Improvement Journey

NHS
South East Coast
Ambulance Service
NHS Foundation Trust

Autumn 2022 Update

Best placed to *care*, the *best* place to *work*

Contents

About this document

This booklet outlines our first update on the Improvement Journey and focuses on highlighting how we have responded to the Well-Led inspection by the CQC which took place in March 2022. It also provides details on how we intend to expand the scope of the Improvement Journey and give everyone the ability to be part of it over the winter. If you have questions, ideas or feedback please email Improvement.Journey@SECAmb.nhs.uk.

What well-led looks like

Care Quality Commission (CQC) well-led review

The leadership, management and governance of an organisation makes sure that it provides high-quality care based on the individual needs; it encourages learning and innovation that promotes an open and fair culture.

The boards of NHS foundation trusts are responsible for all aspects of the leadership of their organisations. They have a duty to conduct their affairs effectively and demonstrate measurable outcomes that build patient, public and stakeholder confidence that their organisations are providing high quality, sustainable care.

The Well-Led Framework is structured around eight key lines of enquiry (KLOEs). Leaders across good organisations are described by staff members as **visible**, **approachable**, and **welcoming of challenge**.

Senior leaders can evidence how their approach enables them to understand the issues staff face and identify and address blockers to improvement.

1 Is there the **leadership capacity and capability** to deliver high quality sustainable care?	**2** Is there a clear **vision** and credible **strategy** to deliver high quality sustainable care to people, and robust plans to deliver?	**3** Is there a **culture** of high quality sustainable care?
4 Are there clear responsibilities, **roles** and systems of accountability to support good governance and management?	**Are services well led?**	**5** Are there clear and effective processes for managing **risks**, issues and **performance**?
6 Is appropriate and accurate **information** being effectively processed, challenged and acted on?	**7** Are the **people** who use services, the public, **staff** and **external partners engaged** and involved to support high quality sustainable services?	**8** Are there robust systems and processes for **learning**, continuous **improvement** and **innovation**?

What we learnt from our last inspection and staff survey results

Earlier in the year, we received the staff survey results as well as being inspected by the CQC on Well-Led. In summary, we were told that

- SECAmb was not the great place to work we want it to be, with significant concerns raised around culture
- Trust in leadership was low and there was a disconnect between leaders and the rest of the Trust
- A Quality thread across the organisation was lacking
- There was lack of consistent vision and clear direction of travel

Following the inspection, the Trust was issued with four "Warning Notices" (WN) highlighting the following areas requiring significant improvement by 18 November 2022:

WN1	**Board Effectiveness** There was a disconnect between the board and the wider organisation and the board was not working effectively together to achieve its full potential.
WN2	**Quality of information** The quality of information and assurance was not effective and there was a lack of professional curiosity and challenge.
WN3	**Governance, Risk and Quality Improvement** Corporate and clinical governance were not working together to provide effective oversight of risks and issues to drive improvements.
WN4	**Culture of bullying and addressing staff concerns** There was a culture of bullying across the organisation. There was a failure to act swiftly to address staff concerns. There was a dismissive culture where staff raising serious concerns did not have their concerns acted upon.

The CQC will be reviewing our progress, specifically those actions that have been taken and those planned to address the four significant areas set out previously. We now want to share the plans so that you can see how concerns raised by colleagues and the CQC are shaping the **Improvement Journey**.

Must dos and should dos

In addition to the "Warning Notices", the CQC have also issued us with eight Must Dos" (MD) and 11 "Should Dos" (SD). We aim to make significant improvement to the majority of these by 31 March 2023, however we recognise that some challenges will take longer to be fully implemented.

The MDs are:

MD1	We must ensure all staff complete mandatory, safeguarding and any additional role specific training in line with the trust target.
MD2	We must improve our culture and ensure all staff are actively encouraged to raise concerns and improve the quality of care.
MD3	We must ensure we take staff concerns seriously and take demonstrable action to address their concerns.
MD4	We must ensure that all incident investigations are completed in a timely way to allow opportunity for action on learning to be shared and action taken swiftly.
MD5	We must ensure we work collaboratively with system partners to improve Category 2, 3 ,4 response times.
MD6	We must ensure our governance and risk processes are fit for purpose, and ensure the ongoing assessment, monitoring and improvement in the quality and safety of services provided.
MD7	We must ensure we seek and act on feedback from relevant persons and other persons on the services provided for the purpose of continually evaluating and improving services.
MD8	We must collect and analyse our End-of-Life (EoL) calls and share the analysis with Integrated Care System (ICS) stakeholders, with the objective of reducing the need for unanticipated EoL care by emergency and urgent care services.

What we have done since the inspection

Development of our Improvement Journey

Carefully considering this feedback, at the end of March 2022, the Executive Team was asked by the Board to develop a framework of priorities for the financial year ending 31 March 2023 to provide visibility and assurance against the delivery of improvements.

During April and May 2022, several workshops were held with different stakeholder groups, as well as with the Board and Council of Governors, to support the development of our priorities and our improvement plans. Following the receipt of the final CQC report, which was published in June 2022, the Board approved the "**Improvement Journey**" on 30 June.

While developing this framework, our colleagues have repeatedly raised the question "What will be different this time?", given historical concerns. Therefore, the Improvement Journey Portfolio aims to provide a framework for **sustainable** delivery of improvements across the Trust's four Priorities, whilst addressing immediate requirements as set by the CQC:

	Executive Lead	Secondary Lead	Workstream Aim
QUALITY IMPROVEMENT	Director of Quality & Nursing	Medical Director	*We listen, we learn and improve*
PEOPLE & CULTURE	Director of HR & OD	Director of Operations	*Everyone is listened to, respected, and well supported*
RESPONSIVE CARE	Director of Operations	Director of Planning & BD	*Developing modern healthcare for our patients*
SUSTAINABILITY & PARTNERSHIPS	Interim Chief Financial Officer	Director of Planning & BD	*Developing partnerships to collectively design and develop innovative and sustainable models of care*

What our Improvement Journey looks like

QUALITY IMPROVEMENT

- Better learning from incidents to improve what we do
- Future proofing our medicines management approach
- Creating a better system to identify and share risks and take action in response
- Listening more to our patients & acting on their feedback

PEOPLE & CULTURE

- Recruiting the colleagues we need to provide the right service to our patients and ensuring they feel supported to remain with us
- Demonstrating our values every day, with zero tolerance to poor behaviours
- Ensuring our colleagues have the right channels to raise concerns, including FTSU and that action is taken when they do
- Changing how we listen to and engage with our colleagues to improve how we work together

RESPONSIVE CARE

- Keeping people safe across the whole patient journey
- Using on-scene time effectively
- Safely enhancing virtual responses to appropriate patients
- Developing smarter dispatch processes
- Making sure we have the right resources in the right place to meet patient need
- Ensuring fleet and estates are right sized and fit for purpose

SUSTAINABILITY & PARTNERSHIPS

- Focusing as much resource as possible on front-line care
- Progressing our plans to significantly reduce our carbon footprint
- Growing our voice within the wider NHS system to support improved patient pathways, reduce handover delays and develop new partnerships
- Developing a five-year plan to deliver sustainable, quality care which gives us a clear way forwards

Our progress so far

We will be measured in terms of the specific progress made against the "Warning Notices" and relative to the findings from the inspection in March 2022. The following is a summary of all the changes and improvements we have made or plan to have completed by 18 November 2022.

Warning Notice 1 - Board Effectiveness

"There was a disconnect between the board and the wider organisation and the board was not working effectively together to achieve its full potential.

There were poor relationships between certain members of the board, and a separation between the board and the core services.

There was a lack of visibility of senior leaders in clinical areas."

What we have done so far…

☑ We have engaged on our Trust priorities for the year, working with our colleagues, Board, and the Council of Governors. We received over 200 responses from colleagues across the four Priority areas during June.

☑ Board meetings are now conducted monthly in public, with agendas structured around our priorities: Delivering Quality, Focus on People, Delivering Modern Healthcare and Delivering Sustainability and Partnerships.

☑ We have strengthened the working relationship between the Senior Management Group and the Executive Management Board, with joint meetings occurring fortnightly. In these meetings, there is an increased focus on addressing colleague feedback and monitoring progress against our Improvement Journey.

☑ The Board commissioned an external effectiveness review of all committees of the Board.

☑ We have undertaken over 120 leadership visits (as of mid-September). We now collect and record emerging themes from what we hear when we are out and about, and we have taken direct action as a result:

- Improved how we communicate and engage (i.e. revised our weekly bulletin, increase the use of short videos, and closed the Facebook community page in preparation to launch an improved corporate social media platform following direct feedback on its impact on colleagues)
- Changed our approach to addressing some specific concerns colleagues have raised, in particular around the mandated Fiat double crewed ambulances (DCAs) and the rota changes
- Protected delivery of key skills training, despite high levels of operational pressures

☑ We have strengthened the clinical voice in the organisation by establishing a Clinical Advisory Group (CAG). Over the coming months, we will be asking the group specifically to review and make recommendations on how we can improve clinical effectiveness and efficiency whilst on scene with patients, how we enhance options for delivering remote clinical support for patients and clinicians, and support in the review of policies that impact patient-facing colleagues.

Areas where we have more work to do…

☐ Further embedding the voice of our colleagues, both clinical and non-clinical, in the discussions we have as a leadership team.

☐ Implementing a framework for regularly assessing our "Well Led" KLOEs across the organisation – inclusive of how we measure Board effectiveness.

☐ Seeking external support to improve our internal communications and engagement mechanisms, achieving a two-way dialogue between our colleagues and the Board.

☐ We will increase collaboration working with all colleagues across the Trust, inclusive of staff networks, unions and other partners to drive Board effectiveness.

☐ The Board will continue to work on its effectiveness plan, seeking external support where required.

Warning Notice 2 - Quality of Information

"The quality of information and assurance was not effective and there was a lack of professional curiosity and challenge.

There was limited triangulation of information such as quality, workforce and finance to assist effective understanding and mitigation of risk.

There was limited evidence of effective and timely actions being taken when risks had been identified or holding to account for such actions."

What we have done so far…

- ☑ We have changed the reporting focus of our Board to an "Integrated Quality Report" (IQR). This has been done alongside implementing Statistical Process Control (SPC) and adopting the "Make Data Count" methodology as Board committees.

- ☑ The Board has completed two workshop sessions with NHSE as part of this, and the Business Intelligence team has delivered Data Clinics to all departments, as well as providing narrative writing training to strengthen the operational and clinical commentary that sits alongside the metrics for the Board.

- ☑ We have improved our "Board Assurance Framework" Risks (BAF Risks) reporting, making it easier to triangulate actions taken within the Improvement Journey against our greatest risks.

- ☑ We have re-aligned our Board reporting to match our four Priorities to ensure a clear line of sight between our Priorities, quality metrics, and the actions we are taking through our Improvement Journey.

- ☑ We have made changes to our quality governance, with updated Terms of Reference and reviewed business cycles for all Board committees, as well as providing structured templates for cover sheets for all governance groups and improvements in our Board papers.

Areas where we have more work to do…

☐ Developing a Data Strategy that delivers more of the data we need to measure the quality and safety of patient care to our centralised data systems, to improve our reporting and learning, such as integration of Datix.

☐ We will be working with our operational and departmental leads to implement a Quality Reporting Framework that works from patient-to-Board. This will include more structured reporting of people, risk, performance, quality, and financial issues.

Warning Notice 3 - Risk, Clinical Governance and Quality Improvement

"Corporate and clinical governance were not working together to provide effective oversight of risks and issues to drive improvements.

As of 15 March, there was a backlog of open Datix incidents (1,500), with no risk stratification within these.

There was a concern that harm was not being addressed appropriately when undertaking harm, death, SI, and Datix reviews."

What we have done so far…

☑ We have delivered improvements in our backlogs in line with our trajectories:

	March 2022	September 2022
Breached SI actions	107	27
Breached SI incidents	27	14
Total open incidents	1,500	1,175
…of which breached	1,020	285

☑ We have started to improve how we learn from incidents, with SI Case Studies being developed by Clinical Education for publication through ParaPass and embedded within Clinical Key Skills training, which have not been cancelled despite operational pressures. We have also involved our commissioners in the learning process.

☑ We have developed a new incident and harm review process to standardise how we quantify harm across the Trust.

☑ We have updated our risk management processes. As part of this exercise, we have:

- Re-instated the Risk Assurance Group (RAG)
- Transitioned our Datix system to the Cloud
- Completed full directorate risk reviews – with monthly updated risk reports to EMB from October 2022
- Trained 141 staff on the new e-learning Risk Management process, to be followed by Risk training provided to all managers

- ☑ Updated governance policies to bring them up to date.

- ☑ We have engaged with clinical and operational leads to develop a map of the patient journey from call receipt through to completion/patient discharge. This led to identifying our six highest areas of risk.

- ☑ Followed this up with a Quality Summit, attended by more than 60 clinicians, operational managers from field operations and EOC, and system partners. There will be Quality Summits organised bi-annually.

Areas where we have more work to do…

- ☐ There is significant work outstanding to completely cleanse our Risk Register to ensure it's consistent and it serves us to identify areas of concerns. This will be done in parallel to completing the transition to Datix Cloud.

- ☐ We have a significant number of outstanding policies that require updating after having prioritised the key governance ones.

- ☐ We still need to improve how we embed learning, and how we get patients, carers and families move involved in the learning process.

- ☐ Developing a method for on-going improvement of the harm review process.

- ☐ We have appointed a Quality Improvement Deputy Director who will be joining us in November. We will embed improvement and learning into everything that we do and ensuring the Improvement Journey is accessible to all members of staff, with innovation and improvement flowing from the point of patient contact to the Board, rather than the other way around.

- ☐ Building on our first Quality Summit, we will be defining the next steps to share and expand on the opportunities for improvement that were identified, involving frontline and EOC colleagues in the process.

- ☐ Our greatest source of harm and SIs is delayed responses to patients due to demand and capacity imbalances, however we have not yet addressed at a regional and system level how we will ensure sustainable delivery of Ambulance Response Programme (ARP) targets to reduce patient risk.

Warning Notice 4 - Culture of Bullying

"There was a culture of bullying across the organisation.

There was a failure to act swiftly to address staff concerns.

There was a dismissive culture where staff raising serious concerns did not have their concerns acted upon.

There was a 'lack' of ability to hear, address, or resolve incidents in a timely fashion and in line with Trust policies."

What we have done so far…

- ☑ We have taken positive action to tackle sexualised behaviors in the workplace, with our **#untilitstops** campaign, supported by clear messaging by the CEO through the weekly messages, and mandating 100% of managers to be booked on the Sexual Safety training course. Over 83 managers have attended since the launch in June and a further 162 are booked to attend as of mid-September.

- ☑ The Board has undertaken development with the Freedom to Speak Up (FTSU) National Guardian and invested in two additional FTSU roles to support our FTSU Lead with capacity.

- ☑ The Civility and Respect policy has been approved, marking the beginning of our journey to embed a *Just and Restorative Culture*. We are being supported by world-leading experts who have been speaking directly to staff across the organisation to help us develop a change in approach by leadership.

- ☑ The Board agreed to adopt the NHSE *Culture and Leadership programme* working with the national team. We are now aiming to have a fully developed business case to move to implementation by the end of October.

- ☑ Direct feedback regarding the Facebook Community Page described as 'toxic' and not conducive of behaviours in line with Trust values, has resulted in the decision to close it. We will be replacing it with an appropriately moderated and values-based platform.

  The first line manager's fundamentals training and mediation training

☑ has begun with the first 2 cohorts. This is part of our Made@Secamb leadership programme which will provide our managers with the tools to support colleagues and foster a culture that is aligned to our Trust values.

☑ Improved workforce metrics have been developed on BI, and following a deep dive into the employee relations (ER) cases conducted in late-September with the Board, key indicators are now being monitored at Board level. As part of the increased focus on addressing bullying and harassment in the workplace, EMB will also be monitoring open cases on a weekly basis, ensuring we have visibility of where we are not responding in line with Trust policies.

Areas where we have more work to do…

☐ Whilst we have invested in FTSU, there is more work to be done by way of training (i.e. the Board must complete the FTSUG "follow-up" training), as well as ensuring all of our managers understand the role of FTSU so that staff can be better supported, re-enforcing our speak-up culture. We also plan to migrate FTSU data to Datix so that we can triangulate the cases with other risk, quality, and workforce information, for more effective addressing of root cause issues.

☐ Further work on the implementation of the Civility and Respect policy, supported by continued work with external parties on our *Just and Restorative Culture*, and working with NHSE on the delivery of the Culture and Leadership programme, is essential in Quarter three and four of this financial year to demonstrate that our leaders are committed to these changes.

☐ There is more work to be done to ensure all the Staff Survey actions from 21/22 are embedded and delivered over Q3 and Q4.

☐ We have an aspiration to be a zero-tolerance workplace when It comes to bullying, harassment, and sexualised behaviour. More must be done to define what this means and to send that clear message Trust-wide, in addition to credibly delivering the changes that will be required through the implementation of a *Just and Restorative Culture* through the NHSE Culture and Leadership programme.

Next Steps

The CQC may return to check the progress we are making against the "Warning Notices" around or after 18 November 2022. We are also expecting to receive the report for the second inspection on our core services and resiliency over the coming weeks. We will be progressing against the improvement actions outlined in this booklet to evidence significant work being undertaken across the WNs and the majority of MDs as the autumn progresses.

Going forward from December, the Improvement Journey will switch from the recovery phase, which has had a short-term focus on the "Warning Notices", to having a focus on sustaining and maintaining improvement, this will include:

- We will start to actively address and "Must Dos" and "Should Dos" which are not included in the "Warning Notices"
- We will start embedding more of the improvements we require to improve patient care and staff experience which may not be explicitly identified by CQC, within the Improvement Journey
- We will implement a Quality Improvement methodology that enables you, and any colleague across the Trust, to identify, raise, and participate in improvement, in line with our four priority areas, alongside a comprehensive overhaul of our clinical and governance reporting structure
- We are acting on your feedback regarding improvements to how we communicate and engage internally, and are seeking external advice and expertises on how we best achieve this.
- We will start to define our plans for sustainable improvement beyond 31 March 2023, with a view to having clear objectives for the financial year starting on 1 April 2023, which we will be looking forward to sharing with you when the Spring approaches
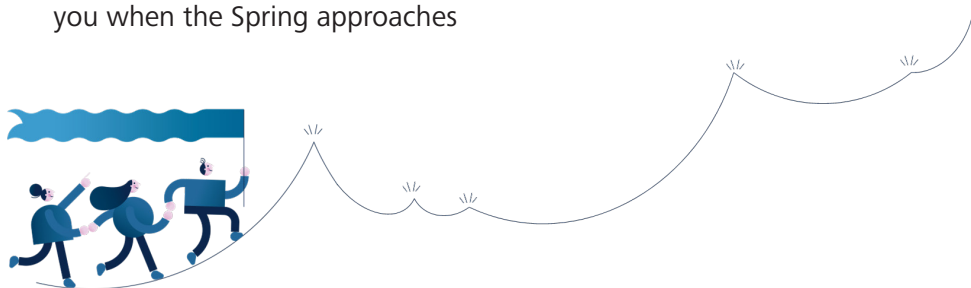
Our Trust Board

Executive Directors

Siobhan Melia
Interim Chief Executive Officer

Martin Sheldon
Interim Chief Financial Officer

Emma Williams
Executive Director of Operations

Ali Mohammed
Executive Director of HR and Organisational Development

Rob Nicholls
Executive Director of Nursing and Quality

Dr. Fionna Moore
Executive Medical Director

David Ruiz-Celada
Executive Director of Planning and Business Development

Non-Executive Directors (NEDs)

David Astley
Chairman

Michael Whitehouse
Independent NED

Prof. Tom Quinn
Independent NED

Howard Goodbourn
Independent NED

Liz Sharp
Independent NED

Dr. Subo Shanmuganathan
Independent NED
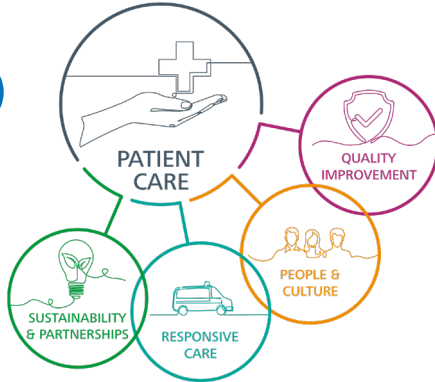
Paul Brocklehurst
Independent NED

Dr. Chris Gonde
Associate NED

Our Improvement Journey

Board approves
Improvement
Journey
June 2022

Patient journey
mapping
August 2022

PATIENT CARE

QUALITY IMPROVEMENT

SUSTAINABILITY & PARTNERSHIPS

RESPONSIVE CARE

PEOPLE & CULTURE

2022 – 2023
Priorities
May 2022

CQC Well-led
Inspection
March 2022

NHS Staff
Survey
2021

Staff Survey Result
February 2022

CareQuality
Commission

Warning Notice, Must Do and Should
Do Actions significantly progressed
Winter 2022

Quality Summit
**September
2022**

Objectives for 2023/24
defined – Improvement
Journey continues
Spring 2023

Embedding
of patient-to-
Board Quality
Improvement
methods
Winter 2022

Clinical Advisory
Group Established
September 2022

First ever SECAmb
Leadership Conference
November 2022

Launch of the
Culture and
Leadership NHSE
Programme
Autumn 2022

Warning Notice actions
significantly progressed
November 2022

Do you want to learn more or how
you can get involved? Get in touch at
Improvement.Journey@secamb.nhs.uk

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The *best* place to *work*