

# South East Coast Ambulance Service NHS Foundation Trust

Trust Board Meeting,  
23 February 2018

Tangmere MRC  
Minutes of the meeting, which was held in public.

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## Present:

Richard Foster	(RF)	Chairman
Daren Mochrie	(DM)	Chief Executive
Adrian Twyning	(AT)	Independent Non-Executive Director
Alan Rymer	(AR)	Independent Non-Executive Director
Angela Smith	(AS)	Independent Non-Executive Director
David Hammond	(DH)	Executive Director of Finance & Corporate Services
Fionna Moore	(FM)	Executive Medical Director
Graham Colbert	(GC)	Independent Non-Executive Director & Deputy Chair
Joe Garcia	(JG)	Executive Director of Operations
Laurie McMahon	(LM)	Independent Non-Executive Director
Lucy Bloem	(LB)	Independent Non-Executive Director
Steve Emerton	(SE)	Executive Director of Strategy & Business Development
Steve Lennox	(SL)	Executive Director of Nursing & Quality
Tim Howe	(TH)	Independent Non-Executive Director
Tricia McGregor	(TM)	Independent Non-Executive Director
Terry Parkin	(TP)	Independent Non-Executive Director

## In attendance:

Peter Lee	(PL)	Trust Secretary
Janine Compton	(JC)	Head of Communications
Mark Power	(MP)	Acting Director of Human Resources

RF welcomed Board members, in particular LM and AT and MP who is covering until Ed Griffin starts in early March. RF thanked Steve Graham who has now left the Trust, for his help over the past two years.

## 170/17 Apologies for absence

None

## 171/17 Declarations of conflicts of interest

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

## 172/17 Minutes of the meeting held in public on 25 January 2018

Save for one amendment at 161/17 from TH, the minutes were approved as a true and accurate record.

## 173/17 Matters arising (action log)

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

**174/17 Patient story [10.05 – 10.19]**

This was a negative experience about woman who fell from her bike in Horsham. There was lots of media coverage at the time as there was a long delay responding in very cold weather. The individual broke their neck of femur and had an operation the next day. The learning from this complaint included ensuring adequate welfare checks.

JG explained this was a very busy time and the triaging tool used did not account for weather conditions. Since then however the tool has been developed and, in addition to NHS pathways, we have introduced a clinical safety navigator. FM added that triage does not give helpful advice in these circumstances; for older fallers there are things we can do to help maintain safety while the crew arrive, such as keeping patients hydrated, mobile etc.

There was a discussion about how we use stories like this to ensure learning, when individuals do not make a complaint and the increased visibility through ARP of Cat 3 and 4 patients. JG confirmed that it was actually this data and the pressures during December that led to the improvements in the triage tool mentioned earlier.

**175/17 Chair's Report [10.19 – 10.21]**

The Board noted the Chair's report. RF added that at the awards ceremony last night there was an award for a young girl who managed to get her dad's phone to call for ambulance. It was a very moving story.

**176/17 Chief Executive's report [10.21 – 10.31]**

DM took the Board through his report.

AS asked about concern from Governors about Police not always acting professionally with EOC staff. DM explained we are working jointly with them on this as their call handlers also experience similar issues. Our aim will be to ensure we provide support and training. JG added that we have provided human factors and conflict resolution training for EOC staff.

**177/17 Delivery Plan [10.31 – 11.37]**

SE set out the work in updating the cover paper. We want to develop the reporting methodology so it is clearer about the status of the project and clearer as to the risks to delivery. In addition to the impact and benefit to patients. As projects come to conclusion, we will go through a process of handover in to business as usual.

AS referred to the many projects that are amber or red and asked whether this reflects we are doing too much. SE explained amber means we expect to deliver within existing resource. As we move forward, issues are likely to arise, which may tip projects to amber, but this reflects we are alert to risks and issues. In terms of doing too much the executive has gone through a period of prioritisation and we have paused a number of activities to ensure focus on the delivery plan. This led to a discussion about management needing to demonstrate to the Board more clearly, progress against each project.

RF summarised this discussion; there is much red and AS is asking whether we are doing too much. The answer from the executive is that we may need to recalibrate the RAG-rating, and are continually reviewing priorities. In response AS has said, when the plan comes to Board we can only go on what is before us. Therefore, how can we use the data to better steer the ship?

DM described the recent executive away day in which it reviewed the delivery plan, IPR and BAF, concluding that things on the delivery plan are what we need to prioritise, in line with the Trust strategy and 'must dos'.

DM went on to explain that the executive did recognise many other things were going on, in addition to the delivery plan, and so steps were taken to ensure better focus on the delivery plan. This included pausing many projects. We would like to develop this conversation at the Board strategy day to ensure the Board is better sighted on all the work that sits behind the relatively brief reports it receives each month. In other words, closing the assurance gap that currently exists.

LB felt that we are selling ourselves short. EOC and H&T are must dos and fundamental to patients. They were due to be completed by March and re-scoped to a date at the end of August. The bit missing is that these types of decisions should be for the Board to decide. A short explanation to Board to ensure transparency and confidence. SE explained the purpose of the cover paper is to give that narrative and additional detail.

DM assured the Board that we will ensure any dates changed will come to the Executive and then to Board. PL confirmed that this was agreed by the Board in January (and recorded as an action), and PMO were notified so that changes need to be reflected in the Board report for the Board to consider.

RF summarised. The context is we are trying to do lots at the same time and fix longstanding problems. The executive is working hard. There are many stakeholders involved given we are in special measures and the executive is doing well in this environment. That said, two things, which NEDs are saying we need to address on 15 March;

1. In terms of explaining things, we can do ourselves more justice.
2. We need to be clearer than we are when decisions should be taken. If we agree something as a board any change needs to come back to the Board for decision. For example, the addition of the EOC extending the demand and capacity review.

More positively, external feedback is increasingly positive that we are on right track.

Directors took the Board through each section of the Delivery Plan.

#### Service Transformation

JG set out the aspects as set out in plan explaining the RAG-rating.

#### Sustainability

DH also set out the progress. In terms of estates, we spent lots of time fixing things. We are re scoping projects within estates to better align with the strategy. The estates strategy will come to March Board.

With regards digital, we have formed a digital board and Steering Group.

#### Compliance

SL confirmed that we are moving in to the second phase where most projects are moving to BAU. This will free up time to undertake assessments in the key areas under the CQC domains.

SIs update – 68 open and 15 breached.

Safeguarding is good news. This project has moved to green based on delivering level 3 training.

Other good news is complaints; we are well beyond the trajectory for timeliness (delivering 94%).

SL explained the new Infection Prevention and Control (IPC) strategy, linking to 'IPC ready'. This is a new language and approach, with the focus on being ready to break the chain of infection.

FM explained that with governance & health records we are making progress to reduce unreconciled records.

We had a positive meeting with the CQC on medicines where we presented the story of the last year. We produced much evidence to support our improvement.

### Culture

MP explained the four main areas of focus and expressed some disappointment that we have slipped to amber in areas. A full report will be coming to the March Board meeting to show how we are taking forward Prof. Lewis recommendations. There is also a separate paper on culture later on the agenda.

### Strategy

SE explained that we have agreed the delivery timelines for the enabling strategies and we are in discussion about how best to introduce a quality improvement methodology.

### Questions:

TH asked about EPCR. DH explained the original business case was to create an electronic version of a paper form and roll out iPad, which has been delivered. We now need to decide the next steps, which includes continuing to evolve the current product and at the same time assess the product. An options appraisal is being developed and will be brought to Board in March. This will be Phase 2. Currently, the product is paused until a full analysis of the options appraisal.

AT asked about the SI backlog and how we ensure a sustainable reduction and resources to investigate. FM explained that additional resource would help in terms of capacity, but noted that we do have 300% more capacity than 12 months ago. In addition, reports go to commissioners, which provide the check and balance. We are in discussion with another Trust (SAHS) and an area of collaboration could be for them to check our processes.

LM asked when we would get an opportunity to discuss the outcome of demand and capacity review given this is pivotal to our strategy. SE explained that in terms of information sharing, we had a call this week on the early findings of two proposed models. In both, a significant number of additional hours will be required. A paper will come to the finance committee on 5 March. DM added that we are now trying to change the conversation from money to a clinical case and impact on patients. We will be engaging all our stakeholders in this conversation.

LB confirmed that she attended the SI Group recently and felt that we have a very robust process. At each weekly meeting each new incident is reviewed, including initial learning.

TP referred to hospital handover delays and asked about the targets set and who owns them and whether we are addressing what we can affect. JG confirmed there are two targets, firstly Acute Trusts to reduce to zero any delays greater than one hour and then us to have no greater than 15 minutes delays in 85% of cases. There are two task and finish groups, which are multidisciplinary, to help address this.

TM felt less assured by the culture section in the plan and felt it needed to develop given its importance. DM agreed that culture is a central plank of the strategy and we are potentially not describing well enough the work that is happening.

**178/17 Culture Update [11.37 – 12.13]**

MP explained this is a really critical work stream. Late last year the Board endorsed the work plan, which addresses the long-standing cultural issues. This must be done with and not to staff and so there has been much engagement. We are delivering this in partnership with Ignite.

Phase 1 was about putting the right infrastructure in place. We talked with staff about what we do and revisited the trust values. We have put robust governance structures in place with a clear project plan overseen by the Culture and OD Steering Group. Phase 1 has now delivered, providing the essential platform to deliver Phase 2 (delivery). The paper outlines the plan. It is an ambitious 3-month programme of targeted intervention, starting with board members. Then through OTLs and something more condensed to the wider workforce. It is about behavioural change; what it means in practice and how it translates to how we work day to day. We are trying to deliver this in a sustainable way and the methodology is tried and tested.

GC asked how we intend to resolve the geographical challenge to give best impact. MP explained there are modules to deliver, but it will take more than just the modules if it is to be sustained. The aim will be to provide training to middle managers so that the skills are imparted through this tier of manager. JG added that the OTL level is the right level to pursue this cultural change. We will train them as trainers and then facilitate the cascade to all staff, which is what we are currently working through.

DM explained there would be a detailed presentation at QPS/WWC on 8 March and a session for the Board on 15 March too.

The Board explored the internal capacity to sustain this. MP explained Ignite are good at what they do and we brought them in, as we do not have the capacity or expertise to deliver at this scale. We do have an OD function, and Ignite are working alongside the team to ensure the skill is passed on so it can be sustained, but we do need to look at the OD capacity, which we will discuss with Ed when he joins.

TH explained that when we talk about culture change, we need to be clear what we are saying. TM agreed that if we are not clear about what we mean by culture, staff would not be clear. She felt the overarching element is difficult to understand. Some of the language is currently too negative.

AS did not agree with all of what TM has said, and reinforced that we are going to have to press the button at some point.

LB asked how we would get this across to staff. She noted that one of big things this year is the introduction of an honest mistake, but we need to ensure staff are clearer on how we will respond when they acknowledge an honest mistake. It might be better to simplify the message to a few things, with an honest mistake being central to this.

RF summarised this detailed discussion:

1. We will pause and discuss the approach to Phase 2 at the away day
2. We cannot lose sight that a large part of this has arisen and been informed by extensive staff engagement. Therefore, we need to ensure we listen. If there is a difference between this and what the Board thinks then it will need careful thinking.
3. Everyone needs to understand this, nevertheless there are critical levels of management and much relies on their buy-in. Therefore, we need to be clear who the critical levels of management are and need to ensure they are engaged and support our approach. To do that (and this is what people are saying is missing) if we were asked to explain what the culture is and how we want it to be different and what this means, we would struggle individually given the differing views around the table. So more clarity is needed.

4. Once agreed, how do we know it is happening? There are some metrics and lots of other ways; for example when at Board meetings we can ask staff observing whether it is actually happening.

[BREAK AT 12.13 – 12.27]

**179/17 Quality Dashboard [12.27 – 12.34]**

SL explained the development of the monthly quality dashboard report, which is detailed and takes account of where we are. Each month we develop four posters setting out themes on key quality areas that goes to all stations. The suite of metrics also go to each OU. The metrics are not all quite right, but we have a more robust process in place than before.

LB added that when this came to the quality and patient safety committee, the committee noted the narrative is written by ROMs, which gives a different view. The majority of the feedback recently relates to management capacity, which the committee is exploring. This report is a big step forward.

There was discussion about how we use committees to explore more of the detail, while balancing the need to ensure sufficient (full) Board oversight.

**180/17 Use of non-parental prescription only medicines [12.34 – 13.07]**

FM explained that further to the discussion at the Part 2 Board meeting in February, this paper sets out the legal position and summarises the position of five prescription only medicines, given by non-parenteral route. The proposal is for the Board to approve the plan to provide training to staff. The issue is less clear for CFRs and use of Salbutamol. We suggest use of this drug is suspended while we provide training. Subject to Board approval, we will withdraw the use of Salbutamol for CFRs until training is delivered.

There was a detailed discussion about the impact of this for CFRs and the need to ensure a clear training plan, which enabled the re-issue of Salbutamol as quickly as possible. Acknowledging that this is not how it will be seen by many, the Board felt this could be quite a positive story as we can use this opportunity to show we are investing in CFRs through this training. At the same time, the Board felt that we need to be clear why we are taking this decision; to ensure legal compliance.

In summary, RF confirmed that the legal position, as interpreted by CQC and an external expert is that this governance/training will ensure we are within the legal framework. Therefore, we must withdraw the use of Salbutamol until training can be provided, as this is the proper thing to do for the Trust and for the CFRs. We are going to train CFRs so they can use this medication in future and will demonstrate how much we value the CFRs by providing this training as soon as is practicable.

JC confirmed that we have communicated with CFRs over the past weeks about some the changes we are making, but we need to understand this will not been seen positively by them.

Decision – The Board approved the continued use of the listed drugs by staff. It approved the withdrawal of the use of Salbutamol by CFRs until governance / training is in place. The executive will develop the training plan for all CFRs.

The Board acknowledged that CFRs are an important part of the Trust and currently they are not feeling well treated.

**181/17 IPR [13.07 – 13.20]**

SE explained that this is moving on, following feedback from the Board, and he outlined some of the further improvements planned, including the aspects of the quality dashboard the Board received earlier in the agenda.

LB asked about the spike in grievances. MP explained none were related to bullying and harassment. Five were recruitment process-related (timeliness). Three related to pay and the others were various issues. None related to a specific area.

LB asked about the lone worker policy review and, in particular solo responding. JG explained we are exploring what are we tasking them so we can minimise risks. Some mitigation already exists by virtue of sending less cars.

GC noted that performance in January was better than December and asked that we try to indicate what we are aiming for in terms of a trajectory.

LB referred to the 111 scorecard being concerning as all areas are Red, and confirmed that the quality and patient safety committee is scrutinising the 111 service at its next meeting in March.

**182/17 Board Meeting Schedule [13.20 – 13.25]**

The Board agreed the schedule. There was a discussion about December and the Board agreed to keep the date in diaries and hold a meeting if there was a need. This would be an extraordinary meeting and, if needed, would be held in private.

**183/17 Any other business [13.25]**

None

**184/17 Review of meeting effectiveness**

*There being no further business, the meeting closed at*

Signed as a true and accurate record by the Chair: \_\_\_\_\_

Date \_\_\_\_\_

DRAFT