



SSG UKSAS - CRITICAL CHANGE PROGRAMME (CCP)

STAKEHOLDER COMMUNICATION AGAINST PLAN – 22nd March 2019

Milestone	Progress to date	Progress next period	Due	RAG
Medicine Management (including Controlled Drugs) Medicines are managed safely and securely including transport and destruction. To include a review of Remote Prescribing, personal issue CDs and managing medicine safety alerts	<p>Audits are on trajectory with the audit schedule</p> <p>An Internal unannounced visit took place during the night at Fareham. There was also a day time unannounced audit which took place the days prior to the evening audit to give a balanced view of Medicines Management around the clock. Outputs of this inspection and audit have been fed into the overall Developmental Action Plan.</p> <p>Controlled Drugs: As part of our legacy Personal Issue CDs audit there are now two ex-members of the workforce with Personal Issue CDs who we are unable to contact. Having made several attempts to contact them, there has now been a final letter before action sent to them recorded delivery before SSG UKSAS shall have to consider alerting the Home Office and HCPC.</p>	<p>Continue the learning from the audits and implement changes where identified. Examples of changes are:</p> <ul style="list-style-type: none"> • Displaying SOPs on the wall • Implement staging areas • Better locker for the drugs store – bigger and more secure • Random QA audit on stocked bags <p>Should no response be received in the next reporting period the Home Office and HCPC shall be considered as a final step to resolve the issue.</p>	15th February 2019	A



Management of PGDs To include an audit trail of staff who have used PGDs	All Operational Paramedics are working to the PGDs. Where confusion exists between the contracting authority and SSG with the use of PGDs the relevant drugs have been removed with the agreement of both parties following a risk assessment	New meeting date for [REDACTED] arranged 1 st April 2019 RISK: until this has been resolved there will be no PGD use on the [REDACTED] contract	15th February 2019 *overdue*	R
Incident Reporting Ensure effective incident reporting to the CQC is embedded, and lessons are learned	Incident Reporting System is part of the IT Systems Project which had its first full membership project meeting on the 21st March 2019 There has been a significant increase in Incident Reporting with a drive to ensure the IR1 form are easily accessible throughout the stations and on the vehicles.	Develop the Incident Reporting feedback dashboard to ensure all are logged with learnings followed through and feedback given to all involved in the process, from the reporter to the manager, through to the action owner and the wider workforce if a wider change is required. AMBER: It is assumed the CQC shall consider an increase in Incident Reporting positive particularly as this process goes together with lessons learned with associated actions	15th February 2019	A
Risk Management System To include risk assessments and be able to clearly demonstrate how risks are managed.	This CQC action relates to the risks associated with the use of restraints within the Secure service. All episodes of restraints are documented, risk assessed, and	The matter of Risks Management shall continue in the fortnightly communication as this is an area which is under review and forms an integral part of the new Governance	31st May 2019	G



	<p>subjected to a post restraint review by the Manager</p>	<p>arrangements within the business.</p> <p>The current Risk and Issue Register shall be re-formatted in preparation for the launch of the new Corporate Governance Structure – currently starting to be implemented</p>		
Ensure there are effective Audit systems in place	A standard Auditing process is now live	*This milestone is complete and is being embedded. Once embedded this shall be marked as Complete	31st May 2019	G
<p>Training</p> <p>Ensure all staff are current in the appropriate training for their role</p>	<p>Samsung Galaxy Tablets distributed to all sites</p> <p>Workforce reminded weekly to obtain a tablet in order to assist in their statutory training compliance</p> <p>CQC awareness training took place on the 15th March 2019</p> <p>Courses completed during the period:</p> <ul style="list-style-type: none"> • Data Protection Officer (DPO) • Child Sexual Exploitation • Dementia Friends 	<p>*There are no further actions against this milestone. We continue to monitor and communicate with the workforce</p> <p>AMBER: Whilst we await the Statutory training courses to be completed there are no further actions and the risk has been accepted that CQC may not be satisfied on actions taken</p> <p>Finalise the arrangements for:</p> <ul style="list-style-type: none"> • Mental Capacity and Deprivation of Liberty Lead • Anti-Fraud Lead • Equality and Diversity Champion 	15th February 2019	A



Information Management Improved Information Management, including implementing new systems to improve trend analysis and ensure feedback is given	The bespoke IT system named DPM, is under development and was presented to the nominated individuals allocated to the various modules. The modules have been prioritised starting with Incident Reporting and the 'Shift Management' process, with positive feedback received. There are changes to be made which will continue over the coming weeks via weekly meetings.	A DPO Lead has been appointed and shall form part of the project to ensure compliance Weekly meetings have been set up with corresponding risks and issues and an action log to monitor progress	31st May 2019	G
Governance Improved Corporate Governance	Corporate Governance Structure approved by the SSG UKSAS Board and the SSG Group Board	RED: Due to pressure on resources to manage the coordination between Spain and UK schedules The implementation of the new structure is underway in a controlled phased manner	28th February 2019 *due by the end of March	A
Human Resources Implement a new HR system to improve staff management	New HR Legal Support Business Case approved by the Board on the 8 th March 2019. The contract has been signed with the new service provider	HR Legal Support – completed HR System – part of the new IT System being implemented	31st May 2019	G
Internal Inspections	Unannounced Internal inspections taken place in Rainham and Fareham Action plans developed with immediate improvements being addressed where required	Further unannounced visits to all sites being arranged, which shall be undertaken by external clinical experts to provide additional reassurance to the SSG UKSAS Board that	31 st May 2019	Complete



		<p>improvements made are embedded.</p> <p>All updates in this area shall form part of the CCP update corresponding to the area the inspection took place e.g. Medicines Management</p>		
Communication and Engagement	<p>New Communications Manager rejected the offer letter due to personal circumstances. The temporary Communications Manager did not attend the first meeting and has since not been in touch.</p> <p>Advert is now back live with a close date of 27th March 2019</p> <p>CQC 'Awareness' Training held on the 15th March 2019</p> <p>Rainham Town Hall Meetings held at Rainham on the 11th and 12th March.</p>	<p>The first edition of Insight – the monthly 'newspaper' style communication was sent to all workforce on the 15th March 2019. The Weekly Wrap continues weekly.</p> <p>Management continue to walk around the operational areas asking the workforce to report any issues and to gain a better insight into what does and doesn't work and how management can assist. All actions are coordinated centrally via the CCP and slow but apparent change in environment is being recognised.</p> <p>Arrange Fareham and Cramlington Workforce Meetings</p>	Ongoing	G



HR files	Management information is being sent weekly with significant progress noted at the CCP on the 20 th March 2019	Continue the progress at pace until all files are 100% compliant in all areas, current and past.	Ongoing	G
Workforce	Paramedic Recruitment: Incentives offered to the workforce to aid in the recruitment of Paramedics. Recruitment drive is being given increased focus in order to meet the demands of the business.	Continue to press the need for additional Paramedics via several initiatives and incentives. A formal plan to be formed with input from the Workforce Representatives.	Ongoing	G

KEY:

Green – No threat to delivery on time, to budget and quality

Amber – A threat to delivery on time, to budget and quality, however can be brought back on plan

Red – Will not be delivered to either time, budget and/or quality

Purple - Complete

MILESTONE SPECIFIC RISKS and ISSUES – please see comments above where milestone specific risks and issues are detailed

GENERAL RISKS AND ISSUES

Risk/Issue	Mitigation/Resolution	Update	RAG
RISK: <u>Staff capacity to absorb the pace of change</u> – there are numerous changes	MITIGATION: <ul style="list-style-type: none"> Vary the methods of communication Increase the face to face methods 	<ul style="list-style-type: none"> Workforce Meetings ongoing Communications Manager advertised 	A



being communicated throughout the organisation and whilst audits are taking place to ensure compliance it is a risk the staff become disengaged due to overload	<ul style="list-style-type: none"> • Provide more channels for feedback and questions • Provide more training to managers to ensure they are able to better support their teams when they are unsure 	<ul style="list-style-type: none"> • Monthly Newsletter sent • Weekly Newsletter ongoing • Mailboxes set up for feedback 	
<p>RISK:</p> <p><u>Controlled Drugs</u> – the remaining two past SSG Paramedics are not located which shall cause an issue with Clinical Governance / CQC inspections</p>	<p>MITIGATION:</p> <ul style="list-style-type: none"> • Maintain the records of chasing and attempts • Report to the Home Office and HCPC 	<ul style="list-style-type: none"> • Spreadsheet up to date and being reviewed by the CCP including the External Clinical Advisor • Recorded delivery letters have been sent to the two remaining individuals 	A