

CQC S.29A Warning Notice (2025) - Exit Criteria						
Ref	Deliverable	Exit criteria date	Trust date	Owner	Status	Update
S.29A-1: The service did not ensure staff kept up to date with their mandatory training.						
1.1	Sustain overall Stat/Man compliance at 90% or above	30/09/2025	31-Mar-26	Chief Paramedic and Director of Clinical Quality		Bi-weekly monitoring in place until end May 25. Monthly monitoring from end June 25 - this will revert to increased frequency if compliance levels reduce
1.2	Sustain individual Core Standards Training Framework (CSTF) subjects compliance at 85% or above	30/09/2025	31-Mar-26	Chief Paramedic and Director of Clinical Quality		Bi-weekly monitoring in place until end May 25. Monthly monitoring from end June 25 - this will revert to increased frequency if compliance levels reduce
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S.29A-2: Waiting times for calls were below national standards which meant the service did not ensure people could access the service when they needed it						
2.1	Call pick up < 5 seconds mean	30/09/2025	31-Mar-26	Deputy Director Clinical Operations (EOC)		
2.2	Call pick up < 5 seconds 95th centile	30/09/2025	31-Mar-26	Deputy Director Clinical Operations (EOC)		
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S.29A-3: The service did not have enough staff to keep service users safe from avoidable harm and or to provide the right care and treatment (EOC).						
3.1	Staff numbers to attain at least 85% of target (wte) - Call Handlers	30/09/2025	30-Sep-25	Deputy Director Clinical Operations (EOC)		
3.2	Staff numbers to attain at least 85% of target (wte) - Dispatchers	30/09/2025	30-Sep-25	Deputy Director Clinical Operations (EOC)		
3.3	Staff numbers to attain at least 85% of target (wte) - CAS staff	30/09/2025	30-Sep-25	Deputy Director Clinical Operations (EOC)		
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S29A-4: The service had cultural issues across the three emergency operations centres sites and the emergency and urgent care sites.						
4.1	Increase in management of sexual harassment cases (+10% more in 2025 than 2024)	30/09/2025	31-Dec-25	Deputy Director Culture & Leadership Development		Baseline to be determined
4.2	Update of Stat/Man e-learning module (sexual safety) - 85% compliance within 12 months of launch	30/09/2025	TBC	Deputy Director Culture & Leadership Development		
4.3	Staff survey Q17b, not experienced unwanted behaviour of a sexual nature from other colleagues (+5% in 2025)	30/09/2025	31-Dec-25	Deputy Director Culture & Leadership Development		Baseline to be determined
4.4	3%+ increase in % of staff who are speaking up about sexual harassment	30/09/2025	31-Dec-25	Deputy Director Culture & Leadership Development		Baseline to be determined - monthly monitoring following July-25 pulse survey
4.5	75%+ of all managers to complete the Sexual Safety Policy training	30/09/2025	31-Mar-26	Deputy Director Culture & Leadership Development		Baseline to be determined - monthly monitoring following July-25 pulse survey
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S29A-5: Not all controlled medicine incidents were properly investigated, appropriate action taken and recorded to mitigate further risks or lessons identified to improve future practice.						
5.1	Ongoing monitoring of CD incidents to sustain zero incidents closed with no lessons learned	30/09/2025	30-Sep-25	Trust Pharmacist		Monthly monitoring from end June 25 - this will revert to increased frequency if compliance levels reduce
5.2	Summary of lessons learned - to be submitted to the Regional Quality and Safety Group on a bi-monthly basis	30/09/2025	31-Mar-26	Deputy Clinical Director		First report to be submitted 05 June 2025
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S29A-6: Ambulance station areas did not all adequately act on information about staff opinion of the service to develop and take actions for improvement.						
6.1	Delivery of key performance indicators and qualitative data through the listening and engaging with staff transformation plan including 'Big Conversations'	30/09/2025	Ongoing	Deputy Director Culture & Leadership Development		KPS to be developed
6.2	ICB Quality Leads to undertake a quality engagement visit within their respective areas	30/09/2025	TBC	Urgent and Emergency and Elective Care Clinical Quality Lead		To be discussed at the Regional Quality and Safeguarding Group - 05 June 2025
7. Category 2 response times						
7.1	This will be monitored through the PDI meetings					