



## Council of Governors Meeting to be held in public

5 March 2020 10:00-13:00

McIndoe Rooms, Crawley HQ

Nexus House, 4 Gatwick Road, Crawley, RH10 9BG (use RH10 9AX with satnavs)

### Agenda

Item No.	Time	Item	Enc	Purpose	Lead
<b>Introduction and matters arising</b>					
80/19	10:00	Chair's Introduction	-	-	David Astley (Chair)
81/19	-	Apologies for Absence	-	-	DA
82/19	-	Declarations of Interest	-	-	DA
83/19	-	Minutes from the previous meeting, action log and matters arising	<b>A</b> <b>A1</b>	-	DA
<b>Statutory duties: performance and holding to account</b>					
84/19	10:10	Chief Executive's Report: - Questions from the Council	<b>B</b>	Information and discussion	Philip Astle (CEO)
85/19	10:25	Assurance from the Non-Executive Directors: - Integrated Performance Report (January data)	<b>C</b>	Holding to account, assurance and discussion	Council and All NEDs present
<b>Statutory duties: member and public engagement</b>					
86/19	10:40	Membership Development Committee Report	<b>D</b>	Information	Brian Chester (Public Governor for Surrey)
<b>Committees and reports</b>					
87/19	10:45	Governor Development Committee Report	<b>E</b>	Information	Felicity Dennis (Lead Governor and Public Governor Surrey)
88/19	10:50	Governor Activities and Queries Report	<b>F</b>	Information	Felicity Dennis
<b>Statutory duties: performance and holding to account</b>					
89/19	10:55	Board Committee Observation report: - Audit Committee  - Finance and Investment Committee	<b>G</b>  <b>G1</b>	Holding to account and assurance	Chris Devereux (Public – Surrey)  Felicity Dennis (Public Governor – Surrey & NE Hants), Pauline Flores-Moore



					(Public Governor – W Sussex) and Harvey Nash (Public Governor – W Sussex)
90/19	11:05	<p>Board Assurance Committees' escalation reports to include the key achievements, risks and challenges:</p> <p>Workforce and Wellbeing Committee - 23 January 2020</p> <p>Audit Committee - 12 December 2019</p> <p>Charitable Funds Committee - 12 December 2019</p> <p>Finance and Investment Committee - 16 January 2020</p> <p>Quality and Patient Safety - 17 January 2020</p> <p>-</p>	<p><b>H1</b></p> <p><b>H2</b></p> <p><b>H3</b></p> <p><b>H4</b></p> <p><b>H5</b></p>	Holding to account, assurance and discussion	All Non-Executive Directors present
<b>11:25 Comfort break</b>					
91/19	11:35	<p>Deep Dive: Workforce and Wellbeing Committee (WWC) and Appointments and Remuneration Committee (ARC)</p> <p>Overview of function and remit of WWC and ARC</p> <p>Key areas of scrutiny of WWC and ARC and discussion</p>	<p><b>I1</b></p> <p><b>I2</b></p> <p><b>I3</b></p> <p><b>I4</b></p> <p>-</p>	Learning and holding to account	Terry Parkin (NED and Chair of WWC) and Al Rymer (NED and Chair of ARC)
92/19	12:05	Health and Safety: Improvements and consideration of staff welfare and security, including Operation Cavell and body worn cameras		Information and discussion	Amjad Nazir (Head of Health and Safety)
93/19	12:35	Selection of quality data area for external validation by our auditors, as part of the annual Quality Account	<b>J</b>	Decision	Judith Ward (Deputy Chief Nurse)
94/19	12:50	Outcomes of the Governor annual self-assessment of effectiveness	<b>K</b>	Information	Izzy Allen (Asst Company Secretary)
<b>General</b>					
95/19	12:55	Any Other Business (AOB)	-	-	DA
96/19	-	Questions from the public	-	Accountability	DA
97/19	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA



98/19	-	Review of meeting effectiveness	-	-	DA
		Date of Next Meeting: 4 June 2020	-	-	DA

**Observers who ask questions at this meeting will have their name and a summary of their question and the response included in the minutes of the meeting.**

**PLEASE NOTE: Meetings of the Council held in public are audio-recorded and published on our website.**

**Afternoon session 14:00-15:30**

**Please join us for information and discussion concerning:**

**14:00** Staff survey – overview of outcomes and plans to act of findings – Emma Saunders (Organisational Development and Engagement Adviser)

**14:30** Clinical education – overview of progress – Sara Songhurst (Deputy Clinical Director)

**15:00** 111/CAS stakeholder engagement – overview of plans and how Governors can help – Caroline Sargent (Interim Project Communications Manager)

# South East Coast Ambulance Service NHS Foundation Trust

## Council of Governors

### Meeting held in public – 3 December 2019

#### Present:

David Astley	(DA)	Chair
Felicity Dennis	(FD)	Public Governor, Surrey & N.E. Hants – Lead Governor
Geoff Kempster	(GK)	Public Governor, Surrey & NE Hants
Brian Chester	(BC)	Public Governor, Surrey & N.E. Hants
Pauline Flores-Moore	(PFM)	Public Governor, West Sussex
Harvey Nash	(HN)	Public Governor, West Sussex
Nicki Pointer	(NP)	Public Governor, East Sussex – Deputy Lead Governor
Roger Laxton	(RL)	Public Governor, Kent
Marguerite Beard-Gould	(MBG)	Public Governor, Kent
David Escudier	(DE)	Public Governor, Kent
Was Shakir	(WS)	Staff-Elected Governor (Operational)
Marianne Phillips	(MP)	Public Governor, Brighton and Hove
Nick Harrison	(NH)	Staff-Elected Governor (Operational)
Marian Trendell	(MT)	Appointed Governor – Sussex Partnerships
Vanessa Wood	(VW)	Appointed Governor – Age UK
Malcolm MacGregor	(MM)	Staff-Elected Governor (Operational)
ACC Nev Kemp	(NK)	Appointed Governor – Surrey Police
Chris Devereux	(CD)	Public Governor, Surrey & NE Hampshire
Sarah Swindell	(SS)	Appointed Governor – EKHFT

#### In attendance:

Philip Astle	(PA)	Chief Executive Officer
Peter Lee	(PL)	Company Secretary
Michael Whitehouse	(MW)	Non-Executive Director

#### Presenters:

Cornelius Halladay-Garret (CHG) KPMG Auditor

#### Apologies:

Lucy Bloem	(LB)	Senior Independent Director & Non-Executive Director
Howard Pescott	(HP)	Appointed Governor – Sussex Community Trust
Graham Gibbens	(GG)	Appointed Governor – Local Authorities

**Minute taker:** Isobel Allen – Assistant Company Secretary

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## 47. Introduction

- 47.1. DA welcomed everyone to the meeting. He noted the Trust's sincere thanks to James Crawley who had resigned from the Council and wished everyone well in the forthcoming elections. He welcomed Michael Whitehouse representing the NEDs and explained why other NEDs were not in attendance (due to family bereavement).

## **48. Apologies**

48.1. Apologies were noted as above.

## **49. Declarations of interest**

49.1. No additional declarations of interest were made.

## **50. Minutes and action log:**

- 50.1. The minutes were taken as an accurate record save that HN's name was missing from the attendance list. Apologies were noted as above.
- 50.2. MT provided an update on item 260, section 136. She noted that there was an improving picture with almost 30% of Section 136 patients in the last month being conveyed in Sussex by SECAMB. She advised that she had consistently challenged the Trust's Integrated Performance Report (IPR) figures which showed SECAMB's performance on 136 transfers as 'amber'. The figures from her Trust did not match those set out on p.11 of the IPR.
- 50.3. MT gave personal thanks to SECAMB for its work with her and noted she would have completed 9 years as a Governor in March 2020. Yesterday, SECAMB had started a pilot under section 6 of the mental health act with Secure 24 and would review this in January to see if there was an improvement in response times for those detained under the Mental Health Act in their own home. MT was hopeful.
- 50.4. DA thanked MT for her diligence in speaking up about this issue over the years.
- 50.5. PA noted that the number of cases and the speed with which the Trust was dealing with them was improving.
- 50.6. NK asked why there was such a disparity in the figures. NH noted that this had been the case for three years and raised concerns that while MT advocated for Sussex there was no-one doing it for Surrey or Kent. This should be Trust wide.
- 50.7. DA advised that there was further work to do to achieve consistency across the patch. MT noted she represented mental health across the patch, not just Sussex. For instance, she knew Surrey did well but Kent was also an outlier in 136 performance. DA asked the Finance and Investment Committee (FIC) to scrutinise mental health recording.

**ACTION: FIC to scrutinise section 136 mental health data and recording at a future meeting.**

50.8. HN noted that the IPR now contained a list of hospital handovers and showed the longest delay at each hospital, i.e. an outlier rather than either the average or total hours lost, which might be better way of arranging it. IA would pass this back to the Executive.

**ACTION: IA to refer HN's comments on improving hospital handover reporting in the IPR, back to the Executive Team.**

50.9. The AMM minutes were approved.

## **51. CEO Report**

- 51.1. PA noted that, in general terms, operational performance was relatively good for the most unwell patients but not good for less sick patients.
- 51.2. Two factors influenced this: demand, and personnel. In the last couple of years, the Trust averaged demand growth around 3.5% which formed the basis of modelling, but last year demand went up by 6% and this year it was over 7% at present. Our trajectory/target for

recruitment based on the expected demand was being met, however this plan needed to be redone and additional staff would be required.

- 51.3. We would be thinking about whether other skill sets and cross-training could be used, and how we could entice people back in from private companies who had left. On quality, we were providing a safe service.
- 51.4. On 111, our performance was mid-range, but still shy of the national target. We were unlikely to hit that target. Demand was being added daily, including because of the national 111 advertising at present.
- 51.5. The Executive were focused on how we were sending too many 111 calls into the 999 service. Most of those cases were right, but some were not appropriate for 999.
- 51.6. We were trying to improve our systems and move away from the preponderance of paper records. E-expenses was being launched, and other systems including electronic timesheets would come online in the new year.
- 51.7. The roll out of the electronic Patient Clinical Record (ePCR) was going well: we had set a target of 50% of patients being handled with ePCR by this point and it was already over 60%. This would provide a richer source of data.
- 51.8. The NHS staff survey had just closed with the highest response rate in the ambulance service. PA looked forward to reading the outcomes.
- 51.9. The NHS 111 CAS contract would be signed on Tuesday however the mobilisation phase had started.
- 51.10. FD shared a question from PFM, about when paper records would be withdrawn. PA advised that paper records would always be available as a back-up. There was no plan as yet for private providers to move onto ePCR, for example. However, SECamb staff would be defaulting to ePCR and colleagues asked to provide a reason for using paper by April.
- 51.11. MP noted that paper records would then be converted to electronic records.
- 51.12. MM asked about recruitment challenges. Was there a plan to recruit agency Paramedics onto our vehicles? PA said we were thinking about it because of the skills mix problem as well as recruitment pipeline problem. DA advised that the NEDs would be interested in this to ensure value for money and cost-benefits.

**ACTION: DA to support NEDs to understand possible implications of using agency Paramedics.**

- 51.13. NH asked about the CAD going down last week for over two hours. Was PA content that the problem was solved? On ePCR, he advised that Kent had had no ePCR access since Friday. Was PA convinced that this was being solved?
- 51.14. PA noted that the current CAD was more robust than the previous CAD, and that extra time had been taken before bringing it back online so that it could first be tested to ensure it was working, rather than risk EOC transitioning from paper back to CAD any more than was necessary as this transition presented the most risk to patients. He noted NH's comment about ePCR in Kent and would speak to him further in the break.
- 51.15. RL asked about recruitment for 200 staff per year: he was concerned about the capacity of the Clinical Education Department. PA advised that the Clinical Education review was not complete, but it looked as if we would aim to do the full range of apprenticeships under the umbrella of colleges of further education. RL asked whether there was a date when a report would be published. PA advised there was no definitive report being produced as such.

## 52. Assurance from the NEDs – Integrated Performance Report

- 52.1. MW noted that earlier in the year the FIC had been focusing on the symptoms rather than root causes regarding operational performance. MW was more confident now that there was a better understanding of the challenges around staffing levels. The NEDs had challenged the Executive to say we needed to align inputs to produce sustainable improvements. If we were bringing many new staff into the organisation their induction and introduction to SECAMB needed to be really good. We needed to understand the dynamics of this. We also needed to take a strategic approach in terms of the use of Private Ambulance Providers (PAPs).
- 52.2. The focus for FIC was to challenge the Executive to have a clear plan for ensuring recruitment had the expected outcomes in terms of sustained performance improvement. In short MW was assured that the focus was there.
- 52.3. DA noted that MW had brought an eye on the strategic detail. DA was also keen to focus on continuing to have a partnership approach to working with others in the NHS, not an adversarial one.
- 52.4. MW provided a brief update on the Trust's finances; our income came from the 999 and 111 services. We believed we would end the year with an ongoing deficit of around £2m. This was serious but relatively small and less than 1% of total income, and nationally good. The Trust's planned estates work was secure as we had reasonable reserves. Investment in key enablers had continued.
- 52.5. MW had found Cost Improvement Programmes (CIPs) pushed people towards short-termism and he would prefer a longer-term strategic approach, transforming all our activities to be more efficient. We would deliver this year's CIPs, but too high a proportion of this was non-recurrent (35%) and we needed to be looking at long term transformation.
- 52.6. MW was very confident in David Hammond as Finance Director, and would continue to work to encourage a strategic, longer-term focus. A five-year financial plan was now being finalised.
- 52.7. MW advised that the IPR was being reviewed at Audit Committee so as to improve the IPR.
- 52.8. FD asked GG's question regarding NHS 111 performance on p.20 of the IPR: how assured were the NEDs in relation to call abandonment and 111 to 999 transfer? This appeared to have shot up.
- 52.9. PA reiterated that he was concerned about 111 to 999 transfers: we had revised our action plan and were retraining our call takers. There had been a big spike when there was a definitional change within Pathways, which would not come down to previous levels. We were about 2% too high though regardless and we were working to bring this down. 111 call takers were having more training regarding probing questioning, all Cat3 and 4 calls were being looked at by a clinician (90% thus far) and clinicians would be able to intervene in calls that looked like Cat 2 while the call was ongoing to check whether Cat 2 was the right degree of urgency. PA was less worried about the call abandonment rate.
- 52.10. BC asked regarding p.21's data on physical assaults on staff, which had risen and continued to be high. Were staff getting the support they needed, and could anything be done to reduce the trend?
- 52.11. DA advised that the WWC were focused on this.

- 52.12. PA noted that the increase was partially because there were more staff/interactions, and we were reporting more, but there was also a real increase. Staff had not been reporting assaults as it happens all the time. We were working with police colleagues to ensure that when it was reported, we got good outcomes. We were also introducing body-worn cameras in the future.
- 52.13. MT noted that she was working on a partnership to increase support for colleagues and increase the likelihood of prosecution or behavioural orders being issued (called Operation Cavell) with Sussex police and her mental health Trust, Sussex Partnerships. She had met with senior operational colleagues in SECamb to see how SECamb could be involved and had a meeting on 19<sup>th</sup> December to look at how this could be moved forward. This had helped the culture change in her Trust.
- 52.14. DA asked Staff Governors' experience of assaults. MM noted that he had little personal experience of this. NH had seen a couple of assaults physically but many verbally.
- 52.15. HN noted the number of sanctions issued had reduced but that cases brought to court about assaults on emergency workers were taken extremely seriously (he was a Justice of the Peace as well as a SECamb Governor).
- 52.16. MM asked about job cycle times and the ePCR. An increase in job cycle times as ePCR was introduced had been expected: were we able to measure this and reduce it? PA advised that on-scene time had not gone up. PA knew that some paperwork was being done at hospital but the data showed this was not having a process impact.
- 52.17. PA noted that ePCR was too slow for multiple cases and this needed finessing but in the normal course of events it was working well.
- 52.18. MM asked about clinical safety and the STEMI care bundles which appeared to show a downward trend over the last year. There was expected improvement with ePCR. Were NEDs confident that it's a documentation issue? Were we seeing an improvement since ePCR? PL noted that Fiona Moore had confirmed both at Board and Executive Team meetings that the ePCR would help but the data had not come through yet.
- 52.19. FD was concerned that this data showed something Governors should be concerned about. DA noted that this might be referred to the Quality and Patient Safety Committee (QPS).

**ACTION: Refer concern regarding STEMI bundle to the QPS to consider.**

### **53. Membership Development Committee (MDC) Report**

- 53.1. BC noted that the MDC had discussed annual workstreams in relation to working with our membership more effective, rather than developing a strategy. The Trust's Staff Engagement Advisers had joined the MDC which was fantastic and would help us work well.
- 53.2. BC noted the issues with staffing, and that it was important to enable local engagement champions to support staff engagement.
- 53.3. The MDC discussed the impact of this engagement and would continue to do so.
- 53.4. The Committee had reviewed the AMM, which was found to be fit for purpose and Governors felt that it was very much a members meeting.
- 53.5. The MDC had reviewed its own effectiveness and found that it was working reasonably well.

#### **54. Governor Development Committee (GDC) Report**

- 54.1. FD noted that the Committee had last met on 24 October. The GDC had supported a redraft of the IPR so Governors could more easily understand what was being reported.
- 54.2. The GDC welcomed constituency meetings with the Chair. The Committee had also reviewed its effectiveness and was found to be effective.

#### **55. Governor activities and queries Report**

- 55.1. FD and DA noted the quality of both queries and responses, and the wide range of challenge. FD thanked colleagues.
- 55.2. FD noted that there was concern about staff welfare. There was a question on p.6 about the number of staff who did not have a contract of employment. There had been good questions about CFRs, such as on p.8 regarding CFRs who had left and the Trust hadn't been aware. DA confirmed that from a NEDs' point of view there were no surprises in the issues being raised.
- 55.3. NP noted that the CFR support team had been working hard on improving governance, a more consistent calibre of CFRs were now in place, and CFRs may have been leaving through non-compliance with strict and necessary rules and requirements.
- 55.4. MP noted that regarding clinical education, she remained concerned that the Trust had not had plain sight of issues in the department.
- 55.5. DA provided assurance that this was felt to be a wake-up call from a NED perspective.
- 55.6. MW acknowledged that he had asked himself the same question. For scrutiny to be really effective you had to focus on the core activity and what made that successful. He thought we had improved and were developing an in-depth understanding of all the things that made an organisation successful.
- 55.7. DA knew that there had been noise around the organisation about Clinical Education, but this hadn't been received as intelligence by the leadership.
- 55.8. PL advised that a review was being undertaken to understand what had happened, but he felt the Trust had identified there were issues which was why the department had been moved to the Medical Directorate. Medical had not had time to identify the problems prior to the unannounced education inspection.
- 55.9. HN was encouraged by PA's comments around using FE expertise to deliver our apprenticeship programme.

#### **56. Nominations Committee (NomCom) Report**

- 56.1. DA noted the good work going on in recruitment for two new NEDs.

#### **57. Board Committee Observation Reports**

- 57.1. HN reported back on Governors' observation of the Workforce and Wellbeing Committee (WWC) and advised that both NEDs at the WWC had been very active in the meeting, questioning constructively, and that there had been good partnership working from everyone at the meeting.

#### **58. Board Assurance Committees' escalation reports**

- 58.1. MM asked about the request to colleagues to bring in ID to complete their personnel files. He noted this was quite an issue for staff, engendering some bad faith, but he wanted to understand what would happen if staff chose not to resubmit their documents.

- 58.2. WS noted that there was a plan for those refusing to provide documentation which could result in escalation through the organisation. PA noted that the request was seen as a reasonable management request.
- 58.3. MM noted that further communication on this might be useful since he had heard rumblings that staff may withhold the information. NP confirmed there was similar social media activity.
- 58.4. MBG noted that issues had been raised to her by Kent staff. There was a feeling that there was not enough time for staff to recuperate after a traumatic event on shift, which led to poor health including mental health. On Graduate Paramedics, MBG noted that their life-skills were at times not sufficient to carry them through. MM agreed that these did not apply only to Kent.
- 58.5. DA noted these issues and would ensure these were shared with the WWC.

**ACTION: DA to share concerns regarding time for staff to recuperate after traumatic events and in relations to newly qualified Paramedics' reported lack of resilience with WWC.**

- 58.6. FD asked GG's query on Personnel files: what further action would need to be taken for NEDs to be assured and was not the target date of Xmas a bit ambitious? DA provided some assurance. On the target date, this was entirely aspirational and the absolute deadline would be March 2020.
- 58.7. MM asked about agency Paramedics and Technicians, which PA had said were being considered but no firm plans had been made. MM advised that he had heard that hotels were booked for assessments etc. MM asked whether NEDs were assured that there had been appropriate governance around this process. He was concerned about the lack of oversight this also implied.
- 58.8. PL advised that the use of agency staff was not a matter for the Board. The question regarding governance was for management to look at. PL confirmed that WWC did not have this specifically within its remit. MM noted that we did not use agency staff each day on our ambulances. DA advised this could be passed on to Terry Parkin (Chair of WWC). PA noted that this had not been introduced to Union Colleagues in a timely fashion.

**ACTION: DA to ensure Chair of WWC is aware regarding the use of agency staff Paramedics and Technicians.**

- 58.9. WS noted the WWC report regarding the quality of appraisals and outcomes of appraisals. Ha advised that it was odd that training had been cancelled when staff always asked for more training during their appraisals.
- 58.10. WS asked why training provided by external providers had been stopped: DA would ask the WWC to consider this.

**ACTION: DA to ask the WWC to consider why externally provided training had been stopped.**

- 58.11. RL noted that he was concerned that SECamb Paramedics would leave and join an agency if agency staff were widely used.
- 58.12. HN asked about NHS Pathways audits which had been held up because of an outstanding grievance: this had been reported for a couple of months.

58.13. FD noted that GG had asked about 999 performance as mentioned in October's FIC report where it said a clear communication plan was required to share issues and plans for sustained improvement with key stakeholders. GG would like to see this when available. This would be taken away and followed up outside the meeting.

**ACTION: IA to follow up with the team to ensure GG is included in stakeholder communications around 999 performance when circulated.**

58.14. FD asked about frequent callers. PA noted that this was indeed a whole system issue and we were working with GPs, other emergency services and hospitals. PA confirmed the aim was to ensure a care plan was in place to prevent the calls in the first place.

### **59. FIC and Audit Committee**

- 59.1. DA introduced MW. MW explained he was an accountant by background, who had worked for 38 years at the National Audit Office (NAO). The NAO had two roles: working closely with parliament and holding them to account for their performance. He had specialised in value for money work.
- 59.2. He had worked on a health portfolio at several times in his career. It was interesting to look at the NHS now from the inside rather than the outside.
- 59.3. His career with the NAO allowed him to travel widely and he retired as Chief Operating Officer. He was also on the Board of the Medicines and Healthcare Products Regulatory Organisation, and on the Board of CRUSE the national bereavement charity.
- 59.4. On FIC, the principles were that it was evidence based: providing Value For Money (VFM), financial control, long and medium-term perspectives and understanding the impact of investment.
- 59.5. Recently, a significant dip in performance enabled FIC to establish clear levers that had affected performance: rota alignment, skills mix and other key enablers (modernising fleet for example). FIC were also considering Business Cases in relation to Make Ready in Brighton and Hove and would consider another in Medway in Kent. FIC had done a lot of due diligence work around the 111 CAS contract to ensure the Trust had the capability to deliver and FIC was now focused on the mobilisation plan.
- 59.6. Benefits realisation was tracked by the Committee. Each investment should make SECamb a sustainable player in the NHS family. FIC considered the impact on patients but also that investments give e.g. social return, and queried whether investments were aligned to our values. This involved working closely with WWC and QPS.
- 59.7. FD asked about the increased investment from commissioners to SECamb and whether this was a struggle for the Committee: had it been used wisely? MW advised that the quality of business cases was pretty good, but there was a wider systemic issue around management capacity to make sure the money was translated into sustainable improvements. MW felt PA had very quickly grasped this, there was a good team at Executive level, but more work was perhaps needed to develop the next tier down. This would be his message back to commissioners.
- 59.8. MW was also clear that we needed to make adjustments if there were unexpected consequences.
- 59.9. MP asked about NEDs' capacity. MW felt very privileged in the training that he had received from the NAO. He felt he and LB in particular brought rounded skills such as seeing what was working and wasn't, which enabled them to work well but quickly.

- 59.10. MW appreciated the dialogue between the Executive and NEDs, and the openness which helped governance work. He felt the NEDs brought really good experience.
- 59.11. MW gave an overview of the purpose of the Audit Committee (AuC), which was to bring scrutiny to the internal control of the organisation and also focused on how the Trust identified, managed and acted on risk.
- 59.12. AuC drew on intelligence from the other NEDs, but also the work of internal audit, which had been retendered and RSM Tenon had been appointed for a further 3 years. This programme of work was designed to give assurance. Internal audit could either be good or lacklustre. He wanted internal audit to look at systemic and longer-term issues as well as the day to day specifics.
- 59.13. MW felt that risk was managed reasonably well within the Trust.
- 59.14. When an internal audit gave limited or qualified assurance around a control issue, AuC now asked the auditors to consider whether there were systemic issues. This was where tighter management grip was needed. MW felt PA was very much focused on these issues and on taking a wider view of control in the organisation.
- 59.15. MW felt Governors should continue to challenge NEDs around whether they felt the longer-term view was in place and managed effectively.
- 59.16. MW was also focused on Information Governance through AuC which was, for example, an issue as 111 was mobilised.
- 59.17. NP asked about the risk register. Did individuals at the frontline in each directorate know what was on their risk register? MW felt this was quite difficult and suspected people might say no but having the culture to speak up in the organisation meant that people were actually talking about and highlighting risk.
- 59.18. MP asked about the internal audit work programme. Was this usually cross-cutting or drilling downs into specifics? MW advised that was encouraging the former but internal audit tended to prefer the latter.
- 59.19. DA noted that internal audit reports were highlighting vital issues.

## **60. Report of the External Auditor to the Council of Governors**

- 60.1. DA introduced CHG from KPMG.
- 60.2. CHG noted that he was the External Audit Manager who oversaw the Trust's audit last year. He extended the apologies of our lead auditor.
- 60.3. The role of external audit was to provide an opinion on the financial statements, by checking the numbers were true and fair. They gave an opinion on our use of resources, which looked at whether we were meeting our purpose as an organisation, and then thirdly they looked at the Trust's quality account and the quality of data that underlined those reports.
- 60.4. CHG summarised the external audit opinions for 2018-19.
- 60.5. On finance, this was an unqualified opinion, the best you could get. There were no issues with consistency or accuracy, judgments and valuations had been well-thought through.
- 60.6. On use of resources, SECamb had been given an 'except for' opinion, which was an improvement on the previous year. This focused on how resources had been used in decision making, and our performance on CQC inspection results. The Trust was still in special measures which was one reason for the 'except for' opinions. So in general, apart

from the CQC results and being in special measures, the Trust was in good shape. He anticipated a more positive opinion for 2019-20.

- 60.7. On the quality accounts' C1 and C2 response times, the auditors looked at the quality of the data and were happy the data was robust and accurate. The Council had asked the auditors to consider the time it takes for the identification of out of hospital cardiac arrests to commencing CPR. The Trust was not collating this data as yet.
- 60.8. CHG noted the quality of the work of the finance team, who had also responded positively to KPMG's recommendations. KPMG had also produced a long form audit report looking at the risks to the organisation. As part of this, recognition of the risk of fraudulent income and expenditure were mandated language and applied to all NHS Trusts. However, on the valuation of land and buildings, this was a risk KPMG felt should be acknowledged due to the fairly subjective value of these assets.
- 60.9. CHG felt that it was a very positive picture and also a positive experience conducting the audit.
- 60.10. FD asked about the data regarding the performance reports, and CHG clarified that only C1 and C2 data had been considered. IA advised that it was worth the Council considering data the Governors would like audited for the following year, and PL confirmed this should not duplicate the internal plans and audits conducted thus far.

**ACTION: IA would add the selection of quality data to audit to the Council agenda for the March meeting.**

### **61. Governor annual self-assessment of effectiveness**

- 61.1. IA introduced the paper regarding the process proposed by the GDC for the Council's annual review of effectiveness. The Council agreed to move ahead with the self-assessment rather than wait to incorporate meetings with the Chair in the process.
- 61.2. IA thanked FD and others who had worked to simplify the anonymous survey used, and noted this would be adapted for use by key stakeholders, including all NEDs, to provide their '360' feedback.
- 61.3. The outcomes would come to GDC in February and then formal Council with recommendations in March.

### **62. Meeting dates for 2020-21**

- 62.1. IA introduced the paper noting that we tried to put the dates out as far in advance as possible to ensure the best possible attendance. She asked Governors to put the dates in their diaries and apologised to anyone unable to attend the forthcoming Christmas 'thank you' event due to too many meetings being scheduled in the run up to the end of December.

### **63. Any other business**

- 63.1. MM noted that staff welfare sounded like a theme for the meeting and she would like to see that reflected in the IPR, such as meal breaks, late finishes, sickness levels, wellbeing referrals.
- 63.2. PL noted that this feedback was already informing the current version, and if the Board felt that it was useful, they would include these types of indicators.
- 63.3. MM advised that regarding p.5, noting clinical outcomes for discharged patients following cardiac arrest, while acknowledging this reflected hospital efforts as well as SECAMB's, he was concerned at our performance against this indicator. PL noted that this had been

discussed at Executive Team and Board, and Fionna Moore (Medical Director) had confirmed that SECamb measured this more strictly than some other services by checking whether patients had survived. PA confirmed this was the case.

63.4. DA asked for more work to be done through PA at the Association of Ambulance Chief Executives to establish a consistent base for this reporting. PA noted that the body in charge of these statistics was being lobbied by Fionna Moore to do just that.

63.5. CD wanted to congratulate Peter Lee on behalf of the Council for winning Company Secretary of the Year.

**64. Questions from the public**

64.1. There were none.

**65. Areas to highlight to the NEDs**

66. IA would look back over the minutes and provide a summary based on the issues discussed.

**67. Review of meeting effectiveness**

67.1. Council agreed that the items were appropriate and relevant and well-handled transparently.

**Signed:**

**Name and position:**

**Date:**

**SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**  
Trust Council of Governors Action Log 2018-19

Meeting Date	Agenda item	AC ref	Action Point	Owner	Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
06.06.19	2.8	260	s136 conveyances to continue to be reviewed by Executive team and system partners.	FM/MT			IP	Progress was noted at the September Council meeting however it was also noted that our performance reporting showed we were 'green' while this was not yet the case.
06.06.19	8.3	263	CFC to consider impact of CFR schemes in any new charitable proposals/governance processes that are implemented.	IA	Jän.20	CoG	IP	This was highlighted to the CFC ahead of their July meeting to further discuss proposals. Governors did not feel this issue was satisfactorily addressed by NEDs at the September Council meeting and wish it to remain on the action log. Note link to action 270 - CFC next meeting 12 December. Update 26.02.20: the chairman agreed to lead a working group to ensure that the issues are considered as a whole including consequences (intended and unintended) are considered.
20.09.19	33.2	268	Arrange a workshop briefing for Council on clinical performance and understanding the integrated performance report	IA	Dez.19	CoG	IP	This remains on the suggested items list that goes to the GDC. Once the IPR has been revised it will make sense to hold this session.
20.09.19	39.10	270	How assured was the Trust that CFRs had access to the funds raised in their name, as this had been an issue in the past	IA	Dez.19	CoG	C	Peter Lee would clarify with the Chair of CFC what the current plan was and whether any adjustments were needed to address Governors' concerns. A workshop was held 28.10.19 with management stakeholders to discuss: ensuring that the Trust remains compliant with regulations surrounding charitable activities and how CFR availability to work/performance/fundraising is captured and audited. The recommendations will be discussed at CFC on 12 December. Update 26.02.20: there is an approved policy and process which is administered via the Volunteer Services Directorate under Dave Wells. Once there is an approved request Finance will transacted the funds immediately.
03.12.19	71.6	272	Review Governor representation numbers and whether B&H should revert to having its own Governor	IA	Dez.19	CoG	IP	This to be revisited prior to next Governor elections, ie end of 2022.
03.12.19	50.7	273	FIC to scrutinise section 136 mental health data and recording at a future meeting	DA	TBC	Board	IP	Sent to Chair of FIC/AuC to consider how to seek assurance if necessary.
03.12.19	50.8	274	IA to refer HN's comments on improving hospital handover reporting in the IPR, back to the Executive Team	IA	Jän.19	CoG	C	HN noted that the IPR now contained a list of hospital handovers and showed the longest delay at each hospital, i.e. an outlier rather than either the average or total hours lost, which might be better way of arranging it
03.12.19	51.12	275	DA to support NEDs to understand possible implications of using agency Paramedics.	DA	TBC	Board	C	On WWC's radar and advised again following the CoG. See also action 279.
03.12.19	52.19	276	Refer concern regarding STEMI bundle to the QPS to consider.	DA	TBC	Board	IP	Has sparked wider consideration of how NEDs take assurance from Ambulance Quality Indicator performance/data. To further consider at QPS.
03.12.19	58.5	277	DA to share concerns regarding time for staff to recuperate after traumatic events and in relations to newly qualified Paramedics' reported lack of resilience with WWC	DA	TBC	Board	IP	Shared with Operations Associate Director for the East to feed back (Tracy Stocker).
03.12.19	58.8	278	DA to ensure Chair of WWC is aware regarding the use of agency staff Paramedics and Technicians	DA	TBC	Board	IP	On WWC's radar and advised again following the CoG. See also action 275. Actions combined and this one remains open for further updates once WWC have sought assurance.
03.12.19	58.1	279	DA to ask the WWC to consider why externally provided training had been stopped.	DA	TBC	Board	C	Chair of WWC has provided a response to the Staff Governor concerned previously that set out rationale and lack of NED concern over this issue.
03.12.19	58.13	280	IA to follow up with the team to ensure GG is included in stakeholder communications around 999 performance when circulated.	IA	TBC	CoG	IP	Whilst the NEDs were overall not assured about 999 performance at the Finance & Investment Committee in November. The Committee was assured that "the executive has identified all the major issues to be tackled to achieve sustained performance" and that a "clear communication plan is required to ensure key stakeholders understand the issues and what we are doing to address them, and to ensure expectations are managed." Has a briefing to stakeholders been prepared and circulated? Graham would like to circulate this to the six leaders to update them.
03.12.19	60.10	281	IA would add the selection of quality data to audit to the Council agenda for the March meeting.	IA	Feb.19	CoG	C	Added to agenda of March meeting.



# **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

## **B - CHIEF EXECUTIVE'S REPORT TO THE COUNCIL OF GOVERNORS**

### **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, January 2020 and February 2020 to date.

### **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 the busy festive 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.

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. However, performance against our key metrics was steady, including abandoned call rates.

2.1.7 During recent weeks, the on-going Covid-19 outbreak (see 4.1 below) has had a significant impact on NHS 111, with the service receiving a large number of additional calls. This has caused additional pressures on an already busy service, at a time when we are also preparing to mobilise the new NHS 111 contract from 1 April 2020.

2.1.8 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 has risen 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
- The Covid-19 outbreak and the impact on SECamb

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 I was pleased to welcome Ali Mohammed, our new Executive Director of Human Resources and Organisational Development to SECamb when he joined us officially on 27 January 2020. I am sure we will benefit from his knowledge and experience over coming months and years.

2.3.2 We are currently in the process of recruiting two new Non-Executive Directors (NEDs) to join the Board - one with a financial background and one with a medical/clinical background.

2.3.3 Interviews for both posts were held during January and following these, I am pleased to report that a recommendation has been made to the Council of Governors to appoint to the financial NED role. This is an excellent candidate and I hope to be able to share news of this appointment shortly.

2.3.4 Unfortunately, we were unable to make recommendations to the Council for an appointment to the clinical NED role. The Nominations Committee of the Council will consider the next steps shortly.

2.3.5 One of our current Non-Executive Directors, Angela Smith, left 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 we are now regularly seeing more than 80% of records completed electronically across the Trust as a whole. A particular well done to Medway OU who are now reporting ePCR usage at over 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 Governor elections**

2.5.1 As you will be aware, 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.

2.5.2 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.

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

## **2.6 NHS Staff Survey**

2.6.1 The results of the 2019 NHS Staff Survey were published on 18 February 2020 for all NHS Trusts. As well as comparing the results with previous years, we are also

able to assess our performance against the other 10 English Ambulance Trusts in terms of the 'sector average'.

2.6.2 The results of individual questions showed that we saw an improvement, albeit small in some cases, for 60% of questions when comparing the results to the 2018 results. This doesn't mean that we are complacent about the work that needs to be done but it does show that things are going in the right direction. We also compared favourable to our fellow ambulance Trusts in most cases.

2.6.3 Whilst recognising the progress that has been made, we also need to look closely at the questions where the results for this year were worse than last year (24%). We have recently heard from the OD Team about the work already underway to support the areas where we know we need to do more and I am looking forward to seeing this continue to roll out over coming weeks.

2.6.4 Thank you to the 2,108 colleagues who took the time to share their views through the survey (56% of all staff). This is more people than we've heard from before (323 more than in 2018) and helps to provide us with really valuable information to help to ensure everyone feels valued, respected and listened to.

## **2.7 Brighton Make Ready Centre (MRC)**

2.7.1 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.

2.7.2 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.

2.7.3 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.

2.7.4 The Make Ready Centre will be named Chamberlain House, in recognition of Professor Douglas Chamberlain, who founded the first paramedic programme 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.

2.7.5 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 2019, work is continuing to progress the key mobilisation milestones. These include testing of the technical integration work between SECAMB's CLERIC and our sub-contractor IC24's CLEO systems, which has highlighted a number of issues. This, together with the readiness of the rest of the system to connect into our service and the significant impact that Covid-19 is having on the 111 Service, has created some risks to the scale and timing of the go live.

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 Mental Health Transport Pilot**

3.2.1 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.

3.2.2 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.

3.2.3 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).

3.2.4 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 Covid-19 outbreak**

4.1.1 As mentioned above, SECAMB has been significantly impacted by the Covid-19 outbreak, particularly given the geographic location of a number of confirmed cases within our region.

4.1.2 We have worked closely with Public Health England, NHS England, NHS Improvement and the National Ambulance Resilience Unit (NARU) to ensure we are

utilising the most up to date guidance available and doing everything possible to keep our staff and our patients safe.

4.1.3 During this period, we have seen the impact on both NHS 111 and on 999. In common with other NHS 111 providers nationally, we have received increased numbers of calls during this period from patients who meet the criteria for testing, as well as from the 'worried well'. In our area, we also saw the particular impact of the temporary closure of a number of GP surgeries in the Brighton area on the 111 service.

4.1.3 We have also seen an impact on our 999 service, as up until very recently, it has been front-line operational crews who have been responsible for collecting patients from their home address, transporting them to an appropriate facility for testing and then returning them home. Although this has not been significant numbers each day, it has had a real impact on the availability of resources due to the requirements for appropriate precautions to be taken by staff and the need for deep cleaning of the vehicles used afterwards.

4.1.4 In recent days, we have begun to see a move to a 'community testing' model, where we work with acute and community providers to undertake testing of suspected patients in their homes, without the need for transporting to hospital. This should ease the pressure on 999 services, especially if the number of patients requiring testing continues to increase.

4.1.5 I am very proud of the hard work and effort that has been put in by staff across the Trust to responding to this situation. It has been challenging due to the speed at which the situation has developed, however there has been real focus on the safety of staff and patients which has been great to see.

## **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 Council is asked to note the contents of this Report.



# 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

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## SECamb CQC Rating and Oversight Framework

Use of Resources Metric (Financial Risk Rating)	3
<b>Segmentation</b>	<b>Segment 3</b>
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 30<sup>th</sup> 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 4<sup>th</sup> November 2019**

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

**Week commencing 11<sup>th</sup> November 2019**

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

**Week commencing 18<sup>th</sup> November 2019**

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

**Week commencing 25<sup>th</sup> November 2019**

	RPI	Job Cycle Time	Qualified Shift Cover	Staff Hours Booked On	SRV Staff Hours	NET Staff Hours	DCA Staff Hours
<b>Actual</b>	1.08	01:38:09	95.77%	66,551	4.0%	2.5%	93.5%
<b>Target</b>	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		<b>00:07:28</b>	England		<b>00:26:02</b>	England		<b>01:23:48</b>	England		<b>01:36:45</b>
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		<b>8</b>
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		<b>10.9%</b>
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		<b>31.1%</b>
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%
-	-	-

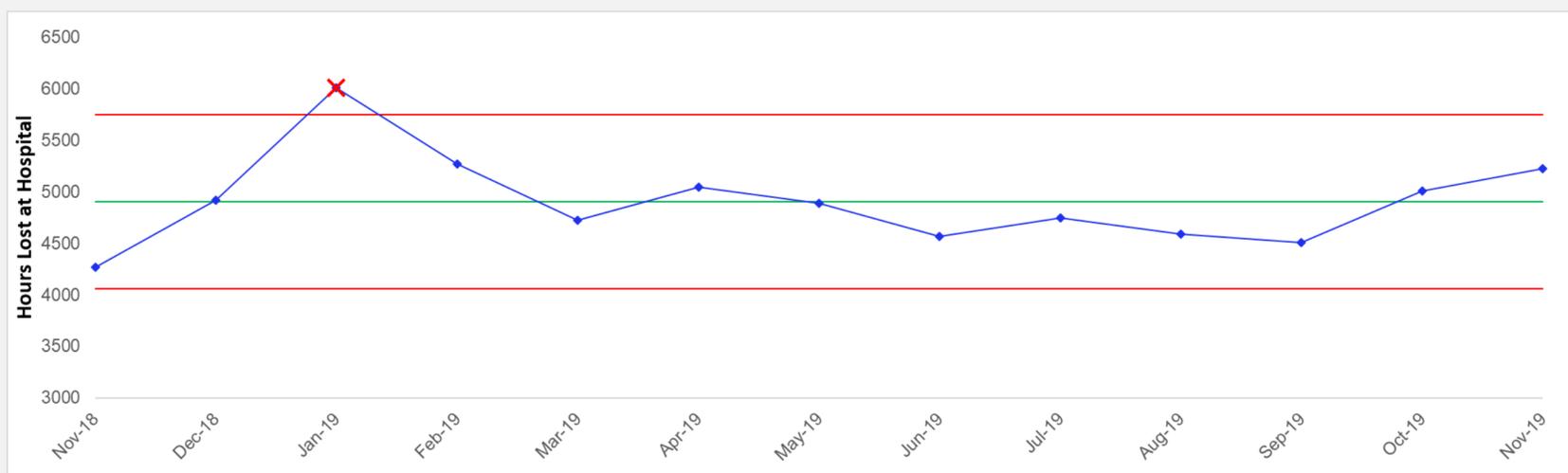
Call Answer Times		90th centile
England		<b>25</b>
1	South East Coast	1
2	East Midlands	3
3	Isle of Wight	4
4	South Central	5
5	West Midlands	12
6	Yorkshire	15
7	North East	19
8	East of England	31
9	London	37
10	South Western	38
11	North West	49

\*\* 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
<b>Actual %</b>	64.0%	71.9%	56.3%	
<b>Previous Year %</b>	46.7%	71.9%	56.0%	
<b>National Average %</b>	55.8%			

**Cardiac ROSC - ALL**

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

**Cardiac Survival - Utstein**

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

**Cardiac Survival - All**

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

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

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

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

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

**Stroke - call to hospital arrival**

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

**Stroke - assessed F2F diagnostic bundle**

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

**Post ROSC Care Bundle**

	Jul-19	Aug-19	Sep-19	12 Months
<b>Actual %</b>	76.5%	85.2%	81.7%	
<b>National Average %</b>	69.9%			

**Medicines Governance**

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

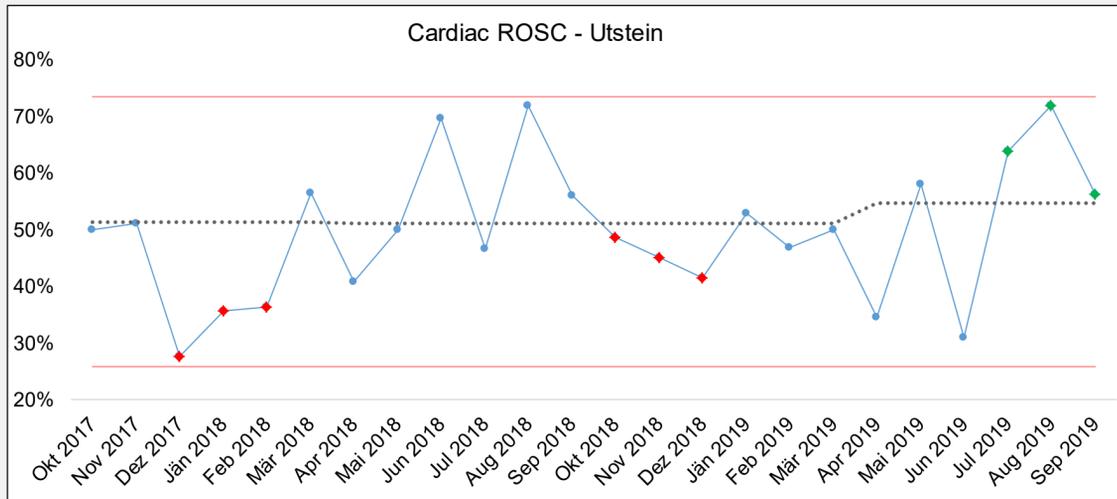
**Sepsis Care Bundle Compliance**

	Jul-19	Aug-19	Sep-19	12 Months
<b>Actual %</b>	79.5%	75.8%	72.4%	

**Medicines Management**

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

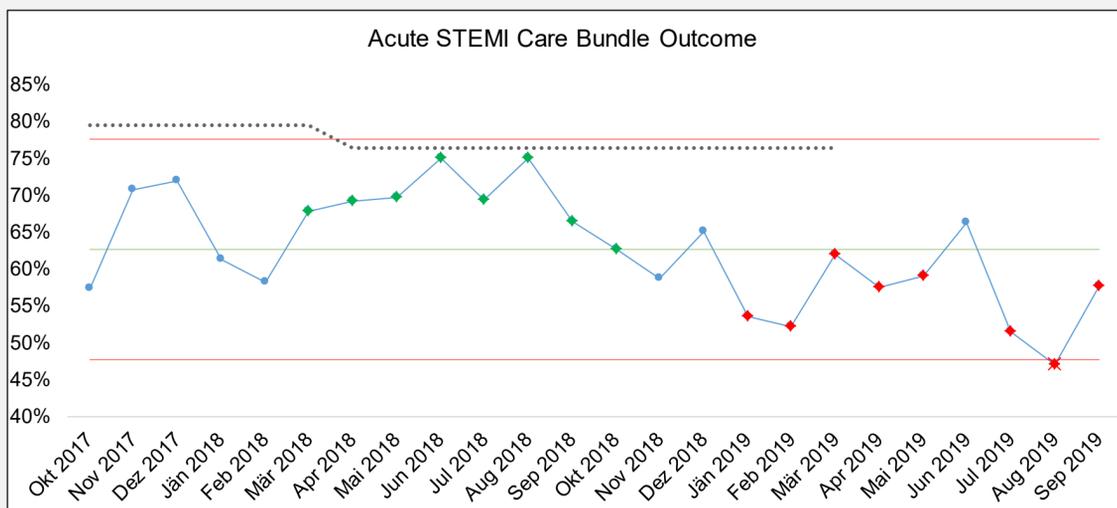
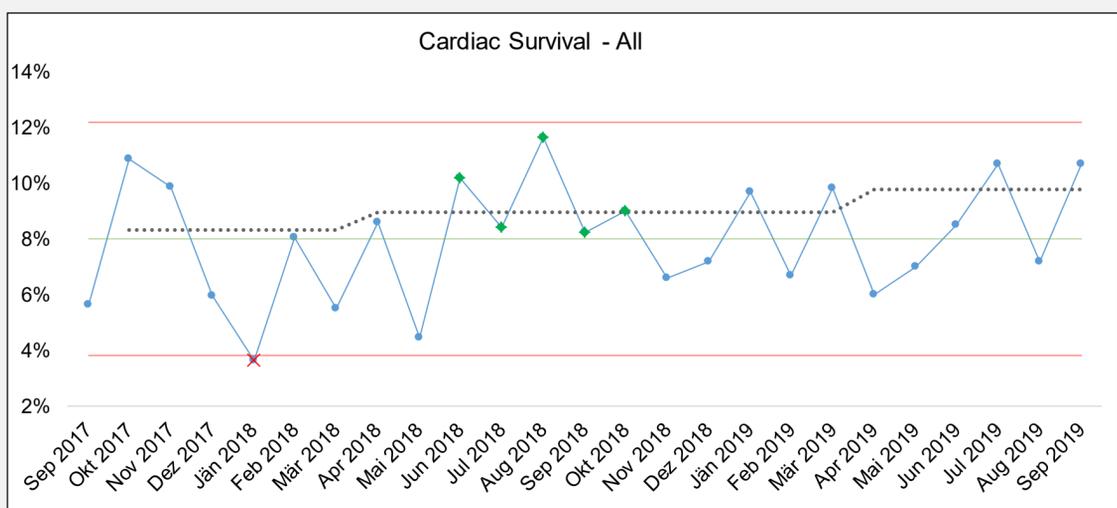
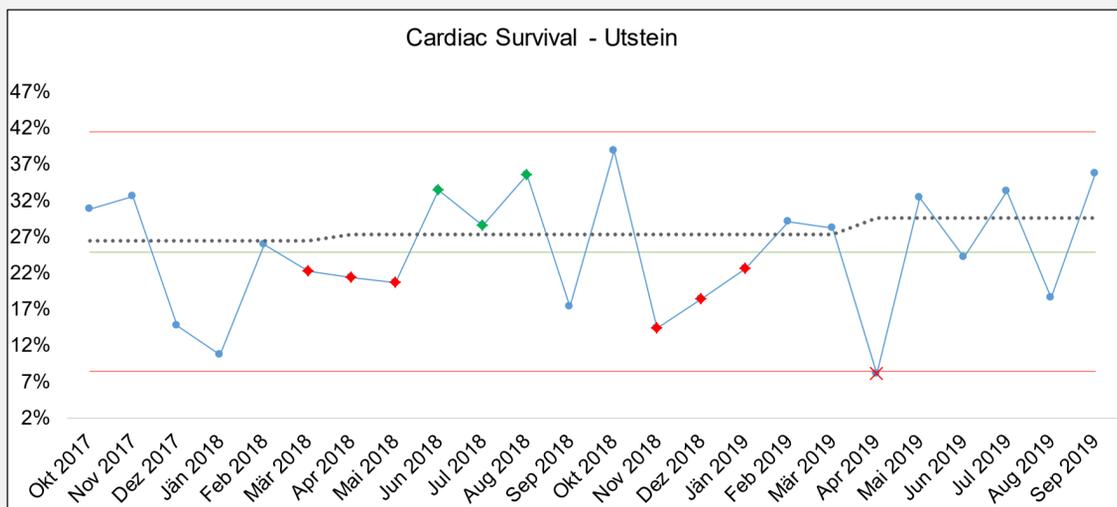
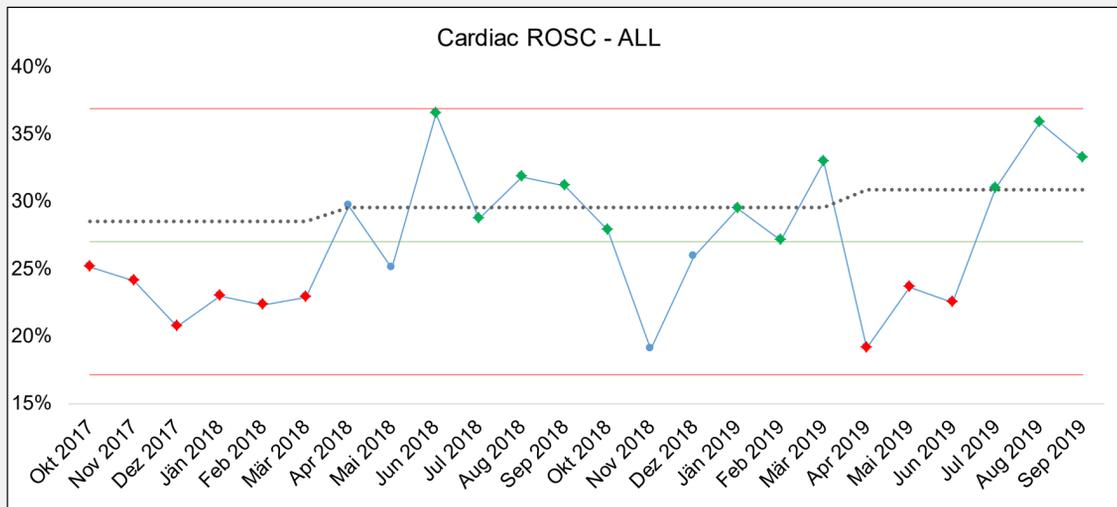
## SECamb Clinical Safety Charts



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.

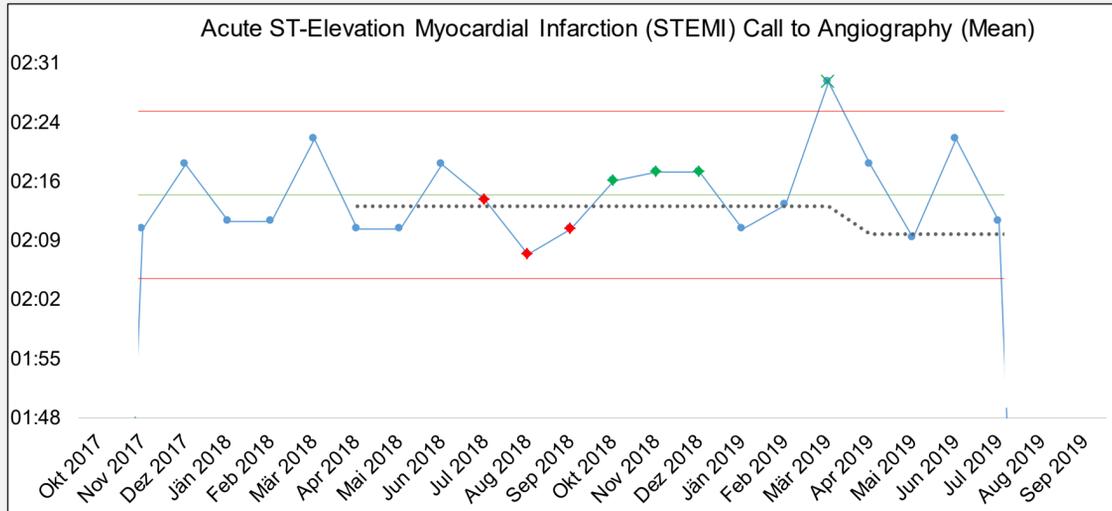


This chart shows the proportion of patients who were suffering a suspected STEMI and received a full care bundle.

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.

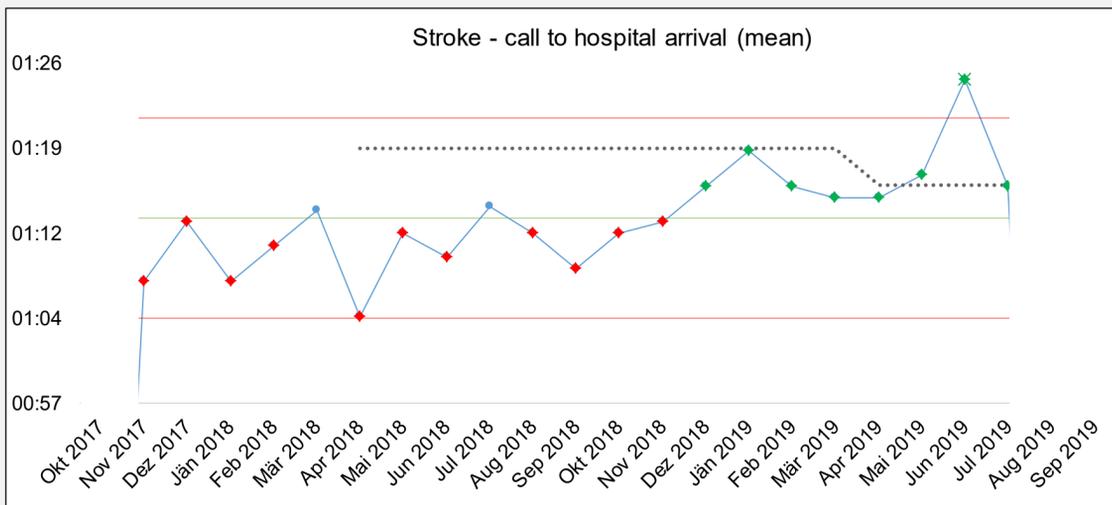
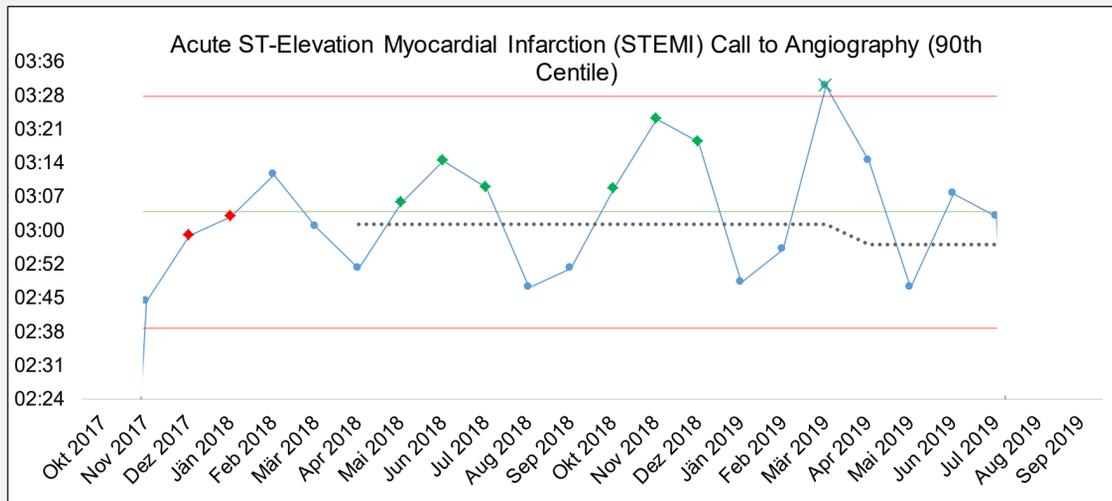
## SECamb Clinical Safety Charts



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.

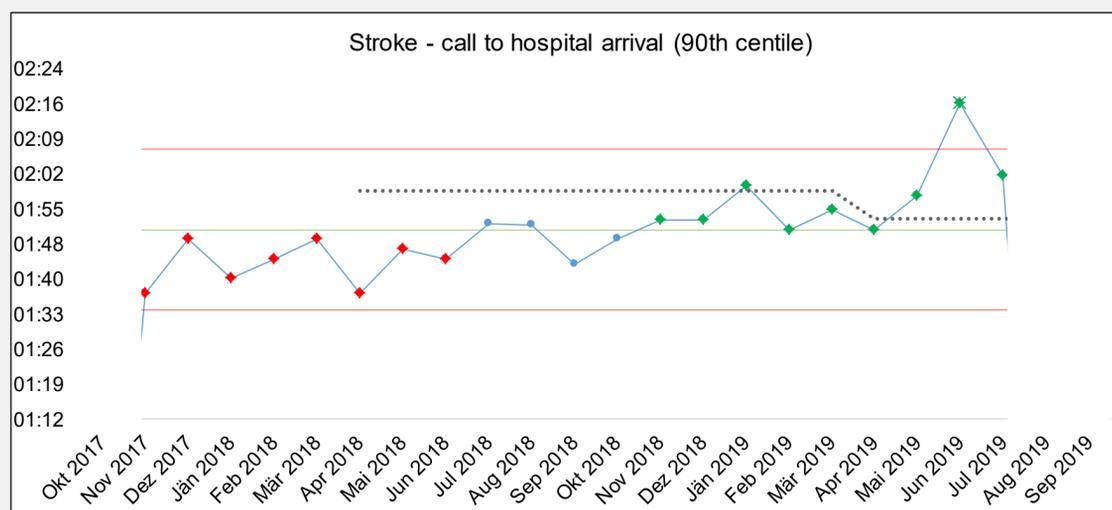
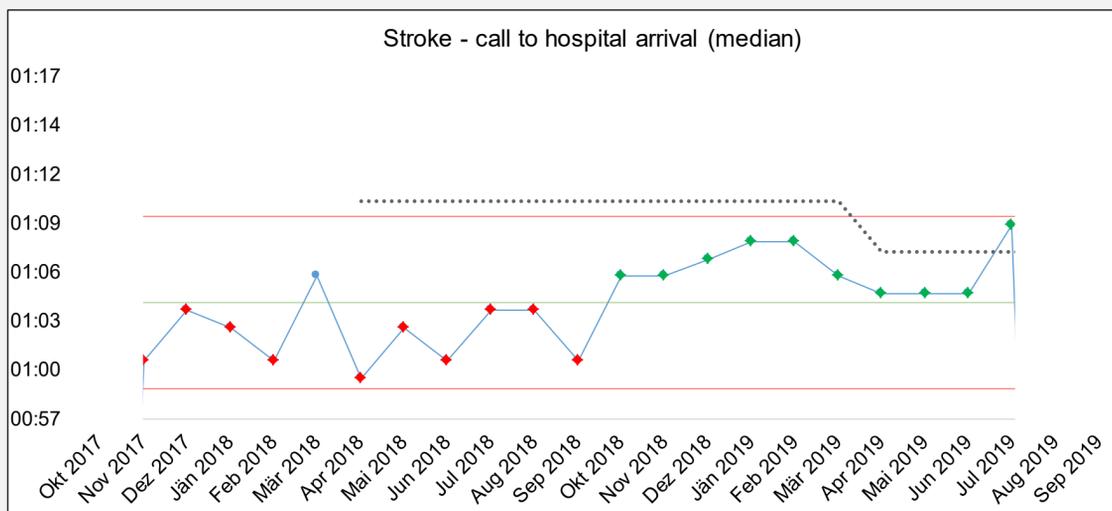
This data is no longer collected by SECamb and is released in arrears by NHS England. As such, the latest available data is from July 2019.



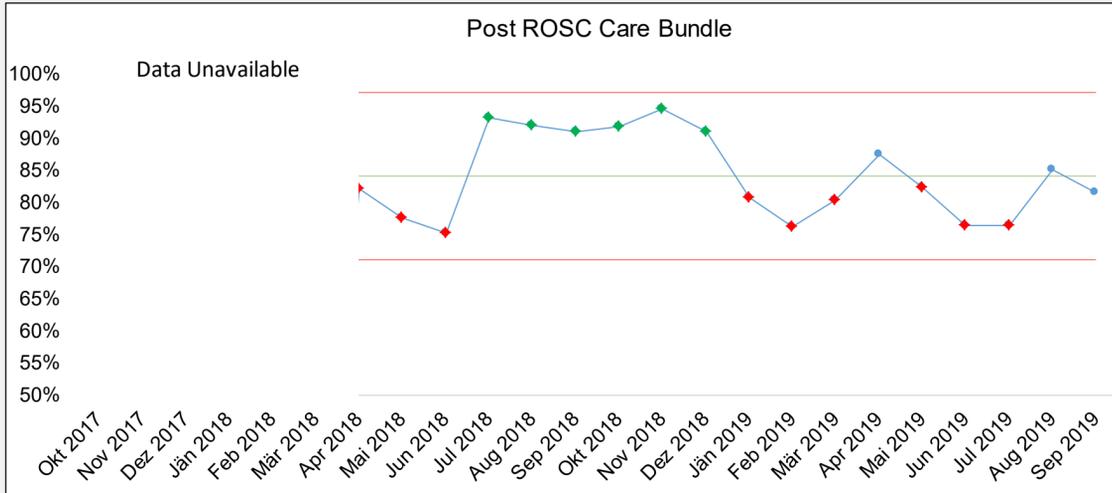
Stroke timeliness charts show the mean, median and 90th centile call to angiography time for patients who are suffering stroke.

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.

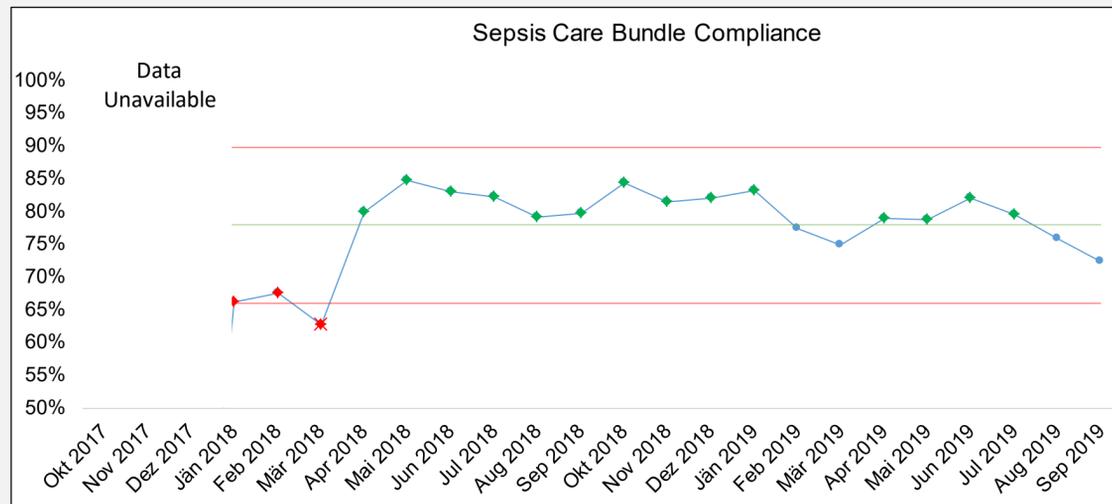


## SECamb Clinical Safety Charts



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

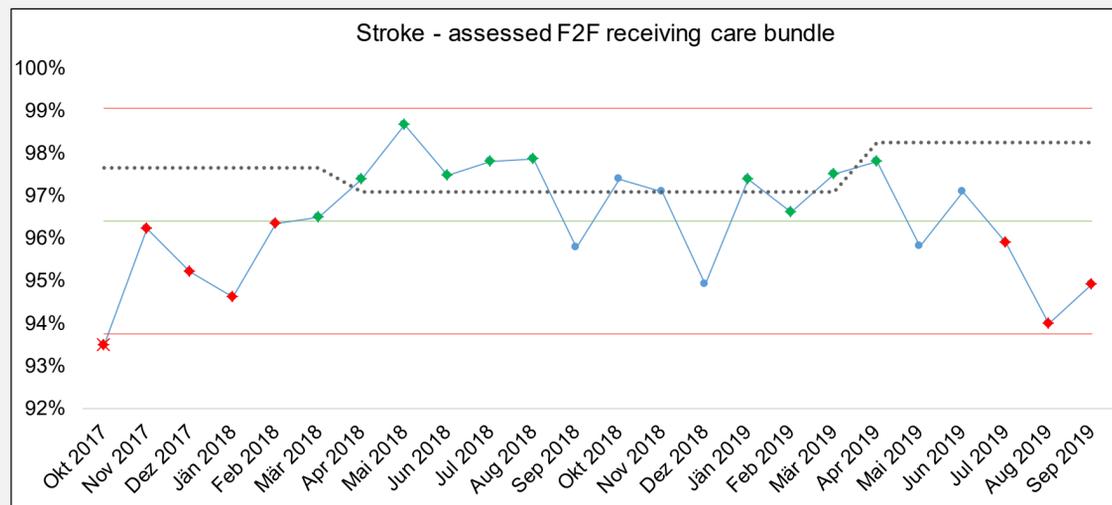
The data continue to show normal levels of variation. SECamb continues to perform above the national average.



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

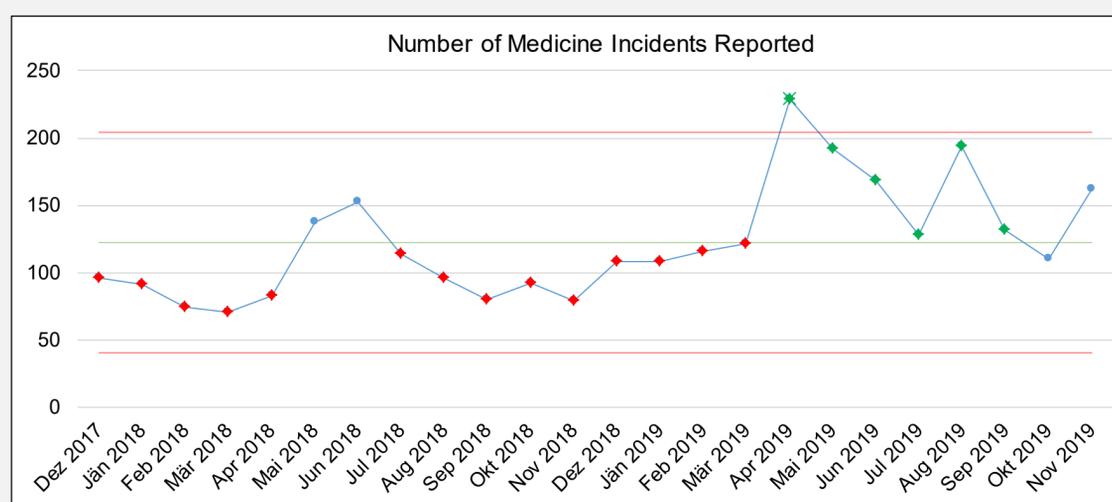
The data continues to show normal levels of variation. SECamb continues to perform above the national average.

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.



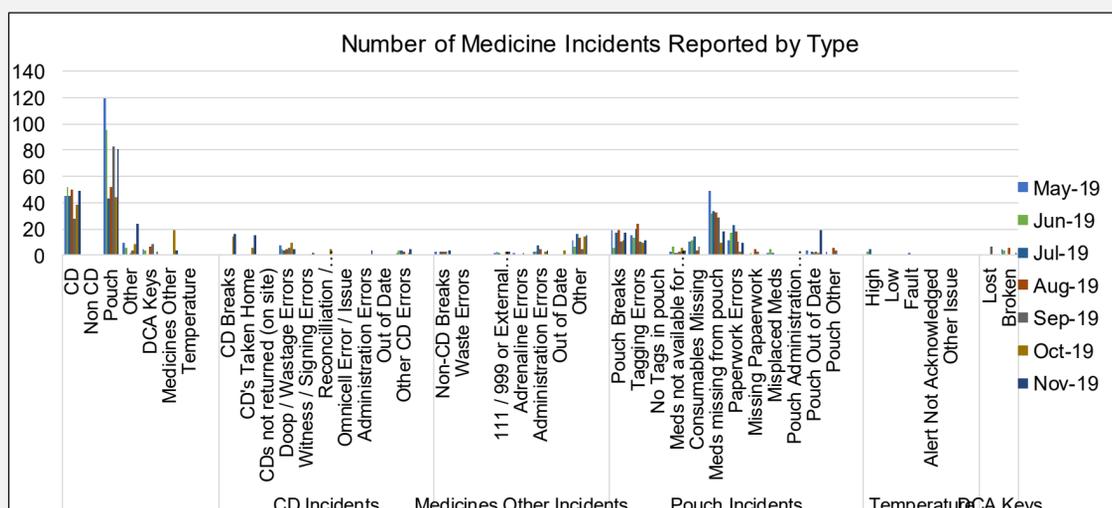
This chart shows the proportion of patients with a suspected stroke who received a full bundle of care.

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



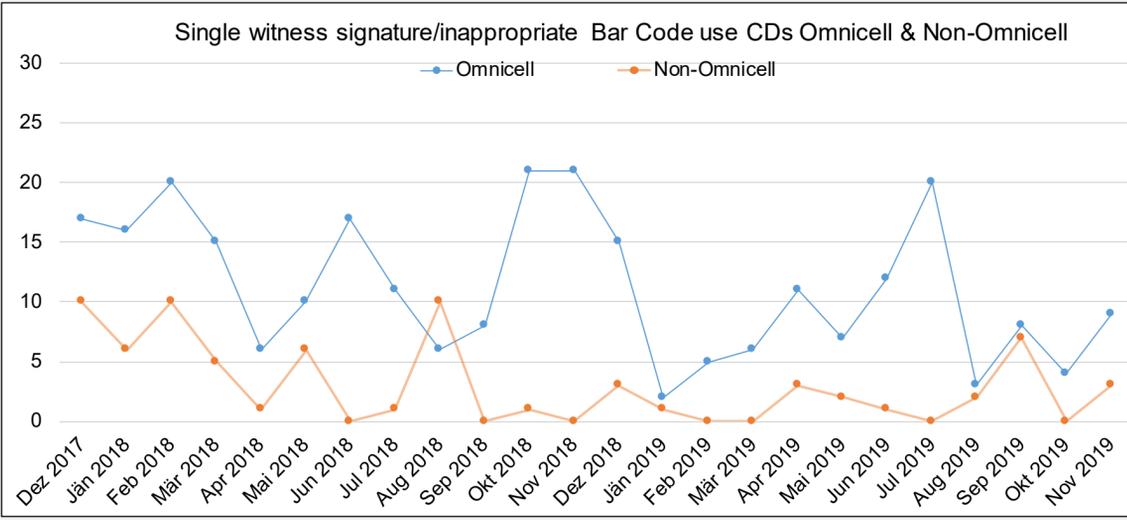
Rate of incidents and incident reporting remain similar to those seen in previous months

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

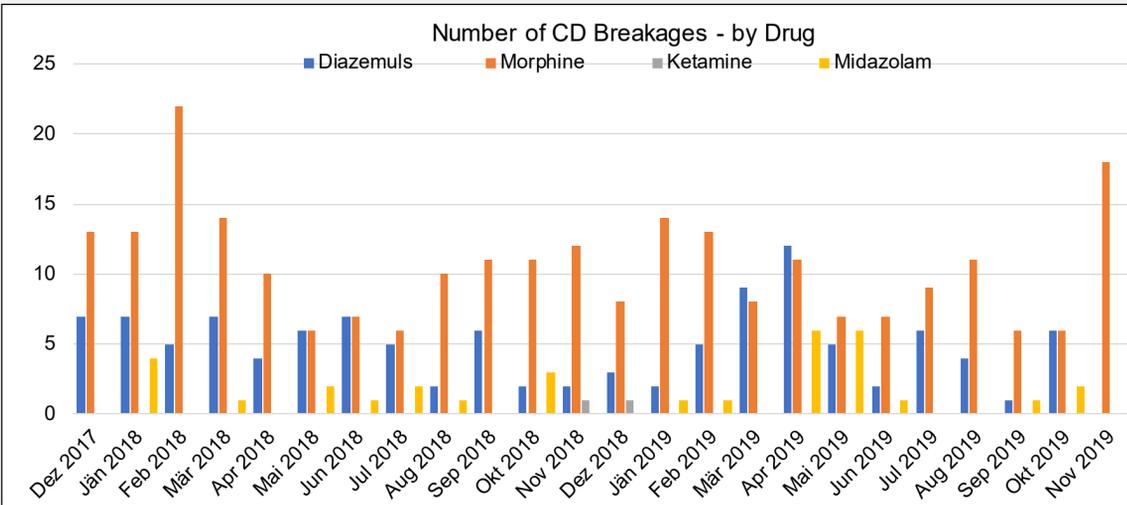


Pouch errors continue to be the most frequent error type and although the specific number appear high, these need to be considered in light of total number of pouches in use across the trust. On-going review of pouch contents aims to reduce the number of medicines stored in some pouches, which will reduce 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 <sup>th</sup> Percentile 40 mins	= GREEN
Outside 90 <sup>th</sup> Percentile 40 mins, up to 1 hour	= AMBER
Outside 90 <sup>th</sup> 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 90<sup>th</sup> centile response.

Cat 2 =	00: 18:43	(October 00:17:01)
90 <sup>th</sup> 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 90<sup>th</sup> 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 90<sup>th</sup> 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.

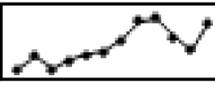
Serious Incidents (SIs) and Duty of Candour (DoC): 9 SIs were reported during November 2019. The Trust achieved 91% compliance with DoC requirements for SI's; this reflects the amount that were undertaken within timescale. Overall compliance continues to be monitored weekly by the Serious Incident Group.

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.

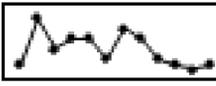
Clinical Audit: the 2019/20 Clinical Audit annual plan has been agreed and is on track for delivery. Measurement of NEWS2 is being reported into the Clinical Audit and Quality Sub-Group (CAQSG) each month. An audit of the mental capacity assessment and best interest decisions was recently completed. 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.

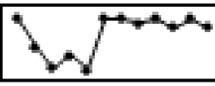
**Number of Incidents Reported**

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

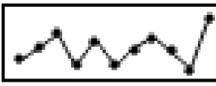
**Number of Incidents Reported that were SI's**

	Sep-19	Oct-19	Nov-19	12 Months
<b>Actual</b>	9	8	9	
<b>Previous Year</b>	8	2	12	

**Duty of Candour Compliance (SIs)**

	Sep-19	Oct-19	Nov-19	12 Months
<b>Actual %</b>	90%	100%	90%	
<b>Target</b>	90%	100%	90%	

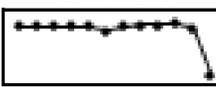
**Number of Complaints**

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

**Compliments**

	Sep-19	Oct-19	Nov-19	12 Months
<b>Actual</b>	147	147	231	

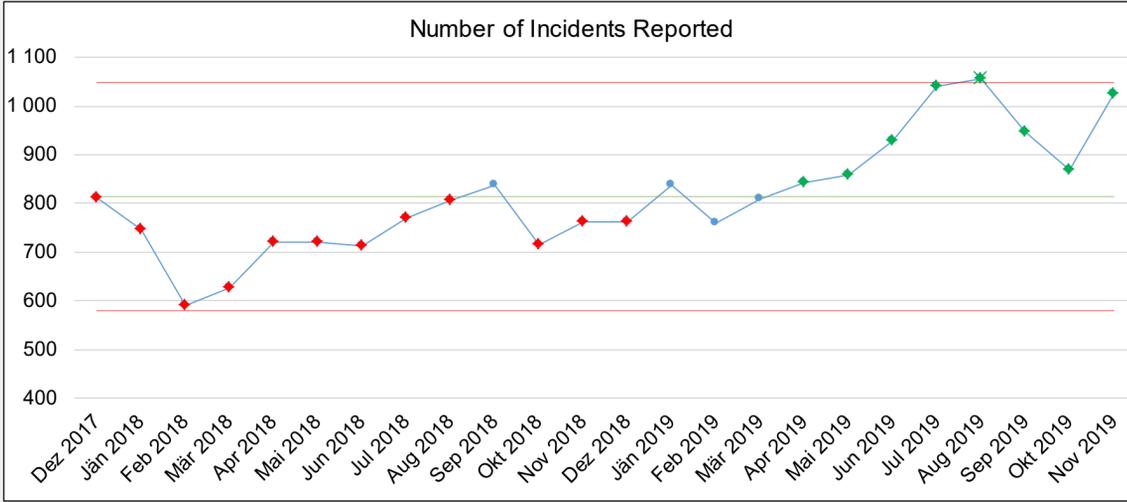
**Hand Hygiene**

	Sep-19	Oct-19	Nov-19	12 Months
<b>Actual %</b>	98%	89%	86%	
<b>Upper Target</b>	95%	95%	95%	

**Safeguarding Training Completed (Children) Level 2**

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

## SECAmb Clinical Quality Charts

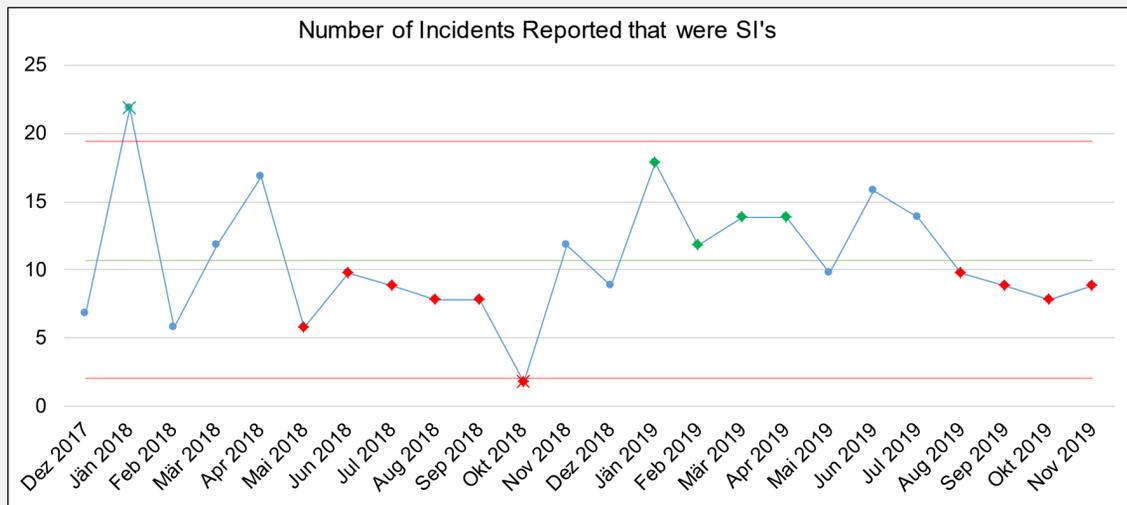


The number of incidents reported was 1024 for November 2019.

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.

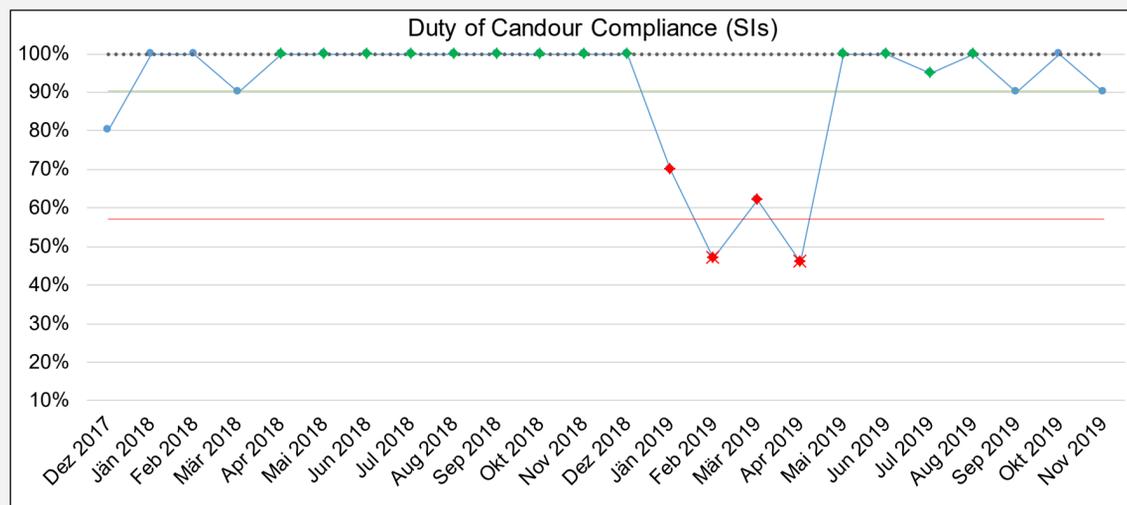


9 Serious Incidents were reported in November 2019.

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

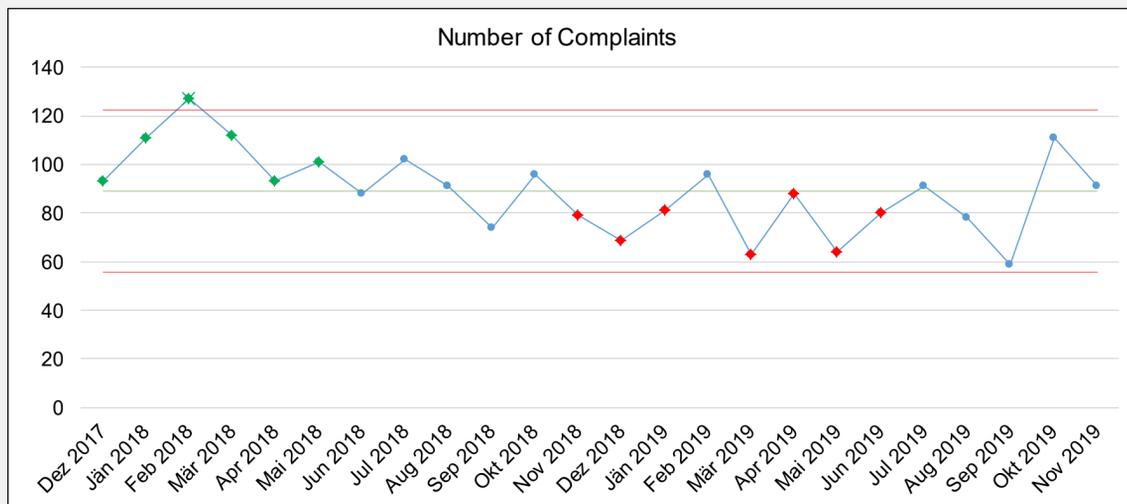
One of the reported SIs that had been reported in November has been downgraded.

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



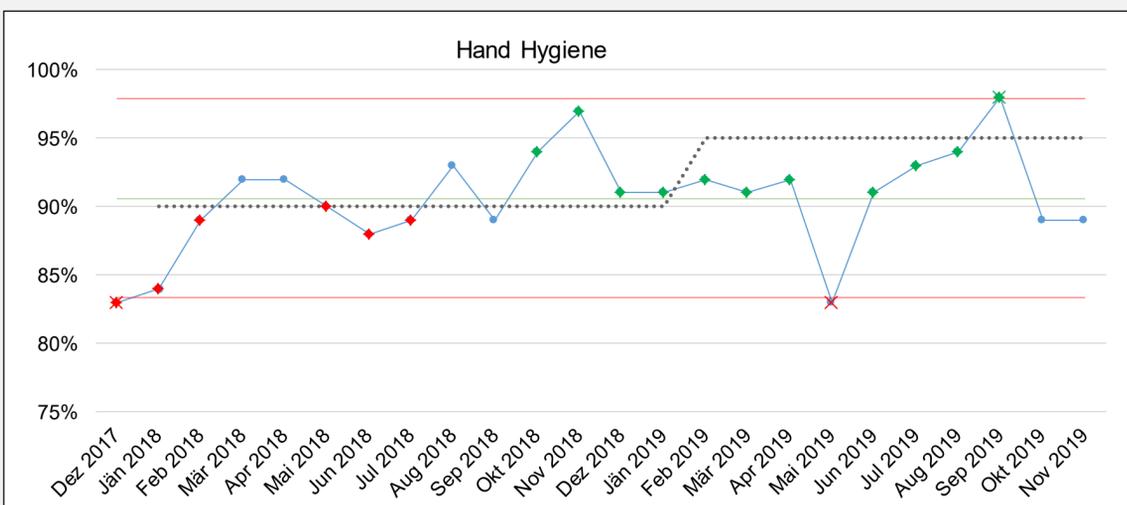
Compliance with DoC for SIs where DoC was required in November 2019 is: 10

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

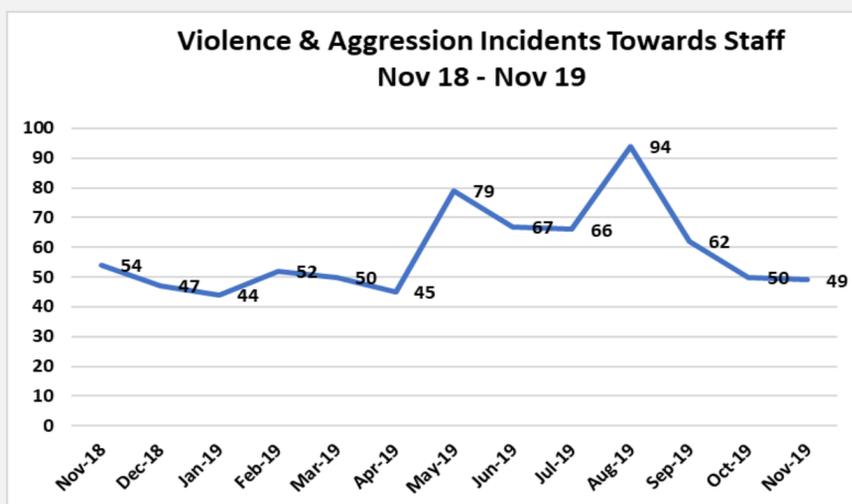


Figure 2

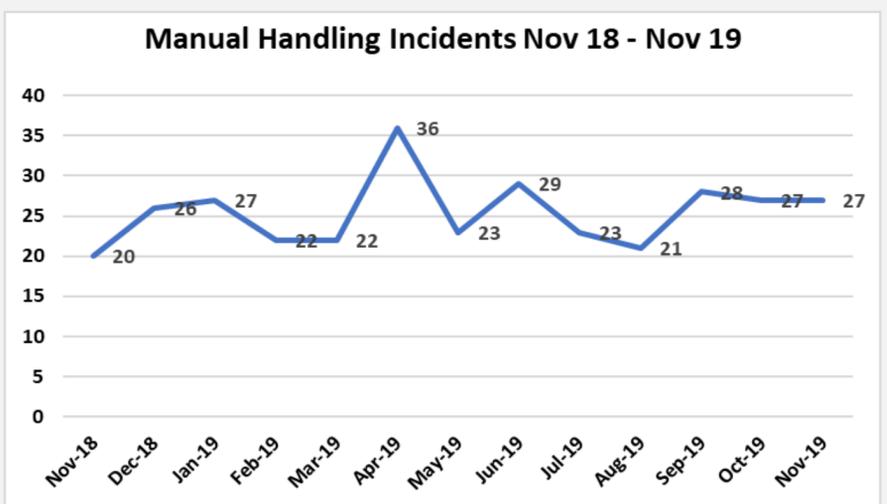


Figure 3

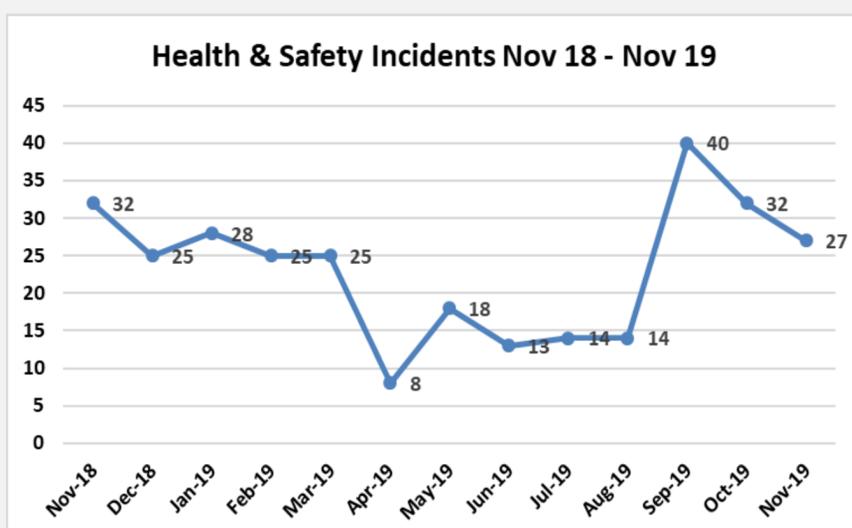
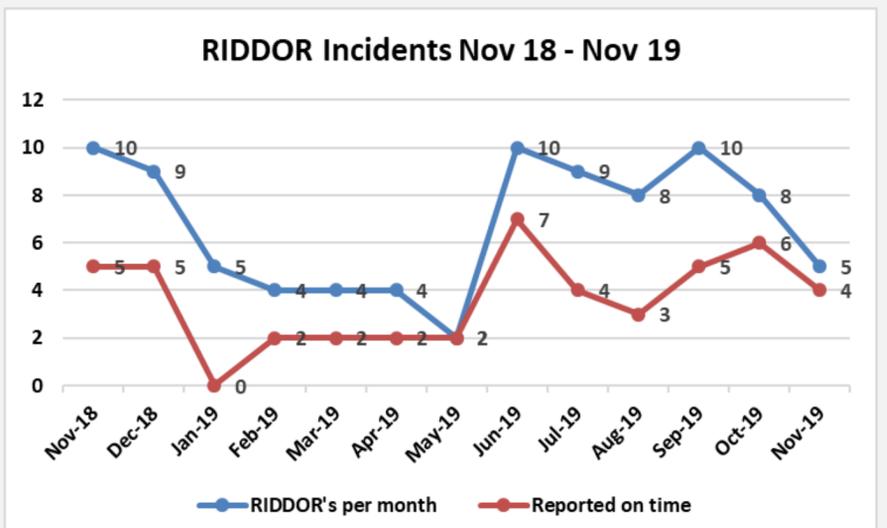


Figure 4



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	

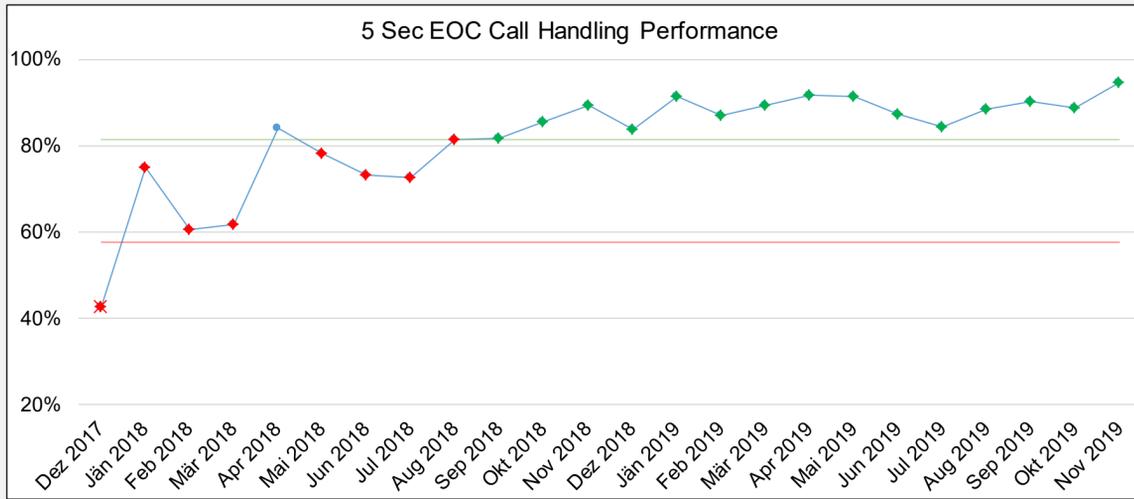
Incident Outcome AQI

	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	

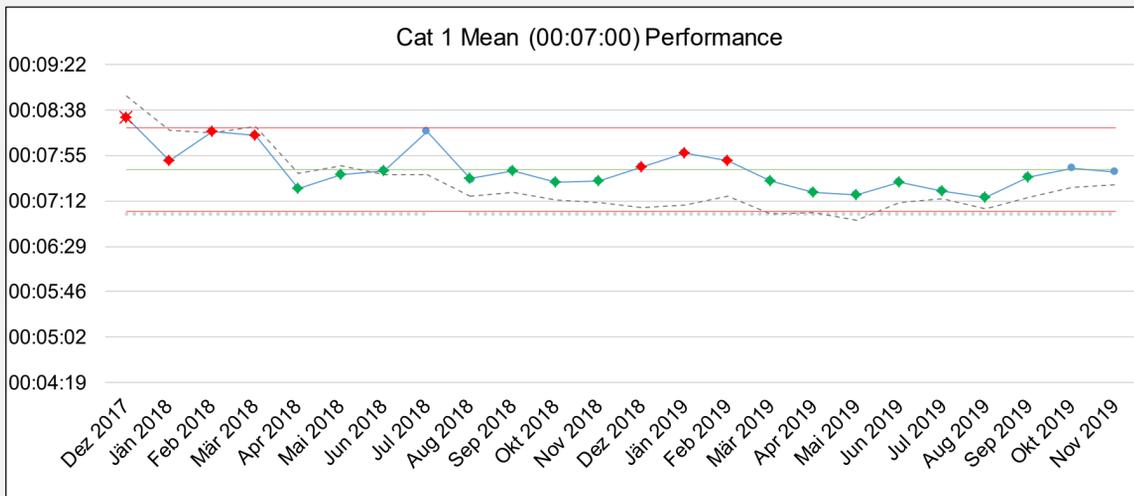
## SECamb 999 Operations Response Time Performance Charts



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.

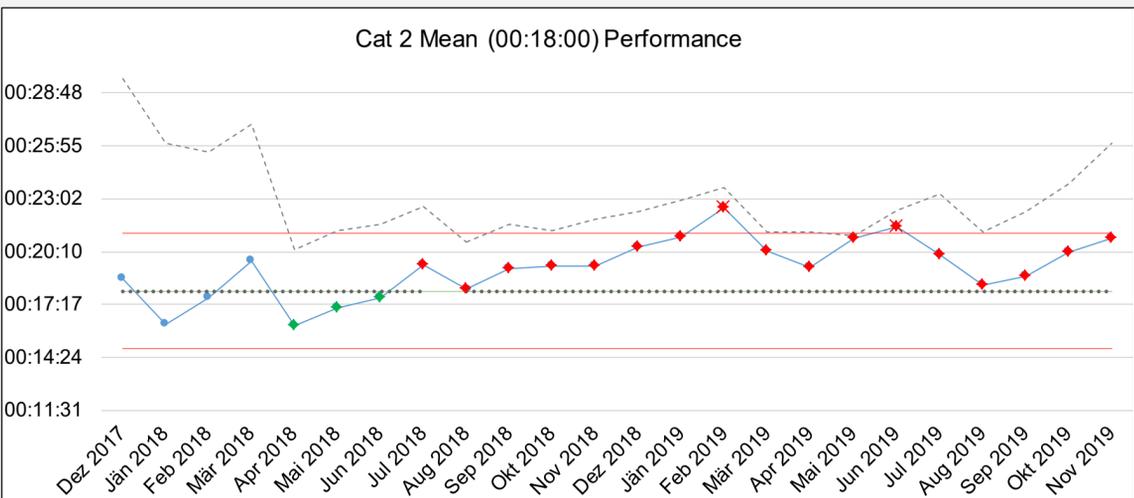
Call volume remained relatively steady over the time period, and was 68,437.



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.

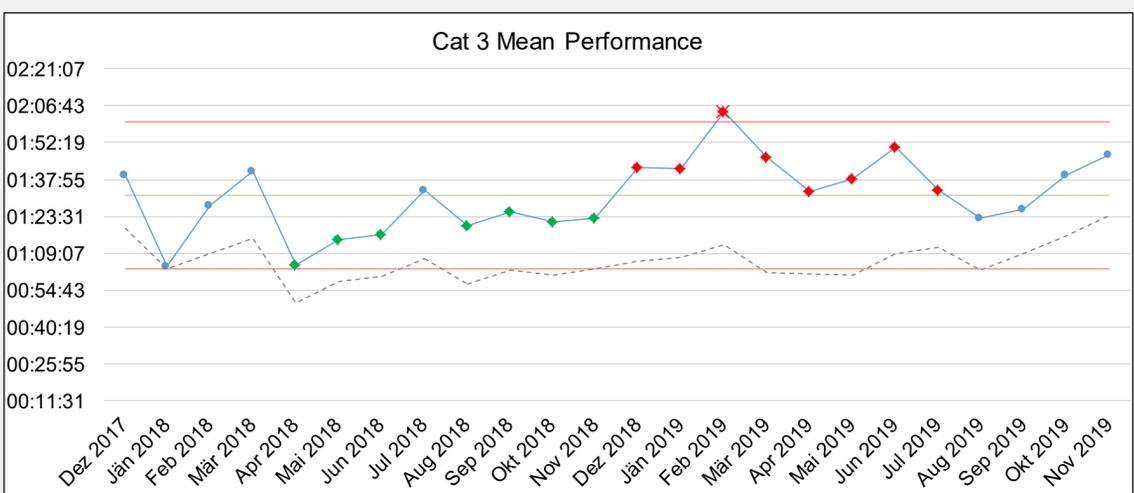
The Trust continues to deliver its C1T Mean and C1T 90th centile against ARP standards and is 5th nationally for both measures.



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.

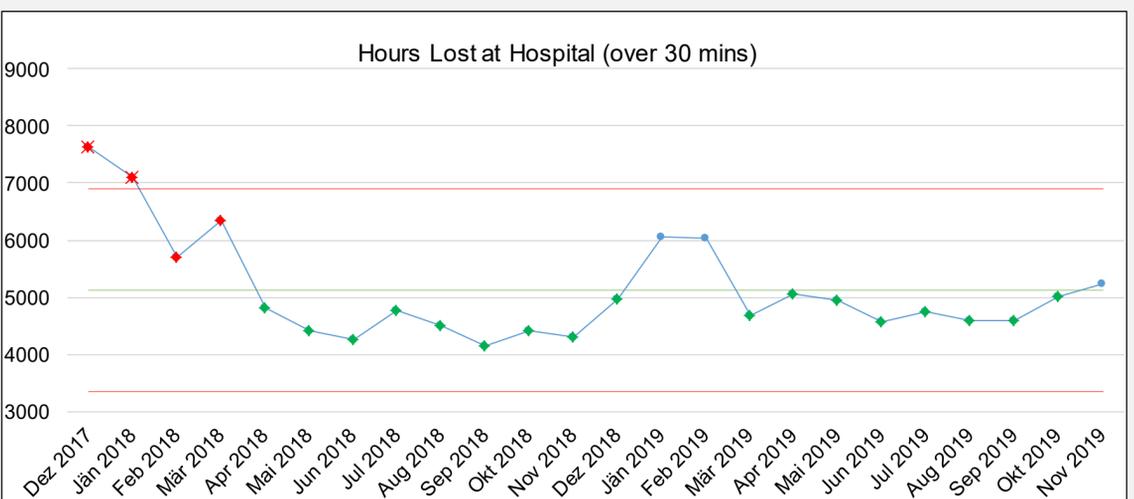
Nationally, however, SECamb ranks 3rd in both mean and 90th centile performance, but this is mainly due to the national mean and 90th centile performance figures worsening by almost 2.5 and 5 minutes respectively.



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
<b>Actual</b>	68451	72487	78017	
<b>Previous Year</b>	84650	87344	90785	

### Calls answered in 60 Seconds

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

### Calls abandoned - (Offered) after 30secs

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

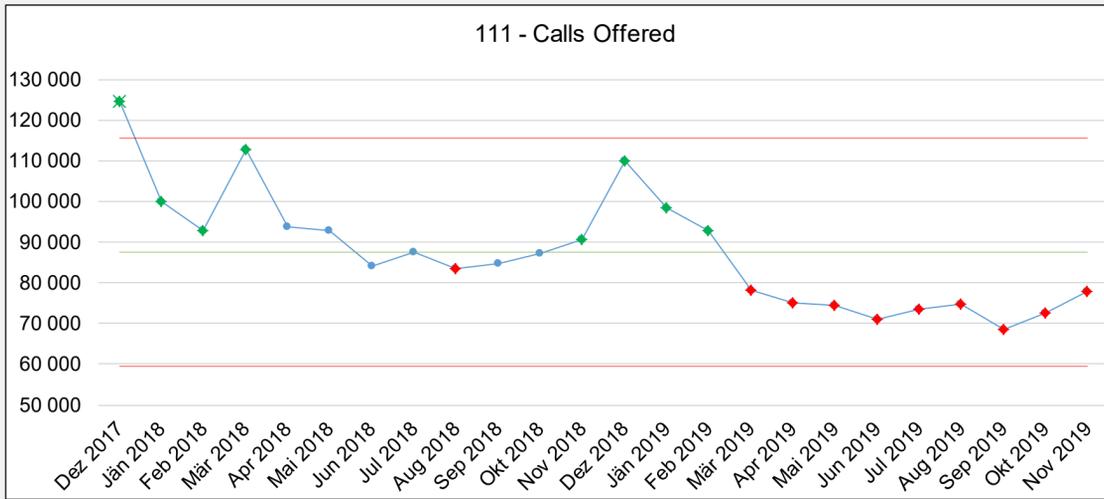
### A&E Dispositions

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

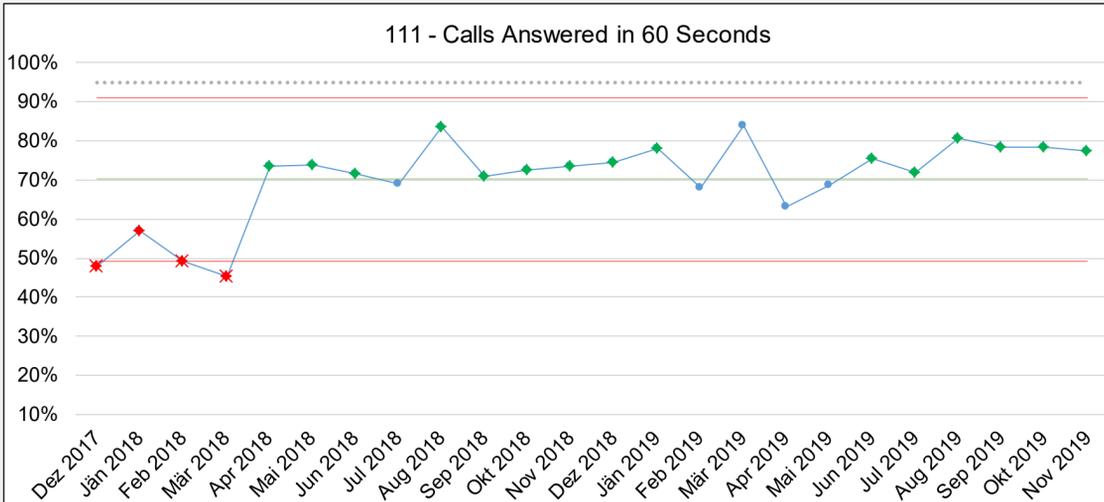
### 999 Referrals

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

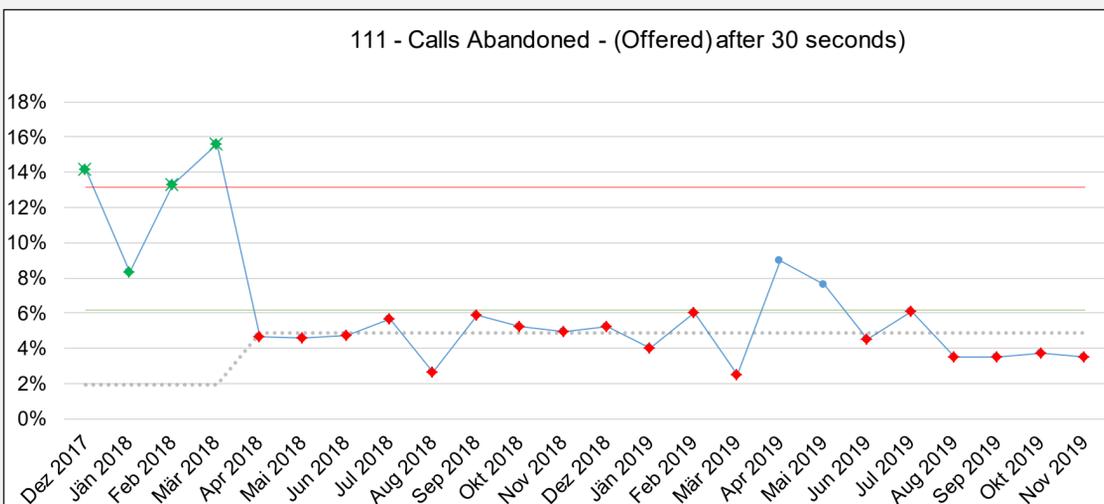
## SECAmb 111 Operations Performance Charts



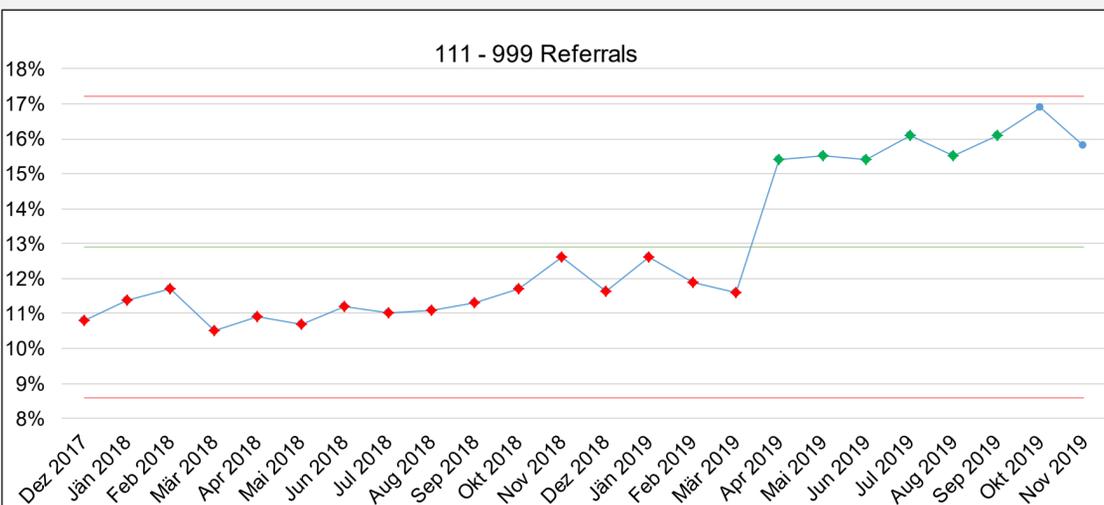
Mid-winter pressures started to affect the wider health system earlier than in 2018. November 2019 saw a step change in activity in the second and fourth weeks of November, to such an extent that call volumes rose 13 percentage points within a three week period. There are no obvious symptomatic reasons 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
<b>Number of Staff WTE (Excl bank &amp; agency)</b>	3602.1	3624.4	3710.4	
<b>Number of Staff Headcount (Excl bank and agency)</b>	3918	3940	4034	
<b>Finance Establishment (WTE)</b>	3803.68	3811.16	3860.04	
<b>Vacancy Rate</b>	5.30%	4.90%	3.88%	
<b>Vacancy Rate Previous Year</b>	16.21%	13.70%	11.73%	

**Workforce Compliance**

	Sep-19	Oct-19	Nov-19	12 Months
<b>Objectives &amp; Career Conversations %</b>	38.60%	42.60%	45.56%	
<b>Target (Objectives &amp; Career Conversations)</b>	80%	80%	80%	
<b>Statutory &amp; Mandatory Training Compliance %</b>	55.74%	68.77%	70.24%	
<b>Target (Stat &amp; M and Training)</b>	95%	95%	95%	
<b>Previous Year (Stat &amp; M and Training) %</b>	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
<b>Annual Rolling Turnover Rate %</b>	15.52%	15.85%	15.43%	
<b>Previous Year %</b>	14.88%	14.62%	14.57%	
<b>Annual Rolling Sickness Absence</b>	5.43%	5.44%	5.57%	
<b>Target (Annual Rolling Sickness)</b>	5%	5%	5%	

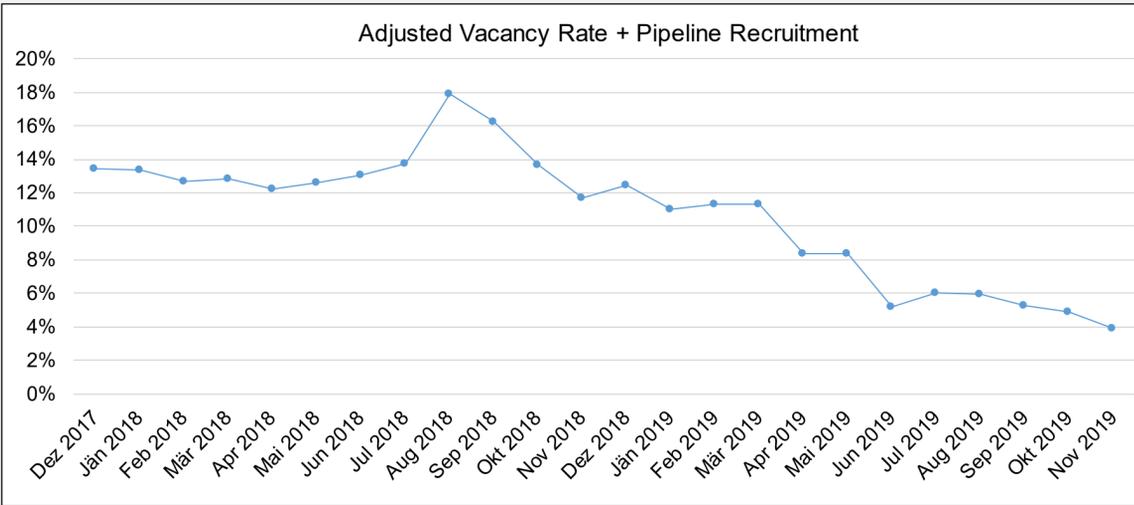
**Employee Relations Cases**

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

**Physical Assaults (Number of victims)**

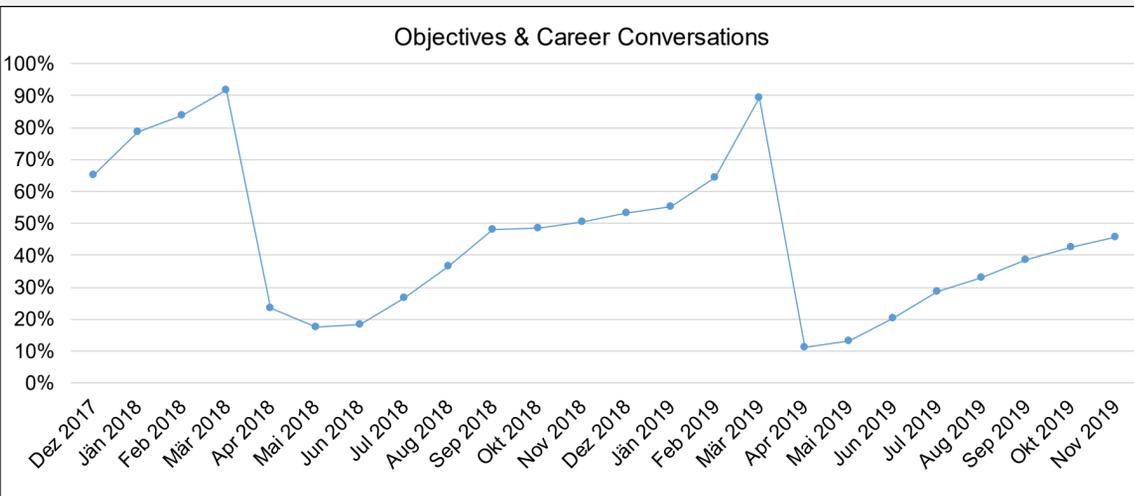
	Sep-19	Oct-19	Nov-19	12 Months
<b>Actual</b>	25	22	20	
<b>Previous Year</b>	9	25	30	
<b>Sanctions</b>	2	2	2	

## SECamb Workforce Charts



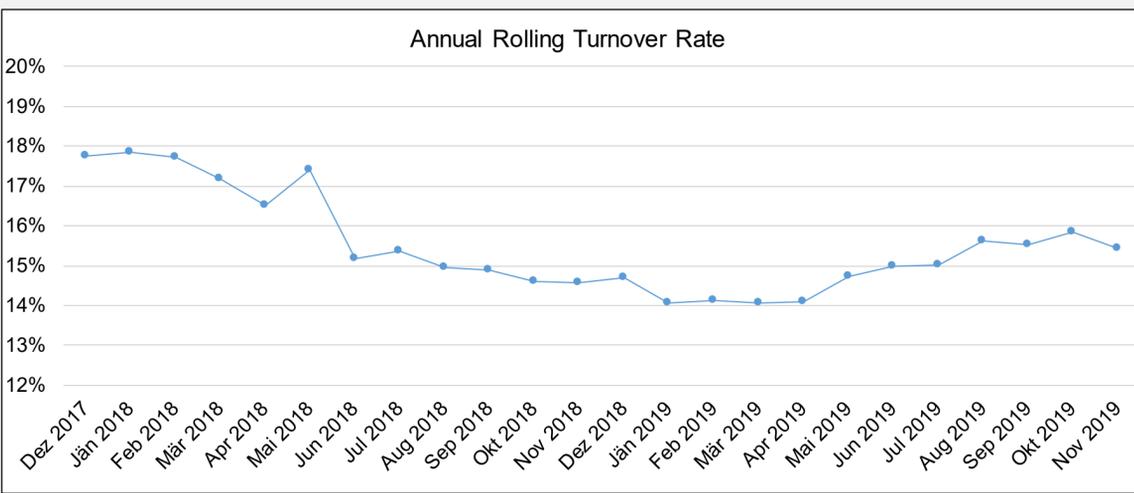
### Staff turnover:

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.



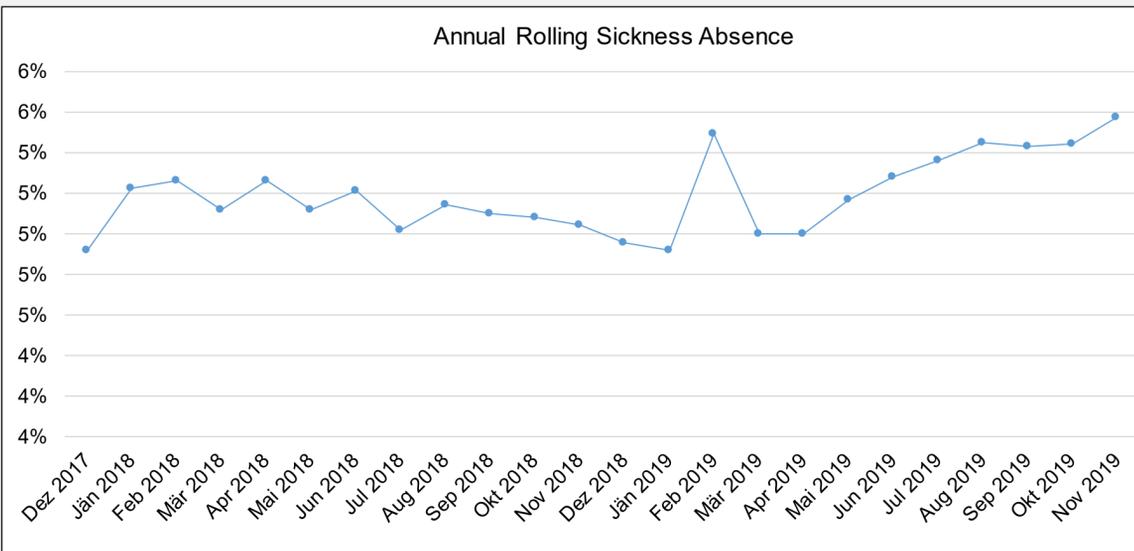
### Objectives & Career Conversations:

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.



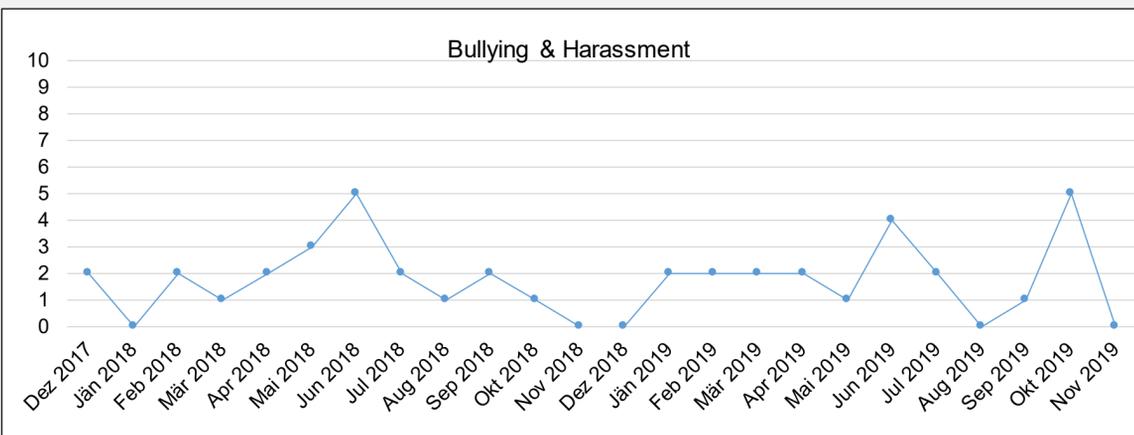
### Staff turnover:

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.

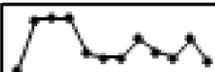
**Income**

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

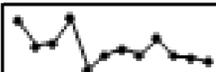
**Expenditure**

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

**Capital Expenditure**

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

**Cost Improvement Programme (CIP)**

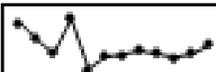
	Sep-19	Oct-19	Nov-19	12 Months
<b>Actual £</b>	£ 534	£ 468	£ 337	
<b>Previous Year £</b>	£ 1,242	£ 965	£ 961	
<b>Plan £</b>	£ 781	£ 781	£ 781	
<b>Actual Cumulative £</b>	£ 3,600	£ 4,068	£ 4,404	
<b>Plan Cumulative £</b>	£ 3,988	£ 4,769	£ 5,550	

**CQUIN (Quarterly)**

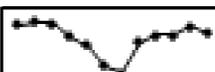
	Q4 18/19	Q1 19/20	Q2 19/20
<b>Actual £</b>	£ 1,088	£ 648	£ 646
<b>Previous Year £</b>	£ 2,745	£ 871	£ 870
<b>Plan £</b>	£ 870	£ 654	£ 654

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

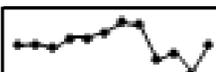
**Surplus/(Deficit)**

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

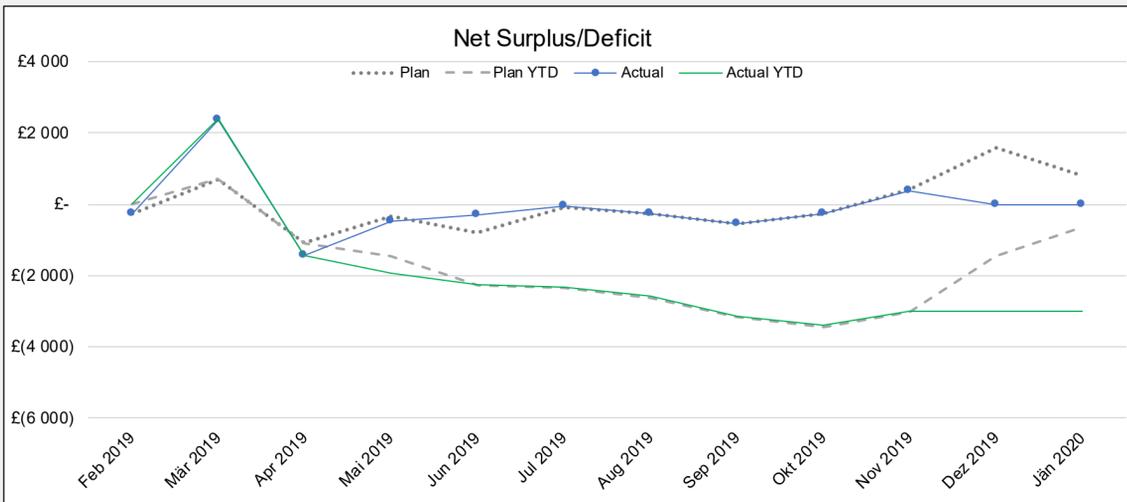
**Cash Position**

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

**Agency Spend**

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

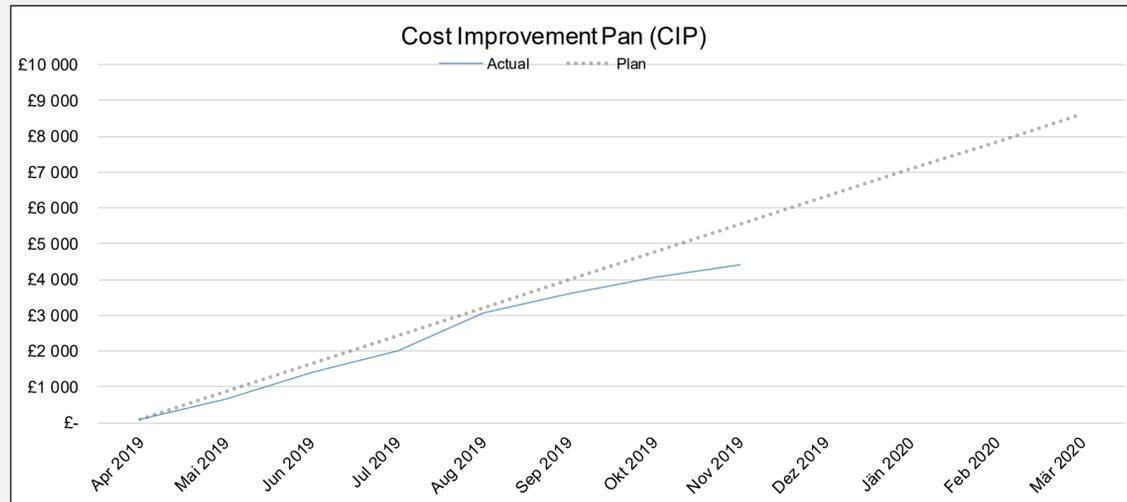
## SECamb Finance Performance Charts



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.



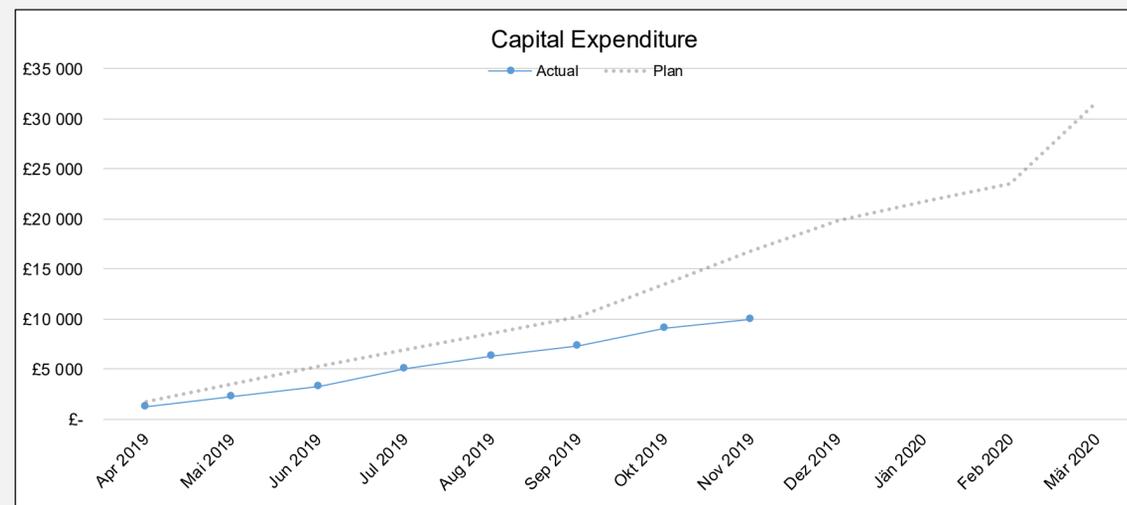
CIPs to the value of £0.3m were achieved in October, against a plan of £0.8m.

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.

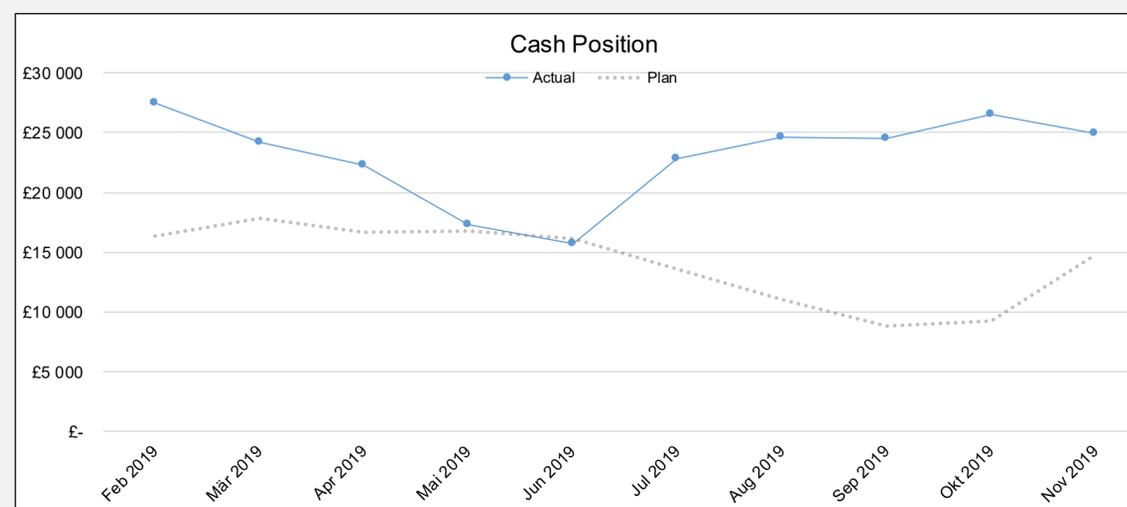


Capital expenditure for the month of November was £0.8m, £2.5m lower than planned.

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

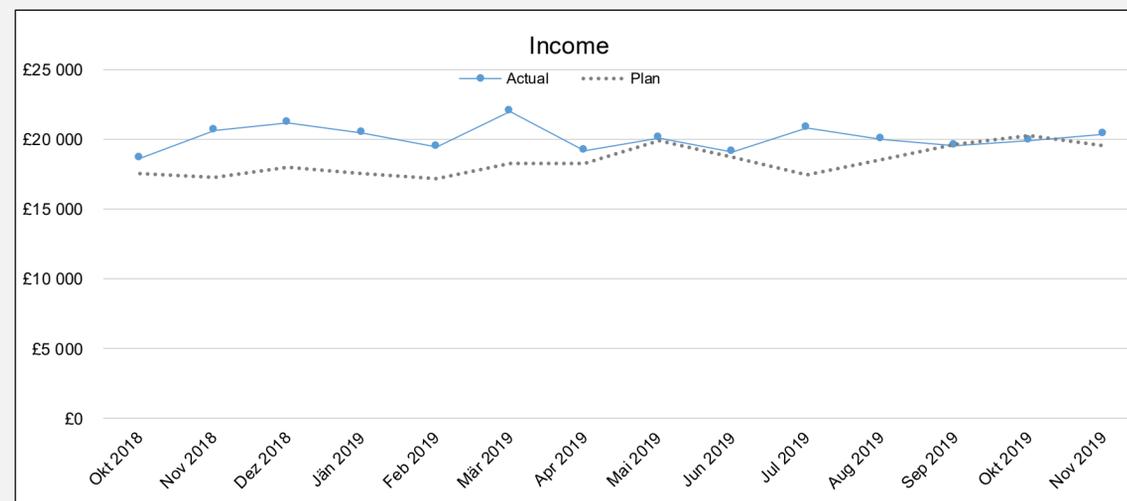
This shortfall is mainly one of timing, partly due to pending approval of business case funding for the 'Wave 4' capital bids.

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%.



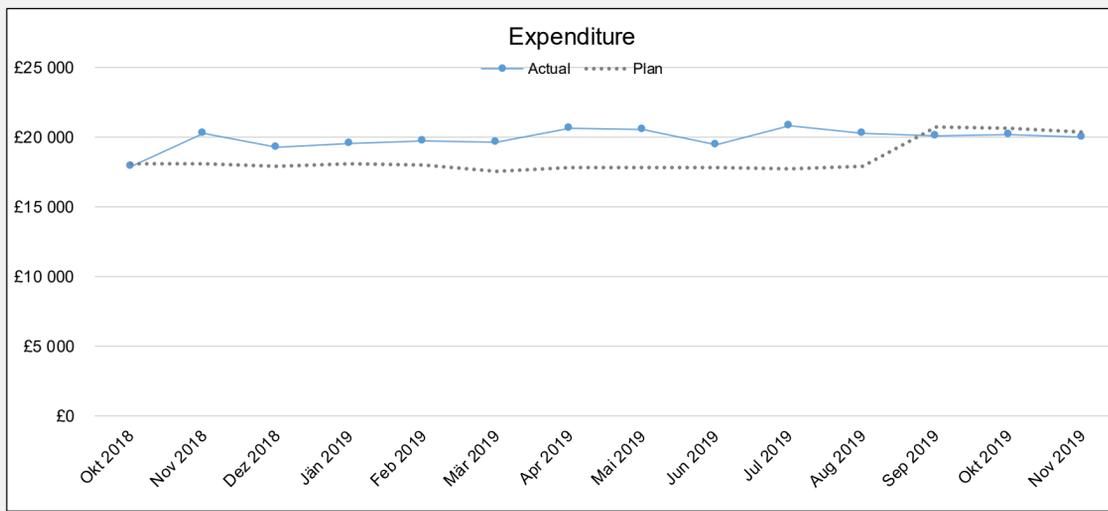
Income for the month of November was £20.4m, which was £0.2m worse than plan.

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.

**D - Membership Development Committee Report**

**1. Introduction**

- 1.1. The Membership Development Committee (MDC) is a committee of the Council that advises the Trust on its communications and engagement with members (including staff) and the public and on recruiting more members to the Trust. The MDC meets three times a year. All Governors are entitled to join the Committee, since it is an area of interest to all Governors.
- 1.2. In this report, we focus on membership updates and summaries of the top items from the MDC meetings and those that report into the MDC (Staff Engagement Advisory Group, Inclusion Hub Advisory Group, Patient Experience Group and Voluntary Services). For a full picture of the important items discussed at these meetings and how staff and members are feeding in their views to the Trust, I recommend that you read the full minutes appended to this report.

**2. MDC Meeting summary**

- 2.1. The MDC met on the 17th February. The key areas of focus were:
- 2.2. The finalised proposal of a membership engagement action plan which had been developed with Board, Council & membership input. This is in addition to the mechanisms in place for smaller scale membership engagement which is covered within our Inclusion Strategy. It focusses on proportional membership engagement with our wider membership (c3,500 staff and 10,000 public members) looking at the wider priorities of the Trust over a 12-month period, and then considering which of these priorities needs wider engagement.
- 2.3. The work will contain two strands which the Membership Office will lead on:

**Strand 1**

- Compiling a list of member engagement opportunities linked in to Trust priorities and consider where wider member engagement should be undertaken and support this to happen.
- Work with the Inclusion, Volunteer and Staff Engagement Leads on how to make engagement with members a 'must do' for certain subjects and embed the value of this into the Trust's ways of working.

**Strand 2**

Support Governors to engage with their constituents by:

- Ensuring staff Governors make use of the SEF and link in with Engagement Advisors.
- Re-establishing the toolkit and crib sheet for public Governors to plug into local communities.
- Connecting Governors to local Make Ready Centres and Community First Responder Teams.

**2.4. Other items covered at the MDC included:**

- 2.5. Reviewing the membership survey outcomes and drawing conclusions from the data and making recommendations for a new approach to the distribution of the survey moving forward. Those that returned the survey felt informed and proud to be a member of their local ambulance service and that the Trust kept them up to

date with key changes and improvements. Members were keen to be more involved with the Trust which the work within the action plan will support.

2.6. Proposals for membership recruitment were reviewed and discussed. It was agreed to:

- Attend one large scale event in each constituency area to enable Governors to meet and sign up new members within their area (preference being 999 events).
- Attend an additional large-scale event in West Sussex to develop membership numbers to bring them more in line with East Sussex figures as the populations are similar.
- Attend an additional patient/disability event to build patient membership numbers as these have been on a declining trend over the past few years. This can tie into the patient strategy plans for engagement.
- Governors to utilise local patient participation groups to advertise membership to build up patient representation and the Governor Toolkit to undertake attendance at small events themselves.

2.7. We have a joint presence at these large-scale events with Community First Responders and Operational colleagues wherever possible.

2.8. The focus for member recruitment has always been about quality rather than quantity. However, this does not stop Governors from carrying out membership recruitment locally if they wish to increase membership in their area. Please contact the membership office if you would like member forms and promotional materials. The Governor Toolkit has been refreshed based on your feedback and is ready to use. The toolkit is designed to help Governors carry out local member recruitment themselves.

2.9. The minutes of the November & February MDC meetings are available as appendix 1 & 2. The next MDC meeting is on the 5<sup>th</sup> May 2020.

## Membership update

2.10. The total staff membership as of 31.01.20 was 4,020 which is up a handful since the report in December.

2.11. Current public membership by constituency (at 18.02.2020) is 10,115 broken down as follows.

Constituency	Members	Population	% of eligible population
Lower East SECamb (East Sussex and Brighton)	2,064	853,290	0.24
Lower West SECamb (West Sussex)	1565	866,131	0.16
Upper East SECamb (Medway/ Kent/ East London)	3,624	6,271,479	0.05
Upper West	2,460	5,994,143	0.04

<b>SECamb (Surrey/ Hants/ West London)</b>			
<b>Out of Trust Area</b>	402		
<b>Total number of members</b>	10,115		

2.16 The recommendation to extend the borders of our existing Kent and Surrey constituencies to encompass East London and West London respectively were approved at Board and Council meetings in November and December 2019. You'll see the changes reflected in the membership numbers above.

2.17 Governors formerly representing Surrey and NE Hants will now represent Surrey, NE Hants and West London known as 'Upper West SECamb Governors'.

2.18 Governors formerly representing Kent will now represent Kent (including Medway) and East London known as 'Upper East SECamb Governors'.

2.19 Governors representing East Sussex will now also represent the population of Brighton and Hove with three Governors representing 'Lower East SECamb Governors'.

2.20 Governors representing West Sussex will continue unchanged regarding boundaries, this area is now known as 'Lower West SECamb Governors'.

### 3. Membership engagement summary

- 3.1. The next member newsletter goes out w/c 27<sup>th</sup> April to our public and staff FT members. This edition will focus on 24 hours in our Emergency Operations Centre with two 999 call handlers writing a diary of their experience on shift. It will also include the outcomes from the Governor elections, an overview of our Community First Responders, the use of defibrillators and the usual SECamb news.
- 3.2. Governor elections were held recently, and the results of the elections will be shared with the wider membership in the newsletter. Congratulations to any newly or re-elected Governors at the meeting today and welcome to SECamb – you'll find it a steep but rewarding learning curve and we hope to see many of you at our next Membership Development Committee meeting in May. Thanks go to Governors who were stepping down after the end of their terms of office – your commitment to keeping the Trust on its improvement journey is to be admired.
- 3.3. Members were invited to stand and vote in the recent elections, they were also invited to attend the Quality Account stakeholder event and submit ideas for a patient experience project.
- 3.4. Public and staff members can keep up to date with the work of the Council through bulletin articles, community Facebook group posts, live tweeting of meetings and audio recordings of the meetings. The aim being to raise the profile of the Council and the work it does alongside raising awareness of our staff Governors. Audio recordings of the Council and Board meetings are here:  
<https://soundcloud.com/secamb>



## 4. Public Members' Views



community engagement is necessary or simply gather the views of the IHAG to inform the Trusts' plans. This group are also able to feed information on issues of importance to them into the Trust.

4.1. The Inclusion Hub Advisory Group (IHAG) is a diverse group of our public Foundation Trust members who bring a wide range of views and perspectives from across the South East Coast area. SECAMB staff brief the group on plans and service changes and seek the group's advice on whether wider

### 4.2. IHAG meeting summary:

4.3. The IHAG met in February. Governors Marguerite Beard-Gould, Was Shakir and Geoff Kempster are the Council's representative at IHAG meetings. Any Governors in attendance may wish to add their own comments. All Governors are welcome to request to observe the IHAG from time to time. The minutes of the meeting are not yet available but will be included in the next report to the Council. The key areas of discussion at this meeting included:

4.4. The CEO joining the group to understand the function and share his priorities.

4.5. Receiving a presentation on a new project for Community First Responders and volunteers to support non-injury fallers to ensure a quicker response to these patients and to release staff to respond elsewhere. The Project Management Office would oversee this development and two members of the IHAG would join that group.

4.6. Colleagues joined the meeting to give an overview of the Clinical Advice Service coming in to the 111 service in Sussex and Kent, and Healthwatch members attended to share their engagement plans around the new service, with a toolkit co-designed with the public to get key messages across. They asked for the support of our FT membership to get the message out about this piece of work.

4.7. The next IHAG meeting takes place on the 12<sup>th</sup> May 2020 at the Holiday Inn Gatwick Povey Cross.

## 5. Staff Members' Views

5.1. The Staff Engagement Advisory Group (SEAG) is the Trust's staff forum, which meets quarterly. It consists of a cross-section of staff members with different roles and from different parts of the Trust and enables the Trust to gather views and test

ideas. The Staff-Elected Governors are permanent members of the SEAG, and it provides them with a forum to hear the views of their members and share their learning from the SEAG. The Chief Executive is also a permanent member.

#### **5.2. SEAG meeting summary:**

5.3. Since the last report the SEAG met on the 21 February. The notes of this meeting are not yet available. Any staff Governors in attendance may wish to add their own comments.

5.4. Key items from the February SEAG meeting: SEAG is the renamed Staff Engagement Forum.

5.5. The last meeting on 21st February had a low attendance for a variety of reasons. Despite this it was a fascinating insight into the realities of life in SECamb from staff perspectives and it held some really productive workshops on the staff survey and how to tackle low morale, low staff engagement and improve team-working. There's an open invitation to Governors to attend and all Governors, especially Staff governors, are asked to really try and prioritise coming along. The next meeting is 22nd May. As chair of MDC I am keen to support the SEAG which represents our staff membership who are a large proportion of our overall membership and represent the most visible and the most important part of SECamb, indeed its "raison d'etre" to the public and our membership at large.

5.6. 2020 SEAG meeting dates are as follows and Staff Governors are asked to prioritise attendance at these meetings: 22<sup>nd</sup> May | 11<sup>th</sup> August | 21<sup>st</sup> November

5.7. Public Governors can request to observe the meetings from time to time.

### **6. Patient Members' Views**

6.1. The Patient Experience Group (PEG) is a group of public, patient and staff representatives. Felicity Dennis is the current Governor representative on the group, but an additional representative has been requested to provide resilience in arranging attendance.

6.2. The last meeting took place on the 21<sup>st</sup> January, notes from the meeting are included below as appendix 3. A discussion was held regarding the way forward for PEG as several agenda items were found to be duplicated with IHAG. It was agreed that the Terms of Reference for both groups should be looked at. As well as membership for PEG as it was felt a stronger patient voice was needed especially from carers.

6.3. It was agreed that more use of existing groups such as Healthwatch and GP Practices be investigated as a good source of feedback for PEG.

6.4. The new Friends and Family Testing for the ambulance services nationally would become an annual patient experience improvement project. It was agreed that Dementia would be an area of focus for this.

6.5. The next PEG meeting will be held at Crawley HQ in the Curie Room, on Thursday 26 March 2020.

### **7. Update from the Voluntary Services Department**

7.1. Greg Smith Voluntary Services Manager for Community Resilience attended the MDC in February to provide an update on work and engagement in his department. Community First Responder (CFR) recruitment continues and 420 CFRs are currently in post, up from 328 this time last year. Current priorities were streamlining the way CFRs are dispatched, linked in to ongoing EOC

improvements and developing an accredited qualification for CFRs giving them transferable skills.

- 7.2. During 2019, 10,000 people were trained across community engagement and Restart a Heart, which was almost entirely down to our volunteers.
- 7.3. The MDC were advised that the staffing of the CFR dispatch desk had improved. In the longer term, working practices, procedures and types of calls CFRs go to were being considered. The MDC noted the core need to get our basic service and offer to CFRs right before expanding. Engagement with Emergency Operations Centres (EOCs) was also being improved as it was vital EOCs bought into the CFR agenda. There was work taking place to help EOC understand the cultural differences between dispatching staff and volunteers, not least in terms of how keen CFRs were to be utilised. Utilisation per hour had improved as well.

## **8. Recommendations**

- 8.1. The Council of Governors is asked to:
- 8.2. Note this report; and review any attached minutes for more detail.
- 8.3. Provide any additional feedback on the Annual Members Meeting.
- 8.4. Governors are asked to send any updates in you wish to be shared with your constituents.
- 8.5. Consider how best to encourage Governors to make use of such information, and to make use of the IHAG and SEF appropriately to help understand the perspective of public Foundation Trust members.
- 8.6. Encourage those they meet to become members of our Trust (it's free) at: [http://www.secamb.nhs.uk/get\\_involved/membership\\_zone.aspx](http://www.secamb.nhs.uk/get_involved/membership_zone.aspx) Members receive our newsletter, 'Your Call', three times a year to keep them up to date with the Trust's activities. Members can vote or even stand in public & staff Governor Elections to the Council.

**Brian Chester**  
**Upper West SECamb Public Governor &**  
**Membership Development Committee Chair**

**SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

**Membership Development Committee**

**19<sup>th</sup> November 2019 – Crawley HQ 10:30-15:30**

**Minutes**

**Present:**

Katie Spendiff	(KS)	Corporate Governance and Membership Manager
Brian Chester	(BC)	Public Governor, Surrey
Harvey Nash	(HN)	Public Governor, West Sussex
Geoff Kempster	(GK)	Public Governor, Surrey
Greg Smith	(GS)	Voluntary Service Manager
Was Shakir	(WS)	Operational Staff Governor
Izzy Allen	(IA)	Assistant Company Secretary
Chris Devereux	(CD)	Public Governor, Surrey
Rob Groves	(RG)	Organisational Development & Engagement Advisor
Emma Saunders	(ES)	Organisational Development & Engagement Advisor
Peter Lee	(PL)	Company Secretary

**Minutes:** Megan Chinery (MC) Corporate Governance Officer

**Apologies:**

Howard Pescott	(HP)	Appointed Governor, Sussex Community NHS FT
Marian Trendell	(MT)	Appointed Governor, Sussex Partnerships
ACC Nev Kemp	(NK)	Appointed Governor, Surrey Police
Pauline Flores-Moore	(PFM)	Public Governor, West Sussex
Felicity Dennis	(FD)	Public Governor Surrey & North East Hampshire
Roger Laxton	(RL)	Public Governor, Surrey
Asmina Islam Chowdhury	(AIC)	Inclusion Manager

**1. Welcome and introductions**

1.1. BC sent his best wishes on behalf of the MDC and condolences to Lucy Bloem at this time.

**2. Apologies for Absence**

2.1. As noted above.

**3. Declarations of Interest**

3.1. None were received.

**4. Minutes of the last meeting and matters arising**

4.1. HN noted that on page 5, 6.6 St Johns was the Sussex branch not Surrey.

- 4.2. GK noted the dates on the action log were showing as in French on his pdf for some reason.
- 4.3. KS marked the action log as largely complete apart from the two which were ongoing or on hold.
- 4.4. GK asked to highlight action 6.11 at the next COG which was to offer opportunity for Governors to be able to write to members in their area to be sent through the Membership Office. (Membership data can be divided geographically). KS will add this to the membership development report to the council.

## **5. FT Membership update**

- 5.1. KS outlined the FT membership paper to those who were attending the MDC for the first time. KS made the point that this was an opportunity for all staff/public/volunteer engagement leads to be in the same place at the same time and triangulate what they were working on. KS gave an overview of the membership data. Earlier in the year, the MDC agreed that the Trust should look to develop BME Membership within the organisation to make it more representative with an aim of encouraging people to stand to our Council of Governors and to become more involved. The membership campaign worked as the Trust was now overrepresented in this category.
- 5.2. KS provided an update from Asmina and Angela from the Inclusion Hub Advisory Group's (IHAG) last meeting, at that meeting they received an update from the Nursing Director about the patient experience strategy. The IHAG were keen to pin down timelines for the work and confirmation that it had involved patients and the public where appropriate and that this would be continued.
- 5.3. The IHAG received an overview of the proposed new model for Specialist Advanced Paramedics, giving front line staff the opportunity to rotate across the wider and acute sector, reducing chance of losing them to GP surgeries and providing variety in the role.
- 5.4. The IHAG received an overview of changes to the 111 contract which would be positive for patients and the public. RG and ES discussed the key pieces of work they were undertaking for staff engagement. RG stated that he and ES were substantive in the staff engagement post. RG explained that together they had looked at how to refresh staff engagement. Asking staff what staff engagement meant to them and what could be done to improve it.
- 5.5. RG and ES stated they were working on a new proposal for the staff engagement network, which may involve a name change.
- 5.6. RG is hoping that if they can develop the idea of what motivates staff, this will improve morale and performance and targets.
- 5.7. RG and ES were going to work with the NED's, specifically Tricia McGregor, and hopefully then present their proposals on staff engagement to the Senior Leadership Committee and the Board.
- 5.8. ES and RG had researched staff suggestion schemes in more corporate companies. ES explained that Joe Garcia was going to look at opening a channel of communication between Board, SLC and staff that could occur each quarter.
- 5.9. BC queried how a staff suggestions scheme could work?
- 5.10. RG stated that staff need to feel like they are being listened too.
- 5.11. HN queried what happens if a staff member does have a bright idea/staff suggestion which they want to put through. ES noted they had a plan to build a website where they could add an area for staff to put forward their bright ideas, RG followed that part of the proposal is that if the SLC agree with the bright idea than it is given to a specific team and the staff member who came up with the bright idea work with that team.

- 5.12. GK noted maybe there should be a reward scheme or an incentive tied into this. RG agreed but noted that visibility and recognition for doing something is sometimes enough.
- 5.13. HN asked what the staff engagement plan would look like in 4-5years time?
- 5.14. RG answered that hopefully the staff engagement structures would be working successfully and that it would run itself.
- 5.15. RG added that every directorate and department at the point of receiving their staff survey results should create a local area and improvement plan. Staff engagement advisers understand the time pressures that managers are under, but want them to see the benefits that can come from staff engagement work.
- 5.16. GS asked was there a correlation between staff morale and motivation patterns.
- 5.17. RG answered yes there were reports and studies on this that proved there was a correlation.

**Action: The MDC were keen to know if the NEDs were assured that local plans from staff survey results had been actioned? HN would raise when observing WWC.**

- 5.18. ES then discussed the idea of having a stamp put on to policies and procedures so it is clear that staff had been involved in the process, they may not necessarily agree with it but it had been viewed by them, this is something that had been brought up with Paul Renshaw too.
- 5.19. HN stated that staff moral should be at the heart of the Board meetings and stressed the need for the new HR Director to know about the plans for staff engagement and be onboard with these ideas. GS emphasised that it would be great to involve Community First Responder's (CFR's) and other volunteers with the Staff Engagement work. ES and RG agreed and would meet separately with GS to discuss further.
- 5.20. GS made two points:
- Some staff have a cynical approach to staff engagement for various reasons. But what will go in RG and ES's favour is they are both from an EOC operational background. Frontline staff would find it easier to relate to a front-line colleague.
  - Road staff have trouble finding time to become involved in staff engagement. GS asked if there could be an app on the iPad in which staff could easily access the suggestion box for example.
- 5.21. BC concluded that the Trust's people were its key to success. BC thanked RG, ES and GS and noted their enthusiasm to get staff engaged was to be applauded and that the MDC would give all the support that it could.

## **6. 2019 Annual Members Meeting (AMM) evaluation review and early planning for 2020.**

- 6.1. KS gave an overview of the feedback from the AMM meeting. KS asked the committee to consider the feedback and the information that was in the evaluation forms and to add their own views.
- 6.2. KS noted the Trust welcomed 222 people on the day which was the most it had ever had at an event. KS thanked everyone who had supported the event. KS went on to discuss legally what needed to be presented at the event, such as Trust Annual Reports and accounts, amendments to the constitution etc.
- 6.3. KS discussed how having fresh eyes with the new Governors helped improve the AMM. This year the MDC and the staff engagement forum provided ideas about what they wanted to see at the event.

- 6.4. KS noted one of the key ideas was having the 999-call example and what happened when you call 999. One of the difficulties to this was that the video was only sent the day before despite the person in charge of this task having 3 months to do it. The sound quality was quite poor, and a lot of the complaints were to do with the sound quality of that video. But KS made the point that a lot of effort was put into this and that a lesson was learnt and to think about what could be done next time, so this doesn't happen.
- 6.5. RG offered to support whoever was creating the video next time.
- 6.6. IA added as an idea that it was possible to do the mandatory sections of the AMM at the Council meeting as you invite the public to that too.
- 6.7. The committee then discussed whether to have the mandatory items at the Council or to involve it in the AMM. KS liked the balance of addressing the formalities and showcasing the Trust but was happy to be challenged on that.
- 6.8. HN noted that dry content could and had been put across in a fun and creative way.
- 6.9. IA and KS agreed, they noted that the evaluations showed that the AMM as it was, was working well.
- 6.10. ES added feedback from EOC that a lot of staff members didn't know what an Annual Members Meeting was.
- 6.11. KS welcomed suggestions for messaging., It was discussed maybe that it was the word 'meeting' and the way it was presented as to why some staff were not keen to attend/ switched off.
- 6.12. IA discussed the location and whether it could be in a public place to encourage bystander attendance. KS challenged that as this event was for our members, it was great to have the public, but it was really for our members.
- 6.13. KS noted feedback from the joint Board and Council from Terry Parkin and asked what we wanted to achieve next year with the event. Terry had suggested having the AMM in the same place every year. The committee disagreed with this as it means less people may come, it was good to engage in other areas.
- 6.14. KS went on to explain that the presentation feedback scored highly, and that the meeting was fit for purpose according to the evaluations. The MDC agreed. KS welcomed further ideas from the committee.
- 6.15. GK noted a question to add to the evaluation: "is this your first time attending the AMM or have you been before?" to better understand who attended.
- 6.16. ES suggested using local radio to attract the public which was free to use. BC agreed that this would raise the profile and suggested adding into local newspapers.
- 6.17. GK suggested Rochester as a place to hold the next year's AMM as it was more central than Ditton the previous Kent venue. KS noted she would welcome suggestions for a venue that would be big enough to hold the COG and AMM with enough parking in this area.
- 6.18. ES noted using schools, universities and the possibility of doing it in the school holidays.
- 6.19. KS noted it was important to ask the staff and public what they wanted to hear about at the event and maybe set up a survey to do this.

## **7. First draft of our membership strategy for review and planning the next steps and engagement with members on its development.**

- 7.1. KS gave an overview of the draft membership strategy. It covered an introduction to membership and why effective engagement was key as being a part of a foundation trust.

- 7.2. From the development session on membership at the Board and Council meeting in May it was discussed as to what it would be like if we were the best at being a membership organisation. The aim that came out of that session was to make the most of being a membership organisation. The themes that developed from it were knowing you were a member of SECamb, knowing the benefits, systematically engaging with members, and ensuring structures and ongoing membership engagement was in place.
- 7.3. KS noted that she wanted to see the Trust's wider membership being used more effectively and consistently. IA noted the Trust has an inclusion strategy and noted it would be important to avoid duplication of themes as membership engagement was in part covered within that strategy.
- 7.4. PL noted that perhaps there was no need for a separate strategy and that the Inclusion Strategy was enough but what was needed was a full delivery plan of membership engagement or public engagement.
- 7.5. ES suggested it would be good to have this under one umbrella whether you were engaging the public or staff as the basics were the same.
- 7.6. BC added if the routes of communication were open to everybody then it was automatically inclusive anyway, sometimes with inclusion it can start to isolate the very people you are trying to get too.
- 7.7. HN queried why the Trust needed more members. KS advised this was not the aim. ES noted we needed to utilise the members the Trust already has.
- 7.8. KS summarised discussions as follows:
- Look at the wider priorities of the Trust over a 12-month period. Then consider which of these priorities needed wider engagement.
  - How do we bring the feedback and engagement on these priorities back into the Trust?
  - Accountability – who oversees acting on the feedback.
- 7.9. KS noted she felt this was an action plan and not a strategy. This should become business as usual for the Trust in terms of listening and acting on staff and public member views.
- 7.10. KS noted the action plan should be added as an agenda item at the MDC to insure oversight.

## **8. Review the Governor membership engagement plan for elections and suggest areas of focus for promotion and key messages for members.**

- 8.1. KS drew attention to the governor membership engagement plans and asked what could be improved.
- 8.2. WS noted that there was a lot more of a time commitment than some Governors would expect, and the required hours advertised were the minimum amount of time you could give.
- 8.3. WS added that it was such a huge area to cover and to tap into everyone was extremely difficult. ES noted they could support Governors in talking to road staff as they had contact with them.
- 8.4. KS asked the staff Governors what they got from the role that could be used to help promote the elections. The committee answered with:
- Making a difference.
  - Getting to see accountability taking place.
  - Opportunity for a positive impact.
- 8.5. KS asked the public Governors what they got from the role? The committee answered with:
- Positive impact on the workings of the Trust.

- They felt they were listened too, and that upon asking a question a comprehensive answer was provided.

8.6. KS asked the MDC if there were any advertisement opportunities missing from the plan? The committee answered with:

- SECamb members Facebook group, BC suggested creating a Facebook group for members only and governors.

8.7. KS highlighted the risks and workload of a specific Facebook group as a potential project.

8.8. IA advised that at the Governor Development Committee discussion on a proposal to extend the northern borders of the Trust into London to bring a more diverse group to SECamb such as NED's/Governors was considered. KS stated this would be discussed further via a paper at the Council meeting.

## **9. Annual Review of the effectiveness of the MDC:**

9.1. KS discussed the Annual Review of the effectiveness of all the committees and working groups and noted it gave an opportunity to truly reflect on the purpose and the effectiveness of the committees throughout the Trust.

9.2. KS worked through the paper question by question and Governors answered yes/no.

9.3. IA noted it was a very focused and effective committee. The MDC agreed.

9.4. KS would take the completed form to the Council meeting.

## **10. Suggested content for upcoming newsletters or additional member communications.**

10.1. KS asked the MDC for suggested content for upcoming newsletters and additional member communications. KS advised of some of the key items in the upcoming winter newsletter including:

- 60 second interview with CEO
- Governor Elections
- Members Survey
- Changes to 111 and what it means for the public
- Drinking smart over the festive period
- Pictures of staff in the Tetris challenge

10.2. The MDC noted they would like to see articles on: Community First Responders (CFR) recruitment/volunteering and an up to date description of the CFR role.

10.3. Insert of new Governors who are part of the Council.

10.4. ES suggested using podcasts for communications for the Trust.

10.5. GS would provide information on public defibrillators and how the public could help the Trust in recording locations.

10.6. KS stated the winter newsletter would be out on the 9<sup>th</sup> December.

## **11. Any other business from members?**

11.1. GK raised an issue on behalf of a CFR with GS.

11.2. GK explained that St Johns CFR's believed they would be transferred to SECamb under the recent proposed changes. St Johns Ambulance (SJA) CFR's were asked to go through an interview process, they were then put through blind screening and GK felt this was a significant process to have to go through and

queried that as they were already doing the role could they note just be transferred across.

- 11.3. GS stated that the applicants were members of SJA and not SECAMB, so to take them through the normal SECAMB recruitment process was correct. It was unfortunate that they were under the impression that they thought it was a simple transfer, but communications were made clear as to the process.
- 11.4. GK added that the letter that was sent to them perhaps needed to be clearer that the application needed to be completed in full and to expand on the recruitment process.
- 11.5. BC suggested this be further discussed outside of the meeting as it was not directly related to membership, but noted it was right to bring it to the table.

## **12. Review of Meeting Effectiveness:**

- 12.1. IA noted they were very good papers, and very well presented by KS.
- 12.2. BC added it was great to see the enthusiasm of those in the room and thanked everyone for fully participating in the meeting.

**Date of Next Meeting: 17 February 2020**

## **Appendix 2 MDC February 2020 draft minutes**

### **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

#### **Membership Development Committee**

**17 February 2020 – Crawley HQ 10:30-14:30**

#### **Minutes**

#### **Present:**

Katie Spendiff	(KS)	Corporate Governance and Membership Manager
Brian Chester	(BC)	Upper West SECAMB Public Governor (MDC Chair)
Harvey Nash	(HN)	Lower West SECAMB Public Governor
Geoff Kempster	(GK)	Upper West SECAMB Public Governor
Greg Smith	(GS)	Voluntary Service Manager (for two items)
Was Shakir	(WS)	Operational Staff Governor
Pauline Flores-Moore	(PFM)	Lower West SECAMB Public Governor
Asmina Islam Chowdhury	(AIC)	Inclusion Manager

**Minutes:** Izzy Allen (IA) Assistant Company Secretary

#### **Apologies:**

Marian Trendell	(MT)	Appointed Governor, Sussex Partnerships
Felicity Dennis	(FD)	Public Governor Surrey & North East Hampshire
Emma Saunders	(ES)	Organisational Development & Engagement Advisor
Rob Groves	(RG)	Organisational Development & Engagement Advisor
Marguerite Beard-Gould	(MBG)	Public Governor for Kent

### **13. Welcome and introductions**

- 13.1. BC welcomed members.

### **14. Apologies for Absence**

- 14.1. As noted above.

### **15. Declarations of Interest**

- 15.1. None were received.

### **16. Minutes of the last meeting and matters arising**

- 16.1. AIC noted she was missing from the apologies. HN noted he was listed as HA and this should be updated.
- 16.2. On the action log, on the virtual EA group, this was something AIC was keen to progress but she still lacked capacity. Few requests to use the virtual group were coming through. AIC advised that the purpose of the virtual EA group provided further consultation and engagement on our policies. A group of FT members were part of the virtual EA group and would receive consultation requests and copy of the draft policy to feed back as part of trust consultation. Some good feedback had been received. This hadn't been promoted in-house recently. HN asked whether the membership of the group was refreshed often. AIC noted this had been a couple of years ago to seek new members. Of the current group of c10-12 only 3-4 responded regularly.
- 16.3. BC noted that we might consider this when we came back to discuss the membership action plan. AIC agreed that it would be fantastic to use the group more effectively and support them to respond but it was a capacity issue.
- 16.4. On the assurance around action plans being implemented in relation to the staff survey, HN noted that he was highly assured about this. He believed that WWC would request further input from around the organisation this year as well. KS would like to ask ES what the plan was to follow up on the staff survey and measure that anyone had acted. HN felt that the live discussion that took place at WWC was effective and this would happen at each WWC going forward, which would touch on the majority of areas in the Trust.
- 16.5. AIC noted that ES had clear plans and there were discussions about how else the feedback and learning might be shared, not only at WWC. There was discussion of the importance of local action being taken, and local parts of the Trust taking ownership within their OU.
- 16.6. BC noted that some Governors had written for local communications and done some local engagement. Regarding messaging going directly to members in Governors' areas, KS reiterated that she would be very happy to facilitate this but would need content from Governors.
- 16.7. KS reminded members to complete the Governor activities form regularly too, to enable reporting.

### **17. FT Membership update**

- 17.1. KS noted that ES was on leave but had sent an update. In November the first new Staff Engagement Forum took place, and they had scoped the forum's activities and looked at making better use of the forum. They scoped name changes (now called the Staff Engagement Advisory Group (SEAG) – mirroring the IHAG) and would be introducing a 'town hall' item into all meetings, which was an open forum for staff and managers of all grades to attend and discuss issues and find solutions together. Senior buy-in had been lacking previously. The first session would happen on Friday this week. It would be live-streamed and dial-in would be enabled.

- 17.2. KS noted that it was important for Staff Governors to attend the SEAG to hear from a range of staff and take the chance to talk about what Governors have been doing. KS would ask for an agenda slot for Staff Governors to talk about what they were doing.
- 17.3. The MDC anticipated ES' attendance in May to cover staff engagement and the staff survey. HN asked how often SEAG meetings were run, which was quarterly.
- 17.4. BC noted that he was concerned to hear that the blockage in implementing changes suggested by staff had been at senior level. The MDC had committed to support the Staff Engagement agenda and so the MDC should try to support and observe the meeting either in person or watching the live streaming.
- 17.5. GS joined the meeting. CFR recruitment continued. 420 CFRs were currently in post, up from 328 this time last year. Current priorities were streamlining dispatch, linked in to ongoing EOC improvements and developing an accredited qualification for CFRs giving them transferable skills. GS also noted that during 2019, 10,000 people were trained across community engagement and Restart a Heart, which was almost entirely down to our volunteers. An outstanding action was to pick up on volunteer engagement with ES.
- 17.6. WS asked about dispatch and what the plan was. GS advised that staffing of the CFR dispatch desk had improved. In the longer term, working practices, procedures and types of calls they go to were being considered. KS noted the core need to get our basic service and offer to CFRs right before expanding. GS noted that engagement with EOC was also being improved as it was vital EOC were bought into the CFR agenda. GS was working to help EOC understand the cultural differences between dispatching staff and volunteers, not least in terms of how keen CFRs are to be utilised. Utilisation per hour had improved as well. GS left the meeting and would return for the membership action plan item.
- 17.7. AIC provide an IHAG update. The CEO had joined the group to understand the function and share his priorities. They had received a presentation on a new project for CFRs and volunteers to support non-injury fallers to ensure a quicker response to these patients and to release staff to respond elsewhere. The PMO would oversee this development and two members of the IHAG would join that group.
- 17.8. Caroline Sergeant and Charlie Adler had joined to give an overview of the Clinical Advice Service coming in in Sussex and Kent, and Healthwatch members attended to share their engagement plans around the new service, with a toolkit co-designed with the public to get key messages across. They had asked for the support of our FT membership to get the message out.
- 17.9. AIC would ask whether there was a poster version of the business card which could be emailed to members along with the communication slides and they could print them and stick up in GP surgeries. KS would liaise with AIC to deliver this.

**ACTION: KS and AIC to source communications around 111/CAS from HealthWatch and distribute to members and Governors to promote.**

- 17.10. AIC noted the IHAG had received a very positive update on the effectiveness of the clinical navigator role.
- 17.11. AIC would be working with GS and KS to engage better with seldom heard ethnic minority communities as an employer, as part of our recruitment strategy. This 'Community Ambassador' role would be taken forward looking at a possible event (recruitment open day). PFM noted that there was a big population of Filipinos who could be targeted as ambassadors, and they held big community

events. AIC agreed and noted that the Trust already employed 300 nurses which should increase diversity.

- 17.12. HN asked what HealthWatch's involvement was in the use of 111, and whether it shouldn't be SECAMB's role to promote. There was discussion of the purpose and remit of HealthWatch. AIC noted that HealthWatch had a statutory public engagement remit so we needed to engage with them. It had been hard to work closely with HealthWatch. HN noted that it was important that HealthWatch were correctly representing and promoting 111 on behalf of SECAMB. AIC noted this was very much the purpose but also including the public perspective.
- 17.13. GK noted that it was wider than 111 because the CAS was an entirely new service.
- 17.14. KS noted that FT members should have been engaged and involved in the development of the CAS, and this would be worth considering when this came up on the data. AIC noted that there was space to do more messaging work on the launch however time was tight.

**ACTION: KS would follow up with Caroline Sergeant to ensure that FT members could be involved.**

- 17.15. BC asked what was happening in Surrey. GK noted that the CAS would be provided by SCAS and CareUK in Surrey. The 111/CAS contract mirrored the existing 111 contract.
- 17.16. PFM noted that her surgery had really good communications across various mediums, and this worked really well to promote the new GP system. KS advised that the newsletter had covered the new CAS in the previous newsletter but more could be done.
- 17.17. AIC noted that key messaging was that patients should not notice any difference on 1<sup>st</sup> April; some pathways were already there and more and more services would be added to it.
- 17.18. KS gave FD's update on the Patient Experience Group. There had been a discussion around the way the PEG duplicated some functions with IHAG.
- 17.19. KS asked AIC to ensure Judith Ward and Angela Rayner noted the opportunities to use the FT membership for engagement purposes and as patient experience volunteers, as FT members were keen to get involved in this.
- 17.20. PEG had discussed asking other groups e.g. PPGs and HealthWatch for feedback.
- 17.21. The new Friends and Family Test (FFT) for ambulance services was discussed. The test had changed for ambulance services: rather than use the national survey, which was not suitable for ambulance services, NHSI expect ambulance services to agree a topic for an annual improvement project. KS and IA queried who would choose the topic, AIC noted that there would be a dementia workstream as highlighted in the Equality Delivery System.

**ACTION: KS would ask Judith for additional representation on the PEG to ensure Governors were always strongly represented.**

- 17.22. MDC members noted that they had attended the PEG development sessions which had not been fantastically attended nor with the most relevant demographic.
- 17.23. PFM noted that Trusts that had been doing the FFT survey for some years and action was rarely taken nor was the feedback nuanced enough to take action.
- 17.24. AIC noted that the ambulance sector had not undertaken the FFT for a number of years. This year, the Trust would undertake a project on dementia instead of doing the survey for that reason specifically.

## **18.2019 Member Satisfaction Survey**

- 18.1. KS advised that the survey was sent out annually to test members' views on FT membership.
- 18.2. She noted the decrease in responses this year compared to last year. GK suggested that we try and build in incentives or ask people at a different time of the year, not in December.
- 18.3. AIC suggested that we ask for the feedback alongside AMM registration to start engagement into the AMM. We could share the results at the AMM if the timing was sensible.
- 18.4. The MDC noted that the small response rate meant that it was unreliable however it was noted that the responses were broadly the same as in previous years.

**ACTION: KS would aim to distribute the satisfaction survey to members around May 2020.**

- 18.5. KS advised that we had asked some additional questions in the survey this year around informing the membership engagement plan. HN noted that everyone was suffering from survey fatigue.
- 18.6. IA emphasised that people did not tend to respond to surveys, in particular, if they did not have any issues or negativity to share.
- 18.7. PFM suggested that we had too much focus on the newsletter and written word and ought to consider more pictorial information for members, including those lacking basic literacy.
- 18.8. BC noted that he would prefer to spend money to increase our reach rather than focus on different niche markets. KS also made adjustments for those members she was aware had visual impairments.
- 18.9. BC advised that communication continued to be an issue, as also mentioned at the GDC last week.
- 18.10. The MDC accepted the recommendations on the membership survey but KS would continue to consider what the best way to deliver the survey was, and bring the outcomes to the AMM.

## **19. Membership action plan**

- 19.1. KS presented the overview and ask for the MDC's support for moving forward with the two strands set out in her paper.
- 19.2. KS had researched other Trusts' membership engagement and no-one was doing systematic engagement better than us. We no longer needed a membership strategy as this was encompassed within the Inclusion Strategy. Rather, we needed a plan to engage with our wider membership, with the product being an annual action plan.
- 19.3. Engagement should be proportionate to the scale and scope of the change proposed.
- 19.4. There would need to be promotion across KS, AIC and ES/RG to promote the value of engagement.
- 19.5. The membership work had two strands: supporting governors to engage with constituents, including through making the connection with their local operational areas, and promoting/supporting the benefits of systematic engagement within the Trusts structures.
- 19.6. AIC noted that engagement on refreshing the Inclusion Strategy was beginning mid-year. A wider engagement would be undertaken, and KS would be keen to be involved.

- 19.7. BC noted that the two strands reflect well the conversation at the previous MDC, however he highlighted the need for something to include communications and branding for SECamb. A number of Governors would be happy to be out and about locally but would need to know the confines in which they can speak and have more advice on responding to queries. Engagement from Corporate Communications would be vital. BC noted the local constituency meetings coming up where he would raise this with David Astley.
- 19.8. The MDC discussed the need for a Communications Strategy and how this sat in relation to the Corporate Strategy. HN noted that as an FT we had an important constituency called our members which should be included within any communications strategy.
- 19.9. HN raised the issue regarding the perceived lack of joined-up communications for some time now. BC noted that it was having a real impact.
- 19.10. BC noted that the kit provided for Governors to get out and about was fine, but he felt more was needed in terms of being able to communicate well and perhaps train Governors to be ambassadors more effectively.
- 19.11. GK felt that Governors needed assistance in how to access some groups etc. He had struggled to communicate with local groups and perhaps this would work better if the communication was from SECamb.
- 19.12. BC noted that the public didn't identify SECamb as the provider of ambulances in the South East. HN noted that he would not feel comfortable talking to external groups and engaging because he was not clear why he would be doing it.
- 19.13. KS advised that the toolkit had been co-developed to enable Governors to go out and do a local talk about general/top level SECamb and about the benefits of membership. It was not about going out and consulting more deeply or being able to answer intricate questions.
- 19.14. HN was interested in enabling Governors to go out and do outreach for the Trust. There was discussion about the degree to which Governors should be doing this liaison, but it was agreed that Governors should be supported to speak with their members.
- 19.15. BC noted that neither communications nor patient experience were priorities for the Board while they were both priorities for Governors: it was important that he share this with the Chair.
- 19.16. GS noted that their team's focus was on resilience in communities. GS had noted that the police had run events in local boroughs with various people able to represent the whole service. Would we be more successful if we did this?
- 19.17. KS advised that we had done this every year until the previous year and it worked well by bringing people together and piggy-backing membership on top. She would be really keen to do joint events but would need support from other parts of the Trust to deliver events.
- 19.18. HN noted that the Government had said all children should have basic first aid training. He had not seen anything from the NHS grasping this opportunity. He further advised that we should be going out not only to recruit members, but also to ensure people are more engaged and are retained.
- 19.19. BC noted that when KS and Charlie Adler had attended his local PPG it had been very well-received. The event had been fantastic, but the PPG had gone on to pay St John to do first aid training. KS agreed that plugging Governors into their localities was part of the plan.
- 19.20. PFM noted, given the number of third-party providers, how would we distinguish SECamb crews from private providers. GK noted that SECamb was responsible for the overall service no matter who delivered it. AIC noted that

patients should be asked to feed back via the PE Team so any adverse feedback might be fed in and captured.

- 19.21. The MDC agreed to KS's proposed two strand approach, noting the caveat that it was imperative to have a joined-up approach to communications and engagement.

## **20. Review the Governor membership engagement plan**

- 20.1. KS advised that we've been focused on improving representation among our membership, rather than increasing numbers specifically.
- 20.2. Boundary extensions had taken place which had changed the figures.
- 20.3. KS would like to attend one membership event in each constituency, facilitating member/Governor engagement. Also, hold an additional West Sussex event to build membership there as that was lower than elsewhere, plus hold another event for patients/people with disabilities/carers to build up those areas of the membership.
- 20.4. GK noted that improving the demographics in terms of young people was a priority. He wished to consider ways of pulling people in at a younger age, perhaps as junior members. This could have various impacts, including increasing a pool of interest for future careers in the service.
- 20.5. KS noted that they had attended family events but legally members needed to be 16 and over and couldn't give their personal details away due to GDPR. However, she agreed that we could increase the appeal to younger people through additional literature/marketing in a different way. This might also beef up the recruitment offer. KS reminded Governors that she had reached out to younger members to assess the appetite for doing something with the IHAG. There had not been an appetite from members for this. IA noted that it was important to consider the purpose of increasing engagement from younger people.
- 20.6. PFM noted that utilising Governors who were also CFRs to piggy-back on the events they were going to would be sensible.
- 20.7. PFM noted that there was a pool of 420 CFRs and we could send them some membership forms to promote membership to their friends and family. On 111, she felt that it would be helpful to have a single promotional card including hospital phone numbers, CFRs, membership etc that people could leave it with patients and their families.
- 20.8. BC asked whether SECAmb went into schools routinely and was advised not, unless it was done by staff off their own bat. BC felt this was a good route to promote careers as well as membership.
- 20.9. KS noted that there had not been a specific resource in the recruitment team to go out and do external engagement. BC wondered if this might be a suitable role for Governors locally. AIC advised that the Chair was keen to have a schools programme so it would be worth influencing here to consider additional benefits.
- 20.10. HN advised that there was a schools event called Your Life You Choose running across schools in Sussex which we might be able to piggy-back onto to teach basic life saving skills. GS would pick this up within the community resilience remit of his team.
- 20.11. PFM wanted to focus on the membership, which was the core of the group's purpose. KS wanted, for example, to go to Worthing Carnival with a multi-disciplinary team to recruit members. PFM would like to attend. She also suggested Sparks in the Park in Horsham as a disability event.
- 20.12. PFM had visited lots of care homes recently and would go around care homes with membership forms. KS would send PFM some leaflets.
- 20.13. HN asked about going to 999 events, KS would be coordinating them in each constituency as they were good coordinated events to recruit lots of members.

- 20.14. The MDC discussed including a link to the membership form in communications with staff leavers in a sensible way to enable leaving them to join as members if they wished.
- 20.15. KS confirmed she would not be attending Brighton Pride this year.

## **21. Newsletter and other communications**

- 21.1. KS would be circulating news headlines by email in between newsletters.
- 21.2. The next newsletter would include the membership satisfaction survey outcomes and explanation of doing another one quickly, defibs and how the public can add their locations, Council and Board meeting dates, which events we'll attend this summer, plus some key updates on what the Council have been doing.
- 21.3. She had a '24 hours in EOC' section going in, with a diary from two members of EOC staff.
- 21.4. GK suggested including a note saying that if you belong to a local group or organisation and want a talk from SECAMB this could go on to Governors. Also re BLS about talks being given by Governors. KS would trial this and see what happened.

### **ACTION: KS to offer Governor talks about SECAMB through the newsletter.**

- 21.5. BC noted that the 'what happens when you call 999' video had been really successful at the AMM, and wondered if it could be used for the WI or other organisations who are thinking of requesting a talk from a SECAMB volunteer or staff member.

### **ACTION: KS would embed a video in the Governor toolkit presentation to beef up the presentation and make it more interesting. An affecting video from the previous Board meeting was suggested.**

- 21.6. 111 CAS should be added into the newsletter. KS asked that if anyone thinks of anything else to include, they should let her know.
- 21.7. HN asked whether we provided performance statistics for our members. KS advised that we have in the past but feedback from the recent survey suggested members like to hear about performance. HN noted the efficacy of drip-feeding people with information over several newsletters.

## **22. Any other business from members?**

- 22.1. HN noted, regarding Governor terms of office, that he had stepped into a role for a year because someone had stepped down. He wondered if it was possible to ensure that people who started were able to hold a three-year term.
- 22.2. IA would double check whether it was possible to do this differently to prevent someone taking a year long term.
- 22.3. BC noted that the team put a lot of time and effort into communicating with the Governors. Did we feel there was too much? Governors felt that the amount worked at present.

## **23. Review of Meeting Effectiveness:**

- 23.1. The meeting had finished early. It had been very useful, and the MDC felt it would be great to have more Governors here. He thanked the team for their work.

**Date of Next Meeting: 5 May 2020**

## Appendix 3

### PEG January 2020 notes

Notes from PEG 21/01/2020

Attendees:

Bethan Eaton-Haskins – Executive Director Nursing and Quality (BEH)

Judith Ward – Deputy Director of Nursing (JW)

Tam Moorcroft – Head of Patient Safety (TM)

Jo Crerar – Operating Unit Manager (JC)

Gemma Burchell – NHS111 (GB)

Vikki Baldock – NHS111 (VB)

Philip Watts – Healthwatch (PW)

Jane Sellers – Patient (JS)

Graham Parrish – Patient Experience Manager (GP)

- There were no notes from previous PEG meetings to discuss.
- JW confirmed that there had not been recent PEG meetings due to the focus on the scoping exercise with three Patient Strategy Events held and the online survey and the workshop with NHSi.
- A discussion was held with the group for feedback on the draft Patient Experience Strategy that had been circulated to everyone.
- The general feedback was that it included some “NHS speak” and needed to be put into plain English. PW agreed to review this and track the changes for the group.
- It was suggested that once the main document had been agreed at Board a simplified document be produced with the main bullet points and a link to the main documents.
- JS agreed to provide feedback on the document from a patient perspective.
- A discussion was held regarding the way forward for PEG as several items are duplicated with IHAG. It was agreed that the Terms of Reference for both groups should be looked at. As well as membership for PEG as it was felt a stronger patient voice was needed especially from carers.
- It was agreed that more use of existing groups such as Healthwatch and GP Practices be investigated as a good source of feedback for PEG.
- TM informed the group of the new Friends and Family Testing for the ambulance services nationally and the topics for SECAMB’s annual improvement project were discussed. It was agreed that Dementia would be a good project.
- TM updated the group with work being done in conjunction with our CCG’s reviewing three complaints, original complaint against the trust response to ensure it was in plain English and fully answered the complaint.
- JW confirmed that SECAMB would be strengthening their links with Healthwatch across their area.

- GB agreed to share posters she had produced for shared learning in NHS111.
- Next meeting to be held in Nexus House, Curie Room, on Thursday 26 March 2020.

# SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

## Council of Governors

### E – Governor Development Committee

#### 1. Introduction

- 1.1. The Governor Development Committee is a Committee of the Council that advises the Trust on its interaction with the Council of Governors, and Governors' information, training and development needs.
- 1.2. The duties of the GDC are to:
  - Advise on and develop strategies for ensuring Governors have the information and expertise needed to fulfil their role;
  - Advise on the content of development sessions of the Council;
  - Advise on and develop strategies for effective interaction between governors and Trust staff;
  - Propose agenda items for Council meetings.
- 1.3. The Lead Governor Chairs the Committee and both the Lead and Deputy Lead Governor attend meetings.
- 1.4. All Governors are entitled to join the Committee, since it is an area of interest to all Governors. The Chair of the Trust is invited to attend all meetings.
- 1.5. The GDC met on 12 December 2019 to plan this Council meeting but met again on 13 February to check the agenda was correct and take other important items of business. The minutes of both meetings are provided for the Council as an appendix to this paper.
- 1.6. Governors are strongly encouraged to read the full minutes from the GDC meetings.
- 1.7. The GDC meetings in December and February covered: feedback from the previous Council meeting(s), setting the agenda for the next Council meeting, proposals around constituency boundary changes proposed by the Nominations Committee, the Council of Governors budget, the anonymity of complainants in cases where concerns are raised about Governors, the process and outcomes of the annual Council self-assessment, attendance at Council meetings by Governors, and areas to audit for our annual Quality Account.

#### 2. Feedback from the previous CoG meeting (November 2019)

- 2.1. The GDC noted that the Part Two meeting had been effective however the Chair had introduced additional rationale to the NED pay discussion which had not been contained in the paper nor discussed by the NomCom, and which had somewhat confused the debate.
- 2.2. Michael Whitehouse had been particularly effective at the public meeting; however it was disappointing to say the least to have only had one NED in attendance. Some felt the meeting had felt slightly fragmented, but others had found it a very good meeting in terms of the focus on the papers and seeking assurance rather than getting into the detail.
- 2.3. The questions Governors had raised at the meeting were felt to have been of high quality and relevance.

- 2.4. The GDC noted, and wish to remind Council, how important it was for Governors to raise issues, even – or perhaps particularly – when a NED Committee or individual NED had declared themselves assured on that topic.
- 2.5. There were mixed views about the afternoon session on equality and diversity, with some feeling condescended to and others finding elements really interesting and useful. Most Governors felt the presentation style needed to be more dynamic given such a volume of information to impart.

### **3. Agenda setting for 5 March Council meeting and 7 May joint Board/Council session**

- 3.1. The GDC prioritised receiving progress on Health and Safety within the Trust, noting that a number of already-planned items (including the next scheduled 'deep dive into the Workforce and Wellbeing Committee and Appointments and remuneration Committee) would not leave a great deal of time for many other items.
- 3.2. The GDC were keen to hold a more discursive session on the Integrated Performance Report however were informed in February that this was unlikely to be ready in time. In the end, a number of other areas raised by the GDC have been incorporated into an afternoon session, including clinical education.
- 3.3. For the joint Board/Council meeting, the GDC recommended that risk and risk management is taken as the core subject, as this is something both Board and Council are concerned with a developing a shared understanding would seem to make sense. The focus may be on the Trust's approach to risk management (Executive led), NED assurance about risk management (NED led), and Governor insight around risks they perceived (Governor led).

### **4. Proposals around constituency boundary changes proposed by the Nominations Committee**

- 4.1. This has since been to Council for approval so I won't repeat it here.

### **5. Managing anonymous concerns raised about Governors**

- 5.1. The GDC approved some text to be added to the Process for Managing Concerns Raised about Governors which will need to come to full Council for agreement. The wording seeks to balance the rights of the individual to know if there is a complain made against them with the ability of a complainant to raise a complaint without fear of reprisal.

### **6. Process and outcomes of the annual Council self-assessment**

- 6.1. The GDC led on making changes to the annual self-assessment survey, suggesting that the questions be cut down and doing some work to select the most pertinent questions to include.
- 6.2. For the first time Governors were also asked to complete an evaluation of the role and effectiveness of the Lead Governor (at the suggestion of the Lead Governor) and the outcomes of all feedback is reported at this Council meeting.
- 6.3. The GDC considered recommended priority areas for improvement but noted that overall things were working effectively. The full outcomes are presented to the Council elsewhere in the meeting papers.

### **7. Review of Governor attendance at Council**

7.1. This report comes to the GDC twice a year to enable Governors to hold each other to account if they are not meeting the minimum attendance requirements and therefore not adequately representing the interests of their constituents.

7.2. The GDC was pleased to note there were no attendance issues to address.

## **8. Selection of quality audit area by the Council**

8.1. The GDC took part in an early discussion about possible areas for the Trust's external auditor to audit as part of our annual Quality Account and Report process. The Council has the full recommendations paper elsewhere in their pack.

## **9. Other business**

9.1. The GDC continued to keep itself informed about progress with the Trust's Patient Experience Strategy and Volunteer (Community Resilience) strategy.

9.2. The GDC raised concerns about the suitability of Fiat Double-Crewed Ambulances which were increasingly in use by the Trust.

## **10. Recommendations:**

10.1. The Council is asked to:

10.1.1. note this report.

10.2. All Governors are invited to join the next meeting of the Committee on 14 April 2-4pm in Crawley.

Felicity Dennis, Lead Governor (On behalf of the GDC)

*See below for the minutes of the GDC meetings*

# South East Coast Ambulance Service NHS Foundation Trust

## Minutes of the Governor Development Committee

Crawley HQ – 12 December 2019

### Present:

Felicity Dennis	(FD)	Public Governor for Surrey/NE Hampshire & Lead Governor (Chair of GDC)
Marian Trendell	(MT)	Appointed Governor Sussex Partnership NHS FT
Harvey Nash	(HN)	Public Governor for West Sussex
Waseem Shakir	(WS)	Operational Staff Governor
Marguerite Beard-Gould	(MBG)	Public Governor for Kent
Brian Chester	(BC)	Public Governor for Surrey/NE Hampshire
Chris Devereux	(CD)	Public Governor for West Sussex
Isobel Allen	(IA)	Assistant Company Secretary
Malcolm MacGregor	(MM)	Operational Staff Governor

### Minute taker:

Katie Spendiff	(KS)	Corporate Governance & Membership Manager
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**Apologies:** Geoff Kempster

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### 1. Welcome and introductions

1.1. FD welcomed Governors to the meeting.

### 2. Apologies

2.1. Apologies for absence were noted as above.

### 3. Declarations of interest

3.1. There were no new declarations of interest.

### 4. Minutes and action log

4.1. The minutes were agreed as an accurate record bar the change to Chris Devereux's constituency and removing Marguerite as she did not attend.

4.2. MT provided an update on points 11.2 and 11.3. Operation Cavell was now chaired by the CEO at Surrey and Borders Partnership which was the operation for reviewing and bringing prosecution of assaults on staff to court. Emma Williams (ops) and Adam Graham (security) were reviewing how this operation could be adopted within SECamb. NHS England had given endorsement to the operations principles. In the last month, three cases had been taken for prosecution within East Sussex. Discussion on a task and finish group

within the Trust to adopt the operation was taking place. MT noted need for unions to be onboard with the operation.

- 4.3. There was discussion about the ability to prosecute when racial abuse towards staff was received in a home setting. HN advised he had spoken to judicial colleagues and that racial harassment in the home would be prosecuted as common assault.
- 4.4. FD requested an update on the progress of staff wearing body cameras to assist in safety and protection of staff and the ability to prosecute. MM noted that the communications around the proposal needed to be fair and considered, so staff did not feel it was a punitive measure.

**ACTION: Update to the Council on progress of proposal for staff to wear body cams.**

- 4.5. The Action Log was reviewed and updated as follows.
- 4.6. Action 150 on a joint Governor event, KS to chase colleague at SCAS for a response in time for the next GDC.
- 4.7. Action 151 on reviewing the IPR. IA followed up with Peter Lee, should be completed by March Council. PL proposed IPR session for afternoon session of the March Council.
- 4.8. Action 123 on a communications review. IA had sought an update and noted that there may be a restructure within that area. IA noted concern at how long this action had been on the log and recommended the action be escalated. The GDC agreed this should be escalated to the Chair. HN noted the significant changes that were coming up in the Trust (111) and that effective communications were an area of concern for Governors.
- 4.9. Action 109 this was around balance of categories of Governors on the Council, particularly in respect of volume of community first responders on the Council at one time. This was agreed to be a historic issue and the action could now be closed.

**ACTION: Escalate the action on the review of the effectiveness of internal and external comms to the Chair.**

## **5. Feedback from the last Council meeting**

- 5.1. The last part 2 meeting was deemed to have been effective. BC noted that narrative from the Chair on NEDs salaries had not been not contained within the paper and led to confusion as it had not been discussed at the nominations committee. This would be raised with the Chair at the nominations committee later that day.
- 5.2. MT noted that Michael Whitehouse NED had been particularly effective at the meeting held in public and that she felt fully assured on his areas of focus.
- 5.3. The GDC noted it was disappointing to only have one NED in attendance at the meeting but understood the reasons for absence. FD felt this did make the meeting feel fragmented, WS agreed.
- 5.4. MBG felt it was one of the better Council meetings she had attended as the focus was on the papers and seeking assurance on key issues rather than going into granular level detail.
- 5.5. IA noted that the questions raised within the meeting were strong and thanked Governors for their participation and commitment to seeking assurance in the most effective way.
- 5.6. WS noted challenges around usage of ePCR as highlighted at the meeting. Although a good piece of software functionality wise, the programme was slow and WS was unsure that the true impact of ePCR was being effectively measured. WS felt it was increasing the job cycle time and was not sure this had been taken into consideration in the 30minute hospital handover time and allowing staff enough time to complete all necessary documents and be able to 'pause' after a job before going out on another. The GDC noted they were not assured on this area of work and the impact it was having on staff.

- 5.7. WS noted the culture and the commissioning of services had not effectively merged and staff were feeling the pressure to close jobs as swiftly as possible. MM noted there was no overarching communication strategy on ePCR which had led to inconsistency in messaging.
- 5.8. The GDC were keen to understand the reality of the Trust's actual commissioned service in terms of clearance times.

**ACTION: Further assurance on the implementation of ePCR and assurance on the effect on staff and job cycle times to be taken to Lucy Bloem as project NED for ePCR.**

**ACTION: Future agenda item on the Trust's actual commissioned service, including clearance times on scene verses reality of this in practice.**

- 5.9. MM noted that one of the escalation reports noted an area he was going to ask a question on was marked as assured and so he had chosen not to raise a question on this. FD noted that Governors could ask how the NEDs were assured, it did not have to be taken as read.
- 5.10. BC noted that the afternoon session could have been delivered more effectively. BC was not sure the messaging was tailored to the audience and missed the mark in his opinion.
- 5.11. MM noted the legality section was useful, but some of the slides had been flawed regarding content and the presenter had got confused on some sections.
- 5.12. HN noted the slides were busy and the presenter could have focussed on talking to the slides rather than reading them out. The content needed to be fresh and current. The opportunity to learn something new had perhaps been missed. HN noted the presenter could sense check the audiences experience at the beginning to match the audience to the content.
- 5.13. IA noted that the section on privilege had been useful. Highlighting the difference between positive action and positive discrimination was very helpful.

## **6. Agenda items for the Council meeting on 5 March 2020**

- 6.1. IA noted an initial review could take place now and the agenda could be firmed up at the next GDC.
- 6.2. IA noted Terry Parkin had been booked for a deep dive on the Workforce and Wellbeing Committee and Al Rymer for a deep dive on the Audit and Remuneration Committee.
- 6.3. The GDC agreed the IPR session for the afternoon would be useful with a focus on data quality and how to read the report. HN noted need to match the audience of the report to the content required. The GDC noted they all had different preferences on how data was presented. IA noted Governors needed to be able to digest and understand the report in order to seek assurance on it.
- 6.4. MM was keen for a staff welfare dashboard to be featured in the revision of the IPR.
- 6.5. MBG noted there had been an excellent blue light presentation at the recent Council and IHAG joint meeting and asked if the presentations could be shared. HN asked how/if Governors could encourage blue light partners in their area to be more involved in joint working with the Trust. IA noted given the political context this might not be the best approach. IA noted the presentations had been streamed online for Governors to watch.

**ACTION: Add blue light presentations to suggested agenda items for an update in 6 months' time.**

**ACTION: Circulate link to video of blue light presentations which are on the Facebook Community Page and instruction on how to join it.**

6.6. IA suggested an update on volunteer strategy or health and safety including operation Cavell if appropriate. The GDC noted the preference was for health and safety to come to the March Council and to hear an update on the progress on the volunteer strategy prior to this.

6.7. BC noted he was keen for the risk and assurance workshop to take place. IA noted a session on risk could be useful for the next joint Board and Council meeting and would make this suggestion.

**ACTION: Update on the volunteer strategy for circulation prior to next Council.**

**ACTION: Suggest risk workshop for next joint Board and Council meeting.**

## **7. Constituency boundaries: further discussion regarding suggestions made at the Council meeting**

7.1. MT noted she felt the statistics on Brighton and Hove population supported her point raised at the Council that an individual constituency was still needed for Brighton and Hove in her opinion. WS agreed and noted that Brighton had a very different feel to the rest of East Sussex.

7.2. MM queried why Brighton and Hove should be treated differently to any other city on the patch? MT noted it was a unitary authority.

7.3. HN queried the population statistics for West Sussex and the possible need for increased representation due to population expansion in this area.

7.4. IA noted that the numbers of Governors in respect of population was speculative, especially since boundaries had moved into London.

7.5. The GDC agreed it was not perfect numerically, but it was accepted as being appropriate for now.

7.6. The GDC noted a preference to add another vacancy for West Sussex before the next round of elections (after 2020).

**Action: Add another vacancy for West Sussex for future elections and update constitution as needed.**

## **8. Council of Governors budget**

8.1. The budget was reviewed, and it was noted that the team would be overspent this year. An overview of how the budget was spent was given. IA noted she would be keen to seek more funding for training for Governors. IA was keen for a more accurate budget to be in place for next year.

8.2. FN noted potential cost saving of using blue light partners estates for meetings.

8.3. FN noted training needs needed to be highlighted in the self-assessment to provide any grounds for increased funds.

8.4. The GDC pledged their support to the Council of Governor and membership activities being appropriately funded.

## **9. Process for managing concerns about Governors in respect of anonymity**

9.1. IA noted the Trust had failed to identify its stance on anonymity regarding complaints within the process. The GDC agreed the suggested wording for inclusion in the document in respect of this.

9.2. The GDC noted they did not want to prevent people from coming forward. The GDC agreed the balance of wording, but some were uncomfortable this could lead to a perceived lack of ownership of the complaint.

#### **10. Governor involvement spreadsheet**

- 10.1. FD noted the Quality Account workshop would benefit from Governor attendance. IA would add a reminder to the weekly email.
- 10.2. CD was observing the audit committee later that day.
- 10.3. KS would check the status of Patient Safety Walkabouts and circulate new Quality Assurance Visit dates.

#### **11. Update on Council self-assessment**

- 11.1. IA advised this was in progress and would be going out to Governors shortly. FD made a plea for Governors to complete it once received.

**ACTION: Governors to complete the self-assessment survey.**

#### **12. Review of Governor attendance at Council meetings**

- 12.1. This was reviewed on a routine basis at the GDC. There was nothing to report as it stood with the caveat of Appointed Governors attending when they could.

#### **13. Any other business**

- 14. There was no further business.

#### **15. Review of meeting effectiveness**

- 15.1. The meeting was deemed to have been effective, it was noted several items had run over, but it had managed to finish on time. MM noted there were a few tangential discussions that were useful but needed to be considered as a trade off with time and if that was appropriate.
- 15.2. The GDC noted that the meetings could be extended by 30minutes when the agenda deemed it necessary.

**Name:**

**Position:**

**Date:**

# South East Coast Ambulance Service NHS Foundation Trust

## Minutes of the Governor Development Committee

Crawley HQ – 13 February 2020

### Present:

Felicity Dennis	(FD)	Upper West SECAMB Public Governor & Lead Governor (Chair of GDC)
Marian Trendell	(MT)	Appointed Governor Sussex Partnership NHS FT
Harvey Nash	(HN)	Lower West SECAMB Public Governor
Pauline Flores-Moore	(PFM)	Lower West SECAMB Public Governor
Waseem Shakir	(WS)	Operational Staff Governor
Brian Chester	(BC)	Upper West SECAMB Public Governor
Chris Devereux	(CD)	Upper West SECAMB Public Governor
Isobel Allen	(IA)	Assistant Company Secretary
Geoff Kempster	(GK)	Upper West SECAMB Public Governor
David Astley	(DA)	Chair

### Minute taker:

Katie Spendiff (KS) Corporate Governance & Membership Manager

**Apologies:** Malcolm MacGregor, Marguerite Beard-Gould

### Guests:

Judith Ward – Deputy Director of Nursing and Quality (JW)  
Leanne Stephens - Quality Improvement Coordinator (LS)

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## 1. Welcome and introductions

1.1. FD welcomed Governors to the meeting.

## 2. Apologies

2.1. Apologies for absence were noted as above.

## 3. Declarations of interest

3.1. There were no new declarations of interest.

## 4. Minutes, action log and matters arising

4.1. The minutes were reviewed and agreed as an accurate record pending the following minor edits: HN noted section 8 – reference to FN, should be HN. Update CD constituency to Surrey.

4.2. The Action Log was reviewed and updated as follows.

4.3. Action 123 on communications review remained in progress DA advised.

- 4.4. Action 150 limited interest from SCAS. NHSP were holding a regional event in the South East for Governors. KS would see what Trusts were invited to this and try to steer/ contribute to the agenda. At South West Ambulance Service, the Chair has contact with them regularly as part of an alliance so there might be an opportunity to look at a joint event with them in the future. IA noted that Integrated Care Organisations were an area of interest and how/if they were governed and held to account. This was possible as an area of interest for exploration at the event.
- 4.5. Action 151 IPR workshop – GDC happy for this to come to the Council if it's ready in time. Decided it would be a good introduction for new Governors into understanding and analysing reports.
- 4.6. Action 165 Governors would support the budget being reflective of what was needed and not being streamlined further.
- 4.7. Action 166 This would be added to possible future agenda items (update on bodycams) and the action could be closed.
- 4.8. Action 167 on ePCR job cycle time. GK noted road crews had said it was a more laborious task than completing a paper form therefore increasing the job cycle time. The Board recently presented that job cycle time had not increased. Governors were not convinced that the experience of staff was matching what was being reported to the Board. IA proposed Lucy Bloem & Ryan Byrd provide an update to the Council about this covering efficiency, implementation and future plans for utilising the data from ePCR records. PFM was interested to understand the cost implications of losing an iPad.

**Action: Lucy Bloem & Ryan Byrd to provide an update to the Council on ePCR around efficiency, implementation and future plans for utilising the data.**

- 4.9. Action 170 - the volunteer strategy is expected to come to the March Board. Governor's could look to receive an update after this time. It was noted that the focus was on CFRs, Pad sites and Chaplains.
- 4.10. Action 171 on a risk workshop. IA noted this would need to be scoped out at a future GDC for further development for a joint meeting subject. This would also be floated with relevant Exec and NEDs to ensure the focus is agreed. This would be added to the April GDC meeting as an agenda proposal for the joint meeting. IA would undertake some research on what it might look like with Peter Lee and Michael Whitehouse.
- 4.11. MT provided an update on Operation Cavell which looks at cases of patients assaulting staff. MT had noted she had spoken with Adam Graham and Emma Williams about the introduction of Op Cavell in SECamb. Op Cavell was being implemented throughout Trusts in the area and MT was keen for this to be replicated in SECamb. MT advised of a response from Adam Graham that he would take this to the Ops Director for buy in at an Exec level. GK noted concerns over the Trust's ability to address serious concerns raised by staff about assaults from patients. Escalate for assurance to the NEDs, especially around potential implementation of Operation Cavell in SECamb and raise Governors concerns about the lack of depth to the recent paper to the Board on these kinds of incidents. WS noted a consistent approach to managing staff concerns was what was required. IA noted limited capacity in the security team – mindful to support this area. FD would craft a question to go to the WWC.

**Action: FD would seek NEDs view on the implementation of Operation Cavell in SECamb and seek assurance on the Trusts current approach – is it fit for purpose and are they assured there is capacity to address staff concerns appropriately.**

## 5. Agenda items for the Council meeting on 5 March 2020 and joint Board/CoG 7 May 2020

- 5.1. Joint Board and Council was discussed as above regarding a risk workshop.
- 5.2. IA gave an overview of the paper. IA noted the Head of Health and Safety was happy to come to present to the Council. Operation Cavell could be further discussed if the NEDs were sighted on this as per an earlier action in the meeting.
- 5.3. Pending the IPR being ready this would form the afternoon session.
- 5.4. A deep dive on WWC was agreed for the main meeting. Governors noted they were keen to pass on some key areas of interest to the NEDs for this session, including assurance on the Clinical Education work, the HR Transformation, the review of the demand and capacity review and any implications of this. DA noted it would be useful to circulate the latest update on the HR transformation work paper that went to the Board for context prior to the Council meeting. IA noted she would action this.

**Action: IA to circulate HR transformation work paper that went to the Board for context prior to the March Council meeting.**

## 6. Quality Account

- 6.1. The GDC welcomed Judith Ward Deputy Director of Nursing and Quality to the meeting and Leanne Stephenson Quality Improvement Coordinator. IA noted this agenda item was about agreeing an area for improvement where the data could be measured continuously and reviewed over the year.
- 6.2. JW noted that the Trust produced an annual report on the quality of its services. It focusses on what the Trust has done to improve patient care. The report is standardised and there are templates to follow which aren't necessarily lay person friendly.
- 6.3. Quality Improvement priorities are categorised under patient experience, safety and effectiveness. Progress this year shows partial completion against priority of improving survival from out of hospital cardiac arrest. IA asked if the clinical indicators had improved; JW noted the medical team were expecting to see better outcomes next year as a lot of the foundations were laid this year. Mental health priorities were on track. Safety within EOC, smart objectives were created, and they were on target to deliver. Care of patients who fall priorities will be a partial completion – still more work to do in this area, difficult to demonstrate evidence that staff were using the falls flowchart that was developed. Elements of the fall priorities will be proposed for next year to be continued.
- 6.4. In the development of the Quality Account this year, there was a slight delay in published template guidance this year. The priorities suggested from a stakeholder engagement event in January 2020 were clinical supervision, falls and mental health first aid training for staff. LS noted the Trust needed three clinical indicators agreed and had received suggestions from colleagues across the patch. A draft copy of the Quality Account will be going to QPS at the beginning of March.
- 6.5. External Audit; this is where an area for scrutiny is selected by the Council for review by the auditors KPMG. JW highlighted the data needed to be something that was collected and reported on internally in a systematic fashion that auditors could assess without any clinical knowledge. JW noted challenges with the auditor's ways of working. IA encouraged feedback to be given to the Audit Committee on the challenges to ensure this was considered when recommendations go to the Governors to appoint the auditors.
- 6.6. JW noted that a small data sample was run on s136 data to check feasibility of this being an area for external audit. JW noted the Trust's reported figures matched in Kent and Surrey, the challenge was in Sussex. IA noted the Trust is collecting different types of data to system partners and this will continue to mismatch. IA felt an audit was not necessarily going to prove otherwise and provide the answer MT was seeking. It would need to be scoped to ensure it was meaningful. LS noted this felt like an internal piece of work rather

than an audit point. LS agreed she would investigate if undertaking an audit on this ongoing issue would provide any useful insight to the Trust.

6.7. PFM queried the governance and data collection of the GoodSam app. JW noted the Trust has stats on staff who use the app but does not have stats on outcomes from self-deployment i.e. cardiac arrest survival. PFM was unsure about the levels of governance in place around app usage and accepting alerts.

6.8. IA noted Governors need to consider if there were any data quality issues, they would like investigated, Governors were to feedback asap on this. Options paper to then go to the March Council meeting. Recommendation needed by the 9<sup>th</sup> March to go to QPS.

**ACTION: IA to circulate a message to Governors on possible areas for the auditor's review.**

## **7. Governor involvement spreadsheet**

7.1. PFM took part in a Patient Safety Walkabout. FD floated interest in the national NHSP conference, this would be re-advertised after the election result. BC noted he chaired his local PPG and that they were developing their social media presence and may seek the MDCs support with this. GK had attended a Surrey Heartlands CCG event. GK had attended the IHAG and noted a presentation on a potential falls pilot they were looking into, this would involve CFRs being 'on-shift' on a vehicle in a voluntary capacity to go to non-injury calls.

## **8. Council self-assessment of effectiveness and training needs**

8.1. FD noted it was unfortunate that not all Governors had completed the survey. Overall the results were positive. Governors had highlighted that increased attendance or engagement with NEDs would be welcome.

8.2. BC noted the other area highlighted as needing some improvement was around early notification of media stories etc and this jarred with the action on the log around the review of communications which had been IP for a significant amount of time. BC queried a difference in the Councils priorities to the Board's priority.

8.3. The 360 review was positive noting the Council was seen to be the most effective it has been in 5 years.

8.4. FD noted the core of the survey had been retained even if the questions had changed. The general sense was one of an improved picture on the work of the Council, and the Council were keen to understand if the NEDs felt they were challenging enough and if there were any areas for improvement. IA noted the responses showed the NEDs respected to Council's views and when a challenge was raised it was taken seriously. There was some discussion that some areas were not seeing progress (s136 reporting) and that Governors should fully hold the NEDs to account on this.

## **9. Any other business**

9.1. Regarding constituency meetings KS would update all Governors on this. CD was available to attend the Surrey meeting.

9.2. The Patient Experience Group was re-starting, and the strategy would be going to the Board in March.

9.3. FD encouraged Governors to take part in the NED appraisals.

9.4. FD thanks MT for her 9 years of service as a Governor and noted that this was her last GDC.

9.5. MT reinforced that there had been a major challenge in Sussex regarding levels of conveyances of s136 by SECAMB. SECAMB started a pilot to help them fulfil their conveyance rate. SECAMB's responses were inconsistent across Sussex and this was going to be escalated by Sussex Partnership NHS FT and had been added to their risk register. MT took solace in the fact it was being escalated to their risk register but was disappointed not to have seen any real progress. MT noted her Trust compiled data on their requests for conveyance to SECAMB and SECAMB's response to it and this did not match SECAMB's reported statistics. WS noted that it was disappointing that patients ultimately felt the impact of this. WS noted that a gap analysis was required. The GDC agreed to continue to shine a light on this area. IA noted the s136 concern could be escalated to the Chair by the Council. The GDC agreed.

**Action: Escalate to the Chair regarding clarity on s136 data. Do we have a plan to align data capture with system partners?**

9.6. An Infection control issue was highlighted by PFM to NEDs recently and the Infection Prevention Lead. IA to follow up regarding assurance from NEDs which had yet to be received.

**Action: IA to follow up on PFM infection control Governor query and seek NED assurance on infection control protocols.**

9.7. PFM queried suitability of Fiats and challenges to staff who drive them. She was hearing a lot of negative feedback from staff on the Fiat vehicles. WS noted the Trust had the oldest fleet in the country and at the time of purchase under the Carter report the Trust followed recommendations to purchase them. Limited changes able to be made at this stage. IA asked if the Trust were passing feedback into national discussions on this? PFM noted she would ask this and seek assurance at the next Council meeting. WS noted there had not been a conversation with staff on the reasons for purchase which might alleviate some of the complaints. IA noted the wellbeing hub were monitoring any impact on staff physically from changes to manual drive vehicles.

## 10. Review of meeting effectiveness

10.1. The meeting was deemed to have been effective.

# South East Coast Ambulance Service NHS Foundation Trust

## Council of Governors

### F - Governor Activities and Queries

#### 1. Governor activities

- 1.1 This report captures membership engagement and recruitment activities undertaken by governors (in some cases with support from the Trust – noted by initials in brackets), and any training or learning about the Trust Governors have participated in, or any extraordinary activity with the Trust.
- 1.2 It is compiled from Governors' updating of an online form and other activities of which the Assistant Company Secretary has been made aware.
- 1.3 The Trust would like to thank all Governors for everything they do to represent the Council and talk with staff and the public.
- 1.4 **Governors are asked to please remember to update the online form after participating in any such activity:**
- 1.5 <https://forms.office.com/Pages/ResponsePage.aspx?id=UeDqcg7pE0mFIJzyYfBhGFHlnsSYmzxOp1c2Ro-88d1URE1MVDQ1NVVINEQ2N1dDR05OSDg1VUxWVC4u>
- 1.6 We are sorry to report that there have been no updates on activities submitted by Governors since August 2019. Council is invited to feed back on why and whether they feel they need additional support to undertake activities or whether activities are being undertaken but the team are not being notified using the online form.

#### 2. Governor Enquiries and Information Requests

- 2.1. The Trust asks that general enquiries and requests for information from Governors come via Izzy Allen. An update about the types of enquiries received and action taken or response will be provided in this paper at each public Council meeting.

##### **19 Nov 2019**

*Governor seeking assurance on crew welfare and meal breaks being given in these times of heightened pressures. Are you able to provide some assurance that this is being monitored and the Trust is making staff welfare a priority?*

Staff welfare is a key focus for the Trust and is managed through two main routes that are delivered continuously across the year, whatever the level of pressure. All staff have a named line manager who is responsible for supporting and monitoring their welfare through a multitude of routes primarily focused on face-to-face regularly planned interactions. These enable discussions and mentoring, specifically looking at working patterns (including annual leave and sickness), support for the delivery of required Trust training, and discussions relating to effectiveness and efficiency of service delivery. In addition to this, in 'live' time, specific actions

are taken to support and monitor staff welfare during individual shifts – this includes meal break management and specific support for staff whilst dealing with incidents that may be prolonged/difficult/complex. I can confirm that the delivery of all of this is actively monitored through the Trust management structure as well as via the 24/7 organisational command structure – both of these are supported by a suite of online reports providing helpful information.

At present, whilst the Trust is progressing their workforce plan to increase the number of staff delivery care across all areas of the service, it is essential that it considers all options to maximise capacity. Use of agency staff occurs across the breadth of the NHS, in all situations this occurs through a fully governed structure including considerations of aspects of governance. The Trust has begun to explore the opportunities to use agency staff, and in doing so are exploring the governance implications that relate to both the agency staff who would work in our teams, as well as for those teams with whom they would work – we are using learning from employing and using bank staff and from contracts with private ambulance providers, as well as from other ambulance trusts who are already using agency staff.

### **Nov 2019**

*[Regarding staff deaths by suicide] This is so sad and my thoughts are with the families and colleagues of these members.*

*I really want to know what are we doing wrong? have we taken our eye off the ball by concentrating on other areas example HR and forgotten the most important part of the organisation THE STAFF?*

*I don't want to pursue this too much but could I ask you to ensure that we are all kept up-to-date with the progress and what is being put in place to ensure that we don't lose another life unnecessarily or could have been avoided if we had robust procedures in place and most of all try and resolve some of the pressure that the staff are now under.*

*For example massive long waits at East Surrey which is being overloaded with people visiting the hospital and taking up to an hour to even get into the hospital car park which put a lot of pressure on crews that are not going on blue lights to get to A&E which mean the crews have to sit in the traffic the same way as the public.*

*And at the moment with Worthing A & E and the works going on to the department has also put a lot of pressure on the crews.*

*We need to do something to help our staff and concentrate on getting that right before diversifying into other areas.*

A response was sent to the Governor concerned from the Trust's Head of Communications however she asked that this not be shared more widely due to sensitivities. Governors have received regular updates on the support the Trust provided to the teams affected and the various support mechanisms available to all staff and volunteers. See also a similar query below with a response all can read.

## **Nov 2019**

*A Governor noted that Future Quals (our clinical education regulator) was taking 'up to 6 months to issue certificates'.*

'In regards to the information we received from [Governor] I have double checked the achievement claims back to the start of 2018 and there is only 1 instance where the file was not processed within a couple of days. I have included the information below.

Having picked this up with the team they have advised of the following which should help:

- a) The Trust has Direct Claim status, which means that we can claim certification without External Quality Assurance (EQA) activity.
- b) For both apprenticeship and non-apprenticeship programmes we claim:
  - the driving certificates on completion of the course and IQA of the workbook.
  - for clinical courses, we claim the certificates upon portfolio completion and subsequent IQA of the portfolio.
- c) These certificates are scanned to our systems then sent to the students without delay.
- d) For apprenticeships programmes, the only difference is that once the students have completed and passed the end point assessment (EPA) FutureQuals will claim the apprenticeship certificate from the ESFA for us, and then send it directly to us. We then send this straight on to the student.

## **7 Jan 2020**

*In response to the news of another member of staff who had taken their own life:*

*This is very sad news.*

*I believe this is the third concern since I have joined Secamb as a Governor?*

*Can I ask who and how this incident will be investigated? Do staff have documented regular supervisions and how are concerns of well-being get raised?*

A number of Governors raised concerns relating to a number of sad incidents in recent weeks, where members of SECAMB staff have attempted to or have taken their own lives. Governors were seeking assurance that the incidents were looked into to check for commonality and that colleagues/team members were well supported during this time: see points 5 & 8 of the attached paper 'support provided to staff'. This paper is not for onward circulation, it was requested by the Executive to seek assurance about the arrangements in place to support the welfare and wellbeing of staff.

It was also considered this week by the Workforce and Wellbeing Committee, as reflected in its report to the Board. Whilst noting there is always more you can do, both the executive and the committee were assured by what is currently in place. There will be a section about this too, in the Chief Executive's report to the Board next week.

**20 Jan 2020**

*Demand and Capacity Review - Deloitte's remit*

*Angela asked a number of questions, as did Michael about moving to an in-house capability and the need to look further out (3-5 years). What I wondered was whether Deloitte's might be tasked with identifying critical parameters and perhaps a model that can be easily updated if such parameters shift?*

On Demand and capacity I also agree about having a model which can be updated as evidence indicates that underlying assumptions or parameters have changed. We should not be reliant on external and often expensive expertise to have to do this so Deloitte's model should be designed to be capable of updating and amended as circumstances require. I will speak to David Hammond about this

**20 Jan 2020**

*Committee attendance - people aspects*

*There is a general spoken agreement that our main asset is our people, they are also our major spend. It was said at the meeting - by Michael - that investment should be linked to increased productivity and or reducing ongoing costs. In the context of our people this is achieved via investment in their skills and their motivation. Reference was made to the widespread feedback, from not just our own people but other ambulance services, on the new Fiat vehicles and by David Astley commented that these 'would be the working environment for our people for large amounts of time'. I am not sure though whether the connection was fully made to productivity effects if people are de-motivated. With that in mind should there not be a 'people' voice at the FIC? Perhaps our new People Director and or the WWC Chair?*

Thank you for attending and observing FIC last Thursday. Your comments are very helpful. I agree that sustained improvement in productivity requires a well led and motivated workforce and like your idea of someone representing the people perspective. I will liaise with Peter Lee about the new HR director becoming a standing member of FIC.

**3 Feb 2020**

*Can a question be asked regarding the cleaning procedure for all trucks before they are sent out? A week ago we had a crew that had brought in a patient on a trolley which had not been cleaned properly from the previous shift as there was blood on the rails. As the crew had just only started their shift and this was their first patient who had no signs of blood or was not cannulated. My concern was that this was old blood and could be potentially infectious with cross-contamination to other patients, hospital staff and ambulance crews as we do not know the condition or the medical background of the person who's blood it belonged to. As a governor, I have a duty to represent & protect the public that's why I have sent this email. I know that it was going to be reported by a crew member I just want to make sure that the procedures are robust especially with the outbreak of a nasty virus.*

Tricia – I have copied you in for info/ view from a QPS perspective for our Governor's query.

To summarise – you were keen to understand what cleaning and vehicle check process were in place in secamb after a crew (not identified as to whether SECamb or private) handed over

a patient on a trolley to you in A&E that had blood on it. As the crew had just only started their shift and this was their first patient who had no signs of blood or was not cannulated your concerns were that this was old blood and could be potentially infectious with cross-contamination to other patients, hospital staff and ambulance crews.

A datix has not yet been received on this – you were advised by the staff that they would I believe.

I spoke with Gavin Thompson Infection Prevention and Control Practitioner. He highlighted the following points which I've summarised– (please correct me if needed Gavin!)

Basically there are two different cleaning/vehicle prep programmes across the Trust. The Make Ready Centres clean and stock vehicles before each shift. The Vehicle preparation system was introduced to cover the areas that the Make Ready's don't while we roll out the full Make Ready programme. The Vehicle Preparation covers OU's and ambulance stations who don't sit under a Make Ready at present and under this program vehicles are only seen once every 24 hours ideally, but due to operational demand, can go longer.

Completed check lists are left with all vehicles (VP or MRC) regarding cleaning and stock and crews do have an element of responsibility to check these. Given what happened it may be worth QPS considering if VP checks and staff responsibility controls need to be tightened up? Due to recent demand and capacity review and the increase in number of vehicles– it is putting pressure on the systems.

There is an audit schedule and the number and frequency have been set at a level that the IPC team felt sufficient.

We are more than happy to discuss if these need reviewing, especially in Vehicle Preparation, but all audits have shown an improvement in general cleanliness of vehicles, but we accept there is room for improvement.

### **18 Feb 2020**

*The Council of Governors continue to have concerns over the Trust's ability to address serious concerns raised by staff about assaults from patients.*

*Marian Trendell (Sussex Partnership Lead on Operational Cavell and Appointed Governor representative) has outlined the highly successful Operation Cavell, led by Sussex Partnership and Sussex Police which has a successful track record of supporting staff who are victims of this behaviour. Marian has shared details of this programme with information has been shared with Emma Williams, Deputy Ops Director. Adam Graham (SECAMB security lead) to explore its adoption by SECAMB and Adam has confirmed that he would take this to the Operations Director for buy in at an executive level.*

*We are seeking assurance from NEDs that the Trust's current approach is fit for purpose and are they assured there is capacity to address staff concerns appropriately. We would seek assurance that they are briefed on Operational Cavell as a positive way forward to staff.*

*Marian is very happy to share details with NEDs and could probably bring the police DCI with her if that would be useful.*

*The programme is being introduced by Mental Health providers in both Surrey and Kent.*

As discussed earlier from yesterday 24th Feb the Security team reports to me (Amjad Nazir) under Health & Safety. The merger of the two departments will enable us to increase our resource and provide a Security function that meets our employees' expectations.

Violence and Aggression has been on my radar for some time now. I can confirm that recently a new Violence & Aggression sub-group was established. The purpose of the group is to focus on the incidents being reported and review improvements that can be made. I will be chairing this group and part of our workplan is to identify appropriate training (conflict resolution) for our front line and EOC staff. We currently have nothing in place. We shall also look at promoting public awareness that SECamb does not tolerate Violence or Aggressive behaviour towards our staff. Body Camera trials are also under review as part of a national trial.

I have attached our new H&S meeting and team structure which I am happy for you to circulate.

2.2. A couple of further queries have been received in February relating to the Fiat ambulances, clinical education and assaults on staff. We await responses to these and they will be reported at the next Council meeting.

### **3. Recommendations**

3.1. The Council is asked to note this report.

3.2. **Governors are reminded to please complete the online form after undertaking any activity in their role as a Governor so that work can be captured.**

**Felicity Dennis**  
**Lead Governor & Public Governor for Surrey**

# **SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST**

## **Council of Governors**

### **Governor's Report on the Audit Committee**

**Date of meeting:** 12<sup>th</sup> December 2019

**Governor/s present:** Chris Devereux

The following report is from the Governor/s, noting their observations.

**1. Prior to the meeting:**

Chris attended 30mins later than the start time due to attendance at the GDC prior to it. Chris had been provided with the papers and agenda in advance of the meeting and had taken the time to read them so he was prepared.

**2. Introductions:** The introductions were missed as above but the Chair and Company Secretary were made aware Chris was observing in advance of the meeting.

**3. Attendance:** It was noted that few Exec were in attendance. The Exec that the committee needed to be there were in attendance.

**4. Agenda:** It was a very full agenda.

**5. Discussion during meeting:** Active discussion. NEDs in attendance were very active and asked challenging questions to gain assurance (Terry, Al, Michael and Angela). Tricia had submitted apologies but submitted a number of questions to the meeting for discussion. The summary from KPMG was very interesting and NEDs questioned effectively during the presentation.

**6. Chair:** Angela contributed to discussions as well as chairing. It was fast paced meeting, with Exec coming in for their part and then leaving.

**7. De-brief:** Chris was asked for his conclusion on observing the meeting. He was advised to send any further comments he may have to David Hammond or Angela Smith.

**8. Conclusion:** The meeting was as effective as it could be given the scale of the agenda which was quite large. Every item was spoken to and appropriate challenge was made. Vote of thanks to Angela as it was her last Audit meeting in her role as NED.

SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST

Governor's Observation Report on

Finance & Investment Committee

16<sup>th</sup> January 2020

Governors Present: Felicity Dennis  
Pauline Flores-Moore  
Harvey Nash

Report by: Combined feedback from all governors attending

1.	Prior to the meeting:	Brief welcome from Michael Whitehouse (Chair)
2.	Introductions:	The chair welcome all and advised the committee that governors were present as a group, though not by name.
3.	Attendance:	Well attended by Directors, Non-Exec Directors (NEDS) both in the room and on the phone. Exec and non-Exec Directors including Trust Chairman: David Astley, Peter Lee, David Hammond, Steve Emerton, Emma Williams (for Joe Garcia), Lucy Bloem, Michael Whitehouse, Angela Smith. Three additional D/Dir's joined for particular sessions including NHS 111 lead by phone.
4.	Agenda	Agenda Wide-ranging agenda items Operations performance & delivery linked to Demand & Capacity investment by commissioners Finance and capital investment issues including Fleet, two new MRCs, 111 contract update Agenda items outstanding due to time constraint: 117/19 Overview of meeting. 118/19 Review of meeting effectiveness
5.	Discussion during meeting.	Good level of active listening and questioning from NEDs throughout. NEDs clearly had studied the voluminous documentation beforehand and all had questions from that, plus others from verbal inputs and responses received. NED had constructive & frank questions to put to the executive team. Some agenda items were more in depth than others.
6.	Chair.	Excellent scene-setting, involvement of all. Good summarising & agreed actions confirmed and time management good whilst trying to facilitate useful discussion. Involving style and some very good strategic questions, focussing on the needs of the Trust. <ul style="list-style-type: none"> <li>• The chair was polite and respectful of others.</li> <li>• Chair controlled the meeting</li> <li>• Single NED over assertive</li> <li>• However chair ensured other views considered</li> <li>• Meeting started late and ended on time.</li> </ul>
7.	De-brief	De-brief confirmed valuable exercise. MW confirmed with us that we had found it valuable but nothing beyond. DA had a five-minute discussion with us which was helpful. I would have found a post meeting discussion useful.
8.	Conclusion	Very good meeting and interesting. Lots of excellent questions were asked. The NEDS challenged where they felt more questions and actions needed to be had. Where clarification on presentation of figures were suggested this was taken on board by the executive team and hopefully will appear in the next meeting pack in a different format. <b>Overall a high level of assurance for Governor attendees that NED attendees were all on top of their roles and adding value to the discussions and decisions with appropriate challenge.</b>



**South East Coast Ambulance Service NHS Foundation Trust**

**SECAMB Board**

**Escalation report to the Board from the Workforce and Wellbeing Committee**

<b>Date of meeting</b>	23 <sup>rd</sup> January 2020
<b>Overview of issues/areas covered at the meeting:</b>	<p>Attendance by staff was good and papers of a good standard. The meeting was quorate with AR on the phone.</p> <p>The meeting opened with two presentations from managers leading their area’s response to the staff survey. WWC is assured that the systems in place for responding to the staff survey are effective and are embedding change. The work of the Gatwick OU was particularly impressive in how all staff are being engaged in improvement.</p> <p>The meeting considered several <b>Scrutiny Items</b> (where the committee scrutinises that the design and effectiveness of the Trust’s system of internal control for different areas), including;</p> <p><b>HR Transformation Programme</b> We continued the scrutiny of the HR transformation programme and a useful summary of progress was provided. This programme covers a number of areas of activity and the view of WWC for each is as below:</p> <p><u>HR Staffing – senior appointments</u> <b>Assured</b> Although HR still requires a small number of senior posts to be held by staff on fixed term contracts, WWC was assured that it now has the senior capacity necessary to continue to drive the essential change in the organisation and to provide high quality support to divisional teams.</p> <p><u>Electronic Staff Records</u> <b>Assured</b> Progress towards a successful implementation is on target for completion as per project plan.</p> <p><u>Personnel Files</u> <b>Partially Assured</b> Progress has not met the highly aspirational targets set for it by senior staff, but WWC had earlier identified that it thought these were not achievable and reported the same to the Main Board. Senior staff are confident that this programme will become business as usual for the next financial year and this was considered satisfactory by WWC. However, it was assured that where there was significant risk, these aspects would be prioritised.</p> <p><u>E-Expenses</u> <b>Partially Assured</b> On track for successful implementation. However, driving license compliance was not satisfactory and is a key component of this system working satisfactorily for all staff. WWC was clear that failure of staff to produce either valid insurance documents or driving license was considered very serious, the latter being a contractual obligation. Again, there</p>

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was confidence from managers that these issues would be resolved by the end of the financial year. Nonetheless, **WWC felt that this pace was not satisfactory** and would be expecting both insurance and license issues to resolved as soon as possible. AuC has this as an action but WWC would be keen to see it resolved early, and not to an end of financial year deadline.

### Culture Mandate **Partially Assured**

Progress in this area has not been as rapid as we would have wished. However, progress on many of the systems that have been seen to be part of this mandate including appraisal development, management fundamentals, (the new training programme for managers) and a new mediation scheme have been developed to plan and would be expected to have a very positive impact. It may be that the Board would wish WWC to take a greater role in governance and oversight of this work so that developments in terms of how the organisation behaves is captured as well as the quantitative indicators linked to the mandate.

### **Friend and Family Test Plan Assured**

WWC heard of the plans to develop the friends and family test and supported the direction of travel.

### **Staff Survey Assured**

Linked with the programme of presentations, WWC was assured that a sound process was in place to analyse and disseminate the findings of the staff survey and was confident that actions planned would support managers and their staff in addressing areas seen as weaknesses in the Trust.

### **Clinical Education Partially Assured**

WWC continues to get good information from managers about the necessary transformation in Clinical Education. We had received confidential overview of the findings of the Future Qualls report which is yet to be released into the public domain. WWC was keen to be assured that those involved in teaching and related activities moving forward would hold, or be expected to gain, appropriate qualifications. We remained disappointed at the quantity of marking outstanding but could see progress. Strong links with external providers are being developed and we can only benefit from the increasing professionalisation of clinical education. However, there is clearly much left to do and strong executive leadership remains necessary.

### **Safe Staffing Dashboard Not Assured**

WWC continues to expect a safe staffing dashboard but is also conscious that the workforce plan must be updated reflecting two years of data from the implementation of the Ambulance Response programme. Should the workforce profile change, it would seem pointless developing a dashboard based on a defunct operating model. WWC expects that sufficient flexibility is built into projections to allow abstraction of staff for essential programmes of professional development including appraisals and mandatory training. However, WWC was clear that a great deal of good work was underway and that the

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	<p>organisation probably had the best grip on data for this area that it has ever had. It was felt that there was still a great deal of work to be done internally to agree a revised operating model compliant with both our contractual obligations and the realities presenting themselves now we are working to the ARP.</p> <p>WWC would hope to see a new workforce plan with associated dashboards at its March meeting.</p> <p><b>Support to Staff Assured</b></p> <p>Unusually, WWC took a late paper under AOB to provide a degree of assurance to how we support staff who might experience issues of mental health. The paper detailed the support available and addressed issues of broader media interest in the particular challenges to ambulance staff. Whilst accepting the Trust could never fully address all needs there is a very significant range of support available that are well advertised to staff.</p>
<p><b>Reports <i>not</i> received as per the annual work plan and action required</b></p>	<p>None. The pre-agenda meeting continues to work effectively to ensure required Reports are developed in a timely manner, and that those do not meet the expectations of WWC are redrafted in a timely manner.</p>
<p><b>Changes to significant risk profile of the trust identified and actions required</b></p>	<p>WWC is confident that the major risks are captured and considered by the Executive.</p>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p>Board will want to note that WWC passed a formal vote of thanks for the work of Paul Renshaw, the outgoing Interim Director of HR, and noted the good progress made not just in operational HR matters since his joining us but also in the reputational improvement of HR.</p>