19	12 Months
999 Referrals % (Answered Calls)	16.1%	16.9%	15.8%	
999 Referrals (Actual)	8514	9454	9638	
National	13.7%	14.2%	13.4%	

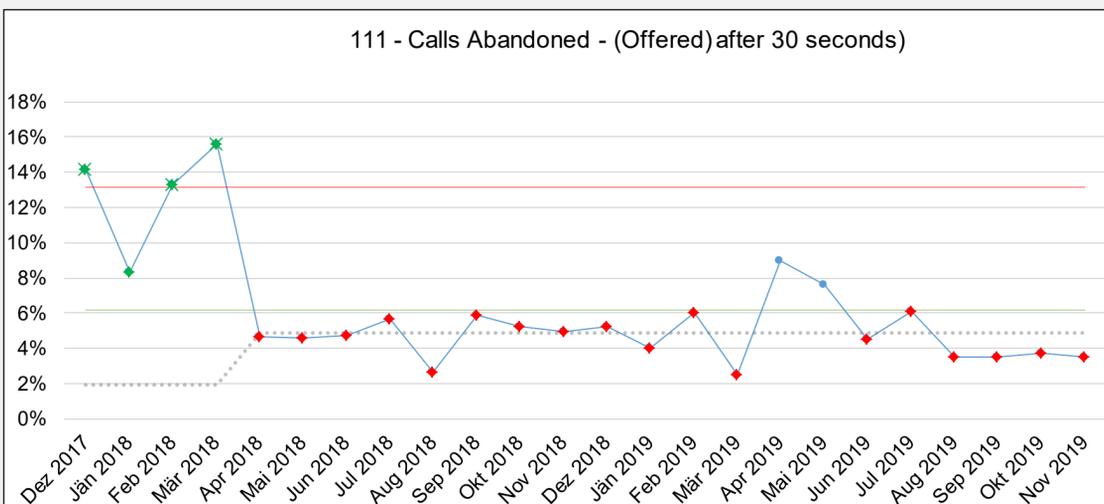
SECamb 111 Operations Performance Charts



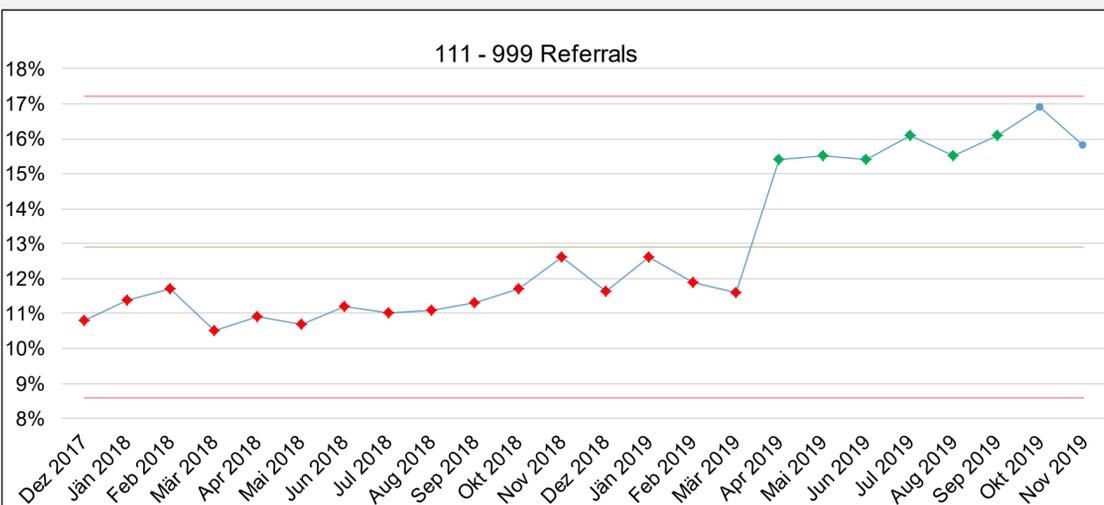
Mid-winter pressures started to affect the wider health system earlier than in 2018. November 2019 saw a step change in activity in the second and fourth weeks of November, to such an extent that call volumes rose 13 percentage points within a three week period. There are no obvious symptomatic reasons for this uplift although anecdotal evidence points to a correlation with an underlying increase in system pressure, especially in the fourth week of November.



SEC 111 IUC delivered a "Calls Answered in 60" Service Level Agreement (SLA) of 77.54%, a very slight decrease from the previous month given the rapid increase in activity. However, the service demonstrated its resilience, whereas NHS E national performance dropped significantly to a level comparable to SEC 111 IUC, at 77.83%.



The service continued to return a lower Call Abandonment rate than the NHS E average; 3.57% vs 5.43% whilst the Average Speed to Answer fell for the fourth consecutive month to 43 seconds. Call handler productivity remained stable in terms of Average Handling Time (AHT) compared to October however, the service's Remedial Action Plan generated improved staff attendance.



SEC 111 IUC was successful in reducing the AMB rate to 15.77% although it is noted that the NHS E national rate also fell steeply. The adoption of NHS Pathways version release 18 by other 111 providers may be a contributory factor in this reduction in AMB rate; SEC 111 IUC deployed the new version on 28th November and will monitor and evaluate the impact that this change has on clinical outcomes. On a separate note, the service has shared analysis with Commissioners to establish a revised AMB rate benchmark, based on the service's current operating area, which is materially different in demographics from the former KMSS footprint. The revised 2018-19 AMB rate for the current area was 14.5%, and this will be considered in further KPI discussions with Commissioners.

Workforce Capacity

	Sep-19	Oct-19	Nov-19	12 Months
Number of Staff WTE (Excl bank & agency)	3602.1	3624.4	3710.4	
Number of Staff Headcount (Excl bank and agency)	3918	3940	4034	
Finance Establishment (WTE)	3803.68	3811.16	3860.04	
Vacancy Rate	5.30%	4.90%	3.88%	
Vacancy Rate Previous Year	16.21%	13.70%	11.73%	

Workforce Compliance

	Sep-19	Oct-19	Nov-19	12 Months
Objectives & Career Conversations %	38.60%	42.60%	45.56%	
Target (Objectives & Career Conversations)	80%	80%	80%	
Statutory & Mandatory Training Compliance %	55.74%	68.77%	70.24%	
Target (Stat & M and Training)	95%	95%	95%	
Previous Year (Stat & M and Training) %	75.50%	79.10%	79.08%	

* Objectives & Career Conversations and Statutory & Mandatory training has been measured by financial year. The completion rate is reset to zero on 01/04/2019

Workforce Costs

	Sep-19	Oct-19	Nov-19	12 Months
Annual Rolling Turnover Rate %	15.52%	15.85%	15.43%	
Previous Year %	14.88%	14.62%	14.57%	
Annual Rolling Sickness Absence	5.43%	5.44%	5.57%	
Target (Annual Rolling Sickness)	5%	5%	5%	

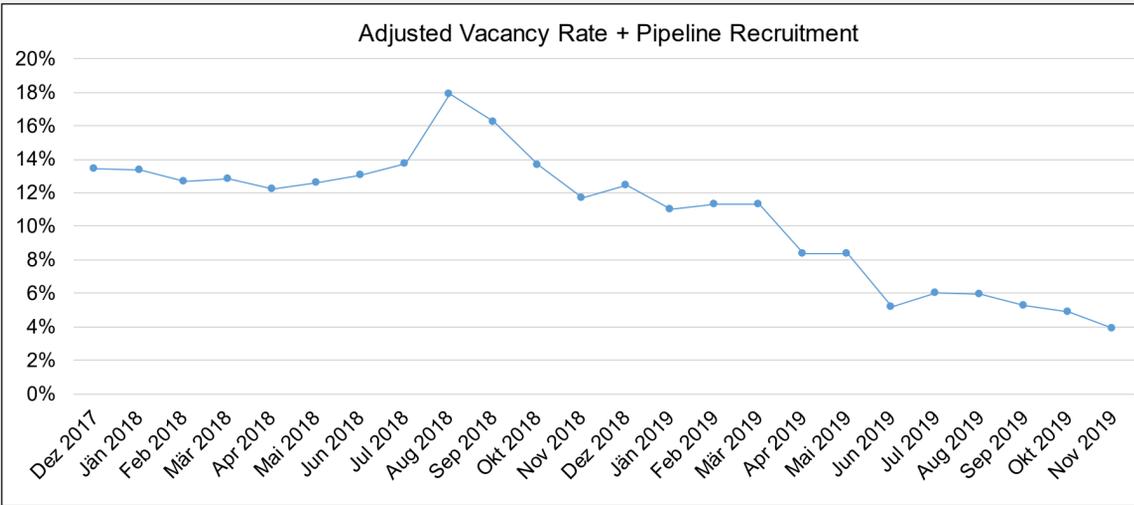
Employee Relations Cases

	Sep-19	Oct-19	Nov-19	12 Months
Disciplinary Cases	0	1	4	
Individual Grievances	2	7	10	
Collective Grievances	1	5	1	
Bullying & Harassment	1	5	0	
Bullying & Harassment Prev Yr	2	1	0	
Whistleblowing	0	0	0	
Whistleblowing Previous Year	0	0	0	

Physical Assaults (Number of victims)

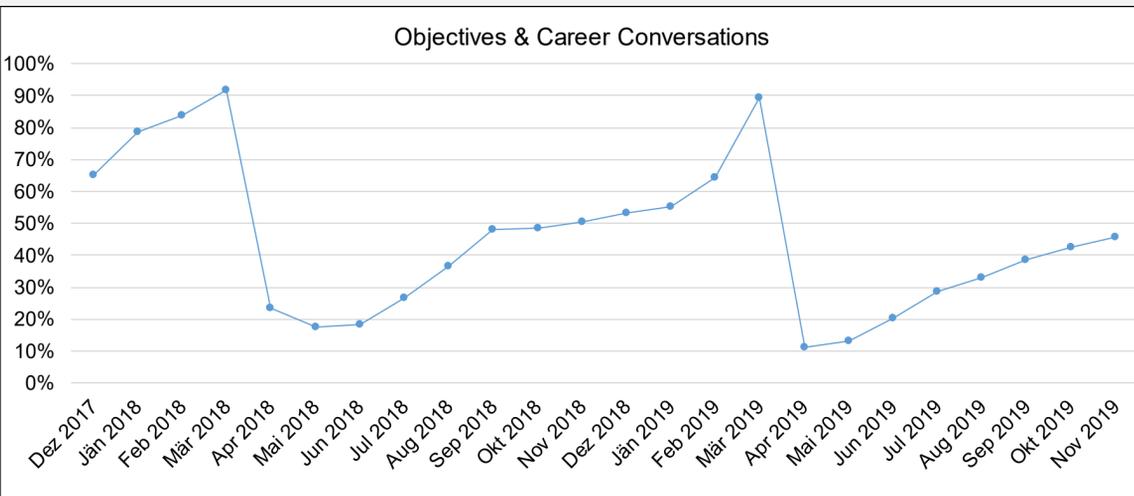
	Sep-19	Oct-19	Nov-19	12 Months
Actual	25	22	20	
Previous Year	9	25	30	
Sanctions	2	2	2	

SECamb Workforce Charts



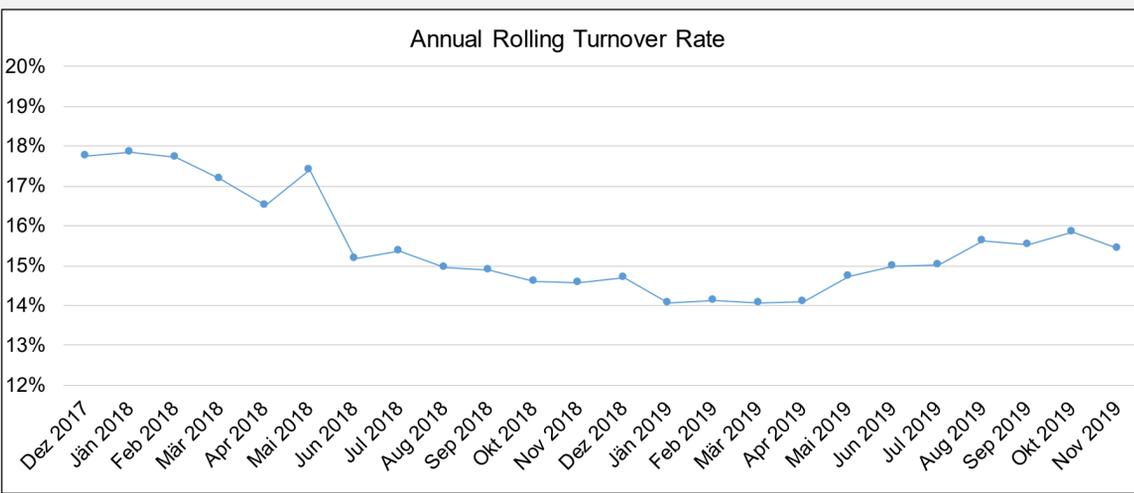
Staff turnover:

The rolling 12 month turnover rate is 15.43%, compared to 14.57% for last year. A retention strategy is being developed which we aim to be signed off by EMB and Board in March due to the ongoing high turnover in EOC and 111 we will be piloting new recruitment methods in both centres in Q4.



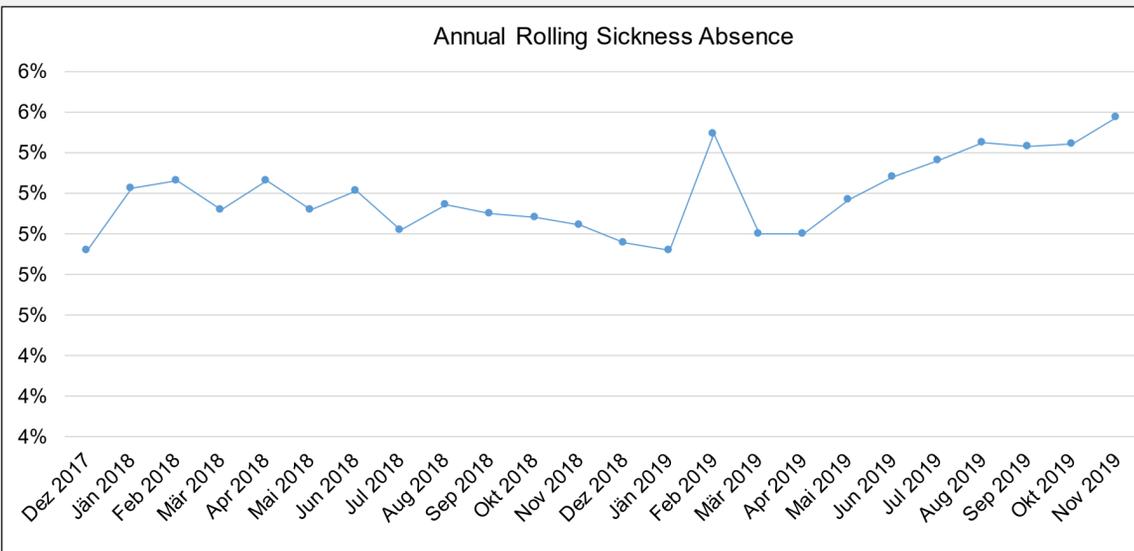
Objectives & Career Conversations:

On December 10th, we launched a pilot of the new appraisal forms. There were three forms in total, one for bands 7-9, one for bands 2-6 with managerial responsibility, and one for bands 2-6 without managerial responsibility. These forms have been designed to simplify the process and make it more user friendly. We will also now be able to report appraisal information more effectively and accurately using these new forms / process. We are continuing to work on improving the process, and hope to have this in place by April 2020, with a view to achieving over 90% compliance.



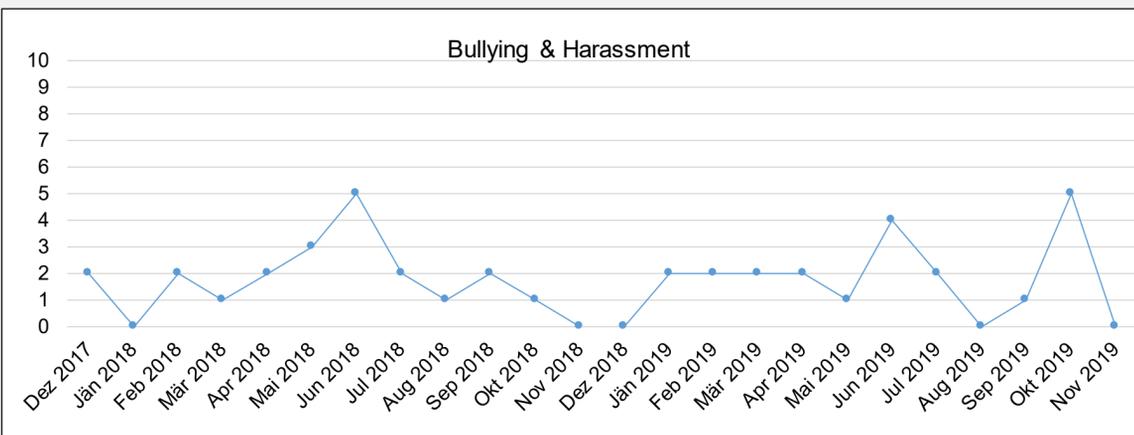
Staff turnover:

The rolling 12 month turnover rate is 15.85% which is a third of a percentage point increase over Aug 19, but a whole percentage point increase when compared to last year. There is a lot of work going on to address retention within SECamb, not least of which is the development of a Retention Strategy/Plan which will be ready for January launch, and a focused EOC Retention Task and Finish Group. We are also in the final weeks of the Staff Survey 2019 and it will be key to our success how we address opportunities that impact on Retention. Due to the ongoing high turnover in EOC and 111 we will be piloting new recruitment methods in both centres in Q4.



Sickness:

The overall sick absence percentage has stayed consistently around the 5.45% mark for the last 4 months, increasing just very slightly to 5.44% in October from 5.43% in September and 5.57% in November. HR Advisors continue to work closely with key stakeholders, through weekly meetings, coaching, and supporting line managers to ensure a consistent approach to supporting staff in returning to work as soon as possible. HR BP's are also reviewing the stats weekly with the HRA's and ensuring we keep focus on the key areas across the trust in terms of high numbers, and this is further reviewed at our HR Team meetings. After January each team will have specific targets to achieve. Our key areas of focus are still : Ashford, Guildford, Polegate and Hastings and Thanet in terms of Operating Units. The sickness % in these units continues to be a high level of focus for the HRA's and the local management teams. It has been really good to see an improvement in Brighton, Gatwick and Redhill,, Guildford and Paddock Wood. EOC East last year was 6.84% and this year is 6.53%. EOC West last year was 6.41% and this year is 7.10% which is a worsening year on year figure. 111 is at 10.21%. in November 19 which shows a .93% improvement year on year. This is good news and reflects the hard work put in by both HR and the local management teams.



Bullying & Harassment:

No new bullying and harassment grievances have been received in November 19. The HR Business Partners and HR Advisory Team continue to support the timely resolution of B&H cases. The HR BP's are also reviewing the stats weekly with the HRA's and ensuring we keep focus on any emerging patterns across the trust.

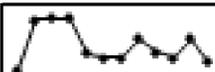
Income

	Sep-19	Oct-19	Nov-19	12 Months
Actual £	£ 19,553	£ 19,927	£ 20,390	
Previous Year £	£ 17,589	£ 18,615	£ 20,670	
Plan £	£ 19,837	£ 20,177	£ 20,576	

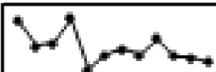
Expenditure

	Sep-19	Oct-19	Nov-19	12 Months
Actual £	£ 20,095	£ 20,178	£ 20,024	
Previous Year £	£ 18,402	£ 17,946	£ 20,261	
Plan £	£ 20,391	£ 20,449	£ 20,175	

Capital Expenditure

	Sep-19	Oct-19	Nov-19	12 Months
Actual £	£ 989	£ 1,781	£ 845	
Previous Year £	£ 555	£ 598	£ 405	
Plan £	£ 1,609	£ 3,318	£ 3,319	
Actual Cumulative £	£ 7,275	£ 9,056	£ 9,901	
Plan Cumulative £	£10,209	£ 13,527	£16,846	

Cost Improvement Programme (CIP)

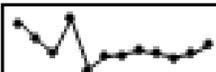
	Sep-19	Oct-19	Nov-19	12 Months
Actual £	£ 534	£ 468	£ 337	
Previous Year £	£ 1,242	£ 965	£ 961	
Plan £	£ 781	£ 781	£ 781	
Actual Cumulative £	£ 3,600	£ 4,068	£ 4,404	
Plan Cumulative £	£ 3,988	£ 4,769	£ 5,550	

CQUIN (Quarterly)

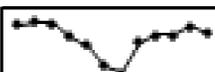
	Q4 18/19	Q1 19/20	Q2 19/20
Actual £	£ 1,088	£ 648	£ 646
Previous Year £	£ 2,745	£ 871	£ 870
Plan £	£ 870	£ 654	£ 654

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

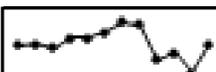
Surplus/(Deficit)

	Sep-19	Oct-19	Nov-19	12 Months
Actual £	-£ 542	-£ 251	£ 367	
Actual YTD £	-£ 3,133	-£ 3,383	-£ 3,017	
Plan £	-£ 554	-£ 272	£ 401	
Plan YTD £	-£ 3,167	-£ 3,439	-£ 3,038	

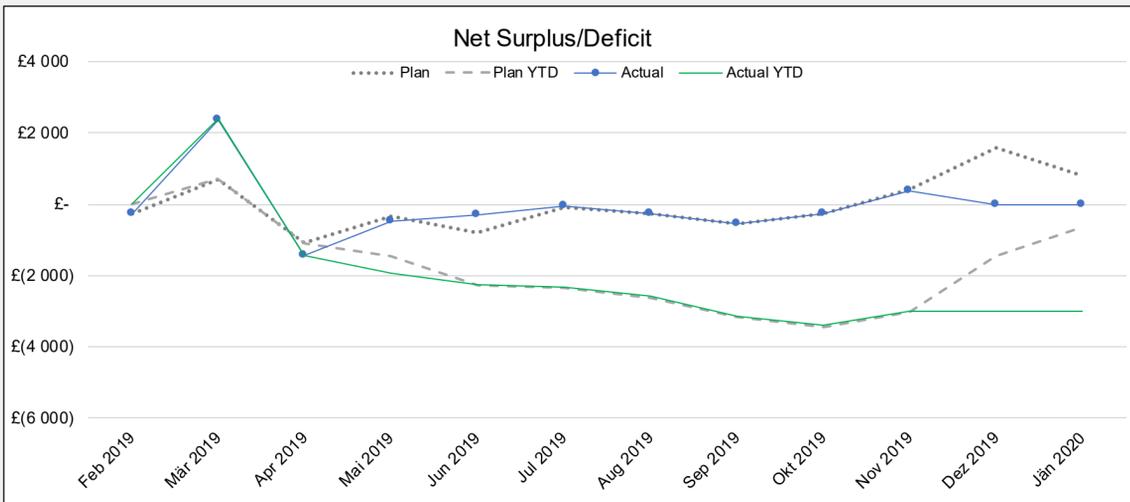
Cash Position

	Sep-19	Oct-19	Nov-19	12 Months
Actual £	£ 24,561	£ 26,496	£ 24,966	
Minimum £	£ 10,000	£ 10,000	£ 10,000	
Plan £	£ 8,840	£ 9,266	£ 14,733	

Agency Spend

	Sep-19	Oct-19	Nov-19	12 Months
Actual £	£ 243	-£ 32	£ 364	
Plan £	£ 273	£ 269	£ 264	

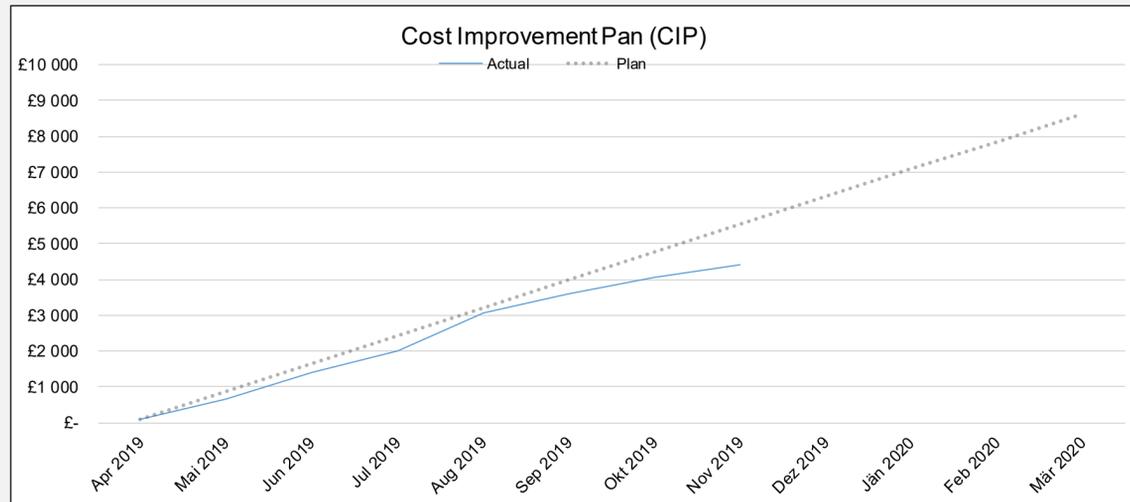
SECamb Finance Performance Charts



The Trust's I&E position in Month 8 was a surplus of £0.4m, which is as planned.

Year to date the deficit was £3.0m, as planned.

The shortfall on planned 999 income has been in partly mitigated by the release of unneeded dilapidation provision and by non-recurrent vacancies.



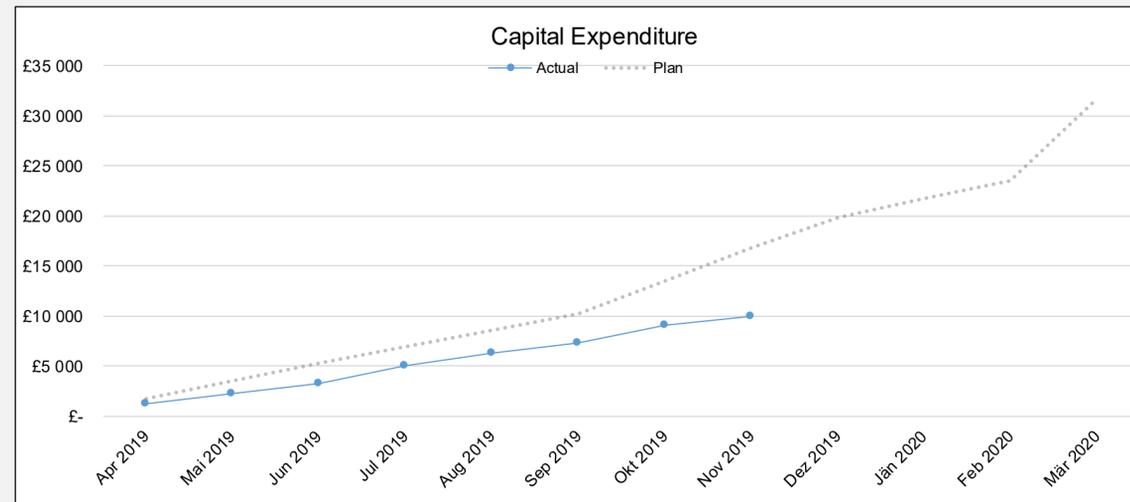
CIPs to the value of £0.3m were achieved in October, against a plan of £0.8m.

Year to date achievement is £4.4m, which is £1.1m behind plan.

The shortfall mainly relates to handover delays. Alternative schemes are being developed to mitigate this shortfall.

The full year CIP plan and forecast remains £8.6m.

As part of budget setting CIPs have been devolved to budget holders and schemes are being developed to achieve the efficiencies required.

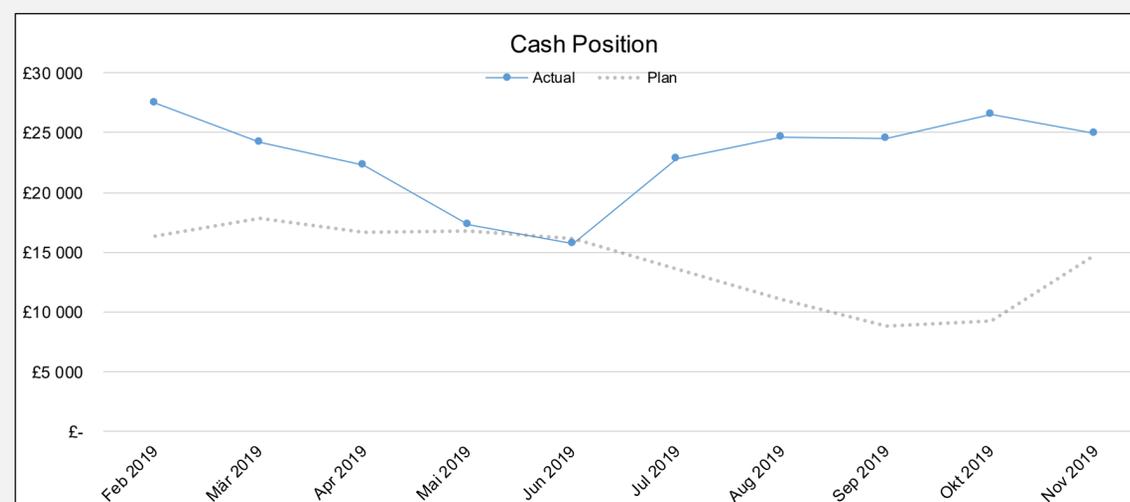


Capital expenditure for the month of November was £0.8m, £2.5m lower than planned.

Year to date expenditure is £9.9m, £6.9m below plan.

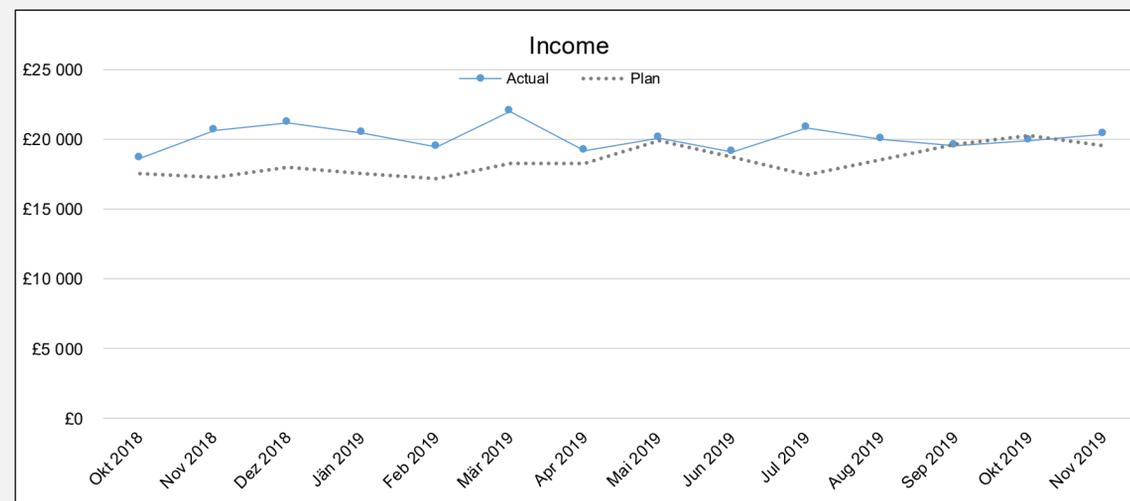
This shortfall is mainly one of timing, partly due to pending approval of business case funding for the 'Wave 4' capital bids.

The forecast spend for the year has been revised down to £16.0m against the original plan of £31.7m. This is due to £14.2m from the delay in 'Wave 4' schemes and £1.5m of vehicle equipment, now being acquired through operating leases.



The cash position as at 30 November 2019 was £25.0m, £10.2m greater than planned. The £1.5m decrease in November was from increased non pay spend, notably from catch up payments to private ambulance suppliers.

Performance for the year to date against the 'Better Payment Practice Code', measured by payment of suppliers within 30 days of a valid invoice, was 95.4% by value against a target of 95.0%.



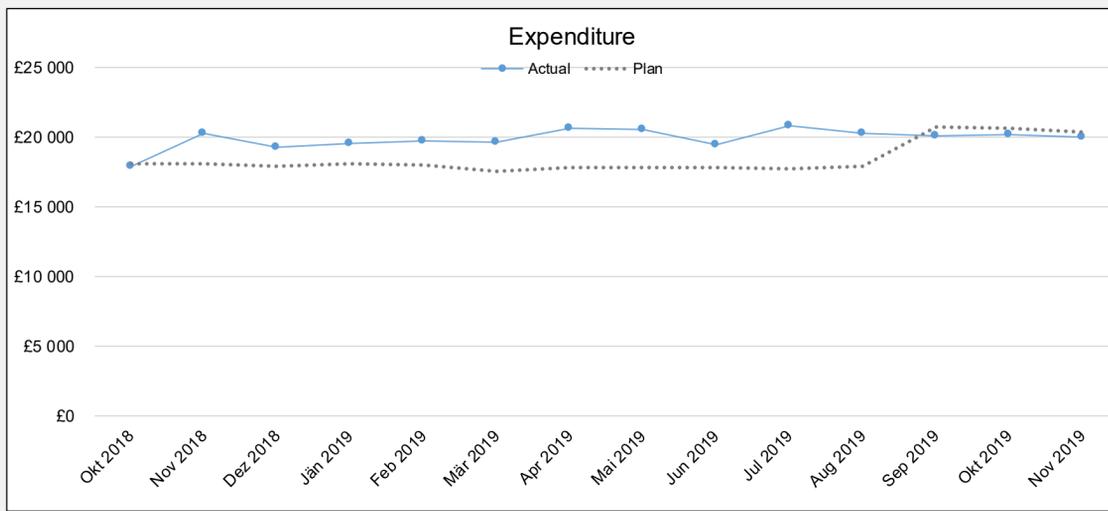
Income for the month of November was £20.4m, which was £0.2m worse than plan.

Year to date income was £159.1m, £2.2m below plan.

The main reason for the adverse variance was a shortfall in 999 income as a result of activity being less than planned, partly offset by favourable variances in other income.

999 activity plan is based on the Demand and Capacity Review and by increasing resources through the investment it has received, the Trust has managed to attend an additional 25,663 incidents (+5.4%) in comparison to last year.

SECamb Finance Performance Charts



Total expenditure for the month of November was £19.9m, which was £0.1m less than planned.

Year to date expenditure was £161.1m, £2.2m below plan.

Pay costs were £0.2m lower than planned in the month, year to date is £1.6m behind plan. This is mainly due to the reduction in the provision of anticipated frontline hours along with vacancies across Clinical Teams and EOC dispatch.

Non pay costs were £0.1m worse than plan in the month and £0.5m lower for the year to date. Increased support costs (mainly Fleet and Estates) are mitigated by the release of £0.7m of dilapidation provision earlier in the year. Financing costs are as planned.