



South East Coast Ambulance Service



NHS Foundation Trust

## Part 1 Meeting of the Council of Governors

04 March 2021 from 10:00-13:00  
held online (Microsoft Teams)

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Phone Conference ID: 170 510 819#



## Council of Governors Meeting to be held in public

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## Agenda

Item No.	Time	Item	Enc	Purpose	Lead
<b>Introduction and matters arising</b>					
68/20	10:00	Chair's Introduction	-	-	David Astley (Chair)
69/20	-	Apologies for Absence	-	-	DA
70/20	-	Declarations of Interest	-	-	DA
71/20	-	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>					
72/20	10:10	Chief Executive's report: - Integrated Care Systems and the new White Paper – implications emerging for SECamb - Staff wellbeing/welfare	<b>B</b>	To receive an update from the CEO	Philip Astle (CEO)
73/20	10:40	Assurance from the Non-Executive Directors: - Integrated Performance Report (October data)	<b>C</b>	To take as read – queries to NEDs to be taken under escalation reports	-
74/20	10:45	Annual report of the Auditor to the Council	<b>D</b>	Assurance	Fleur Nieboer, Partner, KPMG
<b>Statutory duties: member and public engagement</b>					
75/20	11:05	Membership Development Committee Report	<b>E</b>	Information	Brian Chester (Public Gov. for Upper West)
<b>Committees and reports</b>					
76/20	11:10	Governor Development Committee Report: - Revisions to the Code of Conduct - Recommendation to update election processes and timings - Process to appoint an External Auditor	<b>F</b> <b>G</b> <b>H</b> <b>I</b>	Information Discussion & agreement " "	Nicki Pointer (Deputy Lead Gov. and Public Gov. for Lower East)
77/20	11:25	Governor Activities and Queries Report	<b>J</b>	Information	Nicki Pointer



<b>11:30 Comfort Break</b>					
<b>Statutory duties: performance and holding to account</b>					
77/20	11:35	Board Assurance Committees' escalation reports to include the key achievements, risks and challenges:  Workforce and Wellbeing Committee - 21 January 2021  Quality and Patient Safety - 14 December 2020 - 15 January 2021  Finance and Investment Committee - 14 January 2021  NB see footnote <sup>1</sup>	K1  K2 K3  K4	Holding to account, assurance and discussion	All Non-Executive Directors present
78/20	12:00	Scrutiny – Quality and Patient Safety Committee deep dive: - Key areas of responsibility - Areas of focus/risk - Future plans Terms of Reference and annual Cycle of Business attached for information.	L L1	Information	Lucy Bloem (NED & Chair of QPS)
<b>General</b>					
79/20	12:40	Any Other Business (AOB)	-	-	DA
80/20	12:50	Questions from the public	-	Accountability	DA
81/20	-	Areas to highlight to Non-Executive Directors	-	Assurance	DA
82/20	-	Review of meeting effectiveness	-	-	DA
		Date of Next Meeting: 3 June 2021	-	-	DA

**Questions submitted by the public for this meeting will have their name and a summary of their question and the response included in the minutes of the meeting.**

**PLEASE NOTE:** This meeting of the Council is being held in public using Microsoft Teams. The meeting will be video-recorded and made available for public viewing following the meeting. Anyone who asks a question consents to being recorded and the publication of their participation in the meeting.

There is a section of the agenda for questions from the public. During the rest of the meeting, attendees who are not members of the Council are asked to remain on mute with their video off in order to help the meeting run smoothly. *This is a strict rule and anyone not following this will be removed from the meeting.*

<sup>1</sup> NB Governor observation reports on December's Committees (Charitable Funds and Audit) will be taken at the next meeting as the escalation reports have not yet gone to Board.

# South East Coast Ambulance Service NHS Foundation Trust

## Council of Governors

### Meeting held in public – 1 December 2020

#### Present:

David Astley	(DA)	Chair
Geoff Kempster	(GK)	Public Governor, Upper West
Brian Chester	(BC)	Public Governor, Upper West
Nicki Pointer	(NP)	Public Governor, Lower East
Leigh Westwood	(LW)	Public Governor, Lower East
Marianne Phillips	(MP)	Public Governor, Lower East
David Escudier	(DE)	Public Governor, Upper East
Sian Deller	(SD)	Public Governor, Upper East
Harvey Nash	(HN)	Public Governor, Lower West
Amanda Cool	(AC)	Public Governor, Upper West
Marcia Moutinho	(MaM)	Staff Governor (Non-Operational)
Malcolm MacGregor	(MMc)	Staff-Elected Governor (Operational)
Was Shakir	(WS)	Staff-Elected Governor (Operational)
Chris Burton	(CB)	Staff Governor (Operational)
Graham Gibbens	(GG)	Appointed Governor – Local Authorities
DCC Nev Kemp	(NK)	Appointed Governor – Surrey Police

#### In attendance:

Philip Astle	(PA)	CEO
Lucy Bloem	(LB)	Senior Independent Director, Chair of Quality and Patient Safety Committee & Non-Executive Director
Terry Parkin	(TP)	NED
Howard Goodbourn	(HG)	NED and Chair of Finance and Investment Committee
Michael Whitehouse	(MW)	NED and Chair of Audit Committee
Peter Lee	(PL)	Company Secretary

#### Apologies:

Cara Woods	(CW)	Public Governor, Upper East
Sarah Swindell	(SS)	Appointed Governor – EKHFT
Howard Pescott	(HP)	Appointed Governor – Sussex Community Trust
Vanessa Wood	(VW)	Appointed Governor – Age UK
Nigel Robinson	(NR)	Public Governor, Lower West
Chris Devereux	(CD)	Public Governor, Upper West

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

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## 40. Introduction

- 40.1. DA introduced the meeting and thanked everyone for attending. He set out the ground rules for the meeting and noted that questions from the public and staff would be taken at the end of the meeting. He congratulated NP on the birth of her daughter.

## 41. Apologies

- 41.1. Apologies were noted as above.



## **42. Declarations of interest**

- 42.1. No additional declarations of interest were made.

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

- 43.1. The minutes were taken as an accurate record save for MaM noted that at 27.5 it was MaM not MMc who had asked the question.
- 43.2. The action log was reviewed and updated. The AMM minutes were also taken as an accurate record.
- 43.3. GG noted that the level of acronyms in the papers had increased again. This made it difficult to read the papers. He asked for consideration of members and the public in the papers.
- 43.4. HN noted that on action 288 about payments to Directors, the important issue was reporting this in the Trust's Annual Report. DA agreed that this was important.

## **44. CEO Report and update on operational performance and challenges**

- 44.1. DA noted that he hadn't been at the Governor Development Committee when the topics of focus were discussed, however these issues around operational performance were front and centre of everything at present. He handed over to PA.
- 44.2. On Covid, PA noted that the disease had been less prevalent in our patch last time he spoke to Council. This had changed and we had seen increased rates of infection in some areas, particularly in Kent, in the over 60s.
- 44.3. The good news was that overall, the rates were coming down as a result of the lockdown: the bad news was that the period before the lockdown had led to these increases. The pressure on hospital beds was not dropping. In Kent it was above the peak of the first wave in terms of bed occupancy. Staff sickness at Kent hospitals was also adding to the pressure.
- 44.4. At SECamb, in general, the impact of this was still on the increase. It had slowed but wasn't coming down. There were around 200 staff away from work because of Covid.
- 44.5. 57 staff, as high as it had been, were confirmed Covid positive, and the Trust had another 50 clinically extremely vulnerable staff who had to isolate during lockdown.
- 44.6. This was a big loss. We had our own test and trace cell working hard to keep staff in work as far as was safe. Lateral Flow Testing had been introduced, with personal testing kits issued that could be used twice a week and to be undertaken 10 hours before coming on duty. A negative test meant you could work but a positive response required a confirmation PCR test before being able to work.
- 44.7. This was increasing the number of people off but also stopped the Trust having outbreaks as far as possible. An outbreak was officially two people connected through work who were positive for Covid. We had declared three outbreaks in Kent in the last week.
- 44.8. Steps had been taken to reduce contact points by stopping almost all movement between premises that was not directly connected to delivering patient care.
- 44.9. On vaccines, there were several varieties. The first, Pfizer, came with restrictions about moving between freezers and the number of vaccines that needed to be used in a batch. These would be deployed in mass vaccine centres for these reasons. The Oxford vaccine had less restrictions, we could keep it in a fridge for example. We didn't have a final date for when we would expect it but should be given ten days' notice.
- 44.10. On 999 performance, this hadn't changed significantly since September. Cat 3s and 4 responses had been poor then but this had improved, and we were more in the middle of the

- pack of ambulance services. We routinely achieved 5 of the 8 time-related targets but missed the Cat 1 mean (7 min) and Cat 3 and Cat 4 which were taking us about an hour too long.
- 44.11. The improvement had been made by getting more hours on the road.
- 44.12. We were seeing a significant increase in hospital handover delays again – particularly in Medway. This was caused by the lack of space within the hospital. This had sincerely worried the CEO, Chair and Medical Director. He assured the Council that these issues had received huge amounts of attention, including through NHS England to explain how we would work together on such problems to make the system as efficient as possible.
- 44.13. PA also wanted to put on record that local managers had done a phenomenal job in managing the expectations of their teams, and managing patients that were waiting too long outside hospitals (for many hours in some cases), and the situation was improving day by day.
- 44.14. On EU Transition, there were 30 days to go. If we were to get a deal, we should hear in the next few days. However, the deal would not solve the problems. There would still be significant slowness at the border. There would be pressure from the 31<sup>st</sup> onwards and we were planning ahead of the national team. All ambulance providers had agreed to try and free up some resource to assist if required in Kent.
- 44.15. We had solid plans in place, but there would be issues with or without a deal. Without a deal it could potentially get particularly bad for local systems, government, hospitals etc.
- 44.16. On the positive side, since we last met, the 111 Clinical Assessment Service (111CAS) had gone live. SECamb had significantly enhanced our reputation for the way this had been done and it had been working since 1 October. We had also been starting to introduce 111 First, which would enable 111 to book slots for A&E. Last night we had connected to the last Emergency Department to enable this to happen, which was no mean feat.
- 44.17. Publicity nationally about 111 First would be starting quite shortly.
- 44.18. On flu, the Trust had a higher uptake of vaccinations than we'd seen before. We had just closed the staff survey for the year with record numbers of staff completing it. This was really positive regarding engagement, regardless of the results of those responses.
- 44.19. Finally, this week we had opened our latest Make Ready centre in Falmer just outside Brighton. Yesterday the Lewes station had moved into it, tomorrow Hove moved in, and then the Brighton one would move in. There had been some really good feedback about how it had gone and the new ways of working it enabled.
- 44.20. HN noted he was extremely encouraged about what PA had said on the situation in Kent on infection rates etc. He hadn't picked up the extent to which our own staff were being affected by Covid itself. Was there more of an impact on our staff in Kent?
- 44.21. HN further noted that it was good to hear other ambulance services could help. What about private providers? Were they going to be able to assist?
- 44.22. PA advised that amongst staff there were 200 affected and slightly more in Kent as a proportion: 40% of this was Kent. One member of staff was in Intensive Care but able to text from his bed, so that hopefully boded well for his recovery. We had sadly lost one bank member of staff to Covid.
- 44.23. Private providers were all signed up to work throughout EU Exit as normal, but there wasn't any spare private capacity waiting to be tasked.
- 44.24. There were no further questions for PA. DA noted that Executives were working hard to support frontline crews, and he thanked them on behalf of the Council.

#### **45. Assurance from the NEDs – Integrated Performance Report (IPR)**

- 45.1. DA explained the purpose of the IPR, which was a report to the Board providing data about Trust performance. He proposed that questions of substance be posed to NEDs during the later agenda item on exception reports.
- 45.2. GK noted that he believed it would be useful to set out what the categories of calls stand for and include this in the glossary.
- 45.3. HN noted that on page 38, the colour gave a false impression with green in the target column. It would be better to have grey in the target column so people weren't confused and it was easier to interpret.
- 45.4. MMc asked whether it would be useful to add page numbers on the IPR.
- 45.5. IA would take these comments away.

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

- 46.1. BC introduced himself and the work of the Committee, noting that the MDC's remit was reaching out to new members and engage existing members.
- 46.2. He noted the success of the Annual Members Meeting on 4 September, which had risen to the occasion, with 165 live attendees of whom 130 were staff. We had recorded the event too, to make it accessible to those unable to attend.
- 46.3. We now had live streaming which seemed to give more people access to public Board and Council meetings. He felt that there were a lot of positive attempts being made by the Trust to keep communication going. In September, we had 93 observers for the Council meeting. Good feedback had been received.
- 46.4. The MDC had decided to trial a constituency meeting online for West Sussex on 25<sup>th</sup> November. No-one had joined the meeting, so consideration was being given to the timing and advertising.
- 46.5. For a staff Governor drop-in session also convened, there had been decent attendance from mainly support staff. Themes had come forward which would be raised in this meeting.
- 46.6. The November Your Call edition of the membership newsletter had gone out, which covered the current issues well.
- 46.7. A number of other groups and committees reported to the MDC – including the Inclusion Hub Advisory Group of public members, which all governors were welcome to observe and the MDC had two representatives on; staff elected governors were permanent members of the Staff Engagement Advisory Group to keep communication lines open; and the Patient Experience Group had two Governors on it too. The first meeting of the PEG took place on 23 November and a lot of work was to be done. HN and NR looked forward to seeing the group progressing.
- 46.8. He encouraged fellow Governors to come to MDC meetings (2<sup>nd</sup> February was the next one), and he asked Governors to note the report, read the minutes, and provide any additional feedback from Governors and members of the public on the AMM.
- 46.9. DA thanked BC for his comments about virtual working and the learning about improved inclusion through virtual working, which we should build on going forward.
- 46.10. DA congratulated Greg Smith, CFR Manager, on his new role.
- 46.11. HN commented that the first West Sussex Governor Constituency Meeting had been held at a lunchtime. The next would be in the evening, 7.30 10 December, so any members of the public might join then.
- 46.12. PA noted that today all staff governors were on the call.

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

- 47.1. WS noted that the GDC had been well attended and held a lively meeting. The AMM had been covered already, and the GDC had confirmed there had been positive feedback, particularly on how well staff at all levels came across. It had for some been too long and hard to sense people's thoughts and actions due to the virtual format however.
- 47.2. There had been a conversation at the GDC about a proposal around Governor elections, to hold the B&H seat vacant to enable East and West Sussex to be brought into line in terms of Governor representation, and to have an annual 1/3 rotation of Governors. This would come to Council for approval in February.
- 47.3. Governors' attendance had been reviewed. There were no concerns to escalate but attendance would be reviewed more regularly after
- 47.4. IA introduced the Governor Queries flow chart, designed to assist with escalation to ensure a timely response to Governor queries, when necessary – Governors approved the flow chart.

#### **48. Governor Activities and Queries Report**

- 48.1. NP noted that several Governors had attended online training and a Governor conference during preceding months.
- 48.2. Enquiries and information requests were set out in the paper. The highlighted issues were clinical education, PPE and environmental factors with new builds.
- 48.3. NP asked for Governors to report their activities in 2021.
- 48.4. MaM noted that in the last pack we had listed queries up to the end of March but those listed this month started at June. IA advised she would check and ensure any missed were included in the next report.

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

- 49.1. **Workforce and Wellbeing Committee:**
- 49.2. TP noted that a recent meeting had been observed by Governors. The need for HR systems in the organisation to be better automated and provide consistent information had been continually reviewed by the Committee.
- 49.3. MMc asked about staff engagement around Clinical Education, to triangulate the information NEDs were receiving. He had asked this in September. He felt he received a mixed response at the time about whether this type of engagement was within the scope or remit of a NED. He believed it should be part of the scope of a NED's role.
- 49.4. TP noted that he had personally been in contact with staff in Clinical Education, and NEDs had discussed the previous week how to reconstitute the NEDs' programme of visits, but there were obvious challenges at present with Covid.
- 49.5. TP did not feel that the communications and reporting systems were right yet, as there was a lack of assurance and partial assurance reported in the reports. He felt there was more work to do to ensure there was regular quality assurance of Clinical Education.
- 49.6. DA confirmed that triangulation was part of the role of NEDs. NEDs were investigating the possibility of virtual meetings with staff. He was regularly at HQ for example.
- 49.7. TP added that he didn't think that information had been withheld from the Board, it was just that it wasn't clear what good information looked like. The Trust needed to be clearer

about what good looked like when undertaking work. We should have done this for education, training and development.

- 49.8. DA noted that it would be good for NEDs to observe the Staff Engagement Advisory Group when possible.
- 49.9. MaM noted that at the last meeting she had asked about working from home, and this had been reported at the staff Governors' meeting. The WWC report noted assurance around working from home. In her view there had been no clear communication with support staff and this was starting to create division and upset.
- 49.10. DA asked PA to comment on the working from home issue and engagement with staff.
- 49.11. PA advised that surveys had been done across staff working from home asking about what their requirements were and felt that most of these had been addressed. Directors of corporate services directorates report having more contact with lower grade team members than they used to have. MaM noted that people felt there was no end in sight and were feeling hopeless, but people wanted to feel there was someone thinking this through and that there was a strategy.
- 49.12. DA noted that he would alert Laurie McMahon as Chair of WWC, and asked PA to remind colleagues that virtual work arounds were required to ensure people understood what was going on.
- 49.13. PA felt there had been good engagement with the weekly webinars. MaM confirmed that this felt a bit of time ago. Corporate colleagues felt that nothing had been done, they had just been sent home. She felt they needed to know there were people thinking about these issues. She had been impressed by the WWC wanting to do the right thing for staff and patients but felt this didn't filter down. TP confirmed that he had noted this and would ask the Chair of WWC for this as an item at the next committee.
- 49.14. MMc corroborated that similarly to our frontline colleagues, our management and support staff colleagues were also under increasing pressure and workloads, reporting teams and projects under-staffed and under-resourced to fulfil goals and objectives. There was a lack of critical thought and review of ideas before things were rolled out. He asked whether teams had sufficient staff and resources to carry out the range of their duties.
- 49.15. TP noted that this was a broad-brush question, however judging by the outcomes a number of large projects had been effectively implemented, and certainly the larger change management programmes. He asked MMc whether further detail could be shared around any projects this question referred to. His impression as a NED was that, judged by outcomes, large scale projects seemed to be adequately resourced.
- 49.16. DA noted that there was perhaps more of a challenge with the day to day business.
- 49.17. MP asked about Clinical Education, as she knew the issues had been around for some time and assurances had been sought over time. She had picked up that we were not assured there was a clear strategy. Had a formal request gone in to receive this and would this help drive improvements forward? TP advised that there had been conversations about this. OFSTED had now found the education provision of sufficient quality to support our continued delivery of the apprenticeship programme. Both NEDs and Executives would agree that there was more to do to provide assurance. We had enough students to call ourselves a college and we needed to reflect that in how we ran our education and training. He felt confident that PA and his Executive colleagues understood what was required, but we were not there yet.

49.18. DA advised that in the private section of the Board agenda, the Board had set a timescale to come back with strategic work on Clinical Education. He would keep Governors informed about progress.

**ACTION: DA to keep Governors informed about progress in Clinical Education, particularly around levels of assurance.**

- 49.19. MaM asked about managers' training, which was key to progress including around having difficult conversations with staff for example. She asked what was stopping the Trust delivering this training. TP noted that pre-Covid there were clear plans to roll out a management learning and development programme. Covid had stopped this being rolled out. The programme remained in place and was ready to go once we had the space to deliver it.
- 49.20. DA confirmed that the WWC and Ali Mohammed (HR Director) had refreshed the leadership development programme. The WWC also recognised the leadership required from the top. DA advised this was a key priority: that leadership behaviours were right and demonstrated the Trust's values.
- 49.21. TP noted that Governors had observed the meeting of the WWC and confirmed that they had been assured about the commitment shown in the meeting to staff and patients, but felt this didn't filter down. DA agreed that the commitment was incredible across the organisation, but this was not always joined up, and leadership development was key to this.
- 49.22. HN had also observed the WWC and reinforced the need for communications. He had worked in personnel in organisations going through change: you could not over-communicate.

**49.23. Quality and Patient Safety:**

- 49.24. LB noted that Emergency Operations Centre (EOC) safety had been considered and the surge management plan had been reviewed, and the QPS was assured that we knew what actions we would take when unable to meet demand.
- 49.25. She also noted that on EOC welfare call compliance, we were now complying with the required standard and were up to date on our audits for the first time in a very long time.
- 49.26. A good overview of the launch of 111 Clinical Assessment Service (CAS) had been held and they were assured around there being no increase in Serious Incidents.
- 49.27. On the Hazardous Area Response Team (HART) there was usually a national annual audit and the committee had conducted this and were assured.
- 49.28. From an EOC perspective, we had never been so well staffed from a clinicians point of view. There was an extraordinary meeting being held to check on processes and governance as we come into Winter to provide assurance.
- 49.29. The Governors' report of their observation had been welcome.
- 49.30. Various extra QPS meetings had been held to talk about Covid, to enable the committee to continue to review the governance of everything else happening in the Trust.
- 49.31. DE noted that EOC had been better staffed with clinicians than before, but the tail of patients waiting was starting to grow again: were we sure that we were making the required welfare calls? LB advised she had asked for evidence around this, she was however assured that we had a policy in place to enable the number of welfare calls to flex to the environment which was more sensible. She believed it would no doubt be a struggle as things get busy, but we were going into it from the best place we had been.

- 49.32. HN noted that looking at the past two days' daily updates, the 999 time to call answer was running at 90% within a second, but a mean of 4 seconds. So, some people phoning were waiting over 30 seconds. He believed this would be around 200 people over the last two days. Was there a reason for this increase? He was concerned about it.
- 49.33. LB advised that call answer and wait times were on the agenda for the next QPS.
- 49.34. PA noted that he was not particularly worried about this but there had been one day where short notice staff sickness on the day had impacted the timings.
- 49.35. **Audit Committee (AuC):**
- 49.36. MW noted that the last meeting had considered three initiatives underway – 111CAS, Covid response and preparations for EU transition. All involved issues around cost effectiveness and managing public money well. This gave the committee assurance and enabled them to be confident that the governance was effective. He had seen good documentation over the use of additional Covid monies, and appropriate planning was being undertaken regarding EU Exit, but with the recognition we were part of a wider system.
- 49.37. **Finance and Investment Committee (FIC):**
- 49.38. HG noted that the deep dive would cover the themes of the FIC. There had been an extra meeting in October to review the Trust's performance improvement plan, which had effectively delivered in terms of performance improvement.
- 49.39. Target hours had been reached and this continued, however he noted that as of today we had slipped from saying all measures were achieved save for four, and instead all measures were missed except category four.
- 49.40. There was a broadly balanced financial position halfway through the year. DA noted the importance of balancing quality and finance.
- 49.41. MMc asked about the vacancy rate on the Safe dashboard of the IPR. Over the past month our vacancy rate was in minus figures, which showed we were above full establishment, but despite that were struggling to meet our performance targets. This was worrying. How could this be mitigated?
- 49.42. TP noted that there had been a deliberate decision to overstaff compared to establishment, but in Medway ambulances were sitting outside A&E for periods of time, and this still meant we could not meet the needs of the community we served. The situation was a system pressure so the Trust would continue to find difficulty in meeting targets due to issues outside our control. The targets reflected system performance.
- 49.43. HG added that Council could see from the FIC escalation reports that in addition to delivering the performance improvement plan, which was a short term plan to deliver frontline hours, HG had also requested the Executive ensure a wider strategic view, looking at our ability to be more resilient on these various performance statistics, including rostering and various policies for early next year. This would give us resilience.
- 49.44. PA noted that the numbers showed against plan rather than our establishment: we got closer to establishment each year and filled the gaps with private providers, overtime and bank staff.
- 49.45. GK noted the need to explain what C1 -C4 is in IPR.
- 49.46. HN, looking at page 38, and the headline of the targets and performance against those. He felt the use of the colour gave a false impression. There was green in the target column

- when there wasn't a target. It would be better to grey out the target column so it gave a better impression and was simpler to interpret. Not everyone understood what a RAG report was.
- 49.47. HN referred further to pages 38-39 on the dashboard. On the 999 abandoned calls rate there had only been 45 abandoned in the quarter – it was a small number, but it was still a number and the IPR marked it as 0% when it was actually 0.004%. He believed zero gave an incorrect impression.
- 49.48. MMc advised that it would be useful to have page numbers on the IPR.
- 49.49. Absences due to mental health were quoted at 10.8%, This is likely 10.8% of those off sick, but the IPR didn't say that. Someone could read it as 10.8% of all our staff are off with mental health illnesses. DA noted these comments would be fed back to those managing the IPR.

**ACTION: IA to update the IPR with comments related to improving its clarity.**

- 49.50. PA noted that on staff assaults, ambulance service CEOs had met to discuss that yesterday.
- 49.51. GG noted that he had previously raised the situation about 167-171 on 999 operational performance only being partially assured, which stated the right level of focus was being given at consecutive meetings. Performance still appeared not to be good enough.
- 49.52. Governors' role was to hold the NEDs to account and he asked what they were doing to challenge the Executive Directors. Did the NHS not mind that we were not meeting these targets? If so, we should say that. If that was not the case, how long would we keep having this statement around partial assurance? This made him feel uncomfortable. What was the long-term solution to this?
- 49.53. GG further noted the Programme Management Office had received only partial assurance. Finally, the fleet strategy delivery plan seemed an important issue for SECamb and again there was only partial assurance, which was also worrying. What can be done to challenge the Executive Team more strongly on this?
- 49.54. HG wholly agreed with GG's observations and the partial assurance on performance was all about the short-term nature of the performance improvement. The longer-term strategic review of resourcing, policies, rostering, meal breaks etc would give a more holistic view of our ability to deliver sustainably against our performance targets. Even when we had the operational hours in place we were still not meeting performance targets regularly.
- 49.55. This visibility and assurance around a resilient business model to deliver on an on-going basis was still not there, which is why he had asked for the executive to deliver that in Q4 or the beginning of next year. Until we had this, we would still be struggling to meet the targets, albeit there had been good performance improvement.
- 49.56. On the PMO, the only reason this was given partial assurance was that, while the PMO itself was fine, we were not assured that every project was within the remit of the PMO and we sought to question how they assure us that projects do not commence unless captured by the PMO.
- 49.57. On fleet strategy delivery, we had seen two papers on this and seen improvements on the age profile of the fleet. The plan didn't quite give FIC what was required around the improvements to deliver a lower vehicle relief rate to deliver against our peak load. One reason for this was we had implemented a new fleet management system which would give us better information, but we needed longer to understand the data coming out of that. We also expected to see improvement in fleet management capability as our MRCs opened.



- 49.58. MW reiterated that he supported HG, and would say more around governance later, but noted that there had been a number of assumptions made to underpin a demand and capacity review some years ago which might no longer be accurate. Until we had done further work on this, we would not get to a long-term solution and that's what we were seeking.
- 49.59. He shared HG and GG's concern that, while we had improved, he wanted to know how sustainable the improvements were for the longer term. We were not there yet. We needed a workforce plan based on evidence about what establishment the Trust needed.
- 49.60. MMc noted that under 'Well Led' on the IPR, he saw a 50% late finish rate, and the length of late finish was on average 40 minutes. These were both too high in his opinion and would have an impact on the morale, fatigue of crews etc, as well as our ability to turn ambulances around. Was this an area of focus for the Committees?
- 49.61. DA agreed and noted that this impacted welfare as well as delivery.
- 49.62. MMc noted comments about increasing hours from the current establishment, improved productivity etc, which all result in an increase in workload, stress and micro-management of frontline crews. Colleagues felt they are being pushed to the edge of what's possible at the moment, he advised. Were these issues considered when talking about increasing productivity, and perhaps the wording and language should reflect this in the reports?
- 49.63. DA advised there were two challenges: as a Board they needed to demonstrate value for money in the services we delivered, and ensure we did not harm people: striking that balance between supply and demand. He noted the expenditure on wellbeing in the Trust and the time spent at QPS and WWC on reviewing that balance. TP reassured MMc that WWC and the Board had discussed the specific example of offering overtime, which meant staff were working significantly more hours than might be appropriate.
- 49.64. WS noted that on the IPR national benchmarking we were below national average on Hear and Treat and above on See and Convey. Performance would improve if we were on the right side of these averages. Was this on the radar?
- 49.65. LB advised this was on the Committee's radar as it was an issue we would continue to face so would add that to the agenda for the extraordinary QPS.
- 49.66. PA clarified that we had been pressed on this for a while. He had noted the low rate of Hear and Treat on joining the Trust and had been told we were short of clinicians, but we were not short of clinicians and still behind, so a H&T improvement plan had now been going for some months and had achieved only a small improvement so was being reviewed.
- 49.67. LB agreed that it had come up at the Board meeting too and it was a good question.
- 49.68. DA summarised that these questions had been around resilience, and balancing staff welfare with delivering the service to our patients. The NEDs were asking to make sure we had the workforce and equipment resilience to deliver efficiency and quality.

## **50. Annual report of the Auditor to the Council**

- 50.1. This item was not taken due to illness.

## **51. Scrutiny: FIC and AuC**

- 51.1. HG noted the key areas of responsibility of FIC. This included the financial results and position of the Trust, which had looked good during the first half of the year which had been funded by block contracts and top ups, but from 1 October this changed and we were now part of the Integrated Care System (ICS) and running a deficit for October which we expected

- to continue for remainder of the period. The crucial thing was that the ICS' finance remained balanced across the system and not in deficit.
- 51.2. Operational performance had already been covered extensively in earlier discussions.
- 51.3. Areas of focus had included monitoring the 111CAS up until implementation and monitoring would continue from a service delivery perspective. Overall, this had been a huge success for the organisation.
- 51.4. The improvement plan, estates strategy and fleet strategy were also in progress as had been mentioned already.
- 51.5. In the future, FIC would be considering the strategic plan around performance improvement and resilience, and closely monitoring the financial position following the change for the second half of the year. We would do the latter closely with our ICS partners.
- 51.6. Winter and EU Exit planning were also important, along with Covid particularly in Kent.
- 51.7. DA advised Governors that funds would increasingly be received through the ICS, working within a global budget for an area. This presented some challenges in terms of accountability and financing going forwards.
- 51.8. MW advised that the AuC's role was to bring together the Chairs of all the NED committees, to bring a sound cross-committee focus on governance. It was about protecting the organisation and ensuring appropriate use of resources: governance should also be an enabler to effectiveness. AuC took assurance from external and internal auditors. They were both independent and should comply with their own professional standards. They also considered benchmarking against others and used an assurance map setting out all the controls to help manage the organisation.
- 51.9. In the last year, since he came to the Council, we had received a clear audit opinion in terms of use of resources and our finances.
- 51.10. We had been focused on systemic consideration of all of the functions and operations of the Trust. Most reports gave reasonable or partial assurance.
- 51.11. During the year AuC focused too on unusual incidents such as the 111CAS, Covid and preparations for Brexit to be confident that those systems were working effectively.
- 51.12. MW noted systemic issues that the organisation faced. Firstly, wherever there was a major new initiative, such as making a bid for 111 and effective mobilisation, he wouldn't want to be with anyone else but SECamb staff – they worked together, and were highly motivated. Where there was more to do, was get better at dealing with long term issues so we had resilience built into the way SECamb did things. This was about getting planning right, and ensuring all our activities were sufficiently integrated to bring longer term resilience. Getting this right was also better for the employees of an organisation. He knew the executives understood this, but felt it was the key challenge we faced going forward and that all the NEDs were focused on supporting the Executive. Council may wish to return to this next year and see whether we had got that right.
- 51.13. On assurance mapping, MW felt it was there but could operate more effectively. Clinical Education for example showed that the assurance system was not as effective as it could be, to enable us to anticipate problems.
- 51.14. He wanted Council take assurance that we recognised we needed to do more in these spaces.
- 51.15. DA also noted the Governors' observation report on FIC.
- 51.16. BC noted that having observed the FIC and worked with MW too, he felt SECamb were lucky to enjoy MW and HG's focus in this area. He felt their analysis gave assurance.

51.17. DA noted that Governors appointed NEDs and should perhaps take some credit.

**52. Questions from the public**

52.1. KS noted that there had been no questions submitted in advance, and Emma Saunders (Staff Engagement lead) was picking up issues raised in the meeting around engagement with support staff offline.

**53. Any other business**

53.1. There was no additional business.

**54. Areas to highlight to the NEDs**

54.1. DA confirmed that the key areas were around resilience and balance, so that pursuit of performance was done with sensitivity, and that this was reflected in conversations with staff.

54.2. DA further noted the importance of ensuring the colour-coding was appropriately shown in the IPR and that we use Plain English.

**55. Review of meeting effectiveness**

55.1. DA asked for Governors to comment about areas for improvement. There were none

55.2. He thanked everyone for attending and reminded Council that the next meeting would be the 4<sup>th</sup> March. This would likely need to be held virtually as well.

**Signed:**

**Name and position:**

**Date:**

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

**Key**

Closed

Due

Meeting Date	Agenda item	AC ref	Action Point	Owner	Completion Date	Report to:	Status: (C, IP, R)	Comments / Update
06.06.19	8.3	263	CFC to consider impact of CFR schemes in any new charitable proposals/governance processes that are implemented.	IA	Mar-21	CoG	C	Superseded by action 289.
20.09.19	33.2	268	Arrange a workshop briefing for Council on clinical performance and understanding the integrated performance report	IA	Jun-21	CoG	IP	This remains on the suggested items list that goes to the GDC. The IPR has now been revised and a session may come to the next Council meeting if Governors would like.
03.12.19	71.6	272	Review Governor representation numbers and whether B&H should revert to having its own Governor	IA	Mar-21	CoG	C	To be included in proposals around changes being made to elections - on agenda March 2021
04.09.20	27.32	289	Michael Whitehouse would seek further information around issues with CFRs accessing funds from the charitable fund	MW	Mar-21	CoG	IP	David Astley and MW had arranged a meeting immediately after the December Council with CFR leads and a second was planned. An update can be provided at the March meeting.
04.09.20	28.22	290	Consider Council agenda item on training and education	CoG	Jun-21	CoG	IP	Was considered by GDC as an option, remains on potential agenda items list.
04.09.20	28.26	291	PA to consider the PP role and available budget and report back to DA and WWC if there was an issue	PA	Dec-20	CoG	C	This has been done through WWC, with a gradual increase in PPs planned, but not to the level quickly that was in the PP review. But an affordable and sustainable increase.
01.12.20	49.18	292	DA to keep Governors informed about progress in Clinical Education, particularly around levels of assurance.	DA	Mar-21	CoG	IP	Update can be provided at March meeting.
01.12.20	49.49	293	IA to update the IPR with comments related to improving its clarity.	IA	Mar-21	CoG	C	The IPR has been updated following feedback from Governors, specifically around: adding page numbers and definitions of different categories of patients. Further comments are always welcome.



South East Coast  
Ambulance Service  
NHS Foundation Trust

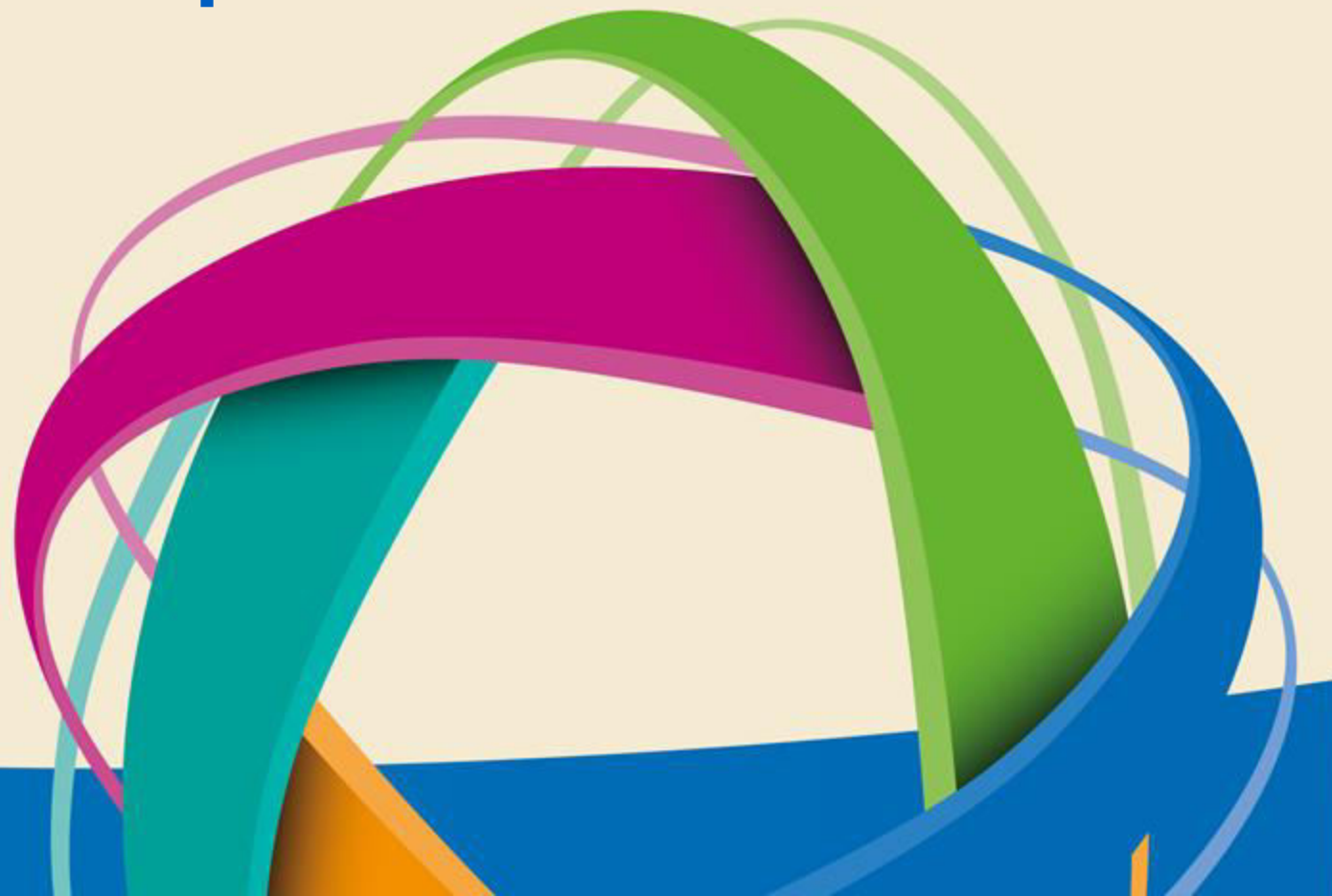


# Integrated Performance Report

Trust Board  
January 2021

Data up to and including December 2020

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



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## CQC Rating and Oversight Framework

NHSI Oversight Framework*	2	●
CQC Rating **	GOOD	●
Information Governance Toolkit Assessment ***	Level 2 Satisfactory	●
REAP Level ****	4	▼

\* NHSI segments Trusts (1-4) according to the level of support each Trust needs across the five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability, with level 4 requiring the most support (Trusts in special measures).

\*\* Our rating following the most recent CQC inspection. These can help patients to compare services and make choices about care. There are four ratings that are given to health and social care services: outstanding, good, requires improvement and inadequate. **GOOD:** We are performing well and meeting CQC expectations.

\*\*\* The Information Governance Toolkit is a system which allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit Assessments. Levels range from 0 to 3; 3 being the highest.

\*\*\*\* Resourcing Escalatory Action Plan (REAP) is a framework designed to maintain an effective and safe operational and clinical response for patients and is the highest escalation alert level for ambulance trusts. Level 3: Major pressure (September 2020)

### Symbol Key

▲ Improving performance	▼ Deteriorating performance	– Data not provided
● No change	■ Aspirational metric	PD Performance direction



## How to use this report

### Format & Reporting Aspirations

- The aim is to present a holistic overview of Trust performance, under CQC domains, which brings together the most helpful indicators to allow the Board to better understand performance across the totality of the Trust.
- There is more to do, but in building this new IPR within the Trust's Business Intelligence Power BI Platform, we have put in place the foundations for much-improved performance management across the Trust using accessible data that can be drilled down into as required, and datasets selected and exported according to the user's needs.
- We are now reporting a month in arrears, where this is possible.

### Performance Dashboards

- The Board is only presented with three new data sets this month – this has been a period of consolidation around stabilising the platform used to create the report.
- The Board will note that some newer data sets do not have historic data provided, however the data sets will grow in coming months to give a better sense of trends etc.
- As an indication of the types of metrics we will seek to report on in the coming months, 'aspirational' metrics are included (with no data attached). Where there is no data this does not mean the Trust does not monitor these areas of performance, merely that those metrics are not routinely presented to the Board and work is still to be done to provide them in this format.
- The vision for the IPR is that it is dynamically generated, with RAG ratings and performance direction automatically populated, giving us the ability to maintain a core set of metrics but also to select those most relevant for the Board in order to tell our story more fully.
- More work is to be done to include all targets and to distinguish internal targets from national ones.

### Performance Charts

- In the future, we intend to include trend lines on charts, where it will help the viewer understand the data better, and where possible targets too. We also aspire to include forecasting and performance versus forecast wherever possible.
- **Please note** that the SPC charts are no longer functioning as a licence has lapsed, according to the BI Team. The Team are working on replacing this functionality.

### A Focus on CQC Domains

- Our suite of 'aspirational' metrics includes numerous across all domains, and when populated will provide a far more rounded snapshot of performance to the Board.
- Work is ongoing in the Quality and Nursing Directorate to develop indicators which will enable us to flesh out the Caring domain – this work has been paused as those involved are helping to coordinate the provision of COVID vaccines.

### Reporting Performance Highlights & Exceptions

- Rather than provide commentary against all metrics, which was often repetitive or uninformative, we are keen to focus the Board's attention on what is going well, and what requires improvement.
- In order to sharpen this focus, exception reporting has not been provided for every instance of performance deterioration – rather only where the deterioration is sustained or outside acceptable tolerances.





## Chief Executive Overview

I am pleased with the way this still relatively new version of the IPR is developing. There have been some additions since November - as indicated in the summary section on page 3 - and further improvements are being planned. Its aim is to show the key performance indicators and highlight to the Board through the exception reports where the executive is most concerned. Directors will talk to these areas at the meeting, and this month I will only specifically draw the Board's attention to one area – **999 operational performance**.

When we talk about operational performance and meeting (ARP) targets this is a proxy for quality and safety. Like all ambulance trusts and, in fact, the whole NHS, we have really struggled to achieve the performance levels we would ordinarily expect to achieve or at the very least get much closer to. This is however, in the context of extra-ordinary circumstances. Very shortly after the last Board meeting, the whole health system started to be significantly impacted by the second wave of COVID-19. Initially, this was most prominent in the East, but then, through Christmas and into January, it spread throughout the region. We have, for example, experienced never before seen delays in being able to handover patients at emergency departments, due to the impacts on patient flow caused by COVID. Regularly, the daily total delays have exceeded the hours we would previously have lost in a whole week. Our response to this has been to work with system partners, providing leadership to ensure that together we find solutions, e.g. dynamic transfers.

The challenges were such that we moved into REAP 4 and have been at this level now for several weeks. In addition, and for the first time, we have felt the need to request military aid to the civil authorities. At the time of writing we have not made the decision to deploy the military but are making the necessary arrangements so that this is in place should the need arise. This in itself illustrates the unique challenges we are facing.

As the situation is so dynamic, I will provide a verbal update to the Board on the most current position.



**Philip Astle**  
Chief Executive





## Trust Overview: Strategy, Values & Ambition

### Our Purpose

As a regional provider of urgent and emergency care, our prime purpose is to respond to the immediate needs of our patients and to improve the health of the communities we serve – using all the intellectual and physical resources at our disposal.

### Our Strategy

SECamb will provide high quality, safe services that are right for patients, improve population health and provide excellent long-term value for money by working with Integrated Care Systems and Partnerships and Primary Care Networks to deliver extended urgent and emergency care pathways.

### Our Priorities

- *Delivering modern healthcare for our patients* – a continued focus on our core services of 999 and 111 CAS;
- *A focus on people* – they are listened to, respected and well supported;
- *Delivering quality* – we listen, learn and improve;
- *System partnership* – we contribute to sustainable and collective solutions and provide leadership in developing integrated solutions in Urgent & Emergency Care

### Our Values

Our values of *Demonstrating Compassion and Respect, Acting with Integrity, Assuming Responsibility, Striving for Continuous Improvement* and *Taking Pride* will underpin what we do today and in the future.



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



# Trust Overview:

## Domain Overview Dashboard (January 2021)

Key indicators at a glance for December 2020 (unless otherwise indicated)

Safe			Effective			Caring			Responsive			Well-Led		
Metric	Dec-20	PD	Metric	Dec-20	PD	Metric	Dec-20	PD	Metric	Dec-20	PD	Metric	Dec-20	PD
999 Frontline Hours Provided %	95.10%	▼	**Cardiac ROSC Utstein %	46.00%	▲	Proportion of Complaints Relating to Crew Attitude %	37.00%	▲	Cat 1 Mean	00:08:23	▼	Cost Improvement Plan (CIP) (£000s) Month	£8.00	▼
Number of Incidents Reported as SIs	8	▲	**Stroke - Assessed F2F Diagnostic Bundle %	97.00%	▼	End of Life Care Performance		■	Cat 1 90th Centile	00:15:07	▼	Surplus/Deficit (£000s) Month	£-1075.20	▼
Hand Hygiene Compliance %	96.00%	▲	**Sepsis Care Bundle %	85.00%	●	Falls Performance		■	Cat 2 Mean	00:26:49	▼	Disciplinary Cases	2	▲
Violence and Aggression Incidents (Number of Victims - Staff)	70	▲	**Acute STEMI Care Bundle Outcome %	50.00%	▼	Proportion of Complaints Relating to Dignity and Respect %		■	Cat 2 90th Centile	00:51:55	▼	Collective Grievances	0	●
Medicines Management % of Audits Completed	94.00%	●	ECAL Mean Response Time	00:24:23	▼	Dementia Performance		■	Cat 3 90th Centile	05:51:35	▼	Bullying & Harrassment Internal	1	▲
DBS Compliance %	100.00%	●	999 Operational Abstraction Rate %	35.30%	▼				Cat 4 90th Centile	07:42:55	▼	Annual Rolling Turnover Rate	11.20%	▼
Number of RIDDOR Reports	9	▼	Statutory & Mandatory Training Rolling 3 Years %	76.10%	▲				999 Call Answer Mean	00:00:07	▼	Annual Rolling Sickness Absence	7.40%	▼
									111 Calls Answered in 60 Seconds %	55.40%	▼	Absence Relating to Mental Health %	5.30%	▲
									111 Calls Abandoned - (Offered) %	8.20%	▼	Absence Relating to MSK %	3.10%	▲
									111 to 999 Referrals (Answered Calls) %	13.90%	▲	999 Frontline Late Finishes/Over-Runs %	61.10%	▼
									Complaints Reporting Timeliness %	69.00%	▼	Staff Successfully FIT-Tested %	91.30%	—

\*\*Latest data is November 2020.

### Symbol Key

- ▲ Improving performance
- ▼ Deteriorating performance
- Data not provided
- No change
- Aspirational metric
- PD Performance direction



## Current Operational Performance

### 999 Emergency Ambulance Service (as of 18/01/2021)

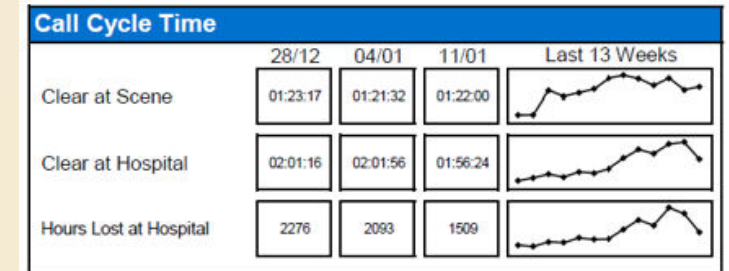
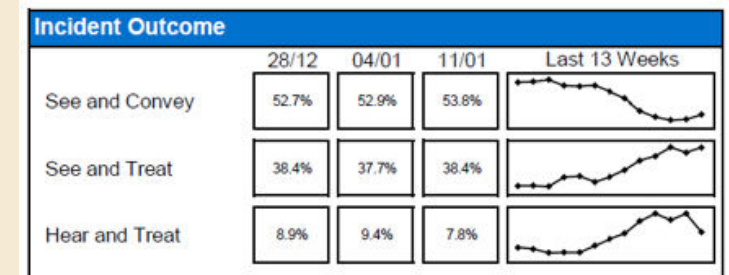
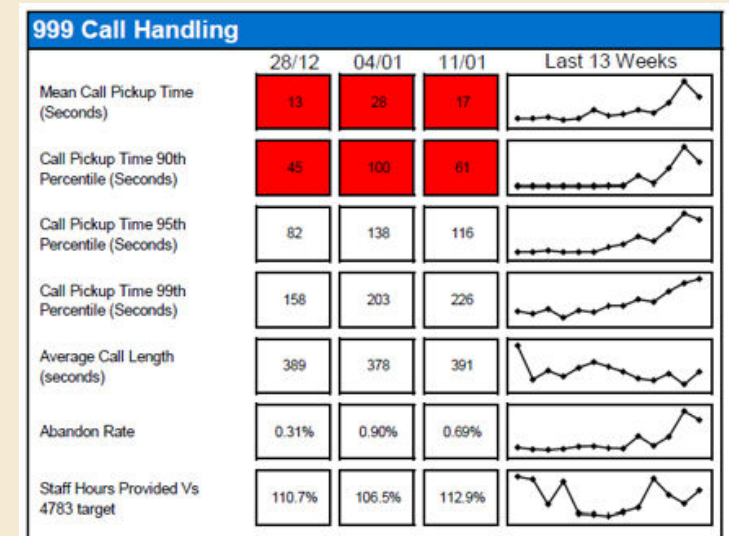
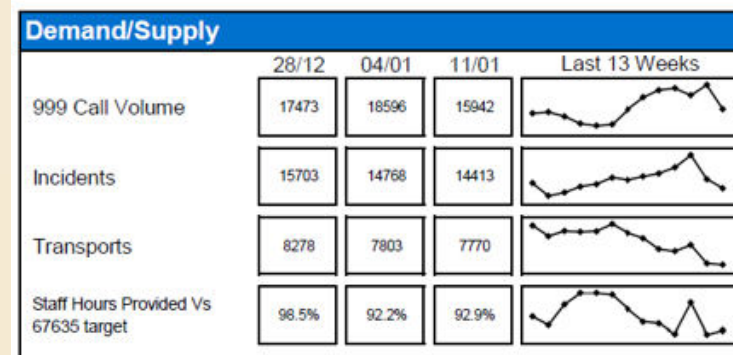
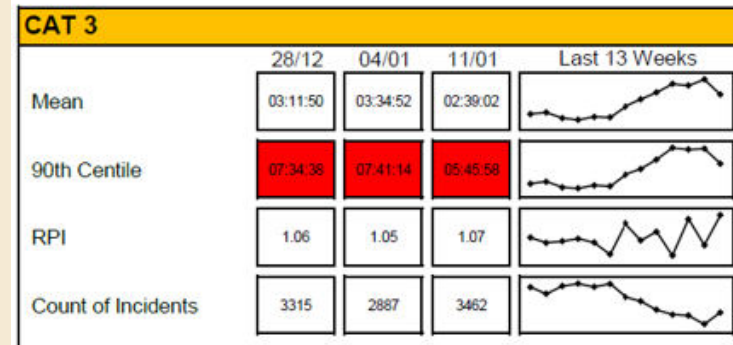
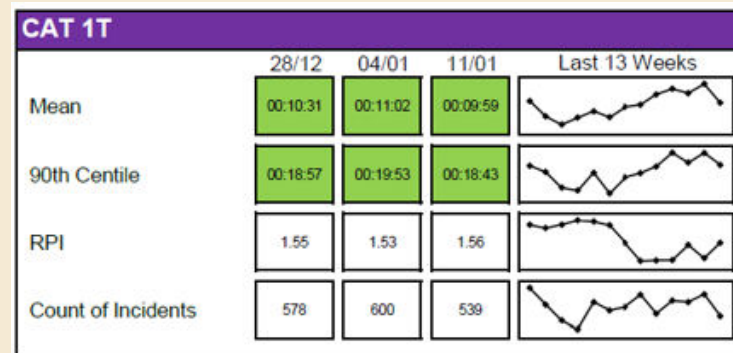
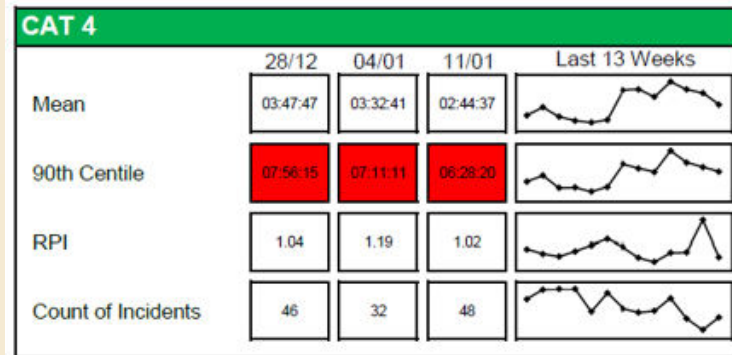
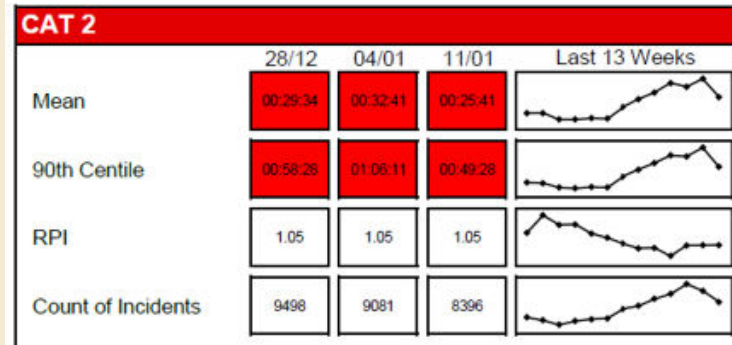
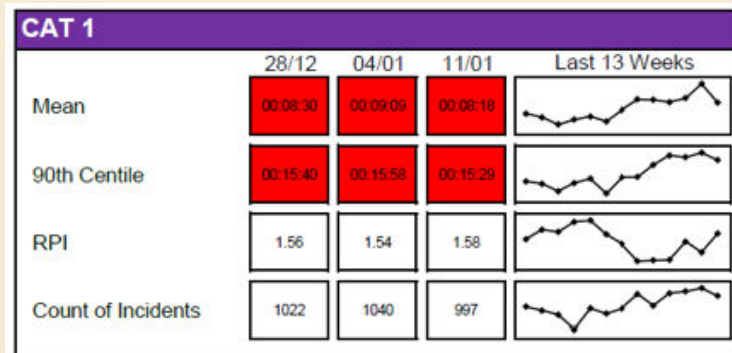
	Target		Month to Date			Quarter to Date		
Category	Mean	90th Centile	Incidents	Mean	90th Centile	Incidents	Mean	90th Centile
C1	00:07:00	00:15:00	2481	00:08:40	00:15:36	2481	00:08:40	00:15:36
C1T	00:19:00	00:30:00	1387	00:10:30	00:19:01	1387	00:10:30	00:19:01
C2	00:18:00	00:40:00	21977	00:29:44	00:58:46	21977	00:29:44	00:58:46
C3		02:00:00	7823	03:14:23	07:12:58	7823	03:14:23	07:12:58
C4		03:00:00	102	03:27:50	07:23:18	102	03:27:50	07:23:18
HCP 3			406	03:55:40	08:36:25	406	03:55:40	08:36:25
HCP 4			317	04:35:36	09:28:02	317	04:35:36	09:28:02
IFT 3			137	04:02:03	09:20:14	137	04:02:03	09:20:14
IFT 4			67	03:35:00	07:34:09	67	03:35:00	07:34:09
ST			13910	38.13%		13910	38.13%	
SC			19355	53.05%		19355	53.05%	
HT			3220	8.83%		3220	8.83%	
Count of Incidents			36485			36485		
Count of Incidents with a Response			33265			33265		
999 Mean	Call Answer Target 00:05		42775	00:22		42775	00:22	
999 90th	Call Answer Target 00:10			01:23			01:23	
Trust EOC 999 Abandoned Calls			320	0.7%		320	0.7%	
A0	EOC All Calls		50787			50787		





# Current Operational Performance

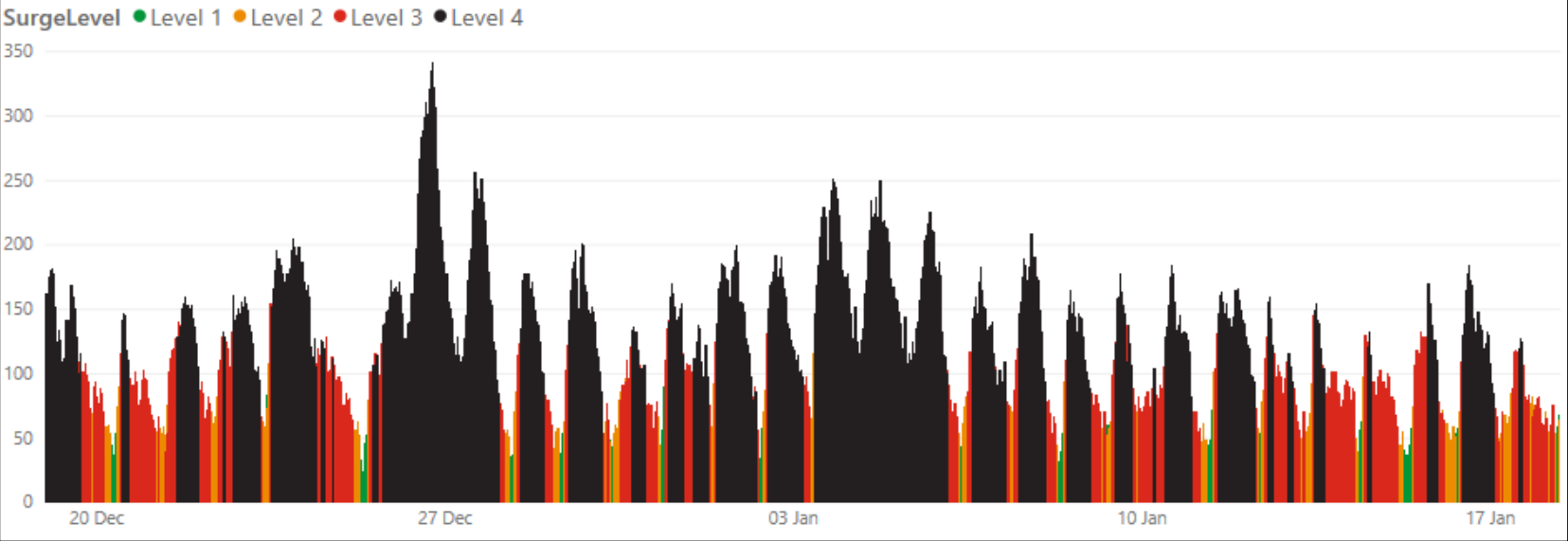
## 999 Emergency Ambulance Service (28/12/2020 – 17/01/2021)



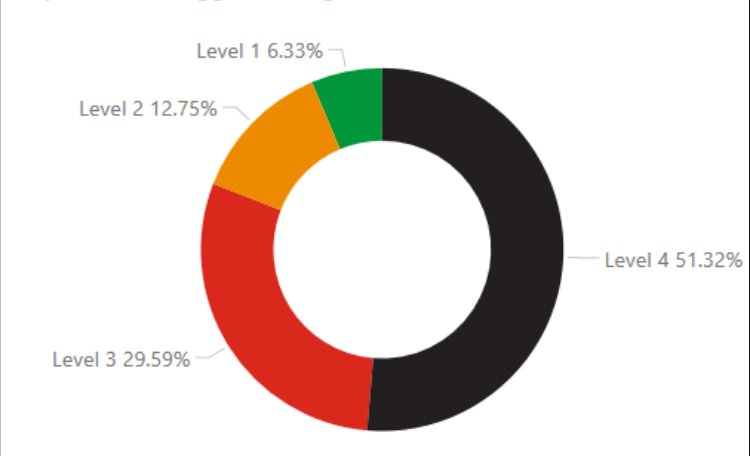
# Current Operational Performance

## 999 Emergency Ambulance Service (19/12/2020 – 18/01/2021)

Total Calls Outstanding by Triggered Surge Level



Proportion of Triggered Surge



### Surge Management Plan Triggers

Level 1

Business as Usual (BAU)  
Ability to dispatch and respond to meet patient needs as identified within Ambulance Response Programme (ARP) metrics

Level 2

- Any of the triggers below:
- 2x Category 1 unassigned for >7 Minutes or
  - 8x Category 2 unassigned for >9 Minutes or
  - 20x Category 3 unassigned for >60 Minutes or
  - 20x Category 4 unassigned for >120 Minutes or
  - 20x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) or
  - A combined total of 30 from any of the above triggers

Level 3

- Any of the triggers below:
- 5x Category 1 unassigned for >7 Minutes or
  - 15x Category 2 unassigned for >9 Minutes or
  - 35 x Category 3 unassigned for >60 Minutes or
  - 35 x Category 4 unassigned for >120 Minutes or
  - 35x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) or
  - A combined total of 45 from any of the above triggers

Level 4

- Any of the triggers below:
- 10x Category 1 unassigned for >7 Minutes or
  - 30x Category 2 unassigned for >9 Minutes or
  - 60 x Category 3 unassigned for >60 Minutes or
  - 60 x Category 4 unassigned for >120 Minutes or
  - 60x HCP 1/2/4 unassigned for (>45/>60/>180 Minutes) or
  - A combined total of 80 from any of the above triggers

Trust Overview:  
Summary of Performance Highlights

Domain	ID	Performance Highlight
Safe		Nothing new to report
Effective		Nothing new to report
Caring		Nothing new to report
Responsive		Nothing new to report
Well-led	Diversity monitoring	A data cleanse of ESR disability declarations was undertaken in Q3 due to a reporting error identified by our Workforce Team. It is believed the error resulted in the overreporting of staff choosing not to declare themselves as having or not having a disability. The issue has been escalated to the ESR National Team as this is not just a SECamb issue. As anticipated this has significantly reduced the number of staff who were showing as choosing not to provide either a positive or negative disability declaration (47.92% reducing to 10.01%). This will enable SECamb to undertake more targeted interventions to understand why these colleagues do not wish to provide a declaration. Q3 data also showed small improvements in race, disability and gender representation.

## Trust Overview: Summary of Exceptions

Domain	ID	Exception
Safe	999 frontline hours	There has been a deterioration in hours from the high in November, directly linked to our operational abstraction rate, due to sickness and self-isolation.
Safe	Incidents (Datix)	The number of incidents being reported has significantly increased over the past several months due to increased pressure on the service and wider system.
Safe	RIDDOR incidents	During November, the Trust reported 5 RIDDOR incidents to the HSE with all incidents reported on time. During December, 9 RIDDOR incidents were reported to the HSE with 6 incidents reported on time. The 3 late RIDDOR notifications were due to local management not uploading the incidents on time via the Trust incident database. No additional exception report is provided as pressures on the frontline are well-covered under performance exception reporting.
Safe	S136 response	There has been a gradual decline in response times during November and December. This is reflective of our performance overall under Cat 2 and not specific to this metric. This is likely to be a result of current pressures i.e. Winter, Covid-19 and a return to normal parameters is expected over the next few months. This is a function of performance issues described elsewhere and no additional exception report is provided.
Effective	Clinical Education	This is the first month we are reporting ClinEd data to the Board and an exception report is provided to explain the data.
Effective	STEMI	Delivery of the STEMI bundle has deteriorated in November and the team are undertaking investigations to understand whether this is a real performance issue or a data issue.
Effective	999 operational abstraction rate	There has been an increase in December, linked to 999 frontline hours. One exception report is provided under the Safe domain for this metric and frontline hours, to avoid duplication.
Effective	Ambulance handovers	There has been a significant increase in hours lost due to handover delays at hospitals in December, particularly in Kent. The incidence of Covid-19 has risen particularly in Medway and Swale resulting in an increase in hospital admissions and increasing length of stay, impacting on capacity and patient flow. This has had a direct impact on ambulance handovers. Mitigations included under 999 performance exception reporting.
Responsive	111 CAS operational performance	Numerous pressures being seen due to increased activity, change in profile of activity and staff sickness. The Clinical Assessment Service has been holding up reasonably well in terms of protecting the wider system, however 111 service level has fallen and call abandonment rate has increased.
Responsive	999 operational performance	Performance across all categories showed significant deterioration due to available resources not matching demand, particularly for Cat3 and Cat4 calls as we focused on responding to our sickest patients.



Performance by Domain

Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
999 staffing	<p><b>Standards:</b></p> <p>999 frontline hours provided (%)</p> <p>999 operational abstraction rate (%)</p> <p>NB. Effective domain but combined here as linked</p> <p><b>Definition:</b></p> <p>% of frontline hours provided versus plan</p> <p>% of operational staff abstracted versus full scheduled</p>	<p>Deterioration of hours provided from the high in November - this is directly linked with the operational abstraction rate (see below). This reduction in hours is primarily due to the increase in lost hours from sickness (particularly Covid-related) and self-isolation. These losses were mitigated to a small amount by the reduction in the level of annual leave allowed over the Christmas/New Year period.</p> <p>Increase in the operational abstraction rate has been seen in December. This increase in abstraction is primarily due to the increase in lost hours from sickness (particularly Covid-related) and self-isolation, as noted above.</p>

Action Plan	Accountable Executive
<p><b>Actions being taken to mitigate issues:</b></p> <p>Incentivisation of DCA shifts continues. Optimisation of annualised hours contracts is monitored closely. Key skills and training delivery finished in mid-December so these abstractions were reduced.</p> <p>Planned reduction in annual leave allowance over the Christmas &amp; New Year period. Planning for future training abstractions - this to be reduced to minimum levels to primarily support continued recruitment and induction of new staff.</p>	<p><b>Named person:</b></p> <p>Joe Garcia (Director of Operations)</p> <p><b>Complete by date:</b></p> <p>Ongoing</p>



# Performance by Domain

## Safe: Exception Report

We protect our patients and staff from abuse and avoidable harm

ID	Standard	Background
Incidents	<p><b>Standard:</b> Number of Datix incidents</p> <p><b>Definition:</b> The number of incidents reported via the Trust's incident reporting system, Datix</p>	<p>The number of incidents being reported has significantly increased over the past several months due to increased pressure on the service and wider system.</p> <p>Since October 2020 much higher increases are noted which are as a result of the new Clinical Assessment Service (CAS) going live which has generated concerns from external stakeholders, and increased reports of Covid-19 related issues and handover delays.</p>

Action Plan	Accountable Executive
<p><b>Actions being taken to mitigate issues:</b> An increase in incident reporting is generally positive and provides opportunities for learning - the priority is to monitor the levels of harm ensuring the Trust is maintaining a low number of moderate+ harm incidents. Levels of harm have increased primarily due to handover delays and the impact these have on the wider service, however all incidents relating to potential harm at the point of delayed handover are shared with the appropriate Acute Trust so they can complete harm reviews.</p>	<p><b>Named person:</b> Bethan Eaton-Haskins (Director of Nursing)</p> <p><b>Complete by date:</b> Ongoing</p>

## Performance by Domain

### Effective: Exception Report

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Standard	Background
Clinical Education	<p><b>Standards:</b> Course capacity utilisation - Transition to Practice (TtP) % of learners at risk</p> <p><b>Definitions:</b> Course capacity utilisation TtP - % of available places filled % of learners at risk – % of learners either failing to or at risk of completing their course by the expected date</p>	<p>We selected course capacity utilisation as an indicator of whether we are making the most of the places available to the Trust to train our people. Course capacity utilisation is dependent on HR's recruitment and available planned capacity is based on our workforce plan.</p> <p>The percentage of learners at risk metric gives the Board as close to a real-time indicator of how people are doing while on the course as is possible at present. We will add a student satisfaction metric to the IPR once established to provide another indicator to the Board. For those on programmes with ClinEd, our system calculates, based on the course length, how much of the learner's portfolio should be completed at the date we run the report. We then compare how much they have completed to how much they should have completed and if the difference is greater than 40% then they are considered at risk. For those studying with a college, the college provides ClinEd with the at risk score, also based on a risk assessment.</p>

#### Action Plan

##### Actions being taken to mitigate issues:

Course utilisation for TtP is at 65% which means that we haven't managed to fill all the available spaces on the course. A number of candidates apply to all 10 services and may well accept a post elsewhere, some did not pass their degree programmes or had issues in completion due to Covid restrictions. Others did not gain a C1 licence due to Covid and some didn't accept our offer due to location.

Of the learners the Trust have on ECSW, AAP and NQP programmes, 40% are at risk. This varies depending on the course: all AAPs and ECSWs on the programme with ClinEd are at risk whereas NQPs on the TtP programme and the AAPs with Chichester college group have much lower levels of learners at risk. ClinEd is working with Operational Management to provide support and guidance to enable the learners at risk to complete their remaining work within an agreed timescale (although due to current operational pressures, the deadlines are expected to be extended). Chichester college have identified the learners with them who are at risk (none have gone beyond their expected completion date as yet) and have put plans in place to support these learners in conjunction with their line managers. For the TtP programme, the Trust has not historically held NQPs accountable who haven't completed their preceptorship within the two year time period however work has been ongoing to identify, track and work with those at risk to bring them to a timely completion.

#### Accountable Executive

##### Named person:

Ali Mohammed (Director of HR)  
Fionna Moore (Medical Director)

##### Complete by date:

Ongoing



## Performance by Domain

### Effective: Exception Report

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

ID	Standard	Background
STEMI	<p><b>Standard:</b> Acute ST-Elevation Myocardial Infarction (STEMI) Care Bundle %</p> <p><b>Definition:</b> The proportion of patients meeting the Trust's STEMI criteria that receive a full STEMI care bundle (as recorded on Patient Clinical Record).</p>	The Clinical Audit Team are currently reviewing the STEMI data for November 2020 to establish factors contributing to the reduction in performance to 49.7%.

Action Plan	Accountable Executive
<p><b>Actions being taken to mitigate issues:</b> It appears, at this stage, that the selection criteria used by the software to identify incidents for inclusion may have been changed. This would result in incorrect incidents being included in the sample thus affecting apparent performance. Whilst this is being queried with the developer, the 175 incidents are being re-audited to establish whether or not a STEMI was diagnosed by the attending clinicians. We will report back as soon as we can confirm to confirm the November figures and further explain the reason surrounding this issue.</p>	<p><b>Named person:</b> Fionna Moore (Medical Director)</p> <p><b>Complete by date:</b> Being urgently undertaken</p>



## Performance by Domain

### Responsive: Exception Report

Our services are organised so that they meet our patient's needs

ID	Standard	Background
111 - Multiple	<p><b>Standard:</b> KMS 111 Integrated Urgent Care</p> <p><b>Definition:</b> Various elements of 111 performance are covered here</p>	<p>Calls offered activity increased from 112K to 115K due to:</p> <ul style="list-style-type: none"> <li>• Seasonal impact</li> <li>• New COVID variant</li> <li>• Full rollout of national NHS England 111 First programme</li> <li>• Occasional closure of National Covid Clinical Assessment Service (CCAS) at particularly busy times</li> <li>• Multiple downstream providers struggling with demand and their responsiveness</li> </ul> <p>Levels of staff sickness and self-isolation linked to COVID have also impacted on performance</p> <p>Service level fell from 59.58% to 55.35%</p> <p>Abandonment rate increased from 6.26% to 8.24%, still amber versus contractual KPIs</p>

Action Plan	Accountable Executive
<p><b>Actions being taken to mitigate issues:</b></p> <ul style="list-style-type: none"> <li>• Multi-site resilience and adherence to Infection Prevention Control (IPC) guidance</li> <li>• Dialogue with NHS England for National Contingency support on a regular basis</li> <li>• Agile working within NHS Provider/Trust governance framework</li> <li>• Individual performance management and high visibility of Senior Leadership Team on-site every day</li> <li>• Multiple staff incentives to prioritise key times</li> </ul> <p>Clinical Assessment Service (CAS):</p> <ul style="list-style-type: none"> <li>• Significant increase in direct clinical contact (critical NHS England Integrated Urgent Care metric) from 47.72% to 51.38% (national/contractual target of 50%)</li> <li>• Ambulance validation remains high (88% of all C3 / C4), enabling AMB rate to fall to 13.94%</li> <li>• Emergency Department validation tripled in Dec (up to 3,529 cases) with downgrades remaining consistently high</li> <li>• Direct Appointment Booking to alternative services increased rapidly, easing pressure on other services in high demand</li> <li>• Significant system collaboration, working with other services/providers to manage risk and to develop alternative patient pathways i.e. Primary Care streaming</li> <li>• CAS is successful in protecting the wider system especially for 999 and the Acutes across KMS, despite intensive clinical activity</li> </ul>	<p><b>Named person:</b> Joe Garcia (Operations Director)</p> <p><b>Complete by date:</b> Ongoing</p>



Performance by Domain

Responsive: Exception Report

Our services are organised so that they meet our patient's needs

ID	Standard	Background
999 Performance - Multiple	<p><b>Standard:</b></p> <p>Cat1 mean, Cat2 mean, Cat3 90th centile, Cat4 90th centile</p> <p><b>Definition:</b></p> <p>Performance against our 999 Ambulance Response Programme targets</p>	<p>Performance across all categories showed significant deterioration across all categories - particularly the Cat3 &amp; Cat4. The fundamental cause of this position relates to the balance of resource availability to demand seen. Whilst the overall demand for the month of December has increased (incidents with a response being 2.2% up on that seen the year previously), this is matched by a significant decrease in resource availability to meet this demand. It is worth noting that during the month of December, 43.15% the Trust were at SMP4.</p>

Action Plan	Accountable Executive
<p><b>Actions being taken to mitigate issues:</b></p> <p>At all times the Trust is being overseen by a Strategic Commander supported by a full Tactical team and an Executive on-call. On 26/12/20 a decision was made to move the Trust to REAP level 4 and this moved the organisation onto a different footing. At all times, the focus for the Trust has been on patient safety, from the start of every call through the entire journey through to each patient discharge, whether competing the case through hear and treat or post on-scene patient contact, including conveyance to definitive care.</p>	<p><b>Named person:</b></p> <p>Joe Garcia (Director of Operations)</p> <p><b>Complete by date:</b></p> <p>Ongoing</p>











# Performance by Domain

## Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-1	Number of Datix Incidents	1042	1019	1043	1028	834	973	905	940	861	952	1342	1470	1751					▼
QS-2	Number of Incidents Reported as SIs	12	7	9	2	5	7	9	10	5	2	4	9	8					▲
999-12	999 Frontline Hours Provided %	92.70%	94.80%	90.70%	87.50%	97.30%	99.10%	93.80%	89.30%	92.50%	91.20%	94.60%	99.40%	95.10%	100.00%		—		▼
QS-3	Duty of Candour Compliance %	91.00%	100.00%	90.00%	100.00%	75.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	84.00%	80.00%	100.00%		—		▼
QS-7	Hand Hygiene Compliance %	92.00%	90.00%	93.00%	92.00%	95.00%	95.00%	92.00%	82.00%	97.00%	93.00%	99.00%	95.00%	96.00%	95.00%		+		▲
QS-8	Safeguarding Training Completed (Children) Level 2 %	66.30%	69.80%	72.30%	86.90%	12.30%	35.60%	60.20%	67.10%	69.90%	72.70%	74.90%	74.90%	78.20%	95.00%		—		▲
QS-13	Violence and Aggression Incidents (Number of Victims - Staff)	4	10	3	5	60	67	68	69	75	66	124	74	70					▲
MM-1	Number of Medicines Incidents	139	149	165	135	112	168	111	146	103	89	162	141	125					▲
MM-3	Single Witness Signature Use CDs Omnicell	4	6	4	5	4	2	0	0	14	0	3	0	6	0		—		▼
MM-4	Single Witness Signature Use CDs Non-Omnicell	3	3	3	4	0	1	0	0	0	0	0	0	3	0		—		▼
MM-5	Number of CD Breakages	19	21	21	11	20	17	17	16	14	14	17	9	25					▼
MM-7	Medicines Management % of Audits Completed	99.00%	99.00%	99.00%	99.00%	99.00%	100.00%	99.00%	99.00%	99.00%	98.00%	98.00%	94.00%	94.00%	100.00%		—		●
WF-1	Number of Staff WTE (Excl bank and agency)	3689	3685	3667	3667	3734	3768	3784	3793	3806	3859	3888	3967	3956					▼
WF-2	Number of Staff Headcount (Exc bank and agency)	4016	4020	4001	4005	4075	4120	4141	4154	4173	4231	4271	4354	4345					▼
WF-3	Finance Establishment (WTE)	3940	3920	3924	3905	3905	3905	3905	3800	3816	3818	3880	3925	3950					▲
WF-4	Vacancy Rate %	6.40%	6.00%	6.50%	6.10%	4.40%	3.50%	3.10%	0.20%	2.60%	-1.10%	-0.20%	-1.10%	-0.20%					▼
QS-9	Number of RIDDOR Reports	4	2	6	12	2	8	6	11	8	7	16	5	9					▼
WF-16	DBS Compliance %							100.00%	98.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%		—		●
M-20	Compliant NHS Pathways Audits (Clinical) %	83.00%	79.00%	80.00%	74.00%	77.00%	80.00%	84.00%	95.00%	95.00%	83.00%	96.00%	94.00%	92.00%					▼
M-21	Required NHS Pathways Audits Completed (EMA) %							82.00%	102.00%	102.00%	100.00%	100.00%	100.00%	100.00%					●

-  Improving performance
-  Deteriorating performance
-  No change
-  Aspirational metric
-  Outperformed target
-  Underperformed target
-  On target
-  Data not provided



# Performance by Domain

## Safe: Performance Dashboard

We protect our patients and staff from abuse and avoidable harm

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
M-22	Compliant NHS Pathways Audits (EMA) %							84.00%	84.00%	84.00%	90.00%	100.00%	94.00%	92.00%	100.00%		-		▼
M-23	Required NHS Pathways Audits Completed (Clinical) %										85.00%	85.00%	94.00%	100.00%					▲
QS-17	Outstanding Actions Relating to STs, Outside of Timescales %									97.20%	87.30%	87.20%	81.00%	86.00%	0.00%		-		▼
QS-19	Deep Clean Compliance %					77.00%	107.00%	105.00%	103.00%		92.00%	95.00%							—
QS-20	Health & Safety Incidents							43	42	35	42	37	35	22					▲
WF-24	Current licence details held for Operational Staff %									79.30%	88.80%	88.50%	88.10%	86.40%	100.00%		-		▼
QS-22	Manual Handling Incidents							22	46	30	26	29	26	24					▲
QS-25	Flu Vaccine Compliance (Winter 2020-21)											58.00%		78.80%	90.00%		-		—

- ▲ Improving performance

▼ Deteriorating performance

● No change

■ Aspirational metric
- + Outperformed target

- Underperformed target

= On target

- Data not provided





## Performance by Domain

### Effective: Performance Dashboard

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

\*\*Latest data is November 2020

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-11	JCT Allocation to Clear at Scene Mean	01:14:23	01:15:07	01:15:55	01:19:00	01:22:33	01:19:55	01:19:20	01:16:03	01:14:37	01:15:23	01:16:39	01:18:48	01:20:16					▼
999-11	JCT Allocation to Clear at Hospital Mean	01:50:13	01:50:34	01:50:08	01:51:21	01:50:08	01:47:51	01:46:43	01:46:34	01:47:37	01:47:30	01:49:01	01:51:39	01:57:53					▼
M-1	**Cardiac ROSC Utstein %	50.00%	55.00%	22.00%	42.00%	33.00%	43.00%	45.00%	32.00%	46.00%	45.00%	44.00%	46.00%						▲
M-2	Cardiac ROSC ALL %	23.00%	28.00%	25.00%	18.00%	24.00%	22.00%	24.00%	15.00%	24.00%	29.00%	27.00%	20.00%						▼
M-12	**Sepsis Care Bundle %	87.00%	87.00%	87.00%	87.00%	88.00%	84.00%	81.00%	87.00%	88.00%	87.00%	85.00%	85.00%						●
M-3	Cardiac Survival Utstein %	29.00%	33.00%	9.00%	31.00%	14.00%	24.00%	31.00%	8.00%	19.00%	23.00%	20.00%							—
M-4	Cardiac Survival ALL %	8.00%	10.00%	7.00%	7.00%	9.00%	11.00%	9.00%	4.00%	7.00%	10.00%	12.00%							—
M-11	Cardiac Arrest - Post ROSC %	75.00%	80.00%	77.00%	78.00%	81.00%	62.00%	74.00%	80.00%	79.00%	78.00%	72.00%	74.00%						▲
M-5	**Acute STEMI Care Bundle Outcome %	65.00%	71.00%	69.00%	73.00%	71.00%	73.00%	64.00%	64.00%	68.00%	67.00%	64.00%	50.00%						▼
M-6	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography Mean																		—
M-7	Acute ST-Elevation Myocardial Infarction (STEMI) Call to Angiography 90th Centile																		—
M-8	Stroke - Call to Hospital Arrival Mean																		—
M-9	Stroke - Call to Hospital Arrival 90th Centile																		—
M-10	**Stroke - Assessed F2F Diagnostic Bundle %	96.00%	97.00%	99.00%	97.00%	98.00%	98.00%	97.00%	98.00%	98.00%	97.00%	98.00%	97.00%						▼
M-13	Sensitivity of Cardiac Arrest Detection During Telephone Triage %										96.00%	91.00%	94.00%						▲
M-14	Proportion of Non-EMS Witnessed Cardiac Arrests with Bystander CPR %										79.00%	81.00%	75.00%						▼
M-15	Time to Commence Telephone-Guided CPR Mean																■	■	■
M-16	Proportion of Non-EMS Witnessed Cardiac Arrests with PAD Applied to Patient %										6.00%	8.00%	7.00%						▼

- ▲ Improving performance
- ▼ Deteriorating performance
- No change
- Aspirational metric
- + Outperformed target
- Underperformed target
- = On target
- Data not provided



## Performance by Domain

### Effective: Performance Dashboard

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence

\*\*Latest data is November 2020

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-13	ECAL Mean Response Time	00:25:55	00:27:03	00:27:49	00:26:21	00:23:15	00:23:51	00:24:00	00:25:49	00:23:34	00:24:10	00:23:41	00:24:03	00:24:23					▼
999-12	999 Operational Abstraction Rate %							32.50%	32.50%	32.60%	38.40%	38.30%	32.70%	35.30%	28.00%		-		▼
WF-6	Statutory & Mandatory Training Rolling 3 Years %	70.60%	73.60%	76.60%	83.70%	68.60%	70.80%	75.10%	76.10%	75.90%	75.40%	75.00%	74.30%	76.10%	100.00%		-		▲
999-17	Responses Per Incident	1.10	1.11	1.10	1.08	1.08	1.09	1.10	1.12	1.12	1.08	1.08	1.08	1.08	1.09		+		●
999-18	Section 136 Mean Response Time							00:19:17	00:17:16	00:16:57	00:18:30	00:16:38	00:20:49	00:25:04					▼
999-19	Section 135 Mean Response Time							00:22:07	04:44:00	00:54:56	00:05:19	00:03:44	00:14:55	N/A					—
999-20	ePCR Usage							94.70%	93.80%	95.30%	93.70%	94.80%	96.10%	96.40%	95.00%		+		▲
999-24	Number of Hours Lost at Hospital Handover	4428	4268	3753	3192	2289	2046	1916	3610	4202	3958	4435	3358	5426					▼
999-25	Hours Lost at Handover as a Proportion of Provided Hours %	1.50%	1.40%	1.40%	1.10%	0.80%	0.70%	0.70%	0.20%	1.50%	1.40%	1.60%	1.20%	1.90%					▼
WF-23	Recruitment: Advert to Start Date														100.00%		■	■	■
M-24	ClinEd: Course Capacity Utilisation Associate Ambulance Practitioner %													96.00%					—
M-24	ClinEd: Course Capacity Utilisation Transition to Practice %													65.00%					—
M-25	ClinEd: Students at Risk of Not Obtaining Qualification %													40.00%					—
M-26	ClinEd: Course satisfaction score																■	■	■
WF-34	Frontline Workforce Skillmix: ECSWs vs plan (Trust average)	30.80%	30.90%	31.00%	31.10%	31.10%	31.30%	31.50%	31.90%	31.40%	30.80%	30.50%	31.30%	31.50%	28.60%		-		▼
WF-35	Frontline Workforce Skillmix: AAP/Techs vs plan (Trust average)	22.10%	22.10%	22.10%	22.00%	22.30%	22.10%	22.70%	22.80%	20.50%	20.20%	20.00%	18.70%	18.50%	23.10%		-		▼
WF-36	Frontline Workforce Skillmix: Registered clinicians vs plan (Trust average)	47.10%	47.10%	46.80%	46.90%	46.60%	46.60%	45.80%	45.30%	48.10%	49.00%	49.40%	50.00%	50.00%	48.30%		-		●

- ▲ Improving performance
- ▼ Deteriorating performance
- No change
- Aspirational metric

- + Outperformed target
- Underperformed target
- = On target
- Data not provided



Performance by Domain

Caring: Performance Dashboard

Our staff involve and treat our patients with compassion, kindness, dignity and respect

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
QS-12	Proportion of Complaints Relating to Dignity and Respect %																■	■	■
QS-10	Proportion of Complaints Relating to Crew Attitude %							48.00%	42.00%	40.00%	37.00%	23.00%	59.00%	37.00%					▲
M-17	Dementia Performance																■	■	■
M-18	End of Life Care Performance																■	■	■
M-19	Falls Performance																■	■	■
111-6	111 SMS Feedback																■	■	■
QS-11	Patient Experience																■	■	■

- ▲

Improving performance
- ▼

Deteriorating performance
- No change
- Aspirational metric
- +

Outperformed target
- Underperformed target
- =

On target
- Data not provided



Performance by Domain

Responsive: Performance Dashboard

Our services are organised so that they meet our patient's needs

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
111-1	111 Calls Offered	92173	75904	85080	162194	89757	81333	70230	71925	85338	90438	104059	111727	115809					—
111-2	111 Calls Answered in 60 Seconds %	78.20%	86.30%	61.50%	16.50%	48.70%	87.90%	93.50%	91.20%	84.00%	60.10%	66.60%	59.60%	55.40%	95.00%		—		▼
111-3	111 Calls Abandoned - (Offered) %	3.00%	1.90%	8.00%	50.20%	18.60%	1.40%	0.60%	1.00%	2.00%	9.70%	5.40%	6.30%	8.20%	6.00%		—		▼
111-4	111 to 999 Referrals (Answered Calls) %	15.10%	14.50%	12.70%	9.80%	11.90%	13.00%	13.80%	13.60%	12.40%	11.60%	11.80%	14.10%	13.90%					▲
111-4	999 Referrals	10672	8726	7960	5443	6734	8768	8443	8407	8864	7943	11110	12276	12384					▼
111-5	A&E Dispositions %	9.50%	10.70%	9.70%	6.00%	9.20%	11.60%	13.40%	13.80%	12.70%	12.10%	12.00%	13.40%	14.60%					▼
111-5	A&E Dispositions	6676	6443	6047	3316	5235	7795	8161	8544	9102	8320	11350	11718	12925					▼
999-10	999 Calls Answered	73898	65125	63620	77690	56319	54224	55915	62772	69541	64025	67031	62456	76806					—
999-10	Incidents	68798	65363	61110	64209	58064	60484	58653	61196	64489	61313	63644	62332	66615					—
999-1	999 Call Answer Mean	00:00:03	00:00:02	00:00:02	00:00:07	00:00:01	00:00:01	00:00:02	00:00:02	00:00:03	00:00:03	00:00:02	00:00:04	00:00:07	00:00:05		—		▼
999-1	999 Call Answer 90th Centile	00:00:01	00:00:01	00:00:01	00:00:12	00:00:01	00:00:01	00:00:01	00:00:01	00:00:02	00:00:01	00:00:01	00:00:01	00:00:01	00:00:10		+		●
999-2	Cat 1 Mean	00:07:55	00:07:36	00:07:43	00:07:52	00:07:05	00:07:00	00:07:31	00:07:38	00:07:53	00:07:42	00:07:33	00:07:35	00:08:23	00:07:00		—		▼
999-2	Cat 1 90th Centile	00:14:46	00:13:59	00:14:30	00:14:55	00:13:32	00:12:10	00:14:01	00:14:34	00:14:50	00:14:22	00:13:59	00:13:49	00:15:07	00:15:00		—		▼
999-3	Cat 1T Mean	00:09:49	00:09:22	00:09:26	00:09:25	00:08:28	00:07:59	00:08:59	00:09:18	00:09:43	00:09:20	00:09:20	00:09:06	00:10:16	00:19:00		+		▼
999-3	Cat 1T 90th Centile	00:18:19	00:17:14	00:17:44	00:17:32	00:15:38	00:14:31	00:16:40	00:17:51	00:17:38	00:17:40	00:17:41	00:16:48	00:18:48	00:30:00		+		▼
999-4	Cat 2 Mean	00:21:42	00:18:06	00:19:15	00:21:26	00:14:50	00:14:28	00:16:43	00:18:31	00:18:57	00:18:55	00:18:20	00:17:34	00:26:49	00:18:00		—		▼
999-4	Cat 2 90th Centile	00:41:32	00:34:10	00:36:29	00:41:02	00:27:32	00:26:58	00:31:02	00:34:56	00:34:57	00:35:28	00:33:41	00:32:19	00:51:55	00:40:00		—		▼
999-5	Cat 3 90th Centile	04:11:54	02:50:33	03:25:09	04:00:52	01:54:57	01:40:20	02:38:05	03:19:04	03:31:37	03:15:36	03:06:47	02:52:45	05:51:35	02:00:00		—		▼
999-6	Cat 4 90th Centile	05:21:05	03:33:38	04:46:32	04:56:30	02:42:46	02:14:44	03:30:44	04:40:05	05:01:24	04:50:26	04:28:26	03:56:04	07:42:55	03:00:00		—		▼
999-7	HCP 3 Mean	02:25:37	01:50:21	02:00:42	02:18:26	01:11:25	01:11:14	01:41:16	02:06:57	02:20:06	01:51:46	01:56:51	01:57:59	03:16:55					▼
999-7	HCP 3 90th Centile	05:34:57	03:53:48	04:09:57	04:59:29	02:43:28	02:40:50	03:39:26	04:20:06	05:01:43	04:10:32	03:52:35	03:52:54	06:45:20					▼
999-7	HCP 4 Mean	02:59:04	02:32:29	02:49:16	03:08:44	01:32:09	01:34:23	02:28:17	02:53:34	03:09:26	02:21:41	02:52:18	02:50:22	04:18:54					▼
999-7	HCP 4 90th Centile	05:43:16	05:44:15	05:44:04	07:17:56	03:50:42	04:00:58	05:23:41	06:15:50	06:29:29	05:33:15	05:23:36	05:19:06	07:46:24					▼
999-9	Hear & Treat %	6.70%	5.60%	6.50%	8.40%	6.70%	5.90%	6.30%	6.60%	7.20%	6.40%	6.20%	6.60%	8.60%	7.80%		+		▲
999-9	See & Treat %	31.70%	31.50%	31.80%	37.10%	42.40%	37.10%	34.60%	33.60%	33.80%	33.30%	33.40%	33.70%	36.30%	35.00%		+		▲
999-9	See & Convey %	61.60%	62.90%	61.70%	54.40%	50.90%	57.00%	59.10%	59.80%	59.00%	60.40%	60.40%	59.70%	55.10%	57.20%		+		▲

- Improving performance
- Deteriorating performance
- No change
- Aspirational metric
- Outperformed target
- Underperformed target
- On target
- Data not provided

Performance by Domain

Responsive: Performance Dashboard

Our services are organised so that they meet our patient's needs

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
999-10	CFR Attendances	1321	1185	1051	785	0	0	75	152	520	614	673	800	648					▼
999-10	FFR Attendances	398	427	261	243	144	180	192	171	201	171	190	224	175					▼
QS-4	Complaints Reporting Timeliness %	73.00%	72.00%	78.00%	90.00%	92.00%	86.00%	95.00%	95.00%	96.00%	83.00%	88.00%	95.00%	69.00%	95.00%		—		▼
QS-5	Number of Complaints	68	79	66	56	43	48	56	73	55	82	65	69	61					—
QS-6	Number of Compliments	148	213	187	197	169	168	191	224	177	208	167	182	140					—
QS-15	Complaints per 1000 999 Calls Answered							1.00	1.16	0.79	1.28	0.97	1.11	0.79					▲
QS-16	Compliments per 1000 999 Calls Answered							3.26	3.66	2.75	3.25	2.49	2.91	1.82					▼
QS-14	Learning from deaths: Number of Structured Judgment Reviews		20	20	20	20	20	20	20	20	20	20			20				—
QS-26	Learning from deaths: Number of SJRs showing harm																■	■	■
999-14	Time Spent in SMP 3 or Higher %	49.90%	15.00%	31.70%	43.90%	3.90%	0.60%	13.70%	29.10%	38.10%	27.90%	25.90%	20.50%	75.00%					▼
C-2	Number of BCIs							2	2	3	1	2	1	7	0		—		▼

- ▲

Improving performance
- ▼

Deteriorating performance
- No change
- Aspirational metric
- +

Outperformed target
- Underperformed target
- =

On target
- Data not provided



Performance by Domain

Well-Led: Performance Dashboard

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Plan	Vs Plan	Full Year Forecast	Full Year Forecast Vs Plan
F-1	Income (£000s) Month	£22455.50	£21049.40	£19410.00	£23188.60	£21877.40	£22787.20	£22394.00	£22042.20	£22557.10	£22396.50	£22430.00	£22133.40	£23376.60	£21813.50	£1563.10		
F-9	Income (£000s) YTD					£21877.40	£44664.60	£67058.20	£89100.40	£111657.50	£134054.00	£156484.00	£178617.40	£201994.00	£196181.90	£5812.10	£270893.00	£-1338.00
F-2	Operating Expenditure (£000s) Month	£20877.00	£20227.40	£19428.00	£22280.80	£21877.40	£22787.20	£22394.00	£22052.20	£22558.80	£22399.30	£23020.10	£23093.50	£24851.80	£21813.50	£3038.30		
F-10	Operating Expenditure (£000s) YTD					£21877.40	£44664.50	£67058.20	£89110.40	£111669.20	£134068.50	£157088.60	£180182.10	£205033.90	£196181.80	£8852.10	£277352.70	£1338.00
F-3	Capital Expenditure (£000s) Month	£1022.00	£851.01	£1012.00	£1859.99	£1262.00	£254.00	£862.00	£687.00	£1195.86	£1237.16	£834.38	£2343.59	£1080.59	£898.68	£181.91		
F-14	Capital Expenditure (£000s) YTD					£1262.00	£1516.00	£2377.53	£3064.27	£4260.13	£5497.30	£6331.68	£8675.27	£9755.85	£11501.77	£-1745.92	£18471.02	£-39.00
F-4	Cost Improvement Plan (CIP) (£000s) Month	£627.15	£574.85	£700.00	£776.00	£0.00	£0.00	£1022.00	£252.48	£147.52	£681.00	£71.00	£673.00	£18.00	£508.00	£-490.00		
F-13	Cost Improvement Plans (CIPS) (£000s) YTD					£0.00	£0.00	£1022.00	£1274.48	£1422.00	£2103.00	£2174.00	£2847.00	£2865.00	£3990.00	£-1125.00	£5515.00	£0
F-6	Surplus/Deficit (£000s) Month	£1578.50	£822.00	£-18.00	£907.80	£0.00	£0.10	£-0.10	£-10.00	£-2.00	£-2.80	£-590.10	£-960.10	£-1475.20	£0.00	£-1475.20	£-6459.70	£0
F-7	Cash Position (£000s) Month	£26136.00	£25758.00	£26577.00	£28326.00	£48150.00	£44676.00	£43742.00	£46283.00	£46647.00	£46862.00	£48231.00	£46275.00	£46819.00	£45597.00	£1222.00	£25504.00	£4394.00
F-8	Agency Spend (£000s) Month	£431.82	£356.12	£-145.00	£145.97	£231.94	£69.41	£285.00	£211.00	£175.00	£259.01	£84.98	£81.95	£205.95	£344.00	£-138.05		
F-16	Agency Spend (£000s) YTD					£231.94	£301.36	£586.27	£796.92	£971.79	£1230.81	£1315.79	£1398.74	£1603.68	£3303.00	£-1699.32	£3009.60	£1289.00

- ▲ Improving performance

▼ Deteriorating performance

● No change

■ Aspirational metric
- + Outperformed target

- Underperformed target

= On target

- Data not provided

# Performance by Domain

## Well-Led: Performance Dashboard

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture

ID	Metric	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Target	National Avg	Vs Target	Vs National Avg	Perf Direction
WF-5	Objectives & Career Conversation	49.60%	56.20%	61.30%	71.70%	5.40%	16.50%	22.90%	26.20%	31.70%	34.10%	36.70%	39.70%	41.60%	80.00%		-		▲
WF-7	Annual Rolling Turnover Rate	14.90%	15.60%	15.90%	15.80%	15.60%	14.80%	13.90%	13.40%	12.60%	11.90%	11.70%	11.10%	11.20%					▼
WF-8	Annual Rolling Sickness Absence	6.00%	5.70%	5.70%	5.80%	6.10%	6.00%	6.00%	5.90%	6.00%	6.10%	6.20%	6.30%	7.40%	5.00%		-		▼
WF-9	Disciplinary Cases	8	6	5	2	6	4	9	6	4	4	3	3	2					▲
WF-10	Individual Grievances	7	8	8	6	4	4	8	7	5	10	11	8	9					▼
WF-11	Collective Grievances	0	1	2	1	1	0	1	0	0	2	0	0	0					●
WF-12	Bullying & Harrassment Internal	4	2	1	2	2	1	2	2	5	3	3	5	1	0		-		▲
WF-13	Whistleblowing	0	0	0	0	0	0	0	0	0	0	0	0	0					●
WF-26	Vacancy Rate for Leadership Roles %																■	■	■
WF-28	Staff Affected by Restructures %																■	■	■
WF-29	Staff Acting Up/Secondments %										3.30%	2.50%							▬
WF-37	Diversity: Disability - declared %										3.40%	3.40%	3.40%	4.00%					▲
WF-38	Diversity: Disability - declined to declare %										46.30%	46.30%	47.90%	10.00%	0.00%		-		▲
WF-39	Diversity: Ethnicity - BAME %										5.30%	5.30%	5.30%	5.50%					▲
WF-27	First Line Managers who have had Leadership Training (Fundamentals) %							0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	100.00%		-		●
WF-18	Absence Relating to Mental Health %							12.10%	12.00%	12.10%	9.90%	10.80%	7.60%	5.30%					▲
WF-19	Absence Relating to MSK %							4.60%	2.80%	3.60%	3.60%	4.20%	3.60%	3.10%					▲
WF-25	Number of Wellbeing Hub Referrals								112	104	112	124	98	112					▬
WF-30	Time from referral to offered wellbeing appointment (days)											14	14	14					▬
999-15	999 Frontline Late Finishes/Over-Runs %							47.60%	51.10%	52.20%	50.60%	50.60%	50.10%	61.10%					▼
999-15	Average Late Finish/Over-Run Time							00:45:44	00:45:44	00:43:40	00:47:24	00:40:46	00:44:20	00:54:50					▼
999-16	Staff Successfully FIT-Tested %								93.90%	88.30%		90.50%		91.30%	100.00%		-		▬
999-21	Provided Bank Hours %							2.90%	2.80%	2.80%	3.00%	2.80%	2.30%	5.60%					▬

- ▲

 Improving performance
- ▼

 Deteriorating performance
- No change
- Aspirational metric
- +

 Outperformed target
- Underperformed target
- =

 On target
- Data not provided

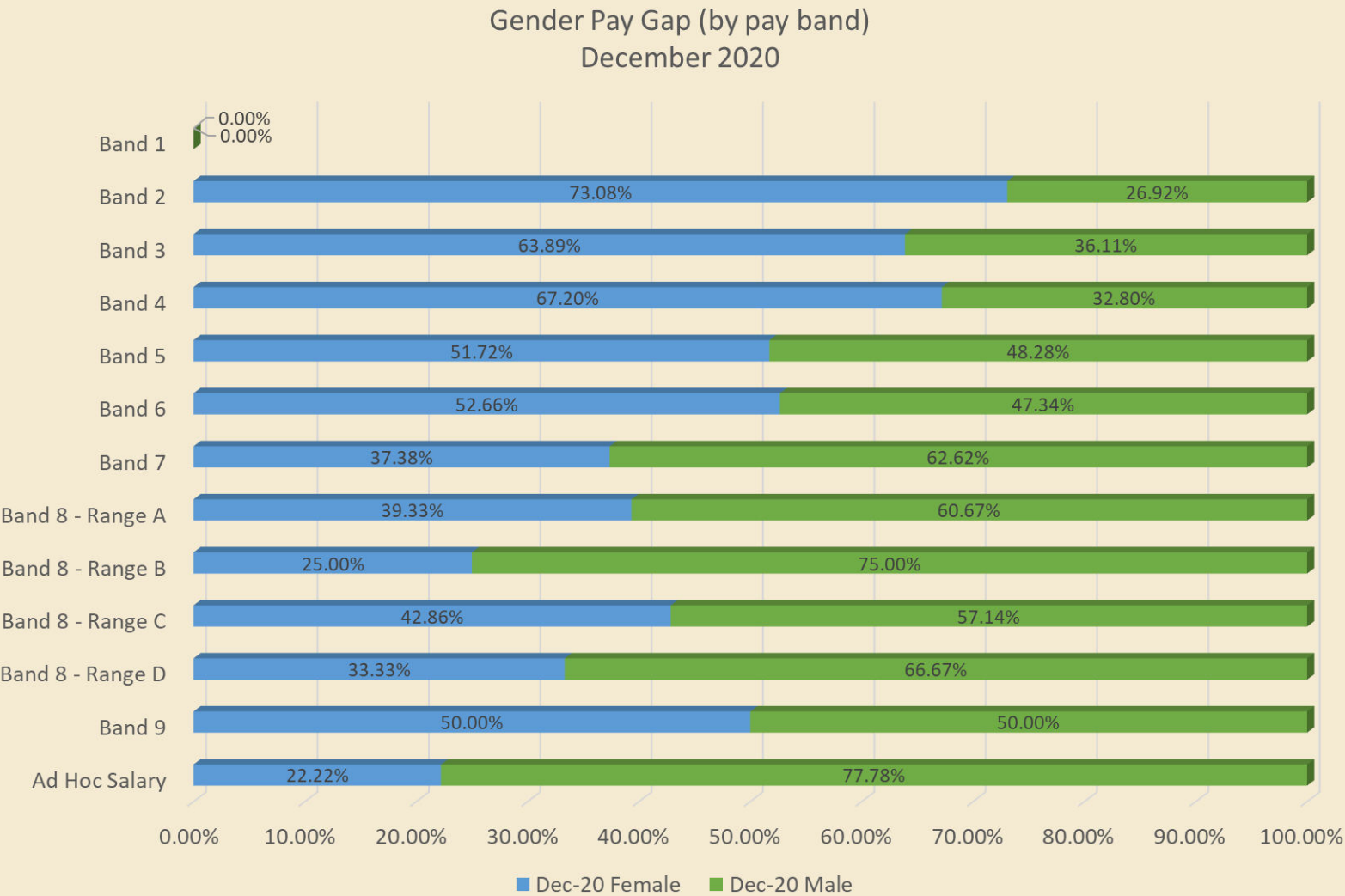




Performance by Domain

Well-Led: Gender Pay Gap by Pay Band – December 2020

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture



# National Benchmarking

## 999 Emergency Ambulance Service (December 2020)

Key indicators at a glance for December 2020

Primary Triage Software			EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
SECamb			NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	AMPDS	NHS Pathways	AMPDS
999 Call Answer	ENG	SECamb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Call Answer Time	00:00:32	00:00:14	00:00:05	00:00:04	00:00:15	00:02:13	00:00:14	00:00:01	00:00:07	00:00:03	00:00:00	00:00:20
Calls Answered	760820	76806	72799	69855	1635	151863	31661	99802	44722	77649	83102	50926
Mean Call Answer Time	00:00:11	00:00:07	00:00:04	00:00:04	00:00:06	00:00:38	00:00:07	00:00:02	00:00:09	00:00:04	00:00:00	00:00:08
Incident Proportions (Over All Incidents)	ENG	SECamb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
All Incidents	766487	66619	82784	68731	2349	114174	36096	99059	55175	76216	96769	68515
C1 Incidents %	7.97%	6.50%	7.84%	8.97%	6.30%	7.31%	7.15%	8.55%	6.87%	11.01%	7.39%	7.67%
C2 Incidents %	53.34%	56.72%	56.45%	57.33%	44.83%	57.70%	56.58%	51.77%	44.24%	51.81%	46.44%	54.64%
C3 Incidents %	22.14%	24.70%	17.38%	18.67%	32.44%	17.41%	19.00%	19.27%	30.95%	22.94%	32.86%	19.08%
C4 Incidents %	1.07%	0.42%	0.38%	0.21%	1.45%	0.88%	1.19%	2.67%	1.89%	0.52%	1.72%	0.33%
Incident Outcomes	ENG	SECamb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Hear & Treat %	8.95%	8.61%	10.97%	9.56%	7.24%	12.53%	8.85%	9.17%	10.15%	5.22%	4.95%	8.93%
See & Convey %	51.88%	53.66%	52.07%	51.75%	57.98%	49.70%	54.29%	54.25%	48.90%	51.40%	50.01%	54.35%
See & Treat %	34.25%	36.27%	34.60%	33.10%	34.10%	34.30%	28.78%	29.70%	35.95%	39.17%	38.87%	29.08%
Response Performance	ENG	SECamb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
90th Centile Response Time: C1	00:13:18	00:15:07	00:13:31	00:13:15	00:15:30	00:12:24	00:11:32	00:12:44	00:12:16	00:15:15	00:12:07	00:13:54
90th Centile Response Time: C2	00:59:37	00:51:55	00:56:15	00:54:40	00:42:36	01:48:03	01:05:34	00:55:49	00:37:47	00:55:19	00:28:01	00:50:47
90th Centile Response Time: C3	03:14:55	05:51:35	03:32:40	03:14:50	03:23:08	04:12:09	04:18:28	03:02:47	02:23:34	03:09:41	01:50:30	02:34:31
90th Centile Response Time: C4	04:33:56	07:42:55	03:56:00	03:04:24	04:15:10	06:34:32	03:14:51	05:54:57	03:09:56	03:56:55	02:25:19	03:45:37
Mean Response Time: C1	00:07:33	00:08:23	00:07:18	00:07:25	00:08:38	00:07:30	00:06:35	00:07:36	00:06:37	00:08:16	00:06:57	00:08:03
Mean Response Time: C2	00:27:51	00:26:49	00:26:36	00:26:42	00:21:56	00:44:45	00:32:04	00:26:29	00:19:02	00:27:02	00:14:46	00:24:03

Best placed to care, the best place to work





## National Benchmarking 999 Emergency Ambulance Service Clinical Outcomes (December 2020)

Key indicators at a glance for December 2020

Cardiac Arrest ▲	ENG	SECamb	EEAS	EMAS	IOW	LAS	NEAS	NWAS	SCAS	SWAS	WMAS	YAS
Proportion of cardiac arrests discharged alive %	10.16%	6.60%	11.02%	6.05%	0.00%	7.42%		9.39%	13.59%	13.62%	11.07%	13.48%
Proportion of cardiac arrests discharged alive utstein %	28.93%	18.60%	45.71%	25.00%	0.00%	26.19%		30.77%	28.95%	36.59%	26.92%	24.32%
Proportion who had ROSC on arrival at hospital %	29.41%	24.42%	25.58%	19.72%	0.00%	36.15%	37.32%	30.47%	27.49%	33.20%	26.87%	33.33%
Proportion who had ROSC on arrival at hospital utstein %	52.98%	47.73%	64.86%	41.38%	0.00%	57.41%	64.71%	55.56%	52.50%	52.38%	43.40%	52.50%

## National Benchmarking NHS 111 Service (December 2020)

Key indicators at a glance for December 2020

Metric ▼	SECamb	Care UK	Devon Doctors	DHC	DHU	HUC	IC24	IOW	Kernow Health	LAS	LCW	Medvivo	NEAS	NWAS	SCAS	Vocare	WMAS	YAS
Calls Answered in 60 secs %	46.84%	83.91%	77.83%	56.60%	89.35%	77.17%	74.63%	79.12%	63.94%	59.83%	76.80%	61.06%	56.09%	64.77%	51.63%	61.33%	75.03%	92.76%
Abandoned Calls %	8.24%	3.00%	6.05%	9.08%	0.18%	3.44%	2.43%	5.37%	5.54%	5.84%	3.41%	6.13%	9.50%	5.29%	10.90%	6.07%	2.36%	0.34%
111 to A&E Transfer %	13.16%	9.96%	6.69%	10.05%	5.00%	3.89%	7.22%	13.68%	9.98%	11.73%	12.18%	8.56%	10.35%	10.30%	6.04%	8.56%	8.52%	13.06%
111 to 999 Transfer %	12.64%	14.13%	12.21%	13.42%	12.38%	7.68%	13.89%	12.16%	8.44%	9.26%	11.41%	11.35%	14.87%	11.99%	11.16%	11.30%	11.93%	11.19%





# Appendix 1

## Performance Charts

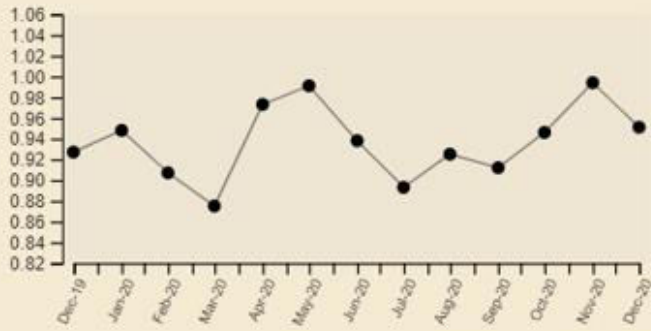
Performance by Domain

Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

999-12

999 Frontline Hours Provided %



December 2020

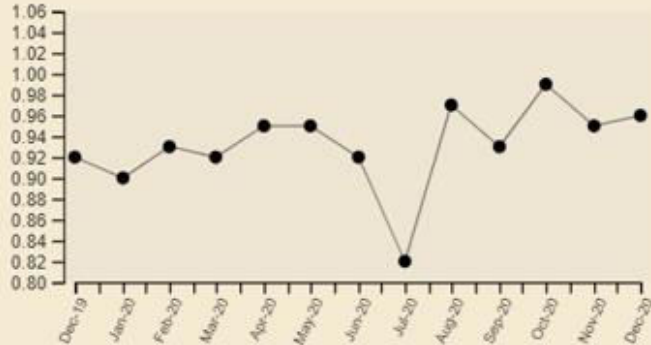
95.10%

Target

100.00%

QS-7

Hand Hygiene Compliance %



December 2020

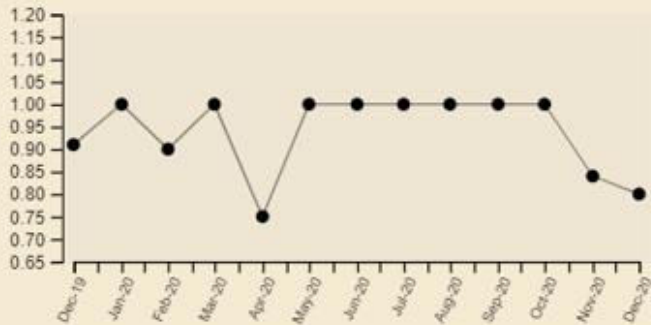
96.00%

Target

95.00%

QS-3

Duty of Candour Compliance %



December 2020

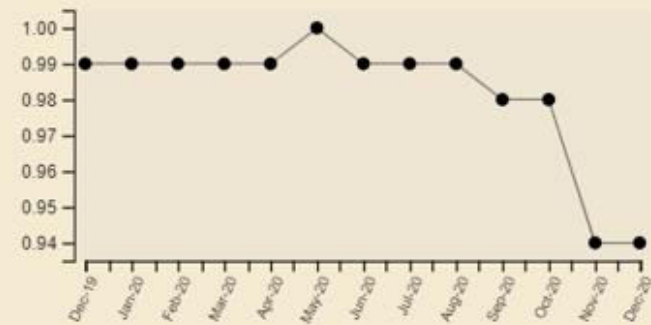
80.00%

Target

100.00%

MM-7

Medicines Management % of Audits Completed



December 2020

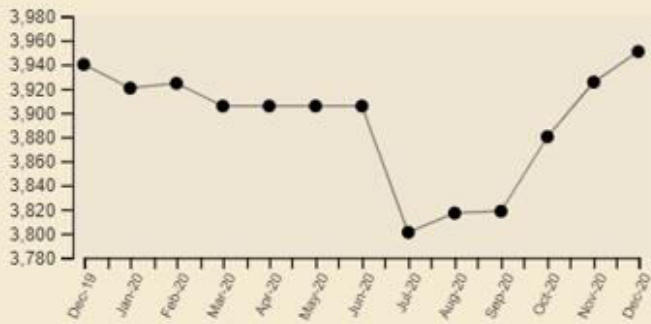
94.00%

Target

100.00%

WF-3

Finance Establishment (WTE)



December 2020

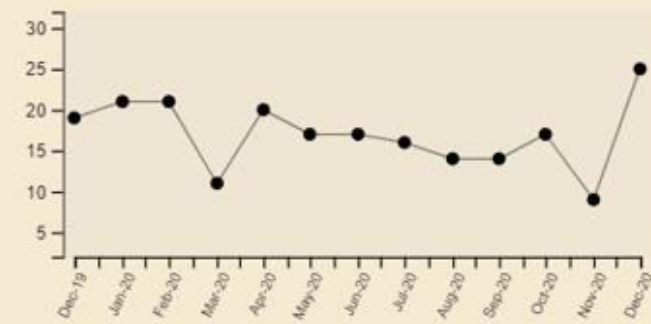
3950

Target

N/A

MM-5

Number of CD Breakages



December 2020

25

Target

N/A



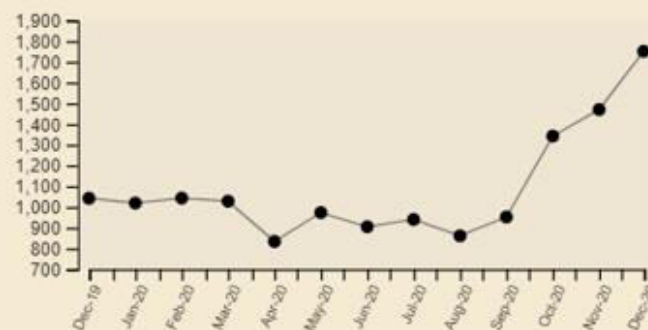
## Performance by Domain

### Safe: Performance Charts

We protect our patients and staff from abuse and avoidable harm

#### QS-1

Number of Datix Incidents



December 2020

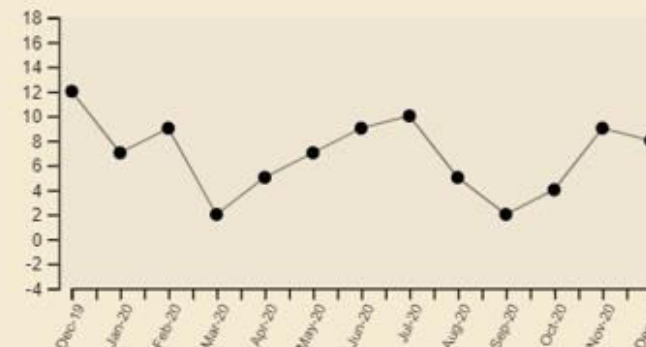
1751

Target

N/A

#### QS-2

Number of Incidents Reported as SIs



December 2020

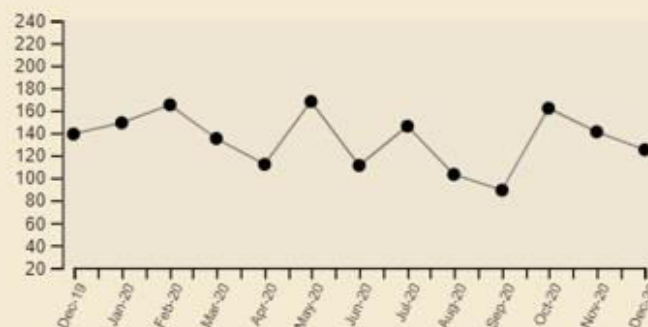
8

Target

N/A

#### MM-1

Number of Medicines Incidents



December 2020

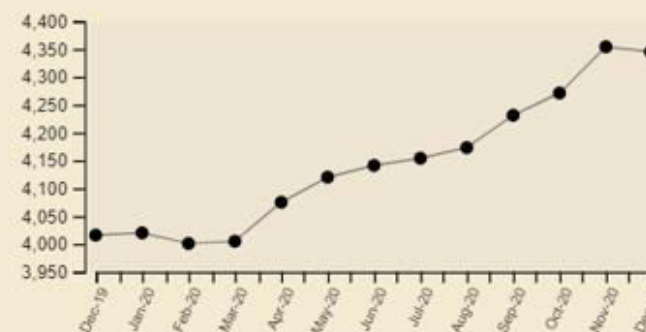
125

Target

N/A

#### WF-2

Number of Staff Headcount (Excl bank and agency)



December 2020

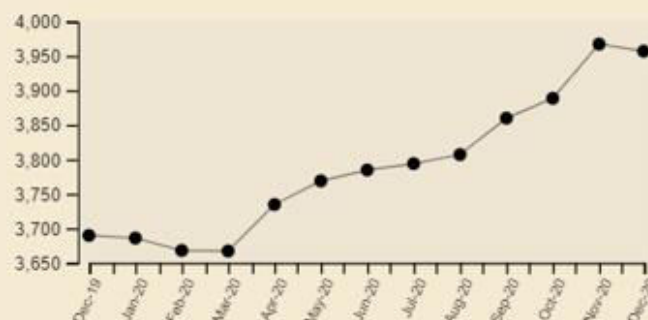
4345

Target

N/A

#### WF-1

Number of Staff WTE (Excl bank and agency)



December 2020

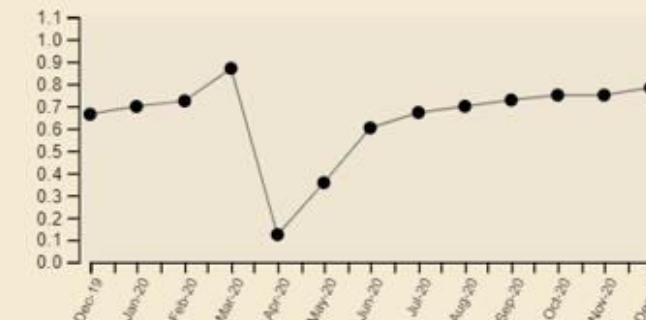
3956

Target

N/A

#### QS-8

Safeguarding Training Completed (Children) Level 2 %



December 2020

78.20%

Target

95.00%

Best placed to care, the best place to work



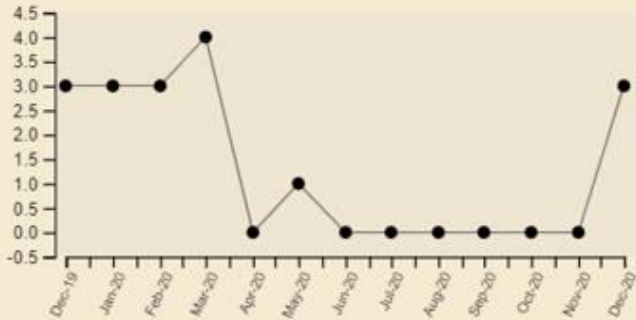


# Performance by Domain

## Safe: Performance Charts

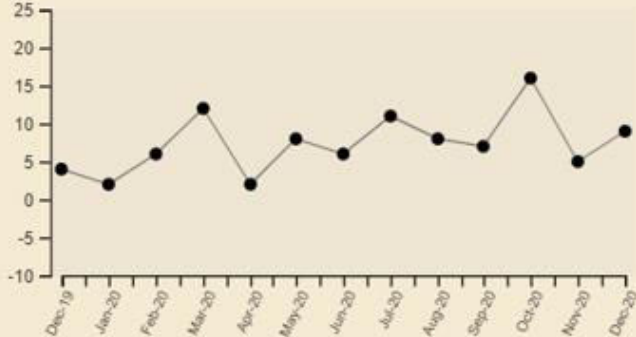
We protect our patients and staff from abuse and avoidable harm

**MM-4**  
Single  
Witness  
Signature  
Use CDs  
Non-Omniceil



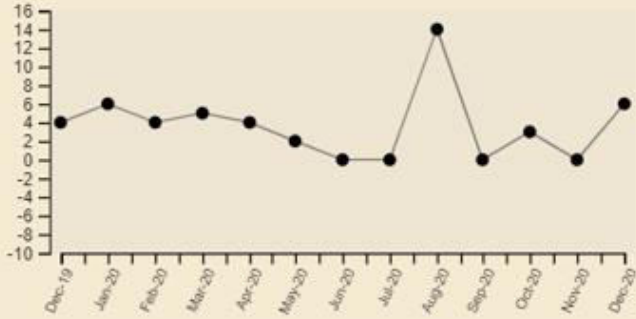
December 2020
3
Target
N/A

**QS-9**  
Number of  
RIDDOR  
Reports



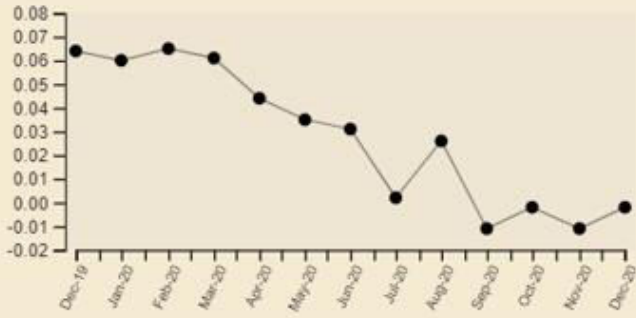
December 2020
9
Target
N/A

**MM-3**  
Single  
Witness  
Signature  
Use CDs  
Omnicell



December 2020
6
Target
N/A

**WF-4**  
Vacancy Rate  
%

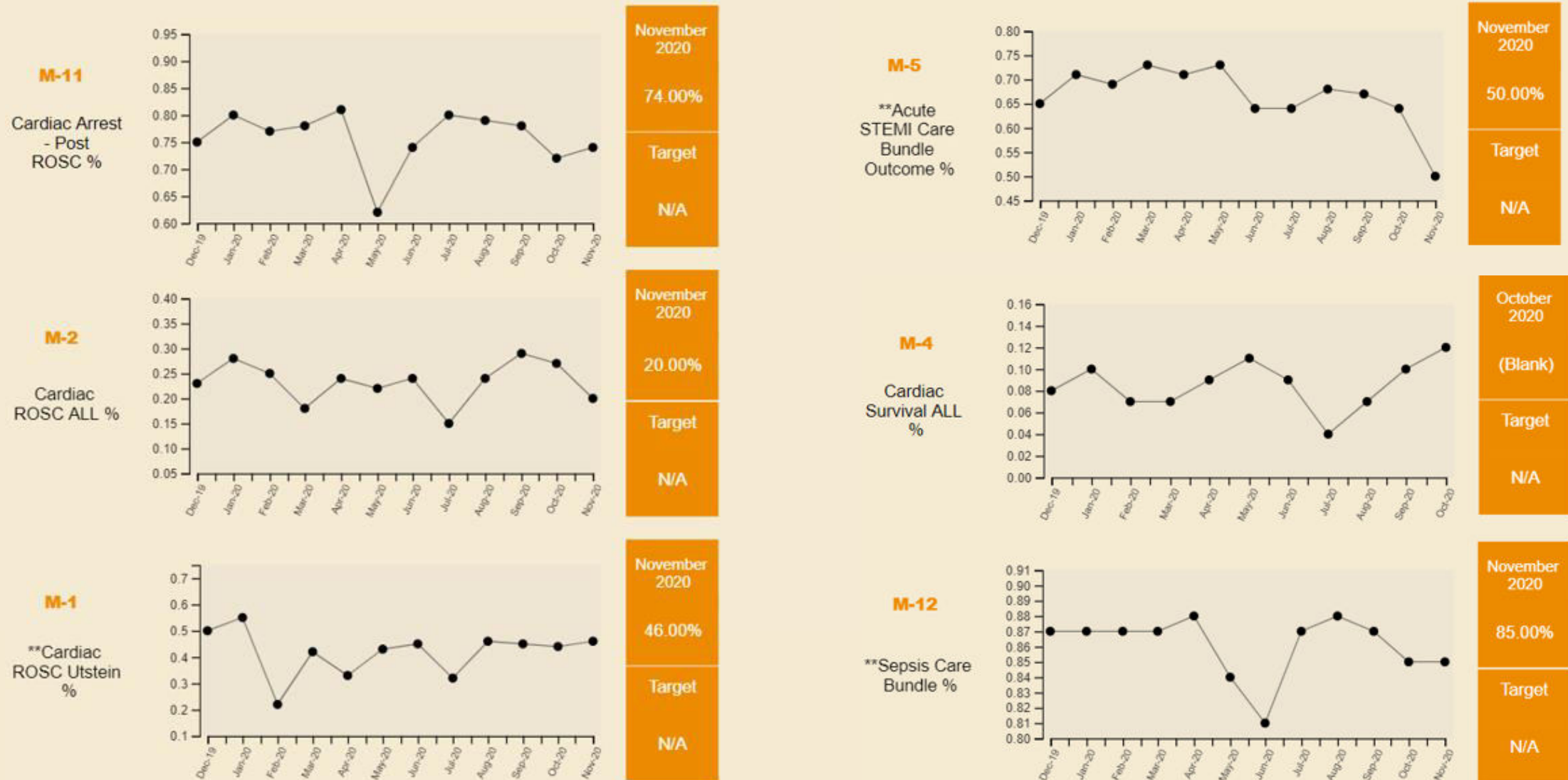


December 2020
-0.20%
Target
N/A

## Performance by Domain

### Effective: Performance Charts

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence



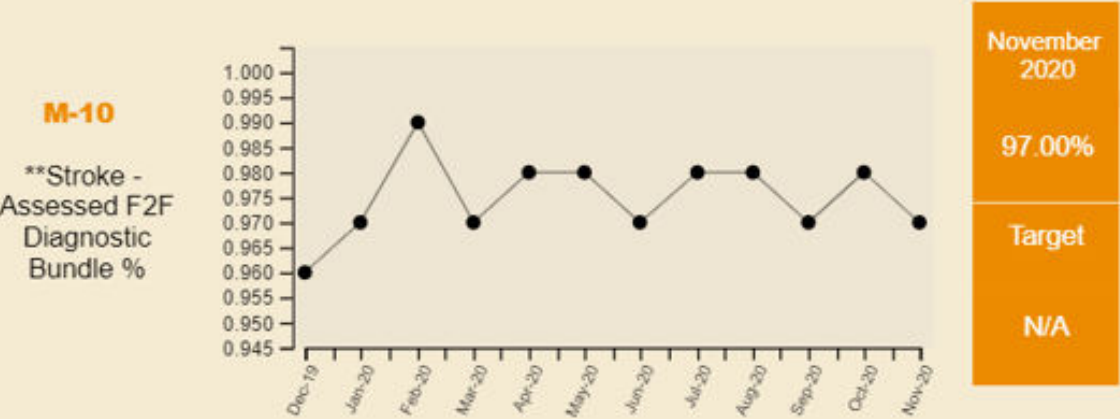
Best placed to care, the best place to work



# Performance by Domain

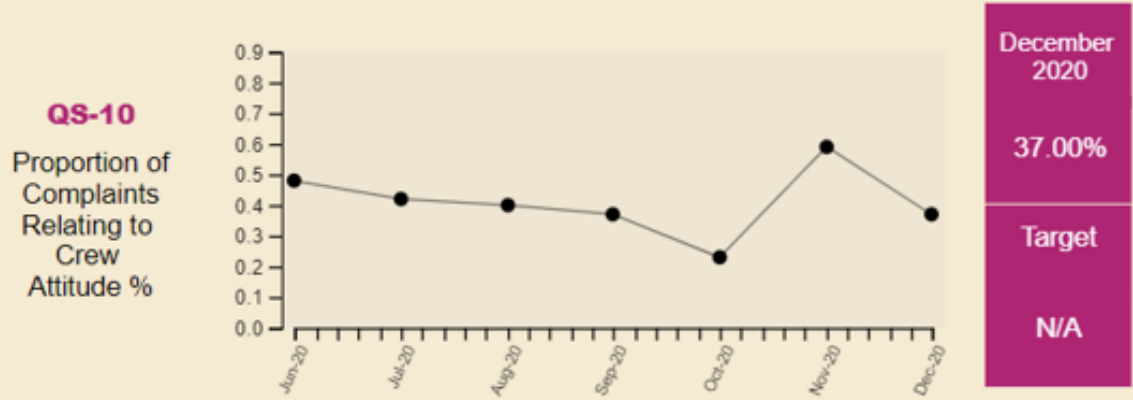
## Effective: Performance Charts

Our care, treatment and support achieves good outcomes, helps our patients to maintain quality of life and is based on the best available evidence



Performance by Domain  
Caring: Performance Charts

Our staff involve and treat our patients with compassion, kindness, dignity and respect

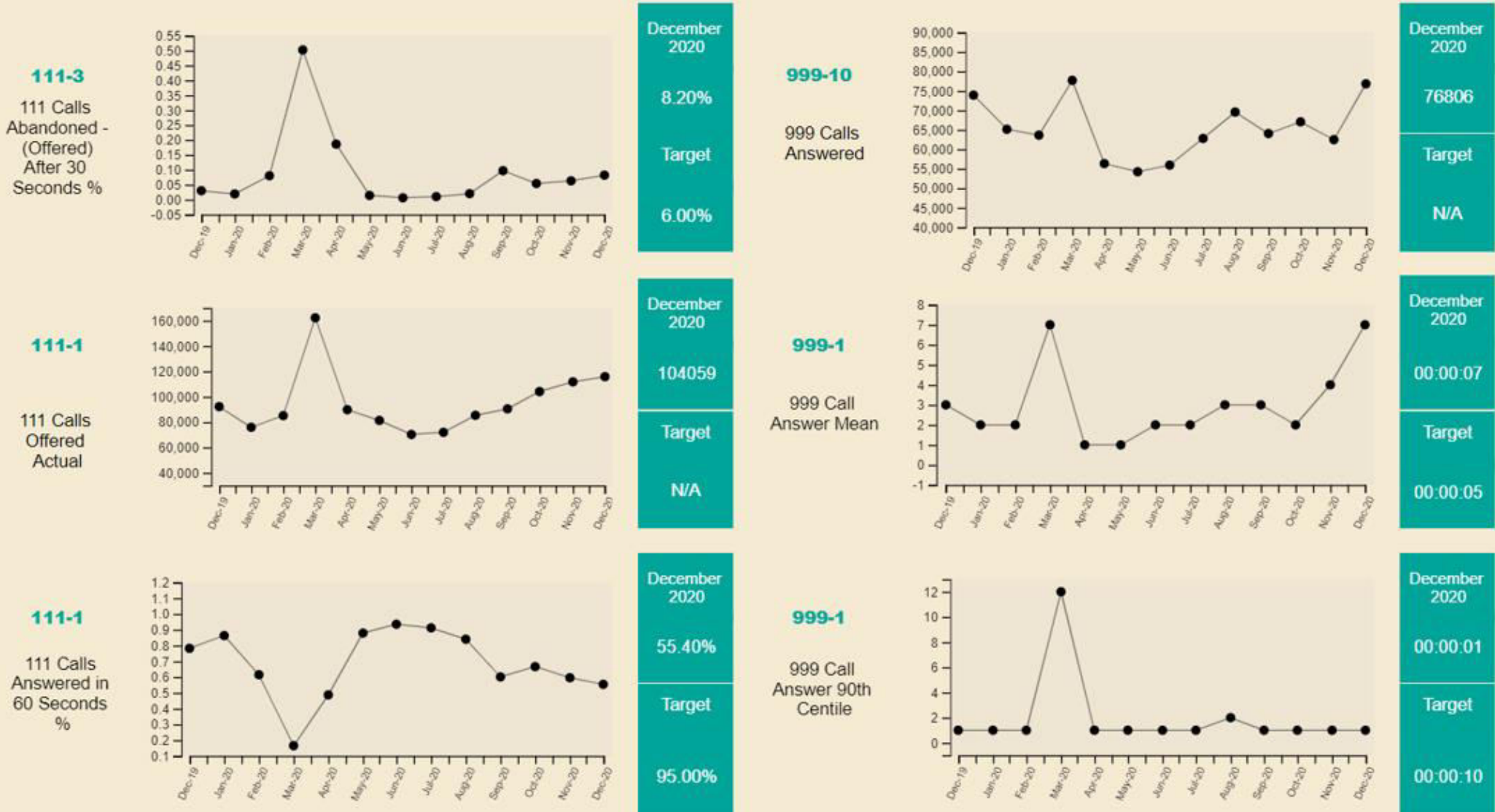




# Performance by Domain

## Responsive: Performance Charts

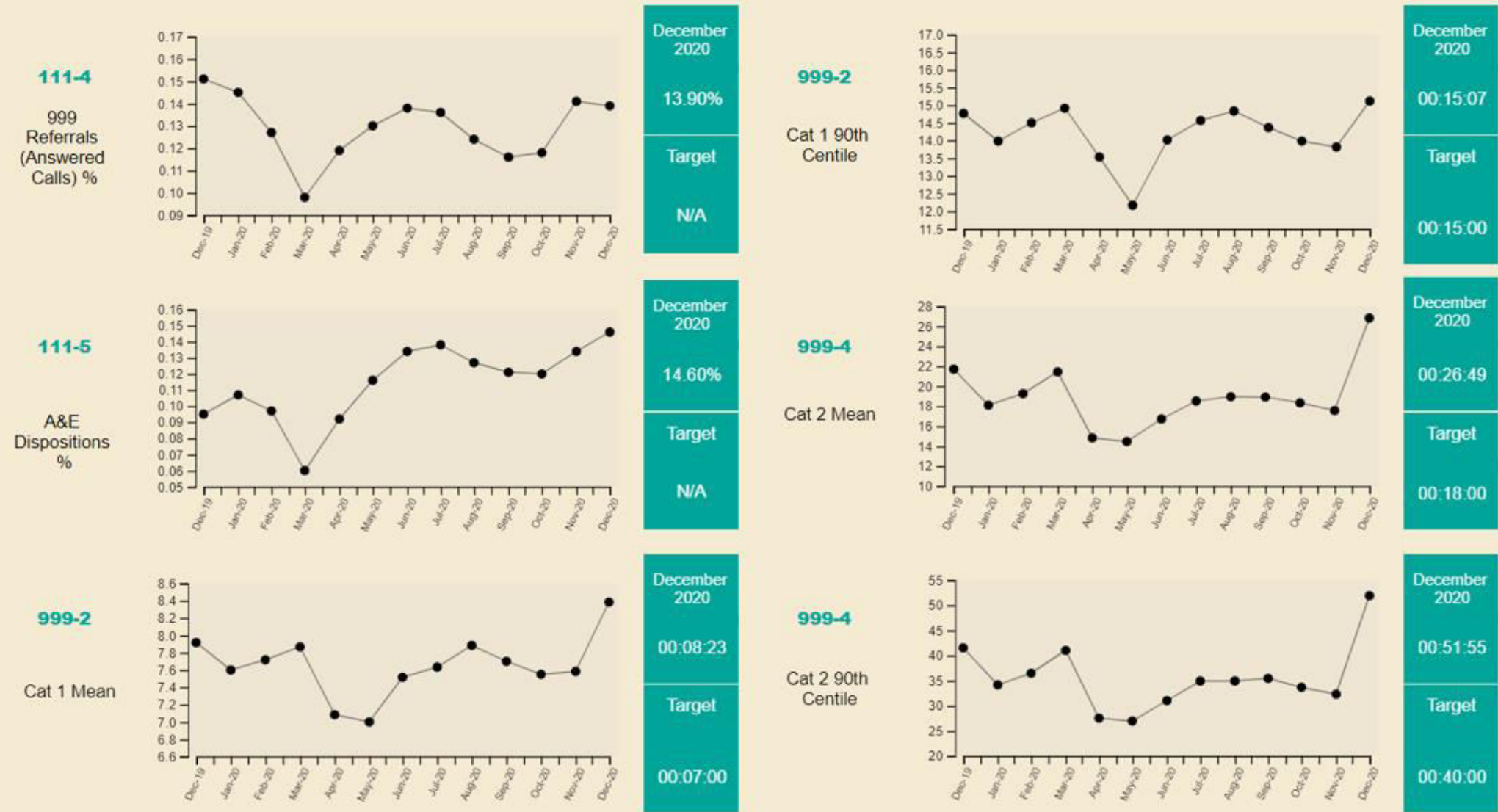
Our services are organised so that they meet our patient's needs



# Performance by Domain

## Responsive: Performance Charts

Our services are organised so that they meet our patient's needs



111-5

A&E Dispositions %

Month	Value
Dec-19	0.095
Jan-20	0.108
Feb-20	0.098
Mar-20	0.060
Apr-20	0.092
May-20	0.115
Jun-20	0.135
Jul-20	0.140
Aug-20	0.128
Sep-20	0.120
Oct-20	0.118
Nov-20	0.135
Dec-20	0.148

December 2020

14.60%

Target

N/A

999-4

Cat 2 Mean

Month	Value
Dec-19	22.0
Jan-20	18.0
Feb-20	19.5
Mar-20	21.5
Apr-20	15.0
May-20	14.5
Jun-20	16.5
Jul-20	18.5
Aug-20	19.0
Sep-20	19.0
Oct-20	18.5
Nov-20	17.5
Dec-20	27.0

December 2020

00:26:49

Target

00:18:00

999-2

Cat 1 Mean

Month	Value
Dec-19	7.9
Jan-20	7.6
Feb-20	7.7
Mar-20	7.8
Apr-20	7.1
May-20	7.0
Jun-20	7.5
Jul-20	7.6
Aug-20	7.8
Sep-20	7.7
Oct-20	7.5
Nov-20	7.6
Dec-20	8.4

December 2020

00:08:23

Target

00:07:00

999-4

Cat 2 90th Centile

Month	Value
Dec-19	42.0
Jan-20	34.0
Feb-20	36.0
Mar-20	41.0
Apr-20	27.0
May-20	26.0
Jun-20	31.0
Jul-20	35.0
Aug-20	35.0
Sep-20	35.0
Oct-20	33.0
Nov-20	32.0
Dec-20	52.0

December 2020

00:51:55

Target

00:40:00

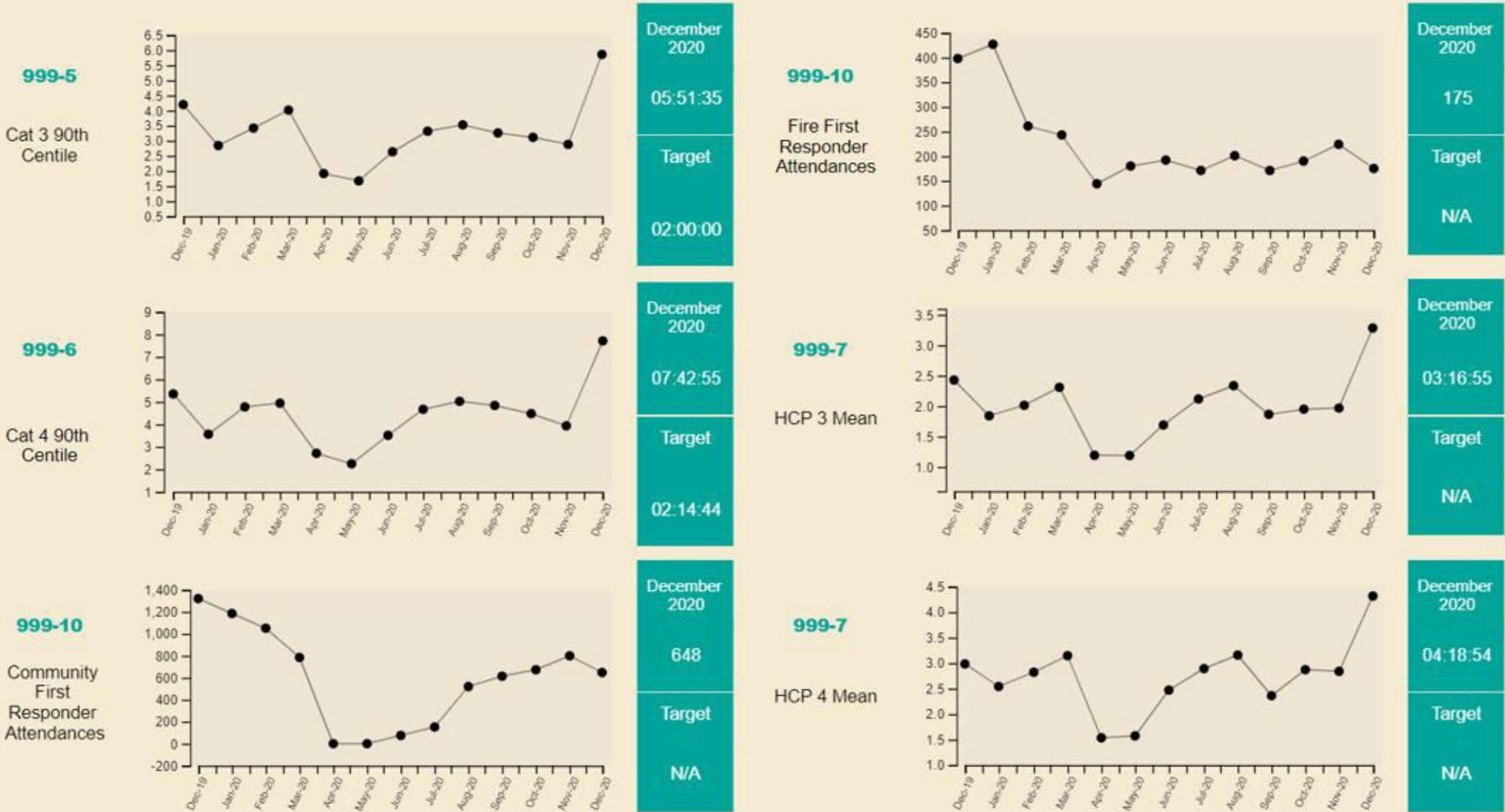




Performance by Domain

Responsive: Performance Charts

Our services are organised so that they meet our patient's needs



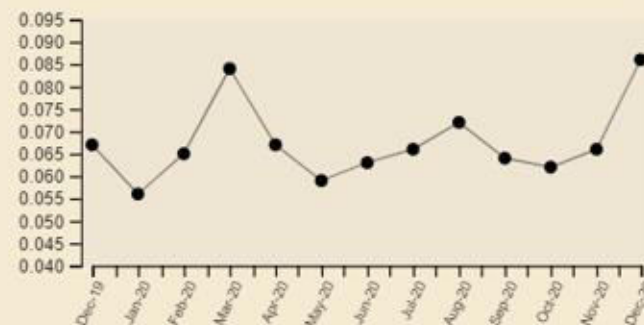
## Performance by Domain

### Responsive: Performance Charts

Our services are organised so that they meet our patient's needs

999-9

Incident Outcome Hear & Treat %



December 2020

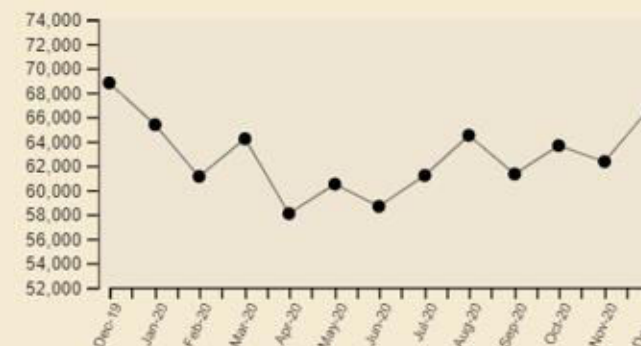
8.60%

Target

N/A

999-10

Incidents A7



December 2020

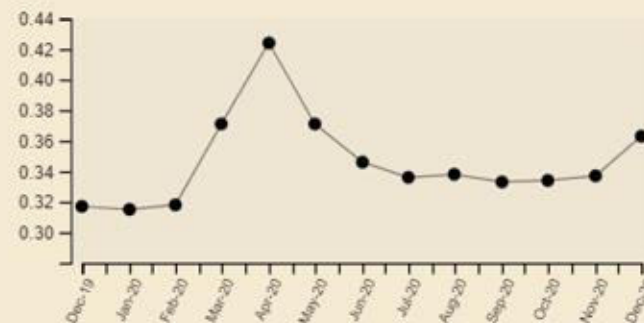
66615

Target

N/A

999-9

Incident Outcome See & Treat %



December 2020

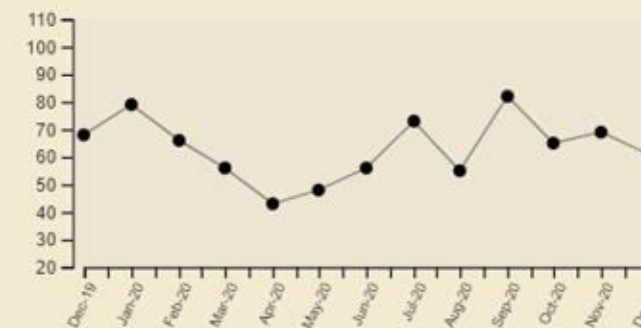
36.30%

Target

N/A

QS-5

Number of Complaints



December 2020

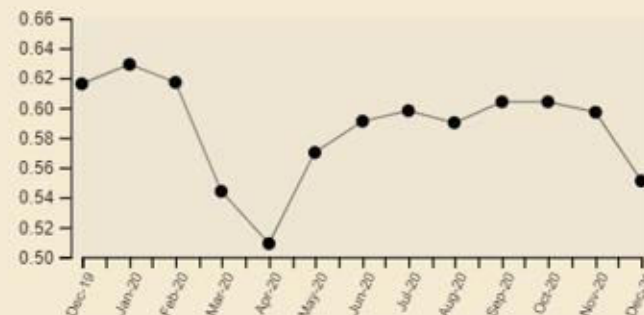
61

Target

N/A

999-9

Incident Outcome See & Convey %



December 2020

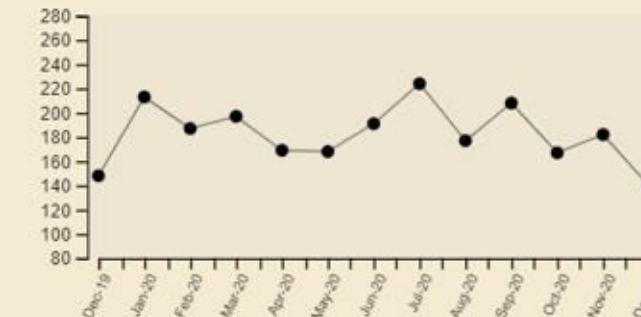
55.10%

Target

N/A

QS-6

Number of Compliments



December 2020

140

Target

N/A

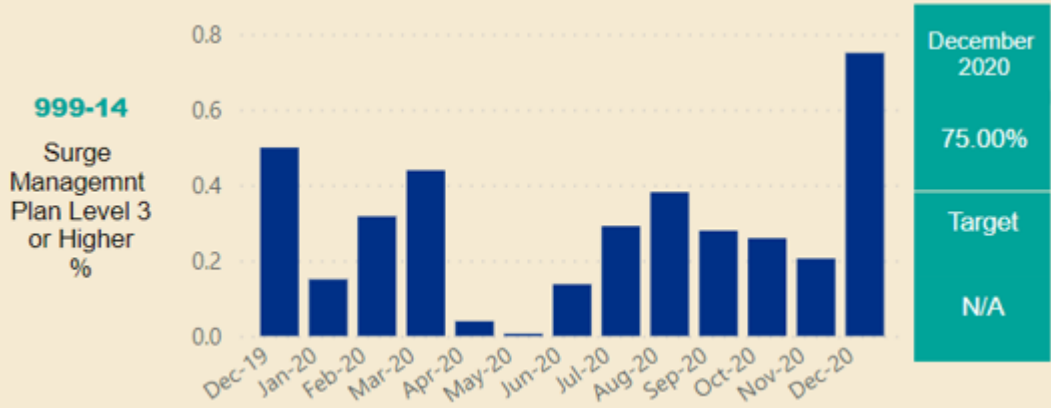
Best placed to care, the best place to work



# Performance by Domain

## Responsive: Performance Charts

Our services are organised so that they meet our patient's needs





Performance by Domain

Well-Led: Performance Charts

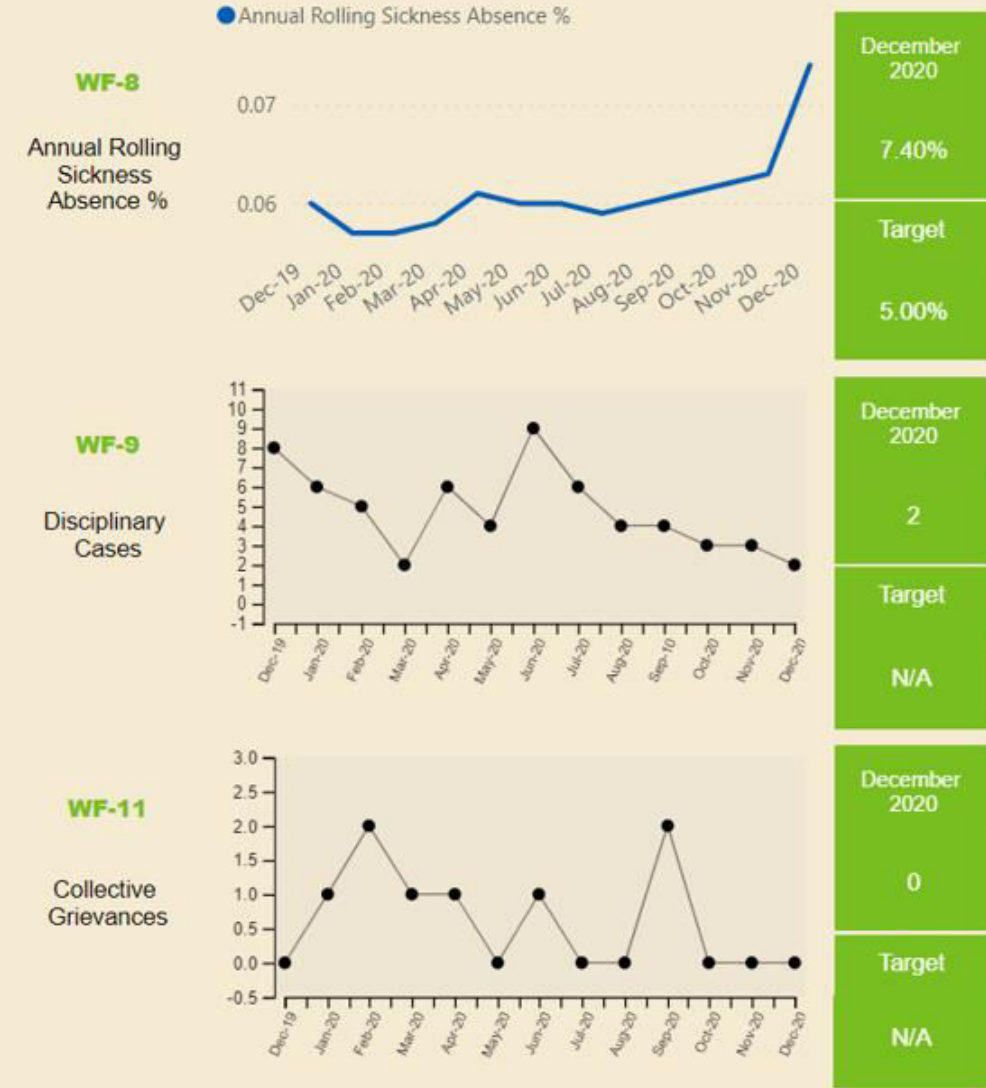
Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture



# Performance by Domain

## Well-Led: Performance Charts

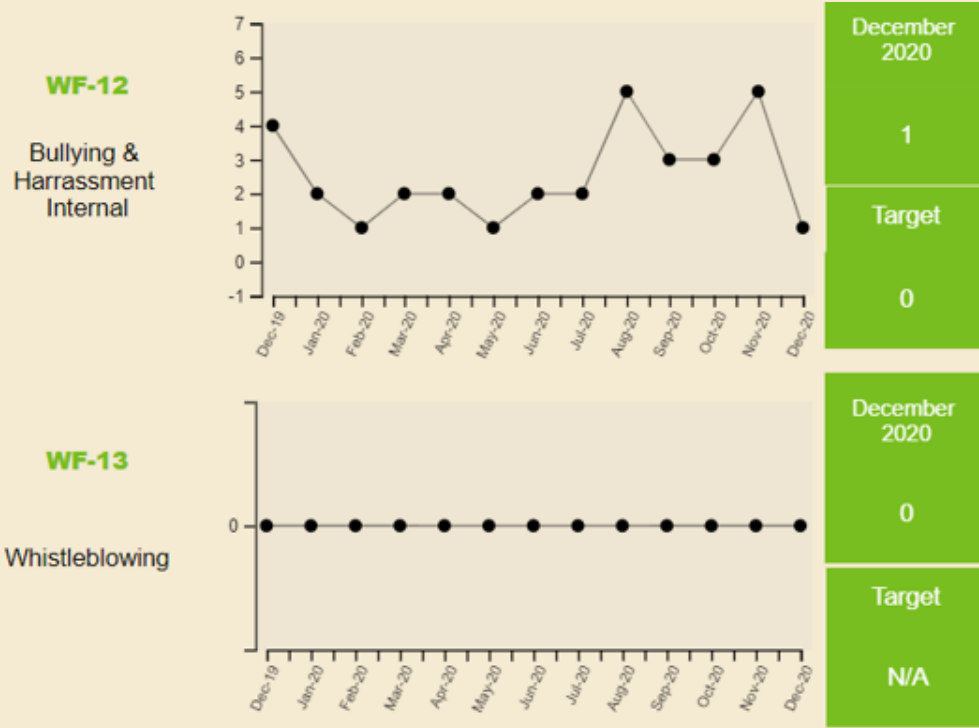
Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture



# Performance by Domain

## Well-Led: Performance Charts

Our leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs. It encourages learning and innovation and that it promotes an open and fair culture














Glossary

<b>A&amp;E</b>	Accident & Emergency Department	<b>F2F</b>	Face to Face	<b>Transports</b>	AQI (A53 + A54)
<b>AQI</b>	Ambulance Quality Indicator	<b>FFR</b>	Fire First Responder	<b>ReSPECT</b>	Recommended Summary Plan for Emergency Care and Treatment
<b>Cat</b>	Category (999 call acuity 1-4)	<b>HCP</b>	Healthcare Professional	<b>TIA</b>	Transient Ischaemic Attack (mini-stroke)
<b>CAS</b>	Clinical Assessment Service	<b>ICS</b>	Integrated Care System	<b>WTE</b>	Whole Time Equivalent (staff members)
<b>CD</b>	Controlled Drug	<b>Incidents</b>	AQI (A7)		
<b>CFR</b>	Community First Responder	<b>JCT</b>	Job Cycle Time		
<b>CPR</b>	Cardiopulmonary resuscitation	<b>MSK</b>	Musculoskeletal conditions		
<b>CQC</b>	Care Quality Commission	<b>NHSE/I</b>	NHS England/Improvement		
<b>CQUIN</b>	Commissioning for Quality & Innovation	<b>Omnicell</b>	Secure storage facility for medicines		
<b>Datix</b>	Our incident and risk reporting software	<b>PAD</b>	Public Access Defibrillator		
<b>DBS</b>	Disclosure and Barring Service	<b>RIDDOR</b>	Reporting of Injuries Diseases and Dangerous Occurrences Regulations		
<b>DNACPR</b>	Do Not Attempt CPR	<b>ROSC</b>	Return of spontaneous circulation		
<b>ECAL</b>	Emergency Clinical Advice Line	<b>SI</b>	Serious Incident		
<b>ED</b>	Emergency Department	<b>STEMI</b>	ST-Elevation Myocardial Infarction		

Symbol Key				Ambulance Call Categories (Ambulance Response Programme)	
PD	Performance Direction			Category	
▲	Improving performance			Cat 1	Calls from people with life-threatening illnesses or injuries – such as cardiac arrest
▼	Deteriorating performance			Cat 2	Emergency calls – serious conditions such as stroke or chest pain
●	No change			Cat 3	Urgent calls – conditions which require treatment and transport to hospital
■	Aspirational metric			Cat 4	Less urgent calls – stable cases which require transport to hospital or a clinic
+	Outperformed target				
-	Underperformed target				
=	On target				
-	Data not provided				

Chart Key

 Data Point	This represents the value being measured on the chart.	 AVG	This line represents the average of all values within the chart.	 Above UCL	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.
				 Below LCL	
 Target	The target is either an internal or National target to be met.	 Upper Control Limit	These lines are set two standard deviations above and below the average.	 Run of 8 improving against average	These points will show on a chart when the value is above or below the average for 8 consecutive points. This is seen as statistically significant and an area that should be reviewed.
		 Lower Control Limit		 Run of 8 deteriorating against average	



# Independent auditor's report

## to the Council of Governors of South East Coast Ambulance Service NHS Foundation Trust

### REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

#### 1. Our opinion is unmodified

We have audited the financial statements of South East Coast Ambulance Service NHS Foundation Trust ("the Trust") for the year ended 31 March 2020 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note one.

#### In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2020 and the Department of Health and Social Care Group Accounting Manual 2020.

#### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

#### Overview

**Materiality:** £4.8m (2019:£4.4m)  
financial statements as a whole 2% (2019: 2%) of revenue

#### Risks of material misstatement vs 2019

Recurring risks	Valuation of land and buildings	◀▶
	Expenditure recognition	◀▶
	Revenue recognition	◀▶

## 2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows

	The risk	Our response
<b>Valuation of land and buildings</b> £35.1m (2019: £35.6m) <i>Refer to page 196 Annual report (Audit Committee Report), page 16 (accounting policy) and page 34 (financial disclosures)</i>	<b>Subjective valuation</b> <p>Land and buildings are required to be maintained at up to date estimates of year-end market value in existing use (EUV) for non- specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost (DRC) of a modern equivalent asset that has the same service potential as the existing property (MEAV).</p> <p>There is significant judgement involved in determining the appropriate basis (EUV or MEAV) for each asset according to the degree of specialisation, as well as over the assumptions made in arriving at the valuation, such as the condition of the asset.</p> <p>The Trust's accounting policy requires revaluations of land and buildings to be performed with sufficient regularity, and at a minimum every five years, to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period.</p> <p>The Trust holds land assets with a value of £5.93m and buildings with a value of £29.2m as at 31 March 2020.</p> <p>The last full revaluation took place as at 31 March 2017. The Trust has performed its own desktop review for the year ended 31 March 2020 taking into account published indices and movements over the period since the last full revaluation as well as known changes to the estates through additions, disposals and capital improvement works.</p> <p>Valuations are inherently judgmental therefore our work focused on whether the Trust's methodology and assumptions were appropriate and correctly applied.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> <li>— <b>Methodology choice:</b> We assessed the assumptions applied by management in developing the valuation for the Trust's land and buildings to assess their appropriateness.</li> <li>— <b>Methodology choice;</b> We considered the revaluation basis and assessed the adequacy of the valuation index and benchmarks used by the Trust.</li> <li>— <b>Test of detail:</b> We considered the impairment assessment completed by the Trust regarding its land and buildings.</li> <li>— <b>Test of detail:</b> We considered the appropriateness of the accounting treatment applied by the Trust when recognising revaluation movements.</li> <li>— <b>Test of detail:</b> We considered the appropriateness of the classification of assets groupings and how this impacted on the application of valuation index and benchmarks used by the Trust.</li> </ul> <p><b>Our findings</b></p> <p>We found the resulting valuation of land and buildings to be balanced. This is consistent with our prior year findings.</p>

	The risk	Our response
<p><b>Recognition of non-pay operating expenditure and accruals</b></p> <p>£250.1m (2019: £245.7m)</p> <p><i>Refer to page 196 Annual report (Audit Committee Report), page 15 (accounting policy) and page 27 (financial disclosures)</i></p>	<p><b>Effects of irregularities</b></p> <p>As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition is considered as significant a risk as that of the fraud related to revenue recognition. There is a risk that the Trust may manipulate expenditure to meet externally set targets and we had regard to this when planning and performing our audit procedures.</p> <p>Expenditure with NHS England and other NHS organisations is captured through the (AoB) exercise performed at the year end which confirms amounts paid and owed. Mismatches in expenditure and payables are identified by the Trust and its counterparties that require review and resolution. Mismatches that cannot be resolved may result in an adjustment or may be formally disputed.</p> <p>This risk does not apply to all expenditure in the period. The incentives for fraudulent expenditure recognition relate to achieving financial targets and the key risks relate to the appropriate recognition of creditors and accrued non-pay expenditure at year-end.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> <li>— <b>Test of controls:</b> We tested controls over segregation of duties between those responsible for monitoring budgets and those responsible for preparing the financial statements;</li> <li>— <b>Tests of detail:</b> We inspected sample of expenditure in the February to June 2020 bank statements to agree these had been accounted for correctly;</li> <li>— <b>Tests of detail:</b> We considered year-end processes to assess that expenditure has been reflected in the correct period;</li> <li>— <b>Tests of detail:</b> We agreed a sample of accrual balances to supporting documentation and post year- end cash payments to agree the correct treatment as a accrual at year-end;</li> <li>— <b>Tests of detail:</b> We reviewed the minutes of the Remuneration Committee (a sub-committee of the Board) and confirmed that senior staff are not remunerated based upon financial or operational results;</li> <li>— <b>Tests of detail:</b> We inspected confirmations of balances provided by the Department of Health as part of the Agreement of Balances (AoB) exercise and compared the relevant payables recorded in the Trust's financial statements to the receivables balances recorded within the accounts of commissioners or other providers. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising expenditure to commissioners or other providers.</li> </ul> <p><b>Our findings</b></p> <p>We found the resulting estimates made by the Trust in relation to non-pay operating expenditure and accruals to be balanced. This is consistent with our prior year findings.</p>



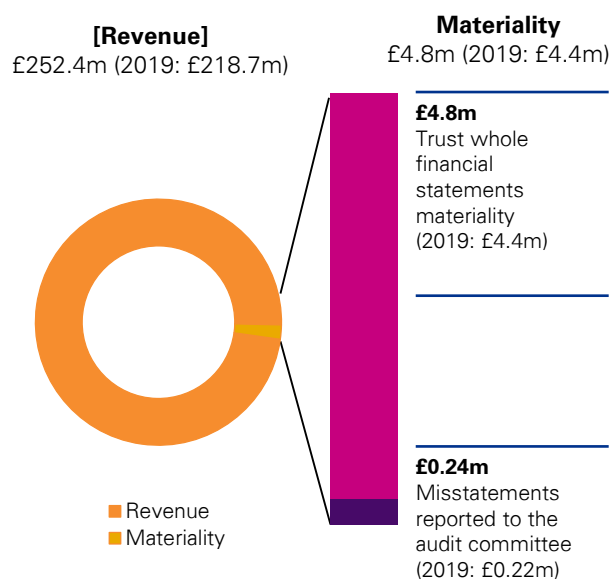
	The risk	Our response
<b>Revenue recognition</b>  Revenue from patient activity - £246.7m (2019: £226m)  <i>Refer to page 196 Annual report (Audit Committee Report), page 15 (accounting policy) and page 26 (financial disclosures)</i>	<b>Effects of irregularities</b>  <p>The main source of income for the Trust is the provision of health care services to the public under contracts with NHS commissioners which make up 98% of income from activities (2019: £96%)</p> <p>Income from NHS England and commissioners (CCGs) is captured through the (AoB) exercise performed at the year end which confirms amounts received and owed. Mismatches in income and receivables are identified by the Trust and its counterparties that require review and resolution. Mismatches that cannot be resolved may result in an adjustment or may be formally disputed.</p> <p>In 2019/20 the Trust secured £1.8m of Provider Sustainability Funding (PSF) for achieving financial performance targets. In addition the Trust reported total other income of £3.9m (2019: £3.9m).</p> <p>We do not consider income to be at high risk of significant misstatement, or to be subject to significant judgement. However due to its materiality in the context of the financial statements, reported financial performance and as a whole both NHS and non-NHS income is considered to be one of the areas that has the greatest effect on our overall audit strategy and where we have allocated resources in planning and completing our audit.</p>	<p>Our procedures included:</p> <p><b>Tests of detail:</b></p> <ul style="list-style-type: none"> <li>— We agreed a sample of the NHS income recorded in the financial statements to the signed contracts in place with key commissioners;</li> <li>— We agreed a sample of invoices to confirm they had been issued in line with the two lead commissioner contracts signed with key commissioners in relation to 999 and 111 services which accounted for 96% of NHS income;</li> <li>— We obtained third party confirmations from commissioners through the AoB exercise and compared the values they are disclosing within their financial statements to the value of income and receivables captured in these financial statements;</li> <li>— We sample tested non-NHS income by agreeing to invoices and subsequent receipt of funds;</li> <li>— We agreed receivables to post year-end cash receipts, supporting invoices and other documentation. This included testing the assumptions made by the Trust in respect of income due that was based on meeting agreed performance targets or KPIs with commissioners and ensuring any fines or deductions have been taken into account;</li> <li>— We confirmed that the approach to impairing receivables was in line with the Trust's accounting policies, and that the Trust's judgement for the level of provision is appropriate; and</li> <li>— We reviewed the Trust's calculation of performance against the financial and operational targets used in determining receipt of PSF to determine the amount the Trust qualified to receive.</li> </ul> <p><b>Our findings</b></p> <p>We found the resulting income recognition made by the Trust in relation to NHS and Non-NHS income to be balanced. This is consistent with our prior year findings.</p>

### 3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £4.8m (2019: £4.4 m), determined with reference to a benchmark of revenue (of which it represents approximately 2%) (2019: £2%). We consider revenue to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.24m (2019:£0.22m), in addition to other identified misstatements that warranted reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's headquarters in Gatwick.



### 4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

Our responsibility is to conclude on the appropriateness of the Accounting Officer's conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the Trust will continue in operation.

Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note [X] to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Trust's use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.

### 5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

#### Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2020.

#### Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2020 is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

## 6. Respective responsibilities

### Accounting Officer's responsibilities

As explained more fully in the statement set out on page 1, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

### Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities)

## REPORT ON OTHER LEGAL AND REGULATORY MATTERS

### We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

### We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

### Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources .

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

### Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

## **THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES**

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

## **CERTIFICATE OF COMPLETION OF THE AUDIT**

We certify that we have completed the audit of the accounts of South East Coast Ambulance Service NHS Foundation Trust for the year ended 31 March 2020 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.



**Fleur Nieboer**  
**for and on behalf of KPMG LLP**

Chartered Accountants  
15 Canada Square  
London  
E14 5GL  
24 June 2020



**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 in February. The key areas of focus were:
- 2.2. An update on the membership engagement plan was provided. Aim of the plan: We will make involvement and engagement an integral part of Trust business. We will educate Trust staff about the benefits of involvement and engagement, and with Board level backing for this work we will ensure staff understand when and how they should involve and engage stakeholders in their work.
- 2.3. **Strand 1:** Encourage wider and more consistent membership engagement activity within the Trust.
- 2.4. An Engagement Toolkit designed by our Staff Engagement Leads with contributions from the Membership Office and Inclusion Lead was presented for feedback to support this aim.
- 2.5. The toolkit will be launched as part of the staff survey results to promote making change with colleague's support and how to do this. The toolkit will also be embedded into the Project Management Office (PMO) processes so engaging becomes a 'must do' for certain projects and workstreams.
- 2.6. **Strand 2:** Support Governors to engage with their constituents.
- 2.7. The MDC discussed membership engagement opportunities and ways for Governors to reach out to members and the public currently via virtual methods.
- 2.8. Staff Governors now regularly attend SEAG meetings to gather staff views from across the Trust. They have a standing agenda item at the SEAG meeting with updates from Staff Governors to cover what they are raising at Council meetings/hearing within their roles.
- 2.9. Connecting Governors to local Make Ready Centres (MRC) and Community First Responder (CFR) Teams by dividing Governors out by location to key MRCs and CFR teams in their patch. Coordinate introduction meetings online and pave the way for more regular communication. This action is in progress.
- 2.10. The Governor membership recruitment toolkit has been circulated to the Council and other opportunities for Governors to hear views from members have been highlighted and new options created and co-designed with Governors.

2.11. Governor informal catch ups have been scheduled between meetings to provide the opportunity for the Council to come together informally to get to know each other as this opportunity has been somewhat removed due to remote meetings.

2.12. The Terms of Reference were reviewed at the meeting and are attached as appendix 1 for the Councils review and approval.

2.13. The minutes of the February MDC meeting are available as appendix 2. The next MDC meeting is on the 04 May 2021 10am – 12noon on Teams.

2.14. Membership update

The total staff membership as of 31.01.21 was 4,353 which is up 0.18% since the last report.

Current public membership by constituency (at 11.02.2021) is 9,857 broken down as follows. This is down 1% since the last report.

Constituency	Members	Population exc London	% of eligible population
Lower East SECamb (East Sussex and Brighton)	2,007	848,414	0.24
Lower West SECamb (West Sussex)	1,514	866,131	0.18
Upper East SECamb (Medway/ Kent/ East London)	3,550	1,850,857	0.19
Upper West SECamb (Surrey/ Hants/ West London)	2,382	1,386,062	0.17
Out of Trust Area	405	-	-
<b>Total number of members</b>	<b>9,857</b>		

### 3. Membership engagement summary

3.1. Membership recruitment

3.2. We were not been able to undertake any external membership events in 2020 due to the pandemic. Membership numbers hold steady, we have always sought to maintain the numbers rather than dramatically increase them overall. I propose our previously agreed focus is rolled over and revisited in early summer 2021 pending global events.

3.3. To attend one membership event in each constituency area to enable Governors to meet and sign up new members within their area.

- 3.4. 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.
- 3.5. 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.
- 3.6. 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.
- 3.7. Further online membership recruitment via social media could take place this year relating to wider health campaigns such as carers week as there is more capacity within the membership office now.
- 3.8. Suggestions on creative membership engagement in the interim are welcomed and we will be discussing this further on in the meeting as a separate agenda item.
- 3.9. Online member engagement events
- 3.10. As per recommendations made at the November 2020 MDC meeting, two online membership engagement events took place in December 2020. They were met with varying degrees of success (!) and were reviewed in full at the February MDC. It was decided there were plenty of existing mechanisms for staff and public Governors to solicit member views and an overview of these were provided to all Governors to make use of.
- 3.11. Live stream and access to observe Board and Council meetings
- 3.12. As of September 2020, we were able to make our Council and Board meetings held in public accessible in real time via Microsoft Teams. The public, members and staff members are welcome to join events and watch live and ask questions at the end.
- 3.13. We will continue to make these meetings available to be viewed online in real time and advertise them to members. We record them for viewing later as well.
- 3.14. Member Newsletter
- 3.15. Our winter member newsletter went out in December 2020 to all members both staff (c4000) and public (c10,000) and to our volunteers (c500).
- 3.16. The next edition is due out in Spring 2021 and will focus on our response to the pandemic amongst other items.

#### **4. Public Members' Views**

- 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 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.
- 4.2. **IHAG meeting summary:**
- 4.3. The IHAG met in January 2021. Governors Was Shakir and Geoff Kempster are the Council's representatives 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 October meeting are included as appendix 3. The key areas of discussion at the January meeting included:

- 4.4. Receiving an overview of the Trust's upcoming falls project. The IHAG fed in patient views on the upcoming work stream. The project lead sought a member from IHAG to be on a working group to keep the patient centred focus.
- 4.5. The Engagement Toolkit as mentioned in the MDC summary was presented and very well received. The IHAG recommended an easy read cover sheet so people could navigate to the parts they needed and engage with the document straight away.
- 4.6. Communications on the Trust's estates programme were reviewed, and suggestions made. The Trust's comms and engagement strategy was requested to come to the April IHAG meeting.
- 4.7. The IHAG was hosting informal coffee mornings with members to keep volunteers engaged with Trust in-between meetings.

## **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.

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

- 5.3. The SEAG have not met since the last meeting on 21<sup>st</sup> November due to the Trust being in REAP4 and any non-essential meetings with operational staff were cancelled.
- 5.4. New Town Hall events have been set up for a Q&A session with operational colleagues and any staff Governors who have attended these may wish to reflect on usefulness. The MDC highlighted the need to be mindful to not create division between operations and support colleagues when it came to engagement and that if the SEAG had the right representation it would serve its purpose to cross boundaries and bring colleagues together to provide views on making positive changes in SECamb.

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

- 6.1. The Patient Experience Group (PEG) is a group of public, patient and staff representatives. Nigel Robinson and Harvey Nash are the newly appointed Governor representatives on this group.
- 6.2. The first meeting of the refreshed group took place on 23<sup>rd</sup> November and there has not been a meeting since due to REAP 4. Harvey and Nigel may wish to provide a verbal update on this at the Council meeting.

## **7. Update from the Community Resilience Department**

- 7.1. Sue Orchard Community Resilience Manager has joined the MDC as a representative from the Community Resilience Department.
- 7.2. CFRs are staffing the welfare vehicles 12hours a day, assisting with fit testing colleagues, supporting the admin function in the vaccination tent, and helping the



logistics team. Two CFRs have been appointed as administrators to support the team. CFRs still have their team leader meetings weekly and senior team leader meetings monthly to discuss any challenges or what is working well.

- 7.3. CFR vacancies were currently being advertised and training for new recruits is back up and running after a year's hiatus due to the pandemic. Volunteers were kept interested during this period by being embedded in local existing CFR teams.

## **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. Review and approve the MDC Terms of Reference.
- 8.4. Consider how best to encourage Governors to make use of such information, and to make use of the IHAG and SEAG appropriately to help understand the perspective of public Foundation Trust members.
- 8.5. Encourage those they meet to become members of our Trust (it's free) at: 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**

## Appendix 1

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

#### **Membership Development Committee (MDC)**

##### **Terms of Reference**

### **1. Constitution**

1.1. The Council of Governors hereby resolves to establish a Committee of the Council to be known as the Membership Development Committee (MDC), referred to in this document as 'the Committee'.

### **2. Purpose**

2.1. The purpose of the Committee is to make recommendations and report to the Council about membership recruitment, communications, involvement, and representation. The Committee is not responsible for the delivery of all decisions but will work with the Council to facilitate its delivery.

### **3. Membership**

3.1. The Committee shall not have less than five members. One of the members will be appointed Chair of the Committee and one Deputy Chair by the members of the Committee.

3.2. Membership of the Committee is open to all Governors. Governors are encouraged to join a meeting to establish whether they wish to become members.

**Membership is also extended to include representation from key staff leads who are involved in staff engagement, inclusion and equality and diversity work.**

3.3. The minimum membership comprises:

- Elected governor (Chair)
- Governors x 4
- Inclusion Lead x 1
- Staff Engagement Advisor x 1
- 

### **4. Quorum**

4.1. The quorum necessary for formal transaction of business by the Committee shall be four members and shall include two public governors.

### **5. Attendance**

5.1. The Assistant Company Secretary and/or Corporate Governance & Membership Manager shall attend meetings.

5.2. Other organisational managers and officers may be invited to attend meetings for specific agenda items or when issues relevant to their area of responsibility are to be discussed.

5.3. The Corporate Governance Team will provide secretarial duties to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

5.4. Members and officers unable to attend a meeting are asked to send their apologies to the Corporate Governance Team as far in advance as practicable.

5.5. The Chair of the Committee will follow up any issues related to prolonged non-attendance with the member concerned.

5.6. Attendance at Committee meetings will be disclosed in the Trust's Annual Report and Accounts.

## **6. Frequency**

6.1. Meetings of the Committee will be held at least three times each year. Meeting dates will be diarised on a yearly basis and Extraordinary meetings may be called between regular meetings to discuss and resolve any critical issues arising. The venue for the meetings will rotate around the region or be central to the Committee Members.

## **7. Authority**

7.1. The Committee has no powers other than those specified in these Terms of Reference.

## **8. Duties**

8.1. The subject matter for meetings will be wide-ranging and varied but it will cover the following:

8.1.1. Advise on and develop strategies for recruiting and retaining members to ensure Trust membership is made up of a good cross-section of the population

8.1.2. Plan and deliver the Council's Annual Members Meeting

8.1.3. Advise on and develop strategies for effective membership involvement and communications

## **9. Reporting**

9.1. The Committee shall be directly accountable to the Council of Governors. The Chair of the Committee shall report a summary of the proceedings of each meeting at the next meeting of the Council and draw to the attention of the Council any significant issues that require disclosure.

## **10. Support**

10.1. The Committee shall be supported by the Corporate Governance Office and duties shall include:

10.1.1. Agreement of the meeting agendas with the Chair of the Committee.

10.1.2. Providing timely notice of meetings and forwarding details including the agenda and supporting papers to members and attendees in advance of the meetings.

10.1.3. Enforcing a disciplined timeframe for agenda items and papers, as below:

i. At least ten working days prior to each meeting, agenda items will be due from Committee members;

ii. At least seven working days before each meeting, printed and emailed papers will be due from Committee members;

iii. At least five working days prior to each meeting, papers (printed and emailed) will be issued to all Committee members and any invited governors, Directors and officers.

10.1.4. Recording formal minutes of meetings and keeping a record of matters arising and issues to be carried forward, circulating draft minutes to the Chair for approval within a reasonable time frame.

10.1.5. Advising the Chair and the Committee about fulfilment of the Committee's Terms of Reference and related governance matters.

## **11. Review**

11.1. The Committee will undertake a self-assessment at the end of each meeting to review its effectiveness in discharging its responsibilities as set out in these Terms of Reference.

11.2. The Committee shall review its own performance and Terms of Reference at least once a year to ensure it is operating at maximum effectiveness. Any proposed changes shall be submitted to the Council for approval.

11.3. These Terms of Reference shall be approved by the Council and formally reviewed at intervals not exceeding two years.

**Review Date: *November 2020***



## **Appendix 2**

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

#### **Membership Development Committee Minutes**

**02 February 2021 10:00 – 12:00 on Teams**

**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
Chris Burton (CB)	Staff Governor (Operational)
Asmina Islam Chowdhury (AIC)	Inclusion Manager
Rob Groves (RG)	Organisational Development & Engagement
Advisor	
Marcia Moutinho (MMo)	Staff Governor
Nigel Robinson (NR)	Public Governor
Leigh Westwood (LW)	Public Governor
Sue Orchard (SO)	Community Resilience Manager
Isobel Allen (IA)	Assistant Company Secretary
Elaine Taylor (ET)	Corporate Governance Officer
Sian Deller (SD)	Upper East SECamb Public Governor
David Escudier (DE)	Upper East SECamb Public Governor
Geoff Kempster (GK)	Upper West SECamb Public Governor

Amada Cool (AC)  
Waseem Shakir (WS)

Upper West SECamb Public Governor  
Staff Governor

**Minutes:** Katie Spendiff (KS)      Corporate Governance and Membership Manager

**Apologies:**

Nigel Wilmont-Coles (NWC), Emma Saunders (ES).

**1. Welcome and introductions**

- 1.1. BC welcomed members to the meeting and noted he was pleased to see so many people in attendance. Sue Orchard Community Resilience Manager introduced herself as a new member of the MDC.
- 1.2. BC noted that Chris Devereux was having challenges attending online meetings and sought a deputy, deputy Chair of the MDC to provide cover. KS would follow up with CD and see if there was anything the Trust could do support him. BC asked for expressions of interest to come to her.

**2. Apologies for absence**

- 2.1. As recorded above. KS noted NWC had been very supportive of the MDC in his first term as a staff governor and planned to attend future meetings.

**3. Declarations of interest**

- 3.1. None were received.

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

- 4.1. The minutes were noted to be an accurate record of the previous meeting.
- 4.2. The action log was reviewed. The actions were progressing well bar any specifically impacted by the pandemic. BC expressed disappointment that the communications strategy was not on the agenda for the meeting as per the action log. KS noted she had followed up with the Head of Communications and that she would expect the strategy to be tabled at the May MDC meeting. IA noted the Workforce and Wellbeing Committee Chair Laurie McMahon was taking an interest in the strategy and how it connects with wider engagement within the Trust.
- 4.3. IA suggested it may be wise to meet with Laurie McMahon to give him an oversight of the existing mechanisms in place to engage with members and impress on him the MDCs commitment to getting this right.

**ACTION: Teams meeting with Laurie to update him on what's already in place regarding engagement mechanisms in the Trust. AIC, RG, ES, KS & BC as Chair of MDC to attend.**

**5. FT Membership update plus IHAG, SEF, PEG, and voluntary services**

- 5.1. KS gave an update on the Trust's membership. KS noted that normally at the February meeting the MDC would be planning engagement and membership recruitment activities off the back off the membership data provided and seeking to

bolster any underrepresented areas with specific membership recruitment activities. There was usually an opportunity for Governors in all areas to attend at least one large scale external event such as a 999 show.

- 5.2. KS noted she would like to keep the previously agreed membership recruitment plan and look to revisit it in the summer pending government advice.
- 5.3. KS noted she had undertaken some online membership recruitment tied into national health events and linked into the public outpouring of support of the NHS. KS continued to promote access to Board and Council meetings to members and the public.
- 5.4. RG gave an update on the Staff Engagement Advisory Group (SEAG). Attendance had been up and down. Focus had been on home working support and development of the SECamb community Facebook group. RG noted there had not been a meeting this year so far due to REAP4. RG noted he was keen to better establish the reporting lines for the SEAG to senior management. RG keen to develop membership of the SEAG as well.
- 5.5. IA noted RG & ES had a standing agenda item on the Senior Leadership Team agenda monthly to feed in intelligence from these meetings. IA noted recently the focus had been on staff survey outcomes and it would be good to draw it back to its original purpose.
- 5.6. KS queried representation on the SEAG as she had noted it had been largely non-operational sometimes. KS was keen to understand difference between the newly organised town hall meetings and the SEAG. RG noted the town hall was more of a Q&A for operational staff and the SEAG was a place to come to consult on ideas and work streams. RG keen to integrate continuous improvement projects into the SEAG and make attendees 'change agents.'
- 5.7. MMo noted she found the SEAG useful for hearing colleagues views, she was concerned the interest could be spread too thin by creating more meetings. MMo was concerned about the possibility of creating division with having specific operational focussed staff engagement meetings. MMo noted the value in bringing all colleagues together to share views Trust wide.
- 5.8. RG noted he was very conscious of the division and was paying close attention to engagement activities so as not to amplify this.
- 5.9. SO gave an overview of Community First Responder (CFR) engagement and activities. CFRs are staffing the welfare vehicles 12hours a day, assisting with fit testing colleagues, supporting the admin function in the vaccination tent, and helping the logistics team. Two CFRs have been appointed as administrators to support the team. CFRs still have their team leader meetings weekly and senior team leader meetings monthly to discuss any challenges or what is working well.
- 5.10. CFRs are about to be deployed to support a falls project in the Trust.
- 5.11. New equipment is being trialled for dispatching CFRs more efficiently. The Resilience Team have submitted a business case for additional support for the team to deliver on upcoming projects.
- 5.12. Resilience team also have a business case in for volunteer emergency responders.

- 5.13. CB was keen to join the online CFR crew room group and enquired whether this would be possible as he was keen to support a joint presence at events. SO would investigate this.
- 5.14. SO noted CFR training for new recruits was back up and running after a year's hiatus due to the pandemic. SO noted volunteers were kept interested during this period by being embedded in local existing CFR teams.
- 5.15. GK asked SO why the Trust didn't reach out to CFRs who were C1 assessed to fulfil the shifts the army were brought in to cover. SO noted the resilience team were not included in the decision making around the use of the army. The blue light collaboration set this up. SO noted she would be happy to go out to CFRs as some would be able to help. SO noted she would feed this back to the team and apologised on Operations Directorates behalf. GK noted some CFRs were disappointed they were not offered this opportunity.

**ACTION: SO to feedback CFR disappointment on army being used to assist the Trust instead of eligible CFRs around C1 driving for the Trust.**

- 5.16. AIC noted the Inclusion Hub Advisory Group (IHAG) met the previous week. AIC noted the IHAG was hosting informal coffee mornings with members to keep volunteers engaged with Trust in-between meetings. IHAG received an overview of the falls project and sought a member from IHAG to be on a working group. RG &ES presented the engagement toolkit and it was very well received. Communications on estates programme were reviewed and suggestions made. AIC noted the comms and engagement strategy was requested to come to the April IHAG meeting.
- 5.17. HN noted he had attended the Patient Experience Group in November last year. HN advised there were good ideas within the group but the workstreams and implementation of the strategy was not progressing at any real speed. NR was not sure the group were sighted on the purpose of its establishment and seemed unsure how to roll out the strategy and take the next steps. The next meeting was scheduled for the 11<sup>th</sup> March. NR and HN were hopeful there would be more direction at the March meeting.
- 5.18. IA noted she would feed this back to the senior leadership in that area and include Graham Parrish as the person organising the PEG meetings. IA noted there was someone who was recruited to take forward some of the key work streams forward, but she had been pulled over to the vaccinator team temporarily. AIC advised this person was on secondment and was leaving the Trust in January.
- 5.19. NR asked who had oversight of this directorate, IA advised Bethan Eaton-Haskins was Exec.
- 5.20. IA summarised that it would be fair to expect meetings to be cancelled under REAP4, but what was needed was communication on plans in the meantime and keeping the group up to date.
- 5.21. AIC noted the seconded staff member had a very large remit to achieve in 6 months and was not sure where this was left now. IA would seek to understand where the work sits now and what the focus will be.

**ACTION: IA to pass on feedback on PEG to Judith Ward and seek assurance on where the work streams sit now the secondment has ended of the person**

**charged with delivering elements of the strategy. IA to request PEG members are kept updated on plans in-between meetings when they are cancelled and share the support that's out there for how to run patient engagement sessions via NHS Elect.**

5.22. GK noted the PEG has not had a good track record over the last few years with very few meetings taking place. Concerned that the meetings were being left to muddle along and was unsure where the oversight and focus was.

5.23. RG noted the Trust has a partnership with [NHS Elect](#) which provides patient engagement workshop training. They can provide expertise and assistance with planning and rolling out patient engagement. These details could be made available to the PEG team.

5.24. AIC noted the PEG was very staff heavy which led to the meetings being cancelled when in REAP 4 as they would not be quorate and were required elsewhere. AIC noted that it was important to engage with patients during the pandemic as the Trust was frequently changing the way the service was being delivered and it should be seeking feedback from patients on any changes alongside delivering quality impact assessments.

## **6. Membership Action Plan**

6.1. KS gave an overview of the aim of the plan and noted the work strands had been shaped by the MDC. KS noted the progress on the work strands and passed over to RG for an overview of the staff engagement toolkit which would form the basis of how and when to engage and what full catalogue of resource were available to staff to do this.

6.2. RG noted the premise was to highlight the benefits of engaging, how to do it, and what mechanisms are available to do this. RG noted the toolkit covered engaging with colleagues through to the general public and more specialist groups such as the IHAG.

6.3. RG noted the IHAG reviewed the document and suggested a punchy 1-page summary would be welcomed to hook the reader. RG further noted that they were considering breaking down the toolkit into bite size chunks.

6.4. KS noted the toolkit would tie in to the launch of the staff survey results, as colleagues would be charged with making improvements in their areas off the back of the results and this document would support them to engage and work with colleagues on this. KS noted work was underway to embed the toolkit use within the project management office to ensure any large-scale projects or service change used the toolkit to prepare an engagement plan.

6.5. KS advised that there were lots of solid existing mechanism in place for engaging in the Trust, but these were spread out across multiple directorates and that the Toolkit provided a one stop shop on why, how and who to engage with.

6.6. KS noted the next step was to launch the kit and get buy in from colleagues, senior leaders, and the Board into the value of engaging and listening to colleagues and the public.



- 6.7. BC noted the content was well thought out and the document was well put together. BC noted an initial introduction sheet and bite sized sections would be welcomed by staff to navigate to the part that they need quickly.
- 6.8. HN noted the document was a good read and agreed with BC observations. HN noted links needed checking in the document as some of them were error 404.
- 6.9. SO noted the community resilience team were about to launch an engagement workstream with guardians of our Public Access Defibrillator (PAD) sites. The British Heart Foundation (BHF) are going to be holding a record of the Trusts PAD sites under a programme called The Circuit. SO noted that c2,500 people would need to be contacted to ask them to register the PAD sites details with BHF. SO was keen for any help with written communications on this. KS noted that SD had previously worked on this programme at the beginning. SD noted she would reach out to the BHF and other ambulance trusts she had worked with and share any documents with SO.

**ACTION: SD to share BHF The Circuit documents with SO.**

- 6.10. NR advised he felt he was not sure he fully understood the expectations that were on Governors to engage with the public. He felt he would welcome some support to develop this area of his knowledge and how best to channel his enthusiasm for public engagement.
- 6.11. BC noted that pre-covid Governors were well supported and trained to attend engagement events and he anticipated this would happen in the future when appropriate.
- 6.12. BC noted the links to local organisations in the Governor Toolkit were very useful and that Governors would need to take it on themselves to be a bit proactive with plugging into local networks.
- 6.13. KS noted the Staff Engagement Toolkit was aimed at staff to use, and the Governor Toolkit was separate to that which she would go on to cover in the next item. KS welcomed NR's enthusiasm and looked forward to the day the Trust could get back out there and attend large scale public events with Governors, CFRs, and colleagues.
- 6.14. GK noted there were still opportunities to engage with online events such as patient participation groups from GP surgeries.

## **7. Governor Membership Engagement**

- 7.1. KS noted that at the last MDC Governors noted the challenges around not being able to engage with and hear from the public, volunteers, and colleagues in person at this time. The MDC had agreed to trial some online member drop-in sessions to try to bridge that gap and allow Governors to hear directly from members. There was no take up for either of the West Sussex Governor drop-in sessions – one held at lunchtime and one early evening. KS noted that it had historically always be a challenge to get members to attend a Governor specific event and that in the past, events were usually dovetailed into promoting a certain piece of work or hearing from frontline colleagues via a presentation or similar beforehand.

- 7.2. Off the back of this, an informal Governor catch up was suggested to enable Governors to share what they were hearing locally in their respective areas and get to know one another a bit better as a Council. Feedback on the first session had been positive and there was an appetite to continue these.
- 7.3. KS noted the meeting for staff Governors and staff members had gone well and that it was mainly support staff in attendance which gave Operational Staff Governors a window into the challenges support staff are currently facing. MMo noted she felt it was really useful to gain this feedback at the meeting and that she felt more part of a team with fellow staff Governors. MMo was pleased that Operational colleagues really took the concerns seriously and supported MMo to raise these at the Council meeting. KS noted the MDC would need to consider what they would like to pursue going forward in terms of future online events.
- 7.4. KS noted there was something to be said for channelling reserves into preparing for when we could go out and do events and maximising that opportunity when it came.
- 7.5. AIC noted that advertising attendance of Staff Governors at the town hall meetings would be of value. Discussion took place about reducing duplication between meetings as the Town Hall and SEAG meetings provided a platform for Governors to hear staff views. The MDC agreed this was a better approach.
- 7.6. HN noted if Governors could attend the staff meetings mentioned and thank staff for their contribution. KS noted that Governors were welcome to attend any of the meetings listed and could say thank you when introducing themselves at the meeting. BC suggested a Public Governor could attend the next SEAG to express their thanks.
- 7.7. IA noted that in terms of Public Governors engaging with public members, Governors could commit to joining one online patient or community group meeting a few weeks prior to the Council to ensure any local views are fed in. KS noted there was a list of groups listed within the paper that Governors could use.
- 7.8. BC & AC noted they both chaired PPG meetings locally. AC noted she would be keen to see what BC had raised at the group in respect of SECamb. AC noted she was usually privy to patient experiences at these meetings but wanted to bring something a bit less personal to Council meetings as intel from the group that would be useful. BC noted he used the intel he gained as a Governor on the latest developments in SECamb to open a conversation with the PPG. For example, the role out of NHS 111 CAS and key messages for the public.

**ACTION: BC to email AC with overview of how he has sourced feedback on SECamb within the PPG without focussing on patient stories.**

**ACTION: Governors to reach out to local PPG and community groups online meetings to feed public views back into the Council.**

- 7.9. KS gave an overview of the existing membership engagement opportunities available to Governors to hear staff, patient and public member views and encouraged Governors to take these opportunities as listed in the paper.
- 7.10. KS suggested Governors join the SECamb Community Facebook Group to be alert to current challenges staff and volunteers are facing, but also to see when things are going well. KS noted that in the current climate social media was a

useful tool for Governors to be able to get a sense of what was going on in terms of the service the Trust provides and staff and patient experience.

- 7.11. KS gave an overview of the Governor Engagement Toolkit and noted it would be worth revising at a future meeting to check it still met the current Governors needs when we are able to get out to events. The toolkit is designed to support Governors in attending small scale events to do member recruitment or to give a talk. The Membership Office would arrange and support Governors at large scale events.
- 7.12. GK noted that Governors could go out with CFRs on the welfare vehicle to gain valuable feedback from frontline staff. KS noted any interest in this should come via her as there was additional training required and that currently she would advise against Governors doing this as the current guidance is to stay at home. This could be revisited when the lockdown restrictions were lifted.

**ACTION: Plug staff Governors into Town Hall meetings and advertise this to colleagues alongside attendance at SEAG and value of attendance.**

**ACTION: Book further monthly informal Governor social catch up sessions with a view to reviewing at the May MDC.**

## **8. Newsletter content suggestions**

- 8.1. Article of thanks from the Council for the work of staff and volunteers during the pandemic.
- 8.2. Advert saying Governors are happy to attend meetings – invite us to your local patient event or meeting. Get to know you and say hello as a local representative.
- 8.3. Progress on vaccinations within SECamb.
- 8.4. Highlight the areas we serve and what services are where, i.e. SCAS provide 111 in some of our regions.
- 8.5. NR queried if the newsletter was sent to GP surgeries. KS noted she would love to send out hard copies for patients to read in the waiting room but it was too expensive and queried sending the newsletter direct to them by email as it may be viewed as unsolicited under GDPR.
- 8.6. KS noted it would be great to have a poster advertising membership in all surgery's but noted that it would not be a small task. KS would ask Governors to request it of their local surgeries as a starting point and create some materials that could be emailed so the surgery could print or share electronically.
- 8.7. KS to investigate virtual advertisement in GP surgeries via local Primary Care Networks

**ACTION: KS to share membership posters and newsletters with Governors to send to their local GP surgeries.**

**ACTION: KS to look into virtual advertisement in GP surgeries via local Primary Care Networks**

## **9. Review of MDC Terms of Reference (ToRs)**

9.1. KS gave an overview of the ToRs and asked the MDC if they had any amendments. It was agreed the ToRs could be dated as this year and sent to the Council for approval.

**ACTION: TORs to go to March Council meeting for approval.**

## **10. Any other business**

10.1. No other business was raised.

## **11. Meeting effectiveness**

11.1. The meeting was deemed to have been effective. BC thanked everyone for their participation and noted there had been some very good content, discussion, and debate. BC further noted that all suggestions and challenge were welcome at the meeting and that no one should apologise for raising a suggestion within the meeting.

11.2. IA noted the meeting was well Chaired.

**Date of next meeting:** 4<sup>th</sup> May 2021

## **Appendix 3**

### **South East Coast Ambulance Service NHS Foundation Trust Inclusion Hub Advisory Group (IHAG)**

Notes of a meeting held on 16<sup>th</sup> October 2020  
held virtually on Microsoft Teams: 09:30 to 13:00 hours

#### **Attendees:**

Ann Osler	(AO)	Geoff Kempster	(GK)	Phillip Watts	(PWa)
Angela Rayner	(AR)	John Rivers	(JRI)	Robert Groves	(RG)
Asmina Islam	(AIC)	Leslie Bulman	(LB)	Sarah Pickard	(SP)
Chowdhury					
Emma Saunders	(ES)	Patrick Wolter	(PW)	Terry Steeples	(TS)
Francis Pole	(FP)	Penny Blackburn	(PB)	Waseem Shakir	(WS)

#### **Guests:**

Laura Bibby	(LBI)	Leane Stephens	(LS)	Ali	(AMo)
				Mohammed	

#### **Secretariats:**

Joanna Wood	(JW)
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#### **Apologies:**

Adele McCutchen	(AM)	Joanna Wood	(JW)	Paula Dooley	(PD)
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Dave Atkins	(DA)	Katie Spendiff	(KS)	Simon Hughes	(SH)
Felicity Dennis	(FD)	Ollie Walsh	(OW)	Suzanne Akram	(SA)

- **Welcome and introductions**

- AR opened the meeting, welcoming members, and guests. Round 'table' introductions were made.
- AR tabled apologies as given above.
- AR confirmed that Marguerite Beard-Gould had resigned from the board of Governors, and therefore will no longer be attending IHAG. Mo Reece has also resigned from the IHAG for health reasons, with Jim taking a break to support her. AR and members asked for their best regards and thanks be passed to them.

- **Minutes of the previous meeting and IHAG Action Log Review**

- The notes of the meeting held on 27<sup>th</sup> July 2020 were reviewed and approved.

### **Action log**

- Action 250.1. Patient Experience Group: LBi confirmed Patient Experience team do link into the National Patient Experience Group via Tammy Moorcroft, Head of Patient Safety. **Action agreed to be closed.**
- Action 261.1. Template for FOI requests: After previous push back, Giles Adams has assured us that he will ask his new co-ordinator to progress this. **Action carried forward.**
- Actions 272.1. Falls Project Development: AIC will seek updates now that everything is being started up again. **Action carried forward.**
- Action 277.1. Quality Account Process: Leane Stephens advised that this area had been identified as a gap following the Quality Account review in January 2020 and support for actions leads was currently being explored. IHAG were also advised that the Quality Account is progressing as planned. Consultation ended today. Feedback from our Lead Commissioner Surrey Heartland CCG confirmed they were satisfied that it meets all the requirements and priorities are appropriate. **Action closed.**
- Action 280.2. Engagement with IHAG: No feedback received; suggestion IHAG members happy with current level of engagement. AR encouraged further feedback if anyone has any suggestions. **Action closed.**
- Members agreed to close all other actions that had been noted as completed in the Action Log since the July meeting, including: 271.1, 272.3, 273.1, 275.1, 278.1, 279.1, 280.1.

### **Matters arising**

- No matters arising.

- **Review of activities undertaken by members**



- Members updated the group on the activities since the last meeting, and these included attendance and participation in the following:
  - PB has joined the Quality Assurance group and attended two meetings. PB confirmed that she had to mention that a couple of subjects weren't viewed from a patient view, just a staff one.
  - Inclusion Working Group (JRI)
  - Patient Experience Group (PEG) (PWA). The group is working to develop a summary document to explain the strategy for staff. etc to explain what the strategy is now it has been approved.
- JRI confirmed he has recently been appointed to the Kent and Medway Health and Wellbeing Board.
- Also looking for IHAG representation on the Hearing Impairment Task and Finish Group – any interest please let AIC know.
- PB and PD have been involved with the falls group. PB asked that when that committee resumes, that she and PD are updated as often IHAG members are forgotten about when meetings restart.

**Action:** AIC to check if Falls group meetings have resumed with Andy Collen and get back to PB and PD.  
**Date:** Jan 2020

- PB also confirmed that the Sussex Patient Transport Group has not met since January 2020 and PB has received very little update on how patients are affected from them despite numerous contact attempts. LBI confirmed she had led on this with her previous employer, and at present the role was vacant which would be the most likely reason for a lack of engagement.

- **Patient Experience Strategy – Five Year Plan 2020-2025 (LBI)**

- LBI shared the presentation below with members outlining key priorities as part of the strategy.



Putting the Patient at  
the Heart of Inclusion.

- Immediate priorities included:
  - PEG was noted as the top priority with a focus on expanding membership and to ensure patients have a voice. Recognised the group was very SECAMB staff heavy at present.
  - Development of a dementia strategy. LB shared plans for an engagement workshop in November with the Alzheimer's Society. Want to hear patients views and patients' stories/ experiences, which will be shared with senior leadership and this will inform our strategy. LBI highlighted the need to increase public and professional awareness of dementia, noting this had been exacerbated by COVID19, those that live with dementia have had their condition worsen and those undiagnosed had been left behind and were struggling. The Trust has an ambition to become a dementia friendly ambulance Trust.

- It was suggested that LBi reach out to a Henfield based organisation called No Dementia. Suggestions were also given to adding Dementia training to the Discover training platform, and LBI confirmed this would be an area of work with Clinical Education. It was also suggested that Kent Fire and Rescue may also be able to share learning and contacts as they work in partnership with a number of dementia organisations.
- A suggestion was made that although some of the suggestions to support patients with dementia (such as twiddle mitts) would need to go through Infection Prevention and Control (IPC) approval, support could be sought from members of IHAG and the FT to produce these.
- The IHAG were supportive of the priorities outlined. LBi advised that she was in an interim role and the Patient Experience Team would take this work forward after her contract ended.
- AIC requested that the strategy summary document be circulated with the IHAG for feedback before being circulated more widely.
- AIC asked LBi to provide further context around the remit of the Hearing Impairment Task and Finish Group.

LBi advised that the need to Personal Protective Equipment has had a negative impact for patients and staff with hearing impairments as masks cause difficulties with lip reading. Some masks with clear plastic mouth covering had been provided by NHS England but these did not meet IPC requirements for clinical use. The task and finish group were looking at possibly innovative solutions which could be explored instead. Group now set up, which LBi will run during the pandemic and LBi was at present looking for patient/public representatives to join.

- AR thanked LBi for her presentation and advised members interested in being involved to advise AIC.

- **Update from Membership Development Committee (KS)**



07 MDC report to  
IHAG 02.10.20.docx

- AR asked in KS's absence if anyone had any comments in regard to the MDC update that was circulated before this meeting. No comments or feedback.
- AR asked if there was any feedback in regard to the Annual General Meeting.
  - It was noted that there was a higher level of engagement from staff than patient and public members this year.
  - JRi highlighted that in certain areas, the broadband speed is poor so individuals may struggle to attend in the virtual world. PW highlighted that for those older individuals, the technology can be quite daunting, especially as more than one video chat system exists (Teams, Zoom, Google Meets etc). PW suggested using Zoom as an alternative platform as this is being used more amongst families.
  - JRi also suggested that further publicising of the recordings may be beneficial. It was suggested a more blended event in future to ensure involvement from both groups.

- **Feedback on the Development of the Quality Assurance Framework (LS)**



06 Quality Assurance  
Framework - DRAFT\_V

- LS confirmed that the Quality Assurance Framework would be replacing the old Quality Assurance Visits that a number of IHAG members had participated in. The QAV's used to be unannounced visits to stations to help seek feedback from colleagues of areas of good and bad practice to help inform the development of a local action plan. This approach was suited to the needs of the Trust at that time (special measures etc).

- The new proposed Quality Assurance Framework looks at the delivery of all functions and services (not just frontline service) within the Trust as well as the underlying system and processes. Purpose of the QA framework is to define a set of quality standards which are baselined, that we can then measure against.
- The draft framework (attached, above) is out for consultation currently. LS advised she was seeking feedback on the quality standards. Members were also advised that a Task and finish group had been established and this included representation from IHAG (PB and AIC).
- JRi thanks LS for her presentation and sought further clarity around how this framework would be implemented. LS confirmed that underneath the framework would be a supporting procedure outlining this. The QAF work will look at Trust policies and procedures and the development of local improvement plan.
- LS confirmed document has been out for a 2-week consultation, which is due to end today and invited any further comments to be shared via AIC.
- **Introduction to Ali Mohammed, Director of HR and Organisation Development (AMo)**
  - AMo thanked everyone for the invite to the group today. AMo confirmed he has been in post for 9 months and was in his 33<sup>rd</sup> year in the NHS. Hadn't worked in ambulance service before, so grateful for opportunity to learn about this side of the NHS. He confirmed it was a strange time to join the ambulance service but has managed to see and engage with a lot of our colleagues.
  - AMo spoke about his priorities and his belief that our purpose is to serve patients, and this should underpin how we manage our people too (keeping them safe, healthy, helping them develop their careers and skills etc) and ensure they are representative of the communities we serve.
  - AMo stated a need to focus on areas including:
    - A clear strategy on suicide prevention,
    - Mental wellbeing with a real time idea of what colleagues are facing on a day to day basis.
    - Impact of the high rate of staff referrals to the professional body, HCPC (Healthcare Professions Council), which leads to heightened anxiety and stress for colleagues.
    - A need to address the formal grievances and disciplinary culture. AMo stated that it is not that we are employing bad people, but that the formal process is often viewed as the easy approach to resolving matters. AMo clarified we need to work harder to resolve these issues before they get to the formal process.
    - Management development and ensuring we have more robust and thorough training in place to support staff.
    - AMo also advised the made a personal commitment to championing our staff equality networks.

- GK commented that a lot of staff work 12 hour shifts and whether there was a need for 12 hours shifts in the future. AMo noted that despite the evident toll of 12 hour shifts, many colleagues prefer the 12 hour shifts as it means they can have 4 days off, however any future change would have to be carefully managed communications. AR confirmed this will come up in Wellbeing Strategy review, and we need to consider the impact of long shifts on decision making. AIC stated that in terms of human factors, it has been shown that shorter shifts are better for staff wellbeing and patient care. PB commented that the longer but fewer shifts may also allow mothers to work/ have a career.
- JRi stated that other Trusts keep teams together, e.g. crews on the road, how might SECamb support this? AMo stated it is about what works, if individuals like working together then we shouldn't change this, but it is complicated - there are risks in working in small teams (relationships go bad, micro-cultures etc). PB also pointed out that small teams can lead to a poor skill mix and don't develop/ extend. AMo also stated that in such small teams it can be difficult to raise issues.
- WS encouraged AMo to spend a couple of days with a crew, on a 12-hour shift as the ambulance service is very unique. He stated the pressures for road staff are multi-faceted; not just pressures from patients, but also pressures from control, and from Managers. WS also encouraged all Senior Managers to come out and complete observer shifts too. AMo stated that due to the pandemic this year, good intentions to do things like shadow colleagues have not been able to go ahead but he looked forward to doing so when circumstances allowed.

- **Staff Engagement Advisory Group (RG)**



08 SEAG - IHAG  
Update.docx

- ES confirmed staff engagement groups moved to monthly virtual meetings. Please see the attached document above for a complete update.
- ES advised this had led to increased engagement from operational colleagues, that wouldn't normally have been able to attend. There are still less attending the meetings than ES and RG would have hoped for, but they recognised this as a reflection of current pressures. ES confirmed they are looking to expand on the current number of staff engagement representatives.
- AR queried whether we are progressing as a Trust in the way we engage our staff. ES felt that with the COVID Recovery and Learning Group (CRLiG), staff felt that their feedback was being listened to and the group were empowered to make the changes that will affect them. ES stated staff appreciate new ways we are interacting with them (webinars, daily 16:00 calls for Managers etc), but there is still more work to do. ES and RG will be focusing on how we can improve further over the next year.
- NHS staff survey: ES confirmed a lower response rate from Operational staff, but responses have picked up and we are now close to where we were this time last year. The deadline for staff survey responses is end of November.



- AIC asked whether we are getting much engagement with the Pulse surveys (introduced by NHS England and NHS Improvement) and are they indicative of how things are going for our staff? ES confirmed a good response initially, but it dropped down (both in SECAMB and nationally) and the decision was made to change it to monthly. SECAMB made the decision to pause the Pulse surveys whilst the NHS staff survey is out, as they didn't want to detract from this.

- **Horizon scanning**

- AR informed all that the Trust strategy has now been launched. The strategy focusses on SECAMB's role as a system leader rather than just a provider of services. It also places more focus on the health needs of our population. AIC will circulate to stakeholders as soon as she gets the go ahead to do so.

<b>Action:</b>	AIC to circulate new Trust strategy to IHAG members
<b>Date:</b>	Jan 2020

- AR confirmed a new SECAMB website has now gone live, which improves functionality. Still many parts to add, including accessibility functions such as alternative language and text to speech options. Janine Compton, Head of Communications is due to attend IHAG in January 2021 to discuss the development of a new Communications strategy and will also be taking feedback on the new site.
  - IHAG page on the website will also be refreshed. AIC suggested using it to promote the work of the IHAG and highlight what outcomes we have influenced and how people can get involved with the group. PB suggested including a link to a recent set of minutes so those interested can gain an understanding of what the meetings are like and the breadth of what is discussed.
- AO asked what monitoring of staff there is, to see how they are coping with COVID pressures. AR confirmed we have the Organisational Response Management Group (ORMG) which meets three times a week with representation from all directorates. Regular reports on sickness absences, the number of staff shielding/ in self-isolation etc are provided at the meeting. AR confirmed the Wellbeing Hub have developed a whole range of additional resources that have been available to staff during Covid (apps etc) and have been supporting staff with additional support pathways. AR confirmed complexity of cases is high, but we are ahead of other organisations as we have a dedicated Wellbeing Hub.
 

AR confirmed there are also national groups in place to support sharing of good practice. AIC stated that covid has resulted in increased regional partnership working.
- AIC also advised of the following requests to attend IHAG:
  - Caroline Sargent, Communication Manager would also like to attend a future IHAG meeting to inform the group on the impact of the large estate changes taking place and get feedback.
  - Rachel Turner would like to return to provide an update on the Quality Improvement Program.
- AR confirmed that in 2021, we will be reviewing the Inclusion Strategy, and as a result, will need to look at the membership of this group and how we refresh it and can fill the vacancies we currently have.

- **AOB**

- TS suggested it would be appropriate to re-do the equality and diversity training IHAG members had several years ago. AR confirmed this is possible, in particular it would give an opportunity to share what challenges to certain groups have been picked up during covid. AIC also confirmed that there is statutory and mandatory training module on equality and diversity that all staff have to undertake, and it would be good to get all IHAG members access to this.

<b>Action:</b>	AIC to get access to equality training modules for IHAG members.
<b>Date:</b>	Jan 2020

- AR asked members if they would like a regular virtual little drop in/ catch up informal session arranged, to make up for the fact that the social interaction amongst the group usually had during face to face meetings are not able to go ahead during normal virtual IHAG meetings. AR suggested 30mins every month, but no pressure on members to attend every catch up. IHAG members thought this was a great idea.

<b>Action:</b>	AIC to send invites out to IHAG members for regular informal catch up sessions.
<b>Date:</b>	Nov 2020

- **Meeting Effectiveness**

- Some members reported difficulty in being able to un-mute to ask questions.

The next meeting to is scheduled to take place virtually via Microsoft Teams on **Monday 25<sup>th</sup> January 2020**, time TBC.

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

## **Council of Governors**

### **F – 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 online on 11 February 2021. The minutes of this meeting 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 meeting.
- 1.7. The GDC meeting in February covered: feedback from the previous CoG, the agenda for the March CoG meeting, revisions to the Code of Conduct to incorporate data protection legislation, proposals about how to appoint a new external auditor, a review of Governor attendance at Council, and discussion around the purpose and format of Governor reports on observation of Board Committees.

#### **2. Items of note**

- 2.1. The full minutes are provided and Governors are strongly encouraged to read them in full.
- 2.2. The majority of the items covered at the meeting are now on the full Council's agenda for discussion and hopefully approval: elections, code of conduct and external auditor appointment plans.
- 2.3. The main point to note that is not covered elsewhere on the agenda was the discussion around Governors' observation reports on Board Committees.
- 2.4. The GDC noted that recent reports had become more detailed about the specifics of meeting contents and individual NED performance – as the Committees are held in private and should encourage frank discussion between NEDs and Executives, it was not felt entirely appropriate to share such detail in a public meeting but the value of such observations was noted and agreed.

- 2.5. The GDC discussed in some detail and agreed the following:
- 2.6. A new template would be developed to facilitate Governors' feedback from Board Committees;
- 2.7. This would have two parts, part A which would come to public Council meetings and focus on the overall effectiveness of the assurance process observed at Committees, and part B, which would include reflections on the contents of discussion and individual/notable NED performance, which would be shared with the Chair and retained to help inform Governors' appraisals of NEDs.
- 2.8. This will be trialled, reviewed at a future GDC and can be amended if unsuccessful.

### **3. Recommendations:**

- 3.1. The Council is asked to:
- 3.1.1. Note this report;
  - 3.1.2. Read the minutes provided; and
  - 3.1.3. Review, comment on and hopefully approve the three items included in your papers:
    - Revisions to the Code of Conduct
    - Recommendation to update election processes and timings
    - Process to appoint an External Auditor
- 3.2. All Governors are invited to join the next meeting of the Committee on **13 April 2021 2-4pm via Teams.**

Nicki Pointer, Deputy Lead Governor (On behalf of the GDC)

*See below for the minutes of the GDC meetings*

## Appendix GDC Minutes

### South East Coast Ambulance Service NHS Foundation Trust

#### Minutes of the Governor Development Committee

Microsoft Teams – 11 February 2021

#### Present:

Nicki Pointer	(NP) Lower East Public Governor & Lead Governor
Geoff Kempster	(GK) Upper West SECAMB Public Governor
Marcia Moutinho	(MMO) Staff Governor (Non-Operational)
Harvey Nash	(HN) Lower West SECAMB Public Governor
Isobel Allen	(IA) Assistant Company Secretary
Waseem Shakir	(WS) Staff Elected Governor & Deputy Lead Governor
Leigh Westwood	(LW) Lower East Public Governor
Nigel Robinson	(NR) Lower West SECAMB Public Governor
Chris Burton	(CB) Staff Elected Governor
Brian Chester	(BC) Upper West SECAMB Public Governor
Nigel Wilmont-Coles	(NWC) Staff Elected Governor
Vanessa Wood	(VW) Appointed Governor
David Astley	(DA) Chair of SECAMB
Howard Pescott	(HP) Appointed Governor

#### Minute taker:

Katie Spendiff	(KS) Corporate Governance & Membership Manager
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#### 1. Welcome and introductions

- 1.1. NP welcomed Governors to the meeting.

#### 2. Apologies

- 2.1 Apologies were received from Sian Deller, Marianne Philips.

#### 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 taken as an accurate record.
- 4.2 The action log was reviewed. DA noted the action on the communications review and noted that the pandemic has not helped in gaining traction on this. DA noted that previously a review was undertaken and there had not been a huge appetite to act on it at the time. The Board were keen to look into internal and external communications and undertake a more in-depth report in due course. Laurie McMahon would be the lead NED overseeing this. BC noted there was a lot of Governor support to move forward with this.



- 4.3 NP noted the opportunity to observe with crews was paused for now but would be kept on the log for when the opportunity was available.
- 4.4 NP noted the addition of a vacancy for West Sussex Governor to the Council in the action log. IA advised there would be a paper going to the next Council meeting on this.

**5. Discussion of any feedback from Council meeting 1 December 2020 -to include review of how Board Committee focus sessions with NEDs are working**

- 5.1 No observations made, taken as useful and effective meetings.

**6. Discussion of agenda for Council meeting 4 March 2021**

- 6.1 IA gave an overview of suggested items. IA recommendation was to take items 1-6 which included presentation of the audit report, recommendations on changes to elections, Quality and Patient Safety Committee deep dive, feedback reports on NED committee meetings, approvals to changes of code of conduct and approval for the process of appointing external auditors to the formal March Council meeting.
- 6.2 BC noted that it would be a virtual meeting and it would be good to confirm the auditor's attendance.
- 6.3 DA noted today's NHS white paper could be circulated to the Council for information while the Trust develops its response to it. The Board would welcome the Council's view on this.
- 6.4 GK noted ePCR was on the list as a potential agenda item. As it had been in use for 18 months he questioned if this could be removed as an agenda item for now.
- 6.5 HP noted that an Integrated Care System briefing would be useful for the Council and how SECAMB's relationship works with those. DA noted the CEO could cover this in his report. IA noted this linked into the white paper.
- 6.6 HP noted staff wellbeing in the public sector should be an area of concern for the Governors. IA noted items on this were escalated within the Workforce and Wellbeing Committee reports that go to the Council and Board. This should help steer questioning and focus on this subject for Governors. DA noted a particular NED Tom Quinn had taken this on within a personal remit for focussing on wellbeing of colleagues.

**7. Governor code of conduct – revision for comment before recommendation to the Council**

- 7.1 IA noted code of conduct provided within the paper. The Trusts Information Governance (IG) Lead was keen for all Trust codes of conduct to reflect good IG practice, so the proposed changes were tracked within it. There were also references to the process for managing concerns with Governors referenced within the document.
- 7.2 IA noted need to agree process of acceptance and signing. This could be consent via email. The GDC agreed.
- 7.3 BC noted consent to undertake a DBS check was included in 12.17 and queried if this was still valid. IA noted there were ongoing discussions as to whether Governors should or shouldn't be DBS checked and this made provision for requirement if needed.
- 7.4 HP noted that the Health and Social Care Act 2012 was being updated via the white paper and Governors framework and roles were detailed within that.
- 7.5 GK noted need to amend the non-compliance section to change point 11.3 to 11.2.
- 7.6 BC noted he had reservations on the section on how the Trust deals with complaints regarding Governor behaviour. BC queried need for anonymity regarding complaints by Governors on other Governors. IA noted that a revision went to the Council which

provided for anonymity as oppose to precluding. IA to circulate the final version that went to Council.

**ACTION: IA to check regarding final version of code of conduct and process for raising concerns and ensure latest is included for March Council meeting.**

## **8. External Audit appointment – working group proposal**

- 8.1 IA noted the Council was responsible for appointing an external auditor. The re-appointment process took place every three years. The Trust is currently in a one-year extension to the contract with its current provider. Decision for new provider or re-appointing existing provider needs to be in place by August 2021.
- 8.2 Previously a small working group had worked with the Trusts Audit Committee to organise and carry out this recruitment process. This had worked well in the past in a similar vain to the Nominations Committee.
- 8.3 IA noted the proposed terms of reference were attached for the group and she would like to take these to the March Council meeting for review. IA noted it was a reasonably specialist field, so would seek Governors with experience to express interest via a short statement.
- 8.4 HN asked if the area of experience had to be in financial audit as he had experience in quality audits. NP noted HN's experience was transferable.
- 8.5 HN noted in the terms of reference points 5.4 and 5.5 duplicated each other and the word 'to' was not required.
- 8.6 BC noted that he was a finance director and had experience with KPMG, he noted that within the NEDs you had very senior experience in this area. BC noted there were broader aspects to audit, so a wider skillset and fresh pair of eyes could be useful.

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

- 9.1 IA noted that the Council's strength lay in attendance at the formal meetings and after the last GDC meeting it was agreed this would be reviewed at every GDC going forward.
- 9.2 IA advised that no one currently triggered the attendance policy at this stage.
- 9.3 IA noted that HP had not attended 3 Council meetings in a row previously and that he had read about this in the minutes. IA apologised for not being in touch to discuss this, but it was felt to not be an issue as the reasons for missing the meetings were very valid. IA noted she would reach out to Governors directly after the meeting regardless of the decision in the future.
- 9.4 VW noted that as a fellow Appointed Governor she had also found it challenging to juggle work and Governor meetings. VW noted that virtual meetings helped increase the opportunity of attendance for her.

## **10. Writing feedback reports on Board Committee observations**

- 10.1 IA noted that when Governors observed NED committee meetings, they were asked to record their observations on a template report. The recent reports received had been very detailed, and she sought to understand which was the best approach and to re-agree the purpose of observing NED committees. The recent reports had reflections on NED performance and quite granular detail on content which was not the initial purpose.
- 10.2 The aim of the observation was for Governors to see and understand the assurance NEDs seek in action. IA noted she was keen for NEDs to undertake their business as they would if Governors were or were not at the meeting. The existing template

focussed on chairing style and broader themes including NED performance within the committee.

- 10.3 GK noted that he agreed with Izzy on keeping the observations brief and to not detail any confidential information leading to redaction.
- 10.4 DA noted he welcomed the discussion. DA noted that if Governors had individual concerns on NEDS performance or style, they could speak to him directly. DA also noted the Senior Independent Director who was available for this purpose as well – currently Lucy Bloem, and this would be passed to Michael Whitehouse in September when Lucy's term finished.
- 10.5 DA left the meeting as advised earlier.
- 10.6 HN noted important to agree the purpose of the reports to help Governors when they come to complete them. HN was however keen to include some concrete examples regarding performance.
- 10.7 NP noted there could be a footnote on specific performance.
- 10.8 PL noted that the report from Governors in the public domain should take a standardised approach as given by IA. PL suggested a part B for the Chairman's reference for these reports for looking back at NED performance over the year.
- 10.9 BC noted these footnotes could be included and shared with Governors when views were sought on NED performance for appraisal.
- 10.10 NR noted that the example report was candid and factual and showed a collective's performance. NR was keen to build on the type of report enclosed but respect the confidentiality around NED performance and meeting content.
- 10.11 HN noted he was one of the Governors who had written the sample report and in hindsight he would have tied themes back to individual NEDs but agreed this content was not for public consumption, and, should be detailed in a private notes section.
- 10.12 IA noted they would trial part A and part B on NED observation reports. IA queried if the comments on performance should be circulated to the Council or directly to the Chair especially if it could be perceived as negative. GDC agreed Part B shared with just the Chair for now. IA would draft a template to circulate to the Council for review.

**ACTION: IA to circulate revised NED committee observation report template to the Council for review.**

## **11. Any other business**

- 11.1 No further business was raised.

## **12. Review of meeting effectiveness**

- 12.1 The meeting was deemed to have been effective.

**The next GDC meeting takes place on 13 April 2021 2-4pm via Teams.**

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

## **Council of Governors**

### **G – Code of Conduct revisions**

#### **1. Introduction**

1.1 The Trust has recently reviewed its volunteering documents and is developing a new handbook for volunteers.

1.2 One of the drivers of this review was to ensure data protection requirements were effectively included in the code of conduct/expectations set of volunteers when they start working with SECamb.

1.3 The new volunteer handbook won't apply to Governors as we have specific documents that reflect the statutory nature of the role of Governors and the Council, as set out in our Constitution.

1.4 However, the data protection considerations are worthy of inclusion within the Governor Code of Conduct.

1.5 In addition, the Code of Conduct has been updated to reference the Process for Managing Concerns Raised about a Governor's Standards of Conduct. This document is included within the papers for ease of reference.

1.6 There is one change that has been made to the Process for Managing Concerns... to include provision for anonymous complaints so long as this doesn't make the investigation process ineffective or unfair.

1.7 Finally, the Code of Conduct has been updated with the parts of the Trust's Constitution which explain criteria that prevent a Governor from accepting the position, for clarity.

1.8 Changes are tracked within the revised Code of Conduct and Process for Managing Concerns....

#### **2. Recommendation**

2.1 Governors are asked to review, discuss and hopefully approve the proposed updates to the Code of Conduct.

2.2 As the changes are minor (though important) it is then proposed that the revised document be sent to all Governors and you will be asked to email us confirming acceptance. As new Governors join the Council they will be asked to sign the revised version of the Code of Conduct.

Isobel Allen, Assistant Company Secretary

# Council of Governors Code of Conduct

## 1. Introduction

- 1.1 This code sets out appropriate conduct for Governors and addresses both the requirements of Office and their personal behaviour.
- 1.2 The code complements the Trust's constitution. The code should be read in conjunction with any relevant documents issued by Monitor. The Trust's constitution embodies the legal requirements for Governors.
- 1.3 Members of the Trust elected to the Council of Governors will be required to sign a declaration to confirm that they will comply with this code in all respects and that they support the Trust's objectives.

## 2. Qualifications for Office

- 2.1 A person may not become or continue as a Governor if:
  - 2.1.1 he is an Executive or Non-Executive Director of the Trust;
  - 2.1.2 he is the spouse, partner, parent or child of a member of the Board of Directors of the Trust;
  - 2.1.3 he is a member of a local authority's scrutiny committee covering health matters;
  - 2.1.4 in the case of an elected Governor, he is a governor or director of another NHS Foundation Trust or NHS Trust;



- 2.1.5 in the case of an elected Governor he ceases to be a member of the Constituency by which he was elected;
- 2.1.52.1.6 in the case of an appointed Governor the organisation which appointed him withdraws its appointment of him, or he leaves the employ of the organisation which appointed him;
- 2.1.62.1.7 Monitor has exercised its powers to remove that person as a member of the Council of Governors of the Trust or has suspended him from office or has disqualified him from holding office as a Governor of the Trust for a specified period or Monitor has exercised any of those powers in relation to the person concerned at any time whether in relation to the Trust or some other NHS foundation trust;
- 2.1.72.1.8 he has within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
- 2.1.82.1.9 he is a person whose tenure of office as the chair or as a member or director of a health service body has been terminated on the grounds that his appointment was not in the interests of the health service, for non-attendance at meetings, or for nondisclosure of a pecuniary interest;
- 2.1.92.1.10 he has had his name removed from any list prepared under sections 91, 106, 123, 146 of the 2006 Act, and has not subsequently had his name included in such a list;
- 2.1.102.1.11 he has previously been or is currently subject to a sex offender order and/or required to register under the Sex Offenders Act 1997 or committed a sexual offence prior to the requirement to register under the current legislation;
- 2.1.112.1.12 he has failed or refused (upon request) to confirm in writing that he will abide by any code of conduct which the Trust shall have published from time to time;
- 2.1.122.1.13 he is incapable by reason of mental disorder, illness or injury of managing and administering his property and affairs;
- 2.1.132.1.14 he is reasonably considered by the Trust's Board of Directors to be a vexatious complainant (including in circumstances where complaints have not been upheld);
- 2.1.142.1.15 he is a person who has been disqualified from being a member of a relevant authority under the provisions of the Local Government Act 2000; or
- 2.1.152.1.16 he is a person who, on the basis of disclosures obtained through an application to the Criminal Record



Bureau, is considered unsuitable by the Trust's Board of Directors.

- 2.2 Governors must continue to comply with the qualifications required to hold office, throughout their period of tenure, as defined in the Constitution. The Trust Secretary must be advised of any changes in circumstances that may disqualify a governor from continuing in office. Examples of this would include a Public Governor becoming an employee of the Trust or a Staff Governor leaving the employment of the Trust.

### **3. Governor Principles**

- 3.1 Governors must:
- 3.2 Adhere to the Trust's rules and relevant policies and support its objectives, in particular those of retaining Foundation status and developing a successful Trust.
- 3.3 Act in the best interests of the Trust and its members.
- 3.4 Actively support the vision and aims of the Trust in developing as a successful NHS foundation trust.
- 3.5 Not use their role to pursue personal or political agendas.
- 3.6 Contribute to the workings of the Council of Governors in order for it to fulfil its role and function as defined in the Trust constitution.
- 3.7 Recognise that their role is a collective one. Governors exercise collective decision making on behalf of all patients, members, local public and staff.
- 3.8 Note that the functions allocated to governors are not of a managerial nature (see Appendix 1 for governor functions).
- 3.9 Abide by the "Nolan Principles" (see Appendix 2).

## **~~4.~~ Confidentiality**

### **~~4.1~~ Confidentiality and Data Protection**

- 4.1. As a Trust confidentiality remains at the forefront of our organisation. In the course of providing your volunteering services, you may have access to confidential information relating to the Trust, our employees, or our service users.
- 4.2. Therefore, you must not use, save or disclose any information which you are party to, to any other person during your volunteering time with

us or at any other time after your volunteering duties cease. This duty of confidentiality also relates to information posted on social media forums or websites.

4.3. You are required to ensure that you comply with our Information Governance, Data Protection and Social Media policies and with Data Protection Legislation. For the purposes of this paragraph, "Data Protection Legislation" means all applicable data protection and privacy legislation, regulations and guidance.

4.4. This includes but is not limited to, the GDPR 2016, Data Protection Act 2018, Common Law Duty of Confidentiality (Confidentiality Law) and the Privacy and Electronic Communications (EC Directive) Regulations 2003. It also includes any further guidance or codes of practice issued by any data protection regulator or authority from time to time.

4.5. If you are unsure as to what compliance with this requirement entails, please contact us.

~~4.1.4.6.~~ All governors are required to respect the confidentiality of the information shared as a result of their membership of the Council of Governors and sign the confidentiality agreement found at Appendix 3.

## **5. Conflict of interests**

5.1 Governors must act with utmost integrity and objectivity and in the best interests of the Trust in performing their duties. They must not use their position for personal advantage or seek to gain preferential treatment. Any Governor who has a material interest in a matter must declare such interest to the Council of Governors and:

5.1.1 Shall not vote on any such matter,

5.1.2 Shall not be present except with the permission of the Council of Governors in any discussion of the matter.

5.2 If in any doubt advice should be sought from the Assistant Company Secretary.

5.3 Any Governor who fails to disclose any interest required to be disclosed must permanently vacate their office if required to do so by at least two thirds of the remaining governors.

## **6. Council of Governors meetings**

6.1 Governors have a responsibility to attend meetings of the Council of Governors. When this is not possible they should submit an apology to the Assistant Company Secretary in advance of the meeting.

- 6.2 Absence from the Council of Governor meetings for two consecutive meetings will require prior approval from the Chairman.
- 6.3 In accordance with the Constitution, absence from the Council of Governor meetings without good reason [as established to the satisfaction of the Council of Governors] is grounds for disqualification. If a Governor fails to attend three consecutive Council of Governor meetings his or her Tenure of Office is to be immediately terminated unless the Council of Governors are satisfied that the absence was due to a reasonable cause and he/ she will be able to start attending meetings again within such a period as they consider reasonable.

## **7. Personal Conduct**

- 7.1 Governors are required to adhere to the highest standards of conduct in the performance of their duties. In respect of their interaction with others, they are required to:
  - 7.1.1 Adhere to good practice in respect of the conduct of meetings and respect the views of other governors.
  - 7.1.2 Be mindful of conduct which could be deemed to be unfair or discriminatory.
  - 7.1.3 Be present for meetings at the correct time and be in attendance for its duration.
  - 7.1.4 Treat the Board of Directors and other employees with respect and in accordance with the Trust's policies.
  - 7.1.5 Recognise that the Governors and Trust managers have a common purpose i.e. the success of the Trust and adopt a team approach.
  - 7.1.6 Governors must conduct themselves in such a manner as to reflect positively on the Trust. When attending external meetings or any other events at which they are present it is important for Governors to be ambassadors for the Trust.
  - 7.1.7 Respect the confidentiality of information received in their role as a Governor.

## **8. Accountability**

- 8.1 Governors are accountable to the membership and should demonstrate this by attending members' meetings and other key events, which provide opportunities to interface with the membership.

## **9. Training and Development**

- 9.1 Governors are required to participate in an induction programme and any subsequent training programmes.
- 9.2 If a Governor refuses to undertake induction and any subsequent training which may be necessary and that the Council of Governors requires all Governors to undertake, he/ she may be removed by resolution passed by a majority of the remaining Governors.

## **10. Contact with the Trust**

- 10.1 When Governors wish to visit the premises of the Trust in a formal capacity [as opposed to as individuals in a personal capacity], the Governor shall liaise with the Corporate Service Coordinator – Membership and Governors to make the necessary arrangements.

## **11. Non-Compliance with the Code of Conduct**

- 11.1 Non-compliance with the Code of Conduct may result in action being taken in accordance with the Process for Managing Concerns about a Governor's Standards of Conduct, as follows:

~~11.1.1 Where misconduct takes place, the Chair shall be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting.~~

~~11.1.2 Where such misconduct is alleged, it shall be open to the Council of Governors to decide, by the majority of those in attendance, to lay a formal charge of misconduct.~~

~~11.1.3 Notification to the Governor in writing of the allegations, detailing the specific behaviour, which is considered to be detrimental to the Trust, and inviting and considering their response within a defined timescale.~~

~~11.1.4 Inviting the Governor to address the Council of Governors in person if the matter cannot be resolved satisfactorily through correspondence.~~

~~the Code of Conduct the Governor may be removed from the Council of Governors by resolution approved by not less than two thirds of the remaining Governors present and voting at a General Meeting of the Council of Governors.~~

- 11.23 This Code of Conduct does not limit or invalidate the right of the Governor or the Trust to act under the Constitution.

## **12. DECLARATION**

- 12.1 In undertaking the role of Governor of this NHS Foundation Trust all Governors shall sign the following declaration:
- 12.2 I ..... (Print name) agree to abide by the Code of Conduct for Governors of South East Coast Ambulance NHS Foundation Trust and agree that I will:
- 12.3 Seek to ensure that my fellow Governors are valued as fellow colleagues and that their views are both respected and considered;
- 12.4 Accept responsibility for my own actions;
- 12.5 Show my commitment to working as a team member by working with all my colleagues in the NHS and the wider community;
- 12.6 Seek to ensure that the membership of the constituency I represent is properly informed and given the opportunity to influence services;
- 12.7 Seek to ensure that no one is discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social and economic status or national origin;
- 12.8 Comply with the constitution;
- 12.9 Respect the confidentiality of individual patients;
- 12.10 Respect the confidentiality of Trust information supplied to the Council of Governors;
- 12.11 Sign and abide by the Trust's confidentiality agreement (Appendix 3);
- 12.12 Not knowingly make or permit, any untrue or misleading statement relating to my own duties or the functions of the Trust;
- 12.13 Contact the Head of Communications (via the Assistant Company Secretary) to discuss and gain approval to respond to a question from the media or speak with stakeholders;
- 12.14 Support and assist the Accountable Officer of the Trust in his/her responsibility to answer to the regulator, commissioners and the public for the performance of the Trust.
- 12.15 Elected Governors - If I am a member of any trade union, political party or other organisation, I recognise that I must declare this fact and that I will not be representing those organisations (or the views of those organisations) but will be representing the constituency (patient, public or staff) that elected me.

12.16 Appointed Governors - If I am a member of any trade union, political party or other organisation, I recognise that I must declare this fact and that I will not be representing those organisations (or the views of those organisations) but will be representing the organisation/ group of organisations that I represent.

| 12.17 Consent to undertake a Disclosure and Barring Service check if asked (at the expense of the Trust) and provide the Trust with a copy of the disclosure. I understand that failure to disclose and/or submission of an unsuitable disclosure may result in a Governor being unable to continue int the role.

**Signature:** .....

**Date:** .....



## **APPENDIX 1 – Governor Functions**

### **1.0 Statutory powers and duties of the Council of Governors**

1.1 The statutory duties of NHS foundation trust governors are set out in The National Health Service Act 2006. The duties are to:

- appoint and, if appropriate, remove the chair;
- appoint and, if appropriate, remove the other non-executive directors;
- decide the remuneration and allowances, and the other terms and conditions of office, of the chair and the other non-executive directors;
- approve the appointment of the chief executive;
- appoint and, if appropriate, remove the NHS foundation trust's auditor; and
- receive the NHS foundation trust's annual accounts, any report of the auditor on them and the annual report.

1.2 In addition, in preparing the NHS foundation trust's forward plan, the board of directors must have regard to the views of the council of governors.

### **1.3 From the Health and Social Care Act 2012:**

- hold the non-executive directors individually and collectively to account for the performance of the board of directors
- represent the interests of the members of the trust as a whole and of the public.
- 'Significant transactions' must be approved by the governors. Approval means that more than half of the governors voting agree with the transaction. The trust may choose to include a description of 'significant transactions' in the trust's constitution.
- The council of governors must approve an application by the trust to enter into a merger, acquisition, separation or dissolution. In this case, approval means more than half of all governors agree with the application.
- Governors must decide whether the trust's private patient work would significantly interfere with the trust's principal purpose i.e. the provision of goods and services for the health service in England or the performance of its other functions.
- The council of governors must approve any proposed increases in private patient income of 5% or more in any financial year. Approval means more than half of the governors voting agree with the increase.
- Amendments to the trust's constitution must be approved by the council of governors. Approval means more than half of the governors voting agree with the amendments. Amendments will no longer need to be submitted to Monitor for approval.

### **1.4 Additional rights and powers**

- The council of governors may require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and for deciding whether to propose a vote on the trust's or directors' performance).

### **1.5 Additional responsibilities for the trust**

- Before each board meeting, the board of directors must send a copy of the agenda to the council of governors.
- After the meeting, the board of directors must send a copy of the minutes to the council of governors.
- The trust must take steps to ensure that governors have the skills and knowledge they require to undertake their role.

## **APPENDIX 2 – The Nolan Principles of Public Life**

### **Selflessness**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

### **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

### **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

### **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

### **Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

### **Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

### **Leadership**

Holders of public office should promote and support these principles by leadership and example.

### APPENDIX 3 – Confidentiality Agreement

1. Your personal responsibility concerning security and confidentiality of information (relating to patients, staff and the organisation):
2. During the course of your time with the Trust, you may acquire or have access to confidential information. This must not be disclosed to any other person unless in pursuit of your duties or with specific permission given by a person on behalf of the Trust. This condition applies during your relationship with the Trust and after the relationship ceases.
3. Confidential information includes all information relating to the Ambulance Trust and its patients and employees. Such information may relate to patient records, telephone calls about patients or staff; electronic databases or other methods of communication, use of fax machines; hand-written notes containing patient information etc. If you are in doubt as to what information may be disclosed, you should check with the Company Secretary.
4. ¥You are required to ensure that you comply with our Information Governance, Data Protection and Social Media policies and with Data Protection Legislation. For the purposes of this paragraph, “Data Protection Legislation” means all applicable data protection and privacy legislation, regulations and guidance.
5. This includes but is not limited to, the GDPR 2016, Data Protection Act 2018, Common Law Duty of Confidentiality (Confidentiality Law) and the Privacy and Electronic Communications (EC Directive) Regulations 2003. It also includes any further guidance or codes of practice issued by any data protection regulator or authority from time to time.  
~~The Data Protection Act 1998 (DPA) regulates the processing of personal information relating to living individuals. The Access to Health Records Act 1990 applies to health records of the deceased.~~
6. If you are found to have made an unauthorised disclosure you may personally face legal action.
7. I understand that I am bound by a duty of confidentiality and agree to adhere to this confidentiality Agreement and the requirements of the Data Protection Act 1998. I understand that failure to comply may result in disciplinary and/or legal action.

Print Name:

Signature:

Date:

8. On Behalf of the Trust:

Witness:

Witness Signature:

Date:



## Process for Managing Concerns about a Governor's Standards of Conduct

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## **A. Introduction**

The purpose of this document is to provide a process to follow if allegations are made that a Governor has not acted in ways consistent with what is expected of a Governor. The aim is to ensure openness and consistency in the management of such allegations.

## **B. Guidance**

The **Trust's Constitution** lays out the standards required:

### **Annex 6, section 4: Code of Conduct**

All members of the Council of Governors are required to comply with any Code of Conduct for Governors adopted by the Council of Governors or Board of Directors from time to time.

All Governors are required to sign the Code of Conduct on election or appointment to the Council of Governors.

The Code of Conduct for the Council of Governors provides detail about the standards expected and notes:

### **Personal Conduct**

Governors are required to adhere to the highest standards of conduct in the performance of their duties. In respect of their interaction with others, they are required to:

- Adhere to good practice in respect of the conduct of meetings and respect the views of other governors.
- Be mindful of conduct which could be deemed to be unfair or discriminatory.
- Be present for meetings at the correct time and be in attendance for its duration.
- Treat the Board of Directors and other employees with respect and in accordance with the Trust's policies.
- Recognise that the Governors and Trust managers have a common purpose i.e. the success of the Trust and adopt a team approach.
- Governors must conduct themselves in such a manner as to reflect positively on the Trust. When attending external meetings or any other events at which they are present it is important for Governors to be ambassadors for the Trust.
- Respect the confidentiality of information received in their role as a Governor.

All appointments to NHS Trusts are bound by the seven Nolan Principles of public life, which are the basis of the ethical standards expected of public office holders:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

In addition, Governors are expected to uphold the Trust's values:

- Taking pride
- Striving for continuous improvement
- Acting with integrity
- Demonstrating compassion and respect
- Taking responsibility

Disqualification from the Council is also provided for in the Code of Conduct:

*11.2 If a Governor is considered to have acted in a manner inconsistent with the Code of Conduct the Governor may be removed from the Council of Governors by resolution approved by not less than two thirds of the remaining Governors present and voting at a General Meeting of the Council of Governors.*

## **C. Process**

1. When anyone (including but not restricted to a Governor, member of staff, volunteer or member of the public) raises a concern about a Governor's conduct, they should bring their concerns to the attention of the Trust Chair or Company Secretary, providing a written statement (email is fine) giving all details of the concern. Those outside the Trust should submit their concern to [ftmembership@secamb.nhs.uk](mailto:ftmembership@secamb.nhs.uk).
2. ~~All concerns will be treated with the strictest confidence until the process is completed.~~ Concern(s) may be raised anonymously or via a third party. Complainants' anonymity will be protected on request, unless this makes effective investigation unfeasible and/or prevents the Governor who is the subject of the complaint from responding to the concerns raised. An anonymous complainant will be informed if it becomes necessary to identify them prior to their identity being shared, giving them the opportunity to consider how to proceed. Support will be provided to them as required.
3. The Trust Chair and Company Secretary are to decide whether the allegation does represent a concern in relation to the Code of Conduct and the standards expected of a Governor, within a timeframe agreed with the person who raised the concern, based on the complexity of the issue raised. This may necessitate undertaking an investigation, including taking statements and collating evidence.
4. If the decision is taken that the concern is not substantiated, the person raising the concern should be advised and:

- a. If the person raising the concern accepts the outcome, then the matter will be closed without any further action save advising the Governor the complaint was about that a complaint was received but was not deemed substantiated.
  - b. If the person raising the concern does not agree with the decision, they may submit their concern to the Senior Independent Director (SID) for the decision to be reviewed. This must be submitted within five working days of them being advised of the decision following stage 2 above.
5. The SID must reach a decision within 10 working days of receiving the request and either support the decision taken by the Trust Chair and Company Secretary or instruct that, in their view, it is possible that the Code of Conduct has not been followed. –The SID may request further enquiries be made, which must be completed within a timeframe agreed with the person raising the concern.
6. If the decision is taken that there are grounds to consider that a breach of the Code of Conduct has occurred, the facts are presented to the Governor who is alleged to have made the breach. This should be done within five working days of the decision being taken, unless there is a valid reason that makes this unrealistic. In which case, it must be done at the earliest opportunity.
  - a. If the Governor concerned accepts that a breach has occurred, the resulting action will depend on the severity of the breach.
  - b. The Governor may choose to stand down from the Council voluntarily. This must then be reported to the full Council virtually and confirmed at the next formal public meeting.
  - c. In cases where the breach is for a non-mandatory requirement, the Trust Chair, Company Secretary and/or SID can consider issuing a warning note rather than asking the Governor to resign. They may also insist on mediation, training or other action alongside the formal warning. Again, the matter must be reported to the full Council virtually and confirmed at the next formal public meeting.
  - d. If the Governor concerned contests that a breach has occurred, they will be asked to provide a written statement (email is fine) outlining their reasons for contesting the allegation. This needs to be done within ten working days of being informed of the allegation unless there is a valid reason which makes this unrealistic. In such cases an extended deadline must be agreed and the person raising the concern notified. While a Governor is being investigated for a potential breach they will be suspended from duties and will not be sent confidential information.
7. The Chair and Company Secretary are to consider the statement provided and reach a decision, within ten working days of receiving the statement, as to whether a breach has occurred. If further enquiries are required, then these must be completed within a timeframe agreed with the Governor concerned and the person raising the concern.

#### **D. Outcome**

- a. If it is considered that a breach has not taken place the person raising the concern should be advised of the conclusion, with an explanation if this can be provided

without breaching the confidentiality of the Governor against whom the allegation has been made. The Governor against whom the concern was raised will also be informed and they will be fully reinstated to their Governor role, and any information and documents they have missed will be provided.

- b. If a breach is deemed to have occurred, and it relates to a mandatory requirement, this will result in permanent disqualification from the role of Governor and from the FT membership. It will be for the Chair and Company Secretary to decide whether the Governor should be given the opportunity to resign before being removed from the role, however their disqualification will be permanent.
  - c. If the breach is of a non-mandatory requirement, and it is not considered suitable that a warning be issued, the case should be taken to a formal meeting of the full Council, in private, by way of providing the statement from the originator who raised the potential that the breach had occurred and the statement from the Governor concerned. A minimum of three weeks' notice must be given.
  - d. If 75% of the Governors attending the meeting (virtual attendance at the meeting via the phone or electronic means is accepted) agree that there has been a breach, the Governor concerned will be permanently excluded from the role and FT membership. If Council do not agree, the Governor will be reinstated to duties and any information and documents they have missed during suspension will be provided.
8. Following completion of step 6, it will be reported at the next formal public meeting of the Council that an allegation had been made and the outcome of the process provided. The level of detail included will be on a case by case basis considering the confidentiality of those involved.

**Annex A** below provides examples of potential areas of concern.

**Annex B** provides a chart summarising the above process.

Review date: **September 2021**

## Annex A: Examples of areas of legitimate concern

Non-Statutory	Statutory	Criminal
Conflict of interest making membership of the Council untenable, or failure to declare a significant conflict of interest, or failure to remove oneself from voting where one has a conflict of interest.	A person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it.	Potentially, breach of confidentiality.
Governor's personal conduct which could reasonably be regarded as prejudicial or as bringing the Council of Governors or the Trust into disrepute.	A person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him.	To make a declaration which a Governor knows to be false in some material respect
Treating Trust staff, volunteers or Governor colleagues without respect or without recognition of common purpose.	Named on registers of Schedule 1 offenders pursuant to the Sex Offenders Act 1977 and/or the Children and Young Persons Act 1933.	Breach of data protection rules.
Breach of confidentiality (may also be criminal depending on the circumstances).	A person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged.	Slander / libel.
Knowingly making untrue or misleading statements relating to the Council or the Trust.	Governor who fails to comply with the Trust's values, the Trust's code of conduct, the Nolan Principles, the requirements of the Statutory Framework and any relevant guidance issued by NHS Improvement.	Stealing from the Trust, members of staff or the public or other offences of dishonesty, including fraud and/or corruption.
Failure to attend required training within a reasonable timescale and without good reason.	Governor who ceases to meet the eligibility criteria.	Sexual misconduct and violent or abusive behaviour.
Failure to arrange Trust visits or attendance at Trust events with the involvement or prior notification of the Corporate Governance Team.	Failure to attend three consecutive meetings without a reason acceptable to the Council.	Discrimination, harassment or bullying on the grounds of gender, pregnancy, sexual orientation, race, disability, age or religion or belief.
Failure to involve the Trust's Communications Team prior to speaking to the media.		Failure to comply with some elements of the fit and proper persons requirements.
Inappropriate use of social media (in contravention of the Trust's policy)		Breaches of the Fraud Act 2006.
		Breaches of the Bribery Act 2010.

## **Annex B: Summary of the process**

### **Log concern**

- Written statement (email is fine) of concern provided to Chair or Company Secretary
- They jointly decide whether the conduct breaches the Code of Conduct
- If no breach identified, no further action is taken save informing the complainant and the person the complaint was made against
- If the complainant is not content, the SID reviews the decision and makes a final decision

### **Identify breach**

- If a breach is identified, the Governor concerned is advised of the allegation
- If the Governor concerned agrees their conduct falls short, they will be asked to stand down, can be issued with a warning (for breaches of non-mandatory requirements) or offered mediation or training if applicable

### **Governor contests allegation**

- Chair and CoSec investigate further. Governor concerned is asked to provide a written statement (email is fine)
- If a breach has not occurred, Governor concerned to be advised. Report to next formal public Council meeting
- If a breach of a mandatory requirement has occurred, the Governor is removed from the role without recourse to the Council

### **Vote held at Council**

- If the breach is non-mandatory, the issue is taken to the next full Council meeting in private, and 75% of Governors attending must agree a breach has occurred in order to take further action
- If Governors agree breach, the Governor is asked to resign
- If Governors find no breach, case is closed



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

## **Council of Governors**

### **H – Governor Election Proposals**

#### **1. Introduction**

- 1.1. At the Governor Development Committee in August discussion took place about potentially standardising election timings to create more evenly spaced out annual elections. The discussion led to consideration of additional changes that might be made to improve the election cycle. At its subsequent meeting in October, the proposals were developed and refined to create the proposal presented to Council here.
- 1.2. Governors should be warned in advance that this looks fairly complicated in terms of shifting the elections to enable Governor elections to take place every year. It's simpler than it looks, but the key implication is that a number of Governors whose terms end in 2022 (and who may wish to stand for re-election) would only be able to stand for two years, should this proposal be accepted.

#### **2. Former Brighton seat and West Sussex representation**

- 2.1. Currently 1 seat in Lower East SECamb (East Sussex including Brighton & Hove) will be up for re-election in June 2021.
- 2.2. The current Governor in this position has already advised they are not planning to re-stand, so we propose that vacancy is held open for a year and becomes part of the 2022 elections.
- 2.3. Discussion has previously taken place around increased representation in Lower West SECamb (West Sussex) by 1 seat as the population number equals that of the merged constituency of Brighton and Hove and East Sussex which has three Governors. If agreed, the constitution will need to be amended and governance followed regarding any change approval (Board approval of Constitution changes is also required).

#### **3. Crossover period for election induction**

- 3.1. It was discussed that it would be useful for newly elected Governors to start their induction to the Trust earlier so they can observe the existing Council in action before commencing their term of office and the first Governor meeting they attend.
- 3.2. To enable this, Governor elections would need to take place earlier in the year, with the process beginning in September after the Annual Members Meeting. Election results would be announced in early December after the date of the Council meeting and inductions would commence in January to start their term of office in March. All those standing to be elected would be encouraged to observe the December Council of Governors meeting and committee meetings.
- 3.3. This year there was a short period between the induction and the first Council meeting, so this seeks to rectify that and provide some crossover between previous and newly elected Governors.
- 3.4. It does increase the workload of the membership office to cover the election preparations, annual members meeting and newsletter within the same three months, but support can likely be sought within the team to accommodate this. It will just be a very busy period! We will need to agree that the benefits outweigh this.

3.5. A key risk of this approach is that any Governors not re-elected in December will vanish from the Council and Committees December-1 March, leaving a possible gap in representation until newly elected Governors start in post. The Council is asked to consider this risk.

#### 4. Rotation of Council vacancies

4.1. There was discussion about aligning Governor terms of office so that approximately one third of the Council is up for election every year. This would involve changing the constitution to enable elections to a two-year term of office for half those Governors up for re-election in 2022 (to shift the terms so we would subsequently hold elections every year). This would reduce some current Governors' new terms of office if they chose to re-stand and were re-elected in 2022.

4.2. We would need to select a number of posts that become two-year posts as a one-off. See the table below as an illustration of what the full cycle could look like to address this issue. The greying shows how these 2-year terms would enable the move to elections being held every year.

Year	2 year term	3 year term	No. of Governors up for election each year
2022	1 Lower East 1 Op Staff 1 Lower West – new position 2 Upper West	1 Lower East 1 Op Staff 1 Non-Op staff 1 Upper East 1 Upper West 1 Lower West	
2023		1 Op Staff 1 Lower West 1 Upper West 3 Upper East 1 Lower East	7
2024		1 Lower East 1 Op Staff 1 Lower West 2 Upper West	5
2025		1 Lower East 1 Op Staff 1 Non-Op staff 1 Upper East 1 Upper West 1 Lower West	6

4.3. The table below shows who is up for election when, and their constituency, for your information. Appointed Governors are not elected so are not included below.

Election year	Terms up
2022	<b>Vacant – previously Marianne Phillips – Lower East SECamb</b> Public Governor (East Sussex including Brighton & Hove) <b>Marcia Moutinho - Non-Operational Staff</b> Governor <b>Nigel Wilmont-Coles - Operational Staff</b>

	<p>Governor  <b>Was Shakir</b> - Operational Staff Governor  <b>Nicki Pointer</b> - Lower East SECamb  Public Governor (East Sussex including Brighton &amp; Hove)  <b>Harvey Nash</b> - Lower West SECamb  Public Governor (West Sussex)  <b>Brian Chester</b> - Upper West SECamb  Public Governor (Surrey/ NE Hants/ West London)  <b>Chris Devereux</b> - Upper West SECamb  Public Governor (Surrey/ NE Hants/ West London)  <b>Geoffrey Kempster</b> - Upper West SECamb  Public Governor (Surrey/ NE Hants/ West London)  <b>Cara Woods</b> - Upper East SECamb  Public Governor (Medway/ Kent/ East London)</p>
2023	<p><b>Christopher Burton</b> - Operational Staff  Governor  <b>Leigh Westwood</b> - Lower East SECamb  Public Governor (East Sussex and Brighton)  <b>Nigel Robinson</b> - Lower West SECamb  Public Governor (West Sussex)  <b>Amanda Cool</b> - Upper West SECamb  Public Governor (Surrey/ NE Hants/ West London)  <b>Colin Hall</b> - Upper East SECamb  Public Governor (Medway/ Kent/ East London)  <b>Sian Deller</b> - Upper East SECamb  Public Governor (Medway/ Kent/ East London)  <b>David Escudier</b> - Upper East SECamb  Public Governor (Medway/ Kent/ East London)</p>
Key	<p>Kent, East Sussex/Brighton, West Sussex,  Staff, Surrey.</p>

## 5. Recommendation

- 5.1. The Council is asked to consider the information provided and come to the meeting to discuss whether to recommend to the Board that we make changes to the Constitution to enable us to:
- 5.1.1. Hold the 1 Lower East vacancy for a year after Marianne's term ends, to bring this into line with other elections;
  - 5.1.2. Add one additional Governor position to the Lower West constituency in 2022 to ensure equal representation based on population numbers for Lower East and Lower West;
  - 5.1.3. Change the timing of elections to end Sept-early December to enable more effective shadowing and inductions; and

5.1.4. Hold a number of two-year term elections in 2022 to enable approximately one third of Governor posts to be up for election each year.

**Izzy Allen**  
**Assistant Company Secretary**

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

## **Council of Governors**

### **I – Process to Appoint an External Auditor**

#### **1. Introduction**

- 1.1. The Council of Governors is responsible for the appointment of the Trust's external auditor.
- 1.2. The external auditor's role is to audit and sign off the Annual Report and Accounts, but also provide assurance with respect to the Value For Money opinion (that SECamb has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources) and the Quality Account.
- 1.3. In September 2017, the Council of Governors appointed KPMG as the Trust's external auditors for three years, with the option to extend by one year. The three-year period ended in September 2020 and, due to pressures of the pandemic and operational performance, rather than retender at that point the Trust elected to activate the extension clause within KPMG's contract.
- 1.4. There is now time (up to the end of August 2021) to conduct a thorough process and go out to tender for external auditors to work with the Trust from September 2021-2024.

#### **2. Appointment process**

- 2.1. In order to ensure that the appointment process is managed effectively, a small Working Group was set up to enable three Governors to work alongside the Chair of the Audit Committee and the Chair of the Finance and Investment Committee to manage the procurement exercise. This worked well, and it is proposed that a similar process be followed for this appointment.
- 2.2. Draft Terms of Reference for the External Audit Working Group are provided to Governors.
- 2.3. The Working Group, once appointed, would then take responsibility for the whole procurement process (as set out in the Terms of Reference):
  - Agreeing the sourcing strategy, including the procurement approach, process and financial envelope;
  - Setting the tender specification for recommendation to the Council of Governors, including the scope of the services required, and the information suppliers should provide;
  - Setting the evaluation criteria, weighting and scoring;
  - Shortlisting among bidders; and
  - Recommending the preferred bidder.

#### **3. Governors' participation**

- 3.1. As set out in the Terms of Reference, the Working Group is proposed to

consist of a majority of Governors, plus the Chair of Audit and Finance Committees.

- 3.2. We would therefore seek **three Governors** to form the Working Group.
- 3.3. The Governor Development Committee discussed this proposal at its recent meeting and considered how to appoint Governors to the Working Group.
- 3.4. While it was recognised that certain skill sets might be useful (such as having worked with auditors, having experience of procurement/tender exercises, etc.) it was noted that the NEDs on the Working Group brought ample experience in this regard.
- 3.5. It was also recognised that broader skillsets and different perspectives would be valuable to the process. The GDC felt specific experience around audit and procurement was not necessarily required.
- 3.6. As such, it is recommended that Governors who would like to be part of the External Audit Working Group submit a short statement outlining their interest and any skills and experience they believe pertinent. Should there be more interest than places available, Michael Whitehouse (as Chair of the Audit Committee) would take a view on who to appoint based on the range of skills and experience that would best help facilitate an effective process.
- 3.7. Those interested should note that the Working Group would likely meet 3 – 4 times to manage the process between now and August, the last of these meetings likely close to a full day to review presentations from those submitting a tender.

#### **4. Recommendation**

- 4.1. The Council is asked to review the Terms of Reference and discuss and hopefully agree the proposal to establish the External Audit Working Group.
- 4.2. Governors who are interested in participating should send expressions of interest to Izzy Allen by Monday 15 March.

Isobel Allen, Assistant Company Secretary



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

## **External Audit Working Group**

### **Terms of Reference**

#### **1. Constitution**

The External Audit Working group is established by the Council of Governors and referred to in this document as 'The Group'.

#### **2. Purpose**

2.1. The purpose of the Group is to oversee and manage a procurement process to make a recommendation to the Council of Governors to appoint external audit services to the Trust.

#### **3. Membership**

3.1. The Group shall have not less than five members, appointed by the Council of Governors (in the case of Governor members) and the Audit Committee (in the case of Non-Executive Director members).

3.2. There shall be a majority of Governor members.

3.3. The Chair of the Group shall be Michael Whitehouse – Non-Executive Director and Chair of the Audit Committee. The Deputy Chair shall be Howard Goodbourn – Non-Executive Director and Chair of the Finance and Investment Committee. In the absence of both the Chair and Deputy Chair a member will be nominated to chair the meeting.

#### **4. Quorum**

4.1. The quorum necessary for formal transaction of business by the Group shall be two Governors and one Non-Executive Director.

#### **5. Attendance**

5.1. In addition to the members, the following officers shall regularly attend meetings of the Group:

- 5.1.1. Director of Finance and Corporate Services
- 5.1.2. Company Secretary
- 5.1.3. Head of Procurement

5.2. Other officers of the Trust may be invited to attend meetings for specific agenda items or when issues relevant to their area of responsibility are to be discussed.

5.3. The Corporate Governance Team will provide secretarial duties to the Group and shall attend to take minutes of the meeting and provide appropriate support.

5.4. Members and officers unable to attend a meeting can send a fully briefed deputy.

5.5. The Chair of the Group will follow up any issues related to the unexplained non-attendance of members. Should non-attendance jeopardise the functioning of the Group the Chair will discuss the matter with the members and if necessary seek a substitute or replacement.

## **6. Frequency**

6.1. The Group shall meet as necessary to carry out its functions and shall cease to meet once the procurement process is finished and an external auditor has been appointed by the Council of Governors.

6.2. Meeting dates will be diarised at the first meeting of the Group.

## **7. Telephone Conference**

7.1. With leave of the Chair of the Group, any member or attendee of the Group may participate in a meeting of the Group by means of a teleconference/videoconference where circumstances require it or similar communications equipment whereby all persons participating in the meeting can hear each other and participation in the meeting in this manner shall be deemed to constitute presence in person at such meeting.

## **8. Authority**

8.1. The Group has no executive powers other than those specified in these Terms of Reference or by the Trust Board in its Scheme of Delegation.

8.2. The Group is authorised by the Council of Governors to investigate any action within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Group.

8.3. The Group can obtain outside legal or other independent professional advice and to secure the attendance of third parties with relevant experience and expertise if it considers necessary, with the consent of the Council of Governors.

## **9. Duties**

9.1. The subject matter for meetings will be wide-ranging and varied but in particular it will cover the following:

- 9.1.1. Agreeing the sourcing strategy, including the procurement approach, process and financial envelope;

- 9.1.2. Setting the tender specification for recommendation to the Council of Governors, including the scope of the services required, and the information suppliers should provide;
- 9.1.3. Setting the evaluation criteria, weighting and scoring;
- 9.1.4. Shortlisting among bidders; and
- 9.1.5. Recommending the preferred bidder.

## **10. Reporting**

10.1. The Group will report to the Council of Governors and Audit Committee as necessary to facilitate the achievement of the Group's aims.

10.2. The Chair can escalate matters to either the Council of Governors or the Audit Committee should it be deemed appropriate by the Chair.

## **11. Support**

11.1. The Group shall be supported by the Corporate Governance Team and duties shall include:

- 11.1.1. Agreement of the meeting agendas with the Chair of the Group;
- 11.1.2. Providing timely notice of meetings and forwarding details including the agenda and supporting papers to members and attendees in advance of the meetings;
- 11.1.3. Recording and circulating formal minutes of meetings and keeping a record of matters arising and issues to be carried forward;

## **12. Review**

12.1. The Group will undertake a self-assessment at the end of each meeting to review its effectiveness in discharging its responsibilities as set out in these Terms of Reference.

12.2. The Group shall review its own performance at its final meeting and report any areas for improvement to the Council of Governors.

12.3. These Terms of Reference shall be approved by the Council of Governors at its meeting of 4 March 2021.

**Approved by**

**Approved date:**

**Review Date:**

# South East Coast Ambulance Service NHS Foundation Trust

## Council of Governors

### J - 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=UeDqcq7pE0mFIJzyYfBhGFHInsSYmzxOp1c2Ro-88d1URE1MVDQ1NVVINEQ2N1dDR05OSDg1VUxWVC4u>

Date	Activity	Governor
03.02.2021	Meeting with John O'Sullivan and Will Bellamy regarding Medway estate proposals.	Colin Hall
25.11.2020 10.12.2020	Online membership drop-in event with West Sussex Governors	Harvey Nash & Nigel Robinson
25.11.2020	Online membership drop-in event with Staff Governors	Marcia Moutinho, Waseem Shakir, Malcolm MacGregor & Chris Burton
2020/21	Governors who are also Community First Responders have been supporting the welfare trucks and hearing colleagues' views on the frontline.	Geoff Kempster, Leigh Westwood
29.01.2021	Attended informal Council catch up session to share views on what Governors are hearing Trust wide and to build Council relationship as a team.	Multiple

## **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.

**18.11.2020**

**Q:** Regarding the Government's announcement in March 2020 that Annual Leave entitlement can be carried over for 2 years (<https://www.gov.uk/government/news/rules-on-carrying-over-annual-leave-to-be-relaxed-to-support-key-industries-during-covid-19> ). Some of our Staff are being informed that this is not the case and are having to book unwanted leave, or unable to cancel leave even if their extended trip has been cancelled. I am aware of this occurring in 2 OU's and suspect this is widespread practice. Can the Council be assured that the Governments message will be honoured and that this will be communicated to all staff in a timely manner?

**A:** Staff are expected to use their annual leave in line with the current Trust policies with the maximum of 5 days carry over. The Trust has not limited the amount of annual leave staff can take due to COVID. Where staff feel they have been unable to do take their leave due to COVID and in line with government announcement in March 2020, they are requested to contact HR who will be able to advise on next steps'.

As an employer, the Trust has an obligation to ensure staff take their annual leave entitlement. But that anyone who has been unable to take all their entitlement due to COVID-19 (agreed in line with our local process, i.e. contact HR etc.) can carry over up to 20 days (pro-rated for part-time staff) over a two year period, in line with the Working Time (Coronavirus) (Amendment) Regulations 2020.

**23.11.2020**

**Q:** Please can I ask the following question for the Chairman and appropriate NED.

Regarding recent Emergency Ambulance delays at Medway Maritime Hospital. (some crew having to wait up to 3 hrs to handover patients) .

My question is: How assured are Secamb that Medway Maritime Foundation Trust now has strategic and robust plans in place to limit future delays as we move through this winter period?

I travelled to Medway Hospital and Medway Ambulance Station, yesterday, to gauge staff opinion and ensure their welfare was taken into consideration.

The flavour I got from crews generally was that there appeared to have been a lack of Hospital planning , and the Hospital Trust appeared to have lost some of the logistical pathways/coping strategies they had gained following the first covid wave in March .

I would stress this is not my opinion but that of the crews , who are concerned for the welfare of the patients they deliver to Medway Maritime Hospital, those patients who are awaiting 999 ambulances whilst crew are sitting outside the hospital, and staff welfare by virtue of lack of facility and late shift finishing .

I feel this is strategic policy and not just an operational issue, which is why I am highlighting now.

**A:** Answer from Deputy Director of Operations (Emma Williams)

Medway hospital remains one of the most challenged acute trusts in our region, with particular issues related to a high prevalence of COVID-19 infections within its catchment area, including the area with the highest COVID-19 transmission rate in England.

The impact of COVID within the population has affected the hospital's ability to effectively manage flow, due to a combination of ward closures, staff shortages and more stringent infection control measures.

All of these additional pressures have resulted in some extremely difficult situations arising, where patients have been held in ambulances and looked after by SECamb staff for many hours outside the emergency department.

These lengthy handover delays are effectively a symptom of the hospital flow issues and capacity of the local health system in general. However, the concern is primarily one of patient safety, both in terms of the patients held in ambulances and for those patients in the community SECamb is delayed responding to as a consequence.

In addition, our staff are experiencing extra demands such as;

- having to effectively provide nursing care to patients held in ambulances for which they are not appropriately trained.
- more shift overruns, sometimes extending 12hr shifts by several hours.
- Local managers spending entire shifts supervising handover delays at the emergency department.
- relationship pressures with stressed hospital staff.

SECamb has worked very closely with Medway hospital and the wider health system, including exec to exec discussions, to find solutions and put in place mitigations that might prevent the situation escalating. For example, we have recently agreed with the Kent & Medway CCG and all acute trusts in Kent to operate a Temporary Dynamic Conveyance Process. This is an additional mechanism, used only in extremis, where SECamb takes control of which hospitals will receive patients should a particular acute trust be considered in exceptional difficulties e.g. declared business continuity incident.

Welfare of our staff also remains a priority and we have also developed (agreed at ORMG today) the deployment of welfare vans staffed with our CFR teams. These will be going live soon to be deployed at sites where there are significant delays, so that we can provide food and drink to SECamb staff.

#### **14.12.20**

**Q:** I was concerned to see a topic on the SECAMB Facebook group regarding AAPs being asked to complete some additional tasks in a month, or be demoted to ECSW. I am concerned that our communications to our staff are extremely demoralising for them. I appreciate that due to the challenges that have existed in clinical education, it is quite possible that we have now found out that the work completed by these AAPs during training may not have been up to the future requirements, and they are therefore required to complete some additional modules. However, if that is the reason, then the error is on SECAMB's behalf, and not the students. SECAMB should therefore be taking a far more considerate approach to the problem. I note from the comments that some staff who have received this letter qualified as far back as April, so have been in the role for over 6 months. I would like assurance from the workforce and welfare committee that they were fully aware



of this letter going out to staff, and the actual content of the letter. I would also like assurance that every consideration has been made to ensure that the staff are inconvenienced as little as is practically possible. They are already under considerable strain, due to the current pandemic. I know the trust has been in BCI at least twice in the last week, and that they have been at Surge Level 4 every day for the last week or so. Adding additional burdens on them at this time is going to severely damage their morale.

**A:** The Associate Ambulance Practitioner was a role introduced by the Trust in 2017 with the intention of developing staff with an externally accredited qualification and creating an additional cohort of staff who could act as lead clinicians in a supervisory role on a dual crewed ambulance (DCA).

In January 2020 the Trust ceased the delivering of the internal course and direct entrants are now undertaking at Crawley College. However, there are cohorts who are still undergoing final external validation from FutureQuals to confirm their qualification.

Upon review of the program and the work submitted, FutureQuals have stated that not all learning objectives have been achieved and consequently the criteria for completion of the qualification have not been met.

This situation currently affects 63 internal AAP staff who are now required to complete their portfolios and come off programme .

Current status - - of the 63 AAPs:

- 2 were due to complete by October 2018 (almost complete – not a concern)
- 32 during 2019
- 29 by April 2020

All have had all their taught elements as part of their initial programmes; there is/has been no further teaching. The outstanding work required is that of the learners.

All have received their individual gap analysis reports and individual learning plans (ILPs) clearly identifying what they have left to do.

All have been repeatedly contacted by the CE AAP team to provide 1:1 support, professional discussions, workbooks etc. This has been made available both in/out normal working hours.

All were written to advising they had to submit all outstanding work by 1st February 2021, and all were uplifted by Operations to Band 4

All have been asked to complete and submit all outstanding work ASAP

## **09.12.20**

**Q:** One of the things that has been highlighted during the constituency meeting was the benefit of intranet information around organisational structure and teams. New members of staff have reported that they find it difficult to understand who is who and where to go for certain information (especially now, when we have lots of people working from home). Personally this is a headache of mine but I am quite confident and don't mind asking around. A member of staff has recently told me that they had no idea who managed their line manager, so they were unsure how to escalate their concerns, if they had them. Do you

know if there are any plans in the near future to rectify this? Is this something even being considered at the moment?

**A:** From IT: As per your mail to Comms just now, this is more a question for them or for HR I would suggest. These could be stored on the Intranet but someone would need to manage the process and directorates would need to keep them updated. However, there is nothing stopping a team / department / directorate having their own Teams site and having their org chart located there, accessible by all within that Team. Again, keeping them updated would be a challenge for each area. There is another way, which is dependent on the data that HR feed IT as the result is pulled from Active Directory. Inside Teams, in the command box at the top of the screen, type /org and then the name of the person whose org chart you wish to see, e.g. /org David Hammond. Additionally, inside Teams, when you're having an online chat with someone you can click the Organisation tab to see who they report to and who reports to them. As per the above, the data is not perfect and needs updating from HR. We will however be implementing a tool next year to enable people to undertake a limited update of personal updates.

From HR: Staff information is recorded in ESR and this is the feed to all the staff systems including the Active Directory that AG mentions. We are aware the hierarchy in ESR needs updating (who reports to who) as this is also vital for the expense and appraisal systems and someone has been recently brought in to complete this work. Beyond that we really always need managers to update us with moves via the SCFs so that ESR is always updated.

I think a who's who and up to date organisational charts would be a great idea. We maintain ours in HR but other areas not so much (as I've recently found myself!). I don't think creating this resource on the intranet would be for HR but would suggest the ESR/ Active directory work would support this being done if this were to be some kind of automated system. Other than that I would suggest it's for each team to support the maintenance of their own structure charts and ensure this is uploaded on The Zone. Having individual department pages might be a good idea with both a who's, who and a bit about each department, important info etc?

So in short, no there are no plans as far as I know, think it's a great idea but don't think this would be a pure HR remit.

## **09.12.2020**

**Q:** The other thing that is concerning me a little is the SECamb Facebook page and how is managed. I obviously have the highest respect for the moderators, and this is not a criticism to them at all. As far as I am aware this page is moderated by volunteers who do what they can when they have the time. But considering that this is a SECamb Facebook page shouldn't it be managed in a different way perhaps? Who oversees the work of the moderators, for example?

Staff have reported that this is not a safe page. Some of them left the page after being mocked for or being at the receiving end of very unkind comments. Other members of staff report real concerns as a passing comment somewhere and I wonder if this is ever followed

up by anyone. It just feels all a bit ad hoc and disjointed at the moment which I think contributes for the toxic environment that we see sometimes. Is this something that is being looked into at the moment?

**A:** There is work currently ongoing to attempt to resolve the issues on the Facebook page, as it is recognised by the moderators, Comms department and Exec that the issues raised in your email are worsening and causing great concern and distress to many members of the community – moderators have also received concerns regarding how unsafe some members (or former members) feel, so there is a renewed commitment to rectifying this. There is currently a very small group of volunteer moderators who are struggling to manage the increased traffic on the page in their own time and after meetings and group discussions we have agreed to carry out a number of actions including –

- Review the current set of moderators to ensure that everyone in the group is happy to continue in the unofficial role (this is now complete)
- Grow moderator community to ensure there are sufficient numbers, with a good spread of different roles across the organisation.
- Provide a moderator 'toolkit' including set posts that can be used as interventions, guides and a code of conduct for moderators.
- Moderators will make group decisions and oversight of the mods will sit with Janine Compton in future.
- There will be a review of the code of conduct for members – this will be carried out, in part, with all members, with a view to the code of conduct being co-produced and agreed by the entire community, which will make moderating the page easier in future.
- There will be published and co-produced agreement as to what happens if the code of conduct is breached so that all members are aware of what is and isn't acceptable, and also of how posts and comments will be moderated.

The above actions will hopefully act as us drawing a line in the sand, and moving forward everyone will know what behaviour is accepted and what is not. Behaviour and interactions on the page should reflect our Trust Values and be civil and respectful at all times, and we are particularly concerned about the increase in posts which could be construed as derogatory about certain groups of staff or cause hurt to individuals, whether intended or not.

An initial post has been drafted which will inform the members of the SECamb Community Facebook page of the project. In this post it states the reasons why the review is happening, sets out our aim that the page should be a safe space in which discussions can be undertaken respectfully, and informs the membership of our plans to involve them in the process as a community. This communication is currently awaiting feedback from our union colleagues and will then be posted later this week.

I hope that helps, and if there is any further feedback from governors that will help to inform the project please do let us know!

**31.12.2020**

**Q:** Does the daily reporting indicating that SCAS is unable to assist mean that we are not getting any support from elsewhere at present?

**A:** Any mutual aid support we receive will be detailed in the COP, so to the specific

question for 31 December, yes, it would have meant that we weren't accessing any other mutual aid support. We will continue to use the COP to detail what if any support we are receiving or giving.

Ambulances have signed up to a national Memorandum Of Understanding and any service requesting mutual aid now make their requests through the National Ambulance Co-ordination Centre (NACC). It's worth noting that SECAMB was influential in defining the terms of the MOU, based on our experience of providing mutual aid to LAS in spring 2020. A panel considers the national position and identifies whether any support can be provided to the requesting service, and from whom. This is the position for both frontline and contact centre support.

The situation with mutual aid remains fluid and changes almost daily depending on our fellow ambulance services. As an example, on 4 January during our 16:00 Organisational Response Briefing information was shared that SCAS was unable to provide mutual aid to us on 4 or 5 January due to their own operational pressures.

**14.01.2021**

**Q:** Seeking assurance over the preparation and plans for Medway MRC

**A:** Multiple documents sent to the Governor on 18.01.21, advised to pull together an assurance question for NEDs and to take any agenda suggestions on this to the GDC for consideration.

### **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.**

**Nicki Pointer**

**Lead Governor & Public Governor for Lower East**

# SECAMB Board

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

<b>Date of meeting</b>	<b>21 January 2021</b>
<b>Overview of issues/areas covered at the meeting:</b>	<p>This meeting was one of the additional meetings scheduled this year, and its focus was on the following two areas:</p> <p><b>Education, Training and Development Strategy Development</b></p> <p>The Board will recall that it had a discussion at its November meeting about the need to establish an overarching education, training and development strategy and clear, integrated management arrangements. The committee was used to test the early thinking ahead of the detail being developed by both the HR and Medical directors.</p> <p>The committee acknowledged the importance of clinical, professional and managerial development to retention and recruitment, operational performance, staff satisfaction and in meeting our values in terms of diversity. Managerial development has been given less focus in recent years. It also explored the importance of clear leadership; the need to ensure it is properly funded and also how best to develop relationships with suppliers.</p> <p>Both the HR and the medical director will use the feedback from the committee and bring back for further review to the Board development session in February.</p> <p><b>Learning and OD: Appraisals</b></p> <p>A really helpful and early update was provided about the plans for a revised appraisal system. This responds to feedback from staff about the process needing to be simplified and to try and take account of the strategic direction of the Trust. In particular, the review focusses on the talent management and succession planning.</p> <p>The committee really welcomed this approach and supported the structure. However, it noted that this is the latest in a series of changes in the past 5-6 years, and so we must ensure we get it right and stick with it. The emphasis on talent management and succession planning is key.</p> <p>Effective appraisal takes time and the committee reflected the need to ensure the necessary 'abstraction' is clear and factored into our costs. Otherwise it will be a good initiative that won't work.</p> <p>The executive will now work through the detail with the relevant stakeholders.</p>
<b>Any other matters the Committee wishes to escalate to the Board</b>	<p>The committee took the opportunity to spend some time planning for the next meeting in March where one of the focus will be on <b>staff engagement and inclusion</b>, and how effectively we use the various channels to ensure effective two way engagement with staff and unions. The committee has asked management to provide some comparison to see what examples of best practice there might be in other parts of the NHS.</p> <p>The committee also discussed how the Trusts communications function was evolving especially in</p>

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	<p>relation to social media and the more intricate relationships associated with integrated care systems. Whilst no criticism of the work of our comms team is implied, the committee sought assurance that this '<b>corporate affairs</b>' function of the Trust was appropriately resourced and managed.</p> <p>The committee also spent some time discussing its <b>future focus</b>. It reflected on the current difficulty to manage the immediate challenges and also assess the longer term issues and risks, such as a sustainable workforce plan. It acknowledges that across the NHS there is likely to be a lasting impact on staff wellbeing and resilience and so we will need assurance that we are doing as much as we can to supporting staff in the medium to long term.</p>
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## SECAMB Board

### QPS Committee Escalation Report to the Board

<b>Date of meeting</b>	Monday 14 December 2020
	This was an extraordinary meeting of the QPS to focus on staff and patient safety priorities for the Winter period. It was jointly chaired by Lucy Bloem, Chair of QPS, and Howard Goodburn, Chair of FIC.
<b>Overview of key issues/areas covered at the meeting:</b>	<p>There were five areas for <b>discussion or scrutiny</b> however, discussions ran over-time resulting in a review of DNACPR/ReSPECT being carried over to January's QPS meeting.</p> <p><b>Covid Response Management</b></p> <p>The Committee was assured to hear of the governance processes in place aligned to National/NHS guidelines for all Covid related ways of working and decision making. The Test &amp; Trace (T&amp;T) Cell was overseeing both methods of Covid-19 testing (PCR, LFD) and reporting case numbers into the Trust on a daily basis. Resourcing of the Cell fluctuates due to most people working in the Cell being on alternative duties, however there were no significant concerns to report.</p> <p>The Trust plan is to set up an in-house vaccination centre and administer the Oxford AstraZeneca vaccine. Vaccines would be administered also at hospital hubs and assurance was provided that all necessary mitigations were in place at these sites to ensure the clinical safety of staff. A priority list of staff to receive the vaccine was being developed based on the already completed individual risk assessments using JCVI guidelines. A business case for costs and funding would be developed by the Executive when the time and need arose.</p> <p>We heard about the control measures in place to manage outbreaks and clusters of Covid-19.</p> <p>QPS also received assurance from the Logistics Manager of the stock management system in place for Covid-19 PPE. Current stock levels were sufficient to last until March 2021, with mutual aid also being available from Surrey and Borders. QPS received confirmation that no staff were going to patients without having passed a FIT test or having a powered hood (which had just commenced roll-out). Any issues relating to PPE were reported through Datix, which added to the assurance received regarding PPE practices.</p> <p>There has been a lot of work, time and commitment put into planning, preparing and managing all work processes to ensure the safety of staff and our patients, and a number of staff involved in this work were praised by the Committee and thanked for their contributions.</p> <p><b>999 Performance and Delivery</b></p> <p>There are a number of operational plans currently in place which include the Surge Management Plan (SMP), Dispatch Safety Model (DSM) and Temporary Dynamic Conveyance (TDC) Model (that has been agreed in Kent). The Deputy Director of Operations provided assurance that all models work alongside each other and the Resource Escalation Action Plan (REAP), and system partners are also aware of all models. QPS asked that a review of the models in terms of clinical safety and effectiveness is brought back to a subsequent meeting.</p> <p>It was recognised that the SECAMB plan for the difficult period ahead had tried to anticipate issues but given the challenge it does require engagement from the wider system. Executives and senior leaders expressed that the Trust would like to gain sight of system level contingency plans and QIAs, and for there to be consistency throughout the system. However, these pieces of work were either still under development, subject to change or had not progressed to any stage of a plan.</p>



	<p>This was concerning for the Committee, so it was agreed to escalate the severity and reality of the lack of engagement, particularly of Kent system issues, to NHS leaders.</p> <p>QPS then received a preliminary report into patient harm resulting from hospital handover delays with lessons learned being prepared for sharing with system partners. This was to enable work to begin on sustainable improvements. It was good to see the impact presented in this way as it highlighted risks and issues that would also be beneficial for awareness and understanding of delays on the ambulance service and its patients by the wider system.</p> <p>The Committee discussed the Trust's current position regarding Welfare Call Backs and agreed that this area will be a significant challenge over the forthcoming period. However, QPS was assured that there were clear processes and staffing strategies in place for managing EOC services. The Director of Nursing offered to follow up the updated Welfare Call Procedure that was in the governance process of approval.</p> <p><b>Financials</b> It was agreed that an update would be provided to Trust Board instead of QPS.</p> <p><b>DNACPR/ReSPECT</b> This update / review was deferred to the January QPS meeting; however, the Medical Director was able to provide assurances that forms were being completed correctly. This will be discussed further in January.</p>
<b>Any other matters the Committee wishes to escalate to the Board</b>	<p>There were no other matters for discussion or escalation to Board, only to note that there are some very difficult times ahead so support for one another is essential.</p> <p>Again, the Committee received a high-quality set of meeting papers.</p>

## SECamb Board

### QPS Committee Escalation Report to the Board

<b>Date of meeting</b>	Friday 15 January 2021
	The committee was attended by the Chairman and several additional attendees to present specific agenda items.
<b>Overview of key issues/areas covered at the meeting:</b>	<p>There were four planned <b>Management Responses</b> presented to this meeting;</p> <ol style="list-style-type: none"> <li>1. Timeliness of Clinical Audit Actions; this was a request from the Trust Board in July 2020 and although the response clearly highlighted the process of identifying and managing clinical audit actions, the timelines were omitted. An update will be presented to QPS in March.</li> <li>2. Safety of Discharge Plan; the main discussion point was around non-registered clinicians discharging a patient without clinical input. As national benchmarking was not available, the Trust would look to introduce a rolling audit to benchmark against itself and monitor year-on-year progress. There was an action for timelines to be added to this audit plan along with grade/role of staff member making discharge decisions at the next audit.</li> <li>3. CCP Governance; the Committee was assured on the usage and monitoring of CCP controlled drugs.</li> <li>4. PP Non-Medical Prescribing, and PP Medicines Governance; The Committee supported the initiative of non-medical prescribing for specialist paramedics in the first instance as this would bring patient and system benefit but referred this back to Executives to discuss where this would fall amongst Trust priorities re: resources and cost.</li> </ol> <p>The meeting considered nine <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>Clinical Outcomes: End of Life Care (EoLC) Assured</b>  The Committee received an excellent update from Jim Walmsley, CCP and EoLC Lead (East).</p> <p>The introduction of Just in Case (JiC) medicines had proved to be a huge benefit to patients, having been used 614 times with the majority of patients then being discharged safely at home; 15 patients had been conveyed to hospital and 22 conveyed to a hospice. There had been 0 adverse incidents and reduced conveyances particularly at that time.</p> <p>Good assurance was provided that, although this is a difficult presentation for some crews, there was a good level of awareness of EoLC services throughout the Trust with good provision of support and reflection. Work has been done to develop training for this area and the committee asked if this would be mandatory in 2021/22.</p> <p>The Chairman requested EoLC provision as a 'patient story' for the Trust Board, and consideration was being given to also presenting to Ambulance Leadership Forum (ALF).</p> <p><b>111 / CAS Clinical Model (Incl. Clinical Effectiveness) Assured</b>  The Committee was assured that whilst the system has been under severe pressure that the systems and processes are in place. It recognised the value of the 111/CAS model on the wider system and was informed that 89.5% of Category 3 (C3) &amp; Category 4 (C4) calls had been validated, exceeding the national target of 85%. The Trust had also completed approximately 4000 ED validations which was an increase.</p>

	<p>The Committee heard how additional pressures from the wider system were impacting the capacity of 111 so discussions were held to consider how this could be shared with system partners and commissioners to identify where any extra funding might be required. For example, to see whether there was any correlation between the number of calls being received for primary care from areas within the SEC Amb patch that had the lowest reported GP numbers.</p> <p>Welfare texts were an innovative practice introduced to support the management of the virtual clinical queue.</p> <p>The Committee requested an update on the transition plan between Electronic Prescribing System (ePS) for the next full meeting in March.</p> <p>Discussion as also held on the need for a scorecard for Board and wider system on a subset of the 141 datasets collected.</p> <p><b>Staff Safety Inc. PPE Partially Assured</b>  <b>Personal Protective Equipment (PPE)</b>  The Committee received assurance that the Trust had a good and constant supply of PPE to maintain the safety of staff and patients. However, two types of FFP3 face mask were becoming difficult to obtain but assurances were given that this would be mitigated by the roll-out of powered hoods.</p> <p>The powered hood roll-out was overseen by the Programme Management Office (PMO), and with Medway having been the first OU to receive the powered hoods it was awaiting lessons learned from this one location prior to roll-out across the Trust.</p> <p>The Chief Executive made the Committee aware of a national union complaint regarding the need for frontline crews to wear Level 3 (L3) PPE so the Committee would remain sighted on this.</p> <p>QPS heard that staff absence had increased dramatically due COVID and that this was an unprecedented time. Referrals had increased for Mental Health support and physical therapy due to revised working environments and work patterns.</p> <p>Support services are being tailored to meet specific needs of Black and Minor Ethnic (BAME), Clinically Extremely Vulnerable (CEV) and shielding groups. Services had also been extended to support Bank staff and students.</p> <p>The main risk identified with monitoring staff wellbeing was reported to be the sheer volume of staff to monitor to know what's happening with every individual to ensure they felt cared for.</p> <p><b>EOC Clinical Safety Assured</b> (within the limitations of Trust abilities)  <b>Welfare Call Compliance</b></p> <p>The updated Welfare Call Policy went live on 06 January 2021 with a shortened review period so that any adjustments could be made ahead of the 2021-22 financial year. Key changes include the flexibility for clinicians to determine the timeframe between call backs and the roles of people making the initial call. Welfare calls would also be subject to audit.</p> <p>Welfare calls were reported to be manageable during periods of stability but the level of demand being placed on EOC services meant we were unable to achieve internal targets. Welfare texts had been introduced to help manage the clinical queue and this had resulted in some patients standing down our crews and making their own way to hospital.</p>
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**Surge Management Plan (SMP) and Clinical Harm Review**

SMP is being updated to reflect the current needs of the service and to ensure the necessary tools remain in place for maintaining patient safety. In the meantime, reviews of the system had deemed patients were safe and the Trust was optimising its resources.

SECAmb is requesting to be included in the C3/C4 longest wait pilot, led by the Association of Ambulance Chief Executives (AACE).

There was a discussion around 'no sends' and it was noted that some exploratory work is underway to establish if the procedure has been followed appropriately and consistently.

The Committee received news of a new Covid Demand Patient Safety Plan that was currently going through the internal governance system.

**Impact of EU Transition on Patient Harm levels Assured**

There had been zero cases to consider; the Trust had not had to not activate any of its plans.

**Covid-19 Vaccine Update Assured**

The SECAmb staff vaccine programme went live on Sunday 10 January.

SECAmb had followed all national guidance and the Joint Committee on Vaccination and Immunisation (JCVI) priority list, and all national directives (PGD guidance). Overall between the SECAmb centre and hospital hubs a total of 2834 staff had been vaccinated at the time; this was equally distributed across the Trust.

Some staff had reported side effects of flu-like symptoms and sickness this was most prevalent in fit and well women and in response to the Oxford AstraZenca vaccination. There had been no reported side effects from the Pfizer vaccine.

The SECAmb vaccination programme is being delivered by the Nursing & Quality and Medical Directorates, so no resources are being taken from frontline services. Once SECAmb staff are vaccinated other partner organisations would be able to access the SECAmb vaccination hub and had already been approached by London Ambulance Service (LAS).

Executives were working up plans for recording and agreeing arrangements for any staff that refuse / decline the vaccine.

**Complaints Management: effectiveness of systems and controls Assured**

The committee were pleased to see a timely feedback process in place for compliments received to be passed to staff. The paper identified issues during the year meaning that targets had not always been met and how this has been rectified through an improvement with resilience in the workforce.

**Serious Incident (SI) Report Partially assured**

The aim of this report is to provide Board visibility and oversight of all Trust SIs. The Committee asked for a revised format to be presented to QPS in March that would clearly identify the action, age of the action and the owner etc.

**Learning from Deaths Q1 Report Commended to the Board**

Deaths had increased for the reported period May-Jun up to 800 per month, against an average of 500-600 per month. However, 98% of care had been good or excellent. Reviews of these cases had led to learning in relation to patients with learning disabilities, patients who die shortly after hospital admission and completion of documentation.

	<p>There were two items for review under <b>Monitoring Performance</b>. These were:</p> <ul style="list-style-type: none"> <li>• Progress against Clinical Audit Plan - the report was commended to the Board.</li> <li>• 'Progress against Cardiac Arrest Annual Plan' - this was deferred to the March QPS meeting</li> </ul>
	<p><i>Governance and Risk Management:</i></p> <p><b>Quality Impact Appraisals (QIA) – Quarterly Update</b> The review and approval processes were becoming more visible to the Committee which provided assurance to QPS of the evolution of the QIA systems and controls.</p> <p><b>Bi-Annual Review of High/Extreme Risks</b></p> <p>Risk 1301 regarding critical IT systems was escalated to FIC for review.</p> <p>Risk 1382 relating to public access defibrillators was added to the QPS Cycle of Business.</p> <p>A deep-dive review would be presented to QPS in March relating to IPC on vehicles.</p>
<b>Any other matters the Committee wishes to escalate to the Board</b>	<p>There was one item under AOB:</p> <ol style="list-style-type: none"> <li>1. Update on Operational Models (SMP, DSM, TDC) and their alignment to REAP</li> </ol> <p>JG provided an update on the Temporary Dynamic Conveyance (TDC) model that was in place in Kent and being considered for roll-out across Surrey and Sussex. The Committee requested lessons learned from usage of TDC in Kent and the impact on patient safety at the next meeting.</p> <p>The committee agreed it would meet every two weeks until the March meeting given the issues and challenges the Trust is facing.</p>
<b>Effectiveness</b>	<p>The Chair noted a good meeting that addressed facts and issues.</p>

## SECAMB Board

### Finance and Investment Committee Escalation report to the Board

<b>Date of meetings</b>	14 January 2021
	<p>In December there was a joint meeting of this committee and the Quality &amp; Patient Safety Committee, to seek assurance on the planning in place for the Christmas period. Please refer to the QPS report.</p> <p>The meeting in January included consideration of a proposal to make a request for military aid to the civil authorities. All Board members were invited to attend for this item given the implications.</p> <p>The paper setting out the proposal confirmed that we are close to reaching a position where our resources become very constrained, largely due to COVID related staff absence. It did not set out how this aid would be operationalised, but the committee noted that a task and finish group was established to develop the plans.</p> <p>In terms of the quality and patient safety implications, board members asked particularly in relation C1 patients that the task and finish ensures specific consideration to whether the military can provide minimum clinical support, such as chest compressions, and also the consequences of not being able to drive on blue lights. It also asked more broadly about how we ensure clarity on how we monitor the impact of this so that outcomes are as good as they can be, in these unique circumstances. It was noted that we would receive military aid (drivers) in cohorts of approximately 18.</p> <p>The executive was also challenged to ensure we use this aid effectively and, in the event it is required, that we have done all we can to ensure every member of staff who can provide front line support, does so. On this point the director of operations provided reassurance that all staff capable of responding have been asked directly to book shifts.</p> <p>It was also noted that following a request, there is a two week lead in time, therefore there are two decision points; to make the request and then to deploy. This distinction was important as the decision being asked of the Board, to make the request, is in lieu of the quality impact assessment, operational instruction, and a business case. It was agreed that the executive would make the final decision to deploy, which would follow a recommendation from ORMG.</p> <p>On behalf of the Trust Board, the Chairman then confirmed that the Board agreed that this seemed to be the right thing to do, in all the circumstances. It therefore supported the request, which will be made by 16 January, acknowledging the detail will be worked up before the decision to deploy is made.</p>
<b>Overview of key issues/areas covered at the meeting:</b>	<p>At this meeting the committee 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>

### **Operational Performance & Sustainability Plan**

The committee reviewed the plan and the key metrics that are being monitored and the underlying actions. There are some issues still to resolve to automate the data, which the BI team are helping to finalise.

While it was helpful to see the areas of focus, the committee explored whether these are achievable during the current crisis. It concluded that this was a plan more for 'normal' circumstances and supported the work of the executive to take different measures to respond to the challenges caused by the pandemic, which are unique and require cross system working.

It is difficult to provide a level of assurance in the traditional way, as the levels of performance in the current circumstances give just a part of the picture. The committee is assured that the executive is doing all that is reasonably possible at this time and, specifically, that we are working across the system to develop creative solutions.

### **111 / CAS Mobilisation - Project Closure/BAU Transition Assured**

The programme is now closed and one of the outstanding issues, e-prescribing, is being picked up by a Task & Finish Group. There is still some work to do, but there is greater confidence now as some of the testing is now underway, supported by NHS Digital. Once this is complete a 'go live' plan will be overseen by the Quality & Patient Safety Committee.

The committee challenged the executive on the ongoing governance, given this is effectively still a new service and so there is a need to provide evidence and assurance to the public that we are delivering a good service. The committee will continue to monitor progress and given the success to-date, there was a suggestion to showcase this service at the annual general / members meeting.

### **Finance Department Assured**

The committee reviewed the structure of the finance department to seek assurance that it is set up and working effectively. This included;

- Team Structure
- Key Functions
- Current Priorities
- Main Challenges
- Future Direction

Good assurance was received that the department is supporting the organisation effectively. There was a discussion about contracts being an area to be further developed to ensure we get more from contracts through better contract management.

### **Patient Level Costings (formerly Reference Costs) Assured**

The committee received and approved the Patient Level Information and Costing System (PLICS) submission for the financial year 2019/20. This is the first submission year for SECamb.

While this is a helpful tool for benchmarking against others to test the extent to which



we are efficient, the committee noted caution as we need to ensure we are all working to a common methodology. Having better clarity on our cost base helps us to stand up to scrutiny. It will also help us establish whether all our corporate costs are in the right place and to be clearer on how we define corporate costs. Subject to these caveats this will give us the opportunity to compare like for like.

This is a complex area and the committee thanked Graham Petts in particular for working so hard on this over the past 18 months.

There were four items under *monitoring performance*.

#### **Commissioning Contracts – Update Report**

##### **Financial Planning Update – remainder of 2020/21**

The committee was updated on the Trust's NHS commissioned contracts and services and the ongoing discussions with providers and commissioners. It was noted that the framework for this year will roll in to Q1 next year and there are ongoing discussions about the consequences of this, in particular with regards the deficit.

##### **Update on 111/CAS & 999 Operational Performance**

Following on from the earlier discussion, the committee reviewed the current performance information, and the contributing factors. The impact of the patient flow issues on hospital handover delays is really significant. The committee acknowledged there is no easy solutions and supported the steps management is taking in conjunction with system partners.

The importance of safe hear and treat was explored and the balance there is in deploying clinical staff between patients suitable for hear and treat and those requiring welfare calls while waiting for an ambulance. The impacts on clinical safety are being overseen by the quality and patient safety committee.

Vaccinations provides some light at the end of the tunnel and the committee acknowledged the great work being done at SECamb to ensure staff receive the vaccine. The committee explored the expected impact of this in relation to staff abstraction. This is unclear, but perhaps not in any significant way until March/April; much later potentially for the 55 self-isolating staff who are assessed as extremely clinically vulnerable.

##### **Month 8 Financial Performance (incl. CIP's & COVID spend)**

There was a detailed review of the M8 finance pack which shows an in-month £1m deficit (100k better than plan). There was discussion about the different elements that make up the projected deficit, with varying degrees of confidence on which will likely be funded. Discussions with commissioners are ongoing.

Despite the challenges the committee is assured by the financial grip and control management has demonstrated.

In light of the pandemic, the committee is not too concerned by gap in the cost improvement programme; year-to-date we are 18.2% below plan.

There was however some concern about COVID spend. We were in a really strong position

	<p>mid-year, but because the earlier COVID-related business cases only covered a shorter period, due to the uncertainty then about how long it would last, there are some business cases that require extending. Without these we are at risk of committing to expenditure that has not been approved. The committee asked the executive management board to urgently rectify this.</p>
<p><b>Any other matters the Committee wishes to escalate to the Board</b></p>	<p>Committee also reviewed the BAF risks. As noted earlier, the committee will be monitoring the delivery of the 111 CAS service more closely over the coming year. It also asked the executive to review whether we are doing enough to look to future to ensure we identify and mitigate the risks to our resilience, which picks up the discussion the committee also had on the case for change.</p> <p><b>Case for Change</b></p> <p>A discussion paper was received outlining a need to review the way in which the Trust delivers its operational response, to help ensure that it is sustainable and able to consistently deliver the best patient care and achieve statutory targets. The Board has discussed the need for this over the past year, and despite being in the middle of a pandemic, this is becoming increasingly urgent and will place us in a much better position to respond to future crises.</p> <p>The committee noted the wide stakeholder engagement this will need to ensure that our thinking aligns with expectations of the internal and external system. This will be set up as a specific programme that will take circa 6 months of planning; a full time programme director will be required.</p> <p>Philip reinforced with the committee that this will be the most important area of focus over the next two years.</p> <p>The Board will have time for a fuller discussion on this at its development session in February.</p>